
Primary accreditation of healthcare professionals



SECHENOV UNIVERSITY
LIFE SCIENCES

AMSEEA

Azerbaijan Medical Simulation
Education Association



SIMULATION CENTER
SECHENOV UNIVERSITY
BAKU

OSCE guidelines

Obstetric examination of the patient

Specialty:

Faculty of general medicine

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General provisions Passports of the stations (hereinafter “stations”) for the Objective Structured Clinical Examination (OSCE) for the second stage of primary accreditation and primary specialized accreditation of healthcare professionals represent the document containing necessary information on the station equipping, briefing (brief instruction prior entering the station), scenarios, evaluation sheets (hereinafter “checklist”), sources of information, reference material, etc. and are intended as methodological and reference material for assessing the practical skills by an accredited person, and can be used to assess the level of readiness of healthcare professionals for professional activities.

The assessment of the features of practical skills in a particular discipline can be implemented through the selection of specific scenarios. This decision is made by the Accreditation subcommission in specific discipline (hereinafter ASC) on the day of the second stage of specialists’ accreditation.

To ensure standardization of the procedure for assessing practical skills, the condition of the task and the checklist are the same for everyone.

It is advisable to advise the accredited persons in advance about the requirement to come to the second stage of accreditation in overalls (medical ware, second pair of shoes, a cap), to have personal protective equipment.

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1. Occupational standard (job descriptions)

- 1.1. Unified tariff-specialization summary of job responsibilities of employee and labor professions related to the healthcare sector (approved by Resolution No. 8 of the Ministry of Labor and Social Protection of the Republic of Azerbaijan dated June 19, 2017)
- 1.2. Sample job descriptions for the employees in medical, pharmaceutical and other specialties working in medical institutions (approved by Order No. 70 of the Minister of Health of the Republic of Azerbaijan dated September 19, 2012)

2. Information about the passport's developers

Organization-developer:

- 2.1. Baku branch of the I.M. Sechenov First Moscow State Medical University.
- 2.2. AMSEA- Azerbaijan Medical Simulation Education Association.

3. Operation time of the station

Overall time of skill performance – 10 minutes.

The time spent by the accredited person at the station – no less than 8.5 minutes (in case of early completion of the practical skill, the accredited person remains inside the station until the voice command "Go to the next station").

Table 1

Timing of the implementation of practical skill

Time of voicing the command	Voice command	Action of the accredited person	Time of the implementation of skill
0'	Familiarize yourself with the station task	Familiarize yourself with the task (briefing)	0,5'
0,5'	Enter the station and announce your login	Getting started at the station	8,5'
8,0'	You have one minute left	Continued work at the station	
9,0'	Move to the next station	Leaves the station and moves to the next station according to the individual route	1'

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4. Aim of the station

Accredited person must demonstrate the following skills:

- I. Conducting an obstetric examination and examination of the patient, which includes: conducting an external obstetric examination (palpation of the fetus), auscultation of the fetus using an external obstetric stethoscope, determining the estimated weight of the fetus, measuring the size of pelvis (pelvimetry) - in order to diagnose anomalies of the pelvis, as well as measuring the diagonal conjugate. Proper management of the third stage of labor.
- II. Announcing correctly and in full data of obstetric examination.
- III. Proper formulation and communication of the examination results to the patient.

5. Information ensuring operation of the station

The following must be made available for the station functioning:

5.1. Workplace of a member of ASC

Table 2

Workplace of a member of ASC

№	List of equipment	Quantity
1	Worktop (work surface)	1 pc
2	Chair	2 pcs
3	A device for broadcasting video and audio recordings [†] from the place of work of the accredited person with the possibility to give introductory notes as envisaged in the station's passport ¹	1 pc
4	Headphones	2 pcs
5	Microphone with the ability to give introductory, provided by the passport of the station	1 pc
6	Check lists in paper format (in case of technical problems, they are not used during normal operation)	According to a number of accredited persons
7	Ball-point pens	2 pcs

¹ By agreement with the chairman of the ASC, the device with the broadcast of the video recording of the of the performance of accredited person may be located in another place, to which the ASC members must have free access in order to be able to review the video.

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5.2. Workplace of accredited person

The station must imitate a working premises and include equipment (accessories) and consumables (calculated per the attempts of accredited persons):

5.2.1. List of furniture items and other equipment

Table 3

List of furniture items, other equipment and documentation

№ №	List of furniture items and other equipment	Quantity
1	Worktop	1 pc
2	Chair	1 pc
3	Couch covered with a disposable sterile sheet	1 pc
4	Sink with a single-lever mixer (imitation is allowed)	1 pc
5	Dispenser for disposable towels (imitation is allowed)	1 pc
6	Dispenser for liquid soap (imitation is allowed)	1 pc
7	Wall-mounted clock with the seconds; hand	1 pc
8	Silicone oil	1 bottle

5.2.2. List of medical equipment

Table 4

List of medical equipment

№	List of medical equipment	Quantity
1	Side (instrument) table	1 pc
2	Pelvimeter	1 pc
3	Class B waste container, volume 10 liters	1 pc
4	Sterilizer with disinfectant solution	1 pc
5	Measuring tape (cm)	1 pc
6	Kocher's forceps for umbilical cord clamping (conditionally sterile)	2 pcs
7	Umbilical cord scissors (conditionally sterile)	1 pc
8	Obstetric stethoscope	1 pc
9	Kidney-shaped (emesis) basin	1 pc
10	Corn tongs	2 pcs

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5.2.3. Consumables

Table 5

Consumables (calculated per 1 attempt of accredited person)

№	List of consumables	Quantity (per 1 attempt of accredited person)
1	Examination gloves of various sizes (conditionally sterile)	2 pairs
2	Sterile bed mat (conditionally sterile)	2 pcs
3	Sterile gauze swabs	2 pcs
4	Antiseptic solution	1 bottle

