Sample Internship Diary
« practice obstetric and gynecological profile »
for students of the educational program
of specialist in the specialty of training 31.05.01,
direction general medicine,
for the 2024-2025 academic year

VOLGOGRAD STATE MEDICAL UNIVERSITY
OBSTETRICS & GYNECOLOGY DEPARTMENT

MANUAL IN OBSTETRICS

for students' practical training

DIARY OF PRACTICAL STUDY IN OBSTETRICS

of fourth year student of general medicine department
_____group
_____

Practice period_____

Teaching hospital: maternity hospital_____

Volgograd 2025

Obstetric sheets and examination

1. Personal History

Name_____Age_____

Marital status: ***married*** since_____, ***divorced***, ***single***_____

Occupation_____***or house wife***

Address (no details) _____

Husband data (name, age, occupation) _____

2. Family History (e.g.: hypertension, diabetes, tuberculosis, hepatitis, consanguinity, hereditary disease, twins)_____

_____

_____

3. Life History

Blood group _____ Rh-factor _____Hb_____ gr/l

Gynecological diseases _____

Surgery in past history_____

Antibiotic therapy, allergic reactions to any antibiotics _____

Allergic reactions to any drugs _____

Hormone therapy in past history; indications for it _____

Transfusion of blood or blood substitutes; reaction to transfusion_____

Patient's harmful habits (smoking, alcohol or drug abuse) _____

Spouse's (partner's) harmful habits_____

4. Menstrual History:

Age of menarche_____Cycle: ***regular or not*** _____

Rhythm: every_____days Duration: for_____days

Amount: ***average, scanty or excessive*** Intermenstrual discharge _____

1st day of last menstrual period (LMP)_____

5. Number of pregnancies (number of deliveries regardless of outcome: whether living or dead, full term or preterm, vaginal or operative, single or twins, weight, neonatal jaundice, anomalies, postpartum period, lactation, ectopic pregnancy, abortion - spontaneous or induced, gestational age, complications) _____

_____

_____

_____

_____

N.B. History of previous pregnancies in chronological order, their outcomes!

Number of living children now_____

6. Present History (Detailed analysis of the complaint – its onset, course, duration, medical consultation, investigations and their results, treatment administered): _____

_____

_____

_____

_____

N.B. Present history should begin at the time when the patient started complaining!

7. History of current pregnancy:

Extragenital diseases during pregnancy: _____

Dynamics of changes of body weight, BP, laboratory test _____

_____

_____

Fetal condition_____

_____

Quickening_____

Warning symptoms: vaginal bleeding, vaginal discharge, severe headache

8. General examination of the patient

Height_____Body weight _____ Body build and gait _____

Blood pressure_____Pulse_____beats/min. Temperature _____Respiratory rate_____per/min.

Pigmentation_____

Blurring of vision _____

Chest or heart symptoms_____

Edema of_____

Varicosities or deformities _____

Back:_____

Vomiting, epigastric pain_____

Presence of enlarged lymph nodes: _____

9. Pelvimetry:

Distantia spinarum – the interspinous diameter___cm
Distantia cristarum – the intercristal diameter____cm
Distantia trochanterica -_____cm
Conjugata externa – the external conjugate____cm
Conjugata vera – the true conjugate_____cm

10. Measuring the abdomen:

Measurement of the circumference of abdomen____cm
Measurement of the height of the uterus _____cm
Soloviov's index_____cm

Doctor's signature _____

Management of labor and delivery

Date of attendance:_____Admission time: _____
The patient ***was referred to maternity hospital from antenatal clinic or brought to maternity hospital in an ambulance or came to maternity hospital herself***
Complaints (in the patient's own words) _____
_____
_____
_____

Obstetric status:

Uterus is ***in normal tone or uterus is irritable***
Contractions of uterus **every_____min, duration_____sec. or absent**.
*Labor pains***: *present or absent*** _____
Fetal membranes are ***present or absent from*****_____**hrs_____min|_____
*Palpation of the lower segment****:*** **painless or painful or difficult** _____
Fetal lie: **transverse or longitudinal or oblique or unstable** _____
*Fetal presentation****: cephalic or breech*** _____
slightly pressed to the *inlet of the minor pelvis or above the inlet to the minor pelvis*
Fetal heart sounds: ***clear rhythmic unclear*** FHR_____beats/min
Fetal movement: _____
Vaginal discharge: _____

Estimated gestational age is according to:

- last menstrual period_____weeks
- fetal movement first felt (quickening)_____weeks
- first visit to antenatal clinic_____weeks
- ultrasound scan_____weeks
- maternity leave_____weeks

Estimated fetal weight:_____gram Permitted blood loss:_____ml

Vaginal examination: External female genital organs are ***properly developed or*** _____

Vagina is ***wide or narrow***, mucous membrane is _____

Cervix of the uterus is ***effaced or length of cervix_____cm.***

Cervical dilatation is_____cm wide. Edges of cervix ***thin or thickened or pliable.***

