

Sample Internship Diary
« practice obstetric and gynecological profile »
for students of the educational program
of specialist in the specialty of training 31.05.01,
direction general medicine,
for the 2023-2024 academic year

**VOLGOGRAD STATE MEDICAL UNIVERSITY
OBSTETRICS & GYNECOLOGY DEPARTMENT**



MANUAL IN OBSTETRICS
for students' practical training

DIARY OF PRACTICAL STUDY IN OBSTETRICS

of fourth year student of general medicine department
_____group

Practice period _____

Teaching hospital: maternity hospital _____

Obstetric sheets and examination

1. Personal History

Name _____ Age _____

Marital status: *married* since _____, *divorced, single* _____

Occupation _____ *or house wife*

Address (no details) _____

Husband data (name, age, occupation) _____

2. Family History (e.g.: hypertension, diabetes, tuberculosis, hepatitis, consanguinity, hereditary disease, twins) _____

3. Life History

Blood group _____ Rh-factor _____ Hb _____ gr/l

Gynecological diseases _____

Surgery in past history _____

Antibiotic therapy, allergic reactions to any antibiotics _____

Allergic reactions to any drugs _____

Hormone therapy in past history; indications for it _____

Transfusion of blood or blood substitutes; reaction to transfusion _____

Patient's harmful habits (smoking, alcohol or drug abuse) _____

Spouse's (partner's) harmful habits _____

4. Menstrual History:

Age of menarche _____ Cycle: *regular or not* _____

Rhythm: every _____ days Duration: for _____ days

Amount: *average, scanty or excessive* Intermenstrual discharge _____

1st day of last menstrual period (LMP) _____

5. Number of pregnancies (number of deliveries regardless of outcome: whether living or dead, full term or preterm, vaginal or operative, single or twins, weight, neonatal jaundice, anomalies, postpartum period, lactation, ectopic pregnancy, abortion - spontaneous or induced, gestational age, complications) _____

N.B. History of previous pregnancies in chronological order, their outcomes!

Number of living children now _____

6. Present History (Detailed analysis of the complaint – its onset, course, duration, medical consultation, investigations and their results, treatment administered): _____

N.B. Present history should begin at the time when the patient started complaining!

7. History of current pregnancy:

Extragenital diseases during pregnancy: _____

Dynamics of changes of body weight, BP, laboratory test _____

Fetal condition _____

Quickening _____

Warning symptoms: vaginal bleeding, vaginal discharge, severe headache

8. General examination of the patient

Height _____ Body weight _____ Body build and gait _____

Blood pressure _____ Pulse _____ beats/min. Temperature _____ Respiratory rate _____ per/min.

Pigmentation _____

Blurring of vision _____

Chest or heart symptoms _____

Edema of _____

Varicosities or deformities _____

Back: _____

Vomiting, epigastric pain _____

Presence of enlarged lymph nodes: _____

9. Pelvimetry:

Distantia spinarum – the interspinous diameter_cm

Distantia cristarum – the intercrystal diameter_cm

Distantia trochanterica -_cm

Conjugata externa – the external conjugate ___cm

Conjugata vera – the true conjugate ___cm

10. Measuring the abdomen:

Measurement of the circumference of abdomen ___cm

Measurement of the height of the uterus ___cm

Soloviov’s index ___cm

Doctor’s signature _____

Management of labor and delivery

Date of attendance: _____ Admission time: _____

The patient *was referred to maternity hospital from antenatal clinic or brought to maternity hospital in an ambulance or came to maternity hospital herself*

Complaints (in the patient's own words) _____

Obstetric status:

Uterus is *in normal tone or uterus is irritable*

Contractions of uterus every _____ min, duration _____ sec. or absent.

Labor pains: *present or absent* _____

Fetal membranes are *present or absent from* _____ hrs _____ min| _____

Palpation of the lower segment: *painless or painful or difficult* _____

Fetal lie: *transverse or longitudinal or oblique or unstable* _____

Fetal presentation: *cephalic or breech* _____

slightly pressed to the inlet of the minor pelvis or above the inlet to the minor pelvis

Fetal heart sounds: *clear rhythmic unclear* FHR _____ beats/min

Fetal movement: _____

Vaginal discharge: _____

Estimated gestational age is according to:

- last menstrual period _____ weeks
- fetal movement first felt (quickening) _____ weeks
- first visit to antenatal clinic _____ weeks
- ultrasound scan _____ weeks
- maternity leave _____ weeks

Estimated fetal weight: _____ gram *Permitted blood loss:* _____ ml

Vaginal examination: External female genital organs are *properly developed or*

Vagina is *wide or narrow*, mucous membrane is _____

Cervix of the uterus is *effaced or length of cervix* _____ *cm.*

Cervical dilatation is _____ *cm wide. Edges of cervix thin or thickened or pliable.*

