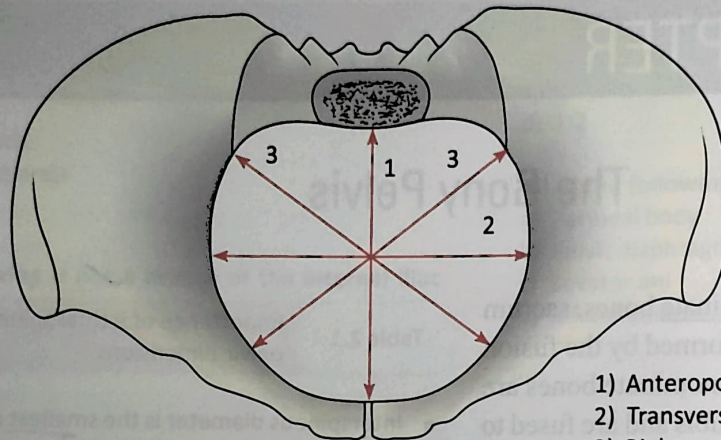
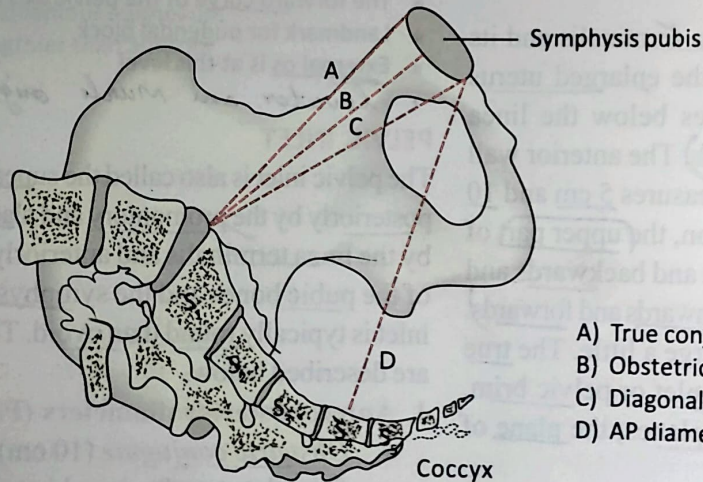




- 1) Anteroposterior diameter
- 2) Transverse diameter
- 3) Right and left oblique diameter

Fig. 2.1

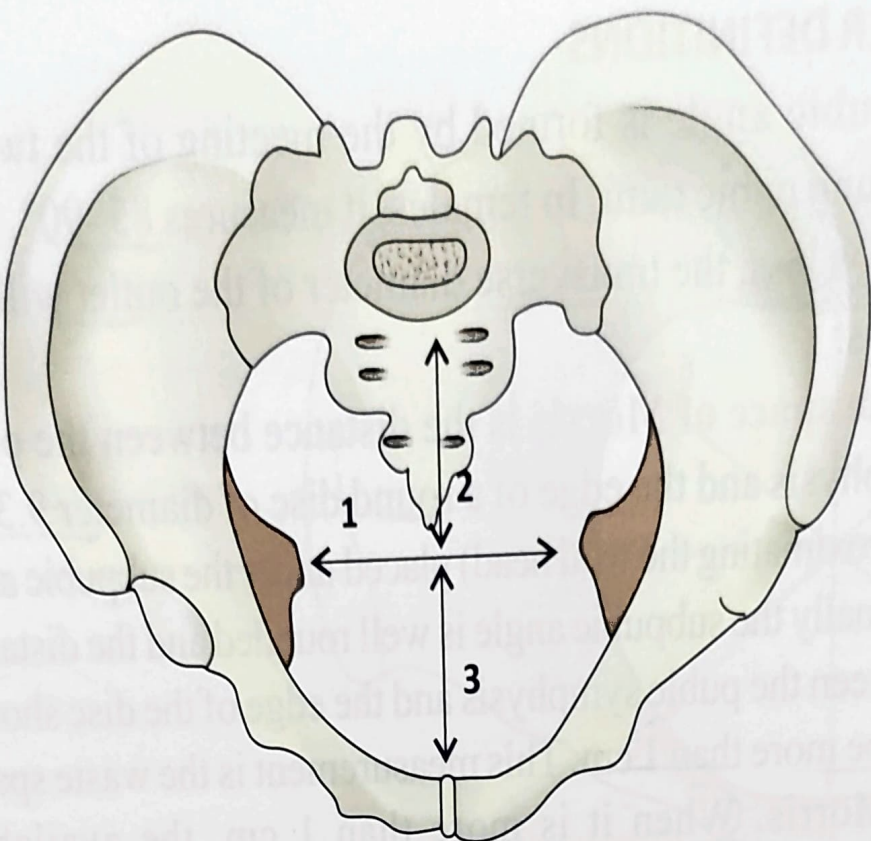
Plane of the pelvic inlet



- A) True conjugate
- B) Obstetric conjugate
- C) Diagonal conjugate
- D) AP diameter of midpelvis

Fig. 2.2

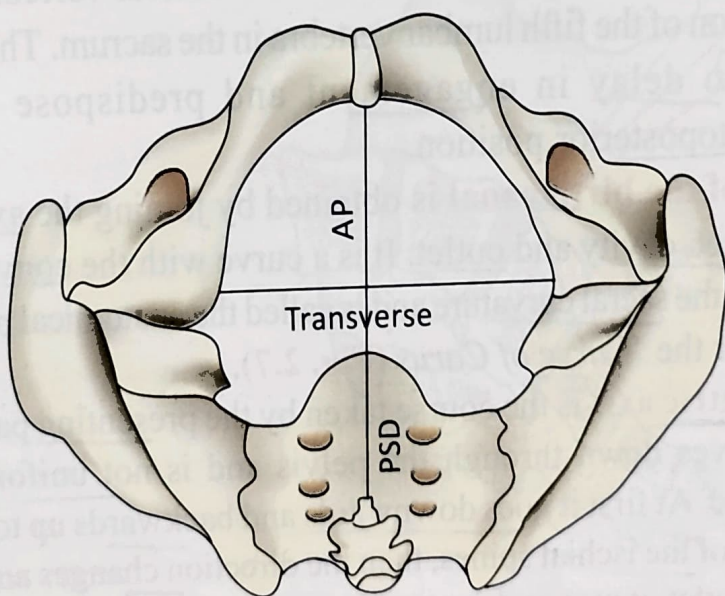
Anteroposterior diameters of the pelvic inlet in a sagittal view



- 1: Transverse diameter
- 2: Posterior sagittal diameter
- 2+3: AP diameter

Fig. 2.3

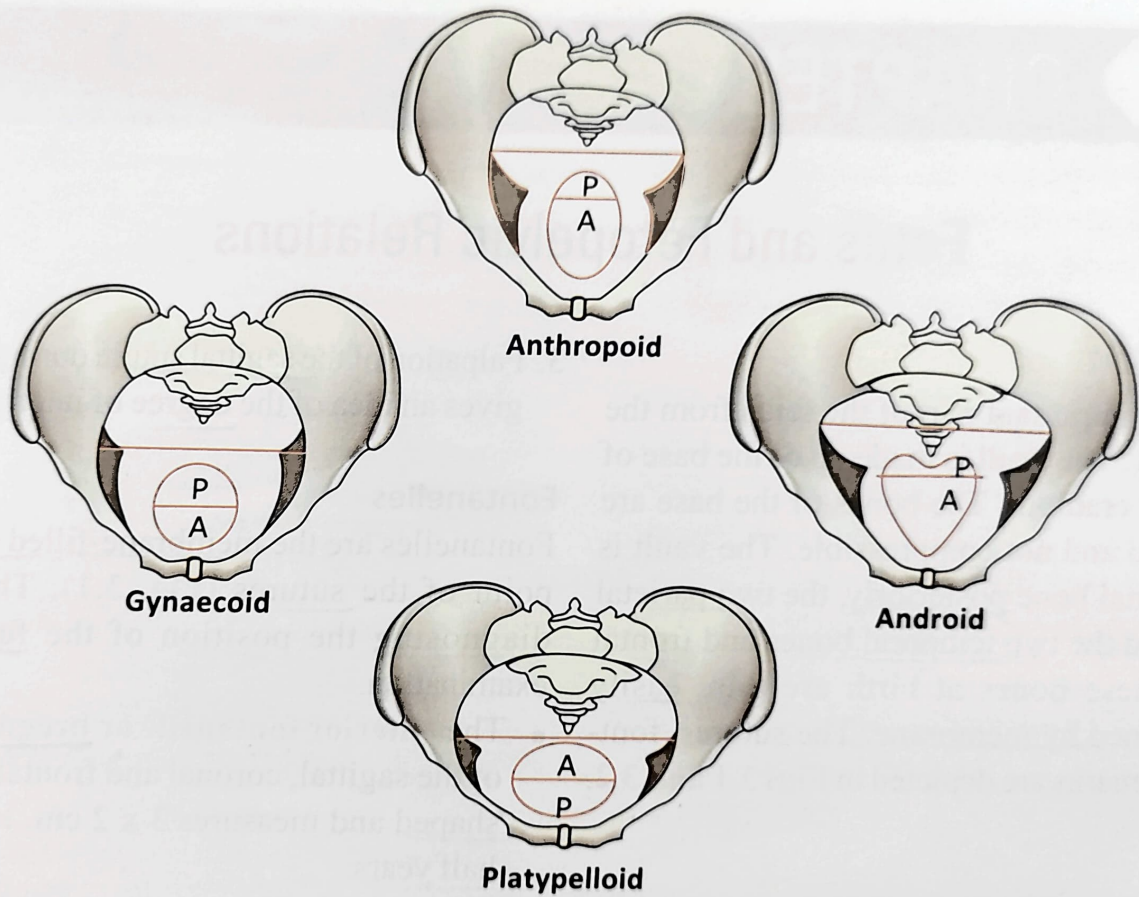
Plane of the midpelvis

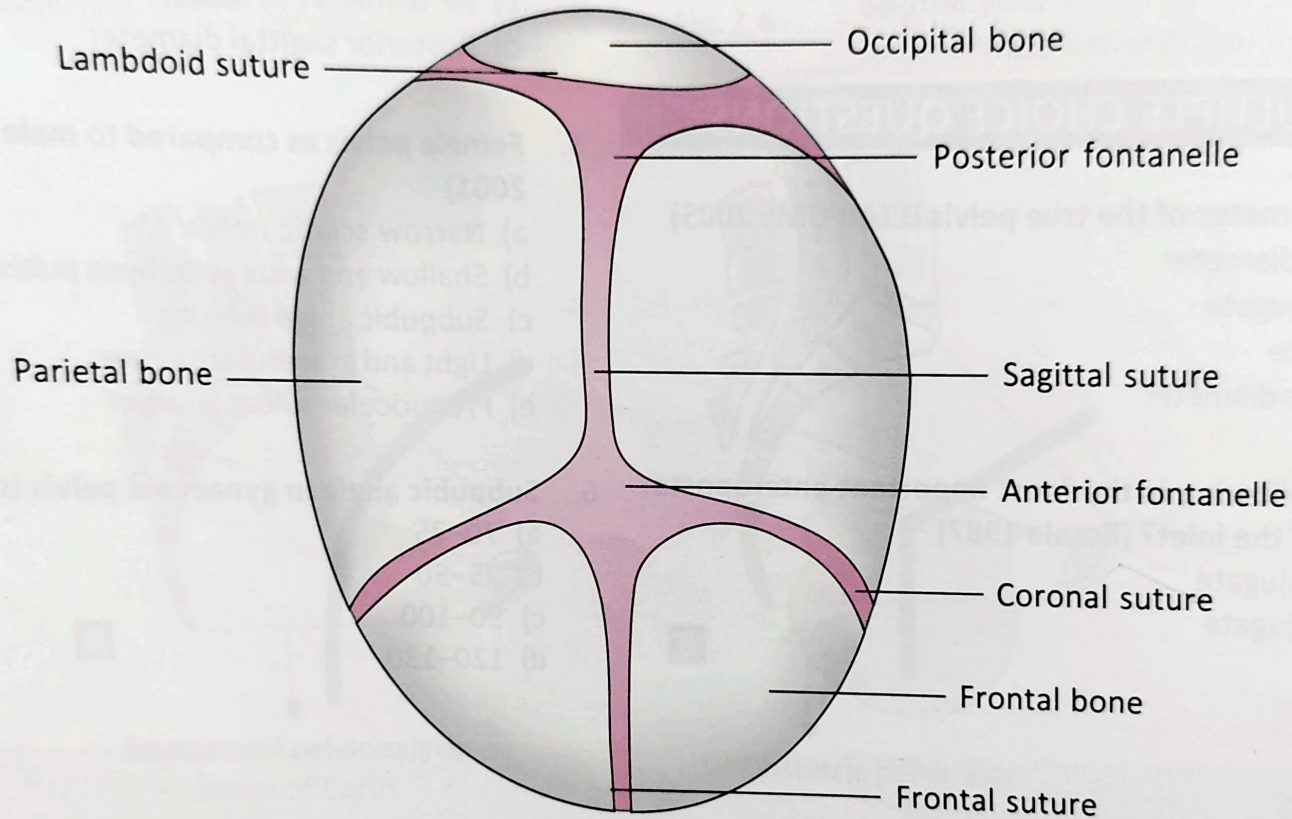


AP diameter - 9.5–11.5 cm
 Transverse diameter - 11 cm
 Posterior sagittal diameter - 7 cm

