

OBSTETRICS AND GYNAECOLOGY
CLINICAL ASSESSMENT: HISTORY AND EXAMINATION
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GV Sunanda

Consultant Obstetrician and Gynaecologist, FSH

Professor and Discipline Lead, UNDA

Associate Professor and specialty Lead, CMS

OBSTETRICS: HISTORY TEMPLATE

- Name
- Age
- Gestational age at presentation
- Expected Date of Delivery (EDD)- ideally derived from dating scan in 1st trimester

PRESENTING PROBLEM

- Depends on gestational age: The presenting problems may vary with gestational age
- Common presentations are :
 - **Routine** antenatal visit as per antenatal schedule of visits
 - **Emergency** symptoms such as Pain, Uterine contractions, PV bleeding or discharge, Rupture of membranes, Reduced fetal movements, Symptoms of deteriorating pre-eclampsia/hypertension, Deterioration in any medical condition in pregnancy such as diabetes, cardiac, haematological ; Feeling unwell, Antepartum haemorrhage, Infective symptoms etc

CURRENT PREGNANCY

- Antenatal Booking with GP **6-10 weeks**: Gestational age at booking, Dating USS and EDD
- Dating Scan: Usually 8-12 weeks, Estimated Date of Delivery determined at this early scan
- First trimester booking/screening blood tests: FBC, Ferritin, Blood group and Rhesus status, Infection screen- HIV, Hepatitis B and C, Syphilis (TPHA), Fasting Blood sugar, Rubella. Urine M C and S, Urine PCR for Chlamydia and Gonorrhoea
- Aneuploidy **screening** tests:
 - 10 + weeks NIPT for fetal cell free DNA in maternal blood
 - 11 weeks to 13 weeks and 6 days: First Trimester Combined Screening : USS for fetal Nuchal Translucency + Serum beta HCG and PAPP-A

CURRENT PREGNANCY

- 18-20 weeks - Mid trimester anatomy scan (Fetal morphology, cervix length as a screening tool for preterm labour if cervix <3 cm on transabdominal scan or <2.5 cm on transvaginal scan), placenta position- to rule out low lying placenta which may become placenta praevia)
- 26-28 weeks - Oral glucose tolerance test. Blood tests: FBC, Blood group, Iron studies , TPHA for syphilis
- Blood group antibodies if Rhesus negative
- 36 weeks - GBS screen , FBC, Ferritin, TPHA for syphilis
- Schedule of visits: Booking with GP 8-12 weeks. First hospital booking appointment 16-20 weeks. Antenatal visits – 24, 28, 31/32, 34, 36, 38, 40, 41 weeks

PAST OBSTETRIC HISTORY

- Previous pregnancies:
 - How many pregnancies
 - Any antenatal complications
 - Any known medical condition in that pregnancy
 - Gestational delivery, mode of delivery, postnatal outcome, breast feeding
 - Any miscarriages

PAST GYNAECOLOGICAL HISTORY

- Cervical Screening Test- is she up to date? Was it normal?
- Past gynaecological problems or operations
- History of sexually transmitted disease if any

