

PRENATAL CLINICAL EXAMINATION

HISTORY

Introduction:

Name, Age, Gravida, Para, Abortion, Stillbirth,

L.N.M.P. (? Certain, specify first day)

E.D.D. (estimated date of delivery)

E.G.A. (estimated gestational age)

Chief Complaint:

Current symptoms or reason causing patient to seek help.

History of Present Pregnancy:

Dating: Menstrual cycle, duration, regularity, birth control, quickening?
Ultrasound? (? Correlation with LNMP)

Bleeding: When did it start, how has it progressed, amount, color,
consistency, aggravating/relieving factors, associated symptoms

ROM: When did it start, amount, color, associated symptoms, fever

Abdominal pain: When did it start, location, description, (? Constant, ? colicky)
duration, severity, radiation, aggravating /relieving factors,
associated symptoms

Vaginal discharge: When did it start, amount, color, odour

Headache: Description, ? Association with swelling of face, hands

Edema: location

Nutrition: 4 food groups, vomiting, weight gain or loss

Medications: Vitamin supplements, teratogenic drug exposure

Substance Use: Drugs (prescription and non prescription herbal/traditional)
alcohol, smoking

Exposure: Rubella, other viral illness, x-rays, physical violence

Past Obstetrical History:

Year	Sex	Place	Delivery Type	Gestat. Age	Birth Wt.	Duration Of Labor	Maternal* Complication	Neonatal complications
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*Maternal complications include those encountered during any period of pregnancy, i.e. prenatal, labor, and delivery, postpartum.

Past Medical History: As usual with the following specific considerations:

Cardiovascular: Blood transfusions, heart disease, hypertension, varicose veins

Endocrine: Diabetes, thyroid disease

Renal: Frequent UTI's , pyelonephritis, chronic renal failure

Reproductive: STD's last Pap, contraception (type and when discontinued). Any difficulties becoming pregnant in the past? Any previous or current childbearing risks?

Musculoskeletal: Spine, or hip deformities

Neurological: Epilepsy, depression

Surgery: C-sections? Cholecystectomy?

Immunizations Status: Especially rubella

Family History: As usual with the following considerations

Heart disease, hypertension, diabetes (& gestational), genetic disease, twins

Social History: As usual with the following considerations

Explore supports, relationship with father of child, feelings about the pregnancy, violent behaviors in the home.

Functional Inquiry/Review of Systems:

As usual, includes the following additions and variations based on hormonal changes and minor discomforts of pregnancy.

Head and neck: Changes in pigmentation of face
Enlargement/swelling of neck
↑ Nasal congestion or epistaxis
Impaired hearing or sense of fullness in ears?
Change in vision or dryness of eyes, seeing spots or floaters?

Resp: Changes in breathing patterns on effort (SOB – especially when supine, □RR, □exercise tolerance)

CVS/PVS: Heart palpitations, Orthopnea, dyspnea, faintness, or sweating when supine? Palmar erythema (↑ redness of hands)
↑ Spider veins
Edema of lower extremities, ↑ varicosities in legs, haemorrhoids
How does pre-pregnant BP compare with current BP?

- Breast:** Do your breasts feel like they are enlarged or fuller?
Any tenderness or tingling sensations?
Are the veins more prominent?
Does the nipple and areola seem darker?
Can you express thick yellow fluid from your breasts?
Do you wear a supportive bra?
- GI:** morning sickness?
Reflux?
Pigmentation (linea nigra)
Constipation, ↑ flatus
Rapid abdominal distention?
Hemorrhoids
GB symptoms
Be sure to explore non – obstetrical causes of abdominal pain
- GU:** Change in normal vaginal discharge?
Frequency, stress incontinence?
- Neuro:** Vision changes, seizures, numbness or tingling in extremities
- MSK:** Back aches
Aching, numbness, weakness in extremities
Change in posture, muscle cramps (calf, thigh, gluteal muscles)
Pain or aching in the groin/suprapubic area (Broad & Round Ligament stretching)

Physical Exam

Emphasis is on the physiological changes of pregnancy. Further details is necessary in patients with specific problems identified in the history.

- Introduction:** Brief description of woman's general appearance
- Vital Signs:** BP, P, RR, weight, urine.
- Head and Neck:** Pigmentation of skin
Teeth
Thyroid
Gms./ general characteristics (↑ vascularity, ↑ redness – same goes for ear canal, sclera- ? pale) (anemic)
- Respiratory:** Air entry/adventitious sounds
May note ↑ DE
- Cardiovascular:** S¹, S², murmurs, varicose veins
? Shift of PMI anterolaterally
Edema
- Breast:** General surface characteristics (striae, venous pattern)
Size, tenderness, masses, nipple inversion, cracking, ? Yellow discharge expressed
- Abdomen:** Scars, striae, linea nigra, muscle tone
SFH (***)note if appropriate for gestational age)

Leopold's maneuvers to determine: lie, presentation, presenting part engaged or floating
 Doppler for fetal heart rate (8 wks +)
 Note fetal movements

Genitourinary: Pelvic Exam: note vaginal varicose veins, color of vulva (bluish), pelvic size.

Cervix: Texture, lesions, color, position, ?effacement (length, thickness). Dilation (os open (in cm) or closed, multip or primip), discharge, excitation. Confirm presenting part of fetus from abdominal exam. Note station if applicable.

Uterus: Size, shape, position in pelvis (if early in pregnancy & too small to measure SFH)

Adnexa: Masses (? tubal pregnancy)
 CVA tenderness

Neurological: Reflexes ?hyperreflexic
 Facial edema
 RUQ pain, headaches, vision Δ's

Musculoskeletal: May see temporary lordosis, & waddling gait
 Assess system grossly unless history warrants otherwise

Risk Scoring: Numerical score based on finding in history and exam.
 Categorized as low, moderate or high risk.

Summary/Conclusions: Name Age Gravida Para Abortion EGA

Brief synopsis of the positive finding and/or pertinent negatives in the history and physical examination including risk score. Then suggest preliminary diagnosis/problem list, differential diagnosis, health teaching, anticipatory guidance, and plan of management/follow up within the context of northern First Nations community.

Adapted from the following texts:

Baskett, T.F (1999). *Essential Management of Obstetric Emergencies* (3rd ed.). Bristol: Clinical Press Ltd.

Bickley, L.S. (1999). *Bates' Guide to Physical Examination and History Taking* (7th ed.). Philadelphia, P.A.: Lippincott, Williams & Wilkins.

Thompson, J.M., Wilson, S.F. (1996). *Health Assessment for Nursing Practice* (1st ed.) St. Louis, MI: Mosby – Year Book Inc.