Williams OB Chapter 30 and 31: Cesarean Delivery & Peripartum Hysterectomy & Prior Cesarean Delivery

**CREOG Learning Objectives:**

1) For the following obstetric complications, perform a pertinent history and physical examination; evaluate (using laboratory testing and diagnostic imaging); manage appropriately; determine and describe the prognosis and implement interventions to minimize recurrence; and determine indications for referral to a subspecialist:

- prior cesarean delivery and implications on current delivery mode

2) List indications for and complications of the following:

- cesarean delivery

3) Understand and be able to perform classical, low transverse, and low vertical cesarean delivery

4) Understand and be able to perform cesarean hysterectomy

**Practice Questions:**

1) A 35-year-old woman, G2P1 at 37 weeks of gestation presented to triage for decreased fetal movement. Her obstetric history and antenatal course are significant only for a previous classical cesarean delivery. On external uterine monitoring, the patient has a reactive nonstress test and is found to be contracting every 5-7 minutes. The cervix is soft, anterior, 2 cm dilated, 30% effaced, and -3 station. The fetus is in vertex presentation. The next best step in management is

A. administer steroids

B. cesarean delivery

C. discharge home

D. hospital observation

Source: OB prolog 8th edition #6

2) A 29 year-old woman, G1P0 presents for a prenatal visit at 39 weeks gestation reporting intermittent spotting over the past several days. Her prenatal history was complicated by a 3-day hospitalization during the second trimester, a result of an 8-cm anterior intramural degenerating leiomyoma located in the fundus. Her pain resolved after hydration and analgesic therapy. Her fetus has a known isolated perimembranous ventricular septal defect. Ultrasonography demonstrated a fetus in cephalic presentation, a maximum vertical pocket of amniotic fluid of 11 cm, and an estimated fetal weight of 5,100 g (11 lb). The placental edge is noted to be 2.5 cm from the internal os. The clinical variable that most strongly warrants consideration of cesarean delivery in this patient is the

A. amniotic fluid volume

B. estimated fetal weight

C. fetal ventricular septal defect

D. leiomyoma

E. placental location

Source: OB prolog 8th edition # 15

3) A 29-year-old patient, G4P3 presents in active labor with a cervical exam showing 5 cm dilation and 100% effaced. The fetal head is at 0 station. She has had no prenatal care. A bedside ultrasonography reveals the fetus in cephalic presentation with an estimated fetal weight of 3200 g (7 lb). In her first pregnancy, the patient underwent cesarean delivery at 35 weeks of gestation for a breech presentation in labor. Her subsequent two pregnancies were elective repeat cesarean deliveries. Your hospital employs an in-house obstetrician and anesthesiologist and has the capacity to perform emergent operative deliveries. The patient is counseled regarding the risk of uterine rupture and is advised to undergo cesarean delivery. The patient declines and voices a desire to attempt vaginal delivery. The most appropriate next step is to

A. seek a court order to perform a cesarean delivery

B. ask a family member to convince the patient to undergo cesarean delivery

C. convene an emergency hospital ethnics committee to enforce cesarean delivery

D. advise the patient that she will need to seek care at another hospital facility

E. proceed with attempt at trial of labor after cesarean delivery (TOLAC)

Source: OB prolog 8th edition #115

4) A 29-year-old woman, G3P2, at 37 weeks of gestation requires delivery for cholestasis of pregnancy. She has a history of low uterine transverse cesarean for fetal heart decelerations with her first pregnancy and a successful vaginal birth in her second pregnancy. Her current pregnancy has been uncomplicated until the past week when she presented with diffuse pruritis and elevated bile acids. Before developing cholestasis, the patient had been counseled and consented for trial of labor, which remains her desire. On admission, the fetal heart rate tracing is category I, and there are rare uterine contractions. Cervical examination is 3/80/-2, soft, and mid position. The best next step in management is

A. vaginal misoprostol

B. intravenous oxytocin

C. repeat cesarean delivery

D. transcervical balloon catheter

Source: OB prolog 8th edition #120

Answers:

1) b 2) b 3) e 4)b

**High-yield resources:**

1) CREOGS over coffee Episode 105: The Standardized Cesarean Section

<https://creogsovercoffee.com/notes/2021/1/3/the-standardized-cesarean-section>

2) Minimizing surgical blood loss at cesarean hysterectomy for placenta previa with increta or percreta. <https://www.ajog.org/article/S0002-9378(20)30066-1/fulltext>