



Obstetrics and
Infertility

Obstetrics – Initial History

- Vaccinations
- 1st day of last menstrual cycle (LMP)
- Previous pregnancies
 - Past abortions or miscarriages
 - Problems during pregnancy (DM, HTN, etc.)
 - Full term vs. premature
- PMH/PSH/Meds/Allergies/FH/SH
 - Also of Father
- Folic Acid

Calculating Estimated Due Date (EDD)

- Determine 1st day of last menstrual period (LMP)
- Add 1 year and 7 days
- Subtract 3 months

- What is the EDD of a pregnant woman with a LMP of August 7, 2017?
 - Add 1 year and 7 days to LMP = August 14, 2018
 - Then subtract 3 months = **May 14, 2018 = EDD**

Gravida / Parity

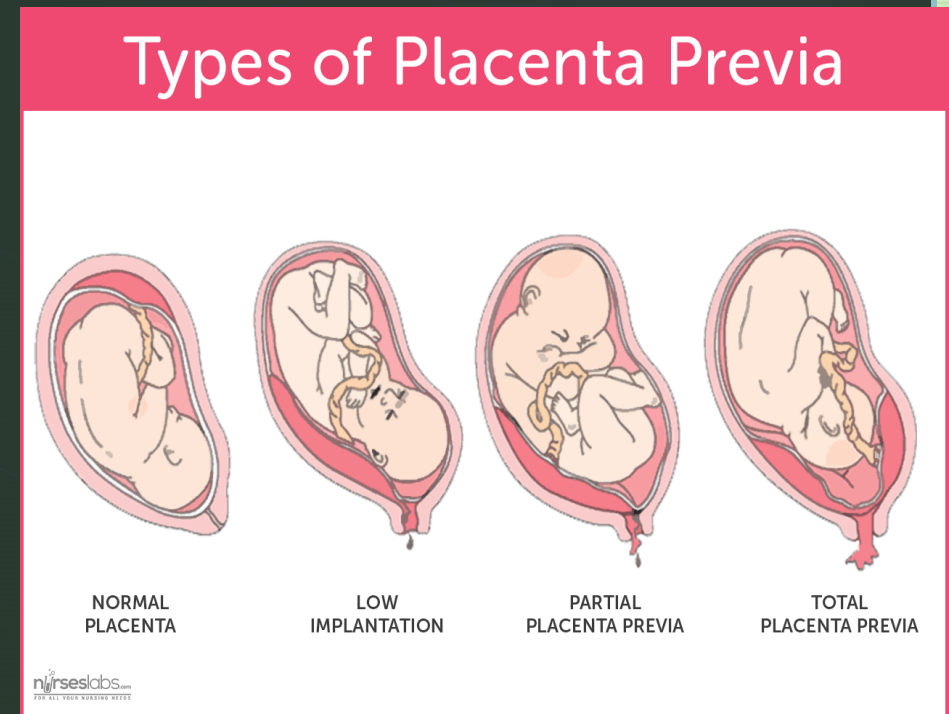
- Gravida: number of pregnancies (including current pregnancy if applicable)
- Parity: Number of completed pregnancies
 - Written as $x + y$
 - X = number of live births and number of stillbirths together
 - Y = number miscarriages
- Miscarriage: pregnancy loss before 24 weeks
- Stillbirth: pregnancy loss after 24 weeks

Gravida / Parity Examples

- Female with 6 previous pregnancies/ 5 live births and 1 miscarriage
 - G6 P 5+1
- Pregnant female with 5 prior pregnancies. 1 stillbirth and 4 live births.
 - G6 (5 previous and 1 current)
 - P5+0 (4 live births and 1 stillbirth + no miscarriages)
- Pregnant female with 4 prior pregnancies. 1 stillbirth, 1 miscarriage, 1 live single birth, 1 live birth of twins
 - G5 (4 previous and 1 current) P3+1 (2 live births and 1 stillbirth+1 miscarriage)

