

KEY POINTS OF OBSTETRICS AND GYNAECOLOGICAL HISTORY

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HISTORY TAKING FORMAT

1. BIODATA OF PATIENT
2. CHIEF COMPLAINTS
3. HISTORY OF PRESENT ILLNESS
4. OBSTETRICAL HISTORY
5. GYNAECOLOGICAL HISTORY
6. PAST MEDICAL AND SURGICAL HISTORY
7. FAMILY HISTORY
8. MEDICATION
9. ALLERGIES
10. PERSONAL/SOCIAL HISTORY

BIODATA OF PATIENT

- ◉ NASEOMARD (Mnemonics)
NAME
AGE, ADDRESS
SEX
ETHNICITY
OCCUPATION
MARTIAL STATUS
RELIGION
DATE AND TIME OF HISTORY
AND EXAMINATION

CHIEF COMPLAINTS

- ◉ To elicit chief complaints ask broad questions?
- ◉ What brings you in today?
- ◉ Tell me what has been going on?
- ◉ What seems to be the problem?
- ◉ What are your complaints?

DETAILS OF CURRENT PREGNANCY

- ◉ LMP then calculate her EDD
- ◉ Duration of gestational age
- ◉ Any complaints in chronic logical order

HISTORY OF PRESENT ILLNESS

1ST TRIMESTER:

- ◉ Planned\unplanned pregnancy
- ◉ Spontaneous/induction of labour
- ◉ Confirmation of pregnancy by assume herself ,
Pregnancy test ,ultrasonography
- ◉ Sign and symptoms of pregnancy
- ◉ Folic acid preconceptional ,T.T vaccination
- ◉ Any booking (when, where and how many visits.
- ◉ Early booking investigations and what was the result.
- ◉ Any medical disorder before pregnancy;
HTN,DM,EPILEPSY ,THROID DS.
- ◉ Any medication duration, dose timing.
- ◉ Any history of vaginal discharge ,vaginal bleeding,
urinary problems flu like symptoms.

2ND TRIMESTER

- ◉ Any problem during 2nd three months
- ◉ Any bleeding ,vaginal discharge , or any other problem
- ◉ Date of quicking
- ◉ Any blood test and what was the result.
- ◉ Any detail anomaly scanning (when, where , and why) any screening test
- ◉ Placental localization and baby growing well
- ◉ B.P check up
- ◉ Any change in weight
- ◉ Any medication

3RD TRIMESTER

- ◉ Any medication due to HTN, DM, EPILEPSY
- ◉ Any problem vaginal discharge , vaginal bleeding, urinary problem, labor pains
- ◉ Any hospital stay when, where, why, how long?
- ◉ Any medication
- ◉ Any plan of delivery
- ◉ Patient wishes

CURRENT SYMPTOMS OF ADMISSION (MNEMONICS)

L:LOCATION

O:OTHER SYMPTOMS

C:CHARACTER SYMPTOMS

A:AGGREVATING OR RELIVING FACTOR

T:TIMING

E:ENVOIRMENT

S:SEVERITY

LOCATION

Where it does hurt?

Which part of your chest , head, abdomen is affected?

Does it stay in one place or does it radiate anywhere else?

Other symptoms:

- ◉ To rule out disease
- ◉ Associated symptoms
- ◉ Other symptoms

CHARACTER(QUALITY OF SYMPTOMS)

- ◉ What does it feel like?
- ◉ What kind of pain?
- ◉ Can you describe pain?
- ◉ Does it affect your sleep or work or social life.
- ◉ How often are the attack?
- ◉ Is the pain continues or does it came and go?

AGGRAVATING AND RELIVING FACTOR

- ◉ What makes it better?
- ◉ What makes it worse?
- ◉ What has the patient done to try to feel better?
- ◉ What seems to bring pain on?
- ◉ Does any thing make it better and worse?
- ◉ Is the pain relieved by drugs/rest/changing position?
- ◉ Have you take any medication for pain.

TIMING

- ◉ Onset ,duration, type
- ◉ How did it start?
- ◉ How long have you had this pain?
- ◉ When did you first notice it?
- ◉ Is it intermittent/ continues?
- ◉ How long does each episode last?
- ◉ Does the symptoms vary with the time of the day?
- ◉ Have you experienced this before association with specific events.

