FEDERAL STATE BUDGET EDUCATIONAL
HIGHER EDUCATION INSTITUTION
"ROSTOV STATE MEDICAL UNIVERSITY"
MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION

FACULTY OF TREATMENT AND PREVENTION

Appraisal Fund

in practice "Doctor's Assistant (Obstetrician)"

Specialty 05/31/01 General Medicine

2023

1. List of competencies formed by practice

professional (PC)

Code and name of professional competence
PC-6 The ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision
PC-12 Readiness to manage physiological pregnancy and deliver birth.

2. Types of assessment materials in accordance with the competencies being developed

Name competencies	Types of assessment materials	number of tasks **for 1 competency**
PC-6; PC-12	Open type tasks: Situational tasks Control questions	30 with sample answers

PK-6

Control questions:

1.Name the extension presentations and insertion of the fetal head.
Standard answer: anterocephalic presentation, frontal presentation, facial presentation. 2.Name the main points of the biomechanism of childbirth with anterior cephalic presentation. Standard answer: moderate extension, internal rotation of the head from the back of the head to the sacrum, flexion of the head, extension of the head, internal rotation of the shoulders and external rotation of the head.

3. Name the fixation points for anterocephalic presentation. Standard answer:
anterior - the thyroid gland of the fetus, posterior - the occipital protuberance. 4.
Name the wire point for anterior cephalic presentation.
Sample answer: large fontanel.
5. Name the erupting circumference of the head in anterior cephalic presentation.
Standard answer: 34 cm, corresponds to the direct size of the head - 12 cm.
6. Name the main points of the biomechanism of childbirth with frontal presentation. Standard answer: extension of the fetal head, which is set by a large oblique size, internal rotation of the head with the occiput of the head backwards, flexion of the head around the first fixation point, moderate extension of the head around the second fixation point, internal rotation of the shoulders and external rotation of the head.
7. Name the wire point for frontal presentation. Sample
answer: middle of the frontal suture.
8. Name the fixation points for frontal presentation.
Sample answer: the first point of fixation is the upper jaw, the second point of fixation is the occipital protuberance.
9. What are the main points of the biomechanism of labor during facial presentation? Sample answer: maximum extension of the head, internal rotation of the head, flexion of the head, internal rotation of the shoulders and external rotation of the head.

10. Name the wire point for facial presentation. Sample answer: chin.
11. Name the fixation points for facial presentation.
Sample answer: fetal hyoid bone.
12. Name the classification of breech presentation of the fetus.
Standard answer: pure breech, mixed breech, complete leg presentation, incomplete leg presentation, knee breech.
13. Name the biomechanism of labor during breech presentation (anterior view).
Sample answer: insertion of the buttocks into the plane of the entrance to the small pelvis, internal rotation of the buttocks, lateral flexion of the lumbar spine of the fetus, internal rotation of the shoulders and external rotation of the torso, lateral flexion of the cervicothoracic spine of the fetus, internal rotation of the head, flexion of the head.
14. What is the technique for manually separating the placenta and releasing the placenta?
Sample answer: the inner hand penetrates the uterine cavity, following along the umbilical cord, reaching the place of its attachment, and then to the edge of the placenta. The outer hand fixes the fundus of the uterus. After this, the hand peels away the placenta in a saw-like motion until it is completely separated. Then the umbilical cord is pulled with the outer hand and the afterbirth is released. The inner hand remains in the uterine cavity and contributes to this; it is removed from the uterus after the integrity of the removed placenta and the walls of the uterus is checked.
15. Which bleeding in obstetrics is early (primary)? Sample answer: bleeding that occurred after birth of the fetus ≤ 24 hours. 16. Which bleeding in obstetrics is late (secondary)?
Reference response: bleeding occurring >24 hours and ≤ 6 weeks (42 days) postpartum.
17. What are the main causes of early bleeding?
Standard answer: T (tonus) violation of uterine contraction. T (tissue) tissue (placenta) – presentation, tight attachment or accreta of the placenta, incomplete removal of parts of the placenta during childbirth, an additional lobe of the placenta, a history of uterine surgery. T (trauma) injury. T (thrombin) blood clotting disorders.
18. What morphological variants exist for violations of chorionic villi invasion? Standard answer: accretion to the myometrium - placenta accreta, germination of the muscular membrane - placenta increta, germination of the serous layer and/or neighboring organs - placenta percreta.

