OUTLINE

Pre-eclampsia, Eclampsia and HELLP

- Tips for timely intervention: Know when you MUST intervene
- Maximize maternal and fetal outcomes: Latest available medical treatments & interventions
- Morbidity and mortality associated with diagnosis
- Case Studies

Preterm Labor: Rapid Diagnosis And Intervention Can Make all the Difference

- Who is at the highest risk and what you can do to lower it
- Preterm labor or just contractions?
- Beta-mimetics, Mag, Calcium channel blockers, NSAIDS, antibiotics: Who gets what?

The Perils of Shoulder Dystocia

- Can we predict shoulder dystocia?
- When a shoulder dystocia occurs:
 The essentials of management
- Best first line maneuvers
- Risk management considerations

Post-Partum Hemorrhage

- Patients at risk for postpartum hemorrhage
- New tips for assessing blood loss accurately

- New medications/Old meds with new protocols
- Interventions for rapid response
- · Algorithms for treatment
- When to call the OR

High Risk Induction

- Which patients are too "high risk" for induction?
- Alternatives to pitocin
- The newest options for inductions
- Risks and benefits for induction patients
- How to change your hospital policies
- Examples of informed consent

Venous Thromboembolism in Pregnancy and Postpartum

- #1 cause of maternal death in the US
- Work up and evaluation
- Anticoagulation
- Treatment in pregnancy
- Timing delivery

Placenta Accreta

- Why is this condition on the rise?
- How to identify accreta prenatally
- Newest aggressive therapies to save lives

Demystifying Lab Values



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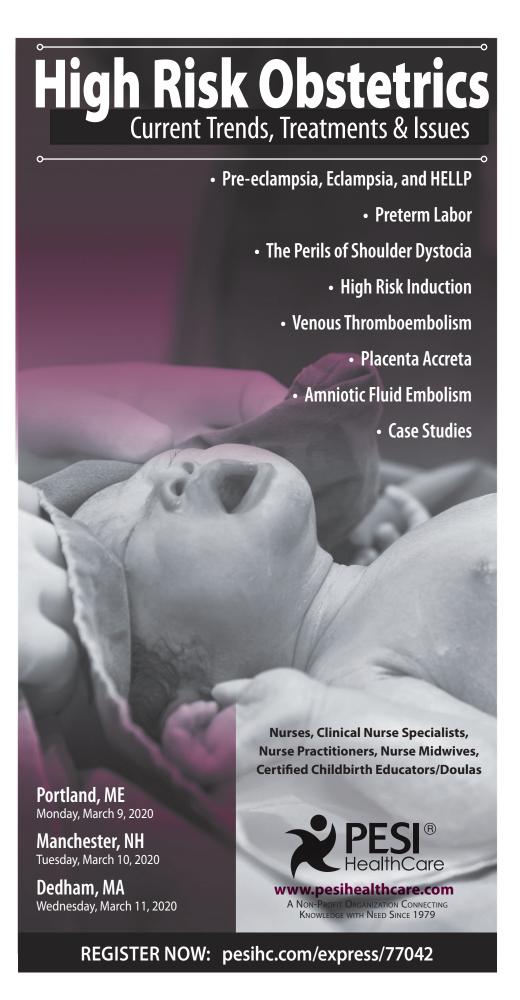
OBJECTIVES I

- 1. Evaluate the two-phase process that results in pre-eclampsia.
- 2. Compare the pharmacologic management options for preterm labor.
- 3. Determine the two most important factors in assessing risk in elective induction.
- 4. Explain the most effective way to change medical staff practices related to high risk elective inductions.
- 5. Interpret the possible causes of a post-partum hemorrhage and appropriate management for each.
- 6. Discuss strategies for collaborative care with the ICU and Emergency Department.
- 7. Explain why a d-dimer is no longer recommended as part of the evaluation for pulmonary embolism in pregnancy.
- 8. Utilize the latest ACOG recommendations for preventing blood loss during the delivery with an accreta.
- 9. Compare the varying degrees of abnormal placental implantation and how management might differ for each.
- 10. Analyze why neurological outcomes with amniotic fluid embolism are so poor and the rapid interventions that could make a difference.

HASSLE-FREE CANCELLATION POLICY: If you contact us before the event date, you can exchange for a self-study package on the subject (CE credits may be available), a certificate to attend another seminar, or receive a tuition refund less a \$30 cancel fee. Substitutions are permitted at any time.







High Risk Obstetrics

Current Trends, Treatments & Issues

Jamie Otremba, MSN, RN, CNM, will delve into the most common obstetrical emergencies presenting in today's obstetrical patients. She will provide you with a comprehensive look at pre-eclampsia, eclampsia, HELLP, the pitfalls of diagnosing and treating preterm labor, shoulder dystocia, abruption, previa, postpartum hemorrhage, placenta accreta, amniotic fluid embolism, venous thromboembolism, VBACs, and inductions. Jamie's extensive experiences in high risk obstetrics have provided her with keen insight into these often challenging and frightening situations. She is eager to share with you many of the effective interventions that she has acquired throughout her career!

Through enlightening case studies, persuasive evidence-based research, and an engaging presentation style, she will teach you the current trends, treatments and issues in high risk obstetrics. Attend this seminar to learn new strategies and techniques that can immediately impact the maternal and fetal outcomes of your obstetrical patients!

SPEAKER

Jamie Otremba, MSN, RN, CNM, has over 20 years of maternal child nursing experience and is currently practicing full scope nurse-midwifery at a progressive OB/ GYN clinic in suburban Minnesota. Jamie has been active in program development and benchmarking in both clinic and hospital settings. She is also one of the medical directors for the Women's and Children's Service Line at a large hospital and medical center in Minnesota. Jamie served as an assistant professor at Minnesota State University and has practiced in women's health care in a variety of settings, including: labor and delivery, postpartum, antenatal, and community health nursing. She has consulted for area health care facilities on clinical and legal practice topics, and she continues as an investigator for several medication trials pertinent to obstetric and gynecologic issues. Additionally, Jamie has enjoyed sharing her vast knowledge and experiences as a preceptor for both medical and advanced practice nursing students. She has treated obstetrical patients facing all of the high risk conditions presented during this seminar day. Her goal is to provide you with the current trends, treatments and issues pertinent to high risk obstetrics to ultimately improve the maternal and fetal outcomes of your own patients.

Speaker Disclosures:

Financial: Jamie A Otremba has an employment relationship with a private women's health clinic. She receives a speaking honorarium from PESI, Inc.

Non-financial: Jamie A Otremba is a member of the American College of Nurse Midwives and the American Congress of Obstetricians and Gynecologists.

Questions? Visit our FAQ page at www.pesihc.com/faq or contact us at www.pesihc.com/info

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By Elizabeth Stepp Gilbert

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AWHONN Perinatal Nursing, Fourth Edition

By Kathleen R. Simpson, RNC, PHD, FAAN & Pat A, Creehan, MSN, RNC, RN

An official publication of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Perinatal Nursing, Fourth Edition presents up-to-date information based on the most rigorous evidence and offers suggestions for best practices. This new edition of the authoritative, comprehensive text used by perinatal nurses worldwide features a wealth of new content to keep

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8:00 Program begins

12:00-1:00 Lunch (on your own)

3:30 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speaker. A more detailed schedule is available upon request.

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