

Women's Health Interest Society of Monash



Practice OSCEs in Obstetrics & Gynaecology

2021

DISCLAIMER

These OSCE stems have been written by Year 4C and 5D Monash medical students who are members of WHISM. They are intended as a study aid for students undertaking their Women's Health rotation and/or preparing for their Women's Health exams. Any relevance to faculty released OSCE stations is purely coincidental.

TITLE SHEET

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Station title: Lyn's ready to start a family

Topic covered: Preconception Counselling

Station type: Counselling (Hx/Ex/Ix)

CANDIDATE INSTRUCTIONS

STEM

You are a GP in a rural practice, Today Lyn Diter, a 30-year-old woman, comes into the clinic wishing to have a discussion about conception as she is ready to start a family.

TASKS

1. *Take a focused history from Lyn (3 mins).*
2. *Please outline any examination findings or investigation findings you would like. (1 min)*
3. *Please counsel Lyn on preconception care (3 minutes)*
4. *Please answer Lyn's question. (1 mins)*

IMPORTANT NOTES:

- You will **not** be prompted to move on to the next task and must manage your own time
- Although the gender, age, ethnicity and other physical characteristics of the simulated patient may differ to the description above, you should base your consultation on the information given

PATIENT AND EXAMINER INSTRUCTIONS/MARKING SHEET

Patient name: Lyn Diter

Patient age: 30

Patient occupation: Lawyer

HISTORY

Introduction	<ul style="list-style-type: none">• Opening statement: I have finally gotten to where I want in my career and now I would like to have a baby.• Statement if asked for more: I was just coming in to ask about what things I should be doing to try and get pregnant etc.
HOPC	Partner – we are living together, together for 2 years, married reproductive life plan: <ul style="list-style-type: none">• I would like to have 3 children, approx. 2 years apart• I would like normal vaginal deliveries if possible• Would like to do it naturally with my husband who is 32
O&G history	Menstrual Hx <ul style="list-style-type: none">• Regular periods, slightly painful on the first day• Lasts for 5 days bleeding, and 28-day cycle• No gynaecological problems in the past Reproductive hx

	<ul style="list-style-type: none"> • 1 termination at 24, wasn't ready for a child • MTOP – no complications • Has used the emergency contraceptive pill • Never miscarried <p>Sexual Hx</p> <ul style="list-style-type: none"> • 1 CST at 25, due for the next one soon • No previous STIs • Only one sexual partner, married 3 years • HPV vaccination in year 10
Cluster questions (if applicable)	
Past medical Hx	<ul style="list-style-type: none"> • Epilepsy -currently on valproate • No DM, no thyroid disease, no HTN
Family Hx	<ul style="list-style-type: none"> • NA
Drugs	<ul style="list-style-type: none"> • Valproate • COCP – higher dose due to epilepsy
Allergies	<ul style="list-style-type: none"> • nil
SHx	<ul style="list-style-type: none"> • Non smoker • Drinks casually on the weekend • BMI 35 • Nutrition – eats well <p>Vaccinations - up to date</p>

What investigations and examination findings would you like to work up Lyn?

Investigations	<ul style="list-style-type: none"> • Nil examination findings required • Investigations <ul style="list-style-type: none"> ○ UEC, iron, folate, B12, LFTs, FBE ○ Infections – Hep B and C, HIV, syphilis, rubella, varicella
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Counselling

Medication review

- Valproate can cause lots of malformations – change this before getting pregnant
- Change to levetiracetam or lamotrigine – lowest dose possible
 - Need to get stable first
 - Try to have a seizure free period of a year, this reduces the change of a seizure in pregnancy by 50-70%
- Stop COCP in order to get pregnant

Genetic testing – offer this

- *CF, SMA, fragile X, thalassaemia*

Preventative measures

- *Pregnancy multivitamin (including folic acid)*
- *Folic acid*
 - *5mg daily for 3 months before pregnancy and then first 3 months of pregnancy – increased risk of NTDs*
- *Vaccinations*
 - *Has she had – MMR, tetanus, diphtheria, pertussis, Hep B, varicella?*
 - *Cannot have live vaccines during pregnancy*
- *Avoidance of TORCH infections*
 - *Toxo – unpasteurised milk, undercooked meat, cat litter, garden soil*
 - *CMV and parvovirus – frequent hand washing*
 - *Listeriosis – no soft cheeses, deli meats, or pate*
 - *Fish – no fish high in mercury*
- *No alcohol, smoking or illicit drug use*
- *Lifestyle – weight loss as weight can increase the risk of infertility and leads to a greater risk of mortality.*
- *Encourage 150 minutes of exercise per week*

Follow up question from Lyn

1. ***So I know that I am getting older, when does my fertility start to decline and what are my changes at the moment?***
 - *Probability of conception after 3 months is 30%, 6 months is 50-60%, 9 months is 60-70%, 12 months is 80-90%*
 - *Subfertility is absence after 1 yr of regular unprotected intercourse*
 - *Ovarian function starts to diminish after 30 and drops off a lot after 35*
 - *Women younger than 30 have about a 20% chance of getting pregnant each month, dropping to about 5% at age 40.*

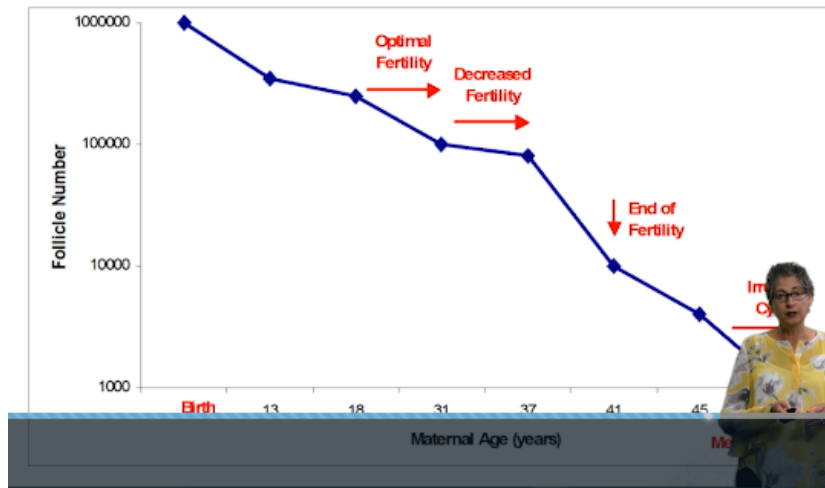


Image taken from Monash Lecture Series on Moodle

BONUS QUESTION IF TIME REMAINS

2. What are my options if I can't get pregnant

- Investigate to find the source of the issue

- **Test your partner – sperm analysis looking at amount, motility and morphology**
- **Test you – look to see if premature ovarian failure, anovulation, structural problems with tube and patency, infection, uterine anomaly**

○ If ovulation is the problem – ovulation induction

§ FSH and clomiphene to stimulate FSH and folliculogenesis

§ HCG injection to trigger ovulation

§ Timed intercourse

○ IUI – intrauterine insemination

§ If there is a problem with the sperm meeting the egg

§ Induce ovulation and then inject sperm that is highly concentrated directly into the uterus

○ IVF

§ Induce ovulation, egg collection, sperm collection, mix in the lab and then put back into the uterus when they are at day 5

§ +ICSI – *when they inject the sperm into the egg – more likely to cause fertilisation*

§ *'IVF does not always work . The chance of having a baby after one IVF attempt is about 30% for women aged under 35, but it's only about 10% for women aged 40–44,'*

- *Foster and surrogacy*