

Tishk International University
Faculty of Nursing

History Taking /physical examination lab

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Phd in Maternity Nursing

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Obstetric history

- General information History of current pregnancy
- Past Obstetric history
- Gynecological history Enquiry about other systems:
- Past medical and surgical history
- Psychiatric history
- Family history
- Social history
- Drug history Allergies
- Summary

General information

- Name
- Age
- Marital status
- Occupation
- Presenting complaint(present illness)
- Chief complains

History of current pregnancy

- Gravidity :The total numbers of pregnancies regardless of how they ended.
- Parity: number of live births at any gestation or stillbirths after 24 weeks of gestation
- Gestation (GA)
- LMP (last menstrual period)
- EDD “Expected date of delivery” (Naegele’s rule) // Add 7 days to the first day of LMP , subtract 3 months Or (add 9month) , one year //Example

LMP 27 /8/2014

EDD : 3/6/2015

- Have there been any other problems in this pregnancy ?
- Has there been any bleeding , contractions or loss of fluid vaginally ?

Past Obstetric history :

- List the previous pregnancies and their outcomes in order.

Gynecological history :

- Periods: regularity ,irregular.
- Contraceptive history ,methods.
- Previous infections and their treatment
- When was the last cervical smear? Was it normal? Have there ever been any that were abnormal? If yes, what treatment has been undertaken ?
- Previous gynecological surgery (hystrectomy, ovarian cyst)

Past medical and surgical history:

- Relevant medical problems
- Any previous operations; type of anesthetic used, any complications.

Psychiatric history :

- Post partum blues or depression
- Depression unrelated to pregnancy
- Major psychiatric illness.

Family history :

- Diabetes ,hypertension, thromboembolic disease , genetic problems, psychiatric problems ...

Social history:

- Smoking, illegal drug used(abuse)

Drug history / Allergies

2- Obstetrics physical examination

- General examination
- Abdominal examination
- Lower limb examination
- Pelvic examination

General exam

- Weight
- Height
- BMI (weight (kg) /Height (m²)
- Vital signs (blood pressure , pulse , respiratory rate , temperature)
- Breast examination (self examination in detecting breast masses.)

Abdominal examination

➤ Inspection

- ❖ Assess shape of the uterus
- ❖ Note any asymmetry
- ❖ Look for fetal movement
- ❖ Look for surgical scars
- ❖ cutaneous signs of pregnancy

linea nigra, striae gravidarum, striae albicans, umbilicus flat or everted

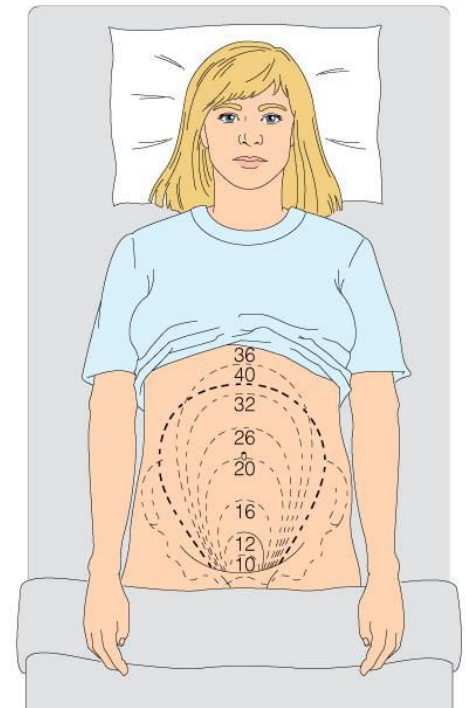
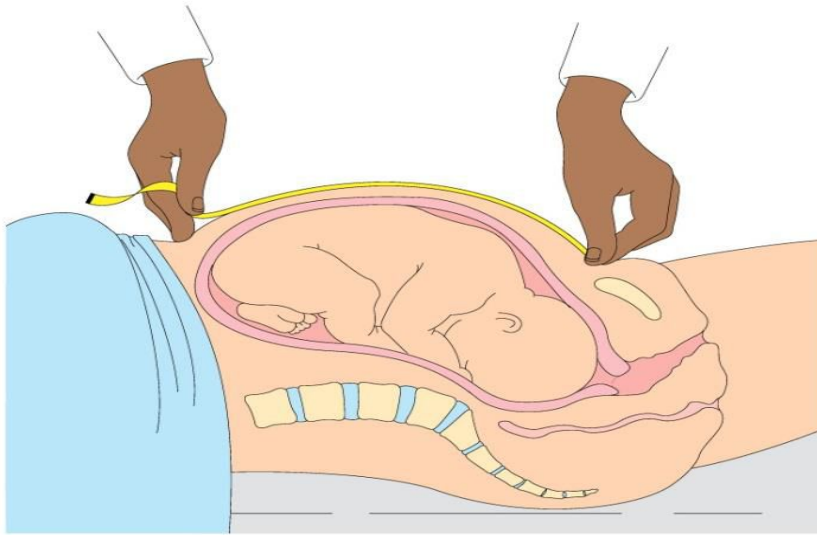


