



MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION  
Federal state autonomous educational institution  
of higher education  
«Far Eastern Federal University»  
(FEFU)

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**SCHOOL OF BIOMEDICINE**

«AGREED»

Head of education program  
«General medicine»

  
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(signature) Khotimchenko Yu.S.  
(Full name)  
«09» of July 2019

«APPROVED»

Director of the Department of Clinical  
Medicine

  
\_\_\_\_\_  
(signature) Geltser B.I.  
(Full name)  
«09» of July 2019

**WORKING PROGRAM OF ACADEMIC DISCIPLINE (WPAD)**

**«Obstetrics and Gynecology»**

Education program

Specialty 31.05.01 «General medicine»

**Form of study: full time**

year 4,5, semester 7,8,9, A  
lectures 72 hours  
practical classes 216 hours  
laboratory works not provided  
total amount of in-classroom works 288 hours  
independent self-work 178 hours  
including preparation to exam 54 hours  
control works ()  
pass-fail exam year 4,5, semester 7, 9  
exam year 4,5, semester 8,A

The working program is drawn up in accordance with the requirements of the Federal state educational standard of higher education (level of training), approved by the order of the Ministry of education and science of the Russian Federation from 09.02.2016 № 95.

The working program of the discipline was discussed at the meeting of the Department of fundamental and clinical medicine. Protocol No. 8, 09 of July 2019

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## **RESUME**

The discipline "Obstetrics and gynecology" is proposed for students enrolled into the educational program 30.05.01 "General medicine".

Discipline is implemented on 4 and 5 years as the basic discipline.

Development of the working program of the discipline was made according to the Federal state educational standard of higher education in the specialty 30.05.01 "General medicine" and the curriculum of training students.

The total complexity of the development of the discipline is 13 credits, 468 hours. The curriculum provides 72 hours of lectures, 216 hours of practical training and independent work of the student (126 hours).

The course program is based on the basic knowledge gained by students:

ability to abstract thinking, analysis, and synthesis (GCC-1);

the willingness to solve common tasks of professional activity with the use of information and bibliographic resources, biomedical terminology, information and communication technologies, taking into account the main requirements for information security (GPC – 1)

### **Purpose of the course:**

Preparation of a qualified specialist capable of initial examination of a pregnant woman and a gynecological patient, with establishment of preliminary diagnosis, provision of urgent medical care in emergency conditions, the treatment of gynecological diseases and complications of pregnancy, possessing certain knowledge in the field of obstetrics and gynecology, taking into account further training and professional activities in the specialty "General medicine".

### **Objectives:**

1. mastering by students the basic medical research methods (questioning, examination, palpation, percussion, auscultation) necessary in the daily practice of an obstetrician-gynecologist;

2. identification of the main clinical manifestations – symptoms and syndromes – at different stages of the disease development with the help of these methods;
3. development of student knowledge of clinical and physiological features of the women reproductive system;
4. formation of the student professional medical ethics and deontology, the basics of medical clinical thinking;
5. familiarization of students with the principles of organization of work of obstetric and gynecological hospital, prevention of nosocomial infections in medical institutions;
6. to give students an idea of the prevalence and importance of gynecological and obstetric diseases and the relationship of these diseases with the pathology of other organs and systems, including patterns of occurrence, course and treatment of diseases;
7. formation in a student of skills in diagnosis, treatment of gynecological and obstetric diseases, diagnosis and differential diagnostics of life-threatening conditions and the provision of the first urgent medical care in these conditions;
8. formation in student the skills in the study of scientific literature and official statistical reviews as well as reviews of modern scientific problems in the field of obstetrics and gynecology;
9. formation in student the skills of communication and interaction with the team, partners, patients.

As a result of this discipline study, the students form the following general professional and professional competences:

Code and formulation of competence	Stages of competence formation	
the readiness for medical use of drugs and other medical substances and their	Knows	main medicines prescribed for obstetric complications and gynecological diseases
	Able to	prescribe drugs for pregnant women, women in labor and gynecological patients

combinations in solving professional problems (GPC – 8)	Masters	Methods of proper use of drugs and their combinations in obstetric complications and gynecological diseases
the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases (PC – 5)	Knows	the method of collection and analysis of patient's complaints, data of anamnesis, physical examination, laboratory, instrumental, pathological and other investigations in order to determine the state or of ascertaining the presence or absence of obstetric complications and gynecological diseases
	Able to	to collect and analyze patient's complaints, data of anamnesis, physical examination, laboratory, instrumental, pathological and other investigations in order to determine the state or of ascertaining the presence or absence of obstetric complications and gynecological diseases
	Masters	methods of collection and analysis of the patient's complaints, his / her medical history, examination results, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of obstetric complications or gynecological disease
- the ability of determining the patient's basic pathological conditions, symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health, the 10th review. (PC – 6)	Knows	methods of determining the main pathological conditions, symptoms, syndromes of obstetric and gynecological diseases, nosological forms in patients in accordance with The international statistical classification of diseases and health-related problems, X revision
	Able to	to determine in patients the main pathological conditions, symptoms, syndromes of obstetric and gynecological diseases, nosological forms in accordance with the International statistical classification of diseases and health-related problems, X revision
	Masters	methods of detection in patients of the main pathological conditions, symptoms, syndromes of obstetric and gynecological diseases, nosological forms in accordance with The international statistical classification of diseases and health-related problems, X revision
the ability to determining the tactics of patient surveillance with different nosological entities. (PC – 8)	Knows	management methods of patients with obstetric and gynecological diseases
	Able to	to determine the management tactics of patients with obstetric and gynecological diseases
	Masters	methods of appointment of management tactics for patients with obstetric and gynecological diseases
the willingness to realize a prenatal care as well as child delivery (PC – 12)	Knows	methods of physiological pregnancy and normal parturition
	Able to	to carry out physiological pregnancy and parturition
	Masters	tactics of physiological pregnancy and parturition

The following methods of active/interactive training are used to develop the abovementioned competencies within the discipline "Obstetrics and gynecology":

1. It is supposed to conduct practical training using computer training programs.
2. Conducting interactive role-playing games in order to develop the skills of interviewing pregnant women and gynecological patients and counseling skills.

3. For the organization of independent work is offered to prepare essays and reports for presentation in the group and at the student conference as well as preparation for practical classes, work with additional literature, preparation of essays, lesson-conference.

4. Competition in groups for the best knowledge of the discipline.

The share of practical training conducted in interactive forms is 10% of in-classroom time; independent extracurricular work - 33% of the whole time.

# **I. THE STRUCTURE AND CONTENT OF THE THEORETICAL PART OF THE COURSE OBSTETRICS (36 hours)**

## **Module I. Basics of obstetrics. (18 hours)**

### **Theme 1. Obstetric and gynecological care in Russia. (2 hours)**

The main stages of development of the domestic obstetrics. Structure and organization of obstetric and gynecological care in Russia. A maternity hospital. Perinatal center.

### **Theme 2. Female reproductive system and pregnancy. (2 hours)**

Reproductive organs. Fertilization. Development of pregnancy. Changes in the body of a pregnant woman.

### **Theme 3. Methods of diagnostics in obstetrics. (2 hours)**

Diagnostics of pregnancy, methods of examination in obstetrics. Sign of pregnancy. Methods for determining the timing of pregnancy and parturition. US-signs of progressive pregnancy. Clinical methods. External obstetric investigation, internal obstetric research. Instrumental methods and laboratory methods. Birth canal. Fetus as an object of birth.

### **Theme 4. Physiology of parturition. (4 hours)**

Harbingers of parturition. Generic expelling forces: fights, attempts. Stages of parturition. Signs and course the I period of parturition. The tactics of the first stage of parturition. Signs and during the II period of parturition. Tactics of the II period of parturition. The third stage of parturition. Signs of placental abruption. Afterbirth. Mechanisms of placental separation. Blood loss in childbirth. Management of the III period of parturition. Anesthesia. The normal biomechanism birth. Modern perinatal technologies

### **Theme 5. Postpartum period. (2 hours)**

Postpartum period. Management of physiological postpartum period. Neonatal period. Assessment of the newborn according to the Apgar scale. Applying to chest. Breast feeding.

### **Theme 6. Pre-eclampsia in pregnant women. (2 hours)**

Background. Zangemeister's triad: edema, proteinuria, hypertension. Swellings in pregnant women. Proteinuria. Preeclampsia. Multiple organ failure syndrome. Eclampsia. Nosological forms according to the international classification ICD-10. Diagnostics, management tactics, intensive care. Outcomes. Prevention.

#### **Theme 7. Obstetric bleeding (4 hours)**

Causes of bleeding during pregnancy. Obstetric bleeding in second half of pregnancy. Placental presentation. Premature detachment of the normally located placenta. Bleeding in parturition and the postpartum period. Classification, symptoms, diagnostics, treatment. Algorithm for urgent care in hypotonic bleeding.

### **Module II. Obstetric and perinatal pathology (18 hours)**

#### **Theme 1. Anomalies of parturition. (2 hours)**

Disorders of contractile activity of the uterus. Indicators of contractile activity: tone, intensity, duration, interval, rhythm, frequency, coordinated contractions. Classification of parturition disorders according to The international classification of diseases of the 10th revision. Hypotonic dysfunction of the uterus. Hypertonic dysfunction of the uterus. Pathological preliminary period. Course of parturition: Primary weakness of labor activity; secondary weakness of labor activity; excessively strong labor activity with a fast and rapid course of parturition; discoordinated labor activity.

#### **Theme 2. Postpartum infectious diseases. (2 hours)**

The urgency of the problem. Predisposing factor. Classification. Stages of generalization of infection. The main pathways of infection. Symptoms of the main nosological forms. Treatment.

#### **Theme 3. Pregnancy and parturition in women with cardiovascular diseases, kidney and respiratory diseases. (2 hours)**

The frequency of somatic pathology in pregnant women. The main methods of study of the cardiovascular system in pregnant women. Congenital heart

disease. Acquired heart defects. Hypertension in pregnant women. Hospital admission of pregnant women with cardiovascular disease. Tactics of pregnancy and parturition. Contraindications for pregnancy. Pregnancy in diseases of the kidneys and respiratory system.

**Theme 4. Birth trauma to the mother. Birth trauma of the newborn. (2 hours)**

Birth trauma for mother, definition. Classification. Aftermath. Injuries to the external genitals. Vaginal and cervical lacerations. Uterine rupture. Treatment. Birth trauma of the fetus. Frequency. Head injuries. Spine and spinal cord. Other injuries and damage to the fetus

**Theme 5. The influence of harmful factors on the fetus. (2 hours)**

Causes of congenital abnormalities. Teratogenicity, concept. Chemicals, drugs, infections, ionizing radiation, lack of various substances and enzymes in the body of pregnant woman and fetus. Harmful factors and stages of intrauterine development. Time of teratogen exposure. The ability to cause long-term effects. The ability of a substance to penetrate through placental barrier. The influence of alcohol, tobacco, drugs on the body on the expectant mother and fetus. Prevention.

**Theme 6. Immunological incompatibility of mother and fetus. (2 hours)**

Erythrocyte antigens as a cause of immunological incompatibility of mother and fetus. Rh-factor of blood is a system of allogeneic human erythrocyte antigens. Hemolytic disease of fetus and newborn. More than 10 iso-serological systems are known. Sensitization of the mother with rhesus and ABO antigens. Incompatibility of maternal and fetal blood for other erythrocyte antigens. Development of hemolytic disease of the fetus. Symptoms. Diagnostics. Tactics of pregnancy in Rh-conflict. Methods of delivery. Hemolytic disease of the newborn, treatment.

**Theme 7. Fetal hypoxia, asphyxia of the newborn (2 hours)**

Fetal hypoxia, definition. Classifications. Factors contributing to the development of fetal hypoxia. Diagnostics. Classification of disorders of uteroplacental and fruit-placental blood flow. Cardiotocography of the fetus.



Scale of evaluation of the results of antenatal cardiotocogram. Treatment of fetal hypoxia. Management of pregnant women at the outpatient stage. Prevention and treatment in hospital

**Theme 8. Miscarriage and postponement of pregnancy (2 hours)**

Miscarriage, definition, classification depending on the period. Epidemiology. Etiology and pathogenesis. Tactics of management of pregnant women with miscarriage. Stages of spontaneous abortion. Premature parturition. Treatment based on the causes of miscarriage. Rescheduling of pregnancy. Predisposing factor. Late delivery. Features of reference. Signs of a newborn.

**Theme 9. Women's consultation, its role in the antenatal protection of the fetus. (2 hours)**

The structure and organization of the women's consultation, the main activities. Ministry of health order No. 572H. Antenatal protection of the fetus.

## **GYNECOLOGY (36 HOURS)**

### **Module III. Basics of gynecology. (18 hours)**

#### **Theme 1. Symptomatology of gynecological diseases. Research methods in gynecology. The Ministry of health order No. 572. (2 hours)**

Symptoms of gynecological diseases (whites, pain, bleeding, dysfunction of adjacent organs, sexual dysfunction, itching of the external genitals). Features of the gynecological patient questioning. The stages of the questioning. Examination. The study of the abdomen. Examination of the external genitals. Examination of the vagina and cervix using mirrors. Bimanual examination. Rectovaginal examination. Tests of functional diagnostics. Determination of hormones and their metabolites. Additional research methods.

#### **Theme 2. Inflammatory diseases of female genital organs. Etiology. Classification. Symptoms, diagnostics, tactics of the patient treatment, treatment. Prevention (2 hours)**

Urgency. Classification. Modern features of pathogens. Risk factor. Basic principles of treatment, etiological and pathogenetic approach. Application of antibacterial therapy. Immunocorrection.

#### **Theme 3. Normal menstrual cycle, its regulation. Menstrual irregularity. (2 hours)**

Menstrual cycle. Definition. Terminology. Physiology of the menstrual cycle. Levels of regulation of the menstrual cycle. The first (highest) level of regulation of the reproductive system are the cerebral cortex and cerebral extrahypothalamic structure. The second level of regulation of reproductive function is hypothalamus. The third level of regulation of reproductive function is the pituitary gland. The fourth level of regulation of the reproductive system are ovaries. The fifth level of regulation of reproductive function - target organs. Ovarian cycle. Ovulation. Menstrual irregularity. Classification, causes, symptoms, diagnostics, correction methods. Amenorrhea, primary and secondary

#### **Theme 4. Anomalies in the development of genitals. (2 hours)**

Malformations of the internal genital organs and giatreia. Etiology and classification. Diagnostics and treatment principles. Gonadal dysgenesis and testicular feminization. Symptoms, diagnostics, treatment. Wrong position of the uterus. Etiology and pathogenesis, classification, diagnostics, principles of treatment. Principles of surgical treatment of broken hymen. Absence of vagina or part of it. During the examination, the lower part of the vagina is absent, the upper part and the uterus are filled with menstrual secretions. Doubling the uterus and vagina. Under-development, absence or doubling of the fallopian tubes. Under-development of the ovaries.

**Theme 5. Hysteromyoma. Temporary treatment method. (2 hours)**

Relevance of the issue. Classification. Symptoms. Diagnostics. Modern approaches to management tactics. Conservative treatment. Indications for surgical treatment. Advantages of laparoscopic access. The course of pregnancy after surgery. Features scars on the uterus.

