

Section 1

The language of midwifery

In a new environment, one key to understanding is to have knowledge of the language that is used. To this end, this section contains an alphabetical list of terms, abbreviations and definitions frequently used in midwifery, nursing and medicine. Terms in italics may be heard of but are colloquial; however, they are included here not only to help in the understanding of the 'everyday' language used but also to encourage the use of correct terminology.

Symbols are frequently used as a form of 'shorthand' in clinical practice, therefore some commonly used ones are included at the beginning of this section of the book to enhance understanding. Some may be used throughout the book.

\cong approximate	\leq less than or equal to
\geq more than or equal to	Δ diagnosis
\uparrow raised/increased	\downarrow lowered/decreased
$<$ less than/before	$>$ greater than/after
R _x prescribe/prescription	# fracture(d) (usually bone)
? query, question, possible	$\mu\text{mol/l}$ micromol per litre

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ABO blood groups – classification system according to the presence of antigens on red blood cells/antibodies in serum (see also **Rhesus factor**)

<i>Blood group</i>	<i>Antigen on cell</i>	<i>Antibody in serum</i>
O	none	anti-A and anti-B
A	A	anti-B
B	B	anti-A
AB	A and B	none

blood group O Rh negative = universal donor (can give to any group in an emergency)

blood group AB Rh positive = universal recipient (can receive from any group in an emergency)

Abortion – expulsion of the products of conception from the uterus <24th week of gestation – can be induced (termination) or spontaneous (miscarriage – see subsequent entry)

Acceleration/active phase of cervical dilatation – more rapid cervical dilatation after 5 cm – recorded on a partogram (approximately 1 cm per hour)

Acceleration/augmentation of labour – process by which spontaneous labour is made more efficient through intervention

Accountability – liability to be called to account for one's conduct; responsibility for practising professionally

Active birth – one in which the woman participates fully in her labour, is totally aware of what is going on in her body and is able to respond naturally

Active management of labour – assessing/monitoring progress and implementing policies to prevent prolonged labour (see **Acceleration/augmentation of labour**)

Adoption – a formal legal procedure that severs the relationship between a child and its parent(s) and establishes a new one with its adoptive parents

Adoption agency/society – a local authority (LA) or voluntary organisation whose function consists of or includes making arrangements for the adoption of children. Voluntary agencies must be registered with the LA and be open to inspection, and are non-profit-making, but may charge fees for services provided

AFE – amniotic fluid embolism – see Section 2

AFP – alpha fetoprotein – a precursor to plasma protein produced by the fetus and excreted into the amniotic fluid. High levels of AFP in maternal blood can be used as part of a risk assessment for fetal neural tube defects and low levels for Down’s syndrome. Prenatal diagnosis of neural tube defects is effected by assessing AFP in the liquor following amniocentesis

Alternative birth positions – positions other than the dorsal position that the mother may choose when giving birth, e.g. a squatting position, an upright position, a kneeling position

Amnion – a tough, smooth, translucent membrane derived from the inner cell mass of the embryo. It lines the chorion and covers the fetal surface of the placenta as far as the insertion of the umbilical cord. It contains the amniotic fluid (liquor) and contributes to its formation

Amniotomy – rupturing the forewaters – see **ARM, Acceleration/augmentation of labour**

AN – antenatal(ly)

Anaesthesia – loss of sensation induced by anaesthetic agents to allow surgery – total/partial anaesthesia, with/without loss of consciousness

Analgesia – insensibility to pain without loss of consciousness, i.e. pain relief

Antepartum haemorrhage (APH) – bleeding from the genital tract >24 weeks of pregnancy

Anti-D immunoglobulin – a blood product given IM to Rhesus-negative women to prevent isoimmunisation to the D part of the Rhesus factor (see **Rhesus factor**)

Apgar score – a scoring system devised by Dr Virginia Apgar in 1958 to assess the newborn’s condition for resuscitation purposes (see **Delivery technique**, Delivery of head in occipito-anterior position in Section 2)

APH – antepartum haemorrhage – bleeding from the genital tract >24 weeks of pregnancy

APTT – activated partial thromboplastin time – a blood test related to the clotting mechanism – normal clotting time approximately 25–35 seconds

ARDS – adult/acute respiratory distress syndrome (see **RDS**)

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ARM – artificial rupture of membranes – manually perforating the bag of forewaters containing the fetus (see Section 2 and **Acceleration/augmentation of labour**)

AST – aspartate aminotransferase – an enzyme that catalyses salts of the amino acid aspartamine – blood levels raised with liver/heart damaged (see **PIH** and **Pre-eclampsia** in Sections 1 and 2)

Attitude – relationship of fetal head and limbs to the trunk, e.g. flexion, deflexion (often called a military attitude), partial extension and full extension

Baby – the fetus when completely expelled from the uterus >24 weeks gestation

Baby blues – third/fourth day blues – feeling emotionally low following childbirth (see **Postnatal depression** in Section 2)

Bandl's ring – an exaggerated retraction ring that occurs when labour is obstructed – ? palpated abdominally, and is a serious sign (see **Retraction ring**)

Barlow's test – screening test for CDH, modified from Ortolani's test

Battledore insertion – cord inserted at the very edge of the placenta (see **Placental examination** in Section 2)

BBA – born before arrival – baby born before arrival of midwife/doctor

BD/bid (*bis in die*) – twice daily – often on a prescription

BF – breastfeeding

BFI – Breastfeeding Initiative or Baby Friendly Initiative (see Section 2)

Biophysical profile – assessment of the fetal condition using indicators such as fetal breathing movements, Doppler techniques, amniotic fluid measurement

Bipartite/tripartite placenta – one divided into two or three distinct areas (see **Placental examination** in Section 2)

