GYNECOLOGY & OBSTETRICS

**Gynecology history:**

* **Biographic Data:**
	+ Name
	+ Age
	+ Nationality (+/-)
	+ Address (in order to assess whether she has quick access to medical care if necessary; does she live near a hospital?)
	+ Duration of marriage
	+ Educational level
	+ Occupation
	+ Husband’s occupation
	+ First day of last normal menstrual period (LNMP)
	+ Parity
	+ Blood type (for operative necessity or in case of emergencies where blood would need to be immediately transfused)
	+ If asked outside exam setting or by annoying doctors or when writing a report: which hospital, which ward, which bed and under which consultant’s care
	+ In very rare circumstances if another person (not the person themselves) tell you the history, you should mention the source and reliability
* **Chief Complaint:**
	+ Name, age, parity (Dr. Abdulla isa doesn’t like repetition, others do)
	+ Admission (which hospital, which date, what time, referred from where)
	+ Complaints (that brought them to the hospital)
	+ Duration (when did the problem begin, which is before the time of admission)
* **History of present illness (HoPI):**
	+ Analysis of chief complaint and investigate
		- Onset,
		- Severity,
		- Frequency,
		- If pain, ask about whether it is continuous or with menstruation
		- If there is bleeding, always ask about the quantity (how many times do you need to change tampons/pads or are there clots [clots occur in significant bleeding])
		- Progress of the problem,
		- Any treatment received and response to it
		- Relevant diseases she may have (MUST be mentioned)
		- Is it the first time getting this? How was it Rx last time
	+ Associated symptoms
	+ Other symptoms (rule out pertinent negatives)
* **Obstetric History:**
	+ Gravida + Para + A/M + E + L
	+ Do not bother asking more than what is relevant if the patient is many years post-menopausal (don’t ask about birth weight for patient who is 63 and complaining of bleeding!)
	+ All together ask:
		- Planned or unplanned
		- Problems during the pregnancy
			* If there were miscarriages (abortions) ask about when [which month/week], if they were after each other (recurrent), and if there is a known cause
		- Duration (to term or not)
		- Type of delivery
		- Birth weight
		- Postnatal complications
		- Breastfed or not and why not
		- Alive now, if not, reason
* Gynecological Details
	+ **Menstrual history:**
		- Date of menarche/menopause
		- Regularity of the cycles (occurs every month?)
		- How many days does menses last?
		- How many days between menses (duration of cycle)?
		- Has there been in a change in the amount of blood passed?
		- Is there pain during menstruation?
	+ **Contraception Use**
		- Always be aware that many patients think that planning methods or barrier methods are not contraceptives (ask about them if they say they do not use contraceptives, especially if they are married for years without conception occurring)
	+ **Sexual history**
		- Only relevant in cases of STDs or infertility
		- Ask about frequency of intercourse, any dyspareunia or post-coital discharge or odor
	+ Other relevant information:
		- When was the **last time you did a pap smear**? (If they haven’t done it within the last 3 years, you should do one now)
		- Any **post-coital bleeding**?
		- Discharges from the vagina (ask about color, volume, odor, consistence, blood-tinged or not, timing)
		- Incontinence
		- Sign and symptoms of urinary tract infection (Urgency, frequency, dysuria, in worst cases, fever, chills, CVA tenderness)
		- Ask if they have any known conditions like PCOS (if they know what it is)
* **Past medical history:**
	+ Medical diseases like DM or HTN or thyroid diseases or malignancies
	+ Inherited diseases like SCD/SCT, G6PD D. or thalassemia
	+ Previous admissions and surgeries
	+ Any allergies (to drugs or foods)
	+ Vaccinations
	+ Blood transfusions (and when)
* Family history:
	+ Members in her family
	+ Consanguinity
	+ Inherited diseases in family (hematologic, PCOS, **cancers of breast, endometrium, ovaries and colon** – ***Lynch syndrome*** is related to ***endometrial, ovarian and colon* cancers**; **BRCA is related to *ovarian and breast* cancers**)
	+ Family history of early deaths, mental retardation, syndromes
* **Social history** (ASK ONLY IF RELEVANT)
	+ Living arrangement (house or flat) – assess SES
	+ Smoking (her or her husband) and alcohol intake
	+ Travel
	+ Pets at home
	+ Weight and diet (relevant for PCOS)
* Systemic review
* Summary of history:
	+ Name, age, GPA/M+E+L, k/c/o, came to X for the complaints of X for the duration of X. Provisional diagnosis or differential diagnosis is \_\_\_\_\_.

