

Women's Health Interest Society of Monash

 AMUMUS

WHiSM

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: *Not the right time for Christine*

Topic covered: *Termination of Pregnancy*

Station type: *Hx, Mx and counselling*

CANDIDATE INSTRUCTIONS

STEM

You are a GP and today Christine Smith, a 25-year-old woman comes into the clinic asking for termination of pregnancy. Please discuss with her the different options available and answer her questions.

TASKS

1. *Take a focused history from Christine (recommended 4 minutes)*
2. *Explain to her the options for termination of pregnancy options available and answer her two questions (recommended 4 minutes)*

PATIENT AND EXAMINER INSTRUCTIONS/MARKING SHEET

Patient name: Christine Smith

Patient age: 25

Patient occupation: Teacher

Introduction	<p>I just noticed that I haven't had my period in 8 weeks and I am worried that I might be pregnant.</p> <p>(If they ask) I did a dipstick from the pharmacy and it was positive</p>
HOPC	<p>I broke up with my boyfriend a few months ago and decided to go off the pill because I was becoming really emotional and thought that I was gaining weight. Since then I have been using condoms but sometimes, I forget. I took the morning after pill a few times but have stopped bothering because I never get pregnant.</p> <p>Associated symptoms</p> <ul style="list-style-type: none">- Tender swollen breasts- Fatigued- No nausea or vomiting- No changes to urination
Menstrual Hx	<p>Heavy, painful periods (takes naproxen for pain relief 2 tablets BD)</p> <p>Regular 32 day cycle with 5 days of menstruation</p> <p>LNMP: 8 weeks ago</p>
Sexual history	<p>Sexual partners – multiple</p> <p>STI checks recently – none since jan 2019</p>

	<ul style="list-style-type: none"> - No STI Sx: nil dysuria, dyspareunia, abdominal pain, ulcers, rashes, discharge <p>CSTs – last done in 2018</p> <ul style="list-style-type: none"> - Nil irregular bleeding or bleeding after sex <p>Have you had your HPV vaccination</p>
Obstetric Hx	Miscarriage with previous partner 1.5 years ago – part of the reason they broke up was problems getting pregnant - I guess I just assumed I must be infertile.
Past Medical Hx	Appendicitis when she was 18 – appendectomy
Meds + Allergies	<p>Fluoxetine for Anxiety (started 3/12 ago) 20mg daily</p> <p>Naproxen PRN</p> <p>NKDA</p>
FMHx	nil
SHx	<p>Smoker – 10 cigarettes a day for 5 years (tried to cut down)</p> <p>Alcohol – 6-8 drinks on the weekends (2-3 nights a week), nothing on the other nights</p> <p>Living situation – has recently moved back home after breakup. Supportive family (mother and father live at home, only child)</p> <p>Diet – mother cooks good food, BMI 19</p> <p>Exercise – regularly exercises</p>

Counselling

What do you already know about termination of pregnancy?	Answer: Just that you can either take some pills or have surgery
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Follow up questions

1. I am interested in the medical termination of pregnancy; will this impact my future chances of pregnancy?
2. I would like to go ahead with the MTOP, what is the plan from here?

Marking Guidelines

Introduction <ul style="list-style-type: none"> o Introduces self o Washes hands o Establishes patient details (name, age, occupation) 	/ 2
History <ul style="list-style-type: none"> o Open ended question o When was her last period? o Period Hx – regular cycle, cycle length, number of days bleeding, flow, dysmenorrhea o LNMP o Contraceptive use - do you use any contraceptives 	/ 3
Sexual history <ul style="list-style-type: none"> o How many partners do you have? o Do you sleep with men, women, both? o Have you had any STI symptoms (no dysuria, discharge, abnormal bleeding, abdominal pain, dyspareunia, ulcers/rashes) o Last STI check? o CST up to date? 	/ 3
Obstetric History <ul style="list-style-type: none"> o Any previous pregnancies? o Previous terminations? o Previous miscarriages? – what gestation, what type (threatened, incomplete, complete, missed), was there a particular cause 	/ 3
PMHx <ul style="list-style-type: none"> o Any major medication conditions o Any past hospitalisations or surgeries 	/ 1

Medications o Fluoxetine 20mg daily for anxiety o OTC – naproxen PRN for period pain o NKDA	/ 2
FMHX o nil	/ 1
Social History o Smoking o Nutrition o Alcohol o Physical exercise o Living situation, stresses	/ 4