Bishop's score – method of assessing the suitability of the cervix for induction of labour by noting the length and softness and dilatation of the cervical os (opening)

Blades – obstetric forceps



BLS – basic life support (see **Birth asphyxia and BLS – adult** in Section 2)

BM sticks/test – originally a colour-changing reagent strip for measuring peripheral blood glucose made by Boehringer Mannheim. Term often used colloquially for all estimations of peripheral blood glucose. Modern sticks from various makers are used with an electrical–optical measuring device for greater accuracy

BMI – body mass index – indicator of ideal weight, obesity or underweight. Calculation: weight in kilograms is divided by square of height in metres (weight [kg]/height [m²]) – undertaken at antenatal booking interview (see **Obesity in pregnancy** in Section 2)

BO – bowels opened – faeces passed

Bradycardia – slowing of the heart rate: in adults <60 beats per minute and in fetus <100 beats per minute

Brandt–Andrews – method of delivering the placenta without oxytocic drugs (see **Delivery technique**, Third-stage management in Section 2)

Braxton Hicks contractions – painless uterine contractions, part of the physiological growth/stretching process during pregnancy

Breech – the lower fetal pole, including buttocks and legs (see **Presentation** and **Breech delivery** in Section 2)

Brim of the pelvis – bony ring formed by the following landmarks (posteriorly to anteriorly): sacral promontory, sacral ala or wing, sacroiliac joint, iliopectineal line, iliopectineal eminence, superior ramus of the pubic bone, upper inner body of the pubic bone and the symphysis pubis, continuing round in a circle

Brow – area on fetal skull from supra-orbital ridges to coronal suture (see **Presentation** and **Occipito-posterior position** in Section 2)

Buttonholing – of perineum, i.e. as the perineum is distending during advancement of the fetal head, small areas of tissue begin to separate, causing an opening

C & S – culture and sensitivity – request on a form sent to laboratory with a specimen, e.g. MSSU, HVS – for culture (growth and identification of the organism) and testing its sensitivity (to antibiotics that may be used against it)



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Caput succedaneum – soft swelling because of fluid (oedema) on the fetal scalp due to pressure on the head during labour (can cross a suture line of the skull bones – compare with cephalhaematoma)

CCT – controlled cord traction (see **Delivery technique**, Third-stage management in Section 2)

CDH – congenital dislocation of the hip

CEMACH – Confidential Enquiry into Maternal and Child Health (see Section 2 and **Maternal mortality rate**)

Ceph/cephalic – pertaining to the fetal head (see **Presentation**)

Cephalhaematoma – swelling on newborn's head due to bleeding beneath the periosteum associated with traumatic delivery (does not cross a suture line of the skull – compare with **caput succedaneum**)

Cephalo-pelvic disproportion (CPD) – fetal head will not pass through the maternal pelvis (see Section 2)

Cervix – the lower one-third of the uterus

CESDI – Confidential Enquiry into Stillbirth and Deaths in Infancy (see Section 2 and **CEMACH**)

Chasing the dragon – smoking heroin (diamorphine) by lighting the powder on aluminium foil and inhaling the fumes

CF – cystic fibrosis (see **Heel prick** and **Neonatal screening** in Section 2)

Chignon – swelling on newborn's head following vacuum extraction (see **Instrumental delivery** in Section 2) as soft tissues are drawn into the cup during the procedure (compare with **caput succedaneum and cephalhaematoma**)

Chorion – a thick, opaque, friable membrane that develops from the trophoblast. It is continuous with the edge of the placenta, lines the **amnion** and is closely adherent to the **decidua**

CHT – congenital hypothyroidism (see **Hypothyroidism** in Section 2)

CIN – cervical intra-epithelial neoplasm – early cervical cell changes that could progress to cancer if not treated

Circumvallate placenta – one with a double fold of chorion round the edge of the placenta, causing a ridge (see **Placental examination** in Section 2)

CONI – care of next infant (see **Sudden infant death syndrome** in Section 2)

Confidentiality – a trusting relationship in which secrets may be imparted – the midwife has a duty to respect confidentiality except where disclosure is required by law (see *The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives* (NMC 2008))

Coombs test – performed on cord blood to detect maternal antibodies on fetal red cells (see **Rhesus factor**)

Cotyledon – a clump of chorionic villi surrounded by maternal blood: 10–30 of them form the maternal surface of the placenta, i.e. the surface attached to the uterus (see **Placental examination** in Section 2)

CPD – cephalo-pelvic disproportion (see **Prolonged labour** in Sections 1 and 2)

CPR – cardiopulmonary resuscitation

Cracking on – labour is progressing, often rapidly

Crash bleep – emergency bleep – method of urgently summoning aid (usually medical) – familiarise yourself with your unit's protocol

Cricoid pressure – occlusion of the oesophagus by pressure applied to the cricoid cartilage (i.e. Sellick's manoeuvre) to prevent inhalation of reflux of stomach content during initiation of anaesthetic and before an endotracheal tube (ET) is inserted to maintain the airway

CSF – cerebrospinal fluid

CT/CAT scan – computerised (computer-assisted) tomography – computers record body 'slices' from X-ray scan pictures

CTG – cardiotocograph

Curve of Carus – an arc from the pelvic brim to the pelvic outlet, i.e. through the true pelvis, which the baby passes through during labour and birth

CVP – central venous pressure – right atrium blood pressure; indicates circulatory function/blood volume, especially in shock/during blood replacement

Cystic fibrosis (CF) – A congenital condition caused by a recessive gene present in 1:25 people in the United Kingdom leading to 1:2000 babies with the condition. The disorder leads to thick, sticky mucus production with poor intestinal absorption, repeated chest infections and chronic lung disease. Abnormal sweat and saliva secretion is present.

