



Preface

Emergencies in Obstetrics and Gynecology: Advances and Current Practice



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Editors

Welcome to the latest issue of *Obstetrics and Gynecologic Clinics of North America*, focused on emergencies in obstetrics and gynecology. Every medical or surgical specialty encounters the occasional emergency, and the field of obstetrics and gynecology is no exception. Urgent and emergent problems are common events in the reproductive health care of women, and providers must be equipped with the medical knowledge, surgical skills, and most up-to-date scientific evidence to guide their approach to the emergent event. Pregnancy alone presents a unique challenge, where a single emergent event can threaten the life of not just one, but two individuals, the mother and her fetus. Furthermore, an otherwise completely healthy patient without any previous medical history may succumb purely to a pregnancy-related complication.

Providing the most current scientific medical and surgical approaches to care for these patients is the guiding principle in this issue of *Obstetrics and Gynecology Clinics of North America*. We have invited experts to review a variety of topics, with attention to the most recent high-quality evidence, combined with personal experiences, to provide the reader with the knowledge and skills to manage emergencies encountered in routine practice.

This review of obstetric emergencies is thorough and covers a varied array of topics. Foley and colleagues begin by addressing postpartum hemorrhage and blood component therapy, including the challenge of caring for patients who refuse blood products. Abuhamad and Horgan also address postpartum hemorrhage, specifically focusing on placenta accreta spectrum disorders and associated imaging findings. Sheffield and Coggins review thromboembolic disease, including the profound maternal cardiovascular collapse and disseminated intravascular coagulation that can occur in the setting of amniotic fluid embolism. Pacheco reviews septic shock and the approach to

cardiopulmonary resuscitation in the pregnant patient. Barbour and Hamidi then guide us through endocrinologic emergencies in pregnancy, specifically diabetic ketoacidosis and thyroid storm. Gehrman and Chauhan review risk factors and management of shoulder dystocia, but primarily focus on challenging common assumptions of shoulder dystocia that need further study. Finally, Hoffman and Wautlet guide the reader through the evaluation and management of hypertensive crises in pregnancy.

Shifting to gynecologic emergencies that occur in routine practice, Tyson and Cizek review emergencies commonly encountered in pediatric and adolescent patients, including the unique but not uncommon occurrence of nonsexually acquired genital ulcers. Tonick and Conageski discuss the ever-present topic of ectopic pregnancy and review the most recent guidelines on ultrasound discriminatory zones, acceptable B-HCG levels in a pregnancy of unknown location, and methotrexate treatment regimens. Frock-Welnak and Tam review the medical and surgical approaches to acute pelvic inflammatory disease and tubo-ovarian abscess. Yemane and Sokkary remind us of the high prevalence of sexual assault and intimate partner violence and how to approach this topic in daily practice. Kelly and Buttigieg discuss management options for one of the most common conditions encountered in practice, heavy menstrual bleeding, including the importance of first assessing hemodynamic stability. This article is appropriately followed by Hutchcraft and Miller, addressing heavy menstrual bleeding in the setting of gynecologic malignancy. Shaker and Smith then guide us through the management of first-trimester miscarriage bleeding. The issue closes with Goffman and Deering reviewing simulation training in obstetrics and gynecology and how it can be used to prepare the provider and medical team for such emergencies.

Remarkable advances have been made since the last issue of emergencies in obstetrics and gynecology, and we hope the reader will find this issue enjoyable and helpful for care provided to their patients. We would like to add a personal note of gratitude to all the gifted individuals contributing to this issue of *Obstetrics and Gynecology Clinics of North America*, to Kerry Holland for her guidance, and to Hannah Almira Lopez of Elsevier for her patience and professionalism. Most of all, we would like to thank our patients and learners from all levels, from whom we learn so much about our beautiful specialty.

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