

**Topic scheme  
of practical studies on obstetrics  
for forth-year students  
8<sup>th</sup> term 2016-2017**

1. Hemorrhages during the pregnancy (premature separation of normally located placenta, placental presentation), in afterbirth and early postnatal the stages.
2. Hypertensive disorders of pregnancy.
3. Abnormalities of labor. Birth trauma.
4. Narrow pelvis in modern obstetrics.
5. Cesarean section. Obstetrical forceps. Fetus destructive operations.
6. Puerperal septic diseases.

Studies last 5,0 hours (30)

Beginning: **8.00 – 12.15**

1Break time: 09.30-09.45

2Break time: 11.15-11.30

History Case

Examination.

Head of obstetrics  
and gynecology chair

Gutikova L.V.

## Lesson № 1

### **Hemorrhages during the pregnancy (premature separation of normally located placenta, placental presentation), in 3<sup>rd</sup> and early postnatal period.**

1. The reasons of a bleeding during pregnancy.
2. Placenta previa, concept definition, frequency, predisposing factors, classification. Low-located placenta.
3. Predisposing factors and pathophysiology of placenta previa.
4. Clinical features of placenta previa.
5. Diagnosis of placenta previa.
6. Management of labor.
7. Treatment (conservative, operative).
8. The cervical placenta. An etiology, clinic, diagnostics, treatment.
9. Abruptio placentae. Etiology and pathogenesis
10. Clinical features, diagnostics premature separation of normally located placenta.
11. Differential diagnostics with placental presentation.
12. Management and treatment premature separation of normally located placenta.
13. Concept about pathological bleeding in the third period of labor.
14. The reasons of a bleeding in the third stage of labor.
15. Clinical features and diagnostics of complications of the third stage of labor.
16. Methods of a stop of a bleeding at absence of signs of placental detachment.
17. Tactics of the doctor after placental detachment. Ways of removal of afterbirth.
18. Prophylaxis of an infection in the postnatal period.
19. The reasons of a bleeding in the early postnatal period.
20. Concept about a hypotonic and atonic uterus.
21. Clinical features and diagnostics of a hypotonic bleeding. Compensated and decompensated blood loss.
22. Actions on a stop of a hypotonic bleeding.
23. Actions for struggle with acute blood loss. The basic methods of reanimation.
24. Bleedings at blood coagulation disorders (the reason, contributing factors), clinic.
25. The differential diagnosis with a hypotonic bleeding.
26. Treatment.
27. Haemorrhagic shock in obstetrics.

### ***Literature:***

- 1) Danfort's Obstetrics and Gynecology. Seventh edition. 1994. – 1121 p.
- 2) Lectures

## Lesson № 2

### Hypertensive disorders of pregnancy

1. Gestosis. Definition. Classification. Risk groups.
2. Early gestosis (toxemias) of pregnant. Etiopathogenesis. Classification. Diagnostics. Treatment.
3. Pernicious vomiting of pregnant. Clinic. Diagnostics. Treatment. Tactic.
4. Rare gestosis of pregnancy (dermatoses, osteomalacia, hepatitis, acute yellow atrophy of liver, bronchial asthma).
5. Late gestosis of pregnancy. Etiopathogenesis. Modern features of the current.
6. Classification of late gestosis.
7. Early diagnostics of late gestosis. The plan of examination.
8. Late gestosis of pregnant. Clinical signs. Diagnosis.
9. Pathogenetic treatment of late gestosis.
10. Modern principles of treatment of late gestosis.
11. Obstetrical tactic of late gestosis.
12. The plan of labor conducting at late gestosis.
13. Complications of late gestosis. Their influence on the fetus.
14. Preeclampsia. Clinic. Diagnostics. Treatment. Obstetric tactic.
15. Eclampsia. Definition. Pathogenesis. Clinic. Diagnostics. First aid. Tactic. Complications.

#### *Literature:*

- 1) Danfort's Obstetrics and Gynecology. Seventh edition. 1994. – 1121 p.
- 2) Lectures

## Lesson № 3

### **Abnormalities of labor. Injuries of birth canal. Birth trauma.**

1. Pathological preliminary period. Diagnostics. Tactics.
2. Role of “unripe” cervix.
3. Causes of abnormal labor: powers (uterine contractions), passenger (fetal factors), passage (maternal pelvis).
4. Abnormalities of labor: hypertonic, hypotonic uterine contractions. Complications. Prophylaxis.
5. Evaluation of uterine contractions.
6. Primary dysfunctional labor.
7. Tocolytic agents administration in labor.
8. Failure to progress in labor (prolongation disorder).
9. Secondary arrest of labor (complete cessation of progress).
10. Risks of prolonged and prompt labor.
11. Management of hypocontractile dysfunction.
12. Induction/Augmentation of labor: pharmacologic methods. Use of prostaglandins in obstetrics practice. Mechanism of action.
13. Amniotomy.
14. Oxytocin administration. Indications. Complications.
15. Abnormalities of the active phase of labor: protraction disorder of the active phase of labor, protraction disorder of descent, arrest of dilatation. Management.
16. Injuries of birth canal. Risk factors.
17. Laceration of perineum and vagina. Management.
18. Puerperal hematomas: vulvar and vaginal hematomas, retroperitoneal hematomas. Diagnosis. Treatment.
19. Injuries to the cervix. Diagnosis. Treatment.
20. Uterine rupture. Risk factors. Classification. Clinical signs. Diagnosis. Treatment.
21. Birth trauma. Intraventricular hemorrhage from mechanical injury, cephalohematoma, caput succedaneum. Nerve injuries. Skeletal and muscle injuries. Prevention and treatment.

