

Case Briefing

You're on-call for obstetrics today in a rural 1A maternity site (no local cesarean section capabilities), and the nearest urban centre is 250 km away. You've been having a relaxing morning picking weeds from your garden and thinking about attending your child's school concert later this afternoon. Don't you love living rural?

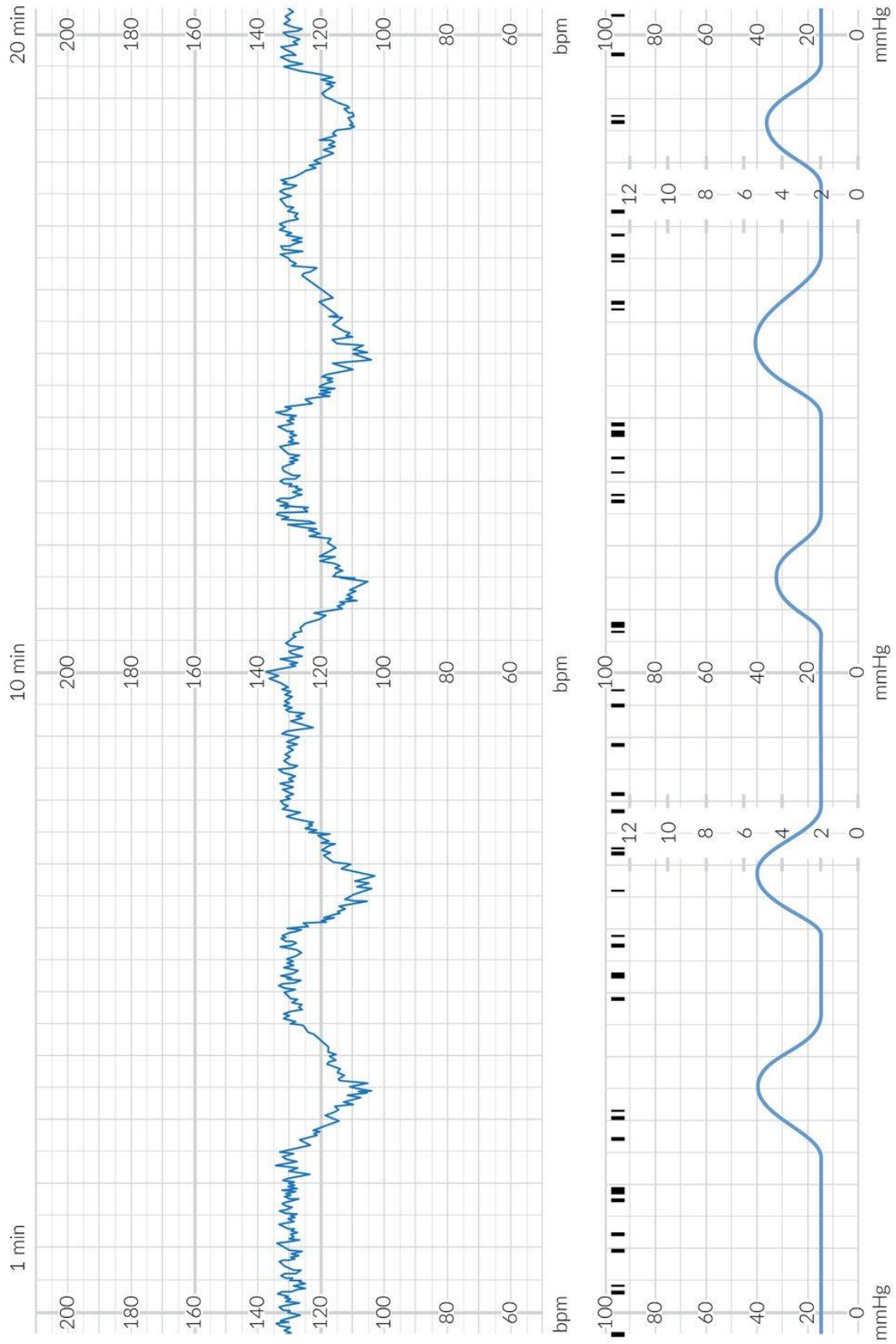
You are about to go for a bike ride when you get a call from the hospital. Nurse: "A young woman just arrived and I think she's in labour." You let the nurse know that you'll bike over and should be there in about five minutes.

A 17 y/o woman presented to the ED at 1215 appearing to be full term with abdominal pain. She's been having strong contractions since 0200 and says that it almost feels like something is "about to come out." She appears worried but is not in visible distress.

