

## **Common Obstetric Problems**

Miscarriage  
Ectopic Pregnancy  
Pre-eclampsia  
Antepartum and Postpartum Haemorrhage  
Premature Rupture of Membranes  
UTI and other infections  
DVT / PE

## **Antenatal History**

What was the date of your last menstrual period (first day of period)?  
Calculate Expected Date of Delivery (LMP + 12 months + 7 days – 3 months if 28 day cycle)  
Do you have any pain or bleeding? i.e. early miscarriage or possible ectopic pregnancy  
Was it a planned pregnancy?  
How many times have you been pregnant before?  
How many children do you have?  
Did you have any problems in your previous pregnancies or labours? e.g. bleeding, premature rupture of membranes, foetal distress, DVT or PE, high blood pressure, gestational diabetes....  
Did you have a normal vaginal birth or caesarean section?  
  
Do you have any medical problems? e.g. diabetes, epilepsy  
Have you had any pelvic surgery in the past? e.g. LLETZ procedure for cervical neoplasia  
Have you had any mental health problems in the past?  
Do you take any medication?  
Are all your vaccinations up to date?  
Is there any diseases or inherited conditions that run in your family?  
Do you smoke? Do you drink any alcohol?

## **Common Gynaecological Problems**

Ovarian cysts and Polycystic Ovarian Syndrome (PCOS)  
Endometriosis  
Fibroid uterus  
Sexual Transmitted Infections (STIs)  
Ovarian / Uterine / Cervical / Vulval Cancer  
Vaginitis and Menopause

## **Common Gynaecological Symptoms**

Menstrual Problems  
Menorrhagia (heavy period bleeding)  
Oligomenorrhoea (irregular periods)  
Amenorrhoea (no periods - either primary or secondary)

### **Menstrual History**

When was your last period (first day)? Have you missed your period (could they be pregnant)? How many days are there between your periods? Is it regular? If irregular, what's the shortest number of days and what is the longest number of days between your periods? Are your periods heavy? Do you pass clots? Do you have episodes of *flooding* (where you get caught out due to heavy blood loss)? How many tampons / pads would you get through in a day? Do you have pain with your periods?

### **Menopausal Symptoms**

When was your last period (*should have stopped*)? Do you have any *flushing* (sweating) or notice your night clothes soaked through? Do you have any vaginal dryness? Is sexual intercourse more painful or less interest? Have you noticed you mood change?

### **Postmenopausal bleeding**

Bleeding after the menopause – if more than 1 year after menopause need to investigate as could be possible sign of cancer

### **Dyspareunia** (*pain whilst having sexual intercourse*)

Is there pain on superficial penetration (vaginismus – involuntary spasm of muscles at vaginal entrance) or deep penetration (may be associated with pelvic pathology e.g. endometriosis)?

### **Infertility** (*Primary* – never been pregnant, *Secondary* – have been pregnant in past)

How long have you been trying to conceive? 85% of couples will conceive in 18 months. Have you ever been pregnant before? Have you had any miscarriages?

Do you have regular periods? *If a woman is having regular periods of usual length it is highly likely she is ovulating*

Have you ever had a STI or pelvic inflammatory disease?

Do you have any medical problems?

**Vaginal discharge** (please look on Moodle at 'Dealing with Embarrassing Problems')

How long have you had it? What colour is it? Is there any smell e.g. fishy? How much discharge do you have? When was your period? Is it due? Do you have any itching? Do you have any pain? Do you have any pain passing urine?

*Thrush* – whitish, curdy discharge often associated with vulval itch / irritation

*Bacterial Vaginosis* – watery discharge and fishy odour

*STIs* – vaginal pain or lower abdominal pain with discharge (*STIs can be asymptomatic e.g. Chlamydia 75% cases in women and 50% in men have no symptoms*)

### **Scenario 1 Student Doctor**

A 30-year old female patient named Rawan comes to your clinic after she became pregnant. Please obtain a complete obstetric history.

Then give your patient early pregnancy advice.

### **Scenario 1 Patient**

Name: Rawan

Age: 30-year old female

Marital status: married

Address: Mafraq

Occupation: Teacher

**Presenting Complaint:** Pregnant – done a pregnancy test that was positive

**HPC:** 1<sup>st</sup> day of last menstrual period – December 10, 2017 (7 weeks ago)

You developed some lower abdominal pain 2 days ago and you have had just a little bleeding today

Pain like cramps lower down and left lower abdomen

*Patient Cue:* 'Worried about the bleeding doctor'

If doctor responds to cue: 'Worried it might be a sign of having a miscarriage doctor'

You also have a white, itchy vaginal discharge

*If asked directly:* No smelly discharge or stinging passing urine

You have been pregnant four times before.

