

Planning	<ul style="list-style-type: none"><li>Nullipara = never given birth or completed pregnancy &gt; 20 weeks</li><li>Nulligravida = never been pregnant</li><li>Multigravida = pregnant more than once</li><li>Elderly primigravida = &gt; 35 y.o. woman in 1<sup>st</sup> pregnancy</li></ul>	<b>Terms:</b> <ul style="list-style-type: none"><li>G = # of times pregnant regardless of outcome</li><li>P = # of completed pregnancies &gt; 20 wks</li><li>Live twin birth = G1P1</li></ul> A woman currently 10 weeks GA. She has had 2 miscarriages and one stillbirth at 40 weeks. → G4 P1 + 1020 (TPAL)	<b>TPAL:</b> (0000) – must add up to # of children <ul style="list-style-type: none"><li>Term pregnancies (&gt; 37 wks)</li><li>Preterm births (&lt; 36 + 6 )</li><li>Miscarriage/Abortions &lt;20 wks</li><li>Live birth (inc. stillborn &gt; 20 wks)</li></ul>																																
Current pregnancy	“So, tell me how you feel about the pregnancy news?” → “So, tell me a little more about your nausea.”																																		
	Calculate GA + EDD <ul style="list-style-type: none"><li>LMP</li><li>EDD = 9mths + 7 days from LMP (if cycles are regular - add more or subtract depending)</li><li>OCP? – when did she stop and # of periods before becoming pregnant</li><li>FM?</li><li>HMB &gt; 80mL/day or &gt;6x day period</li></ul>	<b>1<sup>st</sup> trimester</b> <ul style="list-style-type: none"><li>Confirmed date + method of pregnancy</li><li>Planned or unplanned</li><li>USS (10-12/52)</li><li>CVS (1-13/52)</li><li>Ante-natal care (e.g. shared care, midwife led, consultant led) → CARE MODEL</li></ul>	<b>2<sup>nd</sup> trimester</b> <ul style="list-style-type: none"><li>Amniocentesis (16-19/52)</li><li>Anomaly scan (18-20/52)</li><li>Quickening (1<sup>st</sup> FM) (16-20/52)</li></ul>	<b>3<sup>rd</sup> trimester:</b> <ul style="list-style-type: none"><li>Antenatal clinic findings (esp. BP + proteinuria)</li><li>Vaginal bleeding</li><li># of hosp. admissions</li></ul>																															
HPS	<ul style="list-style-type: none"><li>Onset → Duration → Severity (ADL)</li><li>Course: worsening? → relieving factors e.g. anti-emetics</li><li>Triggers: food, smells, exercise?</li><li>Other symptoms: fatigue,</li></ul>		Summarize what you have covered so far: “Ok, so we’ve talked about your nausea any other concerns?”																																
Gynae (head to toe)	<table><tr><td>Fever</td><td>Chorioamnionitis OR UTI (+ FUND)</td></tr><tr><td>UWL</td><td>Hyperemesis gravidarum   Malignancy</td></tr><tr><td>SOB (walking upstairs)</td><td>fetus pushing on diaphragm?, PE - ?chest pain anaemia? -pale, light-headed, palpitations</td></tr><tr><td>Abdo pain</td><td>UTI (dysuria), placental abruption, constipation, pelvic girdle pain</td></tr><tr><td>Dysuria + vulva pain</td><td>UTI, superficial (Herpes), Bartholin cyst/abscess</td></tr><tr><td>N/V (persistent)</td><td>Hyperemesis gravidarum = UWL, hypoK, dehydrated</td></tr><tr><td>Pelvic pain</td><td>symphysis pubis dysfunction</td></tr><tr><td>Headache / vision issues / light-headed</td><td>pre-eclampsia</td></tr><tr><td>Unexplained bleed</td><td>From gums, nose + metallic taste in the mouth → Haem</td></tr><tr><td>Vaginal Discharge/bleeding</td><td>Water broke = spontaneous rupture of membranes Blood = antepartum haemorrhage, placenta praevia, cervical causes</td></tr><tr><td>Swelling / ?DVT</td><td>normal swelling of pregnancy (decrease after elevation) ? pre-eclampsia (Headache/Visual disturbance/Epigastric pain swelling of face)</td></tr><tr><td>Breast soreness</td><td>Mastitis, malignancy</td></tr><tr><td>Scars</td><td>pigmented line on abdomen (linea nigra)</td></tr></table>				Fever	Chorioamnionitis OR UTI (+ FUND)	UWL	Hyperemesis gravidarum   Malignancy	SOB (walking upstairs)	fetus pushing on diaphragm?, PE - ?chest pain anaemia? -pale, light-headed, palpitations	Abdo pain	UTI (dysuria), placental abruption, constipation, pelvic girdle pain	Dysuria + vulva pain	UTI, superficial (Herpes), Bartholin cyst/abscess	N/V (persistent)	Hyperemesis gravidarum = UWL, hypoK, dehydrated	Pelvic pain	symphysis pubis dysfunction	Headache / vision issues / light-headed	pre-eclampsia	Unexplained bleed	From gums, nose + metallic taste in the mouth → Haem	Vaginal Discharge/bleeding	Water broke = spontaneous rupture of membranes Blood = antepartum haemorrhage, placenta praevia, cervical causes	Swelling / ?DVT	normal swelling of pregnancy (decrease after elevation) ? pre-eclampsia (Headache/Visual disturbance/Epigastric pain swelling of face)	Breast soreness	Mastitis, malignancy	Scars	pigmented line on abdomen (linea nigra)					
