MEDICAL STUDENT GUIDE TO OBSTETRICS AT THE UNIVERSITY OF WASHINGTON

BASICS

- L&D is located on the 6th floor of the Pacific Tower
- Post-partum is on the 5th floor of the Pacific Tower
- Both units can only be accessed with your hospital ID!
- The team room is just past the L&D front desk - this is where you'll find the resident team and your desk

Pro-Tip: If your badge doesn't work on your first day, use the phones outside the unit to be let in and give your badge info to the front desk. They will help you set-up access.

GUIDE TO THE L&D WHITEBOARDS

- Patients in black are active or "L&D status" - these are patients who are laboring or ill enough that they may need to be delivered within the next 24 hours - these are generally the patients you should follow
- Patients in blue are antepartum - a different resident team takes care of these patients who are more stable, too sick to go home but not sick enough to be delivered
- Patients in pink are postpartum until they go downstairs (once downstairs, their name is moved over to the postpartum board which is the one all the way to the left)

MEDICAL STUDENT ROLE ON L&D

- Triage (aka, the ER for pregnant patients at >20 weeks gestational age)
    - All patients come through triage when they arrive on L&D and seeing patients there is a great opportunity to practice H&P's and learn about common pregnancy complaints/complications.
    - When a patient arrives in triage, the RN's will add them to the board and notify the team
    - You can review their chart, (5-10 minutes max) go see them to take a brief history and do a basic physical exam, (no pelvic exam without a resident present!) (15 minutes max).
    - Present to the resident who will see the patient with you (intern if >37 WGA, R2 if <37 WGA)
    - Go see the patient with the resident. Gather your thoughts/finalize a plan with the resident. Present to the chief and/or attending.
    - Almost any patient who gets put in a triage room is appropriate for you to see unless they have specifically requested no students.
- Labor Management and Vaginal Deliveries
    - We want you to get as much exposure to labor and deliveries as possible!
    - Please have your residents check with each patient to see if it is OK for you to follow along
    - The best way to follow a patient is to follow the intern (they manage the laboring patients)
    - Cervical checks are painful for our patients, especially when the provider checking is less experienced - please check with your residents to see if there are appropriate patients for you to examine (epiduralized patients are the best as long as the patient is OK with having two exams)
- Cesarean Deliveries and Procedures in the OR
    - You are always welcome in the OR (again, as long as the patient is OK with students being involved in their care)
    - If you have not scrubbed or been in an OR before, please let your chief know ASAP and they will give you an orientation to the OR and teach you to scrub (or ask one of our scrub techs or nurses to help)
        - Here is a link to a video about how to scrub properly
    - For cesarean deliveries, if you scrub, you'll stand on the patient's right side next to the attending
- Postpartum
    - Every morning from 5:30-6:30am the resident teams round on the postpartum patients
    - You will be expected to follow 1-2 postpartum patients (typically seen with one of the interns) and present them at board sign-out
    - The best learning is if you see the patients you followed on labor and delivery
- Board Sign-Out

    - Twice a day we have formal, sit-down rounds where both the day and the night team review each patient on labor and delivery and postpartum.
    - Your residents will work with you to develop a succinct presentation of the patients you are following so that you can get practice presenting patients formally
- Notes
    - Below are the note templates we use on L&D. Please put them into your Orca smartphrases (instructions below) so you have them ready to use on your first day.
    - Medical students can write notes in patient charts but they must be cosigned by a resident and they cannot be admission notes or discharge summaries.
    - However, to get practice with the things we think about when admitting an OB patient, your residents might ask you to write an admission note in Microsoft Word and send it to them for review.
- Learning
    - Clinical volume on L&D is hit or miss, you can optimize your down time by bringing Blueprints or Case Files with you to read
    - Because L&D is such a crazy place, a lot of learning happens by "osmosis" in that we rarely have time for formal sit-down teaching. Try to ask questions as we go and learn as much as you can through observation and participation.

