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EVALUATION MATERIALS FOR INTERIM CERTIFICATION FOR THE DISCIPLINE

OBSTETRICS AND GYNECOLOGY

| | |
|-----------------------------|---|
| Code, direction of training | 31.05.01 General Medicine |
| Orientation (profile) | General Medicine |
| Form of education | full-time |
| Developing department | Obstetrics, gynecology and perinatology |
| Graduating department | Internal Medicine |

TYPICAL TASKS FOR CONTROL WORK

Sample tasks and tests

7 TERM.

Stage I: Formative assessment.

Section 1. "Physiological obstetrics":

Topic "Organization of work of obstetric and gynecological service in the Russian Federation."

Task 1 Questions for oral questioning

- Principles of the organization of obstetric and gynecological care.
- Organization of an obstetric hospital, indicators of its work.
- Specialized assistance in the conditions of antenatal clinic and hospital.
- Basic regulatory documents, medical records management.
- Asepsis and antiseptics in obstetrics. Sanitary and epidemiological regime of the maternity hospital.

Activity 2 Sample Questions for Tests with Answers

1. The perinatal mortality rate is calculated by the formula

- $(\text{number of children born dead} + \text{number of children who died during the first year of life}) \times 1000 / \text{number of children born alive}$
- $(\text{number of children born dead} + \text{number of children who died within 7 days of life}) \times 1000 / \text{number of children born dead and alive}$
- $(\text{number of children born dead} + \text{number of children who died within 28 days of life}) \times 1000 / \text{number of children born dead and alive}$
- $(\text{number of children born dead}) \times 1000 / \text{number of children born dead and alive}$
- $(\text{number of children born dead} + \text{number of children who died within 7 days of life}) \times 1000 / \text{number of children born alive}$

2. The stillbirth rate is calculated by the formula

- $(\text{number of children born dead} + \text{number of children who died during the first year of life}) \times 1000 / \text{number of children born alive}$
- $(\text{number of children born dead} + \text{number of children who died within 7 days of life}) \times 1000 / \text{number of children born alive and dead}$
- $(\text{number of children born dead and premature}) \times 1000 / \text{number of children born alive and dead}$
- $(\text{number of children born dead}) \times 1000 / \text{number of children born alive and dead}$
- $(\text{number of children born dead} + \text{number of children who died within 7 days of life}) \times 1000 / \text{number of children born alive}$

3. The indicator of early neonatal mortality is calculated by the formula

- $(\text{number of children born dead} + \text{number of children who died during the first year of life}) \times 1000 / \text{number of children born alive}$
- $(\text{number of children who died during 7 days of life}) \times 1000 / \text{number of children born alive and dead}$
- $(\text{number of children who died during 28 days of life}) \times 1000 / \text{number of children born alive}$
- $(\text{number of children who died during 28 days of life}) \times 1000 / \text{number of children born dead and alive}$
- $(\text{number of children who died during 7 days of life}) \times 1000 / \text{number of children born alive}$

4. The indicator of late neonatal mortality is calculated by the formula

- $(\text{number of children who died during the first year of life}) \times 1000 / \text{number of children born alive}$

- $(\text{number of children who died during 7 days of life}) \times 1000 / \text{number of children born alive and dead}$
- $(\text{number of children who died during 28 days of life}) \times 1000 / \text{number of children born dead and alive}$
- $(\text{number of children who died at 2-4 weeks of life}) \times 1000 / \text{number of children born alive} - \text{the number of deaths in the first week}$
- $(\text{number of children born dead} + \text{number of children who died within 7 days of life}) \times 1000 / \text{number of children born alive}$

5. What is included in the structure of the diagnosis

- the fact of pregnancy
- gestational age
- fetal data
- pathology associated with pregnancy
- extragenital pathology
- age features
- burdened obstetric history
- all of the above

Key to test items

| № | Answer |
|---|--------|
| 1 | B |
| 2 | D |
| 3 | E |
| 4 | D |
| 5 | H |

Task 3 An example of a situational task with a standard answer

SITUATION PROBLEM 1

At what minimum anhydrous period a woman in labor should be hospitalized in the observational department:

- A.3h.
- 6h.
- P.9h.
- 12h.
- E.15h.

Sample answer to the problem

E. Anhydrous period of more than 12 hours is called a long anhydrous period, because in 100% of cases, the uterine cavity is seeding with the vaginal microflora, while the likelihood of intrauterine infection of the fetus and the frequency of inflammatory postpartum diseases increase. Therefore, women in labor with an anhydrous period of 12 hours. are hospitalized in the observational department.

8 TERM.

Topic "Methods for assessing the hormonal function of the ovaries"

Task 1 Questions for oral questioning

- Anatomy of the female reproductive system.
- Physiology of the female reproductive system.
- Neurohumoral regulation of the female reproductive system.
- Ovarian-menstrual cycle.
- Tests of functional diagnostics.

Task 2 List of practical skills:

- Conducting tests of functional diagnostics.