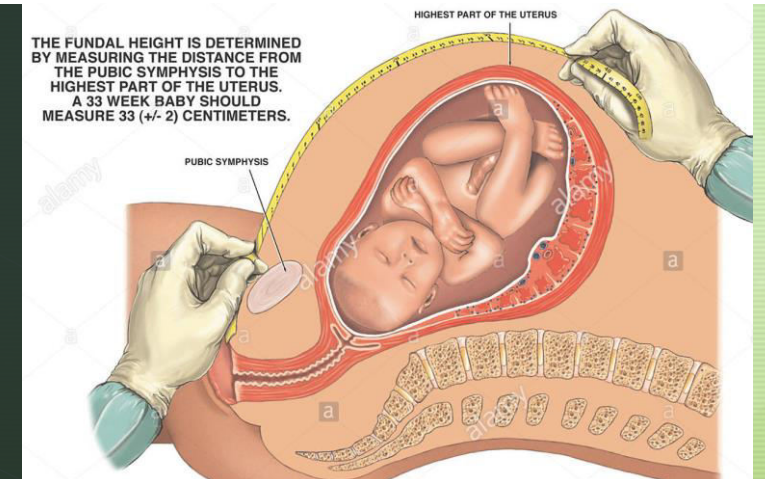
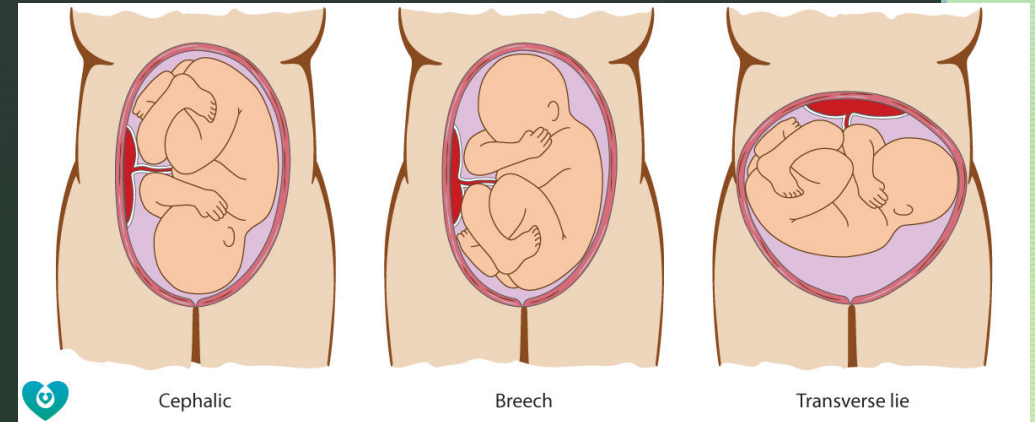
Obstetrics – Ongoing History

- Bleeding
 - Normal vs. placenta previae vs. placenta abruption vs. miscarriage
- Baby movement
 - Begins around 16-20 weeks
- Contractions
 - Braxton-Hicks contractions
- Discharge
 - Premature rupture of membranes (clear)
 - Candidiasis (white, itchy)
 - Bacterial vaginosis (green/yellow, bad smell)



Obstetrics - Examination

- Blood pressure
- Fetal Heart Tones (after 12 weeks)
 - 110-160 beats per minute
- Edema
- Skin (scars, rashes)
- Fetal position
 - Cephalic (vertex), breech, transverse, oblique
- Fundal height
- Vaginal exam if indicated (discharge, bleeding, assess fetal position)