You had one miscarriage at 12 weeks, and you had three normal vaginal deliveries.

All your vaccinations are up to date

**Meds:** Sodium Valproate 400mg bd

**Allergies:** NKDA

**PMH:** Epilepsy well controlled – last fit 2 years ago

Previous Pelvic Inflammatory Disease – had antibiotics

**PSH:** None

**SH:** Does not drink alcohol, smokes 1 pack per day, no recent travel

No pets at home e.g. cat (issue if cat litter tray)

**FH:** None

## **Facilitator Notes for Scenario 1 – Possible Ectopic Pregnancy**

### **What might the pain and bleeding be from?**

Always assume ectopic until proven otherwise particularly during the time of 6-9 weeks pregnancy – differential diagnosis – miscarriage

### **What might the white discharge be from?**

Could be normal but also could be fungal infection (common during pregnancy due to hormonal changes). Fungal vaginal infection – whitish discharge, not usually odorous and often accompanied with itching.

### **What physical exam items would you perform on this patient?**

Check Pulse and BP (ectopic pregnancy is an emergency that can lead to collapse and death)

Abdominal and Vaginal Examination (check for adnexal mass or tenderness)

Ultrasound scan – check for viable uterine pregnancy and exclude ectopic or miscarriage.

### **If no intrauterine pregnancy is seen or obvious ectopic pregnancy what should be checked?**

Check HCG and repeat 48 hours later to see whether appropriate increase with viable pregnancy, significant drop if missed pregnancy or not increasing significantly or dropping significantly could indicate an ectopic pregnancy.

### **What are the risk factors for ectopic pregnancy?**

Pelvic inflammatory disease (*in this case*), infertility, use of an intrauterine device (IUD), previous exposure to diethylstilbestrol (DES), tubal surgery, intrauterine surgery (e.g. D&C), smoking, previous ectopic pregnancy, endometriosis, and tubal ligation.

### **How would you document her Gravida and Parity? (G5 P3+1)**

G5: 4 previous pregnancies + 1 current

P3+1: 3 live births and 1 miscarriage (before 24 weeks)

If her baby died after 24 weeks in utero, it is considered a still birth would be written as P4+0

### **What is her estimated due date (EDD)?**

Add 1 year+ 7 days to LMP, then subtract 3 months = July 17, 2018

### **What general advice would you give her?**

Stop smoking, take Folic Acid, eat healthy (avoid Tuna, shellfish, avoid soft blue cheeses), avoid emptying cat litter and exercise

BRIEF CAPPP (Mnemonic for history and physical for obstetric patient)

(**B**leeding and discharge, **R**ashes, **I**mmunizations, **E**dema, **F**etal movement and height, **C**ontractions, folic **A**cid, blood **P**ressure of mom, **P**ulse of baby, fetal **P**osition)

## **Scenario 2 Student Doctor**

You are in an antenatal clinic in Farah Hospital and Nour who is a primip (first pregnancy) and is 33 weeks pregnant with twins has come to see you about a headache.

## **Scenario 2 Patient**

Nour Hussain  
Married, 36 years  
Works in a bank

**PC:** 33 weeks pregnant and has severe headache

**HPC:** Headache – frontal and constant  
severe 9/10  
no radiation  
no triggers

*Associated features:* difficulty looking at bright lights – some blurring of vision

Also vomited one hour ago with some abdominal pain

*If asked directly:* 'Where was the pain?' In the right upper area.

*If asked directly:* 'Any swelling?': Noticed some swelling of hands and feet thought it was normal for late on in pregnancy

If asked more about the pregnancy – twin pregnancy, 33 weeks, one previous miscarriage

**PMSH:** Diabetes

**DH:** Metformin 850mg bd

**Allergies:** None

**SH:** Smoker 1 packet a day

## **Facilitator Notes - Case Scenario 2 – Pre-eclampsia in 3<sup>rd</sup> Trimester**

### **What would you check next in this patient?**

Blood pressure

Check urine for proteinuria

Blood tests – CBC including haematocrit, urea and electrolytes, liver function tests, pro-thrombin test and uric acid

### **What are the symptoms of pre-eclampsia?**

- Weight gain over 1 or 2 days because of a large increase in bodily fluid.
- Abdominal pain especially in the right upper quadrant
- Severe headaches.
- Change in reflexes.
- Reduced urine output
- Dizziness.
- Severe vomiting and nausea.
- Vision changes like flashing lights, floaters, or blurry vision or photophobia.