5.2.4. Simulation equipment of the station and its characteristics

Table 6

Simulation equipment and its characteristics

№	List of simulation equipment
1	Mannequin - module for external obstetric examination (Leopold's maneuver): 1. consists of a fetus, 2 air cushions and an inflation device 2. allows you to determine the lie, position, view and presentation of the fetus 3. a fetus with a palpable fontanel, shoulders, elbows and knees can be placed in a normal, gluteal and transverse position between two cushions
2	Female pelvis with two lumbar vertebrae to measure the size of pelvis - pelvimetry
3	Extended version of the phantom labor – half body 1. conducting a vaginal examination during childbirth 2. the use of external methods for the placenta detachment (methods of Abuladze, Credo-Lazarevich, Genter) 3. umbilical cord cutting

6. List of situations (scenarios) for the station

Table 7

List of situations (scenarios) for the station

№	Situation (scenario)
1	Longitudinal lie of the fetus, cephalic presentation, first position, anterior view (LOA). The heartbeat is heard to the left, below the navel. Estimated weight of fetus (<i>weight of fetus (g) = FH (cm) × AC (cm) ± 200 g, where FH is the fundal height and AC is the abdominal circumference in cm</i>). Size of a simple flat pelvis / Deventer's pelvis (<i>D.Spinarum, D.Cristarum, D.Trochanterica, C. externa</i>). The size of the diagonal conjugate are less than the norm (<i>norm = 12.5-13 cm</i>).

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2	Longitudinal lie of the fetus, cephalic presentation, second position, anterior view (ROA). The heartbeat is heard to the right, below the navel, muffled. Estimated weight of fetus ($weight\ of\ fetus\ (g) = FH\ (cm) \times AC\ (cm) \pm 200\ g$, where FH is the fundal height and AC is the abdominal circumference in cm). Size of the general uniformly narrowed pelvis (<i>D.Spinarum</i> , <i>D.Cristarum</i> , <i>D.Trochanterica</i> , <i>C. externa</i>). The size of the diagonal conjugate are less than the norm ($norm = 12.5-13\ cm$).
3	Longitudinal lie of the fetus, second position, sacroposterior position of the breech (LSP). The heartbeat is heard to the right, above the navel. Estimated weight of fetus ($weight\ of\ fetus\ (g) = FH\ (cm) \times AC\ (cm) \pm 200\ g$, where FH is the fundal height and AC is the abdominal circumference in cm). Size of normal pelvis (<i>D.Spinarum</i> , <i>D.Cristarum</i> , <i>D.Trochanterica</i> , <i>C. externa</i>). Размеры диагональ-ной конъюгаты соответствует норме ($norm = 12.5-13\ cm$).
4	Longitudinal lie of the fetus, breech presentation, first position, anterior view (LSA). The heartbeat is heard to the left, above the navel. Estimated weight of fetus ($weight\ of\ fetus\ (g) = FH\ (cm) \times AC\ (cm) \pm 200\ g$, where FH is the fundal height and AC is the abdominal circumference in cm). Size of normal pelvis (<i>D.Spinarum</i> , <i>D.Cristarum</i> , <i>D.Trochanterica</i> , <i>C. externa</i>). The size of the diagonal conjugate meet the norm ($norm = 12.5-13\ cm$).
5	Umbilical cord cutting, signs of the placenta detachment; a) placenta has detached, external discharge of placenta;; b) placenta has not detached, manual detachment of placenta.

Accreditation subcommission (ASC) determines situations and their sequence on the day of the second stage of primary accreditation of healthcare professionals.

7. Induction (briefing) for the accredited person

You are an obstetrics and gynecology doctor. A patient is waiting for you in the room (delivery room). Complete the assignment based on the examiner's instructions. On a voice command, go to the station and begin examination.

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8. Actions of the ASC members, auxiliary personnel² at the preparatory stage (before starting work at the station)

1. Verification of the compliance of the design and equipping of the OSCE station with the standard passport, taking into account the number of accredited persons.
2. Checking the availability of necessary consumables at the station.
3. Checking for availability of written task (briefing) before entering the station.
4. Checking for availability and readiness of the simulator for work, or the availability of the training device.
5. Installing the desired scenario.
6. Checking the readiness of broadcasting video recordings to the video surveillance room (if any).
7. Performing other activities necessary for the normal operation of the station.

9. Actions of the ASC members, auxiliary personnel during the process of station operation

1. Switching on video camera on the command: "Familiarize yourself with the task of the station" (if necessary).
2. Quality control of the audio-video recording of the actions of the accredited person (if necessary).
3. Starting the simulator and managing the simulator's software.
4. Carrying out registration of the sequence and correctness of actions / discrepancies in the actions of the accredited person in accordance with the parameters specified in the checklist.
5. Fixing the results of the simulator parameters in the checklist (if provided in the checklist).
6. Conducting minimum necessary dialogue with the accredited person on behalf of the patient and providing additional input to complete the situation (scenario) (Table 7) (if provided for by the station scenario).
7. Observance of the rule - do not say anything on your own; do not enter into negotiations, even if you do not agree with the opinion of the accredited person. Ask no clarification questions: "So what happens now?" "What shall I do? etc.
8. After the command to the accredited person "Go to the next station" - bringing the used simulation equipment and the premises to their original condition.

² For the convenience and objectivity in assessing the practical skill, it is advisable, in addition to ASC member, to involve another specialist (from among the members of ASC or support staff).

ASC member visually observes the actions of the accredited person, controls the cameras and fills out the checklist;

the second member of ASC / support staff also visually observes the actions of the accredited person, gives feedback and manages simulators/ training facilities.

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For members of the ASC with little experience of work at the station, an increase in the period for preparing the station and filling out the checklist is allowed. In this case, the period must be equal to the station operation time (10 minutes).