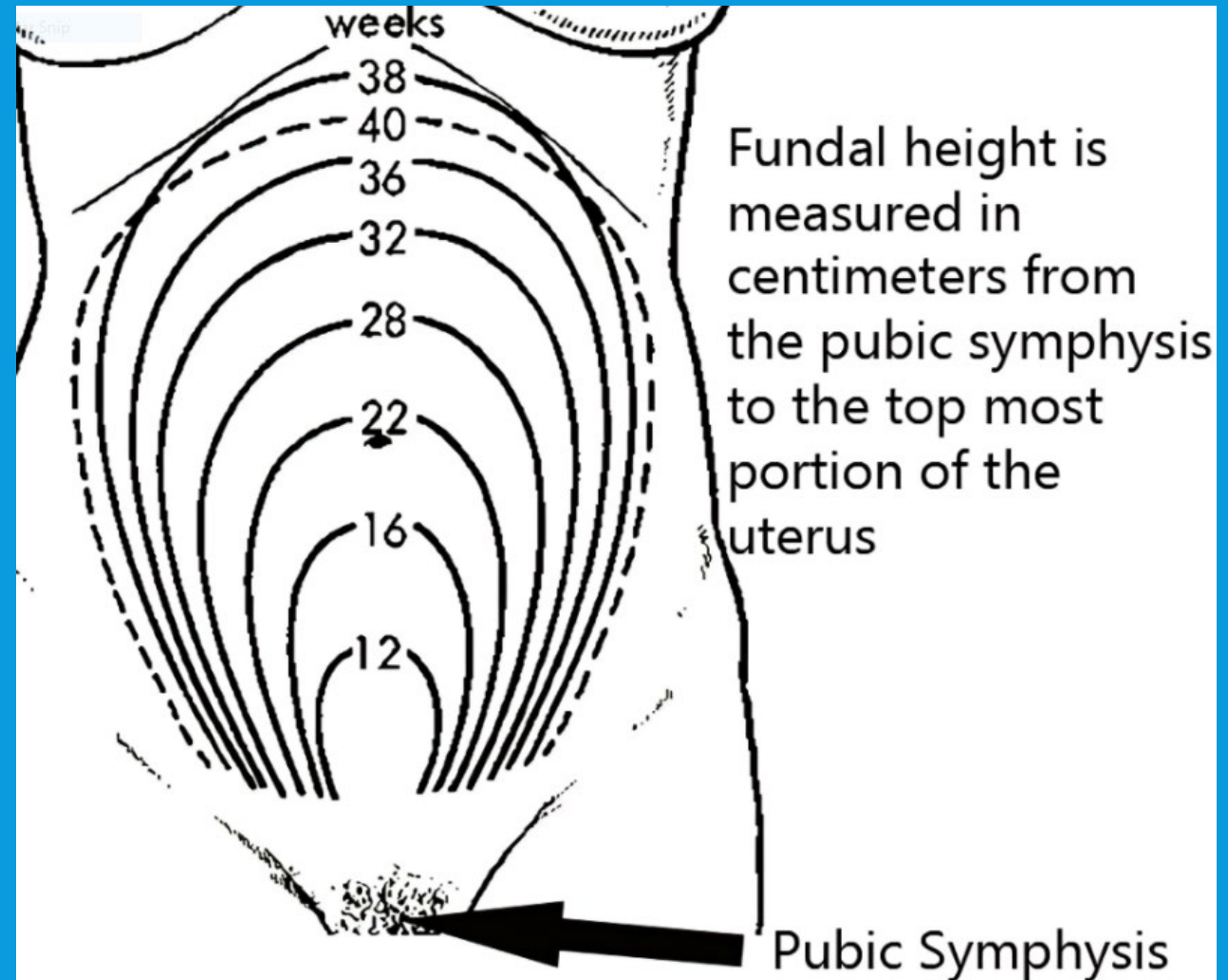
HISTORY CONTINUED

- Surgical history
- Medical history
- Medications
- Allergy
- Social history
- Smoking/Alcohol/Drugs

OBSTETRIC EXAMINATION

- Consent to examine, Chaperone where appropriate
- General appearance
- BMI
- Vital signs: Pulse, BP, Temperature, Respiratory rate, SaO₂
- Abdominal examination:
 - Inspection- Pregnant abdomen, any scars/straie, Fetal movements if visible
 - Palpation: Symphysio fundal height in cm, Lie and Presentation of fetus, Cephalic- how many 5ths palpable, Areas of tenderness, Palpable contractions- frequency and strength
 - Percussion – less relevant
 - Auscultation: Fetal heart sounds and rate with hand held Doppler , CTG if 24 weeks or more if indicated

SYMPHYO-FUNDAL HEIGHT



OBSTETRIC EXAMINATION

- Pelvic examination where indicated with consent and chaperone
- Inspection of external genitalia- any abnormalities, fluid or blood through the vagina
- Speculum examination- Comment on any abnormalities in the vagina or any discharge, Cervix- is it open/closed?, if open how many cm dilated, do you see any fluid or blood coming through the cervical os? Investigations that can be done during speculum examination are : High vaginal swab, Low vaginal swab, Cervical swab, Fetal Fibro Nectin, Amnisure
- Digital examination: For cervical length, consistency and dilatation; Confirm the presentation and presenting part; What is the station of the presenting part, Is the amniotic membrane intact or ruptured?

