
ONMedU, Department of Obstetrics and Gynecology. Curation of a pregnant woman. Ability to determine the necessary list of laboratory and instrumental studies and evaluate their results. Ability to establish a clinical diagnosis

**MINISTRY OF HEALTH PROTECTION OF UKRAINE
ODESSA NATIONAL MEDICAL UNIVERSITY**

Faculty International

Department of Obstetrics and Gynecology

**CONFIRMED** by
Vice-rector for scientific and pedagogical work
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«29» August, 2024

**METHODICAL DEVELOPMENT FOR PRACTICAL LESSONS
FROM THE PRODUCTION POLYCLINICAL MEDICAL PRACTICE**

Faculty International, course V

Educational discipline "Obstetrics and gynecology"

Practical lesson № 3. Topic: «Curation of a pregnant woman. Ability to determine the necessary list of laboratory and instrumental studies and evaluate their results. Ability to establish a clinical diagnosis»

Methodical development of a practical lesson, OPP "Medicine", 5th year, Discipline: "Obstetrics and Gynecology"




ONMedU, Department of Obstetrics and Gynecology. Practice session. Medical manipulations in obstetrics

Approved:

Meeting of the Department of Obstetrics and Gynecology of Odesa National Medical University

Protocol No. 1 dated August 29, 2024.

Head of the department

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Methodical development of a practical lesson, OPP "Medicine", 5th year, Faculty of Medicine.
Discipline: "Obstetrics and Gynecology"

Practical lesson 3

Topic: Curation of a pregnant woman, a woman in labor and a woman in labor. Preparation of educational history. Ability to determine the necessary list of laboratory and instrumental studies and evaluate their results. Ability to establish a clinical diagnosis

Goal: Learn the basics of counseling; basics of psychological support for a woman during childbirth; advantages of partner childbirth; principles of medical ethics and deontology; basic forms of primary accounting documentation. Learn the peculiarities and rules of curation in the obstetric department; structure of childbirth history; general objective examination of pregnant women; stages of a special examination of a pregnant woman; the course of the I, II, III period of childbirth; clinical management of I, II, III periods of childbirth; rules for filling out the partogram; rules for examination of the birth canal; primary toilet of a newborn; course of the postpartum period. Master and improve the skills of assessing a woman's complaints that arose in connection with pregnancy, during childbirth and in the postpartum period; conducting an internal obstetric examination, measuring the diagonal conjugate; delivery in I, II, and III periods; establishment of signs of litter separation; examination of the birth canal; inspection of the litter, evaluation of the integrity of the litter; carrying out the primary toilet of a newborn, ensuring the principles of the "thermal chain"; assessment of the condition of the newborn according to the Apgar scale; assessment of the degree of blood loss; assessment of the state of the mother in labor at different days of the postpartum period; counseling on postpartum contraception. To master the collection and evaluation of the anamnesis in relation to the general and specific functions of the female body; conducting an objective examination (general and special); conducting an external obstetric examination (Leopold's techniques); carrying out the primary toilet of a newborn, ensuring the principles of the "thermal chain"; assessment of the condition of the newborn according to the Apgar scale; assessment of the degree of blood loss; assessment of the state of the mother in labor at different days of the postpartum period; counseling on postpartum contraception. To master the collection and evaluation of the anamnesis in relation to the general and specific functions of the female body; conducting an objective examination (general and special); conducting an external obstetric examination (Leopold's techniques); carrying out the primary toilet of a newborn, ensuring the principles of the "thermal chain"; assessment of the condition of the newborn according to the Apgar scale; assessment of the degree of blood loss; assessment of the state of the mother in labor at different days of the postpartum period; counseling on postpartum contraception. To master the collection and evaluation of the anamnesis in relation to the general and specific functions of the female body; conducting an objective examination (general and special); conducting an external obstetric examination (Leopold's techniques); To master the collection and evaluation of the anamnesis in relation to the general and specific functions of the female body; conducting an objective examination (general and special); conducting an external obstetric examination (Leopold's techniques); To master the collection and evaluation of the anamnesis in relation to the general and specific functions of the female body; conducting an objective examination (general and special); conducting an external obstetric examination (Leopold's techniques); To master the collection and evaluation of the anamnesis in relation to the general and specific functions of the female body; conducting an objective examination (general and special); conducting

an external obstetric examination (Leopold's techniques); measuring the circumference of the abdomen and the height of the bottom of the uterus; determination of the estimated weight of the fetus; analysis of ultrasound, CTG, BPP results; determination of the term of pregnancy, maternity leave and expected date of delivery; determination of the beginning of the first period of labor, objective assessment of the nature of labor (dynamics of opening of the cervix, frequency, strength and duration of contractions); determination and assessment of fetal heartbeat (auscultative, CTG); demonstration of active management tactics of the III stage of childbirth (on a phantom); demonstration of expectant management tactics of the III period of childbirth (on a phantom). Write an educational history of childbirth.

Basic concepts: Peculiarities and rules of curation in the obstetric department. The structure of the birth story. Stages of general objective examination of pregnant women. Stages of special examination of pregnant women. The course of the I, II, III period of childbirth. Clinical management of I, II, III periods of childbirth. Rules for filling out the partogram. Rules for examination of the birth canal. The primary toilet of a newborn. The course of the postpartum period.

Equipment: Professional algorithms, structural and logical schemes, tables, models, video materials, results of laboratory and instrumental studies, situational problems, patients, medical histories.

1. Organizational measures (greetings, verification of those present, announcement of the topic, purpose of the lesson, motivation of higher education seekers to study the topic).

Curation of female patients is the main element in practical training in obstetrics and gynecology. Curation in the maternity hospital allows students to put into practice the acquired knowledge-skills (skills) in midwifery and other clinical disciplines. The ability to collect anamnesis, conduct clinical examinations of a pregnant woman, a woman in labor and a woman in labor, as well as give a clinical assessment of the obtained data allow the student to predict the course of childbirth, possible complications and features of the course of the postpartum period.

The task of practice is to consolidate the knowledge and skills acquired during the study of the main clinical and theoretical disciplines (examination of pregnant women, establishing a clinical diagnosis, prescribing treatment, prevention) and further improvement of practical skills, familiarization with the organization and working conditions of an obstetrician-gynecologist, as well as consolidation of skills sanitary and educational work.

2. Control of the reference level of knowledge (written work, written test, online test, face-to-face survey, etc.).

- Requirements for students' theoretical readiness to perform practical classes.

Knowledge requirements:

- learn the basics of counseling;
 - basics of psychological support for a woman during childbirth;
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- advantages of partner childbirth;
 - principles of medical ethics and deontology;
 - basic forms of primary accounting documentation;
 - learn the features and rules of curation in the obstetric department;
 - structure of childbirth history;
 - general objective examination of pregnant women;
 - stages of a special examination of a pregnant woman;
 - course of the I, II, III period of childbirth;
 - clinical management of I, II, III periods of childbirth;
 - rules for filling out the partogram;
 - rules for examination of the birth canal;
 - the primary toilet of a newborn;
 - course of the postpartum period;
 - to master and improve the skills of assessing a woman's complaints that arose in connection with pregnancy, during childbirth and in the postpartum period;
 - holding internal obstetric examination, measurement of the diagonal conjugate;
 - childbirth management in the I, II, and III periods;
 - establishment of signs of litter separation;
 - examination of the birth canal;
 - inspection of the litter, assessment of the integrity of the litter;
 - carrying out the primary toilet of a newborn, ensuring the principles of the "thermal chain";
 - assessment of the condition of the newborn according to the Apgar scale;
 - assessment of the degree of blood loss;
 - assessment of the state of the mother in labor in different days of the postpartum period; counseling on postpartum contraception;
 - to master the collection and assessment of history regarding the general and specific functions of the female body;
 - conducting an objective examination (general and special);
 - carrying out an external obstetric examination (Leopold's procedures);
 - measuring the circumference of the abdomen and the height of the bottom of the uterus;
 - determination of the expected weight of the fetus;
 - analysis of ultrasound, CTG, BPP results;
 - determination of the term of pregnancy, maternity leave and expected date of delivery;
 - determination of the beginning of the first period of labor, objective assessment of the nature of labor (dynamics of opening of the cervix, frequency, strength and duration of contractions);
 - determination and evaluation of fetal heartbeat (auscultative, CTG);
 - a demonstration of the active tactics of conducting the III period of childbirth (on a phantom);
 - demonstration of expectant management tactics of the III stage of childbirth (on a phantom). - write an educational history of childbirth.

