Clinical methods in obstetrics and gynecology

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Reproductive Health

Introduction

- Includes history, physical examination and investigations
- Key to making a diagnosis
- Requires good communication skills – establish rapport and gain patients trust.
- Good background knowledge important
- Ethical behavior must be observed.

History

- Format similar for both obstetric and gynecological patient
- Components:-
  - Presenting complaint(s)
  - History of presenting illness
  - Obstetric and gynecological history
  - Past medical/surgical history
  - Family and social history
  - Systemic Inquiry

Presenting complaints

- Main reason(s) why the client/patient is seeking attention
- Listed/presented in order of longevity
- Use patients/clients own words
- Referred or patients admitted through clinic may not give a typical presenting complaint

History of presenting complaints

- Specifies the chronological order of events and symptoms up to the time of interview
- Gives details of every symptom/complaint including associated factors
- Includes all tests done and treatments given plus their outcomes as reported by the patient

Obstetric history

- Past obstetric
  - parity
  - details of each pregnancy/outcome
- Present obstetric
  - LMP, EDD, period of ammenorrhoea
  - ANC attendance
  - disorders encountered

Gynecological history

- Menstrual history

  - menarche, duration of flow, cycle length, quantity, regularity, dysmenorrhea.
- Sexual history – coitarche, partners, disorders
- FP history
- STI’s exposure
- Reproductive tract cancers screening – pap smear, VIA, VILI, scans, mammogram

Note:

- Gynecological history usually comes first in a gynecological patient
- PMHx may precede Ob/Gy history in case of a medical disorder in pregnancy

Past medical and surgical history

- Significant illnesses one has been treated for
- Current treatments not related to the p/c.
- Any known allergies

Family and social history

- Personal history
- Socio-economic history
- Familial illnesses
- Chronic illnesses

Systemic inquiry

- Targets all other systems not dealt with in the HPI
- Ensures that other symptoms that may not have been considered important are captured
- Looks at a patient as a whole rather than as a system

Note:

- A summary of the history should be made immediately after the systemic inquiry

Physical examination

- Begins with appropriate positioning
- Adequate privacy should be ensured
- A chaperone or another health worker should preferably be present when invasive examination is to be done

Components

- General examination
- Systemic examination
  - Inspection
  - Palpation
  - Percussion
  - Auscultation

General examination

- All components important
- Most critical in pregnancy:
  - general condition
  - nutritional status
  - hydration status
  - pallor
  - jaundice
  - edema
- Vital signs

Systemic examination

- Systems considered:

  - CVS, RS, Per Abdomen, CNS, Musculoskeletal
- Presentation begins with the system with most positive findings
- All positive and negative findings on per abdominal exam should be given.
- All systems examined in every patient

Obstetric abdominal exam - Inspection

- Distension – presence/absence, degree, symmetry
- Movement with respiration
- Status and position of umbilicus
- Presence/absence of linear nigra, striae gravidarum
- Surgical incisions, other scars
- Distended superficial vessels, herniae

Obstetric abdominal exam - Palpation

- Superficial palpation – obvious masses, tenderness, temperature
- Deep palpation – looks for specific organ enlargement, describes the various characteristics of masses present.
- Uterine enlargement due to pregnancy described by Leopold manouvres

Leopold manouvers

- 1 – Height and contents of fundus
- 2 – Lie of fetus – relationship of long axis of fetus to that of the mother, location of fetal poles, direction of fetal back
- 3 – Presenting part – portion of fetus lowermost in uterus adjacent to the pelvic inlet
- 4 – Engagement – whether or not a portion of presenting part gone below the level of the inlet. During labor, descent should then be determined.

Percussion and Auscultation

- Percussion has little role in obstetrics – delineation of indistinct masses or uterus
- Auscultation looks for presence and characteristics of the fetal heart – rate, regularity, loudness/clarity
- Maternal bowel sounds may also be looked for in some instances

Vaginal examination

- Extension of abdominal exam. Involves:
- Inspection of the external genitalia – direct for superficial structures, speculum for vaginal walls and cervix, discharges
- Palpation of vaginal walls, cervix – position, length, consistency, dilatation, cervical motion tenderness
- Bimanual palpation of internal genitalia – size/orientation of uterus, tenderness, fornices, adnexial masses