GYNAECOLOGICAL HISTORY

- Name
- Age
- Presenting problem: Common presentations-Menstrual disorders in various age groups, Pelvic pain due to various causes, Infertility, Prolapse, Incontinence, Menopause related problems, Early pregnancy pain and bleeding, Cervical Screening Test and Colposcopy related presentations, Contraception, Sexually transmitted disorders, Discussion regarding operative procedures, Post operative review and /or complications, Gynaecological tumours/malignancies
- Elaborate on the presenting problem
- Menstrual history
- Cervical Screening Test
- Past gynaecological problems and operations
- Current contraception- in the reproductive age group
- Sexual history

GYNAECOLOGICAL HISTORY

- Obstetric history: How many pregnancies and their outcome
- Surgical history
- Medical history
- Medications
- Social history
- Smoking/alcohol/recreational drugs
- Allergies

GYNAECOLOGICAL EXAMINATION

- Consent and Chaperone
- General appearance
- BMI
- Vitals: Pulse, BP, Temperature, SaO₂, Respiratory rate
- CVS/RS- where relevant in elderly women with co-morbidities
- Abdomen:
 - Inspection- Any scars, umbilicus normal/displaced, visible distention
 - Palpation- Systematically palpate all quadrants for masses, tenderness, rebound and guarding. Comment on nature of the mass.
 - Percussion – Is relevant in some conditions such as haemopitoneum or distended bowel
 - Auscultation: In specific conditions only

GYNAECOLOGICAL EXAMINATION

- External genitalia: Inspection of external genitalia- any abnormalities, fluid or blood through the vagina
- Speculum examination- Comment on any abnormalities in the vagina or any discharge. Cervix- Does it appear normal? Is there an ectropion/polyp/bleeds on touch? Does she need a CST, HVS, LVS, Cervical swab?
- Bimanual examination: Feel the cervix first, then place the 2 fingers in the vagina at the posterior fornix and the other hand in the supra pubic region- feel for the uterine size, mobility and tenderness. Use both hand to palpate the adenexae for any masses or tenderness. Lastly, test for cervical excitation.

INSTRUMENTS USED IN OUT-PATIENT GYNAECOLOGICAL EXAMINATION CUSCO'S SELF RETAINING SPECULUM



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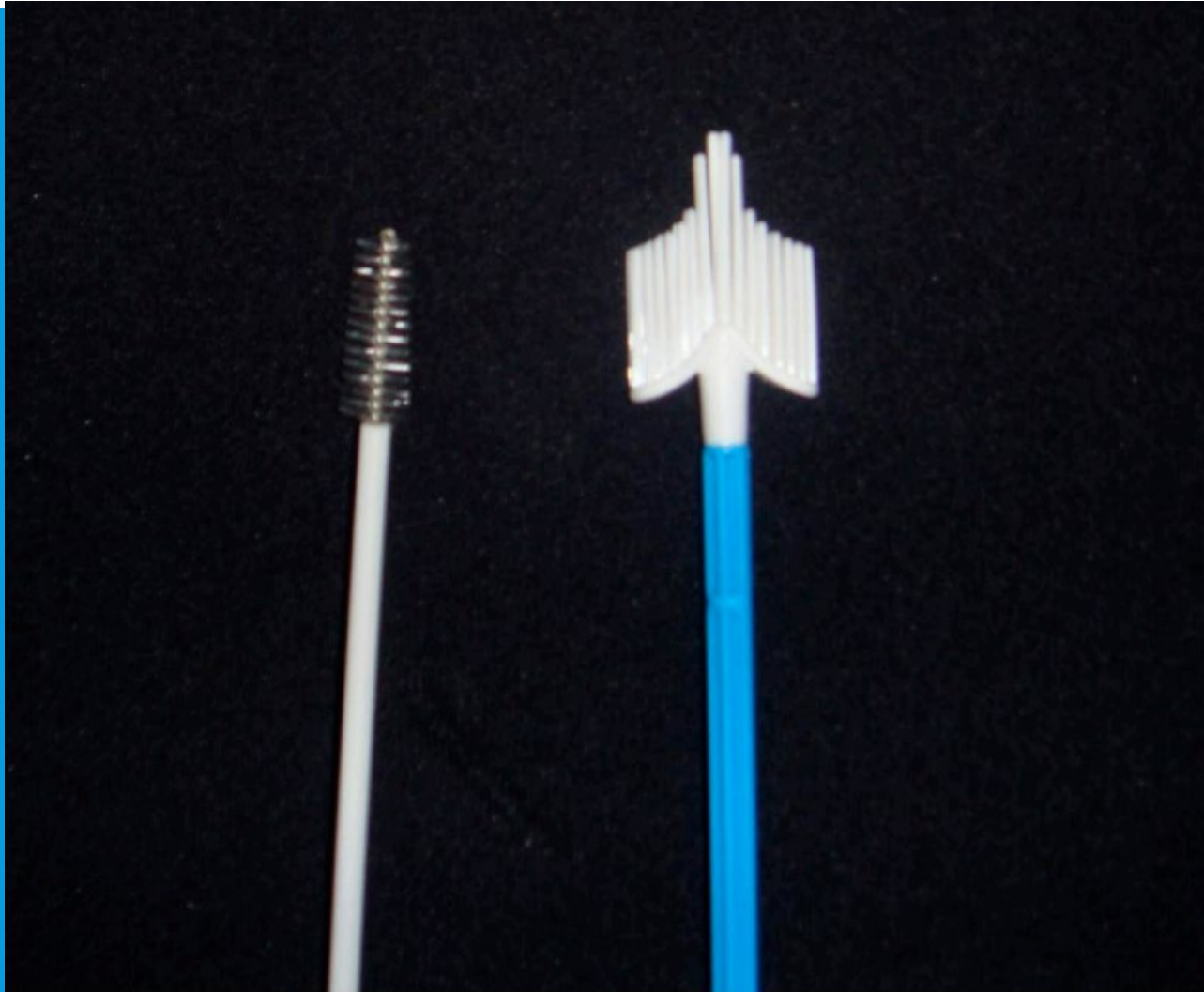


