The Ministry of Health of Ukraine
National Pyrogov Memorial Medical University, Vinnytsia

«AGREED»
at Methodical meeting
of surgical disciplines
protocol № 4
from «22» 03 2023

Head of Methodical meeting
of surgical disciplines

Professor
Oleg KANIKOVSKY

"APPROVED"
by Academic council
National Pirogov Memorial
Medical University
protocol № 7
from "27" 04 2023

Head of Academic council,

Professor
Victoriia PETRUSHENKO

Instructions for the student of the station № 7 "Obstetric patient"

The practical component of the objective structured practical (clinical) exam (OCP(K)E) will be held in a one-day format according to the order of the rector of VNMU №39 dated April 14, 2022.

The student must greet and introduce himself, present to the teacher a passport (or identity document).

Microsoft Teams platforms will be used when conducting OSP (K)E online.

Requirements for passing the station:

- use of a computer or laptop by both the student during the answer and the examiner;
- the answer is accepted under the condition of the included camera, where the student who passes the exam is clearly visible, and the included microphone with a clear sound;
- during the work at the station a video recording is made, about which the examiner warns the student in advance.

The secretary liaises with the groups taking the exam. Connects each student to the examiner and the task is sent in the Microsoft Teams chat. The oral answer provides an assessment by the student of the patient's complaints (will be presented), anamnestic and objective data, interpretation of the results of laboratory and instrumental methods of research

patients, diagnosing, determining the tactics of the patient and prescribing treatment, indicating the group of drugs and their side effects, as well as give a brief answer to additional questions of the examiner, provided they are present in the task.

The duration of the station is 5-7 minutes.

After the allotted time to perform clinical tasks, the examiner does not accept the answer. Please note that the teacher is an observer of your actions and does not provide instructions, comment or question.

It is forbidden to use a mobile phone and other electronic gadgets, to transmit, copy and take out any information related to the exam.

When conducting OSP (K) I in the usual mode, the student must, at the invitation of the secretary, go to the door of the examination room.

While waiting for the exam, carefully read the "information for the student" on the door. This will help you get the necessary patient information that does not need to be repeated when interviewing a standardized patient. Before the exam you will be issued a badge with your number / name. This badge must be worn so that it is visible to examiners throughout the exam.

You will switch between the two stations "Obstetric Patient" and "Gynecological Patient", spending up to 10 minutes each. A call will sound at the beginning of the exam. This will give you a signal before the exams start. Knock on the door before entering the examination station. If there is a standardized patient at the station, meet the patient's gaze, introduce yourself to the patient. Remember that you have to make a good impression, address the patient by name. Follow a clear, calm style of conversation with the patient, never interrupt the patient when he answers your questions.

Before the exam you will receive a card with station numbers. This is your individual route, you must strictly follow the sequence of stations specified in it. At each station you will be given clear written instructions on what is required of you. Please read them carefully. When completing a task, think about the structure of the task, its various components, hidden goals. This will allow you to quickly identify the dominant area of research (collection of medical history / history, collection of complaints, examination, evaluation of laboratory and instrumental research methods, communication skills).

Do not rush to make a diagnosis, make a differential diagnosis, think about the preliminary diagnosis, answer all the tasks.

Complete the task. Leave the examination station. If you have not completed the task at the station and the time for the task has elapsed, you should stop at this stage of the task and leave the station.

Enter and leave the station strictly at the signal or invitation of the teacher or tutor.

To move to the next station you will be given a certain amount of time, which must be strictly adhered to.

During the transition from station to station do not talk, do not make unnecessary movements, do not make noise.

Example of a clinical task to the station "Obstetric patient"

A pregnant patient D., 34 years old with a gestational age of 10 weeks, turned to the family doctor. A history of 2 births and 3 abortions. Chronic hypertension for 10 years. A woman takes valsartan at 80 mg per day. Objective research data: Ps 84 beats per minute. BP 150/95 mm Hg (working blood pressure 150/100 mm Hg). The borders of the heart are extended to the left. Accent II tone over the aorta.

