History Stations

Antepartum Hemorrhage Case

Suhair is 29 years, she is a healthy lady and she is pregnant 33 weeks with her third baby. She presents to the labor ward complaining of some bleeding that she noticed on her underwear 1 hour ago.

Take relevant Hx	
Gravida, Para	0.5
LMP	0.5
BG, Rh	0.5
Associated Sx: pain (+analysis), labor contraction, liquor passage	0.5
HTN	0.5
Trauma Hx	0.5
Sexual intercourse Hx	0.5
Bleeding elsewhere	0.5
APH Hx	0.5
Fetal Activity	0.5
Mode of deliveries	0.5
Whats Next?	
Physical exam	0.5
General, VS, BP, PR	0.5
Abdomen: SFH, tenderness, fetal heart	0.5
Speculum	0.5
Inspect the pad	0.5
Your 1st investigation	
US to localize the placenta	0.5
Next	
CTG	0.5
How will you manage her if she is stable and no more bleeding	
Conservative	0.5
Steroids	0.5

Postmenopausal Bleeding Case

A 68 year old who has been postmenopausal for the last 15 year presents to your clinic complaining of vaginal bleeding for 2 days

Take relevant Hx	
Age of menopause	0.5
Gravida, Para	0.5
Blood analysis: nature, onset	0.5
Precipitating Factors and Associated Sx	0.5
Previous Hx of bleeding	0.5
Age of Menarche	0.5
Pap Smear Hx	0.5
Medical Hx: DM, HTN	0.5
Medical Hx: Cancers	0.5
Drug Hx: Tamoxifen, anticoagulants	0.5
Drug Hx: HRT	0.5
Surgical Hx	0.5
Family Hx: Cancers, bleeding tendency	0.5
Sexual Hx	0.5
What is your DDx	
Endometrial atrophy/polyp	1
Endometrial hyperplasia/Ca	1
hormonal effect of cervical Ca…	1

Booking Visit

Hala is a 26 year old who presents to your clinic for a booking visit (First prenatal care visit).

Take relevant Hx	
Gravida, Para	0.5
LMP	0.5
Menstrual Hx	0.5
Pregnancy planned? Wanted?	0.5
How pregnancy Diagnosed	0.5
Pregnancy Sx	0.5
Urinary/Bowel Sx	0.5
Abnormal vaginal bleeding	0.5
Obstetric Hx	0.5
Medical Hx	0.5
Surgical Hx	0.5
Drug Hx (Current medication)	0.5
Smoking? Alcohol?	0.5
Order investigations	
CBC	0.5
BG	0.5
Urine analysis / culture	0.5
Hep B surface antigen	0.5
Rubella IgG	0.5
HIV	0.5
Syphilis (Rapid plasma regain - RPR)	0.5

Miscarriage Case

Tania is 29 years and she has been married for 9 months. She presented with lower abdominal pain and blood spotting.

Take relevant Hx	
Gravida, Para	0.25
LMP	0.25
Onset of the pain in relation to the bleeding	0.25
Hx of similar attack	0.25
Bleeding analysis	0.25
Pain analysis (SOCRATES)	0.25
Bowel Sx	0.25
Urinary Sx	0.25
Anemia Sx (dizziness, fainting)	0.25
Vaginal Discharge	0.25
Dyspareunia	0.25
Menstrual Hx	0.25
Contraception	0.25
Previous Relationships	0.25
You do a physical examination	
Stable VS, soft, non-tender abdomen	
Next Step?	
US: TV/TA: TV US: shows empty uterus and no adnexal masses, no collection in the pelvis	1
Investigation to request?	
β-HCG, BG, Rh, CBC (accept G&S or X-match)	1.5
What is your DDx	
Early pregnancy VS Ectopic	1
How will you manage?	
Options: Conservative, Medical, Surgical	1.5
What is the medical treatment	
Uterotonic Agents (Misoprostol – from slides)	0.5
What advice will you give your patient if she receives the medical treatment?	
Not to get pregnant for 3 months	0.5
What information will you give the patient with a history of ectopic pregnancy if she is planning to get pregnant?	
Risk of recurrence, go to early pregnancy clinic once her period is missed	0.5

Hypertensive Case – PET

Mrs. Johnson is 39 years old, G3P2, presented to emergency department, complaining of headache, her BP was 166/112.

