

Labor & Delivery Rotation

Hours/Locations

King's County S Building, 5th floor. L&D Suite. Hours vary, this rotation is dependent upon your own goals.

Attire

Scrubs

Responsibilities

On this rotation, you will get in what you put out. At a minimum you need to log 10 deliveries for which you were gowned and present. The OB/GYN residents will allow you to do more if you help them with their scut and work, otherwise you will often find yourself shoved out of the delivery when you go to do it. Many are okay with this, you can still log these deliveries and you can have a more relaxing rotation, you can decide for yourself.

Like all L&D floors, there are labor rooms, an OB triage and ORs for C-sections. Pt's >20 wks go to OB triage, some attendings and residents will expect you to see pt's here, write notes, present and manage pt's. These attendings and residents will allow you to manage and carry these patients, including their delivery if you are helpful during this process. However, though the OB residents and attendings appreciate this, it is not required.

There are no set hours. Often, family medicine interns rotate on the floor during the day, so nights are relaxed. You can come in during nights or days to get your deliveries, many prefer nights, but this choice is up to you as well.

Tips/Helpful Stuff

- Introduce yourself to the attending and chief resident when you arrive. There is a board in the center of the floor, behind the middle desk, showing contractions, pitocin, labor events. Check if anyone is >8 cm dilated, if so, go to that room, meet them, great them, you'll be part of their birth today. Bring study materials, labor is a long process

- OB Trace is the way they monitor the rooms. You get pt MRNs here and you get to watch the FHR, tocometer.

- Ask the midwives or one of the OB/GYNs for a log-in to OB trace early in the rotation. They will often oblige.

- We all did OB, but basic quick & dirty:

Once pt is close to delivering, gown up with gown, booties, scrubs, gloves, face mask (door by attending station). Tell pt to put hands on thighs, pull legs back and push when ready to do so. Put one hand below to stop tearing and 3 fingers on head as it emerges, to stop ripping from hyperflexion. Once head emerges, relax, reach for cord, clear off head. Then have pt push, holding firmly to the babies neck. Clamp cord, ask dad to cut between clamps. Baby to warm square. Take cord, get cord blood VBG from vein then ABG from artery. Clamp placenta, pull down slowly, rotate once out. Hand into uterus to evacuate clots & blood, uterine massage (on a sterile towel). Congrats.