HISTORY

- **General rules in obstetrics and gynecology history:**
  - You always start with: gravida, para and abortion.
  - Then, you mention gestational week.
- **You must know how to calculate the Expected Date of Delivery (EDD):**
  - **Disadvantage**: the calculation of EDD depends on the first day of the Last Menstrual Period (LMP) of a 28-day-mestrual cycle.
- **How to determine gestational age:**
  - **Ultrasound:**
    - ✓ 1st trimester: margin of error is 1week.
    - ✓ 2nd trimester: margin of error is 2 weeks.
    - ✓ 3rd trimester: margin of error is 3 weeks.

- **Demographic Data:**
  - Full name.
  - CPR.
  - Age.
  - Date of marriage.
  - RH (blood type).
  - Para; gravida; abortion.
  - Gestational week.
  - Date of admission to the hospital.
- **Chief Complaint (CC):**
  - The main problem and duration (in patient's own words). Sometimes, the patient has no complaint (asymptomatic) and might only be admitted to the hospital after a routine antenatal checkup.
- **History of Present Illness;**
  - Onset.
  - Location.
  - Severity: scale from 1-10
  - Frequency.
  - Duration.
  - Associated symptoms.
  - Alleviating and aggravating factors.
  - Any treatment received and its response.
- **History of Current Pregnancy:**
  - Last Menstrual Period (LMP).
  - Expected Date of Delivery (EDD): subtract 3 months, add 7 days, add 1 year.
  - When was the pregnancy first diagnosed, where and by which method?
  - Quickening, exposure to any medications or any other complications.
- **Obstetric History:**

Date	Pregnancy duration	Route of delivery	Gender	Breast-feeding

  - You must also ask if there were any complications with each pregnancy.
  - In addition, if LSCS was done → you have to ask about the cause.

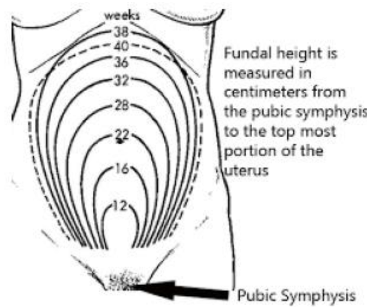
- **Menstrual History (asking about the menstrual cycle):**
  - Age of menarche (first time this female experienced menstruation).
  - Regularity of the menstrual cycle.
  - Duration of the menstrual cycle.
  - Menstrual flow (normal bleeding, heavy bleeding… etc).
  - First day of the Last Menstrual Period (LMP). You must pay attention if this female was using any contraceptives or is currently breast-feeding because these factors affect ovulation.
  - Ask the patient if she experienced any sort of vaginal discharge (amount, color, smell and any other associated symptoms).
- **Past Medical History:**
  - Is the patient suffering from any chronic or genetic medical conditions?
  - Sexually Transmitted Diseases (STDs).
  - Are there any previous surgeries (when, where, why, any complications… etc).
  - Any previous blood transfusions?
  - Previous admissions to the hospital (when, why, how was the condition managed… etc).
  - Does the patient use any kind of medications regularly (if yes, for what? How long she has been using it?).
  - Allergy to medications or food.
  - Immunization.
  - Diet (special diet?).
- **Family History:**
  - Ask about 1st degree relatives: if they suffer from any chronic or genetic medical problems or malignancy.
  - In additions you have to ask if there is any family history of: congenital anomalies, twins, abortions or stillborn infants.
- **Psychosocial History:**
  - Level of education (primary school, secondary high school or college?).
  - Living conditions.
  - Monthly income.
  - Nature of employment (if she has a job, does it affect on her current condition?).
  - Smoking (is she and active or passive smoker? how long she has been smoking? how many packs does she smoke per day) and alcohol consumption (which type? Frequency and amount).
  - Ask the patient if she has any hobbies or pets.
- **Summary of the history:**
  - **Mention the following: name – age – gravida, para, abortion – gestational age – why is the patient in hospital – and how was her condition managed.**