### ***Literature:***

- 1) Danfort's Obstetrics and Gynecology. Seventh edition. 1994. – 1121p.
- 2) Lectures

## **Lesson № 4**

### **Contracted pelvis in modern obstetrics.**

1. Anatomically contracted pelvis. Definition. Causes of contracted pelvis development.
2. Classification of contracted pelvises according to the form and degree of contraction.
3. Diagnostics of contracted pelvis. Pelvic diameters.
4. Particularities of accouchement biomechanics under pelvis just minor.
5. Particularities of accouchement biomechanics under pelvis flat pelvis.
6. Particularities of accouchement biomechanics under pelvis flat rachitic pelvis.
7. Pregnancy course under contracted pelvis.
8. Accouchement course and conducting under contracted pelvis.
9. Cephalopelvic disproportion. Definition. Clinic.
10. Diagnostics of cephalopelvic disproportion.
11. Large fetus. Causes. Diagnostics. Particularities of pregnancy and accouchement course.

#### ***Literature:***

- 1) Danfort's Obstetrics and Gynekology. Seventh edition. 1994. –1121 p.
- 2) Lectures

## Lesson № 5

### **Cesarian section. Obstetrical forceps. Fetus destructive operations.**

1. Cesarean section. Indications: fetal, maternal, maternal and fetal. Absolute and relative indications. Emergency and planned Cesarean section.
2. The types of Cesarean section: abdominal, vaginal, “small caesarean section”
3. Prerequisite criteria for Cesarean section.
4. The choice of anesthesia in Cesarean section (regional and general). Advantages and disadvantages. Complications. Contraindications.
5. Procedure of the abdominal Cesarean section.
6. The types of uterine incision: low transverse, classical, T-extension.
7. Intraoperative complications.
8. Postoperative period. Postoperative pain management.
9. Cesarean Hysterectomy. Indications. Risks.
10. The main types of obstetrical forceps, their peculiarities and advantages.
11. Mechanism and purpose of obstetrical forceps.
12. Indication and contraindication for use of obstetrical forceps.
13. Prerequisite criteria for forceps delivery.
14. Three Threefold rules of use of obstetrical forceps. Forceps technique.
15. Preparation for an operation. Methods of labor pain-relief.
16. Technique of the operation of use obstetrical forceps.
17. Types of forceps operations: outlet forceps, low forceps, mid forceps
  - a. in case of occipitotransverse position;
  - b. in case of occipitoposterior position.
18. Difficulties during an operation of use of obstetrical forceps. Complications of forceps delivery to the mother and the fetus.
19. The nearest and the furthest consequences of forceps delivery.
20. Types of fetus destroying operations. Indications and conditions.
21. Craniotomy. The definition of the notion, indication, technique, stages of the operation.
22. Complications during craniotomy.
23. Embryotomy: definition of the notion, indication, technique.
24. Cleidotomy: indication, technique.
25. Decapitation: indication, technique.
26. The definition of the notion of neglected diametrical position of the foetus.
27. Avisteratsiya, spondylotomy.

### ***Literature:***

- 3) Danfort's Obstetrics and Gynecology. Seventh edition. 1994. –1121 p.
- 4) Lectures

## **Lesson 6**

### **Puerperal septic diseases**

1. Puerperal purulo-septic diseases. Definition. Sazonov-Bartels classification.
2. The pathophysiology of puerperal septic diseases. Factors, predisposing to the development of puerperal genital tract infection. Prophylaxis.
3. Puerperal ulcer, etiology, diagnosis, treatment.
4. Puerperal endometritis. Incidence rate, etiology, diagnosis. Treatment.
5. Clinical features, diagnosis and treatment of puerperal metroendometritis.
6. Diagnosis and treatment of puerperal metrothrombophlebitis, parametritis.
7. Puerperal pelvioperitonitis. Diagnosis. Management. Prophylaxis.
8. Obstetrical peritonitis (peritonitis after cesarean section). Mechanisms of infection. Risk group. Clinic, diagnosis, approach, prophylaxis.
9. Infectious and toxic shock. Definition. Place in the structure of maternal mortality causes and Sazonov-Bartels classification. Etiopathogenesis. Clinic. Diagnosis. Complications. Treatment.
10. Sepsis. Place in the structure of maternal mortality causes. Etiopathogenesis of puerperal sepsis. Clinic, diagnosis.
11. Treatment of obstetrical sepsis. Programme of fluid therapy. Peculiarities of antibiotics therapy. Doctor's approach about primary site of infection.
12. Lactational mastitis. Classification. Clinic. Maternity hospital doctor's approach. Solution to a question on the possibility of infant feeding.
13. Gonorrhoea in puerperal period.

#### **Literature:**

- 1) Danfort's Obstetrics and Gynecology. Seventh edition. 1994. –1121p.
- 2) Lectures