PAST OBSTETRICAL HISTORY

- ◉ Duration of marriage
- ◉ Previous pregnancies(first to last)
- ◉ Onset of labor spontaneous/induce
- ◉ Mode of delivers (SVD,C/SECTION/INSTRUMENTAL DELIVERY)
- ◉ Alive/ well, gender
- ◉ Term, preterm , post term, miscarriage
- ◉ Weight of baby
- ◉ Singleton/twin
- ◉ Place of delivery
- ◉ Last child birth/ Last abortion
- ◉ Any complication during ante partum , intra partum , postpartum period
- ◉ Breast feeding

GYNECOLOGICAL HISTORY

- ◉ Age of menarche
- ◉ Regular/irregular menstrual cycle
- ◉ LMP, duration of menses , cycle length
- ◉ Impact on health related quality of life.
- ◉ Dysmenorrhea , time ,duration of pain in relation to menses
- ◉ Any history of IMB,PCB
- ◉ Any investigation and treatment of infertility and PID and surgery
- ◻ **CONTRACEPTION**
 - ◉ Need contraception
 - ◉ Current method what , when started, any side effect
 - ◉ Previous method what ,when, why stopped

PAP SMEAR HISTORY

- ◉ Last smear
- ◉ When
- ◉ where
- ◉ What was the result?
- ◉ Awareness and compliance on follow up

PAST MEDICAL AND SURGICAL HISTORY

- ◉ Any illness in childhood or adult life such as :
DM , HTN , Hepatitis , rheumatic fever ,
psychiatric illness ,epilepsy
- ◉ Hospitalization : when , where , why and
how long
- ◉ Past surgery : any abdominal /vaginal or
other gynecological operation, what part of
the body , why , when , where , any
complication , reaction to anesthesia drug

MEDICATION

- ◉ Health maintenance
- ◉ Pregnancy related medications folic acid ,iron ,antiemetic ,antacids
- ◉ Immunization
- ◉ Any screening test
- ◉ Medication : name , purpose , dose ,route ,frequency , side effect prescribed by , cost
- ◉ Don't forget: counter drug , vitamins , nutritional supplements , any borrow drugs and known allergies and its symptoms

FAMILY HISTORY

- ◉ Major illness in the immediate family members (parents , grandparents and siblings)
- ◉ Family history of preeclampsia, or eclampsia,DM
- ◉ History of twin
- ◉ Genetic diseases: sickle cell disease , thalassemia , cystic fibrosis , congenital malformed baby
- ◉ Familial diseases: diabetes mellitus , carcinoma of breast , ovarian , endometrium , colon
- ◉ Psychiatric illness : heritable , psycho social environment
- ◉ Any infection : T.B , leprosy , hepatitis

SOCIAL HISTORY

- ◉ Personal status (smoking and alcohol: amount duration and type)
- ◉ Occupation
- ◉ Educational background (family social and financial support)
- ◉ Social class : home condition , water supply , light , sanitation and surrounding environment
- ◉ Basic pay and earning person and family members

SOCIAL HISTORY: SMOKING

- ◉ The most important cause of preventable diseases.
- ◉ Smoking history - amount, duration & type.
- ◉ Amount: pack”year calculations.
- ◉ Duration: continuous or interrupted.
- ◉ Any trials of quitting & how many.
- ◉ Deep inhalation or superficial.
- ◉ Active or passive smoker.
- ◉ Type: packs, self-made, Cigars, Shesha , chewing etc.

SOCIAL HISTORY: SMOKING

- ◉ Ask the smoker whether he is willing to quit or not.
- ◉ Do not forget to encourage the smoker to quit whenever contacting a smoker as it is proved to increase quitting rate.
- ◉ If he is willing to quit, but can not, help him by NRT, bupropion.

SOCIAL HISTORY: ALCOHOL.

