

<b>Department:</b>	Obstetrics and Gynecology (Ambulatory Care)		
<b>Document:</b>	Departmental Policy and Procedure		
<b>Title:</b>	Gynecological and Obstetrics History in the Outpatient Clinic		
<b>Applies To:</b>	All Obstetrics and Gynecology Staff		
<b>Preparation Date:</b>	January 08, 2025	<b>Index No:</b>	L&D-DPP-060
<b>Approval Date:</b>	January 22, 2025	<b>Version :</b>	2
<b>Effective Date:</b>	February 22, 2025	<b>Replacement No.:</b>	L&D-DPP-060(1)
<b>Review Date:</b>	February 22, 2028	<b>No. of Pages:</b>	7

## 1. PURPOSE:

- 1.1 To standardize the method of History taken to all patient in outpatient clinic and to provide guidance for physician as proper work.

## 2. DEFINITIONS:

- 2.1 **Dyspareunia-** means chronic, recurrent genital pain experienced just before, during or after sexual intercourse

## 3. POLICY:

- 3.1 It is the policy of the Obstetrics and Gynecology outpatient department that every patient coming for care in the outpatient clinic for the first time, to be seen by specialist to perform comprehensive history and physical examinations.
- 3.2 The history and physical examination should be documented on specific form and held in the medical record of the patient.

## 4. PROCEDURE:

- 4.1 History includes:
  - 4.1.1 Site of referral.
  - 4.1.2 Personal date including: name, age, occupation and parity.
  - 4.1.3 Chief complaint: reason given by patient for seeking care.
  - 4.1.4 History of present illness: this will slightly depending on the presenting complaint but follows a vague structure.
    - 4.1.4.1 If pain is involved ascertain site, radiation (if any) and character
    - 4.1.4.2 Onset
    - 4.1.4.3 Periodicity
    - 4.1.4.4 Duration
    - 4.1.4.5 Recurrence
  - 4.1.5 Gynecological History:
    - 4.1.5.1 Dyspareunia
      - 4.1.5.1.1 Superficial
      - 4.1.5.1.2 Deep
    - 4.1.5.2 Post Coital Bleeding
    - 4.1.5.3 Hirsutism
    - 4.1.5.4 Weight gain or loss
    - 4.1.5.5 Infertility
    - 4.1.5.6 Genital Tract Disease or Procedure
    - 4.1.5.7 Pap Smear

4.1.6    Obstetric History:

- 4.1.6.1    Last menstrual period
- 4.1.6.2    Estimated date of confinement
- 4.1.6.3    Gestational age
- 4.1.6.4    Booking status
- 4.1.6.5    Antenatal care visits whether regular or irregular
- 4.1.6.6    Admission: why, where, length of stay, medication and blood transfusion.
- 4.1.6.7    General Symptoms:
  - 4.1.6.7.1    Heart burn
  - 4.1.6.7.2    Weight gain
  - 4.1.6.7.3    Dizziness
  - 4.1.6.7.4    Headache
  - 4.1.6.7.5    Nausea and vomiting
  - 4.1.6.7.6    Fatigue
  - 4.1.6.7.7    Stress
  - 4.1.6.7.8    Constipation
- 4.1.6.8    Specific Symptoms:
  - 4.1.6.8.1    Bleeding
  - 4.1.6.8.2    Leakage
  - 4.1.6.8.3    Decrease fetal movement
  - 4.1.6.8.4    Contractions
  - 4.1.6.8.5    Blurred vision
  - 4.1.6.8.6    Epigastric pain
  - 4.1.6.8.7    Loss of consciousness
  - 4.1.6.8.8    Fitting
- 4.1.6.9    Dates and number of past pregnancies (arrange pregnancies in chronological orders).
  - 4.1.6.9.1    Duration
  - 4.1.6.9.2    Post term- IOL Yes/ No
  - 4.1.6.9.3    Term
- 4.1.6.10    Preterm labor.
  - 4.1.6.10.1    Number, sex
  - 4.1.6.10.2    Gestation
  - 4.1.6.10.3    Cerclage previously
  - 4.1.6.10.4    Tocolytics
  - 4.1.6.10.5    Admission to NICU
  - 4.1.6.10.6    Duration of stay in NICU
- 4.1.6.11    Mode of delivery:
  - 4.1.6.11.1    SVD
  - 4.1.6.11.2    Instrumental delivery
  - 4.1.6.11.3    Vacuum or forceps
  - 4.1.6.11.4    Caesarean section
  - 4.1.6.11.5    Indication
- 4.1.6.12    Complications
- 4.1.6.13    Outcome:
  - 4.1.6.13.1    Alive
  - 4.1.6.13.2    Dead
  - 4.1.6.13.3    Abortion
  - 4.1.6.13.4    Gestational age
  - 4.1.6.13.5    Evacuation
  - 4.1.6.13.6    Complications.
  - 4.1.6.13.7    Ectopic pregnancy: management, surgical or medical
  - 4.1.6.13.8    Molar pregnancy