Fig. 2.5

Plane of the pelvic outlet





Superior view of fetal skull showing sutures and fontanelles

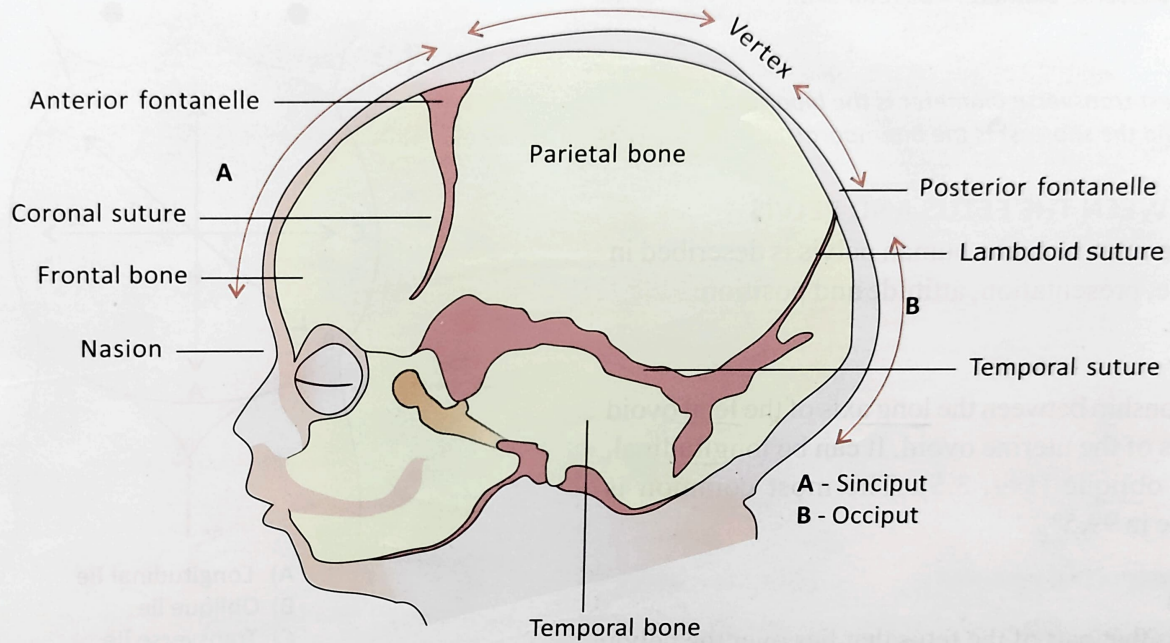


Fig. 3.2

Lateral view of fetal skull showing sutures, fontanelles and bony landmarks

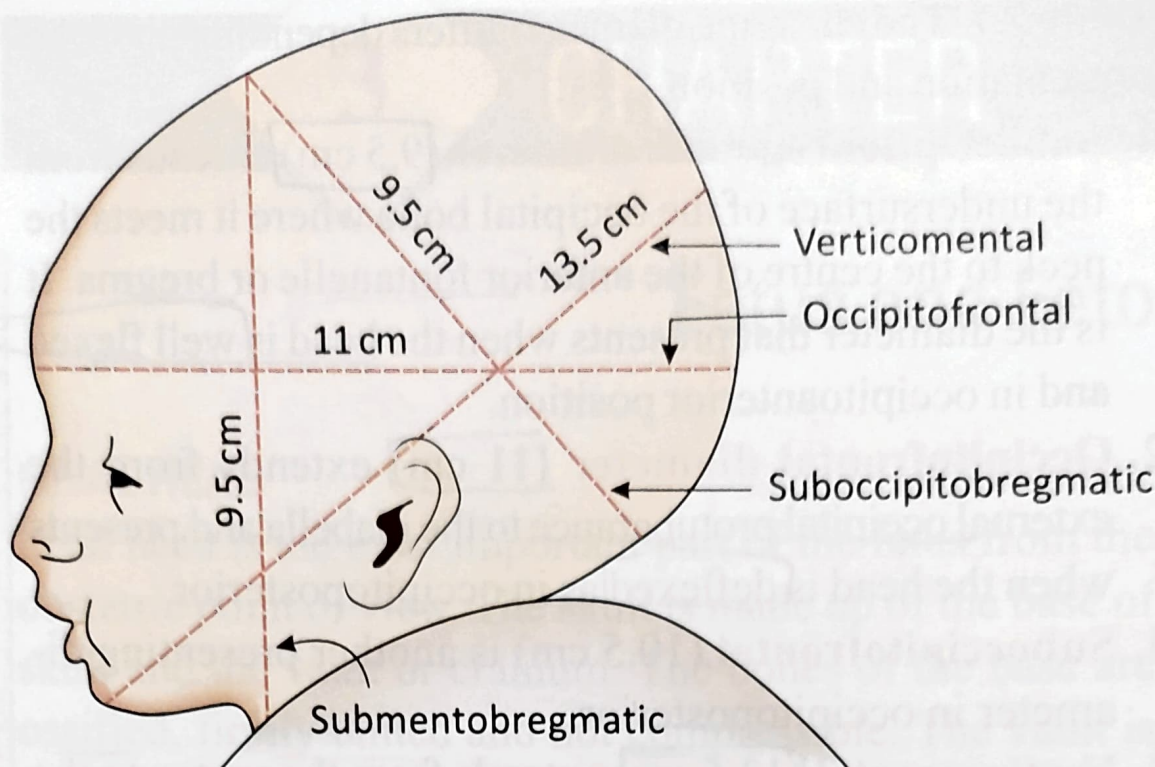


Fig. 3.3

Anteroposterior diameters of fetal skull

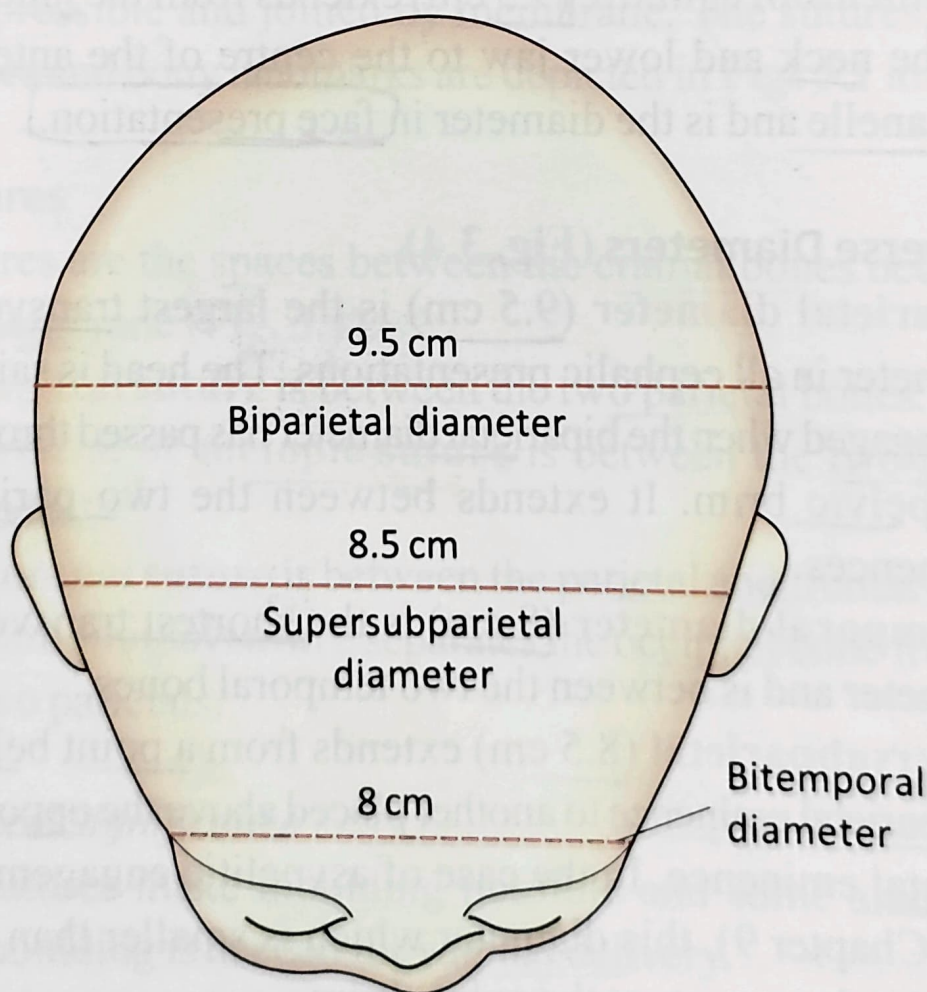
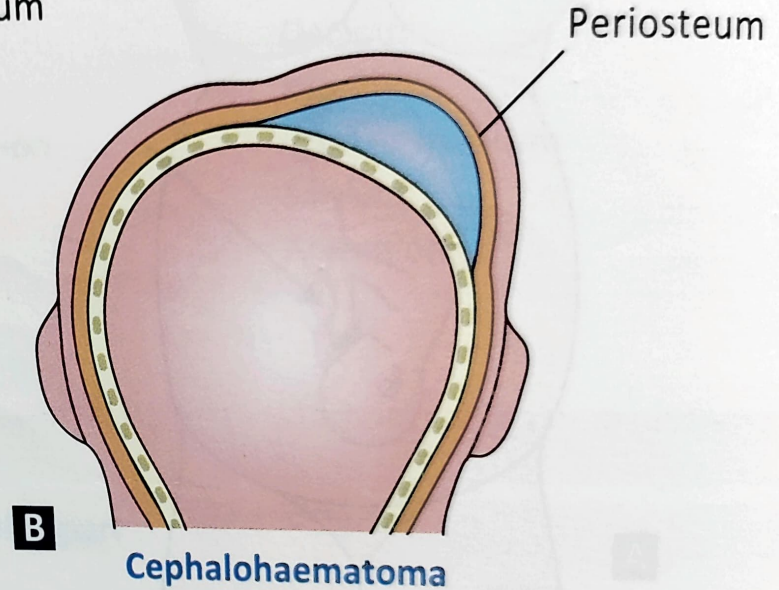
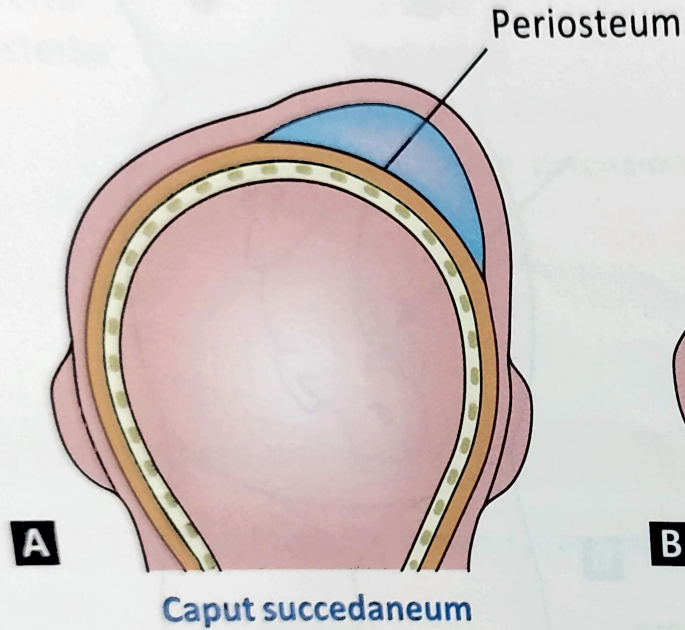


Fig. 3.4

Transverse diameters of fetal skull



Caput succedaneum is a fluid collection above the periosteum and cephalohaematoma is haemorrhage under the periosteum.

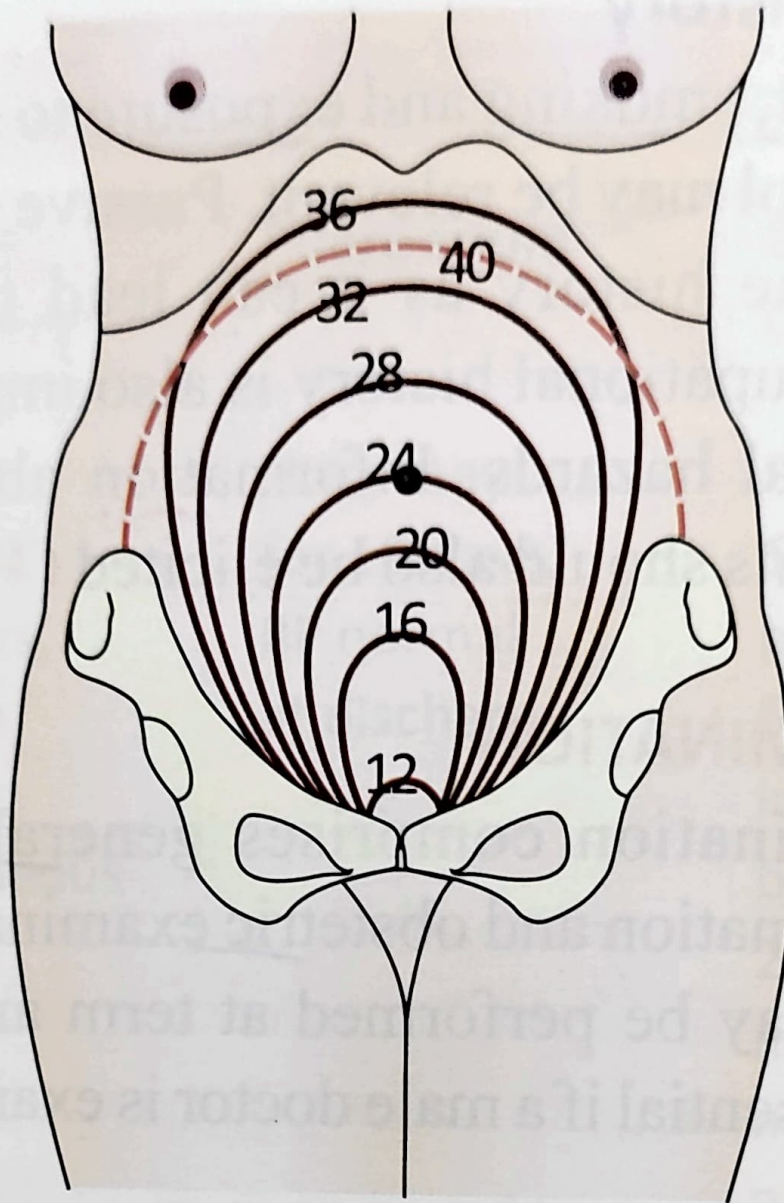
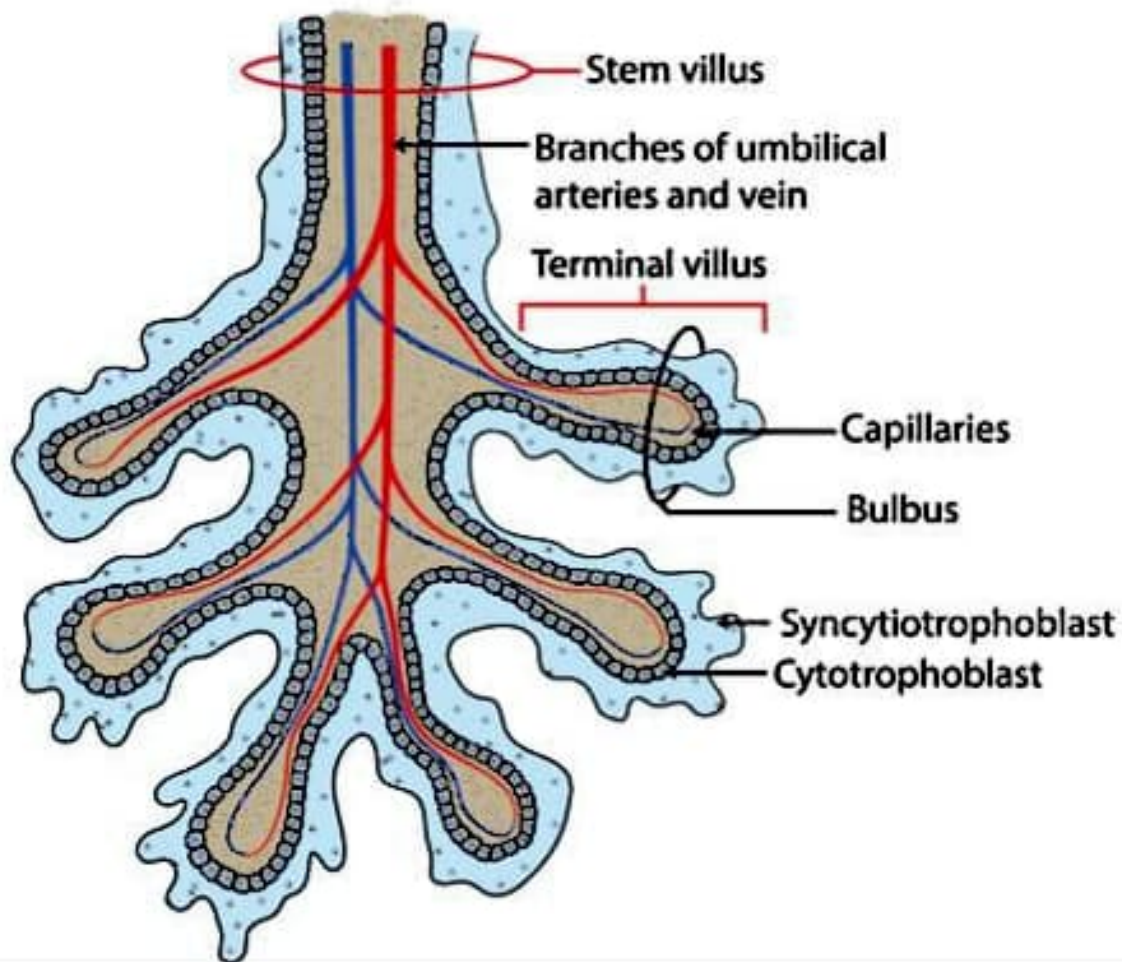


