

Leopold's maneuvers

№	Element of task implementation
1.	Communicability (Introduce yourself and clarify the patient's identity. Explain what you would like to do and gain her consent or introduce yourself to the examiner, asks the examiner for permission to conduct the study on the mannequin.)
2.	Observance of ethical standards
3.	Wash hands, put on gloves
4.	First Leopold's maneuver: 1. Stand on the right of the patient face to face 2. Place hands on the uterine fundus. Palms are performing the palpation. 3. Determine the fundal height. It is measured from the upper margin of symphysis to the level, palpated by the palms. 4. Determine the part of the fetal body located in the fundus (buttocks or head).
5. 1.	Second Leopold's maneuver: 1. Stand on the right of the patient face to face. 2. Place hands on the lateral uterine walls. Alternating right and left hands are performing the palpation. 3. Identify the fetal back and small fetal parts. 4. Determine the position and the variation of position (first position – fetal back turned to the left, second position – fetal back turned to the right. Anterior variation – fetal back turned to the anterior uterine wall, posterior variation – fetal back turned to the posterior uterine wall)
6.	Third Leopold's maneuver: 1. Stand on the right of the patient face to face. 2. Place right hand above the symphysis, enclosing the presenting part. 3. Determine the presenting part (in occipital presentation, the dense, globular part with distinct outline is identifiable. If the fetal head is above the inlet, engagement is not complete, the presenting part is felt floating (balloting) between the examiner's thumb and fingers. In breech presentation, the presenting part of the fetal body is bulky, softer, not globular in shape, and incapable of "balloting")
7.	Forth Leopold's maneuver: 1. Stand on the right of the patient face to patient's feet. 2. Place hands laterally on the lower uterine segment. 3. Try to introduce the ends of fingers into the space between the presenting part and lateral portions or the pelvic inlet. 4. Determine the relation of the presenting part to the pelvic inlet (the fetal head is floating above the inlet, if the ends of examiner's fingers could be introduced under the fetal head. The fetal head is engaged if the ends of examiner's fingers cannot meet under the fetal head)

Primary newborn's care

№	Element of task implementation
1.	Communicability (Introduce yourself and clarify the patient's identity. Explain what you would like to do and gain her consent or introduce yourself to the examiner, asks the examiner for permission to conduct the study on the mannequin.)
2.	Observance of ethical standards
3.	Wash hands, put on gloves
4.	After birth gently wipe the newborn and put it on the mother's abdomen (to provide contact "skin to skin" aiming the prevention of thermal loss and promoting colonization of the child's organism with the mother's flora)
5.	At the moment estimate the fetal state by Apgar score

6.	Put on the baby socks and hat (to prevent thermal loss)
7.	Cover the newborn with a warm diaper (to prevent thermal loss)
8.	Clump the umbilical cord after cessation of pulsation but not later after 1 min. after birth
9.	Perform the prevention of ophthalmia neonatorum using an application of 0,3% tobrex