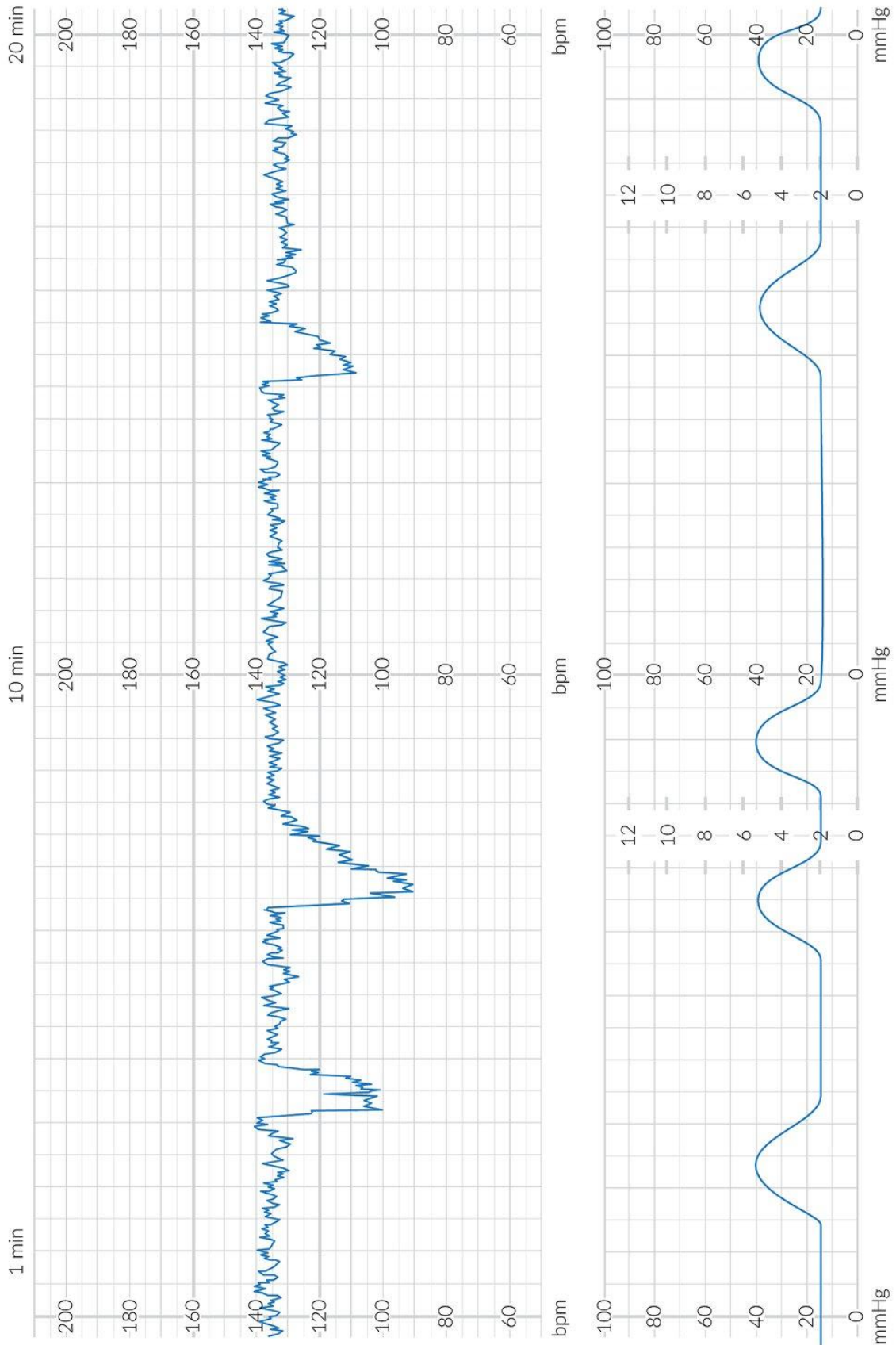
She has no record of prenatal care, is nulliparous, and is carrying a singleton pregnancy. Prenatal labs are not available. Her past medical history and family history are insignificant. She has no allergies and takes no medications. She does not smoke but "has an occasional drink."

Patient Chart					
Name: Marlene Alberty	Age: 17	Gender: F	Weight: 54.4 kg	Height: 150 cm	GA: 40 Weeks
Temp: 36.9	HR: 97 bpm	BP: 113/85	RR: 24/min	O₂Sat: 99%	GCS: 15
Presenting complaint: Abdominal pain and tightening since 0200.					

Fetal Heart Rate (FHR) Tracing #1



Fetal Heart Rate (FHR) Tracing #2



Vaginal Examination



Park, M., Jung, Y.W., Park, J. et al. Successful delayed delivery of the second twin by evacuating the cord prolapsed first fetus and emergent cerclage: a report of 2 cases. *BMC Pregnancy Childbirth* **22**, 113 (2022). <https://doi.org/10.1186/s12884-022-04438-z>