OBSTETRICAL AND GYNECOLOGY WARD PRACTICE

DONE BY CLINICAL PHARMACIST

ARWAY.ABD

PATIENT DATA SHEET

- Patient Name:
- Age:
- Weight:
- Chief Compliant (CC):
- Past Medical History(PMH):
- Past Surgical History(PSH):
- Medication history:
- Drug Allergy:

- Vital Signs:
- ❖ BP(blood pressure)
- ❖ PR(pulse rate)
- RR(respiratory rate)
- Temp (tempreture)
- U/S (ultrasound):
- Morning Tour (MT)
- Night Tour (NT)

TERMINOLOGY

- Gravida (G): is the total no. of pregnancy regardless of how they ended (abortion, normal pregnancy).
- Parity (P): is the no. of live birth at any age or stillbirth after
 24 weeks of gestation.
- Abortion (A)
- G3PIA2

OBSTETRICAL ABBREVIATIONS

- Expected Date of Delivery (EDD)
- Last Menstrual Period (LMP)
- Fetal Movement (FM)
- Poly Cystic Ovary Syndrome (PCOS)
- Neural Tube Defect (NTD)
- Fetal Life (FL)
- Pregnancy Test (PT)
- Caesarean Section (C/S)
- Normal Vaginal Delivery (NVD)
- Premature Uterine Contractions (PUC)

TRIMESTERS OF PREGNANCY

- The human gestation period is 36-42 weeks, and is divided into three stages called trimesters. Each trimester is three months.
- First trimester (0-12 weeks)
- Second trimester (13-28 weeks)
- Third trimester (29-40 weeks)

PREGNANCY SIGNS AND SYMPTOMS

- Nausea and vomiting
- Heartburn
- Constipation
- **Ptyalism** (is the increased production of saliva)
- Varicosities and Hemorrhoids
- Leg Cramps
- Backache
- Headache
- Urinary Frequency
- Leukorrhea
- Syncope

ABORTION

 An abortion is the spontaneous or induced loss of an early pregnancy.

- The term miscarriage is used often in the lay language and refers to spontaneous abortion.
- Types of abortion either induced or spontaneous.

MATERNAL CAUSES OF SPONTANEOUS MISCARRIAGE

- I. Genetic
- 2. Structural abnormalities of the reproductive tract
- 3. Congenital uterine defects
- 4. latrogenic causes (ie, Asherman syndrome)
- 5. Acute maternal factors:
 - Corpus luteum defect
 - Active infection (eg, rubella virus, cytomegalovirus, Listeria infection, toxoplasmosis)

6 Chronic maternal health factors :

- Polycystic ovary syndrome
- Poorly controlled diabetes mellitus (A successful pregnancy requires much tighter control.)
- Renal disease
- Systemic lupus erythematosus (SLE)
- Untreated thyroid disease
- Severe hypertension
- Antiphospholipid syndrome