Obs & Gynae Stations Tips & Tricks

History Taking Stations

An obstetrics and gynaecology history should follow the same structure as any other history; including Presenting Complaint, History of Presenting Complaint, Past Medical and Surgical History, Drug History, Allergies, Social History and Family History. Remember to use **SOCRATES** to explore the PC. Never forget to **ICE** the patient! There can be sensitive and complex concerns in O&G consultations that you will be expected to explore.

When taking an O&G history there are a few extra questions that are important to ask.

MOSCC is a commonly used mnemonic to help remember the important parts of an O&G history:

Menstrual cycle
Obstetric history
Sexual history
Contraception
Cervical smear

Menstrual cycle:

- When was the first day of your last period?
- How long do your periods usually last?
- Do you get heavy or painful periods? If they are heavy do you pass any clots?
    - Heavy or prolonged periods are called **Menorrhagia**. Painful periods are called **Dysmenorrhea**.
- Are you periods regular?
    - Irregular periods are called **Oligomenorrhoea**. A lack of periods in reproductive age women is called **Amenorrhoea**.
- What age did you start getting your period?
    - Starting menstruation is known as **Menarche.**
- Have you been through the menopause? At what age? Have you had vaginal bleeding since the menopause?

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    - Post-menopausal bleeding is a common Gynae presentation – it needs to be investigated under a 2 week rule to rule out endometrial cancer.
- Do you get any unusual discharge between periods?
    - Malodorous or unusually coloured discharge can be a sign of bacterial vaginosis, thrush or an STI.

Obstetric history:

- Have you ever been pregnant before?
    - The number of times a woman has been pregnant is known as **Gravidity**. You can ask here if she has had any terminations in the past, remember to ask this sensitively.
- How many times have you given birth?
    - The number of times a woman has given birth to a live child or still born (more than 24 weeks gestation) is known as **Parity.** Remember to ask this sensitively and clarify regarding stillborns and miscarriages.
- Have you had any complications in previous pregnancies?
    - Important things to pick up are pre-eclampsia and gestational diabetes.
- What happened during your previous labours and birth?
    - Ask about vaginal, assisted or C-section deliveries. Ask how the babies were after birth and how they are doing now – this also builds rapport!

Sexual history:

This can be an uncomfortable topic to approach for both Doctor and patient however much of this discomfort can be eased with a prefacing statement. For example “To understand what is causing these symptoms, I need to ask some personal questions about your sexual history, is that okay with you?” Avoid jumping right into questions about their sex life with no warning!

- Are you sexually active at the moment or recently?
- How many sexual partners have you had recently?
- Did you use condoms?
- Do you ever experience pain during sex?

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    - Pain during sex is known as **Dyspareunia**. Causes include (but not limited to) endometriosis, vaginismus and vaginal atrophy in post-menopausal women.
- Have you ever had a sexually transmitted infection or been tested for one?
- Have you ever had difficulty conceiving?
    - If it is clear that the presenting complaint is subfertility then this area will need to be explored in more depth, including how often the couple are having intercourse and the method of intercourse.

Contraception

- Do you use any contraception?
    - Ask specifically if they use condoms for STI protection as well as any other contraception.
- Have you tried any other forms of contraception in the past? If so why did they not work for you?

Cervical smear:

- When was your last cervical smear?
- What were the results?
    - If they say they have not been for their smear, explore why and use this moment to encourage them to go for it. The examiner will be extra impressed!

Common presenting complaints in O&G histories to be prepared for:

- Menorrhagia
- Amenorrhoea
- Dysmenorrhoea
- Post-menopausal bleeding
- Dyspareunia
- Vaginal discharge
- Abdo pain – (don't miss an ectopic pregnancy!)
- Subfertility
- Bleeding in early pregnancy
- Reduced foetal movements
- Vomiting in pregnancy

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Explanation stations

For explanation stations always begin by establishing how much the patient already knows and how much she wishes to know. Remember to chunk and check and summarise at the end.

Examples of common explanation stations in O&G are:

- Contraception
- Hormone replacement therapy
- Birth options
    - Place of birth – Delivery suite, birth centre (midwife led) or home
    - Vaginal birth, C-section, assisted delivery (forceps or ventouse)
- Stages of labour and birth
- V-BAC – Vaginal birth after C-section
- ECV – external cephalic version
- SGA or LGA – small or large for gestational age
- Gestational diabetes
- Pre-eclampsia
- Hyperemesis gravidarum
- Endometriosis
- Uterine fibroids

A tip for obstetric explanation stations – maternity units often have shelves full of patient leaflets explaining stages of normal labour and birth as well as additional complications and procedures. Grab yourself a stash of these and study them to learn how to explain things in lay terms!

Ethics

Obs & gynae can often be the subject of an ethics OSCE station. Examples of topics to consider include:

- HIV and other STI testing – consent from patient for an HIV test or patient refusal to inform sexual contacts after a positive test.
- Fertility – a patient demanding IVF although they are not eligible under NHS criteria
- Smoking and drinking during pregnancy
- Anomaly scans, amniocentesis and chorionic villus sampling
- Termination

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- Child under 16 who is sexually active – Gillick competency and Fraser guidelines

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