URO-GENITAL SYSTEM

- ○ Handout
- ● Sheet
- ○ Slide

- ○ Anatomy
- ○ Physiology
- ○ Pathology
- ○ Biochemistry
- ○ Microbiology
- ○ Pharmacology
- ● PBL

Done By: AfnanAbuQadoum

Dr. Name: Dr. Ayman

Lec. #: 1

Drawn By Tariq Bushnaq

...Urogenital System ... Doctor 2013 ... Urogenital System ... Doctor 2013 ... Urogenital System ... Doctor 2013 ... Urogenital System ... Doctor 2013 ... Urogenital System

Introduction to the obstetric history

Salam every one☺, this sheet is a piece of cake ...trust me:D

The age of the patient:

It is very important because some ages are associated with certain diseases;a pregnant lady that is more than 35 years old must be screened for **chromosomal abnormalities**like Down syndrome. Also theseold patients have a high risk of **diabetes**.

A 16 years old pregnant lady will be at high risk of hypertension "**preeclampsia**". Actually, about **18%**of young ladies less than 20 years old will have preeclampsia (i.e. one of each 5 pregnant ladies). So we consider these patients "high risk patients" and they must be controlled.

Gravidity: it is the number of pregnancies (including the current pregnancy) gravida 5 is a woman that has been pregnant for 5 times. The higher the gravidity the higher the complications and problems during pregnancy.

Parity: it is the number of deliveries (vaginal or caesarean) i.e how many times she delivered a baby after 24 weeks of gestation (according to WHO).

If a women is **gravida 2 and para 1** then she has been **pregnant twice** and has only **one baby**(Pregnancies consisting of multiples, such as twins✌ or triplets👌, count as one birth, so she might be para 1 and have more than one baby "2 or 3 ").

Another example:if a woman is **gravida 5 para 1 +4**: she has been **pregnant** for **5 times** but she had**one delivery**(one baby or more if twins ✌or triplets 👌) and she had **4 abortions**, she is NOT currently pregnant --- > 1+4=5 ☺ .

Writtenby :أفنان أبو قدّوم

But, if a woman is **gravida 6 para1+4 ----- >** she had **one delivery**(vaginal or cesarean),**4 abortions** and **she IS currently pregnant** because she is gravida**6.** Soit is a very important thing to ask the lady about the details of each delivery she had ☺ .

Extra info ☺ :

Gravidity indicates the number of times the woman has been pregnant, regardless of whether these pregnancies were carried to term. A current pregnancy, if any, is included in this count.
A "**nulligravida**" is a woman who has never been pregnant.

A "**primigravida**" is a woman who is pregnant for the first time or has been pregnant one time. A "**multigravida**" or "**secundigravida**" is a woman who has been pregnant more than one time.

Parity is the number of pregnancies carried to viable gestational age.
A woman who has never carried a pregnancy beyond 24 weeks is **nulliparous**(nullipara), A woman who has given birth once before is **primiparous** (primipara) , a woman who has given birth two or more times is **multiparous** ..

Expected date of delivery:

It is a very important thing to ask the patient about the last menstrual cycle, specifically about the **first day** of the cycle becausethe date of first day is used in all calculations of delivery according towhat is known as **Naegele's rule.** Also you should ask her about the **length** and **regularity** of the cycle.

Expected date of delivery: is the day in which the women is expected to deliver " اليوم المتوقع للولادة".

So if a lady had her menstrual cycle at (16/5/2015) when will be her expected date of delivery? (16+**7**)/ (5-**3**)/ (2015+**1**) -----> 23/2/2016.

Example: a lady had her menstrual cycle at 7/4/2015, her expected day of delivery is (7+7)/(4-3)/(2015+1) ---- > 14/1/2016 .

A woman had her menstrual cycle at 27/3/2016 ----- > 4/1/2017

So,**Naegele's rule** is a standard way of calculating the expected dateof delivery by **adding one year, subtracting three months, and adding seven days** to the first day of a woman's last menstrual period .☺☺☺

Expected date of delivery is after**40 weeks** from **the last menstrual period**and in other words it is after **38 weeks**from **the time of ovulation**(innormal regular period). keep in mind that ovulation occurs 14 days before the next period (if she has a period of 35 days then ovulation is at day 21 and so on) .

Now, if the patient had been using **contraceptive** (especially contraceptive pills) the ovulation will not be accurate becauseshe might have **post-pill amenorrhea oranovulation,**and you should take this into consideration when taking the history of the patient to know the expected date of delivery. If you have two patients one of them is taking contraceptives and the other is not,the calculations will be different because patients who take contraceptives have **post-pill amenorrhea**so theovulation will be delayed☹.

