POET 2e manual updates

The following are changes made following publication of the POET 2e manual. Some of these may be incorporated in reprints, but a full list is included here for completeness.

Chapter	Dates of changes noted below
Chapter 1 – Obstetric Services	
Chapter 2 – Legal and Ethical issues	
Chapter 3 – When things go wrong	
Chapter 4 – Getting it right – non-technical skills and communications	
Chapter 5 – Anatomical and physiological changes in pregnancy	November 2018
Chapter 6 – Structured approach to the obstetric patient	
Chapter 7 – Collapse, cardiac arrest and shock in pregnancy	December 2021
Chapter 8 – Emergencies in early pregnancy (up to 20 weeks)	
Chapter 9 – Emergencies in late pregnancy (from 20 weeks)	
Chapter 10 – Trauma, surgical and medical emergencies	December 2021
Chapter 11 – Normal labour and delivery	
Chapter 12 – Complicated labour and delivery	November 2018
Chapter 13 – Emergencies after delivery	December 2021
Chapter 14 – Resuscitation of the baby at birth	
Chapter 15 – Assessment and management of the post-gynaelogical surgery patient	

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Chapter 5

Page	Change	Date
46	Text alteration There is a range of opinion on the amount of left lateral tilt that should be achieved and maintained. Around 15 degrees is usually sufficient to reduce vena caval compression, and around 30 degrees to reduce aortal compression. However, the latter may be difficult to achieve. In the absence of custom-made wedges, the unresponsive patient should be placed in a full left lateral position, or her uterus should be manually displaced. Where a patient requires full spinal immobilisation, it is important to ensure that the orthopaedic stretcher or rescue board is tilted to 15-30° to the left, with adequate strapping to secure the woman.	November 2018
46	Change to second Top Tip 2. If the woman is unconscious, e.g. in eclampsia, left lateral tilt or manual uterine displacement will relieve aortocaval pressure.	November 2018

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Chapter 7

Page	Change	Date
64	Under Specific management, Hypovolaemic shock the 3rd paragraph ("Consideration should be... dose") and 4th paragraph ("The use of... PPH") replaced as follows. The early administration of Tranexamic Acid (within 3 hours of delivery) has been shown to reduce mortality from PPH, following the initial administration of a uterotonic agent. The dosage of Tranexamic Acid is 1g IV, followed by a further dose if bleeding continues, or restarts after 30 minutes. We consider it advisable to administer Tranexamic Acid, where indicated, to both pregnant and post-natal women. Local guidelines will determine the route and dosage.	December 2021

Chapter 10

Page	Change	Date
95	New bullet point 18: The use of Tranexamic Acid is recommended in the management of traumatic haemorrhage in pregnancy, as in the non-pregnant patient.	December 2021

Chapter 12

Page	Change	Date
118	Replace Top Tip "Remember the fetal back…" with Top Tip When the mother chooses a semi-recumbent position for vaginal breech delivery, ensure **the baby's back remains upwards** during the delivery.	November 2018
118	Replace Top Tip "Remember, if the mother is in the squatting position…" with Top Tip When the mother chooses an 'all fours' position for vaginal breech delivery, ensure **the front of the baby's abdomen remains upwards** during the delivery.	November 2018

Chapter 13

Page	Change	Date
134	New bullet point: 12. The early administration of Tranexamic Acid (within 3 hours of delivery) has been shown to reduce mortality from PPH, following the initial administration of a uterotonic agent. The dosage of Tranexamic Acid is 1g IV, followed by a further dose if bleeding continues, or restarts after 30 minutes. We consider it advisable to administer Tranexamic Acid, where indicated, to both pregnant and post-natal women.	December 2021

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