Activity 3 Sample Questions for Tests with Answers

- After ovulation, the egg retains the ability to fertilize during:
 - 6 o'clock
 - 12-24 hours
 - 3 days
 - 10 days
- Tests of functional diagnostics allow to determine:
 - Biphasic menstrual cycle;
 - Estrogen saturation of the woman's body;
 - The presence of ovulation;
 - Completeness of the II phase of the menstrual cycle
 - The synthesis of chorionic gonadotropin occurs in:
 - Adrenal glands;
 - Syncytiotrophoblast;
 - Uterus;
 - Ovaries;
 - The pituitary gland.
 - Length of a normal menstrual cycle:
 - 21-35 days;
 - 3-4 days;
 - 28-30 days;
 - 35-40 days.

Key to test items

| Nº | Answer |
|----|---------|
| 1 | B |
| 2 | A,B,C,D |
| 3 | B |
| 4 | A |

9 TERM.

Topic "Methods for assessing the hormonal function of the fetoplacental system."

Task 1 Questions for oral questioning

- The main stages of embryogenesis and development of the intrauterine fetus.
- The concept of the fetoplacental complex (FPK);
- Methods for assessing the function of the fetal-placental system.

The topic is "Anatomy of the female genital organs. The female pelvis from the obstetric point of view "

Task 1 Questions for oral questioning

- Anatomy of the female genital organs.
- The structure of the female pelvis.
- The plane of the small pelvis.

Task 2 List of practical skills:

- Measurement of the size of the pelvis.

Topic "Adaptive changes in a woman's body during physiological pregnancy"

Task 1 Questions for oral questioning

- Changes in the central nervous system during pregnancy.
- Changes in the endocrine system during pregnancy.
- Changes in the cardiovascular system during pregnancy.
- Changes in the respiratory system during pregnancy.
- Changes in the digestive system during pregnancy.
- Changes in the urinary system during pregnancy.
- Signs of pregnancy.

10 TERM.

Topic "Methods of examination of pregnant women and the condition of the fetus."

Task 1 Questions for oral questioning

- Diagnostics of pregnancy.
- Invasive and non-invasive methods of examination of pregnant women.
- Methods of examination of pregnant women in the first and second half of pregnancy.
- Examination of the somatic status and assessment of the woman's condition.
- Evaluation of laboratory data.

Task 2 List of practical skills:

- Interview and examination of a pregnant woman;
- Measurement of the pelvis, measurement of the abdomen, determination of the height of the uterine fundus;
- Palpation of the fetus in the uterus, auscultation of the fetus;
- Using the phantom in mastering the size of the pelvis and obstetric terminology;
- Determination of the gestational age and the date of delivery.

Activity 3 Sample Questions for Tests with Answers

1. The enlargement of the uterus during pregnancy occurs due to:
 - A. hypertrophy of muscle fibers;
 - B. hyperplasia of muscle fibers;
 - C. stretching of the walls of the uterus by the growing fetus;
 - D. correct A and B;
 - E. all of the above is correct.
2. True conjugate can be determined in all sizes indicated below, except:
 - A. external conjugates;
 - B. Soloviev index;
 - C. diagonal conjugates;
 - D. the length of the Michaelis rhombus;
 - E. Frank size.
3. With the help of the first reception of palpation of the fetus in the uterus, the following are determined:
 - A. presentation of the fetus;
 - B. position, position of the fetus;
 - C. the ratio of the presenting part of the fetus to the entrance to the small pelvis;
 - D. the level of standing of the fundus of the uterus;
 - E. the ratio of the presenting part of the fetus to the planes of the small pelvis.

4. Determination of α -fetoprotein in the blood of a pregnant woman is used to diagnose:
- diabetes;
 - preeclampsia;
 - malformations of the central nervous system of the fetus;
 - chromosomal aberrations in the mother;
 - Conflict on the Rh factor.
5. Optimal terms for screening ultrasound examination in the II trimester of pregnancy:
- 16-18 weeks;
 - 14-16 weeks;
 - 20-22 weeks;
 - 24-28 weeks;
 - 18-22 weeks.

Key to test items

| Nº | Answer |
|----|--------|
| 1 | E |
| 2 | B |
| 3 | D |
| 4 | C |
| 5 | E |

Task 4 Examples of situational tasks with sample answers

SITUATION PROBLEM 1

To the antenatal clinic 03/15/2015 the patient came with an indication of a delay in menstruation for 2 months. Menses for 4-5 days every 28 days, regular. The date of the last menstruation is 01/15/2015. Pregnancy test is positive.

- What is the expected duration of pregnancy and childbirth?
- What additional research methods are needed to diagnose pregnancy and determine its term?
- What is the expected duration of the antenatal leave?

Sample answer to the problem

- Pregnancy 8 weeks + 4 days
- Blood for hCG, bimanual vaginal examination, ultrasound of the uterus.
- 08/18/2015

SITUATION PROBLEM 2

A 38-year-old primary pregnant woman was sent for ultrasound examination at a gestational age of 31-32 weeks. The abdominal circumference is 110 cm, the height of the uterine fundus is 34 cm, the woman's weight is 70 kg.

- What is the purpose of the study?
- What is the estimated weight of the fetus?

Sample answer to the problem

- In order to clarify the estimated weight of the fetus, to exclude polyhydramnios.
- 2400 +/- 300 g

SITUATION PROBLEM 3

To the antenatal clinic on 03/15/2017. the patient came with an indication of a delay in menstruation for 2 months. Menses for 4-5 days every 28 days, regular. The date of the last menstruation is 01/15/2017. Pregnancy test is positive.

