

### **Station №1 «Solving a clinical situational problem in obstetrics»**

1. Interpretation of objective / laboratory data.
  2. Formulation of a preliminary diagnosis based on the detection of pathological changes.
  3. Appointment of additional methods of examination to confirm the diagnosis.
  4. Determining treatment tactics.
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1. First pregnant, 34 weeks pregnant, hospitalized with complaints of headache and visual impairment. BP 170/120 mm Hg. Severe swelling of the limbs, anterior abdominal wall, face. In urine - protein 5 g/l, cylinders hyaline and granular. During the day of intensive treatment, the pregnant woman's condition improved. There is no clan activity.
  2. A woman in labor S. 25 years old in the third stage of labor - 15 minutes have passed since the birth of the fetus. From the birth canal minor spotting. After another 5 minutes, the placenta was born, a defect was found on the surface of the placenta. Bleeding continues.
  3. On the fourth day after a caesarean section, a 29-year-old woman in labor had vomiting, severe pain in the lower abdomen, then throughout the abdomen, stool and gas retention. The skin is pale, lips and tongue are dry. Temperature 39° C. The abdomen is bloated, painful. Symptom Shchetkina-Blumberg positive. Intestinal motility is absent, the uterus is enlarged up to 20 weeks of pregnancy, painful on palpation.
  4. In re-pregnant with blood group A (II) Rh- at the 34-th week of pregnancy, a titer of Rhesus antibodies of 1:64 was detected. Ultrasound of the fetus was diagnosed with hepatosplenomegaly, ascites, and an increase in the thickness of the placenta to 6 cm. According to the CTG

of the fetus, a monotonous rhythm of heart activity is observed. The optical density of the bilirubin indicator of amniotic fluid is 0.42.

5. Re-pregnant at 8 weeks of pregnancy had cramping pains in the lower abdomen and significant spotting from the genital tract. From the anamnesis - the third pregnancy, there were two spontaneous miscarriages in the early stages of pregnancy. During a gynecological examination: there are blood clots in the vagina, the cervical canal passes one transverse finger, the lower pole of the fetal egg is palpated in the canal. The size of the uterus corresponds to the gestational age.

8. A woman in labor K. has a first birth. History of metroendometritis after artificial abortion. After the birth of the baby, there were no signs of placental separation within 30 minutes. An attempt was made to manually separate the placenta - it was not possible to exfoliate. After manipulation, bleeding from the genital tract (400 ml) began and continues. Ps - 96 bpm satisfactory filling, blood pressure - 100/60 mm Hg.

9. A pregnant woman in the period of 8-9 weeks complains of vomiting up to 15-20 times a day, profuse salivation. Over 2 weeks, body weight decreased by 2 kg. BP 100/60 mm Hg, pulse - 110 bpm. The skin is dry, pale. Diuresis is reduced. In urine - acetone +++. Drug therapy without effect.

10. The 38-year-old first pregnant woman complained of weakening fetal movements at weeks 41-42. Clinical and anamnestic data indicate a postponed pregnancy. The estimated mass of the fetus is 4200 g. The fetal heartbeat is muffled, 160 bpm. According to CTG, the assessment of the fetus is 4 points.

11. In women in labor for 30 years, the second birth is urgent, prolonged. Generic activity is active. Contractions convulsive, sharp soreness of the lower segment. Contraction ring at the navel. The size of the pelvis is 25-28-30-17 cm. The waters diverted even at the beginning of labor. The fetal heartbeat is deaf, up to 100 bpm.

12. A woman in labor with active labor. The first pregnancy. Coolant - 110 cm, standing height of the uterine floor - 40 cm. The dimensions of the pelvis are 26-29-32-20 cm. The position of the fetus is longitudinal, first position, front view. In the area of the fundus of the uterus, a large, dense part of the fetus is determined. With internal obstetric examination: the cervix is smoothed, opening 4 cm, the fetal bladder is intact, the fetal leg is presented.

13. In a primiparous 37 years of age, labor continues for 10 hours. Contractions for 20-25 seconds after 3-4 minutes. The position of the fetus is longitudinal, the head is presented, pressed to the entrance to the small pelvis. With an internal obstetric study: the cervix is smoothed, opening 4 cm. There is no fetal bladder.

14. The multiparous 36 years old was admitted to the hospital in the first stage of labor with moderate contractions. This pregnancy is the fifth, before that there was one normal birth, two abortions, and the last pregnancy four years ago ended with a caesarean section for a clinically narrow pelvis. At the height of one of the contractions, the woman in labor complained of severe abdominal pain and weakness. BP 70/40 mm Hg, fetal heartbeat is not heard. The contours of the uterus are fuzzy.

