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Ward Rounds in Obstetrics & Neonatology

Tania Gurdip Singh
Earl Gaganjot Jaspal

Foreword
Nutan Jain

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Chapter 3

General History Taking

Tania G Singh

CHIEF COMPLAINTS OF THE PATIENT

Past Obstetric History (Gravida Parity Abortions Ectopic Twins Death)

- Married life (years)
- Consanguinity
- Whether ANCs were taken in each previous pregnancy
- Grand multiparity
- Abortions (type, period of gestation, management done)
- Ectopic pregnancy
- Any h/o molar pregnancy
- Any h/o twin gestation (nonidentical twins tend to recur)
- Any perinatal deaths (at what period of gestation, cause, delivery by induction or spontaneous, appearance of the baby: macerated, peeling of skin, any gross congenital anamolies seen, did the baby cry after birth)
- Mode and time of each delivery—vaginal or cesarean section; h/o prolonged labor; home or institutional delivery; any instruments used
- If delivery was by cesarean section—cause, any postoperative complications, any history of blood transfusion
- Was Anti-D taken in cases of Rh negative pregnancy
- Whether any baby was kept in NICU, it's cause and for how long
- Intervals between pregnancies
- Whether all babies are alive and healthy now
- Breastfeeding done and for how long.

Complications in previous antenatal periods (pre eclampsia, preterm labor, gestational diabetes, antepartum hemorrhage) should be enquired

Previous Ectopic Pregnancy

Ask whether managed medically or surgically; what surgery was done; was the tube saved; any blood transfusions were done; if medically treated, any reaction to the drug used, when was the treatment ended

Present Pregnancy

- Type of conception (spontaneous or after infertility treatment)
- Any history of fever with or without rash, vaginal bleeding, burning micturition, etc.

Menstrual History

- Last menstrual period
- Periods were regular or irregular
- Whether the patient had any spotting even after LMP
- Any history of oral contraceptives or injectable contraception used just prior to conception

History of Following Illnesses should be asked

- Hypertension
- Diabetes mellitus
- Rheumatic or other heart disease
- Epilepsy
- Asthma
- Tuberculosis
- Psychiatric illness
- Any other major illness
- Certain drugs can be teratogenic to the fetus. So they need to be changed or stopped at all

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Social Circumstances of the Patient

- Occupation (to exclude occupational hazards or occupation as a cause of stress)
- Unemployment, poor housing (kuccha or pucca house, electricity), overcrowding
- Daily calories of the patient need to be counted
- Smoking/alcohol consumption

Abdominal Examination Includes

- Pigmentation "linea nigra"
- Striae gravidarum (color, site)
- Any scar (any previous surgery), its site (horizontal, vertical), its condition
- Fetal movements; fetal parts; external ballotment; any contractions; fundal height; Symphysis fundal height (with measuring tape)
- Leopold manoeuvres
- Fetal heart sound by stethoscope

Personal and Family History

- History of medications, surgeries or allergies in the past
- Parents and first degree relatives with a condition, such as diabetes, multiple pregnancy, bleeding tendencies or mental retardation increases the risk of these conditions in the patient and the fetus
- Some birth defects are inherited.

Physical Examination

General Appearance

- Built, height, weight, BMI, nutrition, sleep
- Face—any pigmentation
- Systemic examination:
  - Pallor, icterus, cyanosis, clubbing, lymphadenopathy, edema (feet, hands, face)
  - Enlarged thyroid, goitre
  - Breasts: enlargement, warmth, tenderness, any discharge, inverted or flat nipples, Montgomery's follicles "glandular tubercles".
- Spine (lordosis, kyphosis, scoliosis)
- Respiratory system: breath sounds, bilateral air entry, respiratory rate, dyspnea
- Cardiovascular system: BP, PR, functional murmurs
- Abdomen (always warm your hands before abdominal palpation)
- Both external and internal genitalia
  - Any ulcers, purulent or excessive discharge
  - Suspicious looking cervix (cervical smear must be taken) or any growth on the cervix
  - Bimanual examination for condition of the internal os
  - Any tenderness in the fornices.
- Pelvic assessment at 37 weeks.

In the end, calculate period of gestation and write the provisional diagnosis.

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Ward Rounds in Obstetrics & Neonatology

Ward Rounds in Obstetrics and Neonatology extensively covers all bedside cases which are routinely met in obstetrics and neonatology, wherein main stress is laid only on diagnosis and management in wards.

It does not include the time-consuming etiology and pathogenesis of any disease.

The book is designed to make the ward rounds easy for students as the chapters are very small and each consisting of 3-5 pages on an average.

The basic aim of this book is to provide complete and latest information in a simplified manner with focus on quality rather than quantity.

The information provided in each chapter has been condensed in an easy-to-read format with a point wise description and important points are highlighted in side boxes to allow quick but at the same time, proficient understanding of the material.



Tania Gurdip Singh MS (Obstetrics and Gynecology) has been working extensively in the field of obstetrics for the last eight years and is well known for her analytical approach and a great attentiveness and concern towards high-risk pregnancies. She has finished her postgraduation from Jawaharlal Nehru Medical College (JNMC), Belagavi (Belgaum), Karnataka, India, followed by gyne laparoscopy fellowships under the guidance of Dr Nutan Jain and Dr Hafeez Rehman. She has publications in many national and international journals and contributed chapters in various books. Her previous book *Clinics in Obstetrics* is running successfully all over. She is an outstanding medical writer and a teacher par excellence and employing her concepts and perceptions, she has made sincere efforts to simplify this book.

She is running her own center at New Delhi. She is the founder and owner of Safe Mother and Infant Foundation, whose primary aim is to ensure that women receive quality care during pregnancy and childbirth and that there should be least neonatal intensive care (NICU) admissions.



Earl Gaganjot Jaspal MD (Pediatrics) is Head, Department of Neonatology, Government Hospital, Ambala, Haryana, India, and has been working in the field of neonatology for the last eight years. He has been awarded certificate of appreciation by Government of Haryana for excellent services in the field of pediatrics and neonatology. He has finished his postgraduation in pediatrics from JNMC, Belagavi, Karnataka, India, and undergraduation from JSS Medical College, Mysuru (Mysore), Karnataka. He did his observership training in neonatology from Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh, India. He has undergone postgraduate program in pediatric nutrition, Boston University School of Medicine, USA.

He has been involved in training activities both at national and district levels. He has been a National Instructor for Facility–based Newborn Care (FBNC) and a regional faculty for many training programs, such as Facility-based Integrated Management of Childhood Illness (F-IMNCI), Integrated Management of Childhood Illness (IMNCI), Skilled Birth Attendant (SBA), Navjat Shishu Suraksha Karyakaram (NSSK) and basic NRP. He has also been the principal investigator of many clinical audits and is a life member of National Neonatology Forum, Indian Academy of Pediatrics, Indian Medical Association and various other national and international associations.

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