INSTRUMENTS USED IN GYNAECOLOGICAL EXAMINATION

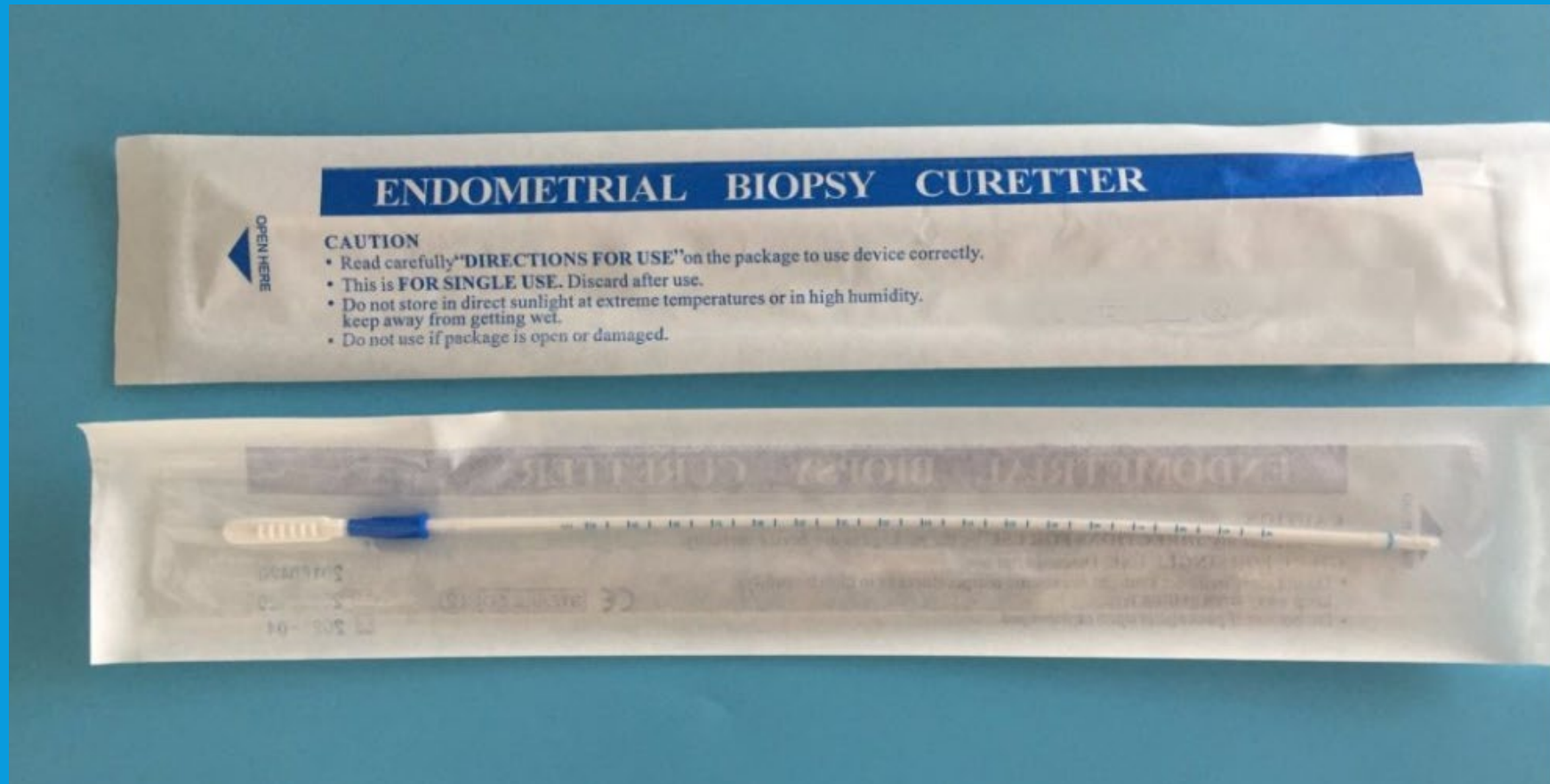