19. What classification of premature birth is used in our country? Sample answer: extremely early birth - 22-27.6 weeks. Early - 28-31.6 weeks. Premature -32-33.6 weeks. Late – 34-36.6 weeks.
20.How is the McRoberts maneuver performed for shoulder dystocia?
Sample answer: when performing this technique, it is necessary to bend the woman in labor's knees in a supine position and bring the hips as close to the chest as possible. In this case, the pubic symphysis deviates anteriorly, straightening the lumbosacral angle (which leads to smoothing of lordosis). This allows the posterior shoulder to drop below the promontory of the sacrum. In addition, the angle of inclination of the pelvis decreases, and the plane of entry into the small pelvis is located
perpendicular to the expelling forces, which facilitates the advancement of the shoulder girdle. 21. What skin incision is recommended during a caesarean section?
Sample answer: during delivery by CS, a transverse skin incision is recommended due to less pain in the postoperative period and better cosmetic effect.

22. How to correctly remove the fetal head during a cesarean section with a cephalic presentation?

Sample answer: place four fingers between the anterior or posterior walls of the uterus and the head of the fetus, placing them below its level, then move the head slightly upward and, bending the fingers, help it erupt into the wound.

23. What is the best method for delivery, depending on the location of the fetal head in relation to the pelvic planes (in case of weakness of labor or acute fetal distress)?

Sample answer:when the head is located in the wide part of the pelvic cavity, delivery by cesarean section is indicated, in the narrow part it is preferable using obstetric forceps, in the exit - obstetric forceps or vacuum extraction of the fetus.

24. Name the classification of perineal tears.

Sample answer:

1st degree rupture - damage to the skin only;

II degree rupture - damage to the perineum, including muscle damage, but does not include damage to the anal sphincter;

III degree rupture - damage to the perineum, including damage to the anal sphincter complex:

IIIa – less than 50% of the external anal sphincter. IIIb – more than 50% of the external anal sphincter.

IIIc – damage to the external and internal anal sphincter.

IV degree rupture - damage to the perineum, which includes damage to the anal sphincter complex (external and internal) and the mucous membrane of the rectum.

25.Name the diagnostic signs of a clinically narrow pelvis.

Standard answer: 1) duration of standing of the head in one plane (more than 1 hour); 2) disruption of the synchronization of the processes of cervical dilatation and fetal advancement;

3) pronounced configuration of the head;

4) formation of a large generic tumor;

5) unfavorable presentation and insertion of the head: posterior view, extension insertions, asynclitism, high straight position of the sagittal suture, wedge-shaped insertion of the head;

6) lack of advancement of the head with full dilatation of the cervix;

7) discrepancy between the mechanism of labor and the shape of the pelvis;

8) the presence of painful contractions, restless behavior of the woman in labor;

9) the appearance of attempts when the head is located above the narrow part of the pelvis;

10) difficulty or cessation of spontaneous urination;

11) violation of contractile activity of the uterus;

12) pain on palpation of the lower segment;

13) fetal hypoxia;

14) positive Vasten's symptom.

26.What are the emergency indications for delivery in preeclampsia? Sample answer: in case of PE, emergency delivery is recommended in case of bleeding from the birth canal, suspected premature abruption of the normally located placenta (PNA), acute fetal hypoxia.