1. What is the expected duration of pregnancy and childbirth?
2. What additional research methods are needed to diagnose pregnancy and determine its duration?

Sample answer to the problem

- Estimated gestational age -8 weeks +3 days; expected due date - 10/22/18
- Blood for hCG, ultrasound of the pelvic organs.
-

11 TERM.

Topic "Methods for assessing the condition of the fetus. The fetus as an object of childbirth"

Task 1 Questions for oral questioning

- The fetus as an object of childbirth. The structure and size of the fetal head
- Obstetric terminology: position, presentation, position, type of position, articulation of the fetus.
- Methods for assessing the condition of the fetus: Fetal auscultation, CTG, ultrasound, DM, BPF, b / x screening.

Task 2 List of practical skills:

- Receptions of Leopold-Levitsky.
- Auscultation of the fetus.

The topic "Curation of pregnant women"

Task 1 Questions for oral questioning

- Interviewing a pregnant woman and a woman in labor.
- General objective examination.
- Special objective examination.

Task 2 List of practical skills:

- Measurement of the height of the fundus of the uterus, abdominal circumference. Calculation of the estimated weight of the fetus.
- Carrying out pelviometry. Rhombus Michaelis. Soloviev index.
- Carrying out Leopold-Levitsky's receptions.

Topic "Biomechanism of labor in the anterior and posterior types of occipital presentation."

Task 1 Questions for oral questioning

- Anatomy, morphology and physiology of the female reproductive system outside of pregnancy.
- Planes of the small pelvis, their sizes.
- Size of the fetal head.
- Wire line of the pelvis.
- Wired, or leading, point.
- Determination of the biomechanism of labor.
- Biomechanism of labor in the anterior occipital presentation.
- Biomechanism of labor with the posterior occipital presentation.
- Differences in the biomechanism of labor in the anterior and posterior types of occipital presentation.

Task 2 List of practical skills:

- Reproduce the biomechanism of labor in the posterior and anterior occipital presentation on a phantom;
- Perform external and vaginal examination;
- Interpret the presentation of the head through the birth canal during external and vaginal examination.

Activity 3 Sample Questions for Tests with Answers

1. What movement does the fetal head make during eruption in the posterior form of the occipital presentation:

- A. flexion;
- B. extension;
- C. inner turn;
- D. flexion, extension;
- E. lowering.

2. Average oblique size of the fetal head:

- A. 9.5 cm;
- H 10.5 cm;
- S. 11 cm;
- D. 12 cm;
- E. 13.5 cm.

3. The second moment of the mechanism of labor in the anterior type of occipital presentation:

- A. flexion of the head;
- B. lowering the head into the pelvic cavity with the formation of physiological asynclitism;
- C. extension of the head;
- D. internal rotation of the head with the back of the head anteriorly;
- E. internal rotation of the head by the occiput backwards.

4. The hard axis of the pelvis is:

- This is a line drawn through the masses and the lower edge of the bosom;
- This is a line drawn from the apex of the coccyx to the upper edge of the pubic articulation;
- This is a line connecting the centers of straight dimensions of the four planes of the pelvic cavity.

• In the anterior view of the occipital insertion, the wire point

- Large fontanelle
- Small fontanelle
- Glabella
- Suboccipital fossa

Key to test items

| Nº | Answer |
|-----------|---------------|
| 1 | D |
| 2 | B |
| 3 | D |
| 4 | C |
| 5 | B |

The student is given a birth history or medical history for independent analysis. The student must make a report on a clinical case according to the scheme, prepare a literature reference on the nosology being analyzed.

The main stages of the analysis of a clinical case:

Title page (separate page)

- Passport part.
- Complaints: basic and found during the survey on organ systems.
- Anamnesis of the underlying and concomitant diseases.
 - Anamnesis of life.
- Data of an objective study of the patient (with comments).
- Justification of the preliminary diagnosis and its formulation (with comments).
- Survey plan. (with comments).
- Data of laboratory and instrumental studies, conclusions of consultants. (with comments).
- Final clinical diagnosis (justification and formulation).
- Differential diagnosis. (with comments).
- Treatment of the patient and its justification in the form of a table. (with comments).
- Epicrisis. (with comments).
- Literary reference.
- List of used literature.

Writing a clinical history of childbirth (9, A, B semester),

Writing a clinical history of labor

The student independently chooses the nosological form, develops and protects the history of childbirth according to the proposed scheme.

The main stages of writing an educational history:

Title page (separate page)

- Passport part.
- Complaints: basic and found during the survey on organ systems.
- Anamnesis of the underlying and concomitant diseases.
 - Anamnesis of life.
- Data of an objective study of the patient.
- Justification of the preliminary diagnosis and its formulation.
- Survey plan.
- Data of laboratory and instrumental studies, conclusions of consultants.
- Final clinical diagnosis (justification and formulation).
- Differential diagnosis.
- Treatment of the patient and its rationale.
- Forecast.
- Prevention (primary and secondary).
- Epicrisis.
- Diary of supervision.
- List of used literature.