Counselling	
o What do you already know about termination of pregnancy?	/
o Confirm the gestational age – 57 days pregnant	1
MTOP – medical termination of pregnancy	
Explain procedure:	/
o 2 pills - MS2Step	1
o 1 st pill type (1x mifepristone) taken in the clinic => blocks progesterone and stimulated uterine contractions => prepares uterus	
o 2 nd pill type (4x misoprostol) taken 24-48hrs later => prostaglandin that causes uterine contractions and softening of the uterus => expels the contents	/
o Can be done <63 days of pregnancy	2
o Costs \$38.30 with Medicare card (\$6.20 with healthcare card)	
Preparation:	
o Need to confirm gestation with U/S and blood tests and exclude ectopic pregnancy	
o Check blood group (if negative this counts as a sensitising event and required Anti-D)	
CI – chronic adrenal failure, severe disease requiring steroid administration, hypocoagulation diseases, anticoagulation therapy, allergy to mifepristone, misoprostol or other prostaglandin, high BP, have IUD	/
Relative CI – anaemia, renal failure, hepatic impairment, malnutrition, CVD, severe asthma or COPD	2
AEs	
o Warn that there will be cramping pain and bleeding usually within 4hrs and may bleeding can last up to 2 weeks)	
o Use over the counter anti-inflammatory medication to help manage pain of cramps	
o They may also experience shivering, chills, diarrhoea, hot flushes, abdominal pain, low grade temps, nausea and vomiting, headaches	/
Risks –discomfort, risk of infection, risk of failed procedure	2
Benefits – non nvasive, safe, no anaesthesia is needed	
After procedure	/
o No smoking, drinking or using illicit drugs	1
o No vaginal sex, inserting anything into the vagina (including tampons) for a week after procedure to prevent infection	/
o No strenuous activity or heavy physical work until the bleeding stops	1
o Follow up in clinic within 2-3 wks for a pregnancy test to confirm termination of pregnancy and ensure vaginal bleeding has stopped	
o Education patient to access prompt medical attention if:	/
o If excessive bleeding (2+ pads for 2 consecutive hours)	2
o pain not relieved with medication	
o fever, chills, malaise lasting 6+ hrs	
o abnormal vaginal discharge	
o severe abdominal pain	
o feeling sick: weakness, nausea, vomiting, diarrhoea, abdominal discomfort, cramps, fatigue, chills for 24hrs +	
o contact your doctor if you are worried about headache, breast tenderness, fainting, hot flushes, skin rashes or itching	/
o Provide pamphlet and ensure consent is signed	1

<p>o</p> <p>https://gatewayhealth.org.au/images/services/GPs/MTOP_Patient_Info_Booklet_2017.pdf</p> <p>Checks patient understanding</p>	<p>/</p> <p>1</p>
<p>STOP – surgical termination of pregnancy</p> <p>-MARKS FOR MENTIONING THIS, IF TIME DOES NOT PERMIT, PATIENT TO SAY THEY ARE NOT INTERESTED IN SURGICAL TERMINATION</p> <p>o Done in theatre</p> <p>o They will ask you to prepare the cervix beforehand by placing misoprostol in the vagina, or sublingually 3hrs beforehand</p> <p>o Prophylactic antibiotics</p> <p>§ Pre op – doxycycline 100mg with light breakfast</p> <p>§ Post op = doxycycline 200mg 2hrs after procedure</p> <p>o You will be put under a light sedation that will make you feel sleepy</p> <p>o Procedure called a suction curettage</p> <p>o A small plastic tube is gently inserted into the uterus and the contents emptied</p> <p>o You will wake up in recovery</p> <p>o Takes <20 minutes, no incisions</p> <p>Risks - cervical trauma, infection (<1% when antibiotics given), uterine perforation (1-4/1000), haemorrhage requiring transfusion, repeat curettage for bleeding or retained products, mortality (<1 in 100 000)</p> <p>CI – hemodynamically unstable, profound anaemia, profound thrombocytopenia</p> <p>Checks patient understanding</p>	<p>/</p> <p>1</p> <p>/</p> <p>1</p> <p>/</p> <p>1</p> <p>/</p> <p>1</p>
<p>Contraception conversation – would you be willing to consider a discussion about contraception if we book in another appointment?</p>	<p>/</p> <p>1</p>

<p>I am interested in the medical termination of pregnancy, will this impact my future chances of pregnancy</p> <ul style="list-style-type: none"> - No, it will not, the change in hormones will be transient and then you will go back to having normal periods as you did before 	<p>/</p> <p>1</p>
<p>I would like to go ahead with the MTOP, what is the plan from here?</p> <ul style="list-style-type: none"> - Investigation to confirm pregnancy, rule out ectopic and check for CI – U/S, Bloods (FBE, UEC, LFTs, coags, blood group). Check BP - Appointment in a few days for the medication <p>Review in 2-3 weeks to check pregnancy has been terminated, bleeding has resolved and to discuss contraception if patient is open to it</p>	<p>/</p> <p>3</p>