**Theme 6. Genital endometriosis. (2 hours)**

Definition of endometriosis. Classification. Symptoms. External and internal endometriosis. Tactics of patient management. Medical and surgical treatment. Treatment of infertility caused by endometriosis.

**Theme 7. Ovarian tumors. (2 hours)**

Benign and malignant ovarian tumors. Etiology. Classification. Clinical implications. Choice of treatment. Medical rehabilitation. Cysts and cystoms. Hormone-producing ovarian tumors.

**Theme 8. Family planning. Modern methods of contraception. (4 hours)**

Family planning, concept. The main objective is to preserve the reproductive health of women for the birth of healthy children at the desired time. Methods of protection from unwanted pregnancy. Requirements for prescribed methods of contraception: efficiency, safety, ease of use, acceptability, reversibility. Optimal price. Oral contraception. Combination of drugs and mini-pills. Emergency contraception. Intramuscular, percutaneous, subcutaneous, vaginal and intrauterine contraceptives. Criteria for application.

## **Module IV. Gynecological pathology (18 hours)**

### **Theme 1. Dishormonal diseases of the mammary glands. (2 hours)**

Urgency. Anatomy and physiology of the mammary glands. Classification. Non-proliferative disorders, Proliferative disorders without atypia and atypical hyperplastic processes. Domestic classification: diffuse, nodal and mixed forms. Etiology and pathogenesis. Symptoms. Changes in hormonal homeostasis in women with different forms of breast cancer. Diagnostics. Methods of examination of women with breast diseases. Treatment BC. Risk factors for breast cancer.

### **Theme 2. Background and precancerous diseases of the cervix. (2 hours)**

Background and precancerous diseases of the cervix. Classification, diagnostics, treatment. Precancerous disease. Dysplasia arising on the unchanged cervix or in the background processes: weakly expressed; moderately expressed; expressed. Leukoplakia with the phenomena of cell atypia. Erythroplakia. Adenomatosis. CIN I. CIN II. CINIII.

### **Theme 3. Cervical cancer (2 hours)**

Cervical cancer, definition. Modern methods of diagnostics of cervical cancer. Etiopathogenesis, risk factors, classification, symptoms, diagnostics. Methods of treatment depending on the stage of disease and age of patients. Prognosis, prevention.

### **Theme 4. Trophoblastic disease. (2 hours)**

Molar pregnancy. Definition. Classification. Etiopathogenesis, clinic, diagnosis, treatment methods, prognosis. Choriocarcinoma of the uterus. Etiopathogenesis, symptoms, diagnostics, treatment, prevention. Prognosis, possibilities for preserving reproductive function.

### **Theme 5. Acute abdomen in gynecology. (2 hours)**

Acute abdomen in gynecology. Etiology, symptoms, diagnostics, treatment approaches. Ectopic pregnancy. Etiopathogenesis, classification. Tubal pregnancy. Clinical picture of pipe rupture and tubal abortion. Diagnosis and treatment. Postoperative rehabilitation.

**Theme 6. Abnormal uterine bleeding. (2 hours)**

Abnormal uterine bleeding, definition. Classification. Symptoms, diagnostics. Tactics of treatment. Clinical pictures and methods of AUB treatment in women of different age periods (juvenile, reproductive period, climacteric). Possibilities of hormone therapy. Treatment of concomitant pathology. Anemia in gynecological patients. Differential diagnostics of internal endometriosis, submucous uterine fibroids and abnormal uterine bleeding.

**Theme 7. Endometrial hyperplastic processes. (2 hours)**

Hyperplastic processes of endometrium. Classification, etiology, symptoms, diagnostics, management of patients. Hormonal treatment. Surgical treatment. Hysteroscopy is a modern endoscopic method widely used in gynecological practice. Diagnostic and surgical possibilities of hysteroscopy. Indications and contraindications.

**Theme 8. Neuroendocrine syndromes in gynecology. (2 hours)**

Functional tests with hormones in the diagnostics of endocrine disorders in women. Hyperprolactinemic amenorrhea. Classification, symptoms, diagnostics, treatment. Polycystic ovary syndrome. Symptoms, diagnostics, therapy. Testicular feminization. Adrenogenital syndrome. Postpartum hypopituitarism.

**Theme 9. Sterile marriage. (2 hours)**

Sterile marriage. Classification. Diagnosis and prevention of female infertility. Causes of female and male infertility. Algorithm and methods of examination in infertile marriage. Methods of diagnostics of infertility in women, the role of endoscopic methods. Treatment of various forms of female infertility. Indications for surgical treatment. In vitro fertilization (IVF). Insemination with husband's sperm and a donor. Indications, methods.

## **II. THE STRUCTURE AND CONTENT OF THE PRACTICAL PART OF THE COURSE OBSTETRICS. (108 HOURS)**

### **Section 1. Basics of obstetrics (54 hours)**

#### **Theme 1. Introductory lesson. (3 hours)**

The main stages of development of domestic obstetrics. Structure and organization of obstetric and gynecological care in Russia

#### **Theme 2. Maternity hospital. (3 hours)**

Organization and structure of obstetric hospital. Maternity hospital. Perinatal center

#### **Theme 3. Changes in the body of pregnant woman. (3 hours)**

Changes in the basic systems and organs of women due to pregnancy

#### **Theme 4. Methods of examination in obstetrics. (3 hours)**

Diagnostics of pregnancy, methods of examination in obstetrics. Survey, examination, external and internal obstetric examination. Birth canal. Fetus as an object of birth. Examination of the patients.

#### **Theme 5. Symptoms, course and management of parturition. (6 hours)**

Harbingers of parturition. Generic expelling forces: fights, attempts. Stage of parturition. Symptoms and during the I period of parturition. The tactics of the first stage of parturition. Symptoms and during the II period of parturition. Tactics of the II period of parturition. The third stage of parturition. Signs of placental abruption. Afterbirth. Mechanisms of placental separation. Blood loss in parturition. Management of the III period of parturition.

#### **Theme 6. Anesthesia. The normal biomechanism birth. Modern perinatal technologies. (3 hours)**

Non-pharmacological methods of parturition pain relief. Psychoprophylactic preparation for parturition. Modern methods of pain relief medication. Birth biomechanism in occipital presentation. Modern perinatal technologies.

#### **Theme 7. Pelvic presentation. (3 hours)**

Pelvic presentation of the fetus. Features of management tactics of pregnant women with pelvic presentation. Indications for cesarean section. Biomechanism of parturition in pelvic presentation.

**Theme 8. Postpartum period. (3 hours)**

Postpartum period. Management of physiological postpartum period. Tactics of management of patients in an obstetric clinic. Recommendations for discharge from hospital. Postpartum contraception.

**Theme 9. Neonatal period. (3 hours)**

Neonatal period. Assessment of the newborn according to the Apgar's scale. The basic principles of management of neonates in an obstetric clinic. Applying to chest. Breast feeding.

**Theme 10. Pelvis. (3 hours)**

Definition. Classification of narrow pelvis. The degree of narrowing in the shortening of the true conjugates (Litzman). Classification of Krassovsky. Diagnostics. Features of parturition in various forms of the narrow pelvis. Anatomical and clinically narrow pelvis.

**Theme 10. Early toxicosis of pregnant women. (3 hours)**

Vomiting of pregnant women. Symptoms, diagnostics, treatment. A rare form of early abortion pregnant.

**Theme 11. Preeclampsia of pregnant women. (6 hours)**

Swelling in pregnant women. Proteinuria. Preeclampsia. Multiple organ failure syndrome. Eclampsia. Nosological forms according to the international classification ICD-10. Diagnostics, management tactics, intensive care. Outcomes. Prevention.

**Theme 12. Obstetric bleeding. (6 hours)**

The urgency of the problem of bleeding in obstetrics. Causes of bleeding during pregnancy. Placental presentation. Premature detachment of the normally located placenta. Symptoms, diagnostics, tactics of pregnancy and parturition Bleeding in parturition and the postpartum period. Causes of

massive bleeding. Pathology of the third period of parturition. Physiology of postpartum hemostasis. Atony and hypotension of the uterus. Methods of control of bleeding in modern obstetrics. Prevention of obstetric bleeding.

**Theme 13. Cardiovascular disease and pregnancy (3 hours)**

Heart defects, hypertension, anemia, varicose veins and pregnancy. Contraindications to pregnancy. Features of management of pregnancy and childbirth in cardiovascular disease.

**Theme 14. Management of pregnancy and parturition in women with kidney disease, respiratory diseases and diabetes. (3 hours)**

Kidney, respiratory diseases, diabetes and pregnancy. Contraindications to pregnancy. Features of management of pregnancy and parturition in extragenital pathology.

**Section II. Obstetric and perinatal pathology (54 hours)**

**Theme1. Immunological incompatibility of mother and fetus. (3 hours)**

Background. The rhesus factor and other red blood cell antigens. Development of Rh-conflict. Hemolytic disease of the fetus. Diagnosis, treatment methods. Tactics of pregnant women. Methods and terms of parturition. Prevention. Hemolytic disease of the newborn. Diagnostics, management tactics, intensive care. Outcomes. Prevention.

**Theme 2. Multiple pregnancy (3 hours)**

Multiple pregnancy. Management of pregnancy and parturition.

**Theme 3. Non-carrying of pregnancy. (6 hours)**

The concept and classification of miscarriage. Reasons. Diagnostics, symptoms, tactics of pregnancy. Preterm parturition, classification. Treatment based on the causes of miscarriage.

**Theme 4. Postpartum infectious diseases. (6 hours)**

Predisposing factor. Classification. Stages of generalization of infection. The main pathways of infection. Symptoms of the main nosological forms.



Puerperal ulcer. Endometritis. Parametritis. Pelvioperitonitis, peritonitis. Sepsis. Septic shock. Treatment, intensive care.

**Theme 5. Re-scheduling of pregnancy. (3 hours)**

Rescheduling of pregnancy. Predisposing factor. Late delivery. Features of reference. Signs of a newborn.

**Theme 6. Anomalies of parturition activity (3 hours)**

Disorders of the uterus contractile activity of. Classification of parturition disorders according to The international classification of diseases of 10th revision. Hypotonic dysfunction of the uterus. Hypertonic dysfunction of the uterus. Pathological preliminary period. Course of parturition: Primary weakness of labor activity; secondary weakness of labor activity; excessively strong labor activity with a fast and rapid course of labor; disorganized labor activity. Tactics of parturition.

**Theme 7. Birth trauma for mother and fetus (6 hours)**

Birth trauma for mother, definition. Classification. Aftermath. Injuries to the external genitals. Vaginal and cervical lacerations. Uterine rupture. Treatment. Birth trauma for fetus. Frequency. Head injuries. Spine and spinal cord. Other injuries and damage to the fetus

**Theme 8. Antenatal protection of the fetus (6 hours)**

The idea of antenatal protection of the fetus. Methods of diagnostics of the fetus. Cardiotocography of fetus. Scale for evaluation of the results of antenatal cardiotocogram. Tactics of pregnancy management in women at risk for perinatal complications.

**Theme 9. Fetal hypoxia, asphyxia of the newborn. (3 hours)**

Fetal hypoxia, definition. Classifications. Factors contributing to the development of fetal hypoxia. Diagnostics. Classification of disorders of uteroplacental and fruit-placental blood flow. Treatment of fetal hypoxia. Management of pregnant women at the outpatient stage. Prevention and treatment in hospital

**Theme 10. Placental insufficiency. (3 hours)**

Factors affecting the development of placental insufficiency. Classification of placental insufficiency by time of occurrence. Classification of placental insufficiency downstream. Risk groups of PI. Diagnostics. Choice of method and term delivery. Indications for emergency cesarean section

**Theme 11. Influence of harmful factors on the fetus (6 hours)**

The concept of teratogenic factors. Stage of fetal development. Action of harmful substances depending on the stage of intrauterine development, the method and duration of exposure to the harmful factor. The effect of tobacco, drugs and alcohol on the fetus.

**Theme 12. Antenatal clinic. (3 hours)**

The structure and organization of the women's consultation. Main objectives and goals. Order 572H. Medical records in the antenatal clinic. The role of female consultation in the antenatal protection of the fetus.

**Theme13. The scoring exercise. (3 hours)**

## **GYNECOLOGY. (108 HOURS)**

### **Section III. Basics of gynecology. (54 hours)**

#### **Theme 1. Organization of obstetric care in Russia. (3 hours)**

Outpatient and hospital care for women with gynecological pathology in different age periods. Organization of work of women's consultation and gynecological department.

#### **Theme 2. The main symptoms of gynecological diseases. (3 hours)**

Symptomatology of gynecological diseases. Any gynecological pathology often has similar symptoms, so no matter what pathology a woman comes with, her complaints will often be identical. Whites, pain, bleeding, dysfunction of adjacent organs, violation of sexual function, itching of the external genitals.

#### **Theme 3. Research methods in gynecology. (3 hours)**

Stages of questioning in gynecology. Methods the objective of the study. Examination (body type, BWI, hair, skin condition, mammary glands). Examination of the external genitals. Examination of vagina and cervix in the mirrors. Bimanual examination. Rectovaginal examination. Tests of functional diagnostics. Additional methods of research in gynecology. Scheme of medical history.

#### **Theme 4. Inflammatory diseases of female genital organs. (6 hours)**

Etiology. Classification. Specific and nonspecific inflammatory processes. Sexually transmitted infections. Symptoms, diagnostics, tactics of treatment of patients, treatment. Features of the course, diagnostics and treatment in outpatient and inpatient settings at the present stage. Surgical treatment. Prevention

#### **Theme 5. Normal menstrual cycle, its regulation. (3 hours)**

Menstrual cycle. Definition. Terminology. Physiology of the menstrual cycle. Different levels of regulation of the menstrual cycle. The first (highest) level of regulation of the reproductive system – the cerebral cortex and cerebral extrahypothalamic structure. The second level of regulation of reproductive

function is the hypothalamus. The third level of regulation of reproductive function is the pituitary gland. The fourth level of regulation of the reproductive system are the ovaries. Ovarian cycle. The fifth level of regulation of reproductive function - target organs. Ovulation. Uterine cycle.

**Theme 6. Menstrual irregularity. (6 hours)**

Menstrual irregularity. Classification, causes, symptoms, diagnostics, correction methods. Biological properties of sex hormones. Methods of research of the ovary endocrine function. Premenstrual syndrome. Dysmenorrhea. Hypomenstrual and hypermenstrual syndromes. Amenorrhea, primary and secondary. Tactics of management of patients with various MC disorders.

**Theme 7. Anomalies in the development of genitals. (6 hours)**

Malformations of the internal genital organs and giatreia. Etiology and classification. Diagnostics and treatment principles. Gonadal dysgenesis and testicular feminization. Symptoms, diagnostics, treatment. Wrong position of the uterus. Etiology and pathogenesis, classification, diagnostics, principles of treatment. Principles of surgical treatment of uterine prolapse and prolapse. Ventrofixation. Indications and contraindications.

**Theme 8. Hysteromyoma. (6 hours)**

Uterine fibroids, definition, prevalence. Etiopathogenesis. Classification. Symptoms. Diagnostics. Complications of uterine fibroids. Modern approaches to management tactics. Conservative treatment. Indications for surgical treatment. Advantages of laparoscopic access. The course of pregnancy after surgery.

