

Understanding Obstetrical Risk

What is a reasonable risk to take?





You are at 40 weeks

What you hear:

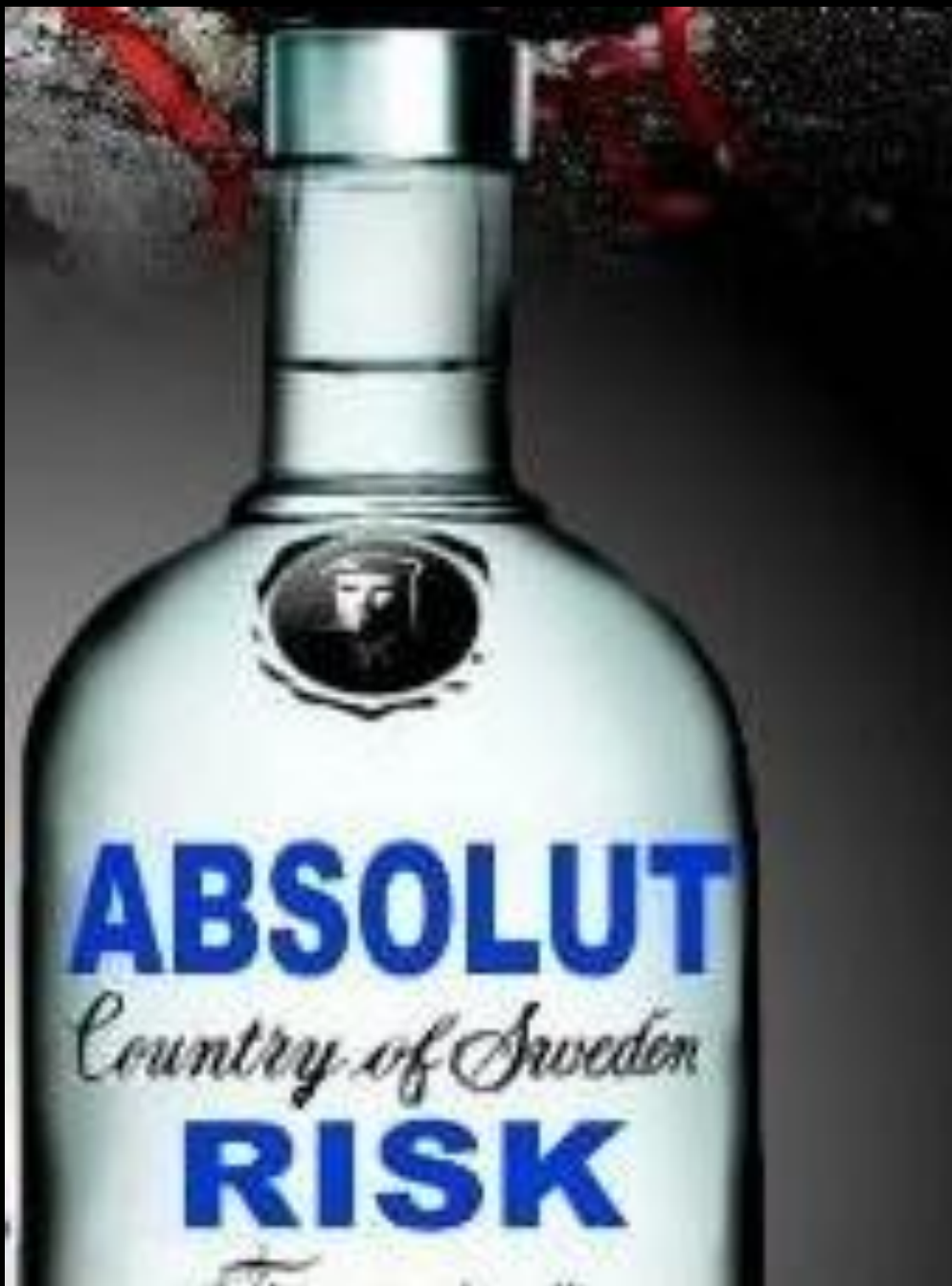
“The risk of still birth more than doubles by the end of 42 weeks”



You just heard the
relative risk
of still birth.