Speculum examination - cyanotic cervix and mucous membranes. At vaginal research the uterus is increased to 10 weeks of pregnancy, soft consistence, painless.

Ultrasound of the pelvic organs revealed the presence of a progressive uterine pregnancy - 10 weeks.

Laboratory findings

Haemoglobin 120 g / l
Red cell count 3.1 × 109 / l
White cell count 8 x 109 / l
Platelets 196 x 109 / l
Total protein 75 g / l
Sodium 140 mmol / liter

Potassium 5.0 mmol / L
Urea 4.8 mmol / l
Alanine transaminase 15.0 IU / L
Creatinine 80 μmol / l
Alkaline phosphatase 88 IU / l
Bilirubin 20 μmol / l
Albumin 42 g / l
Protein in the urine - traces

Question:

1. Based on clinical, laboratory and instrumental methods of research, establish a preliminary diagnosis

2. Appointment of additional methods of examination after 20 weeks of pregnancy.

3. Define the principles of pregnancy management.

4. Determine the planned treatment of chronic hypertension during pregnancy.

5. Prescribe drugs for the prevention of hypertensive complications during pregnancy (dose and time of onset, side effects of drugs)

Example of answer and points:

Evaluation criteria	Point	Stud	Stud
Diagnosis 6 pregnancy 10 weeks, Chronic hypertension moderate Art.	Up to 1		
UIA, general blood test (platelets), urine test (daily proteinuria), ophthalmologist's examination with ophthalmoscopy, blood urea and creatinine, blood sugar, ultrasound 11-13 weeks	Up to 1		
Cancel valsartan, appointment of methyldopa 250 mg 3 / r / d or beta-blockers (metoprolol, carvedilol), aspirin 100-150 mg / d, from 12 weeks of pregnancy	Up to 2		
liver damage, increased angina, hemolytic anemia, headache, methyldopa	Up to 1		
Drowsiness, fatigue, diarrhea, insomnia, depression and vision problems, bradycardia, depression, difficulty breathing, METOPROLOL	Up to 1		

The maximum number of points per station is 5.

LIST OF CLINICAL TASKS

1

A 45-year-old woman who gave birth for the second time was admitted in the term of 39-40 weeks of pregnancy with active labor: contractions in 4-5 minutes for 30-35 seconds. Anamnesis: childhood infections, flu, chronic gastritis, bronchitis. Estimated fetal weight - 3800g. The cervix on the Bishop's scale – 7 point, rhythmic heartbeat of the fetus, 140 beats / min, clear. At vaginal research: opening of a neck of uterus of 4 cm, the head fills a terminal line, an sagittal suture in the left oblique size, a small fontanel right at the sacrum. The amniotic sac is intact. After 5 hours of active labor, pushing the uterus appeared in 1-2 minutes for 50-55 sec. Pure amniotic fluid departed.

Second period of delivery lasts 1.5 hours. The woman is tired. Pushing the uterus are weakened, last 3-4 minutes for 40-45 sec. The fetal heartbeat is rhythmic, 90 beats / min, deaf. Head on the pelvic floor, sagittal suture coincides with direct size of the small pelvis. A small fontanel near the sacrum.

Tasks:

1. Diagnose, what pathology occurred in the fetus and woman.

2. Determine the position and type of position of the fetus.

3. What are the tactics of childbirth?

4. What are the causes of this pathology?

5. What complications can occur during childbirth?

2

The 26-year-old woman para1(39 weeks), with a history , is in the delivery room.

Delivery - through the maternal passages. The first 2 periods of childbirth proceeded normally. 30 minutes ago a healthy boy was born - 3450g, 52cm. Management of the third period of the delivery was active. Regarding the placental defect, a manual revision of the uterine cavity was performed. During the

operation, significant bleeding began, which continued after the separation of parts of the placenta.

The pregnancy without complications. During pregnancy, the last hemoglobin is 103 g / l at 36 weeks. She has told about 2 artificial abortions previously.

Objectively: The woman is conscious, but drowsy and pale. Pulse - 108 / min, blood pressure - 80/45 mm Hg, RR - 42 / min, SaO2 - 94.