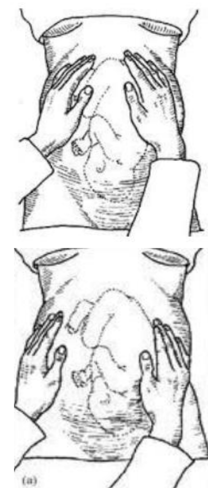
PHYSICAL EXAMINATION

- **Some general rules:**
  - Physical examination must be done in a private room with the presence of a nurse.
  - You must introduce yourself to the patient, explain for her what are you going to do and take her permission.
  - Patient must be in a semi-setting position (placing a pillow under her head and shoulders).
  - You always start with general examination (paying attention if the patient is looking well, happy, depressed… etc) and vital signs (blood pressure, temperature, respiratory rate and pulse).
  - General inspection: eyes (looking for jaundice or anemia), mouth and tongue (central cyanosis, ulcers, nicotine stain… etc), neck (enlarged lymph nodes, use of accessory

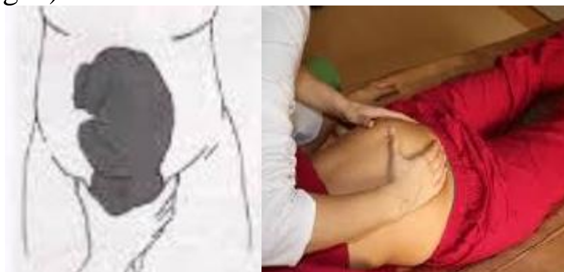
muscles… etc), hands (clubbing, fine tremor, flapping tremor), chest (scars, discoloration… etc) and legs (for edema and signs of DVT.

- **Inspection of the abdomen in a pregnant female:**
  - Linea nigra (due to ↑ α-MSH).
  - Striae gravidarum (these are stretch marks which can also be seen in obese patients and those who are suffering from Cushing's syndrome due to ↑ cortisol).
  - Chloasma (hyper-pigmentation on the cheeks and bridge of the nose).
  - **Umbilicus:**
    - ✓ In the 1st trimester: it is usually inverted.
    - ✓ In the 2nd trimester: it is usually everted.
  - Scars: caesarian section is seen on what is known as "bikini-line".
  - Symmetry of the abdomen.
  - Quickening (obvious movement of the baby).
- **Palpation of the abdomen in a pregnant female:**
  - **Superficial palpation**: you are looking for any tenderness (by keeping an eye on the patient), masses, temperature and guarding.
  - **Deep palpation**: it is difficult to be applied especially towards the end of pregnancy.
  - **Obstetric palpation:**
    - ✓ Fundal height: starting from xyphoid process, you place the ulnar border of your left hand and descend until you fell resistance. Then, you should use a meter measuring the distance from the point of resistance to the superior border of pubic symphysis.
      - ❖ *Each 1cm corresponds to 1 gestational week.*
      - ❖ *Each finger below the umbilicus corresponds to 1 gestational week while each finger above the umbilicus corresponds to 2 gestational weeks.*





    - ✓ Fundal grip: to know what is occupying the upper border of the uterus. Most of the time you will feel the buttocks (which is soft, irregular and ballotable).
    - ✓ Lateral grip: to know where is the back of the fetus (and therefore knowing the lie). The back is felt to be continuous, long and hard).
    - ✓ Pelvic grips:
      - ❖ *1st pelvic grip*: to know what occupies the lower segment of the uterus.
      - ❖ *2nd pelvic grip*: to check for engagement (if you only fell 1/5 or 2/5 of the head of the fetus → it is engaged).



- **Auscultation of fetal heart:**
  - It can be heard below the umbilicus either to the right or left of the midline in cephalic presentation; or above the umbilicus on breech presentation. This is done by using a fetoscope. The normal range is: 110-160 beats/minute.