Obstetrics and Gynecology

Important Terminologies

1. Legal age of viability
   a. UK – 24 weeks of gestation
   b. WHO – 22 weeks/ >500g in weight
2. Miscarriage
   a. Spontaneous expulsion of fetus before reaching viability age (24 weeks)/ ≤500g in weight

<table>
<thead>
<tr>
<th>Types</th>
<th>Threatened</th>
<th>Inevitable</th>
<th>Incomplete</th>
<th>Complete</th>
<th>Missed</th>
<th>Septic</th>
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</thead>
<tbody>
<tr>
<td>Uterine Size</td>
<td>Corresponding to age</td>
<td>Same/less</td>
<td>Smaller</td>
<td>Smaller</td>
<td>Smaller</td>
<td>Smaller</td>
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<tr>
<td>Symptoms</td>
<td>• Abx pain</td>
<td>• Abx pain</td>
<td>• Abx pain</td>
<td>No pain, no vaginal bleed</td>
<td>• Pain/ no pain</td>
<td>Purulent vaginal discharge</td>
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<tr>
<td></td>
<td>• Vaginal bleed</td>
<td>• Vaginal bleed</td>
<td>• Heavy vaginal bleed</td>
<td></td>
<td>• Less bleed</td>
<td>Fever</td>
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<tr>
<td>Cervical Os</td>
<td>Close</td>
<td>Open</td>
<td>Open with POC</td>
<td>Close</td>
<td>Close</td>
<td>Close/open</td>
</tr>
<tr>
<td>U/S finding</td>
<td>I/U pregnancy</td>
<td>I/U pregnancy</td>
<td>Retained POC</td>
<td>Empty Uterus</td>
<td>FCA+, POC</td>
<td>Fluid in Uterus</td>
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**FCA (Fetal Cardiac Activity)**: on U/S starting from 6 weeks POG

3. Life birth
   a. Baby that shows signs of life after delivery, **IRRESPECTIVE** of its gestational age. Signs of life:
      i. Beating of the heart
      ii. Pulsation of umbilical cord
      iii. Definite movement of voluntary muscles

4. Stillbirth
   a. Baby that is being delivered after 24 weeks of gestation/>500g in weight but **DOES NOT** show any signs of life

5. Gestation
   a. Refers as the duration of pregnancy from the last menstrual period, expressed in weeks.

\[
\frac{280 \text{days} - (\text{EDD} - \text{date of appointment})}{7}
\]

b. **POG** – regular period (28-30 days cycle)

c. **POA** – irregular period (using U/S)

Importance of correct dating

1. Avoid premature delivery
2. Intervention of pregnancy when necessary
3. Essential screening test for fetal anomalies
4. Reduce mortality and morbidity
6. Estimated Date of Delivery
   a. Use Naegelle rule:
      
      \[ \text{LMP} + 7 \text{ days} + 9 \text{ months} \]

      **Cut point is:**
      
      1. Preterm : < 37 weeks
      2. Term : 38-42 weeks
      3. Post term : >42 weeks

   b. Only for mothers that:
      i. Sure of her date
      ii. Regular 28-30 days cycle
   c. Cannot be used in mothers that:
      i. Unsure of her date
      ii. Irregular menses
      iii. On OCP
      iv. Lactating

7. Gravidity
   a. Total number of **PREVIOUS** and **PRESENT** pregnancies

8. Parity
   a. Number of pregnancy resulting in BOTH
      i. Live birth (at whatever gestational age)
      ii. Stillbirth
   b. (+) is for :
      i. Miscarriage
      ii. Abortion (Termination of pregnancy)
      iii. Ectopic pregnancy
      iv. Molar pregnancy

9. Lie
   a. Relationship of the long axis of fetus to the long axis of uterus
      i. Longitudinal
      ii. Transverse
      iii. Oblique

10. Presentation
    a. Leading part of fetus in the lower pole of uterus
    b. Can be either
       i. Cephalic
       ii. Breech
       iii. Shoulder
       iv. Compound (head and limbs together)

11. Engagement
    a. Biparietal diameter of fetal head have passed the plane of pelvic inlet

12. Station
    a. The relationship of the top of the baby's head or the presenting part to the level of the ischial spines.

