


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

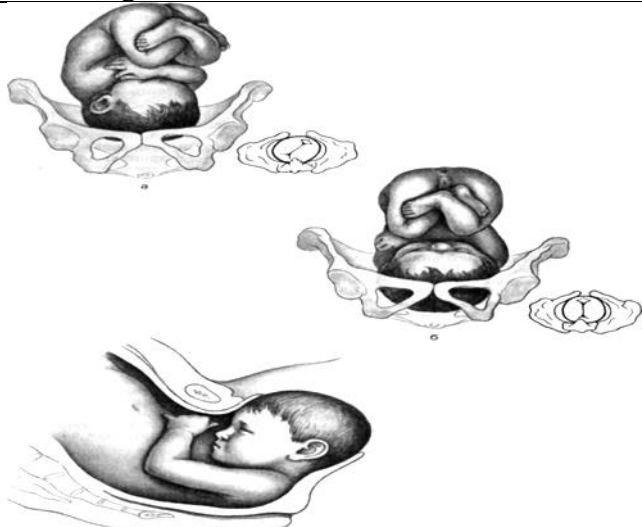
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- 1. Clinical skills title:** Algorithm for conducting labor in the posterior occipital presentation.
- 2. The purpose of the training:** to teach to diagnose the posterior occipital presentation, to conduct physiological labor in the posterior occipital 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	The mechanism of childbirth in the posterior view of the occipital presentation consists of the following points.			
2	The first moment is the flexion of the head in the plane of the entrance to the small pelvis. The wire point is the area between the small and large fontanel. The head is inserted into the entrance to the pelvis more often in the right oblique size, less often in the left.			
3	The second point is the internal rotation of the head, in which the swept seam, when it passes into the narrow part of the plane of the small pelvis, is located in a straight size. The occiput is turned backwards. Often, at the same time, the wire point changes, it becomes the area between the small and large fontanel.			
4	The third moment - the maximum flexion of the head - occurs in the plane of the outlet of the pelvis. This creates two fixation points. The first is the front edge of a large fontanel, which approaches the lower edge of the womb. Due to strong flexion, the back of the head is born and a second fixation point is formed - the suboccipital fossa, which abuts against the coccyx area, and extension occurs. Due to the fact that the head in the plane of the small pelvis is somewhat descends, eruption occurs with an			

	<p>average head size, a circumference of 33 cm. The configuration of the head in the posterior view of the occipital presentation is dolichocephalic. The birth tumor is located on the presenting parietal bone closer to the large fontanel.</p>			
5				
6	<p>The fourth moment is the extension of the head (deflexio capitis). The fetal head continues to move through the birth canal and at the same time begins to unbend. Extension during the physiological course of childbirth occurs at the outlet of the pelvis. Extension begins after the suboccipital fossa rests against the lower edge of the pubic articulation, forming a fixation point (hypomochlion). The head rotates with its transverse axis around the fixation point (the lower edge of the pubic symphysis) and in a few attempts it fully unbends and is born. At the same time, the parietal region, forehead, face and chin sequentially appear from the genital slit. The birth of the head through the vulvar ring occurs with its average oblique size.</p>			
7	<p>The fifth moment is the internal rotation of the body and the external rotation of the head (rotatio trunci interna 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</p>			

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	<p>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 then, due to lateral flexion of the spine, the shoulder, facing backwards. Next, the entire body of the fetus is born.</p>			
8	<p>When conducting labor, there are difficulties in determining the location of the head in relation to the planes of the pelvis. Often, if the head is located in a small segment at the entrance to the pelvis, it seems that it is already in the cavity of the small pelvis. Only with a vaginal examination is it possible to determine exactly in which plane of the pelvis the head is located.</p> <p>Taking into account the fact that the mechanism of childbirth in the posterior view includes an additional and very difficult moment - the maximum flexion of the head, the period of expulsion is delayed. Childbirth in the posterior occipital presentation differs in duration, is accompanied by an excessively large expenditure of labor forces. The pelvic floor and perineum are subject to great strain and are often torn. Prolonged labor and increased pressure from the birth canal, which the head experiences at its maximum flexion, often lead to fetal hypoxia, impaired cerebral circulation, and cerebral lesions.</p> <p>The reasons for the formation of the rear view can be due to both the fetus (small head, in some cases difficult flexion of the cervical spine, etc.), and the state of the birth canal of the woman in labor (anomalies in the shape of the pelvis and pelvic floor muscles).</p>			


9.Tasks: diagnosis, demonstration of skills of management of normal childbirth, 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

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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. 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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