The abdomen is soft, painless. The uterus periodically relaxes. Visually, injuries and ruptures of the perineum are absent. At the time of examination, the blood flowing from the uterus does not clot.

Laboratory:

	Actual pointer	Reference pointer
Hemoglobin	72 g / l	110-140 g / l
Erythrocytes	$2{,}4\times10^9$/l	$3{,}5\text{-}5{,}5\times10^9$/l
Leukocytes	11,0 x 10^9 /l	4,5-12,0 x 10^9 /l
Platelets	130 x 10^9 /l	180-320 x 10^9 /l
D-dimer	750 ng/ml	250-500 ng/ml
APTT	58 s	25,9-38,2 s
Fibrinogen	1,2 g / l	2-4 g / l
Blood group	*O (1)*	
Rhesus factor	*Rh (+) positive*	

Questions:

1. What is the approximate blood loss?
2. Evaluation of laboratory parameters.

3. Diagnosis
4. Tactics, management

3

The pregnant woman 25 years old, primiparous, 31-32 weeks, was admitted with complaints of cramping pains in the lower part of abdomen and on her back, which occurs every 5 minutes and lasts up to 20 seconds. Bleeding or discharge of amniotic fluid is NOT noted. Associates her complaints with physical overload. The course of pregnancy was physiological till this time. The woman has no chronic diseases, somatically healthy. BP 110/70 mm Hg, pulse 70 beats / min, body temperature 36.4 ° C. The uterus is enlarged according to the gestational age, periodically tones up. The fetus has longitudinal position, 1st position, anterior type of presentation, cephalic presentation, head above the entrance to the small pelvis. The fetal heartbeat is clear, rhythmic, 136 beats / min. NBT 2 points, STV 9.2, biophysical profile 8 points according to Manning. During vaginal examination: the cervix is centered, shortened to 1 cm, the cervical canal is open to 2.5 cm, the fetal bladder is intact.

Results of additional examinations

Indicator	**Actual Indicator**	**Reference Indicator**
Hemoglobin	106 g/l	110-140 g/l
Erythrocytes	3.0 x 10^{12}/l	3,5-5,5x10^{12}/l
Leukocytes	8,0x10^{9}/l	4,5-11,0x10^{9}/l
Platelets	196x10^{9}/l	180-320x10^{9}/l
Protein in the urine	absent	absent
PSA	≤6 mg/l	≤6 mg/l

Questions:

1. Establish a diagnosis.
2. Give an interpretation of the results.
3. Choose tactics for thea pregnant woman.
4. Prescribe treatment and determine its duration.
5. Name the side effects of drugs.

4

A 42-year-old pregnant woman, with the term of pregnancy 8-9 weeks addressed to the antenatal clinic about its management on further. Complains of headache, recurrent chest pain, heart rhythm disturbances, swelling in the legs and arms, which does not disappear after a night's sleep, dyspnea after minimal physical activity. From anamnesis: third pregnancy, the first ended in urgent labor at 25 years, the second - premature birth at 30 weeks because of severe preeclampsia at 33 years, the child died on the third day after birth. Suffering from arterial hypertension from the age of 30, which is poorly treated with antihypertensive drugs, she has frequent hypertensive crises, an increase of blood pressure about 180/110 mm Hg and above, rhythm disturbances (atrial fibrillation), coronary heart disease. She had a microstroke after hypertensive crisis 3 years ago. Applies Exforge N, valsartan, carvedilol - periodically, clopidogrel, preductal, cordarone. She is an invalid of the second group.

Examination revealed: BP 170/115 mm Hg, pulse 70-94 beats / min, arrhythmic, body temperature 36.4C. Body mass index (BMI) 31 kg / m2. Edema is presen in the legs and anterior abdominal wall. The borders of the heart are expanded to the left, the accent of the 2nd tone is above the aorta. During palpation - the abdomen is soft, painless, the edge of the liver protrudes 3 cm below the right costal arch.

Vaginal examination: the mucous of the vagina and cervix is cyanotic, without changes. The body of the uterus is enlarged up to 8-9 weeks of pregnancy, in normotonus. The uterine appendages are not palpable.

