



HISTORY TAKING IN OBSTETRICS & GYNECOLOGY

DR.SALAH ROSHDY,MD

PROF.OF OBSTETRICS & GYNECOLOGY

QASSIM COLLEGE OF MEDICINE



HISTORY TAKING IN OBSTETRIC

- Essential step.
- Type of questions change with gestation.
- Synopsis of a women's background risk.
- Account of the progress of her index pregnancy.
- Clinical guide to follow examination.



LEARNING OBJECTIVES

- To develop the basic clinical skills of history taking, clinical examination and case presentation in O & G.
- To obtain knowledge of the common clinical problems in O & G.

Terminology

- **Menarche** = age at which menses began
- **LMP** (last menstrual period) = first day of last normal period
- **Dysmenorrhea** = cramping with periods
- **Menopause** = Permanent cessation of menses for at least 12 months at a susceptible age of menopause

Terminology, continued

- **Postmenopausal bleeding** = bleeding 12 months after cessation of menses
- **Gravidity** = number of pregnancies
- **Parity** = number of delivery
- **Gravida** = a woman who is or has been pregnant
- **Primigravida** = a woman who is in or who has experienced her first pregnancy

Terminology, continued

- **Multigravida** = a woman who has been pregnant more than once
- **Nulligravida** = A woman who has never been and is not now pregnant
- **Primipara** = A woman who has delivered one pregnancy (**regardless of the number of fetuses**) that progressed beyond the gestational age of an abortion

Terminology, continued

- **Multipara** = a woman who has delivered two or more pregnancies that progressed beyond the gestational age of an abortion
- **Nullipara** = a woman who has never had a pregnancy progress beyond the gestational age of an abortion
- **Parturient** = a woman currently in labor
- **Puerpera** = a woman who just gave birth

Obstetric History

G T **P** **F P A L**

T = # of pregnancies

F = # of term pregnancies (≥ 37 weeks)

P = # of preterm pregnancies (viable through 36 weeks)

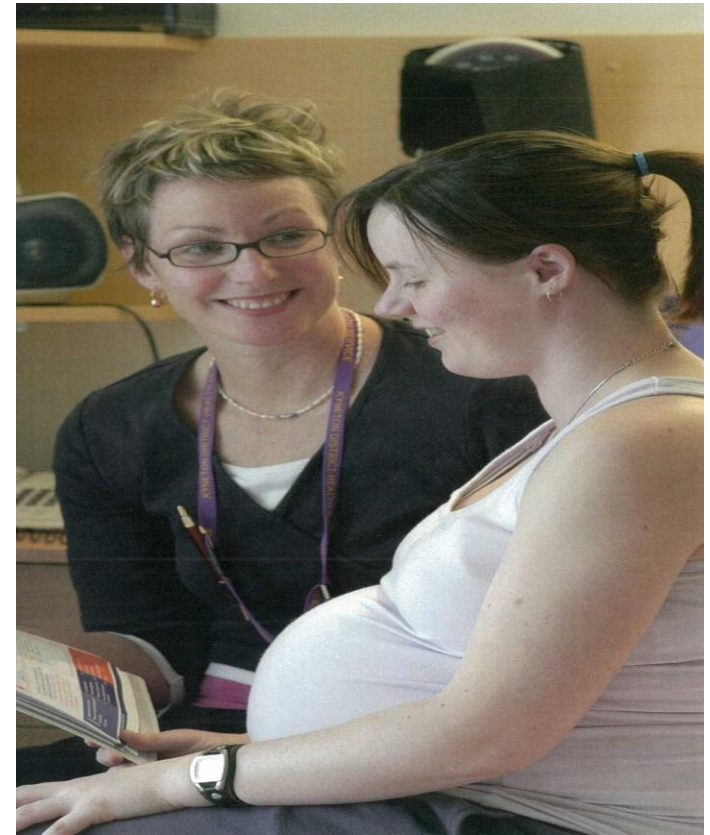
A = # of abortions (spontaneous or induced) and ectopic pregnancies