List of didactic units:

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- features and rules of curation in the obstetric department;
 - structure of childbirth history;
 - stages of general objective examination of pregnant women;
 - stages of special examination of pregnant women;
 - course of the I, II, III period of childbirth;
 - clinical management of I, II, III periods of childbirth;
 - rules for filling out the partogram;
 - rules for examination of the birth canal;
 - the primary toilet of a newborn;
 - course of the postpartum period.
- **Questions (test tasks, problems, clinical situations) to check basic knowledge on the subject of the lesson.**

Question:

1. Hygiene and nutrition of a pregnant woman.
2. Determination of maternity leave and date of delivery.
3. Management of physiological pregnancy. Gravidogram.
4. Psychoprophylactic preparation for childbirth.
5. Childbirth periods. Their duration in first and second births.
6. The period of opening of the cervix during childbirth. Clinic, management. Partogram.
7. The period of expulsion of the fetus. Clinic, management.
8. Determination of litter integrity. Concept of physiological and pathological blood loss.
9. Evaluation of the newborn according to the Apgar scale.
10. The primary toilet of a newborn. Compliance with the thermal chain.
11. Psychoprophylactic analgesia for childbirth. Medicinal analgesia for childbirth.
12. Changes in the body of the mother, genitals, mammary glands.
13. Breastfeeding concept.
14. Postpartum contraception. The method of lactational amenorrhea.
15. Advantages of mother and child staying together.

3. Formation of professional abilities and skills (mastery of skills, conducting curation, determining the treatment scheme, conducting laboratory research, etc.).

Content of tasks (tasks, clinical situations, etc.).

Interactive task:

The students of the group are divided into 3 subgroups of 4-5 people each. We work in women's consultation rooms with gynecological patients, we give tasks:

The first subgroup is the assessment of the patient.

Subgroup II – counseling of the patient on family planning, selection of a contraceptive method.

Subgroup III – evaluates the correctness of the answer of subgroups I and II and makes its corrections.

Test tasks:

1. A first-time pregnant woman in the period of 31-32 weeks notes the appearance of bloody discharge from the genital tract in a small amount, which appeared against the background of absolute rest. The general condition of the pregnant woman and the fetus is satisfactory. (BP – 110/70 mmHg, pulse 78 bpm, heart rate – 142 beats per minute), the uterus is in normal tone, the fetal position is oblique, the head is more on the right, high above the entrance to the pelvis. The doctor's tactics?

- A. Hospitalize in an obstetric hospital
- B. Organize a hospital stay at home
- C. Examine the patient in the oncology clinic
- D. Prescribe hemostatic agents
- E. Appoint a consultation with a proctologist

2. Dizziness, general weakness, flickering of "flies" in front of the eyes, shortness of breath suddenly appeared in a parturient with polyhydramnios during the supine position. There is a decrease in blood pressure to 90/40 mm Hg. Make the most likely diagnosis.

- A. Syndrome of the inferior vena cava
- B. Hemorrhagic shock of the house
- C. Anaphylactic shock
- D. Septic shock
- E. Cardiogenic shock

Faithful answers: 1 - A, 2 - A.

3.2. Recommendations (instructions) for performing tasks (professional algorithms, orienting maps for the formation of practical skills and abilities, etc.).

Examination of a pregnant woman, a woman in labor and a woman in labor under the supervision of a teacher.

Place of duty: Maternity hospital: reception department, pregnancy pathology department, delivery department, operating room, postpartum and neonatal resuscitation department.

The student must come on duty in a clean gown, a cap, a surgical suit, a change of washable shoes, have a clean mask and shoe covers with him, a referral to duty, a birth history chart.

List of practical skills mastered on rotation:

Work in the reception department

Maternity reception. The student must be able to determine the blood group, the Rhesus factor, count the pulse, measure blood pressure, conduct a test with sulfosalicylic acid, measure the main and additional dimensions of the pelvis, the height of the uterine fundus, the circumference of the abdomen, listen to the heartbeat of the fetus, conduct external obstetric examination techniques, evaluate obstetric activity, the location of

the presenting part in relation to the planes of the pelvis, fill out the medical documentation. External obstetric examination: measurement of the main and additional dimensions of the pelvis, determination of the position, position, type of position and presentation of the fetus using methods of external obstetric examination (Leopold-Levytskyi).

Determination of the term of pregnancy, the expected date of delivery. Determination of the standing height of the bottom of the uterus, the circumference of the abdomen, the estimated weight of the fetus. Determine factors, degree and risk groups of perinatal pathology, factors and degree of risk of perinatal infection.

Make a diagnosis and make a delivery plan.

Work in the maternity ward

Conducting the 1st period of giving birth. Collection of anamnesis in a woman in labor. Observations in the dynamics of labor activity: frequency, duration and strength of contractions. Partogram maintenance. Listening to the heartbeat of the fetus with an obstetrical stethoscope and a sensor on a cardiac monitor. Assessment of CTG. Perform an internal obstetric examination together with an assistant or doctor on duty. At the same time, pay special attention to the condition of the vagina, its ducts, the cervix, the integrity of the fetal bladder, clarify the presenting part and its location in the dynamics of childbirth, measure the diagonal conjugate and pay attention to the presence of exostoses and deformations of the pelvic bones.

Conducting II period. Labor analgesia, psychoprophylactic labor analgesia. Evaluation of the effectiveness of powerful activity, advancement of the head along the birth canal. Listening to the heartbeat of the fetus, assessment of the intrauterine state of the fetus. Carrying out the period of expulsion of the fetus, maintaining the "thermal chain", suctioning mucus from the upper respiratory tract of the newborn and carrying out his primary toilet. Be able to assess the condition of the newborn according to the Apgar scale.

Conducting III period. Active management tactics of the III period. Assess the signs of litter separation, inspect the litter for integrity. Examination of the birth canal in mirrors. Assessment of blood loss during childbirth. To participate in measures to prevent bleeding during childbirth.

Conducting early postpartum periods. To participate in the implementation of measures to prevent bleeding in the early postpartum period. Together with the neonatologist, he evaluates the possibility of early attachment of the newborn to the mother's breast, their joint stay in the postpartum ward, and the mode of breastfeeding.

Work in the postpartum department. Evaluation of the involution of the uterus, the nature of lochia, the condition of the mammary glands, and sutures in the late postpartum period. Consultation on hygiene, nutrition, contraception. Breastfeeding support.

After the end of the shift, the student must report to the teacher in class for the work done, present a referral to the shift signed by the doctor on duty, as well as a written history of the births at which he was present.