What was your gut
reaction?





Always get the
absolute risk
before making
decisions.



Absolute risk =

How often does the bad thing happen?



Is remaining pregnant beyond 40 weeks a reasonable risk to take?





HEY YOU

START ASKING QUESTIONS

What are the **absolute risks** of still birth?



40 weeks: .87:1000

41 weeks: 1.27:1000

42 weeks: 1.55:1000

43 weeks: 2.13: 1000

BMJ, Feb 2001

Assess your risk



What factors increase my likelihood of having this happen?

What are the treatment options?



Induce now?

Wait and watch?

Induce at 41, 42, 43 weeks?

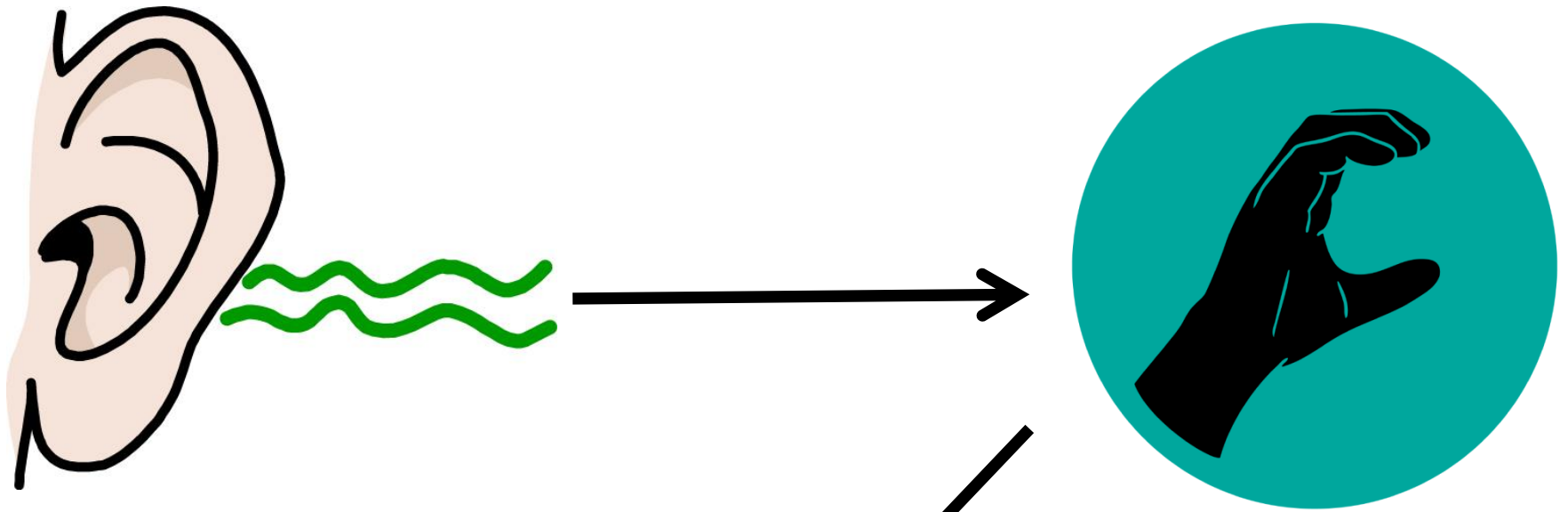
Assess the alternatives & consider waiting



What happens if we watch and wait?

Is there a chance we over-treating by acting now?

Are we treating a current, actual problem or are we treating a potential for a problem?