Obstetrics - Labs

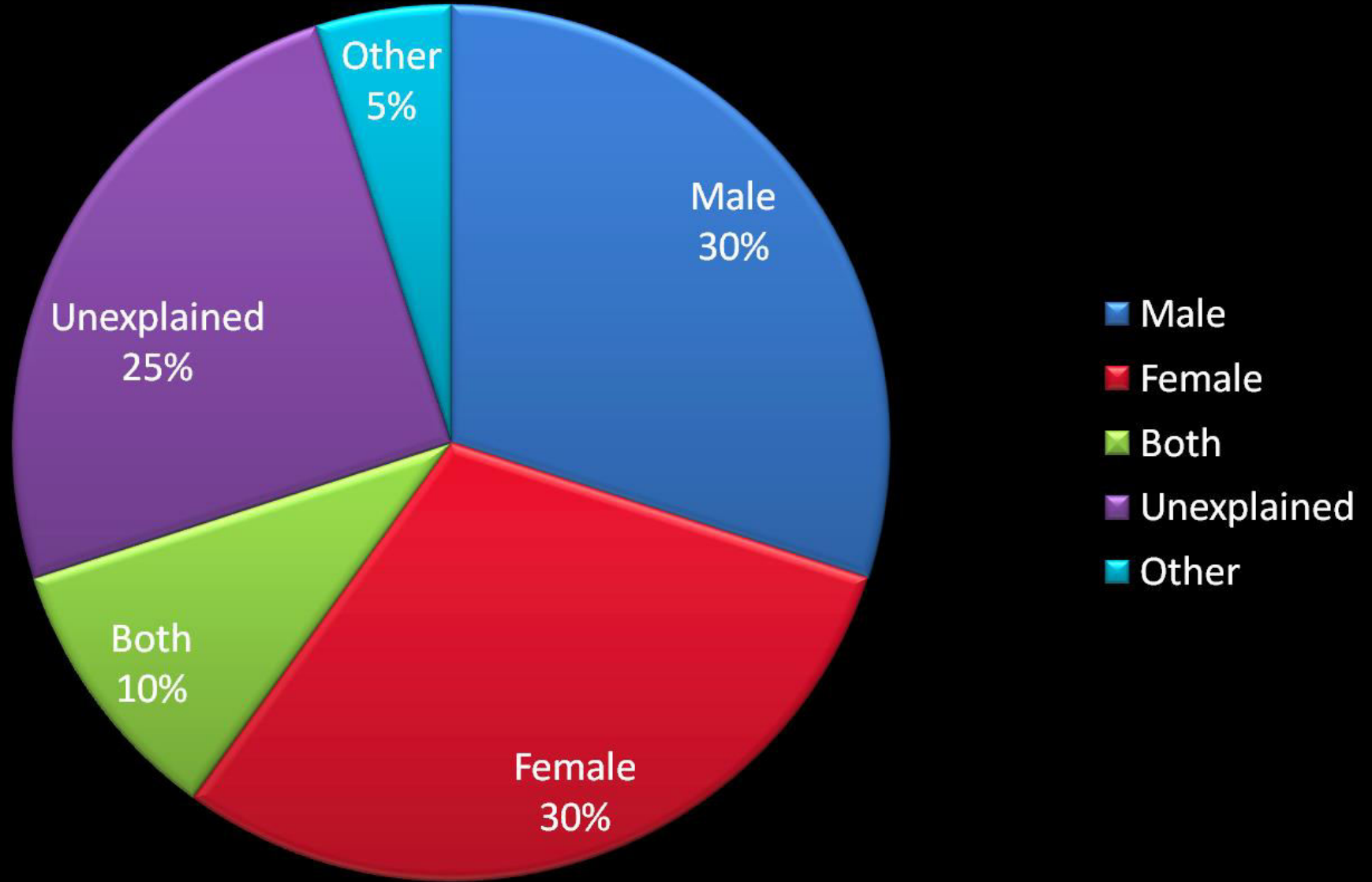
- Initial: CBC, blood type, Hepatitis B+C, rubella immunity
- Urinalysis at every visit
 - Nitrates: infection
 - Glucose: possible diabetes
 - Protein: possible pre-eclampsia (toxemia of pregnancy)
- Fasting blood sugar at 28 weeks

Obstetrics -Summary

- History:
 - 1st appointment: Normal history + Vaccinations + 1st day of last menstrual cycle (LMP) + History of Previous pregnancies