Algorithm of examination of the mammary gland

№	Stages of task conduction
1.	The student greets, introduces to the examiner, asks the examiner for permission to conduct the study on the mannequin. (Communicability, adherence to the ethical norms).
2.	The student washes his/her hands, puts rubber gloves on, uses a lubricant
3.	The student gives the mannequin a corresponding position: the mannequin sits on a chair with straightened back and hands stretched along the body. The student takes the appropriate position: face to the woman.
4.	Conduct examination of the mammary glands: 1. Evaluate the development, shape of the mammary glands, their size and contours; pay attention to their symmetry. 2. Inspect the skin on the mammary glands, indicate the presence or absence of defects, rashes; evaluate the venous pattern on the skin of the mammary glands. 3. Pay attention to the size, shape and condition of the nipple and peripapillary are (areola), their symmetry. 4. Put the mannequin's hand on the waist and repeat the mammary gland examination. 5. Lift the mannequin's hands and put them behind her head, re-examine the mammary glands.
5.	Conduct palpation of the mammary glands: 1. Put the mannequin on the back on the couch, pulling the right arm behind the head. Be on the right of the couch face to the woman. Place a roller (pillow) under the right shoulder blade. 2. Gently palpate the right breast from the top down. Palpate with sliding circular movements, without breaking off from the surface of the skin, with pads of three straight middle fingers all over the surface of the gland; use the increasing pressure of the fingers on the gland (superficial circular movements, the pressure of the average force, the pressure of greater force). 3. Place the index and thumb of your right hand on the peripapillary area near the nipple of the right breast; Carefully place your fingers so that there is a nipple between them. Evaluate the presence and nature of secretions from the nipple. 4. Change the position of the roller (pillow) - move it under the left shoulder blade. Examine the left breast just like the right one. 5. Place the mannequin up, carry out the palpation of the mammary glands in the same way.
6.	Conduct palpation of regional lymph nodes (supraclavicular, subclavian and axillary).
7.	Remove the gloves. Perform hygienic washing and hygienic hand disinfection. Make medical records.

Speculum examination

№	Elements of task
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1	Communicative and ethical norms (Introduce yourself to the patient and clarify her identity. Explain what you would like to do and obtain consent.)
2	Student washed his/her hands, put on rubber gloves.
3	Student puts the mannequin in the appropriate position and personally assumed the proper position
4	Student diverges labia with the first and second fingers of the left hand. One takes the Sims' vaginal speculum with the right hand
5	Student inserts the speculum in the transverse size along the vulvar cleft to the vaginal fornix
6	In the vagina student turns down the speculum with a handle by 90 degrees and presses slightly the perineum and vaginal posterior wall to the sacrum
7	In the same way student inserts the elevator
8	Student raises the anterior vaginal wall and inspect the denuded cervix uteri
9	Student pools the speculum out in the opposite direction
10	Student while pooling out the speculum, inspects the vaginal walls

Bimanual examination

№	Elements of task
1	Communicative and ethical norms (Introduce yourself to the patient and clarify her identity. Explain what you would like to do and obtain consent.)
2	Student washes his/her hands, put on rubber gloves.
3	Student puts the mannequin in the appropriate position and personally assumed the proper position
4	Student inspect the outside of the vagina, check the labia and clitoris looking for any obvious abnormalities, diverges labia majora with first and second fingers of the left hand. The second and third fingers of the right hand are inserted into the anterior vaginal fornix, the cervix is pressed down; fourth and fifth fingers are clenched to the palm; thumb is pulled up.
5	Student with the left hand gently presses the anterior abdominal wall above the pubic symphysis, directed to the fingers of the "internal hand". Student tries to bring together the fingers of both hands.
6	Inspection of the uterus: student determines its size (normal, reduced, enlarged); shape (pear-shaped, spherical, irregular); consistency (tightly elastic, softened, condensed); position (typical, non-typical, displaced horizontally or vertically, inclination, over-flexion etc.); sensitivity (pain, painlessness during the examination); mobility (movable, limited mobility).
7	The fingers of both hands are coordinately moved to the lateral parts of the fornix and corresponding sides at the level of uterus and used for examination of the adnexa. Unaltered uterine tubes are thin and soft, so they mostly are not palpated. As for ovaries, one determines their shape (almond-shaped, irregular), size, mobility and sensitivity.
8	Student investigates the state of the ligamentous apparatus, pelvic cellular tissue and peritoneum of the lesser pelvis through palpation according to the topography.
9	Student pools out fingers from the vagina.

