Mu'tah University
Faculty of Medicine
Dept. of Surgery, Obstetrics & Gynaecology.

Case History in Obstetrics & Gynaecology

Patient's profile:

Name: **Gravida Para + Abortion**
Age: **L.M.P.: (if patient is pregnant)**
Occupation: **E.D.D.:**
Address: **Duration of amenorrhea:**
Name of husband:
Occupation of husband:
Date of admission to hospital:
Blood group & Rh:

Chief complaint and duration:

History of present illness:

1. **Was the patient quite well prior to chief complaint?**
2. **Onset of chief complaint?**
3. **Characters of chief complaint?**
4. **Associated symptoms with the chief complaint?**
5. **Reaction of the patient to the chief complaint?**
6. **Precipitating and aggravating factors to the chief complaints (not in acute illness)**
7. **Any private consultation (if yes):**
   - **a- Investigations**
   - **b- Treatment**
   - **c- Management & progress of illness**
8. **Presentation at time of admission to hospital**
9. **Progress in hospital:**
   - **a- Investigations**
   - **b- Treatment**
   - **c- Management and progress of illness**

10 –How is the patient today?
11. Fetal movement (if patient is more than 16 weeks pregnant).

Review of systems:

To review all systems in relation to the history of present unless

History of present pregnancy :

1- **Duration from last pregnancy or marriage (if primigravida).**
2- **History of the pregnancy from the beginning of pregnancy to the start of the chief complaint.**

Past obstetric history:

1- Date of marriage.
2- Marriage-conception period.
3- History of contraception before and in-between pregnancies.
4- Full history of each pregnancy including:
- **a. Intervals between pregnancies.**
- **b. Antenatal care.**
- **c. First trimester.**
- **d. Second trimester.**
- **e. Third trimester.**
- **f. labour.**
- **g. Delivery.**
- **h- Peurperium**
- **i- Newborn**

Gynaeological history:

1. **Menstrual history:**
   - **a. Age of menarche.**
   - **b.Characters of menstrual cycles (regularity, frequency, days of menses and amount of blood loss).**
   - **c. Associated symptoms with the cycles (intermenstrual bleeding, dysmenorrhoea, dyspareunea and vaginal discharge).**
2. **Contraceptive history (prior to chief complaint or present pregnancy).**
3. **Any gynecological disease or operations?**

4. If the patient is menopausal:
a. Age of menopause.
b. symptoms of menopause.
c. hormone replacement therapy .

Past medical & surgical history:

Any significant diseases of surgical operations (apart from obstetrical & gynecological operations).

Family history:

Any familial or significant illnesses.

Socio-economic history

Drugs & allergy:

Any chronic drugs treatment (prior to present illness), and any allergy to drugs or specific allergins.

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Obstetric examination

General Examination:

1- **General description of the patient:** e.g. a middle age, thin built, intelligent patient. Well oriented in time and place, co-operative, etc.

2. **Appearance**: e.g. the patient is lying comfortable over the couch.

3. **Vital signs**: temp. , pulse rate, B.P, breath rate.

4. **Face**:
- Appearance: e.g. normal not pallor or cyanosed, not exhausted.
- Eyes: e.g. no signs of jaundice (yellow) or anemia (pale).
- Mouth: - angular stomatitis (painful red angels) due to iron def.
  - glossitis (beefy red tongue) due to B12 def.
  - Mouth hygiene (good or bad)
  - central cynosis.
- This should includes examination of eyes and ears as part of systemic examination of the eyes and ears.

5. **Neck**:
- Lymph nodes:
  a- Stand behind the patient.
  b- Palpate from anterior to posterior (including all lymph node groups in the neck).
  c- Find any tenderness e.g. occipital node tenderness (rubella infection)
- Thyroid gland:
  a- inspection from anterior.
  b- palpate from posterior.
- JVP: In pregnancy (0-12)cm above the normal values (5-9)cm considered normal.