- 4.1.6.13.9 Duration of pregnancy
- 4.1.6.13.10 Management
- 4.1.6.13.11 Complication
- 4.1.6.13.12 Any chemotherapy
- 4.1.6.14 Last delivery
- 4.1.6.15 History of postpartum hemorrhage
  - 4.1.6.15.1 Uterine atony
  - 4.1.6.15.2 Retained product
  - 4.1.6.15.3 Cervical laceration
  - 4.1.6.15.4 Vaginal tear
  - 4.1.6.15.5 Uterine inversion
  - 4.1.6.15.6 Unknown
  - 4.1.6.15.7 Method of management
- 4.1.6.16 History of blood transfusion
- 4.1.7 Past medical history:
  - 4.1.7.1 Past medical history:
    - 4.1.7.1.1 History of hypertension
    - 4.1.7.1.2 Diabetes mellitus
    - 4.1.7.1.3 Bronchial asthma
    - 4.1.7.1.4 Thyroid disease: Hypo/ Hyper
    - 4.1.7.1.5 Seizure disorder
    - 4.1.7.1.6 Blood disease
    - 4.1.7.1.7 Renal disease
    - 4.1.7.1.8 Infectious disease
    - 4.1.7.1.9 Gastrointestinal disease
- 4.1.8 Past surgical history:
  - 4.1.8.1 Appendectomy
  - 4.1.8.2 Cholecystectomy
  - 4.1.8.3 Herniorrhaphy
  - 4.1.8.4 Others
- 4.1.9 Family history:
  - 4.1.9.1 Hypertension
  - 4.1.9.2 Diabetes
  - 4.1.9.3 Bronchial asthma
  - 4.1.9.4 Congenital anomalies
  - 4.1.9.5 Twins
  - 4.1.9.6 Blood disease
- 4.1.10 Social history:
  - 4.1.10.1 Employment
  - 4.1.10.2 Marital status
  - 4.1.10.3 Smoking
- 4.1.11 Drug history
- 4.1.12 Allergic history
- 4.1.13 Review of systems:
  - 4.1.13.1 General
  - 4.1.13.2 Heart
  - 4.1.13.3 Respiratory
  - 4.1.13.4 Cardiovascular
  - 4.1.13.5 Gastrointestinal
  - 4.1.13.6 Genitourinary
  - 4.1.13.7 Skin
- 4.2 Examination:
  - 4.2.1 Skin