Table 8

Sample texts of introductory information

Within the framework of dialogue of ASC member and accredited person for scenario 1-4

№	Action of the accredited person	Introductory text
1	When verifying full name and age of the patient by the accredited person	“Aliyeva Aliya, 17.03.19XX”
2	When asking about the patient's well-being	“Normal”
3	When specifying the date of the first day of your last menstrual period	“XX.XX.202X”
4	When checking the availability of the informed voluntary consent to the procedure	"Let us assume that informed voluntary consent has been obtained"
5	When trying to disinfect hands in a hygienic way	"Let us assume that the hands have been disinfected"
6	When performing the I Leopold's maneuver	"In the area of the uterine fundus: 1. Dense, rounded, large part of the fetus 2. There is a massive, soft, irregularly shaped, large part of the fetus."
7	When performing the II Leopold's maneuver	“A smooth, even, wide back of the fetus is identified on the right / on the left, small parts of the fetus are identified on the right on the left/in the form of small mobile tubercles”
8	When performing the IV Leopold's maneuver	“A presenting part in the pelvic inlet”
9	When listening to the fetal heartbeat	“Fetal heart beats is 150 beats per minute”
10	When trying to determine the size of pelvis	“The size of the pelvis correspond to: 1. 25-28-31-18 2. 23-26-29-18 3,4. 25-28-31-20»
11	When trying to treat an obstetric stethoscope with a disinfectant solution	"Let us assume that the obstetric stethoscope has been treated"
12	When trying to measure an external conjugate, asked the patient to turn over on her left side.	"Let us assume that the patient turned over on her left side"

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13	When attempting to change from disposable examination gloves to sterile gloves	"We'll assume you've changed gloves."
14	When trying to measure the distance from the top of the middle finger to the point in contact with the lower edge of the symphysis	"Let us assume that assistant has measured the distance 1. 11 cm 2. 11 cm 3,4. 12.5-13 cm"
15	When trying to disinfect hands in a hygienic way	"Let is assume that the hands have been disinfected"

Table 9

**Sample texts of introductory information
within the framework of dialogue of ASC member and accredited person for scenario 5**

№	Action of the accredited person	Introductory text
1	When trying to cut the umbilical cord, after treating the cut area with a swab with antiseptic solution	"Let us assume that an umbilical cord has been cut"
2	When attempting to separate the baby from the mother	"Let's assume you've handed the baby over to the neonatologist."
3	In the absence of the ability to isolate the placenta	"The placenta has separated, the woman is pushing, but the placenta does not stand out"
4	When trying to switch manual detachment of placenta	"After the childbirth there were no signs of the placenta detachment. Bleeding began"
5	When trying to call in anesthesiologist	"Let us assume that an anesthesiologist has been called in"
6	When trying to isolate the placenta	"Let us assume that you have isolated the placenta"
7	When examining the placenta	The placenta is intact
8	On palpation through the anterior abdominal wall of the postpartum uterus in order to assess its tone	The uterus is dense, the uterine fundus is at the level of navel
9	When asking anesthesiologist about the patient's well-being	"The patient feels well"
10	When trying to disinfect hands in a hygienic way	"Let is assume that the hands have been disinfected"

Table 10

**Indicative comments of the accredited person
when fulfilling practical skill**

№	Practical action of the accredited person	Indicative text of the accredited person
1	Establish contact with the patient (say hello, introduce oneself, define one's role)	"Hello!" "My name is _____" "I am an obstetrics and gynecology doctor"
2	Identify the patient (ask her to introduce herself)	"Please, introduce yourself"
3	Compare full name of the patient with the individual card of the pregnant woman and the obstetric patient	"The patient has been identified"
4	Name the upcoming procedure, explain its purpose	"Today we will have an obstetric examination procedure to determine the lie of the fetus, listening to its heartbeat, measuring the size of the pelvis, as well as conducting a vaginal examination to determine the state of your health and the intrauterine condition of the fetus"
5	Obtain voluntary informed consent from the patient for the upcoming procedure	"Do you agree to this procedure?«
6	Offer, or help the patient to take a comfortable position - lying on her back, on a medical couch covered with a disposable sterile sheet	"Please lie down on the couch and expose your stomach"
7	Disinfect hands in a hygienic way	"I am treated my hands in a hygienic way"
8	Carefully palpating the uterine fundus identify the large part of the fetus located in the uterine fundus, the fundal height,	"I am performing the I Leopold's maneuver, to identify the large part of the fetus located in the uterine fundus and fundal height"
9	Determine the lie, position, view of the fetus, as well as the tone of the uterus, gently palpating the side surfaces	"I am moving on to II Leopold's maneuver's, to determine the fetus lie (longitudinal, oblique, transverse), position (first, second), view (anterior, posterior), and uterine tone"
10	Determine the large part of the fetus pressed against the pelvic inlet"	"I am moving on to the III Leopold's maneuver's, to determine the relationship of the presenting part of the fetus to the pelvic inlet (cephalic / pelvic). " At the entrance to the true pelvis is: 1. the rounded, dense mobile part of the fetus. 2. the massive, soft, irregularly shaped, immobile part of the fetus"

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11	Determine the relationship of the presenting part of the fetus to the planes of true pelvis	"I will start the IV Leopold's maneuver, to determine the relationship of the presenting part of the fetus to the planes of true pelvis"
12	Press the stethoscope's wide bell to the mother's abdomen	With cephalic presentation, the stethoscope is placed below, with the breech presentation above the navel. At the first position to the left of the navel, at the second to the right of the navel."
13	Listen to the fetal heartbeats for 1 minute	"Heart rate of the fetus must be twice higher than heart rate of mother. In average 120 to 160 beats/minute"
14	Treat wide bell of the stethoscope with the disinfectant solution	"I am treating the wide bell of the stethoscope with the disinfectant solution"
15	Determine an estimated fetal weight	"I take measuring tape and measure FH and AC and ± 200 gram to their product"
16	Take external measurements of bony pelvis	"I am determining the first size (D.spinarum), second size (D.cristarum), third size (D.throchanterica) and fourth (C.externa)"
17	Measure the dimensions of the conjugate vera	Calculating from C. externa 9, /from C. diagonalis 1.5 or 2
18	Determine the size of diagonal conjugate	"With the thumb and index finger pull apart the labia majora and minora I insert the index and middle fingers of the working hand into the vagina and move towards the promontory With the index finger of a free hand I register the point of contact with the lower edge of symphysis
19	Help pregnant woman to get off the couch	"Let me help you to get off the couch"
20	Disinfect hands in a hygienic way	"I am washing my ands using disinfectant solution"

Sample comments of the accredited person when contacting the patient

Scenario 1,2,3,4

№	Practical action of the accredited	Sample text of the accredited person
1	Ask the patient to take a comfortable position on the couch, and expose her stomach	"Please lie down on the couch and expose your stomach."
2	To warn the patient about the beginning of an external obstetric examination	"Now I'm going to determine the fundus of the uterus and the lie of the fetus."