Take relevant Hx	
Professionalism (wears a lab coat…etc)	0.5
Communication skills (did he introduce himself…etc)	0.5
LMP	0.5
Headache: site, duration, etc..	0.5
Associated Sx: epigastric pain, RUQ pain, blurry vision, oliguria, vaginal bleeding	1
Fetal movement	0.5
Current pregnancy complications	0.5
Prenatal care	0.5
Obstetric Hx	0.5
Medical Hx: HTN, DM, renal disease	0.5
Family Hx: HTN	0.5
Order Investigations?	
CBC, platelets	0.5
Urine for protein	0.5
KFT	0.5
LFT	0.5
Abdominal US	0.5
Medications to lower her high BP?	
Labetalol (β – Blocker)	0.5
Nifedipine (Calcium channel blocker)	0.5
Hydralazine (vaso-dilator)	0.5

Vaginal Discharge Case

Take relevant Hx	
Introduce yourself	0.5
Professionalism	0.5
Gravida, Para	0.5
Chief complaint	0.5
Discharge analysis: character	0.5
Associated Sx: Itching, Redness	0.5
Previous similar Hx	0.5
Pelvic pain, Fever	0.5
Dysuria, dyspareunia	0.5
Birth control usage	0.5
Medical Hx: DM	0.5
Drug Hx: Antibiotics	0.5
STD Hx	0.5
What is your DDx	
Candidiasis	0.5
Bacterial Vaginosis	0.5
Trichomoniasis	0.5
Investigations	
Wet Mount	0.5
Whiff test for vaginosis by adding 10% KOH and wait for fishy odor	0.5
Vaginal pH	0.5
Vaginal Culture	0.5

Menopause Case

Shireen is a 51 year old lady who presents to your clinic complaining of hot flushes and night sweats

Take relevant Hx	
Professionalism	0.5
Gravida, Para	0.5
LMP	0.5
Occupation: Teacher	0.5
Chief complaints	0.5
Analysis of CC	0.5
Assessing the severity of the condition	0.5
Urinary Sx: dysuria, urgency, frequency	0.5
Thyroid Sx	0.5
Menstrual Hx	0.5
Hx of DVT, PE	0.5
Hx of Fracture	0.5
Hx of Breast Ca	0.5
Family Hx: DVT, PE, Osteoporosis, Breast Ca	0.5
Smoking	0.5
Whats is the Treatment?	
HRT	0.5
What type of HRT?	
Combined estrogen and progesterone	0.5
Additional 2 benefits for the treatment	
Protective from osteoporosis	0.5
Protective from dementia	0.5
Protective from colon Ca…	0.5

Puerperal Pyrexia Case

Eman is 24 years old, delivered with C/S last week. She presents to the emergency room complaining of generalized weakness and feeling hot.

Focused Hx	
Respiratory Sx: cough, chest pain, SOB	0.5
Breast Sx: mastalgia, nipple discharge, swelling	0.5
Wound site: pain, discharge	0.5
Urinary Sx: dysuria, pain, urgency, frequency	0.5
Vagina: bleeding, discharge (offensive)	0.5
Lower limb: pain, swelling	0.5
Q2: What will you call her condition?	
Puerperal pyrexia	0.5
Q3: Possible Causes of this condition?	
Chest infection	0.25
Breast problems: engorgement, mastitis	0.25
Wound infection	0.25
UTI	0.25
Genital tract infection or RPOC (retained products of conception)	0.25
Thromboembolic diseases	0.25
Q4: Investigations to orders?	
BG, CBC	0.5
Urine analysis/culture	0.5
CXR	
Pelvic US	
HVS (high vaginal) & endocervical swab, wound discharge swab	
Q5: on abdominal exam you note that her incision is red, hot and you also notice a discharge. What is your management?	
if mild: outpatient, if moderate to severe: inpatient	0.5
take a swab from the discharge	0.5
Cleaning and dressing	0.5
Broad spectrum antibiotics and we may add a topical one	0.5

Recurrent Abortions Case

Nada is a 30 year old lady who presents to your clinic because of recurrent abortions.