Fig. 4.1

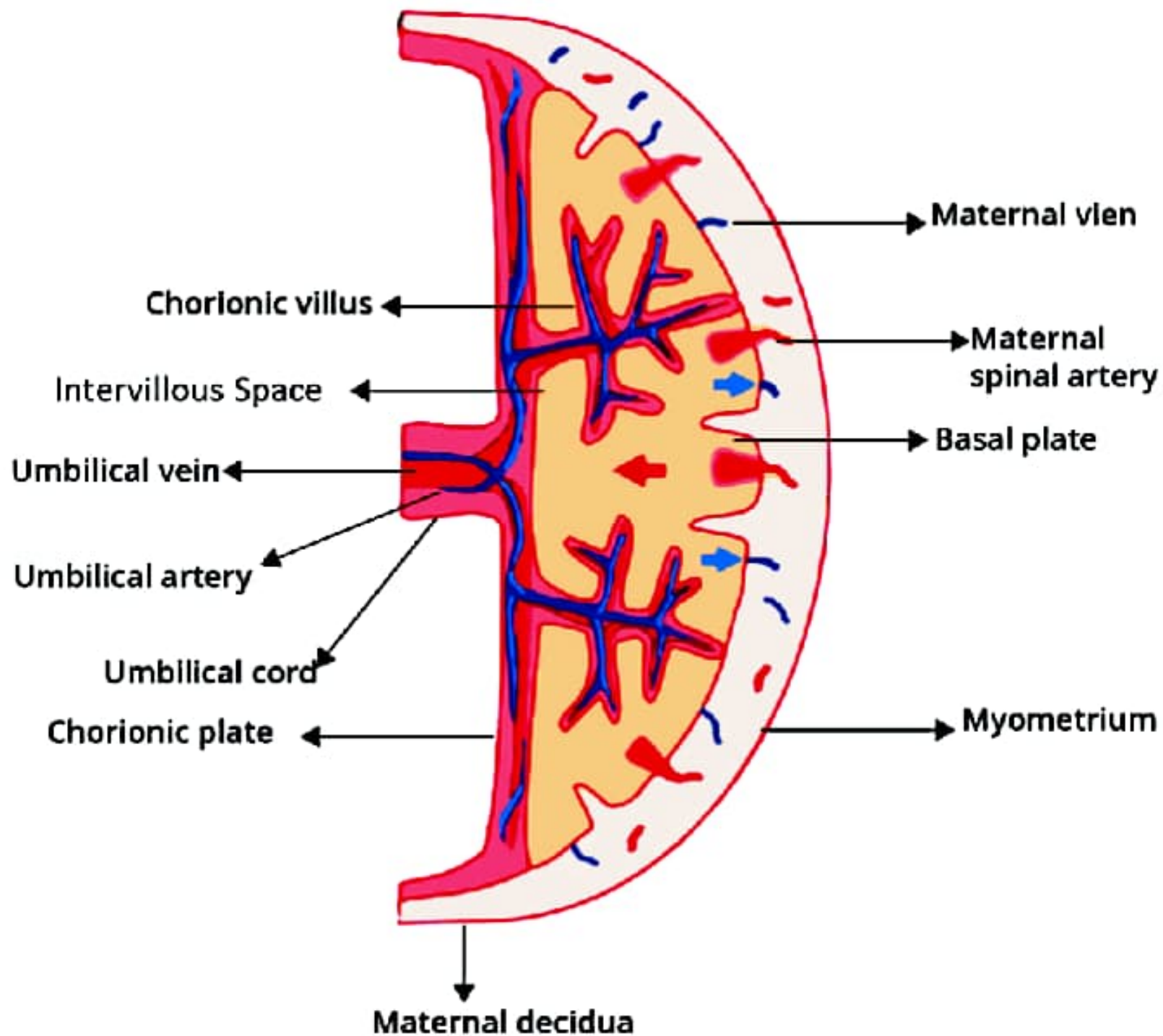
Height of fundus at different weeks of gestation

Structure of the chorionic villus

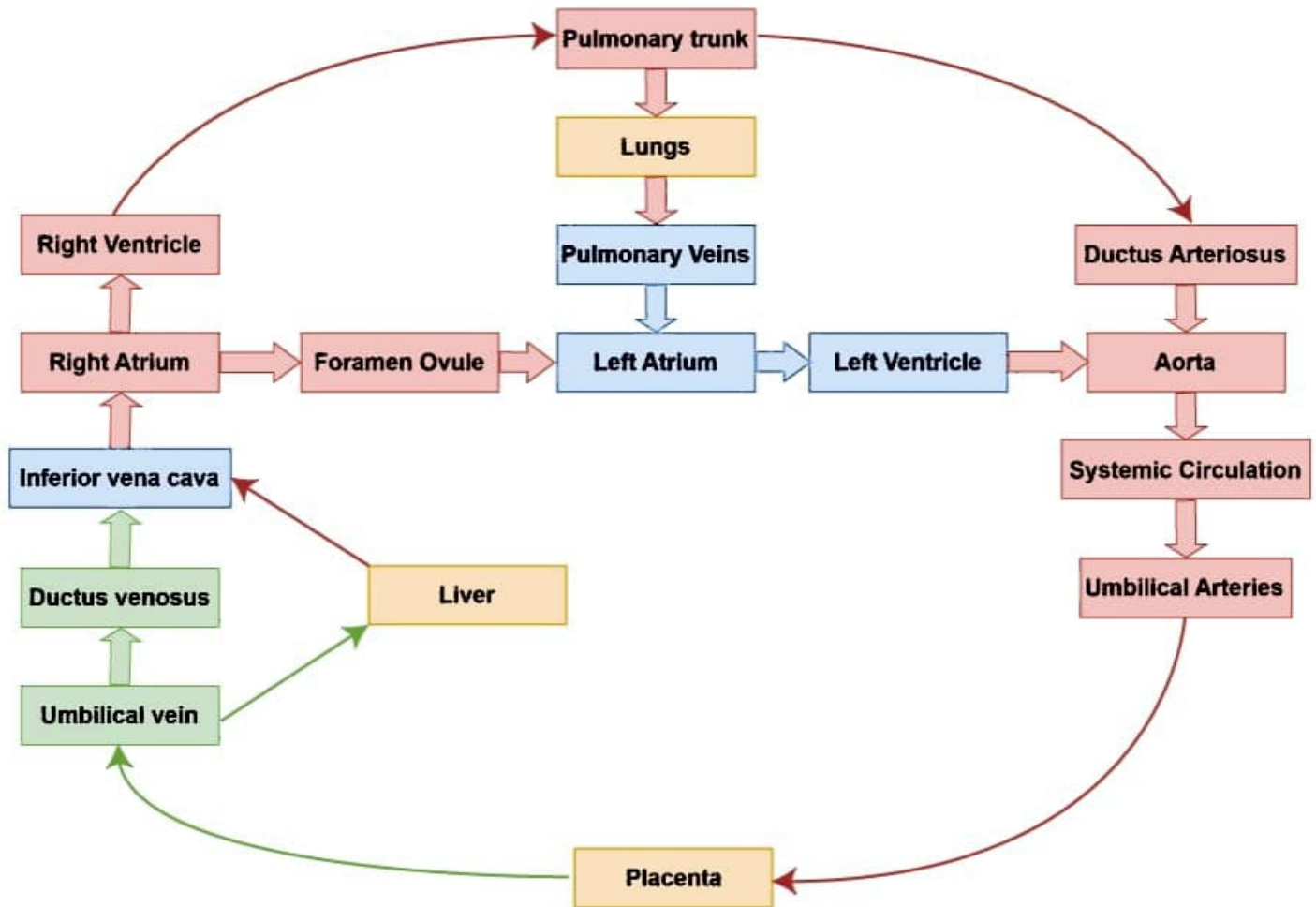


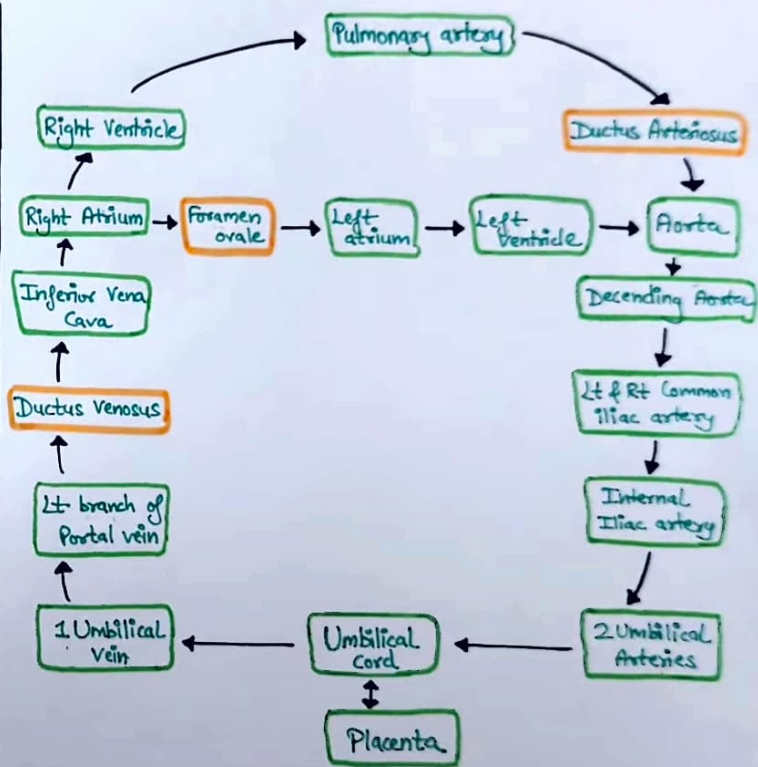
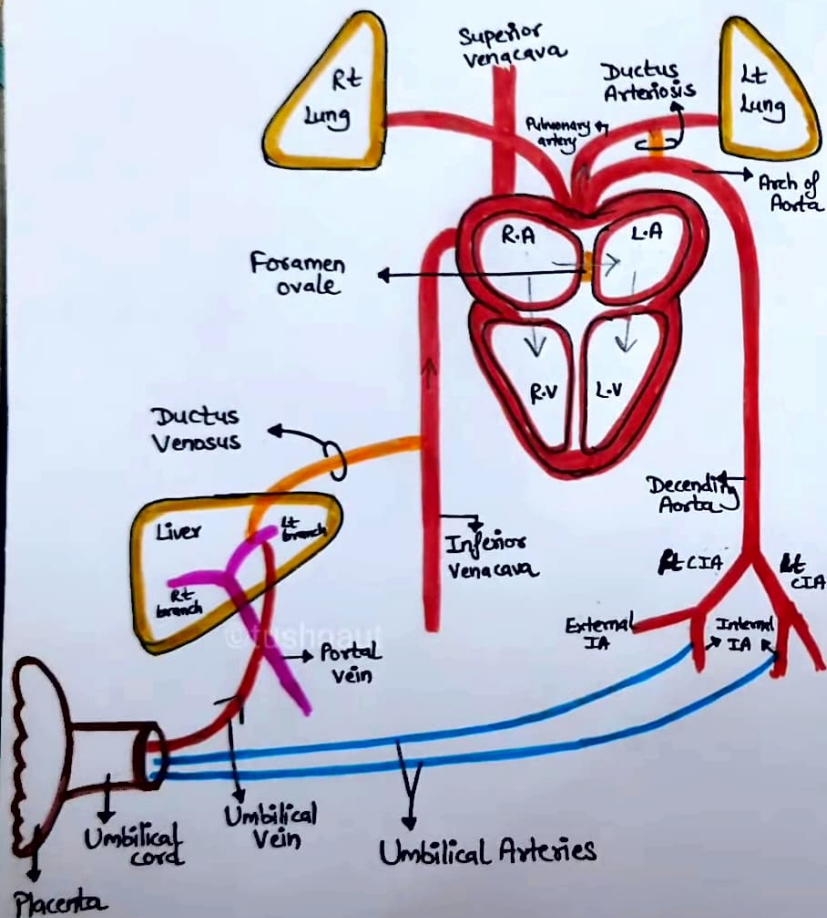
FETAL SIDE

