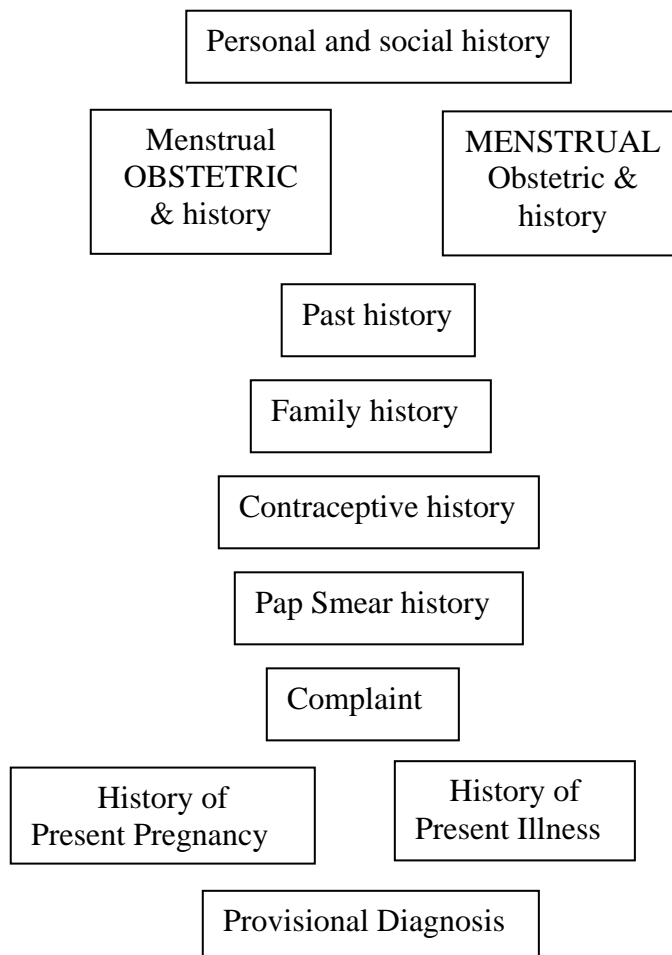


History Taking in Obstetrics and Gynecology

By: Sherif Ashoush, MRCOG

- * Respect, confidentiality and privacy during history taking are crucial issues during history taking.
- * Information should flow in a logical and chronological sequence, in a paragraph format (as in a story).
- * History taking should not be simply translating the patient's words into medical English language, but should get the clinician to form a provisional diagnosis that he/she would plan the examination and investigations accordingly.

STEPS



PERSONAL AND SOCIAL HISTORY

N: name

A: age

S: sex

O: occupation

M: marital

A: address

S: special habits

*Smoking

*Drug abuse

*Alcohol intake

*Domestic pets:

Dogs.....

Cats.....

Birds.....

Farm animals.....

S: social

* Sexually active or not?

* Husband: NASOMAS + PAST HISTORY

* Economic:

* Educational: intellectual level

* Residence: aeration + WC + sunlight + crowding

MENSTRUAL HISTORY

- * First day of the Last Menstrual Period (LMP):
Dating: pregnancy or special interventions
- * D/C:
 - Normal range
 - Definitions:
 - Menorrhagia (= hypermenorrhea)
 - Hypomenorrhea
 - Oligomenorrhea
 - Polymenorrhea
 - Metrorrhagia
 - Amenorrhea
 - Menopause
- * Dates: Regular? Sure? Reliable?
- * Details for gynecologic sheets:
 - Menarche
 - Dysmenorrhea (spasmodic, congestive, etc.)
 - Premenstrual syndrome

OBSTETRIC HISTORY

- * Parity: outcome of previous pregnancies
- * Gravidity: order of the current pregnancy (if pregnant now)
- * Delivery: >28 weeks
- * Miscarriage: <28 weeks

Systems of terminology:

Gravida ... , Para ...

Para a + b (a= delivery, b= miscarriage)

Para a, b, c, d

a= full term delivery

b= preterm delivery

c= miscarriage

d= ? living

Details in an obstetric sheet (Chronologically):

- 1) Date
- 2) Place
- 3) Mode
- 4) Maturity
- 5) Fetal life
- 6) Fetal sex
- 7) Fetal weight
- 8) Onset of labor
- 9) Antenatal complications
- 10) Postnatal complications
- 11) Neonatal outcome
- 12) Breast feeding

CONTRACEPTIVE HISTORY

- * Need for contraception = sexually active or not?
- * Current method:
 - What
 - When started
 - Any side effects
- * Previous methods:
 - What
 - When
 - Why stopped

PAP SMEAR HISTORY (MAY BE A PART OF PAST HISTORY)

- * Last smear:
 - When
 - Where
 - Result
- * Awareness and compliance on follow up

PAST HISTORY

- * Medical
- * Surgical & anesthetic
- * Hospital admission

- * Drugs used
- * Allergy
- * Blood transfusion

Medical history

Hypertension – Diabetes mellitus
Cardiovascular – Respiratory
Hepatic – Renal – GIT
Endocrine – Neurological
Bleeding tendency – Thrombophilia
Others

FAMILY HISTORY

- * Similar conditions as to patient complaint
- * DM or hypertension

- * Familial disease e.g thrombophilia, bleeding tendency, PCOS
- * Fetal anomalies or inborn errors of metabolism

- * Malignancy
- * Infections e.g T.B.

COMPLAINT

- * Main complaint (one or two in maximum)
- * In the patient's own words.
- * Duration of the complaint.

HISTORY OF CURRENT PREGNANCY OR ILLNESS

Analysis of the
complaint
+ Symptoms

- * Onset, course, severity, duration
- * What increases/decreases the symptom
 - * Associated symptoms
- * Other symptoms to prove/disprove the provisional diagnosis
- * Investigations done (date, place & results)
- * Treatment received (details & response)
 - * Any complications

**Obs/Gyn
symptom review**

**Obstetric
symptoms**

- * Emesis gravidarum
- * Urinary disturbances
- * Fetal kicks & quickening
- * Bleeding
- * ROM
- * Contractions
- * Passed Show
- * Diabetes
- * Hypertension

Antenatal care

- * Preg .test
- * BP
- * Weight
- * Ultrasound
- * CBC / Rh
- * Urine C&S
- * Bl. sugar
- * As needed

Gynecologic symptoms

- * A: Amenorrhea
- * B: Bleeding pv
- * C: coital difficulty
- * D: discharge
- * E: enlargement
- * F: fertility
- * G: galactorrhea
- * H: hirsutism
- * I: incontinence
- * P: pain
- * P: prolapse
- * P: pruritus vulvae

Other systems review

Cardiovascular–Respiratory
Hepatic – Renal – GIT
Endocrine – Neurological