**Theme 8. Ovarian tumors. (6 hours)**

Benign and malignant ovarian tumors. Classification of ovarian tumors. Modern principles of treatment of benign and malignant ovarian tumors. Complications of ovarian tumors, diagnostics, treatment approaches. Retention (functional) ovarian cysts. Symptoms, diagnostics, treatment. Ovarian cancer. Classification, methods of diagnostics and treatment.

Prevention, forecast. Ovarian cysts (cystadenomas). Classification, Symptoms, characteristics based on gynecological examination and ultrasound, principles of treatment. Mature teratoma of the ovary. Symptoms, diagnostics and treatment. Fibroma of the ovary. Symptoms, diagnostics and treatment. Hormone-producing ovarian tumors. Symptoms, diagnostics and treatment.

### **Theme 9. Genital endometriosis. (6 hours)**

The idea of endometriosis. Classification. Symptoms. Premenstrual spotting. The uterus is often deflected backwards and the ovaries may be enlarged. In 30% of patients, utero-sacral ligaments were changed and tuberosity. To confirm the diagnosis, laparoscopy is necessary. With the depression of the ovaries and education-there is a mechanical obstacle to fertilization. Even mild endometriosis can cause infertility. Complaints of dyspareunia. External and internal endometriosis. Tactics of management of patients. Medical and surgical treatment. Treatment of infertility caused by endometriosis.

### **Theme 10. Modern methods of contraception. (6 hours)**

Family planning, concept. The fight against abortion, the preservation of women's reproductive health for the birth of healthy children at the desired time. Methods of protection from unwanted pregnancy. Requirements for prescribed methods of contraception: efficiency, safety, ease of use, acceptability, reversibility. optimal price. Oral contraception. A combination of drugs and mini-pill. Emergency contraception. Intramuscular, percutaneous, subcutaneous, vaginal and intrauterine contraceptives. Barrier methods and spermicides. Male and female sterilization. The criteria for the appointment.

## **Section IV. Gynecological pathology**

### **Theme 1. Dishormonal diseases of the mammary glands. (6 hours)**

Urgency. Anatomy and physiology of the mammary glands. Classification. Non-proliferative disorders. Proliferative disorders without atypia and atypical hyperplastic processes. Domestic classification: diffuse, nodal and mixed forms. Etiology and pathogenesis. Symptoms. Changes in hormonal

homeostasis in women with different forms of breast cancer. Diagnostics. Methods of examination of women with breast diseases. Treatment of BC. Risk factors for breast cancer.

**Theme 2. Background and precancerous diseases of the cervix. (6 hours)**

Background and precancerous diseases of the cervix. Classification, diagnostics, treatment. Precancerous disease. Dysplasia, which arose on the unchanged cervix or in the background processes: weakly expressed; moderately expressed; expressed. Leukoplakia with the phenomena of cell atypia. Erythroplakia. Adenomatosis. CIN I corresponds to mild (mild, simple) epithelial dysplasia. CIN II-moderate (moderate). CINIII-severe epithelial dysplasia and intraepithelial carcinoma. Etiology, symptoms, diagnostics, treatment. Risk group.

**Theme 3. Cervical cancer. (6 hours)**

Cervical cancer, definition. Modern methods of diagnosis of cervical cancer. Etiopathogenesis, risk factors, classification, symptoms, diagnostics. Methods of treatment depending on the stage of disease and age of patients, Prognosis, prevention.

**Theme 4. Trophoblastic disease. (6 hours)**

Molar pregnancy. Definition. Classification. Etiopathogenesis, symptoms, diagnostics, treatment methods, prognosis. Solution of situational problems. Choriocarcinoma of the uterus. Etiopathogenesis, symptoms, diagnostics, treatment, prevention. Prognosis, the possibility of preserving reproductive function.

**Theme 5. Acute abdomen in gynecology. (6 hours)**

Acute abdomen in gynecology. Etiology, symptoms, diagnostics, treatment approaches. Gynecological and surgical diseases that give a picture of an acute abdomen. Differential diagnostics. Ectopic pregnancy. Etiopathogenesis, classification. Tubal pregnancy. Clinical picture of pipe rupture and tubal abortion. Diagnosis and treatment. Postoperative rehabilitation.

**Theme 6. Abnormal uterine bleeding. (6 hours)**

Abnormal uterine bleeding, definition. Classification. Symptoms, diagnostics. Tactics of treatment. Clinical pictures and methods of AUB treatment in women of different age periods (juvenile, reproductive period, climacteric). Possibilities of hormone therapy. Treatment of concomitant pathology. Anemia of a gynecological patient. Differential diagnostics of internal endometriosis, submucous uterine fibroids and abnormal uterine bleeding.

**Theme 7. Neuroendocrine syndromes in gynecology. (6 hours)**

Functional tests with hormones in the diagnostics of endocrine disorders in women. Hyperprolactinemic amenorrhea. Classification, symptoms, diagnostics, treatment. Polycystic ovary syndrome. Symptoms, diagnostics, therapy. Testicular feminization. Adrenogenital syndrome. Postpartum hypopituitarism.

**Theme 8. Sterile marriage. (6 hours)**

Sterile marriage. Classification. Diagnostics and prevention of female infertility. Causes of female and male infertility. Algorithm and methods of examination in infertile marriage. Methods of diagnostics of infertility in women, the role of endoscopic methods. Treatment of various forms of female infertility. Indications for surgical treatment. In vitro fertilization (IVF). Insemination with husband's sperm and a donor. Indications, methods.

**Theme 9. Endometrial hyperplastic processes. (3 hours)**

Hyperplastic processes of the endometrium. Classification, etiology, symptoms, diagnosis, management of patients. Hormonal treatment. Surgical treatment. Hysteroscopy is a modern endoscopic method widely used in gynecological practice. Diagnostic and surgical possibilities of hysteroscopy. Indications and contraindications.

**Theme 10. Final lesson. (3 hours)**

### **III. TRAINING AND METHODOLOGICAL SUPPORT INDEPENDENT SELF-WORK OF STUDENTS**

The main content of the topics, evaluation tools are presented in the WPAD: terms and concepts necessary for mastering the discipline.

During the mastering the course “Obstetrics and gynecology, the student will have to do a large amount of independent self-work, including preparation for seminars and writing an essay.

Practical classes help students to deeper learn the material, to acquire the skills of creative work on documents and primary sources.

Plans for practical classes, their topics, recommended literature, the purpose and objectives of its study are communicated by the teacher at the introductory classes or in the curriculum for the discipline.

Before starting to study the topic, it is necessary to familiarize yourself with the basic questions of the practical training plan and the list of recommended literature.

Starting the preparation for the practical lesson, first of all it is necessary to refer to the lecture notes, sections of textbooks and teaching aids in order to get a general idea of the place and significance of the topic in the course being studied. Then work with additional literature, make notes on the recommended sources.

In the process of studying the recommended material it is necessary to understand the construction of the topic being studied, highlight the main points, trace their logic and thereby get into the essence of the problem being studied.

It is necessary to keep records of the material being studied in the form of an outline, which, along with the visual, includes the motor memory and allows you to accumulate an individual fund of auxiliary materials for a quick repetition of what you read, to mobilize accumulated knowledge. The main forms of writing: a plan (simple and detailed), extracts, theses.



In the preparation process, it is important to compare the sources, think over the material being studied and build an algorithm of actions, carefully consider your oral presentation.

At a practical lesson, each participant should be ready to speak on all the questions posed in the plan, to be as active as possible in their consideration. The speech should be convincing and reasoned, and simple reading of an essay is not allowed. It is important to show own attitude to what is being said, express your personal opinion, understanding, substantiate it and draw the right conclusions from what has been said. Student can refer to notes of references and lectures, directly to primary sources, use the knowledge of monographs and publications, facts and observations of modern life, etc.

A student who did not have time to speak at a practical lesson can present a prepared summary to the teacher for verification and, if necessary, answer the teacher's questions on the practical lesson to get a credit score on this topic.

The teaching and methodological support of students' independent work in the discipline "Life safety" is presented in Appendix 1 and includes:

- characteristics of tasks for independent self-work of students and methodological recommendations for their implementation;
- requirements for the reports and presentation of the results of independent self-work;
- criteria for assessment of execution of the independent self-work.

## IV. MONITORING THE ACHIEVEMENT OF THE COURSE OBJECTIVES

Competence and its code	Stages of competence formation			
	Controlled sections / topics of disciplines	Codes and stages of the formation of competencies	Evaluation tools	
			Current control	Intermediate certification / exam
Section I. Basics of obstetrics  Section II. Obstetric and perinatal pathology  Section III. Basics of gynecology.  Section IV. Gynecological pathology	- the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases (PC – 5)	Knows	OA-1 Interview	Exam questions 8 semester 10 semester
		Able to	PW-1 Test	PW-1 Test
		Masters	OA-3 Report	OA-2 Colloquium
	- the ability of determining the patient's basic pathological conditions , symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health , the 10th review. (PC – 6)	Knows	OA-1 Interview	Exam questions 8 semester 10 semester
		Able to	PW-1 Test	PW-1 Test
		Masters	OA-3 Report	OA-2 Colloquium
	the ability to determining the tactics of patient surveillance with different nosological entities. (PC – 8)	Knows	OA-1 Interview	Exam questions 8 semester 10 semester
		Able to	PW-1 Test	PW-1 Test
		Masters	OA-3 Report	OA-2 Colloquium
	the willingness to realize a prenatal care as well as child delivery (PC – 12)	Knows	OA-1 Interview	Exam questions 8 semester 10 semester
		Able to	PW-1 Test	PW-1 Test
		Masters	OA-3 Report	OA-2 Colloquium

*Approximate types of assessment tools: interview on situational tasks, written or computer testing, standard calculations, individual tasks, abstract, essay, etc.*

Control and methodological materials as well as criteria and indicators necessary for the assessment of knowledge and skills and characterizing the stages of the formation of competencies in the process of mastering the educational program are presented in Appendix 2.

## **V. A LIST OF TEXTBOOKS AND METHODOLOGICAL SUPPORT OF THE DISCIPLINE**

### **Main literature**

1. Precision Medicine in Gynecology and Obstetrics / Springer Science+Business Media Singapore 2017  
<https://link.springer.com/book/10.1007/978-981-10-2489-4#editorsandaffiliations>
2. Handbook of Gynecology / Springer International Publishing AG 2017  
<https://link.springer.com/referencework/10.1007/978-3-319-17798-4#editorsandaffiliations>
3. Reproductive Medicine for Clinical Practice / IAHR (International Academy of Human Reproduction) 2016  
<https://link.springer.com/book/10.1007/978-3-319-78009-2#editorsandaffiliations>

### **Additional literature**

1. Frontiers in Gynecological Endocrinology / International Society of Gynecological Endocrinology 2016  
<https://link.springer.com/book/10.1007/978-3-319-23865-4#editorsandaffiliations>
2. Medicolegal Issues in Obstetrics and Gynaecology / Springer International Publishing AG, part of Springer Nature 2016  
<https://link.springer.com/book/10.1007/978-3-319-78683-4#editorsandaffiliations>

## LIST OF INFORMATION TECHNOLOGIES AND SOFTWARE

The location of the computer equipment on which the software is installed, the number of jobs	List of licensed software
Multimedia auditorium Vladivostok Russian island, Ayaks 10, building 25.1, RM. M723 Area of 80.3 m2 (Room for independent work)	Windows Seven enterprice SP3x64 Operating System Microsoft Office Professional Plus 2010 office suite that includes software for working with various types of documents (texts, spreadsheets, databases, etc.); 7Zip 9.20 - free file archiver with a high degree of data compression; ABBYY FineReader 11 - a program for optical character recognition; Adobe Acrobat XI Pro 11.0.00 - software package for creating and viewing electronic publications in PDF; WinDjView 2.0.2 - a program for recognizing and viewing files with the same format DJV and DjVu.

In order to provide special conditions for the education of persons with disabilities all buildings are equipped with ramps, elevators, lifts, specialized places equipped with toilet rooms, information and navigation support signs.

### On-line resources

1. Training tests in obstetrics for 4th year students of the medical faculty  
 [Electronic resource] / - Electron. text data. Mode of access:  
<http://www.iprbookshop.ru/6171.html>.— ABS "IPRbooks" /  
<http://www.iprbookshop.ru/6171>
2. Obstetrics [Electronic resource] / Tskhai V. F. - M. : GEOTAR-Media, 2012. - <http://www.studmedlib.ru/book/ISBN9785970421079.html>
3. MED-EDU.ru -Medical portal / <http://www.medvideo.org/surgery/>
4. <http://www.studmedlib.ru/book/ISBN9785970421161.html>
5. EBS "University library online". <http://www.biblioclub.ru/>
6. ELS "Consultant of a student". <http://www.studmedlib.ru/>
7. ConsultantPlus.<http://www.consultant.EN/>

## **VI. GUIDELINES FOR LEARNING OF THE DISCIPLINE**

In the process of studying the discipline "Obstetrics and gynecology" various methods and tools for learning the educational content are offered: lecture, practical exercises, tests, testing, independent work of students.

The lecture is the main active form of performing the classroom studies, explaining the fundamental and most difficult theoretical sections of human anatomy, which involves intense mental activity of student and this is especially difficult for first-year students. A lecture should always be informative, educational, and organizing. Lecture notes help to learn the theoretical material of the discipline. Listening to a lecture it is necessary to take note of the most important and preferably by student's own formulations, which allows to memorize the material better. Synopsis is useful when it is written by a student. Student can develop his/her own word reduction scheme. The name of the paragraphs can be highlighted with colored markers or pens. In a lecture the teacher gives only a small fraction of the material on one or other topics that are given in textbooks. Therefore, when working with the lecture notes, it is always necessary to use the main textbook and additional literature that are recommended in this discipline. It is such serious work of a student with lecture material that allows him to achieve success in mastering new knowledge. For the presentation of the lecture course on the discipline " Obstetrics and gynecology", the following forms of active learning are used: lecture-conversation, lecture-visualization, which are made on the basis of knowledge obtained by students in interdisciplinary disciplines: "Human Anatomy", "Normal Physiology" "Pathological anatomy", "Pathological physiology". Presentations, tables, charts on a blackboard are used to illustrate the verbal information. In the course of the presentation of the lecture material posed questions or questions with elements of discussion.

### **Lecture – visualization**

Lecture is accompanied by tables, slideshows, which contributes to a better perception of the material. Lecture - visualization requires certain skills - verbal

presentation of the material must be accompanied and combined with visual form. The information presented in the form of diagrams on the board, tables, slides, allows you to form problematic issues, and contributes to the development of professional thinking of future specialists.

### **Lecture - conversation.**

Lecture-conversation, or it is also called in pedagogy a form of education “dialogue with the audience,” is the most common form of active learning and allows you to involve students in the learning process, as there is direct contact with the teacher audience. Such contact is achieved in the course of the lecture, when students are asked questions of a problem or informational matter, or when invite students to ask the questions themselves. Questions are offered to the entire audience, and any of the students can offer their own answer, another can complement it. At the same time, from lecture to lecture it is possible to identify more active students and try to activate students who are not participating in the work. This form of lecture allows teacher to engage students in work, increase their attention, thinking, gain collective experience, learn how to formulate questions. The advantage of the lecture-conversation is that it allows to attract the attention of students to the most important issues of the topic, to determine the content and pace of presentation of educational material.

