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Bishop's index

	0	1	2
Station	Above or at pelvis entrance	Above spinae	At or below spinae
Diameter (cm)	≤ 0,5	0,5< d <1,5	≥ 1,5
Effacement (%)	0	< 50	≥ 50
Consistency	Firm	Medium	Soft
Position	Posterior	Middle	Anterior

Bishop's index is a modified Bishop's score

Score < 6 = Immature cervix →
High probability of long labour if induced

Techniques used to induce labour

- Intravenous prostaglandin E_1 or E_2 (Cytotec)
- Vaginal prostaglandin E_2
- Amniotomy
- Intrauterine balloon putting pressure on the cervix
- Oxytocin i.v. to potentiate contractions (Syntocinon)

Local guidelines on which method to use differ between hospitals

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Acute abdominal pain

Check vital signs, ABCDE
Lab: u-hCG, CRP, Hb, urinary dipstick
Gynaecological exam. and vaginal ultrasound (VU)

u-hCG positive

Spontaneous abortion: Localized pain over the uterus in combination with larger vaginal bleeding

Ectopic pregnancy (EctP): Localized pain over one side
Occasionally minor vaginal bleeding
Risk of intraabdominal haemorrhage

Non gynaecological: Appendicitis, urinary tract infection, gallstones

High probability of EctP if S-hCG does not double in 2 days or unable to find intrauterine pregnancy with VU when s-hCG >1000

u-hCG negative

Ovarian torsion: Acute onset of severe pain in intervals
Often with cysts ≈ 5cm. Acute laparoscopic surgery

Rupture of cyst/Ovulation pain: Generalized pain in the lower abdomen (subsides within a few hours)

Infection: Pathological fluor/bleeding → Chlamydia sample + Wet smear. Doxycycline + Metronidazole

Endometriosis: Dysmenorrhea.
Clinical diagnosis (laparoscopic verification if needed)
Combined contraceptive hormone therapy (Neovletta/Prionelle), 2-4 menstruations/year

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Fever Post Partum

Mastitis	*Redness, tenderness, and increased heat, in a localized area. Palpable resistance. High fever. CRP↑* Breast feeding (empty the breast) pump if needed Culture if wound Flukloxacillin (Heracillin) 1g x3 If abscess: Ultrasound drainage and culture.
Endometritis	*Abd. pain. Tender uterus. Malodorous bloody discharge. CRP↑* Cervical culture (streptococcus), blood culture Methergin + antibiotics: Within days: pip/tazo 4g x4 Late: amoxi/klav 500mg/125mg x3 + metronidazol 400mg x3 5-10d
Wound infection	*Redness, pus* Wound culture Debridement
Pneumonia	*Coughing, pleural pain* Clinical examination, X-ray if needed If uncomplicated: PcG
Urinary tract inf.	*Urinary urgency and tenderness over kidneys or bladder* Urine culture Antibiotics, e.g. Selexid (CAVE Furadantin)
Thrombosis	*Signs of pulmonary embolus or DVT* Ultrasound legs Pulmonary CT if needed

Swedish BESLUT = Bröst, Endometrit, Sårinfektion, Lunginflammation, Urinvägsinfektion, Trombos

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CTG

	Base HR	Variability + Acc.	Decelerations	Contractions
Normal	110-150	5-25	None	≤5/10min
		≥2 acc/60 min	Uniform early	
			Variable uncompl. <30 s, <60 beats	
Abnormal*	100-110	<5 for >40 min, with no acc	Variable uncompl. 30-60 sec OR >60 beats	>5/10min
	150-170	>25		
	<100 for <3 min	<2 acc/60 min		
Pathologic	>170	<5 for >60 min, with no acc	Variable complicated >60 sec	
	<100 for >3min	Sinusoidal pattern	Uniform late	
			Combined	

Preterminal No variability (<2/min) and no accelerations

* ≥2 = suspected pathological

Acceleration	Increase in heart rate of >15, for >15 s
Uniform deceleration	Shaped like a U
Early	With the contraction
Late	After the contraction
Variable	Variable form (see above table)