Trainee Obstetric Clinician -

Clinical Practice Logbook

Please note the following definitions for the 4 categories of involvement in undertaking advanced obstetric procedures:

- 1. Assistant: undertaking a procedure as an assistant to a senior doctor or obstetric clinician
- 2. Direct supervision: The trainee is the primary person undertaking a procedure but with a senior doctor/obstetric clinician present at all times and usually assisting the trainee
- 3. Indirect supervision: The trainee is the primary person undertaking a procedure but with a senior doctor/obstetric clinician available for advice or involvement locally in the facility at all times. Often the trainee would be working with and herself supervising a junior doctor (intern), a perioperative nurse, another midwife or a team of midwives.
- 4. Independent: The trainee is the primary person undertaking the procedure but with a senior doctor/obstetric clinician available for advice but possibly asleep at home or involved in other work.

Summary Data

NN was involved in performing 267 major obstetric procedures from 01/November/2020 to 30/August/2023. There

were 0 maternal deaths.

Resuscitation Data

40 babies required resuscitation and 26 survived.
40 resuscitations involved *bag and mask ventilation*.
0 involved *CPR*.
0 involved *Drugs*.

0 were born alive but could not be resuscitated:

	Was neonatal resuscitation required?	Did the baby survive	Was neonatal resuscitation required? (second baby)	Did the second baby survive
clinician_case_id				

'Stillborn' / Intrauterine Fetal Deaths Data

23 babies were 'stillborn':

Procedure(s)	Was the baby born alive?	Was the second baby born alive?
Caesarean section	No	
Evacuation of Products of Conception	No	
Manage APH	No	
Ventouse	No	
Any Other Interventions	No	
Caesarean section	Yes	No
Any Other Interventions	No	
Any Other Interventions	No	
Breech Delivery	No	
Caesarean section	No	
Evacuation of Products of Conception	No	
Any Other Interventions	No	
Caesarean section	No	
Caesarean section	No	
Caesarean section	No	
Repair of Ruptured Uterus (if possible)	No	
Repair of Ruptured Uterus (if possible)	No	
Caesarean section	No	
Caesarean section	No	
Manage Shoulder Dystocia	No	
Caesarean section	No	
Caesarean section	No	
Twin Delivery	No	Yes

Operative Data

Caesarean Section

216 were managed in total.
9 were managed as an assistant.
73 were managed as directly supervised.
36 were managed as indirectly supervised.

98 were managed independently.

Laparotomy

0 were operated on in total.
0 were operated on as an assistant.
0 were operated on as directly supervised.
0 were operated on as indirectly supervised.
0 were operated on independently.

Ruptured Ectopic Pregnancy

3 were patients were operated on with a ruptured ectopic pregnancy.

Reason for Procedure	Procedure(s)	Was a Blood Transfusion required?	Did the woman survive?	Level of supervision
Rupture Ectopic	Salpingectomy for Ruptured Ectopic Pregnancy	Yes	Yes	Directly supervised
Rupture Ectopic	Salpingectomy for Ruptured Ectopic Pregnancy	Yes	Yes	Independently
Ruptured Ectopic pregnancy	Salpingectomy for Ruptured Ectopic Pregnancy	Yes	Yes	Independently

Ruptured Uterus

2 were patients were operated on with a rupruted uterus.

Reason for Procedure	Procedure(s)	Was a Blood Transfusion required?	Did the woman survive?	Level of supervision
Previous C/S times 1/ and Rupture Uterus.	Repair of Ruptured Uterus (if possible)	Yes	Yes	Directly Supervised
Rupture Uterus	Repair of Ruptured Uterus (if possible)	Yes	Yes	Directly supervised

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Procedural Data

Evacuation of Retained Products of Conception

8 were managed in total.
0 were managed as an assistant.
5 were managed as directly supervised.
0 were managed as indirectly supervised.
3 were managed independently.

Ventouse Delivery

5 were managed in total.
1 were managed as an assistant.
2 were managed as directly supervised.
2 were managed as indirectly supervised.
0 were managed independently.

Vaginal Breech Delivery

7 were managed in total.
0 were managed as an assistant.
4 were managed as directly supervised.
0 were managed as indirectly supervised.
3 were managed independently.

Shoulder Dystocia

3 were managed in total.
0 were managed as an assistant.
0 were managed as directly supervised.
2 were managed as indirectly supervised.
1 were managed independently.

Manual Removal of Placenta

4 were managed in total.
0 were managed as an assistant.
3 were managed as directly supervised.
0 were managed as indirectly supervised.
1 were managed independently.

Haemorrhage Data

Major Postpartum (PPH) or Antepartum (APH) haemorrhage

5 patients with haemorrhage were managed.

	Reason for Procedure	Procedure(s)	Was a Blood Transfusion required?	Did the woman survive?	Level of supervision

PPH	Manage APH		Yes	Directly Supervised
APH/Incomplete placenta previa and IUFD.	Manage APH		Yes	Directly Supervised
PPH Secondary to Retain placenta fragment	Procedures to Manage PPH	Yes	Yes	Indirectly supervised
PPH due to Placenta Fragment	Procedures to Manage PPH	Yes	Yes	Indirectly supervised
PPH secondary to Retain placenta Fragments	Procedures to Manage PPH	Yes	Yes	Independently

Eclampsia Data

Eclampsia and Severe Pre-Eclampsia

8 eclampsic/pre-eclampsic patients were managed.

Reason for Procedure	Procedure(s)	Did the woman survive?	Level of supervision
Severe pre-eclampsia with feature	Manage Severe Pre-eclampsia or Eclampsia	Yes	Directly Supervised
Eclampsia	Manage Severe Pre-eclampsia or Eclampsia	Yes	Directly Supervised
Severe Pre_eclampsia with Feature.	Manage Severe Pre-eclampsia or Eclampsia	Yes	Directly Supervised
ECLAMPSIA	Manage Severe Pre-eclampsia or Eclampsia	Yes	Directly Supervised
Severe pre-eclampsia with feature	Manage Severe Pre-eclampsia or Eclampsia	Yes	Directly Supervised
Severe Pre-eclampsia	Manage Severe Pre-eclampsia or Eclampsia	Yes	Directly Supervised
Severe Pre-eclamsia/ SVD	Manage Severe Pre-eclampsia or Eclampsia	Yes	Directly Supervised
Severe Pre-eclampsia	Manage Severe Pre-eclampsia or Eclampsia	Yes	Independently

Unexpected Problems table

summary_comments	Date of Procedure	Did the woman survive?	Did the baby survive	Did the second baby survive

Summary table

Reason for Procedure	Procedure(s)	Body of Report	Any other comments / feedback?	Type of anaesthesia given	Level of supervision
Incomplete Abortion.	Evacuation of Products of Conception,Ventouse	This G4 P2 A0 L2 was brought on the ward in wheel chair by a triage nurse with the complain of vag bleeding along with clots which according to pt started last night .According to pt she is amenorrhea times 2,on arrivial she was consious and alert seen in obvious painful distress . LKP- Aug 12,2020 assesment conj- pink, skin- afebrile, patient was place on the letonomy bed speculum examination was done obs vag bleeding with clots also quick bedside ultrasound was done and product was seen in the utrus. Aset up was made and product of conception was remove by using the MVA. Metro 500mg po bid for 7 dys , Dox 100mg po qd for 14dys, Diclo 100mg po for 3dys.	patient ok and discharge home.	NA	Directly Supervised
Previous C/S time one in 2014 pronglabor CPD.	Caesarean section	This G2 P1 EGA by date 39wks 4dys was referal from a near by clinic with the history of pronong labor. On arrivial she concious anlert seen in obvious painful distress . A gravid utrus with ovoid shape , fetus palpated in alongatucular lie , cephalic presentation PV done cx fully dilated with 3+ carput having NFRS. Patient was quickely resuciatated with 1,500 ml of N/S and prepared for emergency c -section . Intra operative finding aviable male neonate was extracted with apgar 9&10, 10&10 in the first and fifth min wt. 3.2kg. Normal bladder, placentation , cord lengh. Estimated blood loss 600ml misorprostol 800mcg inserted recutall follow by post operative management.	Both mom and neonate was ok and discharge home.	NA	As an assistant
		This G6 P5 EGA by date is 42wks 1day was received on the ward , she consious and alert seen in obious distress with the history of vag bleeding , stomach pain which stt 2dys ago and was taking to one TTM for delivery .Assesment : conj- pale ,skin afebrile on touch, she had			

Abrotuo plancenta and IUFD.	Caesarean section	gravid utrus ovoid shape fetus palpated in a longatecular lie but very painful on palpation leanigra intact no scar seen on abdomen . FH - 40cm ,FHT absent quick ultrasound was done to confirm fetus. PV done normal external genetelia cx 9cm dilated descent 4/5 . Pt was quickly prepared and resuciated with 1500ml of N/S and was taken to the theater for emergency c -section.Intra operative finding a dead female fetus along with placenta was extracted . Normal bladder, placentation and cord lengh, Estimeted blood loss 1,200 ml ,misoprostol 800mcg inseted rectuall and all post operative management.	Pt was ok and discharge home.	NA	As an assistant
Obstructed labor prolong second stage.	Caesarean section	This G1 P0 EGA by date 43wks 5 days was referal from a clinic with the complain of stomach and back pain which started 2 days ago and was monitor to this clinic ,according to the nurse she was unable to push .Oarrivial she consious and alert , fetus palpatet in a longtucular lie cepg presentation gravid utrus ovoid shape .Pv done cx fully dilated with 3+ carput NFRS. She was prepared quickly and resucitated with 1500ml of N/S and taken to the theater for emergency c-section. Intra operative finding a live male neonate was extracted apgar 9/10, 10/10 in the first and fifth min wt 4kg .Normal bladder , placentation,cord length. Estimated blood loss 600ml misoprostol 800mcg inserted rectuall and all post op management.	Good	NA	As an assistant
Previous C-Section time 3	Caesarean section	A case of nnyrs old female G4 P3 A0 L3 41wks by date present with the hx of stomach and back pain follow by vag which according to her started last . No hx vag bleeding , maternal fever , leaking of membrane reported . she was concious and alert but in painful distress v/s normal . Abd gravid utrus ovoid shape FH-40cm, FHT148 , PP-ceph with longitudinal lie, descent 5/5 she had 4 contraction in 10 min each lasting 35 sec. PV done cx 3cm dilated with 40% eface midsoft ceph presentation ,membrane intact EFW 3.9kg. Pt was prepard for emergency c-section. Intra operative finding a viable femala neonate was extracted with apgar 8/10, 10/10 in the first and fifth min wt -3.9kg . Normal bladder, placentation, cord length. estimated blood loss 500ml ,misoprostol 800mcg inserted rectuall follow by post op management.	Outcome was ok.	NA	As an assistant
Prolong second stage of labor	Caesarean section	A case of nnyrs old G1 P0 EGA 39wks was review along with one of the consultant membrane was absent mild contraction cx was 9cm dilated and he said we should augement labor due to the above Dx bishop of 7. There fore pitocin 0.5cc was added to N/S 500ml 10gtt/mim and later increase to 20gtt/min descent was still 3/5. An emergency c-section was order pt was prepared and resuciatated with 1500 liter of N/S and taking to the theater .Intra operative finding a live female neonate was extracted with apgar 8/10, 10/10 in the first and fifth min wt 3.4kg . Estimated blood loss 500ml misoprostol 800mcg inserted follow by post op management.	Good	NA	As an assistant
Previous c/s times 2,		A case of nnyrs old female G3 P2 EGA-42wks was referal from a clinic with the hx of prolong second stage of labor according to the nurse they never knew this pt was a previous c/s they were inform later by one of the relative. On arrivial she was conscious and alert but seen in painful distress with mild vag bleeding . she hah a gravid utrus ovoid shape, fetus palpated in a longitidinal lie , ceph presentation .			As an

prolong second stage of labor.	Caesarean section	she got fully dilated 4hrs ago according to the nurse and she was pre- loaded with one liter before referal .FHT-146 pt was quickly taken to the theater. Intra operative finding a viable male neonte was extracted apgar 9/10 and 10/10 in the first and fifth min wt 3kg . Normal bladder , placentation cord length . Estimated blood loss 1100ml ,misorprostol 800mcg was inserted rectull follow by post op management.	Good.	NA	assistant
Unsave abortion	Evacuation of Products of Conception	This nnyrs old female G5 P4 L4 LMP sept 12,2o2o was rush on the ward in wheel chair with the hx of vag bleeding which according to pt started 4dys ago after doing an unsave aboetion to an unknow man house and according to her was taking there by one of her friend. On arrivial she was conscious and alert but seen in painful distress . Ultra sound was done product of conception was seen on scan, pt was place on letonomy bed speculum was use to visualize cervix MVA was use to remove remaining product.There was no porforation.she was place on metro 500mg po bid for one wk, Dox 100mg po qd for 14 days , Diclo 100mg po bid for 3 dys.	Good.	NA	Directly Supervised
PPH	Manage APH	This p3 A0 L3 was rush on the ward by triage nurse with the hx of massieve vag bleeding which started this morning after giving birth at one TTM house.On arrivial she was conscious and alert but restless , she was take in the delivery rllm and place on the letonomy speculum was use to inspect cervix because perineum was in intact ,cervix was also intact but there were retain product.As ateam iv line was established with 18g cannula 500ml of N/S and 40 unit of pitocin set up at 30 gtt/min her bladder was empty retain product wae remove manualy with a sterlize glove hand .Bleeding subsided metro 500mg iv start then follow by po for 14dys , PCM 1g po bid for 3dys , folic acid and m/vit was also oder.	Good.	NA	Directly Supervised
Eclampsia and prolong second stage labor	Ventouse	This nn old female G1 P0 EGA was brougth on the ward by atriage nurse withthe hx convulsion . She was referal from a near by clinic , on arrivial she was conscious and alert FH-41cm FHT 153b/min B/P 164/110mmgh P 79b/min consultant was already on the ward review pt Iv line was established with 18g cannula Mgso4 loading dose was served, pt was fully dilated no membrane no carput no moulding . Pt was place in a siting position and was supported by some of the team ,a vaccum delivery was done quickly to deliver the baby and was done sucessfully with a live female neonate with apgar 9/10 wt 3kg. No leceration placenta and all its membrane were expelled completely with mild vag bleeding.	Out come was good.	NA	Directly Supervised
Eclampsia/ Failure to progress	Caesarean section	A case of nnyrs old female G-1 P-0 LMP-unknown she is 40wks by date presented with the hx of convulsion which according to pt started 10hrs ago , according to pt she was taken to one clinic and treated with Mgso4 and a tablet was place under her tounge for labor to start but to no avail .For this reason she was referal for futher managment. On arrivial she was conscious and alert but seen in ovious painful distress, V/S B/P-162/90mmhg P-86b/m,Abd -gravid utrus ovoid shape ,FH-40cm, FHT-142b/m, ceph-presentation in longitudinal lie descent 5/5, contraction 2 in 10min each lasting 15sec. PV done cx 3cm dilated with 30%eface tick cervix.Pt was counseled and prepared for emergnancy c/s. Intra operative	Good.	Spinal, Bupivacaine 4ml	As an assistant

		finding : a viable utrus was expose to extra a life male neonate apgar 9/10 10/10 in the first and fifth min respectively wt- 2.7kg. Estimated blood loss 400ml ,misorprostol 800mcg inserted rectuall as a prophylasis for PPH follow by post op management.			
APH due to partcially placenta abrotuo	Caesarean section	A case of nnyrs old female G-8 P7 A-0 D-3 L-4 ,LMP unknow by late ultra sound scan was 38wks ,with the hx of vag bleeding and stomach pain which started this Am no hx of leaking membrane , maternal fever. She was conscious and alert but in painful distress v/s normal, Abd-gravid utrus ovoid shape .FH-38cm, FHT-138b/m, ceph-presentation ,with longitudinal lie, descent 5/5,she had 3 contraction in 10mim each lasting 35sec.Pt was review by one of the consultant and order for emergency c/section. Pt and relative was inform about pt condition, pt was prepared and taken to the theater. Intra operative finding : a viable couverlaire utrus was expose to extra a life male neonate apgar 9/10, 10/10 in the first and fifth min wt 2.4kg. Normla bladder, cord and placentation intact . Misorprostol 800mcg inserted as aprophylasis for PPH follow by post op management.	Good.	Spinal, Bupivacaine 4ml	As an assistant
Severe Pre-eclampsia with future / Multiple gestation	Caesarean section	This nnyrs old female G1 P0 LMP-feb 6,2020, EDD-Nov 13,2020.GA by date was 38wks gestation was transfer from the OPD by one of the consultant to be prepared for emegnancy with the diagnosis of severe pre-eclampsia with future / multiple gestation. Oarrivia she was conscious and alert seen in obvious distress,v/s B/P 140/110mmgh ,no hx of vag bleeding ,maternla fever, leaking of fluid and convulsion. she had 5 ANC visit, 4 IPT, 3 TTvaccine. Abd- gravid utrus ovoid shape ,FH-38cm =, FHR-131b/m and 140b/m,PP-breacc and ceph presentation.Contraction 3 in 10 min each lasting 23sec,fetus palpated in a longitudinal lie, PV done cx 3cm dilated , descent 5/5. Pt was consele and prepared for emergency C/S . Intra operative finding a viable otrus was expose to extra a live male neonates with apgar 8/10 the first twins and the second one apgar is 9/10,10/10 in the first and fifth min ,wt 2.3kg,and 2.3kg. Estamited blood loss was 1300ml misoprostol 800mcg inserted rectuall for PPH, pitocin added to N/S 500ml follow by post op management.	Pt was transfuse with two unit of blood due to the blood loss.	Spinal, Bupivacaine 4mg	Directly Supervised
APH/Incomplete placenta previa and IUFD.	Manage APH	This nnyrs old female G5 P4 A0 D1 L3,LMP-unknown GA by date 38wks, came with complain of vag bleeding , mild lower abd pain which started this am .On arrivial she was conscious and alert V/s in normal range.ABD-gravid utrus ovoid shape, FH-38cm, FHT-absent,ceph- presentation, fetus palpated in a longitudinal lie ,desent 4/5 ,no contraction obs.Pt was review by one of the consultant we should augment because she was 7cm dilated.Augmentation was done with 5iu pitocin and N/s 500ml at 20gtt/min. Pt got fully dilated and expelled a dead female fetus, placenta was deliver by CTT, pt started bleeding massively ,40unit of pitocin plus N/S set up at 20gtt/min,Cytotic 200mcg served subligura and 400mcg inserted retuall , folley catherter insertet bleeding subsided. Pt vital was done Sp02 was 56, O2 was contected and pt was transfuse also her vital become normal Sp02 went up to 100.	Good.	NA	Directly Supervised
		A case of nnyrs old female G-1 P0 40wks by date was inherited from previous shift with the hx of mal - position. She was seen in bed			

Mal Position	Caesarean section	conscious and alert but seen in painful distress from labor pain. V/S all in normal range FH-40cm, FHR-139b/m, ceph- presentation but in persistent occipitol posterior. She was also review by Dr on call and a decision was made for emergency C-section. All pre-op preparation was made and pt was taken to the OR. Intra operative finding ,a normal utrus was expose to extract a life female neonate apgar 8/10,10/10 in the first and fifth min wt 3.0kg. Normal bladder, cord, and placentation seen. Utrus and it adnexal intact, Misorprostol 800mcg inserted retuall as prophylasis for PPH. All post op management done.	Out come was good.	Spinal, Bupivacaine 4mg	Directly Supervised
Unsafe Abortion	Evacuation of Products of Conception	This nnyrs old female G-3 P2,A1,L2.LMP-feb 17,2020,was brought on the ward by a triage nurse with the complain of severe vag bleeding and stomach pain which started 5dys ago after taking 1200mcg of misorprostol to terminate the pregnancy. On arrivial she was conscious and alert but seen in painful distress from stomach pain,V/S all in normal range .Speculum examination was done obs product at the os of the cervix and was very offensive. MVA was use to remove retain product which was 600ml.Pt was place on metro 500mg po bid for 14dys, Dox 100mg po bid for 14dys, fefa 1tab po qd for 20dys,Diclo 100mg po bib for 3dys. Pt was ask to come back for check-up after 2wks.	Good.	NA	Directly Supervised
I U F D	Ventouse	A case of nnyrs old female G4, P2, A1, L2, LMP-feb-22,2020,EDD-Nov-30,2020, FH-39wks presented with the hx of stomach and back pain ff by slipery mucus show and also not feeling movement of her baby for the past 5dys according to pt.No hx of vag bleeding, No hx of maternal fever and leaking membrane reported. She was seen in bed conscious and alert but seen in painful distress , with Iv cannula on both hands at KVO. V/S all in normal range , Abd- gravid utrus ovoid shape with normal physiological changes seen on abdomen .FH 39cm,FHT-abesent ,ceph- presentation with longitudinal lie, descent 4/5, cx 4cm dilated , she had 4 contraction in 10min each lasting 30 second,70% eface membrane intact with mucus show on eximining fingers . Pt was monitor closely after 4hrs pt was 8cm dilated with in 3hrs she was fully dilated but was unable to push vaccum was use to assist but to no avail.Crenioectomy was applied to extract a dead fetus and was sucessful, Placenta and all it membrane were expell completely, fundus massage and express.She was place on pain medication and antibiotic.PCM and Amox po.	Good.	NA	As an assistant
Unsafe Abortion	Evacuation of Products of Conception	A case of nnyrs old female G2, P1, A0, L1.LMP- unknown, presented with vag bleeding, stomach pain for 6hrs,no hx of maternal fever. She was seen in bed conscious and alert but seen in painful distress.V/S all in normal range.By late ultra sound she was 8wks,Per vag examination normal external gnentilia ,cx-3cm dilated and obs pt bleding profusely . According to pt she took 600mcg of cytotic which was given to her by one of her friend. Pt was place on the letonomy bed , iv line was established with 20g cannula N/S 500ml was set up at flow rate ,her lab was order and sent for investigation, Product of conception was remove with MVA with the amount of 70ml of blood.She was given metro 500mg po bid for 14dys, Dox 100mg po bid for 14dys, Fefa 1tab po qd for 20dys, Diclo 100mg po bid for 3dys.	Good.	NA	Directly Supervised

Frank brech	Breech Delivery	A case of nnyrs old female G2, P1, A0, L1 37wks by date presented with the hx of labor pain coupled with mucus show for 4hrs. No hx of vaginal bleeding and maternal fever ,she was brought by the traiage nurse . On arrivial she was conscious and alert but in painful distress V/S all in normal range Abd- gravid utrus with ovoid shape , FH-37cm, FHT-138b/m, PP-breech with longatudinal lie, she had 4 contraction in 10min each lasting 45sec.PV done cx fully dilated with botuck at the vulva. Pt was place on delivery bed and begain to push as she contract. Fetus both legs was deliver one at a time and lovsetts manuvious was applied and the neonate was deliver, with apgar 8/10 , wt 2.6kg .Placenta and all it membrane were expelled completely fundus massage and felt firm at the lavel of the umbilicus with mild vagina bleeding . Neonate was put to breast with good sucking reflexed and mom was encourage to void both of them was later taken on post partum ward for continue management.	GOOD.	NA	Directly Supervised
Retain placenta	Manual Removal of Placenta	A case of nnyrs old female P3, L3 was brought on the ward accompanied by traige nurse and relative in wheel chair with the hx of retain placenta.She was referal from a near by clinic, on arrivial she was conscious and alert v/s all in normal range with mild vaginal bleeding.According to pt she give birth 3hrs ago , IV line was estabished with 18g cannula on both she was place on the delivery bed N/S 500ml plus pitocin 40unit was set up 55gtt/min .One hand was inserted along the cord and manually remove it from the ward of the utrus and was deliver.Fundus was massage and felt firm at the level of the umbilicus obs mild vaginal bleeding. mom was encourage to voidand was closely monitor	Good.	NA	Directly Supervised
Severe pre-eclampsia with feature	Manage Severe Pre-eclampsia or Eclampsia	A case of nnyrs old female G1, P0 38wks by date presented with the hx of severe pre -eclampsia with feature.She was accompanied by triage nurse and relative,no hx of vag bleeding, no hx of leaking fluid, no hx of convulsion, no hx of manternal fever. On arriavial she was conscious and alert but seen in obvious painful distress from labor pain. V/S B/P-169/122mmhg, p-72b/m, R-19c/m,T-36.9c.Abd- gravid utrus ovoid,FH-38cm, FHR-142b/m,pp-ceph with longitudinal lie, obs mild contraction , descent 4/5, pv done cx 2cm dilated with mucus show on examining finger,iv line was established with 18g cannula, MGS04 protocol was given .Pitocin 0.5ml was addeded to N/S 500ml and set up at 5gtt/min every 30min to augument labor and was sucessfully done.After 9hrs 10min patient got fully dilated and gige birth with a live male neonate apgar 9/10,wt 2.9kg , placenta and all it membrane were expelled completely fundus massage and felt firm at the level of the umbilicus with mild vag bleeding obs. Neonate was put to breast with good sucking reflex. After giving birth pt v/s become normal and was closely monitor.	Good	NA	Directly Supervised
Previous mayomametomy/ Footing brech	Caesarean section	A case of nnyrs old female G5, p3, A1, D2 L1, GA by date 39wks was review by Dr on call on and OBC interm on account of previous mayomatomy ant mal presentation. She was seen consvious and alet, but in obvious painful distress from labor pain . V/S all in normal range , pt wea prepared for emergency C-section all pre op preparation was done and pt was taken to the OR. Intra operative finding a viable male male neonate was extracted with	Good	Spinal, Bupivacaine	As an assistant

		apgar 8/10, 10/10 in the first and fifth min respectely with multiple adhession sub mucosa with uterine mayoma bladder aderan to the utrus , normal tube and overy.Misorprostol 800mcg inserted to prevent PPH along with all post op management.			
Multiple Gestation first ceph and second breach	Breech Delivery	A case of nnyrs old female G3, P1, A1,L1, 39wks by date presenred with the hx of stomach and back pain ff by vag discharge which according to her started last night. No hx of vag bleeding, leaking fluid and maternal fever reported.On arrivial she was conscious and alert but seen in obvious painful distress, V/S all in normal range.Abd- gravid utrus with ovoid shape,FH-40cm,FHR-144 and 138b/m ceph and breach presentation with longitudinal lie, descent 2/5, she had 4 contraction in 10min each lasting 47 second. Pvdone cx 8cm dilated soft 90% enface membrabe was still intact and burgingwas also repture.After 2hrs pt got fully dilated and give birth with a life female with apgar 9/10. after 6 min she give with the second twins female apgar 8/10 , wt 2.4kg and 2.2kg. Placenta and all its membrane were expell completely fundus massage and felt firm at the level of the umbilicus.20 unit was added to 500ml N/S and set up at 30gtt/mi to prevent PPH pt and neonates are ok and monitor closely.	Good.	NA	Directly Supervised
Obstructed Labor/ Fetus Microsomia	Caesarean section	A case of nnyrs old female G-1,P-0, LMP-unknown, GA by FL-42wks was referal from a near by clinic with the diagnosis of obstructed labor . On arrivial she was conscious and alert but in obvious distress, she was review along with one of the consultant. V/S all in normal range, skin afebrile on touch, conj-s/pink, chest sym, lungs clear, Abd-gravid utrus with ovoid shape.FH- 43cm, FHR- 136b/m, PP-ceph, with a longitudinal lie, contraction 4 in 10min each lasting 45 seconds.CX- fully dilated with 3+ carput, pt was quickely preparade for emergency c/s and all pre-op preparation was made and pt was taking to the OR.Intra operative finding a gravid utrus was expose to extra a life female neonate aogar 8/10 , 10/10 in the first and fifth min wt 3.8kg, normal bladder, cord placentation. Utrus and its adnexel are intact. Estimated blood loss 400ml all post op management was done.	Good.	Spinal, Bupivacaine	Directly Supervised
Prong second stage of labor	Ventouse	A case of nnyrs old female G-2,P-1 A-0 L-1, LMP- unknown GA by FL 39wks. She had 4 ANC visit, 3 IPT doses, TT vaccine 2 doses. She was seen in bed conscious and alert but in obvious painful distress from labor pain , V/S all in normal range .Abd-gravid utrus oviod shape, FH-38cm ,FHR-136b/m,pp-ceph with longitudinal lie ,descent 1/5, contraction 4in 10min each lasting 50 second. PV done cx 9.5cm dilated membrane absent. Patient was later place on letonomy bed after been fully dilated for an hour. Vaccum was use to extract a life neonate and was done sucessfully with a life female neonate apgar 8/10 wt 3.0kg. pitocin 10unt was served, placenta and all its membrane were explell completely fundus massage and felt firm at the level of the umbilicus perineum intact with mild vaginal bleeding.Mom and neonate was monitor closely for any bleeding.	Good.	NA	Indirectly supervised
		A case of nnyrs old female G3,P2,A0,L2, LMP-unknown,GA by FL-29wks ,no history of ANC,IPT,TT vaccine.On arrivial she was conscious and alert but in painful distress V/S all in normal range,skin-aferible on touch, conj-pink, chest-			

