OB-GYN Clerkship Orientation
Andrea Zins, R3 (soon to be R4!)

Thanks to Kate Debiec for the ideas!

Disclaimer
- Undergrad & Med School: Minnesota
- L&Ds where I have rotated:
  - Yakima
  - Swedish
  - Group Health
  - UW

A day in the life...
- Exact times will vary depending on clerkship site: inpt vs outpt
- 0600: Round on inpatients (post-op, post-partum)
- 0630: Sign-out to covering residents or attendings
- 0700-1700: OR, Labor and Delivery or Clinic
- 1700: Evening rounding (post-op, post-partum)
- 1730: Evening sign-out to covering residents or attendings

The History
**GYN History**
- Menstrual history: Menarche (age of first menses), last menstrual period, interval between periods, duration of periods, quality of periods (amount of bleeding, use of products, pain)
- If menopausal: any bleeding since menopause, any symptoms of menopause
- Health care screening: pap smear history (date of most recent; any abnormal); mammograms if applicable
- Sexual history: coitarche (age of first intercourse), number of sexual partners, partners male, female, both, any sexually transmitted infections
- Contraception: if applicable, current method of birth control, past methods and reasons for discontinuation
- Gyn surgeries: list date and type of surgery

**OB History**
- Gravidity: total number of times the uterus has seen a pregnancy regardless of outcomes/multiples
- Parity
  - TERM (>37 weeks)
  - PRETERM (20-36+6/7 weeks)
  - ABORTIONS (<20 weeks; spontaneous or elective)
  - LIVING (# living biological children)

**What about Twins?**
- G3P1011- a woman who is currently pregnant, had one full term delivery and one abortion or miscarriage and one living child
- G2P1002- a woman who is currently pregnant and had twins in her first pregnancy
- G4P3003- a woman who is currently pregnant, three full term births, three living children
- G4P3002- a woman who is currently pregnant, three full term births, two living children
- G5P1132- a woman, not currently pregnant, with a history of 1 full term birth, one preterm birth, 3 abortions or miscarriages, and two living children

**What about dating?**
- Women can be dated by IVF, LMP, ultrasound
- LMP is used if it is within 1 week of a first trimester ultrasound, 2 weeks of a second trimester ultrasound, or 3 weeks of a third trimester ultrasound
OB History
- How do they feel about this pregnancy?
- Number of pregnancies and outcomes (including dates)
- For all deliveries include:
  - Date of delivery
  - Mode of delivery (c/s, vaginal, vacuum, forceps)
  - Gestational age at delivery
  - Anesthesia if any
  - Weight of baby
  - Any complications during pregnancy, delivery or postpartum period

OB Review of Systems
- 4 questions for every patient: Vaginal Bleeding, Leakage of Fluid, Contractions, Fetal Movement
- Evaluating for pre-eclampsia: Headache, vision changes, right upper quadrant pain, edema
- Evaluating labor: onset of contractions, frequency, strength, duration
- Evaluating rupture of membranes: time of leakage of fluid, color, quantity, continued leaking

The Physical

GYN Physical
- Inguinal lymphadenopathy
- External genitalia
- Urethral meatus
- Urethra
- Bladder
- Anus
- Perineum
- Rectal +/- stool guaica
- Vagina (rugation, discharge, erosions/ulcers)
- Cervix (nulliparous or multiparous, lesions, ectropion)
- Adnexa/parametria
- Uterus (position, size, mobility)
**OB Physical Exam**

- Vital signs (include fetal “vital signs” ie. Heart tones or NST)
- Fundal height
- Leopold’s
- The essentials: dilation, effacement, station, position of the baby.
  > Best exam pts have an epidural.
  > Beware that every time we examine the cervix we increase the risk of infection...

**Assessment/Plan**

- If pregnant:
  > Assessment: Do they have what they came in for (eg labor, ROM, vaginal bleeding, preeclampsia, worrisome baby)
  > Home, Admit, Observe? Deliver or Keep Pregnant?
- If not pregnant:
  > Assessment: What are their concerns?
  > Plan: What can you do for these concerns today/near future? When do you want to see them again? Expectant, medical, or surgical management?

**Possible Roles**

**Labor & Delivery**

- Triage: Ideally, med student will see triage patients before resident or attending; if limited time, see triage patients with R1 or R2
- Admits: Help write admit notes, orders, medication reconciliation
- Laboring patients: Help write labor progress notes
- Deliveries: Initially, expect to only watch deliveries, as time progresses, may be able to have a more active role in deliveries (helping position the patient, deliver placenta). Particularly in the beginning of the year at sites with residents, student may not be able to perform deliveries
- Board sign-out: Present patients at sign-out

*Remember, it is a privilege to attend a tamplate delivery*
Writing Orders: Sample only

- A – admit: to GYN, attending Dr. Zins
- D – diagnosis: s/p laparoscopy for ruptured ectopic pregnancy
- C – condition: stable/guarded/critical
- V – vitals: q4 hrs
- A – allergies: NKDA
- A – activity: ad lib
- N – nursing: strict I/Os. Call MD if temp >38.0, RR <12, HR >120, >50, SBP >130 <80, DBP >90 <40
- D – diet: CLD/NPO/reg/fulls/softs
- I – IV fluids: D5 ½ NS + 20 mEq KCl @ 125 cc/hr
- M – meds: see med recon
- L – labs: CBC POD#1
- E – extras: foley to gravity drainage, CXR/EKG, SCDs while in bed, incentive spirometry 10x/hr while awake.

