



# Obstetrical Case Taking [Special Cases]

**Osama Warda MD**

**Prof. of Obstetrica & Gynecology**

**Mansoura University**



# HYPERTENSION WITH PREGNANCY

- **Personal H.:** as general
- **Complaint:** coming for antenatal care as she has hypertension with pregnancy.
- **Menstrual H, Obstetric H, Past H., and Family H.:** all as general (see before)

**Present H.:** The usual items, then Ask about;

**1-Headache** : onset, site, character and duration

2-Severe **vomiting**

3-Blurring of **vision**

**4-Epigastric** or right hypochondrial pain

**5-Edema** of lower limb or hands or face

6-History of chronic **renal** disease or **proteinuria**.

7-History of **convulsions**

8-Results of **investigations** that had been done

# DIABETES MELLITUS WITH PREGNANCY

- **Personal H.:** as general
- **Complaint:** coming for antenatal care as she has DM with pregnancy.
- **Menstrual H, Obstetric H, Past H., and Family H.:** all as general (see before)

## DIABETES MELLITUS WITH PREGNANCY (cont. )

- Present H.: The usual items, **then Ask about;**
  - 1. First** known to be diabetic; during the current pregnancy (gestational DM) or previous pregnancies, or before pregnancies (frank DM)
  - 2. Treatment of DM in preconception** period
  - 3. Symptoms** of DM; polyuria, polydipsia, polyphagia.
  - 4. Treatment** of DM; diet control, insulin therapy (type of insulin, dose in units or CC, number of shots / day)

## DIABETES MELLITUS WITH PREGNANCY(cont. )

5. **Last glucose testing**; fasting & 2 hour postprandial
6. **Urine testing** for sugar & **acetone**.
7. **Obstetrical complications** of DM; Hypertension headache, edema , proteinuria, polyhydramnios or fetal macrosomia, urinary tract infections.
8. **Vaginal discharge (moniliasis)**; amount, color, odor, itching.

# HEART DISEASE WITH PREGNANCY

- **Personal H.:** as general
- **Complaint:** coming for antenatal care as she has heart disease with pregnancy.
- **Menstrual H, Obstetric H, Past H.,** and **Family H.:** all as general (see before)
- **Present H.:** The usual items, **then Ask about;**
  1. **Onset** of cardiac problem; congenital, rheumatic, hypertensive or ischemic.

# HEART DISEASE WITH PREGNANCY

## 2. Symptoms of heart disease:

- i. Pulmonary congestive symptoms; ( dyspnea, cough, expectoration [amount-odor-color-consistency], orthopnea, or nocturnal dyspnea)
- ii. Systemic congestive symptoms; ( dyspepsia, right hypochondrial pain, yellowish discoloration of sclera, ascites, LL edema)
- iii. Chest pain ; ( site, type, what increases, what relieves, its radiation)
- iv. Palpitation ; regular or not
- v. Low cardiac output symptoms; ( dizziness, blurring of vision, syncope)



## HEART DISEASE WITH PREGNANCY(cont. )

3. History of recent rheumatic fever activity
4. Difficulty on swallowing( cardiac enlargement)
5. Treatment of heart failure (taking digitalis)
6. Admission in hospital for how long, investigations done & their results.

## HEART DISEASE WITH PREGNANCY(cont. )

**7. Obstetric diagnosis;** as general but **cardiac diagnosis should ideally include the following items:**

- i. Etiology ; (rheumatic, congenital, hypertensive, ischemic)**
- ii. Anatomy; which valve involved**
- iii. Functional; type of lesion (stenosis, incompetence.....)**
- iv. Complications; (SBE, Pulmonary hypertension,.....)**
- v. Cardiac capacity; Grade I, II, III, IV.**

# PREVIOUS CESAREAN SECTION

- **Personal H.:** as general
  - **Complaint:** coming for antenatal care as she has previous ( ) cesarean section (s).
  - **Menstrual H, Obstetric H, Past H., and Family H.:** all as general (see before)
  - **Present H.:** The usual items, then Ask about;
- 1- History of her previous sections in detail;
    - a. Her first CS was in her (...) pregnancy, (.....)years ago.
    - b. Place (which hospital)
    - c. Indication (important)
    - d. Intra-or-postoperative complications; anesthetic, surgical, need to blood transfusion, postoperative wound infection.
  - 2-Next cesarean section; after how many years, history in details as the 1<sup>st</sup> CS.
  - 3-Investigations and results.

# ANTEPARTUM HEMORRHAGE

- **Personal H.:** as general
- **Complaint:** coming for antenatal care as she has vaginal bleeding.
- **Menstrual H, Obstetric H, Past H., and Family H.:** all as general (see before)
- **Present H.: The usual items, then Ask about;**
  1. **Onset of bleeding** ; following trauma, following intercourse, causeless.
  2. **Duration of bleeding**
  3. **Course of bleeding**; continuous or intermittent
  4. **Amount of bleeding**; spotting, excessive, blood clots? how many diapers?

## ANTEPARTUM HEMORRHAGE (cont. )

5. Color of bleeding

6. Need for blood transfusion

7. Single or recurrent attacks

8. Painless or painful; if painful; site, type, what increase, what decrease, radiation of pain

9. Associated symptoms

10. Investigations and results

# RH-ISOIMMUNIZATION WITH PREGNANCY

- **Personal H.:** as general
- **Complaint:** coming for antenatal care as she is Rh -ve and has repeated IUFD.
- **Menstrual H, Obstetric H, Past H., and Family H.:** all as general (see before)
- **Present H.: The usual items, then Ask about;**
  1. When she first knew that she is Rh-ve? During pregnancy or in between pregnancies?
  2. Intake of Rh immunoglobulin?
  3. History of neonatal jaundice, or history of admission to neonatal unit.
  4. History of neonatal phototherapy or exchange transfusion

## RH-ISOIMMUNIZATION WITH PREGNANCY(cont.)

5. History of neonatal or intrauterine fetal death
6. History of hydrops baby
7. History of performing serum Rh- antibody titer estimation and its results
8. Ultrasound results
9. Need for amniocentesis or intrauterine transfusion?
10. Investigations and results

THANKS



Professor of Obs/Gyn