Additional methods.

Ultrasound - uterine pregnancy 8-9 weeks. KTR of the fetus - 10 mm. Heartbeats are present.

Indicator	Actual Indicator	Reference Indicator
Hemoglobin	126 g/l	110-140 g/l
Erythrocytes	3.9 x 10^{12}/l	3,5-5,5x10^{12}/l
Leukocytes	8,0x10^{9}/l	4,5-11,0x10^{9}/l
Platelets	196x10^{9}/lл	180-320x10^{9}/l
Total protein	70 g/l	60-80 g/l
Sodium	140 мM/l	136-145 мM/l
Potassium	4,5 мM/l	3,5-5,0 мM/l
Urea	8,9 мM/l	2,5-8,3 мM/l
Creatinine	180 мкM/l	53-106 мкM/l
Alanine aminotransferase	64 Units	less 40 Units
Protein in the urine	3,3 g/l	absent

Task:

1. Establish a diagnosis.
2. Assign additional medical methods of examination.
3. Determine obstetric management.
4. Give recommendations after pregnancy (further management, contraception).

5

A 27-year-old primary pregnant woman consulted in the antenatal clinic for registration. She has no complaints. According to the date of the last menstrual, the gestation term is 11-12 weeks. She had no chronic diseases before pregnancy. Objective examination: without pathological changes. During the 1st screening, in the gestation period 11 weeks and 6 days, a low risk for genetic pathology was detected. The following results of additional examinations are:

RW - negative

Antibodies to HIV - negative

HBsAg - negative

Blood group A (II) Rh +

Oncocytology of the cervix - II type

ECG - variant of the norm

Bacteriological examination of urine: detected E. coli haemolitica 10^6 CFU / ml

Sensitive to: ampicillin, amoxicillin, gentamicin, vancomycin, cefixime, ceftriaxone, nitrofurantoin, chloramphenicol, fosfomycin, josamycin

Insensitive to doxycycline, lincomycin, azithromycin.

Indicator	Actual indicator	Reference indicator
Hemoglobin	126 g/l	110-140 g/l
Erythrocytes	4.1 x 10^{12}/l	3,5-5,5x10^{12}/l
Leukocytes	8,0x10^9/l	4,5-11,0x10^9/l
Platelets	196x10^9/l	180-320x10^9/l
Blood glucose	4,3 mM/l	3,33-5,55 mM/l
Erythrocytes in urine	0-1 in sight	0-1 in sight
Leukocytes in urine	2-3 in sight	До 6 in sight
Protein in the urine	absent	absent
Bacteria in the urine	+++	absent

Task:

1. Establish a diagnosis.
2. Give an interpretation of the results.
3. Prescribe a treatment.
4. Determine what complications are associated with the detected pathology.
5. Name the side effects of drugs that will be used for therapy.

6

A 23-year-old woman consulted a gynecologist with complaints of aching lower abdominal pain and the appearance of "smearing" bloody discharge. Considers herself pregnant. Last menstruation 7 weeks ago, a home pregnancy test (urine) is positive. Obstetric history is burdened by miscarriage at 7 weeks, two

years ago. The cause of the miscarriage has not been established (in words). Professional activities involve working in the evening and at night. Observed by a family doctor for cholecystitis. Menstruation is not regular since the menarche period. Frequent delays of menstruation up to 10-12 days. Smokes for 3 years, up to 6 cigarettes a day. After a positive pregnancy test, quit smoking (in words). Height -170 cm, weight -76 kg .

Research results: HCG of blood - 96130 mIU / ml (reference indicators 32065.0-149571.0 mIU / ml); blood progesterone - 25.5 ng / ml (reference values 11.0-44.3 ng / ml).

Examination revealed that the uterus was cyanotic, the uterine cervix was closed, and there was a dark brown bloody discharge in the vagina, in small quantities. The uterus is enlarged to 7-8 weeks, reactive on palpation, painless. Ovaries and tubes are not palpable. The vaginal vaults are free.