MATERNAL SIDE



Fetal Circulation





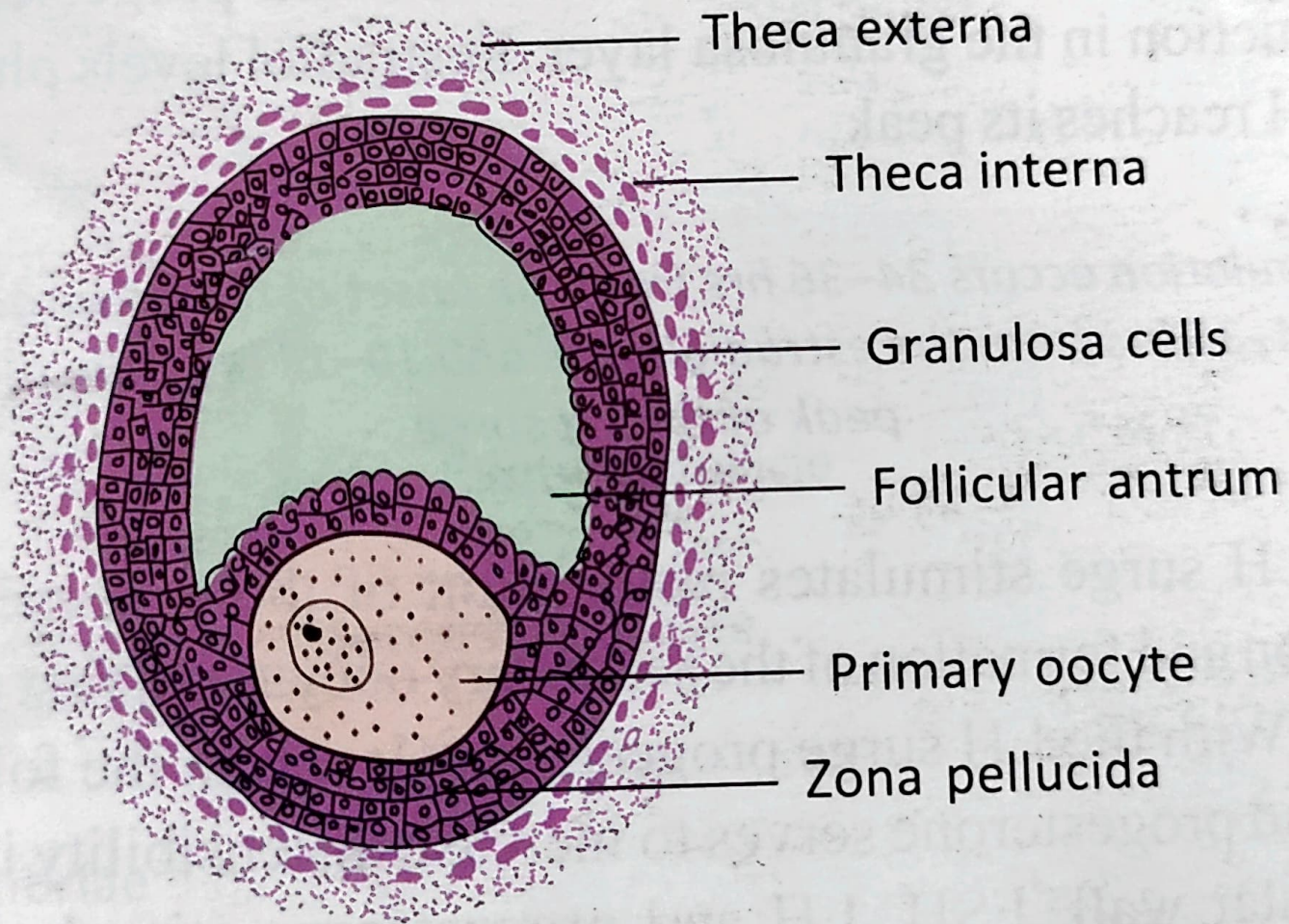
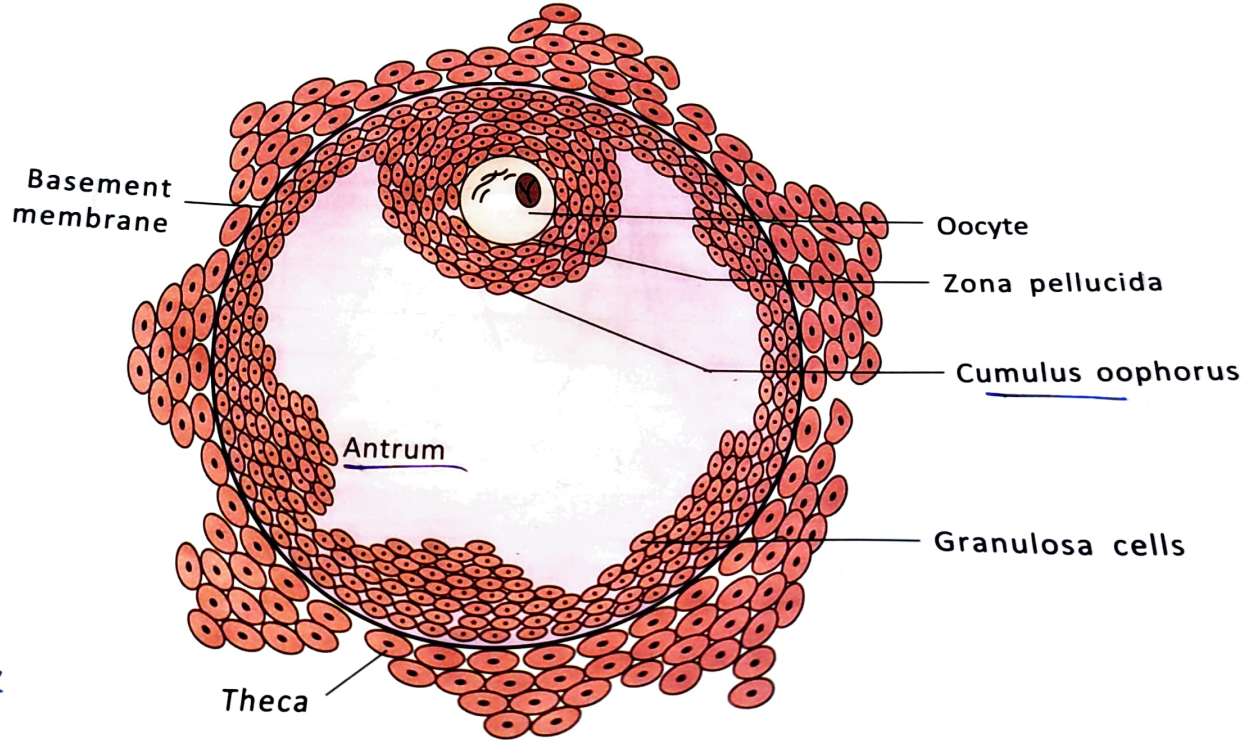