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Decidua – thickened endometrium (uterine lining) during pregnancy

Denominator – a fixed point on the presenting part determining the fetal position

Diabetes mellitus – a disorder of carbohydrate metabolism; insufficient insulin production/inability of cell response to insulin, resulting in high blood glucose levels; may occur in pregnancy without any previous history (gestational diabetes)

Diameter – a measurement from one point to another through the pelvis or the fetal skull

DIC – disseminated intravascular coagulation (coagulopathy) – specific conditions (e.g. haemorrhage, pre-eclampsia) result in excessive use of clotting factors, leading to bleeding that is difficult to control

Dips – falls in fetal heart rate – correct terminology is decelerations

Directed pushing – instructing the mother to bear down with each contraction (see **Valsalva manoeuvre**)

Dirty Duncan – see **Matthews Duncan**

Dizygotic – developing from two ova and sperms (see **Multiple pregnancy** in Sections 1 and 2)

DTA – deep transverse arrest – the baby's head has become lodged in the pelvis in the transverse diameter, needing rotation with forceps or delivery by caesarean section

Dubowitz score – system for assessing baby's gestational age: initially using 10 neurological and 11 physical criteria (Dubowitz *et al.* 1970); later modified (Dubowitz *et al.* 1998)

DVT – deep vein thrombosis (blood clot) – commonly found in a calf vein

Eclampsia – serious pregnancy complication where eclamptic convulsions occur – usually follows fulminating pre-eclampsia, possibly without previous signs/symptoms, especially postnatally

ECV – external cephalic version

EDD/EDC/EDB – estimated/expected date of delivery/confinement/birth – developed in 1912 by a German physician, Naegele's rule calculates due date by adding 7 days and 9 months to first day (of bleeding) of last menstrual period (LMP) – accuracy challenged; see Olsen (1999)



Edinburgh postnatal depression score – a questionnaire designed to help predict which women may be at risk of postnatal depression

Embryo – the developing conceptus from the third to the eighth week following fertilisation

Engagement of the fetal head – when the widest part of the head passes through the pelvic brim (usually the biparietal diameter)

Epidural block – a method of giving analgesia/anaesthesia by putting a local anaesthetic agent into the epidural space

Ergometrine – an oxytocic agent with a sustained uterine action; takes 6–7 minutes to act when given IM (0.5 mg); can also be given IV; acts within 45 seconds (0.25 mg)

ESR – erythrocyte sedimentation rate – measures the distance (in millimetres) at which red blood cells settle towards the bottom of a specially marked test tube in unclotted blood over the course of an hour. Useful in detecting and monitoring infection, including tuberculosis, tissue necrosis and rheumatism and arthritis

ET tube – endotracheal tube – tube passed into trachea to maintain an open airway; has an outer cuff that is inflated with air to make a seal

EWS/MEWS/MOEWS – early/modified early/modified obstetric early warning system – close monitoring of an individual's mental responses; vital signs (pulse, systolic BP, respirations [often the best early warning sign], temperature); urine output to detect early indications of deterioration in condition enabling rapid response/reduction in morbidity and mortality

Face – area on fetal skull from where the head joins the neck to the coronal suture and anterior fontanelle (see **Presentation and Delivery technique** in Section 2)

Fallot's tetralogy – cardiac abnormality causing cyanotic heart disease: comprises pulmonary stenosis, overriding aorta, ventricular septal defect and right ventricular hypertrophy

FBC – full blood count – numbers of all types of cells; often on a laboratory request form

Fetal distress – the fetus is compromised, suffering oxygen deprivation, becoming hypoxic (see **Birth asphyxia** in Section 2)



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Fetus – the developing conceptus from the embryo (first to eighth weeks) until birth, when it becomes a neonate

FH, FHH or FHHR – fetal heart, fetal heart heard/heard and regular

First degree tear – involves the vaginal mucosa and/or the skin of the perineum, but not muscle

Flat baby (not an acceptable term) – asphyxiated baby (see **Birth asphyxia** in Section 2)

FM/FMF – fetal movements/movements felt

Folic acid – a member of the vitamin B complex, occurring in green plants, fresh fruits, liver and yeast; necessary for normal fetal CNS development; advised as a supplement pre-conception and in early pregnancy (see **Neural tube defect** in Section 2)

Fontanelle – membranous space on baby's skull where two or more suture lines meet (see **Vaginal examination** in Section 2)

Forewaters – amniotic fluid trapped before the fetal head as labour progresses (see **ARM** and **Vaginal examination** in Section 2)

Fourchette – a fold of skin between the vaginal entrance and the perineum

FSE – fetal scalp electrode – for continuous electronic monitoring of FH (see **CTG**)

Full dilatation of the cervix – when no cervix is felt on vaginal examination; uterine opening is approximately 10 cm

Fundus – upper part of the uterus between the areas of Fallopian tube insertion (the cornua)

GA – general anaesthetic

Gas and air – gaseous mixture of 50% oxygen/50% nitrous oxide (Entonox) inhaled for analgesia during labour

Gas man – nickname for an anaesthetist

Gestation – gestational age, i.e. pregnancy/weeks of pregnancy. Length of pregnancy is 280 days from LMP or 266 days from conception – it is not always clear which calculation is being used

Glabella – the bridge of the nose; glabellar tap – primitive reflex elicited in the newborn (see **Initial newborn examination** in Section 2)

Gown up – dressing in a sterile gown (frequently green) – prior to aseptic/sterile technique, ensuring gown sterility is not broken

Gravid – pregnant; hence gravidity (number of times pregnant), primigravida, multigravida

GTT – glucose tolerance test (see also **OGTT**)

Guthrie test – phenylketonuria screening 8–10 days following birth; microbiological techniques are used on filter paper soaked with blood; seldom used now (see also **Scriver test** and **Heel prick** in Section 2)