*Membranes****: intact or ruptured. Liquor: clear or turbid or meconium-stained (slightly, green) or blood-stained or*** _____

Fetal presentation _____

Position_____

Station_____

*Fontanelle*_____. *Exostosis:* ***present or absent*** _____

Promontory: **accessible or inaccessible.** *Diagonal conjugate*_____*cm.*

Diagnosis*:* _____

_____

_____

_____

Plan*:* Delivery is planned to be: vaginal or operative; if operative, ***planned or urgent***

- with prevention of anomalies of uterine contraction
- with prevention of intrauterine fetal hypoxia
- with prevention of hemorrhage of risk degree

LABOR PROGRESS NOTES

The 1st stage of labor

Onset of labor. Dynamics of labor. Rupture of membranes (amount and colour of the fluid). Analgesia in labor. Fetal condition. Complications of the 1st stage of labor, their management and treatment.

The 2nd stage of labor – delivery of the baby

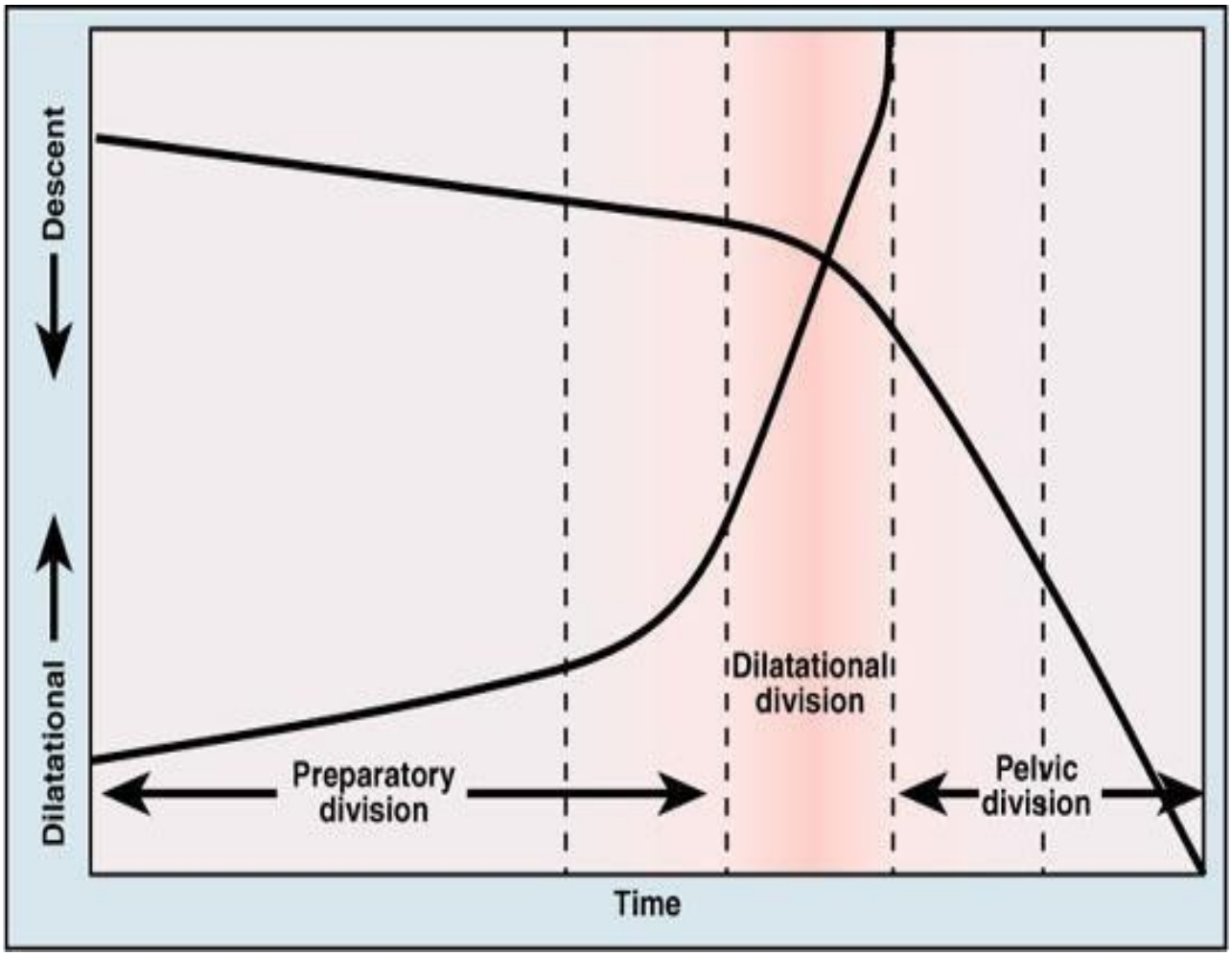
Onset of pushing efforts. Biomechanism of labor. Fetal condition. Complications of the 2nd stage of labor, their management.