### **What are the risk factors for pre-eclampsia?**

- Previous history of preeclampsia
- Multiple gestation e.g. twins or triplets
- History of high blood pressure, diabetes, kidney disease or organ transplant
- First pregnancy
- Obesity
- Over 35 or under 20 years of age
- Family history of preeclampsia
- Polycystic ovarian syndrome
- Lupus or other autoimmune disorders, including rheumatoid arthritis, sarcoidosis and multiple sclerosis
- In-vitro fertilization
- Sickle cell disease

### **CASE SCENARIO 3 – STUDENT DOCTOR**

You are in a family medicine clinic in Tababour and you are asked to see a 28 year old newly married woman Malak who has developed some irregular vaginal bleeding and vaginal discharge. She seems upset and nervous.

### **CASE SCENARIO 3 – PATIENT HISTORY**

Malak Darwish

28 year old

Housewife living in Tababour

**PC:** Developed some vaginal bleeding between periods that you have noticed after close relations with your husband and vaginal discharge

**HPC:** Married 3 months ago and since then developed new vaginal discharge and some bright fresh blood after intercourse

Vaginal discharge – smells (not fishy odour), thick and pussy (purulent)

No lower abdominal (pelvic) pain or pain during sexual intercourse

No fever

No pain on passing urine (dysuria)

#### *Sexual History*

No previous sexual partners prior to marriage

Trying to get pregnant not used condoms (unprotected intercourse)

Upset and start to cry – if doctor picks up on cue or shows empathy

'I'm really angry as I'm not sure I can trust my husband. I come from a religious family and can't speak to anyone about this. Could this be an infection from him?'

Patient concern: as above – patient worried acquired infection from husband as has penile discharge

Patient expectation: to keep confidentiality but do some swabs

**PMSH:** Nil significant

**DH:** Taking Folic Acid

**Allergies:** Penicillin – rash if takes it

**SH:** Non-smoker, doesn't drink alcohol



## **FACILITATOR'S NOTES CASE SCENARIO 3** **POSTCOITAL BLEEDING AND VAGINAL DISCHARGE**

Challenging consultation and needs empathy and sensitivity – can discuss cultural aspects of this case, medical ethics of patient confidentiality...

### **Do you know any causes of postcoital bleeding (spotting or bleeding)?**

Ectropion  
Cervical polyps  
CIN or Cervical cancer (therefore need to pass a cervical speculum +/- colposcopy for smears as well as taking swabs)  
Cervicitis – N. gonorrhoea, C. trachomatis, Trichomonas Vaginalis

### **Do you know some causes of vaginal discharge? What other questions are appropriate to ask?**

Normal – increases during ovulation, pregnancy or breastfeeding, douching  
Vaginal Candidiasis – thick, whitish or yellowish discharge with itching. Can be recurrent often worse prior to period  
Bacterial vaginosis – white, fishy odour  
Gonorrhoea – cloudy or yellow with intermenstrual bleeding  
Trichomoniasis – pain and itching whilst urinating  
Possible cervical or endometrial cancer

### **Taking a Sexual History**

#### **How to introduce the topic?**

- Warning shot – 'I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they are important for your overall health.'
- Asking their permission - 'Are you OK if I proceed?' Do you have any questions before I ask these questions?' 'Is that OK with you?'
- Normalising - 'Just so you know, I ask these questions to all of my adult patients, regardless of age, gender, or marital status.'
- Framing the topic / question - 'Because of the symptoms (e.g. vaginal discharge) you describe I need to ask you some questions to know how best to help you. Is that OK?'
- Building patient trust and maintaining patient confidentiality – 'Like the rest of your information, this information is kept in strict confidence.'

#### **Specific Sexual History questions**

- Do you have a regular sexual partner at the moment?
- Is your partner male or female?
- Can I ask if you have had any (other) sexual partners in the last 12 months?
- How many were male? How many female?
- Do you use barrier contraception (condoms) – sometimes, always or never (particularly ask this if they have had more than 1 partner in the last 12 months)?
- Can I ask what kind of sexual contact you have had? (genital, anal or oral?)

Have you ever had a sexually transmitted infection? (when, how treated, any recurrence, ask specifically about HIV testing)

### **Scenario 4 Student Doctor**

A 24 year old lady has come to see you in the gynaecology outpatient department with period problems. Take a good menstrual history and pick up any cues that the patient may give

### **Scenario 4 Patient**

Miriam Ahmad

24 year old

Recently married

No children

Teaches Arabic to internationals

PC: For several years had problems with my periods

HPC: 3 years period have been irregular

Specific questions:

*How many days are there between your periods? Between 24-40 days*

*When you get a period how many days do you bleed for? Light for 2-3 days*

*When it is heavy do you pass any clots or have had any episodes of flooding? No*

*How many tampons or pads do you get through in a day? 2-3*

*Do you get any pain with your periods? No*

*Any other symptoms? Noticed facial hair*

Patient cue: 'I'm a little worried about my periods doctor'