- ◉ Whether drinking alcohol or not.
- ◉ If drinking know whether it is healthy or not.
- ◉ Healthy alcohol use:
 - ◉ Men: 14 units/week, not > 4 units/session.
 - ◉ Women: 7 units/week, not > 2 units/session.
- ◉ Don't forget that healthy alcohol use is associated with less IHD & Ischemic CVA.
- ◉ Unhealthy alcohol use is associated with cardiomyopathy, CVA, Myopathies, liver cirrhosis & CPNS dysfunction.

SOCIAL HISTORY: ALCOHOL.

- ◉ **Note: Do not advise patients or individuals , to drink for health, because of:**
- ◉ **Religious & cultural reasons.**
- ◉ **Possibility of addiction with its known health problems.**

KEY POINTS OF EXAMINATION

- ⦿ Consent, explanation & beware of supine hypotension
- ⦿ **Appearance:** ill/well, obese/thin, anxious/depressed
 - Pallor
 - Jaundice
 - Cyanosis
 - Edema
 - Pigmentation
 - Varicose veins, ulcers

System Review (SR)

- **This is a guide not to miss anything**
- **Any significant finding should be moved to HPC or PMH depending upon where you think it belongs.**
- **Do not forget to ask associated symptoms of PC with the System involved**
- **When giving verbal reports, say no significant finding on systems review to show you did it. However when writing up patient notes, you should record the systems review so that the relieving doctors know what system you covered.**

System Review



General

- Weakness
- Fatigue
- Anorexia
- Change of weight
- Fever/chills
- Lumps
- Night sweats

System Review



Cardiovascular

- Chest pain
- Paroxysmal Nocturnal Dyspnoea
- Orthopnoea
- Short Of Breath(SOB)
- Cough/sputum (pinkish/frank blood)
- Swelling of ankle(SOA)
- Palpitations
- Cyanosis

System Review



Respiratory System

- Cough (productive/dry)
- Sputum (colour, amount, smell)
- Haemoptysis
- Chest pain
- SOB/Dyspnoea
- Tachypnoea
- Hoarseness
- Wheezing

System Review

Gastrointestinal/Alimentary

- Appetite (anorexia/weight change)
- Diet
- Nausea/vomiting
- Regurgitation/heart burn/flatulence
- Difficulty in swallowing
- Abdominal pain/distension
- Change of bowel habit
- Haematemesis, melaena, haematochagia
- Jaundice

System Review

Genital system

- Pain/ discomfort/ itching
- Discharge
- Unusual bleeding
- Sexual history
- Menstrual history - menarche/ LMP/ duration & amount of cycle/ Contraception
- Obstetric history - Para/ gravida/abortion

System Review



Urinary System

- Frequency
- Dysuria
- Urgency/strangury
- Hesitancy
- Terminal dribbling
- Nocturia
- Back/loin pain
- Incontinence
- Character of urine: color/ amount (polyuria) & timing
- Fever

System Review



Nervous System

- Visual/Smell/Taste/Hearing/Speech problem
- Head ache
- Fits/Faints/Black outs/loss of consciousness(LOC)
- Muscle weakness/numbness/paralysis
- Abnormal sensation
- Tremor
- Change of behaviour or psyche.
- Pariesis.

System Review

Musculoskeletal System

- Pain - muscle, bone, joint
- Swelling
- Weakness/movement
- Deformities
- Gait

GYNECOLOGICAL EXAMINATION

- ◉ General- Conjunctiva, pulse

- ◉ Abdomen:

- Inspection- distension of abdomen
mass
previous scar
- Palpation- tenderness
mass(size, consistency)
ascites
lymph nodes
- Percussion
- Auscultation

ABDOMINAL EXAMINATION OF GYNAECOLOGY

◉ Inspection:

striae, kicking, bulges

size and shape:

midline fullness indicates ovarian or uterine mass. Fullness of flanks suggests ascites (confirm by fluid thrill and shifting dullness), iliac fossa masses usually ovarian or bowel.

linea albicans/nigra, rash, pigmentation

Palpation:

Rigidity or guarding

Mass: position, size, shape, edges, mobility, consistency, fluid thrill if cystic

Malignant tumors usually fixed. Mobile tumors usually benign, but may be fixed by adhesions.