L = number of living children



HOW TO TAKE HISTORY

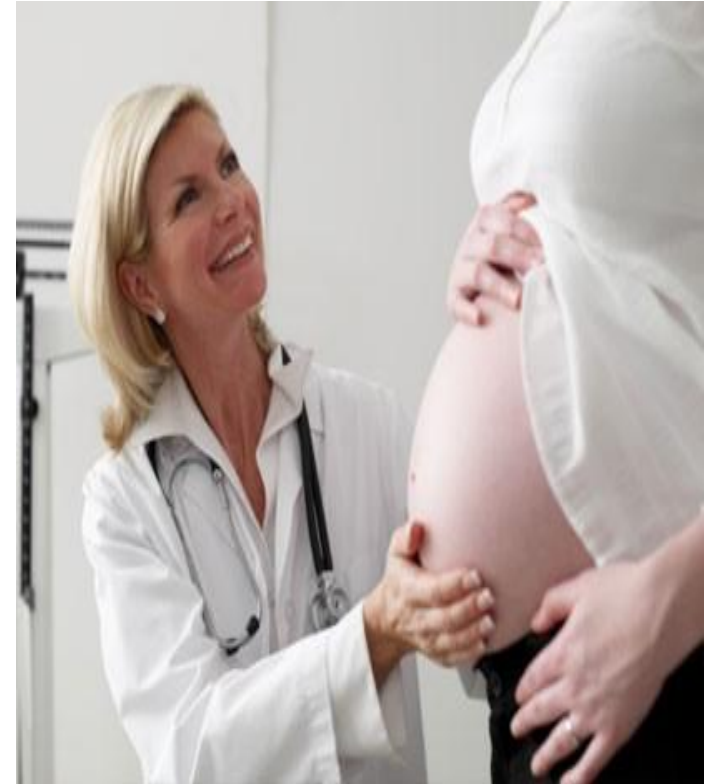
- Care and sensitivity.
- Purpose of visit.
- Sound clinical **knowledge**.
- Logical **sequence**.
- Avoid inadvertent omission of important details.
- **Identify risks**.





ETIQUETTE

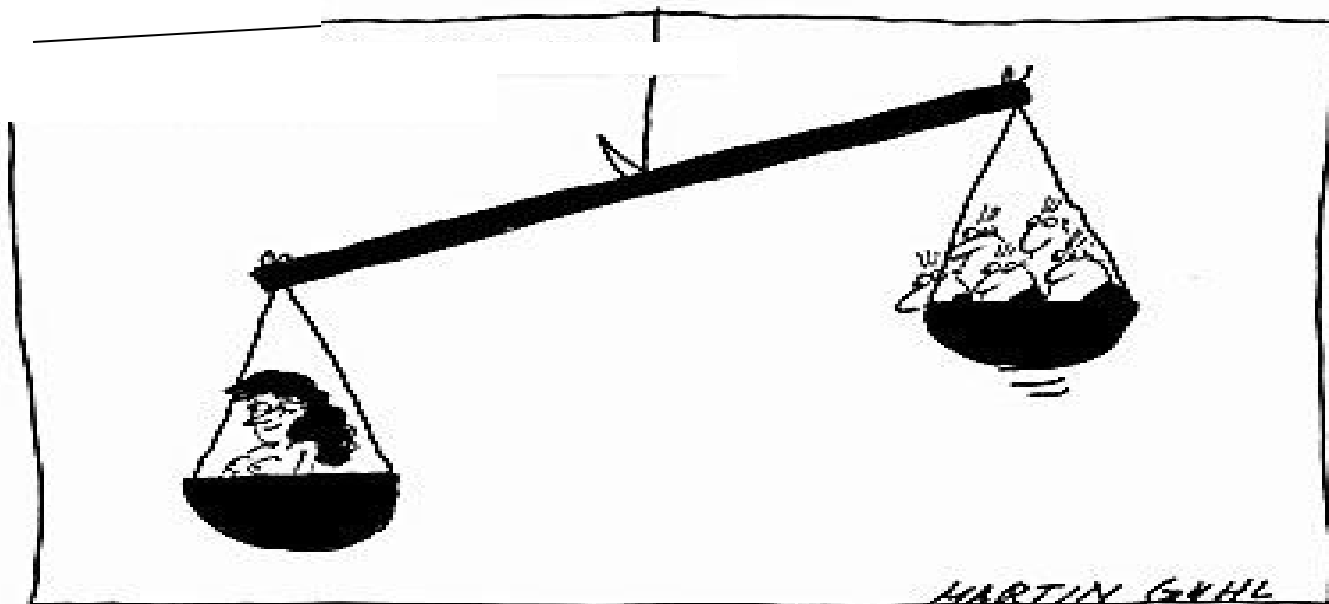
- Appearance.
- A polite introduction.
- Respect.
- Confidentiality and privacy.
- Language.