13. Crowning
    a. Descend of the fetal head leading to perineal dilation during contraction and the head does not retract backward when the contraction disappears
14. Labour/ Delivery
   a. Expulsion of one or more newborn infants from mother’s uterus
   b. Stages of delivery:
      i. Stage 1 (Primip <8hrs, Multip <6hrs)
         1. Latent stage/prodromal stage
            a. Cervical dilation <3cm
            b. Effacement <80%
         2. Active stage
            a. Regular contraction every 5 minutes
            b. Cervical dilation >3cm
            c. Effacement >80%
      ii. Stage 2 (Primip 1hr, Multip <1hr)
         1. From complete cervical dilatation – expulsion of fetus
      iii. Stage 3 (10-20minutes)
         1. From childbirth to expulsion of placenta

15. Neonatal Death
   a. Baby who dies before completing 28days of life
   b. Category
      i. Early : <7days
      ii. Late : 7-28 days

16. Maternal Mortality
   a. Women who dies:
      i. While pregnant
      ii. Within 42 days of
         1. Delivery
         2. Miscarriage
         3. Termination of pregnancy
   b. Late maternal mortality: 42 days - 1 year

17. Puerparium
   a. The time from the end of 3rd stage of labor until involution of Uterus (6 weeks)

18. Amniotic Fluid Index (AFI)
   a. Estimated amniotic fluid volume, expressed in (cm), measure 4 different quadrants (Single Deepest Pocket Technique)
   b. Value:
      i. Normal: AFI (10-24), volume (500-1500ml)
      ii. Polyhydramnios: AFI (>25), volume >2000ml
      iii. Oligohydramnios: AFI (<6), volume <500ml

19. Antepartum Hemorrhage
   a. Bleeding from the genital tract from 28weeks until the end of 2nd stage of labor
   b. ½ of APH derived from placental site. Therefore, it is placental in origin until proven otherwise
   c. Causes
      i. Placental in origin
         1. Placental previa (30%)
         2. Abruptio placenta
         3. Vasa previa
         4. Marginal separation
      ii. Other causes
         1. Local cause (cervical polyps, cervicitis, vaginitis)
         2. Heavy show (10% of APH)
   d. Kleihauer test
      i. Differentiate the blood per-vaginally came from fetus or mother
      ii. Blood + strong acid/strong alkali
         1. Mother – colorless, ghost cell
         2. Fetal – normal
20. Placenta previa
   a. A low implantation of placenta in the uterus
   b. Grades of placenta previa
      i. Grade 1
         1. Lower margin of placenta reaches <5cm from internal os
      ii. Grade 2
         1. Placenta edge reaches internal os (marginal)
      iii. Grade 3
         1. Placenta cover the internal os
         2. Not centrally located
      iv. Grade 4
         1. Placenta cover the internal os
         2. Centrally located
   c. McAffee Regime
      i. Admission to the ward till deliver
      ii. Close observation for any further bleeding
      iii. The availability of at least 2 units of grouped and cross-matched blood at all times for the patient
      iv. The liberal use of Caesarian section for delivery of the fetus as soon as fetal maturity is achieved.

21. Abruptio Placenta
   a. Premature separation of normally site placenta
   b. Resulting in the formation of retro-placenta hematoma