15. A pregnant woman of 30 years old with edema of the lower extremities, with complaints of bleeding from the vagina, which began 2 hours ago, was delivered to the hospital. Pregnancy is 34 weeks. The last 2 weeks noted an increase in blood pressure and swelling of the legs, was not treated. The condition of the woman is serious. BP 70/20 mm Hg, pulse 120 beats/min. Impaired consciousness. The uterus is in hypertonicity, the fetus is not clearly defined, the fetal heartbeat is not heard. With internal research, the cervical canal passes the finger along the entire length, the amniotic fluid is tense. Isolation is dark blood with clots.

16. Pregnant 27 years old, 3 hours have passed since the onset of labor, gestational period 38-39 weeks, complains of acute abdominal pain. Mild preeclampsia is

noted from 38 weeks of gestation. Skin, mucous membranes are pale, pulse is frequent, blood pressure decreases, fetal heart rate is 170 beats/min. Uterine hypertonicity is noted. Opening the cervix 3 cm, the fetal bladder is intact, the discharge is dark, bloody, moderate.

17. Re-pregnant 24 years, pregnancy 30 weeks, was admitted with complaints of spotting from the genital tract, which appeared after exercise. In the history of 2 artificial abortions, the latter was complicated by endometritis. Objectively: blood pressure 110/60 mm Hg, pulse 82 beats/min The uterus is in normotone, corresponds to the gestational age. The position of the fetus is longitudinal, the heartbeat is 164 beats/min When viewed in the mirrors: the cervix is clean, a moderate amount of blood flows from the external pharynx. Soft tissue is palpated through the arches.

18. The first-born 22 years old arrived 2 hours after the onset of labor. Complaints of pain in the epigastric region, vomiting, blurred vision. BP 180/120 and 170/110 mm Hg. Severe swelling of the legs, feet, anterior abdominal wall. The fetal head is pressed to the entrance to the small pelvis. The fetal heartbeat is clear, rhythmic, 136 beats per minute. Proteinuria 3 g/day.

19. First pregnant, hospitalized with complaints of headache, swelling on the legs, face, hands. I did not attend women's consultation. The gestational age is 35-36 weeks. BP 160/100 mm Hg, 150/90 mm Hg. In the general blood test, the platelet level is  $95 \times 10^9/l$ , in the biochemical blood test - creatinine -  $110 \mu\text{mol/l}$ , urea -  $6.8 \text{ mmol/l}$ , uric acid -  $0.4 \text{ mmol/l}$ . In urine: protein -  $2.8 \text{ g/l}$ , hyaline and granular cylinders.

20. A woman is hospitalized due to the threat of termination of pregnancy (13-14 weeks). The previous 2 pregnancies ended in spontaneous miscarriage in the period of 14 - 16 weeks. During internal obstetric examination, the cervix is smoothed, shortened to 1 cm, the external pharynx of the uterus misses 1 finger, and the uterine tone is not increased.

21. In a 24-year-old woman in labor, on the 5th day, her body temperature suddenly increased to 38.7° C. Complains of weakness, headache, pain in the lower abdomen, irritability. Objectively: BP 120/70 mm Hg, pulse - 92 beats/min, body temperature - 38.7° C. Bimanual: the uterus is enlarged up to 12 weeks of pregnancy, dense, painful on palpation, the cervical canal passes 2 sm, the discharge is moderate, cloudy, with an unpleasant odor. In the blood: leukocytosis with a shift to the left, lymphopenia, ESR - 30 mm/hour.

22. The second period of urgent birth is twins. After the birth of the first fetus, a vaginal examination was performed, in which it was found that the second fetus was in a transverse position. The fetal head is located on the right. The fetal heartbeat is clear, rhythmic, 145 beats. in minutes.

23. A 25-year-old pregnant woman was admitted at 32 weeks with complaints of aching pain in the lower abdomen, amniotic fluid discharge. Objectively: the fetal position is longitudinal, head presentation, fetal heart rate of 140 beats/min, rhythmic. When viewed in the mirrors, the cervix is clean, light watery discharge is noted.

24. A woman in labor, 29 years old, complains of urine from the vagina. Leakage of urine from the bladder is confirmed by the introduction of furatsilina with blue detected in the vagina. General condition is satisfactory. Temperature - 36.9 ° C, blood pressure 120/80 mm Hg Pulse - 80 beats/min. The bottom of the uterus is 3 cm below the navel.

