

# Obstetric History

<b>Personal Information</b>
Name ..... age ..... Nationality..... marital states..... residency ..... ..... occupation ..... G.P., LMP.....
<b>Chief Complaint</b>
She came to the clinic/ER..... Complaining of ..... since/lasted for.....
<b>History of Presenting Illness</b>
Depends on the complaint, SOCRATES. - Always ask about the constitutional symptoms: Fever - Weight loss - Night sweats - Loss of appetite. ..... ..... .....
<b>History of the present Pregnancy</b>
<p style="text-align: center;">She is G...P...A...</p> <ol style="list-style-type: none"> <li>1. Gravidity G → The total numbers of pregnancies regardless of how they ended</li> <li>2. Parity P → number of live births at any gestation or stillbirths after 20-24 weeks of gestation</li> <li>3. Number of abortions A → pregnancy loss or termination before 20-24 week of gestation</li> <li>4. Period of gestation: Number of weeks..... Last menstrual period LMP..... Estimated due date EDD..... (by using naegele's rule: add one year to LM, subtract three months, and add 7 days)</li> <li>5. Dates as calculated from ultrasound.....</li> <li>6. Pregnancy detected by ..... Confirmed by ..... number of fetuses ..... US at 14 weeks: GA (from 1<sup>st</sup> day of LMP) ....., placenta location.....</li> <li>7. Booked as if it's her first visit to your clinic or follow up ..... Numbers of antenatal visits..... And if there was any complications. If booked ask for her previous ultrasounds and how was her pregnancy from the beginning.....</li> <li>8. Blood transfusion.....Rh typing.....</li> <li>9. Fetal movement:detected?if yes,when was the first movement .....does she notice diminished or changes in the movement.....fetal movement can be detected in the 17-20 weeks</li> <li>10. Any invasive tests or procedures has been done..... Cerclage.....</li> <li>11. Complaints during pregnancy:bleeding / contractions/ vaginal discharge / loss of fluid / fever / GDM ,GHTN</li> <li>12. Any hospital admission.....</li> </ol>

### Previous pregnancies

Take details of each prior pregnancy start from first to last pregnancy: type of conception spontaneous or ivf?!

1. Date of delivery or termination of pregnancy.....
2. Location of delivery or termination of pregnancy.....
3. Duration of gestation in weeks.....
4. Number of children (twins?)
5. Type of delivery or termination of pregnancy: normal vaginal delivery/CS, why..... /assisted(vacuum, forceps), was episiotomy induced, If yes why.....
6. Duration of labor in hours
7. Type of anesthesia
8. Maternal complications: antenatal, intrapartum or postpartum.....
9. Fetal complications.....
10. For babies: Newborn weight..... Age..... Gender..... baby ICU admission? Anomaly? ..... baby's Present health, still alive?
11. Breastfeeding
12. Miscarriage, If yes Clarify the gestation of the trimester, medical or surgical managements, the cause.....
13. Molar pregnancy. If yes Clarify medical or surgical managements. ....
14. Ectopic pregnancy If yes Clarify the site and the management. ....

### Gyne History (Go through it quickly)

1. Ectopic pregnancy.....
2. Endometriosis.....
3. Previous infections and their treatment.....STD.....
4. Last Pap smear.....was it normal.....
5. Malignancies (Cervical, endometrial, ovarian) .....

### Menstrual History

1. Age of menarche.....
2. Duration (how many days).....
3. Frequency.....
4. Menstrual blood flow (normal or heavy), impact on her life, this is subjective.....
5. Dysmenorrhea.....SOCRATES
6. Date of LMP.....
7. Age of menopause.....Menopausal symptoms.....

### Sexual History

Regular sex? Protective sex? Pain(Dyspareunia)How many partners? .....

### Past Medical Hx

DM, HTN, renal diseases, SLE, migraine with aura, VTE, bleeding disorder, breast cancer... etc.

### Past Surgical Hx

Date..... complications..... trauma (like fractured pelvis) .....  
Focus on gynecological surgeries

**Medication**

Contraception (Type, duration of use, compliance...etc.) .....

**Allergy**

**Blood Transfusion Hx**

**Psychological History**

Domestic violence? psychiatric illness? postpartum depression? .....