Operating Room

- Before the case:
  - Know: indication for procedure, preoperative labs, past histories
  - Meet the patient
  - Help transport patient to OR & get positioned on table
  - Introduce yourself to the OR team, write your name on the board, pull gloves in appropriate
- During case: Cutting sutures, retracting
- After the case: Help move patient from OR bed to recover stretcher, transport back to recovery room, post op check
- Review patient history available in chart/electronic medical record
- Interview patient; obtain history. You can examine everything but the breast/pelvis if able.
- Review medical literature (up to date, blue book)
Acronyms Galore

- AFI
- AROM
- PROM
- SROM
- PPROM
- VBAC
- TOLAC
- D&C
- EBL
- PTL
- BPD
- HC
- AC
- FL
- AUA
- EGA
- EPW
- TOP
- GBS
- GDM
- PPH
- TVUS
- ACOG
- AFP
- AGA
- AMA
- EGA
- EFW
- TOP
- HSV
- HPV
- STD
- BSO
- TAH
- TVH
- LAVH
- TLH
- C/S
- IU
- IVF
- TVUS

Bored?

- There is always something to do...
  - Ask the residents/attendings if there is something you can do to help
  - Read on a new topic
  - Prepare for the next day’s OR or clinic
  - Prepare a 1-2 minute quick talk on a topic of your choice
  - Practice questions or cases on-line

10 Tips on how to succeed

- Show interest
- Make nice with the nurses.
- Ask for feedback/midrotation and at the end
- BE ON TIME. Seriously, OB-GYNs are quite punctual. THEY WILL NOTICE.
- Get your foot in the door by triaging your heart out.
- Read, read, read.
- Be prepared for the OR.
- Don’t be afraid to say, “I don’t know.”
- Never make assumptions about relationships of people in the room, sexual history, etc…
- We welcome questions…but please ask them at appropriate times!

Not interested in OB-GYN?

- OB-GYN has useful information that will be applicable to WHATEVER your specialty is!
  - Demi?
  - ENT?
  - Neuro?
  - Peds?
  - Surgery?
  - Ophtho?
  - Cards?
  - GI?
  - ID?
Resources

- Objectives, assignments, online cases, schedules
- Blueprints OB-GYN, 5th edition. This is your primary text!
- Gabbe: Normal and Problem Pregnancies
- FREE ON-LINE
- Williams Gynecology (LOVE the procedures in the back)
- FREE ON-LINE
- Guide to Managing Contraception
- Case Files - for your shelf exam
- Pretest OB-GYN - for your shelf exam
- First Aid for the OB-GYN Clerkship
- Obstetrics & Gynecology 6th Ed - published in collaboration with ACOG

Thanks!

- Please feel free to email any questions to: azins@u.washington.edu

OB Focused Physical Exam

- If vaginal bleeding: speculum or vaginal exam (know where the placenta is before doing a vaginal exam)
- If leakage of fluid: speculum exam (pool, fern, nitrite), U/S for presentation, + AR, + vaginal exam
- If decreased FM: NST, AR. (Placenta location: sometimes an anterior placenta makes perception of fetal movement more difficult)
- If labor, but no leakage of fluid: vaginal exam, U/S for presentation
- If preterm labor: speculum exam, transvaginal cervical length, fetal fibronectin, vaginal exam, U/S for presentation
- If evaluating for preeclampsia: check for BP and proteinuria, evaluate reflexes (noting hyperreflexia, edema)

BONUS SLIDES

(What you didn’t see in lecture...
29 year old F with 1 hour of leaking fluid from her vagina.
HPI: pt started leaking clear fluid from the vagina 1 hour ago.
Contracting every 7-8 minutes, not too painful. No vaginal bleeding.
Good fetal movement. No fevers or chills, otherwise negative ROS.
PMHx: asthma
PSHx: tonsillectomy
Meds: prenatal vitamins, iron, flax oil, albuterol inhaler prn
All: Latex
FamHx: MGM with DM, Father with HTN, Sister with twins
OBHx: This is her first pregnancy. Dated by LMP & 11 week ultrasound ->
EDD 5/19/2011
GynHx: m12, reg q28 day cycles x 5 days. Has used pills in the past. No
history of abnormal pap smears or STIs
Physical Exam: afebrile, no fundal tenderness.
FHT: 120, mod var, +15x15 accels, no decels.