**SCHEME OF THE HISTORY OF PREGNANCY, CHILDBIRTH
AND THE POSTPARTUM PERIOD**

(name of educational institution)

(name of department)

Head of the department

History of pregnancy, childbirth, postpartum period

P.I.B. _____

Clinical diagnosis:

Basic: _____

Complication: _____

Concomitant: _____

Name of operations and assistance in childbirth: _____

Curator:

an student of _____ course _____ group _____ faculty

Teacher: _____

Start _____ of _____ curation:

Completion of curation: _____

History protection date: _____

The teacher's note about the admission of history _____

2.1. The passport part of the story

1. Surname, first name, patronymic: _____

2. Age: _____ years

3. Gender: female

4. Home address: _____

5. Places of work and profession: _____

6. Nature of admission to the clinic: applied independently, referred by an emergency doctor, polyclinic, other medical institution _____

7. Nature of seeking medical help: urgent, planned

8. Date and time of hospitalization: _____

9. Date of statement: _____

10. Number of bed-days: _____

11. Diagnosis:

a) when sending _____

b) during hospitalization _____

c) clinical _____

d) final: _____

main diagnosis _____

complications _____

concomitant diseases _____

12. Operation (name, date, execution time) _____

13. Information about the newborn: gender _____, weight _____ g, height _____ cm,

Born at _____ min. The score on the Apgar scale is _____ points.

Complaints

Briefly, clearly and consistently describe the pregnant woman's complaints at the time of hospitalization, their onset. The recording from the words of the pregnant woman is not literal, but meaningful, which includes information obtained through the survey. Complaints must be summarized in appropriate groups and comprehensively detailed. This means that a comprehensive description of one complaint is given, and therefore the detailing of another is carried out.

History of life

In this column, attention should be paid first of all to those determining factors that have a direct or indirect connection with the disease present in the pregnant woman: for example, diet, working conditions, social and household conditions.

Confirmation or denial of infectious, transmissible (viral hepatitis, malaria, AIDS, etc.), contagious (tuberculosis, typhoid, diphtheria, etc.), venereal and oncological diseases, diseases of the genitourinary system, neuropsychiatric diseases.

Suffered diseases and injuries: duration of the disease, type of treatment (conservative, operative; nature of the operation and type of analgesia, medical procedures, medications), place of treatment (self-medication, outpatient, inpatient), effectiveness of treatment. Special attention should be paid to the gynecological history.

Confirmation or denial of hemo- and plasma transfusion, administration of anti-toxic immune serums, vaccines, antibiotics, hormonal drugs.

Allergological anamnesis: have there been allergic reactions to medicines, allergenic products, smells, insect bites, etc., and how do they manifest themselves.

Confirmation or denial of harmful habits (smoking, alcohol, drug use), occupational hazards.

Hereditary history: birth defects, malignant neoplasms, allergic, endocrine, mental, blood and nervous system pathology, developmental defects, etc. relatives

The development of a pregnant woman in childhood and adolescence (when she started talking, walking, did she suffer rickets, childhood injuries, etc.).

Special anamnesis

Menstrual function

The beginning of the first menstruation is marked (in what year of life, when it was established, for how many days (3-5 or more), after what intervals). The amount of blood that a woman loses during menstruation (a lot, moderately, little). Does the woman notice pain before and during menstruation.

What is the type and nature of menstruation, its changes after the beginning of sexual life, childbirth or abortion.

The date of the first day of the last menstrual period. When the pregnant woman felt the first movements of the fetus. The date of the beginning of the descent of the abdomen. Expected date of birth.

Sexual function

Beginning of sexual life (age). How long after the beginning of sexual life did a woman get pregnant? Did you use contraceptives? If so, which ones and for how long? Date of last intercourse.

Reproductive function

During the survey, it is necessary to find out how many times a woman is pregnant. How many births (urgent, premature), abortions (artificial and involuntary) were there? How did each pregnancy and childbirth go? It is necessary to find out whether there were complications during pregnancy, childbirth or abortion? If so, which ones? How many living children does the pregnant woman currently have? When was the last pregnancy and how did it go?

Secretarial function

Determine whether a woman has discharge from the vagina, their quantity, color, whether they irritate the skin of the inner surface of the thighs, external genitalia. The presence of pathological secretions.

The course of this pregnancy in the first and second half of pregnancy.

It should be clarified what were the complications, against the background of which somatic diseases they passed (nausea, vomiting, headache, visual disturbances, swelling, palpitations, suffocation, bloody secretions, pain in the lower abdomen, etc.).

It is necessary to find out whether the pregnant woman attended a women's consultation, and from what period she was registered, to thoroughly understand the results of the research conducted there. Whether psycho-prophylactic training was carried out in the conditions of women's consultation.

Objective research

General: Body temperature, pulse, its frequency, the nature of filling, blood pressure on both arms, body weight, height, fullness, body structure (correct, there are defects), constitution (normosthenic, asthenic, hypersthenic), condition of the skin and visible mucous membranes (skin color, the presence of pigmentation, spots, their localization, rashes, neoplasms, scars). Tongue (color, moisture, coating, presence of cracks and ulcers). Condition of teeth, throat and tonsils. The condition of the front wall of the abdomen. The structure of the skeleton (stigmas of transferred rickets - deformation of the skull, thickening of costal cartilages, chicken chest, thickening of the epiphyses, long bones of the limbs, curvature of the legs, saber-shaped legs, scars, bone tuberculosis, pelvic bone injuries). Activity.

Assessment of the state of the respiratory system: Indicate the rhythm, depth, frequency of breathing in 1 minute, type of breathing (thoracic, diaphragmatic, mixed, pathological). Auscultation: the nature of breathing (vesicular, bronchial, amphoric, weakened, absent), the presence of rales (dry, wet, small-, medium- and large-vesicular), crepitation, pleural friction noise.

Assessment of the state of the cardiovascular system: Pulse: rate in 1 min., rhythmic/arrhythmic, tension (satisfactory, firm, soft), filling (satisfactory, weak, stringy), comparison on both hands. Blood pressure (must be measured on both arms).

Auscultation: heart sounds (clear, muffled, deaf), presence of heart murmurs, pericardial friction noise.

Veins: presence of varicose veins, thickening and tenderness; signs of thrombophlebitis or phlebothrombosis, trophic disorders (localization, etc.).

Assessment of the state of the digestive system: Condition of the oral cavity, lips, mucous membrane of the oral cavity, gums (color, pigmentation, ulcers, scars, layering, rashes and other pathological formations).

Abdomen: shape, symmetry, bulging of certain areas, visible peristalsis, navel (flat, bulging, inflamed), swelling (localization), participation of the anterior abdominal wall in the act of breathing.

Percussion: areas of tympanitis or dullness, preservation of "hepatic dullness", borders of the liver and spleen.

Auscultation: sonority of peristaltic noises, the lower border of the stomach.

Superficial palpation: tenderness, tension of the muscles of the anterior abdominal wall (soft, tense).

Assessment of the state of the urinary system: Examination of the lumbar region. Pasternacki's symptom.

Assessment of the condition of the lymphatic system: Palpation of axillary lymph nodes: tenderness, size, shape, consistency, fixation with each other (conglomerate) or with surrounding tissues.

Assessment of the state of the endocrine system: Palpation of the thyroid gland (enlargement is diffuse or nodular), ex- or enophthalmos, obesity, hair type, etc.

Assessment of the state of the nervous system and the psycho-emotional sphere: Pupils: condition (dilated, narrowed, symmetrical, asymmetrical). Language.

Obstetric status

Review

Abdomen: its shape, size; pigmentation of the white line. The condition of the navel (protruding, level). The condition of the abdominal press.

Mammary glands: shape, size, development of subcutaneous veins, nipples, pigmentation of nipples and areolae. Development of fat and glandular lobes.

Rhombus of Michaelis: its shape and dimensions (longitudinal and transverse).

Measurement of pelvis:

- External dimensions of the pelvis: intercostal, intercostal, interacetabular, external conjugate.
 - Lateral conjugate.
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- Diagonal conjugate.
 - The dimensions of the pelvic outlet are straight and transverse.
 - The height of the pubic joint.
 - External oblique dimensions of the pelvis.

