

## Rotation 5: OBGYN

Chief complain: "I am having labor pains that started around 4:30 am this morning"

### History of Present Illness:

A 33-year-old Gravida 9, Para 8 (G9P8008) woman at 41 weeks and 0 days of gestation (EDD: 6/14/24), presenting to OB Triage with complaints of labor pains that began around 4:30 am this morning. She rates the pain 6/10. She reports that she has been feeling an active fetus and denies any loss of fluid (LOF) or vaginal bleeding (VB). The pregnancy has been uneventful to date. She notes a scant prenatal care history, with only three clinic visits due to being "very busy." Despite this, her Group B Streptococcus (GBS) test was negative. Her weight at the last encounter on 05/13/24 was 70.3 kg (155 lb). She discussed her desire for active labor management, expressing her wish to have a hep-lock placed and to ambulate in triage until she experiences more active contractions. Denies

### Past Medical History

No significant Past Medical Hx

### Past Surgical History:

No Significant Past medical Hx.

### Allergies

No Known Allergies

Immunization:

Uptodate

Social History: Denies intimate partner violence, drug/alcohol/tobacco use.

### Review of Systems

General: Denies weight changes, fevers, weakness, fatigue, night sweats, chills, body aches.

- Skin: denies rash, sores, lumps, itching, color changes, hair, nails
- Head: **Admits nausea**, denies trauma headache, vomiting, dizziness.
- Eyes: Denies glasses/contacts, pain, redness, tearing, vision loss, discharge, double/blurred vision, glaucoma
- Ears: denies hearing loss/aid, tinnitus, vertigo, earache, discharge
- Mouth/Throat: denies bleeding gums, dentures, cavities, hoarseness, voice change, sore throat, dry mouth, difficult/painful
- Nose/Sinuses: denies stuffiness, rhinorrhea, sneezing, itching, epistaxis, allergies (perennial, seasonal)
- Neck: denies lumps/masses, goiter, pain, stiffness, swelling
- Breast: denies lumps/masses, skin changes, pain, discharge
- Respiratory: denies chest tightness, shortness of breath and wheezing, cough, hemoptysis, snoring

Cardiac: denies for chest pain. Denies palpitations, lower extremity edema.

- GI: **Positive for nausea**, denies vomiting constipation, and bloating. dysphagia, vomiting, regurgitation, indigestion, changes in bowel habits, diarrhea, bleeding (hemorrhoids, melena, hematemesis, hematochezia), abdominal pain, jaundice.

- Urinary: denies frequency, polyuria, nocturia, hesitancy, urgency, dysuria, hematuria, incontinence, reduced caliber of stream.

Genital: Positive light spotting. Denies loss of interest, function,

Denies hernias, itching, discharge, sores, lumps, menopause, hot flashes

- Vascular: denies claudication, edema, varicose veins, past clots

- Musculoskeletal: denies muscle or joint pain, stiffness, arthritis, gout, weakness, swelling, redness, instability

- Neurological: denies seizures, numbness, tingling, paralysis, paresthesia, fainting, blackouts, burning, tremors

- Hematological: denies anemia, easy bruising/bleeding, petechiae, purpura, ecchymosis, transfusions

- Endocrine: denies heat/cold intolerance, sweating/thirst/hunger

- Psychiatric: denies psychosis, nervousness, mood, anxiety, depression or suicidal ideation.

### **Vital sign**

BP: 112/68

Pulse: 95

Resp: 18

Temp: 98.6 °F (37 °C)

SpO2: 100%

Height" 5"6

Weight (160 lb)

BMI: 28.8

### **Physical Exam:**

General: alert and oriented and cooperative

Heart: Regular rate and rhythm, S1 and S2 appreciated. No gallops.

Lungs: Clear to auscultation bilaterally, symmetrical chest expansion

Abdomen: soft, non-tender; bowel sounds normal and Gravid Uterus

Back: No CVAT

Extremities: **+bilateral lower extremity varicosities**, Lower extremities symmetrical, and non-tender bilaterally

DVT Evaluation: No evidence of DVT seen on physical exam.

Pelvic exam: normal external genitalia, vulva, vagina, cervix, uterus and adnexa.

