

# 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            |                              |
| <a href="#">Chapter 5 – Anatomical and physiological changes in pregnancy</a>     | November 2018                |
| Chapter 6 – Structured approach to the obstetric patient                          |                              |
| Chapter 7 – Collapse, cardiac arrest and shock in pregnancy                       |                              |
| 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                             |                              |
| Chapter 11 – Normal labour and delivery   |                              |
| <a href="#">Chapter 12 – Complicated labour and delivery</a>                      | November 2018                |
| Chapter 13 – Emergencies after delivery   |                              |
| Chapter 14 – Resuscitation of the baby at birth                                   |                              |
| Chapter 15 – Assessment and management of the post-gynaecological surgery patient |                              |
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## Chapter 5

| Page | Change   | Date          |
|------|--|---------------|
| 46   | Text alteration<br><br>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.<br><br>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<br><br>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 12

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

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