Other measurements:

- Radio-carpal index of Solovyov.
- Abdominal circumference.
- The height of the bottom of the uterus (determined by a tazometer or centimeter tape in centimeters).
- External size of the fetal head.

Palpation

Four methods of Leopold (position, position, view, anterior part, degree of insertion into the pelvis). Standing level of the anterior part. The head is above the entrance to the small pelvis, in the entrance to the small segment, in the entrance to the large segment, in the pelvic cavity.

The degree of conformity of the head to the size of the entrance to the pelvis. Henkel-Wasten techniques. Opening of the cervix according to Rogovin, according to Schatz-Unterberg (according to the height of the contraction ring).

Auscultation

- Fetal heartbeat - localization, frequency in 1 minute, sonority, rhythmicity.
- Bowel sounds.

Examination of the external genitalia

Varicose veins, rashes, pustules, bartholinitis, condylomas acuminate, condylomas broad, hemorrhoidal nodes. The condition of the perineum and entrance to the vagina. The presence of an inflammatory process of the mucous membrane of the entrance to the vagina. Allocations, their nature and quantity.

Review in mirrors

The condition of the mucous membrane of the vagina; presence of hymen remnants; state of the cervix: cyanosis, shape – shortened, smoothed; opening of the uterine cavity - there is, for how many cm, there is no; presence of umbilical cord, placental tissue.

Vaginal examination

The width and length of the vagina, the properties of its walls, the state of the cervix (smoothed, thinned, shortened), the opening of the pharynx, the properties of its

edges (thick, thin, swollen). Amniotic sac (whole, tense, flaccid), the amount of anterior amniotic fluid (a lot, a little). Anterior part (head). Determination of the placement of sutures and parietal bones on the fetal head in relation to the axis of the pelvis, placement of the leading point. The location of the head: above the entrance to the pelvis, the head of the fetus is pressed against the entrance to the pelvis, the head of the fetus is a small segment, a large segment, in the cavity of the pelvis, the head is on the pelvic floor. Diagonal conjugate. The presence of exostoses in the pelvis.

Obstetric diagnosis and its justification

This section of the history of childbirth is the most important, as it reflects the completeness of the student's knowledge during the curation of a pregnant woman in labor. This work is based on acquired skills, clinical thinking and the laws of logic. Their components are analysis, synthesis and appropriate scientific interpretation of the results of a full clinical examination of a pregnant woman. Identified symptoms form the base of the pyramid, the top of which should be the final chord of clinical logical thinking, which is called "diagnosis".

When establishing an obstetric diagnosis, the following should be indicated:

- What is the pregnancy according to the account.
- What is the gestation period (in weeks).
- According to the account, the birth should be.
- What is the period of labor, the phase (latent, active) of labor.
- What is the nature of the discharge of amniotic fluid, the condition of the amniotic sac.
- What is the position, position and type of position, presentation of the fetus.
- What is the accompanying obstetric and extragenital pathology.

Evaluation of the results of auxiliary laboratory, instrumental and other special methods of examination during pregnancy.

- General blood test.
 - General analysis of urine.
 - Blood glucose.
 - Blood analysis for the Wasserman reaction.
 - Blood group, Rh affiliation.
 - Biochemical analysis of blood (total protein, bilirubin, creatinine, urea, residual nitrogen, transaminases, electrolytes).
 - Coagulogram (fibrinogen, prothrombin time, prothrombin index, recalcification time, ethanol test, fibrinogen "B", heparin tolerance).
 - Analysis of urine for glucose.
 - Ultrasound diagnostics.
 - Electrocardiography.
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- Smear on the degree of cleanliness of the vaginal contents.
 - Consultations of other specialists.

Childbirth plan

- Risk assessment.
- How to give birth (through natural birth canals, with conditions for cesarean section, by cesarean section).
- How to lead the 1st period of childbirth.
- How to conduct the second stage of childbirth.
- How to conduct the third period of childbirth.

For example: Giving birth through the natural birth canal. In the first period, follow the heartbeat of the fetus and the development of labor activity. In the second period, follow the heartbeat of the fetus and the advancement of the head. In the third period – prevention of hypotonic bleeding.

FORM OF INFORMED CONSENT

ATTENTION PATIENT!

Carefully read and study the document.

Follow its main provisions in your interests.

Clarify questions that are unclear to you with medical professionals.

You can make changes and amendments to the text at your discretion.

Z A I V A

(to: the name of the medical institution and its address)

about consent to a complex of medical examinations and the implementation of the doctor's recommendations during my pregnancy (hereinafter Consent).

1. Please write your full name below.

I, _____

2. Please subscribe _____
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Write below the postal address of your actual place of residence and your contact telephone numbers _____

In response to the information I received from my treating doctor about the course of my pregnancy, about the importance of me fulfilling all the recommendations of medical professionals about the responsibility for the health of my future child, as well as the ways the doctor proposed to solve my medical problems, by filling out this form, certified by my signature, I give official consent:

- systematically visit the doctor on the day and time appointed for me (in case of impossibility to visit the doctor, I undertake to inform him by telephone or in another form);

- to undergo all examination methods proposed to me (laboratory, physical, ultrasound) on time;

- if necessary, be examined by other specialists (if there are screenings);

- if necessary, undergo medical and genetic counseling and conduct an examination for hereditary pathology and fetal malformations (laboratory, physical, invasive);

- if necessary, be referred to a higher level of medical care;

- if necessary, undergo a course of treatment on an outpatient basis or in an inpatient setting.

I confirm that in order to make a decision about Consent, I am sufficiently informed in the form available to me:

- about the purpose, method and terms of the examinations and interventions offered to me;

- about the predicted advantage of medical interventions for me;

- about the risk of possible complications of medical interventions, as well as possible negative consequences of treatment;

- about the professional qualification of medical personnel.

I confirm that in order to make decisions about the Consent, I am sufficiently informed about other alternative ways of solving my medical problems, as well as about the medical institutions where they are performed (public and private institutions).

I confirm that in order to make a final decision about consent, I had sufficient opportunities to independently search and obtain the necessary information, as well as its analysis and comparison.

I confirm that the possible harm from medical interventions is less significant for me than the circumstances that led me to agree to them, and therefore I **VOLUNTARILY AND CONSCIOUSLY** give my consent to the application of the proposed set of medical interventions to me, as well as other medical interventions that will complement and provide an adequate treatment process.

However, below I indicate the medical interventions from which I refuse under any circumstances, except in the case of an immediate threat to my life and the life of my child or re-negotiation with me: _____

I know, that there are no absolutely safe medical interventions and any medical impact on a person causes corresponding reactions of his body, which can sometimes be atypical and unpredictable. And I understand that medical professionals will take all possible measures to prevent a threat to my life and harm to my health and the health of my child.

I don't mind, so that other competent medical institutions are involved in my interests.

I know, that strict adherence to doctors' prescriptions and recommendations is a necessary condition for a successful outcome, so I undertake to strictly fulfill all requirements for me as a patient. And I acknowledge that I am responsible for the results of medical interventions, in case of deviations on my part from doctors' prescriptions.

I confirm that I am aware that I can withdraw this consent at my discretion, before the start of medical interventions by writing the appropriate statement and mandatory timely notification of this to the attending physician or responsible representative

(name of medical institution)

In the event of my medical incapacity, I hereby designate a person whom I trust to represent my interests and to make decisions on my behalf exclusively in medical

matters arising from doctors and requiring my consent: _____

–

(P.I.B.)

actual place of residence and contact information (work, home, mobile phones)

I confirm, which had an unlimited opportunity to make changes to the text of this document at its discretion.