Take relevant Hx	
Introduce yourself	0.5
Gravida, Para	0.5
Previous delivery: normal/not	0.5
Previous delivery: GA, weight	0.5
Previous delivery: with cervical tear/not	0.5
Previous miscarriages: GA	0.5
Previous miscarriages: painful/not	0.5
Normal babies on US	0.5
D/C Hx	0.5
Cervix procedures Hx	0.5
Cerclage Hx	0.5
Medical Hx: DM, HTN, SLE, hypothyroidism…	0.5
Medical Hx: DVT, PE, Thrombophilia	0.5
Smoking	0.5
What is your DDx	
Cervical incompetence	0.5
Uterine anomalies	0.5
Antiphospholipid antibody syndrome	0.5
Thrombophilia or balanced translocation chromosomal analysis	0.5
All the investigations came back normal. Nada wants to know what you can do in the next pregnancy to prevent this from recurring.	
Cervical Cerclage	0.5
At what GA?	
11-14 weeks	0.5

Urine Incontinence Case

Samia is a 53 years old patient who presents to the outpatient clinic complaining of involuntary loss of urine for 2 years.

Take relevant Hx	
Professionalism	0.5
Communication skills	0.5
Gravida, Para	0.5
Severity of incontinence, number of pads	0.5
Impact on social life	0.5
Fluid intake	0.5
Frequency: day/not	0.5
Urgency, Dysuria	0.5
Stress incontinence: is it related to coughing, sneezing, laughing?	0.5
Chronic cough, constipation	0.5
Feeling of a mass bulging from below	0.5
Medical Hx: DM, neurological diseases, spinal injuries	0.5
Drug Hx: diuretics, HRT	0.5
Surgical Hx: Gynecological Surgical Hx	0.5
Family Hx: DM	0.5
Smoking	0.5
On examination you notice the Samia`s BMI is 35. She suffers from a second degree Cystocele. What investigations will you order?	
Frequency volume chart	0.5
Urine analysis/culture	0.5
GTT (glucose intolerance test), random blood sugar	0.5
Urodynamic study	0.5

Obstetric Hx

Heba is a 35 year old pregnant woman, Please take a patient profile and history of current pregnancy an previous pregnancies (i.e Obstetric Hx)

Take a detailed Obstetric Hx		
G6P4+1		1
G1	FTNVD, alive Male, B.wt 4 kg, no antenatal neither post natal complications, Breast fed for 1 yr, not admitted to NICU	1
G2	1st trimester complete miscarriage	1
G3	FT, alive female, B.wt 3.9kg, vacuum delivery for prolonged second stage, admitted to NICU, No antenatal complications, Retained placenta and MROP (manual removal of the placenta) Breast fed for 6months	2
G4	FTNVD, alive male, B.wt 4.2kg, no antenatal complications, PPH, blood transfusion 2 units, Breast fed for 6months	2
G5	FT, alive male, B.wt 3.8kg, no complications, emergency CS for fetal distress, Breast fed 10 months. The boy died 2 years in RTA ago at the age of 5.	2
G6	now, baby active, no complications	1

Components of Obstetric History

- YEAR
- SEX
- TERM/NOT
- PLANNED/WANTED
- MOD, USE OF INSTRUMENTS
- COMPLICATIONS (PRE, DELIVERY, POST)
- NICU
- BIRTH WEIGHT
- OUTCOME OF DELIVERY (ALIVE,..)
- BREAST FEEDING
- WHAT IS HE CURRENTLY DOING

Post Date Case

Mrs. Tamara who is worried because she passed her EDD.