Haemorrhoids – varicose veins of the rectum/anus common in pregnancy owing to the effects of progesterone (see **Varicose veins** in Section 2)

Haemorrhage – excessive blood loss leading to shock (see **Antepartum** and **Post-partum haemorrhage** in Sections 1 and 2)

Hb – haemoglobin – blood level routinely screened for (see **Anaemia** in Section 2)

HV – health visitor

HVS – high vaginal swab – infection screening

Hydatidiform mole – gestational trophoblastic disease, usually without development of the fetus. Long-term follow-up required after evacuation of uterus due to risk of chorionic carcinoma

Hypertension – abnormally high arterial blood pressure; a diastolic blood pressure of 90 mmHg is significantly high in pregnancy (see **Pregnancy-induced hypertension and pre-eclampsia** in Section 2)

Hypoglycaemia – reduction in blood glucose levels; normal fasting blood glucose is 3–5 mmol/l (adult), less in the neonate (see **Heel prick** in Section 2)

Hypothermia – reduction in body temperature; below 35°C in the neonate (see **Temperature taking** in Section 2)

Hypothyroidism – reduced production of thyroid hormone from the thyroid gland; congenital or acquired (see **Hypothyroidism**, **Heel prick** and **Neonatal screening** in Section 2)

ICU – intensive care unit

IDD/IDDM – insulin-dependent diabetes/insulin-dependent diabetes mellitus

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IM – intramuscular – an injection into a muscle (see **Administration of drugs** in Section 2)

Induction of labour – initiation of labour by artificial means

Infant – baby from birth to the end of the first year

Infant mortality rate – number of babies dying annually during the first year of life per 1000 live births. Rate 5.0 in England and Wales in 2006 (Norman *et al.* 2008); 4.6 in England and Wales in 2008 (Office for National Statistics 2010)

INR – international normalised ratio – a blood test measuring the ratios of clotting factors as part of the clotting mechanism screening

Insulin – hormone produced by the islets of Langerhans in the pancreas; a transport mechanism for glucose/regulates carbohydrate metabolism; given synthetically in diabetes mellitus

Intrapartum – during birth (second stage of labour)

Intrauterine growth restriction (*retardation*) (IUGR) – fetal growth falling below that expected, when the birth weight is below the tenth centile for gestational age (see **Intrauterine growth restriction** and **Small-for-gestational-age babies** in Section 2)

Intubation – passage of an endotracheal (ET) tube into the trachea for resuscitation purposes and to maintain a clear airway

Involution of the uterus – the process by which the uterus shrinks to (almost) its pre-pregnant shape, size and situation; brought about by autolysis and phagocytosis

IUCD/IUD – intrauterine contraceptive device (coil) – beware of next abbreviation

IUD – intrauterine death (note earlier abbreviation)

IUGR – intrauterine growth restriction (*retardation*) (see earlier entry and Section 2)

IV – intravenous – usually an injection/infusion (see **Administration of drugs** in Section 2)

IVI – intravenous infusion

Jaundice – yellow skin/mucous membrane discoloration when serum bilirubin levels reach 80 µmol/l

Karyotype – a visual arrangement of all chromosomes from a single cell, enabling identification/counting

Kernicterus – staining of the basal ganglia in the brain due to high levels of unconjugated (fat-soluble) bilirubin; causes severe damage, including blindness, deafness and cerebral palsy (see **Jaundice** in Section 2)

Ketoacidosis – metabolic disorder resulting from insufficient carbohydrate intake; fats are metabolised instead, and ketone bodies formed (see **Diabetes mellitus**)

Kleihauer test – blood test on Rhesus-negative women estimating the number of fetal blood cells in maternal circulation following delivery; if large numbers ? extra anti-D immunoglobulin needed

Labour – a continuous physiological process of contraction and retraction (shortening) of the myometrium (uterine muscle) during which the products of conception are expelled from the uterus

1. First stage – sometimes considered to be in three phases, although demarcation is imprecise and there is no professional consensus

Latent phase – (equates to the lay definition of ‘slow labour’) the early preparation stage, lasting hours or days. Contractions may be regular or irregular, frequent or intermittent, painful or painless, weak or fairly strong. The cervix effaces (shortens) and slowly dilates from closed (in primigravida) or slightly open, i.e. multips os (in multigravida), up to approximately 4 cm dilated.

Active or acceleration phase – a continuation of the latent phase, i.e. now established labour. Contractions become progressively more regular, frequent, strong and painful. Cervical dilatation progresses at approximately 1 cm per hour to full dilatation (about 10 cm), and the presenting part (the fetal head in normal labour) progresses through the maternal pelvis.

Deceleration phase – progress of cervical dilatation from 9 to 10 cm is sometimes delayed as contractions briefly fade (mother and uterus ‘rest’) before full dilatation is achieved – causes no concern unless there is fetal or maternal compromise.

2. Second stage – from full dilatation of the cervix to expulsion of the baby. The mother may not immediately have the urge to bear

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down (push); await spontaneous expulsive effort (pushing), which is less traumatic for mother and baby than directed pushing (see **Valsalva manoeuvre**) unless there are signs of fetal compromise. Some mothers do need guidance and encouragement on pushing.

