


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.

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- 1. Clinical skills title:** Management of the 1st stage of physiological childbirth
- 2.Tasks of training:** to teach to diagnose, carry out the 1st stage of physiological 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 labor.
- 6. List of models:** simulator, mannequin, multi-functional mannequin in newborns and women in labor; Nadejda simulator for practical skills of physiological delivery; simulator model for determining the state of the cervix before birth, during delivery, in the postpartum period; model-Leopold methods for external obstetric research; model of a child with movable joints.
- 7.The list of medical instruments and equipment:** a set for childbirth, a set for newborns, a diagram of a partogram, a stethoscope, a centimeter tape.
- 8. The execution of skills:**

№	Step-by-step actions	executed	Not executed	notice
1	Diagnostic criteria: <ul style="list-style-type: none"> • The presence of regular labor activity (at least 2 contractions in 10 minutes). • Vaginal examination - structural changes in the cervix and / or opening of the uterine os. Complaints: cramping pains in the lower abdomen (at least 2 contractions in 10 minutes). Anamnesis: number, course of previous births, complications of the postpartum period, the presence or absence of ante- or intranatal fetal losses.			
2	Physical examination <ul style="list-style-type: none"> • palpatory determination of regular contractions of the uterus (at least two contractions in 10 minutes lasting 20 seconds or more); • identifying her emotional and psychological needs; • determination of the standing height of the uterine fundus, position and presentation of the fetus; • listening to the fetal heartbeat (the norm is 110-160 beats / min, at the beginning of the first period at least every 30 minutes, in the active phase at least every 15 minutes for 1 full minute after the end of the contraction during attempts - every 5 minutes or after each attempt); • vaginal examination (after obtaining consent, 			

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	<p>ensuring confidentiality and comfort) for structural changes in the cervix;</p> <ul style="list-style-type: none"> • measurement of blood pressure every 4 hours, (for hypertension after 1 hour); • pulse measurement - every 30 minutes; • measurement of body temperature every 4 hours; • control of the frequency and volume of urination (self-control of the woman in labor); • an assessment of the pain experienced by the woman in labor, including her desire to use one of the methods of pain relief; help to cope with pain - one of the main tasks of medical personnel during childbirth (Appendix 1); • Discussing with the mother how to manage the 3rd period, providing full verbal and written information about the potential advantages and disadvantages of active and expectant management of the 3rd stage. 			
3	<p>Laboratory research:</p> <ul style="list-style-type: none"> • general blood analysis; • determination of blood group and Rh factor. 			
4	<p>Instrumental studies: CTG - to monitor the state of the fetus.</p> <p>Indications for fetal CTG</p> <p>From the mother's side:</p> <ul style="list-style-type: none"> - childbirth with a scar on the uterus (previous caesarean section, myomectomy) - preeclampsia - labor induction - post-term pregnancy (more than 41 weeks and 2 days) - long dry period - diabetes mellitus, gestational diabetes mellitus - Rh - conflict pregnancy - indications related to somatic diseases of the mother <p>From the side of the fetus:</p> <ul style="list-style-type: none"> - auscultatory disturbances when listening to the fetal heartbeat - intrauterine fetal growth retardation - premature birth - oligohydramnios, polyhydramnios - multiple pregnancy - violation of the utero-fetal-placental blood flow according to dopplerometry - suspicious or abnormal cardiotocogram in the 			

	antenatal period - meconium staining of amniotic fluid - breech presentation of the fetus			
5	Conditions associated with the course of childbirth: - stimulation of labor activity by oxytocin - epidural anesthesia - vaginal bleeding during childbirth - maternal hyperthermia (38 and above) - the appearance of meconium in the waters during childbirth.			
6	Initial assessment of the condition of the woman in labor: <ul style="list-style-type: none"> • listening to the testimony of the woman in labor, determining her emotional and mental needs and reviewing her medical record; • physical examination of the woman in labor (body temperature, pulse, blood pressure, duration, strength and frequency of contractions); • determination of the height of the standing of the bottom of the uterus, the position of the fetus in the uterus and the presentation of the fetus; • determination of the nature of vaginal discharge (bloody discharge, amniotic fluid); an assessment of the pain experienced by the woman in labor, including her desire to use one of the methods of pain relief. Helping a woman in labor cope with pain is one of the main tasks of medical personnel during childbirth (Appendix 1). <ul style="list-style-type: none"> • The fetal heart rate should be heard within one minute after the contraction. • Graphical birth recording (partogram) should be used as soon as the first stage of labor has been established. The partograph is used primarily to manage the first stage of labour. However, in the second stage of labor, the recording of indicators of the condition of the mother and fetus, as well as uterine contractions, should be continued. 			
7	The first stage of labor is the time from the start of regular contractions to the full opening of the cervix. The duration of the first birth averages			

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	from 8 to 18 hours, the duration of repeated births averages 5-12 hours. • The latent phase of the first stage of labor lasts until the disclosure of 4 cm. The average duration of the latent phase of the first period is 8 hours. • The active phase of the first stage of labor lasts from the opening of the cervix 4 cm (inclusive) until the full opening of the cervix.			
8	Indications for calling a doctor when conducting labor by a midwife: • fetal tachycardia above 160 beats per minute and bradycardia below 110 beats per minute; • change in the nature of amniotic fluid - green, hemorrhagic; • deviation from the vigilance line on the partogram in any direction;			
9	• the appearance of bloody discharge from the genital tract; • the appearance of headaches, dizziness, epigastric pain, nausea, vomiting, flies before the eyes; • increase in body temperature above 37.5°C, blood pressure 140/90 mm Hg. Art. and above, the pulse is above 90 beats per minute.			

9.Tasks: diagnosis, demonstration of skills of acceptance of normal childbirth, filling partogram.

10. Materials for assessment 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.

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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. Cyesthesiology. Part 1: the book /. - Almaty : "Evero", 2017. - 244 p.

3. Bodyazhina, V. I. Cyesthesiology. Part 2: the book /. - Almaty : "Evero", 2017. - 244 p.

4. Bodyazhina, V. I. Cyesthesiology. 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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