

Case Briefing

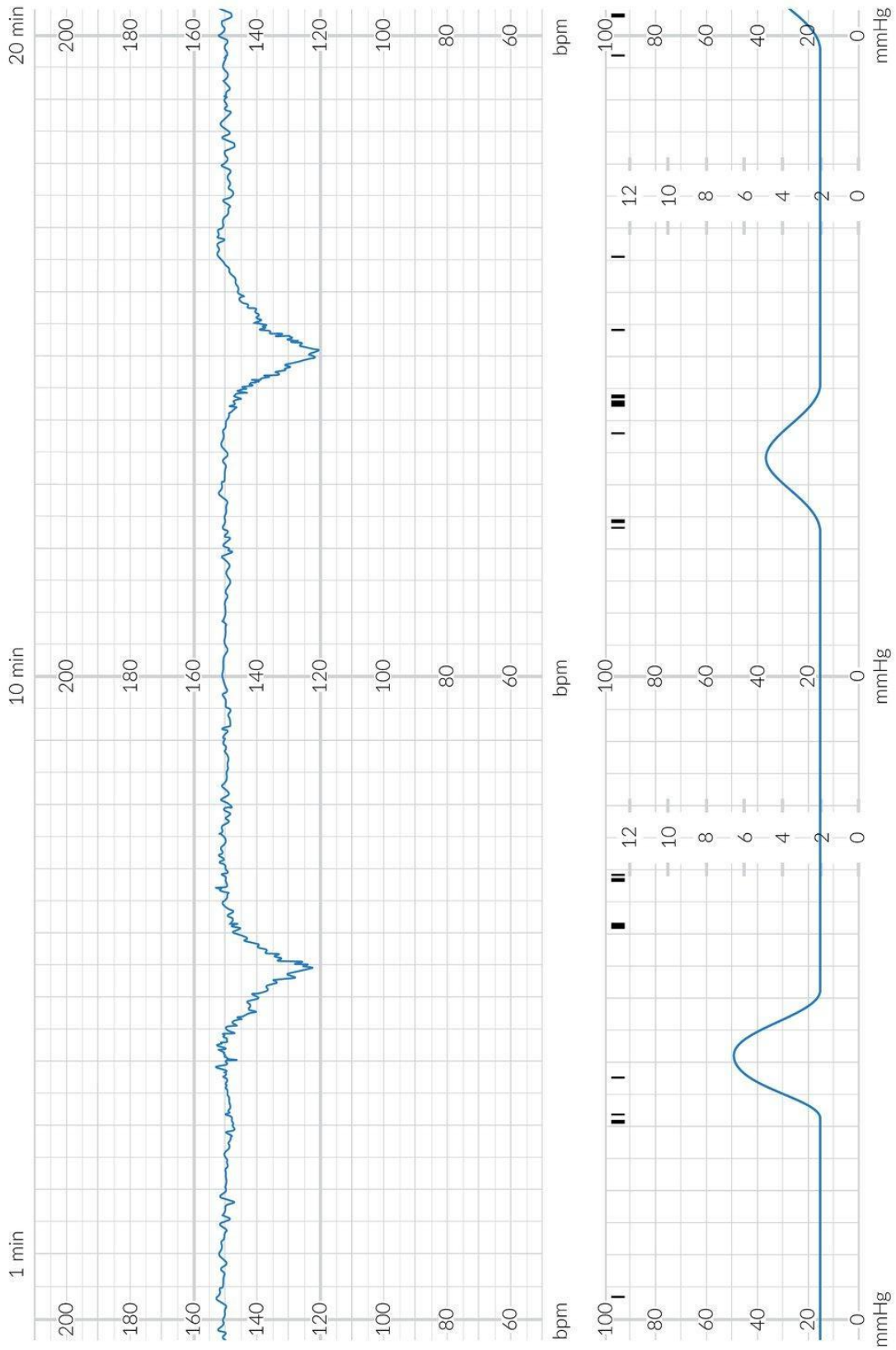
You're working in a rural 1A maternity site (no local cesarean section capabilities), and the nearest urban centre is 370 km away. It's been a quiet morning and your phone starts to ring. It's your neighbour and she sounds panicked. "It's my cousin, Canella, she's not supposed to be due for another four weeks, but she's been bleeding and doesn't look too good. We'll be at the hospital shortly."

Your neighbour's 41 y/o cousin presents to the ED at approximately 36 weeks gestation with significant vaginal bleeding. She's been having intense cramps and abdominal pain that she rated 9/10. She also states that she has "noticed less movement" from the fetus over the past few days. She appears to be pale, lethargic, and confused.

She's had a normal prenatal course, has been well throughout her pregnancy, is multiparous (four children), and is carrying a singleton pregnancy. Prenatal labs are not available. Her past medical history is insignificant except for a history of preeclampsia in two of her past pregnancies. She has no allergies and only takes low-dose aspirin (81 mg) daily. She smokes one pack of cigarettes per day.

Patient Chart					
Name: Canella Perez	Age: 41	Gender: F	Weight: 64.5 kg	Height: 157 cm	GA: 36 Weeks
Temp: 35.9	HR: 123 bpm	BP: 107/72	RR: 32/min	O₂Sat: 86%	GCS: 15
Presenting complaint: Significant vaginal bleeding and abdominal pain.					

Fetal Heart Rate (FHR) Tracing



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