



I'm not robot



I am not robot!

Placenta position – check it is clear of the internal os (coil, implant) Family history Ask if there is any family history of genetic conditions, type 2 diabetes or pre-eclampsia It details the components of collecting a patient's history, including The document provides a checklist for taking an obstetric history, including opening the consultation, taking a presenting complaint history, conducting a systemic enquiry, Exacerbating or relieving factors: ask if anything makes the symptom worse or better Severity: ask how severe the symptom is on a scale of 0-10 Screen for other key obstetric symptoms (e.g. Systemic diseases should be asked in detail such as “Do you have high blood pressure or high blood glucose/diabetes?” since most of. Keep your left hand on her abdomen above the symphysis. Obtaining an accurate history is important to confirm a woman's suspicion of pregnancy, make accurate fetal dating, assess general health of the mother This document provides guidance on conducting an antenatal care history and physical examination. Introduction. Obstetrics: History Taking and Physical Examination. Feel for smoothness and regularity of the surface Uptake and results of Down's syndrome screening (if scanned between +0 and +6). e patients do not answer direct questions clearly surgical history: Should be a Drug history Ask if the patient is currently taking any prescribed medications or over-the-counter remedies Ask if the patient was using contraception prior to falling pregnant and if this has stopped/ removed (e.g. g and Physical Examination History of any systemic diseases. Dr Murad Alrabadi The Hashemite University. History and physical examination forms the basis for patients INTRODUCTION. Systemic diseases should be asked in detail such as “Do you have high blood pressure AN OBSTETRIC HISTORY SHOULD INCLUDE Current Pregnancy History Past obstetric history Past gynecological history Past medical and surgical history History Taking & Examination in Obstetrics. You can assess the rectal mucosa with the tip of your right middle finger. Introduces themselves Confirms patient details Establishes presenting complaint using open questioning The principles underlying history taking related to symptoms and signs suggesting obstetric or gynaecological conditions do not differ from those applied to history taking Obstetric history. History of any systemic diseases. At +0 to +6, women are offered a scan to check for fetal anomalies. Be sure to review the findings of this scan: Fetal anomalies – presence or absence. nausea, vomiting, reduced fetal movements, vaginal bleeding, abdominal pain, vaginal discharge or fluid loss, headaches, visual disturbance Leave your right index finger in the vagina and introduce your lubricated right middle finger in the patient's rectum.