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PMHx	<ul style="list-style-type: none"><li>HTN + DM + DVT/PE</li><li>Hypothyroid</li><li>Renal disease</li><li>Asthma</li><li>Malignancy</li><li>Haem issue (VWF, haemophilia, APS)</li><li>Infections (HIV, HBV)</li><li>Psych condition + meds</li></ul>	<u>Hx of previous pregnancies</u> <ul style="list-style-type: none"><li>Date of birth</li><li>Duration of pregnancy + comp. (eg. Praevia, abruption, pre-eclampsia)</li><li>Delivery mode + comp. (forceps)</li><li>Outcome (stillbirth, live?)</li></ul>	<u>Children Hx</u> <ul style="list-style-type: none"><li>Birth weight (LBW)</li><li>Problems after birth (TTN, ARDs, Jaundice)</li><li>Present condition</li></ul>																																
SHx	<ul style="list-style-type: none"><li>Abdominal or pelvic surgery – can result in adhesions that complicate Caesarean sections</li><li>Caesarean section – increased risk of uterine rupture in subsequent pregnancies</li><li>Loop excision of the transitional zone (LETZ) – increased risk of cervical incompetence</li><li>Surgical terminations of pregnancies</li></ul>																																		
Meds	<ul style="list-style-type: none"><li><u>Regular meds?</u> – (teratogenic → ACEi, MTX, retinoids, trimethoprim)<ul style="list-style-type: none"><li><u>Anti-psychotics – appetite changes</u></li></ul></li><li><u>OTC?</u> - aspirin, codeine, antacid</li><li><u>Herbals?</u> – St John’s wort, rescue remedy</li><li><u>Immunisation</u> (flu, whooping cough, hep B) → <b>CHECK CURRENT VACCINATION STATUS!! (inc. MMR, DPT)</b></li><li><u>Allergies</u> e.g. penicillin, codeine,</li></ul>		<u>Things done:</u> <ul style="list-style-type: none"><li>Folic acid (3/12 prior to 3/12 after pregnancy)</li><li>Iodine and Vitamin D</li><li>Rhesus-Ab injections?</li></ul> <u>Avoid</u> <ul style="list-style-type: none"><li>➤ <u>XS vit A (e.g. liver pate)</u></li></ul>																																
FHx	<ul style="list-style-type: none"><li>Diabetes, HTN</li><li>Pre-eclampsia (maternal mother or sister) – increased risk of developing pre- eclampsia</li><li>Psychiatric illness</li><li>FHx of miscarriages/stillbirths/learning difficulties</li></ul>	<table><tr><td></td><td>EU</td><td>Jew</td><td>Asian</td><td>African</td><td>Medit</td></tr><tr><td>CF</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Thalassemia</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>SMA</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Fragile X</td><td></td><td></td><td></td><td></td><td></td></tr></table>		EU	Jew	Asian	African	Medit	CF						Thalassemia						SMA						Fragile X								
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ADL	<p>“So, to know how to best care for you and your baby in pregnancy I need to ask about any drug /alcohol /smoking and recreational drug use</p> <ul style="list-style-type: none"><li><u>SMOKING:</u> Pack years   nicotine replacement therapy   is partner smoker? (harm of passive smoking)</li><li><u>Nutrition &amp; exercise</u></li><li><u>ALCOHOL:</u> currently drinking   ave. gram per week</li><li><u>ILICIT DRUGS</u></li></ul>		<ul style="list-style-type: none"><li>Occupation (maternity leave)</li><li>home life (any social support + animals)<ul style="list-style-type: none"><li>o Finances</li><li>o Housing</li></ul></li><li>Domestic violence</li><li><b>Food intake</b> (toxoplasmosis, listeriosis, salmonella)</li></ul>																																
Health promotion	<ul style="list-style-type: none"><li>Discussing teratogens (medications, alcohol, drugs, radiation, fumes)</li><li>What foods to avoid in pregnancy + <b>Folic acid and Iodine</b> supp.</li><li>Sleeping on their sides in advanced pregnancy</li><li>Planned mode of delivery and care (e.g. Midwife led clinic or obstetrician led care vaginal or Caesarean section)</li><li>Antenatal education</li></ul>		<u>Handover essentials:</u> <ol style="list-style-type: none"><li>Name, age, GA – EDD + birth plan (c/s, nvd) – epidural?</li><li>G + P, ABO group, Rhesus +/-, IUTD, infections</li><li><u>Previous Pregnancies:</u> M/C, S/B, live term</li><li><u>Recent Ix + results</u> = USS, CTG, OGTT, UA, BP, CVS, cfDNA NIPT</li><li><u>PMHx:</u> HTN, GDM or <u>FHx of chr disorders</u> (e.g Down’s)</li><li><u>Med:</u> aspirin, progesterone, SSRI → <u>alcohol, drugs, smoking</u></li><li><u>Exam</u> - abdo palp (SFM, FM, Ceph/Breech, contractions), bimanual, vaginal, cervical exam</li><li><u>Plan:</u> FU USS, OGTT, M/C/S swab/urine, CTG, referral</li></ol>																																