25. A woman in labor, 30 years old, was delivered to the hospital 4 hours after the onset of labor, has a second full-term pregnancy. Complains of severe and

painful contractions, urinary retention. The waters receded 2 hours ago, bright. The dimensions of the pelvis: 25-27-29-17 cm, IRR - 35 cm, coolant - 95 cm.

26. The position of the fetus is longitudinal, the head is pressed to the entrance to the small pelvis, the back of the fetus is on the left, anteriorly. The fetal heartbeat is clear, rhythmic, 146 beats/min. Contractions after 2-3 minutes, for 40 s. Regular, excessively painful. A sign of Vasten is the fetal head flush with the symphysis. Through a catheter, urine cannot be removed. Michaelis rhombus changed - the upper triangle is very low.

During vaginal examination revealed swelling of the cervix, thickening of its edges to 1.0 cm, opening of the cervix to 8 cm. There is no fetal bladder. The head of the fetus is to be pressed, pressed to the entrance to the small pelvis, swept seam in the transverse size of the pelvis.

27. A 24-year-old pregnant woman was admitted to the hospital with a diagnosis of pregnancy I, 38 weeks, twins. Complaints of cramping pains in the lower abdomen. The abdomen is ovoid in shape, circumference 114 cm. VSD-41 cm, the position of the fetus is longitudinal, the presentation of the first fetus is buttock, the second is the head. Heart rate of the first fetus 134 in 1 min. on the left below the navel, the second - on the right above the navel 145 beats. in 1 min When a vaginal examination was found: the cervix is smoothed, the uterine pharynx is opened by 4 cm, the fetal bladder is present, the buttocks are palpated, pressed to the entrance to the small pelvis.

28. The first pregnant woman, 25 years old, was urgently taken to the hospital with complaints of severe headaches, flickering "flies" in front of her eyes, pain in the epigastric region. Two weeks ago, swelling of the legs appeared, proteinuria 0.033-0.09 g/l, refused to be hospitalized. BP 180/100 – 190/110 mm Hg Generalized edema. The fetal heartbeat is muffled, rhythmic up to 135 beats/ min, listens below the navel on the left. The cervix is shortened to 2 cm, softened. Slated to be the head, movable above the entrance to the pelvis.

29. A woman in labor, 23 years old. Delivered to an obstetric hospital with complaints of spotting from the genital tract that occurred with the onset of regular labor. The gestational age is 38 weeks. Regular contractions for 30-35 sec., After 3-4 minutes. Fetal heartbeat 172 beats/min. Internal obstetric examination: the cervix is softened, smoothed, the cervical canal is 2.5 cm wide.

The fetal bladder is intact. The edge of the placenta is present. After amniotomy, bleeding intensified and is 350 ml.

30. 20 minutes after normal delivery, bleeding appeared from the vagina. After removal of the placenta by the Crede-Lazarevich method, bleeding intensified. When examining the maternal surface of the placenta, a 3.6 x 6 cm section was found without placental tissue. BP 115/70 mm Hg, pulse 70 beats/min. Blood loss was 600 ml. The uterus is dense, 2 cm below the navel.

29. Multiparous complains of sharp abdominal pain, spotting that appeared during labor. Pulse - 105 beats/min. BP 90/60 mm Hg. The uterus is hypertonic, painful. A tumor-like formation measuring 5 x 5 cm is palpated along the front wall of the uterus. It is sharply painful. Fetal heart rate 180 bpm. With vaginal examination: opening of the cervix 5 cm, the fetal bladder is tense, the head lies. The allocation is dark, moderate.

30. The first pregnant woman, 38 weeks old, was admitted with complaints of headache, pain in the epigastric region, drowsiness, swelling in the legs. BP 180/120 - 185/130 mm Hg. The position of the fetus is head, longitudinal. Fetal heartbeat 142 beats in minutes. In urine, protein is 4.8 g/l.

31. A primiparous with cramping pains in the lower abdomen arrived. The position of the fetus is longitudinal, head presentation. The fetal heartbeat is clear, rhythmic, 140 beats/min. During vaginal examination, the cervix is smoothed, open 5-6 cm. There is no fruit bubble. The root of the nose and orbit, as well as the front edge of the large fontanel, are palpated.

32. The 29-year-old woman on the fourth day after cesarean section had vomiting, severe pain in the lower abdomen, then all over the abdomen, delayed stool and gas. The skin is pale, lips and tongue are dry. Temperature 39° C. Abdominal bloating, painful. The Shchotkin-Blumberg symptom is positive.