6. **Hands**:
- Nails: Clubbing, koilonychia(spoon shape) iron def., lukonychia (white nail) hypoalbumenia, tar staining (brown) smoking.
- Fingers: cyanosis (bluish) tissue hypoxia due to resp. & circulatory dis.
- Palms: palmar erythema, sweaty.
- Skin: temperature.

7. **Arms**: Any deformities or abnormalities.

Systemic examinations:

1. **Chest & breast**.
This should include:

- Breasts examination. Look for size, symmetry, signs of pregnancy (dilated veins, deep color nipples and areola, Montdomery's tubercles). Positions of the nipples, any signs of infection and discharge.
  Examine for galactorrhea. Palpate for any mass. Examine axillary's lymph nodes.
- Heart examination.
- Lungs examination.

2. **Abdomen**:

- ***Inspection:***

- Shape: examination from the end of the bed, looking for distension and asymmetry.
- Movement: with breathing and epigastric pulsation.
- Skin:

a- Look for thescars:

-Transverse supra pubic.
- Sub –umbilical (median or paramedian).
- Right iliac fossa(grid-iron incision).
- Right upper quadrant (cholecystectomy).

b- Lookfor stria:

- Stria gravidrum (pink)indicate presentpregnancy.
- Stria albicantes (white) indicate past pregnancy
- Linea nigra (black line on the midline extends from the symphesispubis to the umbilicus).

c- Look for hernias:

- Ask the patient to cough.
- Look at suspected regions.

Note: umbilical hernia commonly occurs during pregnancy.

*d- Look for the hair distribution:*Normally there is no hair (fine hair) on the abdominal wall. Hair distribution should be looked for only in the pubic area.

e- Look at the umbilicus:

- Position to the midline.
- Appearanceinverted, flattened or averted.

f- Look for any noticed abnormalities: spider nevi, skin rash, dilated veins…etc.

- ***Palpation:***

a- Ask the patient if there is any pain &where?
b- Keep eye contact.

c- Do the superficial palpation (preferred in anti clock wise manner). Strating from the left iliac fossa.
d- If normal: the abdomen is soft lax, no guard no tenderness.
e- A large mass like pregnant uterus is felt on superficial abdominal examination and it should be palpated also to feel for softness, tenderness, fetal parts and may be fetal movements.
f- Deep palpation for deep tenderness and deep mass. Examination for organomegaly should be included.

- ***Obstetric examination:***

a. *Symphesis –fundalheight*: feelcarefully thetop of thefundus rarely in the midline, feel gently for the top of the s. pubis. use the tape from the s. pubis to the fundus(1cm =1week).

b. *Fundal grip:* -use both hands gently.
- Facing the patient's face.
- Palpate both sides of the fundus.
-Identify which part of the fetus (soft breech or hard cephalic) occupying the fundus.

c. *Lateralgrip*: - Fix one side by hand & palpate the other side of uterus.
- Identify where the smooth firm back &the soft belly limbs

d. *Pelvicgrip*:- Turn to face the patient feet.
- Slide your hands to the lower part of the uterus.
- Let 8-10 cm between your hands, press gently on each side &determine what the presenting part is.
- If the presenting part is cephalic, it may be balloted between yourfingers (first pelvic grip).
- With one hand in the supra-pubic region palpate the presenting part to confirm diagnosis of first grip (second pelvic grip).

e. *rule of 5:*If you can feel the whole of fetus head above the pelvic brim so it is (free) and recorded as 5/5. But it is (engaged) if you feel only 2/5th or less(method for diagnosis of engagement on abdominal exam).

f. *Auscultation:* If you feel the fetus has been active during examination so no need for auscultation the fetus heart. (ByPinard's stethoscope or Doppler device)

3. **Lower limb**:

*Inspection:*for symmetry, any deformity, varicose veins for the signs of DVT: swelling, redness &tempreture.
*Palpation:*Press against the bony surface of the shin of tibial bone by your thumb for at least 20-30 seconds for edema. Palpate fordorsalis pedis pulse (in the 1stinterosous space).