Make sure they are taking folic acid!!!
 - Ongoing appointments: Bleeding, contractions, discharge
 - Physical exam: Blood pressure + fetal heart tones + edema + fundal height
- BRIEF CAPP
 - **B**leeding and discharge, **R**ashes, **I**mmunizations, **E**dema, **F**etal movement and position and height, **f**olic **A**cid, **b**lood **P**ressure of mom, **P**ulse of baby, **P**ain - contractions)

Infertility Causes

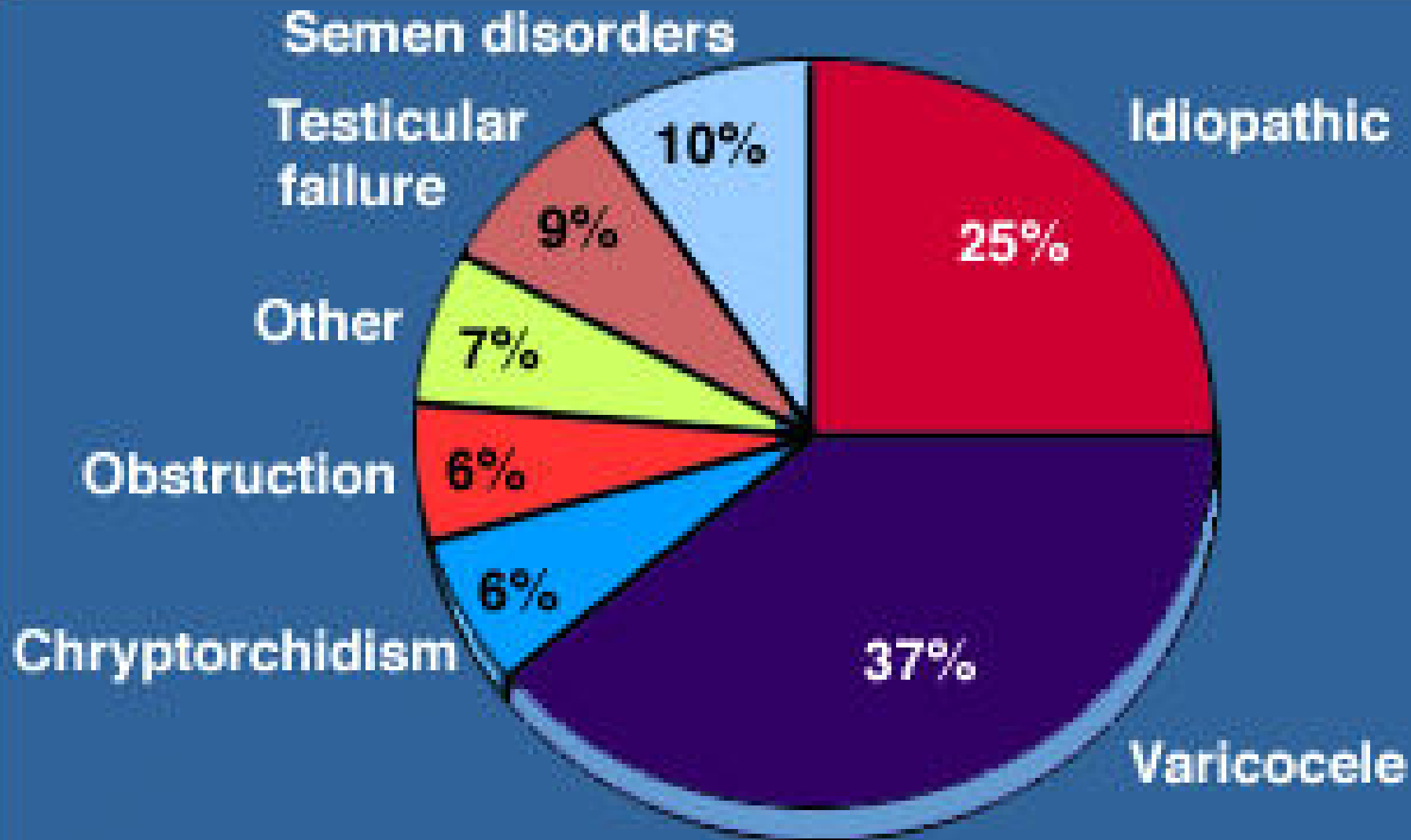




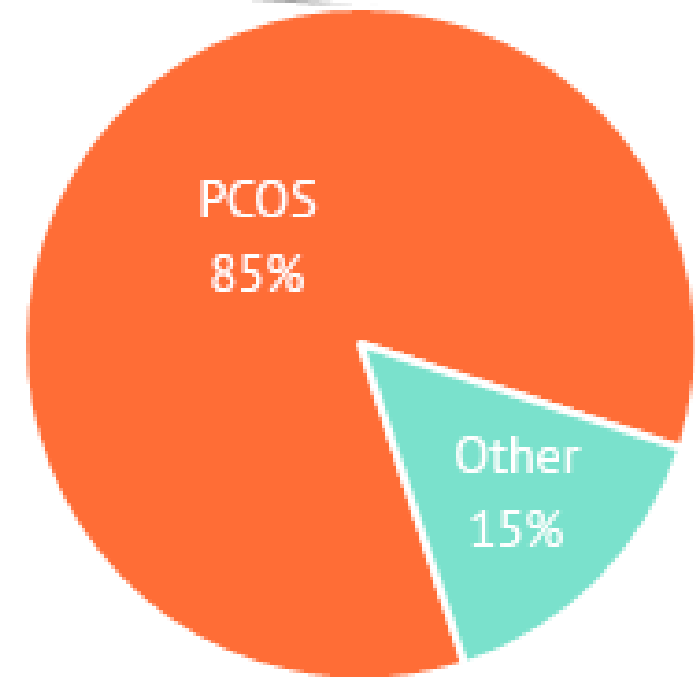
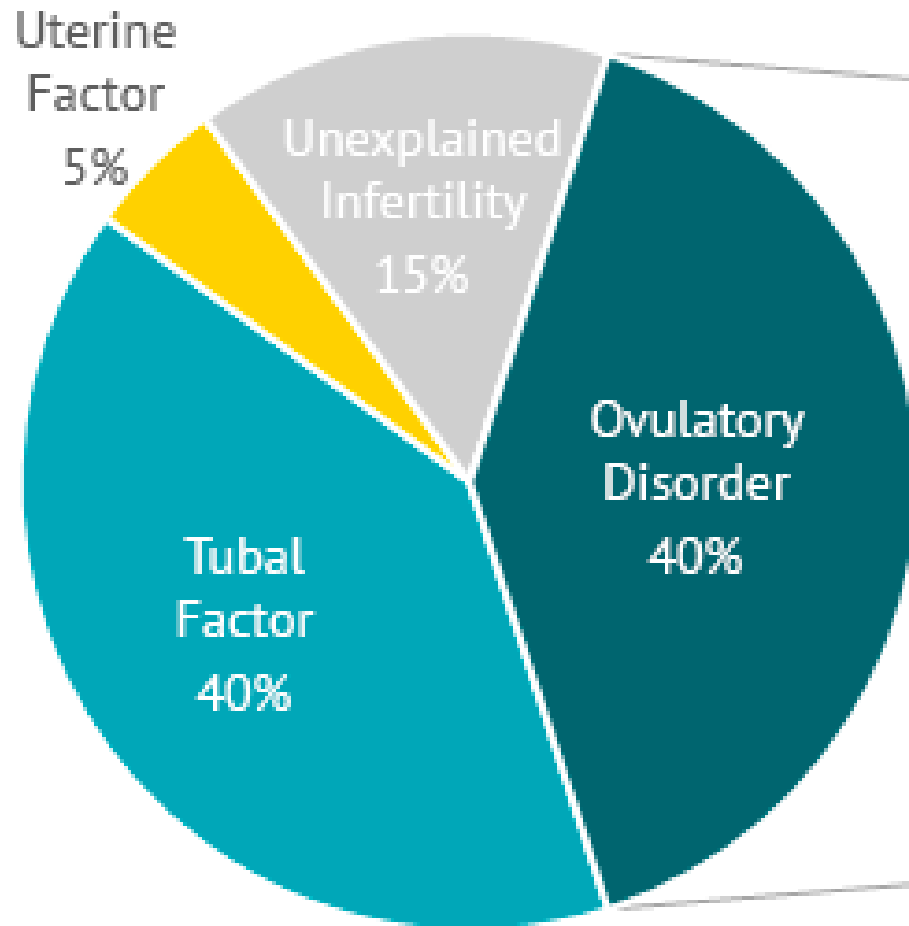
Infertility - Definitions