3. Third stage – from the birth of the baby until complete expulsion of placenta and membranes and the control of haemorrhage

Lanugo – fine, downy-like hair on the fetal body; some often remains at birth

Last menstrual period (LMP) – the first day of bleeding in a normal menstrual cycle; used to calculate the expected date of delivery/birth (EDD/B). Accuracy of this date is questionable because of variable menstrual cycles and ovulation dates

Latent phase of cervical dilatation – slow dilatation of the cervix up to approximately 4 cm (see earlier entry), seen especially in the primigravida; recorded on the partogram

Lecithin/sphingomyelin (LS) ratio – a test (less often performed now) on amniotic fluid to determine fetal lung maturity; should be greater than 2:1 (see **Antenatal screening** in Section 2); used as an indicator of lung surfactant levels and therefore lung maturity. A lower ratio indicates the potential for neonatal respiratory distress syndrome (surfactant deficiency syndrome SDS)

Lie – the relationship of the long axis of the fetus (fetal spine) to the long axis of the mother's uterus – usually longitudinal – may be oblique, transverse, unstable (see **Abdominal palpation** in Section 2)

Live birth – any baby born that breathes, cries or shows signs of life

LMP – Last menstrual period (see earlier entry)

Lochia – the discharges from the uterus following delivery – initially rubra (red) to serosa (red/brown) and then albicans (pale); noted in mother's records

LS ratio – the lecithin–sphingomyelin ratio (see earlier entry)

Malposition – where the occiput is posterior in the pelvis rather than the normal anterior

Malpresentation – where the fetal part lying lowest in the birth canal is not the normal vertex – i.e. face, brow, shoulder, breech, or compound presentation, e.g. head and hand

Maternal mortality rate – number of women dying during pregnancy, labour or within 42 days of giving birth, miscarriage or abortion per 100,000 maternities (i.e. known pregnancies). Direct death rate (i.e. caused by pregnancy) is 6.24 in the United Kingdom, with thromboembolic conditions remaining the lead cause (Lewis 2007 – see **Confidential Enquiry into Maternal and Child Health (CEMACH)** in Section 2)

Matthews Duncan – method of placental separation; the placenta is lying in the lower uterus and ‘slides’ off the wall, the maternal surface of the placenta appears at the vulva, often associated with excessive blood loss (the so-called *dirty Duncan*); compare with the Schultz method

(MCADD) – medium chain acyl-CoA dehydrogenase deficiency (see subsequent entry)

MCH – mean corpuscular haemoglobin (reported on blood test) – average amount of haemoglobin in the red blood cells (see **Anaemia** in Section 2)

MCV – mean corpuscular volume (reported on blood test) – average volume of a single red blood cell in cubic micrometres (μm^3), normally 90 (see **Anaemia** in Section 2)

Mechanism of labour – means by which the fetus negotiates the birth canal

Meconium (mec.) – greenish black substance present in fetal intestine/passed during the first 2–3 days of life. Contains bile salts and pigments, fetal cells and mucus. May be passed *in utero*; fresh/old meconium in liquor indicates how recently passed – may indicate fetal hypoxia or post maturity (see **Fetal distress** in Section 2)

Medium chain acyl-CoA dehydrogenase deficiency (MCADD) – autosomal recessive inherited disorder (i.e. both parents carry an affected gene) (see **Heel prick** and **Neonatal screening** in Section 2)

Mentum – chin – the denominator in a face presentation (see **Presentation**)

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MEWS/MOEWS – see **EWS**

Miscarriage – loss of fetus <24 weeks gestation; a less emotive term to use with women than spontaneous abortion. May be total (complete abortion), partial (incomplete abortion) or retained (missed abortion)

Monozygotic – developing from one ovum and sperm (see **Dizygotic** and **Multiple pregnancy**)

Morbidity – state of ill health/disease; case numbers of a particular disease in a given population; commonly related to maternal/perinatal mortality

Mortality/mortality rate – death; the frequency/number of deaths in a given population (see **Infant mortality**, **Maternal mortality**, **Neonatal mortality**, **Perinatal mortality**, and **Stillbirth**)

Moulding – alteration in the shape of fetal skull allowing passage through the true pelvis; engaging diameter is reduced at the expense of the diameter 90° to it

MRI scan – **magnetic resonance imaging scan** – computers used to map variations in body tissue subjected to high-frequency radio waves, particularly useful for examining the central nervous system

MSSU/MSU – **midstream specimen of urine** (see **UTI** in Section 2)

Multigravida – a woman pregnant for the second or subsequent time (even if the previous pregnancy/ies resulted in miscarriage) – a grand(e) multigravida is a woman pregnant for a fifth or subsequent time

Multipos – the state of cervical os (opening), often used to mean the cervix itself, i.e. cervix not showing any indications that the woman is in labour, only that she has previously had a baby

Multiple pregnancy – simultaneous presence of more than one fetus

NAD – **nothing abnormal discovered** – commonly referring to results of a standard dipstick urine test, ? other examinations

NCT – **National Childbirth Trust** (see Section 2)

Neonate/neonatal – Baby up to 28 days old/pertaining to the first 28 days of life

Neonatal mortality rate (NMR) – number of neonates dying per 1000 live births annually. Rate was 3.4 in the United Kingdom in 2006 (CEMACH 2008); 3.2 in England and Wales in 2008 (Office for National Statistics 2010)

Neonatal screening – see Section 2

Niggler/niggling – a woman in spurious labour, i.e. having contractions in latent first stage but not in established labour

NNU/NNICU – neonatal unit/neonatal intensive care unit

Nocte – at night – often on a prescription

NTD – neural tube defect, e.g. spina bifida

OA – occipito-anterior, i.e. the occiput (back of fetal head) is in the anterior part of the maternal pelvis; direct OA, behind symphysis pubis; LOA or ROA, to left or right of symphysis pubis

Obs. or doing the Obs., i.e. observations; noting vital signs, e.g. temperature, pulse, blood pressure, respirations, ? others – e.g. fluid balance, level of consciousness

Obstetric forceps – two-bladed stainless steel instruments (see **Instrumental delivery** in Section 2)

Obstructed labour – no advance of presenting part despite good uterine contractions (see **Prolonged labour**)

Occiput – occipital bone of fetal skull – denominator in vertex presentation (see **Presentation**)