### **Cervical Exam** : 05/21/2024 @7:45AM

Dilation 5

Effacement (%) 50

Station -2

Cervical Position 1  
Cervical Consistency 1  
Bishop Score 7

Estimated Fetal Weight: No documentation

**FHR Baby**

External Fetal Monitor filed at 05/22/2024 10:05AM

Fetal Heart Rate Present

Baseline Rate 140 bpm

Baseline Classification Normal

Variability Moderate (Between 6 and 25 BPM)

FHR Category: Category I

**Uterine Activity:** 05/22/2024 at 10:05AM

Uterine Contractions Present

Mode Toco

Contraction Frequency q5min

Contraction Duration 80-90sec

Contraction Quality Moderate

Resting Tone Palpated Soft

**Labs Results**

Prenatal labs

BLOOD TYPE: O

Rh Factor: Positive 10/31/2023

HCT: 31.3 L 03/12/2024

QTFPLUS NEGATIVE 10/31/2023

HIV 1,2 AG/Ab by CMIA Non-Reactive 03/12/2024

HGBA1C 5.5 10/31/2023

GCAMP Negative. 04/16/2024

CHLAMPR Negative. 04/16/2024

RUBELLA 1.2 10/31/2023

RUBELLA Positive 10/31/2023

MEASLES >5 10/31/2023

MEASLES Positive 10/31/2023

MUMPS 12.9 03/12/2024

MUMPS Positive 03/12/2024

VZV 721.6 10/31/2023

VZV Positive 10/31/2023

Hepatitis B Surface Ab Reactive (A) 10/31/2023

Hepatitis B Surface Ag Nonreactive 10/31/2023

Hepatitis C Ab N/A 10/31/2023

No results found for "SYPHILIS"

Lead <1.0 03/14/2023

HGBELECT 97.7 10/31/2023

HGBELECT 2.3 10/31/2023

GTT 86 04/02/2024  
Quad  
No results found for: "ALFTETRAR"  
Microbiology  
FINALNo Beta Strep group B isolated 04/16/2024

Prenatal Care  
HgbA1c 5.5  
Rh+  
8.11>--11.1/34--<327  
RPR neg  
HepB nonimmune  
HIV neg  
QTB neg  
GCCT neg  
GCT WNL

### **Ultrasound**

Confirmed vertex by limited bedside sono on admission

### **Differential Diagnoses**

#### **Active Labor**

The patient presents at 41 weeks gestation with regular contractions every 5 minutes, cervical dilation of 5 cm, and effacement of 50%. These signs are consistent with active labor. The patient reports labor pains starting at 4:30 am and rates the pain as 6/10, further supporting this diagnosis.

#### **Braxton Hicks Contractions**

Although less likely given the patient's cervical changes and contraction pattern, Braxton Hicks contractions can occur at term and present with similar symptoms. However, they are typically irregular, less intense, and do not lead to significant cervical changes.

#### **Urinary Tract Infection (UTI)**

UTIs can present with lower abdominal discomfort and could be confused with early labor contractions. However, the patient denies urinary symptoms such as dysuria, urgency, or frequency, making this less likely. A urine analysis could help rule out this condition.

#### **Placental Abruption**

This is a less likely but serious condition that can present with abdominal pain and contractions. The absence of vaginal bleeding and the reassuring fetal heart rate make this diagnosis less probable. However, it should still be considered in any term pregnant patient with pain and contractions.

### **Assessment**

A 33-year-old G9P8008 woman at 41 weeks gestation presenting with regular labor contractions, cervical dilation, and effacement consistent with active labor. Her prenatal course has been uncomplicated with minimal prenatal visits due to personal reasons. She desires active labor management and has no significant past medical or surgical history. Her vitals are stable, and

fetal heart monitoring is reassuring. The absence of LOF or significant vaginal bleeding further supports the diagnosis of active labor.

**Plan**

**Labor Management**

Admit to labor and delivery. In active labor with significant cervical dilation and regular contractions.

**Monitoring**

Continuous fetal monitoring to ensure fetal well-being.

Regular assessment of fetal heart rate and contraction patterns is essential to monitor labor progression and fetal status.

**Pain Management**

Discussed and implement pain management options as desired by the patient, including epidural anesthesia if requested.

**Hydration and Nutrition**

Established IV access (hep-lock) for hydration and potential administration of medications.

**Ambulation:** Encourage ambulation as tolerated by the patient.

DVT prophylaxis with pneumatic compression

Postpartum: Offer vaccines

**Lab Tests**

Perform a complete blood count (CBC) and urine analysis.

Continuous obstetric evaluation and management.