CLARIFY

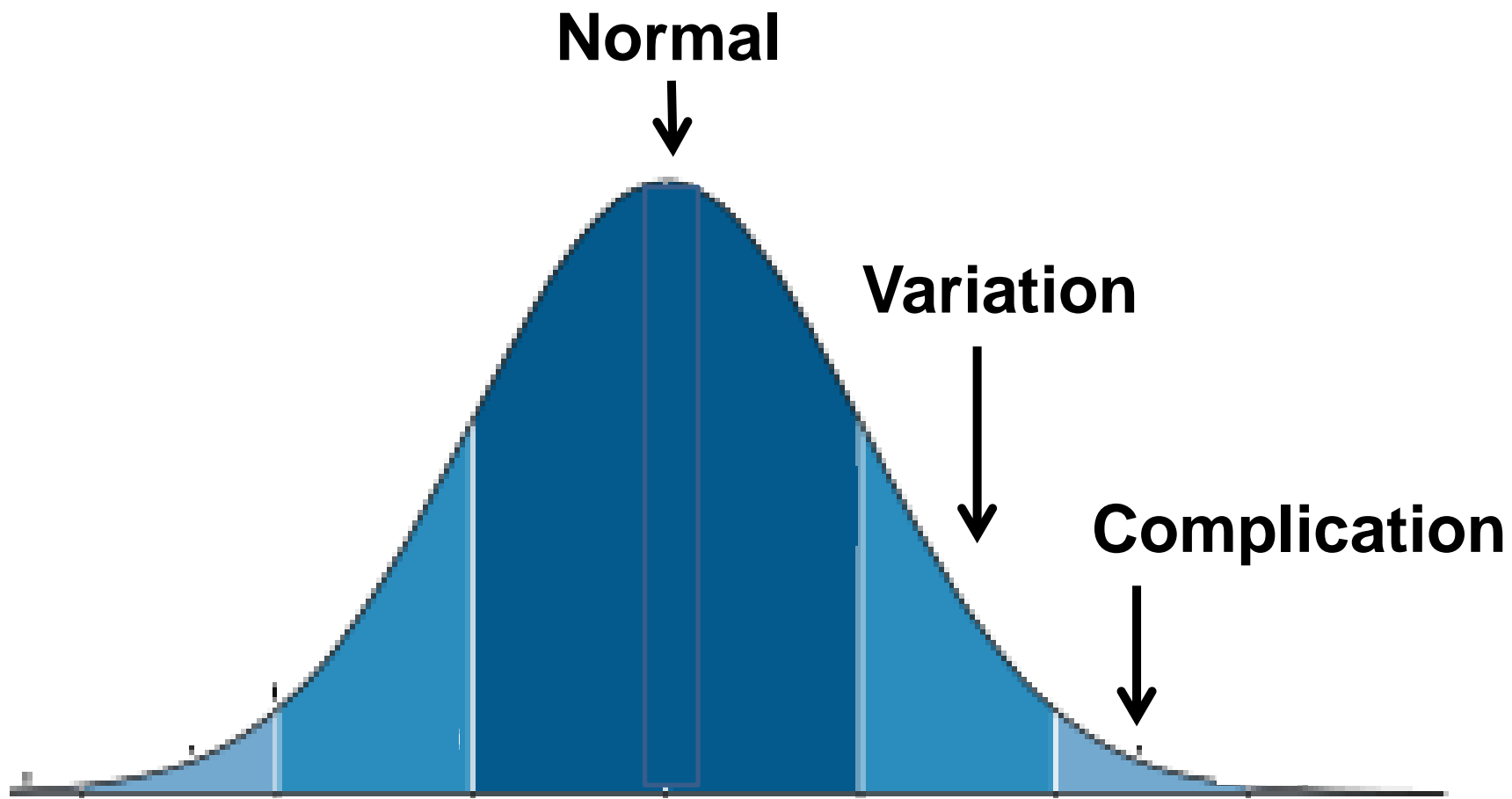
YOU DECIDE!



What is the difference between a *variation* and a *complication*?

Variations often respond to less invasive interventions or simply need time to resolve.