# O+G Examination (Ante-Natal Exam)

## Birth Positions

### Normal Position



Cephalic or vertex presentation



CEPHALIC



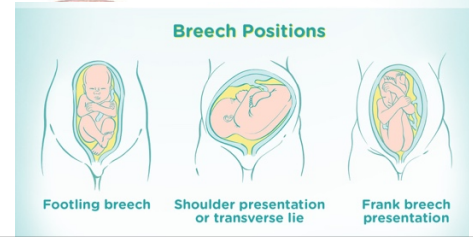
BREECH



OBLIQUE



TRANSVERSE

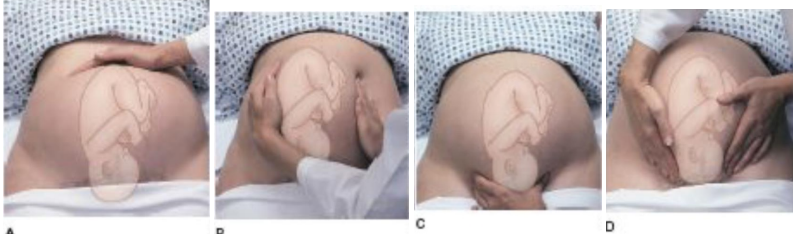
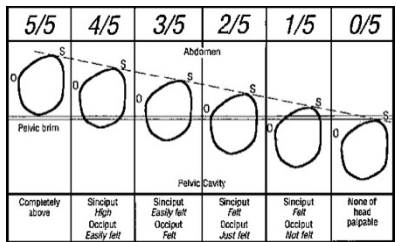


