

Case Briefing

You're one of six physicians in a community classified as a rural 1A maternity site and the nearest urban centre is 430 km away. Your colleague calls you this morning, "Hey, my kid woke up with the stomach flu. Any chance you can take my on-call obstetrics shift today? It should be quiet." You agree and hope they're right. Just as you start feeding your chickens, the phone rings. Nurse: "A woman just walked in, and I think she's in labour."

A 29 y/o woman presents to the ED at approximately 40 weeks gestation with eight hours of labour pain. She believes her water broke and her contractions have become more frequent and intense. She estimates that her contractions have been happening every minute or so and last for almost a minute. The woman is alert, oriented x3, and appears to be anxious. Her physical exam is otherwise normal.

She's had a normal prenatal course, has been well throughout her pregnancy, and her records indicate that she's nulliparous, and is carrying a singleton pregnancy. Prenatal labs were normal. She states that she's prediabetic and has high cholesterol that runs in the family. She does not take any medications and has no known allergies.

Patient Chart					
Name: Katherine Li	Age: 29	Gender: F	Weight: 82.2 kg	Height: 162 cm	GA: 40 Weeks
Temp: 37.1	HR: 104 bpm	BP: 117/68	RR: 22/min	O₂Sat: 100%	GCS: 15
Presenting complaint: Labour pain and clear vaginal discharge.					

4. Delivery of Placenta – Uterine inversion



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