

Understanding Obstetrical Risk

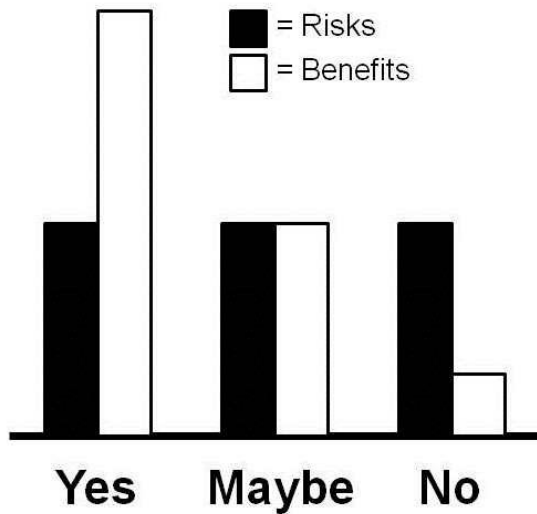
The Language of Risk

Risk	WILL happen	Will NOT happen	For Example
1:1	100%	0%	Certain Death and taxes
1:2	50%	50%	Likely Heads or tails.
1:10	10%	90%	Common Lifetime risk of breast cancer
1:100	1%	99%	Uncommon Lifetime risk of ovarian cancer
1:1000	.1%	99.9%	Rare Risk of NS 35-yr-old male dying in the next 6 months
1:10,000	.01%	99.99%	Very Rare: Fatal MVA in the next 6 months
1:100,000	.001%	99.999%	Negligible: Death from general anesthesia in healthy person during elective plastic surgery
1:1,000,000	.0001%	99.9999%	Theoretical: Lifetime risk of dying in a fatal air crash

(Kotaska, 2009 REACHE Conference) www.REACHE.info

What Are the Chances?

Undesirable Obstetrical Outcome	Absolute Risk
Shoulder dystocia, baby < 9 pounds http://www.aafp.org/afp/2004/0401/p1707.html	.06 – 1.4% (< 1 – 2 in 100 babies) Highly uncommon
Shoulder dystocia, baby > 9 pounds http://www.aafp.org/afp/2004/0401/p1707.html	5-9% (5-9 in 100 babies) Uncommon
Postpartum hemorrhage http://www.aafp.org/afp/2004/0401/p1707.html	3% (3 in 100 women) Uncommon
Still birth at 40 weeks (<i>BMJ</i> , 2000 Feb 12)	.087% (< 1 in 1000 babies) Rare
Still birth after 42 weeks (<i>BMJ</i> , 2000 Feb 12)	.213% (2.13 in 1000 babies) Rare
Newborn infection 24 hours after PROM http://pjmhsonline.com/maternal_and_neonatal_outcome_af.htm	2% (2 in 100 babies) Uncommon
Chorioamnionitis 24 hours after PROM Cochrane: Planned early birth versus expectant management (waiting) for prelabour rupture of membranes at term (37 weeks or more)	~ 26% (26 in 100 women) Common
Chorioamnionitis, no PROM http://emedicine.medscape.com/article/973237-overview#a0199	~ 2% (2 in 100 women) Uncommon
Primary cesarean if you live in King County http://www.kimjames.net/1/washington-state-cesarean-rates.aspx	23% (1 in 4.3 women) Common to likely



Informed Decision-Making
Choosing Medical Interventions

Yes

Use medical tools when the benefits of the tool clearly outweigh the harms.

Maybe

Ask more questions when the benefits and risks are similar or unclear

If mother and baby are okay now, consider waiting a little longer before acting.

No

Do not use elective, routine or purely convenient medical interventions, which can result in HIGHER complication rates for mother and baby.

Find out what is going on

- What is the problem?
- Could you tell me more about this?
- What are my treatment options?

Assess your risk

- Are my personal odds higher or lower than the average? You may have health or demographic factors that affect your relative risk for undesirable obstetrical outcomes
- Is this a routine recommendation or is this a specific recommendation for me and my situation?
- What factors increase my likelihood of having this happen?
- Why are you recommending this for me?

Assess alternative treatments

- Are there other things I could do?
- What are my treatment options?
- What happens if I wait?

Consider waiting

- What happens if we watch and wait?
- Is there a chance we over-treating by acting now?
- Are we treating a known problem or are we treating a potential for a problem?