Patient _____ (_____)

signature, enter your full name

(Indicate the date of your signature in writing)

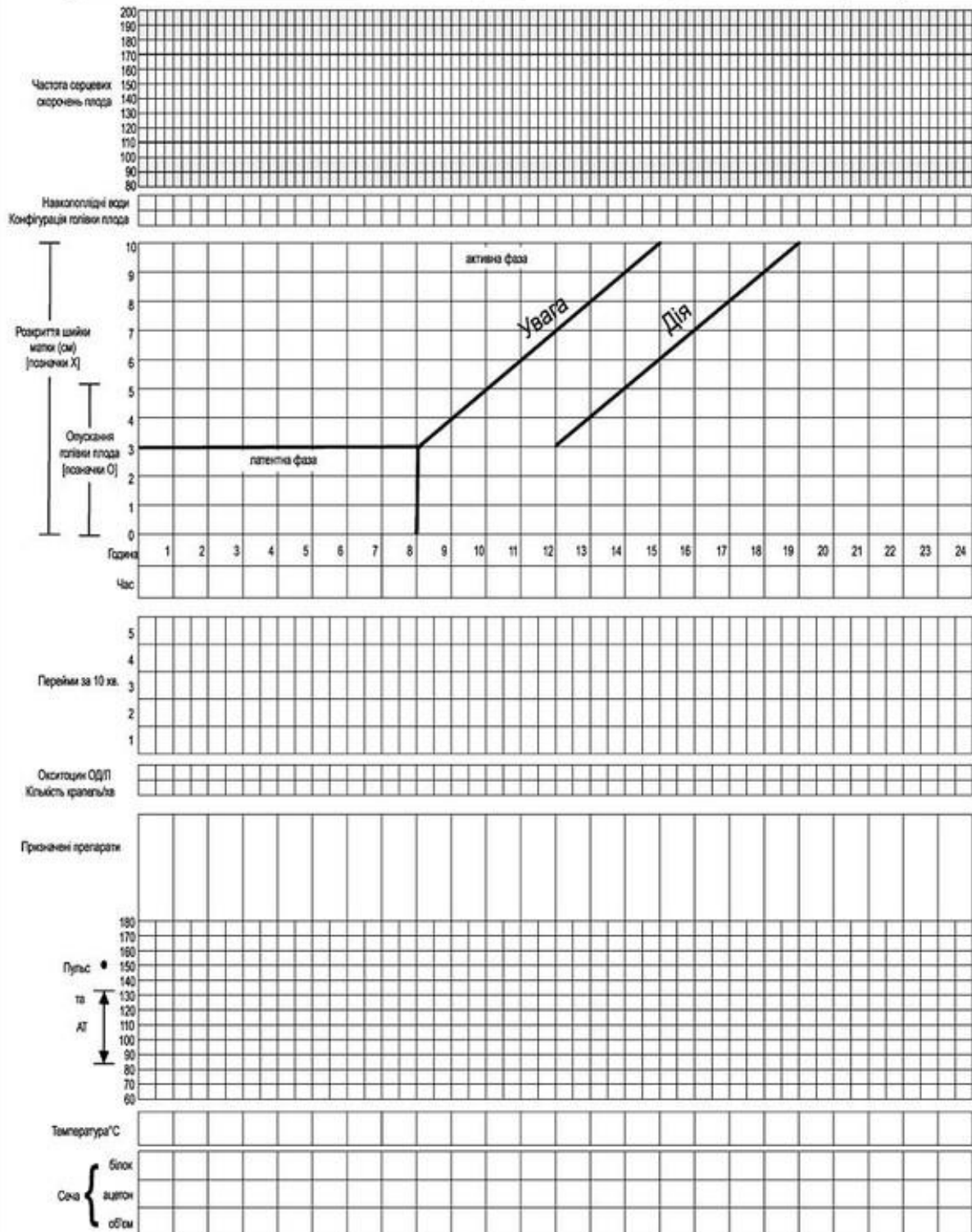
This document is signed in the presence of witnesses:

signature of the witness P.I.B. Contact Information

signature of the witness P.I.B. Contact Information

Партограма (вкладиш до історії пологів № _____)

ПІБ _____ Вагітність _____ Кількість пологів в анамнезі _____
 Дата госпіталізації _____ Час госпіталізації _____ Тривалість безводного проміжку _____



Діагноз:

The first period of childbirth

Observation of the course of the first period of childbirth, the state of the mother and the fetus is carried out using a partogram, on which the following indicators are graphically displayed relative to the time axis:

1. The course of childbirth:

- The degree of opening of the cervix, determined by the method of internal obstetric examination (every 4 hours)
- Lowering of the fetal head, determined by abdominal palpation (every 4 hours)
- Frequency (per 10 minutes) and duration (in seconds) of breaks (every 30 minutes),

2. Fetal condition:

- Fetal heart rate, assessed by auscultation or handheld Doppler analyzer (every 15 minutes)
- Degree of fetal head configuration (every 4 hours),
- Condition of the amniotic sac and amniotic fluid (every 4 hours)

3. State of childbirth:

- Pulse and blood pressure (every 2 hours),
- Temperature (every 4 hours)
- Urine: volume; the presence of protein or acetone - as indicated (every 4 hours).

Advantages partograms

- Effective observation of the course of childbirth
- Timely detection of birth deviation from the normal course
- Aid in deciding on necessary and sufficient interventions

The second period of childbirth

Biomechanism of childbirth and protection of the perineum in this case.

The primary toilet of the newborn, compliance with the thermal chain. Clamping and cutting the umbilical cord.

Determination of the condition of the fetus according to the Apgar scale at the first and fifth minutes.

The third period of childbirth

Active management of the third period of childbirth.

Expectant management of the third period of labor.

Examination of the placenta (assessment of the integrity of the placenta with membranes).

Examination of the birth canal after childbirth (with the help of vaginal speculums).

Summary of childbirth(total duration of childbirth, duration of I, II and III periods of childbirth).

Postpartum period

*Early postpartum period.*Diary: body temperature, pulse, blood pressure. General condition of the mother.

*Late postpartum period.*The condition of the mammary glands (swelling, the presence of cracks on the nipples). Involution of the uterus (the height of the bottom of the uterus in relation to the pubic joint in cm in dynamics). The nature of lochia (bloody, bloody, serous, intensity of discharge), function of kidneys, intestines. The condition of the seams. Getting out of bed, from what day after childbirth. Blood and urine tests, the presence of protein in the urine in late gestosis of pregnant women. Was prophylactic sensitization on the Rh factor carried out for the mother in labor? Medicinal prescriptions for a woman in labor and justification of their expediency. Mode of the day, food. Purpose: medical physical education, sanitation of external genitalia, care of seams (describe its technique).

Summary of the postpartum period.

Epicris

A brief retelling of the history of childbirth with an emphasis on the peculiarities of the course of childbirth in a particular woman. Results of laboratory and additional examination methods. Application of treatment or surgical intervention and their effectiveness. Causes of complications. Status at the time of discharge, end of curation. Recommendations regarding postpartum contraception, breastfeeding, and mother-child regimen.

Curator's signature _____

BASICS OF CONSULTING, INCLUDING MLA CONSULTING

Counseling is a confidential conversation that requires two-way communication (a dialogue, not a monologue) and focuses on the individual needs of the patient. The consultant provides the patient with clear and objective information and helps to make an informed choice (make an informed and voluntary decision). In order to be effective, the consultant must not simply provide some amount of information, but provide it in a manner favorable to the patient.

Informed choice (consent)- patient's voluntary decision, based on knowledge of all the necessary information. In order for the patient to make an informed (informed) choice, the consultant must provide reliable and sufficient information about the patient's problem (problems) and the means of solving it (them).

Principles of counseling

- **Asking questions**

A skillful interview provides an opportunity to obtain information about the patient. The form in which the consultant asks questions determines not only the quality and volume of information received from the patient, but also affects the relationship between the consultant and the patient. Questions are divided into open and closed.

