"Approved" at methodical meeting of the Department of obstetrics, gynecology and family planning Medical Institute of Sumy State University protocol № ______ " " 2021p.

Methodical recommendations

for practical classes of obstetrics and gynecology

Topic: Anomalies of the contractile activity of the uterus. Birth injury to mother and fetus. Modern approaches to the diagnosis and treatment of birth injuries in the mother and fetus.

The duration of the lesson – is 6 hours.

Venue: obstetric ward, postpartum ward, study room.

The purpose and justification of the topic - to deepen students' knowledge from the perspective of modern views on the etiology, pathogenesis, clinic, diagnosis and treatment of various forms of labor anomalies. To study the causes of various forms of birth injuries of the mother and fetus, learn methods for their timely diagnosis and treatment.

The student must know:

- a modern regulatory framework on the topic of the lesson;
- levels of regulation of labor;

anatomy of the female genital organs.

- The student must be able to:
- to conduct an external obstetric study;
- perform local anesthesia;
- to put on a surgical seam.

Materials and equipment: schemes, tables, Internet resource.

Test questions

- 1. Modern views on the causes of abnormal labor.
- 2. Primary weakness of labor (clinic, diagnosis, treatment).
- 3. Secondary weakness of labor (clinic, diagnosis, treatment).
- 4. Discoordinated labor (clinic, diagnosis, treatment).
- 5. Excessively strong labor (clinic, diagnosis, treatment).
- 6. Prevention of the occurrence of anomalies of contractile activity of the uterus.
- 7. Modern views on the causes of birth canal injuries.
- 8. Rupture of the perineum, vagina (clinic, diagnosis, treatment).
- 9. Cervical ruptures (clinic, diagnosis, treatment).
- 10. Causes of uterine rupture.
- 11. Classification of uterine ruptures.
- 12. Clinic, diagnosis and treatment of uterine ruptures of different localization.
- 13. Prevention of uterine ruptures.
- 14. Obstetric injuries of the pelvic bone (clinic, diagnosis, treatment).
- 15. Concept: birth trauma of a newborn.
- 16. Classification of birth injury to a newborn.
- 17. The principles of treatment of birth injury to a newborn.

Examples of test control for assessing the final level of knowledge

- 1. The earliest symptom of uterine rupture during childbirth:
- a) shock;
- b) pain;
- c) vaginal bleeding;
- d) cessation of labor.
- 2. The formation of a contraction ring on the uterus:

- a) usually not associated with pathology;
- b) ethiologically associated with discoordinated labor;
- c) associated with uterine rupture.
- 3. Acceptable methods of management of labor in case of threatening rupture of the uterus:
- a) classical rotation of the fetus by the leg;
- b) craniotomy under anesthesia;
- c) craniotomy without anesthesia;
- d) stimulation of labor.
- 4. Acceptable methods of management of labor with threatening rupture of the uterus:
- a) caesarean section operation;
- b) conservative management of labor;
- c) vacuum extraction of the fetus;
- d) cutaneous-head forceps according to Ivanov.
- 5. Symptoms of a threatening uterine rupture:
- a) contraction ring in the middle between the womb and the navel;
- b) significant bleeding from the uterus;
- c) purulent discharge from the uterus;
- d) the uterus has an hourglass shape.
- 6. Risk factors for uterine rupture in childbirth:
- a) history of cesarean section;
- b) hypertonic disease;
- c) pre-eclampsia;
- d) low water.
- 7. Low probability of uterine rupture in childbirth:
- a) a woman who has already multiplied;
- b) with fetal hydrocephalus;
- c) if there is a cesarean section in the past;
- *d*) in women with preeclampsia.
- 8. Emergency care for a completed uterine rupture involves:
- a) delivery through the natural birth canal followed by tamponade of the uterus;
- b) delivery through the natural birth canal followed by laparotomy and suturing of the gap or removal of the uterus;
- c) immediate laparotomy;
- d) the births continue to lead through the natural birth canal with blood transfusion, the appointment of heart drugs and antibiotics.
- 9. Pathology that does not contribute to rupture of the cervix in childbirth:
- a) fast childbirth;
- b) extensor insertion of the fetal head;
- c) rigidity of the cervix;
- d) premature detachment of a normally located placenta.
- 10. The cause of uterine rupture during childbirth cannot be:
- a) turn of the fetus to the leg;
- b) cervical distusion;
- c) Christeller's manuver;
- d) allowance for Tsovyanov.

Technological map

Test (computer) testing	1 hour	Class room
Krok 2		
Supervising thematic patients,	3 hours	Obstetrical department
demonstrating practical skills		_
Clinical analysis of case	1 hour	Class room
histories, situational tasks		

Computer testing and	1 hour	Class room
interviewing on the topic of		
the current lesson		

Types and forms of control:

· computer testing;

 \cdot interview on the topic of the lesson.

Literature (required):

1. Grishchenko V. I. Obstetrics and gynecology: a textbook: in 2 books. Prince 1: Obstetrics / B. I. Grishchenko, N. A. Shcherbina, B. M. Venzkovsky; Edited by: V.I. Grishchenko, N.A. Shcherbina. – Kiev: Medicine, 2012. – 416 p.

2. Zaporozhan, V. N. – Obstetrics and gynecology textbook: in 2 books. Book 1: Obstetrics / B. N. ZaporozhanKiev: Health, 2001. - 480 p.

3. Materials of lectures. Literature (optional):

1. Liewellyn-Jones Derek. Fundamentals of Obstetrics and Gynaecology / Derek Liewellyn-Jones, Jeremy Oats, Suzanne Abraham. – 10-th Edition – Canada : Elsevier Limited, : 2017.

2. Obstetrics & Gynaecology : an Evidence-based Text for the MRCOG / edited by David M. Luesley and Mark D. Kilby. – Boca Raton : Taylor & Francis Group, 2016.

3. "Krok 2": site of the Testing Center at the Ministry of Health of Uraina [Electronic resource]. - Access mode: <u>https://www.testcent.org.ua/uK/Krok-2</u>.