IUFD/ Prolong second stage of labor	Any Other Interventions	sym, lungs-clear.Breast pointed nipple no mass felt,Abd- gravid utrus with ovoid shape.FH-27cm, FHR-absent,pp-breach presentation, contraction 3in 10min each lasting 35 seconds. PV done cx-fully dilated, membrane absent.After one hour pt was unable to expell the dead featus a distructive delivery was done with a mecerated female fetus placenta and all its membrane were expell completely fundus massage and felt firm at the level of the umbilicus.Pt was place on AMP for 7 days,Gent for 5 days, metro po for 14 days.	Good.	NA	Directly Supervised
Multiple gestation with footing brech and transverse presentation.	Caesarean section	This G2,P-1,A-0,D-1,L-0,LMP-unknow, GA by FL-40wks, she was review along with consultant and order for emergency c/section on account of mal presentation. On arrivial shes conscious and alert in painful distress. V/S all in normal range, she has 5 ANC visit,IPT3 doses, TT vaccine2 doses . Skin-afebrile on touch, conj-s/pink, chest-sym,lungs-clear. Abd-gravid utrus ovoid shape, FH-39cm,FHR-133b/m and136b/m. Pv done cx fully dilated with one foot protruding through the vaginal,with no delay OR team was inform and pt was prepared and taken to the OR. INtra operative finding a gravid utrus was expose to extract a life neonate both was male with apgar 8/8 and 8/10 and 10/10 in the first and fifth min.Placenta was deliver in a CCT, normal bladder, cord ,placentation was seen, utrus and its adnexel was intact. Cytotic 800mcg inserted to prevent PPH along with all post-op management.	Good.	Spinal, Bupivacaine	Directly Supervised
Giant Hydrocephalus	Any Other Interventions	A case of nnyrs old female G4,P2,A1L2, LMP-unknown, GA by FL-37wks 2dys.she had 1 ANC visit,TT vaccine1,IPT-1. On arrivial she was conscious and alert but in painful distress, v/s all in normal range , skin -afebrile on touch, conj-pink,chest-sym, lungs-clear, Abd -graviv utrus with ovoid shape,FH-36cm,FHR-16b/m,pp-ceph.PV done cx 9.5cm dilated membrane absent, descent 3/5.Crenioectomy was done to extract a deform fetus and was done sucessfully, placenta and all its membrane were expell completely fundus massage and felt firm at the level of the umbilicus with mild vaginal bleeding.Pt was monitor closely for vag bleeding and mom was incourage to take family planing.	OK.	NA	Directly Supervised
Severe pre-eclampsia/ prong second stage of Labor	Ventouse	A case of nnyrs old female G2,P1,LMP-unknow,GA by LF-38wks.she had 4 ANC visit, IPT-3 doses,II vaccine 2 doses.She was inherrited from the previous shift on account of severe pre-eclampsia, she was sees in bed conscious and alert. V/S B/P-160/110mmhg,P-82b/min, R-20c/m T-36.2.Contraction 4 in 10min each lasting 35 sec.FH- 38cm, FHT-134b/m, descent 3/5.PV done cx 3cm dilated membrane absent.Pt was already on her Mgso4 protocol along with her anti-hypertensive treatment she was encourage to lay down in bed as she is monitor closely. After 4 hrs contraction 4 in 10min each lasting 45 sec, FHR- 130b/m,PV done cx-6cm dilated N/S 500ml was set up at 30gtt/min.After another 4 hrs pt was re-assess contraction 4 in 10min each lasting 45 sec.FHR-134b/min desent0/5.PV done cx fully dilated at +1 station, no carput,no moulding,after 1 hr pt was unable to have a sponeous delivery.In lithomy position,perineum was prapped with chloxidine solution and drapped. Vaccum cup was inserted at then flaxion point inspection was done to ensure that no tissue was entraped,negative pressure was	It was OK.	NA	Indirectly supervised

		created at 40-60mmhg. Inspection was done with examining fingurs to ensure that no tissue was entrapped. Traction was done gently and a life male neonate was deliver with nuchal cord cord times 3, cord clamp and cut to extract the neonate. The apgar was 8/10, wt-2.6kg.AMTS was done all new born care was done,perineum intact no leceration obs mild vag bleeding fourth stage management continue.			
APH/ Complete Placenta Praevia	Caesarean section	A case of nnyrs old G-5 P3, A-1, L3.LMP-unknow,GA by BPD 40wks 3dys presented with the hx of severe vaginal bleeding ,and eye turning wich started last, she was referal from a near by clinic.She was review along with consultant an emergency C/S was order. ON arrivial she was conscious and alert not in any distress, V/S B/P-102/77mmgh, P-62, R20c/m,T-37"c. Skin- warm to touch, Conj- s/pale, Chest sym, Lungs-clear,ABD- gravid uterus with ovoid shape normal physiological chsnges seen on abdomen, FH-40cm, FHR-101b/m,ceph- presentation. A quick bed side ultra sound scan was done to comfirm the site of the placenta. ABC was asses and all pre-op preparation was made. OR team was also inform and pt was taken to the OR conscious and alert. Intra operative finding ,a depress female neonate was extracted with apgar 5/8, 8/9 in the first and fifth mim respectively wt-2.9kg. Normal bladder and cord and placentation seen, utrus and it adnexal structure intact .Estimated blood loss was 600ml and patient was transfuse with one unit of blood.800mcg of cytotic was inserted rectually. All post -op management was done.	Good.	Spinal, Bupivacaine	Directly Supervised
IUFD	Any Other Interventions	A case of nnyrs old G-1P-0, 39wks by date presented with the hx of labor pain couple with mucus show times 6hrs to presentation, No hx of vaginal bleeding, no hx of maternal and leaking membrane reported. She was seen conscious and alert but in obvious painful distress ,V/S all in normal range.FH-39wks, FHR-absent,PP- ceph-presentation with longitudinal lie,descent 3/5,she had 4 contraction in 10min each lasting 35 seconds.PV done cx 7cm dilated soft 100% enface.Membrane were intact and was repture. Patient was place on litonomy bed and Crenioectomy was done and a dead mecerated male fetus was extracted along with placenta all AMTS was done.PT was place on antibiotic for 48hrs.She was later sent on the PP ward for continue management.	OK.	NA	Directly Supervised
Fetus microsomia/CPD/Prong second phase of labor.	Caesarean section	case of nnyrs old G1, P-0 44wks by date presented with the hx of labor pain couple with mucus show few hrs ago . No hx of vag bleeding, no hx of maternatal fever,n hx of leaking membrane reported. On arrivial she was conscious and alert but in obvious painful distress from labor pain ,v/s all in normal range, Abd-gravid uterus ovoid shape, FH 44cm ,FHR- 149b/m,PP-ceph presentation with longitudinal lie,descent 4/5,she has 4 contraction in 10min each lasting 45 second. Pv done cx fully dilated with mulging membrane .Patient and family was counsel , consult was given to them and was sign. All per-op preparation was made pt was taken to the theater .Intra operative finding .A gravid uterus was expose to extract a life male neonate apgar 9/10 in the first and fifth min wt 4.6kg.Estimated blood loss 400ml, 8oomcg was inserted rectally to prevent PPH, all post op management was done.	Good.	Spinal, Bupivacaine	Directly Supervised

Footing Breach/Mal position	Caesarean section	A case of nnyrs old G-4 P-3, A-0,L3 40wks by date presented with the hx of labor pain,leaking fluid, mucus show which started last night.No hx of vaginal bleeding and maternal fever reported . On arrivial she was conscious and alert but in painful distress,v/s normal.Abd-gravid uterus ovoid shape,FH-40cm,FHR-144b/m, PP-breachwith longitudinal lie,she had 3 contraction in 10 min each lasting 35 seconds.PV cx 8cm dilated with one foot protruding through the vaginal 90% effaced midsoft,fetus anus and scrutal felt no membrane absent and mecunium stained liqor on examing fingur.Pt was counsel and prepared for emergency C/S.Intra operative finding : A viable male neonate was extracted with apgar 8/10 in the first and fifth min wt4kg.Estimated blood loss 450ml ,Cytotic 600mcg was inserted rectally as prophylasis for PPH follow by post operative management.	OK.	Spinal, Bupivacaine	Directly Supervised
Previous C/S times 2 wish was done in 2019.	Caesarean section	A case of nnyrs old G2,P1,A-0 L1,39wks by date presented with the hx of abdominal pain and back pain,couple of mucus show, which started 2dys ago accordindg to pt.No hx of vaginal bleeding , leaking membrane, and maternal fever.On arrivial she was conscious and alert but in obvious painful distress.V/S all in normal range .Abd- gravid uterus ovoid shape,FH-39cm,FHR-140b/m,PP-ceph-presentation with longitudinal lie, descent 3/5,she had 4 contraction in 10min each lasting 30 second.PV done 3 cm dilated with 30% efface tick. pt and relative was inform about patient condition consult was given to them to sign.All pre-op preparation was made and pt was taken to the theater. Intra operative finding:A gravid utrus was expose to extract a life female neonate with apgar 8/10 in the first and fifth min,wt 3.4kg. Estimated blood loss 800ml,pt was transfuse with one unit of blood in the theater.Misoprostol 800mcg was inserted rectally.All post op management was done.	Good.	Spinal, Bupivacaine	Directly Supervised
Prong second stage of labor/CPD	Caesarean section	A case of nnyrs old G-1,P-0,40wks by date was referal from a near by clinic with the diagnosis of prolong labor .On arival she was conscious and alert but in obvious painful diatress, V/S all in normal range ABD-gravid utrus ovoid shape,FH40cm,FHR-139b/m,PP-ceph presentation with longitudinal lie,descent 3/5 she had 4 contraction in 10 min each lasting 40 seconds.Pv done cx fully dilated with 3 plus carput with bloodly mucus show on examining fingurs.Patient was counseled and prepared for emergency C/S, all pre-op preparation was made and pt was taken to the theater..Intra opreative finding a viable male neonate was extracted with apgar 8/10 respectively wt 3.5kg.Estimated blood loss 350ml,all post operative management was done.	ok.	Spinal, Bupivacaine	Directly Supervised
Severe pre-eclampsia/ prolong latent phase of labor.	Caesarean section	A case of nn yrs old G-1, P0 L0,39wks by date was received from previous shift with the diagnosis of severe pre-eclampsia with feature.She was review along with consultant and a plan for c/section was made. No hx of vag bleeding, No hx of leaking membrane reported. She was seen in bed conscious and alert not in any distress. V/S B/P170 110, P90b/m,R-20c/m T-37.0.ABD-gravid utrus with ovoid shape,FH-39cm,FHR-146b/m,PP-ceph presentation in a longitudinal lie, descent 5/5, contraction 2 in 10min each lasting less then 20 second.PV done cx 3cm dilated tick not efface .Patient was counseled along with relative and she was prepared for	Good.	Spinal, Bupivacaine	Directly Supervised

		surgery.All pre-op preparation was done.Intra operative findings.A viable male neonate extracted in cephalic presentation with apgar 9/10 respectively wt 3.6kg.Estimated blood loss 450ml,misoprostol 600mcg inserted rectally as prophylasis for PPH followed by post operative management.			
Oligohydramineous/Prong latent phase of labor more then 24 hours.	Caesarean section	A case of nnyrs old G-2 P-1,L1 40wks by date was inherrited from previous shift on account of prolong latent phase of labor. She review by one of the consultant,she was seen in bed conscious and alert, but in obvious painful distress from labor pain,V/S all in normal range.ABD-gravid uterus with ovoid shape,FH-40cm,FHR-138b/m,PP-ceph-presentation with longitudinal lie,descent 5/5 ,contraction 4in 10min each lasting 40 second.Normal external genetilie, P/V done cx-3cm dilated tick not efface with mucus show on eximing fingurs.Pt was counseled for c/section.All pre-op preperation was done and pt was taken to the theater. Intra operative finding a viable female neonate was extracted with apgar 8/10, wt-3.4kg,normal bladder,cord,and placentation was seen.The uterus and tis adnexal was intact. Estimated blood loss was 900ml ,Pt was transfuse with one unit in the theater and misoprostol 800mcg inserted rectally . All post-op management was done.	Patient was monitor closely and out come was good.	Spinal, Bupivacaine	Directly Supervised
Prong latent phase of labor/High descent/Previous C/S times 1.	Caesarean section	A case of nnyrs G-2,P1 L-142wks by date was received on the ward accompanied by triage nurse and relative with hx of prolong latent phase of labor which according to pt started 1wk ago and she was taken to one clinic where she was monitor but no progress. On arrivial she was conscious and alert but in obvious distress , V/S all in normal range.ABD-gravid uterus with ovoid shape,FH-42cm,FHR-144b/m,PP-ceph presentation with longitudinal lie, descetn 5/5,she had 3 contraction in 10min each lasting 38 second.P/V done cx 3cm dilated ,tick cervix20% efface,membrane still intact with mucus show seen on examing fingurs.Pt was counseled and prepared for surgery,all pre-op preparation was done and pt was taken to the theater.Intra operative finding a viable male neonate was extracted with apgar 9/10, wt 4kg.Estimated blood loss was 4ooml, normal bladder, cord, placentation seen the uterus and its adnexal intact.All post-op management was done.	Good.	Spinal, Bupivacaine	Directly Supervised
Mal position,Footing breach/IUFD	Breech Delivery	A case of nnyrs old 40wks by date presented with the hx of labor pain coupled with mucus show few hrs ago,she was referal from a near by clinic.On arrival shes conscious and alert but in obvious painful distress, v/s normal .ABD-gravid uterus ovoid shape ,FH40cm,FHR-absent,pp-breach presentation with longitudinal lie,contraction 3in 10min each lasting 45 seconds.PV done cx fully dilated with two foot in the vaginal,iv line was established N/S 500ml Plus 10 unt of pitocin set up at 5gtt/min and Lovsetts manuvaiel was applied ,a dead female fetus was extracted,placenta and all its membrane were expelled completely fundus massage and felf firm at the level of the umbilicus with mild vaginal bleeding obs.After 3 hrs of observation pt was taken on the post-partum ward for continue management.	Good.	NA	Directly Supervised
		A case of nnyrs old G-1,P-0,LMP? EDD?37wks by date was rush on the ward by a triage nurse and host of			

Eclampsia	Manage Severe Pre-eclampsia or Eclampsia	relative with the complain of headache,weakness, eyes turning,epigrastic pain, jerking and falling of which started 8hrs ago according to pt relative, no hx of vaginal bleeding,no hx of maternal fever reported.On arrivial she was semi-conscious and started convulsing in wheel chair.pt was quickly place in bed on her left well protected as team,established iv line with 18g cannula started Mgs04 protocol,insert urinary catheter,after stablelising pt assesment done,V/S B/P-160/80mmhg,p-80b/m,R-19c/m,T-36.6,skin warm to touch,conj-pink,chest-sym, lungs-clear,breast intact.Abd-gravid uterus ovoid shape with normal physiological changes seen on abdomen.FH-37cm,descent 3/5,FHR-150blm,contraction 3in 10min each lasting 20 seconds,normal external genetelia seen,PV done cx-6cm dilated, soft at +1 station ,membrane absent no moulding no carput.Because of mild contraction cervix was sweep and pt was monitor for an hour for adequate contraction but to no avail 10unt of pitocin was added to N/S 500ml and set up at 10gtt/mi to be increase every 15min until good is achieved. Pt lab was also order and awaiting result.After 3hrs obs pt having strong contraction and also obs her pushing,delivery table was set up along with resucition material. A life female neonate was deliver with apgar 9/10,wt 2.9kg,AMTS was done.Patient was monitor closely,She was place on Nefidipine and abdoment po and prophylatic antoibiotic.	Good.	NA	Directly Supervised
Previous C/S times 2/CPD	Caesarean section	A case of nnyrs old G-4,P-3,A-0,D-1,L-2,GA by date 39wks was referal from a near by clinic with the dx of previous c/s times 2/CPD.On arrivial shes conscious and alert but in obvious painful distress,V/s all in normal range,skin-warm to touch,conj-pink,chest sym,lungs clear.Breast intact,Abd-gravid uterus ovoid shape with previous scar seen at midline. FH-39cm,descent 3/5,contraction 4in 10min each lasting 45 seconds, FHR-150b/m,PP-ceph-presentation.Normal external genetilia seen,Pv done cx fully dilated with 3+ carput,Pt was quickly prepared for emergency c/section,all pre-op preparation was made and pt was taken to the theater.Intra operative findings a gravid uterus was expose to extract a viable female neonate with apgar 9/10,wt 3.3kg.Normal bladder,cord,placentation seen,The uterus and its adnexal intact.Estimated blood loss 400ml,all post op management was done.	OK.	Spinal, Bupivacaine	Directly Supervised
Failure to induction/IUFD/Huge Hydrocephalus.	Caesarean section	this G-3,P-1,A-1,L-1 EGA by date is 43wks was review along with consultant and order induction of labor due to diagnosis with bishop score of 7.Therefore misoprostol oral solution 200mcg in 200ml of drinking water,25ml q2hrs for 6 complete doses was served but failed to progress .Shes conscious and alert but in painful distress,V/S all in normal range,skin-warm to touch,conj-pink,chest-sym,lungs-clear.Breast-intact,Abd-gravid uterus with ovoid shape,FH-43cm,FHR-absent,PP-ceph-presentation contraction 3in 10min each lasting 30 seconds. Normal external genetilia seen on abdomen,PV done cx 2cm dilated 85%efface.Pt was quickly prepared for emergency C/section and all pre-op preparation was done.Pt was taken to the theater ,Intra operative findings -a grvvid uterus was exposed to extract a	Good.	Spinal, Bupivacaine	Directly Supervised

		deform dead female fetus.Narmal bladder,cord, placentation was seen, The uterus and its adnexal was intact.Estimated blood loss 350cc.All post-op management was done.			
Prolong Labor/CPD	Caesarean section	A case of nnyrs G-2,P-0,A-1,L0, 39wks by date presented with the hx of labor pain coupled with mucus show times few hrs to presentation.No hx of vagina bleeding,no hx of maternal fever reported.she was conscious and alert but in painful distress, V/S all in normal range.Abd-gravid uterus with ovoid shape,FH-39cm,FHR-144b/min,PP-ceph with longitudinal lie, descent 3/5,she had 4 contraction in 10min each lasting 47seconds.PV done cx fully dilated with 3+carput.Pt was conseled and prepared for emergency ceasarean section.Intra operative findings:A viable male neonate extracted in cephalic presentation with apgar 8/10, wt-4.6kg,Estimated blood loss 400cc,800mcg of cytotic was inserted as prophylaxis for PPH follow by post-op management.	Good.	Spinal, Bupivacaine	Directly Supervised
Inevitable Abortion	Evacuation of Products of Conception	A case of nnyrs G-4,P3,A-0,L-3, 13wks by date presented with the hx of vagina bleeding with clots which started this morning after receiving a call that her husband was dead.No hx of maternal fever,No hx of convulsion reported.she was conscious and alert in painful distress,V/s normal.Abd-palpable mass, speculum exam was done observed product of conception at the os of the cervix. Iv line was established with 18g cannula N/S 500ml plus oxytocin 10 unit was set up at 20gtt/min,Pt was place in lithotomy position sponge forcept was use to remove product of conception, also obs that placenta was retain additional 40 unit of pitocin was added to N/S 500ml set up MVA cannula was inserted into the uterus placenta was remove.Pt was place on AMP,Metro iv, Gent iv .Her V/S was monitor closely.	OK.	NA	Directly Supervised
Severe Pre_eclampsia with Feature.	Manage Severe Pre-eclampsia or Eclampsia	A case of nnyrs old G-1,P-0,L-0 39wks by date presented with the hx of severe headache, epigrastic pain,eyes turning,which started few hrs to presentation.No hx of stomach pain, back pain ,vaginal discharge and maternal fever reported.She was conscious and alert not in any distress,V/S B/P-208/118,P-96b/m,R-19c/m, T-36.7.Abd- gravid uterus with ovoid shape,FH-39cm,FHR-146b/m,PP-ceph presentation with longitudinal lie, descent 4/5,no contraction obs.PV done cx-1.5cm dilated with 85% efface soft,membrane intact.Augumentation of labor was order by the consultant due to pt condition.Lab was order and sent for investigation protein test done and result was 3+, M/S,HB,T&C KFT,LFT,Blood clotting test.She was place on MgS04 Protocol,Hydralaxine 5mg slow iv,+Abdoment 500mg po,insert folley urinary catheter.MgS04 200mcg was place in 200ml of drinking water, 25ml served po every 2hrs.FHR and B/P was monitor very closely along with urine out put.After 11hrs pt got fully dilated and give birth with a life female neonate apgar 8/10,wt 3.1kg,AMTS was done correctly.V/S after delivery B/P 140/90mmhg with good urine out put.She was monitor for 24hrs and later sent on the post-partum ward for continue management.	Good.	NA	Directly Supervised
		A case of nnyrs G-1,P-0,GA by date 38wks presented with the hx of convulsion,she was review along with consultant and ordered induction of labor due to the above diagnosis with Bishop score 7. There			

ECLAMPSIA	Manage Severe Pre-eclampsia or Eclampsia	fore,Misorprostol oral solution 200mcg in 200ml of drinking water ,25 ml q2hrs for 6 completely doses was served and there was goog progress of labor.After 8hrs obs pt pushing she was place on delivery bed in a siting position and give birth with a life male neonate apgar 8/10, 10/10 in the first and fifth min, wt 3.1kg.AMTS was done. Patient completed her Mgso4 protocol and her vital sign was monitor closely B/P, Pulse, Respiration and Temprature.After 6hrs of monitoring both mom and neonate was taken on post partum ward for continue management.	Out come was good.	NA	Directly Supervised
Prolong Labor/CPD	Caesarean section	A case of nnyrs old G-1,P-0, 40wks by date presented with the hx of labor pain coupled with mucus show times 9hrs ago according to pt,no hx of vagina bleeding,no hx of maternal fever reported.She was referal from a near by clinic where she was labor and monitor but to no avail, on arrival she is conscious and alert but in obvious painful distress, V/S all in normal range,Abd- gravid uterus with ovoid shape,FH40cm, FHT-163b/m, PP-ceph with longitudinal lie, descent 3/5,she had 4 uterine contraction in 10min each lasting 40 seconds.Pv done cx fully dilated with 3+ carput.Pt and relative was counseled consent was given them and was sign,Pt was prepared and taken to the theater for emergency c/section. Intra op finding ,a viable female neonate extracted in ceph presentation with apgar 9/10 in the first and fifth min respectively wt-3.5kg.Estimated blood lost was 360ml.All post operative management was done.	Good.	Spinal, Bupivacaine	Directly Supervised
Severe pre-eclampsia with feature	Manage Severe Pre-eclampsia or Eclampsia	A case of nnyrs old G-7,P-5,A-0,D-1,L-5, 39wks by date presented with the hx of severe headache, epigrastric pain, visual distrubance, labor pain coupled with mucus show times 8hrs ago.No hx of vaginal bleeding,no hx of leaking membrane, no hx of maternal fever reported.She was seen in bed conscious and alert but in obvious painful distress,V/S 187/106mmhg,P79b/m,R-19c/m,T-36.8.Abd-gravid uterus with ovoid shape,FH-39wks,FHR-144b/m, PP-ceph presentation with longitudinal lie, descent 2/5,she had 4 contraction in 10 min each lasting 40 seconds.Pv done cx-8cm dilated with 95% efface soft membrane repture during examination with clear fluid.Pt was place on Mgs04 protocol and Hydralazine 5mg slow iv, Abdoment 500mg po,her lab was order M/S,HB,T&C,KFT,LFT.Pt was monitor closely after 4hrs she was fully dilated and give birth with alife male neonate apgar 9/10, wt 3.4 kg.AMTS was done after another 4hrs of monitoring pt was taking to the PP ward for continue management.	GOOD.	NA	Directly Supervised
Frank Breach	Breech Delivery	A case of nnyrs G-2, P-1,L-1 37 wks by date presented with the hx of labor pain coupled with mucus show times this am .No hx of leaking membrane, no hx of vaginal bleeding,no hx of maternal fever reported.She was conscious and alert on arrivial but in obvious painful distress,V/S all in normal range.FH-37wks, FHR-139b/min, PP-breach presentation with longitudinal lie, she had 3 contraction in 10 min each lasting 35 seconds.P/V done cx was 6 cm dilated with 80% efface soft ,fetal anus and strutal felt, membrane draining and mecunium stained liqor on examining finger.Pt lab was order,she was encourage to eat, drink, and empty her bladder,iv line established with 18 g cannula. After 1 hrs 45 min obs pt pushing she was	Procedure well done.	NA	Directly Supervised

		place on the lethonomy bed a lovetts manuvail was use to deliver a slightly depress male neonate apgar 6/10 wt 2.9kg.AMTS was done no leceration obs, pt was monitor closely and latre taken on pp ward for continue management.			
CPD due to fetus microsomia.	Caesarean section	A case of nnyrs G-1,P-0 44wks by date was inherrited from previous shift on account of obstructed labor which she was already prepared for emergency c/section.She was seen in bed conscious and alret but i n obvious painful disterss, V/S all in normal range, FH 44cm,FHR-140b/min,PP-ceph presentation with longitudinal lie, descent 3/5, she had 4 contraction in 10 min each lasting 40 seconds. PV done cx fully dilated with 3+ carput,She was pre load with 2 liter of N/S and was taken to the theater.Intra op findings a viable female neonate was extrscted with apgar 9/10 in the first and fifth min respectively wt-4.5kg.Estimated blood loss was 450ml ,misorprostol 800mcg was inserted rectally as prophylaxis for PPH follow by post poerative management.	GOOD.	Spinal, Bupivacaine	Directly Supervised
Prolong labor due to persistent right occiput transvers.	Caesarean section	A case of nnyrs old G3, P-2,A-0,L-2 40wks by date presented with the hx of labor pain ccopled with mucus show few hrs to presentation .No hx of vagina bleeding,N o hx of maternal fever reported. She was conscious and alert but in painful distress,v/s all normal.Abd-gravid uterus with ovoid shape,FH-40cm, FHR-139b/min,PP-ceph-presentation with longitudinal lie,descent 3/5, she had 3 contraction in 10min each lasting 42 seconds.PV done cx 9 cm dilated with 3+ carput patient and relative was inform about pt condition, she was counseled and prepared for emergency c/section. Intra op findings: A viable male neonate was extracted in cephalic presentation with the apgar 8/10 in the first and fifth min respectivlely wt 3.5kg.Estimated blood loss 350ml, pt was clean,dress and taken on the post op ward and was closely monitor.	WELL DONE.	Spinal, Bupivacaine	Directly Supervised
IUFD	Any Other Interventions	A case of nnyrs G-6,P4,A1,L4,LMP-unknown 54 wks by date presented with the hx of stomach adn back pain ff by vag discharge which started 2 dys ago.No hx of vag bleeding, no hx of maternal fever reported.She was conscious and alert but in obvious painful distress, v/s all in normal range.Abd- gravid uterus with ovoid shape, FH-54cm,FHT-absent descent 3/5,PP-ceph presentation with longitudinal lie, she had 4 contraction in 10 min each lasting 35 seconds. P/V done cx- 8cm dilated 95 % efface membrane absent EFW 5kg pt was counseled consent was given to both pt and relative to sign before doing procedure, a dead male fetus was extracted wt 5.2kg mecerated, 10unit of oxytocin served im, placenta and all it membrane were expelled completly by control cord traction, fundus massage and felt firm at the level of the umbilicus mild vag bleeding observed. Pt was also place on 48hrs iv antibiotic and was closely monitor.	CRENIOECTOMY WAS PERFORM AND WAS OK.	NA	Directly Supervised
Prolong second stage of	Caesarean section	A case of nnyrs G-1,P-0,L-0, 38wks by date presented with the hx of labor pain coupled with mucus show times 9hrs to presentation.No hx of vag bleeding, no hx of maternal fever reported. She was inherrited from previous shift and prepared for emergency c/s on account of prolong second stage of labor, she was seen in bed conscious and alert but in obvious painful distress,V/S all in normal range. Abd- gravid uterus with ovoid shape, FH-38cm,FHT-	GOOD.	Spinal,	Directly

labor/ CPD		142b/min, pp-ceph presentation with longitudinal lie, descent 4/5, she had 4 contraction in 10 min each lasting 35 seconds.P/V done cx 9 cm dilated with 3+ carput. pt was takek to theater for emergency c/s, intra op findings: a viable female neonate was extracted with apgar 8/10 in the first and fifth min respectively, wt 3.2 kg. Estimated blood loss was 400ml, pt was close up ant later taken on the pp ward for continue management.		Bupivacaine	Supervised
Prolong latent phase of labor/ Fetus distress	Caesarean section	A case of nnyrs G-2,P-1,A-0,L-1 37 wks by date was inherrited from previous shift and prepared for emergency c/s on account of prolong latent phase of labor and Fetus distress.She was seen in bed conscious and alert but in painful distress, v/s all in normal range. Abd-hravid uterus with ovoid shape,FH-37cm,FHT-102b/min, PP- ceph presentation with longitudinal lie, descent 3/5, she had 2 contraction in 10 min each lasting 30 seconds. P/V done cx-2 cm dilated 40% efface with grade 3 mecunium stained liqor on examining fingers.Pt was conseled, prepared, and taken to the theater for emargency c/s. Intra op findings a depress male neonate was extracted in ceph presentation with apgar 5/10,6/10 in the first and fifth min respectively, wt-3.0 kg all new born care was done and was taken to the INCU for continue management.Estimated blood loss was 350 ml all post op management was done and pt was taken on the ward for close monitoring.	Good.	Spinal, Bupivacaine	Directly Supervised
Severe Pre-eclampsia	Manage Severe Pre-eclampsia or Eclampsia	A case of nnyrs G1,p0 39wks by date presented with hx of headache, epigrastric pain,bural vision,stomach and back pain follow by repyure membrane few hrs ago,no hx of vag bleeding,no hx of maternal fever reported.She was inherrited from previous shift.She was seen in bed conscious and alert but in obvious painful distress, v/s B/P-162/110mmhg,P-100b/min,R-19c/min, T-36.9"c.Abd-gravid uterus with ovoid shape,FH-39cm,FHR-150b/min,PP-ceph presentation with longitudinal lie,descent 3/5, contraction 3 in 10 min each lasting 38 seconds.Pv done cx 9 cm dilated 95% efface. She was encourage to sit on birthing chair, after 3hrs 10mins pt was fully dilated and give birth with a life male neonate with apgar 9/10,wt 3.2kg all new born care was done along wit AMTS, she was later taken on pp ward for continue management.	OK.	NA	Directly Supervised
Severe Pre-eclamsia/ SVD	Manage Severe Pre-eclampsia or Eclampsia	A case of nnyrs G-1,P-0,41 wks by date presented with the hx of headache, bural vision, epigrastric pain, stomach and back pain time 6hrs ago.No hx of convulsion, no hx of vag bleeding, no hx of maternal feverreported.On arrival she was conscious and alert but in obcious painful distress,V/S B/P-160/101mmhg, P-120b/m,R-20c/m,T-36.9.FH-40cm,FHR-141b/min,Ceph presentation with longitudinal lie, descent 2/5, she had 3 contraction in 10 min each lasting 35 seconds.PV done cx-6cm dilated 90% efface at +2 station.IV line established with 18g cannula, MGS04 protocol served, abdoment 500mg po served, insert urinary catherter ,order lab, M/S,HB,T&C,KFT,LFT,Protein test,a unit of blood. Pt was monitor very closely after 3 hrs pt was fully dilated and give birth with a life female neonate with apgar 8/10, wt 2.7kg, all new born care was done, placenta and all its membrane were expelled completly fundus massage and felt firm at the level of the umbilicus no	Good.	NA	Directly Supervised

		leceration obs, also obs mild vaginal bleeding.Pt was monotor for some hrs and was later taken on the post partum ward for continue MGT.			
Eclampsia/Poor biship score	Caesarean section	A case of nnyrs G1,P-0 40wks by date was inherrited from previous shift and was prepared for emergency c/s. She c/o headache, epigrastric pain, convulsion,stomach pain 3hrs ago.She was conscious and alert in painful distress.V/S B/P-149/96mmhg,P81b/m,R-18c/m.Abd-gravid uterus with ovoid shape,FH-40cm,FHR-146b/m,Ceph presentation,with longitudinal lie,Descent 4/5,she had 2 contractoin in 10 min each lasting 15 seconds.P/V done cx 2 cm dilated tick 20% efface, posterior.She was already prepared by the previous shift a unit of blood was made available.Pt was taking to the OR for emergency c/s.Intra op findings a viable male neonate was extracted in cephalic presentation with apgar 8/10 in the first and fifth min respectively wt 3.5kg. Estimated blood loss was 400ml. pt was close up and taken on the post op ward for close monitoring along with post op management.	OK.	Spinal, Bupivacaine	Directly Supervised
Severe Pre-eclampsia/ Poor bishop score	Caesarean section	A case of nnyrs G-1,P-0 38wks by date presented with the hx of headache, epigrastric pain,bural vision, lower abdomen pain, back pain,time 2 days.No hx of vag bleeding,no hx of maternal fever reported,she was refered from a near by clinic.On arrival she was conscious and alert but in painful distress,V/S B/P-168/112b/min,P-98b/min,R-20c/min,T-36.9 degree C.Abd -gravid uterus with ovoid shape,FH-38cm,FHR-142b/min,PP-ceph with longitudinal lie, descent 5/5,she had 2 contraction in 10min each lasting 15 seconds.PV done cx-1.5cm dilated tick,posterior,15% efface with mucus show on examining fingurs.Pt and relative was counseled, pt completed her MgSo4 protocol at the clinic,her lab was order M/S,HB,T&C KFT,LFT,bed side clotting test,PMTCT.OR staff inform about pt,pt was prepared for emergency C/S conscent was given and sign,One unit of blood was order and pt was taken to the theater.Intra op findings a viable female neonate was extracted with apgar 8&10 in the first and fifth min wt 3.3kg,estimated blood loss was 450ml pt was taken on pp ward for recovery and was closely both she and her neonate along with her vital signs.	Good.	Spinal, Bupivacaine	Directly Supervised
PPROM/High descent/ Oligohydramnois	Caesarean section	A case of nnyrs G-10,P-7,A-2,D-1,L-6,37 wks by date presented with the hx of leaking membraen times one week ago,she was inherrited from previous shift. She was seen in bed conscious and alert not in any distress,V/S all in normal range,Abd-gravid uterus with ovoid shape FH-37,FHR-150b/min,PP-ceph with longitudinal lie, descent 5/5 not engarge,speculum exam cx 1cm dilated.Due to the above diagnosis pt was counseled for C/S along with her relatiev, lab was order M/S,HB,T&C,RPR,PMTCT,U/A,bed side clotting test a unit of blood was order.Conscent was sign by pt and her relative and she was taken to the theater.Intra op findings a viable male neonate was extracted with apgar 9&10 in the first and fifth min respectively wt 3.1kg.Estimated blood loss was 350ml patient was taken on the post op ward for continue management.	OK.	Spinal, Bupivacaine	Directly Supervised
		A case of nnyrs old G-1,P-0 38wks by date presented with the hx of labor pain couple with mucus show times 24hrs.No hx of vag bleeding, no hx of maternal fever reported, she was			