Membranes: *intact or ruptured. Liquor: clear or turbid or meconium-stained (slightly, green) or blood-stained or* _____

Fetal presentation _____

Position _____

Station _____

Fontanelle _____ . Exostosis: *present or absent* _____

Promontory: *accessible or inaccessible. Diagonal conjugate* _____ *cm.*

Diagnosis: _____

Plan: Delivery is planned to be: vaginal or operative; if operative, *planned or urgent*

- with prevention of anomalies of uterine contraction
- with prevention of intrauterine fetal hypoxia
- with prevention of hemorrhage of risk degree

LABOR PROGRESS NOTES

The 1st stage of labor

Onset of labor. Dynamics of labor. Rupture of membranes (amount and colour of the fluid). Analgesia in labor. Fetal condition. Complications of the 1st stage of labor, their management and treatment.

The 2nd stage of labor – delivery of the baby

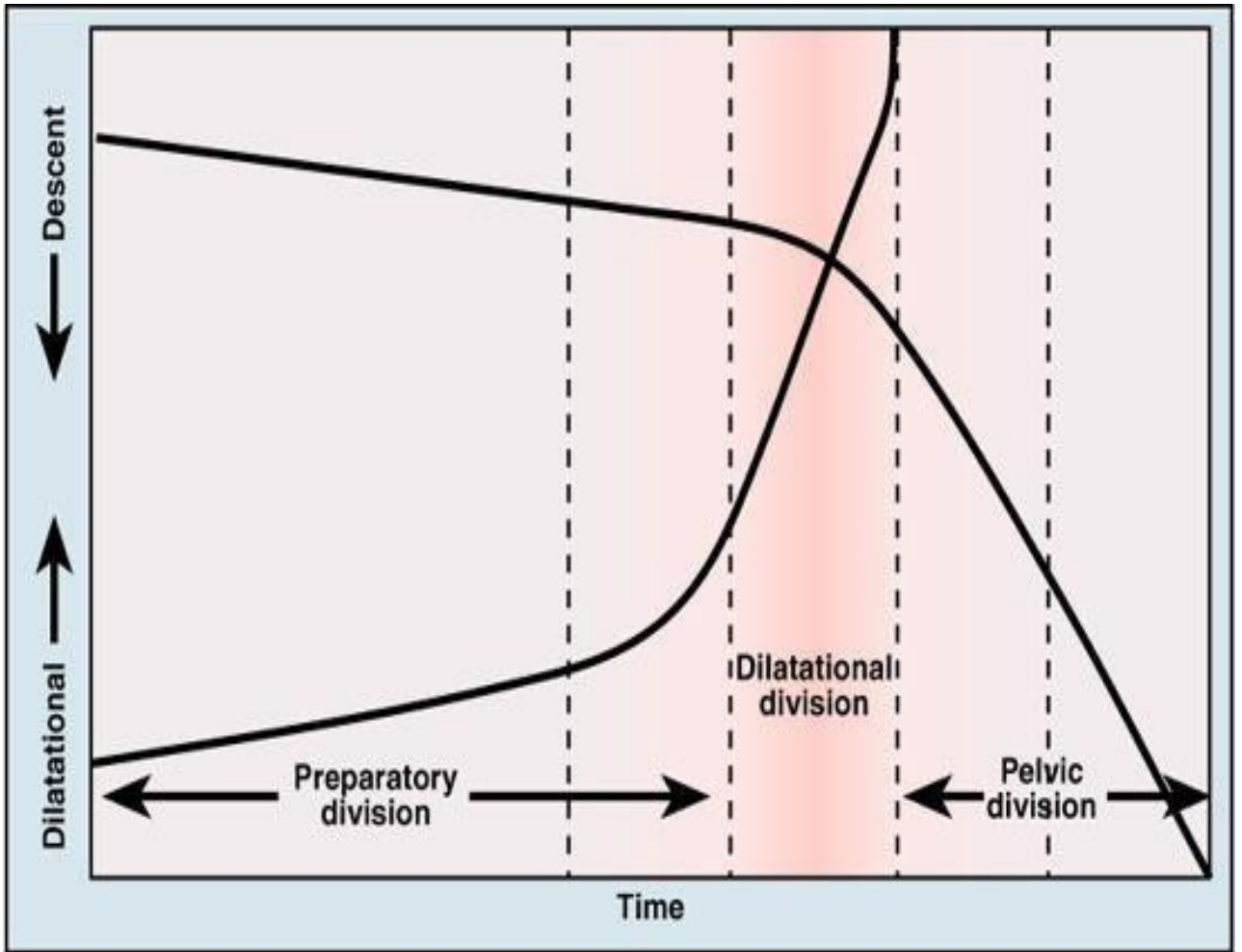
Onset of pushing efforts. Biomechanism of labor. Fetal condition. Complications of the 2nd stage of labor, their management.