COMMON ABBREVIATIONS (we use a lot of them)

ABBREVIATION	MEANING	ABBREVIATION	MEANING
EDC/EDD	Est. date of confinement/delivery (= due date)	ROM	Rupture of membranes
EGA	Estimated gestational age	SROM & AROM	Spontaneous & Artificial ROM
SVE & SSE	Sterile vaginal exam & Sterile speculum exam	PROM & PPROM	Premature & Preterm Premature ROM
Vtx/Br/Tr	Vertex, breech, transverse (= baby PRESENTATIONS)	IUGR	Intrauterine growth restriction
OA/OP/OT	Occiput anterior, posterior, transverse (=POSITIONS)	IUFD	Intrauterine fetal demise
AFI	Amniotic fluid index	LMP	Last menstrual period
BPP	Biophysical profile	US/TVUS	Ultrasound/Transvaginal ultrasound
NSVD/SVD	Normal spontaneous vaginal delivery	EFW	Estimated fetal weight
FVD/VaVD	Forceps or Vacuum-assisted vaginal delivery	BTL	Bilateral tubal ligation
CS	Cesarean section	TOLAC	Trial of labor after cesarean
NST	Non-stress test	VBAC	Vaginal delivery after cesarean
G	Gravity (= total number of pregnancies)	GBS	Group B Strep
P _ _ _ _	Parity (Term, >20wk, <20 wk, Living Children)		

TEMPLATES

- Please take time before your first day to log into orca and add these templates to your smartphrases. Here are instructions on how to do that:
    1. Click into a patient's (any patient who you are currently caring for or have cared for in the past) chart
    2. Clinical Notes → "Add Note" icon (looks like  this:)
    3. Within the note window that opens, click the "Manage Auto Text icon" (looks like  this:)
    4. Within the Manage Auto Text Box, click the "New Phrase" icon (looks like  this:)
    5. Add an abbreviation (this is the dot phrase you will use to pull up the template when typing a note - e.g., ".L&Dadmission" for an admit note, etc)
    6. Click the "Add Text" icon (looks like  this:)
    7. Copy and paste the template from below.
    8. Click "OK"
    9. Repeat for the next template.

LABOR & DELIVERY ADMIT NOTE

REFERRING PROVIDER: _
PRIMARY OB PROVIDER: _

ID/CC: _ is a _ year old G_ P_ at _ _/7 weeks gestational age by LMP consistent with _-week ultrasound (EDD _) who presents with _

REVIEW OF DATES
Authoritative EDD _
LMP _ -> EDD _
US on _ at _ WGA by US -> EDD _

PROBLEM LIST
1. _
2. _
3. _

HISTORY OF PRESENT PREGNANCY: Pregnancy complicated by the above problem list. She presents to L&D_

PRENATAL LABS
Blood Type _, Antibody _, HCT _
Rubella _, Syphilis IgG _, HbsAg _, HIV _, HSV-1 _, HSV-2 _
Pap _, GC _, CT _, Urine culture _
Quad screen _, Integrated Screen _, Cell free fetal DNA _, MSAFP _
Glucola _, 3h GTT _, GBS _ on _

PRENATAL ULTRASOUND
Anatomy US on _ at _ WGA: Placenta _. Anatomy survey _complete.

PAST MEDICAL HISTORY
1. _

PAST SURGICAL HISTORY
1. _

PAST OBSTETRICAL HISTORY
G1, _

PAST GYNECOLOGIC HISTORY

Abnormal paps_. _history of STI's. Has used _ for contraception in the past.

MEDICATIONS

_

ALLERGIES

_

SOCIAL HISTORY
_ drugs/_tobacco/_alcohol use. _ screen for domestic violence.

FAMILY HISTORY
Significant for _

REVIEW OF SYSTEMS
Pertinent findings are noted in the above HPI. All other systems were reviewed and are negative.

PHYSICAL EXAMINATION
VITAL SIGNS: _
GENERAL: No acute distress.
NEURO: Alert and oriented. No gross deficits.
PSYCH: Mood/affect appropriate.
HEAD/FACE: Atraumatic, no visible lesions or asymmetry.
CARDIOVASCULAR: RRR, _murmurs. 2+ peripheral pulses
RESPIRATORY: Effort normal, _clear to auscultation
ABDOMEN: Non-tender, gravid. No palpable masses, or hernias.
EXTREMITIES: _ edema, symmetrical strength and movement.
SKIN: No rashes, lesions. _
PELVIC: Normal external genitalia, _ lesions.
SSE: _ pool, nitrizine _, fern _
SVE: _ /_ / _

LEOPOLD's: _ cephalic, EFW _#
FHT: baseline _, _ variability, _ accels, _ decels.
TOCO: _

LABORATORY STUDIES ON ADMIT

_

BEDSIDE US ON ADMIT: cephalic _, placenta _, fetal cardiac motion _, AFI _

ASSESSMENT & PLAN: _ year old G_ P_ at _ WGA by _ admitted for _.