Take relevant Hx	
Professionalism	
Age/Date of marriage	
Gravida, Para	
LMP, EDD, GA	
BG, Rh	
Chief complaint	
Hx of Current Pregnancy	
Hx of Antenatal Care	
Fetal Movements	
Medical Hx	
Surgical Hx	
Drug Hx, Allergy	
What clinical signs you will look for?	
General Exam, BP	
Obstetric exam: size, lie, presentation, engagement, fetal heart	
Vaginal examinations: Bishops score, pelvic adequacy	
Mention one important investigation that you would like to do to determine your management.?	
Modified biophysical profile (NST & AFI – amniotic fluid index)	
If your investigation is normal, what is your Mx?	
to wait for another few days (3-5 days)	

PCOS Case

Dana is 25 years and presents to your clinic complaining of excessive hair growth on her face.

What do you want to know?	
Married/single, fertility	0.5
Onset	0.5
Progression	0.5
Other sites, severity	0.5
Acne	0.5
Voice Changes, balding	0.5
Constitutional Sx: abdominal/pelvic pain, weight loss, anorexia	0.5
Hypothyrodism Sx: Weight gain, cold intolerance	0.5
Menstrual Hx	0.5
Drug Hx (medications)	0.5
Family Hx	0.5
What will you look for in Physical Exam?	
Severity/distribution scoring	0.5
2ry sexual characteristics / virilization	0.5
Acanthosis Nigricans	0.5
Pelvic exam	0.5
Abdominal exam: masses	0.5
Investigations for this patient?	
US	0.5
LH/FSH	0.5
Testosterone, DHEAs	0.5
TSH/Prolactin (PRL)	0.5

Oral Stations

COCP Case

Teena is 25 yrs. She wants to use combined contraception.

Q1. Forms of combined contraception	
Pills	0.5
Patches	0.5
Vaginal Rings	0.5
Q2. What do you need to ask before you can prescribe COCP	
Gynecological Hx / Obstetric Hx	0.5
Menstrual Hx	0.5
Cervical smears	0.5
Previous contraception	0.5
Future pregnancy plan	0.5
Medical Hx: HTN, DVT, Migraine, Cancers…	2
Drug Hx	0.5
Family Hx: thrombosis	0.5
Smoking	0.5
STI risk	0.5
Q3: What do you need to check when you examine her	
BP	0.5
BMI	0.5

PCOS Case

A 20 year old woman presents with infrequent periods since the menarche at the age of 16. She has mild acne but no other abnormal feature. She wishes to conceive.

Q1: most likely Dx	
Polycystic ovarian syndrome (PCOS)	1
Q2: What investigations will you arrange?	
Ovarian scan	1
Follicular phase LH or LH:FSH	1
BMI	1
Semen analysis	1
Prolactin & Androgens	
Q3: What treatments will you arrange?	
Dietary advice and Weight loss	1
Clomiphene Citrate	1
Q4: What counseling will you give?	
Pre-pregnancy counseling	1
Side effects of clomiphene citrate: - Multiple pregnancy - Ovarian hyperstimulation: ovarian cysts and cancers	1
Q5: What follow up investigation will you arrange?	
Luteal phase progesterone to confirm ovulation once regular cycles have been established	1

Post-menopausal Bleeding Case

A 52 year old patient presents with post-menopausal bleeding.

What is the definition of post-menopausal bleeding	
Genital tract bleeding after 12 months after the menopause.	
What issues will you cover in Hx	
Bleeding Analysis: Onset? Duration? Recurrence?	
any associated symptoms e.g. discharge?	
Any obvious explanation? taking drugs e.g. HRT & anticoagulants?	
Is there any factor that might increase the risk of malignancy e.g. taking Tamoxifen, previous genital tract cancer or precancer, Family Hx of genital tract cancer?	
What will you look for in pelvic examination	
Benign or malignant conditions causing the bleeding. Valval ulceration. Atrophic	
Vaginal changes: ulceration. Foreign body in the vagina: pessary, inserted object. Cervical polyps, “erosions” or possible malignancy. Pelvic masses	
Vaginal infection, e.g. trichomonas or candida. Ovaries: Ovarian cancer (15% present post-menopausal bleeding)	
mention 3 further investigations you will do?	
Cervical smear	
US: TV: to measure thickness	
Endometrial sampling/hysteroscopy	
If clinical examination is normal, what advice will you give her about possible serious pathology	
20% risk of malignancy/hyperplasia is associated with postmenopausal bleeding., but you can still reassure the patient that the risk of serious disease is <10%. In addition, most of the serious conditions, such as endometrial hyperplasia and cancer are treatable though you cannot offer guarantees of cure.	