Puncture of the abdominal cavity through the posterior vaginal fornix

№	Elements of task
1	Communicative and ethical norms
2	Student washes his/her hands, put on rubber gloves, used a lubricant
3	Student puts the mannequin in the appropriate position and personally assumed the proper position
4	Student inserts the speculum. The vagina and cervix are worked out with a solution of iodonate.
5	Student fixes the cervix uteri at the posterior lip with the vulsellum forceps. Student pools out the elevator from the vagina and puts it on the tray with instruments.
6	Student inserts a long needle (diameter no more than 2 mm) to a depth 1,0-1,5 cm 1 cm below the transitional fold of the vaginal mucous membrane, perpendicularly to the surface. Pus, exudate or blood are aspirated with a syringe attached to the needle.
7	Student collects aspirated mass into the test tube, having pushed it out of the syringe. In case of purulent content an antibiotic is administered.
8	Student pools out the needle. Student pools out vulsellum forceps from the cervix uteri
9	Student works out the cervix uteri and vagina with iodonate solution. Student writes referral, where first, middle and last name of the woman are indicated, as well as name of the department, date, preliminary diagnosis, last name of the doctor. Student sends an aspirated material with an accompanying referral to the lab.

Manual detachment of the placenta and removal of secundines

№	Stages of task conduction
1.	The student greets, introduces to the examiner, asks the examiner for permission to conduct the study on the mannequin. (Communicability, adherence to the ethical norms). Permission to conduct the procedure is required.
2.	The student washes his/her hands, puts rubber gloves on.
3.	The student gives the mannequin a corresponding position: the mannequin is on the Rakhmanov's bed, on the back, the legs are bent in the hip and knee joints, are maximally put apart, the feet rest in the footholder, the pelvis of the mannequin is on the edge of the bed. The head of the bed is lowered. The student takes the appropriate position.
4.	Trainig of related personnel: anesthetist and midwife. It is admissible to apply 1.0 ml of 1% promedol solution, 2.0 ml of 50% solution of analgin and 1.0 ml of 1% solution of dimedrol. Clean the external genital organs, the perineum, and the inner surfaces of the thighs with the antiseptic solution using a cotton ball clamped on the surgical clamp. Conduct catheterization of the bladder with a Foley catheter. Put a sterile diaper on the mannequin's stomach. The midwife performs surgical hand disinfection, puts an apron and a sterile overall on, wears sterile gloves and disinfects them with antiseptic solution.
5.	Main stage 1. With the big and index fingers of the left hand, pull the labia of the mannequin apart. 2. Fold your right hand in the form of a cone. Following the umbilical cord, insert a hand into the vagina, turning it to the sacrum with the back surface.

	<p>3. When the right arm is inserted into the uterus through the womb, place the left arm on the sterile diaper at the bottom of the uterus and help the inner arm, carefully pressing the bottom of the uterus.</p> <p>4. With your right hand, reach the placement of the umbilical cord to the placenta. Find the edge of the placenta that may already be flattened.</p> <p>5. Put your hand between the placenta and the uterine wall so that the palmar surface of the hand is turned to the placenta, and the back to the wall of the uterus. Put your fingers together, with the sawing movements of the border of the hand, gradually separate the placenta.</p> <p>6. When the placenta has become detached, it is grasped and removed, without pulling out your hands from the uterus. With the outer arm holding the umbilical cord remove the secundines from the maternal passages, place them on the tray for the assistant's inspection.</p> <p>7. Inside, conduct a revision of the walls of the uterus, at the same time, help with an external hand located at the bottom of the uterus.</p> <p>8. After carrying out examination of the cavity of the uterus, remove the hand by turning with the back surface to the sacrum. When removing the hand, create pressure on the bottom of the uterus in the opposite direction, which prevents the uterus from turning out</p>
<p>6.</p>	<p>Remove the gloves. Perform hygienic washing and hygienic hand disinfection. Put a new pair of gloves on. Perform early postpartum period procedures: continue or start the intravenous injection of an infusion solution with uterotonics; control blood pressure, pulse, color of skin, consciousness; carry out an external massage of the uterus and repeat it every 15 minutes in the next 2 hours; examine the maternity passages for their integrity.</p>
<p>7.</p>	<p>Remove the gloves. Perform hygienic washing and hygienic hand disinfection. Make medical records. Prescribe an antibiotic</p>