

Essential obstetrics and gynaecology



Ask Doctor Clarke

Course book sample

2023-2024

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Essential Obstetrics and Gynaecology

Programme

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Important Note

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Obstetric Quiz

1) What are your findings on inspection?



2) Which is the best way of estimating the gestational age of a pregnancy?

- a) A woman's last menstrual period
- b) Nagele's rule
- c) First trimester ultrasound at 12/40
- d) Date of first positive pregnancy test

3) State the gravidity and parity of:

Mrs X: currently 12/40, two miscarriages at 8/40 and at 20/40, one son born at 38/40

Ms Y: not pregnant, has twins who were born at 34/40

Ms Z: currently 28/40, one previous ectopic, two terminations of pregnancy both at 6/40, one stillbirth due to abruption at 25/40

4) The following are types of lie (true / false)

- a) Transverse
- b) Breech
- c) Cephalic
- d) Longitudinal
- e) Oblique

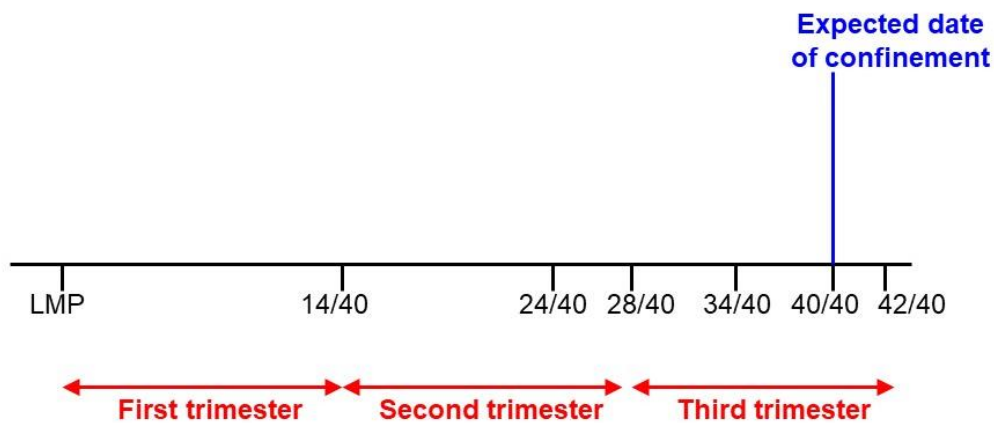
5) What type of breech is shown? What are the risks?



6) What are the causes of polyhydramnios?

7) On the diagram, indicate the approximate timing of the following

- Dating scan
- Anomaly scan
- Combined screening test for Down syndrome
- Rhesus immunisation of rhesus negative mother



Key Topics in Obstetrics

Course aims

- Cover the essentials in a single day
- Focus on areas popular in exams
- Make sense of areas that most people find difficult
- Pre-course and post-course work
- Quizzes so you can assess your knowledge
- Opportunities for questions during breaks
- Buzz words and mnemonics



PCOS: Rotterdam criteria (SHOP)

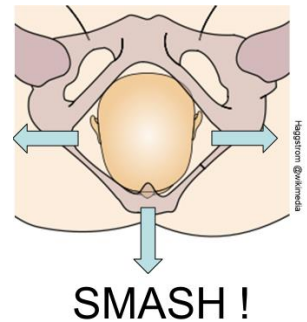
- S String of pearls
- H Hyperandrogenism
- O Oligomenorrhoea
- P Prolactin normal



Diabetes risks

- S Shoulder dystocia
- M Macrosomia
- A Amniotic fluid excess
- S Stillbirth
- H Hypertension and neonatal hypoglycaemia

Plus congenital abnormalities and miscarriage in pre-existing diabetes



Course overview

- Morning: obstetrics
- Afternoon: gynaecology
- Plus: STI (sexually transmitted interludes)

Obstetrics

- Key topics
- Diabetes and hypertension
- Emergencies
- Twin pregnancy
- Small for gestational age

Obstetrics: key topics

- Normal pregnancy: **pre-course work**
- Gravity / parity
- Gestational age
- Screening for Down syndrome
- Obstetric examination
- Breech presentation
- Polyhydramnios

Post course notes

- Stages and mechanism of labour
- Pregnancy related pelvic girdle pain
- Cardiotocograph (CTG): see Dropbox folder
- Urogynaecology: see Dropbox folder

Gravidity and Parity

Gravidity

- how many times a woman has been pregnant
- includes miscarriage, ectopic, termination, live birth, stillbirth, molar pregnancies

Parity

- how many babies a woman has delivered at 24+ weeks gestation, alive or dead
- pregnancies delivering at <24/40 are denoted by a suffix eg P3⁺²