◉ ALL visceral palpation

◎ Obstetrics examination

Fundal height:

from S.pubis up to the fundus. If by calculation 38 and measure 26 it means there is either a miscalculation of the EDD, or a problem with the fetus as IUGR. Also if the opposite, the calculation, it may suggest a macrosomic baby, twin pregnancy, polyhydramnios, hydrops fetalis.

Fundal grip:

to see whether the head or the buttocks are occupying the fundus.

Cephalic presentation

when the head is down and the buttocks occupy the fundus.

Breech presentation

is when the head occupies the fundus. This is significant esp in a primigravida where C-section is preferred.

Lateral grip:

important to assess how the baby is lying; whether transverse, oblique or longitudinal, the latter being the only ideal position for delivery. It also tells whether the baby's back is on the right or left. 75% of baby's backs are on the left probably b/c of the liver on the right. This is necessary to find the site to auscultate for the baby's heart beat.

First pelvic grip:

The only position with the back to the patient

Insert the fingers into the pelvis to see what part of the baby occupies the pelvis

Second pelvic grip:

Move the part left and right, if mobile, then it is not in the pelvic brim, so no engagement has occurred yet. If immobile it means that the BPD (biparietal diameter) of the baby is in the pelvic brim; i.e engagement occurred. This palpation is necessary esp in primigravida b/c if 36 weeks passed and no engagement occurred, it may suggest that the pelvis is too narrow, or the baby has hydrocephalus etc..

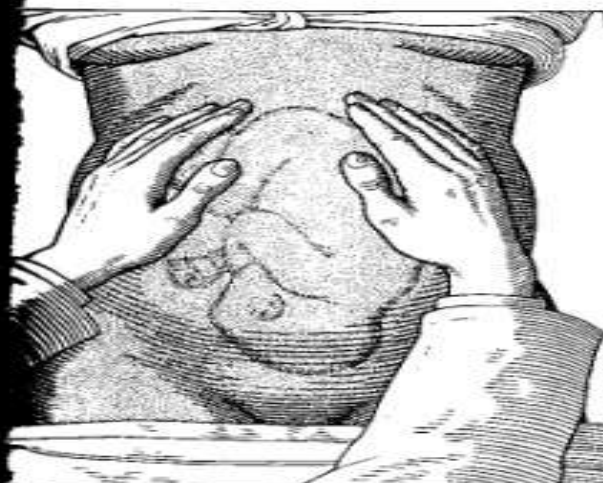
◎ Percussion:

Dull masses are in contact with the abdominal wall, while resonant suggest being behind the bowel

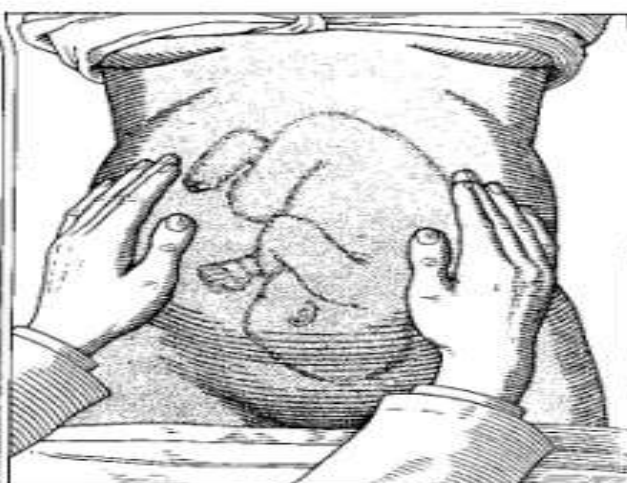
Auscultation:

Bowel sounds, absent in ileus

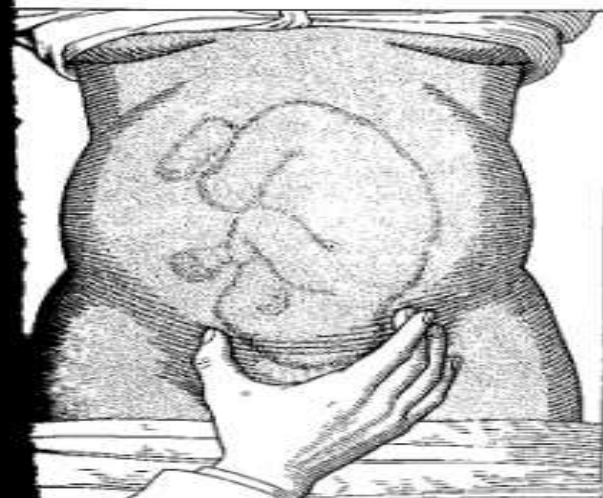
Fetal heart: heard with stethoscope after 24/52, with portable sonicaid at 12/52