**Obstetrics History**

* **Biographic Data (basically the same but also)**
	+ Name
	+ Age
	+ Nationality (+/-)
	+ Address (in order to assess whether she has quick access to medical care if necessary; does she live near a hospital?)
	+ Duration of marriage
	+ Educational level
	+ Occupation
	+ Husband’s occupation
	+ First day of last normal menstrual period (LNMP)
	+ Gravida, parity, miscarriages/abortions, ectopic pregnancy, living, preterms
		- Gravida includes the current pregnancy
		- Twins count as 1 gravida and 1 parity, but living you would add 2
		- Miscarriage = unintended loss of pregnancy <20 weeks (According to Dr. Hafsa, Abortions in Western cultures are planned abortions, but with all other doctors abortion = miscarriage)
		- If she does not remember the week at which the loss occurred, **ask about the weight** (if >500 g, then consider it a stillbirth and you include it in the parity, and mention she had 1 stillbirth – stillbirths are delivered; abortions are evacuated or pregnancy is terminated)
	+ **Expected date of delivery (EDD)**
		- Using **Naegel’s rule** (Add 7 days, subtract 3 months and if necessary add one year) – but you’ll notice in SMC, they add 5 days only

EDD for LNMP at 2/1/2017 if her cycles are 33 days long?

14/10/2017 (you have to add 5 more days)

* + - This **assumes a 28 day cycle** (if cycle is **21 day, remove 7** days, if **cycle is 35 days, add 7 days**)
	+ **Gestational age**
		- Use the LNMP and today’s date to calculate
		- Represented as **X weeks + days**
		- For **every 3 months, you add 1 week**
		- Example: first day of LNMP is 12/5/2016; today’s date is 14/12/2016
			* 7 months have passed + 2 days
			* 7 months = 28 weeks
			* For each 3 months, add 1 week (so add 2 weeks in this case)
			* So GA = 28 weeks + 2 weeks + 2 days = 30 weeks+2 days
	+ Blood type
* **Chief complaint (Same as gyne)**
* **HoPI (same as gyne)**
* **History of Current Pregnancy**
	+ How was pregnancy diagnosed?
		- Did you miss a period for you to know?
		- How long after the missed period did you wait until you confirmed it by a test?
		- Which test did you do (urinary or serum ß-hCG)?
		- Where did you do it? (HC or at home?)
		- Planned pregnancy or not?
	+ We divide the pregnancy into 3 trimesters:
		- **First trimester**
			* Frequency of visits: first 28 weeks is every 4 weeks
			* When was the first time you went to a HC?
			* What tests did they do for you?
			* Did they measure your BP – was it normal?
			* Did they test your urine?
			* Did they test your blood?
			* Did they say there were any abnormalities?
			* When was the first time you did ultrasound?
				+ 11 – 13 weeks = Dating scan (12 weeks) – most accurate for dating (+/- 5 days; if unknown patient comes to you and their LNMP GA is >5 days different than first trimester US GA, then trust the US GA)
				+ 18 – 20 weeks = anomaly scan
				+ 36 weeks = growth scan
			* Did you hear the FHT on Doppler (10 – 12 weeks)
			* S&S of pregnancy – ask about morning sickness, dietary habit changes
			* Ask about pain, bleeding, medications being used, any fever or rashes or urinary symptoms
			* Do you smoke or have any pets?
			* Do you take your supplements? (iron, folate)
			* Do you take any medications?
		- **Second trimester (> 12 weeks)**
			* Visits are still every 4 weeks
			* Date of quickening (normally 16 – 18 in multis, 18 – 20 in primis)
			* Weight gain (normal weight gain is 10 – 12 kg)
			* Ask if she did any special tests during this time (Quad screen which is done at 15 – 20 weeks)
			* Ask if she did any special procedures during this time (Cervical cerclage)
			* Ask if they did an US (anomaly scan at 18 – 20 weeks)
				+ Ask if they told her where her placenta is implanted
			* Ask about any problems faced (bleeding, pain, discharge, contractions – which could be Braxton hicks – false, benign – starts as early as 14 weeks)
		- **Third Trimester (>24 weeks to term)**
			* How frequently did you visit? (> 28 weeks it should be every 2 weeks; > 36 weeks it should be weekly)
			* Ask if they checked her blood sugar levels (24 – 28 wk)
				+ GTTP = screening (for everyone, but you skip it if patient is high-risk for GDM/DM); 50 g; ask her if she had to fast or not, and if she had to drink something sugary and then blood was drawn or blood was drawn before drink was given (OGTT)
				+ OGTT= confirmatory test for GDM (0 hours [FBG], 1 hour, 2 hours, 3 hours); if 2 values are high, consider it GDM
				+ If GDM, ask about how she is controlling it (dietary control, or is insulin also required?)
			* Ask about fetal movements (how many in 12 hours)