27.Name emergency indications for delivery in preeclampsia. Sample answer:in case of PE, emergency delivery is recommended after stabilization of the condition with persistent headache and blurred vision; persistent epigastric pain, nausea or vomiting; progressive deterioration of liver and/or kidney function; eclampsia; arterial hypertension that cannot be corrected with medication; platelet count<100*109/l; violation

fetal condition according to CTG data; negative or zero blood flow in the umbilical cord artery; zero or negative blood flow in the ductus venosus; FGR <5th percentile and simultaneous pathology of fetal or fetoplacental perfusion (zero or reverse blood flow in the uterine artery); severe oligohydramnios (<5 cm) in 2 studies with an interval of 24 hours at a gestational age of more than 30 weeks.

28.Name the classification of multiple (twin) pregnancy.

Sample answer: dichorionic diamniotic twins - each fetus has its own placenta and amniotic cavity. Monochorionic diamniotic twins - the placenta is common to both fetuses, two amniotic cavities. Monochorionic monoamniotic twins - the fetuses share a placenta and amniotic cavity.

29.What characterizes stage I of feto-fetal transfusion syndrome?

Standard answer: oligohydramnios in the donor fetus (maximum vertical pocket (MVP) less than 2 cm) and polyhydramnios in the recipient fetus (MVP more than 8 cm before 20 weeks and more than 10 cm after 20 weeks of pregnancy) with preserved visualization of the bladder of the donor fetus .

30. What characterizes stage II of feto-fetal transfusion syndrome? Sample answer: signs of severe discordance in the amount of amniotic fluid without visualization of the filling of the bladder of the donor fetus

Situational tasks:

Task No. 1. Woman in labor R., 29 years old, with regular labor for 7 hours. The waters poured out 2 hours ago with almost complete dilatation of the uterine pharynx, after which weak, short-lived, unproductive attempts immediately began. The advancement of the head slowed down, the attempts became even weaker. Abdominal circumference is 104 cm, the height of the fundus of the uterus above the pubis is 41 cm. Pelvic dimensions: 26-29-32-21 cm. The uterus is ovoid in shape. The position of the fetus is longitudinal, the back is on the left, small parts of the fetus are on the right. The presenting part is the head, a small segment at the entrance to the pelvis. The fetal heartbeat is 140 beats/min, clear, rhythmic, on the left below the navel. The approximate weight of the fetus is 4100 g. Attempts are short, weak, and not effective. The woman in labor is restless, does not urinate on her own, and an attempt to remove urine with a catheter was unsuccessful. Solovyov index - 15 cm; pubic angle - 100°; pelvic outlet dimensions: transverse - 11.5 cm, straight - 10.5 cm; the sacral rhombus has the correct shape, longitudinal size - 11 cm, transverse - 10 cm: straight size of the head
- 12 cm; The Henkel-Vasten sign is questionable. Vaginal examination data: the external genitalia are developed correctly. The vagina of a nulliparous woman, the cervix is effaced, the opening of the uterine pharynx is complete. There is no amniotic sac. The fetal head is above the first plane, a sagittal suture in the transverse dimension of the entrance. The sagittal suture is slightly deflected towards the pubis, slightly lower is the left parietal bone, on which a small birth tumor is identified. There are no exostoses.
Sample answer: Delivery by cesarean section is indicated, taking into account the large fetus, posterior asynclitism, and clinically narrow pelvis.

Task No. 2. Woman in labor R.,32 years old, with regular labor for 4 hours. The water broke out upon admission to the maternity hospital. Third pregnancy. History

