The woman was a G5P3-0-2-3 admitted for induction of labor secondary to being post due date. She received Misoprostil x3 followed by Pitocin induction 6 hours later, starting at 0800 hr. Her membranes were artificially ruptured at 4cm for clear fluid at 1445 hr. She progressed to full dilation at 1545, began pushing and delivered a viable, cephalic presentation male overran intact perineum at 1615. She did not have a labor epidural.

Her placenta did not immediately follow delivery. After receiving Demerol 25mg IV to help with post-partum relaxation the tip of the placenta was found palpable in the vagina but there was no movement downward despite all approved procedures. After the observation of an appropriate wait time she agreed and was consented for manual removal under general anesthesia. She had lost appox. 700 cc blood by this point. She was typed and crossed for 2units which she received intra-operatively.

|  |  |  |  |
| --- | --- | --- | --- |
| Fetal Presentation: *(select one)*  ⬜ Cephalic ⬜ Breech ⬜ Other | | | |
| Route & Method: *(select one)*  ⬜ Spontaneous ⬜ Forceps – Mid ⬜ Forceps – Low / Outlet ⬜ Vacuum ⬜ Cesarean ⬜ Unknown | | | |
| **Maternal Morbidity**  ⬜ None ⬜ Unknown at this time  **Select all that apply**  ⬜ Maternal Transfusion  ⬜ Unplanned Hysterectomy  ⬜ Postpartum transfer to a higher level of care | ⬜ Perineal Laceration (3rd / 4th Degree)  ⬜ Admit to ICU | ⬜ Ruptured Uterus  ⬜ Unplanned Operating Room Procedure  Following Delivery |
| Anesthesia / Analgesia  ⬜ None ⬜ Unknown at this time  **Select all that apply**  ⬜ Epidural (Caudal)  ⬜ General Inhalation  ⬜ Pudendal | ⬜ Local  ⬜ Paracervical | ⬜ Spinal  ⬜ General Intravenous |
| **Was an analgesic administered?**  ⬜ Yes ⬜ No |  |  |