Post-Partum Hemorrhage Case

Sam is 35 years who had her 5th baby 30 minutes ago. You were called by the midwife to review the patient because of bleeding.

What do you want to know from the MW?	
Mode of delivery (MOD), progress of labor	0.5
Estimated blood loss (EBL) at the delivery	0.5
Placenta	0.5
Medical conditions: HTN	0.5
Antenatal (AN) complications	0.5
Syntometrin (Oxytocin)	0.5
Q2: What will you do?	
Assess bleeding amount	0.5
Call for help	0.5
ABC	0.5
2 large IV lines, CBC, clotting profile, X-match 4 units of blood	0.5
IV fluids	0.5
Catheter	0.5
Check the uterus for atony	0.5
Recheck the placenta	0.5
Check for trauma	0.5
Check for bleeding disorders	0.5
Q3: Mention 2 causes of PPH?	
Trauma	0.5
Atony	0.5
Q4: Types of PPH?	
Primary: <24 hr - Atony	0.5
Secondary: >24 hr – Retained tissue/infection	0.5

Contraception – Tubal Ligation

Sara is a 32 year old P4 patient who presents to your clinic for counselling regarding birth control, She is interested in tubal ligation

Q1: what questions would you ask her to figure out if she is a good candidate for this procedure?	
Married/not	
Why she wants it	
Medical diseases	
Surgical Hx	
Q2: How is it performed?	
Procedure is usually performed with laparoscopic approach and the tubes are closed by coagulation, clipping...etc	
Q3: What are the possible complications?	
Analgesia related: pneumonia, PE,…	
Laparoscopic related: vascular, bowel...	
Failure of the procedure	
Ectopic pregnancy in case of failure	
Q4: What is the FR?	
<1%	
Q5: What are the alternatives?	
Male vasectomy	
Mirena IUD	
Q6: if she complains of heavy periods, what would you recommend?	
Mirena IUD	

Mixed Urinary Incontinence Case

Sameeha is 65 year old lady. She presented to the clinic c/o leaking urine when she coughs and sneezes. She cannot always make it to the toilet when she needs to void. In addition she mentioned that she voids 10 times during a day and has to rise at least twice at night to void. Her symptoms started 2 months ago.

Q1: What is your Dx		
Mixed urinary incontinence		1.5
Q2: Define the following?		
Stress urinary incontinence	involuntary leakage on effort or exertion, or on sneezing or coughing	1
Overactive bladder syndrome	Urgency + Frequency + Nocturia +/- Urge incontinence	1
Urgency	Sudden and compelling desire to pass urine	1
Q3: What investigations will you request?		
Bladder diary		0.5
Urine analysis		0.5
Urine culture		0.5
Urodynamics		0.5
Q4: What treatment options can you discuss with this lady?		
Fluid manipulation		0.5
Pelvic floor muscle training		0.5
Bladder retraining		0.5
Anti-muscarinics		0.5
Surgery		0.5
Q6: In such a presentation, which component of the mixed urinary incontinence we should treat first?		
Urge incontinence		1

IUCD Case

Maha is a 33 yr old P3 woman who is interested in birth control. Her sister has an IUCD and she is wondering if an IUCD suits her as well?

