I'm not robot

Obstetric history taking is a crucial step in diagnosing and managing obstetric patients. It involves methodical questioning to develop a diagnosis or differential diagnosis, which guides further management of the patient. The approach may vary depending on the presenting complaint, as expectant mothers may be asymptomatic. To take an effective obstetric history, it's essential to understand the presenting complaint and its possible causes. The structure of the history typically includes: - Ascertain the name, age, consent for questioning, and presenting complaint - Ask open-ended questions about the complaint - Follow a vague structure, varying depending on the complaint: - Onset, periodicity, duration, recurrence? - Past obstetric history, including gravidity, parity, dates of deliveries, and length of pregnancies - Induction of labor, spontaneous normal delivery, weight of babies, gender, complications before, during, and after delivery - Menstrual history, including the first day of last menstrual period, regularity of normal cycle, planned pregnancy, previous contraception, and antenatal problems - Past medical history, current or past illnesses, hospital admissions, surgeries, prescribed medications, non-prescribed medications/herbal remedies, recreational drugs, family history, and medical conditions This comprehensive approach ensures that all relevant information is gathered, allowing the physician to make informed decisions about patient care. of delivery - spontaneous vaginal, assisted vaginal or Caesarean. Gender Birth weight - previous small for gestational age (SGA) baby increases risk of subsequent one. Complications – e.g. pre-eclampsia, gestational hypertension, gestational diabetes, obstetric anal sphincter injury. Assisted reproductive therapies (ART) – e.g. ovulation induction with clomiphene, IVF. Care providers - patient's care completely with midwife or previous obstetric input. Prenatal ART pregnancies are often conceived after long period and much psychological distress. Important to be aware of this. • **Early Pregnancy**: Check placenta position, amniotic fluid index, estimated fetal weight. • Medical History: Past surgeries, mental health conditions, co-morbidities like asthma, epilepsy, hypertension. • Mental Health: Identify 'red flags' for post-partum psychiatric causes, ask about previous disorder, self-harm or suicide attempts. • Drug History: Inquire about drug allergies, first 12 weeks sensitivity, illicit drugs, and alcohol. • Family History: Counsell patients on inherited conditions like cystic fibrosis, sickle-cell disease, gestational diabetes risk. • Social History: Discuss pregnancy thoughts, anxiety, occupation, returning to work plans. Who does the patient live with? Are there children in the home or other family members? Also, inquire about their support network, including parents, in-laws, neighbors, and friends. What is the patient's financial situation like? Can you ask about any additional expenses related to caring for a child during pregnancy? Is the patient eligible for social security or child benefit payments? Are there any other health concerns that might affect the patient, such as smoking habits? How many cigarettes do they smoke per day? What type of substance are they using, and for how long? Would you like their help to quit? Also, it's essential to remind them about potential risks associated with smoking during pregnancy, like low birth weight.

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