

[Article type] Spotlight

[Title] Spotlight on... intrapartum care

[Author name and postnominal initials]

Adalina Sacco MBBS MRCOG MRCP MD^{1,2,3}

¹ Trainee Representative, TOG Editorial Board

² Subspecialty Trainee in Maternal Fetal Medicine, University College London Hospitals, London

³ NIHR Academic Clinical Lecturer, University College London's Institute for Women's Health, London

In my first few years as an O&G trainee, my professional learning seemed to revolve around two main areas – learning the ropes on labour ward and passing my exams. *The Obstetrician & Gynaecologist (TOG)* was a useful resource for both, and I know it continues to be so for many starting out in the specialty. Now I've experienced several more years as an O&G trainee I have come to realise that learning about intrapartum care never ends, and that *TOG* is for life, not just for exams.

[Heading 1] Labour and delivery

To begin at the beginning of intrapartum care, Chodankar et al.'s review of induction of labour methods ([TOG 2017;19:219–26](#)) is a comprehensive look at this topic and the various pharmacological and mechanical methods available. Reviews on the use of oxytocin ([TOG 2015;17:265–71](#)) and analgesia ([TOG 2015;17:147–55](#)) in labour also give a solid grounding in these important and common areas. Updated figures in the recent RCOG consent guidance for Planned Caesarean Birth (<https://www.rcog.org.uk/media/33cnfvs0/planned-caesarean-birth-consent-advice-no-14.pdf>) suggest that between one in two and one in three women having their first baby will have an assisted vaginal birth, and up to one in three women having their first baby will have an emergency caesarean. Therefore knowledge and training in these delivery methods and their complexities remains just as important as ever before. Articles on instrumental delivery ([TOG 2010;12:265–71](#)) and caesarean section at full dilatation ([TOG 2014;16:199–205](#)) are helpful adjuncts to this. A review of second stage malpresentation by Tempest et al. ([TOG 2015;17:273](#)) is a welcome exploration of the topic, as we await the results of the ROTATE trial (<https://www.birmingham.ac.uk/research/bctu/trials/womens/rotate/index.aspx>).

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process which may lead to differences between this version and the [Version of Record](#). Please cite this article as doi: [10.1111/tog.12882](https://doi.org/10.1111/tog.12882)

[Heading 1] Emergencies and risks

As we all know, routine intrapartum care can take sudden and unexpected turns into situations which are dangerous for mother or baby, and TOG articles on uterine inversion ([TOG 2009;11:138](#)) and the surgical management of PPH ([TOG 2009;11:231–8](#)) are useful reading alongside emergency guidelines. Most of us will be familiar with drills to practice various obstetric emergency scenarios, and Siassakos et al. summarise evidence for these and essential components for effective team emergency training in their article ([TOG 2009;11:55–60](#)). There are some intrapartum risks which we often do not consider until confronted with them, and maternal nerve injury is one of these. I go back to Harper et al.'s review of these whenever I see a patient with one ([TOG 2020;22:302-12](#)). A risk which many people do seem cognisant of is that of intrapartum retinal detachment, for which Ellabban et al.'s commentary ([TOG 2020;22:103–5](#)) makes reassuring reading.

[Heading 1] Specific circumstances

There are many situations where our intrapartum care deviates from the 'norm', and articles on the care of pregnancy with a lethal fetal anomaly ([TOG 2013;15:189–94](#)), birth after caesarean section ([TOG 2007;9:77–82](#)) and maternal female genital mutilation ([TOG 2007;9:95–101](#)) give a great overview of these topics. Of course, no review of intrapartum care would be complete without mentioning vaginal breech birth, and a recent article by Timmons et al. ([TOG 2023;25:8–18](#)) provides an excellent overview of this and general management of breech presentation

[Heading 1] Finally

It has been a pleasure to review past TOG articles on intrapartum care to include in this spotlight. Many have naturally aged and been replaced by newer evidence or guidelines. Some, such as those regarding maternal choice caesarean section, reflect the practice and beliefs of the time which have perhaps changed somewhat nowadays. But many things do not change at such a pace, and I include PRCOG Ranee Thakar and Abdul Sultan's 2003 review on the management of obstetric anal sphincter injuries ([TOG 2003;5:72–8](#)) as my final recommendation. This article encourages me that not everything I previously learnt has gone out the window, and also makes me keen for TOG to reintroduce mandatory photographs of authors!