ODP/ODA/ODO – operating department practitioner/assistant/orderly – assists the anaesthetist

OES – obstetric emergency service/flying squad – deployed for community obstetric emergencies before paramedics became more skilled/available

OGGT – oral glucose tolerance test (see also **GTT** and **Diabetes**)

Oligohydramnios – reduced amniotic fluid (see Section 2)

OP position – occipito-posterior position, i.e. fetal occiput (back of head) in posterior part of maternal pelvis; direct OP, occiput in mother's sacrum; LOP or ROP, left or right of sacrum

Ophthalmia neonatorum – purulent eye discharge of the newborn occurring within 21 days of birth; no longer a notifiable disease; ? caused by *Gonococcus* organism/*Chlamydia trachomatis*

Ortolani's test – screening method for congenital dislocation of the hip, modified by Barlow

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Oxytocic drugs – synthetic drugs mimicking the action of oxytocin from the posterior pituitary gland and causing uterine contractions (ergometrine, Syntometrine, Syntocinon)

Paed. – short for paediatrician

Parity – number of pregnancies >24 weeks, hence para 1, 2, multipara, grand(e) multipara (>4 babies)

Partogram/partograph – a chart for graphically entering the salient features of labour – progress represented visually, allowing easy recognition of deviations from normal

Parturition – childbirth; parity

Pelvimetry – accurate measurement of true pelvis performed by X-ray, carried out if cephalo-pelvic disproportion (CPD) is suspected

Perinatal – period before birth, at birth and up to 1 week following birth

Perinatal death – baby dies before, during or within 1 week of birth, i.e. stillbirth or early neonatal death

Perinatal mortality rate – number of perinatal deaths per 1000 total births (i.e. all stillbirths and live births) annually. Rate was 7.9 in the United Kingdom in 2006 (CEMACH 2008); 7.5 in England and Wales in 2008 (Office for National Statistics 2010)

PET – Pre-eclamptic toxæmia – no longer an accepted term (see **Pregnancy-induced hypertension/Pre-eclampsia** in Section 2)

PIH – pregnancy-induced hypertension

Pinard – fetal stethoscope; invented by French obstetrician Adolphe Pinard (1844–1934)

PKU – phenylketonuria – inborn error of metabolism (see Section 2)

PN – postnatal(ly)

Polyhydramnios – excess amniotic fluid

Position – relationship of denominator to a fixed point on the pelvis, e.g. right occipito-anterior (ROA) (see **Abdominal palpation** in Section 2)

Postmaturity/post-term – pregnancy >42 completed weeks; baby born after this period

Postnatal period – ‘means the period after the end of labour during which the attendance of a midwife upon a woman and baby is

required, being not less than 10 days and for such longer period as the midwife considers necessary' (NMC 2004, *Midwives' Rules and Standards*, p. 7)

Postneonatal – period from the end of the neonatal period until the end of the first year

PPH – postpartum haemorrhage – bleeding from the genital tract following the birth of the baby – 500 ml, or less if the woman is shocked; primary PPH, during the first 24 hours; secondary, after this; often 7–14 days (see Section 2)

Precipitate labour – sudden onset of labour/rapid delivery of baby

Pre-eclampsia – signs/symptoms possibly leading to eclampsia; fulminating pre-eclampsia, severe condition/imminent eclampsia (see **Pregnancy-induced hypertension/pre-eclampsia** in Section 2)

Premature rupture of membranes (PROM) – when the membranes rupture spontaneously 1 hour or more prior to the onset of labour (see Section 2)

Prematurity/preterm – where the pregnancy <37 completed weeks; labour which commences during this time; the resulting baby

Presentation/presenting part – the fetal part lying lowest in the birth canal – felt on abdominal palpation – usually the head (see **Abdominal palpation** in Section 2)

Primigravida – a woman pregnant for the first time

prn – (pro re nata) as required/indicated – often on prescription

Prolonged labour – lasting longer than expected; previously labour lasting >24 hours in a primigravida but this is now controversial as progress is the main consideration (see **Labour** in this section and **Prolonged labour – first stage** and **Prolonged labour – second stage** in Section 2)

PROM (Premature rupture of membranes) – when the membranes rupture spontaneously 1 hour prior to the onset of labour or earlier

PU – passing/passed urine

Puerperium – a 6-week period following the birth of the baby when the pelvic organs return to approximately their original size, shape and site and lactation is established

Section 1 The language of midwifery

PV – *per vaginam* – examination, i.e. vaginal examination; or something passed, e.g. blood

Pyrexia – body temperature above 37°C; hyperpyrexia >40°C (see **Temperature-taking** in Section 2)

QDS/qid (*quarter in die*) – four times daily – often on a prescription

RDS – respiratory distress syndrome (surfactant deficiency syndrome SDS)

Reg. – **registrar/senior registrar**, experienced senior doctor

Restitution – where the fetal head corrects itself to be aligned with the fetal back during the mechanism of labour

Retained placenta – failed delivery of placenta during third stage of labour – may/may not be wholly or partially separated from uterine wall

Retained products of conception – where products of conception remain in the uterus following miscarriage/birth; may lead to primary/secondary PPH

Retinopathy – condition associated with prematurity and diabetes; increased vascularisation behind the retina, leading to retinal damage and subsequent visual impairment in varying degrees

Retraction ring – occurs in normal labour at the junction of upper and lower segments; upper segment thickens and shortens, lower segment thins and elongates; in obstructed labour the exaggerated retraction ring is palpable above the symphysis pubis – a Bandl's ring

Rhesus factor (Rh) – 'Rhesus-positive' denotes the presence of an antigen on the red blood cells; present in 85% of the UK population; antibodies built up against this antigen by a Rhesus-negative woman can pass across the placenta and damage Rhesus-positive fetal red blood cells: this is called 'Rhesus incompatibility' (see **Anti-D immunoglobulin, Kleihauer test** and **Jaundice**)

