**Teaching to the Texts**

**Williams Obstetrics Chapter 32: The Newborn & Chapter 33: Diseases and Injuries of the Term Newborn**

CREOG Educational Objectives

1. Newborn Care
   1. Perform an immediate assessment of the newborn.
   2. Resuscitate a depressed neonate.
   3. Counsel about and obtain cord blood for banking.
   4. Assess indications for and interpret umbilical cord blood gas evaluations.
   5. Counsel about and perform circumcision pending local practice patterns.

Practice Questions

1. An 18-year-old G1 woman with an intrauterine pregnancy at 39 weeks' gestation presents to triage and is found to be in spontaneous labor. She has no medical history and has never had surgery. Her pregnancy has been uncomplicated to date. She is admitted and undergoes a normal labor course. You are called for delivery. A shoulder dystocia occurs, which lasts 30 seconds. Neonatal evaluation reveals a brachial plexus injury. Which of the following is TRUE regarding brachial plexus injuries that occur at delivery?
   1. 60% of brachial plexus injuries cause permanent damage
   2. Erb palsy involves damage to C8-T1 nerve roots
   3. Labor induction for LGA reduces the risk of shoulder dystocia
   4. The incidence of brachial plexus injuries after shoulder dystocia is as high as 50%
   5. The incidence of neonatal brachial plexus injuries is 1.5 in 1000 births

From: TrueLearn

1. A 33-year-old G1P1001 delivered an infant at term. She had Group B *Streptococcus* bacteriuria during her pregnancy and received adequate intrapartum prophylaxis prior to delivery. She was discharged home after a 2-day hospital stay but now presents 4 weeks later worried that her infant is ill. Which of the following is the MOST common presenting sign or symptom of late-onset Group B *Streptococcus* infection?
   1. Apnea
   2. Fever
   3. Poor feeding
   4. Pyelonephritis
   5. Seizures

From: TrueLearn

1. A 35-year-old G1 patient presents with an intrauterine pregnancy at 40 weeks' gestation. The patient's medical history is significant for scoliosis and asthma. Her surgical history is significant for a breast augmentation. Her pregnancy has been uncomplicated to date. She presents to triage complaining of contractions and is admitted for labor. As part of the patient's birth plan, she requests delayed umbilical cord clamping. Current evidence suggests that delayed umbilical cord clamping MOST benefits infants born in which of the following situations?
   1. All vigorous infants regardless of gestational age
   2. 35 weeks gestation with severe IUGR and reversed end diastolic flow
   3. 38 weeks gestation with placental abruption
   4. 39 weeks gestation requiring resuscitation
   5. 34 weeks gestation born during maternal eclamptic fit

From: TrueLearn

1. A physician is covering the labor and delivery service and is notified that a patient has spontaneous rupture of membranes (SROM). Following this, thick meconium is noticed. The labor is otherwise uncomplicated. How should the labor and delivery be managed?
   1. Begin an amnioinfusion and notify the pediatrician to attend the delivery
   2. Begin an amnioinfusion, notify the pediatrician to attend the delivery, and bulb suction the neonate
   3. Bulb suction the neonate
   4. Notify the pediatrician to attend delivery
   5. Notify the pediatrician to attend the delivery and bulb suction the neonate

From: TrueLearn

High-Yield Associated Resources

1. UpToDate: [Overview of the routine management of the healthy newborn infant](https://www.uptodate.com/contents/overview-of-the-routine-management-of-the-healthy-newborn-infant?search=newborn+care&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1)
2. ACOG Committee Opinion 689: [Delivery of a Newborn With Meconium-Stained Amniotic Fluid](https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/03/delivery-of-a-newborn-with-meconium-stained-amniotic-fluid)

Question answers: 1-e, 2-b, 3-a, 4-d