Prolong latent phase of labor due to persistent left occiput transverse.	Caesarean section	seen in bed conscious and alert but in painful distress, V/S all in normal range.Abd- gravid uterus with ovoid shape with longutidinal lie,FH38cm,FHR-136b/min,PP-ceph,descent 3/5,she had 3 contraction in 10 min each lasting 30 seconds.PV done cx-3cm dilated mid-soft 70%efface membrane absent with 2+carput in aleft occiput transverse position,she was also inherrited from previous shift.Pt along with relative was counseled and she was prepared for emergency C/S,lab was order a unit of blood was also order.OR staff inform pt was later taken to the theater.Intra op findings a slightly depress male neonate was extracted with apgar 6&10 in the first and fifth min wt-2.9kg,estimated blood loss was 400ml.Patient was taken to thepost op ward for continue management.	OK.	Spinal, Bupivacaine	Directly Supervised
Severe Pre-eclampsia/ Prolong second stage of labor due to cervical dystochia.	Caesarean section	A case of nnyrs old G-2,P-1, L-1 40wks by date presented with the hx of headache,bural vision, epigrastric pain,lower abd pain, back pain, ff by vagina discharge 8 hrs ago.No hx of vaginal bleeding, no hx of maternal fever reported,she was conscious and alert but in painful distress,V/S B/P-168/112mmhg,P-80b/min, R-20c/min,36.6.Abd-gravid uterus with ovoid shape,FH-40cm,FHR-143b/min,ceph-presentation with longitudinal lie,descent 4/5, she had 3 contraction in 10 min each lasting 20 second.PV done cx-3 cm dilated with 30% efface tick.Lab was order,Mgs04 protocol was served, pt and relative was counseled base on the above diagnosis and she was prepared for amergency c/s,OR staff was inform,consent was given to pt and relative to sign, she was later taken to the theater.Intra op findings a viable female neonate was extracted with apgar 9/10 in the first and fifth min respectively wt 3.3kg, normal,cord,and placentation seen, the uterus and it adnexia structure intact. Pt was taken on the post op ward for continue management.	OK.	Spinal, Bupivacaine	Directly Supervised
Eclampsia/Poor bishop score.	Caesarean section	A case of nnyrs old G-1,P-0, 39wks by date presentated with the hx of convulsion,headache,epigrastric pain,lower adbominal pain,back pain ff by repture membrane 10 hrs prior to presentation,she was referal from a near by clinic.On arrival she was conscious and alert but in obvious painful distress,V/S B/P 158/1114,P-100b/min,R-18c/min,T-36.3,Abd-gravid uterus with ovoid shape,FH-39cm,FHR-150b/min,Ccph - presentation with longitudinal lie,descent 4/5, she had 2 contraction in 10 min each lasting 15 seconds. PV done cx-2cm dilated 20% efface tick posterior,Pt completed her Mgs04 protocol at the clinic before she was referal .Her lab was order, she was counseled along with relative,consent was given and was sign, OR staff was also inform, pt was prepared for emergency c/s and she was taken to the theater.Intra op findings a viable male neonate was extracted with apgar 8&10 in the first and fifth min respectively wt 3.6kg, normal bladder,cord and placentation seen, the uterus and its adnexia structue intact. She was taken on the PP ward for contineu management,Estimated blood loss was 350ml.	GOOD.	Spinal, Bupivacaine	Directly Supervised
		A case of nyrs G-3,P-2,L-2,43wks by date presentated with the hx of profuse vaginal bleeding, few hrs to presentation. No hx of abdominal pain, no hx of maternal fever reported. She was conscious and alert not in any distress, v/s			

APH/Complete plancenta previa/Fetus macrosomia/IUFD.	Caesarean section	normal.Abd-gravid uterus with ovoid shape,FH-44cm,FHR-absent,PP-cephalic presentation with longitudinal lie ,descent 5/5,no contraction obs,also obs profuse bleeding from the vagina bright red. pt was quickly prepared for emergency c/section. Consent was given to pt and relative to sign,OR staff was inform, pt was taken to the theater.Intra op findings adead female fetus was extracted wt 4.3kg,obs moderate bleeding pt was transfuse with 2 unit in the theater, misorprostol 800mcg was inserted rectuly for PPH.Pt was later taken on the post op ward for very close monitoring.	GOOD.	General, Katamine	Directly Supervised
Malposition(Right occiput transvere)Fetus distress	Caesarean section	A case of nyrs G-2,P-1,L-1,39 wks by date presented with the hx of labor pain coupled with repture membrane few hrs to presentation.No hx of vagina bleeding,no hx of maternal fever reported. She was conscious and alert but in painful distress,v/s all in normal range. Abd- gravid uterus with ovoid shape,FH-39cm,FHR 100b/min ceph presentation with longitudinal lie descent 3/5,she had 3 contravtion in 10 min each lasting 35 seconds. Pv done cx-6 cm dilated 60% efface midsoft membrane absent with 3* carput in a right occiput transverse position. Pt and relative was inform about pt condition she was quickly prepared for emergency c/section, consent was given to pt and relative to sign,OR staff was inform along with the INCU and pt was taken to the theater for emeggency c/s.Intra op findings a depress male neonate was extracted with apgar 5&10 in the first and fifth min respectively wt-3.6kg resucitation was done and neanate was sent to the NCU for futher management. Estimated blood loss was 350ml pt was taken on the Post op ward for close monitoring.	OK.	Spinal, Bupivacaine	Directly Supervised
Fetus Macrosomia/ Previous C/S time 1.	Caesarean section	A case of nyrs G-4,P-3,L-3,44wks by date presentated with the hx of abdominal pain, back pain,follow by vaginal discharge few hrs to presentation.No hx of vagina bleeding, no hx of maternal fever reported. she was conscious and alert but in painful distress, V/S all in normal range.Abd-gravid uterus with ovoid shape, FH-45cm,FHT-153b/min, ceph presentation with longitudinal lie, descent 4/5,she had 3 contraction in 10 min each lasting 43 seconds. pv done cx-5 cm dilated 50% efface with 3* carput midsoft membrane absent.Pt and relative was inform consent was given to them and sign pt was prepared for emergency c/s. OR staff was inform and pt was taken to the theater.Intra op findings a viable female neonate was extracted with apgar 9&10 in the first and fifth min respectively wt 4.6kg,Estimated blood loss was 400ml. Pt was taken on the post op ward for close monitoring.	GOOD.	Spinal, Bupivacaine	Directly Supervised
Previous C/S times 2/Prolong latent phase of labor.	Caesarean section	A case of nyrs G-3,P-2 L-2 39wks by date was inherrited from the previous shift and prepared for emergency c/s on account of previous c/s times 2 and prolong latent phase of labor. She was seen in bed conscious and alert but in painful distress from labor pain.V/S normal,Abd-gravid utersu with ovoid shape,FH-39cm,FHR-135b/min,PP-ceph with longitudinal lie,descent 3/5,she had 3 contraction in 10 min each lasting 30 seconds.PV done cx 3 cm dilated with 40% efface tick membrane absent.Consent was sign and pt was taken to the theater.Intra op findings a viable male neonate was extracted with apgar 8&10 in the first and fifth min respectively wt	OK.	Spinal, Bupivacaine	Directly Supervised

		3.6kg.Estimated blood loss was 300ml.			
Previous C/S time 1 in labor with short interval done in 2020 june.	Caesarean section	A case of nyrs old G-2,P1,L-1 39wks by date presentated with the hx of labor pain coupled with mucus show few hrs prior to presentation. No hx of vaginal bleeding, no hx of maternal fever reported.She was conscious and alert but in painful distress from labor pain, vs all in normal range. Abd- gravid uterus with ovoid shape,FH-39cm,FHT-142b/min,PP-ceph in longatudinal lie, descent 4/5,contraction 3 in 10 min each lasting 28 seconds with a transverse incisional scar seen.PV done cx was 3cm dilated 70% efface mad soft,Pt was quickly prepared for emergency c/s, consent was sign by pt and relative, a unit of blood was made available, and she was taken to the operating theater.Intra op findings a massive adherson was encouter at the lower segment towards the bladder and broken,a smile incision was made at the previous scar, a viable male neonate was extracted in breech presentation with apgar 8&10 in the first and fifth min respectively, wt 3.1kg, normal bladder, cord and placentation seen, the uterus and its adnexal structure seen.Estimated blood loss was 350ml, closure was done and pt was taken on the PP ward for close monitoring.	Good.	Spinal, Bupivacaine	Directly Supervised
APH due to complete placenta previa.	Caesarean section	A case of nyrs old G5,P3,A1,L3 39wks by date presentated with the hx of profused vagina 4hrs prior to presentation, No hx of abdominal pain,no hx of maternal fever reported.on arrival she was conscious and alert not in any distress, v/s all normal.Abd- gravid uterus with ovoid shape,FH-39cm,FHR-132b/min,PP-ceph presentation in a longitudinal lie,descent 5/5,no contraction obs,speculum exam was done obs bright red blood coming from the os of the cx profusely.Patient was quickly prepared for emergency c/s 3 unit of blood was made available,conscent was sign, OR staff inform she was rescucited well and taken to the operating therter.Intra op findings a viable male neonate was extracted with apgar 8&10 in the first and fifth min respectively wt 2.9kg.Estimated blood was 800ml she was transfused with one unit of fresh blood, and was taken on the pp ward for close monitoring.	OK.	General, Katamine	Directly Supervised
Previous C/S time 1 with short interval done in 202 April.	Caesarean section	A case of nyrs old G3,P2,L2 38wks by date presentated with the hx of labor pain few hrs prior to presentation.No hx of vaginal bleeding,no hx of maternal fever reported. She was conscious and alert but in painful distress,v/s all normal. Abd gravid uterus with ovoid shape,FH-38cm,FHR-152b/min,PP-ceph in longitudinal lie , descent 4/5,she had 3 contraction in 10 min each lasting 20 seconds.PV done cx 2.5 cm dilated 50% efface. Pt was prepared for emergency c/s ,conscent was sign by pt and relative, a unit of blood was made available and she was taken to the operating theater.Intra op findings a moderate adhersion was encounter covering the entire lower segment and was broken,a smile incision was made at the previous incisional scar, a life female neonate was extracted in breech presentation with apgar 7&10 in the first and fifth min respectively wt 3.3kg.Normal bladder, cord, and placentation seen,closure was done,estimated blood loss was 400ml. Pt was taken on the PP ward for close monitoring.	NA	Spinal, Bupivacaine	Directly Supervised
		A case of nyrs old G4,P3,L3 40 wks			

APH due to complete abrotuo placenta/Breech/IUFD	Caesarean section	by date presentated with the hx of profused vagina bleeding few hrs prior to presentation,no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress, v/s all in normal range,Abd gravid uterus with ovoid shape, FH40cm,FHR absent,PP-breech in longitudinal lie,she had 3 contraction in 10 min each lasting 20 seconds.Also obs pt bleeding with dark red blood profusely she was quickly prepared for emergency c/s, 3 unit of blood was made available and she was taken to the operaring theater.Intra op findings a dead female fetus was extracted wt was 3.4kg, estimated blood loss was 900ml she was transfused with 2 unit of blood after taken pt on the pp ward and she was monitor very closely.	OK.	General, Katamine	Directly Supervised
Trensverse lie/Repture Uterus/IUFD	Caesarean section	A case of n yrs old G1,P0,L0 37wks presentated with the hx of labor pain few hrs prior to presentation,No hx of vagina bleeding,no hx of maternal fever reported,on arrival she was conscious and alert but in painful distress, v/s allnormal. Abd-gravid uterus with ovoid shape,FH-37cm,FHR-absent,PP-transverse lie,she had 4 contraction in 10 min each lasting 35 seconds,PV dne cx 5cm dilated mad soft also no presenting part was felt on vagina examination.She was review along was OBC intern and a plan was made for emergency c/s,pt was inform along with relative consent was also given and sign OR staff inform and she was quickly prepared and taken to the theater.Intra op findings a posterior reptures uterus was encouter,a dead female fetus was extracted and uterus was repair,Closure was done,estimated blood loss was 650ml pt was taken to the pp ward for close monitoring.	Ok.	Spinal, Bupivacaine	Directly Supervised
Previous C/S times 2 with oblique lie.	Caesarean section	A case of nyrs old G3,P2,L2, 39 wks by date presentated with the hx of labor pain few hrs prior to presentation,no hx of vaginal bleeding,no hx ofmaternal fever reported.On arrival she was conscious and alert but in painful distress, v/s normal.Abd gravid uterus with ovoid shape FH39cm,FHR-144b/min PP-oblique lie,descent 5/5,she had 3 contraction in 10 min each lasting 22 seconds, pv done cx 3cm dilated tick 40% efface,she was prepared for emergency c/s. Consent was sign a unit of blood was made available and she was taken to the theater.Intra op findings a massive adherson was encouter and broken,a viable male neonate was extracted with apgar 9&10 in the first and fifth min respectively wt 3.3kg.Normal bladder cord and placentation seen the uterus and its adnexal structure intact, estimated blood loss was 350ml she was take to the pp ward for close monitoring.	Good.	Spinal, Bupivacaine	Directly Supervised
Breech presentation/Fetus Macrosomia.	Caesarean section	A case of nyrs old G1,P0,L0, 45 wks by date was referal from a near by clinic with the dx of mal presentation and fetus macrosomia,no hx of vagina bleeding,no hx of maternal fever reported. On arrival she was conscious and alert but in obvious painful distress, v/s normal.Abd-gravid uterus with ovoid shape,FH-45cm,FHR-144b/min,PP-breech in longitudinal lie, she had 4 contraction in 10 min each lasting 34 seconds.Pv done cx 6 cm dilated 60% efface membrane absent,Pt and relative was inform about pt condition consent was givev to them and was sign, OR staff inform and all pre-op preparation was done.Pt was taken to the theater,Intra op findings a viable male neonate was extrated with apgar 8&10 in the first and fifth min	OK.	Spinal, Bupivacaine	Directly Supervised

		respectively wt 4.5kg,normal bladder, cord and placentation seen, the uterus and it adnexal structuer intact. Estimated blood loss was 350ml she was taken on the pp ward for close monitoring.			
Fatus Distress due to fetus bradycardia	Caesarean section	A case of nyrs old G-1,P-0 41 wks by date presentated with the hx of labor pain couple with greenish mecolum steam few hrs to presentation. No hx of vagina bleeding, no hx of maternal fever reported.On arrival she was conscious and alret but in obvious painful distress from labor pain and she was refered from a near by clinic, v/s all normal.Abd-gravid uterus with ovoid shape,FH-39cm,FHT-98b/min,PP-ceph with longitudinal lie,descent 3/5,she had 3 contraction in 10 min each lasting 30 second.PV done cx 3cm dilated 30% efface with grade mecolum.Pt was resucitated and prepared for emergency c/section, a unit of blood was made avaible and pt was taken to the theater.Intra op findings a depress male neonate was extracted with apgar 5&10 in the first and fifth min respectively wt 3.2kg. Neonate was resucitated and sent to the INCU and pt was taken to the PP ward for close monitoring.Estimated blood loss was 300ml,	ok.	Spinal, Bupivacaine	Directly Supervised
Fetus Macrosomia	Caesarean section	A case of nyrs G-1,P-0, 47wks by date presented with the hx of labor pain couple with mucus show few hrs to presentation.No hx of vagina bleeding ,no hx of leaking membrane,no hx of maternal fever reported. she was seen in bed conscious and alert but in painful distress, v/s normal.Abd- gravid uterus with ovoid shape,FH-47cm,FHT-145b/min, PP- ceph with longitudinal lie,descent 4/5,she had 4 contraction in 10 min each lasting 40 seconds. PV done cx 6cm dilated mid soft 50% efface at 0 station membrane intact,EFW-4.4kg pt was couseled and prepared for emergency c/s and a unit of blood was made available.Intra op findings a viable female neonate was extracted with apgar 7%10 in the first and fifth min respectively, wt 4.6kg, normal bladder, cord and placentation seen, the uterus and it adnexal structure intact.Estimated blood loss 400ml.	OK	Spinal, Bupivacaine	Directly Supervised
Transvere Lie	Caesarean section	A case of nyrs old G-1,P-0, 39 wks by date presentated with the hx of labor pain coupled with mucus show times 4hrs prior to presentation. No hx of leaking membrane,no hx of vagina bleeding, no hx of maternal fever reported.She was seen in bed conscious and alert but in painful distress, vs normal.Abd gravid uterus with ovoid shape,FH-39cm,FHT-137b/min,PP-trabsvere lie,she had 3 contraction in 10 min each lasting 33 seconds.PV done cx 3 cm dilated tick 30% efface.Pt and relative was couseled, pt was prepared for emergency c/s a unit of blood was made avaible and pt was taken to the theater after preloading.Intra op findings a viable male neonate was extracted in breech presentation with apgar 8&10 in the first and fifth mins respectively, wt 3.2kg,normal bladder, cord and placentation seen, the uterus and it adnexal structure intact.Estimated blood loss 350ml.	OK.	Spinal, Bupivacaine	Directly Supervised
		A case of yrs old G-2,P-1,40 wks by date presented with the hx of labor pain few hrs ago, no hx vag bleeding,no hx of maternal fever reported,membrane repture 4hrs ago according to pt.She was inherrited from previous shift, she was seen in bed conscious and alert but in painful			

Malposition persistent left occiput transverse	Caesarean section	distress ,V/S all in normal range.Abd-gravid uterus with ovoid shape,FH-40cm,FHT-133b/min,PP ceph with longitudinal lie,descent 4/5, she had 3 contraction in 10 min each lasting 35 seconds.PV done cx-5cm dilated with 3+ carput 70% efface membrane absent.Patient and relative was couseled and she was prepared for emergency c/s, a unit of blood was made available. Pt was taken to the theater after pre loading,Intra op findings a viable male neonate was extrated with apgar 8&10 in the first and fifth mins respectively wt 3.7kg, normal bladder,cord and placentation seen,the uterus and its adnexal structure intact.Estimated blood loss 350ml.	GOOD.	Spinal, Bupivacaine	Directly Supervised
Complete placenta previa	Caesarean section	A case of nyrs G-4,P-3, L-3,38wks by date presentated with the hx of profuse vagina bleeding few hrs to presentation,No hx of abdomina pain,no hx of maternal fever reported.On arrival she was conscious and alert not in any disterss, v/s all normal.Abd-gravid uterus with ovoid shape,FH-38cm,FHT 136b/min,PP-ceph with longitudinal lie,descent 5/5,no contraction obs speculum exam done cx- 1cm dilated with profuse bleeding from os of the cervix.Pt was quickly prepared for emergency c/section,4 unit of blood was made avaible and she was taken to the theater.Intra of findings a viable female neonate was extracted with apgar 7/10 in the first and fifth min respectively wt 2.7 kg. Estimated blood loss was 600ml.	GOOD.	General, Katamine	Directly Supervised
Prolong latent phase of labor mal-presentation [breech] Suspected fetus macrosomia.	Caesarean section	A case of nyrs G-1,P-0 41wks by date presentated with the hx of labor couple with mucus show times 12 hrs prior to presentation.No hx of vagina bleeding,no hx of maternal fever reported.She was conscious and alert but in painful distress ,vs normal.Abd-gravid uterus with ovoid shape,FH-41cm,FHT-145b/min,PP-breech with longitudinal lie, she had 3 contraction in 10 min each lasting 30 seconds . PV done cx 3cm dilated 50% efface midsoft fetus anus and strutal felt,membrene draining and mecolum stained liquor on examination finger.EFW-4.0kg. Pt was couseled and prepared for emergency c/s.Intra op findings a viable male neonate with apgar 8&10 in the first and fifth mins respectively wt 3.9kg, normal bladder cord and placentation seen, the uterus and its adnexal structure intact.Estimated blood loss 4ooml.	OK	Spinal, Bupivacaine	Directly Supervised
Eclampsia with Poor biship score.	Caesarean section	A case of nyrs old G-3,P2,39wks by date presentated with the hx of headache, bural visionand convulsion times 5 hrs prior to presentation,no hx of labor pain,no hx of vagina bleeding,no hx of maternal fever reported.On arrival she was conscious and alert not in any distress,vs B/P-179/120mmhg,P-100b/min,R-20c/min,T-36.1 c.Abd gravid uterus with ovoid shape,FH-39cm,FHT-150b/min,PP-ceph with longitudinal lie,descent 5/5,no contraction obs.PV done cx closetick not efface posterior,pt was couseled and prepared for emergency c/s.All pre op preperation was done and pt was taken to the theater.Intra op findings a viable female neonate was extracted with apgar 9&10 in the first and fifth mins respectively wt 3.3kg, normal bladder,cord and placentation seen,the uterus and its adnexal structure intact,estimated blood loss was 450ml.	OK.	Spinal, Bupivacaine	Directly Supervised
		A case of nyrs old G-3,P-2,L2,40 wks by date presentated with the hx of labor pain coupled with mucus show 3 hrs to presentation.No hx of vagina bleeding,no hx of maternal fever reported. She was conscious			

Previous C/S times two in labor	Caesarean section	and alert but in painful distress,V/S all in normal range.Abd- gravid uterus with ovoid shape,FH 40cm,FHT-144b/min, PP-cephalic with longitudinal lie,descent 4/5,she had 3 contraction in 10 min each lasting 30 seconds.PV done cx-3cm dilated 30% efface,tick, membrane intact.Pt was quickly prepared for emergency c/section and all pre op preparation was done pt was taken to the OR.Intra op findings a viable male was extracted with apgar 8&10 in the first and fifth min respectively wt 3.6kg normal bladder, cord and placentation seen, the uterus and it adnexal structure intact.Estimated blood loss was 350ml.	Good.	Spinal, Bupivacaine	Directly Supervised
Oblique Lie(Mal presentation)	Caesarean section	A case of nyrs old G-1,P-0 41 wks by date presentated with the hx of labor pain which started 2 dys ago and she was referal from a near by clinic,no hx of vagina bleeding,no hx of maternal fever reported,on arrival she was conscious and alert but in painful distress v/s all normal.Abd gravid uterus with ovoid shape,FH 41cm,FHT 144b/min, PP-ceph but in oblique lie,she had 3 contraction in 10 min each lasting 35 seconds.Pv done cx-3cm dilated tick 25% efface.Pt was couseled along with relative and she was prepared foremergency c/s.Intra op findings a viable male neonate was extracted with apgar 8&10 in the first and fifth min respectively wt 3.4 kg, normal bladder, cord and placentation seen,the uterus and its adnexal structure intact.Estimated blood loss was 450ml.	OK	Spinal, Bupivacaine	Directly Supervised
Previous c/section times one failure of TOL.	Caesarean section	A case of nyrs old G-2,P-1,L-1 39 wks by date presentated with the hx of labor pain coupled with mucus show times few hrs to presentation.No hx of vagina bleeding,no hx of maternal fever reported .On arrival she was conscious and alert but in painful distress, V/S all normal.Abd gravid uterus with ovoid shape,FH-39cm,FHR-136b/min,PP-ceph with longitudinal lie,descent 4/5,she had 4 contraction in 10 min each lasting 40 seconds.Pv done cx-4cm dilated 40% efface tick membrane intact.After 12 hrs of TOL pt was couseled and prepared for emergency c/s and all prepared was made and she was taken to the OR.Intra op findings a viable female neonate was extracted with apgar 7&10 in the first and fifth min respectively wt 3.3kg,normal bladder, cord and placentation seen, the uterus and it adnexal structure was intact.Estimated blood loss was 450ml.	OK.	Spinal, Bupivacaine	Directly Supervised
Arrest of descent due to persistent (ROT)	Caesarean section	A case of n yrs old G-1,P-0 38 wks by date presentated with the hx of labor pain coupled with mucus show and later membrane repture, no hx of vagina bleeding,no hx of maternal fever reported.She was inherrited from previous shift and prepared for emergency c/s on account of persistent right occiput transverse. Abd gravid uterus with ovoid shape,FH-38cm,FHT-151b/min,PP-ceph,descent 4/5,she had 4 contraction in 10 min each lasting 40 seconds.PV done cx 9cm dilated 80% efface membrane absent no carput,no moulding.Pt was later taken to the theater,Intra op finding a viable female neonate was extracted with apgar 9&10 in the fitst and fifth min respectively wt 3.2 kg,normal bladder,cord and placentation seen, the uterus and its adnexal structure intact.Estimated blood loss is 350ml.	Good.	Spinal, Bupivacaine	Directly Supervised
		A case of nyrs G-2,P-1,L-1,40 wks by date presentated with the hx of labor pain coupled with mucus show			

Mal-presentation(Transvere Lie).	Caesarean section	time few hrs to presentation.No hx of vaginal bleeding,no hx of maternal fever reported.She was conscious and alert but in painful disterss,V/S all in normal range.Abd-gravid uterus with ovoid shape,FH-40cm,FHT-133b/min,PP-transvere lie,she had 4 contraction in 10 min each lasting 38 seconds.PV done cx-3cm dilated 30% efface tick.Pt was counseled and prepared for emergency c/section.Intra op findings: A viable male neonate was extrated with apgar 8&10, in the first and fifth min respectively,wt-3.2kg.Estimated blood was 450ml.Pt was later taken on pp ward for continue management.	GOOD.	Spinal, Bupivacaine	Directly Supervised
APH due to Complete plancenta previa.	Caesarean section	A case of n yrs G3,P2,A0,L2,39 wks by date presentated with the hx of severe vagina bleeding few hrs to presentation.On arrival she was conscious and alert not in any disterss, V/S all in normal range,Abd gravid uterus with ovoid shape,FH-39cm,FHR-132b/min,PP-ceph with longitudinal lie,no contraction obs.Speculum exam done obs profuse bleeding from the os of cervix.Pt was counseled along with relatives and she was prepared, three unit of blood was made available, pt was taken to the theater for emergency c/section.Intra op findings a viable female neonate was extracted with apgar 8&10,wt 3kg,normal bladder,cord and placentation seen,the uterus and its adnexal structure intact.Estimated blood loss was 700ml, two unit of blood was transfused,pt was taken on the post op ward for close monitoring.	Good.	General, Katamine	Directly Supervised
Prolong Labor due to Mal-position(persistent LOT)	Caesarean section	A case of nyrs G-1,P-0 38 wks by date presentated with the hx of labor pain coupled with mucus show times 8hrs ago,No hx of vaginal bleeding, no hx of maternal fever reported.She was referal from a near by clinic,on arrival she was conscious and alert but in painful distress,v/s all in normal range.Abd-gravid uterus with ovoid shape,FH-39cm,FHT-152b/min,PP-ceph with longitudinal lie ,descent 3/5 ,she had 4 contraction in 10 min each lasting 40 seconds.P/V done cx-8cm dilated with 85% efface ,soft with 2+ carput .Pt was counseled and prepared for emergency c/section.Intra op findings a viable female neonate was extracted with apgar 8&10 in the first and fifth mins respectively,wt 3kg,normal bladder, cord and placentation seen,the uterus and it adnexal structure intact.Estimated blood loss was 400ml.patient was later taken to post op ward for close monitoring.	GOOD.	Spinal, Bupivacaine	Directly Supervised
CPD due to mal-position (LOT).	Caesarean section	A case of nyrs old G-5,P-3,A-1 ,L3, 40 wks by date presentated with the hx of labor pain couple with mucus show times 11 hrs prior to presentation and she was referal from a near by clinic,No hx of vaginal bleeding, no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress,V/S all in normal range.ABD-gravid uterus with ovoid shape,FH-39cm,FHT-138b/min,PP-ceph with longitudinal lie,descent 3/5,she had 4 contraction in 10 min each lasting 40 seconds.PV done cx 9cm dilated with 3+ carput,Pt was couseled along with relative and she was prepared for emergency c/section.All pre op preparation was made and pt was taken to the theater .Intra op findings a viable male neonate was extracted with apgar 8&10 in the first and fifth mins respectively wt 3.6kg,normal bladder, cord and placentation seen, the uterus and its adnexal structure intact.Estimated blood loss was 400ml.Pt was taken on the post op	GOOD.	Spinal, Bupivacaine	Directly Supervised

		ward for continue management.			
Fetus Distress due to bradycardia	Caesarean section	A case of nyrs old G-1,P-0, 39wks by date presentated with the hx of labor pain follow by reptured membrane few hrs prior to presentation,she was labor in the community by a TBA according to pt,no hx of vagina bleeding, no hx of maternal fever reported.She was seen in bed conscious and alert but in painful distress,v/s all in normal range.ABD-gravid uterus with 0void shape,FH-39cm,FHR-98b/min,PP- ceph with longitudinal lie,descent 2/5,she had 3 contraction in 10 min each lasting 38 seconds.PV done cx 7 6 cm dilated with grade 3 mecolum steam, cx tick 50% efface.Pt was counseled alond with relative and she was prepared for emergency c/section,all per op preparation was done she was resucitated and taken to the theater.Intra op findings a depress female neonate was extracted with apgar 5&10 and 6&10 in the first and fifth min respectively wt 3kg,normal bladder, cord,and placentation seen,the uterus and its adnexal structure in intact.Estimated blood loss was 350ml.Neonate was resucitated and sent to the INCU for continuen management.	GOOD.	Spinal, Bupivacaine	Directly Supervised
Previous C/S times 3	Caesarean section	A case of nyrs old G-4,P-3,A-0,D-2,L1, 40 wks by date presentated with the hx of labor pain coupled with mucus show times 2 days and she was referal from Bomi hospital,No hx of vagina bleeding, no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress,V/s all normal.ABD-gravid uterus with ovoid shape,FH-39cm,FHR-142b/min,PP-ceph with longitudinal lie and also transverse incisional scar seen, desecnt 4/5,she had 3 contraction in 10 min each lasting 30 seconds,PV done cx 2.5 cm dilated tict 20% efface, pt was prepared for emergency c/section and she was taken to the theater.Intra of findings a viable male neonate was extracted with apgar 9&10 in the first and fifth min respectively wt 3.2kg,normal bladder,cord and placentation seen,the uterus and its adnexal structure intact,Estimated blood loss was 450ml,pt was taken on the post op ward for close monitoring.	OK.	Spinal, Bupivacaine	Directly Supervised
Previous C/Section times 2	Caesarean section	A case of nyrs old G-2,P-1,L-1 40wks by date presentated with the hx of labor pain couple with mucus show few hrs prior to presentation and she was referal from a near by clinic, no hx of vaginal bleeding,no hx of maternal fever reported. she was conscious and alert but in painful distress,V/S all in normal range.Abd-gravid uterus with ovoid shape,FH-40cm,FHR-140b/min,PP-ceph with longitudinal lie, descent 4/5,she had 4 contraction in 10 min each lasting 40 seconds. PVE done cx was 8 cm dilated with 60% efface,midsoft,station at -1 membrane absent.Pt was prepared for emergency C/S and all preparation was done,she was taking to the operating theater.Intra op findings,a viable female neonate was extracted with the apgar of 9/10 inthe first and fifth mins respectively,wt-3.8kg,minium adherson was encouter,normal bladder,cord and placentation seen the uterus and it adnexal structure was intact.Estimated blood loss was 400-450 ml pt was taken on the post op ward for close monitoring.	GOOD.	Spinal, Bupivacaine	Directly Supervised
		A case of nyrs old G-2,P-1,L-1 42wks by date presented with the hx of labor pain follow by repture of			