Rotation – where the fetal head moves round through part of a circle to come under the free space of the pubic arch during the mechanism of labour

Runner, the – operating theatre helper (a health-care assistant, student) fetching essential supplies/equipment and dealing with odd jobs during surgical procedures



SANDS – Stillbirth and Neonatal Death Society

Save serum – venous blood is sent to the laboratory in a plain tube, i.e. without an anti-clotting agent. Once the blood is clotted, the serum is saved to enable blood to be cross-matched rapidly in an emergency, rather than completing the cross-matching when the blood may not be needed

SB – stillbirth – beware of possible confusion with next abbreviation (see **Serum bilirubin**)

SB/SBR – serum bilirubin, i.e. levels of bilirubin in blood – often written on a laboratory request form (Note also the earlier use of SB)

SC – subcutaneous – an injection under the skin

SCBU – special care baby unit – today used less than NNU/NNICU

Schedule drugs – drugs in the five Controlled Drugs Schedules (Misuse of Drugs Regulations 2001), e.g. pethidine, morphine, diamorphine, barbiturates

Schultz method of placental separation – placenta lies in the upper part of the uterus – contraction/retraction reduces placental site, placenta partially separates, the weight causes descent to lower segment, membranes peel off behind it, fetal surface appears at vulva; uterine muscle contraction/retraction minimises blood loss (compare with Matthews Duncan separation)

Scriber test (see also **Guthrie test**) – PKU screening test; blood collected on the 8th or 9th or 10th day on to filter paper (see **Heel prick** in Section 2); overnight electrophoresis using chemicals allows separation of amino acids according to their molecular weight. Biochemical chromatography (colour) stains separate amino acids, enabling identification of deviations from normal, e.g. phenylketonuria and other inborn errors of metabolism

Scrub – specific hand/lower arm washing technique using antiseptic soap or gel solution, prior to putting on sterile gloves before aseptic/surgical procedures

SDS – surfactant deficiency syndrome (see subsequent entry)

Second-degree tear – perineal trauma involving the vaginal mucosa and skin and both superficial and deep muscles of the perineal body (see **Perineal/surrounding area trauma** in Section 2)



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Sexually transmitted infection (disease) (STI – STD) – organisms spread by sexual contact (see Section 2 and **Infection – maternal, Infection – neonatal** and **Antenatal screening** in Section 2)

SFD – small for dates – the baby is SGA/light for dates (see **Intrauterine growth restriction (retardation)** in Section 2)

SGA – small for gestational age or SFD

SHO – senior house officer – a junior doctor with some medical experience; many are undertaking obstetric training before beginning work as a GP

Shock – generally a temporary state of massive physiological reaction to bodily damage/emotional trauma; characterised by a cold sweat, reduced blood pressure, rapid pulse and depression of vital processes, e.g. respiration; urgent action may be necessary to prevent compromise of mother and/or fetus

Shoulder presentation – transverse fetal lie, with shoulder lowermost in the uterus

SIDS – sudden infant death syndrome (see Section 2)

Sinciput – the brow, i.e. the area from the supra-orbital ridges to the coronal suture

Slow labour – a misleading lay term – the mother is not in established labour, i.e. the active phase of the first stage (see earlier entry), but is either in the latent phase or just having regular Braxton Hicks contractions (see earlier entry) that are painful

Spalding's sign – gross overlapping of fetal skull bones following death *in utero* (IUD) – manifestation usually takes 48 hours – seen on X-ray (see **Intrauterine death** in Section 2)

SPD – symphysis pubis diastasis – separation of the bones of the symphysis pubis joint (see **Symphysis pubis pain** in Section 2)

SRM or SROM – spontaneous rupture of membranes

Status eclampticus – repeated eclamptic convulsions without resting phase in between; life-threatening; may lead to fetal/maternal death (see **Eclampsia** in Section 2)

Status epilepticus – serious condition; repeated epileptic convulsions without resting phase in between; ? life threatening to the woman during pregnancy; considered less harmful to the fetus than eclamptic fits (see **Epilepsy** in Section 2)

Stillbirth – the complete expulsion of a baby >24 weeks which does not breathe, cry or show any other signs of life (see **Intrauterine death** and **Stillbirth and Neonatal Death Society** in Section 2)

Stillbirth rate – number of stillborn babies per 1000 total births (i.e. babies both alive and stillborn). Rate was 5.3 in the United Kingdom in 2006 (CEMACH 2008); 5.1 in England and Wales in 2008 (Office for National Statistics 2010)

Subinvolution – uterus does not involute at the expected rate following delivery; ? result of retained products of conception or blood clots; uterine infection; uterus, ? bulky, tender to touch, ? lochia offensive/remains rubra (see **Postnatal observations – mother** in Section 2)

Succenturiate lobe – a placenta with an extra cotyledon in the membranes with its own blood supply from the main placenta (see **Placental examination** in Section 2)

Supine hypotensive syndrome – compression of the inferior vena cava from the gravid uterus when the woman lies flat on her back; BP falls, woman feels faint, nauseated, is pale/clammy; – sitting her up/turning her on to left side relieves pressure/allows recovery

Surfactant/surfactant deficiency syndrome (SDS) – absence of the surface-acting agent allowing the alveoli to remain expanded when the first breath is taken, causing a syndrome (see **Respiratory distress syndrome** in Section 2)

Sutures of the fetal skull – incomplete ossification areas, leaving membranous spaces between the skull bones; where more than two suture lines meet – fontanelles

SPD – symphysis pubis diastasis – separation of the bones of the symphysis pubis (see **Symphysis pubis pain** in Section 2)