Intestinal motility is absent, the uterus is enlarged to 20 weeks of pregnancy, painful on palpation.

33. A 24-year-old pregnant woman was admitted to the maternity hospital 2 weeks before the expected due date with complaints of parenchymal pain in the lower abdomen. An objective examination revealed that the general condition was satisfactory, pulse 76 beats. for 1 min., blood pressure 120/80 mm Hg. The abdomen is ovoid, circumference 114 sm. standing height of the uterine floor – 41 sm, the position of the fetus is longitudinal, the presentation of the first fetus is sciatic, the second – the main. The heartbeat of the first fetus 134 shocks in 1 minute. left below the navel, the second - right above the navel 145 beats. for 1 minute Vaginal examination revealed: the cervix is smoothed, the uterine eye is opened by 4 sm, the amniotic sac is presented throughout, through which the buttocks are palpated, which are pressed to the entrance to the small pelvis. Laboratory: Blood test wedge – Hb - 89 g/l, er. -  $2.68 \times 10^{12}$  /l, L -  $6.2 \times 10^9$  /l, ESR - 20 mm/h. Analysis of allocations for flora: U - 1-2 in the field of view; C- 4-6 in the field of view; V - 6-8 in the field of view of the sticks. flora.

34. Pregnant 25 years old, urgently taken by ambulance to the maternity hospital two weeks before delivery with complaints of severe headaches, flickering "flies" in front of the eyes. From the anamnesis: two weeks ago there was swelling of the legs, proteinuria 0.033-0.09 g/l, refused hospitalization. Objectively: General satisfactory condition, T - 37.0 C, Ps - 85 bpm. BP – 180/100 - 190/110 mm Hg The edema is generalized. The abdomen is enlarged by the pregnant uterus. The uterus is in normal tone. Standing height of the uterine floor 40 sm, coolant - 98 sm. Fetal heart rate 135 bpm, is heard below the navel on the left. The cervix is cylindrical, shortened to 2 sm, soft, slightly deviated backwards from the leading axis of the pelvis. There is a head that moves over the entrance to the small pelvis. Cape is not reachable. Laboratory: Clinical analysis of urine: dark yellow urine, cloudy, drinking. weight 1010, acid reaction, protein 1.0 g/l, sugar - 0; L 1-2 in the field of view; epithelium squamous 2-3 in sight.

35. Pregnant, 27 years old. Childbirth second. The first ended with the birth of a boy weighing 3500 g. The gestation period is 21 weeks. Notices pain in the lower abdomen, slight bloody discharge from the birth canal. The heartbeat is listened to a clear, rhythmic 140 per 1 min. On ultrasound: placental abruption 2 x 2 sm. Segmental contractions of the posterior wall of the uterus. Vaginal

examination: the external genitalia are properly developed. The vagina of a woman giving birth. Cervix 2 sm long, tight-elastic consistency. The outer eye is closed.

36. The woman was hospitalized due to the threat of abortion (13-14 weeks). Previous 2 pregnancies ended in miscarriages at 14 to 16 weeks. At internal obstetric examination the cervix is smoothed, shortened to 1 sm, the outer eye of the uterus passes 1 finger, the tone of the uterus is not increased.

37. Maternity, 18 years old. Is in labor for 14 hours. II period of childbirth. The size of the pelvis is normal. Attempts are ineffective for 1.5 hours. Fetal heartbeat is deaf, arrhythmic, 90 per 1 min. At vaginal research: opening of a neck of a uterus is full, a fruit bubble is absent. Head in the pelvic cavity.

38. A woman was brought to the maternity hospital with complaints of bloody discharge from the genital tract, which appeared with the onset of labor. The gestation period is 38 weeks. When examining the position of the fetus longitudinally, the head is movable above the entrance to the pelvis, the fetal heartbeat is clear, rhythmic, 142 beats for 1 min. At internal obstetric research (at the expanded operating room): the cervix is open on 5 sm, behind an internal eye spongy fabric on all extent.

39. Maternity, 22 years old. Childbirth is the first. Childbirth is active, contractions turn into attempts. The head of the fetus is pressed to the entrance to the small pelvis. The fetal heartbeat is clear, rhythmic, 132 beats. for 1 minute Anhydrous period - 1 hour. Vasten's sign is positive. Body temperature - 36.8 C, pulse - 80 bpm. At vaginal research: full disclosure of a uterine eye, on edges the thick, swollen neck of a uterus is defined, on a head - a maternity tumor, allocations from a vagina - minor bloody.