### Breech Positions

Footling breech

Shoulder presentation or transverse lie

Frank breech presentation

<b>General inspection</b> <ul style="list-style-type: none"><li>vital signs</li><li>equipment (tape + pinard stethoscope of foetal heart doppler)</li></ul>	Intro – patient details – explain rationale – consent <ul style="list-style-type: none"><li>"ask if need to empty bladder before conducting exam AND if there is any pain"</li><li>Exposure: woman's abdomen from pubic symphysis to xiphisternum</li><li>Position: 30° angle supine</li><li>GI → pain, scars + CAJCOLD</li></ul>	<b>What occurring in the woman/fetus which may affect this estimation?</b> <ul style="list-style-type: none"><li>Fetal position (Breech, transverse lie)</li><li>Full bladder</li><li>Multiple pregnancies</li><li>Distended colon - ?SBO</li><li>Fetal macrosomia (GDM)</li><li>Inccorret EDD (i.e. incorrect LMP)</li><li>Obesity</li><li>Ascites</li><li>Organomegaly</li><li>Tumour / adnexal mass / Fibroids</li></ul>	
<b>Hands</b>	<ul style="list-style-type: none"><li>Colour → oedema → palmar erythema</li><li>Temp (warmth) → capillary refill time → radial pulse (Rate + Rhythm)</li><li>Palmar creases</li><li>Tinel's test (carpal tunnel)</li></ul>	<b>Can you think of other factors which may affect the fundal height?</b> <ul style="list-style-type: none"><li>multiple pregnancy</li><li>excess amniotic fluid (polyhydramnios)</li><li>LGA or SGA</li><li>Inccorret EDC</li><li>Transverse or oblique lie</li><li>Intra-uterine death</li></ul>	
<b>Face</b>	<ul style="list-style-type: none"><li>Jaundice, pallor, oedema</li><li>Melasma (mask of pregnancy) = <b>brown or blue-gray patches or freckle-like spots (hormone changes)</b></li><li>Neck oedema = goitre? (hypothyroidism)</li></ul>		
<b>Abdominal inspection</b>	<ul style="list-style-type: none"><li><b>Round → ovoid shape</b> of uterus as pregnancy progresses</li><li><b>Sauce depression in umbilical</b> region = fetus in occipitoposterior position</li><li><b>Striae gravidarum</b> (new stretch marks = red, old = silver)</li><li><b>Linea nigra</b> = from umbilicus to symphysis pubis (due to action of MSH of the anterior pituitary)</li><li><b>Scars</b> = previous abdo surgery</li></ul>		
<b>Abdominal palpation</b> <ul style="list-style-type: none"><li>Palpate in a circle around abdo from fundus</li><li>Determine liquor volume by how easy it is to palpate the foetal limbs and how tense the abdomen is</li></ul> <p><b>When do we feel FM?</b></p> <ol style="list-style-type: none"><li>Like wind moving in bowel</li><li>Fluttering</li><li>Multigrav ≈ 14 wks</li><li>Primigrav ≈ 18-20 wks</li></ol>	<div></div> <p><b>WARM Hands – semi-recumbent position (Arms relaxed on either side)</b></p> <ol style="list-style-type: none"><li>Beware = advanced pregnancy → supine hypoTN compression of IVC → turn to left lateral position if feel faint</li><li><u>Initially, palpate the Fundus and borders of uterus</u></li><li>Foetus at fundus (NB: hard/firm + round + ballotable = head)</li><li>Push <u>foetus to either side w/ one hand</u> → assess the limbs with other hand<ol style="list-style-type: none"><li>Each side of uterus (feel which side is fuller – back)</li></ol></li><li>Thumb and finger grasp the presenting part above the symphysis pubis</li><li>Use both hands to outline foetal head → asses for foetal presentation &amp; engagement<ol style="list-style-type: none"><li><b>Presentation</b> = part of fetus felt suprapubically</li><li><b>Engagement</b> (warn pt may be slightly uncomfortable) = feel fingers either side of presenting part suprapubically to see <b>HOW MUCH</b> presenting part sits above pelvic brim<ol style="list-style-type: none"><li>If <b>foetus is cephalic</b> = measured in 5<sup>th</sup> of the head palpable</li></ol></li><li><b>Foetal station</b> = (-5, 0, +5) → above or below ischial spine in cm</li></ol></li></ol> <div></div> <p><b>Measure symphysis-fundal height</b></p> <ol style="list-style-type: none"><li>Palpate top of fundus and measure down to upper border symphysis pubis</li><li>Uterus measures 1cm/wk of GA (b/w 24-37wks)</li><li>Growth should be plotted on a symphysis-fundal height chart</li></ol>		
<b>Abdo auscultation</b> [do NOT touch pinnard]	<p><b>NOT routine</b> → only for reassurance and for partners/ companions to hear and her request should be granted.</p> <ul style="list-style-type: none"><li>While in <b>lateral palpation</b> → place pinnard stethoscope at right angles to abdomen → press gently and firmly against abdomen until Heart beat heard (usu. 110-160bpm) → count for 1min</li><li>Simultaneously check woman's pulse (to ensure we are hearing fetal heartbeat)</li><li><b>Touching the pinnard whilst auscultating the fetal heart may cause arbitrary sounds to be heard so should be avoided where possible.</b></li></ul>		
<b>Legs</b>	<ul style="list-style-type: none"><li>Oedema → Reflexes → Clonus [Pre-eclampsia signs]</li></ul>		
<b>Investigations</b> <ul style="list-style-type: none"><li>Vitals (BP)</li><li>UA</li><li>BSL</li></ul>	<b>Pre-eclampsia screen</b> <ul style="list-style-type: none"><li>FBC - anaemia, plts</li><li>EUC</li><li>LFT</li><li>Uric acid</li><li>+/- Coag screen (INR, PT, APTT)</li><li>+/- haemolytic screen (Coomb's)</li></ul>	<b>Additional tests</b> <ul style="list-style-type: none"><li>2<sup>nd</sup> BP measurement in 4 hrs</li><li>GBS swab</li><li>Urinalysis</li><li>Abdo USS = assess growth, AFI and doppler</li><li>CTG</li></ul>	<b>Mx of pre-eclampsia</b> <p><b>CALL FOR HELP</b></p> <ul style="list-style-type: none"><li>BP + vitals</li><li>Fluid balance</li><li>CTG</li><li>Bloods (see left)</li><li>Anti-hypertensive (labetolol)</li><li>Routine 34 wk Mx</li><li>Vax = Whooping cough, Influenzas</li><li>Anti-D 625IU – for Rh -ve baby</li></ul>

