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Enhancing clinical skills in obstetrics through the integration of intrapartum ultrasound: A resident's perspective

*Corresponding Author: Asaf Romano

Email: rasaf2@gmail.com

Asaf Romano^{1,2}*

¹The Helen Schneider Women's Hospital, Rabin Medical Centre, Beilenson Campus, Petach Tikvah, Israel.

²Sackler School of Medicine, Tel Aviv University, Israel.

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Introduction

As I approach the conclusion of my residency in Obstetrics and Gynecology (OBGYN), I reflect on the profound impact of Intrapartum Ultrasound (IPUS) on my clinical skills. While the widespread use of IPUS hasn't been definitively shown to improve perinatal outcomes [1,2], its promise in enhancing clinical skills and confidence is undeniable.

Navigating the uncertainty of manual vaginal examinations

Manual vaginal examinations have long been a cornerstone of obstetric practice, yet their imprecision is widely acknowledged [1-3]. During my residency, I grappled with the subjective nature of these examinations, seeking validation from multiple attending physicians and midwives, each with their own interpretation. The introduction of IPUS provided a sense of clarity and certainty that was previously elusive, offering a solid truth to refer to amidst the variability of manual examinations.

Refining vacuum extraction techniques

Performing vacuum extraction is both an art and a science. While objective parameters can describe the procedure and its outcomes, there exists a dimension that is inherently subjective-the feel of the performer. With Intrapartum Ultrasound (IPUS), I've experienced a profound shift in my approach to vacuum extraction. Knowing the exact fetal station, position, and attitude, I've felt a significant improvement in my ability to navigate force-vector dynamics, fine-tuning the procedure. Even when objective measurements may not capture the full extent of improvement, I know it is there.

Embracing the promise of intrapartum ultrasound

Despite the lack of definitive evidence demonstrating its impact on perinatal outcomes, I wholeheartedly advocate for the use of IPUS in obstetric practice. As we strive for evidence-based medicine and find a methodological approach to quantify

the benefits that many of us intuitively feel, I believe in embracing technology that will enhance our clinical skills and ultimately improve patient care.

Conclusion

As I prepare to embark on the next chapter of my career, I am grateful for the introduction of IPUS during my residency. Its influence on my clinical practice has been profound, providing a sense of confidence and precision that was previously unattainable. While the debate over its impact on perinatal outcomes continues, I remain steadfast in my belief that embracing technology like IPUS is essential for advancing the field of obstetrics and ensuring the best possible outcomes for mothers and babies.

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