Responds to cue: 'Worried' Why worried?' 'Because I'm recently married and am worried this may affect my fertility

PMSH: Acne

Obese

DH: Lymecline 408mg od

FH: Mother had problem with her periods

SH: Non-smoker and doesn't drink alcohol

## **Period problems 4- PCOS**

### **What are the causes of irregular periods?**

- Side effect of contraception
- Heavy exercise
- Eating disorders - anorexia nervosa and bulimia
- Oligomenorrhoea is common in adolescent girls and perimenopausal women
- Diabetes or thyroid problems.
- Prolactinaemia and medications e.g. antipsychotics and anti-epileptics
- Polycystic Ovarian Syndrome

### **What are the symptoms of PCOS?**

- **Oligomenorrhoea** - 7/10 women with PCOS. You may have irregular or light periods, or no periods at all.
- **Fertility problems** (*genuine patient concern*)
- **Excess hair growth** (*hirsutism*) occurs in more than half of women with PCOS.
- **Acne** may persist beyond the normal teenage years.
- **Weight gain** - women with PCOS are more at risk of becoming overweight or obese.
- **Depression**

### **What other questions should you consider asking about periods?**

When was your last period (first day)? Have you missed your period (could they be pregnant)? How many days are there between your periods? Is it regular? If irregular, what's the shortest number of days and what is the longest number of days between your periods? Are your periods heavy? Do you pass clots? Do you have episodes of *flooding* (where you get caught out due to heavy blood loss)? How many tampons / pads would you get through in a day? Do you have pain with your periods?

**Consider endometriosis – painful heavy periods with dyspareunia (usually deep dyspareunia)**

**Menorrhagia 40+ old women consider uterine fibroids**

**Postmenopausal Bleeding (1 year after periods have stopped) consider atrophic vaginitis but also cervical, uterine or ovarian cancer – always needs investigating**

### **Infertility Scenario**

I would suggest going through this scenario with the whole group together and just talking about the case with them rather than having them do this in front of a mixed group.

### **Scenario 5 Student Doctor**

A 30-year old male patient named Mohammed comes to your clinic with his wife Razan because they are having problems getting pregnant. Please obtain a complete infertility history.

Then give your patient advice.

### **Scenario 5 Patient**

Names: Mohammed and Razan

Age: 30-year old male and 24-year old female

Marital status: married

Address: Mafraq

Occupation: Teachers

*What questions would you ask both of them?*

How long have you been trying to get pregnant? 14 months  
(needs to be more than 1 year to meet definition of infertility)

How often do you have sexual intercourse? Finding it difficult to have sexual intercourse as Mohammed travels a lot and works long hours  
(needs to be regular ideally 3\* week and from day 10 in a regular menstrual cycle of 28-30 days)

Are there any problems that occur when you have sexual intercourse? (pain, etc)

Are you using any contraception?

Have you had any sexual transmitted infections (STIs) before?

STIs decrease chance of getting pregnant due to uterine tubal scarring (Pelvic Inflammatory Disease) and sperm count

*What questions would you ask Mohammed?*

Have you ever had any problems with your testicles? Congenital abnormalities, undescended...

Do you have any swelling or pain in your testicles or scrotum?

Might indicate a varicocele (enlargement of group of veins above testicle) or STI – epididymitis

Have you ever had mumps?

Are all your vaccinations up to date?

*What questions would you ask Razan?*

When did you have your first period? Age of menarche

Does your period come every month at the same time?

How many days do you bleed each month?

How much days do you bleed during your menstrual cycle?

Do you have pain with your menstrual cycle?

Ask about thyroid symptoms (tired, cold/hot, appetite/sleep changes), hirsutism (increased hair) and acne.

Hirsutism and acne signs of PCOS (Polycystic ovarian syndrome)

PCOS is due to hormonal imbalance often due to obesity

*What investigations would you routinely do?*

- Blood tests for Razan
  - Follicular stimulating hormone (FSH) and Luteinizing hormone (LH) to check ratio between FSH:LH if greater than 3:1 could indicate PCOS
  - Testosterone Levels
  - Check Day 21 Progesterone (if regular 28 day cycle) to check for ovulation
  - TSH, T3, Free T4 to check for thyroid disease
  - Hb1ac
  - Prolactin to check for pituitary gland tumour (hyperprolactinaemia)
  
- Semen analysis on Mohammed
  
- Consider scrotal ultrasound to evaluate for varicocele or testicular problems
  
- Consider ultrasound pelvis and hysterosalpinography (HSG) to test for uterine tube patency particularly if history of endometriosis, PID or congenital abnormalities