Fig. 5.5

Secondary or antral follicle

growth factor (VEGF) is also in the cycle, this will not occur. This midcycle



Graafian follicle

Fig. 2.2 Preovulatory follicle

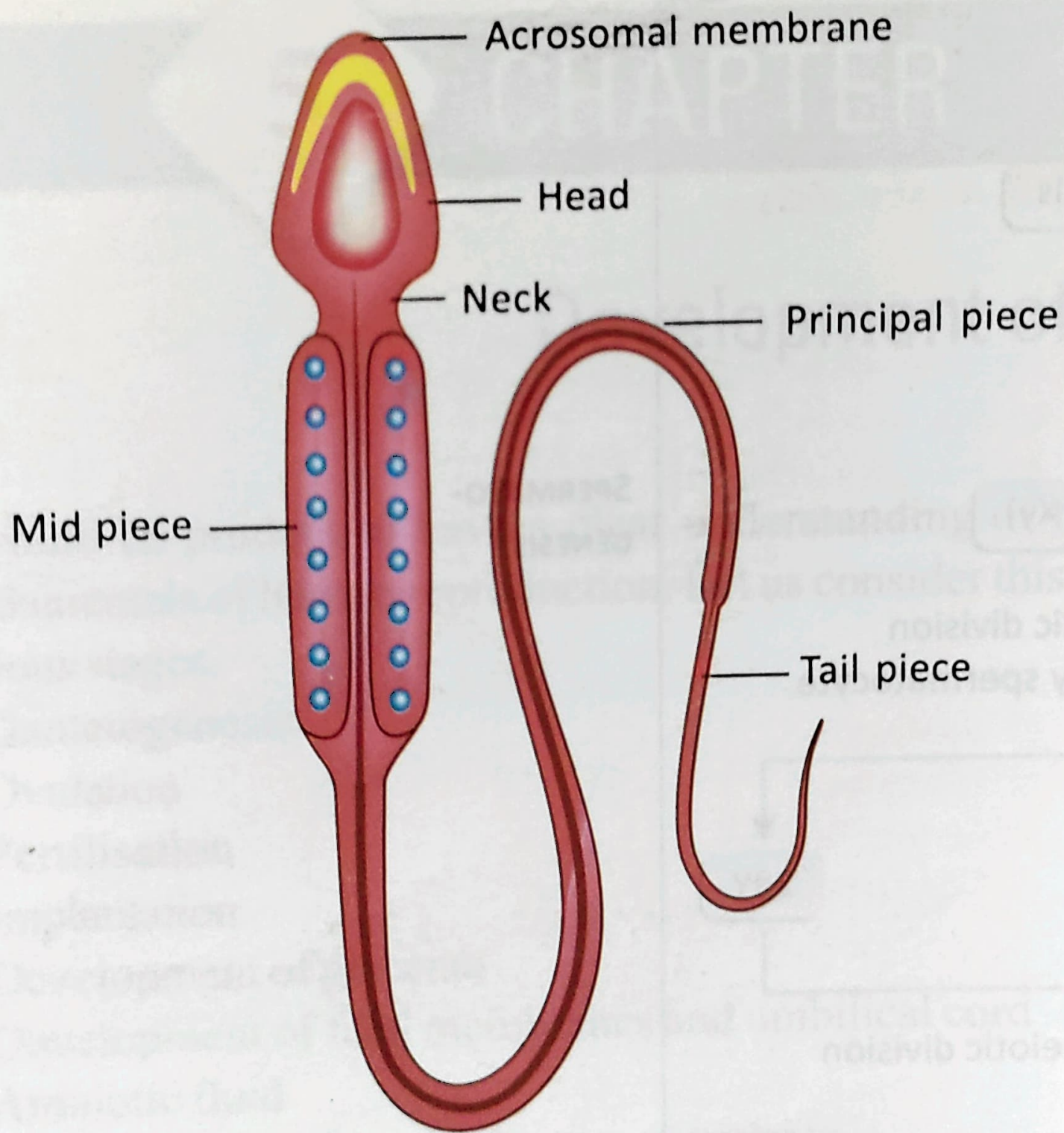


Fig. 5.1

Structure of a mature spermatozoon

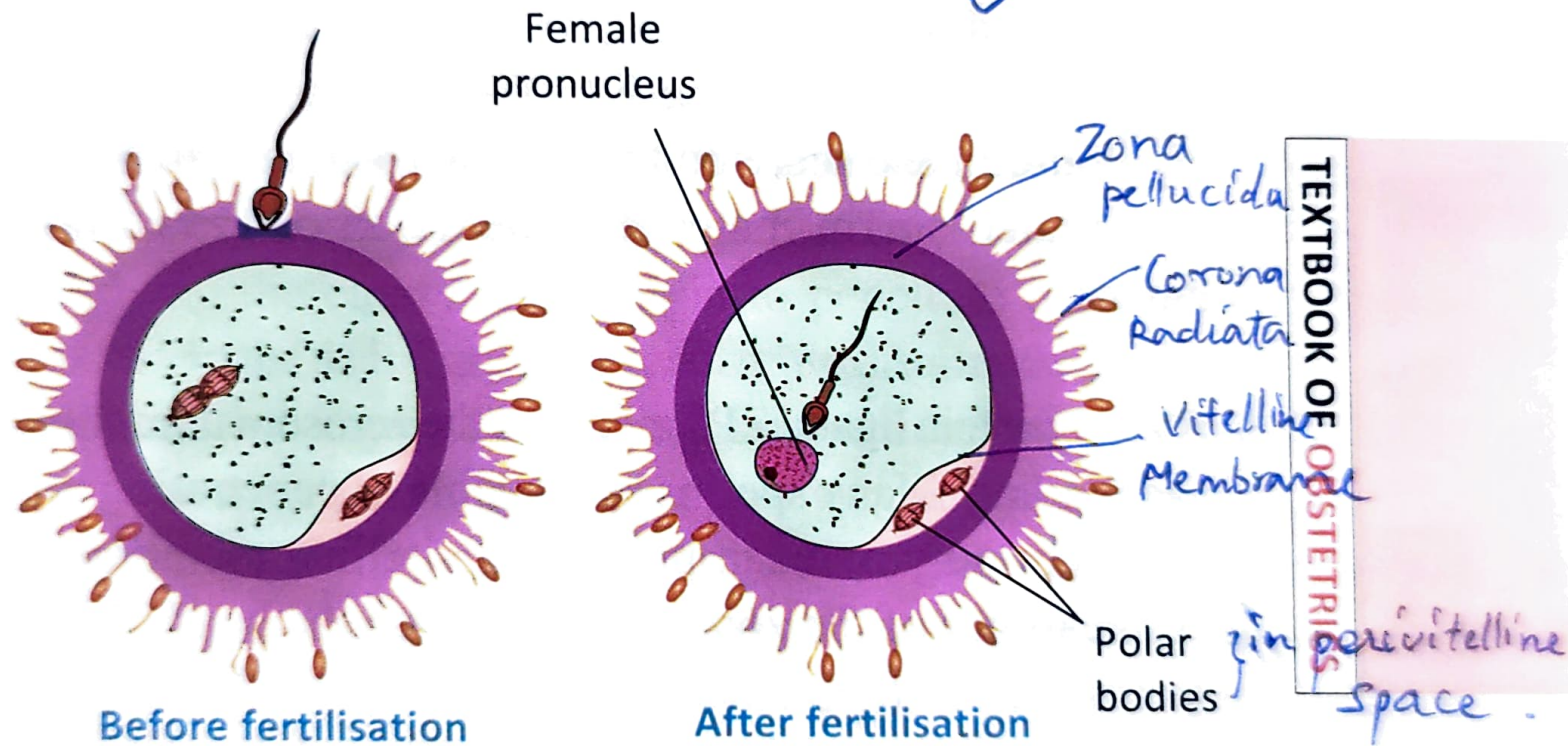


Fig. 5.8

Structure of a mature ovum

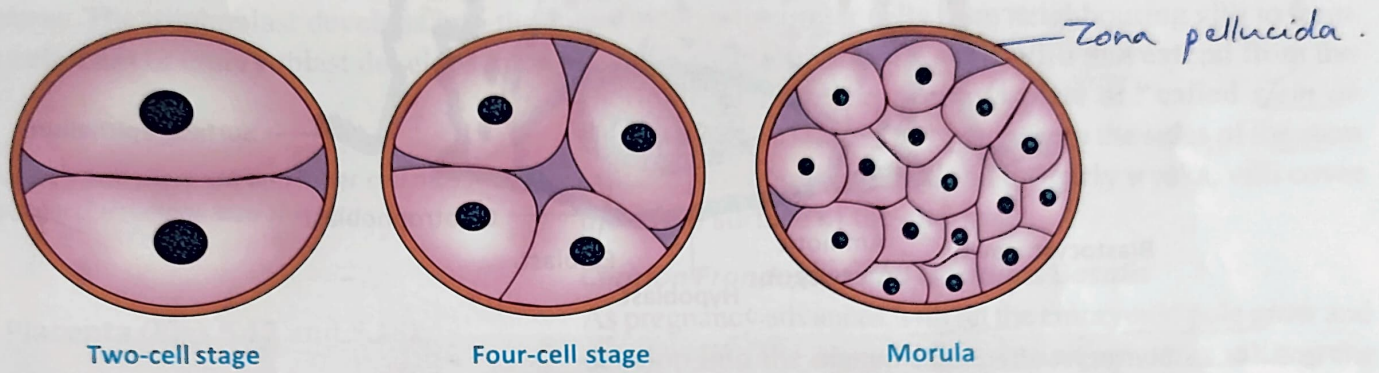


Fig. 5.12 Division of the zygote

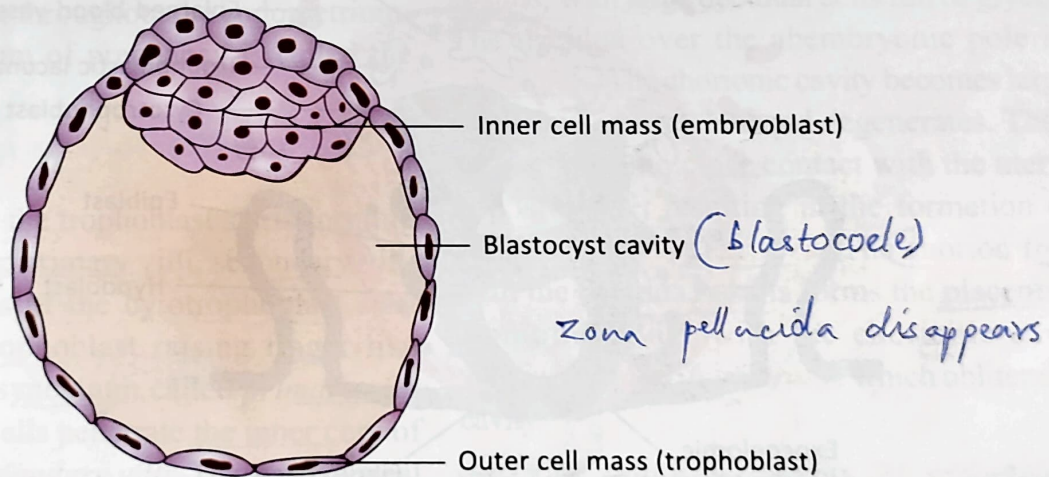


Fig. 5.13 Blastocyst just prior to implantation

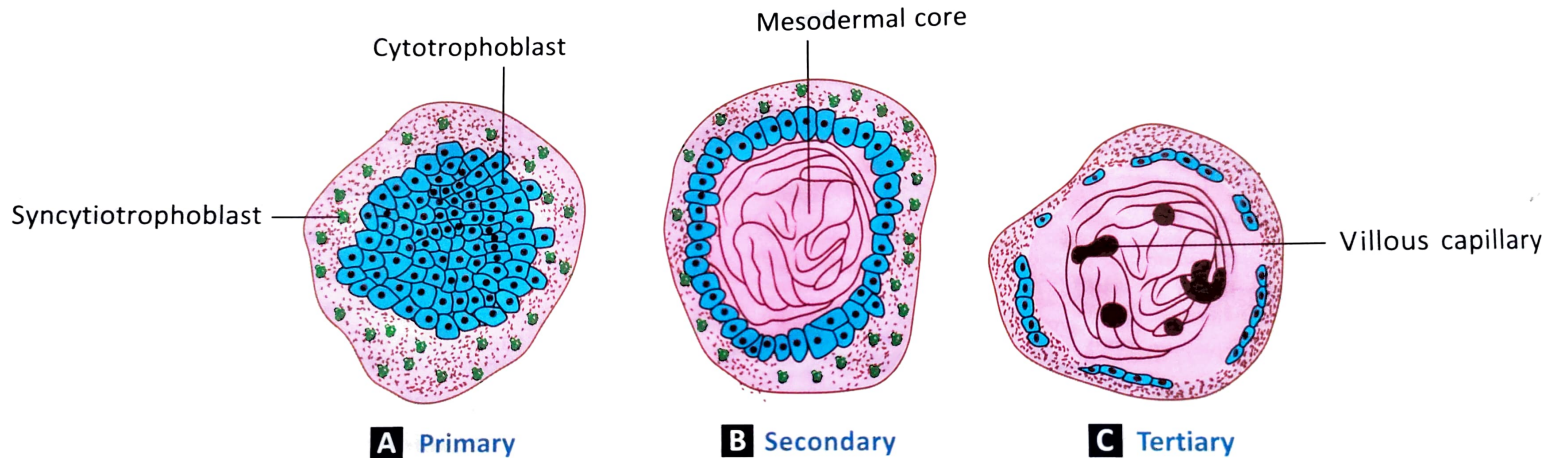
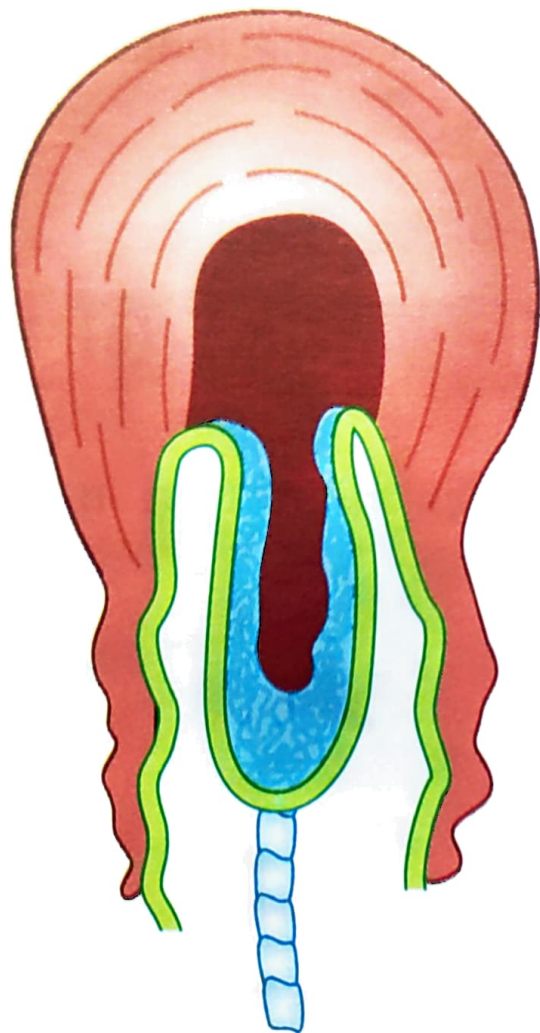
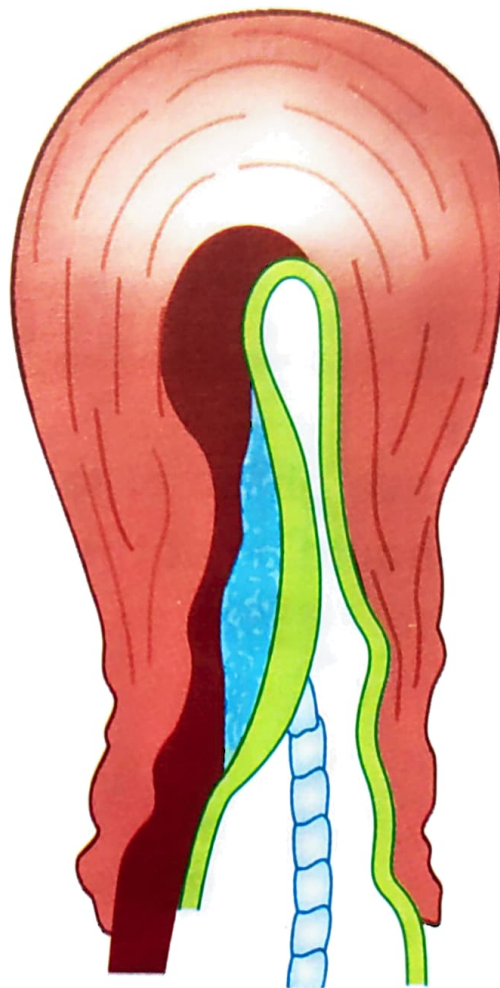


Fig. 5.17

Types of villi



A Central separation or Schultz method



B Marginal separation or Mathew Duncan method

Fig. 10.3

Types of placental separation

THE SIMPLIFIED PARTOGRAPH

IDENTIFICATION DATA

Name :

W/o :

Age :

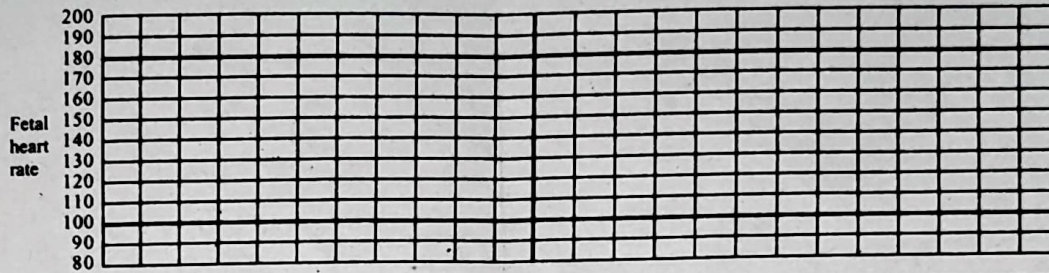
Parity :

Reg. No. :

Date and Time of admission :

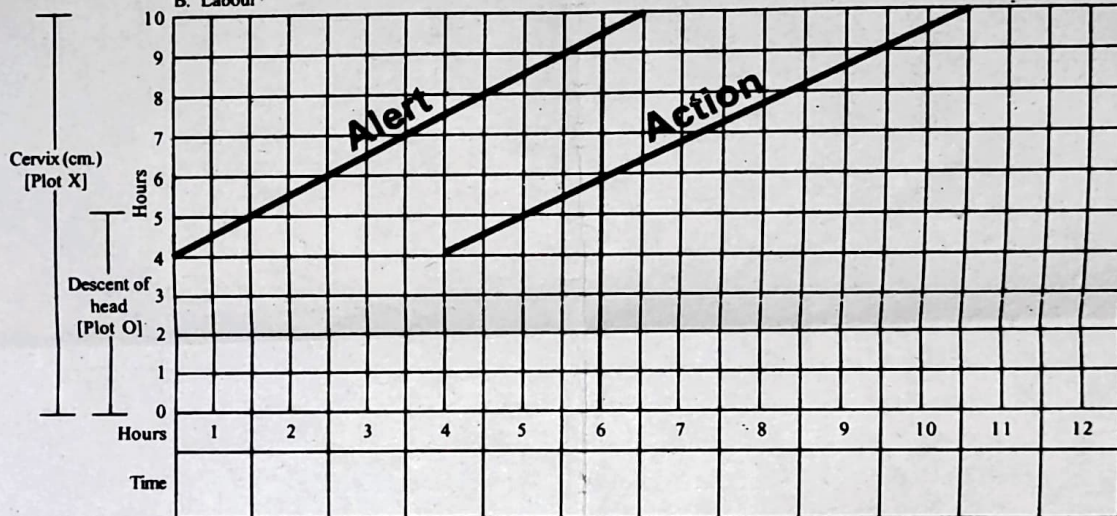
Date and Time of ROM :

A. Foetal Condition



Amniotic fluid Moulding

B. Labour

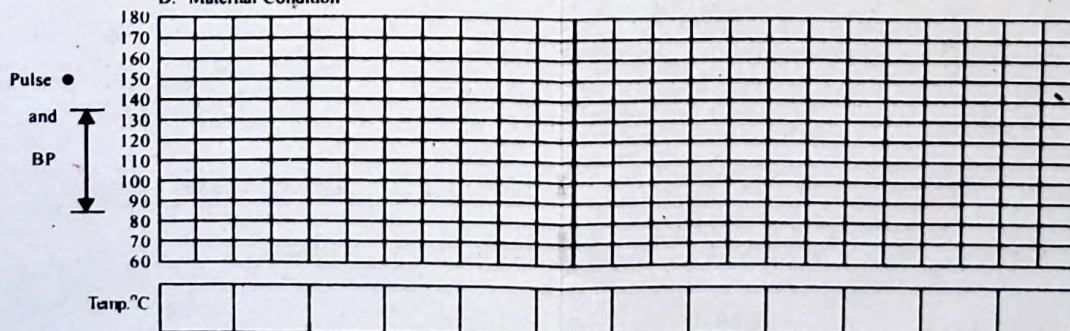


Oxytocin U/L drops/min.