22. Intra Uterine Growth Restriction (IUGR)
   a. Growth of fetus less than 0th centile for gestational age
   b. Types of IUGR
      i. Symmetrical Growth Restriction
         1. Nutritional deprivation
         2. Equal length
         3. Head to abdominal circumference ratio normal
         4. All organs small in size
      ii. Asymmetrical Growth Restriction
         1. Poor placental perfusion
         2. Head bigger than abdomen (shunting of blood to the brain)
         3. Associated with:
            a. Fetal asphyxia
            b. Meconium aspiration
            c. Postpartum hypoglycemia
   c. Causes:
      i. Maternal cause:
         1. Underlying chronic disease
            a. Diabetes
            b. Hypertension
            c. Severe anemia
         2. Maternal malnutrition
         3. Recurrent APH
         4. Smoking and alcoholism
         5. Small parents
      ii. Fetal causes
         1. Fetal abnormality
            a. Anencephaly
            b. Down's syndrome
         2. Multiple pregnancy
         3. Chronic hypoxia
      4. I/U infection (TORCH)
         a. Toxoplasmosis
         b. Others (Syphilis, Zoster)
         c. Rubella
d. Cytomegalovirus  
e. Herpes  
5. Small placenta  
6. Pregnancy Induced Hypertension  
a. BP >140/90mmHg at >20 weeks of gestation  
i. At 2 consecutive 4 hours apart readings  
b. Systolic >30mmHg/ Diastolic >15mmHg more than baseline taken before 29 weeks of gestation  
c. Mean Arterial Pressure >105mmHg  
7. Preeclampsia  
a. Preeclampsia  
i. Persistent high blood pressure with proteinuria (>2+)  
ii. From 20th POG to 23rd day post-partum  
b. Complications of Preeclampsia  
i. Impending Eclampsia  
1. Severe frontal headache  
2. Nausea and vomiting  
3. Blurring of vision  
4. Epigastric pain (subcapsular hepatic hemorrhage)  
ii. Eclampsia  
1. Life-threatening pregnancy condition characterized by generalized tonic clonic seizure  
iii. HELLP syndrome  
1. Hemolysis  
2. Elevated Liver Enzyme  
3. Low Platelet count  
23. Gestational Diabetes  
a. Diabetes that presents for the first time during pregnancy  
b. Modified Glucose Tolerance Test (MGTT)  
i. Indications  
1. Previous GDM  
2. Age >35years old  
3. Family history of DM  
4. Previous macrosomia (>4kg)  
5. Recurrent miscarriages  
6. Previous congenital anomalies  
7. Glycosuria >2 occasions during pregnancy  
8. Obesity >20% of ideal body weight  
9. Recurrent candidiasis  
ii. Procedure  
1. Fasting overnight → take FBS  
2. Drink 75gm of glucose diluted in 250-350ml of water → take blood after 2 hrs  
iii. Result  
1. FBS  
a. Normal : <5.6mmol/L  
b. GDM : ≥5.6mmol/L  
2. 2 hours post MGTT  
a. Normal : <7.8mmol/L  
b. GDM : ≥7.8mmol/L  
iv. Complications  
1. Maternal  
a. 1st trimester : recurrent miscarriages  
b. 2nd trimester : polyhydramnios  
c. 3rd trimester: UTI, Preeclampsia
2. Fetal & Neonatal
   a. Antepartum
      i. Organogenesis
         1. CNS
            a. Anencephaly
            b. Caudal regression syndrome
         2. CVS
            a. Tetralogy of Fallot
            b. VSD
         3. Neural tube defect
      ii. 3rd trimester
         1. NRDS – insulin antagonizes surfactant, ↓ lung maturity
         2. Macrosomia
         3. IUD
         4. IUGR
   b. Intrapartum
      i. Shoulder dystocia (macrosomnic baby)
      ii. Asphyxia
      iii. Metabolic acidosis
   c. Postpartum
      i. Hypoglycemia
      ii. Polycythemia
      iii. Hyperbilirubinemia
      iv. Electrolyte imbalances
      v. Renal vein thrombosis

24. Rupture of Membrane
   a. Premature Rupture of Membrane (PROM)
      i. Rupture of membrane after completing 37 weeks of gestation WITHOUT labor within 12hrs
   b. Preterm Premature Rupture of Membrane (PPROM)
      i. Rupture of membrane before 37 weeks of gestation
   c. Causes
      i. Maternal
         1. Spontaneous
         2. Polyhydramnios
         3. Multiple pregnancy
         4. Maternal infection
         5. Cervical incompetence
         6. Trauma
      ii. Fetal
         1. Breech presentation
         2. Poorly applied presenting part
         3. Transverse
         4. Chorionic weakness

25. Assisted Delivery
   a. Types
      i. Forceps delivery
      ii. Ventouse delivery
   b. Forceps delivery
      i. Indication
         1. Delayed 2nd stage labor
            a. Inadequate contraction
            b. Resistant pelvic floor
            c. Malpresentation
         2. Maternal distress
            a. Prolonged 1st stage
            b. Signs of distress
               i. Increased pulse rate
               ii. Increase temperature
               iii. Dehydrated
         3. Fetal distress
            a. Cord prolapse
b. Placental insufficiency
4. Prophylaxis
   a. Prematurity
   b. After the head coming in breech
5. Previous LSCS

ii. Complications
1. Maternal
   a. Dangers of anesthesia
   b. Cervix lacerations
   c. PPH hemorrhage due to uterine atony
   d. Puerperal infection
2. Infant
   a. Intracranial hemorrhage
   b. Facial palsy
   c. Cephalohematoma
   d. Spastic diplegia

iii. Types of Forceps
1. Wrigley’s Forceps
2. Simpson Forceps
3. Bailey Williamson Forceps
4. Elliot Forceps
5. Kielland Forceps
6. Tucker McLane Forceps
7. Piper Forceps

26. Caput Succadeneum
   a. Extraperiosteal fluid collection with poorly defined margins
   b. Caused by the pressure of the presenting part of the scalp against the dilating cervix (tourniquet effect of the cervix) during delivery

27. Cephalhematoma
   a. Hemorrhage of blood between the skull and the periosteum of a newborn baby secondary to rupture of blood vessels crossing the periosteum.
   b. Due to vantouse delivery
   c. Confined to individual bone, well-defined

28. Postpartum Hemorrhage
   a. Excessive loss of blood after delivery
   b. Normal blood loss should be
   i. <500ml in normal delivery
   ii. <1000ml in LSCS