

# **OBSTETRIC HISTORY AND EXAMINATION**

**Prof. Ndavi**

- Patients' / clients' clinical notes MUST WRITEN in full: good quality documentation of doctor and client / patient transaction is one of the best practices in clinical medicine and the hallmark of the quality of care:

**WHAT IS NOT DOCMUNTED WAS NEVER PART OF THE HISTORY, PHYSICAL EXAMINATION, INVESTIGATIONS AND TREATMENT.**

Ndavi 2018

# Objectives

- At the end of this session the student will be able to:
  - Describe essential components of OB history
  - List major obstetrical symptoms
  - Explain the basis for determining EDD/GBD
  - Determine estimated date of delivery (EDD) and gestation by date (GBD)
  - Describe essential components of Ob examination

# Obstetric History

- Biodata
- Presenting complaint (s) / chief complaints and duration
  - In patient's own words
- History of presenting complaints
  - the sequence of symptoms as told by the patient is crucial in making a diagnosis

# PAIN

- **Nature of onset and duration**
  - Sudden / insidious, short / long duration: acute vs. chronic
- **Exact site and radiation**
  - If ovarian / tubal or uterine or backache of pelvic origin: IUP / complications; ectopic, adnexal; GIT-upper (heartburn, severe PE), lower
  - Suprapubic-cystitis; renal angle-pyelonephritis

- **Characteristics:**

- Intensity: as it affects work and sleep
- Intermittent low abdominal pain increasing in frequency and intensity: symptoms of labour, right upper quadrant: PE

- **Relationships to:**

- micturition (terminal dysuria/hesitancy UTI), defaecation, eating, posture and movement, abdominal swelling, other constitutional symptoms: fever, vomiting: infective

# VAGINAL BLEEDING

- **Nature of onset and duration:**
  - Sudden / insidious, short / long duration: acute vs. chronic
- **Severity:** constitutional symptoms
- **Relationships to:**
  - micturition, constitutional symptoms
  - Gestation period:
    - Early pregnancy and abortion, ectopic
    - Early pregnancy bleeding and later placenta praevia

- **Characteristics:**

- $\pm$  pain: painless in the 3<sup>rd</sup> trimester-placenta
  - praevia, vasa praevia
  - Painful in the 3<sup>rd</sup> trimester-abruption placentae, ruptured uterus
- $\pm$  Intermittent increasing in intensity and frequency: labour



# ABDOMINAL SWELLING

- Nature of onset and duration
  - Insidious : pregnancy / multiple
  - Acute and chronic gynae. conditions in pregnancy-uterine fibroids, ovarian, appendicular, broad ligament,
- Relationships to:
  - micturition, constitutional symptoms: exaggerated symptoms of multiple pregnancy

# Vaginal discharge

- Characteristics: white curdy like  $\pm$  pruritus-vulvovaginitis-candida
- Watery: ? Liquor amni: labour, PPRROM, urine
  - Foul smelling-chorioamnionitis

- **Foetal movements**

- Foetal first movements felt between wks 16 and 25 of pregnancy vide NLMP.
- For first pregnancy, foetal movements felt closer to 25 weeks: usually 18-20 wks
- second pregnancy, foetal movements felt as early as 13 weeks: usually 16-18 wks vide NLMP
- keep track : little punches, jabs and kicks to make sure baby is still developing normally
- **Reduced movements:** < 10 movts / 12 hrs

# Common complaints in pregnancy

- Nausea, vomiting, sialorrhoea, bloatedness, constipation, heartburn
- Palpitations;
- Urinary frequency / incontinence;
- Muscle cramps;
- Fatigue;
- Backache and suprapubic pain;
- Insomnia / sleep disturbance / position
- **Early pregnancy symptoms**

# Systemic based symptoms

- Palpitations, fatigue: cardiac diseases;
- Sweating, vomiting, fatigue, loss of weight / appetite: infections/chronicity, endocrine disorders;
- Polyuria / polydipsia, fever, micturition symptoms: DM
- Respiratory symptoms: pregnancy symptoms, infections

- Past medical / surgical history
- Family history
  - Health of relatives and hereditary/communicable diseases
- Drug history
  - Current and past medication eg. Abnormal uterine bleeding and hormonal use/therapy
- Social history
  - Type of occupation, education, marital status, community activities

- **Menstrual history:**
  - Age at menarche, cycle length, duration of flow,  $\pm$  discomfort / dysmenorrhoea, volume, regularity, a missed period, age at menopause
- **Sexually transmitted infections**
  - Any discharges (including detailed sexual history) and their treatment
- **Contraceptive history**