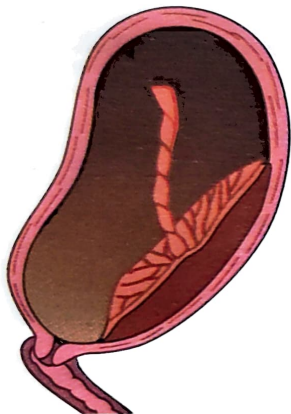
C. Interventions

Drugs given and IV fluids

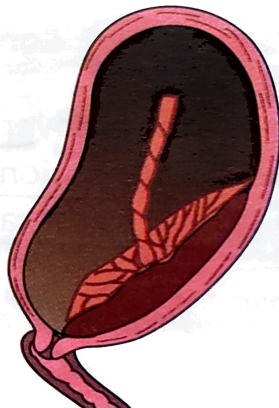
D. Maternal Condition



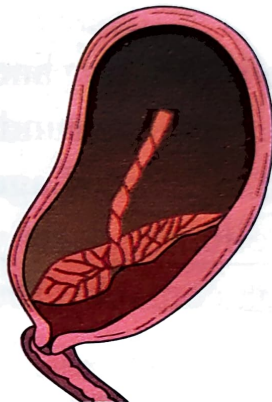
Temp. °C



Type 1 or
lateral



Type 2 or
marginal

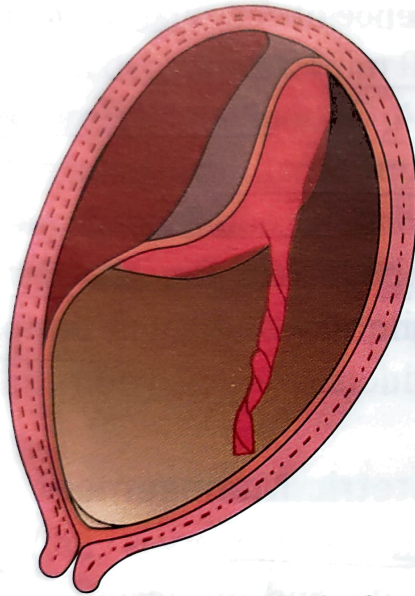


Type 3 or incomplete
central

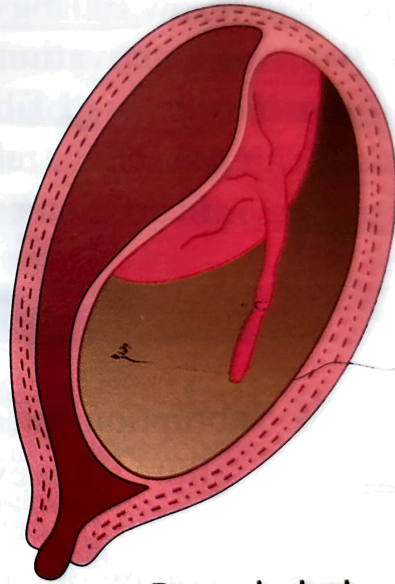


Type 4 or
central

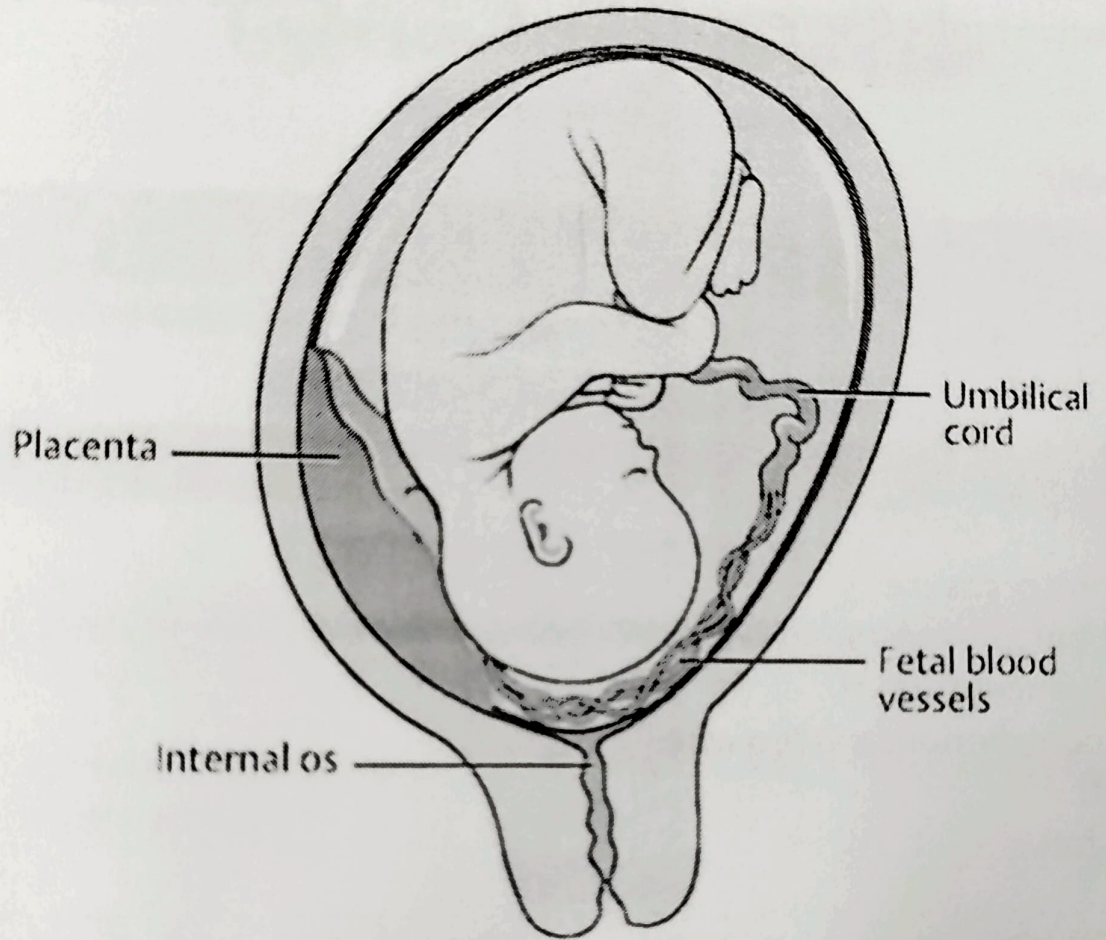
Classification of placenta praevia



Concealed abruption



Revealed abruption



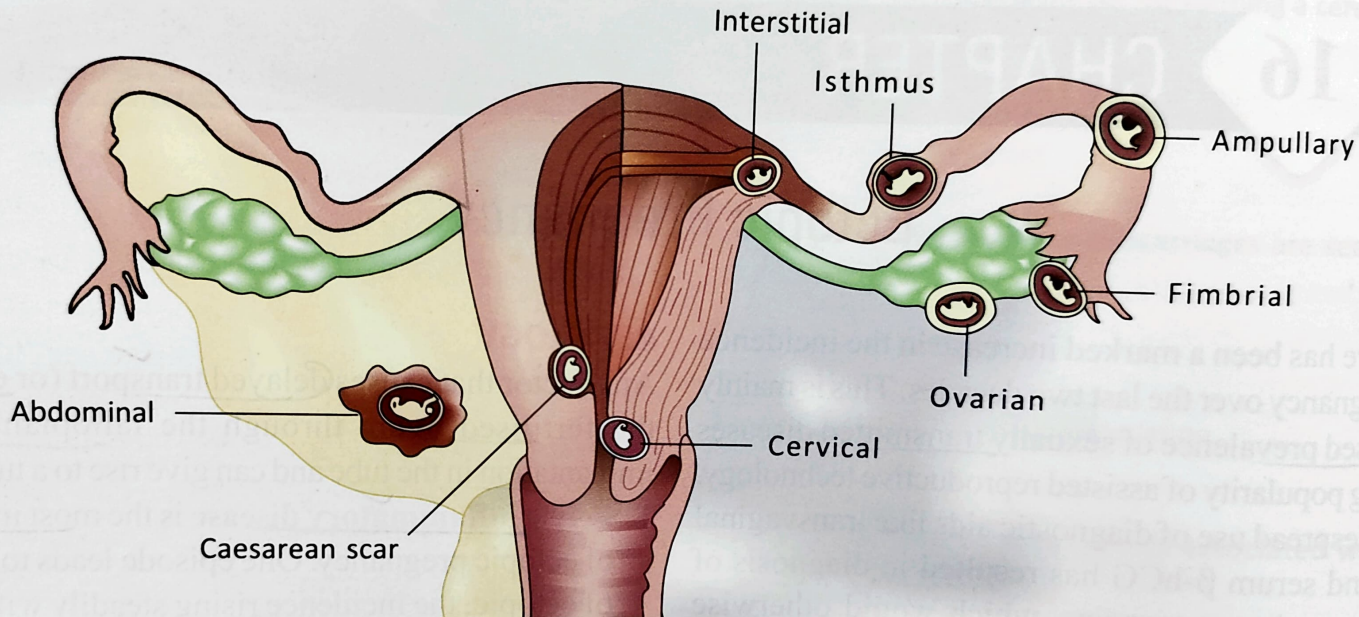
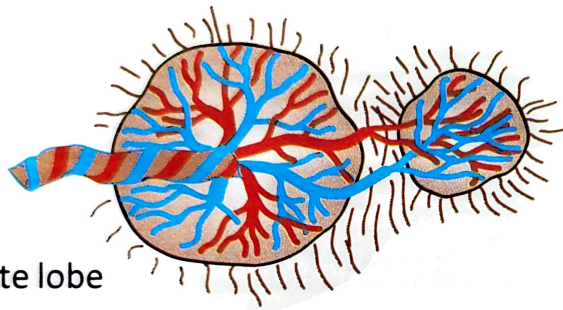


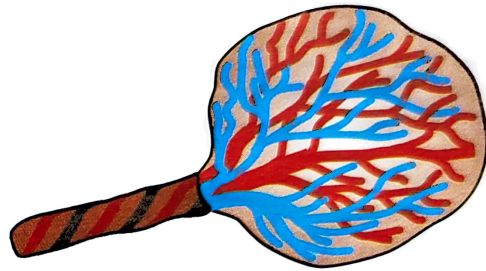
Fig. 16.1

Sites of ectopic pregnancy

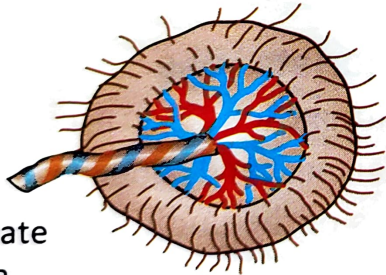
Succenturiate lobe



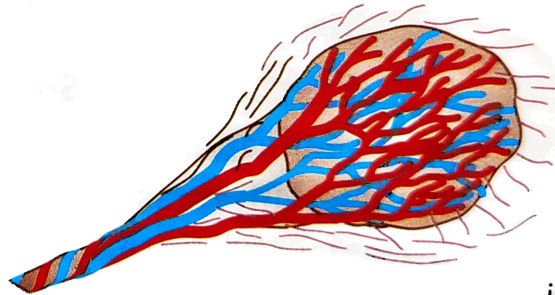
Battledore
placenta

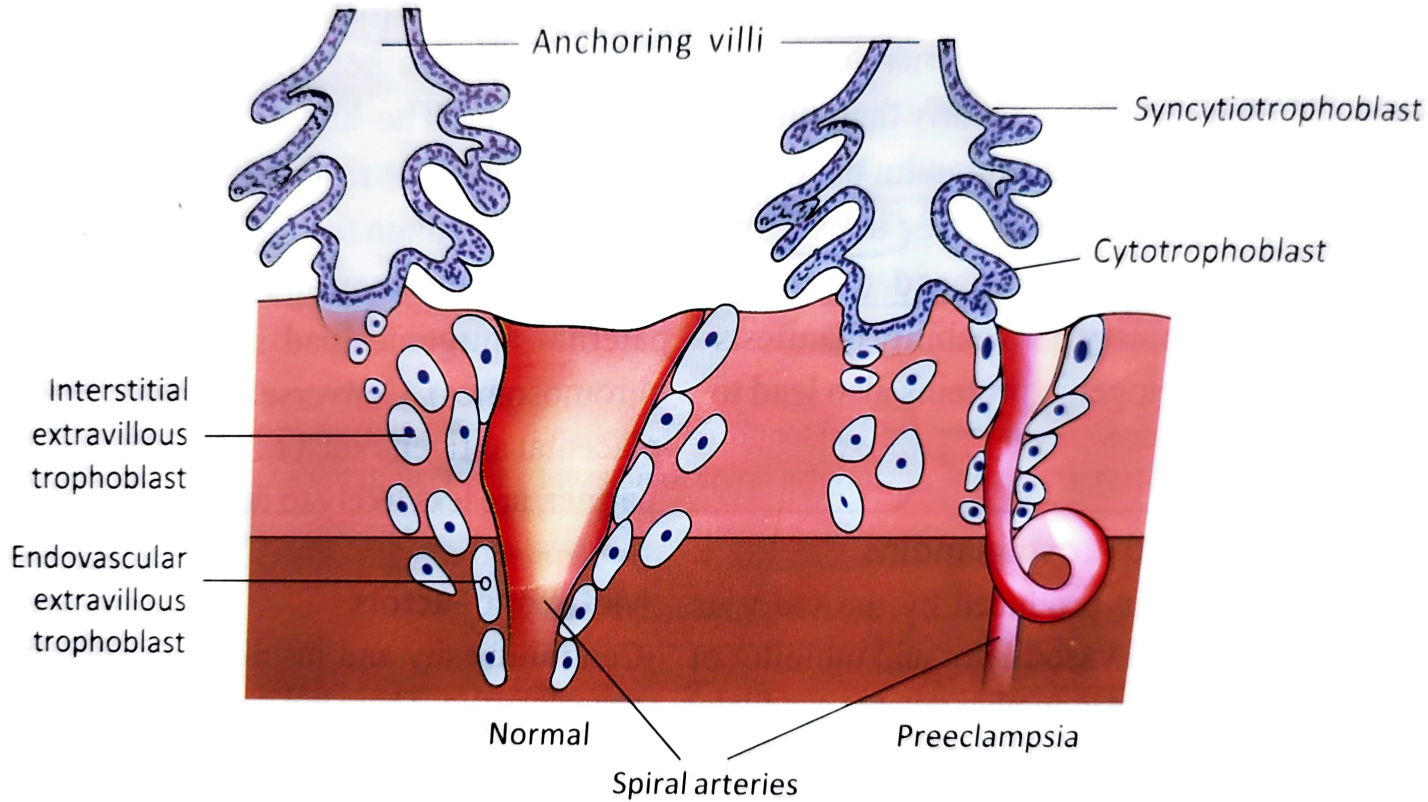


Circumvallate
placenta

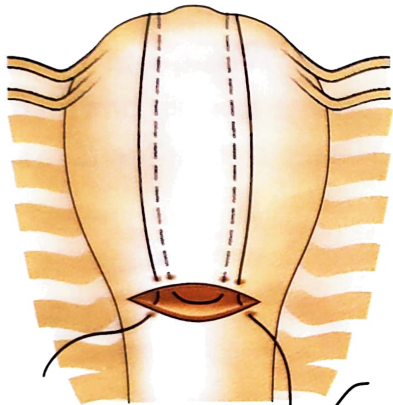


Velamentous
insertion of cord

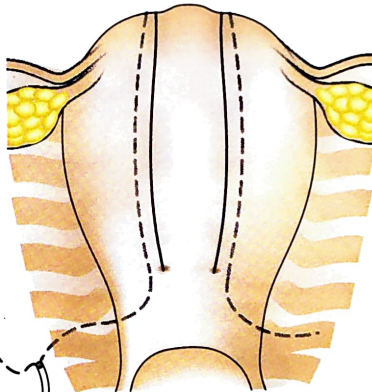




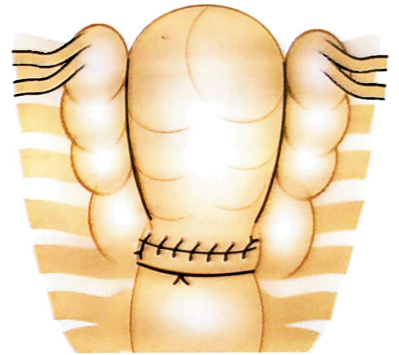
Normal third trimester placental implantation and placenta in preeclamptic pregnancy showing defective implantation