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3	To warn the patient about the auscultation of the fetal heartbeat	"Now we're going to listen to the fetal heartbeat."
4	Inform the patient about calculating the estimated fetal weight	"Now we will calculate the approximate weight of the fetus"
5	Inform the patient about the beginning of the measurement of the external dimensions of the pelvis	"And now let's measure the dimension of your pelvis"
6	Warn the patient about the vaginal examination	"Let's begin the vaginal examination. You may feel a little discomfort. First we will treat the external genitals for internal examination"
7	Inform the patient about the end of the examination	"The examination is over, you can get up and get dressed"
8	Inform the patient of the results of the examination	<p><i>Scenario 1-2: "The fetal heartbeat, fetal intrauterine condition and positioning are satisfactory. The size of your pelvis is not normal.</i></p> <p><i>3-4 scenario: The fetal heartbeat, fetal intrauterine condition and positioning are satisfactory. However, the fetus is coming from the breech end. The size of your pelvis is normal"</i></p>

10. Normative and methodological support of the station's passport

1. Clinical practice guidelines (treatment protocol) "Clinical protocol for normal birth", Ministry of Health of the Republic of Azerbaijan 2012
2. Williams Obstetric. Publisher: McGraw Hill / Medical; Edition: 26th, 2022
3. Netter's Obstetrics and Gynecology. Roger P. Smith, Publisher: Elsevier Science, 4th Edition, 2023.
4. Obstetrics Eds. G.M. Savelyeva, G.T. Sukhikh, V.N. Serov, V.E. Radzinski 2-nd edition, revised and enlarged M: GEOTAR-Media, 2019
5. https://www.wikilectures.eu/w/The_third_period_of_labor
6. <https://geekymedics.com/obstetric-abdominal-examination/>

11. Reference information for the accredited person /ASC members (Annexes 1-2)

12. Criteria for evaluating the actions of the accredited person

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In the electronic checklist, the assessment of the correctness and sequence of actions performed by the accredited person is carried out by activating the buttons:

- “Yes” – action executed
- “No” – action not executed

Each position is introduced by the ASC member into the electronic checklist

13. Skill performance algorithm

Skill performance algorithm can be used for the mastering this skill and preparation for primary accreditation or primary specialized accreditation of healthcare professionals.

Scenario 1, 2, 3, 4

№	Action of the accredited person
1	Say hello to the patient
2	Introduce yourself, tell about your role
3	Ask the patient according to medical records: <ul style="list-style-type: none"> ● Full name ● Date of birth
4	Inquire about the patient's well-being
5	Ask the patient the date of the first day of her last menstrual period
6	Inform the patient about the upcoming procedure
7	Check, whether the patient gave voluntary informed consent for the upcoming procedure
Preparation for the procedure:	
8	Ask the patient to take a comfortable position on the couch covered with a disposable, sterile sheet and expose the abdomen
9	Disinfect hands in a hygienic way
10	Put on disposable examination gloves
Conducting an external obstetric examination (fetal palpation):	
11	To voice for the patient: <i>"Now I'm going to determine the fundus of the uterus and the lie of the fetus."</i>
12	The I Leopold's maneuver: carefully palpating the uterine fundus, the palms of both hands shall be placed on the fundus of the uterus so that they tightly cover the uterine fundus, the nail phalanxes of the fingers are facing each other
13	<i>To voice the goal:</i> Identify the large part of the fetus located in the uterine fundus and determine the fundal height,
14	The II Leopold's maneuver: carefully palpating the lateral sections of the uterus, we shift our hands from the uterine fundus to its right and left sides to the level of the navel and lower, gently pressing with the palms and fingers of both hands on the side walls of the uterus
15	<i>To voice the goal:</i> Determine the lie, position, view of fetus and uterine tone

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16	The III Leopold's maneuver: cover with one hand the presenting part, after which they carefully move this hand to the right and left
17	<i>To voice the goal:</i> Determine the large part of the fetus
18	The IV Leopold's maneuver: stand facing the patient's feet, place both hands on the lower segment of the uterus and bring them closer
19	<i>To voice the goal:</i> Determine the level of the presenting part of fetus in relation to the planes of true pelvis)
Auscultation of the fetus	
20	To voice for the patient: <i>"Now we will listen to the fetal heartbeat"</i>
21	Press the obstetric stethoscope's wide bell to the mother's abdomen
22	Correctly determine the place of listening to the fetal heartbeat
23	Listen to the fetal heartbeats for 1 minute
24	Treat wide bell of the stethoscope with the disinfectant solution
Calculation of the estimated weight of the fetus	
25	To voice for the patient: <i>"Now we will calculate the approximate weight of the fetus"</i>
26	Determine the FH: place measuring (centimeter) tape along the midline of the abdomen, measure the distance between the upper edge of symphysis and the most protruding point of the uterine fundus (in the last 2-3 weeks it is 36-37 cm, by childbirth 34-35 cm)
27	Measure the AC: place measuring tape at the level of the lumbar region – behind, at the level of navel - in front, (at the end of pregnancy - 90-100 cm)
28	Calculate the weight of fetus using the following formula: $\text{weight of fetus (g)} = \text{FH (cm)} \times \text{AC (cm)} \pm 200 \text{ g}$
Pelvic measurements	
29	To voice for the patient: <i>"And now let's measure the dimension of your pelvis"</i>
30	Hold the pelvimeter correctly. Pick up the pelvimeter arms so that the thumb and index finger hold the bulbs. The scale of pelvimeter must be facing up (<i>voice-over</i>)
31	The first dimension (<i>D.spinarum</i>) – distance between the spina iliaca anterior superior (<i>normal size 25-26 sm</i>)
32	The second dimension (<i>D.cristarum</i>) – the largest distance between the left and right iliac crests (<i>normal size 28-29 sm</i>)
33	The third dimension (<i>D.trochanterica</i>) – distance between the greater trochanters of femur bones (<i>normal size 31-32 sm</i>)
34	The fourth dimension (<i>C. externa</i>) – the distance between the middle of the upper external edge of the symphysis and depression of the lumbar vertebrae. Ask the patient to turn on her left side, bending the left leg at the knee and hip joints, and keep the right leg extended. (<i>normal size 20-21 sm</i>)
35	Determine C. vera (by calculating from C. externa 9)