STANDARD QUESTIONS FOR ASSESSMENT

(CREDIT). 8 terms.

Midterm assessment is carried out in the form of credit. Tasks for the credit include poits for oral quiz and practical skills.

List for oral quiz.

Modern principles of the organization of obstetric and gynecological care. Clinical examination of pregnant women. Regulatory documents.

- Methods of examination of pregnant women. Changes in a woman's body during pregnancy. Diagnosis of pregnancy. Invasive and non-invasive methods of examination of pregnant women.
- Methods for examining the condition of the fetus. Ultrasound during pregnancy. Doppler sonography. Biophysical profile of the fetus. Cardiotocography.
- Methods for assessing the hormonal function of the ovaries. Anatomy of the female reproductive system. Physiology of the female reproductive system. Neurohumoral regulation of the female reproductive system. Ovarian-menstrual cycle.
- Methods for assessing the hormonal function of the fetoplacental system. The main stages of embryogenesis and development of the intrauterine fetus. The concept of the fetoplacental complex. Methods for assessing the function of the fetal-placental system.
- Wrong fetal positions. The course and management of pregnancy. Childbirth with anterior head insertion, frontal insertion, frontal insertion.
- Physiology of normal labor. The concept of the readiness of the body of a pregnant woman for childbirth.
- Clinic for the first and second stages of normal labor. Intrapartum diagnostics during childbirth.
- Management of the first and second stages of labor. Modern methods of preparing the birth canal for childbirth.
- III stage of labor, clinical course and management.
- Physiology of the postpartum period. Definition of the term "postpartum period", its duration. The concept of physiological and pathological blood loss. Physiological changes in a woman's body after childbirth.
- Postpartum management. The main clinical indicators of the normal course of the postpartum period. The mammary glands, their structure, the formation and development of lactation, the role of hormonal factors.
- The neonatal period. Clinical groups of newborns: full-term, premature, premature, mature, immature fetus. Anatomical and physiological features of the newborn. Newborn care rules.
- Anemia of pregnancy. Pathogenesis, diagnosis, complications, treatment, prevention.
- Abnormalities of labor: hypotonic dysfunction of the uterus (weakness of labor). Classification. Clinic, diagnostics, possible complications for the mother and the fetus. Obstetric tactics.
- Abnormalities of labor: discoordinated labor. Clinic, diagnostics, possible complications for the mother and the fetus. Differential diagnosis. Obstetric tactics.
- Pregnancy and arterial hypertension. Diagnostics, treatment, complications during pregnancy and childbirth. Terms of planned hospitalization. Principles of labor management.
- Heart defects and pregnancy. Diagnostics, the course of the disease during pregnancy. Terms of planned hospitalization. Principles of labor management.
- Pregnancy and pyelonephritis. Diagnostics, course of the disease and pregnancy, complications, treatment and delivery.
- Pregnancy and glomerulonephritis. Diagnostics, course of the disease and pregnancy, complications, treatment and delivery.
- Pregnancy and diabetes mellitus. Influence on the course of pregnancy and the condition of the fetus. Diagnostics, complications, contraindications for carrying a pregnancy. Terms of planned hospitalization. Screening tests to detect gestational diabetes mellitus.

- Pregnancy and thyroid diseases (hypothyroidism, hyperthyroidism). Influence on the course of pregnancy and the condition of the fetus. Diagnostics, treatment. Pregnancy management. Prevention of iodine deficiency diseases.
- Pregnancy and acute appendicitis. Features of the course, diagnostics. Differential diagnosis. Complications from the mother and fetus. Lead tactics.
- Miscarriage: spontaneous miscarriage. Etiology, pathogenesis, clinic, medical tactics.
- Isthmic-cervical insufficiency, causes, diagnosis, methods of correction during pregnancy. The concept of habitual bearing.
- Pathological preliminary period (false contractions). Clinic, diagnostics, possible complications. Obstetric tactics.
- Postterm pregnancy. Reasons, diagnosis, obstetric tactics. Methods Complications in childbirth, principles of delivery.
- Breech presentation of the fetus. Classification. The course of pregnancy and childbirth. Labor management. Obstetric benefits in childbirth. Indications for cesarean section.
- Fetoplacental insufficiency. Risk factors, pathogenesis, classification. Assessment of the severity. Diagnostic methods, principles of treatment.
- Intrauterine fetal infection. Diagnosis of intrauterine infections, the concept of the TORCH-complex. General characteristics, features of the course, delivery.
- Immunoconflict pregnancy. Sensitization mechanisms, diagnostics, treatment. Principles of pregnancy management. Prevention.
- Congenital malformations of the fetus. Principles of prenatal screening diagnostics.

List of the practical skills.

The fetus as an object of childbirth. The position of the fetus in the uterine cavity. Obstetric terminology. Signs of fetal maturity. The structure and measurement of the fetal head.