The 3rd stage of labor – delivery of the placenta

Signs of delivery of the placenta. Examination of the placenta, membranes and umbilical cord. Postpartum hemorrhage (should be recorded in ml). The course of early postpartum period. Examination of the cervix, vagina, perineum. Clinical manifestations of postpartum period.

Postpartum period

Partogram



Preoperative report

Patient _____ was prepared for *urgent or planned* surgery.

Diagnosis: _____

Operation _____

Indications for operative delivery: _____

Extragenital diseases _____

History of allergy: *absent or present* (indicate) _____

History of hemotransfusion _____

Anesthesia _____ agreed with anesthetist.

Blood group _____ Rh-factor _____ Hematocrit _____ Hb _____ of “ _____ ”
_____200_____.

Prognosis for mother and child is expected to be *favorable or unfavorable*.

Patient's consent for surgery was obtained in written form.

Surgeon _____

Assistant _____

Anesthetist _____

OPERATIVE NOTES

(underline if necessary)

Date _____

Time _____

Name of patient _____ Age _____

Operation _____

Indications _____

Anaesthesia _____

Technique of caesarean section: _____

Lower Segment Caesarean Section

*The peritoneal cavity is opened by **Pfannenstiel or vertical subumbilical** incision. The peritoneum (plica vesicouterina) over the lower segment is incised transversely for about 10 cm. A wide Doyen's retractor is inserted into the lower end of the wound and the bladder is pushed gently down off the lower segment. The lower part of the lower segment is incised transversely in the middle about 2 cm long and deepened until the membranes bulge. The two index fingers are slipped into the incision and extended to about 10 cm in length. The membranes are ruptured. **The head or breech** is delivered by slipping a **hand** below it and applying moderate pressure on the fundus **or applying blade of forceps** through the uterine incision. In shoulder presentation, the hand is introduced through the uterine incision to grasp a foot and the fetus is extracted gently as a breech. The umbilical cord is cut between 2 Kochers. Delivery of fetus on _____ min. The infant is handed over to the midwife and the mouth and pharynx are cleared of fluid with a soft catheter attached to suction apparatus. Sol. Oxytocini 1 ml is given intravenously or _____. The placenta is allowed to separate **spontaneously or manually removed**. Location of placenta _____. The placenta and membranes are removed through the wound. The uterine incision is sutured in two layers with **catgut or any absorbable suture**. Peritonization with the uterovesical pouch (the 3rd layer). Haemostasis secured. The peritoneal cavity is cleared of blood clots and liquor amnii. The abdominal incision is closed in layers. Skin sutured subcuticularly (cosmetically) and dressed with aseptic gauze.*

Estimated blood loss : _____ ml.

Postoperative catheterization of bladder done _____ ml, **clear or blood-stained**

Surgeon _____

Assistant _____

Anesthetist _____

Scrub nurse _____

Comprehensive table of practical skills

		Approximate amount	Done
1.	Measurement of Soloviov's index, circumference of abdomen, height of the uterus, lumbosacral Michaelis rhomboid	10-15	
2.	Estimation of fetal weight	8-10	
3.	Estimated date of delivery (EDD)	10-12	
4.	Leopold maneuvers	10-15	
5.	Pelvimetry	10-15	
6.	Diagnosis of the onset of labor. Assessment of contraction of uterus	10-15	
7.	Assessment of cervix (length, extent of opening in cm, edges of the cervix, its position) by score of "maturity" of the cervix	2-3	
8.	Management of labor and delivery	6-8	
9.	Preprocessing of newborn	3-5	
10.	Examination of the placenta, membranes, umbilical cord and estimating the blood loss	5-8	
11.	Caesarean section. Observation.	2-3	
12.	Repair of laceration of perineum and vagina. Assistance	3-4	
13.	Manual removal of placenta	2	
14.	Assessment of newborn by Apgar score	10-11	

Обучающимся в полном объеме реализовано/не реализовано индивидуальное задание практики. Получен/не получен комплекс знаний, умений и навыков формирующих компетенции программы практики.

Руководитель практики от
предприятия (организации, учреждения)

Руководитель практики от
организации, осуществляющей
образовательную деятельность

Considered at the meeting of the department of obstetrics and gynecology "_30_" May 2023,
protocol No18

Head of the Department



Burova N.A.