

“Затверджено“
на методичній нараді кафедри акушерства,
гінекології та планування сім’ї
медичного інституту СумДУ
протокол № _____
від “ _____ “ _____ 2021р.

Methodical development

independent work of a student in the discipline "Obstetrics"

Subject: Narrow pelvis. Anomalies of position and presentation of the fetus. Childbirth in the wrong position and pelvic presentation of the fetus.

Number of hours - 3.

Objective: to study the anomalies of the pelvis, diagnosis of synclitic and asynclitic insertion of the head, the concept of clinically narrow pelvis, incorrect position of the fetus, extensor presentation of the fetal head, correction of incorrect positions during pregnancy, features of childbirth in incorrect position and pelvic presentation, classification, tactics pelvic presentation of the fetus, diagnosis and features of pregnancy, correction of pelvic presentation during pregnancy, features of delivery with pelvic presentation of the fetus, biomechanism of delivery with pelvic presentation of the fetus, manual assistance with breach presentation by the method of Tsovyanov, classical manual belt, removal of the head by the method of Morisot-Levre-Lyashapel, manual assistance with foot presentation by the method of Tsovyanov II.

The student must: know the reasons for incorrect presentation and position of the fetus; in which incorrect positions and preterm births can be performed vaginally, and which are indications for cesarean section, be able to diagnose these pathological conditions and demonstrate the mechanism of birth on the phantom, to master the technique of correction of pelvic presentation during pregnancy, to practice the biomechanism of childbirth assistance in purely gluteal presentation by the method of Tsovyanov I;

Class organization:

Organizational structure of the lesson:

I. Testing: 20 tests.

II. Key issues:

1. What is the definition of "anatomically narrow pelvis"?
2. What is the etiology of an anatomically narrow pelvis?
3. What is the classification of an anatomically narrow pelvis?
4. What is the characteristic of a uniformly narrowed pelvis?
5. What is the characteristic of a simple flat pelvis?
6. What are the characteristics of squamous pelvis?

7. What are the methods of diagnosing an anatomically narrow pelvis?
8. What is the biomechanism of childbirth with a uniformly narrowed pelvis?
9. What is the biomechanism of childbirth with a simple flat pelvis?
What is the biomechanism of childbirth in squamous pelvis?
11. What are the features of childbirth with a narrow pelvis?
12. What are the tactics of childbirth with different forms of narrow pelvis?
13. What is the definition of "clinically narrow pelvis"?
14. What is the classification of a clinically narrow pelvis?
15. What are the risk factors for clinically narrow pelvis?
16. What are the methods of diagnosis of clinically narrow pelvis?
17. How to deliver a child with a clinically narrow pelvis?
18. What is the prevention of complications of childbirth with a narrow pelvis?
19. Diagnosis of synclitic and asynclitic insertion of the head.
20. Incorrect position of the fetus: classification, diagnosis, tactics of pregnancy.
21. Extensible presentation of the fetal head: classification, diagnosis. Correction of incorrect positions during pregnancy.
22. Childbirth in the wrong position and pelvic presentation of the fetus, tactics. 23. Classification of pelvic presentation of the fetus. Diagnosis and features of pregnancy. 24. Correction of pelvic presentation during pregnancy.
25. Features of childbirth with pelvic presentation of the fetus.
26. Biomechanism of childbirth in pelvic presentation of the fetus.
27. Manual assistance in purely breach presentation by the method of Tsovyanov I.
28. Classic manual assistance in removing the shoulder girdle.
29. Derivation of the head by the method of Morisot-Levre-Lachapel.
30. Manual assistance with foot presentation according to the method of Tsovyanov II.

III. Practical experience:

1. To diagnose various forms of anatomically narrow pelvis at external pelviometry.
2. To examine the pregnant woman with the help of external methods and to establish a preliminary diagnosis.
3. Demonstrate on the phantom methods for assessing the size of the pelvis and fetal head (sign of Henkel-Vasten, the size of Tsangemeister).
4. Make a plan for childbirth with an anatomically narrow pelvis.