## Sexual History

MENSES: Pattern → Frequency → Volume [Compare past vs. current]				
1. Specific	<b>Menstrual Hx</b> [Normal = 21-35 days [1 <sup>st</sup> period → next]] <ul style="list-style-type: none"><li>Menarche (1<sup>st</sup> period)</li><li>Oligomenorrhoea = &lt; 5 periods / year</li><li>2<sup>nd</sup> amenorrhoea = no period for 6/12 (previously normal)</li><li>Menopause ( ≥12 months with no period)</li></ul>		<b>Abnormal vaginal bleeding</b> <ul style="list-style-type: none"><li>Normal = 4 to 7 days (30-80mL)</li><li>Normal = 6 pads/day</li><li>Menorrhagia = bleeding &gt; 7 days</li></ul>	<b>Symptomatic Patient</b> <ul style="list-style-type: none"><li>All types of pain (Abd, sex, urine)</li><li>Blood stained urine/discharge</li><li>Swelling groin/testes/vulva</li><li>Rash (HSV) or Lumps/warts (HPV)</li><li>Fever</li><li>Sore throat (gonorrhoea – pharyngitis)</li><li>Inguinal lymphadenopathy</li></ul>
	<ul style="list-style-type: none"><li>Last menstrual period (LMP) → Chance Of Pregnancy</li><li>Length/Frequency of cycle → # of days of bleeding</li><li>Vol. of bleed (spotted/heavy) → menorrhagia → screen for anaemia</li><li>Irregular bleeding (intermenstrual)<ul style="list-style-type: none"><li>Post-coital = spotting</li><li>Post-menopausal - INVESTIGATION</li></ul></li><li>Dysmenorrhoea → primary vs secondary</li></ul>			
	<b>Obstetric Hx</b> <ul style="list-style-type: none"><li>Gravida (#)</li><li>Parity (# of deliveries &gt; 20 weeks)</li><li>Issues: GDM, HT, pre-clampsia, ECTOPICS (RIF)</li><li>Delivery type: vaginal/assisted, lower segment caesarean section (LSCS)</li><li>Contraception (current, past use, AE)</li><li>Fertility (ART, issues conceiving)</li></ul>		<b>Gynaecological Hx</b> <ul style="list-style-type: none"><li>Cervical screen: HPV, previous results, Vax Hx</li><li>Issues: ovarian cysts, PID, Cancer, fibroids, endometriosis</li><li>Breast: lumps, family Hx, mammogram (50-74) every 2 years</li></ul>	<b>PCOS:</b> <ul style="list-style-type: none"><li>Acne</li><li>Hirsutism</li><li>Central alopecia (male pattern baldness)</li><li>Acanthosis nigricans</li><li>Weight gain</li><li>Amenorrhoea/oligo → Infertility</li></ul>
2. Common symptoms	<b>Genital Skin lesions/changes</b> "Any skin changes/lumps/bumps?"		<ul style="list-style-type: none"><li>Genital herpes (HSV-2) = Painful blister ulcer on vagina/cervix</li><li>Genital warts (HPV) = non-tender lesions on vulva/cervix/anal canal OR anus</li><li>MEN: Testicular pain or swelling</li></ul>	
	<b>Itching (Vulva)/rash/soreness</b> "Any itching/soreness down below"		<ul style="list-style-type: none"><li>candida (thrush), genital herpes (HSV-2), C + G</li><li>Genital warts (HPV) = painless</li></ul>	
	<b>Urethral/Vaginal discharge</b> gonorrhoea, chlamydia "discharge from penis, vagina?"		<ul style="list-style-type: none"><li>Volume, Consistency (thick, watery), Pain, Colour (green, yellow, red) → (e.g. yellow frothy = trichomonas vaginalis)</li><li>Smell (fishy = bacterial)</li></ul>	