{ the "**term**" is from 37 to 42 weeks , less than 37 weeks is **preterm** , after 42 weeks is **post term ,** after 40 weeks it is **post date .** important for exam ☺}

*According to **WHO** the viable pregnancy is beyond 24 weeks (from the last menstrual period), if the baby was born before **24 weeks**this is considered **(miscarriage**or**abortion)**. This cutoff point is different in different countries (in US and Britain it is almost 20 weeks) , in Jordan it is 24 weeks so if the baby was born after 23 weeks and 6 days (for example) we consider this **abortion** but if after 24 weekswemust –legally - get the pediatrician for the **resuscitation** of the baby .

Currentproblems:

A very important thing for the Obstetrician is to ask the patient about the current problems, what makes her come to the clinic (is it a routine visit or a certainproblem), and if there is a problem the patient should be asked about the details of thatproblem. So the patient shouldbe asked about history,symptoms and problems associated withpregnancy.

Pregnancy is divided to 3 trimesters:

First trimester ---- > from the first day of pregnancy to the12thweek.

Second trimester ----- > from the 12th week to the 28th week.

Third trimester ----- > from the 28th week to delivery (to 42 weeks).

Why is it divided into three parts??Because each trimester has its own problems.

Forexample"details are not very important": the **first trimester** has a risk of abortion or vaginal bleeding and congenital abnormalities (so you have to screen the patient for chromosomal abnormalities, blood group and to screen for the viability of the baby).

In the **second trimester**: congenital abnormality in heart or limbs (which we can't see in the first trimester).

In the **third trimester**: you should prepare your patient for delivery so you examine the wellbeing of the baby (the normal growth of the baby ...) andwell being of the mother.

People think that ultrasound scan should be done in each visit to the clinic but in fact , it must be done **once**each trimester , so it is done only **three times** during pregnancy toscreen for down syndrome , and in second trimester you check for congenital abnormalities like heart defects , limb problems and CNS diseases and so on .

Surgical history:

A very important thing is to know details about surgical history because delivery of the patient is not always normal vaginaldelivery,some of them may need caesarean section.

So you should know if the patient had previous caesarean section or appendectomy or any other procedure because this case will be different than a women with a **virgin abdomen** (with no previous abdominalsurgeries).

Past medical and surgical history is very important in a pregnant lady or a previously pregnant lady because this history has an impact on the course of the pregnancy, so we have to deal with women with hypertension different than women with a normal blood pressure.

In which trimester the blood pressure will be abnormal? blood pressure during pregnancy undergoes changes , for example if we measure the blood pressure for a pregnant lady in the **second trimester** , let's say in the 4th month ,we expect to see **hypotension** which is normal in a pregnant lady because the venous return will become less because of the pressure of the uterus on the inferior vena cava so the cardiac output will be less and so hypotension ☺.

History of infertility: if a patient had been infertile for 10 years and then did an IVF (in vitro fertilization)pregnancy and becamepregnant, you should deal with this patient in a different way than otherpatients, because the mother did not get pregnant normally but through IVF and this baby is precious☺ .

Uterine anomalies:

sometimes patients with uterine anomalies are infertile and can't get pregnant, and if they get pregnant they might deliver the baby early (second trimester abortions) and these uterine anomalies are associated with **renal anomalies** in **30%** of cases ---- > (in each three patients having uterine anomalies one of them is having renal tract anomalies like double ureter or single kidney ...)

andthey might be asymptomatic so they must be screened (usually by**hysterosalpingogram**).

*You should also ask the patient about any **sexual transmitted disease** (which are rare in Jordan) and it is important to know the outcome of previous pregnancies(did she have normal healthy babies or with any disorders?).

As we said you should ask about the obstetric history of the patient, were there any problems during delivery? How many abortions did she have? . Also ask her about her blood tests while she was visiting her physician, did she have anything abnormal?

Also the patient should be asked about any **previous maternal complications** (high blood pressure, diabetes and the mode of delivery (vaginal or caesarean)).

