

OBSTETRIC HISTORY TAKING

IMPORTANCE OF HISTORY TAKING

- CAREFUL HISTORY TAKING IS A PART OF ANTENATAL CARE .
- IT CAN PROVIDE VALUABLE INFORMATION ABOUT A PATIENT'S HEALTH RISKS & CAN HELP WITH THE ASSESSMENT OF RISK IN A CURRENT PREGNANCY .
- IT INCLUDES INFORMATION ABOUT PAST PREGNANCIES ,MEDICAL CONDITIONS ,MEDICATIONS & PROCEDURES.
- IT FOCUSES ON PRIOR OBSTETRIC COMPLICATIONS THAT MAY IMPACT FUTURE PREGNANCIES OR REPRODUCTIVE HEALTH.

AN OBSTETRIC CASE SHOULD INCLUDE :

- VITAL DATA
- OBSTETRIC FORMULA
- PERIOD OF GESTATION
- PRESENTING COMPLAINTS
- HISTORY OF PRESENT PREGNANCY
- PREVIOUS OBSTETRIC HISTORY
- PREVIOUS MEDICAL & SURGICAL HISTORY
- MARITAL HISTORY
- MENSTRUAL HISTORY
- FAMILY HISTORY
- SOCIAL HISTORY
- PERSONAL HISTORY

1.VITAL DATA

- Name –
- Husband name, occupation –
- Age –
- Place –
- Occupation
- Education –
- Family's Monthly income –
- Nearest health facility –

2. OBSTETRIC FORMULA & POG

○ GPLA

GRAVIDITY: Total no of pregnancies; past and present

PARITY: No of past viable pregnancies regardless of no. of children involved or whether alive or dead at time of birth

LIVING CHILDREN

ABORTIONS

○ POG

EDD – Naegele formula

1^{st} day of last menstrual cycle + 280 / LMP - 3 months + 7

3. Chief complain

- Referred case –
- Complains – pain
 - bleeding
 - BPV
 - Leaking
 - Nausea
 - Vomiting
 - Swelling of legs
 - Backache

4. History of present pregnancy

- **1st trimester**

Type of conception – spontaneous /Artificial

Folate conception

Pregnancy detected by –

Pregnancy Confirmed by –

-No. of antenatal visit –

Any 1st trimester bleeding

1st trimester scan

H/O – hyperemesis,

Fever with exanthematous rash,

Radiation ,

BPV,

UTI , discharge , Drugs

○ 2nd Trimester –

- no. of antenatal visits –
- Weight gain –
- Investigations –
- Quickening –
- H/o OGTT , high BP recording ,
symptoms of Gest. HTN , Pedal odema
- H/o BPV, Drugs

3rd TRIMESTER

- No. of antenatal visits –
- Weight gain-
- H/O – GDM , gest. HTN
- H/O – BPV , LPV , Drugs , Labor pain , Pruritus

5. PREVIOUS OBSTETRIC HISTORY

- ANTEPARTUM COMPLICATIONS IN PREV PREG

 - Antepartum haemorrhage

 - preeclampsia

 - fetal growth restriction

- DETAILS OF PREV DELIVERY

 - Spontaneous/induced

 - Gestational age @ delivery

 - Assisted delivery and complications in labor

 - Length of labor, Analgesia employed?

 - IF C section – type of operation ;elective or emergency
indication

 - h/o intra and postoperative complications

- h/o postpartum hemorrhage, cord accidents

- DETAILS OF BABY-birth wt,cried/resuscitated,congenital anomalies,neonatal care
- h/o puerperal problems
- If Rh –ve, anti D prophylaxis, blood transfusion
- Miscarriages- timing,type
- h/o MTP,uterine anomalies or fibroids
- Late preg loss
- h/o breech delivery

6.A PREVIOUS LSCS

- Emergency / elective
- Labor pain
- Blood transfusion
- Suture removal , catheter removal
- Puerperium fever , sepsis (endomyometritis)
- Baby kept in NICU
- Breast feeding started

9 b) Still birth

- Time/ Week of delivery
- Weight of baby
- H/O labor pain
- Reason - prematurity, anomaly, IUGR, cord compression, Pre-eclampsia, gest. DM

9c) Abortion

- Cause
- Period of gestation
- H/O of D& C , procedure
- MTP done where, complications

7. MENSTRUAL HISTORY

- Menarche
- Cycles – regular, frequency, days of flow, volume , clot , intermenstrual bleed , LMP, any abnormality,
- any use of OCP

8. MARITAL HISTORY

- No. of years of marriage –
- Consanguinity degree –
- Infertility

9.FAMILY HISTORY

- Family H/O -DM, HTN, Multiple preg, Anomaly,
- TB/Bleeding disorders

Summary of history

- ___ year old, obstetric index of ___ & POG ___
- came with C/C___ for ___ / or referred as a case of ___ from ___
- With comorbidities – HTN/DM/asthma/ cardiac, etc
- Admitted for evaluation /workup / safe confinement

10.PAST HISTORY

- Surgery – bowel Sx, Myomectomy, Prolapse
- Epilepsy –Blood transfusion
- Jaundice
- TB / STD
- Cardiac / DM /Endocrine /Thyroid disorder
- Drug allergy

11. Personal History

- On any medications
- Psychiatric disorder
- Sleep
- Appetite & weight
- Bowel & bladder
- Addictions

12. Diet History

- Before admission to hospital
- Now as IPD patient
- Normal intake

THE END