	<b>Dyspareunia</b>		<ul style="list-style-type: none"><li>Superficial pain = genital herpes (HSV-2)</li><li>Deep pain in pelvic → gonorrhoea, chlamydia infection</li></ul>	
	<b>Abdominal or pelvic pain</b> [acute vs chronic] → [Exclude GIT, GU]:		<ul style="list-style-type: none"><li>PID (pelvic inflammatory disease)   Appendicitis</li><li>Ectopic pregnancy (RIF pain)   Ovarian torsion → doppler US [emergency]</li></ul>	
	<b>Dysuria [FUNDWISE]</b>		<ul style="list-style-type: none"><li>Pain or burning while urinating (UTI)</li><li>Frequency &amp; Blood in urine</li></ul>	
	<b>Sexual dysfunction</b>		<ul style="list-style-type: none"><li>infertility = No conception within 12 month</li><li>ED + low libido → SSRI, BB, anti-histamine, spironolactone</li></ul>	
	<b>Systemic symptoms</b>		<ul style="list-style-type: none"><li>Malaise, fever, rash, weight loss → Acute infection or HIV (weight loss)</li><li>Fatigue, SOB, dizzy, weakness → anaemia</li></ul>	
3. Past MHx [CHOMV STAVE]	"So based on everything you have said, I would like ask some questions about your sexual activity to better understand what the problem may be, only if you feel comfortable.. Would that be ok?"			
	<b>Conditions</b> "5 P's" Ensuring we identify asymptomatic individuals with possible STD!	<b>Past STD's</b>	Have you previously had any STDs?	
		<b>Partners</b>	<ul style="list-style-type: none"><li>How many sexual partners have you had in the last 6 months" → Were they male, female or both?</li><li>Last contact? Gender of partner?, Relationship/Length? [casual/consensual?]</li><li>HIGH-RISK: MSM, sex workers, overseas country with high HIV/STIs, drug users</li></ul>	
		<b>Practises</b>	<ul style="list-style-type: none"><li>Regularity? Type? [And were you having oral, anal or vaginal sex?]</li></ul>	
		<b>Prevention / Pap smear</b>	<ul style="list-style-type: none"><li>"Have you used any protection?"</li><li>"When was your last pap smear and mammogram? → what was the result?"</li><li>Reason for use: contraception/avoid TOP/ STDs/ acne → Ask about SIDE-EFFECTS</li></ul>	
		<b>Pregnancy + plans</b>	<ul style="list-style-type: none"><li>"Any desire to start or grow the family"</li><li>Surgical Hx Abdominal → CV → hysterectomy/vasectomy</li></ul>	
<b>Medication</b>		<ul style="list-style-type: none"><li>PREP (pre-exposure prophylaxis)   Antibiotics (manage UTIs)   Viagra + Supplements  </li></ul>		
<b>Allergies &amp; Vax</b>		Penicillin & Hepatitis B and C & HPV vaccination		
4. Social Hx [SHIELDOM]	<ul style="list-style-type: none"><li>Home life/circumstance → support/carers</li><li>IV drug use → hepatitis B and C, HIV</li><li>Smoking/Alcohol + Mood</li></ul>			
5. Family Hx	<ul style="list-style-type: none"><li>Breast/ovarian cancer   Delayed puberty or premature menopause</li></ul>			