SIM'S BIVALVE SPECULUM



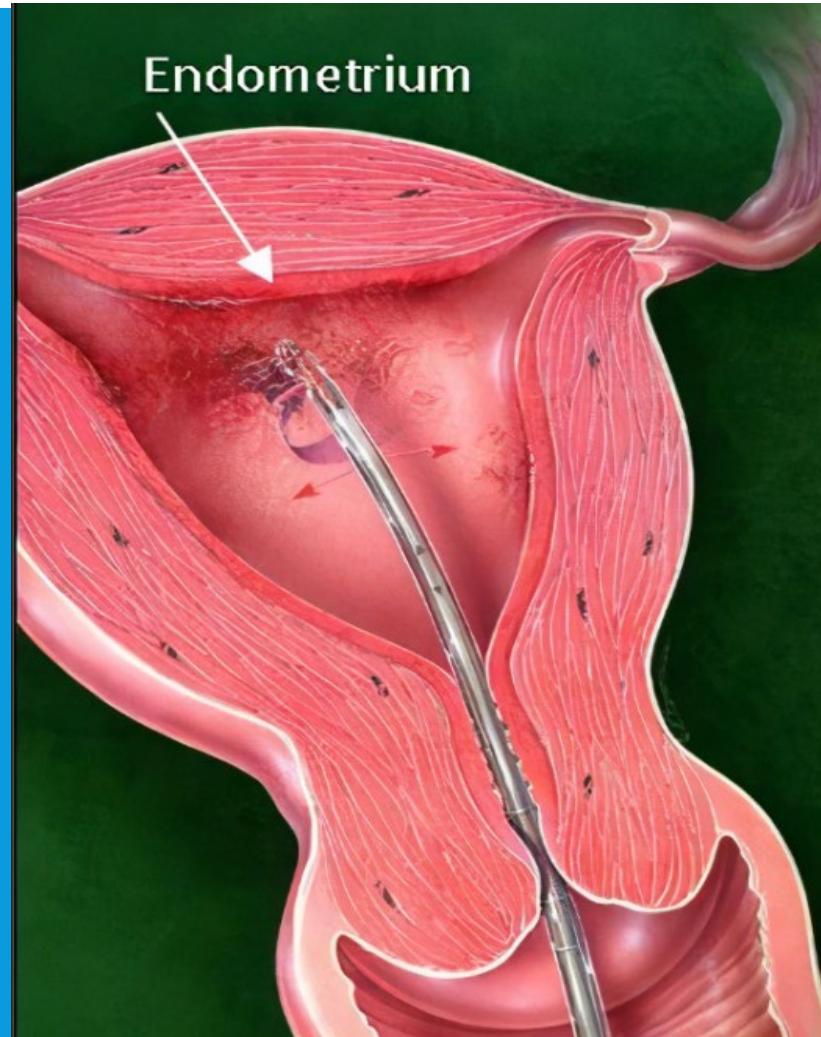
CERVICAL BRUSH FOR CERVICAL SCREENING TEST



