Women's Health Interest Society of Monash

MUMUS

WHISM

Practice OSCEs in Obstetrics & Gynaecology

2020

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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Reviewer (if applicable):

Date reviewed (if applicable):

Station title: *Rosalie's gush*

Topic covered: *Labour and birthing*

Candidate instructions

Stem

You are a HMO in the emergency department of a remote hospital. Rosalie is a 24 year old 32+4 G3P0 who presents with PV fluid loss.

Tasks

E.g.

1. *Take a focussed history (3 minutes)*
2. *Ask for examination and investigation findings (1 minute)*
3. *Answer questions from the examiner (5 minutes)*

Patient and examiner instructions/Marking sheet

Patient name: Rosalie Lam

Patient age: 29

Patient occupation: Dairy farmer

Tasks	
Introduction	**Opening statement:** I think my waters have broken! **Statement if asked for more:** I was walking the dog this morning when I felt a huge gush of fluid from down below
HOPC	W: Huge gush of fluid about an hour ago. W: Vaginal fluid loss Q: Seemed like nearly half a litre of fluid! Q: Completely clear, no bleeding A: No aggravating or alleviating, was just walking as normal this morning A: If asked for associated symptoms, "like what?" BICE: My baby isn't due for two months! I hope he's okay!
O&G history	Antenatal: All antenatal investigations NAD Previous pregnancies: 1 early miscarriage at 8 weeks, one PPROM with delivery at 21 weeks, my baby was stillborn Previously negative STI screen pre-pregnancy
Cluster questions (if applicable)	No contractions Definitely not urine No bleeding No fever Risk factors for PPROM No smoking, no history of STIs, no smoking
Past medical Hx	Nil
Family Hx	Nil
Drugs	Nil
Allergies	Nil
SHx	At home with partner, well supported, no smoking or alcohol
Examination	Vital signs: BP: 110/76, HR 74, RR: 18, T: 36.2, O_2 99% RA

	Antenatal examination: SFH 33cm, fetus in cephalic lie, non-tender uterus Sterile speculum: External os is closed, pool of fluid in the posterior fornix Must not perform VE
Investigations	Bedside: ● High vaginal swab (sterile speculum) ● MSU for microbiology ● Consider Amni sure/Actim prom (probably not necessary in this situation) ● CTG Bloods: ● FBE ● CRP
Examiner to state: *After your initial assessment, Rosalie remains stable and afebrile with no contractions and a reassuring CTG. What is your management?*	Admit to hospital for observation Escalate to senior colleague Consider contact with PIPER for transfer to larger centre Regular CTGs (daily for three days, then twice weekly until birth) Ongoing regular observations ● temperature and pulse (4-6 hourly) ● vaginal loss (foul smelling) – assess twice daily ● FBE and CRP twice weekly ● blood cultures if suspected chorioamnionitis and/or temperature ≥37.8°C Medications ● Erythromycin (250mg oral, 6 hourly for 10 days) ● Steroids (Betamethasone, 11.4 mg, IM, x2 doses, 24 hours apart) Consider expectant management until 34-37 weeks if stable and no contraindications Safety net (watching for signs of chorioamnionitis such as foul-smelling vaginal discharge, feeling unwell, abdominal tenderness or change in fetal movements)
Examiner to state: *After 2 days in hospital, Rosalie develops a fever (38.1), abdominal pain and*	● Give antibiotics (gentamicin, ampicillin and metronidazole all IV) ● Perform blood cultures ● Expedite birth (vaginal birth is NOT contraindicated)

foul-smelling vaginal discharge. What is your diagnosis and management?	• Continuous CTG monitoring throughout labour • Ensure paediatrics is present at birth • Check placenta histopathology after birth