- **Encouragement and reassurance**

Encouragement and reassurance are important for creating and strengthening contact between the consultant and the patient, help the patient believe in himself, encourage him to seek solutions to his problems. However, if reassurance begins to prevail in counseling, it forms the patient's dependence on the counselor.

- **Representation of content: paraphrasing and generalization**

Paraphrasing and summarizing statements convinces the patient that the consultant listens carefully and understands him. The ability not only to listen, but also to hear is extremely important for more effective communication with the patient.

- **Reflection of feelings**

Reflecting feelings is closely related to paraphrasing. The difference is that paraphrasing focuses on the content, and the reflection of feelings - on what is hidden behind the content. The reflection of feelings contributes to the emergence of interpersonal, emotional contact, because it demonstrates to the patient the desire of the consultant to understand his inner world. The consultant should also express his own feelings, which arise as a result of counseling, but they should be related only to the topic of the conversation. However, in counseling, the feelings of the patient and the non-consultant are always more significant.

- **Pauses of silence**

The ability to remain silent and use silence for therapeutic purposes is one of the most important counseling skills.

- **Providing information**

Counseling tasks are also achieved by providing information: the counselor expresses his opinion, answers the patient's questions, informs him about various aspects of the problems being discussed.

- **Interpretation**

When conducting counseling, it is important to discover the real problems of the patient, which may differ from the issues that the patient touched on in his superficial story. The task of interpretation is to make the incomprehensible understandable.

- **Confrontation**

Confrontation is the counselor's response to the patient's duplicitous behavior (tricks, tricks) that prevent the patient from seeing and solving his problems.

- **Feeling like a consultant and self-disclosure**

Quality counseling requires not only experience, but also emotional enthusiasm for the process. However, emotional involvement must be appropriate and serve the interests of the patient, not the counselor.

- **Structuring of counseling**

Structuring is the organization of the relationship between the consultant and the patient. It takes place during the entire counseling process. Each new stage begins with an assessment of what has been achieved.

- **Non-verbal communication**

- Non-verbal (non-verbal) communication is as important in the counseling process as verbal communication.

Remember the importance of the first impression. The degree of his trust depends on how you greet the patient, on the expression of your face. Such factors as the appearance of the consultant, manners of behavior can influence the creation of a favorable environment, the patient's affection.

Maintain eye contact, listen carefully to the patient, speak kindly. Try to use your tone of voice to convey that you care about the patient's problems. Remove physical barriers between the patient and you.

- **End of counseling**

The issue of termination of consultation meetings is decided by the joint consultant and the patient. The last meeting should be devoted to summing up the results.

Counseling on reproductive health:

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- a set of measures aimed at making the patient aware of his problems in the field of reproductive health;
 - searching for ways to solve them and means of achieving acceptance of mistakes, including changing behavior towards a less risky one.

Areas of family planning counseling:

- counseling on contraception, including emergency contraception;
- premarital counseling;
- post-abortion counseling;
- family counseling during pregnancy and in the postpartum period;
- counseling of infertile married couples;
- counseling for sexual disorders.
- counseling of adolescents on contraception, which has its own specific approaches and methods.

For all postpartum contraception methods available in the country, the health professional/consultant should know the following:

- Description of the method.
- Its availability (ie, where to find suitable contraceptives).
- Mechanism of (contraceptive) action of the method.
- Effectiveness of the method.
- Advantages of the method.
- Disadvantages of the method.
- The possibility of a reverse effect of the method.
- The cost of the method.
- Contraindications (relative and absolute) to the use of the method.
- Side effects of the method and algorithm of actions in case of their occurrence.
- Alarming symptoms when using the method and an algorithm of actions in case of their occurrence.
- Stereotypes of perception of this method in society and a possible strategy for them.
- Follow-up care of a patient using this method.
- Method application intervals.
- Instructions for its use.
- The effectiveness of the method in protection against STIs.

Algorithm of communication between students (doctors) and patients: start of conversation:

- Initial acquaintance (verbal and non-verbal contact)
 - Clarification of the reason(s) for the consultation
 - Collection of information
 - Studying problems
 - Clarification of the reasons related to the problem
-

Postpartum contraception: method of lactational amenorrhea (MLA).

- high efficiency up to 6 months under the conditions of exclusive breastfeeding and absence of menstrual bleeding (amenorrhea),
- breastfeeding should begin immediately after delivery,
- for maximum effectiveness, feeding should be exclusively breast, at least 8-10 times a day,
- the interval between feedings at night should not exceed 6 hours.

Instructions for the patient:

- It is necessary to feed the child from both breasts at her request about 6-10 times a day.
- Feed the child at least once at night (the interval between two feedings should not exceed 6 hours).
- **Note:**the main goal of breastfeeding is to provide nutritionvigilance and thus improving the child's health. The child may not need 6-10 meals a day or may skip the usual feeding - these are normal phenomena, but it is necessary to warn the woman, if any of them takes place, the effectiveness of breastfeeding as a method of contraception decreases.
- If the child develops well with satisfactory indicators of physical development, gains weight, the mother's diet is balanced and she rests enough to maintain an adequate amount of breast milk, a child up to 6 months does not need other nutrition.
- As soon as the replacement of breast milk with another food or liquid begins, the child will feed less than 6-10 times a day, breastfeeding will not be an effective method of preventing an unplanned pregnancy - MLA.
- **Renewal of menstruation**means that the reproductive function has recovered and it is necessary to immediately start using other methods of PS.

Women who should not use mla:

- women who have resumed menstruation;
- women who do not exclusively (or almost exclusively) breastfeed;
- women whose child is 6 months or older.

Conditions that require caution

SITUATION	RECOMMENDATIONS
Introduction of regular complementary feeding (instead of breastfeeding)	The patient is helped to choose another method and encouraged to continue breastfeeding.
Restoration of postpartum menstruation	
Interval between feedings > 4 hours during the day and > 6 hours at night	
A child aged 6 months or more	

MEDICAL ETHICS AND DEONTOLOGY

The professional activity of obstetrician-gynecologists is related to solving complex deontological issues: since the situations that arise during counseling or providing medical assistance to women in connection with conception, bearing, birth, feeding a child, the occurrence of diseases of the female genital organs, concern intimate aspects of a woman's life and those around her. This requires treatment and prevention from the staff Obstetrics and gynecology institutions to observe certain deontological and moral and ethical rules and norms of behavior in their work.

The issue of psychological support for a woman during childbirth, the role and tasks of medical workers who provide her with medical care

The process of childbirth is a physiological process, at the same time a very responsible period for women. Medical workers providing medical care during pregnancy and childbirth should remember this and by their actions create an atmosphere of calm, trust, and confidence in the positive outcome of childbirth. The staff of an obstetric institution should perceive a pregnant woman, a woman in labor, a woman in labor not as an object of certain medical manipulations with the aim of giving birth, but, first of all, as a person and the main participant in an important moment of her life - childbirth.

At all stages of providing obstetric care, a woman is guaranteed the right to timely receive information from medical workers about the state of her health and the fetus (newborn), all medical interventions and examinations, their necessity or expediency, and possible consequences in accordance with current legislation. Such information is provided by a doctor, midwife or nurse in a calm environment, taking into account the psychological state of the woman (at her request - confidentially). After receiving the information, the woman is asked to consent to the necessary medical interventions for her or her child.

In order to avoid conflict situations, complications during childbirth and the postpartum period, the process of providing medical care to pregnant women, women in labor, women in labor, and newborns by the staff of maternity care institutions should be carried out on the basis of mutual understanding with patients, respect for them, and their involvement in decision-making regarding the tactics of providing medical care. The normal psycho-emotional state of a pregnant, parturient woman contributes to the physiological course of childbirth and the postpartum period. During childbirth, it is necessary to observe the principles of confidentiality: in the delivery room, the presence of one woman in labor and her (if desired) family members, whose task is psychological support of the woman in labor, and medical personnel who directly conduct the delivery, are provided.

