

Subject: obstetrics fourth year

Theory : 60 hr/year

Practical : 30 hr/year

Units : 7

Objective :

to learn the basic of obstetrics & how can deal with normal & complicated pregnancy

Assessment : a quarterly exam (20 marks).

midyear exam (30 marks)

final exam (50 marks)

Text book approved : Ten teachers of obstetrics

| Week | Lectures | hours | Objective |
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| 1st wk | Physiological changes in pregnancy. | 2 | to know the symptoms and the physical finding of each systems in the body during pregnancy to know how the body adapted to the fetus and helping us in diagnosis of pregnancy and its complication |
| 2nd | Fertilization and implantation. Fetal development and growth. | 2 | This lecture explain spermatogenesis and oogenesis then normal fertilization regarding time and site .Also normal implantation understanding of normal development, growth, maturation and understanding the complications that |
| 3rd | Placenta and Amniotic fluid Antenatal Care | 2 | The lecture show normal placentation and abnormal placentation that cause pregnancy complication such as placenta previa ,accrete and IUGR. For follow up the pregnant & early diagnosis & deal the complication |
| 4th | Antenatal Care Vomiting in pregnancy | 2 | For follow up the pregnant & early diagnosis & deal the complication Should be known the different causes of nausea and vomiting and should be differentiated from the hyperemesis gravidarum . The complications of the hyperemesis gravidarum . |
| 5th | Abdominal pain in pregnancy Prenatal diagnosis | 2 | To differentiate between physiological & pathological causes This lecture discuss why prenatal diagnostic tests may be performed and the |

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| | | | types of non-invasive and invasive tests available. It will discuss also factors which should be taken into consideration prior to offering testing. |
| 6 th | <p>Anatomy of female pelvis and fetal head</p> <p>Lobar and physiology of lobar</p> | 2 | <p>Revise your knowledge of fetal head anatomy and pelvic anatomy</p> <p>Understand the concept of normal lobar and its management based on clinical signs and potential pathology.</p> |
| 7 th | <p>The mechanism of lobar</p> <p>Management of lobar</p> | 2 | <p>Revise your knowledge of the cardinal movement of fetus during parturition</p> <p>Be confident to interpret a partogram and formulate plan based on pattern observed.</p> <p>Be able to define findings on vaginal examination accurately and communicate these in written form.</p> |
| 8 th | <p>Management of lobar</p> <p>Abnormal labor and dystochia</p> | 2 | <p>Be confident to interpret a partogram and formulate plan based on pattern observed.</p> <p>Be able to define findings on vaginal examination accurately and communicate these in written form.</p> <p>Be able to manage delay in lobar and to use syntocinon appropriately</p> <p>Appreciate the limitation of augmentation with oxytocin and appropriate timing of alternative management strategies</p> |
| 9 th | Partogram and Assessment of fetal well-being in labour | 2 | <p>how they can be recognized either antenatally or in early lobar.</p> <p>Be confident to interpret CTG specially for those babies need immediate delivery.</p> <p>Be aware of different technique available of assessing fetal well-being in lobar.</p> |
| 10 th | <p>Mal presentation</p> <p>Mal position</p> | 2 | <p>Be familiar with the different type of mal presentation</p> <p>Knowledge about management of each type present in emergency situation</p> <p>Risk and complication of these mal presentation</p> <p>To know the way to diagnose mal position</p> <p>The way of management The accurate time of intervention and choosing appropriate management.</p> |
| 11 th | <p>Cord prolapsed and cord presentation</p> <p>Analgesia and anesthesia in</p> | 2 | <p>Knowledge about the life threaten emergency endanger the fetus</p> <p>The correct way to handle such emergency what types of analgesia and anesthesia</p> |

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| | labor | | available in labor, its efficacy, complication and whether effect the progress of labor or not |
| 12 th | Abnormal third stage of labor & Complication of the Third stage of Labor Post Partum Hemorrhage | 2 | To know how can deal with its complication |
| 13 th | Oligohydramnios .& Polyhydramnios Multifetal Pregnancy | 2 | To know its underlying causes & management To know the type & complication |
| 14 th | Rh-Iso immunization | 2 | Definition of Rh-Iso immunization . Pathophysiology of Rh-Iso immunization . Potential sensitizing events for Rh-disease . . Factors determined the occurrence of Rh-Isoimmunization |
| 15 th | APH | 2 | Causes of APH & management |
| 16 th | Preterm labour Premature rupture of membranes | 2 | Causes, clinical feature & management To discuss the clinical features , diagnosis and management of premature rupture of membranes. |
| 17 th | IUGR IUD | 2 | Should known the aetiology and types of the IUGR fetuses , Should known the pathophysiology of the IUGR . How can investigate them & how can manage them appropriately The first and ongoing priority in management is emotional and psychological support of the parents and family . |
| 18 th | Hypertensive disease in pregnancy | 2 | avoidance and early detection of this common complication of pregnancy, its risk factor and what are the effects on fetal growth and maternal outcome |
| 19 th | DM | 2 | How can deal this disease in pregnancy & its effect on pregnancy outcome & effect of pregnancy on it |
| 20 th | Instrumental delivery and | 2 | how to know the need for instrumental |

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| | episiotomy | | delivery ,its proper application and avoidance of complication and make its use mimic spontaneous vaginal delivery |
| 21 th | Induction of labor C/S | 2 | Causes ,methods ,complication Indication ,complication |
| 22 th | Anemia in pregnancy Cardiac diseases. In pregnancy. | 2 | Type of anemia & management Types of cardiac disease. Pre –pregnancy counseling . Maternal& fetal risks. Antenatal management. Management during labor &in postpartum period. Management of heart failure &other specific conditions. |
| 23 th | Thyroid disease in pregnancy. jaundice in pregnancy | 2 | How can deal this disease in pregnancy &its effect on pregnancy outcome &effect of pregnancy on it To know the causes of jaundice in pregnancy . How to differentiate between the causes . How we can manage each condition appropriately to prenatal and maternal morbidity and mortality |
| 24 th | Renal disease in pregnancy Autoimmune diseases In pregnancy. | 2 | early detection of renal disease that are occur during pregnancy and how to modify the management of renal disease in pregnancy to improve fetal and maternal outcome Definition of autoimmune disease . How can be dignosed during pregnancy The effect of autoimmune disease on the pregnancy outcome. The effect of pregnancy on the disease' s course . |
| 25 th | Bleeding diseases in pregnancy Thromboembolic in pregnancy | 2 | How can deal this disease in pregnancy &its effect on pregnancy outcome &effect of pregnancy on it Risk factors, prevent, management |
| 26 th | Shock &post op.collapse Neurological disease in pregnancy | 2 | Aetiology &management to understand the effect of these disease and its medication on fetus and how to improve fetal and maternal outcome |
| 27 th | Post term pregnancy Medication in pregnancy | 2 | Etiology ,prevention, management To know the physiological changes of pregnancy that can alter the drugs pharmacokinetics |
| 28 th | Perinatal infection | 2 | Etiology ,prevention, management |

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| 29 th | Ultrasound | 2 | This lecture showed the importance and uses of Ultrasound. That is used to date pregnancies and chart antenatal growth of the fetus , To identify congenital abnormalities, Doppler can identify placental and fetal blood |
| 30 th | Purperium | 2 | This lecture discuss Physiological changes. Puerperal disorders and their management Puerperal pyrexia. The breasts Breast disorders and managements |