**Family History**

1. Hereditary illness: DM, HTN, thalassemia, sickle cell disease, hemophilia? .....
2. Congenital defects: neural tube defects? Down syndrome? Twins? .....
3. Breast/ov/uterine/colon/prostate cancer .....

**Social History**

Smoking, alcohol, illicit drugs, occupation, home situation, physical activity, diet, family Support, domestic animals.....

**Review of systems**

# Gynecologic History

## Personal Information

Name ..... age ..... Nationality.....marital states..... residency  
..... occupation .....G.P., LMP.....

## Chief Complaint

She came to the clinic/ER..... Complaining of ..... since/lasted for.....

## History of Presenting Illness

Depends on the complaint.

1. **Pelvic pain?** Relation to menstrual cycle? SOCRATES, associated with bowel or bladder function?
2. Vaginal dryness? Vaginal discharge (Amount, colour, odour, presence of blood, relation to menstrual cycle, STD)
3. Abdominal pain? SOCRATES (exclude ectopic!!!!)
4. Amenorrhea?
5. Menorrhagia?  
- Always ask about the constitutional symptoms: Fever - Weight loss - Night sweats - Loss of appetite.

## Previous Gynecological history

6. Previous infections & STDs .....
7. Screening History (PAP smear- STD screening): If she screened? Last time she screened? And what was the results? If it was abnormal what was the management? .....
8. Past gynecological problems (cancer, endometriosis...etc.)? Anomalies? Previous gynecological surgery?.....
9. Hx of infertility? .....

## Menstrual History

1. Age of menarche .....
2. Regularity .....
3. Menstrual cycle symptoms? Dysmenorrhea, Pain? discomfort? Irritability? Depression? Pelvic pain? If yes Duration? Nature? Site? Relation to period? Aggravating / relieving factors? Radiation? Associated symptoms: vomiting? Fever? .....
4. Duration (how many days).....
5. Frequency AKA Length of cycle.....
6. Menstrual blood flow AKA Volume (no. of pads & fullness. **Make sure it is not for hygiene**) (normal or heavy), impact on her life, more than or less than usual *this is subjective*.....
7. 1<sup>st</sup> day of LMP.....
8. Age of menopause.....Menopausal symptoms..... HRT uses, any symptoms like vaginal bleeding or discharge, weight loss, back pain, pelvic pressure, bloating, bowel/bladder complaints.....
9. **Other bleeding from other places?** Post coital bleeding? Intermenstrual bleeding?  
.....

### Obstetric History (Go through it quickly)

**Take details of each prior pregnancy start from first to last pregnancy:**type of conception spontaneous or ivf?!

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27. Molar pregnancy. If yes Clarify medical or surgical managements. ....
28. Ectopic pregnancy If yes Clarify the site and the management. ....

### Sexual History

The health of and current relationship with the partner? regular sex? Protective sex? Pain (Dyspareunia)? Bleeding dysuria associated with sexual intercourse? How many partners? .....

### Past Medical Hx

DM, HTN, renal diseases, SLE, migraine with aura, VTE, bleeding disorder, breast cancer... etc.	
<b>Past Surgical Hx</b>	
Date..... complications..... trauma (like fractured pelvis) ..... Focus on gynecological surgeries	
<b>Medication</b>	
Contraception (Type, duration of use, compliance...etc.) .....	
<b>Allergy</b>	<b>Blood Transfusion Hx</b>
<b>Psychological History</b>	
Domestic violence? psychiatric illness? postpartum depression? .....	
<b>Family History</b>	
<ol style="list-style-type: none"> <li>4. Hereditary illness: DM, HTN, thalassemia, sickle cell disease, hemophilia? .....</li> <li>5. Congenital defects: neural tube defects? Down syndrome? Twins? .....</li> <li>6. Breast/ov/uterine/colon/prostate cancer .....</li> </ol>	
<b>Social History</b>	
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<b>Review of systems</b>	

**References:**

435 OSCE teamwork  
 Essentials of OBSTETRIC and GYNECOLOGY  
 Geeky Medics  
 Dr.Ghadeer lecture slides

**Done By: Maha AlGhamdi**