Previous C/S times 1/ and Rupture Uterus.	Repair of Ruptured Uterus (if possible)	membrane 6 hrs prior to presentation.No hx of vaginal bleeding,no hx of maternal fever reported.She was conscious and alert not in any distress according to patient she was given misorprostol and oxytocin when she stop having contraction by one nurse in the clinic where she was referal from.V/S was normal.Abd-gravid uterus with ovoid shape, FH-40cm,FHT-absent,PP-ceph in longitudinal lie with fetus part palpated,descent 5/5, no contraction observed.PVE cx-6cm dilate with 80% efface soft.Patient was quickely prepared for emergency c/section,all pre -op preparation was done 3 unit of blood was made avaible and pt was taken to the operating theater.Intra of findings a dead male fetus was extracted wk 3.9kg ,rupture was seen at the anterior left portion of the uterus adjecent the round legament and was carefully suture using vicryl#1 and heamostasis was achieved,incision was observed and there where no bleeding pt was close up and later taken on the ward for closed monitoring.Estimated blood loss was 750-800ml and she was trasfused with 2 unit of blood one in the theater and the other on the ward.	OK.	Spinal, Bupivacaine	Directly Supervised
Previous C/Section times 2	Caesarean section	A case of nyrs old female G-2,P-1,L-1 39 wks by date presentated with the hx of lobor pain coupled with mucus show few hrs prior to presentation she also admited that membrane rupture why on their was to the facility, No hx of vagina bleeding, no hx of maternal fever reported .She was conscious and alert but in painful distress,V/S normal.Abd- gravid uterus with ovoid shape ,FH-39cm,FHT-138b/min PP-ceph with longitudinal lie, descent 5/5,she had 3 contraction in 10 min each lasting 36 seconds.PVE cx 3cm dilated tick 30% efface membrane absent, station at -3.Patient was prepared for emergency c/section and all pre-op preparation was done.Intra op findings a viable male neonate was extracted with apgar 8&10 in the first and fifth mins respectively, wt 3.5kg,normal bladder,cord and placentation seen the uterus and its adnexal structure intact.Estimated blood loss was 350-400ml.	Good.	Spinal, Bupivacaine	Directly Supervised
Complete breech presentation +Fetal macrosomia in active phase of labor.	Caesarean section	A case of nyrs old female G-1,P-0 44wks by date presentated with the hx of labor pain couple with mucus show times few hrs prior to presentation.No hx of vaginal bleeding,no hx of maternal fever reported.She was conscious and alert but in painful distress,V/S all in normal range.Abd- gravid uterus with ovoid shape,FH-46cm,FHT-150 b/min,PP-breech with longitudinal lie,she had 4 contraction in 10 min each lasting 40-45 seconds.PVE cx 5 cm dilated with 50% efface,midsoft,fetal anus and scurtal felt membranes draining and mecunium stain liqor on examinating fingur,EFW 4.3kg. Patient was counseled and prepared for emergency C/section.intra op findings.A viable male neonate was extracted with the apgar of 8/10 in the first and fifth mins respectively,wt-4.4kg.Estimated blood loss was 350-400ml,misoprostol 800mcg inserted rectally as prophylasis for PPH follow by post operative management.	OK.	Spinal, Bupivacaine	Directly Supervised
		A case of nyrs old female G-2,P-1, 37 wks by date presentated with the hx of vaginal bleeding few hrs prior to presentation.No hx of maternal fever reported.on arrival she was conscious and alert not in any distress,V/S all normal.Abd-gravid uterus with ovoid			

APH due to complete placenta previa	Caesarean section	shape,FH.37cm,FHT-137 b/min,PP-ceph with longitudinal lie,descent 5/5,no contraction observed.Speculum exam revail severe bleeding from the os of the cervix.Patient was counsel and prepared for emergency c/section and all preparation was made.Intra op findings,A viable female neonate was extracted with the apgar of 8/10 in the first and fifth mins respectively,Wt-3.1kg.Estimated blood loss was 700ml and she was transfused follow by post operative management.	Good.	General, Katamine	Directly Supervised
Mal-Presentation (Transverse Lie).	Caesarean section	A case of nyrs old female G-4,P2,A-1, L-1,40wks by date presentated with the hx of labor pain couple with mucus show few hrs prior to presentation.No hx of vaginal bleeding,no hx of maternal fever reported.She was conscious and alert but in painful distress,V/S all normal.Abd-gravid uterus with ovoid shape,FH-39cm,FHT-143b/min,PP-transverse lie,she had 3 contraction in 10 mins each lasting 35 seconds.PVE cx-4cm dilated with 85% soft.Patient was counseled and prepared for emergency c/section and all pre-op preparation was done.Intra op findings, a viabble male neonate was extracted with the apgar of 9/10 in the first and fifth mins respectively,wt.3.4kg.Estimated blood loss was 250-300ml.	GOOD.	Spinal, Bupivacaine	Directly Supervised
C P D due to persistent Right Occiput Transverse	Caesarean section	A case of nyrs old female G-1,P-0, 39 wks by date presentated with the hx of labor pain couple with mucus show times few hrs prior to presentation.No hx of vaginal bleeding,no hx of maternal fever reported.She was conscious and alert but in painful distress, V/S all in normal range.Abd-gravid uterus with ovoid shape,FH-39 cm,FHT-137 b/min,PP ceph with longitudinal lie,descent 3/5,she had 3 contraction in 10 mins each lasting 40 seconds.PVE cx 6cm dilated 60% efface midsoft with 3+ carput.Patient was counseled and prepared for emergency c/section and all pre-op preparation was done.Intra op findings.A viable female neonate was extracted with the apgar of 8/10 in the first and fifth mins respectively, wt-3.3kg.Estimated blood loss was 300-350ml,she was taken on the post operative ward for close monitoring.	GOOD.	Spinal, Bupivacaine	Directly Supervised
C P D due to persistent (LOT)	Caesarean section	A case of 34 yrs old female G-2,P1,L-1,40 wks by date was referal from a near by clinic on account of prolong second stage of labor times 9 hrs prior to presentation.No hx of vagina bleeding,no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress, V/S all normal.Abd-gravid uterus with ovoid shape,FH-40cm,FHT-137b/min,PP-ceph with longitudinal lie, descent 3/5,she had 4 contraction in 10 mins each lasting 45 seconds.PVE cx-9cm dilated 90% efface soft with 3+ carput.Patient was counseled and prepared for emergency c/section all pre-op preparation was done.Intra op findings.A viable male neonate was extracted with the apgar of 8/10 in the first and fifth mins respectively,wt-3.8 kg.Estimated blood loss was 400ml,she was taken on the post op ward for continue management.	GOOD.	Spinal, Bupivacaine	Directly Supervised
		A case of n yrs old female,P-1,L-1,was referal from a local clinic on account of retain placenta 5 hrs prior to presentation.No hx of maternal fever,she complain of vagina bleeding after she give birth at the clinic.On arrival she was conscious and alert not in any distress.V/S all in normal range,palpate the fundus at			

RETAIN PLACENTA	Manual Removal of Placenta	the level of the umbilicus 20cm with mild vagina bleeding. 2 IV line was established with 18g cannula,10 unit of oxytocin IM was served,N/S 500ml + oxytocin 40 unit was set up at 20gtt/min,Empty bladder,order lab,HB,T&C,order 2 unit of blood.Manual removal of placenta was done sucessful uterus was massage and felt firm with mild vagina bleeding observed and patient was transfuse due to HB result wish read 5.8g/dl.Patient was monitor very closely. She place on prophylatic antibiotic.	OUT COME WAS GOOD.	NA	Directly Supervised
Previous C/S times 1/CPD due to (ROT).	Caesarean section	A case of nyrs old female G-2,P1,L1,40 wks by date presentated with the hx of labor pain and she was referal from Bomi on account of prolong second stage of labor.No hx of vagina bleeding,no hx of maternal fever reported.She was conscious and alert but in painful distress,V/S all normal.Abd-gravid uterus with ovoid shape, FH-39cm,FHT-141b/min,PP-ceph with longitudinal lie,descent 3/5 she had 4 contraction in 10 mins each lasting 40 seconds.PVE cx 9 cm dilated 85% efface midsoft at -1 station with 3 + carput.Patient was counseled and prepared for emergency c/section.Intra op findings a viable male neonate was extracted with the apgar of 8/10 in the first and fifth mins respectively, wt 3.7 kg.Estimated blood loss was 350-400ml.She was taken to the post op ward for continue management.	OK.	Bupivacine	Directly supervised
Fetus Distress	Caesarean section	A case of nyrs old G6,P3,A2,L3 40wks by date presented with the hx of labor pain coupled with mucus show times few hrs prior to presentation.No hx of vagina bleeding,no hx of maternal fever reported.She was conscious and alert but in painful distress,V/S all in normal range.Abd gravid uterus with ovoid shape,FH-40cm,FHT-98b/min,PP-ceph with longitudinal lie,descent 3/5,she had 3 contraction in 10mins each lasting 35 seconds.PVE 5cm dilated 60% efface midsoft with grade 3 mecunium stained at -1 station.Patient was counseled and prepared for emergency caesaren section.Intra op findings a depress female neonate was extracted with the apgar 5&10 in the first and fifth mins respectively wt 3.3kg.Estimated blood loss was 350-400ml.She was taken on post op ward for continue management.	NO.	Bupivacine	Directly supervised
Eclampsia/NRFS	Caesarean section	A case of nyrs old G-1,P-0,39wks by date presentated with the hx of convulsion and labor pain times few hrs prior to presentation.No hx of vagina bleeding,no hx of maternal fever reported and she was referal from a near by clinic.V/S B/P159/99,P-89b/min,R-18c/min,T-36.3.Abd-gravid uterus with ovoid shape FH-39cm,FHT-97b/min,PPceph with longitudinal lie,descent 3/5,she had 3 contraction in 10 min each lasting 30-35 seconds.PVE cx 6 cm dilated with 70% efface midsoft with 2+ carput and grade 3 mecunium stain at -1 station.MGSO4 loading dose was served at the clinic before refering patient.Patient was counseled along with relative and she was prepared for emergency c/section.Intra op findings a depress male neonate was with the apgar 4&6,5&10 in the first and fifth mins respectively ,Wt 3.4kg.Estimated blood loss was 300-350ml.	NA	Bupivacine	Directly supervised
		A case of n yrs old G-1,P-0,40wks by date presentated with the hx of labor pain coupled with mucus show times few hrs prior to presentation.No hx of vagina bleeding,no hx of maternal fever reported.She was			

FOOTING BREACH	Caesarean section	conscious and alert but in painful distress,v/s all in normal range.Abd-gravid uterus with ovoid shape FH-40cm,FHR-138 b/min,PP-breach with longitudinal lie,she had 3 contraction in 10 min each lasting 30 seconds.PVE cx 5 cm dilated with 50% efface,midsoft,fetal anus,scrutal and foot felt with membranes draining and mecunium stained on examining finger.Patient was counseled and prepared for emergency c/section.Intra op findings a viable female neonate was extracted with the apgar 8&10 in the first and fifth mins respectively wt 3.6kg.Estimated blood loss was 350ml.	Out come was good.	Bupivacine	Directly supervised
Eclampsia Failure to progress	Caesarean section	A case of n yrs old G-1,P-0, 39wks by date presentated with the hx of convulsion times few hrs prior to presentation.No hx of vagina bleeding,no hx of maternal fever reported.She was conscious and alert but in painful distress, V/S B/P-148/98mmhg,P-80b/min,R18c/min,T-36.3.Abd-gravid uterus with ovoid shape FH=39cm,FHT-139b/min,PP-ceph with longitudinal lie,descent 5/5,she had 2 contraction in 10 min each lasting 15-20 seconds.PVE-cx 3cm dilated with 40% efface tick at -2 station.Patient was counseled for emergency c/section.Intra op findings a viable male neonate was extracted with the apgar 9&10 in the first and fifth mins respectively wt 3.3kg.Misorprostol 800mcg was served rectualy as prophylatic for PPH.Estimated blood loss 400ml.	OUT Come Was Good.	Bupivacine	Directly supervised
Eclampsia Failure to progress	Caesarean section	A case of n yrs old G-1,P-0,39 wks presentated with the hx of convulsion and she was referal from a near by clinic on account of prolong active phasen of labor times 9hrs prior to presentation.No hx of vagina bleeding,no hx of maternal fever reported.She was conscious and alert but in painful distress, V/S all normal.Abd gravid uterus with ovoid shape FH-39cm,FHT-137b/min,PP-ceph with longitudinal lie,descent 4/5, she had 3 contraction in 10 mins each lasting 30 seconds.PVE-cx 5cm dilated with 60% efface midsoft with 1+ carput at -2 station.Patient was counseled for emergency c/section.Intra op findings a viable female neonate was extracted with the apgar 8&10 in the first and fifth min respectively wt-3.1kg.Estimated blood loss was 500-550ml, Misorprostol 800mcg was served rectualy as prophylasis for PPH.	OK.	Bupivacine	Directly supervised
Rupture Uterus	Repair of Ruptured Uterus (if possible)	A case of nyrs G-1,P-0,41 wks by date was referal account of prolong active phase of labor times 2 days.No hx of vagina bleeding,no hx of maternal fever reported.V/S B/P -70/40mmhg,P-127b/min,R-24c/min,T-35.0. On arrival she was conscious and alert but very restless and confused with cold clamy skin follow by profuse sweating.Abd gravid fetal part palpated,ultra sound scan revial empty uterus with free flow seen along with fetal seen in the abdomen.FH-41cm,FHT-absent,PP-transversed lie, PVE cx 7cm dilated with 60% efface tick , according to patient relative patient was given mistroprostol and oxytocin infusion at the clinic.Patient was resucitated and prepared for laparatomy and she was taken to the theater.Intra op findings a dead male fetus was extracted from the abdomen and a posterior rupture uterus was encounter and was repaird.Estimated blood loss was 2000-2500ml and she was transfused with 3 unit in the theater.Patient was taken on post op ward for closed monitoring.	Out come was good.	Katamine	Directly supervised
		A case of nyrs G2,P1,A0,L1,44wks			

Obstructed Labor due to fetal microsomia	Caesarean section	by date was referal from anear by clinic on account of prolong labor,c/o abd pain,back pain, ff by mucus show times 13 hrs prior to presentation,no hx of vagina bleeding,no hx of maternal fever reported.She was conscious and alert but in painful distress,V/S all normal,Abd-gravid uterus with ovoid shape,FH-45cm,FHT-139b/min,PP-ceph with longitudinal lie descent 3/5,she had 4 contraction in 10 min each lasting 45 seconds.PVE cx fully dilated with 3+ carput at 0 station.Pt was prepared for emergency c/section and all pre-op preparation was done.Intra op findings a viable male neonate was extracted with apgar 8/10 in the first and fifth mins respectively wt 4.3kg,normal bladder,cord and placentation seen.Estimated blood loss was 600ml.	OK	Bupivacine	Directly supervised
Previous C/S times 2.	Caesarean section	A case of nyrs G-2,P-1 L-1,38 wks by date presentated with the hx of abdominal pain,back pain,ff by mucus show few hrs prior to presentation,no hx of vag bleeding,no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress,V/S all normal.Abd- gravid uterus with ovoid shape,FH-39cm,FHT-138b/min,PP-ceph with longitudinal lie,descent 4/5,she had 3 contraction in 10 mins each lasting 35 seconds.PVE-cx-4cm dilated with burging membrane 40 % efface at -2 station.Pt as prepared for emergency c/section.Intra op findings a viable female neonate was extracted with the apgar 9/10 in the first and fifth mins respectively ,wt 3.2 kg.Normal bladder,cord and placentation seen.Estimated blood loss was 700ml.	OK.	Bupivacine	Directly supervised
Obstructed Labor due to persistent ROT	Caesarean section	A case of nyrs G-5,P-3,A-1,L-3 42 wks presentated with the hx of labor pain times few hrs prior to presentation and she was referal from a near by clinic on account of prolong labor.On arrival she was conscious and alert but in painful distress.V/S all normal,Abd -gravid uterus with ovoid shape,FH-40cm,FHT-131b/min,PP-ceph with longitudinal lie descent 2/5, she had 3 contraction in 10 min each lasting 40 seconds.PVE-9cm dilated 80% efface with 3+ carput at +1 station.obs vulva edematus with bloody urene seen in catheter. Pt was prepared for emergency c/section.Intra op findings a viable female neonate was extracted with the apgar 8/10 in the first and fifth mins respectively wt 3kg,normal bladder cord and placentation seen.Estimated blood loss was 500ml.	OK.	Bupivacine	Directly supervised
Prolong latent phase of labor/failure to progress due to cervical dystocia.	Caesarean section	A case of nyrs G1,P0 40 wks by date presentated with the hx of labor pain times 4 days ago,no hx of vagina bleeding,no hx of maternal fever reported.She was seen in bed conscious and alert but in painful distress v/s all normal.Abd-gravid uterus with ovoid shape, FH-39cm FHT-136b/min PP-ceph with longitudinal lie descent 4/5,she had 3 contraction in 10 mins each lasting 25 seconds. labor was augumented but to no avail. PVE cx-3 cm dilated midsoft 50% efface membrane absent at -1 station.Pt was prepared for emergency c/section.Intra of findings a viable male neonate was extracted with the apgar 7/10 in the first and fifth mins respectively wt 2.9kg,normal bladder,cord and placentation seen.Estimated blood loss was 600ml.	Ok.	Bupivacine	Directly supervised
		A case of nyrs old G-3,P-2,L-2,40 wks by date was referal from a near by clinic on account of vagina			

APD due to placenta previa	Caesarean section	bleeding few hrs prior to presentation,no hx of maternal fever reported.On arrival she was conscious and alert not in any distress V/S all in normal.Abd- gravid uterus with ovoid shape.FH-39cm,FHT-129b/min,PP,ceph with longitudinal lie,descent 5/5, no contraction obs,Ultra sound review a complete previa.Speculum exam done obs bleeding from the os of the cervix.Pt was prepared for emergency c/section.Intra op findings a viable female neonate was extracted with the apgag 8/10 in the first and fifth mins respectively wt 2.8 kg.Estimated blood loss was 1300ml.	Ok.	Ketamine	Directly supervised
CPD due to Mal-position (LOT)	Caesarean section	A case of nyrs old G2,P1,A0,L1 was refered from a near by clinic on account of prolong second stage of labor.She complain of stomach and back pain follow by rupture membrane times 24hrs prior to presentation, No hx of vaginal bleeding,no hx of vaginal bleeding reported.On arrival she was conscious and alert but in painful distress V/S all normal,Abd-gravid uterus with ovoid shape,FH-40cm,FHT-138b/min,PP-ceph with longitudinal lie,descent 3/5,contraction 4 in 10mins each lasting 40 seconds.PVE-cx fully dilated with 3+ carput at -1 station.Patient was counseled along with relative and she was prepared for emergency C/Section.Intra op findings a slightly depress male neonate was extracted with the apgar of 6&10 in the first and fifth mins respectively wt 3.4kg, the uterus and its adnexal strusture intact.Estimated blood loss was 600ml.	NA	Bupivacine	Indirectly supervised
Mal-presentation(Transverse Lie)	Caesarean section	A case of nyrs G1,P0 39 wks by date presentated with the hx of stomach and back pain follow by mucus show few hrs prior to presentation,No hx of vaginal bleeding,no hx of maternal fever reported.V/S all normal, Abd-gravid uterus with ovoid shape,FH-40cm,FHT-140b/min,PP-transverse lie,contraction 3 in 10 mins each lasting 25-30 seconds.PVE-cx 5cm dilated with hand protruding through the cervix midsoft 40% efface membrane absent.Patient was couseled and prepared for emergency C/Section.Intra op findings a viable male neonate was extracted with the apgar 8&10 in the first and fifth mins respectively wt-3.2kg the uterus and it adnexal strusture intact.Estimated blood loss was 500ml.	Out come was good.	Bupivacine	Indirectly supervised
Previous C/S times one/ Arrest of descent/ Fetus distress	Caesarean section	A case of nyrs old G-5,P-4,A-0,L4 39 wks by date presentated with the hx of labor pain times few hrs prior to presentation,no hx of vagina bleeding,no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress.V/S all in normal range,Abd-gravid uterus with ovoid shape,FH-39cm,FHR-98-100b/min,PP-ceph with longitudinal lie,descent 4/5,she had 4 contraction in 10 mins each lasting 35-40 seconds.PVE-cx 6 cm dilated midsoft 50% efface membrane absent at -2 station.Patient was prepared for emergency C/Section.Intra op findings a deprsss male neonate was extracted with the apgar 5/10 in the first and fifth mins respectively wt 3.2kg.the uterus and it adnexal structure intact.Estimated blood loss was 550ml.	OK.	Bupivacine	Indirectly supervised
		A case of nyrs old G-6,P5,A0,D1,L4, 40wks by date presentated with the hx of severe vagina bleeding few hrs prior to presentation,No hx of abdominal pain,no hx of maternal			

A P H due to Placenta Previa	Caesarean section	fever reported.On arrival she was conscious and alert not in any distress,V/S all normal.Abd-gravid uterus with ovoid shape,FH-38cm,FHT-133b/min,PP-ceph with longitudinal descent 5/5,no contraction obs.Speculum exam done obs profused bleeding from the cervical os bright red,Ultra sound scan was also done. Patient was perpared for emergency C/Section,Intra op findings a viable female neonate was extracted with the apgar of 9/10 in the first and fifth mins respectively wt 2.9 kg.The uterus and it adnexal structure intact,Estimated blood loss was 900ml.	Out come was good.	Ketamine	Directly supervised
Obstructed Labor due to fetal Macrosomia	Caesarean section	A case of nyrs old female G-3,P2,L2 45 wks by date presentated with the hx of labor pain times 24hrs and she was refered from a near by clinic on account of prolong second stage of labor,No hx of vagina bleeding,no hx of maternal fever reported.On arrival she was conscious and laert but in painful distress V/S all in normal range .Abd gravid uterus with ovoid shape,FH-44cm,FHT 137b/min,PP-ceph with longitudinal lie,descent 3/5,she had 4 contraction in 10 mins each lasting 45 seconds,Estimated fetal wt on U/S was 4.6kg.PVE.cx 9cm dilated with 3+ carput at -1 station.Patient was prepared for emergency C/Section.Intra op findings a viable female neonate was extracted with the apgar 8/10 in the first mins respectively wt 4.4kg,the uterus and it adnexal structure intact.Estimated blood loss was 6ooml.	OK	Bupivacine	Indirectly supervised
NRFS	Caesarean section	A case of nyrs old female G-2,P1,A0,L1,39 wks by date presentated with the hx of labor pain times few hrs prior to presentation,she was refered from a near by clinic on account of prolong first stage of labor according to referal note labor was augmented with oxytocin infusion but to no avail.On arrival she was conscious and alert but in painful distress V/S normal.Abd-gravid uterus with ovoid shape,FH-38cm,FHT-98b/min,PP-ceph with longitudinal lie, desecnt 3/5,she had 3 contraction in 10 mins each lasting 30 seconds.PVE cx 6 cm dilated with grade 2 meculum steam seen on examination glove fingers midsoft 60% efface at -1 station membrane abesen.Patient was prepared for emengerncy C/section.Intra op findings a depress male neonate was extraed with the apgar 4&8 in the first and fifth mins respectively wt-3.0kg,the uterus and it adnexal structure intact.Estimated blood loss was 450ml.	NA	Bupivacine	Indirectly supervised
P PH due to Retain Placenta	Manual Removal of Placenta	A case of n yrs old P6,A0,D1,L5 was refered from a near by clinic on account of retain placenta according to referal patient give birth after one hour 45mins obs placenta retain and she started bleeding profusely.On arrival she was semi-conscious,restless,sweating profusely,with cold clamy skin, confused.V/S B/P-109/66mmhg,P-139b/min,R-26c/min.T-35.6 degree C. A call for help was made, including senior and anesthitist, estliblish 2 iv line with 16g cannula resucitated with fluid and blood transfusion with O-blood why awaiting lab result, set up O2, insert urinary catgeter, Manually deliver the placenta after serving utero tonic drugs after stablising patient follow by uterine massage.Place anti-shock garment and keep patient warm,Patient was monitor closely for vagina bleeding and vital signs.She was place on iv antibiotic for 24 hrs follow by Po and	Intervention was timely and out come was good.	NA	Directly supervised

		anagesia.			
Mal-Presentation (Face Mento Posterior)	Caesarean section	A case of nyrs old G-3,P2, A0, L2,37 wks by date presented with the hx of labor pain which started few hrs prior to presentation.No hx of vagina bleeding,no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress, V/S all normal,Abd-gravid uterus with ovoid shape,FH-37cm,FHT-142b/min,PP-ceph with longitudinal lie descent 4/5,she had 3 contraction in 10 min each lasting 30-40 seconds.PVE cx 8cm dilated 80% efface membrane absent with fetus sucking on examining fingers in a mento posterior position at -1 station.Patient was prepared for emergency C/S.Intra op findings a viable female neonate was extracted with the apgar 8&10 in the first and fifth mins respectively wt 2.4kg.The uterus and it adnexal structre intact.Estimated blood loss was 500ml.	OK.	Bupivacine	Indirectly supervised
Previous C/S time one / Obstructed labor due to CPD.	Caesarean section	A case of nyrs old G2,P-1, L-1 40 wks by date was refered from a near by clinic on account of obstructed labor and previous c/s time one, presentated with the hx of stomach and back pain which started 20hrs ago.No hx of vagina bleeding,no hx of maternal fever reported. She was conscious and alert but in painful distress V/S all normal.Abd-gravid uterus with ovoid shape FH-40cm,FHT-138b/min,PP-ceph with longitudinal lie descent 3/5, contraction 4in 10 min each lasting 45 second.PVE cx fully dilated with 3+ carput 100% efface at -1 station.Patient was prepared for emergency c/section and all pre op preparation was made.Intra op findings a viable male neonate was extracted with the apgar score of 8&10 in the first and fifth min respectively wt 3.4kg, normal bladder seen the uterus and its adnexal structure intact no hematoma,no futher tear seen.EBL 600ml.	GOOD.	BUPIVACINE	Indirectly supervised
Fetal distress	Caesarean section	A case of n yrs G1, P0 39wks by date presented with the hx of labor pain times few hrs prior to presentation.On arrival she was conscious and alert but in painful distress,V/S all in normal range.Abd-gravid uterus with ovoid shape FH-38cm,FHT-106b/min,PP-ceph with longitudinal lie descent 3/5, 2 contraction in 10 min each lasting 10-15 seconds.PVE cx 3cm dilated with grade 3 mecolum stain membrane absent 85% efface midsoft at -1 station. Patient was resucitated place on O2,place in left lateral position and prepared for emergency c/section.Intra op findings a depress male neonate was extracted with the apgar of 6&10 in the first and fifth mins respectively wt 2.9 kg. neonate was resucitated and sent to INCU for continue management.The uterus and its adnexal structure intact EBL was 750ml,Pt was well clean and taken on the ward for close monitoring.	OK.	Bupivacine	Indirectly supervised
Previous Mayomatomy/Prolong latent phase of labor.	Caesarean section	A case of nyrs old G6,P2, A-3,D0 L2, 41 wks by date was referal from a near by clinic on account of prolong latent phase of labor and she a previous mayomatomy done 2020.On arrival she was conscious and alert but in painful distress ,V/S all in normal range.Abd gravid uterus with ovoid shape FH-40cm,FHT-138b/min PP ceph with longitudinal lie descent 3/5, she had 3 contraction in 10 mins each lasting 25-30 seconds.PVE cx-3 cm didated membrane absent soft 90% efface at -1 station.Patient was prepared for emegency c/section.Intra op findings a viable female neonate was extracted with	OK.	Bupivacine	Indirectly supervised

		the apgar of 9&10 in the first and fifth mins respectively wt 3.6kg, normal bladder, the uterus and its adnexal structure intact.EBL 600ml pt was well clean and taken on the ward for close monitoring.			
NRFS/Prolong latent phase of labor.	Caesarean section	A case of nyrs old G3,P1,A1,L-1 39 wks by date presentated with the hx of labor pain and she was referal fron a near by clinic on account of prolong latent phase of labor and fetal distress.On arrival she was conscious and alert but in painful distress v/s all in normal range.Abd-gravid uterus with ovoid shape FH-38cm,FHT-98-100 b/min,PP ceph with longitudinal lie descent 4/5,she had 3 contraction in 10 min each lasting 20 seconds.PVE cx-3cm dilated no membrane 85% efface midsoft at -2 station obs grade 3 mecolum stain on examination glove fingers .Patient was resucitated and prepared for emergency c/ section.Intra op findings a depress female neonate was extracted with the apgar 5&10 in the first and fifth mins respectively wt 3.5kg,normal bladder seen the uterus and its adnexal structure intact.EBL-550ml.Pt was well clean and taken on the ward for close monitoring.	OK.	Bupivacine	Indirectly supervised
NRFS/Prolong active phase of labor	Caesarean section	A case of nyrs old G-8,P6,A-1,L6 presentated with the hx of labor pain times 10 hrs prior to presentation she was labor home by one TTM but there was no progress according to patient.On arrival she was conscious and alert but in painful distress v/s all in normal range,Abd gravid uterus with ovoid shape FH-39cm,FHT-99b/min,PP ceph with longitudinal lie descent 3/5, 3 contraction in 10 min each lasting 35 seconds.PVE cx 5cm dilated with grade 3 mecolum stain 90% at -1 station .Patient was prepared for emergency c/section.Intra op findings a very depress male neonate was extracted with the apgar of 5&8 in the first and fifth mins respectively wt 3kg resucitation was done for neonate and later sent to the INCU for proper management.EBL 500ml.	OK.	Bupivacine	Indirectly supervised
Mal-presentation/Multiple gestation both breech in a primi gravida.	Caesarean section	A case of nyrs G-1,P0,40 wks by date presentated with the hx of labor pain times few hrs prior to presentation.No hx of vagina bleeding, no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress, V/S all in normal range.Abd gravid uterus with ovoid shape FH 46cm FHT 146 and 139 b/mins PP-brech both with longitudinal lie,she had 2 contraction in 10 min each lasting 10 seconds.PVE cx 2 cm dilated 60% efface midsoft membrane intact.Patient was prepared for emergency c/section.Intra op findings a viable male and female neonates was extracted with the apgar of 8&10 and 9&10 in the first and fifth mins respectively wt 3kg and 2.7kg normal bladder seen the uterus and its adnexal structure intact.EBL 800ml misoprostol 800mcg was served rectually as prophylatic for PPH,Pt was well clean and taken on the ward for close monitoring.	NA	Bupivacine	Indirectly supervised
Previous C/Section time one/Arrest of descent	Caesarean section	A case of nyrs old G2,P1,A0,L1 39 wks by date presented with the hx of labor pain and she was referal from a near by clinic on account of previous c/s times one and arrest of descent on arrival she was conscious and alert but in painful distress V/S all in normal range,Abd gravid uterus with ovoid shape FH-39cm,FHT 140 b/min,PP ceph with longitudinal lie descent 5/5, she had 4 contraction in 10 min each lasting 40 seconds.PVE cx-9cm dilated 100% efface at -3 station.Patient was prepared for	OK.	Bupivacine	Indirectly supervised