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Determination of diagonal conjugate	
36	To voice for the patient: <i>"Let's begin the vaginal examination. You may feel a little discomfort. First we will treat the external genitals for internal examination"</i>
37	Measuring the distance from the lower edge of the symphysis to the most prominent point of sacral promontory:
38	Take a sterile gauze swab with a corn tongs and treat with a skin antiseptic
39	Treat the external genitals with a skin antiseptic: <ul style="list-style-type: none"> • labia • pubis • inner thighs • perineum and anus area
40	Dispose of the sterile gauze swab in a Class B container
41	Reset corn tongs in container with disinfection solution
42	Change disposable examination gloves to sterile gloves
43	With the thumb and index finger of the subdominant hand pull apart the labia majora and minora
44	Insert the index and middle fingers of the working hand into the vagina, the ring and little fingers bend, their dorsum rests on the perineum
45	Move towards the promontory with the inserted fingers
46	With index finger of the other hand, mark where the examining hand touches the lower edge of the symphysis.
47	Without removing the index finger from the marked point, take out the hand that is in the vagina
48	Ask assistant to measure the distance from the tip of middle finger to the point of contact with the lower edge of symphysis
49	Defined C. vera (by calculating from C. diagonalis 1.5 or 2)
50	Voice the shape of the pelvis
End of procedure	
51	Inform the patient about the end of the examination
52	Ask the patient about her well-being
53	Remove gloves and dispose of in a Class B container
54	Disinfect hands in a hygienic way
55	Inform the patient about the results of the examination
56	Make a note about the examination in medical documentation

№	Action of the accredited person
1	Say: "I delivered a live baby and the baby lies on the mother's abdomen"
2	Say: "To prevent bleeding"
3	At the same time, put on sterile gloves (do not say aloud, as during childbirth he /she was wearing gloves)
Dissection of the umbilical cord	
4	Set up two Kocher's clamps, at 10 cm distance from the umbilical ring (retraction) and the second one - stepping back 2 cm from the first clamp
5	Pick up sterile gauze swab using corn tongs and dip with a skin antiseptic
6	Treat an area of the umbilical cord dissection with the swab with disinfectant solution
7	Dispose the swab in class B container
8	Reset corn tongs in container with disinfectant solution
9	Take medicinal scissors and cut the umbilical cord between the Kocher's clamps (<i>i voice over</i>)
10	Reset medicinal scissors in container with disinfectant solution
Checking the signs of the placenta detachment	
11	Check Schroder's sign – change of the form and fundal height
12	Check Alfeld's sign - extension of the outer piece of the umbilical cord
13	Check Klein's sign - after the pushing, the extended piece of the umbilical cord is not pulled into the vagina
14	Check Kustner sign - when the suprapubic area is pressed with the edge of hand and the umbilical cord is not pulled into the vagina
Methods of external placenta detachment	
15	Abuladze method 1. grasp the anterior abdominal wall with both hands and lift slightly 2. ask the patient to push
16	Method of Crede 1. the uterus is brought into the middle position 2. the uterus is lightly stroked for the purpose of its contraction 3. grasp the uterine fundus with a working hand (palm surfaces of four fingers are located on the back wall of the uterus, and the thumb - on the front) 4. ask the patient not to push 5. at the same time press on the uterus with the whole hand
17	Genter's method 1. the uterus is brought into the middle position 2. the uterus is lightly stroked for the purpose of its contraction 3. clench both hands into fists 4. place the dorsal surface on the uterine fundus in the area of the tubal angles 5. ask the patient not to push 6. press with the fists on the uterus in the direction down to the sacrum
Manual detachment of the placenta	

Obstetric examination of the patient

18	Call in anesthesiologist
19	Pick up sterile gauze swab using corn tongs and dip with a skin antiseptic
20	Treat external genitalia with the disinfectant solution: <ul style="list-style-type: none">• Labia• Pubis• Inner thighs• perineum and anus
21	Dispose the swab in class B container
22	Reset corn tongs in container with disinfectant solution
23	Change steril gloves
24	With subdominant hand pull apart the labia majora and minora
25	Insert working hand folded as a cone ("obstetrician's hand") into the vagina, and then into the uterus
26	With the subdominant hand, through the anterior abdominal wall, take and fix the uterine fundus
27	Determine the edge of placenta
28	Begin detaching placenta from the wall of the uterus with sawlike movements
29	With a subdominant hand, tighten the placenta and take it out (<i>imitation</i>)
30	Place placenta in the basin (<i>imitation</i>)
31	Check integrity of placenta (<i>imitation</i>)
32	With the hand within the uterine cavity examine its walls
33	Assess the uterus tone
End of procedure	
34	Ask anesthesiologist about the patient's well-being
35	Take off the gloves and place them in class B container for disposal
36	Disinfect hands in a hygienic way
37	Make a note about the examination in medical documentation

Obstetric examination of the patient

14. Voluntary informed consent

Approved in accordance with the Law
Of the Republic of Azerbaijan "On
Public Health protection"

On authorization to perform an obstetric examination

VOLUNTARY INFORMED CONSENT

Every citizen, excluding cases of medical emergency, has the right to voluntarily choose a doctor, attending doctor, as well as a therapeutic and prophylactic institution. Taking into account this law.