WHERE TO BEGIN ?

- Make sure that patient is comfortable.
- Safe opening question.
- Ask purpose of visit. (routine / problem)





FRAMEWORK

- Self preparation.
- Introduction.
- Achieve patient's comfort.
- Establish smooth communication.
- Chronological & concise history.
- Identify risks.
- Final summary.



STEPS

ANTE
NATAL
CLINIC



"I want a natural birth-no make-up.no lip gloss,no....."

**PERSONAL & SOCIAL
HISTORY**

**MENSTRUAL &
OBSTETRICAL HISTORY**

**CONTRACEPTIVE
HISTORY**

**PAST MEDICAL &
SURGICAL HISTORY**

FAMILY HISTORY

DRUG HISTORY



PERSONAL HISTORY

- Name
- Age
- Nationality
- Occupation
- Marital status
- Address
- Parity
- Gravidity



Special habits

Smoking

Drug abuse

Alcohol intake

Domestic pets



DATA ABOUT HUSBAND

- Name ,age, occupation
- Special habits
- Regularity of marital life
- Consanguinity



CHIEF COMPLAINT

- 1-ABDOMINAL PAIN
- 2-VAGINAL BLEEDING
- 3-LOSS OR REDUCE OF FETAL MOVEMENTS
- 4-LEAKING WATER PER VAGINA
- 5-ABDOMINAL OR LEGS SWILLING
- 6-DIZZINESS .LOSS OF CONSIOUNESS OR CONVULTION
- 7-OTHERS COMPLAINT



H/O PRESENT ILLNESS

A-Analysis

- 1-ONSET
- 2-DURATION
- 3-CHARACTER
- 4-SEVERITY
- 5-FREQUENCY
- 6-REFERAL
- 7-ASSOCIATED SYMPTOMS
- 8-AMOUNT OF LOSS
- 9-RELIEFING FACTORS
- 10-AGGREGATING FACTORS
- 11-OTHERS SPECIFICATIONS



H/O Present Illness

- **Symptoms of Pregnancy**
 1. Nausea, Vomiting,
 2. Frequency, Fatigue,
 3. Craving, Amenorrhea,
 4. Abdominal enlargement,
 5. Perception of fetal movement



H/O Present Illness

- **Symptoms of complicated pregnancy:**
 1. Headache -Blurring of vision
 2. Persistent vomiting
 3. Epigastric or RH Pain
 4. Recurrent abdominal pain (uterine contraction)
 5. Cessation of abdominal enlargement
 6. Cessation or decrease fetal movement
 7. Leaking fluid ,Bleeding/vagina
 8. Swelling of lower limbs or generalized



H/O Present Illness

- History of vaccination, drugs
- H.of exposure to radiation
- ANC received
- Symptoms related to other systems of body
- Any treatment received
- Any investigation done



MENESTRUAL HISTORY

1. AGE OF MENARCHE
2. FREQUACY OF CYCLES [21-35 DAYES]
3. DURATIONS OF CYCLES [3-7 DAYES]
4. P/C
5. Regularity
6. BLOOD LOSS NO.OF PADS PER DAY
7. WITH OR WITH OUT PAIN
8. H/O INTERMENESTRUAL BLEEDING
9. ASSOCIATED SYMPTOMES
10. 1ST DAY OF LAST MENESTRUAL PERIOD [LMP]
 - Reliable LMP



