

External obstetric examination.

Pregnancy/Delivery

Patient K., 27 years old, came to the admission department of the maternity hospital with complaints of spasm-like pain in the lower part of abdomen, periodically increased tone of the uterus. Complaints appeared 4 hours ago.

It is second pregnancy. The first one ended with physiological childbirth 3 years ago, the weight of the baby was 3400, the height was 50 cm.

Height 164 cm. Body weight before pregnancy 58 kg, body weight at admission 69 kg.

Last normal menstruation was on August 13-17, 2022.

The first ultrasound on October 15, 2022: pregnancy 9-10 weeks, the pregnancy was registered in the polyclinic department on October 30 at 11-12 weeks.

The pregnancy was uncomplicated. Somatic history is not complicated.

No medications are used. There were no allergic reactions. He denies smoking, alcohol and drug use.

Objective examination data: The general condition is satisfactory. Pulse 76 bpm, blood pressure 120/70 - 120/65 mm Hg, temperature 36.7C. The skin and visible mucous membranes are pale pink, clean. The abdomen is enlarged due to the pregnant uterus, ovoid in shape. The dimensions of the pelvis are normal. There is no edema. The movements of the fetus are felt well. The fetal heartbeat is clear, rhythmic, 146-150 beats/min.

Contraction for 20-25 seconds every 9-10 minutes.

Amniotic fluid does not flow.

Postpartum hemorrhage Manual detachment of the placenta and removal of secundines

Patient M., 28 years old, is admitted to a delivery room.

Her height is 164 cm. Body weight before pregnancy was 58 kg, body weight on admission is 69 kg.

The patient's gravidity is 2. There were no complications during pregnancy.

Somatic anamnesis of a woman is not burdened.

She does not take any medicines. Allergic anamnesis is not burdened as well. She doesn't smoke, and she doesn't abuse alcohol or drugs.

She was admitted to the hospital in a second stage of labor. The patient refused an active management of a third stage of labor.

The childbirth ended 15 minutes ago. A full-term newborn was born: male sex, weight is 3200 g, body length is 51 cm, Apgar score 8/8.

Blood loss in labor measures 350 ml. Vaginal bleeding continues.

There are no clinical signs of placental separation.

Primary toilet of the newborn

Patient M., 28 years old, is admitted to a delivery room.

Patient's height is 164 cm. Body weight before pregnancy was 58 kg, body weight on admission is 69 kg.

Patient's gravidity is II. There were no complications during pregnancy.

Somatic anamnesis is not burdened.

She does not take any medicines. There were no allergic reactions in anamnesis.

Anamnesis of pernicious habits is not burdened.

She was admitted to the maternity hospital in a second stage of labor.

She has just given birth to an alive full-term newborn boy.

Special gynecological examination

Patient K., 35 years old, came to the women's consultation for an annual preventive examination.

There are no complaints.

Height 164 cm. Body weight 68 kg. The general condition is satisfactory. Pulse is 76 bpm, blood pressure is 120/70 - 120/65 mm Hg, body temperature is 36.7°C. Skin and visible mucous are pink, clean. Somatic history is not complicated.

Menarche at 14 years old. Menstrual cycle is 29-30 days, the duration of menstruations is 4-5 days, the amount of discharge is assessed by the patient as normal. The last menstruation ended 2 days ago.

Anamnesis: there were 2 labors in 2016 and 2019, 1 spontaneous miscarriage in 2015.

She does not take medicine. There were no allergic reactions. She denies smoking, alcohol and drug use.

Uses natural methods of family planning as contraception.