

# Obstetric history

## #Identification

- Patient: triple name – age – occupation – residence – blood group
- Husband: triple name – age – occupation – residence – blood group
- Date of marriage
- Relationship status
- Number of children
- Educational background

## #Date of admission

## #Date of delivery or operation

### 1. GPA:

- **G:** gravida → number of all pregnancies (delivered or aborted). If the patient is still pregnant at the time of history taking we can mention the gravida, but if the patient is already delivered at the time of history taking we not mention the gravida.
- **P:** para or parity → number of deliveries after 24 weeks (live or dead)
- **A:** abortion → number of expulsions of products of conception before 24 weeks (normal or ectopic حمل خارج الرحم or hydatidiform حمل عنقودي)

### 2. LMP: last menstrual period

- it is the first day of the last menstrual period
- the patient certainty of dates (يجب التأكد من صحة التواريخ)
- ask about the regularity of the cycle
- ask about the usage of contraception (type-amount-duration)

### 3. EDD: expected date of delivery

- Calculated by Naegele's rule →  $EDD = LMP + 7 \text{ days} - 3 \text{ months}$  (or +9 months) this for regular cycle (28 day – not lactating – no use of contraception)
- For irregular cycle → the date of first Ultrasound is around 20 weeks so we can calculate the EDD from this information

### 4. GA: gestational age

- Number of weeks from the beginning of pregnancy until the end (whether normal delivery or C.S or abortion)
- Calculated as →  $EDD - \text{real date of delivery}$  or  $EDD - \text{date of history taking}$
- Pre-term: 36 weeks + 6 days or less
- Term: from 37 weeks to 40 weeks
- Post-date: from 40 weeks to 41 weeks + 6days

- Post-term: 42 weeks and more
- GA is important to know if the baby is premature so we can support the baby after delivery

## **#Date of examination**

## **#Chief complaint**

- Main complaint (usually one) in patient's own words
- Duration of the complaint

## **#History of present illness**

- Everything from the start of chief complaint until the delivery
- Chronological order
- In details

## **#History of labor**

### **1- During operation**

- At home or hospital
- Difficult or easy
- Vaginal delivery, cesarean section, episiotomy, forceps used or not
- Duration of operation
- Type of analgesia
- Catheter
- Blood transfusion
- I.V fluid
- Complications during operation

### **2- Post-operative**

- Time of return of consciousness
- Blood transfusion
- I.V fluid
- Analgesia
- Catheter
- Complications
- Nausea, appetite, vomiting
- Bowel motion, flatus
- PPH → post-partum hemorrhage
- Micturition after delivery
- Walking after delivery
- Breast milk amount

## **#The outcome of delivery**

- Live or dead
- Male or female
- Weight of baby
- Crying after birth
- Infant movement
- Cyanosis – jaundice – anemia – blood exchange
- Fetal distress
- Admission to the neonatal intensive care unit
- Feeding (breast or bottle or mixed)
- Neonatal care
- APGAR score (Appearance – pulse rate – grimace (irritability) – activity – respiratory effort)

## **#History of presenting pregnancy** (1, 2, 3 trimester + Systems)

First trimester: ask the patient about:

- هـام
- General health (tiredness – malaise – other non-specific symptoms)
  - Method of conformation of the pregnancy
  - Investigations (Ultrasound – blood test – urine test – others)
  - Vaginal bleeding or discharge
  - Morning sickness (nausea – vomiting – appetite – constipation)
  - Micturition (frequency, dysuria, color of urine .....)
  - ANC ( ante natal care ) → go to hospital – take folic acid and vitamins
  - Drugs (teratogenic drugs - drugs that increased/decreased it's dose in pregnancy)
  - Back pain
  - Edema
  - Abortion
  - Current disease
  - Hyper emesis gravidum
  - Breast tenderness or pain

Second trimester: ask the patient about:

- هـام
- Vaginal bleeding or discharge
  - Vaccine (like Tetanus toxoid start at 4 month – other vaccines start at 6 months)
  - Quickening → the first feeling of fetal movement by the mother. In parous feel in 16 – 18 weeks. In primi feel in 18 – 20 weeks
  - Abortion
  - Weight