Ultrasound - uterine pregnancy, 6-7 weeks. Heartbeat+, at the lower pole of the fertilized egg is determined by the formation of the size of 0.5 * 1.0 * 1.5 cm (retrochorial hematoma). Left ovary, slightly enlarged (4.0 * 5.0 * 3.5 cm). Free fluid in the pelvic cavity is not determined.

Tasks:

1. Formulate a clinical diagnosis.

2. Make a plan to examine the pregnant woman.

3. Write a letter of appointment.

4. Determine further antenatal tactics of the patient.

A 23-year-old pregnant woman was taken to the emergency room by ambulance with complaints of sudden bloody discharge from the genital tract. Second pregnancy, 34-35 weeks. The first birth - without complications, a boy weighing 3620 g was born.

History: Pregnancy without features. Received folic acid in the first trimester of pregnancy. During pregnancy, the last hemoglobin is 114 g / l at 28 weeks.

Objective: The woman is conscious, pale, adynamic. Pulse - 88 / min, blood pressure - 85/50 mm Hg, BH - 30 / min, SaO2 - 96. Fetal heartbeat is muted - up to 60 / min.

The abdomen is soft, painless. There is no labor. There are bloody discharge from the vagina with convolutions up to 350 ml. After 10 minutes, the bleeding intensified and reached 500 ml.

Laboratory signs:

	Actual pointer	Reference pointer
Hemoglobin	82 g / l	110-140 g / l
Erythrocytes	$3,2\times10^9/l$	$3,5\text{-}5,5\times10^9/l$
Leukocytes	$10,0 \times 10^9$ /l	$4,5\text{-}12,0 \times 10^9$ /l
Platelets	230×10^9 /l	$180\text{-}320 \times 10^9$ /l
D-dimer	250 ng/ml	250-500 ng/ml
APTT	29,8 s	25,9-38,2 s
Fibrinogen	2,2 g / l	2-4 g / l
Blood group	A (2)	
Rhesus factor	Rh (+) *positive*	

Questions:

1. What is the approximate blood loss?

2. Put the diagnosis.
3. Evaluation of laboratory parameters.
4. Management
5. Pharmacological therapy with dose

8

34 years old woman is in the delivery roomIII pregnancy 39-40 weeks. The first birth - without complications, a boy weighing 3300 g was born. The second pregnancy ended in a miscarriage at 10-11 weeks, complicated by acute endometritis.

Delivery - through the maternal passages. The first 2 periods of delivery proceeded normally. 10 minutes after the birth of the child there was a cramping pain and bloody discharge from the vagina.

Pregnancy without features. The woman has been folic acid in the first trimester of pregnancy. During pregnancy, the last hemoglobin is 107 g / l at 36 gestational weeks.

Objective condition: The woman is conscious, pale, adynamic. Pulse - 88 / min, blood pressure - 90/55 mm Hg, RR - 30 / min, SaO2 - 97.

The abdomen is soft, painless. Signs of separation of manure from the uterine wall are negative. When the edge of the palm is pressed over the womb, the umbilical cord is retracted. The bleeding has increased and reached 500 ml.

Laboratory signs:

	Actual pointer	Reference pointer
Hemoglobin	82 g / l	110-140 g / l
Erythrocytes	2,4×10^9/l	3,5-5,5×10^9/l
Leukocytes	11,0 x 10^9 /l	4,5-12,0 x 10^9 /l
Platelets	230 x 10^9 /l	180-320 x 10^9 /l
D-dimer	250 ng/ml	250-500 ng/ml
APTT	29,8 s	25,9-38,2 s

Fibrinogen	2,2 g / l	2-4 g / l
Blood group	*A (2)*	
Rhesus factor	*Rh (+) positive*	

Questions:

1. What is the approximate blood loss?
2. Put the diagnosis.
3. Evaluation of laboratory parameters.
4. Management
5. Pharmacological therapy with dose

9

The 36-year-old pregnant woman was taken to an ambulance due to bloody discharge while resting at home. It is her fifth pregnancy, 32 weeks of gestation. Four previous deliveries passed without complications, the youngest child was 2.5 years old.