### **Lecture - press conference**

At the beginning of the lesson, the teacher announces the topic of the lecture and invites students to ask him in writing questions on this topic. Each student must formulate the most interesting questions on the topic of the lecture within 2-3 minutes, write them on a piece of paper and pass the note to the teacher. The teacher within 3-5 minutes sorts the questions according to their semantic content and begins to give a lecture. The presentation of the material is presented in the form of a coherent disclosure of the topic, and not as an answer to each question asked, but during the lecture the corresponding answers are formulated. At the end of the lecture, the

teacher conducts a final assessment of the questions, revealing the knowledge and interests of the students.

### **Practical classes in the discipline "Obstetrics and gynecology"**

Practical classes is a collective form of consideration of educational material. Seminars, which are also one of the main types of practical classes designed for in-depth study of the discipline, held interactively. At the workshop on the topic of the seminar, questions are sorted out and then, together with the teacher, they hold a discussion, which is aimed at consolidating the material under discussion, developing skills to debate, develop independence and critical thinking, the students' ability to navigate through large information flows, develop and defend their own position on problematic issues academic disciplines. As active learning methods are used in practical classes: a press conference, a detailed conversation, a dispute. A detailed conversation involves preparing students for each issue of the lesson plan with a uniform list of recommended and additional literature recommended for all. Reports are prepared by students on pre-proposed topics.

Dispute in the group has several advantages. The dispute may be called by the teacher during the course of the lesson or planned by him in advance. In the course of the controversy, students form resourcefulness, quick thinking reaction.

Press conference. The teacher instructs 3-4 students to prepare short reports. Then one of the participants from this group makes a report. After the report, students ask questions that are answered by the speaker and other members of the expert group. Based on the questions and answers, a creative discussion takes place along with the teacher.

## **VII. MATERIAL AND TECHNICAL MAINTENANCE OF DISCIPLINE**

Obstetrics and gynecology	Multimedia audience: Monoblock Lenovo C360G-i34164G500UDK; projection Screen Projecta Elpro Electrol, 300x173 cm; Multimedia projector, Mitsubishi FD630U, 4000 ANSI	690922, Primorsky Krai, Vladivostok, island Russian, the Saperny Peninsula, Ajax 10, RM.
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	<p>Lumen 1920 x 1080; Flush interface with automatic retracting cables TLS TAM 201 Stan; Avervision CP355AF; lavalier Microphone system UHF band Sennheiser EW 122 G3 composed of a wireless microphone and receiver; Codec of videoconferencing LifeSizeExpress 220 - Codeconly - Non-AES; Network camera Multipix MP-HD718; Two LCD panel, 47", Full HD, LG M4716CCBA; Subsystem of audiocommentary and sound reinforcement; centralized uninterrupted power supply</p> <p>Accreditation-the simulation center:  Training model of the female pelvis to demonstrate and practice the skills of childbirth, complete with accessories  Training model of female pelvis for demonstration and development of obstetric skills</p> <p>Primorsky regional perinatal center</p>	<p>M 421</p> <p>690922, Primorsky Krai, Vladivostok, island Russian, the Saperny Peninsula, Ajax 10, RM. M 508</p> <p>690011, Primorsky Krai, Vladivostok ul. Mozhayskaya, 1B</p>
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MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION  
Federal state autonomous educational institution  
of higher education  
« Far Eastern Federal University »  
(FEFU)

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**SCHOOL OF BIOMEDICINE**

**TRAINING AND METHODOLOGICAL SUPPORT OF INDEPENDENT  
WORK OF STUDENTS  
«Obstetrics and gynecology»**

**Direction of training (specialty) 31.05.01 General medicine  
Form of training: full-time**

Vladivostok  
2016

Independent self-work includes:

- 1) library or homework with educational literature and lecture notes,
- 2) preparation for practical classes,
- 3) preparation for testing and control interview (credit)

The procedure for the performance of independent self-work by students is determined by the schedule for the performance of independent self-work on the discipline.

### Schedule of independent work on the discipline

No.	Date / Deadline	Type of independent work	Estimated norms of time for execution (hour)	Form of control
7 semester				
1	1 week	Essay	12	OA-3 Report
2	2 week	Presentation with an essay topic	12	POA-3 Report
3	2 week	Preparation to pass-fail exam	12	OA-1 – Interview PW-1 - Test
8 semester				
1	1 week	Essay	27	OA-3 Report
2	2 week	Presentation with an essay topic	18	POA-3 Report
3	2 week	Preparation to exam	27	OA-1 – Interview PW-1 - Test
9 semester				
1	1 week	Essay	12	OA-3 Report
2	2 week	Presentation with an essay topic	12	POA-3 Report
3	2 week	Preparation to pass-fail exam	12	OA-1 – Interview PW-1 - Test
A semester				
1	1 week	Essay	3	OA-3 Report
2	2 week	Presentation with an essay topic	6	POA-3 Report
3	2 week	Preparation to exam	27	OA-1 – Interview PW-1 - Test

## **Topics of reports and abstracts**

There are 36 hours of independent work in the discipline. Within the framework of it 2 hours oral presentation on the proposed topics.

### **Section 1. Basics of obstetrics**

1. Structure and organization of obstetric care in Russia.
2. Fertilization, the main stages of embryogenesis. Critical periods of embryo and fetus development.
3. Structure and functions of placenta.
4. Physiological changes in the cardiovascular system during pregnancy.
5. Physiological changes in the endocrine system during pregnancy.
6. Diagnostics of early and late pregnancy.
7. Medical examination of pregnant women.
8. Harbingers of parturition. The preliminary period.
9. Modern aspects of the course and management of the first period of parturition
10. Clinical course and management of the II period of parturition.
11. Protocol of physiological delivery.
12. Symptoms and management of the third period of parturition. Two tactics of conducting
13. Modern perinatal technologies.
14. Pharmacological and non-pharmacological methods of parturition pain relief.
15. Psychoprophylactic preparation for parturition.
16. Basic principles of breastfeeding
17. Diagnostics of the newborn. Modern tactics of management of the newborn period, compliance with the heat chain.
18. Modern practice of the postpartum period.
19. Postpartum contraception.
20. Pelvic presentation of the fetus. The course and management of parturition.
21. Malposition of the fetus. Etiology. Diagnostics. Management of pregnancy and childbirth.

22. Extensor presentation of the fetus. Diagnostics. Biomechanism of childbirth. Midwifery tactics.
23. Hypertensive disorders in pregnant women.
24. Assessment of the severity of preeclampsia. Principles of treatment of preeclampsia.
25. Preeclampsia, early delivery. Rehabilitation of patients after preeclampsia, eclampsia.
26. Eclampsia. Emergency. Intensive care.
27. Rare forms of gestosis: HELLP syndrome, acute fat hepatosis. Symptoms. Diagnostics. Treatment. Prevention.
28. Causes of obstetric bleeding. Management of pregnant women at risk.
29. Tight attachment and true increment of the placenta. Etiology. Classification. Symptoms. Diagnostics. Treatment.
30. Hypotonic and atonic uterine bleeding. Etiology. Symptoms. Diagnostics. Treatment. Prevention.
31. Balloon tamponade of the uterus-prevention and method of combating bleeding.
32. Hemorrhagic shock in obstetrics. Etiology. Pathogenesis. Symptoms. Diagnostics.
33. DIC-syndrome in obstetrics. Etiology. Symptoms. Diagnostics. Treatment. Prevention.
34. Features of the course and management of pregnancy and parturition in women with heart defects. Contraindications to pregnancy.
35. Features of the course of pregnancy and childbirth in patients with diabetes. Contraindications to pregnancy.
36. Appendicitis and pregnancy. Features of diagnosis during pregnancy. Midwifery tactics.
37. Kidney disease and pregnancy. The course and management of pregnancy and childbirth. Contraindications to pregnancy.
38. Maternal mortality. Reasons. Ways for reduction.

## **Section 2. Obstetric and perinatal pathology**

1. Anatomically narrow pelvis. The classification of the cans narrow shape and the degree of narrowing. Diagnostics.
2. Transversal pelvis. Diagnostics. Peculiarities of biomechanism of parturition. The course and management of pregnancy and parturition.
3. All-evenly narrowed pelvis. Diagnostics. Peculiarities of biomechanism of parturition. The course and management of pregnancy and parturition.
4. Flat pelvis. Diagnostics. Peculiarities of biomechanism of parturition. The course and management of pregnancy and parturition.
5. Clinically narrow pelvis. Reasons. Diagnostics. Labor management. Complications for mother and fetus.
6. Multiple pregnancy. Etiology. Diagnostics. The course and management of pregnancy and childbirth.
7. Post-term pregnancy. Etiology. Diagnostics. Features of parturition.
8. Non-carrying of pregnancy. Etiology. Classification.
9. Features of therapy of miscarriage in certain conditions (endocrine miscarriage, infectious causes, thrombophilia, isthmic-cervical insufficiency).
10. Spontaneous abortion. Etiopathogenesis. Stages of the course, symptoms, diagnostics, treatment.
11. Threatening preterm birth. Etiology. Symptoms. Diagnostics. Treatment. Prevention of complications for mother and fetus.
12. Premature birth, management tactics, nursing premature babies.
13. Signs of fetal immaturity. Nursing premature babies.
14. Amniotic fluid embolism. Etiology. Pathogenesis. Sympoms. Diagnostics. Treatment. Prevention.
15. Postpartum purulent-septic diseases. Etiology. Pathogenesis.
16. Postpartum endometritis. Symptoms. Diagnostics. Treatment.
17. Postpartum thrombophlebitis. Symptoms. Diagnostics. Treatment. Prevention.

18. Peritonitis after cesarean section. Symptoms. Diagnostics. Treatment. Prevention.
19. Sepsis, infectious-toxic shock in obstetrics. Etiology. Pathogenesis. Symptoms. Diagnostics. Treatment. Prevention.
20. Postpartum mastitis. Etiology. Symptoms. Diagnostics. Treatment. Prevention.
21. Intrauterine infection of the fetus. Etiology. Pathogenesis. Symptoms. Diagnostics. Treatment. Management of pregnancy and childbirth. Prevention.
22. Chlamydial infection of the genitals and pregnancy: the course of pregnancy, the impact on the fetus and newborn, diagnosis, treatment.
23. HIV infection and pregnancy. Symptoms. Diagnostics. Influence on the fetus and newborn. Principle of treatment.
24. Preoperative preparation for planned and emergency cesarean section. Anesthetic manual.
25. The main stages of cesarean section in the lower segment of the uterus.
26. Complications during cesarean section and in the postoperative period. Postoperative management.
27. Forceps. Indications, conditions, contraindications. The technique of operation. Complications for mother and fetus.
28. Vacuum extraction of the fetus.
29. The operation of caesarean section, types, approaches, technology.
30. Indications for cesarean section.
31. Self-delivery in women with uterine scar.
32. Trophoblastic disease. Chorionepithelioma.
33. Hemolytic disease of the fetus and newborn. Pathogenesis. Symptoms. Classification. Diagnostics. Treatment. Prevention.
34. Perinatal morbidity and mortality. Reasons. Ways for reduction.

### **Section 3. Basics of gynecology**

1. Modern concepts of neuro-endocrine regulation of the menstrual cycle.

2. Menstrual irregularity. Etiology. Classification.
3. Abnormal uterine bleeding, symptoms, diagnosis, treatment.
4. Modern principles of hormone therapy of AUB in different age groups.
5. Differential diagnosis of various forms of amenorrhea.
6. Amenorrhea of central origin. Symptoms, diagnostics, treatment.
7. Primary amenorrhea.
8. Uterine form of amenorrhea.
9. Hyperprolactinemias.
10. Polycystic ovary syndrome.
11. Biological properties of sex hormones. Methods of research of endocrine function of ovaries.
12. Functional tests with hormones in the diagnosis of endocrine disorders in women.
13. Gonadal dysgenesis and testicular feminization.
14. Malformations of the internal genital organs and giatreia.
15. Wrong position of the uterus.
16. Principles of surgical treatment of uterine prolapse and prolapse.
17. Possibilities of surgical treatment in complicated forms of inflammatory diseases of the female genital organs.
18. Sexually transmitted infections with a predominant lesion of the genitals.
19. Abortion for medical and social reasons. Methods of termination of pregnancy.
20. Spontaneous abortion. Classification, symptoms, diagnostics, treatment.
21. Infected abortion. The fight against abortion.
22. Hormonal methods of contraception.
23. Intrauterine and vaginal contraception.
24. Hysteromyoma.
25. Conservative treatment of patients with uterine myoma at the present stage.
26. Surgical treatment of uterine fibroids, types and volume of surgery. Advantages and disadvantages.
27. Submucous uterine fibroids.

28. Sarcoma of the uterus.
29. Endometriosis. Modern principles of diagnostics and treatment.
30. Modern methods of treatment of genital endometriosis.

#### **Section 4. Gynecological pathology**

1. Dishormonal diseases of the mammary glands.
2. Background and precancerous diseases of the cervix. Diagnostic method. Dispensary observation of patients.
3. Cervical cancer.
4. Trophoblastic disease. Molar pregnancy.
5. Chorionepithelioma. Symptoms, diagnostics, treatment.
6. Acute abdomen in gynecology. Reasons. Symptoms. Diagnostics.
7. Ectopic pregnancy. Etiology. Localization. Symptoms.
8. Abnormal uterine bleeding.
9. Endometrial hyperplastic processes.
10. Neuroendocrine syndromes in gynecology.
11. Modern principles of treatment of benign and malignant ovarian tumors.
12. Complications of ovarian tumors, diagnosis, treatment approaches.
13. Retention cysts of the ovaries.
14. Ovarian cancer. Classification, methods of diagnosis and treatment. Prevention, forecast.
15. Ovarian cysts (cystadenomas).
16. Ovarian mature teratoma. Symptoms, diagnostics and treatment.
17. Fibroma of the ovary. Symptoms, diagnostics and treatment.
18. Hormone-producing ovarian tumors. Symptoms, diagnostics and treatment.
19. Sterile marriage. Causes of female and male infertility.
20. The algorithm of examination in infertile marriage.



21. The role of endoscopic methods in the diagnostics of infertility in women
22. Treatment of various forms of female infertility. Indications for surgical treatment.
23. In vitro fertilization (IVF).

## **Guidelines for writing and design of an essay**

Essay is a creative activity of the student reproducing in its structure the research activities to solve theoretical and applied problems in a particular branch of scientific knowledge. That is why the course certification work is an essential component of the educational process in higher education.

The essay is a model of scientific research, independent self-work in which a student solves a problem of a theoretical or practical nature, applying the scientific principles and methods of a given branch of scientific knowledge. The result of this scientific search may have not only subjective, but also objective scientific novelty, and therefore can be presented for discussion by the scientific community in the form of a scientific report or presentation at scientific-practical conferences, as well as in a form of research article.