- Infertility: Failure to conceive after 1 year of unprotected sexual intercourse
 - Primary infertility: couple has failed to conceive before
 - Secondary infertility: woman has previously been pregnant and is now unable to conceive
- 

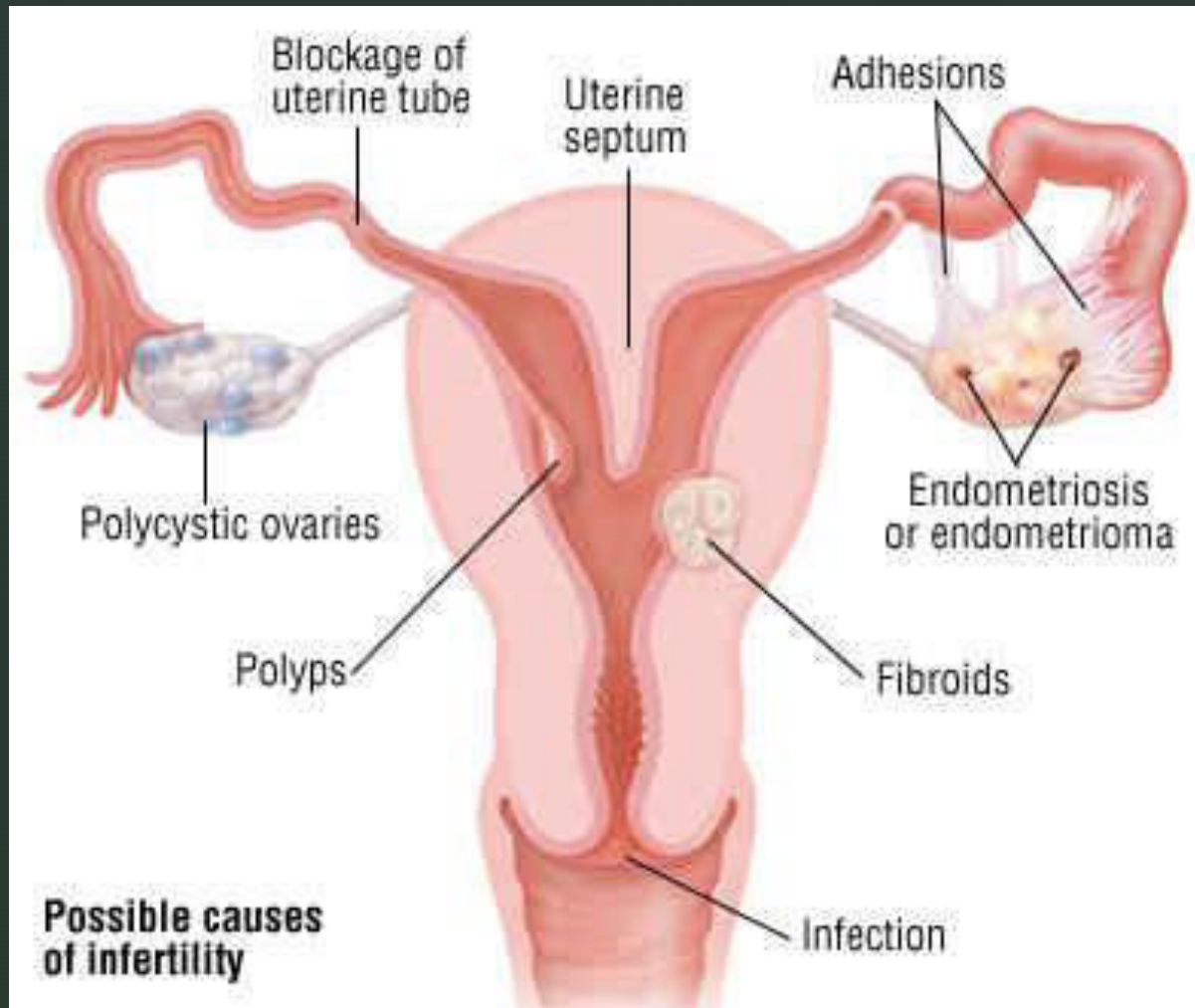
Male Infertility Disorder



Causes of Female Infertility



Female Infertility - Causes



Infertility – Female History

- Sexual History: frequency of intercourse, problems during intercourse
- Contraceptive use history
- Menstrual history:
 - Age of menarche
 - Regularity of cycle
 - Amount of bleeding
 - Duration of menstrual cycle
 - Pain with menstruation
- PMH/PSH/Meds/Allergies/FH/SH