_

_

Fetal well being.
- Presentation _, EFW_
- GBS _
- Reactive on monitoring _ - continuous external fetal monitoring.

Prenatal care.
- Rh _, Rubella _
- Postpartum contraception _
- Immunizations: Tdap _, Influenza _

Disposition: patient status reviewed, inpatient _observation _

Note cc'd to provider/clinic: _

LABOR & DELIVERY TRIAGE NOTE

REFERRING PROVIDER: _
PRIMARY OB PROVIDER: _

ID/CC: _ is a _ year old G_ P_ at _ _/7 weeks gestational age by LMP consistent with _-week ultrasound (EDD _) who presents with _

REVIEW OF DATES
Authoritative EDD _
LMP _ -> EDD _
US on _ at _ WGA by US -> EDD _

PROBLEM LIST
1. _
2. _
3. _

HISTORY OF PRESENT PREGNANCY: Pregnancy complicated by the above problem list. She presents to L&D_

REVIEW OF SYSTEMS: Pertinent findings noted in the above history of present illness and triage intake form, all other systems are negative.

PHYSICAL EXAMINATION
VITAL SIGNS: _
GENERAL: No acute distress.
NEURO: Alert and oriented. No gross deficits.
PSYCH: Mood/affect appropriate.
HEAD/FACE: Atraumatic, no visible lesions or asymmetry.
CARDIOVASCULAR: RRR, _murmurs. 2+ peripheral pulses
RESPIRATORY: Effort normal, _clear to auscultation
ABDOMEN: Non-tender, gravid. No palpable masses, or hernias.
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PELVIC: Normal external genitalia, _ lesions.
SSE: _ pool, nitrizine _, fern _
SVE: _ /_ / _

LEOPOLD's: _ cephalic, EFW _#
FHT: baseline _, _ variability, _ accels, _ decels.
TOCO: _

LABS: _

BEDSIDE US ON ADMIT: cephalic _, placenta _, fetal cardiac motion _, AFI _

ASSESSMENT & PLAN: _ year old G_ P_ at _ WGA by _ with _.

_.
_.
Fetal well being. _reactive on monitor.
Follow-up: in _ weeks with _ (provider)

Note cc’d to provider/clinic: _

POSTPARTUM NOTE: CESAREAN DELIVERY

REFERRING PROVIDER:
PRIMARY PROVIDER:

ID/CC: _ year old G_P_ s/p LTCS for _ on _.

PROBLEM LIST
1. _

SUBJECTIVE: _

OBJECTIVE
VS: _
General: NAD_
CV: RRR_
Chest: respiratory effort normal, CTAB_
ABD: soft, uterus firm, fundus at _.
Extremities: _ edema, no tenderness.
Incision: c/d/i, no erythema or exudate. Dressing _.

I/O: _

A/P: Postpartum/Postoperative day #_.
Postpartum management
- Rh _/Rubella _/Tdap_ / Flu _
- Breastfeeding _
- Depression risk _
- Contraception: _

Post-operative care
- ADAT
- Foley out POD#1 am _
- Ambulate TID POD#1
- Pre-op Hct _ -> EBL _ -> POD#1 Hct pending

Dispo: Anticipate discharge home on _. Routine discharge instructions given. Follow up in _ weeks with Dr. _at _ clinic.

OB POSTPARTUM NOTE: VAGINAL DELIVERY

REFERRING PROVIDER: _
PRIMARY OB PROVIDER: _

ID/CC: _ year old G_P_ s/p vaginal delivery at _ WGA on _.

PROBLEM LIST
1. _

SUBJECTIVE: _

OBJECTIVE
VS: _
General: NAD_
CV: RRR_
Chest: respiratory effort normal, CTAB_
ABD: soft, uterus firm, fundus at _.
Perineum: _
Extremities: no edema_, no tenderness.

Skin: No erythema _

CBGs:_
I/O: _
Admit Hct: _

A/P: Postpartum day #_.
Postpartum management.
- Rh _/Rubella _/Tdap_ / Flu _
- Breastfeeding _
- Depression risk _
- Contraception: _

Anticipate discharge home. Routine discharge instructions given. Follow up postpartum appointment in _ weeks with Dr. _ at _ clinic.

BRIEF LABOR UPDATE NOTE

ID:

S: _

VS: _

SVE trend:
_ at _

FHT: Baseline _, _ variability, _ accelerations, _ decelerations
Toco: q_min

PITOCIN: _milliunits/min

A/P: Category _ tracing.
_