

Foreword



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This issue of the *Obstetrics and Gynecology Clinics of North America*, guest edited by Henry Galan, MD, pertains to emergencies that can occur in obstetrics and gynecology. An obstetrician-gynecologist may be confronted with a sudden emergency at any time, either at the hospital or in the outpatient setting. Prompt corrective action is necessary, whether it is severe postpartum hemorrhage, acute chest or abdominal pain, or an anaphylactic reaction to an injection in the office. Preparing for an emergency requires planning, provision of resources, awareness of early warning signs, and specialized trainees who are aware of what to do in an emergency.

Certain emergencies, such as a massive pulmonary embolus or a complete abruptio placentae, can be sudden and potentially catastrophic. Standardized responses will increase the efficiency and quality of care. A protocol should provide a full evaluation of the problem and clearly communicate the patient care issue. Periodic drills may lead to a more standard response with a favorable outcome.

Planning for potential emergency events such as anaphylactic shock or cardiopulmonary resuscitation can be complex. At a minimum, it should involve an assessment of suspected risks related to the underlying condition. All physicians should be familiar with the “crash cart.” By placing necessary items in one place, time is not lost in gathering supplies. A small kit can be created for handling allergic reactions. As with a crash cart, this kit must be maintained regularly to ensure that supplies are current.

It becomes clear with any emergency when to call for help. Activation of a response team before a full arrest may lead to improved survival and less

need for an intensive care admission. Rapid correction of problems is better met with a small emergency team whose members talk with each other and share information. Although a leader must coordinate the response, all members of the team should be empowered to practice together. By practicing together, barriers hindering communication and teamwork can be overcome.

Adult learning theory, as described in this issue by its distinguished panel of contributors, supports the value of experiential learning. Training can entail a sophisticated simulated environment or a customary work space with a mock event. Emergency drills allow physicians and others to practice principles of effective communication in a crisis. Our desire is that this issue will attract the attention of providers caring for those women at risk for emergencies. Practical information provided herein will hopefully aid in the development and implementation of more-specific and individualized treatment plans.

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