The pregnant woman was examined in the department. The general condition is satisfactory. Pulse 88 beats / min., Blood pressure 130/70, 122/70 mm. Consciousness is clear, answers on the questions adequately. The uterus in normotonus. The position of the fetus is oblique, the head is at the bottom, closer to the left side (?). The fetal heartbeat is rhythmic 150 beats / min., The fetus feels good during it's movements. Hygienic pad for 3 drops soaked less than half.

Question.

1. Make a preliminary diagnosis.
2. What groups of women are at risk of placenta previa?
3. What additional actions should be taken by the doctor on duty to confirm the diagnosis and reduce perinatal and maternal risks?
4. What are the further obstetric tactics after confirmation of the diagnosis?

10

A 38-year-old woman has a fifth pregnancy (4 living children). In the anamnesis: at 32 weeks she suffered from SARS, after which the pregnancy was complicated by chronic polyhydramnion, unstable position of the fetus. The dimensions of pelvis are 25 cm. - 28 cm. - 31 cm., external conjugate - 21 cm. Woman's height is 165 cm, weight - 74 kg, abdomen circumference 112 cm, height of the uterine fundus 44 cm. At 40 weeks of pregnancy at home left clean amniotic fluid in the amount about 2.5 liters, contractions began in 3-4 minutes, 45 seconds each contraction. She was taken to the maternity hospital by ambulance. Leopold's techniques determine the transverse position of the fetus, the back is turned forward, the head is on the left. Fetal heartbeat - 100 beats / min, muffled, rhythmic. Vaginal examination: opening of the cervix - 6 cm. The amniotic sac is absent. In the vagina there is a hand of the fetus.

Tasks

1. Make a diagnosis.
2. Name the possible causes of this pathology in woman.
3. Determine the estimated weight of the fetus.
4. Name the position, type of position, and the anterior part of the fetus.
5. Determine the managment.

11

A 30-year-old pregnant woman came to the obstetrician-gynecologist for a routine examination with complaints of edema of the extremities, nasal congestion and rapid fatigue. It is the third pregnancy, 36 weeks.

The first pregnancy ended with premature birth at 34 weeks, the child is alive, 4 years old.

Next 2 pregnancies - miscarriage at 7 weeks, complicated by subfebrile temperature within a week (2 years ago).

In the childhood - Botkin desease and frequent cystitis.

On physical examination: height 168 cm, weight 84 kg. The woman feels the fetus goodly, but the "test of fetal movements" does not perform.

Pulse of pregnant woman - 90 beats / min., Blood pressure 160/100, 150/90 mm Hg. Abdominal circumference - 97 cm, standing of the fundus of the uterus - 31 cm. Edemas of the low extremities. Lady notes that he has not been able to remove the ring for the last 3 weeks. Fetal heartbeats - 170 beats / min., rhythmic. Woman did not have time to pass urine analisis, but the last analisis was 3 weeks ago. There is signs of protein. Specific weight 1022, leukocytes 10-12 in the field of view, erythrocytes 1-2 in the field of view. At the end of the examination, the pregnant woman complained of nausea. Blood pressure: 170/110, 160/100 mm Hg, pulse 96 beats / min.

Question.

1. Formulate a complete clinical diagnosis.
2. Write the algorithm of the doctor's action at the reception.
3. What additional examinations need to be done?
4. What are the further tactics of this pregnancy?

12

A 19-year-old first-born with a body weight of 54.5 kg at 38 weeks of gestation after a normal vaginal birth gave birth to a full-term live girl. The child's weight was 2180.0 g, body length - 48 cm. From history it is known that the woman smoked cigarettes for the past 8 years and continued to smoke during pregnancy. This pregnancy was complicated by moderate vomiting of pregnancy from 9 to 12 weeks of pregnancy, edema of pregnancy from 32 to 38 weeks.

Tasks:

1.What deviation from the norm is found in this case in the newborn?

2. What is the most likely cause of low birth weight?

3. What are the types of this pathology by classification?

4. What diagnostic methods can be used for timely diagnosis of this pathology during pregnancy?

5. Is the prognosis favorable for a child with this pathology

13

The child from the first pregnancy was born in a term birth and has a body weight of 4000 g and a body length of 57 cm. Born, the child did not respond to the examination. It is not possible to assess the child's condition definitively. Heart rate - 80 / min.

