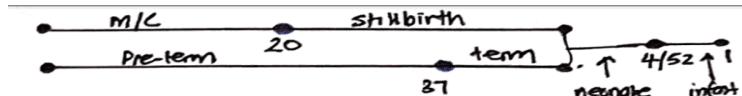
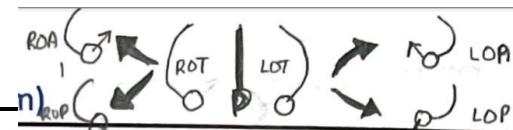


O+G H+E

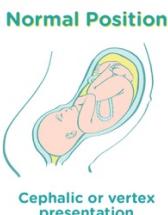


Planning	<ul style="list-style-type: none"> Nullipara = never given birth or completed pregnancy > 20 weeks Nulligravida = never been pregnant Multigravida = pregnant more than once Elderly primigravida = > 35 y.o. woman in 1st pregnancy 	Terms: <ul style="list-style-type: none"> G = # of times pregnant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

O+G Examination (Ante-Natal Exam)



Birth Positions



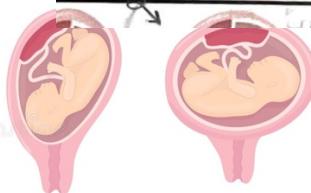
Normal Position
Cephalic or vertex presentation



CEPHALIC



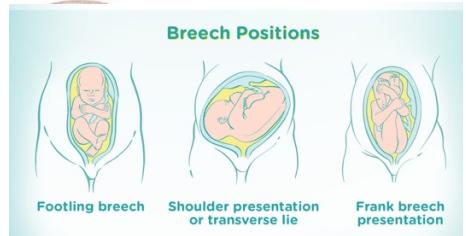
BREECH



OBIQUE



TRANSVERSE



Breech Positions

Footling breech

Shoulder presentation or transverse lie

Frank breech presentation

General inspection

- vital signs
- equipment (tape + pinard stethoscope of foetal heart doppler)

Intro – patient details – explain rationale – consent

- "ask if need to empty bladder before conducting exam AND if there is any pain"
- Exposure: woman's abdomen from pubic symphysis to xiphisternum
- Position: 30° angle supine
- GI → pain, scars + CAJCOLD

Hands

- Colour → oedema → palmar erythema
- Temp (warmth) → capillary refill time → radial pulse (Rate + Rhythm)
- Palmar creases
- Tinel's test (carpal tunnel)

Face

- Jaundice, pallor, oedema
- Melasma (mask of pregnancy) = **brown or blue-gray patches or freckle-like spots** (hormone changes)
- Neck oedema = goitre? (hypothyroidism)

Abdominal inspection

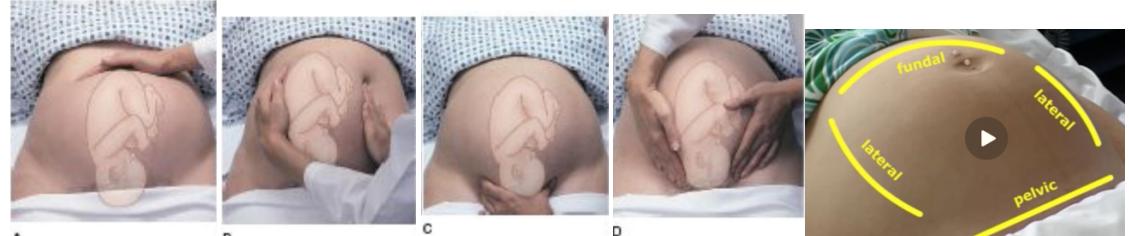
- Round → ovoid shape** of uterus as pregnancy progresses
- Sauce depression in umbilical** region = fetus in occiputoposterior position
- Striae gravidarum** (new stretch marks = red, old = silver)
- Linea nigra** = from umbilicus to symphysis pubis (due to action of MSH of the anterior pituitary)
- Scars** = previous abdo surgery

Abdominal palpation

- Palpate in a circle around abdo from fundus
- Determine liquor volume by how easy it is to palpate the foetal limbs and how tense the abdomen is

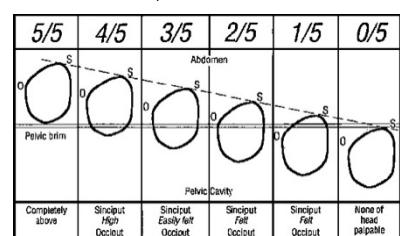
When do we feel FM?

- Like wind moving in bowel
- Fluttering
- Multigrav ≈ 14 wks
- Primigrav ≈ 18-20 wks



WARM Hands – semi-recumbent position (Arms relaxed on either side)

- Beware – advanced pregnancy → supine hypotension compression of IVC → turn to left lateral position if feel faint
- Initially, palpate the Fundus and borders of uterus
- Foetus at fundus (NB: hard/firm + round + ballotable = head)
- Push foetus to either side w/ one hand → assess the limbs with other hand
 - Each side of uterus (feel which side is fuller – back)
- Thumb and finger grasp the presenting part above the symphysis pubis
- Use both hands to outline foetal head → assess for foetal presentation & engagement
 - Presentation** = part of fetus felt suprapubically
 - Engagement** (warn pt may be slightly uncomfortable) = feel fingers either side of presenting part suprapubically to see **HOW MUCH** presenting part sits above pelvic brim
 - If foetus is cephalic** = measured in 5th of the head palpable
 - Foetal station** = (-5, 0, +5) → above or below ischial spine in cm



Measure symphysis-fundal height

- Palpate top of fundus and measure down to upper border symphysis pubis
- Uterus measures 1cm/wk of GA (b/w 24-37wks)
- Growth should be plotted on a symphysis-fundal height chart

NOT routine → only for reassurance and for partners/ companions to hear and her request should be granted.

- While in **lateral palpation** → place pinnard stethoscope at right angles to abdomen → press gently and firmly against abdomen until Heart beat heard (usu. 110-160bpm) → count for 1min
- Simultaneously check woman's pulse (to ensure we are hearing fetal heartbeat)
- Touching the pinnard whilst auscultating the fetal heart may cause arbitrary sounds to be heard so should be avoided where possible.**

Legs

- Oedema → Reflexes → Clonus [Pre-eclampsia signs]

Investigations

- Vitals (BP)
- UA
- BSL

Pre-eclampsia screen	Additional tests	Mx of pre-eclampsia
<ul style="list-style-type: none"> FBC - anaemia, plts EUC LFT Uric acid +/− Coag screen (INR, PT, APTT) +/− haemolytic screen (Coomb's) 	<ul style="list-style-type: none"> 2nd BP measurement in 4 hrs GBS swab Urinalysis Abdo USS = assess growth, AFI and doppler CTG 	<p>CALL FOR HELP</p> <ul style="list-style-type: none"> BP + vitals Fluid balance CTG Bloods (see left) Anti-hypertensive (labetolol) Routine 34 wk Mx Vax = Whooping cough, Influenzas Anti-D 625IU – for Rh -ve baby

Sexual History

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

Reasons for challenges in communication about sexual health

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