		emergency c/section,Intra op findings a viable female neonate was extracted with nuchal cord times 3 apgar 8&10 in the first and fifth mins respectively wt 3.1kg normal bledder seen the uterus and its adnexal intact,No adherson,no hematoma seen.EBL 750ml pt was well clean and taken on the ward for close monitoring.			
APH due to Abrotuo Placenta/IUFD.	Caesarean section	A case of nyrs old female G3,P2,A0,L2 39wks by date presented with the hx of severe vagina bleeding,stomach and back pain which started 8 hrs prior to presentation,no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress.V/S all in normal range,Abd gravid uteruus with ovoid shape FH 38cm,FHT absent,PP ceph with longitudinal lie descent 4/5 she had 2 contraction in 10 min each lasting 10-15 seconds.Speculum exam done obs dark red profuse vagina bleeding cx 2cm dilated.Patient was prepared for emergency c/section.Intra op findings a dead male fetus was extracted wt 3.1kg.EBL-1400ml misoprostol 800mcg was served rectually pt was well clean and taken on the ward for close monitoring.	OK	Katamine	Indirectly supervised
Previous C/Section times 3	Caesarean section	A case of nyrs old G-3,P3,L3 40 wks by date presentated with the hx of labor pain and she was referal from a near by clinic on account of previous c/s times 3 in labor.On arrival she was conscious and alert but in painfuul distress v/s all in normal range.Abd gravid uterus with ovoid shape,FH-40cm,FHT 140 b/min,PP ceph with longitudinal lie descent 4/5, she had 3 contraction in 10 min each lasting 20 seconds.PVE cx was 4cm dilated 50% efface midsoft at -2 station.Patient was prepared for emergency c/section.Intra op findings a viable male neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively wt 3.2 kg.EBL-500ml,no adherson incounter normal bladder seen the uterus and its adnexal structure intact.Patient was well clean and taken on the ward for close monitoring.	BTL was done for this patient.	Bupivacine	Indirectly supervised
Mal-presentation(Transverse lie).	Caesarean section	A case of nyrs old G1,P0,39 wks by date presentated with the hx of labor pain which started fewb hrs prior to presentation,No hx of vagina bleeding,no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress v/s all in normal range.Abd gravid uterus with ovoid shape FH-38cm,FHT-148b/min,PP trasverse lie.PVE cx 3cm dilated 60% efface tick.Patient was counseled and prepared for emergency c/section.Intra op findings a viable male neonate was extracted in breech presentation with the apgar of 9&10 in the first and fifth min respectively wt 3kg,Normal bladder seen the uterus and its adnexal structure intact,EBL-550ml pt was well clean and taken on the ward for close monitoring.	GOOD	Bupivacine	Indirectly supervised
FETAL MACROSOMIA	Caesarean section	A case of nyrs old G-1,P0 40 wks by date presentated with the hx of labor pain times 6hrs prior to presentation.No hx of leaking membrane,no hx of vagina bleeding,no hx of maternal fever reported.On arrival she was conscious and alert but in obvious painful distress V/S all in normal range.Abd-gravid uterus with ovoid shape FH-45cm,FHT-148b/min, PP-ceph with lingitudinal lie, descent 4/5, she had 4 contraction in 10 min each lasting 38 seconds Ultra sound done Estimated fetal weight 4.4kg .PVE cx-4cm dilated 85% efface soft	OK.	Bupivacine	Indirectly supervised

		membrane intact at -2 station.Patient was counseled along with relative and she was prepared for emergency c/section.Intra op findings a viable female neonate was extracted with the apgar score of 9/10 in the first and fifth mins respectively wt 4.2kg, normal bladder seen the uterus and adnexal structure intact.EBL 600ml.Misoprostal 800 microgram servrd rectually as prophylatic for PPH and she was taken on the ward for close monitoring.			
Previous C/S times 1/NRFS	Caesarean section	A case of nyrs old G-2,P1,A-0,L-1 39 wks by date presentated with the hx of labor pain times 8 hrs prior to presentation,no hx of vaginal bleeding,no hx of maternal fever reported, she was refered from a near by clinic on account of previous C/S time one in 2019 due to prolong labor and NRFS.On arrival she was conscious and alert but in painful distress, V/S all in normal range.Abd-gravid uterus with ovoid shape, FH 39cm,FHT-98-100b/mins,PP -ceph with longitudinal lie, descent 3/5, she had 3 contraction in 10 min each lasting 35 seconds. PVE cx 6cm dilated 70% efface midsoft with grade 3 mecolum stain at -1 station. Resucitation was done keep patient in left lateral tilt position, set up oxygen and prepared patient for emergency c/section.Intra op findings a depress male neonate was extracted with the apgar of 5/10 in the first and fifth mins wt 3kg, normal bladder seen, the uterus and its adnexal structure intact,EBL 450ml and she was taken on the ward for continue management.	NA	Bupivacine	Indirectly supervised
Rupture Ectopic	Salpingectomy for Ruptured Ectopic Pregnancy	A case of n yrs old G3, P1,A0,L1 pervious left salpingectomy was referal from phebe hospital on account of rupture ectopic,she complain of severe abd pain with amenorrhea times 2 months, no hx of fainting,no hx of vaginal bleeding, no hx of maternal fever reported. On arrival she was conscious amd alert but in painful distress, V/S normal.Abd very tense on palpation Ultra sounsd done observed lots of free flow in the abdoment. She was prepared for emergency E-Lab.Intra op findings accomulation of blood was seen in the abdomen and was sunction a rigth rupture ectopic at the cornua of the uterus was encounter and was remove and repaird haemostasis achieved.Patient was transfused with 3 unit of blood and she was taken on the ward for continue management.	OUT COME WAS GOOD.	Ketamine	Directly supervised
Breech in premi	Caesarean section	A case of nyrs old G-1, P0 38 wks by date presentated with the hx of labor pain times 6 hours prior to presentation. No hx of leaking membrane,no hx of vagina bleeding,no hx of maternal fever reported.On arrival she was conscious and alert but in obvious painful distress,V/S all in normal range,Abd gravid uterus with ovoid shape, ultra sound done EFW 3.7kg ,FH-38cm,FHT-140b/min,PP-breech with longitudinal lie.She had 4 contraction in 10 mins each lasting 30 seconds.PVE-cx 5 cm dilated membrane rupture with mecolum during examination tick 50% efface.Patient was prepared for emergency c/section.Intra op findings a viable female neonate was extracted with the apgsr of 8/10 in the first and fifth mins respectively wt 3.5kg normal bladder seen,the uterus and its adnexal structure intact.EBL,500ml.	GOOD	Bupivacine	Indirectly supervised
		A case of nyrs old G1,P0 39 wks by date presentated with the hx of convulsion times 9hrs prior to			

ECLAMPSIA	Caesarean section	presentation.Labor pain times 2days, no hx of vagina bleeding,no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress V/S B/P 159/112mmhg,P-89b/min,R-18c/min,T-36.6,Abd-gravid uterus with ovoid shape FH-40cm,FHT-139b/min,PP-ceph with longitudinal lie descent 3/5, contraction 3 in 10 min each lasting 30 esconds.PVE cx-5cm dilated midsoft 70% efface membrane absent at -1 station.Patient was counseled and prepared for emergency C/section.Intra op findings a viable female neonate was extracted with the apgar of 9/10 in the first and fifth mins respectively wt 3.2 kg.Normal bladder seen,the uterus and its adnexal structure intact.Estimated blood loss 500ml.	GOOD.	Bupivacine	Indirectly supervised
FETAL MACROSOMIA	Caesarean section	A case of nyrs old female G-2, P-1A-0,D-0,L1,41 wks by date presentated with the hx of labor pain times few hrs prior to presentation, she was referal from a near by clinic on account of prolong second stage of labor.No hx of vagina bleeding,no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress V/S all in normal range,Abd gravid uterus with ovoid shape FH-46cm, FHT-137b/min,PP-ceph with longitudinal lie descent 3/5 contraction 4 in 10 min each lasting 46 seconds, Ultra sound done estimated fetal wt 4.5kg. PVE cx-9cm dilated soft 95% efface at -1 station with 2+ carput.Patient was counseled and prepared for emegerncy c/section.Intra op findings a viable male neonate was extracted with the apgar of 8/10 in the first and fifth mins respectively wt 4.4kg.Normal bladder seen,the uterus and its adnexal structure intact.EBL 600ml.	OK.	Bupivacine	Indirectly supervised
APH secondary to complete placenta previa	Caesarean section	A case of nyrs old female G-6,P4,A-1,D-0,L4 39wks by date presentated with the hx of vagina bleeding times 6 hrs prior to presentation. She was referal from a near by clinic on account of APH.No hx of abdominal pain,no hx of maternal fever reported .On arrival she was conscious and alert not in any distress V/S all in normal range,Abd gravid uterus with ovoid shape FH-39 cm,FHT-136b/min,PP-ceph with longitudinal lie descent 5/5,No contraction obs.Speculum exam done obs profused bleeding bright red from the os of the cervix ,Patient was prepared for emegerency c/section.Intra op findings a viable male neonate was extracted with the apgar 9/10 in the first and fifth mins respectively wt 2.9kg.The uterus and its adnexal structure intact.EBL 950ml and she was transfuse with one unit of blood during the surgery.	OK.	Ketamine	Indirectly supervised
FETAL MACROSOMIA	Caesarean section	A case of nyrs old female G1,P0 40 wks by date presentated with the hx of labor pain which started 9 hrs prior to presentation, No hx of vagina bleeding, no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress v/s all in normal range.Abd gravid uterus with ovoid shape FH 45cm,FHT 148 b/min,PP ceph with longitudinal lie descent 4/5, contraction 4 in 10 mins each lasting 45 seconds.Ultra sound done EFW 4.8kg. PVE cx 5cm dilated midsoft 80% efface membrane intact at -2 station. Patient was counseled and prepared for emergency c/section,Intra op findings a viable female neonate was extracted with the apgar of 8/10 in the first and fifth mins wt-4.7kg.The uterus and its adnexal strusture intact,EBL-500ml,	OK.	Bupivacine	Indirectly supervised

		800 microgram inserted rectually as prophylatic for PPH.			
PPH Secondary to Retain placenta fragment	Procedures to Manage PPH	A case of nyrs old P-8,A-0,D-1,L-7 was referal from a near by clinic on account of PPH.On arrival she was semi-conscious,restless,confused,cold clamy skin, sweating profusely,having difficulty in breathing.V/S B/P-90/40mmhg,P-138b/min,R-26c/min,T 35.8, conj-pale,skin-cold to touch. Abd-soft uterus palpated above the umbilicus about 22cm very buggy with moderate vagina bleeding with clots. A call for help was made CABC including anesthetist and consultant,Lab was order M/S,HB,T&C, bed side cloting test, 2 iv line was established quickly set up 2 liter of N/S at flow rate,set up O2, place antishock, give 10 unit of pitocin im then 40 unit in 500ml to go in 4hrs,remove retain product manually, insert 800 microgram of misoprostal rectually, transfused 4 unit of blood.Ultra sound scan was done before and after the procedure and observed uterus to be empty and bleding was control.Patient was monitor closely cover up with antibiotic,anagesia.	OUT COME WAS GOOD.	NA	Indirectly supervised
APH Sendary to Abroutuo placenta	Caesarean section	A case of n yrs old female G4,P3,A0,L3 38wks by date presentated with the hx of profused vagina bleeding, stomach and back pain times 6 hrs prior to presentation she was referal from a near by clinic on APH.No hx of maternal fever reported.On arrival she was conscious and alert but in painful distress, V/S all in normal range.Abd gravid uterus with ovoid shape FH-38cm,FHT -absent,PP ceph with longitudinal lie descent 4/5,3 contraction in 10 min each lasting 25 seconds.Ultra and speculum exam was done.Patient was counseled and prepared for emergency c/section.Intra op findings a dead male fetal was extracted wt 2.6kg.EBL.1000ml she was transfused with 2 unit in the theater.The uterus and its andexal structure intact.	OK.	Ketamine	Indirectly supervised
PPH due to Placenta Fragment	Procedures to Manage PPH	A case of nyrs old P-3,A-0,D-0,L3 was referal from a near by clinic on account of PPH, No hx of amternal fever reported.on arrival she was conscious and alert. V/S all in normal range Abd-soft with buggy uterus above the umbilicus about 26cm.Observed moderate vagina bleeding with clots, established another iv line with 18g cannula set up N/S 2 liter at flow rate, A call for help was made including nurse anesthetist and senior. oxytocin 10 unt served im,40 unt in 500ml to go in 4 hrs, misoprostal 800 microgram served rectually.Strong uterus massage was done, bladder was empty, Retain placenta fregment was remove manually and bleeding was control.Patient was transfused with 3 unit of blood with the HB of 5g/dl.Patient was place on antibiotic iv for 24 hrs follow by po medications.V/S was minitor closely.	OUT COME WAS GOOD	NA	Indirectly supervised
Premi With Breech	Caesarean section	A case of Premigravida 40wks by date was referal from a near by clinic on account of mal-presentetion and prolong latent phase of of labor.No hx of vagina bleeding,no hx of maternal fever reported,On arrival she was conscious and alert but in painful distress.V/S all in normal range,Abd-gravid uterus with ovoid shape FH-39cm,FHT-147b/min,PP-breech with longitudinal lie,mild contraction observed 2 in 10 mins each lasting 10-15 seconds.PVE-cx 3cm dilated tick 40% efface structum felt in the vagina with mecolum stain.Patient was counseled and prepared for	OK	Bupivacine	Indirectly supervised

		emergency c/section.Intra op findings a viable female neonate was extracted with the apgar of 9&10 in the first and fifth mins rsspectively wt 3.5kg normal bladder seen the uterus and its adnexal strusture intact.EBL \n 600ml.Patient was taken to the ICU for closed monitoring.			
Transverse Lie (Mal-presentation)	Caesarean section	A case of nyrs old G-5, P3, A-1, L3 39 wks by date presentated with the hx of labor pain which started 5 hrs prior to presentation and she was referal fronm a near by clinic on account of mal-presentation.No hx of vagina bleeding,no hx of maternal fever reported, on arrival she was conscious and alert but in painful distress,V/S all in normal range.Abd-gravid uterus with ovoid shape FH-39cm,FHT-139b/min,PP transverse lie.Observed moderate contraction 3in 10 mins each lasting 30 seconds U/Sound scan done and presentation was comfirm. PVE cx 5cm dilated midsoft 80% efface membrane absent.Patient and relative was counseled and she was prepared for emergency c/section and all pre-op preparation was made,.Intra op findings a viable male neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively wt 3.1kg normal bladder seen the uterus and its adnexal structure intact.EBL 550ml and she was taken to the ICU for closed monitoring.	OK	Bupivacine	Indirectly supervised
Previous C/Section times 2	Caesarean section	A case of nyrs old female G4,P2,A1,L2 40 wks by date presented with the hx of labor pain, scar tenderness which started few hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress.V/S all in normal range.Abd-gravid uterus with ovoid shape FH-40cm,FHT-135b/min,PP-ceph with longitudinal lie,midline incision scar seen, descent 3/5,contraction 4 in 10 min each lasting 30 seconds.PVE cx 5cm dilated midsoft 75% efface membrane rupture with clear fluid during examination.Patient was prepared for emergency c/section.Intra op findings a viable male neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively wt 3.4kg.EBL 400ml. Normal bladder seen the uterus and its adnexal structure intact.	OK.	Bupivacine	Indirectly supervised
Multiple gestation Transverse Lie and breech presentation.	Caesarean section	A case of nyrs old G11,P9,A2,D2,L7 41 wks by date presented with the hx of labor pain which started few hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress, V/S all in normal range.Abd-gravid uterus with ovoid shape FH-47cm,FHT 143 and 138b/min, PP-transverse lie and breech seen on ultra sound scan. moderate contraction 3 in 10 min each lasting 30 seconds.PVE cx 4cm dilated soft 90% efface membrene absent with one hand felt in the vagina.Patient was prepared for emergency c/section.Intra op findings a viable males neonates was extracted in breech presentation with the apgar of 8&10 and 9&10 in the first and fifth mins respectively wt 2.7kg and 3kg Normal bladder seen the uterus and its adnexal structure intact,EBL 650ml.Misoprostal 800 microgram was served rectually as prophylatic for PPH and she was taken on the ward for closely monitoring.	NA	Bupivacine	Indirectly supervised
		A case of nyrs old P7,A0,D-1,L-6 was referal from a near by clinic on account of PPH which started 6 hrs ago after giving birth.On arrival she			

Anemia due to PPH,Hypovolemic shock	Manage Shock	was semi conscious,restless,confuesd,sweating profusely with cold clamy skin.V/S B/P -60/40mmhg,P-142b/min,R-27c/min,T-34.3,Skin-cold,Conj-pale,Chest-sym, Lungs-clear, Abd-soft uterus palpated and felt firm at the level of the umbilicus. Quickly call for help including senior and anesthetist,CABC,established 2 iv line with 16g cannula set up N/S 500ml 2 liter at flow rate,set up O2,place antishock garment on patient,order lab,do quick bedside clotting test, transfused O- blood one unit why awaiting patient relative to make blood available,insert urinary catheter to keep bladder empty, AMP 2g iv server to continue fo 72hrs until patient is stable, Keep patient warm,Inspect perineum and cervix observed to be intact with mild vagina bleeding obs\nalso.Order 4unit of fresh blood to be transfused with the\nHB of 4g/dl. She was transfused with another 2 unit of fresh and later become stable,she was mniotor closely along with V/S every 30 min.	It was difficult but patient came true.	NA	Indirectly supervised
NRFS	Caesarean section	A case of nyrs G1,P0 39 wks by date presentated with the hx of labor pain which started 11 hrs prior to presentation, she was refered from a near by clinic on account of prolong active phase of labor.No hx of vag bleeding,No hx of maternal fever reported.On arrival she was conscious and alert but in painful distress, V/S B/P 118/76mmhg,P-98b/min, R-18,T-36.3,Abd-gravid uterus with ovoid shape, FH-40cm,FHT-100b/min,PP ceph with longitudinal lie descent 2/5, 4 contraction in 10 mins each lasting 35-40 seconds. PVE cx 7cm dilated midsoft 85% efface membrane absent at +1 station.Patient and relatives was counseled for emergency c/section.Intra op findings a depress male neonate was extracted with the apgar of 5&10 in the first and fifth mins respectively wt 2.7kg.Normal bladder seen the uterus and its adnexal structure intact.	Out come was good.	Bupivacine	Indirectly supervised
Prolong active phase of labor due to cervical dystocia.	Caesarean section	A case of nyrs old G-2, P-1,A-0,D-0,L-1 40wks by date presentated with hx of labor pain which started 2 dys ago and she was referal from a near by clinic on account of prolong active phase of labor,No hx of vaginal bleeding,no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress V/S all in normal range, Abd-gravid uterus with ovoid shape FH-39cm,FHT-142b/min, PP-ceph with longitudinal lie, descent 3/5 4 contraction in 10 mins each lasting 35-40 seconds.PVE cx-6cm dilated after 12 hrs midsoft 85% efface membrane absent at -1 station.Patient was counseled for emergency c/section.Intra op findings a viable male neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively wt-3.3kg.Normal bladder seen the uterus and its adnexal structure intact,EBL 450ml.	GOOD.	Bupivacine	Indirectly supervised
Prolong Latent phase due to Arrest of descent.	Caesarean section	A case of n yrs old G1,P0 40 wks by date presentated with the hx of labor pain which started 4 dys ago and she was labor home by a TTM in the community.On arrival she was conscious and alert but in painful distress, V/S all in normal range,Abd-gravid uterus with ovoid shape FH-39cm,FHT-136b/mins,PP ceph with longitudinal lie, descent 4/5. 3 contraction in 10 mins each lasting 20-25 seconds.PVE cx 3cm dilated tick cervix 50% efface, membrane absent at -2 station.Patient and relative was counseled and she was prepared for emergency	GOOD.	Bupivacine	Indirectly supervised

		C/section.Intra op findings a viable female neonate was extracted with the apgar 7&10 in the first and fifth mins respectively wt-3.1kg.Normal bladder seen, the uterus and its adnexal structure intact.EBL 450ml.			
Previous C/Section time 1/ NRFS.	Caesarean section	A case of nyrs old G2,P-1,A-0,L-1 39 wks by date presentated with the hx of labor pain which started 9 hrs prior to presentation, no hx of vagina bleeding,no hx of maternal fever reported and she was refered from a near by clinic on account of previous c/ section time one in labor. On arrival she was conscious and alert but in painful distress V/S all in normal range,Abd- gravid uterus with ovoid shape FH-40cm, FHT-102b/min,PP ceph with longitudinal lie descent 3/5, contraction 3 in 10 mins each lasting 30 seconds.PVE-cx 6cm dilated midsoft 75% efface at -1 station.Patient was prepared for emergency c/section.Intra op findings a depress male neonate was extracted with the apgar of 5&10 in the first and fifth mins respectively wt 2.7kg, normal bladder seen the uterus and its adnexal structure intact. EBL 500ml.	OK.	Bupivacine	Indirectly supervised
Shoulder Dystocia due to big baby	Manage Shoulder Dystocia	A case of nyrs old female G-7, P5,A-1,D-o, L5 41 wks by date was referal from a near by clinic on account of suspected fetal macrosomia.on arrival she was conscious and alert but in painful distress vital signs all in normal range, she admited giving birth with before with a big baby and was difficult once. Abd gravid uterus with ovoid shape FH-43cm, FHT-139b/min, PP -ceph with longitudinal lie descent 1/5, 4 contraction in 10 min each lasting 40 seconds estimated fetal wt by ultra sound was 3.9kg.PVE cx 10cm dilated 100% efface with 1+ carput at +2 station during examination observe patient pushing and she was taken on the delivery bed. After 5 mins the head was deliver with a turtle sing she was re-position quickly bring her buctock at the edge of the bed start the Mc-robert manuaval which was not sucessful after 30-60 seconds and move to supapubic presssure after feeling for the fetal back and was sucessful a life female neonate was extracted with the apgar of 6& 8 in the first and fifth mins respectively, wt.3.8kg, rescuitation was done by the noenatal clinician and neonate was taken to the INCU for continue management. Third stage managent was done placenta was deliver by control cord traction no leceration observed,oxytocin 40 unit added in 500ml of N/S to go in four hours and misoprostal 800 microgram served rectually as prophylasis for PPH and patient was minitor very closely for PPH. She was also place on Po antibiotic Amox,Fefa,,M/vit and she was counseled on family.	NA	NA	Indirectly supervised
Previous C/Section Times 3	Caesarean section	A case of nyrs old female G4,P3,A0,D0,L3, 39wks by date presentated with the hx of labor pain times few hrs prior to presentation and she was referal from a near by clinic on account of previous c/s times 3. No hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress V/S all in normal range,Abd-gravid uterus with ovoid shape FH-38cm,FHT 144b/min, PP-ceph with longitudinal lie descent 4/5, 2 contraction in 10 mins each lasting 10-15 seconds, PVE cx 2 cm dilated 50% efface midsoft membrane intact at -2 station.Patient was quickly prepared for emegerncy c/section.Intra op findings a viable male neonate with the apgar of 8&10	NA	Bupivacine	Indirectly supervised

		in the first and fifth mins respectively wt 3.3kg.Normal bladder seen the uterus and its adnexal structure intact no adhersion encounter.Estimated blood loss 300ml and after the procedure pt was taken to the ICU for close monitoring.			
Obstructed Labor due to Fetal Macrosomia.	Caesarean section	A case of nyrs old female G1, P0 41 wks by date was referal from a near by clinic on account of huge abdomen and obstructed labor, no hx of vagina bleeding,no hx of, no hx of maternal fever reported times 5 hrs prior to presentation. On arrival she was conscious and alert but in painful distress, V/S all in normal range,Abd-gravid uterus with ovoid shape,FH-44cm,FHT-150b/min, PP-ceph with longitudinal lie,descent 3/5 she had 4 contraction in 10 mins each lasting 35 seconds estimated fetal wt on untra sound scan was 4.4kg. PVE cx 7cm dilated with 3+ carput 80% efface midsoft membrane absent no foul smell at -1 station.Patient was prepared for emergency c/section , Intra op findings a viable male neonate was extracted with the apgar of 9& 10 in the first and fifth mins respectively wt 4.1kg normal bladder seen the uterus and its adnexal structure intact. Estimated blood loss was 400ml,Misoprostal 800 microgram as prophylasic for PPH.	NA	Bupivacine	Indirectly supervised
Labor/ Fetal Marcosomia	Caesarean section	A case of nyrs old G1, P0 40 wks by date was referal from a near by clinic on account of huge abdomen and suspected multiple pregency.No hx of vagina bleeding, no hx of maternal reported.On arrival she was conscious and alert but in painful distress V/S all in normal range, Abd-gravid uterus with ovoid shape FH-45cm,FHT-153b/min,PP-ceph with longitudinla lie descent 5/5.Estimated fetal wt on ultra sound is 4.6kg.PVE cx 2cm dilated 60% efface midsoft membrane intact at -3 station. Patient was counseled for emergency c/section consent was given to pt and relative to sign all preparation was done.Intra op findings a viable female neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively wt 4,4kg.Normal bladder seen the uterus and its adnexal structure intact.Estimated blood loss 500ml.Misoprostal 800ml microgram inserted rectually as prophylatic for PPH.	NA	Bupivacine	Indirectly supervised
APH due to Complete placenta Previa	Caesarean section	A case of n yrs G-1, P0 38 wks by date presentated with the hx of of vagina bleeding few hrs prior to presentation, no hx of maternal fever reported. On arrival she was conscious and alert not in any distress V/S all in normal range.Abd-gravid uterus with ovoid shape FH-38cm, FHT-133b/min, PP-ceph with longitudinal lie descent 5/5, no contraction observed .Ultra sound scan done a complete placenta seen covering the os of the cervix.Patient was prepared for emergency C/S .Intra op findings a viable female with the apgar of 7&10 in the first and fifth mins respectively, wt 2.9 kg, normal bladder seen the uterus and its adnexal structure intact.Estimated blood loss was 1000ml and she was transfused with two unit of blood in the theater after the precedure she was taken to the ICU for close monitoring.	NA	Katamine	Indirectly supervised
		A case of nyrs old female G-8,P-6,A-1,D-0,L6,40 wks by date presentated with the hx of labor pain which started 2 days ago and she was labor home by a TBA then later took her to the clinic when she was not progressing the clinic referal her her on account of fetal macrosomia and IUFD,No hx of vagina			

Suspected Fetal Macrosomia /IUFD.	Manage Shoulder Dystocia	bleeding,no hx of maternal fever reported .On arrival she was conscious and alert but in painful distress V/S all in normal range.Abd-gravid uterus with ovoid shape FH-43cm,FHT-absent, PP-ceph with longitudinal lie descent 1/5 , 4 contraction in 10 mins each lasting 45 seconds. PVE cx fully dilated with 3+ carput at +2 station.She was taken on the delivery bed for creniotomy and was done sucessfully with a dead male fetal wt 3.8 kg, AMTS was done moaoprostal 600 microgram was inserted rectually + pitocin 40 unit in 500ml to go in 4 huurs as prophylatic for PPH, No leceration observed and she was place on antibiotic for 24hrs and po for 5 dys Amp, Amox, Pcm, Fefa and M/vit she was counseled on family planning.	Creniotomy was done	NA	Indirectly supervised
Previous C/Section times 2 with PROM	Caesarean section	A case of nyrs old female G8, P-7, A3,D0,L4 39 wks by date presented with the hx of rupture membrane times few hrs prior to presentation she was referal from a near by clinic on account of PROM, no hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert not in any distress V/S all in normal range, Abd-gravid uterus with oviod shape FH-37cm,FHT-147b/min, PP-ceph with longitudinal lie descent 5/5.No contraction observed, ultra sound done single life fetal seen intra uterine with normal findings.EFW 2.9kg, Lab was order a unit of blood was made available by patient relative and she, speculum exam was also done observed fluid leaking from the os of the cervix,she was prepared for emergency c/section and all pre op preparation was done. Intra op findings a viable male neonate was extracted with apgar of 8&10 in the first and fifth mins respectivelt wt 2.7 kg, normal bladder seen the uterus and its adnexal structure was intact no adherson encounter BTL was also done. EBL 650ml patient was taken to ICU for close monitoring.	OUT COME WAS GOOD.	Bupivacine	Independently
Incomplete Abortion	Evacuation of Products of Conception	A case of nyrs old female G-6, P-5,A-0,D-0,L5, 12wks presentated in the ER with the hx of vagina bleeding with clots and lower abd pain times few hrs prior to presentation, no hx of maternal fever reported.On arrival she was conscious and alert but in painful distress V/S all in normal range Abd-soft with mass felt. Lab was order M/s-, HB-10.4g/dl, blood group O+.She was taken in the delivery room for futher assesment AMP 2g iv served as prophalitic, speculum exam done observed product at the os of the cervix which was remove with ring forcept and EOU was done expealled the amount of 40ml. She was place on po antibiotic metro, Dox ,Fefa,Pcm, M/vit, she was counseled on family planning.	OK.	NA	Independently
Incomplete Abortion	Evacuation of Products of Conception	A case of n yrs old G3,P2, A0,D0,L2 16 wks by date presentated with the hx of vagina bleeding which started 5 hrs prior to presentation when she wake up from bed, No hx of abd tenderness, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress V/s all in normal range.Abd-soft non tender with mass felt about 10cm, Ultra sound scan done observed product of conception in the uterus, prophalitic antibiotic was served Amp 2g iv start. Lab was order M/S-,HB 12g/dl,blood group B+.Patient was taken on the delivery bed for futher management speculum exam done cx 2 cm dilated with bleeding from the os of the cervix.EOU was done expelled about 60 cc and she was place on po	GOOD.	NA	Independently

		antibiotic Metro, Dox, Fefa, M/vit,Pcm and she was counseled for family planning.			
APH secondary to Complete placenta previa	Caesarean section	A case of n yrs old female G3,P1,A1,L1 38 wks by date presented with the hx of severe vagina bleeding which started 7hrs prior to presentation, and she was referal from a near by clinic on account of APH. On arrival she was conscious and alert not in any distress V/S all in normal range Abd-gravid uterus with ovoid shape FH 38cm,FHT-absent,PP ceph with longitudinal lie descent 5/5 no contraction observed, bed side ultra sound was done show a dead fetal in utero and profused vagina bleeding seen,Lad was order M/S -,HB 7g/dl, blood group O+. Three unit of fresh blood was order and all pre op preparation was done and she was taken to the theater for emergency c/section. Intra op findings a dead female fetal was extracted wt 2.8kg normal bladder seen the uterus and its adnexal structure was intact Estimated blood loss was 900ml she was transfused with 2 unit of blood in the theater.Misoprostal 800 microgram was served rectually as prophalitic for PPH and she was taken to ICU for close monitoring.	NA	Ketamine	Independently
Previous C/ Section times 2	Caesarean section	A case of nyrs old female G9,P8,A0,D2,L6, 40 wks by presentated with the hx of labor pain which started few hrs prior to presentation no hx of vagina bleeding, no hx of maternal fever reported on arrival she was conscious and alert but in painful distress V/S all in normal range, Abd-gravid uterus with ovoid shape FH-39cm, FHT 153b/mins, PP-ceph with longitudinal lie descent 3/5, 3 contraction in 10 mins each lasting 25-30 seconds. PVE cx 3 cm dilated midsoft 65% efface membrane rupture with clear fluid during examination at -1 station. Patient was prepared for emergency c/section, Intra op findings a viable male neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively wt 3kg normal bladder seen the uterus and its adnexal structure intact, BTL was done, EBL was 450 ml and she was taken to ICU for close monitoring.	NA	Bupivacine	Independently
Severe Pre-eclampsia	Manage Severe Pre-eclampsia or Eclampsia	A case of yrs old female G1,P0, 39 wks by date presented with the hx of labor pain, headache, epigastric pain which started 9 hrs prio to presentation, no hx of convulsion, no hx of vaginal bleeding, no hx of materanl fever reported, on arrival she was conscious and alert not in any distress, V/S B/P 149/102mmhg, P-95b/min, R-19c/min,T-36.2, PP ceph with longutudinal lie descent 3/5 ,2 contraction in 10 min each lasting 10-13 seconds.PVE ,cx 5cm dilated soft 90% efface membrane absent at -1 station.Augmentation was done with oxytocin 10 unit in 500 ml of N/S at 5gtt/min to be increase every 30 mins until adequate contraction is achieved. Augmentation was succeful and patient give birth with a life female neonate after 6hrs apgar 7&10 in the first and fifth mins respectively wt 2.9kg. AMTS was done estimated blood loss was 250 ml she was monitor closely for bleeding misoprostal 600 microgram was served rectually as prophalitic for PPH.Neonate was place on breast with goog sucking reflex.	NA	NA	Independently
		A case of nyrs old female G2, P1,A0,D0,L1 39 wks by date presentated with the hx of labor pain times few hrs prior to presentation, no hx of vagina bleeding, no hx of			