Questions:

1. What diagnosis can be made?

2. What could be the cause of this condition of the child?

3. What diagnostic criteria are used to establish this diagnosis?

4. What resuscitation measures should be taken?

5. What can determine the difference in the measures taken during resuscitation?

14

Pregnant 30 years, Term of pregnancy 32 weeks. Hospitalized due to the threat of premature birth, rhesus factor immunological disorders from 28 weeks. This pregnancy is the second. The first pregnancy ended in a medical abortion within 10 weeks. A pregnant woman was administered 300 μg of anti-Rho (D) immunoglobulin intramuscularly at 28 weeks. In the previous analysis, the titer of rhesus antibodies in the blood was 1:16. After 2 weeks, there was an increase in

antibody titer to the level of 1:64. There are ultrasound signs of hemolytic disease of the fetus.

Tasks:

1. Determine further management of pregnancy. Justify.
2. What diagnostic methods are used for this pathology during pregnancy?
3. Name the features of childbirth.
4. Name the features of the neonatal period.
5. What is the prevention of this condition (specific)?

15

The 27-year-old woman was admitted to the maternal hospital with complaints of regular cramping pain in the lower abdomen and lower back.

It is a second delivery. The pregnancy was without complications. The contractions started 2 hours ago. Amniotic fluid did not spill out.

According to the exchange card, the expected date of the delivery in 6 days. Height - 165 cm. Weight - 75 kg. Pulse 78 beats per minute. Blood pressure - 130/80 mm. External obstetric examination revealed that the position of the fetus is physiological, the back is to the left, above the entrance to the pelvis is palpated round, dense anterior part of the fetus. The presenting part is relative to the symphysis at the level of 4/5 . Contractions for 30 seconds in 4-5 minutes, regular. Fetal heartbeats - 142 beats / min., rhythmic, below the navel, it is better heard laterally, to the left of the white line of the abdomen.

At vaginal examination the cervix is centered, shortened to 0,5 cm, soft, edges are thin. The servix is opened to 4 cm. The amniotic sac is determined. The head which is at level -4 is presented. There are mucous secretions. Sacrum is not reached, exostoses are not detected.

16

A 28-year-old woman was taken to the maternity ward with complaints of cramping pains in the lower abdomen and lower back for 15 seconds. Every 10 minutes Term of pregnancy 37-38 weeks, pregnancy III, childbirth I. She attended the women's clinic according to the schedule. Obstetric history: the threat of abortion within 5-6 weeks. Gynecological anamnesis: pregnancy froze within 5-6 weeks, 2 years ago. Somatic history is not burdened.

Objective: the skin and visible mucous membranes are clean, pale pink. Vesicular respiration. Heart tones are rhythmic, clear, pulse - 68 beats per 1 minute, blood pressure 110/75 mm Hg. and 115/75 mm Hg. on both hands. The abdomen is enlarged due to the pregnant uterus, The height of the uterine floor under the xiphoid process, the uterus is in normal tone, tones during the examination. The fetal heartbeat is clear, rhythmic 125 beats / min., On the left below the navel. Swelling is absent.

Vaginal examination.

Vaginal examination revealed: the body of the uterus is enlarged to 38 weeks of pregnancy, the cervix is soft, shortened to 2x cm, passes the fingertip, centered. The amniotic sac is intact and functioning. The head is pressed to the entrance to the small pelvis.

The woman shows a desire to receive medical anesthesia in childbirth.

Task:

1. Establish a preliminary diagnosis.
2. Assess the state of maturity of the cervix on the Bishop scale?
3. Recommended laboratory tests.
4. The principle of childbirth.
5. Anesthesia of a woman in childbirth?

A 25-year-old woman went to the doctor women's consultation with complaints about the absence of menstruation during the last 2 months, giddiness, swelling of the mammary glands, nausea in the morning. Gynecological anamnesis: childbirth - 0, abortion - 0, OM - 2 months ago. The last time visited a gynecologist was 2 years ago. Somatic anamnesis: chronic pyelonephritis.