(A) Anterior view



(B) Posterior view



(C) Anterior view after completion

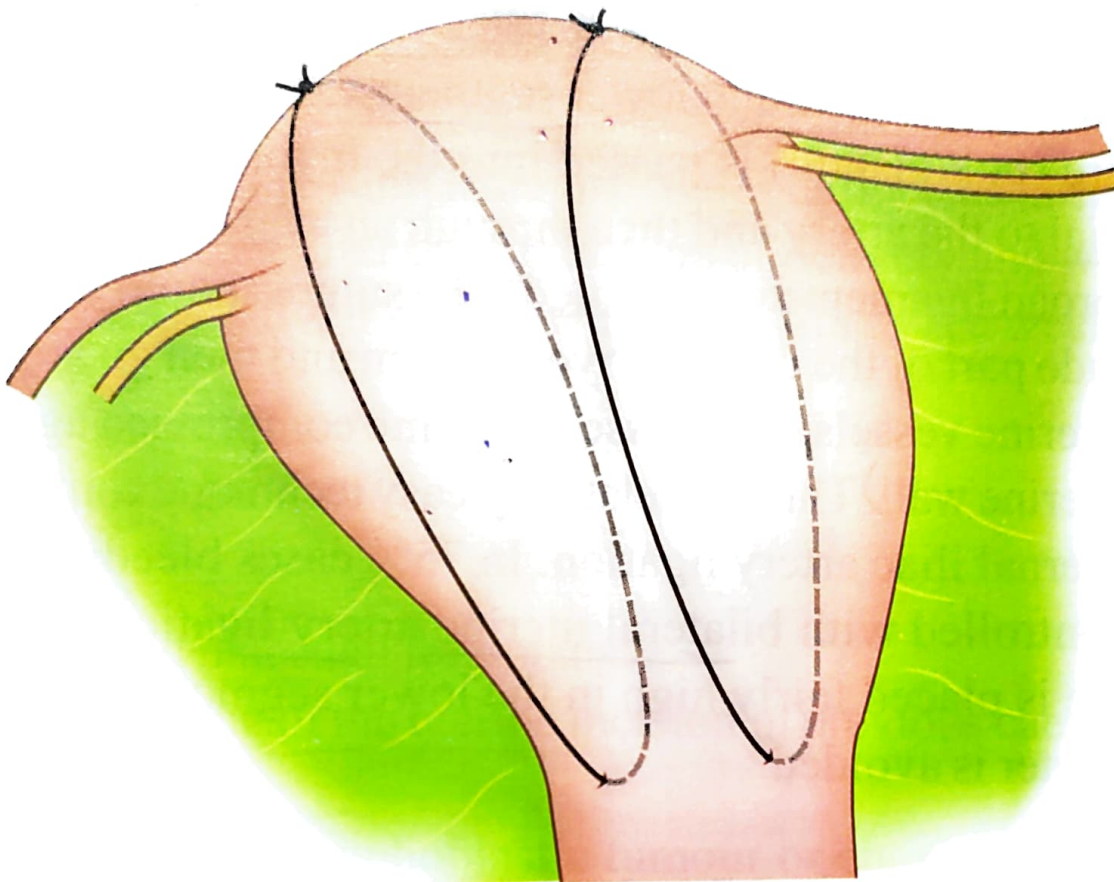


Fig. 44.4

Hayaman suture

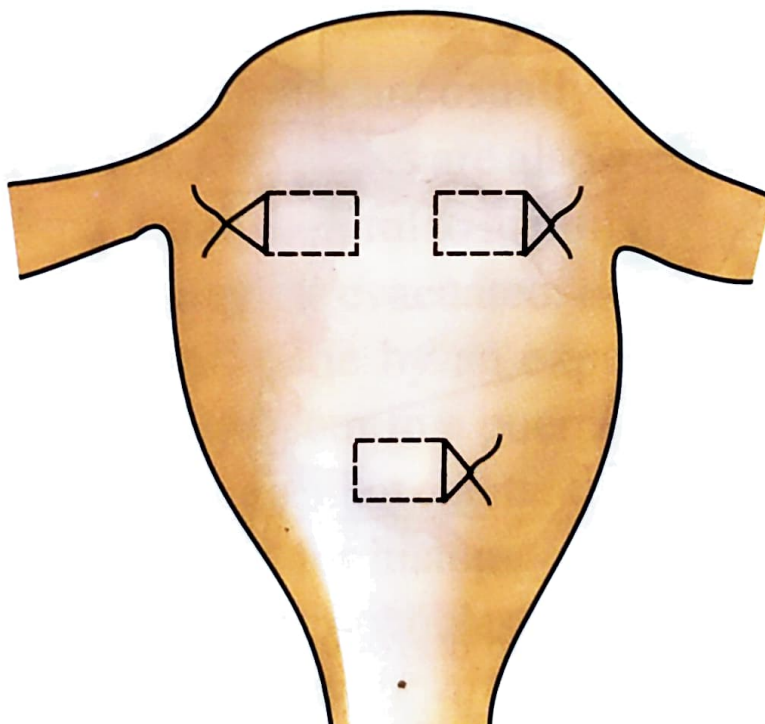
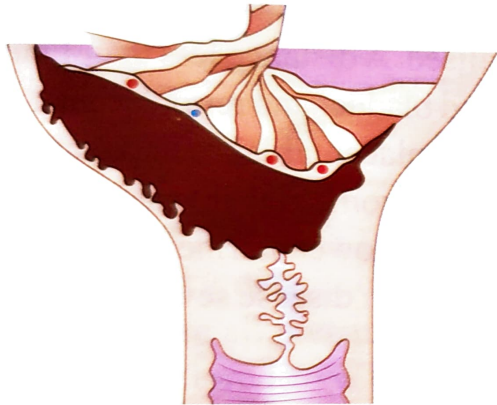
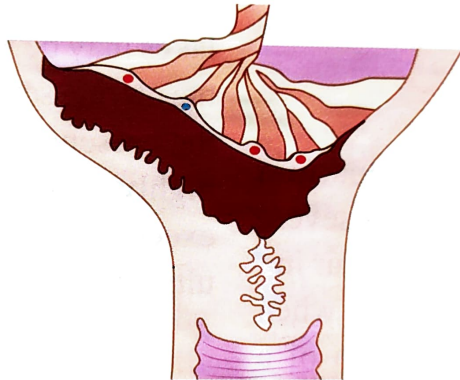


Fig. 44.5

Block sutures approximating the anterior and posterior walls of the uterus



A Placenta accreta



B Placenta increta



C Placenta percreta

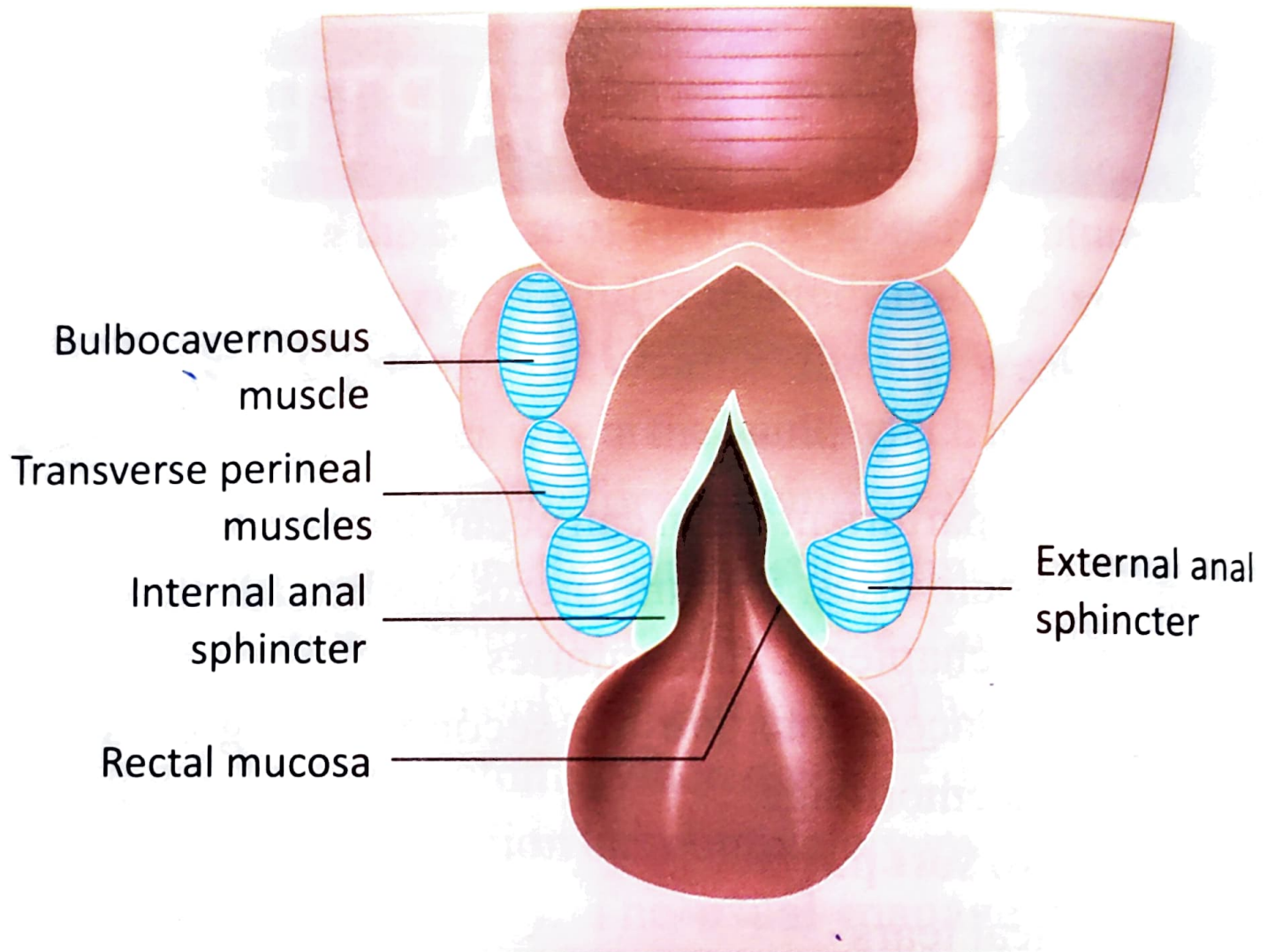


Fig. 47.1

Complete perinael tear showing the torn rectal mucosa and the internal and external anal sphincters.