## Reasons for challenges in communication about sexual health

General	<ul style="list-style-type: none"> <li>Time pressure</li> <li>Doctor lacks confidence or anxious about discussing sexual health</li> </ul>
Young people	<ul style="list-style-type: none"> <li>Embarrassment, fear, cost, do not have own Medicare card</li> <li>Adolescents &lt; 18 years can consent to treatment and procedures → BUT encourage them to involve a parent or guardian where possible [NB: consent given by mature minor for 14-16 years, legislation for &gt;14 year old]</li> </ul>
3 <sup>rd</sup> party present	<ul style="list-style-type: none"> <li>Offer to talk to them alone</li> </ul>
Different Socio-cultural views	<ul style="list-style-type: none"> <li>Attitudes to Contraception and pregnancy issues (e.g. TOP)</li> <li>Cultural and religious Attitudes to sex and reproductive health</li> <li>Expectations of health care</li> </ul>
Breakdown in communication	<ul style="list-style-type: none"> <li>Sexual preferences and gender identity → Don't make assumptions</li> <li>People with a disability or developmentally delayed</li> <li>Important to communicate confidential nature of consultation (Exc. if needing to report child at risk of harm)</li> <li>Take care with medical jargon</li> <li>Avoid being judgmental</li> <li>Explain why you are questioning or wanting to do an examination</li> </ul>
Hidden issues	<ul style="list-style-type: none"> <li>Sexual abuse of those &lt;18 years → need to make a notification to FACS [obtain consent]</li> <li>Non-consensual sex in adults → Provide information about services</li> <li>Domestic violence → Provide advice about services</li> </ul>