Previous C/Section/ Arrest of descent	Caesarean section	maternal fever reported, on arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd gravid uterus with ovoid shape FH 39cm ,FHT 139b/min, PP-ceph with longitudinal lie descent 4/5. she had 4 contraction in 10 min each lasting 35 seconds. PVE cx 8cm dilated membrane absent midsoft 70% efface at -2 station. After 6 hrs descent remain the same and she was counseeled for emergency c/section.All pre op preparation was done and she was takek to the operating theater. Intra op findings a viable male neonate was extracted with the apgar of 8&10 in the first mins respectively wt 2.9 kg, normal bladder seen the uterus and its adnexal structure was intact. Estimated blood loss was 450ml, she was taken to ICU for closed monitoring.	NA	Bupivacine	Independently
Fetal Macrosomia	Caesarean section	A case of n yrs old female G1, P0 40wks by date presentated with the hx of labor pain which started few hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, V/S all in normal range. Abd- gravid uterus with ovoid shape FH-44cm, FHT 143b/min, PP ceph with longitudinal lie descent 4/5. 3 contraction in 10 min each lasting 25-30 seconds, PVE cx 5cm dilated 60% efface observed membrane leaking with clear fluid no order at -2 station, Estimated fetal wt on ultra sound was 4.5kg. Patient was counseled on emergency C/section and all pre op preparation was done she was tatke to the operating theater, Intra op findings a viable female neonate was extracted with the apgar of 9&10 in the first and fifth mins respectively wt 4.2 kg normal bladder seen the uterus and its adnexal structure intact. Estimated blood loss was 650 ml misoprostal 800 microgram was insreted rectually as prophylatic for PPH and she was taken to ICU for closed monitoring.	NA	Bupivacine	Independently
Twins Gestation	Twin Delivery	A case of nyrs old female G1,P0, 41 wks by date presented with the hx of labor pain which started 6 hrs prior to presentation , no hx of vagina bleeding, no hx of maternal fever reported , on arrival she was conscious and alert but in painful distress V/S all in normal range.Abd gravid uterus with ovoid shape FH-46cm,FHT 145 and 139 b/min, PP both in ceph presentation with longitudinal lie descent 2/5 , 4 contraction in 10 min each lasting 40 seconds, PVE cx 8cm dilated 90% efface with burging membrane at +1 station. After 1hour 30 mins patient give birth to life male neonate with the apgar of 7&10 in the first and fifth mins respectively wt 2.6kg. After 10 mins observev that there was no contraction augment labor with 10 unit of oxytocin in 500ml at 5gtt/min and observed for adequate contraction after 6 mins observed patient pushing she give birth to a life female neonate with the apgar of 8&10 in the first nad fifth mis respectively wt 2.7 kg with diamniontic and dia chrionic. AMTS was done misoprostal 800 microgram inserted rectually as prophylatic for PPH, Estimated blood loss was 300ml.N/S 500 ml plus oxytocin 40 unit was set up to go in 4 hours and she was monitor closely for vag bleeding.	NA	NA	Independently
		A case of nyrs old female G5, P3,A1, L3 40wks by date presentated with the hx of labor pain which started 9hrs prior to presentation. No hx of vagina bleeding,no hx of maternal fever reported. she was referal from anear by clinic on account of fetal			

Previous C/S times 1/ NRFS	Caesarean section	distress. On arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd-gravid uterus with ovoid shape, FH-39cm, FHT-119b/min, PP-ceph with longitudinal lie, descent 3/5, 4 contraction in 10 mins each lasting 40 seconds. PVE cx 6cm dilated midsoft 70% efface membrane absent with grade 2 mecolum steam at -1 station. Patient was counseled and prepared for emergency C/Section and all per-op preparation was done. Intra op findings a viable male neonate was extracted with the apgar of 5/10 in the first and fifth mins respectively wt 2.7kg, normal bladder seen the uterus and its adnexal structure intact no adhersion, Estimated blood loss was 550ml. Neonate was sent to INCU for continue management.	OK	Bupivacine	Independently
Failure to progress / NRFS	Caesarean section	A case of nyrs old female G2,P1, L1 39 wks by date presentated with the hx of labor pain which started 2 days ago, no hx of vagina bleeding, no hx of maternal fever reported, she was seen in bed conscious and alert but in painful distress, V/S all in normal range, Abd- gravid uterus with ovoid shape, FH 38cm,FHT-118b/min, PP ceph with longitudinal lie, descent 2/5, 4 contraction in 10 mins each lasting 35 seconds, PVE cx -7cm dilated soft 90% efface membrane absent at 0 station. Patient was counseled for emergency C/Section and all pre-op preparation was done and she was quickly taken to the theater. Intra op findings a depress female neonate was extracted with the apgar of 5/8 in the first and fifth mins respectively wt 3kg, normal bladder seen the uterus and its adnexal structure intact. Estimated blood was 500ml and neonate was sent to the INCU for management.	OK	Bupivacine	Independently
Rupture Ectopic	Salpingectomy for Ruptured Ectopic Pregnancy	A case of nyrs old female G-3.P1,A1,L1, 8wks by date presentated with the hx of severe lower abdominal pain, shoulder tip pain, which started few hours prior to presentation, no hx of vagina bleeding,no hx of fainting, no hx of maternal fever reported, no hx of shock. On arrival she was conscious and alert but in painful distress, V/S all in normal range.Abd soft but tender on palpation, Ultra sound scan show a sac at the right tube with free fluid seen in the abdominal cavity, no vagina observed, MTT done result positive. Patient was counseled for emergency EX-Lab. Intra op findings a rupture was encounter at the ampula of the right tube and salpingectomy was done she was transfused with 2 unit of blood during the procedure. She was sent to ICU for post op monitoring.	OK.	Ketamine	Independently
Previous C/S times One/NRFS	Caesarean section	A case of nyrs old female G2,P1,L1 38wks by date presentated with the hx of labor pain which started 2 dys ago and she was refered from a near by clinic on account of fetal distress, previous C/S times one. she was labor home by a TTM before going to the clinic, no hx of vagina bleeding, no hx of maternal fever reported, no hx of scar tenderness.On arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd- gravid uterus with ovoid shape FH-38cm, FHT-109b/min, PP ceph with longitudinal lie, descent 3/5, 4 contraction in 10 mins each lasting 29 seconds. PVE cx 5 cm dilated midsoft 70% efface at -1 station. Patient was counseled for emergency C/Section and preparation was done. Intra op findings a depress male neonate was extracted with the apgar of 5/10 in the first and fifth mins respectively wt 3.1kg, Normal bladder seen the uterus and its adnexal structure intact	OK	Bupivacine	Independently

		no adhersion seen. Estimated blood loss was 450ml and she was taken to the ICU for post op monitoring.			
Fetal Macrosomia	Caesarean section	A case of n yrs old female G1,P-0 41 wks by date presentated with the hx of labor pain which started 5hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in painful distress, V/S all in normal range Abd-gravid uterus with ovoid shape FH-44cm, FHT 156b/min, PP ceph with longitudinal lie, descent 5/5, 3 contraction in 10 mins each lasting 25 seconds. PVE cx 4cm dilated midsoft 65% efface membrane intact at -2 station, Quick ultra soun scan done estimaled fetal weight was 4.5kg. Patient was counseled for emergency c/section and all pre-op preparation was done. Intra op findings a viable female neonate was extracted with the apgar of 9/10 in the first and fifth mins respectively wt 4.3kg. Normal bladder seen the uterus and its adnexal structutre intact estimated blood loss was 600ml and she was sent to the ICU for post op motering.	OK	Bupivacine	Independently
C.P.D Secondary to Malposition (LOT).	Caesarean section	A case of nyrs old premigravida 39wks by date presentated with the hx of labor pain which started 12hrs prior to presentation and she was refered from a near by clinic on account of CPD, No hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd-gravid uterus with ovoid shape FH-39cm, FHT-133b/min, PP ceph with longitudinal lie, descent 3/5, 4 contraction in 10 mins each lasting 50 seconds. PVE- cx fully dilated with 3+ carput at -1 station. Patient was counseled and prepared for emergency c/section, Intra op findings a viable male neonate was extracted with the apgar of 8/10 in the first and fifth mins respectively wt 2.9. Normal bladder seen the uterus and its adnexal structure intact estimated blood loss was 350ml. Patient was taken to the ICU for post op monitoring.	OK	Bupivavine	Independently
Obstructed Labor secondary to Mal position Occiput posterior	Caesarean section	A case of nyrs old female G2, P1,L1 presentated with the hx of labor pain which started 3 dys ago and she was refered from a near by clinic on account of obstructed labor. No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in painful distress V/S all in normal range. Abd-gravid uterus with ovoid shape FH 40cm, FHT 145b/mins, PP -ceph with longitudinal lie descent 2/5, 4 contraction in 10mins each lasting 50 seconds.Observed Vulva edematus with bloody urine seen in urine bag,PVE cx fully dilated with 3+ carput at 0 station. Patient was counseled for emergency c/section and all pre op preparation was done.Intra op findings a viable male neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively wt 3.4kg. Normal bladder seen the uterus and its adnexal structure intact, Estimated blood loss was 6ooml.	None	Bupivacine	Independently
		A case of nyrs old female G4,P2,A1,D0,L2, 40 wks by date presentated with the hx of labor pain which started 12hrs prior to presentation, No hx of vagina bleeding,no hx of maternal fever reported, On arrival she was conscious and alert but in painful distress, V/S all in normal range. Abd- gravid uterus with ovoid shape, FH-39cm, FHT-135b/mins, PP ceph with longitudinal lie, descent 3/5, 5			

Arrest Of Descent	Caesarean section	contraction in 10 mins each lasting 45 seconds. PVE cx 9cm dilated soft 90% efface membrane absent at -1 station, after 2 hrs patient was still 9cm didated with 1+ carput descent still 3/5 despite good uterine contractio , she was counseled for emeergency c/section after another 2 hours of monitoring, all pre op preparation was done.Intra op findings a viable female neonate was extracted with nuckor cord time 2, apgar of 9&10 in the first and fifth mins respectively wt2.9kg, normal bladder seen the uterus and its adnexal structure intact. Estimated blood loss was 550ml.	NA	Bupavacine	Independently
Previous C/Section timea 3	Caesarean section	A case of nyrs old female G4,P3,L3, 39wks by date presentated with the hx of labor pain which started few hrs prior to presentation, No hx of vagina bleeding, no hx of scar tenderness, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress, V/S all in normal range. Abd- gravid uterus with ovoid shape FH-38cm,FHT 144b/mins, PP ceph with longitudinal lie descent 5/5, 2 contraction in 10 mins each lasting 5-10 seconds observed midline incision scar .PVE cx 1cm dilated tick 40%efface posterior at -2 station,Patient was prepared for emergency c/section.Intra op findings a viable male neonate was extracted with the apgar of 9&10 in the first and fifth mins respectively wt 3kg. BTL was done, Estimated blood loss was 450ml the uterus and its adnexal structure intact.	None	Bupavacine	Independently
NRFS	Caesarean section	A case of nyrs old female G8,P5,A2,D0,L5 41wks by date presentated with the hx of labor pain which started 16 hrs prior to presentation and she was refered from anear by clinic on account fo fetal distress, no hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress. Abd- gravid uterus with pvoid shape, FH-40cm, FHT-108b/mins, PP ceph with longitudinal lie, descent 3/5, 4contraction in 10 mins each lasting 30 seconds.PVE cx6cm dilated midsoft 85% efface with grade 3 mecolum steem seen on examining gloves fingers at -1 station. Patient was counseled and prepared for emergency c/section and all pre op preparation was done. Intra op findings a depress male neonate was extracted with the apgar of 5&10 in the first and fifth mins respectively wt 3.3kg. Normal bladder seen the uterus and its adnexal structure intact. rescitation was done and neonate was sent to INCU for continue management. Estimated blood loss was 500ml.	OK	Bupavacine	Independently
Previous C/S times 2/ IUFD/Rupture Uterus	Caesarean section	A case of nyrs old G4,P2,A1,L2 40wks by date presentated with the hx of labor pain and she was refered from a near by clinic on account of previous C/S times 2 in labor. No hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in mild painful distress, V/S all in normal range, Abd-gravid with ovoid shape FH-39cm,FHT-absent, PP-ceph with longitudinal lie descent 2/5, no contraction observed but tender on palpation. Ultra sound scan done observed free flow in the abdominal cavity no fetal part parpalted .PVE cx 9cm dilated at +2 station, no vagina bleeding observed, patient was quickly prepared for emergency C/Section and all pre-op preparattion was done.Intra op findings a rupture was encounter at the previous scar with a dead male fetal extracted from	OK.	Bupavicane	Independently

		the uterus wt 3.5kg, uterus was well clean and rupture was repaird and haemastatis achieved, no hamatoma observed suturing was done in anatomical order. Estimated blood loss was 1450ml and she was transfused with 2 unit in the theater, misoprostal 800 microgram was served rectualy as prophalatic for PPH + oxytocin 40 unit in 500ml of N/S to run in 4hrs. She was sent to the ICU for close monitoring.			
APH secondary to Complete placenta previa	Caesarean section	A case of nyrs old G2,P1,L1 38wks by date presentated with the hx of painless vagina bleeding which started few hours prior to presentation, no hx of maternal fever reported. On arrival she was conscious and alert not in any form of distress V/S all in normal range, Abd gravid uterus with ovoid shape FH-39cm,FHT-144b/min, PP- ceph with longitudinal lie descent 5/5, no contraction observed, Observed profused vagina bleeding bright red in color. She was counseled and prepared for emergency C/Section and all pre-op preparation was done. Intra op findings a viable female neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively wt-3.1kg.Normal bladder seen the uterus and its adnexal strusture was intact, estimated blood loss was 1200ml and she was transfused with one unit in the theater. Patient was sent to the ICU for closed monitoring. Misoprostal 800 microgram was served rectually as prophalatic for PPH.	OK	Ketamine	Independently
NRFS	Caesarean section	A case of nyrs old G-4,P3,L3 40wks by date presentated with the hx of labor pain and she was refered from a near by clinic on account of fetal distress, no hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress V/S all in normal range, Abd-gravid uterus with ovoid shape FH-109b/mins,PP-ceph with longitudinal lie descent 3/5, 4 contraction in 10 min each lasting 35 seconds.PVE cx 6cm dilation 80% efface at-1 stations with grade 3mecolum steam.Patient was counseled for emergency C/S and all pre op preparation was done.Intra op findings a depress male neonate was extracted with the apgar of 5&10 in the first and fifth mins respectively wt 2.9kg, normal bladder seen the uterus and its adnexal structure intact. Estimated blood loss was 450ml, neonate was sent to the INCU for continue management and mother was taken to the ICU for close monitoring.	OK	Bupivacine	Independently
CPD Secondary to Suspected big baby	Caesarean section	A case of nyrs old premigravida 37wks by date presentated with the hx of labor pain which started 2 days ago, no hx of vagina bleeding no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress V/S all in normal range, Abd-gravid uterus with ovoid shape FH-41cm, FHT155b/min, PP ceph with longitudinal lie, descent 2/5, 4 contraction in 10 mins each lasting 40 seconds. EFW on ultra sound was 3.9kg, PVE cx9cm dilated with 3+ carput at 0 station. Patient was counseled for emergency C/Section and all pre op preparation was done. Intra op findings a viable female neonate was extracted with the apgar of 8&10 in the first and fifth mins respecrrrtively wt 3.8kg, normal bladder seen the uterus and its adnexal structure intact , estimated blood loss was 550ml. Patient was taken to the ICU for close monitoring, misoprostal 800 microgram was insert rectually as prophalatic for PPH.	OK	Bupivacine	Independently

Previous C / Section ti,es one/ Arrest of Descent	Caesarean section	A case of nyrs old G-3,P-1,A1,L1 39wks by date presentated with the hx of labor pain which started 12hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd gravid uterus with ovoid shape, FH-39cm, FHT-145b/min, PP ceph with longitudinal lie descent 3/5, 4 contraction in 10 mins each lasting 45 seconds. PVE cx fully dilated at -1 station after anothre 3 hour descent was still the same, she was counseled for emergency C/Section and all preparation was done. Intra op findings a viable female neonate was extracted with nuchal cord times 2 apgar 8&10 in the first and fifth mins respectively, wt -3.2kg, normal bladder seen the uterus and its adnexal structure intact estimated blood loss was 500ml. Patient was taken to the ICU for close monitoring.	OK	Bupivacine	Independently
NRFS	Caesarean section	A case of nyrs old female G3,P2,L2 39 wks by date presentated with the hx of labor pain which started 11hrs prior to presentation and she was referad from a near by clinic on account of fetal distress, no hx of vagina bleeding, no hx of maternal fever reported .On arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd- gravid uterus with ovoid shape, FH 39cm, FHT-111b/min, PP ceph with longitudinal lie descent 3/5, 3 contraction in 10mins each lasting 35 seconds.PVE cx 7cm dilated with grade 3 mecolun steam at -1 station. Patient was counseled for emergency c/section and all pre op preparation was done. Intra op findings a depress male neonate was extracted with the apgar of 5&9 in the first and fifth mins respectively wt 3kg normal bladder seen the uterus and its adnexal structure intact estimated blood loss was 450ml. Patient was taken to the ICU for close monitoring.	Ok	Bupivacine	Independently
APH secondary to partial placenta Abrotuo/ Anhydramnions secondary to PPROM	Caesarean section	A case of nyrs old G2,P1,L1 34wks by date presentated with the hx of leaking fluid times 3 days, mild abdoninal pain times few hrs prior to presentation follow by moderate vagina bleeding, no hx of malaria, no hx of trauma, no hx of maternal fever reported. On arrival she was conscious and alert but in mild painful distress, V/S all in normal range Abd gravid uterus with ovoid shape FH-35cm, FHT,133b/min, PP ceph with longitudinal lie descent 4/5, 2 contraction in 10 mins each lasting 10 seconds. Obsesved moderate vagina bleeding dark red in color, she was quickly prepared for emergency c/section and all pre op preparation was done. Intra op findings a viable preterm male neonate was extracted with the apgar of 7&10 in the first and fifth mins respectively wt 1.7kg, normal bladder seen the uterus and its adnexal structure intact, Estimated blooe loss was 650ml, neonate was sent to INCU for close monitoring. Patient was taken to the ICU for close monitoring.	OK.	Ketamine	Independently
Previous C/Section times 2 in labor	Caesarean section	A case of nyrs old G2,P2,L2 40wks by date presentated with the hx of labor pain which started few hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, On arrival she was conscious and alert but in painful distress.V/S all in normal range, Abd-gravid uterus with ovoid shape, FH 39cm, FHT 156b/min, PP- ceph with longitudinal lie, descent 4/5, 3 contraction in 10 mins each lasting 25 seconds, PVE cx 3cm dilated tick 50% efface membrane intact at -2	OK	Bupivacine	Independently

		station. Patient was counseled for emergency C/Section and all preparation was done. Intra op findings a viable female neonate was extracted with the apgar of 9&10 in the first and fifth mins respectively, wt-3.3kg, normal bladder seen the uterus and its adnexal structure intact, Estimated blood loss was 400ml. Patient was taken to the ICU for close monitoring.			
NRFS	Caesarean section	A case of nyrs old premigravida 38wks by date presentated with the hx of labor pain and she was refered from anear by clinic on account of fetal distress, no hx of vagina bleeding, no hx of maternal fever reported, On arrival she was conscious and alert but in painful distress. V/S all in noraml range, Abd-gravid uterus with ovoid shape FH-38cm, FHT 109b/min, PP ceph with longitudinal lie, descent 3/5, 4 contraction in 10 mins each lasting 30 seconds. PVE cx 5cm dilated midsoft 65% efface membrane absent with grade 2 mecolum steam at -1 station. Patient was counseled and preapred for emergency C/Section.Intra op findings a viable female neonate was extracted with the apgar of 6&10 in the first and fifth mins respectively wt 3kg, normal bladder seen the uterus and its adnexal structure intact. Estimated blood loss was 400ml, neonate was sent to INCU for continue management and patient was take to the ICU for close monitoring.	NA	Bupivacine	Independently
Previous C/Section time 1/CPD secondary to Malposition (LOT).	Caesarean section	A case of nyrs old G2,P1,L1, 38 wks by date presentated with the hx of labor pain which started 8 hrs prior to presentation and she was labor home by a TTM. No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in painful distress V/S all in normal range. Abd-gravid uterus with ovoid shape, FH-39cm, FHT-140b/min, PP- ceph with longitudinal lie, desecnt 2/5, 4 contraction in 10mins each lasting 50 seconds.PVE cx 9cm dilated 100% efface with 3+ carput at 0 station, vulva edematuds with bloody urine in urins bag. Patient was counseled for emergency C/Section, Intra op findings a viable female neonate was extracted with the A/S of 9&10 in the first and fifth mins respectively wt 3.2kg, Normal bladder seen the uterus and its adnexal structure intact, Estimated blood loss was 400ml and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Previous C/Section time 1/ Arrest of descent	Caesarean section	A case of nyrs old G3,P2,A0,L2 40 wks by date presentated with the hx of labor pain which stared 12 hrs prior to presentation and she was refered from a near by clinic on account of prolong active phase of labor. On arrival she was conscious and alert but in painful distress, V/S all in normal range Abd- gravid uterus with ovoid shape FH-39cm, FHT-143b/min,PP ceph with longitudinal lie ,descent 3/5, 4 contraction in 10mins each lasting 40 seconds. PVE cx-9cm dilated 98% efface membrane absent with 1+ carput at -1 station. After another 4hrs patient status was still the same she was counseled for emergency C/Section and all pre op preparation was done. Intra op findings a viable female neonate was extracted with nuchal cord times 2, A/S 8&10 in the first and fifth mins respectively wt 3.4kg. Normal bladder seen the uterue and its adnexal structure was intact. Estimated blood loss was 500ml and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
		A case of nyrs old G1,P0 40wks by			

Obstructed Labor secondary to Mal-position (LOT)	Caesarean section	date was refered from a near by clinic on account of obsrtucted labor, No hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd- gravid uterus with ovoid shape, FH-39cm, FHT-136b/min, PP ceph with longitudinal lie, descent 3/5, 4 contraction in 10 min each lasting 45 seconds, PVE-cx fully dilated with 3+ carput at 0 station. Patient was counseled for emergency C/Section and all pre op preparation was done. Intra op findings a viable male neonate was extracted in left occiput position with rhe A/S of 8&10 in the first and fifth mins respectively wt 2.9. Normal bladder seen the uterus and its adnexal structure was intact. Estimated blood loss was 350ml and she was taken to the ICU for close monitoring.	OK	Bupavacine	Independently
APH secondary to complete placenta previa	Caesarean section	A case of nyrs old G1,P0 38wks by date presentated with the hx of severe vagina bleeding which started few hrs prior to presentation, No hx of labor pain, no hx of maternal fever reported, On arrival she was conscious and alert not in any distress, V/S all in normal range, Abd- gravid uterus tith ovoid shape. FH-38cm, FHT-143b/min,PP-ceph with longitudinal lie, descent 5/5. no contraction observed. Observed moderate vagina bleeding. She was counseled and prepared for emergency C/Section and all pre op preparation was done. Intra op findings a viable male neonate was extracted with the A/S of 9&10 in the first and fifth mins respectively wt 3.2kg. Normal bladder seen the uterus and its adnexal structure intact. Estimated blood loss was 1000ml she was transfused with one unit of blood in the operating theater and was sent to the ICU for post op monitoring. Misoprostal 800 microgram insertes rectually as prophalatic for PPH.	OK	Ketamine	Independently
Previous C/Section / NRFS	Caesarean section	A case of nyrs old female G3,P1,A1,L1 39wks by date was refered from a near by clinic on account of fetal disdress, no hx of vagina bleeding, no hx of materna fever reported. On arrival she was concious and alert but in painful distress, V/S all in normal range. Abd- gravid uterus with ovoid shape FH-39cm, FHT-106b/min cephalic presentation with longitudinal lie, descent 3/5, 3 contraction in 10 mins each lasting 35 seconds. PVE cx 6 cm dilated with grade 2 mecolum steam seen on examining fingers at -1 station. She was prepared for emergency C/Section and all preparation was done. Intra op findings a depress male neonate was extracted with the A/S of 5&10 in the first and fifth mins respectively wt 3kg ,Normal bladder seen the uterus and its adnexal structure were intact, Estimated blood loss was 400ml. Resucitation was done and neonate was sent to INCU for continue management and patient was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Previous C/Section times		A case of nyrs old female G4,P3,L3 40 wks by date presentated with the hx of labor pain which started few hours prior to presentation, No hx of leaking membrane, no hx of vagina bleeding, no hx maternal fever reported . On arrival she was conscious and alert but in painful distress,V/S all in normal range, Abd gravid uterus with ovoid shape, FH-38cm, FHT 144b/min, PP- ceph with longitudinal lie, descent 5/5, mid contraction observed 2 in 10 mins each lasting 10 seconds. PVE cx			

3 in labor.	Caesarean section	2cm dilated 40% efface tick at -3 station. She was quickly prepared for emergency C/section and all preparation was done. Intra op findings massive adherson was encounter including the bladder and entire lower segment a classical incision was made, a viable female neonate was extracted in brech presentation A/S of 7&10 in the first and fifth mins respectively wt 3,3kd.BTL was done, patient was close up and taken to the ICU for post op monitoring. Estimated blood loss was 450ml.	OK.	Bupavacine	Independently
C.P.D secondary to Malposition (LOT)	Caesarean section	A case of nyrs old female G-1,P0 38 wks by date was refered from a near by clinic on account of prolong labor. No hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd-gravid uterus with ovoid shape FH-38cm, FHT-137b/min, PP-ceph with longitudinal lie descent 3/5, 4 contraction in 10mins each lasting 40 seconds. PVE cx 6cm dilated 80% efface midsost with 3+ carput at -1 station. Patient was counseled for emergency c/section and all pre op preparation was done. Intra op findings a viable female neonate was extracted in breech presentation with the apgar of 8&10 in the first and fifth mins wt 2.7kg, normal bladder seen the uterus and its adnexal structure intact, Estimated blood loss was 450ml. Patient was taken to the ICU for close monitoring.	OK.	Bupavacine	Independently
C P D seconary to Malposition(LOT)	Caesarean section	A case of nyrs old female G3,P2,A0,L2 40wks by date presentated with the hx of labor pain and she was refered from a near by clinic on account of CPD. No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd- gravid uterus with ovoid shape FH-39cm, FHT 144b/min, PP- ceph with longitudinal lie, descent 3/5, 4 contraction in 10 mins each lasting 40 seconds. PVE cx 7cm dilated with 3+ carput soft 90% efface at 0 station. Patient was counseled for emergency C/Section, Intra op findings a viable female neonate was extracted in a left occiput transverse position with the apgar of 8&10 in the first and fifth mins respectively, wt 3kg. Normal bladder seen the uterus and its andexal structure intact, Estimated blood loss was 450ml and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
NRFS due to bradycardia	Caesarean section	A case of nyrs old female old G1,P0, 38wks by date presentated with the hx of labor pain which started 9 hrs prior to presentation and she was labor home by a TTM, no hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress, V/S all in normal range. Abd gravid uterus with ovoid shape FH-37cm, FHT 106, PP- ceph with longitudinal lie, descent 3/5, 4 contraction in 10 mins each lasting 35 seconds, PVE cx 5cm dilated with grade 2 mecolum steam midsoft 75% efface at -1 station. Patient was counseled and prepared for emergency C/S and all pre op preparation was done. Intra op a depress male neonate was extracted with the apgar of 5&10 in the first and fifth mins respectively wt-3kg, normal bladder seen the uterus and its adnexal structure intact , estimated blood loss was 450ml. Neonate was sent to INCU for futher management and she was token to ICU for close monitoring.	OK.	Bupavacine	Independently
		A case of nyrs old female G2,P1,L1			

CPD seconary to Malposition (LOT)	Caesarean section	40wks by date was refered from a near by clinic on account of obstructed labor, no hx of vagina bleeding, no hx of maternal fever reported, On arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd-gravid uterus with ovoid shape FH-38cm, FHT-146b/min, PP- ceph with longitudinal lie, descent 3/5, 3 contraction in 10mins each lasting 35 seconds. PVE cx 6cm dilated with 3+ carput midsoft 85% efface at -1 station. Patient was counseled for emergency C/Section and all pre op preparation was done. Intra op findings a viable female neonate was extracted with the apgar of 8&10 in the first nad fifth mins respectively wt-2.9kg, normal bladder seen the uterus and its adnexal structure intact. Estimated blood loss was 500ml and she was taken to the ICU for post op monitoring.	OK	Bupavacine	Independently
Mal-Presentation (Transverse Lie)	Caesarean section	A case of nyrs premi gravida 39wks by date presentated with the hx of labor pain which started few hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd gravid uterus with ovoid shape, FH-37cm, FHT 150b/min PP- transverse lie, 2 contraction in 10mins each lasting 10seconds. PVE cx-2cm dilated soft 80% efface membrane intact. Patient was counseled for emergency C/section and all pre op preparation was done intra op findings a viable male neonate was extracted in breech presentation with the apgar of 9&10 in the first and fifth mins respectively wt-3.1kg. Normal bladder seen the uterus and its adnexal structure intact, estimated blood loss was 450ml and she was taken to the ICU for post op monitoring.	OK	Bupavacine	Independently
Muttiple gestation with malpresentation Transverse lie and breech presentation.	Caesarean section	A case of nyrs old G5,P4,A0,L4, 40wks by date presentated with the hx of labor pain which started 5 hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd-gravid uterus with ovoid shape, FH-46cm, FHT-140 and 139b/min, PP-transverse lie and breech, 3 contraction in 10mins each lasting 20 seconds.PVE cx-3cm dilated tick 50% efface. Patient was counseled and prepared for emergency C/section and all pre op preparation was done. Intra op findings a male and female neonates was extracted in breech presentation apgar 8&10,8&10 inthe first and fifth mins respectively wt 2.9 and 2.7kg with dia-amniotic and mono-chronic, Normal bladder seen the uterus and its adnexal structure intact. Estimated blood loss was 550ml. Misoprostal 800 microgram served rectually, oxytocin 40unit added to N/S 500ml to go in 4hrs as prophalitic for PPH and she was taken to ICU for post op monitoring.	OK.	Bupavacine	Independently
Multiple gestation with		A case of nyrs old female G4,P3,L3 39wks by date presentated with the hx of labor pain which started 7hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd gravid uterus with ovoid shape, FH45cm, FHT-133 and 146 b/min, PP Transverse lie and breech presentation,3 contraction in 10 mins each lasting 20 seconds. PVE cx 3cm dilated midsoft 80% efface with membrane leaking with clear color.			