Objective: the skin and visible mucous membranes are clean, pale pink. Vesicular respiration. Heart tones are rhythmic, clear, pulse - 68 beats per 1 minute, blood pressure 110/75 mm Hg. and 115/75 mm Hg. on both hands. The abdomen is soft, painless.

Vaginal examination.

Examination speculum: cyanotic mucosa of the cervix and vagina, clean. The outer eye of the cervix rounded. Vaginal discharge is mucous, in moderation

Bimanual examination revealed: The body of the uterus is enlarged to 9-10 weeks of pregnancy, painless, mobile, soft consistency. The vaults of the vagina are free, the appendages of the uterus without features.

The woman wants to register for pregnancy.

Question:

1. Establish a preliminary diagnosis.

2. Recommended routine examinations.

3. And pregnancy screening.

4. Recommendations for pregnancy.

5. Indications for referral of a pregnant woman for medical and genetic counseling.

18

A 28-year-old woman was taken to the maternity ward with complaints of cramping pain in the lower abdomen and lower back for 15 seconds. Each 10 min The gestation period is 37-38 weeks, pregnancy II, childbirth I. Estimated fetal weight 4500g. She attended the women's clinic according to the schedule.

Obstetric history: no weighted. Gynecological anamnesis: artificial termination of pregnancy in term 5-6 weeks, 3 years ago. Somatic history is not burdened.
Objective: the skin and visible mucous membranes are clean, pale pink. Breath vesicular. Heart tones are rhythmic, clear, pulse - 68 beats in 1 minute, blood pressure 110/75mm.rt.st. and 115/75 mm Hg. on both hands. The abdomen is enlarged due to pregnant uterus. The height of the uterine floor under the xiphoid process, the uterus in normal tone,
tones during the examination. Fetal heartbeat is clear, rhythmic 140 beats / min., On the left below the navel. Swelling is absent.
Vaginal examination.
Vaginal examination revealed that the body of the uterus was enlarged to 38 weeks pregnancy, cervix soft, shortened to 2x cm, passes 1p / p, centered. The amniotic sac is intact and functioning. The head is pressed to the entrance to small pelvis.

Task:

1. Establish a preliminary diagnosis.
2. Methods for determining the estimated weight of the fetus?
3. Recommended laboratory tests.
4. Tactics of childbirth?
5. Additional methods of examination in late pregnancy?

19

A 25-year-old woman was registered in the maternity hospital for the first pregnancy 11-12 weeks after suffering from acute cytomegalovirus infection. During a scheduled visit to the doctor, 4 weeks later she complained that she had recently stopped feeling pregnant. Examination: the uterine fundus is above the pubic symphysis on 4 cm. Vaginal examination: the uterus is enlarged to 12 weeks of pregnancy, fleshy. The external cervical os is closed. Ovaries and uterine tubes – without pathological changes. The vaults are free. On ultrasound: uterus is enlarged up to 12 weeks of pregnancy, no fetal heartbeat, multiple petrifications and placental cysts are detected. CBC: Hb 120g / l; erythrocytes 3.8 * 10^{12} / l; Leukocytes 10 * 10^{9} / l; Platelets 220 * 10^{12} / l; ESR 30mm / hour.

Tasks

1. Diagnose and name the cause of this pathology.
2. Determine the required amount of examinations.

3. Doctors' tactics?

4. Name the possible complications of this pathology.

5. Give recommendations to the woman at discharge from the hospital.

20

During childbirth, the mother underwent cardiotocographic monitoring of the condition of the fetus. The analysis of the cardiotocogram revealed that the heart rate is about 180 beats per minute, the variability of the rhythm is 2 beats per minute. Within one hour of observation, 2 deep decelerations were detected, not associated with uterine contractions.

Questions:

1. What is the normal heart rate of the fetus?

2. What do the changes in the cardiotocogram indicate?

3. What tactics can be used during the first period of childbirth?

4. What tactics can be used during the second period of childbirth during the main presentation?