5. To establish the correspondence of the head of the mother's pelvis by measuring the size of Tsangemeister and determining the symptom of Vasten (on the phantom).
6. Mastering the technique of correction of pelvic presentation during pregnancy.
7. Development of the biomechanism of childbirth during pelvic presentation of the fetus.
8. Manual assistance in purely sciatic presentation by the method of Tsovyanov I ;
9. Classic manual assistance in removing the shoulder girdle.
10. Derivation of the head by the method of Morisot-Levre-Lachapel.
11. Manual assistance with foot presentation according to the method of Tsovyanov II.

IV. Solving situational problems.

Tasks for self-training and self-correction of the initial level of skills

1. The mother is 23 years old. Pregnancy 39-40 weeks, the position of the fetus longitudinal, the main presentation. Pelvic dimensions: 24-25-29-18. Contractions last 10 hours, the last 2 hours are very painful, the mother behaves very restless. The waters receded 2 hours ago. At external inspection the contraction ring on 2 fingers above a navel is palpated, the sign of Henkel-Vasten is positive. Fetal heart rate 160 beats / min, deaf. At internal research: the amniotic sac is absent, opening of a neck of uterus is 9 cm, the head is presented, the big temple is palpated. The head is pressed to the entrance to the small pelvis. What is the most likely diagnosis?

A Threatened uterine rupture

- B Complete uterine rupture
- C Uncoordinated labor
- D Premature detachment of the normally located placenta
- E Anatomically narrow pelvis.

2. The first pregnant woman is 32 years old. The beginning of the second period of childbirth. Sharp pain in the lower segment of the uterus. The uterus took the form of an "hourglass". Fetal heart rate 140 beats / min., Rhythmic. The location of the fetus is longitudinal, the head of the fetus is pressed against the entrance to the small pelvis. Contraction ring at the level of the navel. Estimated fruit weight 4600 gr. Diagnosis?

A Threatening uterine rupture.

- B A ruptured uterus.
- C Uncoordinated labor.
- D Premature detachment of the normally located placenta.
- E Normal childbirth

3. Pregnant, gestation period 41-42 weeks. Longitudinal position of the fetus, the main presentation. Pelvic dimensions 23-26-29-18, abdominal girth 102 cm, VDM 40 cm. And the period of childbirth lasts 8 hours, fetal heart rate 140 / min, clear, rhythmic. The contraction ring is oblique, at the level of the navel, Vasten's sign is positive. Vaginal examination: full opening,

head pressed to the entrance to the small pelvis, no amniotic sac, small umbilicus on the left side of the womb. Doctor's tactics?

A Cesarean section

B Strengthening labor

C Fetus-destroying operation

D Delivery through the natural birth canal

E Obstetric forceps

4. The mother, 28 years old, was taken to the maternity hospital with a violent maternity activity. Childbirth first. Pelvic dimensions: 23-25-28-18 cm. Henkel-Vasten sign is positive. The mother is agitated, the abdomen is tense, painful in the lower parts. Contraction ring at the level of the navel, located obliquely. The head of the fetus is pressed to the entrance to the small pelvis. Fetal heart rate 140 / min. At vaginal research: opening of a neck of uterus is full, there is no amniotic sac. Boom seam in the direct size of the entrance to the small pelvis. What complication occurred in childbirth?

A Clinically narrow pelvis

B Complete uterine rupture

C The rupture of the uterus has begun

D Excessive labor

E Discoordination of labor

5. Pregnant within 40 weeks. The position of the fetus is longitudinal, the head is pressed to the entrance to the small pelvis. Pelvic dimensions 26-26-30-18 cm. Diagonal conjugate 10.5 cm. What is the shape of the pelvis?

A. Simple flat pelvis

B. A pelvis of normal size

C. Narrowed pelvis

D. flat rachitic pelvis

E. Transversely narrowed pelvis

6. Maternity V. 24 years old came with complaints of painful contractions for 50 seconds after 1-2 minutes. Childbirth lasts 10 hours. The mother screams, an expression of horror on her face. Ps 105 beats / min. Blood pressure 120/80 mm Hg. Art. t° -37.3 $^{\circ}$ C. The estimated weight of the fetus is 4200 g. The contraction ring is at the level of the navel, placed obliquely. Vaginal examination revealed edema of the vagina and cervix. The opening of the cervix is complete. The amniotic sac is absent. The head is a small segment in the plane of the entrance to the small pelvis. Your tactics?

