

DELIVERY NOTE: , The patient came in around 0330 hours in the morning on this date 12/30/08 in early labor and from a closed cervix very posterior yesterday; she was 3 cm dilated. Membranes ruptured this morning by me with some meconium. An IUPC was placed. Some Pitocin was started because the contractions were very weak. She progressed in labor throughout the day. Finally getting the complete at around 1530 hours and began pushing. Pushed for about an hour and a half when she was starting to crown. The Foley was already removed at some point during the pushing. The epidural was turned down by the anesthesiologist because she was totally numb. She pushed well and brought the head down crowning, at which time I arrived and setting her up delivery with prepping and draping. She pushed well delivering the head and DeLee suctioning was carried out on the perineum because of the meconium even though good amount of amnioinfusion throughout the day was completed. With delivery of the head, I could see the perineum tear and after delivery of the baby and doubly clamping of the cord having baby off to RT in attendance. Exam revealed a good second-degree tear ascended a little bit up higher in the vagina and a little off to the right side but rectum sphincter were intact, although I cannot see good fascia around the sphincter anteriorly. The placenta separated with some bleeding seen and was assisted expressed and completely intact. Uterus firmed up well with IV pit. Repair of the tear with 2-0 Vicryl stitches and a 3-0 Vicryl in a subcuticular like area just above the rectum and the perineum was performed using

a little local anesthesia to top up with the epidural. Once this was complete, mom and baby doing well. Baby was a female infant. Apgars 8 and 9.