- Categories of CS:
- 1. Emergency (Category 1): You should do it in 1 hour; example cord prolabse.
- 2. Urgent
- 3. Elective: Breech with 3cm dilatation with intact membrane.
- 4. Semi-Elective: Breech 3cm dilatation with ROM.

Categories	Indications
Category 1 Decision to delivery interval: <30 min	Fetal distress/ persistent fetal bradycardia
	Cord prolapse
	Severe placental abruption
	Antepartum hemorrhage (APH) with maternal hypovolemia
	Uterine rupture and scar dehiscence
	Failed instrumental delivery with fetal distress
Category 2 Decision to delivery interval: 30 - 45 min	APH without maternal hypovolemia
	Failed induction of labor
	Abnormal Doppler
	Non reassuring CTG
Category 3 Decision to delivery interval: 45 - 75min	Previous LSCS in labor
	CPD (Cephalo- pelvic disproportion)
	Breech in early labor
Category 4 Decision to delivery interval- no specific time (> 75 min)	Elective LSCS
	Mal presentations
	Multiple pregnancy with first twin non cephalic
	LSCS on demand

- 14W w/ 160/110 → this is chronic HTN (Essential) cuz pre-eclampsia is Dx after 20W w/ 2 readings 4 hrs apart.
- 80% of Endometriosis have infertility. (1/5 infertility pt have Endometriosis).
- ↳ why? 1- They affect ovary → LUF syndrome
  2- " " Tubes → Damages cilia.
  3- Fub Macrophages in Uterus.
  4- ↑ Prolactin.
- if she got pregnant? Miscarriage!

Inevitable Miscarriage:
Contractions + Pain before 24W.

- Aspirin dose is weigh dependant. Dose for Pre-eclampsia in ↑risk pt. ↳ 162mg.

- How to Ask if there is weak Cervical due to congenital Incompetent Cervix? → if it was Miscarriage ↳ before 24W
  - ↳ or infection?
    - ↳ There is Contraction + Pain + slow
  - ↳ ولا حاسة بإشي لقيته البيبي برا → نزل
    - → Have you felt anything? like Contractions.
      - → Q: what are the relevant Questions to Ask in Hx of .... ?
      - → Yes? then it needs Mac stitch
        - ↳ if it we removed the stitch and didn't open right away?
          - ↳ Then it wasn't incompetent cervix.
        - ↳ labor immediately?
          - ↳ Incompetent Cervix.
    - ↳ No Contractions

- How to know exact date of death in Cases of in Uterodeath?
  - ↳ We measure the fetus size w/ the supposed Measurment and Compare them.
  - ex: Femur size → 18W, supposed 20W
    - ↳ so the baby has been dead for 2W.

(*) 1 healthy baby 2nd trimester w/ No Abnormalities then In Uterodeath ⇓ Thrombophilia until proven otherwise

How to Investigate Cervical incompetent?
↳ ① TVUS, we use ② Heiger dilators.
↳ In non-pregnant → we introduce 8 probe → if it went in w/out resistance
↳ then it's weak cervix.

③ Histosalpingogram
↳ Funnel shape.

Tx: Cerclage, Macdonald's or shirod stitch
(Macdonald's → 2-3 mm above external Os + knot at 1 O'clock.)
↳ Murcelin tabe (No self-injury trauma)
↳ not- Absorbable.

We put stitch at 12W. why not before?
↳ 1- Viable w/ heart beat ← بنقدر نحطه قبل ولكن لطول أول أسبوع مابنا
2- Most important → Cranium is closed → fear of ancephaly.
3- Ruling out major chromosomal Abnormalities.

When to remove? At early term
↳ 37-38W
وإفترض تدخل بأريحية أول ما تتسليم labor

When to remove stitch? 1- Pre-term labor (Active)
2- ROM
3- Active Antepartum Hmg

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④ Intra-Menstrual bleeding? Bleeding between 2 cycles
Menses (5-7d) → clean (2-3d) → bleeding episode → clean → Menses. ⇒ mostly Endometrial Polyp.

- Post-Coital bleeding ⇒ mostly Cervical polyp.
(After sexual inter-course.)

- Best CA ⇒ Endometrial, why? Early Dx.

- What is the Cause of Death in? Cervical ⇒ Compression on Ureter ⇒ Renal Insufficiency.
(Always check Cr → needs Douple J insertion → We enter through the Urethra to put stents along the Ureter.)
Endometrial ⇒ ? (Final Q)
Ovary ⇒ MITS → GI → Intestinal obstruction.

- Steps to remove Cervical/Endometrial polyp?
1- Lithotomy position
2- Anesthesia
3- Bivalve speculum or tractors.
4- Retractors to hold Cervical lip.