Question: gravidity and parity

Please state the gravidity and parity of:

Mrs X: currently 12/40, two miscarriages at 8/40 and at 20/40, one son born at 38/40
G4P1 or G4P1⁺²

Ms Y: not pregnant, has twins born at 34/40
G1P2 or G1P2⁺⁰ **Or** G1P1 (twins)

Ms Z: currently 28/40, one previous ectopic, two terminations of pregnancy both at 6/40, one stillbirth due to abruption at 25/40
G5P1 or G5P1⁺³

Gravidity and parity

- Primigravid first ever pregnancy ie G1P0
- Nulliparous has had no delivery of a baby >24/40
- Multiparous has had one or more deliveries of babies >24/40

Gestational Age

Question from quiz: gestation

Which is the best way of estimating gestational age?

- a) A woman's last menstrual period
- b) Nagele's rule
- c) First trimester ultrasound at 12/40**
- d) Date of first positive pregnancy test

CRL= crown rump length



Gestation / estimated date of delivery

- All women should now be offered a first trimester ultrasound at 11-13/40
- Crown rump length (CRL) is the most accurate way to date a pregnancy
- Dating by ultrasound is less accurate beyond this gestation, particularly >20/40
- After this head circumference and biparietal diameter are used instead of CRL

LMP and Nagele's rule

- First day of LMP
- This should have been a normal period
- Her cycle should be regular
- Nagele's rule (for 28 day cycle): LMP, subtract 3 months, add 1 year 7 days

Screening for Down Syndrome

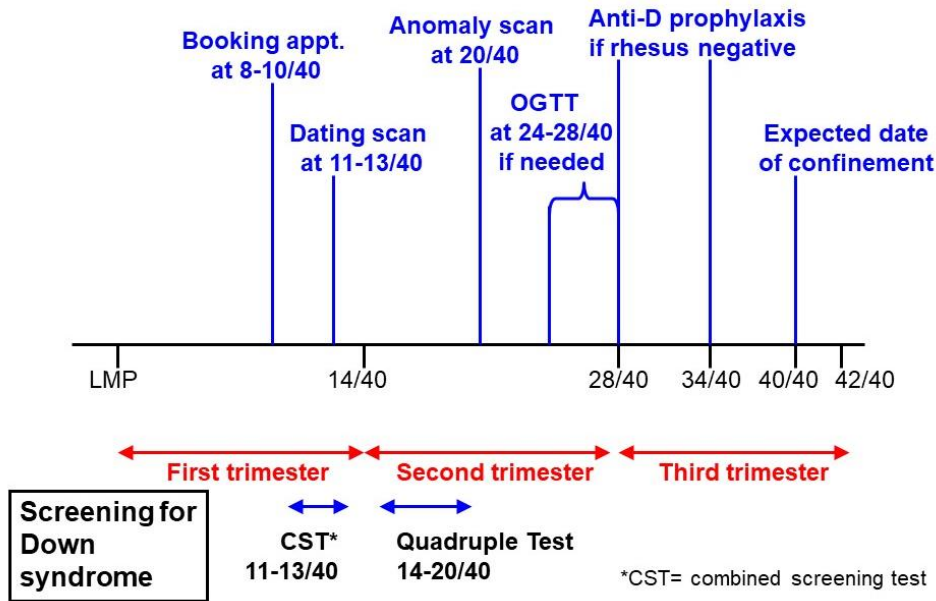
Student report

I had to give advice to a mum on screening for Down syndrome

Maternal age

- Increasing age increases the chance of having a baby with Down syndrome
- The chance is 2-3% for women over 45 years
- But there are many more pregnancies in younger women
- The chance for an individual is less, but there are more affected babies in younger women
- Age alone is ineffective as a screening method

Pregnancy timeline



Question 7 answers

- Dating scan 11-13/40
- Anomaly scan 20/40
- Combined screening test for Down syndrome at 11-13/40
- Rhesus immunisation of rhesus negative mother: 28/40 and 34/40

Location of oedema



Foot and ankle
Upright adult



Sacral region
Bedbound adult



Nuchal translucency
First trimester

Combined screening test (CST)

- Recommended for those booking in 1st trimester
- Combines abdominal ultrasound (NT) and 2 serum markers
- Human chorionic gonadotrophin (hCG)
- Pregnancy associated plasma protein A (PAPP-A)
- Can be performed from 10 to 13 weeks
- Advantage 1: early result
- Advantage 2: detection rate (85%) close to NHS target (90%)
- False positive rate (2.2%) close to NHS target (2%)



Nuchal translucency (NT)