

The Survey of Clinical Fundal Height Assessment among Obstetrics Practitioners

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ABSTRACT

Background: Clinical fundal height assessment (symphysis-fundal height (SFH), landmark method and finger method) is a common practice among the obstetric practitioners despite lacking evidence on its use. Despite being incorporated into daily practice, surprisingly it lacks strong evidence on standardisation of its technique and lack of data on sensitivity and specificity except for symphysis-fundal height measurement (SFH). **Objective:** This study aims to determine the attitude and practice of the three methods of clinical estimation of fundal height among obstetric practitioners. **Method:** This was a cross-sectional study involving 258 doctors who were practising obstetrics in Malaysia. A validated self-administered questionnaire consisting of background details, and questions on attitude and practice of clinical estimation of fundal height in Google Forms were answered by respondent voluntarily. **Results:** A total of 258 respondents were involved in this survey. The majority (237, 91.8%) agreed that estimating fundal height clinically is important and 230 (89.1%) respondents agreed this should be taught to medical students. There were 230 (89.1%) respondents practising clinical fundal height assessment. There were 173 (67.1%) practising SFH measurement, 135 (52.3%) practising landmark method and 125 (48.4%) practising finger method. The practice was demonstrated to be associated with gender ($p=0.01$), highest degree obtained ($p<0.01$), current place of practice ($p<0.01$) and current post ($p<0.01$). **Conclusion:** Majority obstetrics practitioners agree that clinical fundal height assessment is essential and perform it in their daily practice, however, the methods used vary.

Resuscitative Hysterotomy: Saving Three Lives at Once

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ABSTRACT

Introduction: Recent recommendations to change from perimortem caesarean to resuscitative hysterotomy has its merits. It is recommended to be performed when there is a cardiopulmonary arrest in pregnant women with fundal height of above 20-week size for better resuscitation. This is a case of a 30-year-old primigravida with a monochorionic diamniotic twins pregnancy. She was diagnosed with gestational hypertension on oral anti-hypertensive medication requiring admission twice for uncontrolled hypertension. At around 36 weeks of gestation, she developed eclampsia at home. There was a difficulty in securing her airway from the district setting while stabilizing her for transfer. Upon arrival at the Emergency Department, red alert was activated and was attended by multi-disciplinary team. Attempts at intubation were difficult due to laryngeal oedema and oxygen saturation was only able to maintain around 60% under laryngeal mask airway (LMA). The patient then developed asystole and CPR was commenced. Return of spontaneous circulation obtained after four minutes with two boluses of adrenaline. Subsequently intubation was successful however saturation did not improve. Resuscitative hysterotomy was then decided and performed in red zone. The twins were delivered with Apgar score of 7 at 1minute and 9 at 5minute. Patient was then admitted in ICU for eight days and subsequently to the general ward for another five days. She was discharged well with her twins. **Conclusion:** Prompt decision for resuscitative hysterotomy, not just for refractory cardiopulmonary arrest, as described, should be considered.