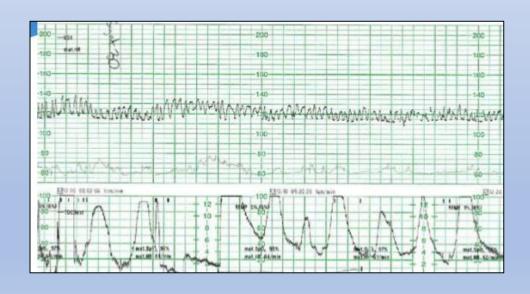
For the reluctant obstetrician...

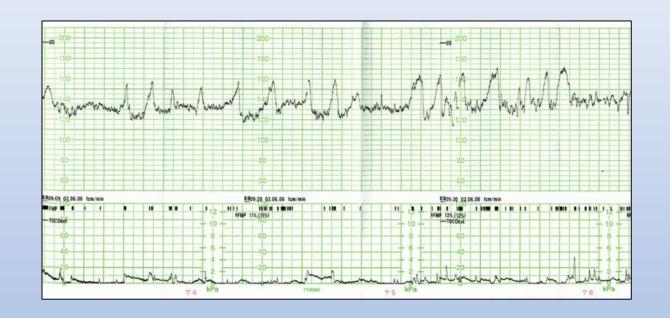




- First priority is proper trauma assessment of mother, then check FHR
- Risk of minor abdominal trauma is placental abruption (clinical dx) or fetomaternal haemorrhage (investigative dx)
- Management
 - Admit for observation, repeat clinical review
 - Deliver emergently if fetal compromise
 - Continuous CTG monitoring
 - Anti D: 625iu IM for Rh negative women



- Discharge criteria
 - Clinical review + 4hrs CTG
 - Plus
 - No uterine contractions
 - Membranes intact
 - No PV bleeding
 - Normal KL test
 - Normal CTG
 - Return precautions given: Pain / contractions / PV bleeding / reduced fetal movements





For the reluctant obstetrician...



