Obstetrics

Pearls of Wisdom

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As presented at the University of Toronto's Family Medicine Forum (November 2004)

The following are some of the things I have learned over the 30 odd years I have been involved in intrapartum care.

The difficult ARM

Being able to perform artificial ruptured membranes (ARM) is usually seen as a simple skill, but it can be difficult. The difficulty comes in situations where one is proceeding with ARM in an induction and the cervix is not favourable, despite preinduction techniques. We know oxytocin works better if the membranes are ruptured. Also, when the woman is tense, obese or when the cervix is posterior, an ARM may be quite difficult to perform.

Some physicians find it helpful to have the woman form her hands into fists and put them under her sacrum to tilt the pelvis. Others use an inverted bed pan to achieve the same results.

Another technique I have found helpful is to use a scalp clip with an introducer and navigate this through the cervix. The scalp clip ruptures the membranes and the fluid gushes out through the introducer. This often works quite well, but one should resist the desire to place the scalp clip on the baby's scalp unless there is a clinical indication to do so.

The somersault maneuver

Every now and again, babies are born with the umbilical cord around their neck. Often, it is easy to loop the cord over the baby's head or to clamp and cut it; however, when the cord is very tight, neither of these options is possible. By exerting the usual downward pressure on the baby's head, the cord will tighten even more.

A simple procedure is the somersault maneuver, which

Kim's case

- Kim, 27, is in labour.
- She has made relatively good progress in the first stage, but in the second stage, has made no real progress after almost an hour of pushing.
- The baby is fine with a normal heart rate and clear amniotic fluid.

Here are questions you might consider asking:

1. Is the cervix fully dilated?
2. Is the bladder empty?
3. Is there a malposition? (Slow second stages in multips are commonly due to occipital posterior presentation.)
4. Does Kim need analgesia?
5. Does she need a rest?
6. Does she need fluids?
7. Are the contractions adequate?
8. Primips—she may need oxytocin, but beware of augmentation of the second stage and multips.
9. Does she need to push differently (*i.e.*, squatting, all fours or lying on her side)?

involves pressing the baby's head towards the mother's thigh. This technique allows the shoulders and the body to somersault out and the baby to be born without difficulty. The somersault maneuver is very simple and highly effective.

Sterile water injections result in 90% of women having pain relief for approximately 90 minutes.

Sterile water for low back pain

About 30% of women experience low back pain during labour. Often, this is unremitting and occurs even without contractions.

One unique technique that relieves this pain is small amounts of intradermal sterile water injection over the posterior superior iliac spines, approximately 3 cm or 4 cm inferiorially and a couple centimetres medially. This is basically four injections over the sacroiliac joint. The patients will feel pain for about 20 seconds after injection. These injections are best given during a contraction.

Injections result in 90% of women having significant pain relief for approximately 90 minutes. The amount injected under the skin is 0.1 mL. Remember, this technique uses sterile water, not normal saline.

Sterile injections have proven effective in randomized trials. It is easy to learn and nurses can also add this to their scope of practice.

Another alternative that is slightly less painful, but also works well is to substitute 0.50 mL of sterile water subcutaneously rather than intradermally. Figure 1 shows the sites of injection.

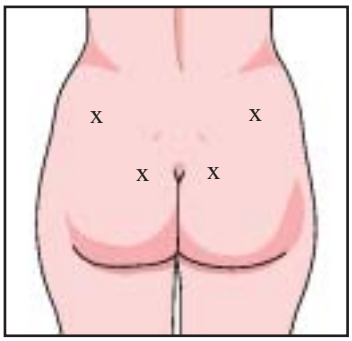

Figure 1. Injection sites for sterile water.

Bleeding from perineal varicosities

It is not uncommon for multiparous women to have painful vulvar and perineal varicosities. While these are a nuisance during pregnancy, they can occasionally become life-threatening during childbirth if a tear occurs and involves varicosity.

Bleeding from a varicosity can be extremely heavy, but by moving the woman into a flat or head-down position, the varicosities will collapse and the bleeding will stop. This allows you time to achieve hemostasis through appropriate suturing. Dx

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