- Specific symptoms
 - STDs, galactorrhea, thyroid symptoms, hirsutism, acne

Infertility – Male History

- Sexual History: frequency of intercourse, problems during intercourse
- Contraceptive use history
- GU History:
 - Lesions/swelling/pain in testicles/scrotum/penis
 - Undescended testicles
- PMH/PSH/Meds/Allergies/FH/SH

Female Infertility - Investigations

▪ Labs:

- Thyroid function tests (TSH, T3, Free T4)
- Prolactin
- Follicle stimulating hormone (FSH)
- Luteinizing hormone (LH)

▪ Imaging:

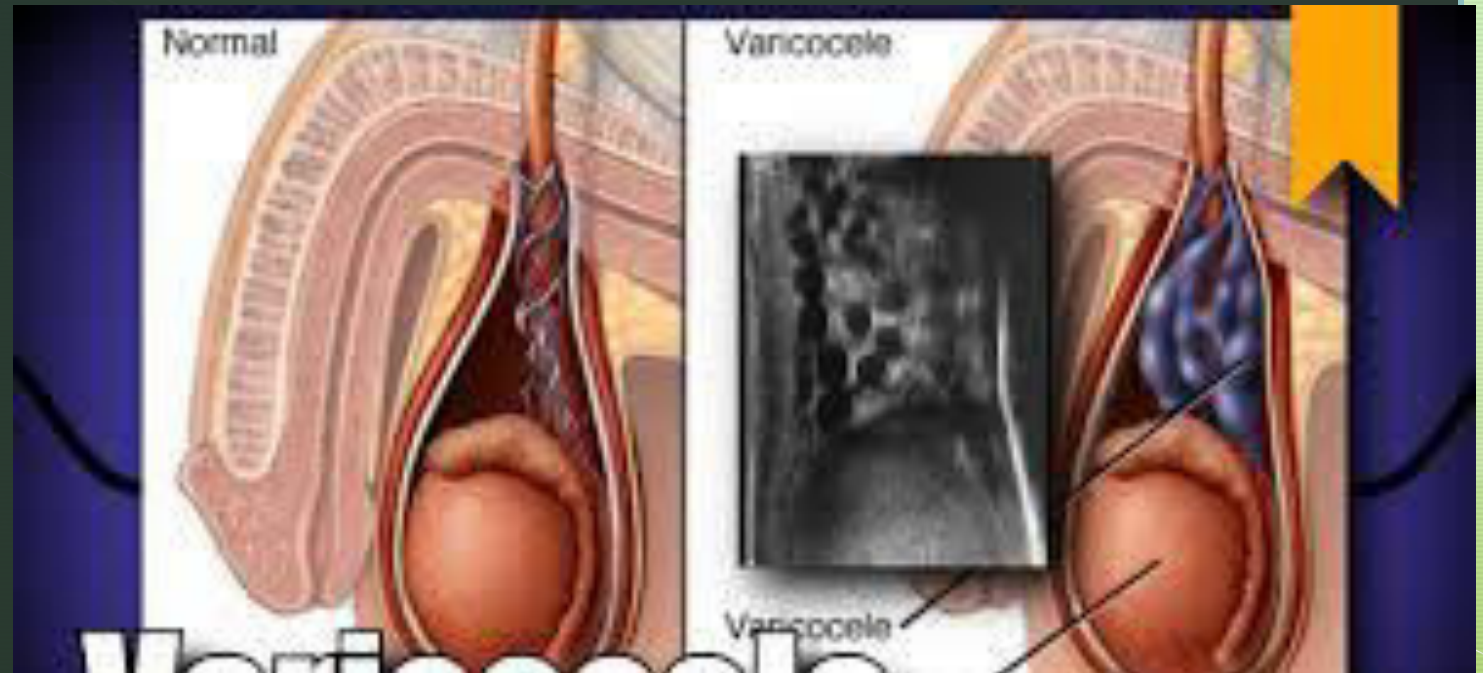
- Hysterosalpingogram
 - Investigates tubes and uterus
- Ultrasound
 - Evaluates ovulation by examining uterine wall