- Anatomical and physiological characteristics of the newborn, the rules of caring for children during the newborn period. Newborn's primary toilet. Assessment of the condition of the newborn according to the Apgar scale.
- Biomechanism of labor in the anterior and posterior types of occipital presentation of the fetus. Influence of the labor mechanism on the shape of the fetal head.
- Diagnostics of pregnancy. Calculation of the gestational age and the expected date of birth.
- The female pelvis from the perspective of obstetrics. The structure, the plane of the small pelvis.
- Pelvic floor, muscles and fascia, their role in the process of labor
- Assessment of fetal cardiac activity. Auscultation. Cardiographic examination. Methodology. Interpretation of results.
- Tests to determine the readiness of the pregnant woman's body for childbirth. Determination of the degree of maturity of the cervix.
- Dissection of the perineum. Perineotomy. Episiotomy. Indications, technique.
- Modern possibilities of ultrasound research methods in obstetrics. Doppler sonography in obstetrics, interpretation of results.
- During the 1st stage of labor. Principles of conduct. Indications and technique of vaginal examination during childbirth. Significance for determining the tactics of labor management. Partograph keeping.
- Indications for amniotomy, technique. Possible complications.
- The period of expulsion of the fetus. Obstetric allowance in childbirth.
- Successive period. Follow-up tactics.
- Bacteriological research methods in obstetric and gynecological practice. Indications, technique.
- Bacterioscopic research methods in obstetric and gynecological practice. Indications, technique.

- Examination of women using vaginal speculum. Indications. Conditions. Execution technique. Evaluation of results.
- Bimanual vaginal-abdominal, rectal-abdominal examination. Indications. Execution technique. Evaluation of results.
- Tests of functional diagnostics in the assessment of the ovarian-menstrual cycle: basal temperature, examination of cervical mucus. Execution technique. Interpretation of the results.
- Determination of the degree of cleanliness of the vagina. Indications. Execution technique. Interpretation of the results.

STANDARD QUESTIONS FOR ASSESSMENT

(CREDIT). 10 terms.

Midterm assessment is carried out in the form of credit. Tasks for the credit include points for oral quiz and practical skills.

Theoretical questions for the test:

- Modern principles of the organization of obstetric and gynecological care. Clinical examination of pregnant women. Regulatory documents.
- Methods of examination of pregnant women. Changes in a woman's body during pregnancy. Diagnosis of pregnancy. Invasive and non-invasive methods of examination of pregnant women
- Methods for examining the condition of the fetus. Ultrasound during pregnancy. Doppler sonography. Biophysical profile of the fetus. Cardiotocography.
- Methods for assessing the hormonal function of the ovaries. Anatomy of the female reproductive system. Physiology of the female reproductive system. Neurohumoral regulation of the female reproductive system. Ovarian-menstrual cycle.
- Methods for assessing the hormonal function of the fetoplacental system. The main stages of embryogenesis and development of the intrauterine fetus. The concept of the fetoplacental complex. Methods for assessing the function of the fetal-placental system.
- Wrong fetal positions. The course and management of pregnancy. Childbirth with anterior head insertion, frontal insertion, frontal insertion.
- Physiology of normal labor. The concept of the readiness of the body of a pregnant woman for childbirth.
- Clinic for the first and second stages of normal labor. Intrapartum diagnostics during childbirth.
- Management of the first and second stages of labor. Modern methods of preparing the birth canal for childbirth.
- III stage of labor, clinical course and management.
- Physiology of the postpartum period. Definition of the term "postpartum period", its duration. The concept of physiological and pathological blood loss. Physiological changes in a woman's body after childbirth.
- Postpartum management. The main clinical indicators of the normal course of the postpartum period. The mammary glands, their structure, the formation and development of lactation, the role of hormonal factors.
- Anemia of pregnancy. Pathogenesis, diagnosis, complications, treatment, prevention.
- Pregnancy and arterial hypertension. Diagnostics, treatment, complications during pregnancy and childbirth. Terms of planned hospitalization. Principles of labor management.
- Heart defects and pregnancy. Diagnostics, the course of the disease during pregnancy. Terms of planned hospitalization. Principles of labor management.
- Pregnancy and pyelonephritis. Diagnostics, course of the disease and pregnancy, complications, treatment and delivery.