Q1. She asks you, What IUCD exactly is? And how does it work? And how effective is it?	
A small 'T'-shaped device is inserted into the uterus. IUDs are a form of long-acting reversible contraception	1
Unknown but it is believed to cause a hostile inflammatory environment in the uterus	1
Very effective 97-99%	1
Q2. She heard that there are two different types. What are they? And how can you help her decide which type to choose	
Copper and hormonal IUCD	1
Other symptoms like menorrhagia	0.5
How long she wants birth control (copper 10 yrs, hormonal 5 yrs)	0.5
Price/ availability	0.5
Q3. When is the best time to insert an IUCD?	
After the period	1
Q4. What are the main complications of IUCD insertion?	
Infection	0.5
Perforation	0.5
Q5. Maha had an IUCD placed, she reports back 6 weeks after the insertion. Pelvic exam shows no threads, what are the possibilities and what investigations will order to confirm your diagnosis?	
Perforation/ expulsion/ threads were cut too short	1.5
US	0.5
Abdominal X-Ray	0.5

Partogram

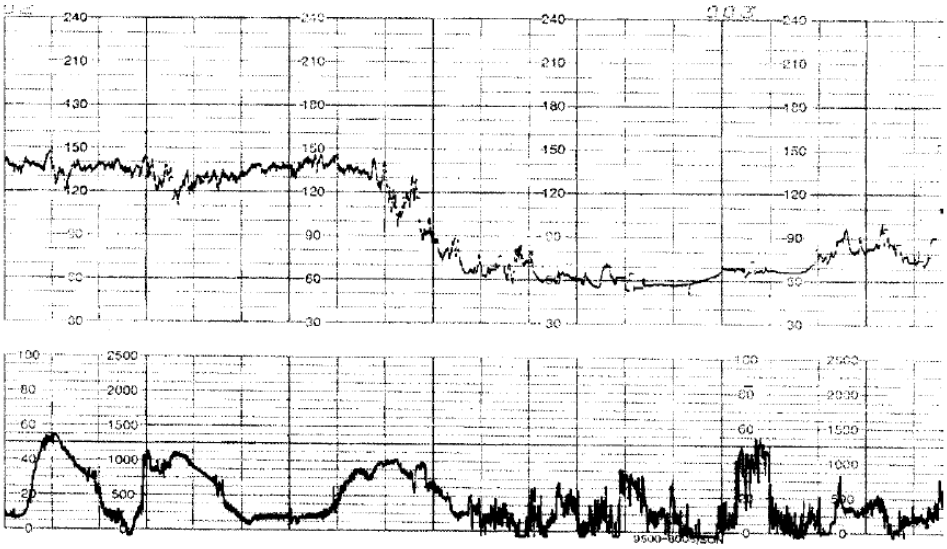
Mrs Mahs is a 29 year old woman P 2. She is full term. Admitted to labor at 0600 am.
In front of you is a partogram. After looking at the partogram answer the following questions

(They didn't put the picture, only the checklist…)

What was the likely action taken at 1100 am?	
ARM	1
How would you describe the progress of labor between 8 am - 12 pm?	
Prolonged active phase	2
What is the action taken at 12 pm?	
Start Oxytocin	1
You are called to see the patient at 0800 pm, what is your diagnosis?	
Failure of descent of the head	2
Mention 3 likely causes for this condition?	
CPD (Cephalopelvic disproportion – occurs when the baby's head is too large)	1
Malposition	1
Malpresentation	1
How would you deliver Maha?	
CS	1

Obstructed Labor / CTG Case

Sara is a 26 year Primigravida at 39 weeks. Her pregnancy was low risk without any complication. She was admitted to the labour ward at 0200 hrs in labour. On admission she was 4 cm dilated, vertex at spines. Artificial rupture of the membrane was done and she progressed smoothly. At 0800hrs she was fully. She started pushing at 0900 but the midwife called you because of this CTG.
Her vaginal examination showed: fully dilated, Vx, LOA,+2station(below spines).