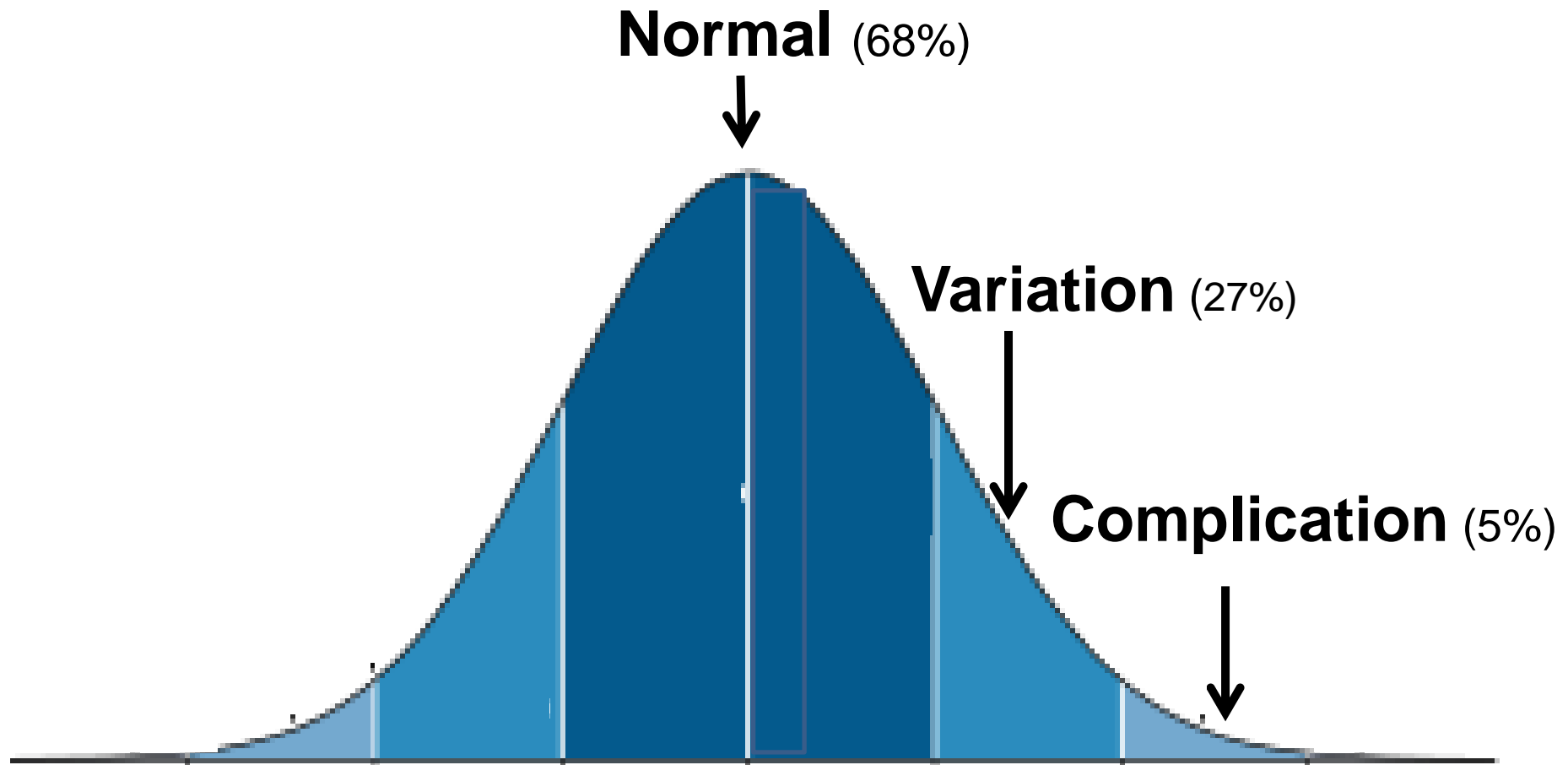
Complications require medical intervention for positive outcomes



68% = Normal

27% = Variations

5% = Complicated



Variations often respond to less invasive interventions or simply need time to resolve.

Complications require medical intervention for positive outcomes.

What is an *intervention*?

An action, treatment or tool used to improve a situation.