- Pregnancy and glomerulonephritis. Diagnostics, course of the disease and pregnancy, complications, treatment and delivery.
- Pregnancy and diabetes mellitus. Influence on the course of pregnancy and the condition of the fetus. Diagnostics, complications, contraindications for carrying a pregnancy. Terms of planned hospitalization. Screening tests to detect gestational diabetes mellitus.
- Pregnancy and thyroid diseases (hypothyroidism, hyperthyroidism). Influence on the course of pregnancy and the condition of the fetus. Diagnostics, treatment. Pregnancy management. Prevention of iodine deficiency diseases.
- Pregnancy and acute appendicitis. Features of the course, diagnostics. Differential diagnosis. Complications from the mother and fetus. Lead tactics.
- Preeclampsia. Classification. Modern concepts of etiology and pathogenesis. The main clinical forms of the course. Assessment of the severity. Treatment, principles of delivery.
- Eclampsia. HELLP syndrome. Obstetric tactics. Principles of Intensive Care. Efferent methods of treatment.
- Miscarriage: spontaneous miscarriage. Etiology, pathogenesis, clinic, medical tactics.
- Isthmic-cervical insufficiency, causes, diagnosis, methods of correction during pregnancy. The concept of habitual bearing.
- Pathological preliminary period (false contractions). Clinic, diagnostics, possible complications. Obstetric tactics.
- Premature birth. Causes, course, complications. Management of premature birth.
- Immunoconflict pregnancy. Sensitization mechanisms, diagnostics, treatment. Principles of pregnancy management. Prevention.
- Hemorrhagic shock in obstetrics. Principles of infusion therapy. Efferent methods of treatment. Disseminated intravascular coagulation syndrome in obstetric pathology, control measures, prevention.
- Bleeding in the early postpartum period: hypotension and atony of the uterus. Diagnostics, differential diagnostics, obstetric tactics, prevention.
- Coagulopathic obstetric bleeding (disorders in the hemostatic system). Antiphospholipid syndrome. Classification. Laboratory diagnostics, clinical manifestations. Differential diagnosis. Treatment principles and obstetric tactics.
- Bleeding in the successive period, causes, differential diagnosis, medical tactics. Prevention.
- Multiple pregnancy. Diagnostics, pregnancy and childbirth. Possible complications. Obstetric tactics.
- Premature detachment of a normally located placenta. Reasons, diagnosis, obstetric tactics.
- Postpartum mastitis, clinic, diagnosis, treatment, prevention. Indications for suppressing lactation. Lactostasis. Hypogalactia. Reasons, methods of treatment.
- Postpartum endometritis. Etiology. Pathogenesis. Classification, diagnostics. Management tactics, principles of therapy.
- Premature birth. Causes, course, complications. Management of premature birth.
- Ruptured uterus. Classification, clinic, obstetric tactics.
- Postpartum purulent-inflammatory diseases. Classification, flow features in modern conditions. Sepsis, multiple organ failure syndrome: etiology, pathogenesis, clinical picture, diagnosis, treatment.
 - Fetoplacental insufficiency. Risk factors, pathogenesis, classification. Assessment of the severity. Diagnostic methods, principles of treatment.
 - Pathology of the postpartum period: subinvolution of the uterus, lochiometer, wound infection. Clinic, diagnostics. Treatment principles.

List of the case study.

Situational task 1

The woman in labor was taken to the maternity ward by an ambulance team. This pregnancy is the third, the first ended in normal childbirth, the second is a spontaneous abortion. The position of the fetus is longitudinal, the pelvic end of the fetus is presented at the entrance to the small pelvis, labor activity is regular, active. During the examination, amniotic fluid poured out, after which a decrease in the fetal heart rate to 100 beats / min was noted. With a vaginal examination, the opening of the uterine pharynx is complete, there is no fetal bladder, a dropped umbilical cord is felt in the vagina. Buttocks of the fetus in the narrow part of the pelvic cavity.

1. Make a diagnosis?
2. What should be the tactics of the doctor?
3. What mistakes were made in the management of a pregnant woman?

Situational task 2

Multiparous 35 years old was admitted to the hospital with regular labor, urgent labor. History of 2 births, the last ended 2 years ago with a caesarean section due to a clinical narrow pelvis, fetal weight 4000.0.

On admission: the size of the pelvis is 25 - 28 - 32 - 20, the circumference of the abdomen is 103 cm, the height of the fundus of the uterus is 44 cm, the pelvic end is presented.

During vaginal examination: the cervix is smoothed, its edges are thin, the opening is 2 cm, the fetal bladder is intact, the legs are present, the cape is not. Examples of situational tasks for the exam:

Situational task 1

The woman in labor was taken to the maternity ward by an ambulance team. This pregnancy is the third, the first ended in normal childbirth, the second is a spontaneous abortion. The position of the fetus is longitudinal, the pelvic end of the fetus is presented at the entrance to the small pelvis, labor activity is regular, active. During the examination, amniotic fluid poured out, after which a decrease in the fetal heart rate to 100 beats / min was noted. With a vaginal examination, the opening of the uterine pharynx is complete, there is no fetal bladder, a dropped umbilical cord is felt in the vagina. Buttocks of the fetus in the narrow part of the pelvic cavity.

1. Make a diagnosis?
2. What should be the tactics of the doctor?
3. What mistakes were made in the management of a pregnant woman?

Situational task 2

Multiparous 35 years old was admitted to the hospital with regular labor, urgent labor. History of 2 births, the last ended 2 years ago with a caesarean section due to a clinical narrow pelvis, fetal weight 4000.0.

On admission: the size of the pelvis is 25 - 28 - 32 - 20, the circumference of the abdomen is 103 cm, the height of the fundus of the uterus is 44 cm, the pelvic end is presented.

On vaginal examination: the cervix is smoothed, its edges are thin, the opening is 2 cm, the fetal bladder is intact, the legs are present, the cape is not reached.

- To diagnose?
- Are there any mistakes in the management of a pregnant woman?
- What are the possible complications of childbirth?
- What is a labor management plan?