Mal-presentation Transverse lie and breech presentation,	Caesarean section	Patient was counseled and prepared for emergency C/Section and all preparation was done.Intra op findings a viable female and male neonates was extracted with the apgar of 7&10 and 9&10 in the first and fifth mins respectively, wt 3kg and 2.9kg with dia-amniotic and mono-chronic. Normal bladder seen the uterus and its adnexal structure intact, estimated blood loss was 600ml. Misoprostal 800 microgram inserted rectually, oxytocin 40 unit added to 500ml of N/S to go in 4hrs as prophalatic for PPH and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Multiple gestation with malpresentation (Breech and Ceph)	Caesarean section	A case of nyrs old G3, P1, A1,L1 39 wks by date ppresentated with the hx of labor pain which started few hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in fainful distress V/S all in normal range, Abd gravid uterus with ovoid shape, FH-46cm, FHT 156 and 139 b/min, PP-breech and ceph with longitudinal lie, 3 contraction in 10mins each lasting 25 seconds.PVE cx 3cm dilated with scrotum felt in the vagina, membrane absent with mecolum steem on examining fingurs. Patient was counseled and perpared for emergency C/ Section and all preparation was done. Intra op findings a viable male and female neonates was extracted in breech and ceph presentation with the apgar of 8&10 and 9&10 in the first and fifth mins respectively wt.2.8 and 2.5kg with dia-amniontic and monochronic. The uterus and its adnexal structure intact , Estimated blood loss was 600ml and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Oligohydramnions due to PROM/ NRFS	Caesarean section	A case of nyrs old G3,P2,L2 40wks by date presentated with the hx of leaking membrane follow by labor pain and she was refered fron a near by clinic on account of fetal distress and leaking fluid, No hx of foul smell, no hx of maternal fever reported, no hx of vagina bleeding.On arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd-gravid uterus with ovoid shape, FH 37cm, FHT-109b/mmin, PP ceph with longitudinal lie, descent, 3/5, 3 contraction in 10mins each lasting, 35 seconds. PVE cx 7cm dilated soft 90% efface with grade 2 mecolum at -1 station, Ultra sound scan was done amniontic fluid was less then 5ml. Patient was counseled and prepared for emergency C/Section. Intra op a depress female neonate was extracted with the apgar of 6&10 in the first and fifth mins respectively, wt-2.8kg. Normal bladder seen the uterus and its adnexal structure intact, estimated blood loss was 450ml. Neonate was sent to the INCU for management and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
NRFS	Caesarean section	A case of nyrs old G1, P0 40 wks by date was refered from a near by clinic on account of fetal distress, no hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress, V/S all in normal range. Abd gravid uterus with ovoid shape, FH 39cm, FHT 111b/min, PP ceph with longitudinal lie, descent 3/5, 4 contraction in 20 mins each lasting 30 seconds. PVE cx 5cm dilated with grade 2 mecolum midsoft 80% efface at -1 station. Patient was counseled for emergency C/section and all preparation was done. Intra op findings a depress male neonate was extrected with the apgar of 5&8 in the	OK.	Bupavacine	Independently

		first and fifth mins respectively wt 2.6kg, normal bladder seen the uterus and its adnexal structure intact, Estimated blood loss was 550 ml, neonate was taken to the INCU for management and patient was taken to the ICU for post op monitoring.			
Previous C/S Times 2 with Breech presentation	Caesarean section	A case of nyrs old G3,P2,L2 40wks by date was refered from a near by clinic on account of previous C/S times 2 in labor, no hx of vagina bleeding, no hx of maternal fever reported, On arrival she was conscious and alert but in painful distress, V/s all in normal range, Abd geavid uterus with ovoid shape,FH 39cm FHT 138b/min, PP - breech with longitudinal lie, 2 contraction in 10mins each lasting 15 seconds.PVE-cx3cm dilated tick 60% efface. Patient was quickly prepared for emergency C/section. Intra op findings a viable female neonate was extracted in breech presentation with the apgar of 8&10 in the first and fifth mins respectively wt 3kg, normal bladder seen the uterus and its adnexal structure intact, Estimated blood loss was 500ml and she was taken to the ICU for opst op monitoring.	Ok.	Bupavacine	Independently
APD due to complete placenta previa/ Previous C/section time one	Caesarean section	A case of nyrs old G4,P3,L3 39wks by date presentated with the hx of bleeding which started few hours prior to presentation, no hx of labor, no hx of naternal fever reported .On arrival she was counscious and alert not in any form of distress, V/S all in normal range, Abd gravid uterus with ovoid shape, FH 39cm, FHT 133b/min, PP ceph with longitudinal lie , descent5/5, no contraction observed, ultra sound scan done a complete placenta previa seen follow by speculum exam a brighr red blood seen from the os of the cervis.Patient was quickly prepared for emergency C/Section. Intra op findings a viable male neonate was extracted with the apgar of 9&10 in the first and fifth mins respectively wt 3.2kg, normal bladder seen the uterus and its adnexal structure intact. Estimared blood loss was 1100ml and she was transfused in the opreating theater and later taken to the ICU for post op monitoring.	OK.	Ketamine	Independently
Previous Mayomatomy/ Maternal Request	Caesarean section	A case of nyrs old premigravida 39 wks by date presentated with the hx of labor pain which started few hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in painful distress, V/S all in normal range, Abd-gravid uterus with ovoid shape. FH-39cm, FHT-144b/min, PP ceph with longitudinal lie, descent 3/5, 3 contraction in 10 mins each lasting 30 seconds, PVE-cx 3cm dilated tick 50% efface with intact membrane at -1 station. Patient then requested that she wants C/S upon request she was prepared for C/section and all pre op preparation was done. Intra op findings a viable male neonate was extracted with the apgar of 7&10 in the first and fifth mins respectively wt 2.9kg. Normal bladder seen the uterus and its adnexal structure intact. Estimated blood loss 450ml. Patient was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
		A case of nyrs old female premigravida 39wks by date presented with the hx of labor pain which started few hrs prior to presentation.No hx of vagina bleeding,no hx of maternal fever reported, on arrival she was conscious and alert but in painful distress, V/S all in normal range. Abd			

Breech in Premigravida	Caesarean section	gravid uterus with ovoid shape, FH-40cm, FHT-136b/min, PP- breech with longitudinal lie, descent 5/5, mild contraction 2 in 10 mins each lasting 25 seconds, PVE cx 2cm dilated midsoft 75% efface membrane intact with scrotum felt in the vagina. Estimated fetal weight on ultra sound 3.7kg. Patient was counseled for emergency C/Section and all pre op preparation was done. intra op findings a viable female neonate was extracted in breech presentation apgar of 9&10 in the first and fifth mins respectively wt 3.5kg. Normal bladder seen the uterus and its adnexal structure intact, estimated blood loss was 400ml and she was taken to the ICU for close monitoring.	OK.	Bupavacine	Independently
Fetal Macrosomia	Caesarean section	A case of nyrs old female G2,P0,A1,L0 40 wks by date presentated with the hx of labor pain which started 6hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, membrane rupuure while on her way to the facility. On arrival she was conscious and alert but in labor distress, V/S all in normal range. Abd- gravid uterus with ovoid shape, FH-45cm, FHT 144b/mins, PP ceph with longitudinal lie, descent 4/5, 3 contraction in 10 mins each lasting 20 seconds, PVE cx 2cm dilated midsoft 80% efface membrane absent at -3station.Estimated fetal weight on ultra sound was 4.5kg. Patient was counseled and prepared for emegercy C/S and all pre op preparation was done, Intra op findings a viable male neonate was extracted with the apgar of 9&10 in the first and fifth mins respectively wt 4.3kg, normal bladder seen the uterus and its adnexal structure intact, estimated blood loss was 600ml. Misoprostal 800 microgram was served rectually as prophylatic for PPH and she was taken to the ICU for close monitoring.	GOOD.	Bupavacine	Independently
Obstructed Labor secondary to Mal-position (ROT).	Caesarean section	A case of nyrs old premigravida 38wks by date presentated with the hx of labor pain and she was refered from a near by clinic on account of prolong seconds of labor, no hx of vagina bleeding, no hx of maternal fever reported , on arrival she was conscious and alert but in labor distress, V/S all in normal range, Abd- gravid uterus with ovoid shape, FH-39cm FHT 133b/min, PP ceph with longitudinal lie, descent 2/5, 3 contraction in 10 mins each lasting 40 seconds. PVE-cx 9cm dilated with 3+ carput at 0 station. Patient was counseled for emergency C/Section and all pre op preparation was done. Intra op findings a viable female neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively, wt 3.3kg plus nuchal cord times 2. Normal bladder seen the uterus and its adnexal structure intact estimated blood loss was 400 ml and she was taken to the ICU for post op monitoring.	OK	Bupavacine	Independently
Mal-Presentation (Oblique Lie)	Caesarean section	A case of n yrs old female G2,P1,L1 40 wks by date presented with the hx of labor pain, no hx of vagina bleeding no hx of maternal fever reported. On arrival she was conscious and alert but in labor distress, V/S all in normal range, Abd gravid uterus with ovoid shape FH 39cm, FHT 144b/min, PP- ceph with oblique lie, descent 5/5 with mid contraction 2 in 10 mins each lasting 10-15 seconds. PVE cx 2cm dilated membrane leaking with clear fluid at -3 station. Patient was counseled and prepared for emergency c/section and all pre op preparation was done.Intra op findings a viable male	OK	Bupavacine	Independently

		neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively. wt 3.4kg normal bladder seen the uterus and it adnexal structure intact estimated blood loss was 350 ml and she was taken to the ICU for close monitoring.			
Previous C/S times 3	Caesarean section	A case of nyrs old female G4,P3,L3 40 wks by date presentated with the hx of labor pain which started few hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported and she is a previous C/S times 3. On arrival she was conscious and alert but in painful distress, V/S all in normal rage, Abd-gravid uterus with ovoid shape, FH 39cm, FHT 144b/mins, PP ceph with longitudinal lie, descent 4/5 with mild contraction 2 in 10mins each lasting 10 seconds. PVE cx 2 cm dilated tick 40% efface membrane intact at -2 station. Patient was quickly prepared for emergency C/Section and all preparation was done. Intra op findings aviable male neonate was extracted with the apgar of 9&10 in the first and fifth mins respectively wt 3.3kg normal bladder seen the uterus and its adnexal structure intact and BTL was done for her. She was taken to the ICU for post op monitoring. Estimated blood loss was 550ml.	OK.	Bupavacine	Independently
APH secondary to complete placenta previa	Caesarean section	A case of nyrs old female Premigravida 37 wks by date was refered from a near by clinic on account of APH, No hx of maternal fever reported, no hx of labor pain. On arrival she was conscious and alert not in any distress, V/S all in normal range, Abd gravid uterus with ovoid shape, FH-38cm, FHT 139b/mins, PP ceph with longitudinal lie, descent 5/5, no contraction, observed bright red moderate vagina bleeding. Ultra sound scan was also done and a complete placenta previa seen. Patient was counseled for emergency C/Section and all preparation was done. Intra op findings a viable female neonate was extracted with the apgar of 9&10 in the first and fifth mins respectively wt 3.4kg.Normal bladder seen the uterus and its adnexal structure intact, Estimated blood loss was 1000ml and she was transfused with two unit of blood during surgery and after the surgery. Misoprostal 800 microgram served rectually, 40 unit of oxytocin added to 500ml of N/S to go in four hrs as prophalatic for PPH and she was taken to the ICU for post op monitoring.	OK.	Ketamine	Independently
C P D secondare to Malpresentation (ROT) / Arrest of descent	Caesarean section	A case of nyrs old female G2,P2,L2 39wks by date presentated with the hx of labor pain which started 12 hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported and she was labor home by a TTM. On arrival she was conscious and alert but in painful distress V/S all in normal range,Abd- gravid uterus with ovoid shape, FH-38cm, FHT-129b/mins PP-ceph with longitudinal lie, descent 3/5 with strong contraction 4 in 10 mins each lasting 45 seconds, PVE cx 9cm dilated with 3+ carput at 0 station.She was counseled and prepared for emergency C/Section. Intra op findings a viable female neonate was extracted in right occiput transverse position with the apgar of 8&10 in the first and fifth mins respectively wt 3.3kg. Normal bladder seen the uterus and its adnexal structure intact estimated blood loss was 450ml and she was taken to the ICU for post op monitoring	OK.	Bupavacine	Independently
		A case of nyrs old G3, P2,L2 39wks by date presentated with the hx of labor pain which started few hours			

Previous C/Section times 2 in labor	Caesarean section	prior to presentation, No hx of vagina bleeding, no hx of scar tenderness, no hx of maternal fever reported. On arrival she was conscious and alert but in labor distress, V/S all in normal range, Abd gravid uterus with ovoid shape FH-38cm, FHT-138b/mins, PP- ceph with longitudinal lie with pfennestial incisional scar seeen on abdomen, descent 5/5 with midcontraction 2 in 10mins each lasting 10 seconds, PVE cx 3cm dilated tick 50% efface membrane intact at -2 station. Patient was quickely prepared for emergency C/Section and all preparation was done. Intra op findings a minimum ahherson incounter a viable male neonate was extracted with the apgar of 9&10 in the first and fifth mins respectively wt 3.5kg. Normal bladder seen the uterus and its adnexal structure intact. Estimated blood lost was 500ml. Patient was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Mal-Presentation (Transverse Lie)	Caesarean section	A case of nyrs old G5,P3,A1,L3 40wks by date presented with the hx of labor pain and she was refered from a near by clinic on the account of malpresentation, No hx of vagina bleeding, no hx maternal fever reported, On arrival she was conscious and alert but in labor distress, V/S all in normal range, Abd gravid uterus with ovoid shape, FH 39cm FHT-140b/mins, PP transverse lie. 4 contraction in 10mins each lasting 35 seconds. PVE cx 6cm dilated with hand protruding through the vagina medsoft 85% efface membrane absent. Patient was quickely prepared for emergency C/Section an all pre op preparation was done. Intra op findings a viable female neonate was extracted in breech presentation with the apgar of 8&10 in the first and fifth mins respectively, wt 3.4kg. Normal bladder seen the uterus and its adnexal structure intact, Estimated blood loss was 450ml and she was taken to the ICU for poet op minitoring.	Ok.	Bupavacine	Independently
Suspected Fetal Macrosomia	Caesarean section	A case of nyrs old premigravida presenteted with the hx of labor pain which started 9 hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in labor distress, V/S all in normal range, Abd- gravid uterus with ovoid shape, FH 44cm, FHT 153b/mins, PP ceph with longitudinal lie, descent 4/5 with moderate contraction 3 in 10mins each lasting 25 seconds. Ultra sound scan done EFW 3.9kg. PVE cx 4cm dilated soft 90% efface membrane intact at -2 station. Patient was counseled and prepared for emergency C/Section and all pre op preparation was done. Intra op findings a viable male neonate was extracted with the apgar of 9&10 in the first and fifth mins respectively, wt 4.4kg. Normal bladder seen the uterus and its adnexal structure intact. Eatimated blood loss was 550ml and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Transverse Lie (Mal-		A case of nyrs premigravida 39wks by date presentated with the hx of labor pain which started few hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported. On arrival she was conscious and alert but in labor distress, V/S all in normal range, Abd gravid uterus with ovoid shape FH 37cm, FHT 133b/min, PP transverse lie, 3 contraction in 10 mins each lasting 25-30 seconds. PVE cx 5cm dilated midsoft 80% efface			

Presentation).	Caesarean section	membrane leaking with clear fluid with elbow through the cevical os. Patient was counseled and prepared for emergency C/Section and all pre op preparation was done. Intra op findings a viable famale neonate was extracted in breech presentation with the apgar of 9&10 in the first and fifth mins reapectively wt 3.3kg, normal bladder seen the uterus and its adnexal structure intact, Estimated blood loss was 450ml and patient was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Previous C/Section with suspected big baby	Caesarean section	A case of nyrs old G4,P2,A1,L2 40wks by date previous C/S times one presented with the hx of labor pain which started few hrs prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, no hx of scar tenderness. On arrival she was conscious and alert but in labor disdress, v/S all in normal range, Abd gravid uterus with ovoid shape FH 44cm, FHT138b/min, PP ceph with longitudinal lie, descent 4/5, 3 contractio in 10mins each lasting 30 seconds. Ultra sound scan done EFW 3.9kg, PVE cx 6cm dlated midsoft 80% efface membrane rupture with clear fluid during examination.Patient was counseled for emergency C/Section and all pre op preparation was done. Intra op findings a viable male neaonate was extracted with the apgar of 7&10 in the first and fifth mins respectively wt 3.8kg. Normal bladder seen the uterus and its adnexal structure intact,Estimated blood loss was 500ml and she was taken to the ICU for posr op monitoring.	Ok.	Bupavacine	Independently
APH Secondary to Complete Placenta Previa	Caesarean section	A case old nyrs old G2,P1,L1 39wks by date presentated with the hx of painless vagina bleeding which started few hours prior to presentation, no hx of abdominal tenderness, no hx of maternal fever reported.On arrival she was conscious and alert not in any distress, V/S all normal, Abd gravid uterus with ovoid shape,FH 38cm,FHT 136b/mins, PP-ceph with longitudinal lie descent 5/5, no contraction. Observed pad soid with bright red vagina bleeding. Patient was quickely counseled and prepared for emergency C/Section and all preparation was done. Intra op findins a viable female neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively wt 3.4, normal bladder seen the uterus and its adnexal structure intact. Estimated blood loss was 1200ml and she was transfused with 2 unit of blood. Patient was taken to the ICU for post op monitoring.Misoprostal 800 microgram served rectually and oxttocin 40 unit added to N/S 500ml to go in 4 hours, Tranixamic acid 1g was also served.	OK	Ketamine	Independently
APH Secondary to placenta previa	Caesarean section	A case of nyrs old G5,P3,A1,L3 38wks by date presentated with the hx of painless vagina bleeding which started few hours prior to presentation, no hx of abdominal tenderness, no hx of maternal fever reported. On arrival she was conscious and alert not in any distress, V/S all in normal range, Abd gravid uterus with ovoid shape. FH-37cm,FHT-133b/mins, PP ceph with longitudinal lie , descent 5/5, no contraction, Moderate vagina bleeding bright red in color. Patient was quickly prepared for emergency C/Section and all preparation was done. Intra op findings a viable male neonate was extracted with the apgar of 8&10 in the first and fifth mins respectively wt 3.1kg. normal bladder seen the uterus and its adnexal	OK.	Ketamine	Independently

		structure intact, Estimated blood loss was 1000ml. Misoprostal 800 microgram served rectually, oxytocin 40 unit added to N/S 500ml to go in 4 hours and she was taken to the ICU for post op monitoring. She was transfused.			
Triplets	Breech Delivery	A case of n yrs old G3 P2,A0 L2 40wks by date presented with the hx of labor pain which started few hours prior to presentation.No hx of vagina bleeding, no hx of maternal fever reported.on arrival she was conscious and alert but in labor distressed.V/S all in normal range.ABD gravid uterus with ovoid shape.FH 48 cm, FHT 142,138 & 136b/min,PP ceph, breech and transverse lie, descent 2/5 with strong contractions 4 in 10 minutes each lasting 38 seconds.PVE cx fully dilated membrane bugging at +1 station. After five minutes membrane ruptured and she give birth with a life female neonate Apgar of 8&10 in the first and fifth minutes wt 2.2kg.after two minutes there where no contractions labor was augmented with pitocin 10 unit in 500 ml of N/S at 5 gtt/ min. she give birth with a life female neonate with assisted vagina breech delivery Apgar of 8 &10 in the first and fifth minutes wt 2.3kg.The third one was also delivered by breech delivery where internal podalic version was done and was successful Apgar of 8 & 10 in the first and fifth minutes respectively wt 2.2kg.AMTS was done oxytocin 40 unit added to N/S 500ml to go in four hours and misoprostol 800 microgram insert rectally as prophylactic for PPH follow by post partum monitoring.	GOOD	NA	Independently
NRFS	Caesarean section	A case of n yrs old premi 39 wks by date presented with the hx of labor pain and she was referred from a near by clinic on the account of fetal distress.No hx of vagina bleeding,no hx of maternal fever reported.On arrival she was conscious and alert but in labor distressed.V/S all in normal range,And gravid uterus with ovoid shape FH 39 cm, FHT 112 b/ mins, PP √ßeph with longitudinal lie, descent 3/5 with strong contractions 4 in 10 minutes each lasting 38 seconds.PVE cx 6 cm dilated with grade 3 meconium midsoft at 0 station. Patient was counseled and prepared for emergency C/ Section and all preparation was done.Intra op findings a viable depressed male neonate was extracted with the Apgar of 5&10 in the first and fifth minutes respectively wt 3.4kg.Normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 400 ml.Neonate was sent to INCU and patient was taken to the ICU for post op monitoring.	Good.	Bupavacine	Independently
Obstructed Labor secondary to malposition (LOT).	Caesarean section	A case of n yrs old G7 P5 A1 L5 D0 38 wks by date presented with the hx of labor pain and she was referred from a near by clinic on the account of CPD. No hx of maternal fever reported.no hx of vagina bleeding. on arrival she was conscious and alert but in labor distressed.V/S all in normal range.Abd gravid uterus with ovoid shape FH 39 cm FHT 136b/mins,PP ceph with longitudinal lie descent 3/5, 3 contractions in 10 minutes each lasting 35 seconds.PVE vulva edematus with bloody urine seen in urine bag,cx 7 cm dilated with 3+ carput at -1 station. Patient was counseled and prepared for emergency C Section and all preparation was done intra op findings a viable male neonate was extracted with the Apgar of 8/10 in the first and fifth minutes respectively wt 3.5kg. Normal bladder seen the	GOOD.	Bupavacine	Independently

		uterus and it's adnexal structure intact estimated blood loss was 350 ml and she was taken to the ICU for post op monitoring.			
Breech plus NRFS	Caesarean section	A case ofn yrs old G3 P2 A0 L2 39 wks by date presented with the hx of labor pain and was labor home by a TTM where country pitocin were use but to to no avail.No hx of vagina bleeding.no hx of maternal fever reported.On arrival she was conscious and alert but in labor distressed.V/ S all in normal range,Abd gravid uterus with ovoid shape FH 39 cm FHT 111 b/ mins,PP √ßeph with longitudinal lie, she had 3 contractions in 10 minutes each lasting 49 seconds.PVE cx 6 cm dilated with scrutum felt in the vagina.patient was quickly counseled and prepared for emergency C Section and all preparation was done.Intra op findings a depressed male neonate was extracted in breech presentation Apgar of 6&10 in the first and fifth minutes respectively wt 3.4kg.Normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 500 Ml and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Breech in premi and Suspected big baby	Caesarean section	A case of n yrs old premi 40 wks by date presented with the hx of labor pain which started few hours prior to presentation.No hx of vagina bleeding,no hx of maternal fever reported.on arrival she was conscious and alert but in labor distressed,V/S all in normal range Abd gravid uterus with ovoid shape FH 43cm, FHT 142b/mins,PP √ßeph with longitudinal lie descent 4/5 with mild contractions 2 in 10 minutes each lasting 15 seconds ultra sound done EFW 3.9 kg.PVE cx3 cm dilated midsoft 60 percent effaced at -3 station. Patient was counseled and prepared for emergency C Section and all preparation was done.Intra op findings a viable male neonate was extracted with the Apgar of 9&10 in the first and fifth minutes respectively wt 3.8 kg. normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 450 ml and she was taken to the ICU for post op monitoring.	OKAY.	Bupavacine	Independently
NRFS	Caesarean section	A case of n yrs old premi 39 wks by date presented with the hx of labor pain and she was referred from a near by clinic on the account of fetal distress. No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed V/ S all in normal range Abd gravid uterus with ovoid shape FH 38 cm,FHT 109 b/ mins PP √ßeph with longitudinal lie descent 3/5, 4 contractions in 10 minutes each lasting 38 seconds. PVE cx 6 cm dilated midsoft 70 percent effaced at -1 station with grade 2 meconium.Patient was counseled and prepared for emergency C Section and all preparation was done.Intra op findings a depressed female neonate was extracted with the Apgar of 5 &10 in the first and fifth minutes respectively wt 3.3 kg. normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 350 ml. Patient was taken to the ICU for post op monitoring.	GOOD	Bupavacine	Independently
		A case of n yrs old premi 39 wks by date presented with the hx of labor pain which started few hours prior to presentation.No hx of vagina bleeding.no hx of maternal fever reported.On arrival she was conscious and alert but in labor distressed,V/S all in normal range			

Fetal Macrosomia	Caesarean section	Abd gravid uterus with ovoid shape FH 44 cm, FHT 143 b/ mins PP √ßeph with longitudinal lie descent 4/5 with moderate contractions 4 in 10 minutes each lasting 40 seconds ultra sound done EFW 4.6 kg.PVE CX 4 cm dilated soft 85 percent effaced at -2 patient was counseled and prepared for emergency C Section and all preparation was done.Intra op findings a viable male neonate was extracted with Apgar of 8 &10 in the first and fifth minutes respectively wt 4.3 kg. Normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 550 ml and she was taken to the ICU for post op monitoring, oxytocin 40 unit added to N/S 500 ml to go in four hours and misoprostol 800 microgram insert rectally as prophylactic for PPH.	GOOD.	Bupavacine	Independently
CPD secondary to malposition (LOT).	Caesarean section	A case of n yrs old premi 39 wks by date presented with the hx of labor pain which started few hours prior to presentation.No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed V/S all in normal range Abd gravid uterus with ovoid shape FH 38 cm FHT 137 b/ mins PP √ßeph with longitudinal lie descent 3/5 with strong contractions 4 in 10 minutes each lasting 38 seconds.PVE cx 6 cm dilated midsoft 70 percent effaced at -1 station with 3+ carput.Patient was counseled and prepared for emergency C Section and all preparation was done.Intra op findings a viable male neonate was extracted in LOT position with Apgar of 8&10 in the first and fifth minutes respectively wt 3.5 kg. normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 450 ml and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Previous C/S times two in labor	Caesarean section	A case of n yrs old G3 P2 A0 L2 39 wks by date presented with the hx of labor pain which started few hours prior to presentation.No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed V/ S all in normal range, Abd gravid uterus with ovoid shape FH 38 cm FHT 148, PP √ßeph with longitudinal lie descent 3/5 with moderate contractions 4 in 10 minutes each lasting 38 seconds.PVE cx 5 cm dilated midsoft 60 percent effaced at -1 station.Patient quickly counseled and prepared for emergency C Section and all preparation was done.Intra op findings a viable female neonate was extracted with the Apgar of 8 &10 in the first and fifth minutes respectively wt 3.3kg. normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 400 ml and she was taken to the ICU for post op monitoring.	Ok.	Bupavacine	Independently
Previous C Section times two in labor.	Caesarean section	A case of n yrs old G3 P2 A0 L2 37 wks by date presented with the hx of labor pain which started few hours prior to presentation.No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed V/S all in normal range, Abd gravid uterus with ovoid shape FH 38 cm, FHT 135 b/ mins PP √ßeph with longitudinal lie descent 3/5, with mild contractions 2 in 10 minutes each lasting 15 seconds.PVE cx 2 cm dilated midsoft 70 percent effaced at -1 station.Patient was counseled and prepared for emergency C Section and all preparation was done.Intra op findings a viable female neonate was	GOOD	Bupavacine	Independently

		extracted with Apgar of 9&10 in the first and fifth minutes respectively wt 3.5 kg.Normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 450 ml and she was taken to the ICU for post op monitoring.			
Fetal Macrosomia	Caesarean section	A case of nyrs old premi 39 wks by date presented with the hx of labor pain which started few hours prior to presentation.No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape FH 44 cm, FHT 139 b/ mins PP √ßeph with longitudinal lie descent 4/5 ultra sound done EFW 4.4kg,3 contractions in 10 minutes each lasting 15 seconds.PVEcx 3 cm dilated soft 85 percent effaced at -2 station.Patient was counseled and prepared for emergency C Section and all preparation was done, Intra op findings a viable female neonate was extracted with Apgar of 8&10 in the first and fifth minutes respectively wt 4.3 kg, normal bladder seen the uterus and it's adnexal structure intact estimated blood loss 450 ml.oxytocin 40 unit added to N/ S 500 ml to go in four hours and misoprostol 800 microgram insert rectally as prophylactic for PPH and she was taken to the ICU for post op monitoring.	GOOD.	Bupavacine	Independently
Previous C Section times two in labor	Caesarean section	A case of n yrs old G3 P2 A0 L2 40 wks by date presented with the hx of labor pain which started few hours prior to presentation.No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape FH 39 cm FHT 144 b/mins PP √ßeph with longitudinal lie descent 3/5 with mild contractions 2 in 10 minutes each lasting 15 seconds.PVE cx 2 cm dilated midsoft 70 percent effaced at -1 station.Patient was prepared for emergency C Section and all preparation was done.Intra op findings a viable female neonate was extracted with Apgar of 8 &10 in the first and fifth minutes respectively wt 3.4kg.normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 550 ml and she was taken to the ICU for post op monitoring.	Good.	Bupavacine	Independently
Previous C Section times two in labor	Caesarean section	A case of n yrs old G3 P2 A0 L2 39 wks by date presented with the hx of labor pain which started few hours prior to presentation.No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed V/S all in normal range, Abd gravid uterus with ovoid shape FH 38 cm, FHT 144b/ mins PP √ßeph with longitudinal lie descent 4/5 with mild contractions 2 in 10 minutes each lasting 15 seconds.PVE cx 2 cm dilated midsoft 70 percent effaced at -2 station.Patient was prepared for emergency C Section and all preparation was done.Intra op findings a viable female neonate was extracted with Apgar of 9&10 in the first and fifth minutes respectively wt 3.3kg, normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 450 ml and she was taken to the ICU for post op monitoring.	GOOD.	Bupavacine	Independently
		A case of n yrs old G2P1L1 38 wks by date presented with the hx of labor pain which started few hours prior to presentation.No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was			

Previous C Section times one failure to progress	Caesarean section	conscious and alert but in labor distressed V/S all in normal range, Abd gravid uterus with ovoid shape FH 39 cm, FHT 136b/mins PP √ßeph with longitudinal lie descent 3/5 with strong contractions 4 in 10 minutes each lasting 38 seconds.PVE cx 6 cm dilated midsoft 70 percent effaced at -1 station.after another 8 hours patient was still 6 cm dilated at-1 station.Patient was counseled and prepared for emergency C Section and all preparation was done. Intra op findings a viable male neonate was extracted with nuchal cord times two Apgar of 8 &10 in the first and fifth minutes respectively wt 3.4 kg.normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 500 ml and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Breech	Breech Delivery	A case of nyrs old premi 37 wks by date presented with the hx of labor pain which started 10 hours prior to presentation.no hx vagina bleeding, no hx of maternal fever reported, membrane ruptured while on their way to the facility according to patient.on arrival she was conscious and alert but in labor distressed V/S all in normal range, Abd gravid uterus with ovoid shape FH 36 cm, FHT 136b/ mins PP breech with longitudinal lie. She had 4 contractions in 10 minutes each lasting 49 seconds.PVE cx fully dilated with scrutum at the vulva and she was quickly place on the delivery bed and was encouraged to push assisted vagina breech delivery was done with a life female neonate Apgar of 8 &10 in the first and fifth minutes respectively wt 2.6 kg.AMTS was done and was successful.	Ok	NA	Independently
CPD secondary to malposition LOT	Caesarean section	A case of n yrs old premi 39 wks by date presented with the hx of labor pain and she was referred from a near by clinic on the account of CPD.no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range.Abd gravid uterus with ovoid shape FH 39 cm, FHT 140b/mins, PP √ßeph with longitudinal lie, descent 3/5, with strong contractions 4 in 10 minutes each lasting 49 seconds.PVE cx 6 cm dilated midsoft 80 percent effaced at -1 station.Patient was counseled and prepared for emergency C Section and all preparation was done.Intra op findings a viable female neonate was extracted in left occiput posterior position with the Apgar of 8 &10 in the first and fifth minutes respectively wt 3.4 kg. normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 400 ml.Patient was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
CPD secondary to malposition LOT	Caesarean section	A case of n yrs ago premi 39 wks by date presented with the hx of labor pain and she was referred from a near by clinic on the account of CPD.No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape FH 38 cm, FHT 138b/mins PP √ßeph with longitudinal lie descent 3/5 with strong contractions 4 in 10 minutes each lasting 38 seconds.PVE cx 6 cm dilated midsoft 80 percent effaced at -1 station.Patient was counseled and prepared for emergency C Section and all preparation was done.Intr op findings a viable male neonate was extracted in left occiput posterior position with Apgar of 8 &10 in the first and fifth minutes respectively wt	Ok.	Bupavacine	Independently