I, **Alieva Aliya Ali**, give informed voluntary consent to the types of medical interventions: **for external obstetric examination, determination of estimated fetal weight, pelvic size and diagonal conjugate.**

1. The purpose and nature of the examination was explained to me personally in detail by an obstetrician-gynecologist _____.
2. I know that I am obliged to inform my doctor about my complaints, diseases, health problems, allergic reactions, regular intake of alcohol, drugs and any other medications.
3. I must comply with the relevant rules for the collection of materials for laboratory research. The attending physician is responsible for examining and prescribing treatment. I would like to undergo examination at your clinic of my own free will
4. During the collection of biological materials for laboratory research, I must consent to certain manipulations .
5. I had the opportunity to talk to the doctor about my condition and ask questions about treatment, and the doctor answered all my questions in a language I understand.
6. I was informed that the attending doctor is responsible for examinations and prescribing treatment.
7. I confirm with my signature that I have read this document, its contents have been explained to me in detail by the doctor, and I agree to the examination:

_____ 202_ year Signature:

Signature of the patient's parent, if the patient is a minor, with the consent of the patient or an informed next of kin, if the patient cannot sign the document

(Full name and degree of kinship)

_____ 202_ year Signature:

15. Medical documentation

CASE SHEET

of pregnant woman and obstetric patient

Blood group Wassermann's test

Rh blood group of pregnant woman I "... " _____ 20..

Her husband _____ II "... " _____ 20..

1. Registration date _____ Report of investigation for
_____ gonococci _____

Investigation for toxoplasmosis

cancer stem cells (by indications)

Dermal reaction _____ RCS (radiographic contrast study)

Surname, name, middle name _____

Date of birth _____ Marital status: брак

Marriage registered, not registered, single (underline)

Home address, phone _____

Education: Elementary, secondary level, higher (underline)

Place of work, phone _____

Profession or position _____ working conditions _____

Surname and place of work of a spouse, phone _____

2. Diagnosis: Pregnancy (which) _____ Childbirth _____

Complications of this pregnancy _____

Extragenital diseases (diagnosis) _____

3. Pregnancy outcome: abortion, timely delivery, premature birth _____

_____ weeks. Date _____

Obstetric examination of the patient

Special aspects of childbirth _____

Baby: live, dead, mass (weight) _____ length at birth _____ cm

Dismissed from clinic, transferred to hospital, died in the maternity clinic

(underline) _____ diagnosis _____

4. Anamnesis

Previous diseases: common _____

_____ gynecological

Operations _____

Sexual activity since _____ years Health of the spouse _____

Menstrual period since _____ years Special features _____

Last menstrual period since ____ to ____ 20.. . r.

The first movement of a fetus "...” _____ 20 . . r.

5. The first examination of pregnant woman

Height _____ cm. Mass (weight) _____ kg. Constitutional peculiarities

Condition of mammary glands _____

Cardiovascular system _____

_____ Blood pressure: on the right arm _____ on the left arm _____

Other organs _____

Pelvic dimensions: D. Sp. _____ D. Cr. _____ D. troch _____

C. ext. _____ C. diag. _____ C. vera _____

External obstetric examination: fundal height _____ cm.

Abdominal circumference _____ cm. Fetus lie, position, view

Obstetric examination of the patient

Presentation _____ Fetus heartbeat _____

Vaginal examination Recommendations

External genitalia _____

Vagina _____

Neck of the uterus _____

Body of uterus _____

Adnexas _____

Specific features _____

Diagnosis: period of pregnancy _____

_____ weeks _____

Estimated delivery date _____

Doctor's signature _____ Date _____

Reference information

Annex 1

Table with dimensions of contracted pelvis

Pelvis shape	D. spinarum	D. cristarum	D. trochanterica	C. externa	C. diagonalis	C. vera
Normal	25-26	28-29	31-32	20	12,5-13	11
Dolichopellic pelvis	24-25	25-26	28-29	20	12,5	11
Generally uniformly narrowed pelvis	23	26	29	18	11	9
Simple flat pelvis	25-26	28-29	31-32	18	11	9
Flat rachitic pelvis	26	26	31	17	10	9

Third stage of labor

It is necessary to prevent bleeding by routine administration of oxytocin (in the first minute after the childbirth - 10 units/ min).

Assess the signs of placenta detachment:

- Schroder's - change of the form and fundal height
- Alfeld's - extension of the outer piece of the umbilical cord
- Klein's - after the pushing, the extended piece of the umbilical cord is not pulled into the vagina
- Kustner–Chukalov’s - when the suprapubic area is pressed with the edge of hand, umbilical cord is not pulled into the vagina

Use the methods of external umbilical cord detachment

- Abuladze method The anterior abdominal wall is grasped with both hands as a fold. After that, patient is asked to push.
- Method of Crede-Lazarevich The uterus is brought into the median position the uterus is lightly stroked (not massage!) for contraction. After that, the uterine fundus shall be grasped with working hand, so that palm surfaces of four fingers are located on the back wall of the uterus, palm - at the very bottom of the uterus and the thumb - on the front wall. At the same time, one should press on the uterus with the whole hand in two crossing directions (fingers - from front to back, palm - from top to bottom).
- Genter’s method an uterus is brought into median position. Lightly stroking an uterus, induce its contraction. After that, standing on the side of the woman in labor, facing her legs, one should put one’s hands clenched into fists on the bottom of the uterus in the area of the tubal angles and gradually increase the pressure on the uterus downwards, towards the exit from the *true* pelvis.

In the absence of signs of the placenta detachment, it is separated manually and umbilical cord detached.

