

**Child and Family Services** **Mortality / Morbidity Meeting**

**Wednesday 23rd November 2016**

**Minutes**

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| **Presentation** | **Learning Points** | **Action** |
| Review of OASIS following instrumental deliveries  Dr Deepa Gopinath, Consultant in O&G | Our incidence is running higher at present than national average  6 of OASIS with instrumental by locum registrar  Should we consider epi-scissors? | E-mail to SCC |
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| **Presentation** | **Learning points** | **Action** |
| Maternity Cardiology  Dr Philip Lewis, Consultant Cardiologist | BP measurement technique  No talking for at least 30 seconds  BP goes up whilst talking  Position of arms; legs uncrossed  Bladder of cuff around 80-100% of arm circumference  Should measure BP several times  Aspirin – give at night  Amlodipine; very long acting, ?? 24 hours  Labetalol; short acting drug (also an alpha blocker)  Oxyprenalol; good data but availability problem  Acebutalol; partial agonist activity, doesn’t suppress heart rate as much.  **Post natal**  Breastfeeding  Calcium channel blockers, amlodipine / nifedipine  Beta blockers; ?longer acting eg acebutalol, enalapril bd  Light-headedness  Usually due to hypotension  Measure standing BP  ?low fluid intake, ?low salt intake,  Check U+E  FBC and haematinics  Try increasing fluids / salt  TED stockings  ?Slow sodium tablets  **Murmurs**  Review past records; previous pregnancy  Red flags  Known cardiac problems  Associated symptoms; SOB, palpitations, light-headedness, chest pain, oedema  Immigrant from developing world  New and loud diastolic and continuous murmurs  Previous complications  **Assess**  CVS examination  ECG, echo  FBC (haematinics), U+E, LFTs, TFTs  **Palpitations**  Frequent and usually benign  Transient, often appear in late first trimester  Ask about:  Palpitations prior to pregnancy  Other heart disease of FH of palpitations / disease  Avoid stimulants:  Red bull, alcohol, tea, amphetamines, stress, coffee, cheese, chocolates, cola / fizzy drinks.  Red flags:  Rapid with presyncope, SOB, pain, LOC, clammy, frequent, distressing  Don’t just measure ferritin, do iron studies; B12, folate, U+E, TFTs, Ca, glucose.  Serum iron <20 – treat  80% of spontaneous DVT occur in left leg.  Management of palpitations:  Reassure where possible  Remove casual factors  Correct deficiencies; especially iron and B12  Treat arrhythmia if persisting and significant  Missed mitral stenosis; occasionally presents as breathlessness in pregnancy – echo  PE rarely has gradual onset, usually has tachycardia and low PO2  Peri-partum cardiomyopathy; third will have VTE, give LMWH and do echo  Features of women with PE in pregnancy ?look at these. | EBME to order bigger cuffs |
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| **Date and time of next meeting – Joint morbidity meeting**  **Wednesday 14th December 2016**  **1.30pm – 3.30pm** | | |