Essay involves the acquisition of skills for building business cooperation, based on ethical standards of scientific activity. Purposefulness, initiative, disinterested cognitive interest, responsibility for the results of their actions, conscientiousness, competence - personality traits that characterize the subject of research activities corresponding to the ideals and norms of modern science.

The essay is an independent educational and research activity of the student. The teacher assists in a consultative manner and assesses the process and the results of the activity. Teacher provides an approximate topic of the essay work, specifies the problem and topic of research with a student or intern, helps to plan and organize research activities, assigns time and a minimum number of consultations.

The teacher receives the text of the essay for verification at least ten days before the defense.

Generally there is a certain structure of the essay, the main elements of which in order of their location are the following:

1. Title page.
2. Goal.
3. Table of Contents
4. List of abbreviations, symbols and terms (if necessary).

5. Introduction.
6. Main part.
7. Conclusion.
8. Reference list.
9. Appendixes.

The title page contains educational institution, graduating department, author, teacher or supervisor, research topic, place and year of the essay.

The title of the essay should be as short as possible and fully consistent with its content.

The table of contents (content) reflects the names of the structural parts of the essay and the pages on which they are located. The table of contents should be placed at the beginning of work on one page.

The presence of a detailed introduction - a mandatory requirement for the abstract. Despite the small volume of this structural part, its preparation causes considerable difficulties. However, this is a qualitatively executed introduction that is the key to understanding the entire work, which testifies to the professionalism of the author.

Thus, the introduction is a very crucial part of the essay. The introduction should start with a justification of the relevance of the chosen topic. As applied to the essay, the concept of "relevance" has one feature. From how the author of the essay can choose a topic and how correctly he understands and evaluates this topic from the point of view of modernity and social significance, characterizes his scientific maturity and professional preparedness.

In addition, in the introduction it is necessary to isolate the methodological basis of the essay, name the authors, whose works constituted the theoretical basis of the study. A review of the literature on the topic should show the author's thorough acquaintance with special literature, his ability to systematize sources, critically examine them, highlight the essential and determine the most important in the up-to-date state of knowledge of the topic.

The introduction reflects the importance and relevance of the chosen topic, defines the object and subject, purpose and objectives, and the chronological framework of the study.

The introduction ends with a statement of the general conclusions about the scientific and practical significance of the topic, the degree of its knowledge and sources, and the hypothesis being put forward.

The main part describes the essence of the problem, reveals the topic, determines the author's position, factual material is given as an argument and for display of further provisions. The author must demonstrate the ability to consistently present the material while analyzing it simultaneously. Preference is given to the main facts, rather than small details.

The essay ends with the final part called "conclusion". Like any conclusion, this part of the essay serves as a conclusion due to the logic of the study which is a form of synthesis accumulated in the main part of scientific information. This synthesis is a consistent, coherent presentation of the results obtained and their relation to a common goal and specific tasks set and formulated in the introduction. At this place there is a so-called "output" knowledge, which is new in relation to the original knowledge. The conclusion may include suggestions of practical matter, thereby increasing the value of theoretical materials.

So, the conclusion of the essay should contain:

- a) presents the conclusions of the study;
- b) theoretical and practical significance, novelty of the essay;
- c) indicated the possibility of applying the results of the study.

After conclusion it is acceptable to place the reference list of the literature used throughout. This list is one of the essential parts of the essay and reflects the independent creative work of the author of the essay.

The list of sources used is placed at the end of the work. It is made either in alphabetical order (by the name of the author or the name of the book), or in the order in which the references appear in the text of the prepared work. In all cases, the full title of the work, the names of the authors or the editor of publication are indicated if

the writing team involved a group of authors, data on the number of volumes, the name of the city and publisher in which the work was published, year of publication, number of pages.

### **Methodical recommendations for the presentation preparation**

For preparation of presentation it is recommended to use: PowerPoint, MS Word, Acrobat Reader, LaTeX-bev package. The simplest program for creation of presentations is Microsoft PowerPoint. To prepare a presentation, it is necessary to process the information collected while writing the essay.

The sequence of preparation of the presentation:

1. Clearly state the purpose of the presentation.
2. Determine what the presentation format will be: live presentation (then how long it will be) or e-mail (what will be the context of the presentation).
3. Select the entire content of the presentation and build a logical chain of presentation.
4. Identify key points in the content of the text and highlight them.
5. Determine the types of visualization (pictures) to display them on slides in accordance with the logic, purpose and specificity of the material.
6. Choose the design and format the slides (the number of pictures and text, their location, color and size).
7. Check the visual perception of the presentation.

The types of visualization include illustrations, images, charts, tables. The illustration is a representation of a real-life visual. The images - as opposed to illustrations - are metaphor. Their purpose is to cause an emotion and create an attitude towards it, to influence the audience. With the help of well-designed and presented images, information can remain permanently in a person's memory. Chart is visualization of quantitative and qualitative relationships. They are used for convincing data demonstration, for spatial thinking in addition to the logical one. Table is a specific, visual and accurate data display. Its main purpose is to structure information, which sometimes facilitates the perception of data by the audience.

### *Practical hints on preparing a presentation*

- printed text + slides + handouts are prepared separately;
- slides -visual presentation of information that should contain a minimum of text and maximum of images that bring a meaning, to look visually and simply;
- textual content of the presentation - oral speech or reading, which should include arguments, facts, evidence and emotions;
- recommended number of slides 17-22;
- mandatory information for the presentation: the subject, surname and initials of the speaker; message plan; brief conclusions from all that has been said; list of sources used;
- handouts should be provided with the same depth and coverage as the live performance: people trust more what they can carry with them than disappear images, words and slides are forgotten, and handouts remain a constant tangible reminder; handouts are important to distribute at the end of the presentation; Handouts should be different from slides, should be more informative.

### **Methodical instructions on preparation for practical classes**

Control of the results of the independent self-work is performed in the course of practical training, oral interviews, interviews, solving case study tasks, control work, including testing.

1. For practical training student must prepare: repeat the lecture material, read the desired section on the topic in the textbook.
2. The lesson begins with a quick frontal oral questioning on a given topic.
3. In classroom students work with lecture notes, slides.
4. For classes it is necessary to have a notebook for writing theoretical material, a textbook.
6. At the end of the lesson the homework is given on a new topic and is invited to make tests on the material just studied in the classroom (summary).

7. Performances and activity of students are evaluated by the current assessment.

### **Guidelines for the preparation of the report**

1. Students have independent choice of the topic of the report.
2. Selection of literary sources on the selected topic from the recommended main and additional literature is offered in the working program of the discipline, as well as work with the resources of the information and telecommunication network "Internet" specified in the working program.
3. Working with the text of scientific books textbooks must not be reduced to the reading of material, it is also necessary to analyze the selected literature, compare the presentation of the material on the topic in different literary sources, choose materials, so that the disclose the topic of the report.
4. The analyzed material is to be summarized, the most important thing is that it should not be just a conscientious rewriting of the source texts from selected literary sources without any comments and analysis.
5. On the base of analysis and synthesis of literature data, student makes a plan of the report, on the base of which the text of the report is prepared.
6. The report should be structured logically, the material is presented integrally, coherently and consistently, conclusions must be made. It is desirable that the student could express his/her opinion on the formulated problem.
7. The report takes 7-10 minutes. The report is told, not read on paper.

### **Guidelines for working with literature**

1. We need to make an initial list of sources. The basis can be a list of literature recommended in the working program of the course. For convenience, you can create your own card file of selected sources (author's name, title, characteristics of the publication) in the form of a working file in the computer. This electronic file has the advantage, because it allows you to add sources, replace the need for one to the other, to remove those that were not relevant to the subject. The initial list of

literature can be supplemented using the electronic catalogue of the FEFU library, and do not hesitate to ask for help from the library staff.

2. Working with literature on a particular topic, it is necessary not only to read, but also to learn the method of its study: to make a brief summary, algorithm, scheme of the read material, which allows you to understand it faster, remember. It is not recommended to rewrite the text verbatim.

### **Criteria for evaluation of the oral report**

Oral report on the discipline "Otorhinolaryngology" are evaluated by the grade system: 5, 4, 3.

"grade 5" is given to a student if he expressed the opinion on the formulated problem, reasoned it, having its contents and components precisely defined, able to analyze, generalize material and draw correct conclusions using the main and additional literature, freely answers questions that testifies that he knows and owns material.

"grade 4" is designated to a student, if he/she presents material on the chosen topic coherently and consistently, gives arguments to prove a particular position in the report, demonstrates the ability to analyze the main and additional literature, but admits some inaccuracies in the wording of concepts.

"grade 3" is given to the student if he/she had performed independent analysis of the main and additional literature, however those or other provisions of the report are not always enough reasoned, mistakes are allowed at the presentation of material and not always fully answers additional questions on the subject of the report.

### **Evaluation criteria for essays.**

The stated understanding of the essay as a holistic copyright text defines the criteria for its evaluation: the novelty of the text; the validity of the source choice;



the degree of disclosure of the issue essence; compliance with the requirements for registration.

Essay novelty: a) the relevance of the research topic; b) novelty and independence in the problem formulation, formulation of a new aspect of the well-known problem in the establishment of new connections (interdisciplinary, intra-subject, integration); c) ability to work with research and critical literature, systematize and structure research material; d) the appearance of the author's position, independence of assessments and judgments; d) stylistic unity of the text, the unity of genre features.

The degree of disclosure of the question essence: a) the plan compliance with an essay; b) compliance with the content of topic and plan of an essay; c) completeness and depth of knowledge on the topic; d) the validity of the methods and techniques of work with the material; e) ability to generalize, draw conclusions, compare different points of view on one issue (problem).

The validity of the source choice: a) evaluation of the used literature: whether the most famous works on the research topic are involved (including recent journal publications, recent statistics, reports, references, etc.)

Compliance with the requirements for registration: a) How true are the references to the used literature, quotes; b) assessment of literacy and presentation culture (including spelling, punctuation, stylistic culture), knowledge of terminology; c) compliance with the requirements for the volume of essay.

The reviewer should clearly state the remarks and questions, preferably with references to the work (possible on specific pages of the work), to research and evidence that the author did not take into account.

The reviewer may also indicate: whether student has addressed the topic earlier (essays, written works, creative works, olympic works, etc.) and whether there are any preliminary results; how the graduate has conducted the work (plan, intermediate stages, consultation, revision and processing of the written or lack of a clear plan, rejection of the head recommendations).

The student submits an essay for review no later than a week before the defense. The reviewer is the teacher. Experience shows that it is advisable to acquaint the student with the review a few days before the defense. Opponents are appointed by the teacher from the students. For an oral presentation a student needs about 10–20 minutes (approximately as long as he answers with tasks for the exam).

Grade 5 is given if all the requirements for writing and defending an essay are fulfilled: the problem is indicated and its relevance is justified, a brief analysis of different points of view on the problem under consideration is made and one's own position is logically presented, conclusions are formulated, the topic is fully disclosed, the volume is met, external requirements are met design, given the correct answers to additional questions.

Grade 4 is given if the basic requirements for the essay and its defense are met, but there are some shortcomings. In particular, there are inaccuracies in the presentation of the material; or there is no logical sequence in the judgments; not sufficient volume of the essay; there are omissions in the design; additional questions for the defense are accompanied with incomplete answers.

Grade 3 is given if there are significant deviations from the requirements for referencing. In particular: the topic is covered only partially; factual errors in the content of an essay or when answering additional questions; there is no output c.

Grade 2 - the topic of an essay is not disclosed, a significant misunderstanding of the problem is found.

Grade 1 - student's essay is not presented.



MINISTRY OF EDUCATION AND SCIENCE OF THE RUSSIAN FEDERATION  
Federal state autonomous educational institution  
of higher education  
**« Far Eastern Federal University »**  
(FEFU)

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**SCHOOL OF BIOMEDICINE**

**ASSESSMENT FUND**  
**on discipline «Obstetrics and gynecology»**  
**Direction of training (specialty) 31.05.01 General medicine**  
**Form of training: full-time**

Vladivostok  
2016

## Passport of assessment fund

Completed in accordance with the Regulations on the Funds of Evaluation Assets of Educational Programs of Higher Education - Bachelor's Programs, Specialties, FEFU Magistrates, approved by order of the Rector No. 12-13-850 of May 12, 2015.

<b>Competence and its code</b>	<b>Stages of competence formation</b>	
the readiness for medical use of drugs and other medical substances and their combinations in solving professional problems (GPC – 8)	Knows	main medicines prescribed for obstetric complications and gynecological diseases
	Able to	prescribe drugs for pregnant women, women in labor and gynecological patients
	Masters	Methods of proper use of drugs and their combinations in obstetric complications and gynecological diseases
the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases (PC – 5)	Knows	the method of collection and analysis of patient's complaints, data of anamnesis, physical examination, laboratory, instrumental, pathological and other investigations in order to determine the state or of ascertaining the presence or absence of obstetric complications and gynecological diseases
	Able to	to collect and analyze patient's complaints, data of anamnesis, physical examination, laboratory, instrumental, pathological and other investigations in order to determine the state or of ascertaining the presence or absence of obstetric complications and gynecological diseases
	Masters	methods of collection and analysis of the patient's complaints, his / her medical history, examination results, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of obstetric complications or gynecological disease
the ability of determining the patient's basic pathological conditions , symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health , the 10th review. (PC – 6)	Knows	methods of determining the main pathological conditions, symptoms, syndromes of obstetric and gynecological diseases, nosological forms in patients in accordance with The international statistical classification of diseases and health-related problems, X revision
	Able to	to determine in patients the main pathological conditions, symptoms, syndromes of obstetric and gynecological diseases, nosological forms in accordance with the International statistical classification of diseases and health-related problems, X revision
	Masters	methods of detection in patients of the main pathological conditions, symptoms, syndromes of obstetric and gynecological diseases, nosological forms in accordance with The international statistical classification of diseases and health-related problems, X revision
the ability to determining the tactics of patient surveillance with different nosological entities. (PC – 8)	Knows	management methods of patients with obstetric and gynecological diseases
	Able to	to determine the management tactics of patients with obstetric and gynecological diseases
	Masters	methods of appointment of management tactics for patients with obstetric and gynecological diseases
the willingness to realize a prenatal care as well as child delivery (PC – 12)	Knows	methods of physiological pregnancy and normal parturition
	Able to	to carry out physiological pregnancy and parturition
	Masters	tactics of physiological pregnancy and parturition

Код и формулировка компетенции		Этапы формирования компетенции		
Controlled sections / subjects	Codes and stages of competence formation	Evaluation tools		
		Current control	Interim certification / examination	
Section I. Basics of obstetrics  Section II. Obstetric and perinatal pathology	- the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases (PC – 5)	Knows	OA-1 Interview	Exam questions 8 semester
		Able to	PW-1 Test	PW-1 Test
		Masters	OA-3 Report	OA-2 Colloquium
	- the ability of determining the patient's basic pathological conditions , symptoms, syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health , the 10th review. (PC – 6)	Knows	OA-1 Interview	Exam questions 8 semester
		Able to	PW-1 Test	PW-1 Test
		Masters	OA-3 Report	OA-2 Colloquium
	the ability to determining the tactics of patient surveillance with different nosological entities. (PC – 8)	Knows	OA-1 Interview	Exam questions 8 semester
		Able to	PW-1 Test	PW-1 Test
		Masters	OA-3 Report	OA-2 Colloquium
	the willingness to realize a prenatal care as well as child delivery (PC – 12)	Knows	OA-1 Interview	Exam questions 8 semester
		Able to	PW-1 Test	PW-1 Test
		Masters	OA-3 Report	OA-2 Colloquium