40. The mother is in the delivery room, in the first period of childbirth, behaves restlessly. Contractions follow one another without a break. Contraction ring at the level of the navel. Fetal heart rate 170 per 1 min. Internal obstetric examination: full opening of the cervix, vaginal discharge from the vagina. The head is pressed to the entrance to the small pelvis, on the head is a large birth tumor.

41. The mother delivered to the clinic behaves restlessly. Contractions follow one another without a break. Contraction ring at the level of the navel. The fetal heartbeat is not listened to. Internal obstetric examination: the opening of the cervix is complete, the head is pressed against the entrance to the pelvis.

42. Maternity, 23 years old, with a simple flat pelvis, narrowing of 1 degree, is in the first period and first childbirth. The position of the fetus is transverse, the head of the fetus on the left. At internal examination: the cervix is smoothed, the opening of the cervix is 8 cm, the amniotic sac is absent, the anterior part is absent, behind the inner eye nodes of the umbilical cord.

43. The woman in labor, 25 years old, on the 4-th day after cesarean section complains of general weakness, fever up to 39° C, fever, bloating, gas and stool retention, a symptom of a "falling drop". Pale, heart rate - 120 beats per minute. The abdomen is bloated, painful throughout, there is a positive symptom of Shchetkin-Blumberg. The bottom of the uterus at the level of the navel, the uterus is painful, pasty consistency. Vaginal discharge is purulent.

44. A 34-year-old pregnant woman was admitted to the maternity hospital. Pregnancy 3rd, full-term. Childbirth II, second period. The amniotic fluid receded 2 hours after the onset of labor. At vaginal inspection it is established: position of a fruit cross, a head at the left, a back in front, in a vagina the handle of a fruit is defined. The fetal heartbeat is not heard.

45. Maternity, 23 years old. She was taken to an obstetric hospital with complaints of bloody discharge from the genital tract, which arose with the onset of regular labor. The gestation period is 38 weeks. Contractions are regular for 30-35 seconds, after 3-4 minutes. Fetal heart rate 172 beats. per minute. Internal obstetric examination: the cervix is softened, smoothed, the cervical canal is open by 2.5 cm. The amniotic sac is intact. The edge of the placenta is presented. After amniotomy, the bleeding increased to 350 ml. Bleeding started 20 minutes after a normal birth. After removing the manure with Krede-Lazarevich, the bleeding intensified. Examination of the maternal surface of the placenta revealed an area of 3.6 x 6 cm without placental tissue. Blood pressure - 115/70 mm Hg, pulse 70 beats. per minute. Blood loss was 600 ml. The uterus is dense, 2 cm below the navel.

46. Repeated childbirth in women 32 years. Duration of childbirth 15 hours. The fetal heartbeat is rhythmic, up to 100 beats. per minute Vaginal examination: the opening of the cervix is complete, the head of the fetus in the plane of exit from the pelvis. Sagittal suture in a straight size, a small temple near the womb.

47. 10 minutes after the birth of the child, the manure separated on its own. When examining the placenta and the shell of the target. Examination of the birth canal revealed no damage. The bleeding began. The uterus is soft, poorly contoured, its bottom is 3 fingers above the navel. 10 U of oxytocin were administered intravenously, external uterine massage was performed. The bleeding stopped temporarily, but resumed after a while. The total blood loss was 700 ml. A manual examination of the uterine cavity, massage of the uterus on the fist, clamps on the parameters. The bleeding continues.

48. The first pregnant woman, 38 weeks old, came with complaints of headache, epigastric pain, drowsiness, swelling in the legs. BP 180 / 120-185 / 130. The position of the fetus is the main, longitudinal. Fetal heart rate 142 beats per minute. In urine protein of 4,8 g/l.

49. The mother, 29 years old, complains of urine from the vagina. Leakage of urine from the bladder is confirmed by the introduction of furacillin with a bruise, which is found in the vagina. The general condition is satisfactory. Temperature - 36.9 C, blood pressure - 120/80 mm Hg. Pulse - 80 beats per minute. The bottom of the uterus is 3 sm below the navel.

50. A 26-year-old pregnant woman was taken to the maternity ward due to a pregnancy of 40-41 weeks: anhydrous period of 6 hours. There is no labor. Body temperature is normal. A history of infertility for 3 years, was examined and treated. During the vaginal examination, the cervix is shortened to 1.5 sm, softened, the opening of the cervix to 2 sm. There is no amniotic sac. The head of the fetus is high above the entrance to the small pelvis. Fetal heart rate 140 beats per minute.