A. Apply obstetric forceps

B. Carry out childbirth

C. Perform a cesarean section

D. Conduct epidural anesthesia

E. Conduct pudendal anesthesia

7. Maternity 22 years, first pregnant, with a pregnancy of 40 weeks. The size of the pelvis is normal. Generic activity for 3 hours, active. The water did not recede. The condition of the fetus is satisfactory. Estimated fetal weight 4300 g. To establish the diagnosis, tactics of childbirth.

Answer: First pregnancy, 40 weeks. The first period of childbirth. Large fruit. Monitoring the condition of the fetus and the mother, the advancement of the head.

8. Maternity 27 years, full-term pregnancy, contractions within 7 hours, the last 30 minutes of a powerful nature, water receded before contractions, fetal head above the entrance to the pelvis, Vasten's symptom is positive, VDM - 41 cm, coolant - 112 cm. satisfactory. The opening of the cervix is complete. Establish the diagnosis, tactics of childbirth.

Answer: The second period of urgent childbirth. Big fruit. Clinically narrow pelvis. Cesarean section ..

9. Pregnant 17 years old, gained 21 kg during pregnancy, VDM-42 cm, OZH - 115, gestational age 39-40 weeks, according to the survey of a pregnant woman with a narrowed pelvis of the second degree and fetal distress. Establish the diagnosis, tactics of childbirth.

Answer: The first pregnancy is 39-40 weeks in a young firstborn. Generally narrowed pelvis of the II degree. Distress of a large fetus. Cesarean section.

10. Childbirth I. Dimensions of the pelvis: 23-26-29-17cm. The expected weight of the fruit is 3000g. Contractions are active for 40 seconds after 10 minutes. Vaginal examination: opening of the cervix by 5 cm, the amniotic sac is intact. The head of the fetus is a small segment at the entrance to the small pelvis. The cape is reached. Diagonal conjugate 10 cm. Make a diagnosis. Determine the tactics of the doctor, the prognosis of childbirth.

Answer: Both childbirth and the first period are the active phase, the main presentation, the generally narrowed pelvis of the first degree. Childbirth should be performed conservatively under the control of insertion of the head. With a sufficient configuration of the head, the prognosis is favorable.

11. Childbirth I. Pelvic dimensions: 25-28-31-20 cm. The expected weight of the fetus is 4500 g. Fetal heart rate 140 beats / min., Rhythmic. Childbirth is active. Pure amniotic fluid departed. Vasten's sign is positive. Vaginal examination: the opening of the cervix is complete, the amniotic sac is absent, the head is pressed to the entrance to the pelvis, an arrow-shaped suture in

the right oblique size of the plane of entry. Cape is not reached. Make a diagnosis. Determine the doctor's tactics.

Answer: I childbirth, II period, main presentation, clinically narrow pelvis.

Cesarean section is indicated.

Recommended reading:

1. Obstetrics and gynecology: textbook: in 2 books. Book 1 Obstetrics: Obstetrics / BM Ventskivsky, MO Shcherbina, VI Grishchenko [etc.]; - 4th ed., Ed. - K.: Медицина, 2020. – 424 p.
2. Obstetrics and gynecology: textbook: in 2 books. Book 2 Gynecology / VB Ventskivsky, MO Shcherbyna, VI Grishchenko [etc.]; - 3rd ed., Ed. - K.: Медицина, 2020. - 376 p.
3. Workshop on obstetrics / II Bachynska - K .: "Medicine", 2021. - 104 p.
4. Workshop on phantom obstetrics / P. Yavirsky, V. Shatylo, T. Yavirska - K .: "Medicine", 2017 - 144 p.
5. Workshop on gynecology / A.M. Vavilova - K .: "Medicine", 2019. - 96 p.
6. Clinical obstetrics and gynecology / A. Brian, Magovan, Philip Ouden, Andrew Thomson; scientific editor of the translation M. Shcherbyna - K .: "Medicine", 2021. - 512 p.
7. Oxford Textbook of Obstetrics and Gynecology / Sabaratram Arulkumaran, Wiliam Ledger, Lynette Denny, Stergios Doumouchsis - Oxford University Press, 2020, 928 p.

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