Palpation

Uterine size \rightarrow symphysis fundal height in cm =
GA in wks

at 12-14 wks \rightarrow just palpable

20-22 wks \rightarrow at the umbilicus



Fetal lie, presentation and engagement

- ❑ Lie of the fetus → longitudinal axis of the uterus to the longitudinal axis of the fetus (e.g longitudinal, transverse, oblique).
- ❑ Presentation → the part of the fetus that overlays the pelvic brim (e.g, vertex, breech, shoulder)
- ❑ Engagement : occurred when the widest part of the presenting part has passed successfully through the pelvic inlet.



Longitudinal lie
Vertex presentation



Longitudinal lie
Breech presentation



Transverse lie
shoulder presentation

➤ Ascultation

Listening for the fetal heart beat.



Lower limbs examination

- Swelling (edema)

- Varicosities

Pelvic examination

A digital examination may be performed:

- when an assessment of the cervix is required . This can provide information about the consistency and effacement of the cervix that is not obtainable from a speculum examination (Modified Bishop score).

Score	Cervical Dilation	Cervical Effacement	Station of Baby	Cervical Position	Cervical Consistency
0	closed	0-30%	-3	posterior	firm
1	1-2cm	40-50%	-2	mid-line	moderately firm
2	3-4cm	60-70%	-1,0	anterior	soft (ripe)
3	5+ cm	80+%	+1, +2		

Add 1 point to overall score for pre-eclampsia and for each prior vaginal delivery.

Subtract 1 point off overall score do postdate pregnancy, no prior births, premature or prolonged rupture of membranes (water breaking).

A score of 5 or less is said to be "unfavorable." Unfavorable scoring shows mother is a candidate for cervical ripening prior to induction. A score of 6 or higher would indicate that the cervix is ripe and induction would have a higher probability of being successful. A score of 9 or higher indicates a very high probability of induction being successful.

The contraindication to digital examination or pelvic examination

- ❑ Known placenta previa or vaginal bleeding when the placental site is unknown and the presenting part unengaged
- ❑ ❑ Prelabor rupture of the membranes (increased risk of ascending infection).

Gynecology History

1- Pelvic pain ➤ Site of pain , its nature and severity

- Any thing that aggravates or relieves the pain-specifically enquire about relationship to menstrual cycle and intercourse
- Does the pain radiate anywhere or is it associated with bowel or bladder function.

2- Vaginal discharge

Amount, colour, odour, presence of blood ➤ Relationship to menstrual cycle ➤ Any history of sexually transmitted disease or recent tests ➤ Any vaginal dryness

3- Menstrual history:

- Age of menarche ➤ Usual duration of each period and length of cycle ➤ First day of the last period
- Pattern of the bleeding : regular or irregular and length of the cycle
- Amount of blood loss : more or less than usual, number of sanitary towels or tampons used , passage of clots or flooding ➤ Any intermenstrual or postcoital bleeding ➤ Any pain relating to the period, its severity and timing of onset ➤ Any medication taken during the period

4- Previous treatment and surgery

- Date of the last cervical smear and any previous abnormalities
 - Sexual active , difficulties or pain during intercourse
 - The type of contraception used and any problem with it
- Menopause:(Date of last period ,any post menopausal bleeding ,any menopausal symptoms)

Thank You