Umbilical cord clamping:

Set up one Kocher clamp at a distance of 10 cm from the umbilical ring and the second one - stepping back 2 cm from the first clamp. Treat an area of the umbilical cord between Kocher clamps with sterile gauze swab moistened with 95% ethanol solution, cut with sterile scissors.

CHECKLIST

Scenario 1,2,3,4

№	Action of the accredited person	Evaluation criteria	
		<input type="checkbox"/> yes	<input type="checkbox"/> no
1	Established contact (<i>said hello, introduces himself/herself, defined his/her role</i>) and identified patient (<i>asked her to introduce herself, give your date of birth, compared data with medical records</i>), asked about her well-being	<input type="checkbox"/> yes	<input type="checkbox"/> no
2	Inquired about the patient's well-being.	<input type="checkbox"/> yes	<input type="checkbox"/> no
3	Asked the date of the first day of the last menstrual period and calculated the EDB	<input type="checkbox"/> yes	<input type="checkbox"/> no
4	Informed about the upcoming procedure, explained the purpose of the procedure	<input type="checkbox"/> yes	<input type="checkbox"/> no
5	Received voluntary informed consent	<input type="checkbox"/> yes	<input type="checkbox"/> no
Preparation for the procedure			
6	Asked the patient to take a comfortable position on the couch and expose the stomach	<input type="checkbox"/> yes	<input type="checkbox"/> no
7	Disinfect hands in a hygienic way	<input type="checkbox"/> yes	<input type="checkbox"/> no
8	Put on examination gloves	<input type="checkbox"/> yes	<input type="checkbox"/> no
Implementation of procedure			
9	Carefully palpating the uterine fundus, performed the first external obstetric examination (Leopold), correctly placing hands	<input type="checkbox"/> yes	<input type="checkbox"/> no
10	Voiced the purpose of the first Leopold's maneuver's (<i>identified large part of the fetus located in the uterine fundus</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
11	Carefully palpating the lateral sections of the uterus, performed the first external obstetric examination (Leopold), correctly placing hands	<input type="checkbox"/> yes	<input type="checkbox"/> no
12	Voiced the purpose of the second Leopold's maneuver's (<i>identified the lie, position and view of fetus and uterine tone</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
13	Performed the third external obstetric examination (Leopold), correctly placing hands	<input type="checkbox"/> yes	<input type="checkbox"/> no
14	Voiced the purpose of the third Leopold's maneuver's (<i>identified large part of the fetus pressed to the entrance of the true pelvic</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
15	Stood facing the patient's feet. Performed the IV maneuver of the external obstetric examination (Leopold's), correctly placing hands	<input type="checkbox"/> yes	<input type="checkbox"/> no
16	Voiced the purpose of the fourth Leopold's maneuver's (<i>determined the relationship of the presenting part of the fetus to the planes of true pelvis</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Auscultation of the fetus			
17	Pressed the stethoscope's wide bell to the mother's abdomen	<input type="checkbox"/> yes	<input type="checkbox"/> no

Obstetric examination of the patient

18	Correctly determined the place of listening to the fetal heartbeat and listened for 1 minute	<input type="checkbox"/> yes	<input type="checkbox"/> no
19	Treated wide bell of the stethoscope with the disinfectant solution	<input type="checkbox"/> yes	<input type="checkbox"/> no
Calculation of the estimated weight of the fetus			
20	Correctly measured the fundal height and the abdomen circumference:	<input type="checkbox"/> yes	<input type="checkbox"/> no
21	EFW (weight of fetus (g) = FH (cm) × AC (cm) ± 200 g)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Pelvic measurements			
22	Holds the pelvimeter correctly	<input type="checkbox"/> yes	<input type="checkbox"/> no
23	Voiced the measurement points - distance between the spina iliaca anterior superior and the norm of D.spinarum	<input type="checkbox"/> yes	<input type="checkbox"/> no
24	Correctly demonstrated the measurement	<input type="checkbox"/> yes	<input type="checkbox"/> no
25	Voiced the measurement points - the largest distance between the left and right iliac crests and the norm of D.cristarum	<input type="checkbox"/> yes	<input type="checkbox"/> no
26	Correctly demonstrated the measurement	<input type="checkbox"/> yes	<input type="checkbox"/> no
27	Voiced the measurement points— distance between the greater trochanters and the norm of D.trochanterica	<input type="checkbox"/> yes	<input type="checkbox"/> no
28	Correctly demonstrated the measurement	<input type="checkbox"/> yes	<input type="checkbox"/> no
29	Voiced the measurement points - distance between the middle of the upper external edge of the symphysis and depression of the lumbar vertebrae and the norm of C. externa	<input type="checkbox"/> yes	<input type="checkbox"/> no
30	Measured and demonstrated	<input type="checkbox"/> yes	<input type="checkbox"/> no
31	Determined C. vera (subtracted from C. externa 20 - 9)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Determination of diagonal conjugate			
32	Pick up sterile gauze swab using corn tongs	<input type="checkbox"/> yes	<input type="checkbox"/> no
33	Treated a sterile gauze swab with skin antiseptic.	<input type="checkbox"/> yes	<input type="checkbox"/> no
34	Treated external genitalias with skin antiseptic.	<input type="checkbox"/> yes	<input type="checkbox"/> no
35	Dispose of the sterile gauze swab in a Class B container	<input type="checkbox"/> yes	<input type="checkbox"/> no
36	Reset corn tongs in container with disinfection solution	<input type="checkbox"/> yes	<input type="checkbox"/> no
37	Changed sterile examination gloves.	<input type="checkbox"/> yes	<input type="checkbox"/> no
38	With subdominant hand pulled apart the labia majora and minora	<input type="checkbox"/> yes	<input type="checkbox"/> no
39	Inserted the index and middle fingers of working hand into the vagina and moved towards the promontory	<input type="checkbox"/> yes	<input type="checkbox"/> no
40	With subdominant hand marked where the examining hand touches the lower edge of the symphysis.	<input type="checkbox"/> yes	<input type="checkbox"/> no
41	Asked assistant to measure the distance from the tip of middle finger to the point of contact with the lower edge of symphysis	<input type="checkbox"/> yes	<input type="checkbox"/> no

