


ОҢТҮСТІК ҚАЗАҚСТАН MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
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**Guidelines for teaching clinical skills at the practical skills center
(using the execution algorithm)**


Specialty: 5B130100 " General medicine"

Discipline: Obstetrics

Course: 4

Department: Obstetrics and gynecology


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Considered at the meeting of the Department of obstetrics and gynecology


Protocol № 01 « 28 » 08 2022y.

Head of the Department, PhD, Ass. Professor  **S. N. Kulbayeva**

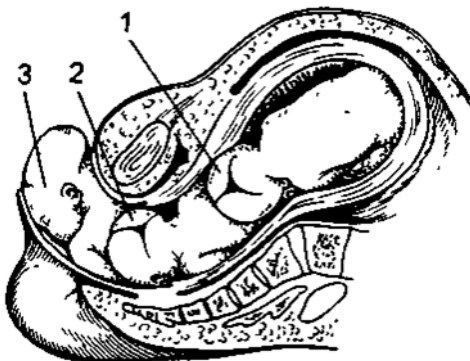
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- 1. Clinical skills title:** Algorithm for conducting labor in the anterior occipital presentation.
- 2. The purpose of the training:** to teach to diagnose the anterior occipital presentation, to conduct physiological labor in the anterior occipital presentation with knowledge of the main points of the biomechanism of childbirth.
- 3. Time for demonstration of skills on a preliminary briefing and a dummy-**5 minutes.
- 4. Time to master skills-**10 minutes
- 5. The necessary theoretical knowledge for the development of skills:** the anatomy of the bones of the female pelvis, the size of the bones of the fetal skull, the anatomy of the birth canal, the emergence of the mechanism of the contractile activity, the primary care of the newborn.
- 6. List of models:** simulator, mannequin, multi-functional mannequin in newborns and women in labor; Nadejda simulator for practical skills for physiological delivery; simulator model for determining the state of the cervix before birth, during delivery, in the postpartum period; model for Leopold methods; model of a child with movable joints.
- 7. The list of medical instruments and equipment:** delivery kit, newborn kit, partogram diagram, stethoscope, measuring tape.
- 8. The execution of skills:**

№	Step-by-step actions	executed	Not executed	notice
1	Diagnosis: III pregnancy, III childbirth, 39 weeks, childbirth.			
2	<p>In the anterior view of the occipital presentation, four main points of the mechanism of childbirth are distinguished.</p> <p>The first moment - flexion of the head (flexio capitis). Under the influence of intrauterine and intra-abdominal pressure, the cervical part of the spine bends, the chin approaches the chest, the back of the head drops down. As it descends, the small fontanel is set below the large one, gradually approaches the midline of the pelvis and finally becomes the lowest part of the head - the wire point. Flexion of the head allows it to pass through the small pelvic cavity in the smallest or close to it size - small oblique: (9.5 cm). The head bends as much as necessary to pass from the wide to the narrow part of the small pelvic cavity.</p>			
3	The second point is the internal rotation of the head (rotatio capitis interna). The fetal head moves down and in the cavity of the small pelvis, when it passes from the wide to the narrow part, simultaneously with flexion, it begins to rotate around its longitudinal axis. At the same time,			

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	<p>the back of the head, sliding along the side wall of the pelvis, approaches the pubic joint, while the anterior section of the head departs towards the sacrum. This movement is easy to detect by observing the change in the position of the sagittal suture . The sagittal suture, located up to the described rotation in the cavity of the small pelvis in the transverse or one of the oblique dimensions, later turns into a direct dimension. The rotation of the head ends when the sagittal suture is set in the direct size of the exit, and the suboccipital fossa is set under the pubic symphysis</p>			
4	<p>The third moment is the extension of the head (deflexio capitis). The fetal head continues to move along the birth canal and at the same time begins to unbend. Extension during the physiological course of labor occurs at the exit of the pelvis. Extension begins after the suboccipital fossa rests against the lower edge of the pubic joint, forming a fixation point (hypomochlion).The head rotates with its transverse axis around the point of fixation (the lower edge of the pubic symphysis) and in a few attempts completely unbends and is born. At the same time, the parietal region, forehead, face and chin appear from the genital slit. The birth of the head through the vulvar ring occurs with its small oblique size.</p>			
5	<p>The fourth moment is the internal rotation of the body and the external rotation of the head (rotatio trunci mterna seu rotatio capitis externa). During the extension of the head, the shoulders of the fetus are inserted into the transverse dimension of the entrance or into one of its oblique dimensions as the head advances. In the plane of the exit of the pelvis, after it, the shoulders of the fetus spirally move along the pelvic canal. With their transverse size, they pass from the transverse to the oblique, and when exiting, into the direct size of the pelvis, the nape of the fetus turns to the left (in the first position) or right (in the second position) thigh of the mother. The anterior shoulder turns to the pubic joint, the back to the sacrum. Then the shoulder girdle is born in the following sequence: first, the upper third of the shoulder, facing forward, and</p>			