List of practical skills:

- The fetus as an object of childbirth. The position of the fetus in the uterine cavity. Obstetric terminology. Signs of fetal maturity. The structure and measurement of the fetal head.
- Anatomical and physiological characteristics of the newborn, the rules of caring for children during the newborn period. Newborn's primary toilet. Assessment of the condition of the newborn according to the Apgar scale.
- Biomechanism of labor in the anterior and posterior types of occipital presentation of the fetus. Influence of the labor mechanism on the shape of the fetal head.
- Diagnostics of pregnancy. Calculation of the gestational age and the expected date of birth.
- The female pelvis from the perspective of obstetrics. The structure, the plane of the small pelvis.
- Pelvic floor, muscles and fascia, their role in the process of labor
- Assessment of fetal cardiac activity. Auscultation. Cardiographic examination. Methodology. Interpretation of results.
- Tests to determine the readiness of the pregnant woman's body for childbirth. Determination of the degree of maturity of the cervix.
- Dissection of the perineum. Perineotomy. Episiotomy. Indications, technique.
- Modern possibilities of ultrasound research methods in obstetrics. Doppler sonography in obstetrics, interpretation of results.
- During the 1st stage of labor. Principles of conduct. Indications and technique of vaginal examination during childbirth. Significance for determining the tactics of labor management. Partograph keeping.
- Indications for amniotomy, technique. Possible complications.
- The period of expulsion of the fetus. Obstetric allowance in childbirth.
- Successive period. Follow-up tactics.
- Bacteriological research methods in obstetric and gynecological practice. Indications, technique.
- Bacterioscopic research methods in obstetric and gynecological practice. Indications, technique.
- Examination of women using vaginal speculum. Indications. Conditions. Execution technique. Evaluation of results.
- Bimanual vaginal-abdominal, rectal-abdominal examination. Indications. Execution technique. Evaluation of results.
- Tests of functional diagnostics in the assessment of the ovarian-menstrual cycle: basal temperature, examination of cervical mucus. Execution technique. Interpretation of the results.
- Determination of the degree of cleanliness of the vagina. Indications. Execution technique. Interpretation of the results.
- Vacuum extraction of the fetus: indications, contraindications, conditions, technique, methods of pain relief.
- Manual examination of the uterine cavity. Indications, technique.
- Controlled balloon tamponade. Indications, technique.
- Manual separation and allocation of the placenta. Indications, technique.

STANDARD QUESTIONS FOR EXAM. 11 TERM.

The exam ticket contains two oral quizzes, one practical skills question, and one case study.

Theoretical questions for the exam:

- Modern principles of the organization of obstetric and gynecological care. Clinical examination of pregnant women. Regulatory documents.

- Anatomically narrow pelvis. Classification, causes, diagnosis. Features of the course of labor, possible complications and their prevention.
- Anemia of pregnancy. Pathogenesis, diagnosis, complications, treatment, prevention.
- Abnormalities of labor: hypotonic dysfunction of the uterus (weakness of labor). Classification. Clinic, diagnostics, possible complications for the mother and the fetus. Obstetric tactics.
- Abnormalities of labor: discoordinated labor. Clinic, diagnostics, possible complications for the mother and the fetus. Differential diagnosis. Obstetric tactics.
- Abnormalities in the location and attachment of the placenta. Placenta previa. Diagnostics. Pregnancy and childbirth management tactics.
- Pregnancy and arterial hypertension. Diagnostics, treatment, complications during pregnancy and childbirth. Terms of planned hospitalization. Principles of labor management.
- Heart defects and pregnancy. Diagnostics, the course of the disease during pregnancy. Terms of planned hospitalization. Principles of labor management.
- Pregnancy and pyelonephritis. Diagnostics, course of the disease and pregnancy, complications, treatment and delivery.
- Pregnancy and glomerulonephritis. Diagnostics, course of the disease and pregnancy, complications, treatment and delivery.
- Pregnancy and diabetes mellitus. Influence on the course of pregnancy and the condition of the fetus. Diagnostics, complications, contraindications for carrying a pregnancy. Terms of planned hospitalization. Screening tests to detect gestational diabetes mellitus.
- Pregnancy and thyroid diseases (hypothyroidism, hyperthyroidism). Influence on the course of pregnancy and the condition of the fetus. Diagnostics, treatment. Pregnancy management. Prevention of iodine deficiency diseases.
- Pregnancy and acute appendicitis. Features of the course, diagnostics. Differential diagnosis. Complications from the mother and fetus. Lead tactics.
- Intrauterine fetal infection. Diagnosis of intrauterine infections, the concept of the TORCH-complex. General characteristics, features of the course, delivery.
- Immunoconflict pregnancy. Sensitization mechanisms, diagnostics, treatment. Principles of pregnancy management. Prevention.
- Hemorrhagic shock in obstetrics. Principles of infusion therapy. Efferent methods of treatment. Disseminated intravascular coagulation syndrome in obstetric pathology, control measures, prevention.
- Bleeding in the early postpartum period: hypotension and atony of the uterus. Diagnostics, differential diagnostics, obstetric tactics, prevention.
- Coagulopathic obstetric bleeding (disorders in the hemostatic system). Antiphospholipid syndrome. Classification. Laboratory diagnostics, clinical manifestations. Differential diagnosis. Treatment principles and obstetric tactics.
- Preeclampsia. Classification. Modern concepts of etiology and pathogenesis. The main clinical forms of the course. Assessment of the severity. Treatment, principles of delivery.
- Eclampsia. HELLP syndrome. Obstetric tactics. Principles of Intensive Care. Efferent methods of treatment.
- Clinically narrow pelvis, causes, diagnosis, obstetric tactics.
- Miscarriage: spontaneous miscarriage. Etiology, pathogenesis, clinic, medical tactics.
- Artificial termination of pregnancy at a later date. Indications, the role of medical and social factors, methods, possible complications.
- Isthmic-cervical insufficiency, causes, diagnosis, methods of correction during pregnancy. The concept of recurrent miscarriage.
- Congenital malformations of the fetus. Principles of prenatal screening diagnostics.
- Bleeding in the successive period, causes, differential diagnosis, medical tactics. Prevention.