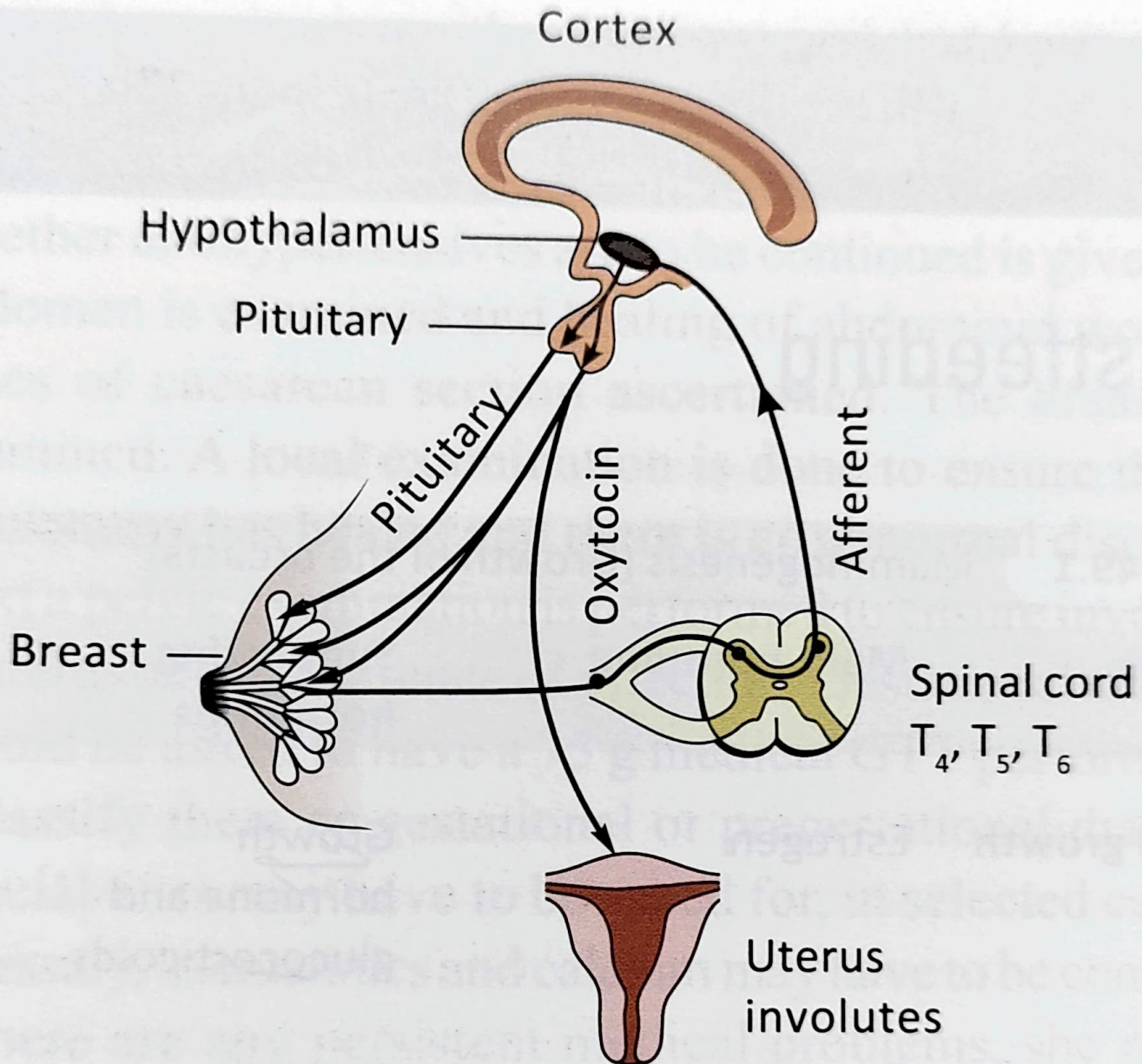


Fig. 49.1

Physiology of lactation

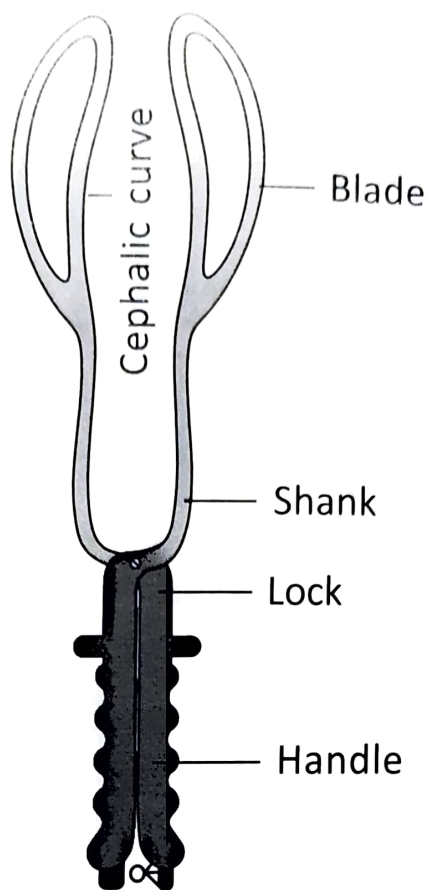


Fig. 51.1

Parts of the obstetric forceps

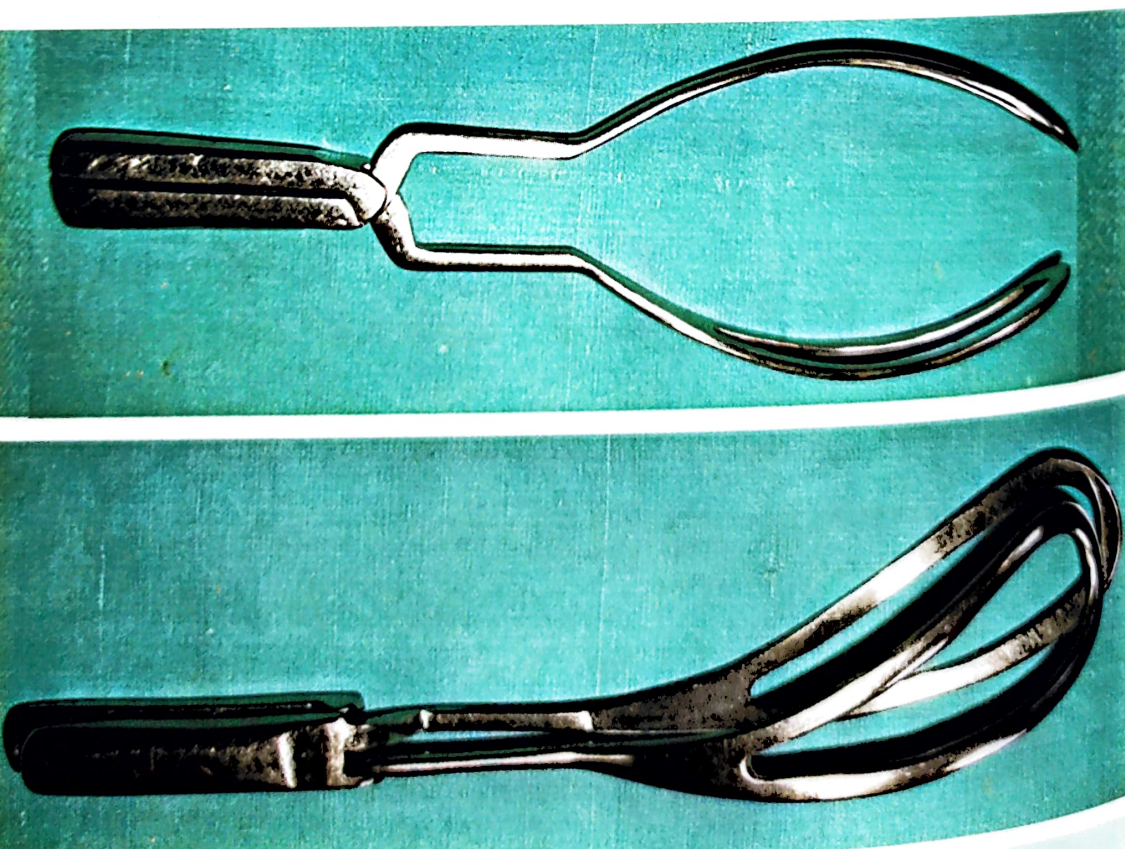
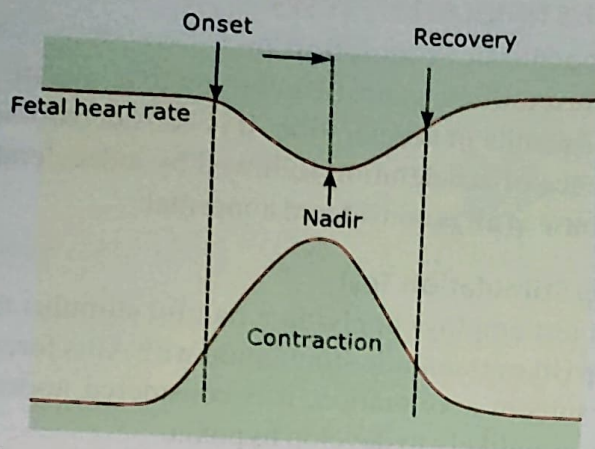
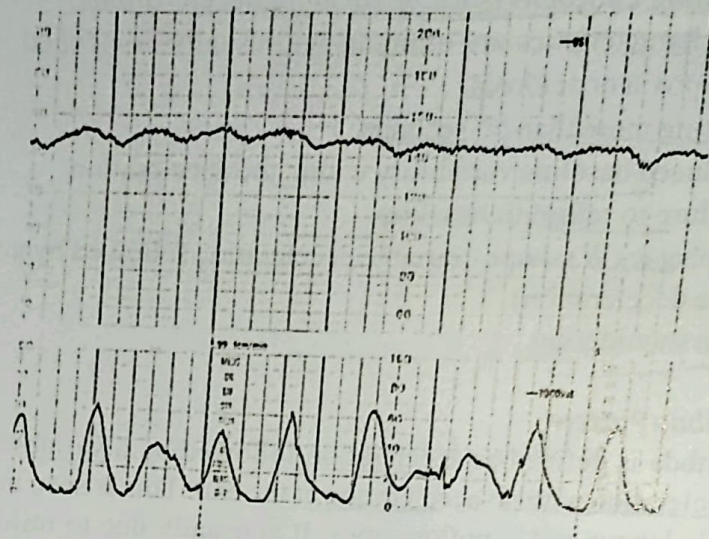


Fig. 51.2

Wrigley outlet forceps showing cephalic (A) and pelvic (B) curves



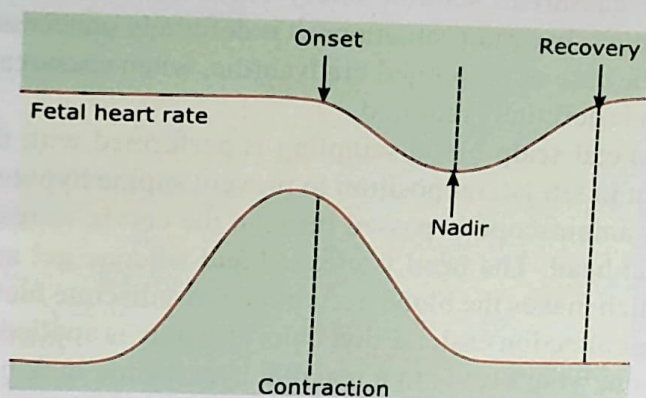
A



B

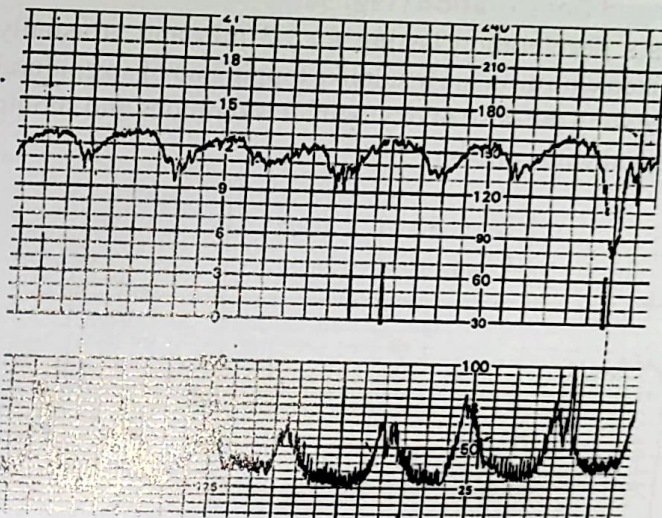
Fig. 58.4 A,B

Early decelerations. (A) Diagrammatic view, (B) Early decelerations



A

Diagrammatic view



B

Fig. 58.5 A,B

Late decelerations. (A) Diagrammatic view, (B) Late decelerations

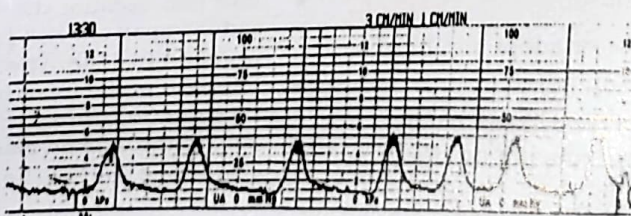


Fig. 58.6

Variable decelerations (note shouldering before and after the deceleration)

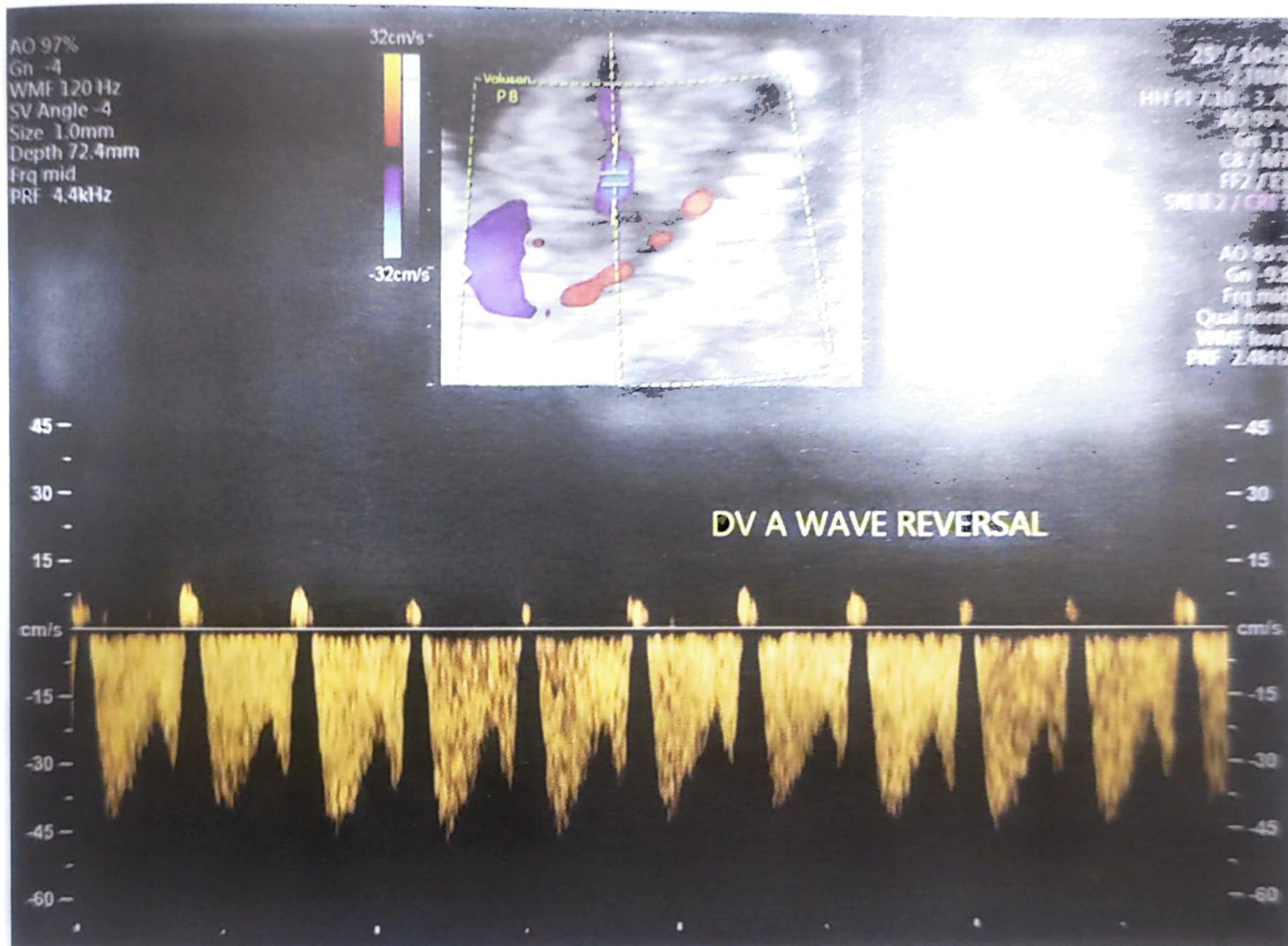
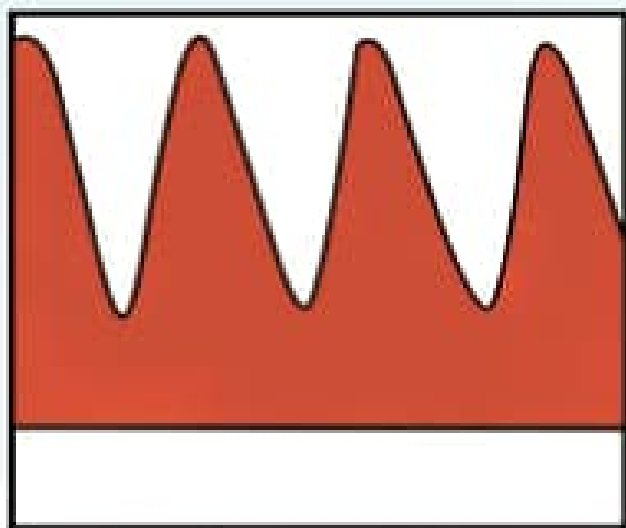
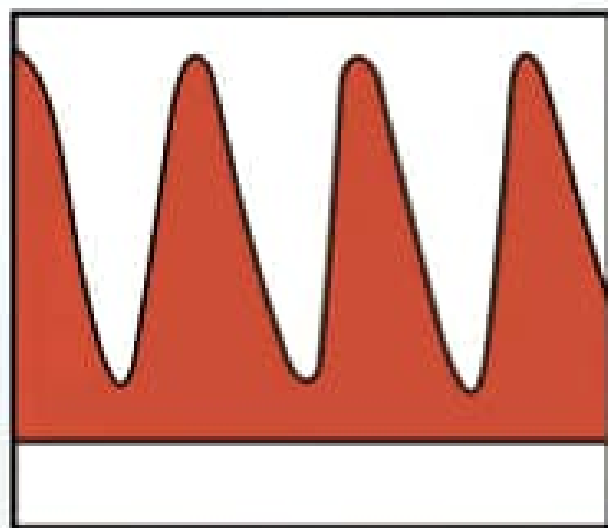


Fig. 57.10

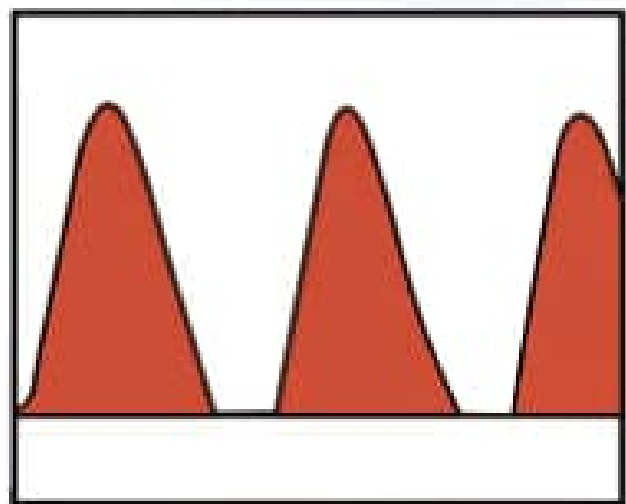
Ductus venosus Doppler - reversal of 'a' wave
(Courtesy: Dr Vivek Krishnan)



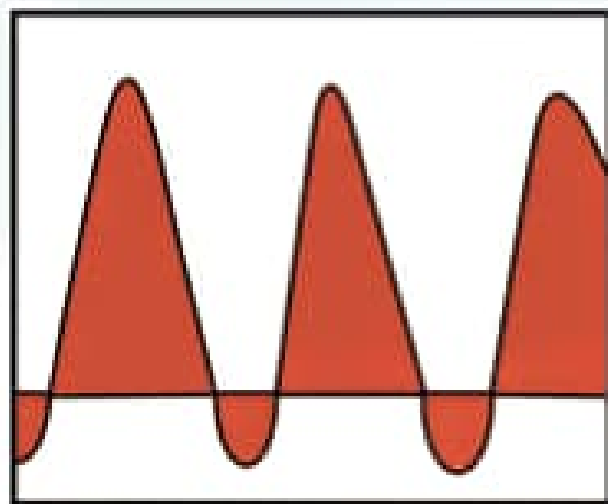
Normal pregnancy



Reduced **end**
diastolic velocity



Absent end
diastolic velocity



Reversed end
diastolic velocity

2. Draw and label; twin peak sign