Psychological aspects of the activity of medical workers in solving the issues of termination of pregnancy according to indications

If there are indications for termination of pregnancy, the obstetrician-gynecologist consults on the issues of providing the pregnant woman with information on the validity of the termination, providing psychological support, the scope of medical interventions and rehabilitation in the postoperative period.

Pregnancy is terminated with informed consent in accordance with current legislation.

In such cases, it is inappropriate to provide information about the possible negative consequences of pregnancy prolongation in the form of threatening statements, taking into account the psychological state of the pregnant woman and her relatives.

Women who choose to terminate a pregnancy if there are indications are provided with detailed information about the possible consequences for her health.

Patient rights

Every patient has the right to:

- receiving information
- service availability
- freedom of choice
- informed consent
- safety
- communication alone
- privacy
- anonymity
- dignity and respect
- comfort
- continuity of service provision
- expressing your opinion
- Social Insurance

Medical ethics and deontology in the maternity ward (according to Order No. 624 dated November 3, 2008)

- Determination of the birth plan and mandatory informed agreement with the woman/family.
 - Encouraging emotional support for the mother during childbirth (organization of partner births);
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- Encouraging the woman to move freely during childbirth and ensuring the possibility of freely choosing the position for the birth of the child.
 - An individual delivery room, which should be as close as possible to home conditions;
 - Personal psychological support of the woman in labor by her husband or her chosen partner, who must be prepared to participate in childbirth
 - Achieving mutual understanding, psychological support for childbirth by medical personnel;
 - Explanation of the necessity of carrying out each procedure and manipulation and obtaining the woman's permission to carry it out;
 - Maintaining a friendly atmosphere during childbirth;
 - Respect for the woman's wishes, ensuring confidentiality;

Work with medical documentation is conducted according to:

- Order of the Ministry of Health of Ukraine dated 15.07.2011 No. 417 "On the organization of ambulatory obstetric and gynecological care in Ukraine"
- Order of the Ministry of Health of Ukraine dated February 13, 2006 No. 67 "On approval of forms of primary accounting documentation in institutions providing medical care to pregnant women, women in labor and women in labor and instructions for filling them out"
- Order of the Ministry of Health of Ukraine dated 08.06.2006 No. 545 "Regulation of medical documentation certifying birth and death"

Forms of primary accounting documentation

- Form of primary accounting documentation N 002/o "Journal of admissions of pregnant women, women in labor and women in labor"
- Form of primary accounting documentation N 010/o "Log of births in a hospital"
- Form of primary accounting documentation N102/o "Logbook of newborns in the department (ward)"
- Form of primary accounting documentation N 113/o "Exchange card of the maternity hospital, maternity department of the hospital"
- Form of primary accounting documentation N 153/o "Journal of accounting for cases of perinatal death"
- Form of primary accounting documentation N057/o "Registration card of a pregnant woman suffering from diabetes"

4. Summing up

Current control: survey, testing, evaluation of performance of practical skills, evaluation of communication skills during role play, solution of situational clinical tasks, evaluation of activity in class.

Final control: ASPI.

Assessment of current activity in a practical lesson :

- Evaluation of theoretical knowledge on the subject of the lesson:
 - methods: survey, solving a situational clinical problem
-

- assessment: maximum – 5, minimum – 3, unsatisfactory – 2
- Evaluation of practical skills and manipulations on the subject of the lesson:
 - methods: assessment of the correctness of the performance of practical skills
 - assessment: maximum – 5, minimum – 3, unsatisfactory – 2
- Evaluation of work with patients on the subject of the lesson:
 - methods: communication skills with the patient and his relatives; correctness of appointment and assessment of laboratory and instrumental studies; compliance with the differential diagnosis algorithm; substantiation of the clinical diagnosis; drawing up a treatment plan
 - assessment: maximum – 5, minimum – 3, unsatisfactory – 2

The grade for one practical session is the arithmetic average of all components and can only have a whole value (5, 4, 3, 2), which is rounded according to the statistical method.

Current evaluation criteria in practical training

Rating	Evaluation criteria
Perfectly "5"	The student is fluent in the material, takes an active part in discussing and solving a situational clinical problem, confidently demonstrates practical skills. Excellently interprets the data of clinical, laboratory and instrumental studies, expresses his opinion on the topic of the lesson, demonstrates clinical thinking.
Fine "4"	The student has a good command of the material, participates in the discussion and solution of a situational clinical problem, demonstrates practical skills. Interprets the data of clinical, laboratory and instrumental studies well with some errors, expresses his opinion on the subject of the class, demonstrates clinical thinking.
Satisfactorily "3"	The acquirer does not have sufficient knowledge of the material, is unsure of participating in the discussion and solution of a situational clinical problem, demonstrates practical skills for and interprets clinical, laboratory and instrumental research data with significant errors.
Unsatisfactorily "2"	The acquirer does not possess the material, does not participate in the discussion and solution of the situational clinical problem, does not demonstrate practical skills.

5. List of recommended literature.

Main:

1. Obstetrics and gynecology: National a textbook for medical universities of IV accreditation levels in 4 vols.// Nat. textbook in 4 volumes / V. M. Zaporozhan, T.

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- F. Tatarchuk, I. Z. Gladchuk, V. V. Podolsky, N. M. Rozhkovska, V. G. Marichereda, A. G. Volyanska. -K.: VSV "Medicine", 2017. - 696 c.
 2. Training manual on midwifery (edited by I.B. Ventskivska, V.P. Lakatosha, V.M. Kushcha). - K., 2018. - RA-HARMONY - 210 p.
 3. Obstetrics and gynecology: in 2 books. - Book 1. Obstetrics: Textbook for students. honey. ZVO — 3rd edition. Approved by the Ministry of Health / Ed. V.I. Hryshchenko, M.O. Shcherbiny and others. - K.: Medicine, 2018. - 424 p.
 4. Obstetrics and gynecology: In 2 books. — Kn. 2: Gynecology: Textbook for students. honey. ZVO — 3rd edition. Approved by the Ministry of Health / Ed. V.I. Hryshchenko, M.O. Cracks — K., 2020. — 376 p.
 5. Clinical obstetrics and gynecology: Education. help.: trans. 4th Eng. kind. / Brian A. Magowan, Philip Owen, Andrew Thomson; Ed. of Sciences trans. Mykola Shcherbyna. — K., 2021. — X, 454 p., tv. pal., (art. 4 pr.).
 6. Family planning and contraception: study guide / V.I. Boyko, N.V. Kalashnyk, A.V. Boyko and others; in general ed. Dr. Med. Sciences, Prof. V.I. A fight — Sumy: Sumy State University, 2018. — 223 p.