		3.5 kg, normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 500 ml and she was taken to the ICU for post op monitoring.			
Incomplete Abortion	Evacuation of Products of Conception	A case of n yrs old premi 8 wks by date presented with the hx of vagina bleeding with clots lower Abdominal and back pain which started 7 hours prior to presentation, no hx of maternal fever reported,no hx of fainting.. On arrival she was conscious and alert but in painful distress V/S all in normal range Abd soft ultra sound done observe products of conception in the uterus. Speculum exam done a product seen at the OS of the cervix with moderate vagina bleeding.IV line was established with 18g cannula set up N/ S 500 ml 1 liter at flow rate.Lab was ordered.Patient was counseled and place on delivery bed and EOU was done obtain 250 ml of product from the uterus. She was place on Po antibiotics for 24 hours and pain medication.	OK	NA	Independently
PPH secondary to Retain placenta Fragments	Procedures to Manage PPH	A case of n yrs old P3 A0, L3, was referred from a near by clinic on the account of PPH after giving birth to a viable female neonate 5 hours prior to presentation, no hx of maternal fever reported, on arrival she was conscious and alert but in mid distressed,and restless.V/S all in normal range, Abd uterus buggy above the umbilical with moderate vagina bleeding.Quickly call for help, established 2 iv line with 18g cannula set up N/S 500 ml two liter at flow rate, order Lab, order four unit of fresh blood for transfusion, Urinary catheter inserted, set up oxytocin 40 unit added to N/S 500 ml to go in four hours and misoprostol 800 microgram insert rectally. A sterile gloves was place on and manually remove retain placenta Fragments follow by strong uterine massage. Ampicillin 2g IV start served and she was transfused with one unit of fresh blood follow by closed monitoring.	OK	NA	Independently
Multiple Gestation (Twins).	Twin Delivery	A case of n yrs old G2P1L1 40 wks by date presented with the hx of labor pain which started 10 hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed.V/S all in normal range, Abd gravid uterus with ovoid shape FH 44 cm, FHT 139&142 b/ mins, PP √ßeph both with longitudinal lie descent 2/5, 4 contractions in 10 minutes each lasting 38 seconds, PVE cx fully dilated membrane ruptured during examination with clear fluid and she was quickly place on the delivery bed and she give birth to a viable male neonate with Apgar of 8 &10 in the first and fifth minutes respectively wt 2.6 kg. After 10 min no contractions observed labor was augmented with pitocin 10 unit in 500 ml at 5gtt/mins and monitor FHT and contractions. after another 15 mins membrane ruptured with clear fluid and she give birth to a viable female neonate Apgar 7&10 in the first and fifth minutes respectively wt 2.4 kg. AMTS was done oxytocin 40 unit added to N/S 500 ml to go in four hours and misoprostol 800 microgram insert rectally as prophylactic for PPH follow by closed monitoring.	GOOD.	NA	Independently
		A case of n yrs old premi 39 wks by date presented with the hx of burial vision, headache, lower Abdominal pain and back pain and she was referred from a near by clinic on the account of increase BP.No hx of leaking membrane, no hx of vagina			

Severe Preeclampsia with future and uncontrol Blood pressure, with poor bishop score.	Caesarean section	bleeding, no hx of maternal fever reported.On arrival she was conscious and alert not in any distressed V/S abnormal, Abd gravid uterus with ovoid shape FH 40 cm, FHT 144 b/ mins, PP √ßeph with longitudinal lie descent 4/5, no contractions observe, PVE cx close, posterior,tick at -2 patient was counseled and prepared for emergency C Section and all preparation was done.Intra op findings a viable male neonate was extracted with the Apgar of 9 &10 in the first and fifth minutes respectively wt 3.3 kg. Normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 550ml. Misoprostol 800 microgram insert rectally and oxytocin 40 unit added to N/S 500 ml to go in four hours as prophylactic for PPH follow by closed post op monitoring including BP, Pulse, respiration and temperature and urine out put. She place on antihypertensive and antibiotics as well.	Ok	Bupavacine	Independently
PPH secondary to Retain Placenta	Manual Removal of Placenta	A case of n yrs old P5, A1 L5 D0 was referred from a near by clinic on the account of retain placenta after giving birth to a viable male neonate 4 hrs prior to presentation, no hx of maternal fever reported, on arrival she was conscious and alert but in mid pain distressed.V/S all in normal range, Abd uterus buggy above the umbilical.Observed moderate vagina bleeding.A call for help was made, IV line was established with 18g cannula set up N/S 1.5 liter at flow rate, give oxytocin 10 unit IM and set up another oxytocin 40 unit added to N/S 500 ml to go in four hours.Lab was ordered, along with blood for transfusion, Urinary catheter was inserted a sterile gloves was place on and placenta was manually remove follow by strong uterine massage and was successful, misoprostol 800 microgram insert rectally and she was transfused with one unit of fresh blood follow by closed monitoring.	Out come was good.	NA	Independently
Transverse lie	Caesarean section	A case of n yrs old G3 P2 A0 L2 39 wks by date presented with the hx of labor pain which started few hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed V/S all in normal range, Abd gravid uterus with ovoid shape FH 38 cm, FHT 141b/mins, PP transverse lie.She had two contractions in 10 minutes each lasting 15 seconds.PVE cx 3 cm dilated midsoft 80 percent effaced membrane intact.Patient was counseled and prepared for emergency C Section and all preparation was done. Intra op findings a viable male neonate was extracted in breech presentation Apgar 8&10 in the first and fifth minutes respectively wt 3.6 kg normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 500 ml and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
		A case of n yrs old G4,P3 A0 L3 40 wks by date presented with the hx of vagina bleeding which started few hours prior to presentation, no hx of maternal fever reported, on arrival she was conscious and alert not in any distressed, V/S all in normal range, Abd gravid uterus with ovoid shape FH 46cm, FHT 140 and 137 b/mins, PP √ßeph and breech presentation with longitudinal lie, descent 5/5, no contractions observe l.Observed moderate vagina bleeding bright red in color.Patient was counseled and prepared for			

APH secondary to Complete placenta previa and Twins gestation	Caesarean section	emergency C Section and all preparation was done,intra op findings a viable male and female neonate was extracted in √ßeph and breech presentation Apgar 8 &10,9/10 in the first and fifth minutes respectively wt 2.6 and 2.4 kg normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 1000 ml and she transfused with one unit of fresh blood in the operating theater. Patient was taken to the ICU for post op monitoring oxytocin 40 unit added to N/500 ml to go in four hours and misoprostol 800 microgram insert rectally as prophylactic for PPH.	OK.	Ketamine	Independently
Ruptured Ectopic pregnancy	Salpingectomy for Ruptured Ectopic Pregnancy	A case of nyrs old G2P1L1 12 wks by date was referred from a near by facility on the account of ruptured Ectopic pregnancy and was confirmed by ultra sound scan.No hx of maternal fever reported no hx of fainting. On arrival she was conscious and alert but in painful distress V/S all in normal range, Abd soft and full but tender on palpation.Patient was counseled and prepared for emergency Ex Lab and all preparation was done, intra op findings a ruptured was encounter at the right ampulla of the tube with large blood clots in the abdomen and the ruptured was repair and hemostasis achieved estimated blood loss was 2000 ml and she was transfused with two units of fresh blood. Patient was taken to the ICU for post op monitoring.	Ok.	Ketamine	Independently
NRFS	Caesarean section	A case of n yrs old G6,P5 A0,D3,L3 was referred from a near by clinic on the account of fetal distressed, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape FH 38 cm, FHT 109b/mins, PP √ßeph with longitudinal lie, descent 3/5, four contractions in 10 minutes each lasting 38 seconds.PVE cx 5 cm dilated midsoft 80 percent effaced at 0 station with grade 2 meconium.Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a depressed female neonate was extracted with the Apgar of 6&8 in the first and fifth minutes respectively wt 3.5 kg , normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 450 ml and she was taken to the ICU for post op monitoring.	OK	Bupavacine	Independently
Transverse lie	Caesarean section	A case of n yrs old G2P1L1 38 wks by date presented with the hx of labor pain which started few hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed.V/S all in normal range, Abd gravid uterus with ovoid shape FH 38 cm, FHT 141b/mins, PP transverse lie. She had three contractions in 10 minutes each lasting 25 seconds, PVE cx 3 cm dilated midsoft 70 percent effaced membrane intact. Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable female neonate was extracted in breech presentation with Apgar 9&10 in the first and fifth minutes respectively, wt 3.5kg, normal bladder seen the uterus and it's adnexal structure intact estimated blood loss 600 ml and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
		A case of n yrs old G3P1L1A1 40 wks by date presented with the hx of			

Breech/ Twins gestation	Breech Delivery	labor pain which started few prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed. V/S all in normal range Abd gravid uterus with ovoid shape FH 45cm, FHT 140 and 139 b/mins PP breech both with longitudinal lie.4 contractions in 10 minutes each lasting 38 seconds PVE cx fully dilated membrane absent with scrutum felt in the vagina. she was quickly taken to the delivery room and place on the delivery bed. After 10 minutes she started to push assisted vagina breech delivery was done with a viable male neonate with the Apgar of 8&10 in the first and fifth minutes respectively wt 2.4kg. After 5 minutes no contractions observe labor was augmented with pitocin 10 in V/S 500 ml at 5gtt/min hand place on abdomen to feel for contractions and FHT monitoring also on ultrasound, after 10 minutes she give birth to a viable female neonate and assisted vagina breech delivery Apgar of 9 &10 in the first and fifth minutes respectively wt 2.5kg. AMTS was done.Misoprostal 800 microgram insert rectally and oxytocin 40 unit added to N/S 500 ml as prophylactic for PPH follow by closed monitoring.	OK.	NA	Independently
APH secondary to Complete Placenta Previa/ Previous C Section times one.	Caesarean section	A case of n yrs old G3 P2 A1L1 38 wks by date presented with the hx of mid vagina bleeding which started few hours prior to presentation, no hx of maternal fever reported, on arrival she was conscious and alert not in any distressed V/S all in normal range, Abd gravid uterus with ovoid shape FH 38 cm, FHT 137 b/ mins PP √ßeph with longitudinal lie descent 5/5, no contractions observe. Ultrasound done a complete placenta previa.Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable female neonate was extracted with Apgar 9 &10 in the first and fifth minutes respectively wt 3.2kg, no adhesion, normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 500 ml. She was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
CPD secondary to Fetal Macrosomia	Caesarean section	A case of n yrs old premigravida 38 wks by date presented with the hx of labor pain which started 10 prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported.On arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape FH 44 cm, FHT 135b/mins, PP √ßeph with longitudinal lie descent 3/5, four contractions in 10 minutes each lasting 38 seconds, PVE cx 8cm dilated midsoft 80 percent effaced membrane absent with 3+ carput at -1 station.Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable male neonate was extracted with Apgar 9 &10 in the first and fifth minutes respectively wt 4 kg, normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 600 ml misoprostol 800 microgram insert rectally and oxytocin 40 unit added to N/S 500 ml to go in four hours as prophylactic for PPH and she was taken to the ICU for post op monitoring and continue Mgso4 protocol for 24 hours.	Out come was good.	Bupavacine	Independently
		A case of n yrs old premigravida 39 wks by date presented with the hx of labor pain which started few hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor			

Footing breech in premigravida	Caesarean section	distressed, V/S all in normal range, Abd gravid uterus with ovoid shape FH 39 cm, FHT 142b/mins, PP breech with longitudinal lie.She had two contractions in 10 minutes each lasting 15 seconds, PVE cx 3 cm dilated midsoft 60 percent effaced membrane ruptured home with one foot in the vagina.Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable female neonate was extracted in breech presentation Apgar 8 &10 in the first and fifth minutes respectively, wt 3.5 kg, normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss was 650 ml and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Eclampsia/ Obstructed Labor secondary to malposition LOT and NRFS.	Caesarean section	A case of m yrs old premigravida 39 wks by date was referred from a near by clinic on the account of Eclampsia and labor which started 12 hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported.On arrival she was conscious and alert but in labor distressed, V/S all in normal range Abd gravid uterus with ovoid shape, FH 38 cm, FHT 128b/ mins, PP √ßeph with longitudinal lie descent 2/5, with strong contractions 4 in 10 minutes each lasting 49 seconds.PVE cx fully dilated with grade 2 meconium with 3+ carput at 0 station.patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a depressed female neonate was extracted with Apgar 5&10 in the first and fifth minutes respectively, wt 3.2 kg normal bladder seen the uterus and it's adnexal structure intact estimated blood 550 ml and she was taken to the ICU for post op monitoring follow by gso4 maintenance dose every four hours.	OK.	Bupavacine	Independently
Anhydramnions / Suspected big baby	Caesarean section	A case of n yrs old premigravida 42 wks by date presented with the hx of leaking membrane and labor pain which started one week ago.No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range Abd gravid uterus with penducular shape, FH 43cm, FHT 136 b/ mins, PP √ßeph with longitudinal lie, descent 3/5.Ultra sound done EFW 3.9 kg, She had three contractions in 10 minutes each lasting 25 seconds, PVE cx 3 cm dilated midsoft 80 percent effaced membrane absent at -1 station. Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable male neonate was extracted in occiput posterior position with Apgar 9 &10 in the first and fifth minutes respectively wt 3.6 normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 600 ml.Neonate was sent to INCU to be cover up with antibiotics and mother was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Previous C Section times one/ Prolong active phase of labor/ Arrest of descent.	Caesarean section	A case of nyrs old G-10,P9, A0,D3,L5,40 wks by date presented with the hx of labor pain which started 10 hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape, FH 39 cm, FHT 137b/mins, PP √ßeph with longitudinal lie, descent 3/5 with strong contractions 4 in 10 minutes each lasting 49 seconds, PVE cx 7 cm dilated soft 85 percent effaced at 0 station after 8 hours dilation still 7	Ok.	Bupavacine	Independently

		cm dilated with 2+ carput.Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable male neonate was extracted with Apgar 9 &10 in the first and fifth minutes respectively wt 3.6 kg, normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss 750 ml.she was taken to the ICU for post op monitoring.			
CPD secondary to malposition LOT	Caesarean section	A case of n yrs old premigravida 39 wks by date presented with the hx of labor pain which started 10 hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range Abd gravid uterus with ovoid shape FH 38 cm, FHT 142b/mins, PP √ßeph with longitudinal lie, descent 3/5 with strong contractions 4 in 10 minutes each lasting 38 seconds, PVE cx fully dilated @0 station with 3+ patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable female neonate was extracted in left occiput transverse position with Apgar 9 &10 in the first and fifth minutes respectively, wt 3.3 kg. Normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss 700 ml. She was taken to the ICU for post op monitoring.	Ok	Bupavacine	Independently
Fetal Macrosomia/ Shoulder dystocia	Manage Shoulder Dystocia	A case of n yrs old G4p3L3 40 wks by date presented with the hx of labor pain which started 14 hrs prior to presentation and she was labor home by a TTM but to no avail. No hx of Vagina bleeding, no hx of maternal fever reported membrane ruptured home with clear fluid. On arrival she was conscious and alert but in labor distressed, V/ S all in normal range, Abd gravid uterus with ovoid shape, FH 44 cm FHT 143 b/ mins, PP √ßeph with longitudinal lie descent 0/5 with strong contractions 4 in 10 minutes each lasting 60 seconds, PVE cx fully dilated @+2 station. While during examination observed patient pushing with fetal head already crown and she was quickly place on the delivery bed and encourage to push on contractions. While pushing a turtle sign was observed a call for help was made including senior her buttocks was position at the edge of the bed mcrobbert was done but to no a avail, super pubic pressure was alone with internal rotation of the posterior arm which was successful with a viable female neonate Apgar 6&10 in the first and fifth minutes respectively, wt 4.8 kg resuscitation was done by the neonatal clinician and neonate was taken to the INCU for further management.AMTS was done misoprostol 800 microgram insert rectally and oxytocin 40 unit added to N/ S 500 ml to go in four hours as prophylactic for PPH estimated blood loss was 300 ml follow by closed monitoring.Grade 2 perineum was observed and repair.	Ok	NA	Independently
CPD secondary to malposition LOT	Caesarean section	A case of n yrs old premigravida 38 wks by date presented with the hx of labor pain and she was referred from a near by clinic on the account of CPD. No hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape, FH 38 cm, FHT 134 b/ mins, PP √ßeph with longitudinal lie, descent 3/5 with strong contractions 4 in 10 minutes each lasting 45 seconds, PVE cx 9 cm dilated with 3+	OK.	Bupavacine	Independently

		carput at 0 station.Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable male neonate was extracted in LOT position with Apgar 8&10 in the first and fifth minutes respectively, wt 3.2 kg, normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss was 650 ml and she taken to the ICU for post op monitoring.			
Obstructed Labor secondary to malposition/Previous C Section times one.	Caesarean section	A case of n yrs old G6P5A0D1L4 39 wks by date presented with the hx of labor pain which started few hours prior to presentation, no hx of scar tenderness,no hx of Vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape, FH 38 cm, FHT 143b/mins , PP √ßeph with longitudinal lie, descent 3/5 with strong contractions 4 in 10 minutes each lasting 49 seconds, PVE cx fully dilated with 3+carput. Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable male neonate was extracted in occiput posterior position, with Apgar 8 &10 in the first and fifth minutes respectively wt 3.2 kg.Normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 600 ml she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Prolong latent phase of labor/ Breech presentation / NRFS.	Caesarean section	A case of nyrs old G4,P2,A1L2 was admitted for latent phase of labor which started 2 days prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported.Membrane ruptured home with grade 2 meconium.on arrival she was conscious and alert but in labor distressed V/S all in normal range, Abd gravid uterus with ovoid shape FH 38 cm, FHT 138b/mins, PP breech with longitudinal lie descent 3/5 with moderate contractions 4 in 10 minutes each lasting 30 seconds.PVE cx 3 cm dilated midsoft 70 percent effaced at -1 station.she remain 2 cm dilated for more than 18hrs and later starting having decrease in FHT 119 b/mins. Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable female neonate was extracted in breech presentation with Apgar 8 &10 in the first and fifth minutes respectively, wt 3.3kg. Normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss was 700 ml and she was taken to the ICU for post op monitoring.	GOOD.	Bupavacine	Independently
CPD secondary to malposition occiput posterior	Caesarean section	A case of n yrs old G2 P0 A1L0 was referred from a near by clinic on the account of CPD,no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range.Abd gravid uterus with ovoid shape, FH 38 cm, FHT 138 b/ mins, PP √ßeph with longitudinal lie descent 3/5, she had three contractions in 10 minutes each lasting 49 seconds, PVE cx 7 cm dilated midsoft 80 percent effaced at 0 station with 3+ carput. patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable female neonate was extracted in occiput posterior position with Apgar 8 &10 in the first and fifth minutes respectively, wt 2.9 kg. Normal bladder seen the uterus and it's adnexal structure intact estimated	Ok	Bupavacine	Independently

		blood loss was 600 ml and she was taken to the ICU for post op monitoring.			
NRFS	Caesarean section	A case of n yrs old G2, P0 A1L0 39 wks by date was referred from a near by clinic on the account of fetal distressed, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed V/S all in normal range, Abd gravid uterus with ovoid shape FH 38 cm FHT 111b/mins, PP √ßeph with longitudinal lie, descent 3/5 with strong contractions 4 in 10 minutes each lasting 49 seconds, PVE cx 6 cm dilated midsoft 80 percent effaced, at 0 station with grade 2 meconium. Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable depressed female neonate was extracted with Apgar 6&10 in the first and fifth minutes respectively, wt 3kg. Normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss was 700 ml.Neonate was sent to INCU for further management and Mom was taken to the ICU for post op monitoring.	Ok.	Bupavacine	Independently
APA secondary to partial abrotuo placenta	Caesarean section	A case of nyrs ago premigravida 39 wks by date presented with the hx of Vagina bleeding with dark clots few hours prior to presentation, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed.V/S all in normal range, Abd gravid uterus with ovoid shape, FH 39 cm, FHT 138 b/mins, PP √ßeph with longitudinal lie, descent 3/5 with moderate contractions 3 in 10 minutes each lasting 30 seconds, Observed moderate vagina bleeding with dark clots. Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable male neonate was extracted with Apgar 8 &10 in the first and fifth minutes respectively, wt 2.9 kg, normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss was 1200ml and she was transfused with one unit of fresh blood and later taken to the ICU for post op monitoring.	NA	Ketamine	Independently
Fetal Macrosomia	Caesarean section	A case of n yrs old premigravida 39 wks by date presented with the hx of labor pain which started few hours prior to presentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed.V/S all in normal range, Abd gravid uterus with ovoid shape FH 44 cm, FHT 139 b/mins, PP √ßeph with longitudinal lie, descent 4/5 with moderate contractions 4 in 10 minutes each lasting 30 seconds, EFW on ultrasound was 4.4kg.PVE cx was 4cm dilated midsoft 70 percent effaced membrane intact at -2 station.Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable female neonate was extracted with Apgar of 9 &10 in the first and fifth minutes respectively, wt 4.2 kg, normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss was 700 ml.Misoprostal 800 microgram insert rectally and oxytocin 40 unit added to N/S 500 ml to go in four hours as prophylactic for PPH.	Ok .	Bupavacine	Independently
		A case of n yrs old premigravida 40 wks by date presented with the hx of labor pain which started few hours prior to presentation, no hx of leaking membrane, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert			

Twins gestation with malpresentation Transverse lie and breech	Caesarean section	but in labor distressed V/S all in normal range, Abd gravid uterus with ovoid shape, FH 46 cm, FHT 141 and 138 b/mins, PP transverse lie and breech.She had two contractions in 10 minutes each lasting 15 seconds, Ultrasound done leading twins in a transverse position, PVE cx 2 cm dilated midsoft 60 percent effaced membrane intact. Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable male and female neonates was extracted in breech presentation both with Apgar of 8 &10,9&10 in the first and fifth minutes respectively, wt 2.7&2.5 kg with diaamniotic and mono chronic. Estimated blood loss was 750 ml, normal bladder seen the uterus and it's adnexal structure intact, misoprostol 800 microgram insert rectally and oxytocin 40 unit added to N/S 500 ml to go in four hours as prophylactic for PPH and she was taken to the ICU for post op monitoring.	Ok.	Bupavacine	Independently
Twins gestation with malpresentation Oblique lie and breech presentation.	Caesarean section	A case of n yrs old premigravida 38 wks by date presented with the hx of labor pain and she was referred from a near by clinic on the account of huge abdomen,no hx of leaking membrane, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range Abd gravid uterus with ovoid shape, FH 46 cm, FHT 136 and 140 b/ mins, PP Oblique lie and breech presentation and was confirmed by ultrasound. She had two contractions in 10 minutes each lasting 15 seconds, PVE cx 3 cm dilated soft 85 percent effaced membrane intact and no fetal part felt.Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a viable female and male neonate was extracted in √ßeph and breech presentation with Apgar 9 &10,8&10 in the first and fifth minutes respectively, wt 2.6&2.9 kg. Normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss was 650 ml. Misoprostol 800 microgram insert rectally and oxytocin 40 unit added to N/S 500 ml to go in four hours as prophylactic for PPH, and she was taken to the ICU for post op monitoring.	OK.	Bupavacine	Independently
Obstructed Labor secondary to malposition occiput posterior position and NRFS	Caesarean section	A case of n yrs old premigravida 38 wks by date was referred from a near by clinic on the account of prolonged and obstructed Labor, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape, FH 38 cm, FHT 188 b/mins, PP √ßeph with longitudinal lie, descent 2/5 with strong contractions 4 in the ten minutes each lasting 50 seconds, PVE cx fully dilated with 3+ carput at+1 station. Also observed bloody urine out put in urine bag. Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings a very depressed Male neonate was extracted in occiput posterior position with Apgar 4&8 in the first and fifth minutes respectively, wt 2.8 kg, normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss was 550 ml and she was taken to the ICU for post op monitoring and neonate was sent to INCU for further management.	OK.	Bupavacine	Independently
		A case of n yrs old premigravida 39 wks by date was referred from a near by clinic on the account of fetal			

NRFS	Caesarean section	distressed, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed. V/S all in normal range, Abd gravid uterus with ovoid shape, FH 38 cm, FHT 109 b/mins, PP √ßeph with longitudinal lie, descent 3/5 with strong contractions 4 in 10 minutes each lasting 35 seconds, PVE cx 6 cm dilated midsoft 80 percent effaced with grade 2 meconium,at -1 station. Patient was counseled and prepared for emergency C Section and all preparation was done, intra op findings, a depressed Male neonate was extracted with Apgar 6&10 in the first and fifth minutes respectively, wt 2.9 kg, normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss was 700 ml and she was taken to the ICU for post op monitoring.Neonate was sent to INCU for further management.	Ok	Bupavacine	Independently
Mal Presentation (Transverse lie).	Caesarean section	A case of n yrs old premigravida 39 wks by date was referred from a near by clinic on the account of malpresentation, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape, FH 38 cm, FHT 136 b/mins, PP transverse lie with strong contractions 4 in 10 minutes each lasting 38 seconds, PVE cx fully dilated with elbow in the vagina.Patient was counseled and prepared for emergency C Section and all preparation was done intra op findings a viable female neonate was extracted in breech presentation with Apgar of 8 &10 in the first and fifth minutes respectively, wt 3.2 kg, normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 750 ml and she was taken to the ICU for post op monitoring.	Ok	Bupavacine	Independently
Fetal Macrosomia	Caesarean section	A case of n yrs old premigravida 39 wks by date was referred from a near by clinic on the account of huge abdomen, no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed V/S all in normal range, Abd gravid uterus with ovoid shape, FH 44 cm, FHT 140 b/ mins, PP √ßeph with longitudinal lie descent 4/5 with moderate contractions 3 in 10 minutes each lasting 30 seconds, ultrasound was done estimated fetal weight was 4.4 kg. PVE cx 3 cm dilated midsoft 70 percent effaced membrane intact at -2 station, Patient was counseled and prepared for emergency C Section and all preparation was done intra op findings a viable female neonate was extracted with Apgar of 9 &10 in the first and fifth minutes respectively, wt 4.1 kg. Normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 650 ml and she was taken to the ICU for post op monitoring.	Ok.	Bupavacine	Independently
Obstructed Labor secondary malposition occiput posterior	Caesarean section	A case of n yrs old premigravida 39 wks by date was referred from a near by clinic on the account of prolong labor,no hx of vagina bleeding, no hx of maternal fever reported, on arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape, FH 39 cm, FHT 133b/mins, PP √ßeph with longitudinal lie, descent 2/5 with strong contractions 4 in 10 minutes each lasting 49 seconds.PVE cx fully dilated with 3+ carput at 0 station.Patient was counseled and prepared for emergency C Section and all	Ok.	Bupavacine	Independently

		preparation was done, intra op findings a viable female neonate was extracted in occiput posterior position with Apgar 8 &10 in the first and fifth minutes respectively, wt 3.1 kg. Normal bladder seen the uterus and it's adnexal structure intact, estimated blood loss was 600 ml and she was taken to the ICU for post op monitoring.			
Previous C Section times three	Caesarean section	A case of n yrs old G7,P6,A0,D2,L4 39 wks by date presented with the hx of labor pain which started few hours prior to presentation, no hx of vagina bleeding no hx of maternal fever reported, no hx of scar tenderness.On arrival she was conscious and alert but in labor distressed, V/S all in normal range, Abd gravid uterus with ovoid shape, FH 38 cm, FHT 142 b/mins, PP √ßeph with longitudinal lie with midline incision scar, descent 4/5, she had three contractions in 10 minutes each lasting 20 seconds, PVE cx 3 cm dilated midsoft 70 percent effaced membrane intact at -2 station. Patient was quickly prepared for emergency C Section and all preparation was done Intra op findings a viable male neonate was extracted with Apgar 8 &10 in the first and fifth minutes respectively, wt 2.9 kg. Normal bladder seen the uterus and it's adnexal structure intact estimated blood loss was 500 ml. BTL was also done for her. Misoprostol 800 microgram insert rectally as prophylactic for PPH and she was taken to the ICU for post op monitoring.	Ok.	Bupavacine	Independently

Survival table

Procedure(s)	Was shock present?	Did the woman survive?	Was the baby born alive?	Was neonatal resuscitation required?	Describe the resuscitation attempt	Did the baby survive	Was the second baby born alive?	Was neonatal resuscitation required? (second baby)	Describe the resuscitation attempt (second baby)	Did the second baby survive
Evacuation of Products of Conception,Ventouse	No	Yes								
Caesarean section	No	Yes	Yes			Yes				
Caesarean section	No	Yes	No			No				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes			Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Evacuation of Products of Conception	No	Yes	No	No		No				
Manage APH	No	Yes	Yes	No		Yes				
Ventouse	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Manage APH	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Evacuation of Products of Conception	No	Yes								
Ventouse	No	Yes	No	No		No				

Evacuation of Products of Conception	No	Yes								
Breech Delivery	No	Yes	Yes	No		Yes				
Manual Removal of Placenta	No	Yes	Yes	No		Yes				
Manage Severe Pre-eclampsia or Eclampsia	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Breech Delivery	No	Yes	Yes	No		Yes	Yes			
Caesarean section	No	Yes	Yes	No		Yes				
Ventouse	No	Yes	Yes	No		Yes				
Any Other Interventions	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	No		Yes	No			
Any Other Interventions	No	Yes	No	No		No				
Ventouse	No	Yes	Yes			Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Any Other Interventions	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section		Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Breech Delivery	No	Yes	No	No		No				
Manage Severe Pre-eclampsia or Eclampsia	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Evacuation of Products of Conception	No	Yes	No	No		No				
Manage Severe Pre-eclampsia or Eclampsia	No	Yes	Yes	No		Yes				
Manage Severe Pre-eclampsia or Eclampsia	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Manage Severe Pre-eclampsia or Eclampsia	No	Yes	Yes			Yes				
Breech Delivery		Yes	Yes	Yes	Bag and Mask					
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Any Other Interventions	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Manage Severe Pre-										

eclampsia or Eclampsia	No	Yes	Yes	No		No				
Manage Severe Pre-eclampsia or Eclampsia	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	No	No		No				
Caesarean section	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes			Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes			Yes				
Repair of Ruptured Uterus (if possible)	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				

Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Manual Removal of Placenta	No	Yes								
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Repair of Ruptured Uterus (if possible)	Yes	Yes	No	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Manual Removal of Placenta	Yes	Yes								
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Caesarean section	No	Yes					Yes	No		Yes
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Salpingectomy for Ruptured Ectopic Pregnancy	No	Yes								
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				

Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Procedures to Manage PPH	Yes	Yes								
Caesarean section	No	Yes	No	No		No				
Procedures to Manage PPH	No	Yes								
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes					Yes	No		Yes
Manage Shock	Yes	Yes								
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask					
Manage Shoulder Dystocia	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Manage Shoulder Dystocia	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Evacuation of Products of Conception	No	Yes								
Evacuation of Products of Conception	No	Yes								
Caesarean section	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Manage Severe Pre-eclampsia or Eclampsia	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Twin Delivery	No	Yes					Yes	No		Yes
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Salpingectomy for Ruptured Ectopic Pregnancy	No	Yes								
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				

Caesarean section	No	Yes	No	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes					Yes	No		Yes
Caesarean section	No	Yes					Yes	No		Yes
Caesarean section	No	Yes					Yes	No		Yes
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				

Caesarean section	No	Yes	Yes	No		Yes				
Breech Delivery	No	Yes					Yes	No		Yes
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No						
Breech Delivery	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Evacuation of Products of Conception	No	Yes								
Procedures to Manage PPH	No	Yes								
Twin Delivery	No	Yes	No				Yes	No		Yes
Caesarean section	No	Yes	Yes	No		Yes				
Manual Removal of Placenta	No	Yes								
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes					Yes	No		Yes
Salpingectomy for Ruptured Ectopic Pregnancy	No	Yes								
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Breech Delivery	No	Yes					Yes	No		Yes
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Manage Shoulder Dystocia	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		No				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				

Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes					Yes	No		Yes
Caesarean section	No	Yes					Yes	No		Yes
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	Yes	Bag and Mask	Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				
Caesarean section	No	Yes	Yes	No		Yes				