**Abdulla Isa says the key features to ask for in 3rd trimester history:**

1. fetal movements (is it normal, sluggish, how often – not the same as quickening)

2 – clinically correct for dates?

3 –weight gain

4 – BP and urine (normal)

5 – US (for EFW, lie presentation, and if late enough, planned type of delivery)

6 – last time she visited antenatal clinic

* + - * Weight gain (10 – 12 kg normal)
			* BP measurements normal or high?
			* Did they test your urine or not? Any abnormalities?
			* Did they test your blood sugar levels (or did they do it again)?
			* Did you do US? What did they tell you about the fluid surrounding your baby? Did they tell you its gender?
			* Did they give you any injections (RhoGAM at 28 weeks, IM)?
			* Any complaints? Pain, bleeding, discharge, gush of fluid or not? Headaches, blurred vision, epigastric pain, urinary symptoms, fever? Contractions?
			* If they are at term, ask about the presentation of the fetus and expected mode of delivery
* **Obstetric History:**
	+ About previous pregnancies, ask about:
		- G, P +A/M + E + L + preterms
		- How many times did you get pregnant, how many times did you deliver?
		- When was the last pregnancy?
		- Any problems during the pregnancies? Any GDM or HTN? Any preterm deliveries or abortions (And when exactly and why)
		- When were they delivered (which weeks/month)?
		- What kind of delivery for each? NSVD or IVD or ECS or planned CS?
		- Any problems during delivery or after (such as PPH)?
		- Did she breastfeed them or not?
* **Menstrual history:**
	+ Were cycles regular before pregnancy? (3 months before or even more)
	+ How long does menses last? (2 – 7 days normal)
	+ Cycle length? (21 – 35 days normal)
	+ Flow is heavy or abnormal before pregnancy or in general or not? (normal flow volume is <80 mL)
* **Past medical history:**
	+ You MUST ask about medical (DM, HTN, thyroid, SLE, etc.) or inherited diseases (e.g. SCD, thalassemia, G6PD deficiency)
	+ Previous admissions, surgeries
		- Don’t forget that CS and cerclage are considered operations (so don’t just blindly say no previous operations!)
	+ Vaccinations, allergies, blood transfusion, long term medications, special diets
* **Family History:**
	+ Ask about consanguinity
	+ Ask about family history of early deaths, abortions/stillbirths, preterm deliveries, cancer, chromosomal diseases, SCD and other inherited diseases (why? For prenatal counseling)
* **Social history:**
	+ Living arrangement
	+ Smoking, alcohol, drug abuse, travel history, pets (cats)
* **Review of systems**
* **Summary of history:**
	+ Name, age, parity, gestational age, complaints + duration, admission details + provisional diagnosis/DDx