- 4.2.1.1 Jaundice
- 4.2.1.2 Pallor
- 4.2.1.3 Facial, hand edema
- 4.2.1.4 Skin pigmentation
- 4.3 4.2.2 Cardio-respiratory system:
  - 4.2.2.1 Blood pressure
  - 4.2.2.2 Pulse
  - 4.2.2.3 Edema
  - 4.2.2.4 Heart sound
  - 4.2.2.5 Chest auscultation
- 4.2.3 Abdominal:
  - 4.2.3.1 Inspection (pigmentation striate, shape of grade uterus, scars, fetal movement, palpation).
  - 4.2.3.2 Masses.
  - 4.2.3.3 Tenderness.
  - 4.2.3.4 Uterine size and fetal movement if pregnant.
  - 4.2.3.5 Obstetrical examination: Leopold's maneuver.
    - 4.2.3.5.1 The first maneuver determines which fetal pole occupies the uterine fundus head or buttock.
    - 4.2.3.5.2 The second maneuver, the lateral aspects of the uterine are palpated to determine on which side of fetal back or fetal extremities are located.
    - 4.2.3.5.3 Third maneuver, the presenting part is moved from side to side. If movement is difficult, engagement of presenting part has occurred.
    - 4.2.3.5.4 Fourth maneuver, with the fetus presenting by vertex, the cephalic prominence may be palpable on the side of the fetal small part.
    - 4.2.3.5.5 Auscultation: Fetal heart sound.
    - 4.2.3.5.6 Estimation of fetal weight.
- 4.2.4 Genitourinary.
- 4.2.5 Extremities: Cyanosis, clubbing, edema, reflexes and clonus.
- 4.2.6 Neurological: Mental status, strength, tender reflexes, sensory testing.
- 4.4 Provisional diagnosis or differential diagnosis.
- 4.5 Plan of management and documented in file.
  - 4.5.1 For obstetric cases.
    - 4.5.1.1 Investigation for initial visit (laboratory tests) plus antenatal scan.
    - 4.5.1.2 Health education includes.
      - 4.5.1.2.1 Nutrition
      - 4.5.1.2.2 Dental care
      - 4.5.1.2.3 Breast care
      - 4.5.1.2.4 Activity- Occupational Activity
      - 4.5.1.2.5 Sexual intercourse
      - 4.5.1.2.6 Smoking
      - 4.5.1.2.7 Antepartum complication.
      - 4.5.1.2.8 Signs and symptoms of labor
      - 4.5.1.2.9 Fever
      - 4.5.1.2.10 Severe vomiting
      - 4.5.1.2.11 Fetal movement (decrease fetal movement)
      - 4.5.1.2.12 Edema of the face and hand
      - 4.5.1.2.13 Rupture membranes
      - 4.5.1.2.14 Severe continuous headaches
      - 4.5.1.2.15 Abdominal pain
      - 4.5.1.2.16 Visual disturbance
      - 4.5.1.2.17 Bleeding
- 4.6 Counselling of the patient and documentation in file.

- 4.7 Discussion with seniors and documentation in file.
- 4.8 Follow up appointment.
- 4.9 Name of Physician stamp signature.

## 5 MATERIALS AND EQUIPMENT:

N/A

## 6. RESPONSIBILITIES:

- 6.1 Physician
- 6.1 Nurses

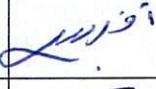
## 7. APPENDICES:

- 7.1 Obstetrics and Gynaecology – History Sheet

## 8. REFERENCES:

- 8.1 McCarthy, A & Hunter 92003) Master Medicine: pbsytetrics and Gynecology (2<sup>nd</sup> ed.) Philadelphia:ElsevierSaunder.
- 8.2 <https://www.slideshare.net/PattyAndersonMSNFP/dyspareunia-anderson-consulting>.
- 8.3 Guidelines for Obstetrics & Gynecology, Ministry of Health, 2013.

## 9. APPROVALS:

	Name	Title	Signature	Date
Prepared by:	Ms. Afrah Saud AlSweilem	Head Nurse of OBS-OPD		January 08, 2025
Prepared by:	Dr. Abdalla Mohamed Albasha	Obstetrician and Gynecologist		January 08, 2025
Reviewed by:	Dr. Mohannad Yaghmour	Head of the Department		January 12, 2025
Reviewed by:	Mr. Sabah Turayhib Al - Harbi	Director of Nursing		January 13, 2025
Reviewed by:	Dr. Thamer Naguib	Medical Director		January 14, 2025
Reviewed by:	Mr. Abdulellah Ayed Al - Mutairi	QM&PS Director		January 15, 2025
Approved by:	Mr. Fahad Hazam Al - Shammary	Hospital Director		January 22, 2025