Additional:

1. Order No. 676 of 12/31/2004 "On approval of clinical protocols for obstetric and gynecological care"
 2. Order No. 782 dated 12/29/2005 "On the approval of clinical protocols for obstetric and gynecological care" (with changes made in accordance with the orders of the Ministry of Health)
 3. Order No. 900 of 12/27/2006 Clinical protocol on obstetric care. "Fetal distress during pregnancy and childbirth."
 4. Order No. 901 dated 27.12.2006 Clinical protocol on obstetric care. "Transferred pregnancy".
 5. Order No. 906 of 12/27/2006 Clinical protocol on obstetric care. Perinatal infections.
 6. Order No. 540 dated 04.08.2006 On approval of the principles of breastfeeding support, criteria and procedure for evaluating a health care facility for compliance with the status "Child-friendly Hospital".
 7. Order No. 716 dated 14.11.2007 "On the approval of the clinical protocol for obstetric care "Prevention of transmission of HIV from mother to child".
 8. Order No. 502 dated August 29, 2008, "On approval of the clinical protocol for antibacterial prophylaxis in surgery, traumatology, obstetrics and gynecology"
 9. Order No. 624 03.11.2008 Clinical protocol for obstetric care "Normal childbirth".
 10. Order No. 417 dated 15.07.2011 "On the organization of ambulatory obstetric and gynecological care in Ukraine"
 11. Order No. 976 of 12/27/2011 Vaginal delivery after caesarean section (C-section)
 12. Order No. 977 of 12/27/2011 Clinical protocol for obstetric care "Caesarean section".
 13. Order No. 423 dated 05/24/2013 "On approval of the procedure for providing complex medical care to a pregnant woman during an unwanted pregnancy, forms of primary accounting documentation and instructions for filling them out"
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14. Order No. 955 dated 05.11.2013 "Procedure for emergency post-contact prevention of HIV infection among employees in the performance of professional duties".
 15. Order No. 59 dated 21.01.2014 On the approval and implementation of medical and technological documents on the standardization of medical care for family planning.
 16. Order No. 205 dated 03.24.14. Clinical protocol "Obstetric bleeding".
 17. Order No. 236 of April 2, 2014 "On the approval and implementation of medical and technological documents on the standardization of medical care for dysplasia and cervical cancer."
 18. Order No. 709 dated November 2, 2015 "Unified clinical protocol of primary and secondary (specialized) medical care "Iron deficiency anemia".
 19. Order No. 319 dated 06.04.2016 "On the approval and implementation of medical and technological documents on the standardization of medical care for genital endometriosis"
 20. Order No. 353 dated 04/13/2016 "On the approval and implementation of medical and technological documents on the standardization of medical care for abnormal uterine bleeding"
 21. Order No. 869 dated 05.05.2021 "On approval of the unified clinical protocol of primary, secondary (specialized), tertiary (highly specialized) medical care "Endometrial hyperplasia"
 22. Intra-abdominal bleeding in gynecology: a monograph / I. Z. Gladchuk, O. Ya. Nazarenko, R. O. Tkachenko. - Odesa. : ONMedU, 2021. – 112 p.
 23. Family planning. Educational and methodological manual / N.G. Hoyda, O.V. Hryshchenko, V.P. Kvashenko, O.V. Kravchenko et al. / Kyiv, 2016. – 444 p.
 24. Obstetric risks in uterine fibroids: age aspect / Zhelezov D.M., Saleh O.S // East European Science Journal 1(41) 2019. - P. 50-52.
 25. Laparoscopic myomectomy in patients with reproductive intentions (literature review) / I.Z. Gladchuk, G.V. Shitova, N.A. Zarzhitska // Women's Health. - #2 (148) -2020. - pp. 75-85.
 26. Medved V.I. Selected lectures on extragenital pathology of pregnant women. - K., 2010. - 239 p.
 27. Diagnostics of obstetric and gynecological endocrine pathology: [educational manual for intern doctors and trainee doctors of institutions (fac.) post-diploma. of Education of the Ministry of Health of Ukraine] / edited by V.K. Likhachev; V.K. Likhachev, L.M. Dobrovolska, O.O. Taranovska and others; UMSA (Poltava). – Vinnytsia: E.V. Maksimenko Publisher, 2019. – 174 p.
 28. Prevention of miscarriage by the use of folates in complex therapy / V.P. Mishchenko, I.V. Rudenko // The world of medicine and biology. - 2020. - No. 1(66).- P.70-73. (Web of Science Core Collection)
 29. Pathogenetic rationale for correction of iron content in the blood of women at the stage of preconception preparation for pregnancy / Rudenko I.V., Mishchenko V.P., Holovatyuk-Yuzefpolska I.L., Lavrynenko G.L. // Collection of scientific works of the association of obstetricians-gynecologists of Ukraine. - 2020. - Issue 2(46). - P. 117-124.
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30. Clinical assessment of the effectiveness of a comprehensive approach to the prevention of intrauterine infection in premature rupture of membranes and premature pregnancy / S. P. Posohova, K. O. Nitochko // Neonatology, surgery and perinatal medicine. – 2019. – Vol. 9, No. 1(31). - P.51 – 55.
 31. Perinatal consequences of premature rupture of the amniotic membranes at 22-34 weeks of pregnancy / Posohova S.P., Nitochko K.O., Kucherenko O. // Perinatal medicine in Ukraine: problems, achievements, priorities: Materials of a scientific and practical conference with international participation . – Chernivtsi: Medical University. – 2019. - P. 115 – 117.
 32. Significance of cystatin C in preclinical diagnosis of preeclampsia in pregnant women / Marichereda V.G., Gladchuk I.Z., Berlinska L.I. // Actual issues of pediatrics, obstetrics and gynecology. 2019. - T2. - P. 133-137.
 33. Comparative analysis of the course of the postoperative period after classical M.Stark and modified caesarean section / Gladchuk I.Z., Herman Yu.V., Grigurko D.O. // Odesa Medical Journal. 2019. No. 2 (176). - P. 20-23.
 34. Peculiarities of dopplerometric indicators of the fetoplacental complex in women with a threat of premature birth against the background of the use of metabolic therapy / Gladchuk I.Z., Panchuk E.A. // Collection of scientific works of the association of obstetricians-gynecologists of Ukraine. – 2019. – No. 2 (44). - P. 31-34.
 35. The influence of the method of treatment of uterine fibroids on the course of pregnancy / Zhelezov D.M., Saleh O.S. // Actual problems of transport medicine: environment; occupational health; pathology No. 1(55), 2019. - P. 124-129.
 36. Rational delivery of women with uterine myoma in pelvic presentation of the fetus - decrease in maternal morbidity / Krupnyk O.M. // Neonatology, surgery and perinatal medicine. T IX, No. 1(31), 2019. - P. 42-46.
 37. Clinical effects of using human immunoglobulin in women with Rhesus sensitization in the pregravid stage / Chernievskaya, SG, Rozhkovska, NM, Marichereda, VG, & Yermolenko, TO // Current issues of pediatrics, obstetrics and gynecology, 2019. - No. 2. - C. 126-132.
 38. Features of myometrium remodeling after surgical interventions on the uterus / Zhelezov DM, Kossey TV // Journal of Education, Health and Sport. 2020; 10(2). - C. 204-211.

13. Electronic information resources

1. <https://www.cochrane.org/> - Cochrane / Cochrane Library
 2. <https://www.acog.org/> - American Association obstetricians and Gynecologists / The American College of Obstetricians and Gynecologists
 3. <https://www.uptodate.com> – UpToDate
 4. <https://online.lexi.com/> - Wulters Kluwer Health
 5. <https://www.ncbi.nlm.nih.gov/> - National center biotechnological of information / National Center for Biotechnology Information
 6. <https://pubmed.ncbi.nlm.nih.gov/> - International medical library / National Library of Medicine
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7. <https://www.thelancet.com/> - The Lancet
 8. <https://www.rcog.org.uk/> - Korolevska Association obstetricians and gynecologists / Royal College of Obstetricians & Gynaecologists
 9. <https://www.npwh.org/> - Practitioners nurses with protection I 'm healthy women / Nurse practitioners in women's health
 10. <http://moz.gov.ua> – Ministry of Health of Ukraine
 11. www.ama-assn.org - American medical association / [American Medical Association](#)
 12. www.who.int - World Health Organization
 13. www.dec.gov.ua/mtd/home/ - State Expert Center of the Ministry of Health of Ukraine
 14. <http://bma.org.uk> - British Medical Association
 15. www.gmc-uk.org - General Medical Council (GMC)
 16. www.bundesaerztekammer.de – German Medical Association
 17. www.euro.who.int - European Regional Office of the World Health Organization
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