### Scale of assessment of the level of competence formation

Code and formulation of competence	Stages of competence formation	criteria	indicators	points
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- the readiness to collect and to analyze patient complaints, data of its history, the results of laboratory, instrumental, postmortem and other examinations to recognize the incidence or the absence of diseases (PC – 5)	Knows (threshold level)	the method of collection and analysis of patient's complaints, data of anamnesis, physical examination, laboratory, instrumental, pathological and other investigations in order to determine the state or of ascertaining the presence or absence of obstetric complications	Confidently collects complaints, data of anamnesis, data of laboratory-versed in instrumental, pathological and other investigations in order to determine the state or of ascertaining the presence or complications of pregnancy and childbirth	The ability to consistently present complaints, anamnesis data, to link these studies with obstetric pathology	65-71
	Able to (advanced)	to collect and analyze patient complaints, anamnesis data, results of examination, laboratory, instrumental, pathoanatomic and other researches for the purpose of recognition of a condition or establishment of the fact of existence or absence of obstetric complication	able to collect anamnesis, identify complaints, highlighting the main and additional, confidently and methodically correctly conducts a survey of organs and systems, use the results of examination, laboratory, instrumental, pathoanatomical and other studies for preliminary diagnosis	The ability of the structure to present the main and additional complaints, data of anamnesis, to use the results of the inspection, laboratory, instrumental, pathological and other investigations for preliminary diagnosis	71-84
	Masters (high)	methods of collection and analysis of the patient's complaints, his / her medical history, examination results, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of obstetric complications	Confidently uses the method of collection and analysis of complaints, highlighting the main and additional, confidently and methodically true collection of medical history uses the results of examination, laboratory, instrumental, pathoanatomical and other studies to make a preliminary diagnosis in accordance with the requirements of educational medical documentation	Ability to identify the main and additional complaints, to analyze the data of anamnesis, to use the results of examination, laboratory, instrumental, pathoanatomical and other studies in accordance with the requirements of educational medical documentation	85-100
the ability of determining the patient's basic pathological conditions , symptoms,	Knows (threshold level)	methods of determining the patients' main pathological conditions, symptoms, syndromes of surgical	Knowledge of clinical manifestations of major diseases requiring emergency surgical care	Ability to identify the main diseases in need of emergency surgical care on the basis of clinical picture	65-71

syndromes, diseases in accordance with the International Statistical Classification of Diseases and problems related to health , the 10th review. (PC – 6)		diseases, nosological forms in accordance with The international statistical classification of diseases and health-related problems, X revision			
	Able to (advanced)	to determine in patients the main pathological conditions, symptoms, syndromes of surgical diseases, nosological forms in accordance with The international statistical classification of diseases and health-related problems, X revision	The ability to identify the symptoms of pathological processes, link them to syndromes and suggest a pathology that requires the use of certain obstetric tactics	The ability to independently identify the symptoms of pathological processes, link them to syndromes and suggest a pathology that requires the use of certain obstetric tactics	71-84
	Masters (high)	methods of detection in patients of the main physiological and pathological conditions, symptoms, syndromes of obstetric complications, nosological forms in accordance with The international statistical classification of diseases and health-related problems, X revision	Ability to associate identified syndromes and symptoms with emergency obstetric conditions in accordance with the International statistical classification of diseases and health-related problems, X revision	Ability to associate identified syndromes and symptoms with emergency obstetric conditions according to the International statistical classification of diseases and health-related problems, X revision	85-100

### Questions for assessment of preliminary competencies

1. What are the main anatomical formations of the reproductive system
2. What is the menstrual cycle?
3. What is ovulation?
4. What is ovule?
5. What chromosomes the person responsible for the inheritance of sex?

6. What hormones regulate the reproductive system you know?
7. What is the blood supply to the uterus and ovaries?
8. What bones make up the bony pelvis?
9. What are the layers of the uterine wall?
10. What organ produces estrogens and progestins?
11. What organs are in a woman's abdomen?
12. What organs are the external and internal genitals of women?
13. What organ produces gonadotropins?
14. Give the definition of inflammation.
15. What are the classic clinical signs of inflammation?
16. Comparative characteristics of acute and chronic inflammation.
17. List the stages of the patient survey.
18. What is reproductive function?
19. What hormones are involved in the regulation of the menstrual cycle?
20. What are receptors, their purpose?

**Control tests** are designed for students studying the course "Obstetric and gynecology". Tests are necessary for both the control of knowledge in the process of the current interim certification, and for the assessment of knowledge, the result of which can be set off.

When working with tests, the student is asked to choose one answer out of three or four proposed. At the same time, the tests vary in their complexity. There are tests among the proposed ones containing several options for correct answers. The student must provide all correct answers.

Tests are designed for both individual and collective solutions. They can be used in the process and classroom, and independent self-work. The selection of tests necessary for the control of knowledge in the process of interim certification is made by each teacher individually.



Results of performance of the test tasks are evaluated by a teacher using a five-grade scale for certification or on system "credit" - "no credit". Grade "excellent" is given if the number of correct answers is more than 90% of the tests offered by the teacher. Grade "good" is given if the number of correct answers is more than 70% of the tests. Grade "satisfactory" is given if the number of correct answers is more than 50% of the tests offered to the student.

## **Questions for the exam in the discipline "Obstetrics and gynecology»**

### **- 7, 8 semesters**

1. Structure and organization of obstetric care in Russia.
2. The structure and organization of the maternity hospital.
3. Female pelvis from an obstetric point of view.
4. Anatomy of female genital organs. Blood supply, innervation.
5. Fertilization, the main stages of embryogenesis. Critical periods of embryo and fetus development.
6. Fetus as an object of birth.
7. Structure and functions of the placenta.
8. Physiological changes in the cardiovascular system during pregnancy.
9. Physiological changes in the endocrine system during pregnancy.
10. Physiological changes in the urinary system during pregnancy.
11. Physiological changes in the hemostatic system during pregnancy.
12. Diagnosis of early and late pregnancy. Medical examination of pregnant women.
13. Instrumental methods of diagnosis in obstetrics.
14. Parturition. The causes of childbirth. Determination of the biological details of the body for parturition.
15. Harbingers of parturition. The preliminary period.
16. Clinical course and management of the first period of parturition.
17. Clinical course and management of the II period of parturition.
18. The biomechanism of parturition at a anterior occipital presentation.
19. The biomechanism of parturition in posterior view of the occipital previa.
20. Clinical course and management of the III period of parturition. The concept of physiological, borderline and pathological blood loss.
21. Signs of placental abruption. Methods for isolating the separated placenta.
22. Clinical course and management of physiological postpartum period.
23. Labor pain relief: techniques, indications.
24. Pelvic presentation of the fetus. Etiology. Classification. Diagnostics.

25. Biomechanism of labor in pelvic presentation of the fetus.
- 26.26. The course and management of parturition in the pelvic presentation of the fetus: types of obstetric benefits, complications in parturition, their prevention.
27. Malposition of the fetus. Etiology. Diagnostics. Management of pregnancy and childbirth.
28. Anterior presentation. Diagnostics. Biomechanism of childbirth. Midwifery tactics.
29. Frontal presentation. Diagnostics. Biomechanism of childbirth. Midwifery tactics.
30. Facial presentation. Diagnostics. Biomechanism of childbirth. Midwifery tactics.
31. Anatomically narrow pelvis. The classification of the cans narrow shape and the degree of narrowing. Diagnostics.
- 32.32. Transversal pelvis. Diagnostics. Peculiarities of biomechanism of parturition. The course and management of pregnancy and parturition.
33. All-evenly narrowed pelvis. Diagnostics. Peculiarities of biomechanism of parturition. The course and management of pregnancy and parturition.
34. Flat pelvis. Diagnostics. Peculiarities of biomechanism of parturition. The course and management of pregnancy and childbirth.
35. Clinically narrow pelvis. Reasons. Diagnostics. Parturition management. Complications for mother and fetus.
36. Multiple pregnancy. Etiology. Diagnostics. The course and management of pregnancy and parturition.
37. Post-term pregnancy. Etiology. Diagnostics. Features of parturition.
38. Noncarrying of pregnancy. Etiology. Classification.
39. Features of therapy of miscarriage in certain conditions (endocrine miscarriage, infectious causes, thrombophilia, isthmio-cervical insufficiency).
40. Spontaneous abortion. Etiopathogenesis. Stages of the course, symptoms, diagnosis, treatment.

41. Threatening preterm parturition. Etiology. Symptoms. Diagnostics. Treatment. Prevention.
42. Preterm birth. Diagnostics. Current and leading. Prevention of complications for mother and fetus.
43. Signs of fetal immaturity. Nursing premature babies.
44. Vomiting of pregnant women. Classification. Symptoms. Diagnostics. Treatment. Prevention.
45. Gestosis. Classification. Pathogenesis.
46. Assessment of the severity of preeclampsia.
47. Principles of treatment of preeclampsia.
48. Preeclampsia, early delivery. Rehabilitation of patients after preeclampsia, eclampsia.
49. Swelling of pregnant women. Symptoms. Diagnostics. Treatment.
50. Proteinuria. Symptoms. Diagnostics. Treatment.
51. Preeclampsia. Symptoms. Diagnostics. Treatment. Parturition management.
52. Eclampsia. Symptoms. Diagnostics. Treatment. Parturition management.
53. Rare forms of gestosis: HELLP syndrome, acute fat hepatitis. Symptoms. Diagnostics. Treatment. Prevention.
54. Etiopathogenesis and classification of abnormalities of parturition.
55. Pathological preliminary period. Symptoms. Diagnostics. Treatment. Indications for operative parturition.
56. Weakness of parturition. Etiology. Symptoms. Diagnostics. Treatment. Prevention.
57. Discoordinated labor activity. Etiology. Symptoms. Diagnostics. Treatment. Prevention.
58. Excessively strong patrimonial activities. Causes. Symptoms Diagnostics. Treatment. Prevention.
59. Ruptures of the cervix and vagina. Etiology. Diagnostics. Treatment. Management in the postpartum period.
60. Uterine rupture. Etiology. Symptoms. Diagnostics. Treatment. Prevention.

61. Damage to the external genitals and perineum (hematomas, ruptures).  
Symptoms. Diagnostics. Treatment. Prevention.
62. Perineotomy and episiotomy. Indications. The technique of operation.  
Postoperative management.
63. Causes of bleeding during pregnancy, parturition and the postpartum period.  
Features of obstetric bleeding. Assessment of blood loss.
64. Placental presentation. Etiology. Classification. Symptoms. Diagnostics. The  
course and management of pregnancy and childbirth. Prevention.
65. Premature detachment of the normally located placenta. Etiology.  
Classification. Symptoms. Diagnostics. Treatment. Prevention.
66. Tight attachment and true increment of the placenta. Etiology. Classification.  
Symptoms. Diagnostics. Treatment.
67. Hypotonic and atonic uterine bleeding. Etiology. Symptoms. Diagnostics.  
Treatment. Prevention.
68. Hemorrhagic shock in obstetrics. Etiology. Pathogenesis. Symptoms.  
Diagnostics.
69. Principles of treatment of hemorrhagic shock. Infusion-transfusion therapy.
70. DIC-syndrome in obstetrics. Etiology. Symptoms. Diagnostics. Treatment.  
Prevention.
71. Amniotic fluid embolism. Etiology. Pathogenesis. Symptoms. Diagnostics.  
Treatment. Prevention.
72. Features of the course and management of pregnancy and parturition in  
women with heart defects. Contraindications to pregnancy.
73. Features of the course and management of pregnancy and parturition in  
women with hypertension. Contraindications to pregnancy.
74. Features of the course of pregnancy and v in patients with diabetes.  
Contraindications to pregnancy.
75. Pathology of the fetus and newborn diabetes mother.
- 76.7 Features of the course of pregnancy and parturition in women with thyroid  
diseases.

77. The influence of thyroid hormones on the development of the fetus and newborn. Prevention of iodine deficiency.
78. Kidney disease and pregnancy. The course and management of pregnancy and childbirth. Contraindications to pregnancy.
79. Pyelonephritis of pregnant women: etiology, symptoms diagnosis, treatment.
80. Appendicitis and pregnancy. Features of diagnosis during pregnancy. Midwifery tactics.
81. Postpartum purulent-septic diseases. Etiology. Pre-positioning factors. Pathogenesis. Classification.
82. Postpartum wound infection. Symptoms Diagnostics. Treatment. Prevention.
83. Postpartum endometritis. Symptoms. Diagnostics. Treatment. Prevention.
84. Postpartum thrombophlebitis. Symptoms. Diagnostics. Treatment. Prevention.
85. Peritonitis after cesarean section. Symptoms. Diagnostics. Treatment. Prevention.
86. Sepsis, infectious-toxic shock in obstetrics. Etiology. Pathogenesis. Symptoms. Diagnostics. Treatment. Prevention.
87. Postpartum mastitis. Etiology. Symptoms. Diagnostics. Treatment. Prevention.
88. Intrauterine infection of the fetus. Etiology. Pathogenesis. Symptoms. Diagnostics. Treatment. Management of pregnancy and parturition. Prevention.
89. Chlamydial infection of the genitals and pregnancy: the course of pregnancy, the impact on the fetus and newborn, diagnosis, treatment.
90. Herpes virus infection in pregnant women: the course of pregnancy, the impact on the fetus and newborn, diagnosis, treatment.
91. HIV infection and pregnancy. Symptoms. Diagnostics. Influence on the fetus and newborn. Principle of treatment.
92. Vaginal candidiasis and pregnancy: pathogenesis, symptoms, diagnosis, impact on the fetus and newborn, treatment principles.

93. Caesarean. Indications. Conditions. Contraindications. Type of operation.
94. Preoperative preparation for planned and emergency cesarean section.  
Anesthetic manual.
95. The main stages of cesarean section in the lower segment of the uterus.
96. Complications during cesarean section and in the postoperative period.  
Postoperative management.
97. Obstetric forceps and vacuum extraction of the fetus. Indications, conditions, contraindications. The technique of operation. Complications for mother and fetus.
98. Fetus destructive operation. Indications. Conditions. Complications.
99. Perinatology. Perinatal period. Factors and groups and risks of perinatal pathology.
100. Perinatal morbidity and mortality. Reasons. Ways of reduction.
101. Congenital malformations of the fetus: causes, methods of prenatal diagnosis, medical tactics.
102. Placental insufficiency. Etiology. Pathogenesis. Classification. Clinic. Diagnostics. Treatment. Prevention.
103. Methods of evaluation of the fetus.
104. Immunological incompatibility of blood mother and the fetus. Reasons. Diagnostics. Management of pregnancy. Prevention of RH sensitization.
105. Hemolytic disease of the fetus and newborn. Pathogenesis. Clinic. Classification. Diagnostics. Treatment. Prevention.