PIPELLE ENDOMETRIAL BIOPSY



PIPELLE ENDOMETRIAL BIOPSY



EXPECTATIONS OF THE ROTATION

- During your rotation in Obstetrics and Gynaecology, you will rotate through the following clinical areas and these are the conditions you should read about to have a better understanding when you actually see patients.
- Pre-reading will help in developing your reasoning skills and application techniques. There are a number of resources on Blackboard which you should read before attending the clinical areas.
- **Antenatal Clinic:**
 - Routine antenatal care – schedule of visits and screening tests
 - Common antenatal conditions- Hypertensive disorders, Gestational diabetes, Previous caesarean section , medical complications- obstetric cholestasis, thromboembolism, anaemia. Pre-existing medical conditions- Hypertension, Cardiac disease, Neurological and Endocrine disorders, Renal and Haematological disorders, Fetal growth problems, Twins, Perinatal mental health problems

EXPECTATIONS OF THE ROTATION

- **Antenatal Clinic:**
 - Routine antenatal care – schedule of visits and screening tests. Pre-reading Antenatal Care slides
 - Common antenatal conditions- Hypertensive disorders, Gestational diabetes, Previous caesarean section , medical complications- obstetric cholestasis, thromboembolism, anaemia. Pre-existing medical conditions- Hypertension, Cardiac disease, Neurological and Endocrine disorders, Renal and Haematological disorders, Fetal growth problems, Twins, Perinatal mental health problems.
 - Pre-reading- Slides on Medical disorders in Pregnancy, Hypertensive disorders.

EXPECTATIONS OF THE ROTATION

Birth Suite: To observe normal labour, Pre-term labour, Emergency caesarean section, Operative vaginal delivery, perineal care and repair of episiotomy or perineal tear, understand obstetric complications such as post partum haemorrhage, interpretation of CTG. Methods of induction of labour and complications. Also observe multidisciplinary handover and patient care. Pre-reading is all topics as mentioned above.

Caesarean section: Elective: Observe and assist at elective CS. Insert IDC and IV cannulas when possible. Learn indications for CS, methods of CS and Post operative complications and prophylaxis to minimize complications

Maternal fetal assessment unit: For obstetric emergencies and assessment such as reduced fetal movements, antepartum haemorrhage, hypertensive disorders, preterm labour and pre term rupture of membranes, monitoring for fetal growth restriction. Pre-reading- as per topics mentioned above.

EXPECTATIONS OF THE ROTATION

Gynaecology Clinic: Common conditions are Menstrual abnormalities and Abnormal uterine bleeding, Pelvic pain (Endometriosis, PID), Prolapse and Urogynaecological problems, Ovarian cysts, Subfertility, Menopause, Contraception, Pelvic malignancies, Vaginal discharge. Read about common gynaecological conditions.

Early Pregnancy Assessment Unit: Early pregnancy pain and bleeding – Miscarriages and Ectopic pregnancies. Molar pregnancy, Pregnancy of Unknown Location. Pre-reading- Early pregnancy pain and bleeding.

Colposcopy- Abnormal Cervical Screening Test and Colposcopy +/- LLETZ (Large Loop Excision of the Transformation Zone). Understand national cervical screening program.

Gynaecology Theatre: Hysteroscopy and biopsy, Hysteroscopic resection of endometrial or fibroid polyps, Laparoscopy – and treatment of endometriosis/ Ovarian cystectomies/ Oophorectomies/ Salpingectomies, Hysterectomy- laparoscopic/abdominal or vaginal, Myomectomy, Surgery for prolapse or urinary incontinence

Outpatient Hysteroscopy clinic: For assessment of postmenopausal bleeding and abnormal uterine bleeding

SUMMARY

- Understand and practice structured history taking in obstetrics and gynaecology
- Practice a systematic approach to clinical examination
- Understand common conditions in both subjects
- Prepare for your clinical sessions by preparing and reading on relevant topics so that you may gain factual knowledge that can then be applied in clinical practice

QUESTIONS