- Multiple pregnancy. Diagnostics, pregnancy and childbirth. Possible complications. Obstetric tactics.
- Pathological preliminary period (false contractions). Clinic, diagnostics, possible complications. Obstetric tactics.
- Postterm pregnancy. Reasons, diagnosis, obstetric tactics. Methods Complications in childbirth, principles of delivery.
- Family planning. Modern methods of contraception. Postpartum contraception.
- Premature detachment of a normally located placenta. Reasons, diagnosis, obstetric tactics.
- Postpartum mastitis, clinic, diagnosis, treatment, prevention. Indications for suppressing lactation. Lactostasis. Hypogalactia. Reasons, methods of treatment.
- Postpartum endometritis. Etiology. Pathogenesis. Classification, diagnostics. Management tactics, principles of therapy.
- Premature birth. Causes, course, complications. Management of premature birth.
- Ruptured uterus. Classification, clinic, obstetric tactics.
- Vomiting of pregnant women, classification, clinic, treatment, indications for termination of pregnancy.
- Postpartum purulent-inflammatory diseases. Classification, flow features in modern conditions iyakh. Sepsis, multiple organ failure syndrome: etiology, pathogenesis, clinical picture, diagnosis, treatment.
- Fetoplacental insufficiency. Risk factors, pathogenesis, classification. Assessment of the severity. Diagnostic methods, principles of treatment.
- Pathology of the postpartum period: subinvolution of the uterus, lochiometer, wound infection. Clinic, diagnostics. Treatment principles.
- Breech presentation of the fetus. Classification. The course of pregnancy and childbirth. Labor management. Obstetric benefits in childbirth. Indications for cesarean section.

Examples of case study for the exam:

task 1

Third day of the postpartum period. The body temperature is 38.2 ° C, the postpartum woman complains of pain in the mammary glands. Pulse 86 beats / min, mammary glands - significant and uniform engorgement, sensitive to palpation, when pressed, droplets of milk are released from the nipple.

- What is your diagnosis?
- What is the treatment for this complication?

task 2

Multiparous 35 years old was admitted to the hospital with regular labor, urgent labor. History of 2 births, the last ended 2 years ago with a caesarean section due to a clinical narrow pelvis, fetal weight 4000.0.

On admission: the size of the pelvis is 25 - 28 - 32 - 20, the circumference of the abdomen is 103 cm, the height of the fundus of the uterus is 44 cm, the pelvic end is presented.

On vaginal examination: the cervix is smoothed, its edges are thin, the opening is 2 cm, the fetal bladder is intact, the legs are present, the cape is not reached.

- To diagnose?
- Are there any mistakes in the management of a pregnant woman?
- What are the possible complications of childbirth?
- What is a plan for the management of labor?

task 3

A 32-year-old woman in labor is in labor for 10 hours. Full-term pregnancy. The anamnesis has some urgent labor, which ended with the imposition of obstetric forceps.

The size of the pelvis: 25 - 27 - 31 - 21 cm, abdominal circumference 114 cm, the height of the uterine fundus 39 cm, the fetal head is pressed against the entrance to the pelvis, the fetal heartbeat is clear.

The amniotic fluid departed, an hour later there were contractions of a forced character. The woman is restless, complains of sharply painful and almost continuous contractions, the uterus is tense, does not relax outside the contraction, the lower segment is sharply painful, the fetal head is fixed at the entrance to the pelvis, does not urinate on its own. On vaginal examination: the opening is complete, the anterior lip of the cervix is edematous, the sagittal suture is in transverse size, deviated to the promontory, there is a significant generic tumor on the head.

- Make a diagnosis? Justify it.
- What are the possible complications of childbirth?
- What is a plan for the management of labor?

List of practical skills.

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- Biomechanism of labor in the anterior and posterior types of occipital presentation of the fetus. Influence of the labor mechanism on the shape of the fetal head.
- Diagnostics of pregnancy. Calculation of the gestational age and the expected date of birth.
- The female pelvis from the perspective of obstetrics. The structure, the plane of the small pelvis.
- Pelvic floor, muscles and fascia, their role in the process of labor
- Preoperative period and preparation for obstetric operations. Caesarean section in modern obstetrics, indications. Postoperative management.
- Assessment of fetal cardiac activity. Auscultation. Cardiographic examination. Methodology. Interpretation of results.
- Vacuum extraction of the fetus: indications, contraindications, conditions, technique, methods of pain relief.
- Tests to determine the readiness of the pregnant woman's body for childbirth. Determination of the degree of maturity of the cervix.
- Dissection of the perineum. Perineotomy. Episiotomy. Indications, technique.
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