

Common Obstetric Histories

Remember history taking in obstetrics requires you to ask extra questions on the current pregnancy and obstetric history – see the [obstetric history](#) section!

| Presenting complaint | Exploding symptom | Relevant system reviews | Differential diagnoses | | Clues to differential |
|----------------------------|--|---|---|---|--|
| | | | Grouping | Differentials | |
| Abdominal pain | Site Onset Character Radiation Associated symptoms Timing Exacerbating/relieving factors Severity | <u>General</u> •Fever, sweats <u>Obstetric</u> •Fetal movements •Contractions/tightening •PV loss •Pre-eclampsia symptoms <u>Gynaecological</u> •PV bleeding •PV discharge <u>Urological</u> • <i>Storage</i> : frequency, volume, urgency/nocturia • <i>Infection</i> : dysuria, haematuria <u>Gastrointestinal</u> • <i>Weight</i> : loss, appetite change • <i>Work down body</i> : dysphagia, nausea/vomiting, indigestion/heartburn, bowel habit change, blood/mucus in stool | Obstetric | Ectopic | •Unilateral pain + bleeding + amenorrhoea •Usually between 5-9 weeks gestation |
| | | | | Miscarriage | •<24 weeks gestation •Associated PV bleeding •May pass clots or products of conception |
| | | | | Braxton Hicks contractions | •Late pregnancy •Infrequent, irregular contractions |
| | | | | Labour | •>24 weeks gestation ('premature' if <37 weeks) •Painful regular rhythmic contractions |
| | | | Gynaecological | Fibroids (red degeneration or torsion) | •Severe abdominal pain •May be fever/vomiting |
| | | | | Pelvic inflammatory disease | •PV discharge •Bilateral pelvic pain •Dyspareunia •Fever •May be post-coital bleeding •Unprotected intercourse with new/multiple partners |
| | | | General surgical | <u>Any</u> cause of acute abdominal pain in non-pregnant patients See abdominal histories page | |
| Other differentials | Placental abruption Pre-eclampsia Uterine rupture Chorioamnionitis Acute fatty liver of pregnancy Round ligament pain | | | | |
| PV bleeding | Timing •When started •Acute/gradual onset •Duration •Progression •Intermittent or continuous <u>Bleeding</u> • <i>Pattern</i> : regular/irregular • <i>Amount of loss</i> : number of sanitary towels/tampons, passage of clots, flooding •Pain with blood loss • <i>Anaemia symptoms</i> : tiredness, breathlessness on exertion | <u>General</u> •Fever, sweats <u>Obstetric</u> •Fetal movements •Contractions/tightening <u>Gynaecological</u> •PV discharge •Pain | Miscarriage | •<24 weeks gestation •Pelvic pain •May pass clots or products of conception | |
| | | | Implantation | •Light short-lived bleeding/spotting •Dark with pink/brown tint •6-12 days after conception (near when next menstrual period is expected) | |
| | | | Cervical polyps/cancer/trauma/ectropion | •Commonly post-coital (contact) bleeding •May be PV discharge | |
| | | | Other differentials | Cervicitis/vaginitis Pelvic inflammatory disease | |