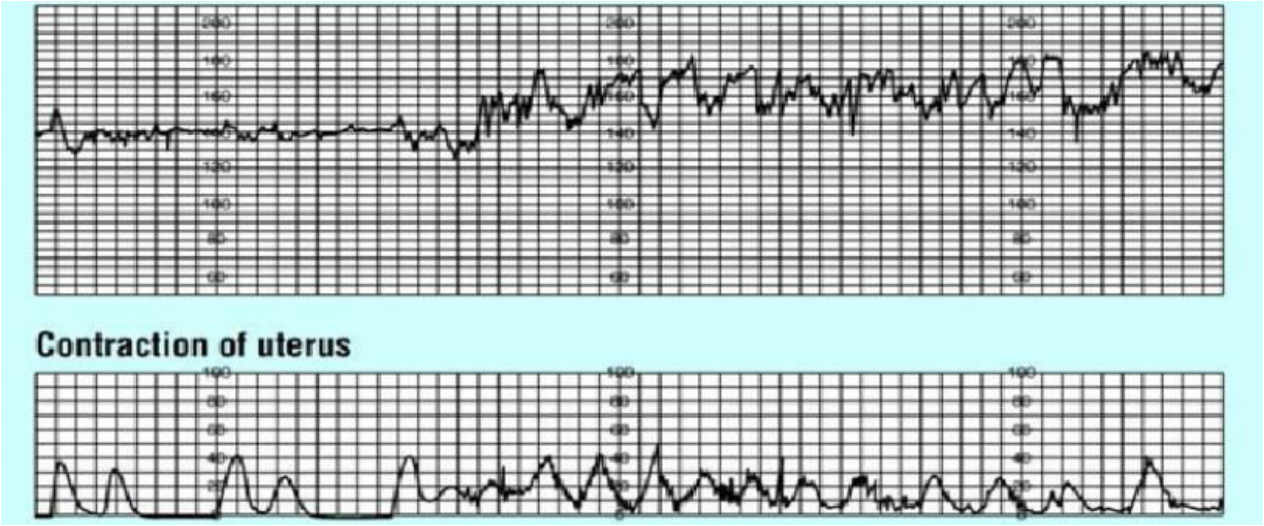


Q1. What is Your Dx	
Pathological CTG	1
Q2. What is your plan	
Instrumental Delivery	1
Q3. What instrument will you use? Why?	
Forceps / Vacuum	1
Rapid delivery, experience... etc.	1
Q4. Name 4 pre-requisites for any instrumental delivery	
Fully dilated	0.5
ROM	0.5
Adequate analgesia	0.5
Empty bladder	0.5
Q5. Mention 1 contraindication	
Position unknown	1
Q6. Name 2 maternal complications	
Trauma	0.5
PPH	0.5
Q7: The fetal head comes out but delivery becomes difficult. Dx?	
Shoulder dystocia	1
Q8: Mention 2 RF for this complication?	
DM	1
Macrosomia	1

Examination Stations

Reduced Fetal Movements – Obstetric Examination

Maha is a 32 year old G2P1 who is currently 36 weeks pregnant. She has been under your care during this pregnancy. The pregnancy has been uncomplicate, She presents complaining of reduced fetal movements



Q1. What Qs will you ask her	
Contractions	
Vaginal bleeding	
Leakage of fluids	
Fetal movements	
Q2. Perform an Obstetric exam	
Professionalism	
Measure B/P	
Fundal height	
Fundal grip (Part occupying the fundus)	
Lateral grip (Lie, position)	
1st pelvic grip (Pawlick's grip – presenting part)	
2nd pelvic grip (Engagement)	
Listen to fetal heart	
Q3. What is her next step in Mx?	
CTG	
Q4. Read the CTG	
140`s, moderate variability	
Accelerations present, no decelerations, contractions present	

PROM – Obstetric Exam

You are the on call doctor in labor and delivery. Muna is a 28 yr old G2P1 (EDD 16/1/13) who presents with a big gush of fluids. No contractions or vaginal bleeding. Muna reports normal fetal movements. Muna had regular prenatal care and pregnancy was uneventful. Last baby delivered 2 years ago with normal vaginal delivery,
Muna`s HR 92. B/P 120/70, RR 18, T 36.8
Fundal height 37 cm. Longitudinal lie, vertex presentation, Head 4/5th palpable abdominally, Membranes ruptured, Pelvis adequate, cervix anterior, soft, 3 cm dilated, -2 station, occipto-transverse position. 60% (1 cm) effaced. FHR 140`s. Variability moderate Accelerations present, no decelerations You admit Mona to labor and delivery.