Heartdiseases: keep in mind that the patient might have **asymptomatic**heart disease like valvular disease to a mild degree, so it will only be discovered during pregnancy,why?? because **the load** on the heart will increase , before pregnancy her heart was able to compensate but after pregnancy the blood will increase from 5 liters to 7.5 liters (50% increase) , so it is avery important thing to check the patient's heart diseases (valvular diseases or mild defects...) in order to tolerate pregnancy.

birth weight: the normal weight is from**2.6 to 4 kg**, if lessthan 2.6 the baby is**small for gestational age**, if more than 4 the baby is a **macrosomic baby**(largebaby), in case of small baby the mother should be screened for hypertension or other anomalies but in case of large babies we should investigate the mothers for diabetes. {In case of twins or triplets the calculations differ}.

Diabetes mellitus: it is very common,patients might think that they don't have diabetes but with pregnancy and with the first visit to the physician it will be discovered (i.e. she already has diabetes but she didn't know and the pregnancy made the diabetes **overt**). Or might develop **gestational diabetes** (only during pregnancy) and these Patients usually have high risk of getting diabetes in the future ☹ .

Epilepsy: it is very important becauseusually the patients don't tell you about epilepsy if you don't ask. the patient has epilepsy and takesher medications but once she get pregnant some of these medications will become **contraindicated**(according to their category ; A,B,C,D) and must be changed because if these medications were used they will cause congenital abnormalities (especially in the first trimester), so it is a very important thing to ask the patient about epilepsy specifically or the patient will forget to tell you or will not feel it is important to tell you becauseshe is keeping her epilepsy controlled by medications . Pregnant ladies with epilepsy are at higher risk of having fits during pregnancy and their babies have high risk of getting epilepsy too☹ .

Thyroiddiseases: thyroid function test (for**TSH)** is a routine test for pregnant woman, we test all pregnant women for thyroid function as we test their blood hemoglobin and blood group.

Blood group test:if the woman has a negative blood group we should ask her about the blood group for her husband, if negative there is no problem but if positive there is a high risk of **RH isoimmunisation**. That's why they should be investigatedbydoing bloodtests.

Urinary tract infections : they are very important during pregnancy , because they cause **preterm labor**and they are asymptomatic , so you must make a **urine analysis** for the patient because **3%** of patients have

asymptomaticbacteriuria , if you left the patient for few weeks they will have preterm labor (the baby is born before 37 weeks ولادة مبكرة)

so before you ask the patient about her name you should test her **blood** (if she is anemic there will be overload on heart and she will not be able to tolerate pregnancy) , and test her **blood group**(if she was negative and had a positive baby and you didn't check her blood group she will blame you !) .

It is also important to screen the patient for **hepatitis**, we must test the patient for hepatitis C and B. patients with hepatitis might be asymptomatic!

It was found that hepatitis B surface antigen is present in about **11%** of pregnant women (i.eone of each 10 pregnant ladies has hepatitis B)!!! That's why you as medical students should be vaccinated. But ifyou want to make a test for HIV you should ask the patient for her permission,

*autoimmune disease, bronchialasthma and kidney diseases also should be taken into consideration.

Psychological disordersand depression usually occur after delivery which is known as (**post-partum blues** in 70 % of cases).

In Jordan , according to the WHO study in 2012 , about **99.1%** of women have good antenatal care by a health professional and **99%** of women deliver in hospitals ,and this is one of the indicators that reflect our good antenatal care system , other indicators are : **maternal mortality** (the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000.) in Jordan it is **19 .1** which is close to the developed countries that have the **maternal mortality** ranging between 7 to 20 , while in the surrounding countries it is higher .

Neonatal mortality is also another indicator (The number of neonatal deaths per 1000 live births) and itis **10** inJordan.

Remember that **Folic acid** is given routinely to all pregnant women and even 2to3 months before pregnancy. It is protective against **neural tube defects**. However, **vitamin b12** may be contraindicated in the first trimester according to recent studies.

The end ☺

أيامٌ قليلةٌ وحاسمةٌ تَفصلنا عن انهاءِ المرحلةِ الأساسيةِ في الطّب ,فكل الشكر الى الذين رسموا ملامحَ هذه المرحلةِ وجعلوها مميزةً بكل تفاصيلها...كل الشكر الى أولئك الذين خدموا الدفعة وقدموا لها الكثير ...وبطبيعة الحال , كل الشكر الى الذين اختصروا طولَ الطريق ولخصوا الحكايةَ بأكملها : مرح قاسم , نور أبو غنيم , رنيم بدر, سارة الزلابية , الجميلة سجى عاشور , رشا العطعوط , دعاء يونس , تسنيم سهيل , سندس , ياسمين , بنان , جهاد , تمارا و حنين .

#آخر_شيت

أفنان أحمد أبوقدّوم :)