## **Questions for the exam in the discipline "Obstetrics and gynecology»**

### **- 9, 10 semesters**

1. Organization of gynecological care for women of different age periods.
2. The system of questioning of gynecological patients.
3. Methods of objective examination in gynecology.
4. X-ray and ultrasonic research methods. Their importance in the diagnostics of gynecological diseases.
5. Endoscopy in modern gynecology. Importance in diagnosis and treatment.
6. Physical, balneological methods of treatment of gynecological patients. Indications and contraindications.
7. Deontology in the practice of obstetrician-gynecologist.
8. Modern concepts of neuro-endocrine regulation of the menstrual cycle.
9. Classification of menstrual disorders.
10. Abnormal uterine bleeding, symptoms, diagnostics, treatment.
11. Modern principles of hormonal therapy of DMC in different age groups.
12. Differential diagnostics of various forms of amenorrhea.
13. Amenorrhea of central origin. Symptoms, diagnostics, treatment.
14. Primary amenorrhea. The role of chromosomal and genetic factors.
15. Ovarian and uterine forms of amenorrhea. Etiology and pathogenesis, symptoms, diagnostics, principles of therapy.
16. Hyperprolactinemic amenorrhea. Classification, symptoms, diagnostics, treatment.
17. Polycystic ovary syndrome. Symptoms, diagnostics, therapy.
18. Biological properties of sex hormones. Methods of research of endocrine function of ovaries.
19. Functional tests with hormones in the diagnosis of endocrine disorders in women.
20. Gonadal dysgenesis and testicular feminization. Symptoms, diagnostics, treatment.



21. Malformations of the internal genital organs and giatreia. Etiology and classification. Diagnosis and treatment principles.
22. Wrong position of the uterus. Etiology and pathogenesis, classification, diagnostics, principles of treatment.
23. Principles of surgical treatment of uterine prolapse and prolapse. Ventrofixation. Indications and contraindications.
24. Acute abdomen in gynecology. Etiology, symptoms, diagnostics, treatment approaches.
25. Tubal pregnancy. Etiopathogenesis, classification.
26. Clinical picture of the tube rupture and tubal abortion. Diagnostics and treatment.
27. Abortion due to medical and social reasons. Methods of pregnancy termination.
28. Spontaneous abortion. Classification, symptoms, diagnostics, treatment.
29. Infected abortion. The fight against abortion.
30. Modern methods of contraception.
31. Hysteromyoma. Etiology, classification, symptoms, diagnostics, principles of treatment.
32. Clinical manifestations and methods of diagnostics of uterine fibroids.
33. Conservative treatment of patients with uterine myoma at the present stage.
34. Indications for surgical treatment of patients with uterine myoma, types and volume of surgery. Advantages and disadvantages.
35. Symptoms, diagnostics and modern view on the treatment of submucous uterine fibroids.
36. symptoms, diagnostics and treatment of uterine sarcoma.
37. Endometriosis. Etiopathogenesis, classification, modern principles of diagnostics and treatment.
38. Modern methods of treatment of genital endometriosis.

39. Internal endometriosis. Etiopathogenesis, symptoms, diagnostics, treatment.
40. External genital endometriosis.
41. Endometriosis of the uterine appendages. Symptoms, methods of diagnostics and therapy. The differential diagnosis of chronic adnexitis.
42. Retrocervical endometriosis. Classification, methods of diagnosis and treatment.
43. Classification of ovarian tumors.
44. Modern principles of treatment of benign and malignant ovarian tumors.
45. Complications of ovarian tumors, diagnostics, treatment approaches.
46. Retention (functional) ovarian cysts. Symptoms, diagnostics, treatment.
47. Ovarian cancer. Classification, methods of diagnostics and treatment. Prevention, forecast.
48. Ovarian cysts (cystadenomas). Classification, symptoms, characteristics according to gynecological examination and ultrasound, principles of treatment.
49. Ovarian mature teratoma. Symptoms, diagnostics and treatment.
50. Ovarian Fibroma. Symptoms, diagnostics and treatment.
51. Hormone-producing ovarian tumors. Symptoms, diagnostics and treatment.
52. Methods of cancer treatment.
53. Molar pregnancy. Etiopathogenesis, symptoms, diagnostics, treatment methods, prognosis.
54. Choriocarcinoma of uterus. Etiopathogenesis, symptoms, diagnostics, treatment, prognosis, prevention.
55. Background and precancerous diseases of cervix. Classification, diagnostics, treatment.
56. Modern methods of diagnostics of cervical cancer. Cervical cancer. Etiopathogenesis, risk factors, classification, symptoms, diagnostics.

57. Cervical cancer. Methods of treatment depending on the stage of the disease and age of patients, Prognosis, prevention.
58. Precancer of uterus. Signs, methods of diagnostics and treatment.
59. Cancer of uterus. Etiopathogenesis, classification, symptoms, diagnostic methods.
60. Cancer of the uterus. Methods of treatment depending on the stage of the disease and pathogenetic development. Prognosis, prevention.
61. Etiology and pathogenesis of inflammatory diseases of genitals in women. Principles of diagnostics and treatment.
62. Sexually transmitted infections, classification.
63. Modern methods of diagnosis of genital infections, principles of antibacterial therapy.
64. Modern methods of diagnostics and treatment of STIs.
65. Inflammation of internal genital organs of septic etiology. Symptoms, diagnostics, treatment, prevention.
66. Treatment principles of the inflammatory diseases of internal genital organs in the chronic stage.
67. Vulvovaginitis. Features of clinical course in different age periods.
68. Inflammatory diseases of the external genitals in women.
69. Acute salpingitis. Etiology, symptoms, diagnostics, treatment. Indications for surgical treatment.
70. Acute and chronic endomyometritis, salpingoophoritis. Symptoms diagnostics, modern methods of therapy.
71. Parametrite, Classification, symptoms, diagnostics, treatment.
72. Pelvic peritonitis. Symptoms, diagnostics, treatment tactics.
73. Inflammatory diseases of the genitals induced by chlamydial etiology. Symptoms, diagnostics, treatment.
74. Gonorrhea. Etiology, epidemiology, classification, therapeutic tactics.
75. Lower genital gonorrhea. Symptoms, diagnostics, methods of provocation, treatment.

76. Tuberculosis of female genital organs. Pathogenesis, classification, methods of diagnostics, therapy, prevention.
77. Fungal vulvovaginitis. Etiopathogenesis, symptoms, diagnostic methods, treatment.
78. Trichomoniasis. Etiopathogenesis, symptoms, diagnostics, treatment.
79. Bacterial vaginosis. Causes, methods of diagnosis and therapy.
80. Sterile marriage. Classification. Diagnosis and prevention of female infertility. Causes of female and male infertility.
81. Algorithm and methods of examination in infertile marriage.
82. Methods of diagnosis of infertility in women, the role of endoscopic methods.
83. Treatment of various forms of female infertility. Indications for surgical treatment.
84. In vitro fertilization (IVF). Insemination with husband's and donor's sperm. Indications, methods.
85. Differential diagnostics of internal endometriosis, submucous uterine fibroids and abnormal uterine bleeding.

## Case study tasks for exam

### Section 1. Basics of obstetrics

#### **TASK # 1.**

Firstly pregnant woman, 24 years old, occupation: teacher of literature at education college. Addressed to the WC with a suspected pregnancy. Complaints about the delay menstruation for 3 months. Menstruation from 13 years, regular, 28 to 5 days. Sex life for 4 months in marriage. Notes increased drowsiness and nausea. Obstetrician-gynecologist after the survey and examination has concluded: pregnancy 10-11 weeks. Woman is going to give a birth, got registered for pregnancy. Taking into account the absence of somatic and gynecological risk factors, a detailed history was collected, an external examination was performed, a form 111f was filled out, and an examination was scheduled.

#### *Questions:*

1. Highlight the problems of the pregnant, help in solving them.
2. List the basic steps of collecting the anamnesis and general examination when taking pregnant for registration.
3. List the survey methods when registering.
4. List the signs of pregnancy.
5. How the manipulation "pregnancy Test" is performed.

#### **TASK № 2.**

An obstetrician of the maternity hospital was approached by a 20-year-old first-pregnant woman. Believes that the pregnancy is 7-8 weeks, asks to watch her during pregnancy and get delivery at home. According to her mother's stories, the woman knows that there are long queues and too many examinations in the women's consultation. In maternity hospital, according to the mother's memories of her own parturition 20 years ago there were bad conditions, multi-bed rooms, late child applying to breast, a great danger of hospital infection.

#### *Questions:*

1. Highlight the problems of the woman.

2. Make a plan to solve the problems.
3. Explain the woman about the changes in the obstetric care system over the past 20 years, the structure of modern obstetric hospital, prevention of nosocomial infection measures.
4. Explain the woman about the need for prenatal training in a women's consultation, the feasibility of the survey.

### **TASK № 3.**

Firstly pregnant woman, 25 years, first addressed into the WC. Occupation: painter. Complaints of delayed menstruation, nausea, especially at work, increased drowsiness and increased appetite. Sex life out of marriage but is going to register marriage with the father of the child. Going to give a birth. After the examination by obstetrician-gynecologist, the woman was registered with the diagnosis "Pregnancy 6-7 weeks." Somatic and gynecological pathology was not revealed. According to the internal study – no pathological changes were detected. Examinations and consultations of specialists are appointed.

#### ***Questions:***

1. Highlight the problems of the pregnant woman and give recommendations to address these problems.
  1. List the tests that woman should perform during next visit. Explain where they can be performed.
  2. List what specialists should be visited and explain the purpose of these consultations.
  3. Tell about the hygiene of the pregnant woman.
  4. Perform a manipulation "Execute pelvimetry and evaluate the results."

### **TASK № 4.**

The pregnancy test was positive for a woman visiting a doctor on 12 June 2001. She has a regular 28-day cycle, the last menstruation was from 1 to 4 April 2001.

***Question:*** Calculate the expected due date:

### **TASK № 5.**

In a woman during external obstetric examination doctor has diagnosed a full-term pregnancy. The patient's height is 164 cm, weight - 80 kg, abdominal circumference 100 cm (AC), the height of uterus – 34 cm.

**Question:** Calculate the estimated weight of fetus by several formulas you know.

### **TASK № 6.**

Woman in labor, 21 years old, is in the period of expulsion of the fetus. The external examination reveals that larger part of head is palpated, the head is tightly pressed to the entrance to the pelvis. Vaginal examination showed that the sagittal suture is in the right oblique size, on the left of the womb small fontanelle is palpated.

#### **Questions:**

- what is the presentation of fetus, position and type of fetus;
- the moment of biomechanism of labor performed at this stage;
- what moments of biomechanism of labor needs to be done?

### **TASK № 7**

Woman in labor, 22 years, is within the period of the fetus expulsion. External examination showed that the head presentation is determined, head covers the upper  $\frac{1}{3}$  symphysis and sacrum, the cape is not achievable, the sciatic awns are easily palpable. A small fontanelle is palpated behind and to the right of the sacrum.

#### **Questions:**

- position and type of fetus;
- standing of the swept seam relatively to the bone size of entrance;
- the pelvis plane the head and the head segment is staying in;
- the moment of parturition biomechanism that the head must perform.

## **Section 2. Obstetric and perinatal pathology**

### **TASK № 8**

Obstetrician of primary care unit was addressed by the pregnant S., 24 years old, complaining of pulling pain in the lower abdomen, in lumbar area, which appeared 2 days ago after exercise. Medical history: menstrual function without features. Last menstrual period 4 months ago. This pregnancy is the 1st, desired. Somatically healthy. Gynecological diseases denies. Works as a cook. Objective examination: skin is of usual color. Pulse is 76 per min., rhythmic. BP-110/70, 115/70 mm Hg., no features in the internal organs. The uterus is easily excitable, painless, the bottom is 1 transverse finger below the middle of the distance between navel and pubis. Inspection mirrors: Vagina is cyan. The neck is conical, clean, outer mouth is closed. Vaginal examination: vagina is narrow, cervix is formed, the uterus mouth is closed. The body of uterus is increased up to 15-16 weeks, uterus is excitable. Mucous discharge is noted.

#### ***Questions:***

1. Identify women's problems and their causes.
2. Assess the woman condition, diagnose and justify it.
3. Tactics of obstetrician in this situation.
4. List the causes of this pathology, tell about classification, methods of diagnostics and treatment.
5. Tell how to perform the manipulation "inspection of the neck using mirrors."

### **TASK # 9**

28-year-old woman was registered in WC due to pregnancy in 10 weeks.

In the past she had 1 induced abortion without complications. The present pregnancy proceeded without complications. She was examined according to the



scheme prescribed by the obstetrician. Appeared in the WC on appointment on 13 weeks. No complaints. All the tests were normal. Blood type 1 (0), RH negative. Earlier examinations for the group and RH were not carried out.

***Questions:***

1. Highlight the problems of the pregnant, their causes. A plan to control the problems.
2. Make an algorithm for examination of pregnant woman at an ordinary visit in the 1st half of pregnancy.
3. Tell about RH conflict, causes, methods of prevention, diagnostics and treatment.
4. The manipulation “Blood sampling and determination of rhesus factor”.

**TASK # 10**

The first pregnant woman at 16 weeks came to consecutive visit in WC, feels good, all tests, except the general blood test, are normal. According to the ultrasound, there are no pathological abnormalities. Skin and visible mucous membranes are of normal color. Pulse 78 beats per minute, uterus is in normal tone, painless, the bottom of it is in the middle between the navel and pubis, mucous discharge meager. In blood analysis: leukocytes 7 thousand, erythrocyte sedimentation rate 18 mm/hour, hemoglobin 102 g/l. Pregnant woman was not working, financially well-endowed, have good living conditions. Categorically against inpatient care before delivery.

***Questions:***

1. Give recommendations for this pregnant woman.
2. Tell about the causes of anemia in pregnant women, methods of diagnostics, prevention and treatment.
3. List possible drug prescriptions in relation with this case and write out prescriptions.

**TASK # 11**

Woman in labor K., 20 years old, is in the period of the fetus expulsion. In the external study: the fetal head above the entrance to the pelvis is not determined. Vaginal examination found that the head occupies the entire inner surface of the womb and sacral cavity. Sagittal suture is in the straight size, small fontanel is turned toward womb.

***Questions:***

- the plane of the pelvis the head is in;
- moments of the biomechanics of parturition, which still have to be done;
- the point of fixation and support in this situation.

**TASK #12**

In woman in labor M., there was the birth of head. The head began to make a face turn to the left thigh of the mother, the front shoulder fits under the bosom. In the back of head and left parietal bone there is a swelling without clear contours.

***Questions:***

- position of the fetus;
- data confirming position of the fetus;
- the fixation point and support at the birth of the coat hanger;
- the nature of the changes on the head and their cause.

### **Criteria for the assessment of "credit" at the end of the semester:**

1. No missed lectures and practical classes.
2. Active work in the classroom.
3. Preparation of report and presentation on the proposed topic.
4. Passed test credit.

### **Criteria for evaluation of oral response, colloquia**

Grade "5" is given to a student if he/she gives the correct answers to the discussed questions which differ in depth and completeness of a subject disclosure, is able to draw conclusions and generalizations to give the reasoned answers which are logical and consecutive.