First maneuver



Second maneuver



Third maneuver



Fourth maneuver

Fig. 10-10. Longitudinal lie. Palpation in left occiput anterior position (LOP) (maneuvers of Leopold). See also Figure 11-5A.

VAGINAL EXAMINATION OF OBSTETRICS

- ◉ Vulva & vagina
- ◉ Cervix-dilatation ,effacement, position & consistency
- ◉ Presenting part i.e Vertex
- ◉ Station-cm in relation to the ischial spine
- ◉ Caput-swelling on the scalp superficial to periosteum of cranium ,as a result of venous congestion, on the part of head most in advance
- ◉ Moulding- Overriding of the bones of skull
- ◉ Membranes & Liquor

VAGINAL EXAMINATION

- ◉ Vulva
- ◉ Speculum (Cusco's & Sims's)
 - vagina (atrophy, mass, trauma, prolapse)
 - cervix (ectropion, polyp, growth, contact bleeding,
 - uterine prolapse
- ◉ Bimanual pelvic exam. - uterine/adenexal masses tenderness

PELVIC EXAMINATION

- ◉ The pelvic examination is an integral component of any gynaecological consultation and fundamental to
- ◉ planning any gynaecological intervention. In all settings, the patient's consent must always be obtained
- ◉ before a pelvic examination is undertaken.
- ◉ ◻ BLADDER MUST BE EMPTIED PRIOR TO EXAMINATION
- ◉ ◻ PERFORMED IN LITHOTOMY POSITION [on back, legs apart, knees bent], OR LEFT LATERAL
- ◉ POSITION
- ◉ ◻ INFORM THE PATIENT OF WHAT YOU PLAN TO DO AND INFORM HER OF YOUR OBSERVATIONS.
- ◉ **Inspection**
- ◉ ◻ Examine the external genitalia noting and rashes, swellings, ulcerations,
- ◉ lesions. Separate labia with forefinger and thumb and examine clitoris.
- ◉ Look for any discharge and note characteristics [purulent/clear/blood
- ◉ stained]
- ◉ ◻ Tell patient to bear down and cough - look for any vaginal wall or
- ◉ introital bulges [prolapsed vaginal walls or uterine descent] or passage
- ◉ of urine [stress incontinence - ideally here bladder would be full]

BIMANUAL EXAMINATION

Bimanual palpation. □ ***Palpate Bartholin's glands [posterior of labia major].***

- Lubricate index and middle finger if necessary. While the left index finger and thumb separate labia, the right index and middle finger are Insert into vagina. The cervix is located [assess: size, shape, position, tenderness, mobility].

- Then perform a bimanual examination: keeping the “vaginal” finders pushing upwards and backwards, push the left hand down back onto the symphysis pubis.

- o Palpate the uterus [assess position - anteverted or retroverted; size; consistency; mobility; tenderness, cervical excitation.

- o Palpate the fornices while using the left hand to push down from the iliac fossae to the suprapubic region [assess ovarian size; adenexal masses, tenderness

SPECULUM EXAMINATION

speculum inspection. ▢ ***Insert Cusco's [bivalve] speculum - lubricate, insert in upwards***

direction with blades closed using one hand while labia are separated with other hand; open blades gently to visualize cervix and vaginal walls. Close blades slowing during withdrawal.

- o Look for any cervical lesions [ectopy, polyps, cysts, tears, etc], vaginal discharge [purulent/clear/blood stained]; cervical inflammation; etc.

- o Perform a Cervical smear using spatula and/or brush rotating both through 360o and smearing samples lightly on a smear.

- o May perform high vaginal swab, cervical swabs, wet slides for infection