- Bowel motion
- Current disease
- ANC ( ante natal care )
- Drug history
- Morning sickness (nausea – vomiting – appetite – constipation)
- Back pain
- Edema
- Micturition (frequency, polyuria .....)
- Anemia and pre-eclampsia
- Premature contractions

Third trimester: ask the patient about:

- هـام {
- Vaginal bleeding or discharge
  - ANC ( ante natal care )
  - Weight
  - Bowel motion
  - Edema
  - PIH → pregnancy induced hypertension
  - Pre-eclampsia and eclampsia ( hypertension + proteinuria → albumin in urine )
  - Drug history
  - Abortion
  - Current disease
  - headache
  - Fit
  - palpation and chest pain
  - SOB → shortness of breath
  - UTI → urinary tract infection
  - IUD → intra uterine death

Review of other systems: ask the patient about:

- CVS → (chest pain, dyspnea, palpitations, edema, syncope, claudication)
- Respiratory → (cough, sputum, hemoptysis, chest pain, dyspnea, wheeze, cyanosis, clubbing )
- GIT → (dysphagia, dyspepsia, abdominal pain, bleeding ,vomiting, weight loss, diarrhea)
- CNS → (headache, fit, weakness, vision ,hearing, tremor, incontinence, paresthesia)
- Renal → (urine color, amount, dysuria, hematuria, nocturia, frequency, urgency, pain)
- Skin and loco-motor → (pigmentations, discoloration, pain, stiffness, function, swelling)
- Genital → (incontinence, impotence, discharge)

**#Past obstetric history** (history of previous pregnancies in sequence)

- Date of marriage
- Age of patient at marriage

- Age of patient at first pregnancy
- Period of infertility (primary infertility – secondary infertility)
- Interval between current pregnancy and 1st pregnancy
- Past pregnancies in sequence and ask the following questions for each child
  - Time of pregnancy
  - Duration of pregnancy
  - Type of delivery
  - Site of delivery
  - Gender of baby
  - Weight of baby
  - Congenital anomaly
  - NICV admission
  - SOB (shortness of breath) cry immediate
  - Any problem to baby
  - ANC
  - Puerperium (فترة النفاس) → ask about any fever, bleeding, depression, breast feeding, any complication.

## **#Gynecological history**

- **Age of menarche** → first menstrual cycle in life
- **Menstrual cycle** → regular – irregular – duration – frequency - amount of blood loss – any clot or pain with the menstruation - dysmenorrhea – intermenstrual bleeding
- **Vaginal discharge**
- **Contraception** → pill or IUCD (intra uterine contraceptive device)
- **Infertility** → failure of gestation and producing offspring after months of marriage without using contraception
- **Gynecological operation** → Any operation related to gynecological problem - Genital infections - Date of last cervical smear

## **#Past medical history**

Any serious illness or medical disease or chronic disease like:

- D.M and Renal diseases
- Hypertension (pre-eclampsia)
- Epilepsy, syphilis, rubella, arthritis
- Venous thromboembolic disease
- HIV, recurrent infections, rheumatic heart disease
- Myasthenia gravis – myotonic dystrophy - Connective tissue diseases
- In case of +ve finding ask about the time of onset, duration, treatment or not, drugs taken in pregnancy or not.

## **#Past surgical history**

- Previous operation (like Caesarian section, appendectomy, cholecystectomy)
- Post-operative complications
- Anesthesia complications
- Blood transfusion

## **#Drug history**

- Allergy to any drug
- Chronic drug usage like antihypertensive and antiepileptic drugs
- Medications taken during pregnancy (like Anti-HT, Anti-DM) and dose

## **#Family history**

- Any chronic disease (hypertension – D.M – thromboembolic disease)
- Consanguineous marriage
- History of pre-eclampsia
- History of twin pregnancy or congenital anomalies or cerebral palsy
- History of Genetic problems like haemoglobinopathies or fetal inborn error of metabolism
- History of malignancy in family
- History of T.B or allergies or Bleeding disorders or psychiatric disorders

## **#Social history**

- Occupation - crowding - housing conditions - living environment
- Marital status - family problems
- Personal (Smoking - alcohol - drug abuse - sleep - diet - bowel habits)
- Level of education - income
- water supply - animal contact

\* يرجى قراءة ملزمة الملاحظات (obstetric – notes)