	<p>then, due to lateral flexion of the spine, the shoulder, facing backwards. Next, the entire body of the fetus is born.</p>			
6	<p>All of the listed moments of the mechanism of childbirth are performed with the descending of the fetal head, and there is no strict distinction between them</p>			
7				
8	<p>The first moment of the mechanism of childbirth is not limited to flexion of the head alone. It is also accompanied by a translational movement, its advancement along the birth canal, and later, when the flexion ends, and the beginning of the internal rotation of the head. Therefore, the first moment of the mechanism of childbirth consists of a combination of movements: translational, flexion and rotational, but the most pronounced, which determines the basic nature of the movement of the head, is its flexion, therefore the first moment of the labor mechanism is called "flexion of the head".</p>			
9	<p>The second moment of the labor mechanism is a combination of translational and rotational movements. Along with this, at the beginning of the internal turn, the head finishes bending, and towards the end of the turn, it begins to unbend. Of all these movements, the most pronounced is the rotation of the head, so the second moment of the birth mechanism is called "internal rotation of the head."</p> <p>The third moment of the mechanism of childbirth is composed of translational movement and extension of the head. However, along with this, almost until birth, the head continues to make an internal turn. At this point in the mechanism of childbirth, the most pronounced is the extension</p>			

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	of the head, as a result of which it is called "extension of the head."			
10	The fourth moment of the labor mechanism is composed of the translational movement of the head and the internal rotation of the shoulders, as well as the external rotation of the head associated with this. The movement that determines this moment is the most easily detected external rotation of the head simultaneously with the movements of the fetal head listed above, and sometimes preceding them, movements of its entire body are made.			

9.Tasks: diagnosis, demonstration of skills of management of normal childbirth in anterior view of cephalic presentation , filling partogram.

10. Materials for evaluation on the topic of the lesson

Clinical case: A woman in labor, 26 years old, with normal pelvic dimensions, 4 hours after the onset of regular labor, with whole amniotic sac, was admitted to the regional perinatal center.

In the anamnesis: in sexual contact since 21 years. There are no gynecological diseases. No drug allergies. Two births, normal.

Objectively: the condition is satisfactory, t-36.6⁰ C, pulse 86 times per minute. BP 120/80, 120/70 mm.crit.gr. Vesicular breathing in the lungs. The heartbeat is rhythmic. The size of the uterus corresponds to the full term pregnancy. The location of the fetus is vertical, second position, front view, the head is placed at the entrance of the small pelvis. Fetal heartbeat 140 times / min., to the left of the navel. Contractions for 40-45 seconds, after 3-4 minutes. Excreted mucous, with an admixture of blood. When examining by vaginal mirror vagina is without pathology.

PV: the cervix is smoothed, the opening is 6-7 cm, the fetal bladder is intact. The head of the fetus is installed at the entrance of the small pelvis. Small fontanelle is on the right. Sagittal suture is in the left oblique size of the small pelvis. Excreted mucous, with blood.


11. Criteria for assessing the performance of a skill


1. The task has been completed in full.
2. The task is not completed in full or in part.
3. The task is not completed completely.

12. Literature: basic and additional

1. Clinical Protocol normal birth (moderate birth in congenital heart disease) of the Ministry of health of the Republic of Kazakhstan from 03.05.2019, no. 65
2. Bodyazhina, V. I. Cyesiology. Part 1: the book /. - Almaty : "Evero", 2017. - 244 p.
3. Bodyazhina, V. I. Cyesiology. Part 2: the book /. - Almaty : "Evero", 2017. - 244 p.
4. Bodyazhina, V. I. Cyesiology. Part 3 : the book /. - Almaty : "Evero", 2017. - 244 p.

13. Standard of correct answers based on materials for evaluation **Diagnosis:** III pregnancy, III childbirth, 39 weeks, childbirth.

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