OBSTETRICAL HISTORY

- Total no. of previous pregnancies GRAVIDA
- Delivery > 20wks. PARITY
- No of normal labor
- No of difficult Delivery (C.S-Ventouse –Forceps)
- No of PL
- Miscarraige < 20 wks.
- L.D—L-Abortion—Living children
- Breast feeding



OBSTETRICAL HISTORY

- G.... P....
- Para a + b (a=delivery, b=miscarrage)
- Para a b c d
 - a= full term
 - b= preterm
 - c= Miscarraige
 - d= living



OBSTETRICAL HISTORY

For each pregnancy ask

- Antenatal complication
- Place of delivery
- Onset of labour
- Mode of delivery
- Maturity
- Neonatal sex, birth weight, outcome.
- Postnatal complication.
- Breast feeding



OBSTETRICAL HISTORY

- Recurrent miscarriage (early / late?)
- IUGR
- Preterm delivery
- IUFD
- Early onset pre-eclampsia
- Abruption
- Congenital abnormalities
- Un-explained stillbirth



CURRENT PREGNANCY

- *Validation of dates.*
L.M.P ...Regular cycles, Surety of date.

If unavailable, dating by early scan.





CONTRACEPTIVES HISTORY

- 1-H/O BREAST FEEDING
- 2-OCP
- 3-INTRA UTERINE CONTRACEPTIVE DEVICES
- 4-SAFE PERIODS
- 5-H/O CONDOMS
- 6-H/O VAGINAL SPERMICIDAL FOAM
- 7-H/O TUBAL LIGATION



PAST MEDICAL & SURGICAL HISTORY

- Diabetes mellitus
- Hypertension
- asthma
- Renal disorders
- Hepatic disorders.
- Hypothyroidism
- Epilepsy
- Autoimmune disorders
- Coagulation defects
- Psychiatric problems
- Previous surgery
- Gynecological surgeries
- Hospital admission
- Blood transfusion



DRUG HISTORY

- History of any known allergies
- Use / abuse of drugs.
- Need for dose adjustment



FAMILY HISTORY

- Hereditary illnesses (D.M-Htn-Twins-Cancer)
- Congenital defects
- Need for counseling
- Timely investigations.

GYN. HISTORY

- 1-H/O PELVIC PAINS
- 2-H/O VAGINAL DISCHARGES
- 3-H/O IRREGULAR CYCLES
- 4-H/O ABNORMAL PV BLEEDING
- 5-H/O AMENORRHOEA
- 6-H/O SEXUALY TRANSMITTED DISEASES
- 7-H/O CERVICAL SMEARS
- 8-H/O ANY GYN.SURGERIES



amination of Gyn&Obst.Case

1-General Status

- Comfortable
- Irritable
- Drowsy
- Conscious
- Co-operative

2-Vital Signs

Examination of Gyn&Obst.Case

3-Head & Neck Ex.

4-Upper & Lower Limb

5-Breast Ex.

6-Heart Ex.

7-Lung Ex.

8-Ex.of the Back

9-Abd.Ex

10-Pelvic Ex.



Summarise

- Thank the patient!!!
- Turn to the examiner
- Give a **concise** summary of **relevant** information



Differential Diagnosis

- **Common things are common!!!!**
- Start with the commonest
- Include the serious
- ~ 3 differentials is fine
- If you can't justify it – don't say it!!!



Provisional Diagnosis

- **Obstetric case**
 1. Patient age
 2. Parity----4 digit no
 3. Duration of pregnancy
 4. Lie-Presentation- back-In labor or not
 5. Last D, Last abortion
 6. Previous C.S, No
 7. Associated obstet, medical or surgical problem
 8. EDD



Key Points!!

- Take your time
- Be nice to the patient!!
- Common things are common
- Blind Surgeons Retire Early
- Practice!!!!!!!!!!!!!!