Perform Obstetric Exam	
Professionalism	
Measure B/P	
Fundal height	
Fundal grip (Part occupying the fundus)	
Lateral grip (Lie, position)	
1st pelvic grip (Pawlick's grip – presenting part)	
2nd pelvic grip (Engagement)	
Listen to fetal heart	
Is the Cervix Favorable for induction	
Yes	
How will you manage her	
Induction of labor	
Oxytocin	
Muna `s labor is augmented with oxytocin. What is the minimum progress you expect every hr? How will you monitor fetal wellbeing?	
Oxytocin progression: Infusion starts at a rate of 1-2mU/min and increased Q 30 min (max 32mU/min), Increased until 4-5 contractions/10 min, Contraction start within 60 m & ends within 4 hr (From slides)	
Biophysical profile, CTG (Assumption :P)	

Prenatal Visit

Farah is a 22 year old women G1P0 who is 37 weeks pregnant (EDD 5/12/12) Pregnancy has been uneventful. She presents to your clinic for a regular prenatal visit?

Q1. What Qs will you ask her	
Contractions	
Vaginal bleeding	
Leakage of fluids	
Fetal movements	
Q2. Perform an Obstetric exam	
Professionalism	
Measure B/P	
Fundal height	
Fundal grip (Part occupying the fundus)	
Lateral grip (Lie, position)	
1st pelvic grip (Pawlick's grip – presenting part)	
2nd pelvic grip (Engagement)	
Listen to fetal heart	
Q3. Fundal height is only 32 cm, what is your DDx?	
PROM	
IUGR	
Wrong date	
Q4: Assume Farah GA is 32 weeks and the fundal height is 35 cm, what is your DDx?	
Polyhydramnios	
Macrosomia	
Fibroid or Full bladder	

Pelvic Exam – Pap smear

Manal is a 36 year old patient who presents to your clinic for a well woman exam.

Do a pelvic exam & obtain a pap smear (Describe what you are doing)	
Professionalism	
Privacy	
Wash hands	
Inspection: genitalia	
Warn patient before touching and explain the procedure	
Introduce speculum gently	
Comment on: vagina, cervix	
Perform pap smear	
Remove speculum gently	
Introduces fingers gently	
Put 2nd hand on abdomen to feel pelvic organs	
Comment on uterus and adnexa	
The result of pap smear is high grade intraepithelial lesion, what does that mean?	
Pre-cancerous condition	
What causes this condition?	
HPV (High grade: 16,18 / Low grade: 6,11)	
What is the next step?	
Colposcopy with biopsy	

Menorrhagia and Intermenstrual bleeding Case

Muna is a 46 year old P3 lady who is complaining of menorrhagia and intermenstrual bleeding for the last year worse in the last 2 month. Muna doesn't have any medical illnesses and never had any surgeries.

Perform a pelvic exam	
Professionalism	
Privacy	
Wash hands	
Inspection: genitalia	
Warn patient before touching and explain the procedure	
Introduce speculum gently	
Comment on: vagina, cervix	
Remove speculum gently	
Introduces fingers gently	
Put 2nd hand on abdomen to feel pelvic organs	
Comment on uterus and adnexa	
Give 4 DDx	
Fibroids/polyps	
Cervical Ca, Endometrial Ca, Endometrial hyperplasia	
Hypo/Hyperthyroidism	
Dysfunctional uterine bleeding	
mention 4 Investigations to order	
Pap Smear	
Endometrial Sampling	
Pelvic US	
CBC, TFT	