- **Details of previous pregnancies**
  - Establish the parity and in chronological order: follow the format in the national ANC CARD: LD, length of gestation, duration of labour, mode of delivery, birth weight, foetal outcome/sex, fate of the baby, puerperium complications
  - **Parity: Para 0 +<sup>0</sup>, Para 2+<sup>1</sup>,**



- Last normal menstrual period (LNMP)
- In OBS: gestation period in 3 trimesters: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>; (30/40);
- In OBS: NAEGELE'S RULE for EDD & GBD
  - Subtract 3 months/ add 9 months from/ to the month of the LNMP, and add 7 to the **first day** of the LNMP

# Example 1 Mrs. Wakicengo

- Example 1: LNMP: 13 November 2017
  - **EDD**
    - November (11) – 3 months = August; 13 + 7 = 20<sup>th</sup> August 2018 in a normal 28-day cycle. 20<sup>th</sup> August 2018 = 40/40
      - : **GBD** on 20<sup>th</sup> July '18 = 36/40
      - : **GBD** on 13<sup>th</sup> May '18 = ---/40

# SYSTEMIC ENQUIRY

- CNS: fever, headaches, dizziness, syncope, visual disturbances, convulsions: ? cause
- Cardiovascular system: palpitations, easy fatigability : ? cause
- Respiratory system: SOB, chest pain: ? cause
- Urinary system symptoms: : ? cause
- GIT system: bloated, flatulence, jaundice, constipation, diarrhoea: ? cause
- Musculoskeletal system: pain / unilateral, oedema : ? cause

# Major OBS Symptoms

- Systematic characterization of the nature and duration of complaints as *pain, abnormal bleeding / vaginal discharge, abdominal swelling and reduced foetal movements along with other significant constitutional symptoms* will usually narrow the differential diagnosis

# Summary

- A summary of the history: biodata, parity and chief complaints/duration PLUS any other important symptom(s) stating the GBD

# Obstetric Examination

- Environment: aesthetically pleasing
- Clients' gowns / drapes: clean / large
- Equipment: preferably disposable
- ± Assistant / chaperone: companionship
- Pelvic examination usually an occasion of heightened anxiety and is done last

# General Examination

- Inspection for general appearance
- Posture
- Nutritional status
- Respiratory Distress
- Pallor
- Jaundice
- Lymphadenopathy
- Oedema
- Vital signs

# Systemic examination

- CNS;
- CVS;
- RS;
- Musculoskeletal;