Syndrome – collection of signs and symptoms indicative of a disorder
Syntocinon (synto) – synthetic oxytocin; acts quickly on the uterus to produce contractions; used in IVI to induce/augment labour; may also be used intravenously in a single dose in PPH (see **Oxytocic drugs, Ergometrine** and **Syntometrine**)

Syntometrine – synthetic oxytocic agent containing 0.5mg ergometrine and 5 IU (international units) syntocinon; given IM after the appearance of the anterior shoulder (i.e. active management of third stage); acts within 2 minutes, but produces a sustained uterine contraction (see **Oxytocic drugs, Ergometrine** and **Syntocinon**)

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Tachycardia – increase in the heart rate; adult >100 beats per minute (e.g. in anaemia or after haemorrhage), fetal >160 beats per minute (see **Fetal distress** and **Cardiotocography**, baseline tachycardia in Section 2)

Tachypnoea – increase in the respiratory rate – adult >30 per minute, infant >60 per minute; neonatal transient tachypnoea – respiratory rate >60 per minute on a number of occasions without underlying pathology

TBA – traditional birth attendant – (see **Safe Motherhood Initiative** in Section 2)

TCI – ‘to come in’ – admit to hospital

TDS/tid – (*ter in die*) three times a day – often on a prescription

TED (thrombo-embolic disorder) stockings – thick elastic stockings (usually white) used to help maintain lower limb support to help prevent DVT

Term/full term – pregnancy that has reached 37 completed weeks of gestation

Termination of pregnancy (TOP) – the products of conception are expelled from the uterus by artificial means, i.e. surgically/medically with drugs

Third-degree tear – involves the vaginal mucosa, superficial and deep muscles of the perineal body and the anal sphincter (see **Perineal/surrounding area trauma** in Section 2)

TORCH – acronym for intrauterine infections; toxoplasmosis, others, rubella (a notifiable disease), cytomegalovirus, herpes (see **Infection – maternal**, **Infection – neonatal** and **Antenatal screening** in Section 2)

Toxaemia – a no-longer accepted term (see **Pre-eclampsia** and **Pregnancy-induced hypertension** in Section 2)

Trial of labour – when there is doubt about the ability of the fetal head to pass through the maternal pelvis during labour; effective uterine contractions, descent, flexion and some degree of moulding may enable head progression (see **CPD**)

Trial of scar – labour is allowed to start spontaneously (if possible) in a woman with a caesarean section scar to see if vaginal delivery is achievable; close monitoring of fetal and maternal conditions is essential

Trumpet – refers to the **Pinard** fetal stethoscope

TSA – ‘**to see again**’ – often written in case notes

TTA, TTH, TTO – ‘**to take away/home/out**’ (usually medication)

Tubes – usually refers to a stethoscope – occasionally Fallopian (uterine) tubes

Turner’s syndrome – karyotype XO with female characteristics; ? presents with neck webbing, wide-angled elbows, protuberant abdomen, lower limb oedema, mental retardation; ? undiagnosed until failure to develop secondary sex characteristics/menstruation in teenage years

U & E – blood test for **urea and electrolytes** to ascertain renal function

US or USS – **ultrasound/ultrasound scan** – echoes of high-frequency sound waves form electronic images of body structures (see **Antenatal screening** in Section 2)

UTI – **urinary tract infection** (see Section 2)

Valsalva manoeuvre – the woman is asked to take a deep breath, hold it and push down with all her strength until she cannot push any longer; originally used as a method for expelling pus from the ears; was used as a form of directed pushing during second stage of labour until fairly recently

Vasa praevia – where the blood vessels from a succenturiate lobe run across the internal os of the cervix when the membranes are intact (velamentous insertion). If the membranes rupture, the blood vessels also rupture, causing fetal haemorrhage

VDRL – **Venereal Disease Research Laboratory** (see **Infection – maternal, Infection – neonatal** and **Antenatal screening** in Section 2)

VE – **vaginal examination**

Velamentous insertion – where the blood vessels from the cord run through the membranes before being inserted into the fetal surface of the placenta (see **Placental examination** in Section 2)

Venereal disease (VD) – terminology formerly used for sexually transmitted infections (diseases) (STIs), especially gonorrhoea/syphilis (see **Infection – maternal, Infection – neonatal** and **Antenatal screening** in Section 2)

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Ventouse – a suction cap made of silicone plastic (silastic). It fits on to the baby's head rather like a skull cap. Once the cap has been positioned, the air is sucked out of it by means of a vacuum. Steady gentle traction during a contraction facilitates the delivery.

Vernix caseosa – white, lard-type substance covering the fetal skin *in utero* to protect against possible damage from being in a watery environment – some may still be present at birth

Version – correction of the fetal presentation; external cephalic version (ECV); the fetus is pushed head over heels externally (breech to head); offered to women at 36 weeks gestation (NICE 2008a); internal podalic version – vaginally during labour a transverse lie is converted to breech by pulling a leg down (see **Presentation** in this section and **Breech delivery** in Section 2)

Vertex – circular area on skull vault that presents when the head is well flexed, bounded by anterior and posterior fontanelles and parietal eminences on either side (see **Abdominal palpation** and **Delivery technique** in Section 2)

Viable/viability – capable of independent life, 24 weeks pregnancy in the United Kingdom

Vital statistics – statistics relating to life, death, disease; UK statistics include fertility rate, live births, stillbirths, perinatal, neonatal, post-neonatal and infant mortality rates and maternal mortality/morbidity

VKDB – vitamin K deficiency bleeding (see **Haemorrhagic disease** in Section 2)

Zygoty, determining – determining whether twins are identical (monozygous – derived from one single fertilised ovum) or fraternal (dizygous – derived from two different fertilised ova)

Zygote – the cell formed when the nuclear materials of the ovum and sperm unite