The 3rd stage of labor – delivery of the placenta

Signs of delivery of the placenta. Examination of the placenta, membranes and umbilical cord. Postpartum hemorrhage (should be recorded in ml). The course of early postpartum period. Examination of the cervix, vagina, perineum. Clinical manifestations of postpartum period.

Postpartum period

Partogram


Descent
Dilatational
Dilatational division
Preparatory division
Pelvic division
Time

Preoperative report

Patient_____was prepared for ***urgent or planned*** surgery.

Diagnosis: _____

_____

Operation

_____

_____

Indications for operative delivery:_____

_____

Extragenital diseases

_____

History of allergy: *absent or present* (indicate)_____

_____

History of hemotransfusion _____

Anesthesia_____agreed with anesthetist.

Blood group_____Rh-factor_____Hematocrit_____Hb_____of "___" _____200___.

Prognosis for mother and child is expected to be ***favorable or unfavorable.***

Patient's consent for surgery was obtained in written form.

Surgeon _____

Assistant _____

_____

Anesthetist _____

OPERATIVE NOTES

(underline if necessary)

Date_____
Time_____

Name of patient_____Age_____

Operation_____

Indications_____

Anaesthesia _____

Technique of caesarean section: _____
Lower Segment Caesarean Section

The peritoneal cavity is opened ***by Pfannenstiel or vertical subumbilical*** *incision. The peritoneum (plica vesicouterina) over the lower segment is incised transversely for about 10 cm. A wide Doyen's retractor is inserted into the lower end of the wound and the bladder is pushed gently down off the lower segment. The lower part of the lower segment is incised transversely in the middle about 2 cm long and deepened until the membranes bulge. The two index fingers are slipped into the incision and extended to about 10 cm in length. The membranes are ruptured.* ***The head or breech*** *is delivered by slipping a* ***hand*** *below it and applying moderate pressure on the fundus* ***or applying blade of forceps*** *through the uterine incision. In shoulder presentation, the hand is introduced through the uterine incision to grasp a foot and the fetus is extracted gently as a breech. The umbilical cord is cut between 2 kochers. Delivery of fetus on_____min. The infant is handed over to the midwife and the mouth and pharynx are cleared of fluid with a soft catheter attached to suction apparatus. Sol. Oxytocini 1 ml is given intravenously or_____. The placenta is allowed to separate* ***spontaneously or manually removed.*** *Location of placenta _____. The placenta and membranes are removed through the wound. The uterine incision is sutured in two layers with* ***catgut or any absorbable suture.*** *Peritonization with the uterovesical pouch (the 3rd layer). Haemostasis sucured. The peritoneal cavity is cleared of blood clots and liquor amnii . The abdominal incision is closed in layers. Skin sutured subcuticularly (cosmetically) and dressed with aseptic gauze .*

Estimated blood loss :_____ml.

Postoperative catheterization of bladder done_____ml, **clear or blood-stained**

Surgeon_____

Assistant _____

_____

Anesthetist_____

Scrub nurse _____

Comprehensive table of practical skills

		Approxi-mate amount	Done
1.	Measurement of Soloviov's index, circumference of abdomen, height of the uterus, lumbosacral Michaelis rhomboid	10-15	
2.	Estimation of fetal weight	8-10	
3.	Estimated date of delivery (EDD)	10-12	
4.	Leopold maneuvers	10-15	
5.	Pelvimetry	10-15	
6.	Diagnosis of the onset of labor. Assessment of contraction of uterus	10-15	
7.	Assessment of cervix (length, extent of opening in cm, edges of the cervix, its position) by score of "maturity" of the cervix	2-3	
8.	Management of labor and delivery	3-5	
9.	Preprocessing of newborn	3-5	
10.	Examination of the placenta, membranes, umbilical cord and estimating the blood loss	5-8	
11.	Caesarean section. Observation.	2-3	
12.	Repair of laceration of perineum and vagina. Assistance	3-4	
13.	Manual removal of placenta	1	
14.	Assessment of newborn by Apgar score	10-11	

STUDENT REFERENCE

Student of fourth year_____group_____had a training period at teaching hospital_____from_____to _____

_____

_____

_____

_____

_____

_____

_____

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_____

_____

_____

_____

Instructor's signature _____

N.B.! *The reference should contain an assessment of the student's knowledge and skills, his/her contribution when participating in therapeutic and diagnostic procedures, his/her way of keeping the diary.*

Обучающимся в полном объеме реализовано/не реализовано индивидуальное задание практики. Получен/не получен комплекс знаний, умений и навыков формирующих компетенции программы практики.

Руководитель практики от предприятия (организации, учреждения) _____ _____
(*подпись*) (*Ф.И. О*)

Руководитель практики от организации, осуществляющей образовательную деятельность _____ _____
(*подпись*) (*Ф.И. О*)

Considered at the meeting of the department of obstetrics and gynecology "_10_" 2024, protocol No 19

Head of the Department  Burova N.A.