Male infertility - Investigations

- Labs:
- Semen analysis – quantity and quality

- Imaging:
- Scrotal ultrasound
 - Detects varicocele

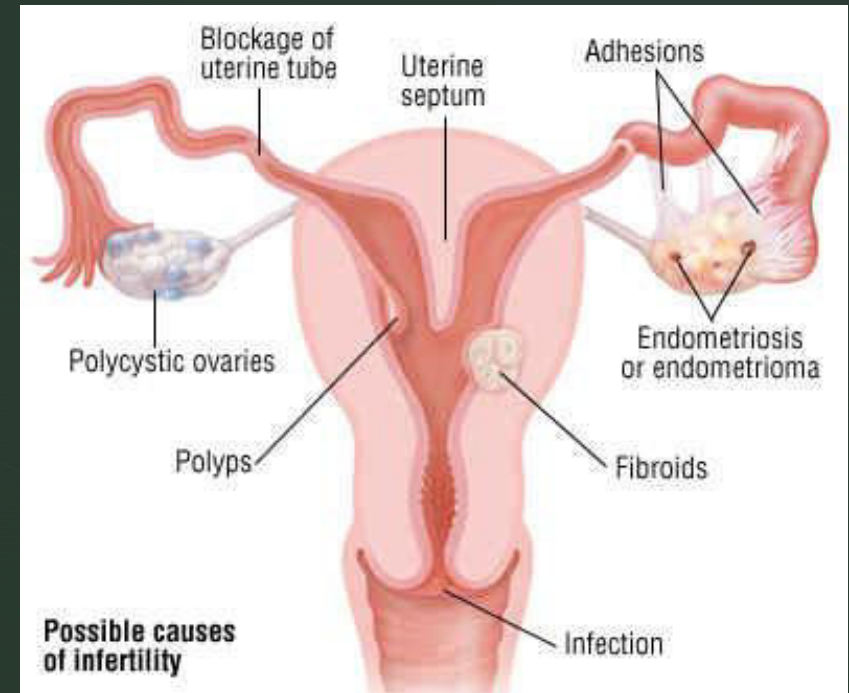


Infertility - Treatment

- Reassurance or advice if definition of fertility not met
- Treat underlying problem
 - hypo/hyperthyroid, prolactinoma, infection, etc.
- Varicocele (surgery)
- Blockage of tube or uterus (surgery)
- Ovulation problem
 - Lose weight
 - Fertility drugs (clomiphene, metformin)

Infertility - Summary

- Caused by male and female equally
- Need to assure criteria for infertility is met
- Main cause in male is varicocele
 - Diagnosed by ultrasound and needs surgery
- Main causes in female are hormonal problems or blockage
 - Diagnosed by labs or imaging





Thank you!