# Abdominal exam

# Physical Examination of the Abdomen

Inspection

Palpation

Percussion

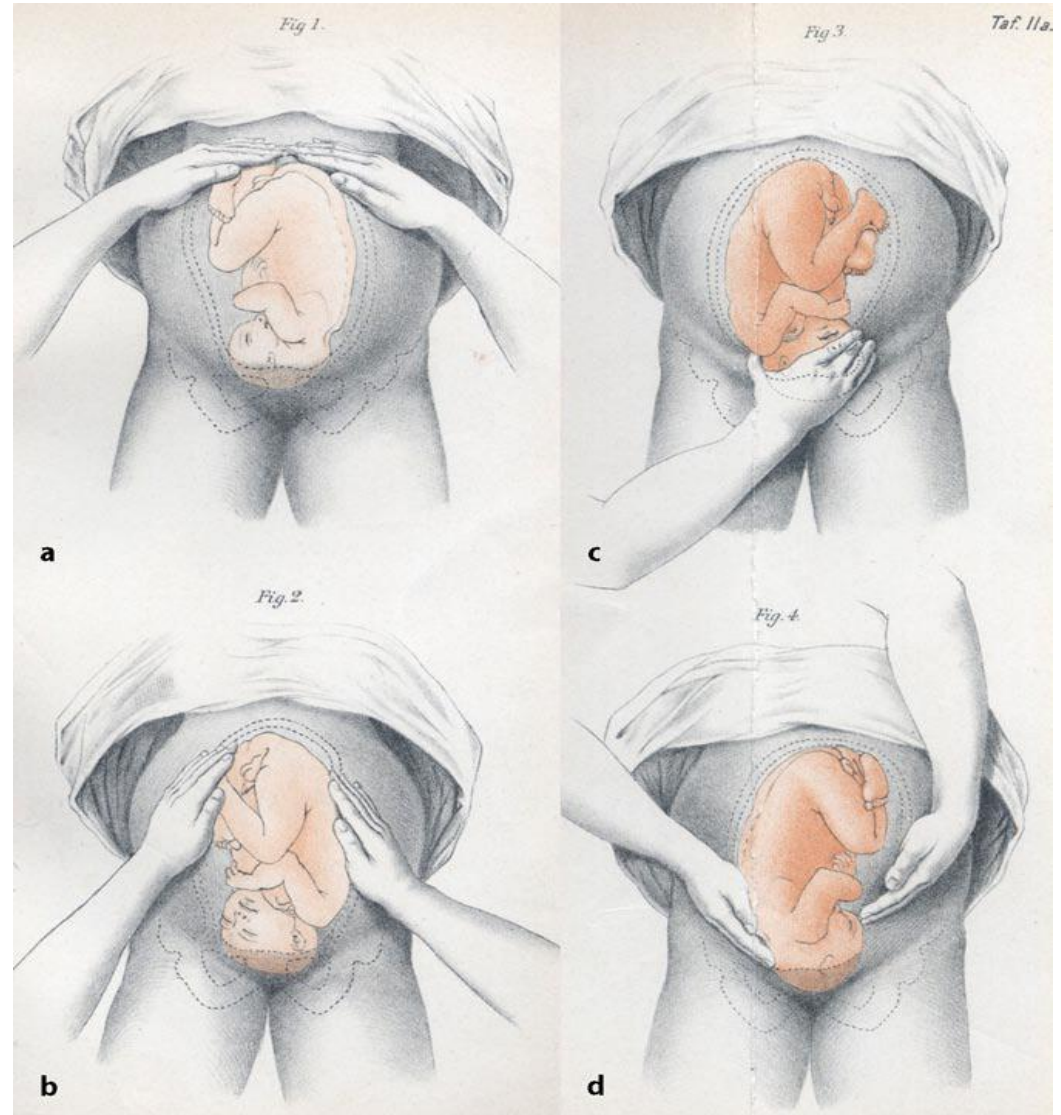
Auscultation

**Light Palpation**  
**Deep Palpation**

**In obstetrics,**  
**LEOPOLD'S MANOUVRES**  
**are performed**

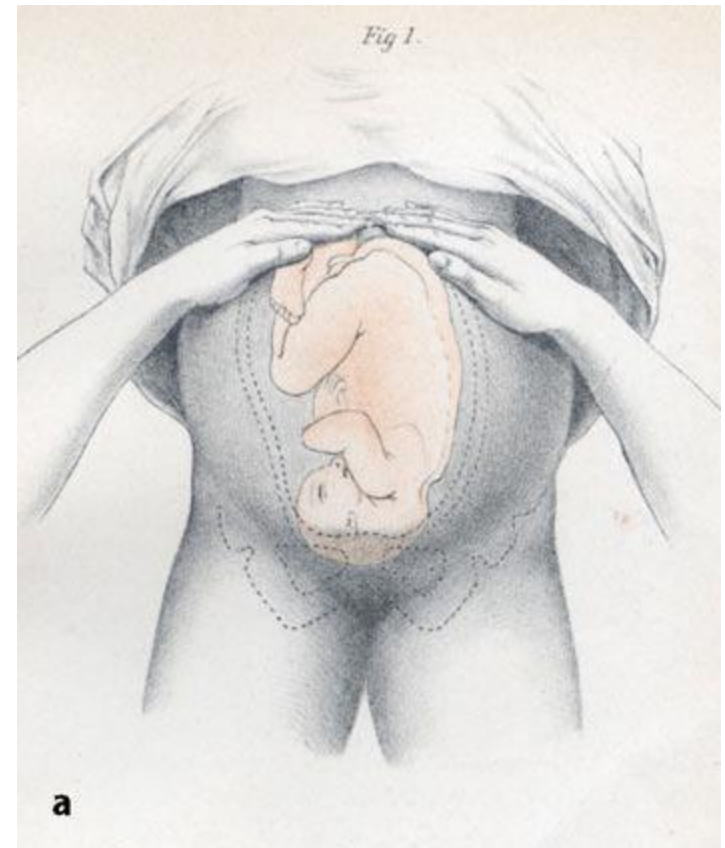
# 4 maneuvers

1. Fundal Palpation
2. Lateral Palpation
3. Pawlick's Grip
4. Deep Pelvic Palpation



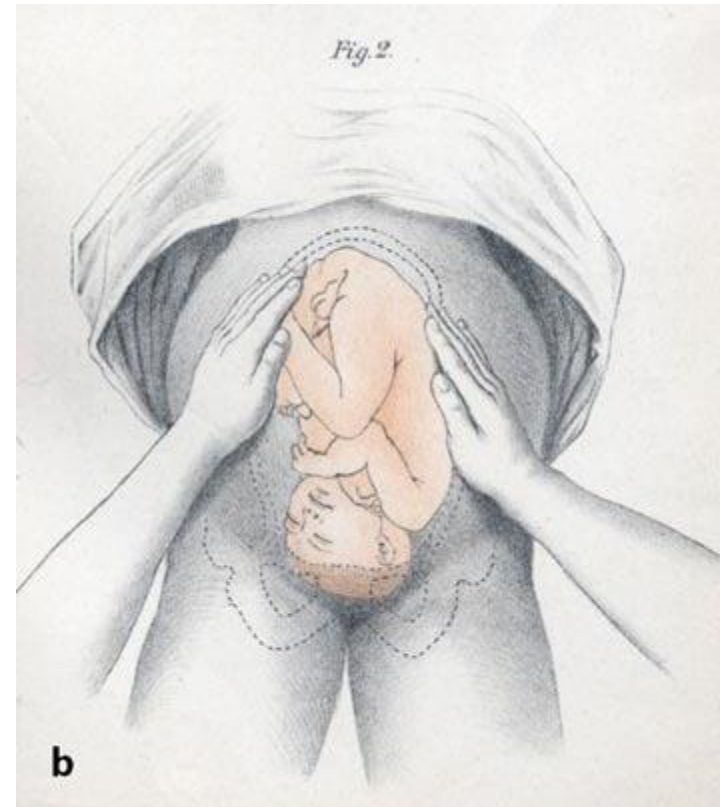
# 1<sup>st</sup>- Fundal palpation

- Fundal height ( compare with GBD) and the contents of the fundus- fetal head or breech
- Stand **at the foot of the client, facing her**, and place both hands flat on her abdomen
- Palpate the superior surface of the **fundus**



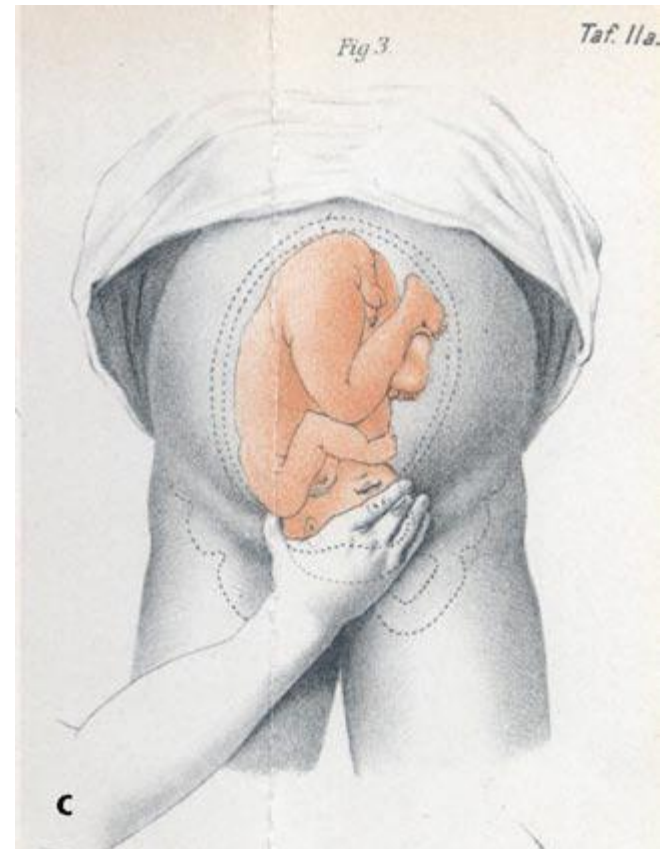
# 2<sup>nd</sup>- Lateral palpation

- Lie and location of the back
- **Facing client**, place palms of each hand on either side of the abdomen
- Palpate sides of the uterus, with **one hand steady** on one side, the **other hand exploring** on the other side



# 3<sup>rd</sup> - Pawlick's Grip

- Determine presenting part if engagement has occurred
- Gently grasp the lower portion of the abdomen **just above the symphysis pubis** between the thumb and fingers together





# 4. Deep Pelvic Palpation

- Used to confirm the findings of the first maneuver and to locate the brow



To determine descent/engagement and the degree of flexion of fetal head to determine attitude or habitus.

- Facing foot part of the woman, palpate fetal head pressing downward about 2 inches above the inguinal ligament.  
Use both hands.

# Pelvic examination

- Inspection: external genitalia; **speculum (consider parity in choosing speculum attributes)**: bleeding, discharge/PROM/Pus
- Palpation: digital bimanual: uterine size, cervical status for Bishop Score for induction and or progress of labour.

# Definitions

- Gravida
- Nullipara, Primipara, Multipara, Nulligravida,
- Gravida: primigravida
- Parturient
- Puerpera

# *Sikomo*

