

**King Saud University Medical City**  
**Department of Obstetrics & Gynecology**  
**Course 482**

**HISTORY TAKING &  
PHYSICAL EXAMINATION  
OBGYN**

# OBSTETRIC HISTORY

## ■ 1-General information

Name, age , gravidity, parity, LMP, EDD (Naegele's rule)

**Gravidity** ➔ no. of pregnancies including current pregnancy (regardless of the outcome N or abortion)

**Parity** ➔ no. of births beyond 24 weeks gestation

## ■ 2-Current problem/ complaint

## ■ 3-History of current complaint

## ■ 4-History of current pregnancy

➔ details of the 1<sup>st</sup> ,2<sup>nd</sup> & 3<sup>rd</sup> trimester

➔ lab tests & U/S scans pattern

# OBSTETRIC HISTORY

## 5-Menstrual & gynecological history

- LMP details ( was it conform to the usual in terms of timing, volume, and appearance)
- Regular or irregular cycles
- Length of the cycle
- OCP
- Surgical procedures
- Hx of infertility
- Sexually transmitted diseases
- Uterine anomalies

# OBSTETRIC HISTORY

## 6-Past obstetric history

- Outcome of previous pregnancies in details including the abortions
- Any significant antenatal, intrapartum or postpartum events
- Previous maternal complications
- Mode of delivery
- B Wt
- Life & health of the baby

# OBSTETRIC HISTORY

## 7-Past medical/ surgical Hx

Some medical conditions may have impact on the course of the pregnancy or the pregnancy may have an impact on the medical condition examples:

- Heart disease
- Hypertension
- Dm
- Epilepsy
- Thyroid disease
- B asthma
- Any previous surgery.
- Kidney disease
- UTI
- Autoimmune disease
- Psychiatric disorders
- Hepatitis
- Venereal diseases
- Blood transfusion

# OBSTETRIC HISTORY

- **Drug Hx**

- **Family Hx**

- Hereditary illness → DM., Hpt., thalassemia, sickle cell disease, hemophilia

- Congenital defects eg. neural tube defects, Down syndrome

- Twins

- **Social Hx** → Cigarette smoking, illegal drug use, domestic violence

- **Summary**

# OB PHYSICAL EXAM

## ■ General exam

-Ht. Wt. ,BMI ➔ Wt kg /Ht 2M

-BP ➔ ↓ in 2nd trimester

-Pulse ➔ ↑

-Head, eyes, ears, nose & throat ➔ no changes

-Thyroid ➔ diffuse enlargement

-Skin ➔ ↑ pigmentation of the face (chloasma), abdomen (linea nigra)

and vulva

➔ Stretch marks on the abdomen, thighs & breasts

# OB PHYSICAL EXAM

## ■ General exam

-Breast ➔ ↑ nodularity

-CVS ➔ HR ↑

    ↑ COP ➔ Soft systolic murmur

    S2 ➔ loud

-Lungs ➔ Elevation of the diaphragm ➔ ↓ total lung capacity

    ↑ tidal volume 40% at term (hyperventilation) ➔ ↓ PCO<sub>2</sub>

    ↓ expiratory reserve volume (vital capacity unchanged)

-Ophthalmoscopy ➔ hypertensive /diabetic women



# Abdominal exam

## 1-Inspection

- ➔ shape & size
- ➔ asymmetry
- ➔ fetal movement
- ➔ surgical scars (pfannensteil incision)
- ➔ cutaneous signs of pregnancy ➔ linea nigra, striae gravidarum, striae albicans, umbilicus flat or everted, superficial veins

# Abdominal exam

## 2-Palpation

- Uterine size ➔ symphysis fundal Ht in cm = GA in wks
    - at 13-14 wks ➔ just palpable
    - 22 wks ➔ at the umbilicus
  - No of fetuses
  - Presentation ➔ the part of the fetus that overlays the pelvic brim
  - Cephalic presentation ➔ no of fifths palpable
  - Lie of the fetus ➔ longitudinal axis of the uterus to the longitudinal axis of the fetus
  - EFWt
- LEOPOLD maneuvers** ➔ 4 grips

## Abdominal exam

**3-Ascultation** ➔ fetal heart at 13-14 wks

**4-Percussion** ➔ polyhydramnious ➔ ballotment & fluid thrill

## Vulval & Vaginal exam

➔ not routinely performed

-Hyper pigmentation

-Look for abnormalities ➔ Varicose veins/  
hemorrhoids, Warts or herpes

-↑ vaginal secretions

-Cx ➔ Softer, pigmented with ➔ thick , yellowish  
mucous

-Uterus enlarged

## **Pelvic assessment**

- **Check ischial spines if prominent or not**
- **Diagonal conjugate ➔ distance from lower border of the symphysis pubis to the sacral promontery (pelvic inlet)**
- **Shape of the sacrum**
- **Side walls of the pelvis**
- **Distance between the two sacral promonteries**

# GYNECOLOGIC HISTORY

- **1-General information**

Name, age & parity

- **2-Present complaint**

- **3-Hx of present complaint**

Ask relevant questions ➡ examples:

- ★ **Abnormal menstrual loss**

- ➡ regular or irregular

- ➡ Amount of blood loss ➡ no. of pads, presence of clots, flooding, absence from school or work due to associated pain, weakness or flooding

# GYNECOLOGIC HISTORY

## ★ Vaginal discharge

- ➔ odour, color, consistency, amount & presence of blood
- ➔ relation to the period
- ➔ associated itching or irritation

## ★ Pelvic pain

- ➔ duration, nature & site
- ➔ relation to the menstrual cycle
- ➔ aggravating or relieving factors
- ➔ radiation & associated symptoms eg. Vomiting, fever, dysurea
- ➔ dyspareunia

# GYNECOLOGIC HISTORY

## 4-MENSTRUAL HX

- Menarche
- Cycle, duration of the period
- LMP, IMB, PCB
- Volume of blood loss
- Menstrual molimina ➔ Discomfort, irritability, depression, pelvic pain
- Menopause/ HRT
- Past Gynecologic Hx
  - previous gynecologic problems eg PID, endometriosis
  - cx. smears
- Surgery
- Contraceptive Hx

# GYNECOLOGIC HISTORY

## 5-PAST OB HX

Outcome & details of previous pregnancies ➡ if many summarize

6-Past medical & surgical Hx

7-Medications

8-Allergies

9-Social Hx ➡ impact of the current problem on social life

Summary



# **GYNECOLOGIC PHYSICAL EXAMINATION**

- **General exam , CVS, Respiratory**
- **Abdominal exam**
  - 1-**Inspection** ➔ **distension** ➔ **masses**
    - ➔ **surgical scars**
  - 2-**Palpation** ➔ **guarding , tenderness, masses**
  - 3-**Percussion /ascultation** ➔ **to distiguish solid masses from bowel, ascites**
- **Pelvic exam**
  - 1-**Inspection of the external genitalia**
  - 2-**Speculum exam**
  - 3-**Digital exam**