Grade "4" is assigned to a student if he/she is on the issues under discussion provides the right answers, is the depth and completeness of the topic, knows how to make conclusions and generalizations, but made one or two mistakes in the answers.

Grade "3" is given to a student if he/she gives answers to the discussed questions which insufficiently disclose them, there is no logical construction of the answer, admits several mistakes.

Grade "2" is given to a student if he/she gives answers to the discussed questions, which show that he/she does not master the material of the topic, cannot give reasoned answers, serious errors in the content of the answer are made.

### **Evaluation tools for current certification**

**Control tests** are designed for students studying the course "Inpatient therapy, endocrinology". Tests are necessary for both the control of knowledge in the process of the current interim certification, and for the assessment of knowledge, the result of which can be set off.

When working with tests, the student is asked to choose one answer out of three or four proposed. At the same time, the tests vary in their complexity. There

are tests among the proposed ones containing several options for correct answers. The student must provide all correct answers.

Tests are designed for both individual and collective solutions. They can be used in the process and classroom, and independent self-work. The selection of tests necessary for the control of knowledge in the process of interim certification is made by each teacher individually.

Results of performance of the test tasks are evaluated by a teacher using a five-grade scale for certification or on system "credit" - "no credit". Grade "excellent" is given if the number of correct answers is more than 90% of the tests offered by the teacher. Grade "good" is given if the number of correct answers is more than 70% of the tests. Grade "satisfactory" is given if the number of correct answers is more than 50% of the tests offered to the student.

**Control tests** are designed for students studying the course "Obstetrics and gynecology".

Tests are necessary for both the control of knowledge in the process of the current interim certification, and for the assessment of knowledge, the result of which can be set off.

When working with tests, the student is asked to choose one answer out of three or four proposed. At the same time, the tests vary in their complexity. There are tests among the proposed ones containing several options for correct answers. The student must provide all correct answers.

Tests are designed for both individual and collective solutions. They can be used in the process and classroom, and independent self-work. The selection of tests necessary for the control of knowledge in the process of interim certification is made by each teacher individually.

Results of performance of the test tasks are evaluated by a teacher using a five-grade scale for certification or on system "credit" - "no credit". Grade "excellent" is given if the number of correct answers is more than 90% of the tests offered by the teacher. Grade "good" is given if the number of correct answers is

more than 70% of the tests. Grade "satisfactory" is given if the number of correct answers is more than 50% of the tests offered to the student.

## **EXAMPLES OF THE TEST TASKS**

### **Section 1. Basics of obstetrics**

1. Joint stay of mother and newborn is organized
  - a) in a specialized maternity hospital
  - b) in a non-specialized maternity hospital
  - c) in the observation department of maternity hospital
  - d) in the postoperative wards of maternity hospital
2. The organization of a specialized obstetric hospital, as a rule, is appropriate for pregnant women with diseases
  - a) the cardiovascular system
  - b) kidneys
  - c) diabetes and other endocrine pathology
  - d) with all of the above
3. Hospital admission of pregnant women with viral hepatitis, open form of tuberculosis, acute dysentery is carried out
  - a) in a specialized obstetric hospital (maternity hospital)
  - b) in special boxes of the relevant departments of an infectious diseases hospital
  - c) in a non-specialized maternity hospital
  - d) in the obstetric observation department of maternity hospital
4. The first application of healthy newborns to the mother's breast is usually carried out
  - a) immediately after birth
  - b) 6 hours after birth
  - c) 8 hours after birth
  - d) 12 hours after birth
  - e) 24 hours after birth

5. The optimal interval between pregnancies is
- 5 years
  - 4 years
  - 3 years
  - 2 years
  - 1 year
6. A newborn child in the event of a purulent inflammatory disease is transferred from the maternity hospital to the children's hospital, as a rule,
- after subsiding of acute symptoms of the disease
  - on the day of diagnosis
  - on recovery, for rehabilitation
  - after the mother's discharge from the maternity hospital
  - after consultation of a doctor of children's hospital
7. In the structure of the maternal mortality causes, as a rule, the first place is for the
- preeclampsia/eclampsia of pregnant women
  - extragenital pathology
  - bleeding
  - infection
  - uterine rupture
8. The main indicator of the effectiveness of the women's consultation on family planning is
- number of women on site
  - the absolute number of women seeking abortion during the year
  - number of complications after abortion
  - number of abortions per 1,000 women of childbearing age
  - number of spontaneous miscarriages per 1,000 women of childbearing age
9. Allocation of groups with increased risk among pregnant women is carried out most often by
- laboratory examination

- b) patronage
- c) collection of anamnesis
- d) assessment of prenatal risk factors (in points)
- d) correct a, b, d

12. The smallest size of the pelvis is...

- 1) straight plane size of the entrance to pelvis
- 2) the straight plane size of the narrow pelvic cavity
- 3) the transverse size of the plane of the narrow pelvic cavity
- 4) the transverse size of the outlet of the pelvic cavity

13. The head is born with a circle corresponding to a small oblique size at...

- 1) rear type of the occipital insertion
- 2) front type of the occipital insertion
- 3) front head insertion
- 4) front loading

14. The sign of Gubarev-Gauss for the diagnosis of early pregnancy is ...

- 1) easy mobility of the cervix by softening its isthmus
- 2) reduction of uterus during palpation
- 3) hyperflexia of uterus
- 4) sealing the isthmus of uterus

15. Starting of parturition should be considered at...

- 1) amniotic fluid outflow
- 2) the appearance of contractions at intervals of 15-20 minutes
- 3) inserting the head
- 4) the appearance of regular contractions, leading to structural changes in the cervix

16. With the aim of reducing blood pressure in the 2nd stage of parturition in patients with preeclampsia is rational to apply...

- 1) i/v magnesium sulfate
- 2) magnesia therapy for Brovkin
- 3) i/v arfonad, Gironi, pentan

4) i/ m Dibazol, papaverine, eufillin

17. In the normal postpartum period, the external cervical canal is formed at the end of...

1) the first day

2) second day

3) 3rd week

4) 4th week

18. The most common causes of bleeding in the first trimester of pregnancy are...

1) cervical cancer, cervical polyp matches, varicose veins of the vagina

2) placental presentation, premature detachment of normally located placenta

3) threatening and the beginning of a miscarriage

4) terminate an ectopic pregnancy.

19. When bleeding in the early postpartum period it is to ...

1) empty the bladder

2) perform a manual examination of the uterine cavity and its external and internal massage

3) administer drugs with tonomotoric action

4) in identifying atony immediately begin to remove the uterus.

20. Third degree rupture of the perineum...

1) usually sutured under local anesthesia

2) begin to sew with suturing on the mucous membrane of the rectum

3) is the basis for granting a 70-day maternity leave

4) requires the use of antibiotics in the postpartum period

21. Установлен диагноз: роды I срочные. Первый период родов. Раскрытие маточного зева 5 см. Чисто ягодичное предлежание плода. Раннее излитие околоплодных вод. Выпадение пуповины. Показано срочное окончание родов с помощью операции.

1) перинеотомии

2) экстракции плода за тазовый конец

3) кесарева сечения



- 4) акушерских щипцов
22. Через середины костных пластинок вертлужных впадин проходит...
- 1) поперечный размер плоскости широкой части полости малого таза
  - 2) поперечный размер плоскости входа в малый таз
  - 3) поперечный размер плоскости узкой части полости малого таза
  - 4) прямой размер плоскости широкой части полости малого таза
23. Особенностью биомеханизма родов при переднеголовном вставлении является.
- 1) усиленное сгибание головки во входе в малый таз
  - 2) переход плода в передний вид
  - 3) прорезывание головки окружностью, соответствующей прямому размеру
  - 4) рождение головки в сгибании
24. Перво- и повторно беременные начинают ощущать шевеления плода соответственно с...
- 1) 16 и 14 недель
  - 2) 18 и 16 недель
  - 3) 20 и 18 недель
  - 4) 22 и 20 недель
25. При осмотре роженицы установлено: дно матки на 2 см ниже мечевидного отростка грудины, пограничная борозда на 8 см выше верхнего края лона. Предполагаемое раскрытие маточного зева составляет...
- 1) 8 см
  - 2) 6 см
  - 3) 4 см
  - 4) 2 см.
21. The diagnosis was made: delivery I urgent. The first stage of labor. Disclosure of uterine pharynx 5 cm. Pure breech presentation of the fetus. Early discharge of amniotic fluid. Umbilical cord loss. The urgent termination of labor by operation is shown.

- 1) perineotomy
  - 2) extraction of the fetus for pelvic end
  - 3) caesarean section
  - 4) obstetric forceps
22. Through the middle of the bone plates acetabulum passes...
- 1) transverse dimension of the plane of the wide part of the pelvic cavity
  - 2) the transverse size of the plane of entry into the pelvis
  - 3) the transverse size of the plane of the narrow pelvic cavity
  - 4) straight plane size of the wide part of the pelvic cavity
23. A feature of the biomechanism of labor in anterior-head insertion is.
- 1) reinforced bending of the head at the entrance to the pelvis
  - 2) the transition of the fetus in anterior view
  - 3) cutting the head with a circle corresponding to the straight size
  - 4) birth of head in flexion
24. First-and re-pregnant women begin to feel the movement of the fetus, respectively...
- 1) 16 and 14 weeks
  - 2) 18 n 16 weeks
  - 3) 20 and 18 weeks
  - 4) 22 and 20 weeks
25. When examining the woman in labor, it was found out that the bottom of the uterus is 2 cm below the xiphoid process of the sternum, the borderline furrow is 8 cm above the upper edge of the womb. In advance of the disclosure of the uterine mouth is...
- 1) 8 cm
  - 2) 6 cm
  - 3) 4 cm
  - 4) 2 cm

## **Section 2. Obstetric and perinatal pathology**

1. The development of a complete typical uterine rupture is usually accompanied by
  - 1) termination of labor activity
  - 2) disappearance of the fetal heart beat
  - 3) pain reduction
  - 4) premature discharge of amniotic fluid
2. Ruptures of vagina...
  - 1) most occur in the rapid course of labor
  - 2) more often occur with a large fetus
  - 3) more often occur in the upper third of the vagina
  - 4) may cause heavy bleeding
3. The conditions for the imposition of obstetric forceps does not apply
  - 1) live fetus
  - 2) the lack of membranes
  - 3) location of the fetal head
  - 4) availability of attempts.
4. Blood loss during cesarean section...
  - 1) usually does not exceed 500 ml
  - 2) depends on the location of placenta
  - 3) can be reduced by administration of uterotonic agents before skin incision
  - 4) up to 1 liter can be filled by transfusion of colloidal and saline solutions
5. Pregnancy and parturition in women with mitral stenosis or combined mitral defect with predominance of stenosis...
  - 1) often accompanied by the appearance of atrial fibrillation, leading to severe circulatory disorders
  - 2) rarely accompanied by cardiac decompensation
  - 3) more likely to have a poor prognosis
  - 4) often accompanied by decompensation of cardiac activity on the left ventricular type
6. By the end of the first week of the postpartum period, the mass of the uterus

decreases by...

1) 20%

2) 35%

3) 40%

4) 50%

7. In case of coordinated labor activity...

1) the main measures should be aimed at strengthening the contractile activity of the uterus

2) widely use of antispasmodic drugs

3) the use of beta-adrenomimetic agents is justified

4) the good effect is observed with the use of inhaled halothane anesthesia

8. The most common form of anatomically narrowed pelvis in modern obstetrics is considered...

1) generally uniformed

2) cross-narrowed

3) simple flat

4) osteomalation

9. Acute fetal hypoxia develops as a result...

1) tight entanglement of umbilical cord

2) premature placenta detachment

3) iso-serological incompatibility of maternal and fetal blood

4) maternal cardiovascular disease

10. The discovery of the etiology of labor fever is associated with the name...

1) N.M. Maksimovich-Ambodik

2) I. Semmelweis

3) D.O. Ott

4) N.N. Fenomenov

11. Abortion is

1) termination of pregnancy up to 29 weeks

2) named late starting since 18 weeks

3) absolutely contraindicated in case of high risk of Rh sensitization

4) may be the cause of miscarriage, infertility

12. Miscarriage...

1) termination of pregnancy since conception till 37 weeks

2) includes all cases of antenatal and intranatal fetal death

3) characteristic of first-time pregnant women

4) more often observed in the II trimester of pregnancy

13. In the management of the second period of parturition in women with hypertension it is necessary to...

1) use cardiac glycosides

2) strengthen the control over arterial pressure

3) commonly use antihypertensive drugs, until the controlled hypotension

4) provide for its shortening

14. The operation of the external-internal rotation on the leg at the transverse position of the fetus is considered complete if...

1) leg of the fetus moved to the knee joint

2) fetal head displaced in the bottom of the uterus

3) fetus stop is derived

4) the fetus is born to the lower angle of the anterior scapula

15. Methods of treatment of primary weakness of parturition...

1) depends on the duration of delivery

2) depends on the state of the cervix

3) in all cases limited to the appointment of parturition stimulating medicines

4) includes the use of antispasmodics

16. With an anatomically narrowed pelvis is often found...

1) long-term high standing of the fetal head above the entrance to the pelvis

2) pelvic presentation

3) incorrect fetal position

4) incorrect insertion of the fetal head.

17. The main forms of hemolytic disease of newborns include...

1) edematous

2) jaundice

3) anemic

4) hemorrhagic

18. Postpartum mastitis...

1) develops when nipples become infected while feeding the baby

2) is considered as a disease caused by hospital infection

3) more common in the secondborn women

4) can be diagnosed by counting the number of leukocytes in milk

19. Mini-abortion...

1) can be performed on an outpatient basis

2) is performed at a delay of menstruation up to 30 days

3) performed after expansion of the cervical canal up to Number 8 of the Gegar dilators

4) is performed using a curette No. 2

20. The most common cause of abortion is

1) hypothyroidism

2) hormonal insufficiency of the ovaries and placenta

3) isthmic-cervical insufficiency

4) genital infantilism

21. Augmentation of labor with intravenous oxytocin...

1) dangerous due to the possibility of rapid labor

2) should be carried out with continuous tomography

3) requires monitoring of the fetus condition

4) must be carried out with the help of special dispensers

22. Diagnosis totally equally narrowed pelvis may be set if...

1) all of its dimensions are tapered to 2.0 cm

2) true conjugate is 10 cm less

3) diagonal conjugate is 13 cm

4) external conjugate is equal to 20-21 cm

23. Treatment of children with respiratory disorder syndrome is carried out...

- 1) using a couveuse
- 2) with the use of oxygen therapy, including hyperbaric oxygenation
- 3) with the use of 2% sodium bicarbonate solution (breath correction)
- 4) with the use of antibiotics

24. Preservation of relatively high levels of purulent-septic disease is associated with...

- 1) creation of large hospitals
- 2) creation of specialized hospitals
- 3) expansion of indications for caesarean section
- 4) wide introduction of amnioscopy into obstetric practice

25. Pathogenetically not justified and cannot be used to treat the threat of termination of pregnancy the following administration...

- (1) ovidon
- 2) magnesium sulfate
- 3) effects
- 4) seduxen

26. For the diagnosis of post-term pregnancy is used...

- 1) determination of the pregnancy period according to the medical history
- 2) amnioscopy
- 3) ultrasound
- 4) colpocytology