Obstetric examination of the patient

42	Defined C. vera (by calculating from C. diagonalis 1.5 or 2)	<input type="checkbox"/> yes	<input type="checkbox"/> no
43	Correctly voice the shape of the pelvis	<input type="checkbox"/> yes	<input type="checkbox"/> no
End of procedure			
44	Informed the patient about the end of procedure, asked her to get dressed	<input type="checkbox"/> yes	<input type="checkbox"/> no
45	Took off gloves and placed them in class B container for disposal.	<input type="checkbox"/> yes	<input type="checkbox"/> no
46	Disinfect hands in a hygienic way	<input type="checkbox"/> yes	<input type="checkbox"/> no
47	Made a note about the examination in medical documentation	<input type="checkbox"/> yes	<input type="checkbox"/> no

Scenario 5

№	Action of the accredited person	Evaluation criteria	
1	Said: <i>“I delivered a live baby and the baby lies on the mother's abdomen”</i>	<input type="checkbox"/> yes	<input type="checkbox"/> no
2	Put on sterile examination gloves	<input type="checkbox"/> yes	<input type="checkbox"/> no
3	Said: <i>“Performed bleeding prophylaxis”</i> .	<input type="checkbox"/> yes	<input type="checkbox"/> no
Implementation of procedure			
4	Correctly set up two Kocher's clamps	<input type="checkbox"/> yes	<input type="checkbox"/> no
5	Take a sterile gauze swab with a corn tongs	<input type="checkbox"/> yes	<input type="checkbox"/> no
6	Treated sterile gauze swab with the skin antiseptic	<input type="checkbox"/> yes	<input type="checkbox"/> no
7	Treated an area of the umbilical cord dissection	<input type="checkbox"/> yes	<input type="checkbox"/> no
8	Disposed of the swab in class B container	<input type="checkbox"/> yes	<input type="checkbox"/> no
9	Dropped corn tongs in sterilizer with disinfectant solution	<input type="checkbox"/> yes	<input type="checkbox"/> no
10	Cut the umbilical cord between the clamps	<input type="checkbox"/> yes	<input type="checkbox"/> no
11	Dropped scissors in sterilizer with disinfectant solution	<input type="checkbox"/> yes	<input type="checkbox"/> no
Signs of the placenta detachment			
12	Assessed Schroder's signs (<i>change of the form and fundal height</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
13	Assessed Alfeld's signs (<i>extension of the outer piece of the umbilical cord</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
14	Assessed Klein's signs (<i>after the pushing, the extended piece of the umbilical cord is not pulled into the vagina</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
15	Assessed Kustner signs (<i>when the suprapubic area is pressed with the edge of hand, umbilical cord is not pulled into the vagina</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Methods of external placenta detachment			
16	Used Abuladze method (<i>grasped the anterior abdominal wall with both hands and lifted it slightly, asked the patient to push</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
17	Used Crede method (<i>bring an uterus into middle position, stroke lightly, grasp the uterine fundus with a working hand, ask the patient not to push, at the same time press on the uterus with the whole hand</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
18	Used Genter's method (<i>bring an uterus into middle position, stroke lightly, clench both hands into fists, place the dorsal surface on the uterine fundus in the area of the tubal angles, ask the patient not to push, press with the fists on the uterus in the direction down to the sacrum</i>)	<input type="checkbox"/> yes	<input type="checkbox"/> no
19	Called for anesthesiologist	<input type="checkbox"/> yes	<input type="checkbox"/> no
Begin manual detachment of the placenta			

Obstetric examination of the patient

20	Took sterile gauze swab with a corn tongs	<input type="checkbox"/> yes	<input type="checkbox"/> no
21	Treated sterile gauze swab with skin antiseptic	<input type="checkbox"/> yes	<input type="checkbox"/> no
22	Treated external genitalia with skin antiseptic	<input type="checkbox"/> yes	<input type="checkbox"/> no
23	Disposed of the swab in class B container,	<input type="checkbox"/> yes	<input type="checkbox"/> no
24	Dropped corn tongs in sterilizer with skin antiseptic	<input type="checkbox"/> yes	<input type="checkbox"/> no
25	Changed sterile examination gloves.	<input type="checkbox"/> yes	<input type="checkbox"/> no
26	With subdominant hand pulled apart the labia majora and minora,	<input type="checkbox"/> yes	<input type="checkbox"/> no
27	Inserted working hand folded as a cone ("obstetrician's hand") into the vagina, and then into the uterus	<input type="checkbox"/> yes	<input type="checkbox"/> no
28	With the subdominant hand, through the anterior abdominal wall, take and fix the uterine fundus, determine the edge of placenta with working hand	<input type="checkbox"/> yes	<input type="checkbox"/> no
29	Began detaching placenta from the wall of the uterus with sawlike movements	<input type="checkbox"/> yes	<input type="checkbox"/> no
30	With a subdominant hand, tighten the umbilical cord and take it out, placenta in a basin	<input type="checkbox"/> yes	<input type="checkbox"/> no
31	With the hand within the uterine cavity examine its walls	<input type="checkbox"/> yes	<input type="checkbox"/> no
32	Checked integrity of the placenta	<input type="checkbox"/> yes	<input type="checkbox"/> no
33	Assessed the uterus tone	<input type="checkbox"/> yes	<input type="checkbox"/> no
34	Asked anesthesiologist about the patient's well-being	<input type="checkbox"/> yes	<input type="checkbox"/> no
End of procedure			
35	Took off gloves and placed them in class B container for disposal.	<input type="checkbox"/> yes	<input type="checkbox"/> no
36	Disinfect hands in a hygienic way	<input type="checkbox"/> yes	<input type="checkbox"/> no
37	Made a note about the examination in medical documentation	<input type="checkbox"/> yes	<input type="checkbox"/> no