1 urgent birth in cephalic presentation son 3800 g 51 cm 8-9 points on the Apgar scale. Ultrasound revealed no entanglement of the umbilical cord around the neck; the sex of the fetus is female. Objectively: the condition of the woman in labor upon admission is satisfactory. Abdominal circumference is 92 cm, the height of the fundus of the uterus above the pubis is 36 cm. Pelvic dimensions: 26-29-32-21 cm. The uterus is ovoid in shape. The position of the fetus is longitudinal, the back is on the left, small parts of the fetus are on the right. The presenting part is the pelvic end, above the entrance to the small pelvis. Fetal heart rate 140 beats. /min, clear, rhythmic, on the left at the level of the navel. The approximate weight of the fetus is 3200 g. Contractions are regular for 30 seconds every 2-3 minutes of good strength. Vaginal examination data: the external genitalia are developed correctly. The vagina of a woman giving birth, the cervix is smoothed, the edges are soft, stretchable, the opening of the uterine pharynx is 7 cm. There is no amniotic sac, light amniotic fluid is leaking. Fetal buttocks above the first plane, linea intertrochanterica in left oblique size. There are no exostoses in the pelvis, the cape is not reachable. CD > 11cm.
Sample answer: Delivery through the birth canal is indicated, taking into account the expected weight of the fetus, female gender, and normal pelvic dimensions.

Task No. 3. The woman in labor was admitted to the maternity hospital in the period of pushing. Attempts are regular for 50 seconds every 2 minutes. After the last attempt, according to CTG, there was a long-term late deceleration. The position of the fetus is longitudinal. The head is in the pelvic cavity. The normal dimensions of the pelvis, the estimated weight of the fetus is 3200. In order to clarify the obstetric situation, a vaginal examination was performed: the opening is complete, the head is on the third plane, the sagittal suture is straight, the small fontanel is low in the front, the large fontanel is posterior.
Sample answer: Given the acute distress of the fetus, urgent completion of labor is indicated - vacuum extraction of the fetus or application of obstetric forceps.

Task No. 4.The postpartum period, 10 minutes after the birth of the fetus, bloody discharge from the uterus of 500 ml appeared. The Kustner-Chukalin sign is negative.

Sample answer: The operation is indicated: manual separation of the placenta and release of the placenta.

Problem No. 5. The contractions turn into rhythmic attempts, 40 seconds every 1-2 minutes. The woman in labor is restless, complains of pain in the lower abdomen, and according to CTG data, late decelerations are determined. The estimated weight of the fetus is 4000 grams. The position of the fetus is longitudinal, the head is a large segment at the entrance to the pelvis. There is a birth tumor on the head. Vaginal examination - the opening is almost complete, the sagittal suture is in the left oblique size, the small fontanel is posterior.
Answer card: It is indicated to carry out delivery by cesarean section, taking into account CTG data and a clinically narrow pelvis.

Task No. 6. Primipara, 23 years old, in labor for 5 hours, contractions are regular, painful for 35 seconds every 4-5 minutes; the position of the fetus is longitudinal; the head is presented, pressed to the entrance to the pelvis; The fetal heartbeat is clear, rhythmic up to 130 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 4 cm; during contractions, the cervix thickens, there is no amniotic sac, light amniotic fluid leaks; head on 1st plane, sagittal suture in right oblique size, small fontanelle on the left, anteriorly.

Sample answer: epidural analgesia is indicated, taking into account painful contractions and vaginal examination data: during contractions, the cervix thickens.

Problem No. 7. The pushing period lasts 40 minutes, regular pushing for 50 seconds every 2 minutes; the head does not advance, with a large segment at the entrance to the pelvis; The fetal heartbeat is clear, rhythmic up to 140 beats per minute. In order to clarify the obstetric situation, a vaginal examination was performed - the opening is complete, the head is on the 1st plane, the sagittal suture is closer to the pubic symphysis, the posterior occipital bone is lower than the anterior one.

Sample answer: delivery by cesarean section is indicated, taking into account the efforts when the head is on the 1st plane, the presence of posterior asynclitism, and a clinically narrow pelvis.

Problem No. 8. Primipara 25 years old in the pushing period, regular pushing for 50 seconds every 1-2 minutes; the position of the fetus is longitudinal; presenting part - pelvic end; CTG is performed, long-term late decelerations of up to 60 beats are noted. Vaginal examination - the opening is complete, the presenting part is the buttocks between the 3rd and 4th planes, the trochanterica line is in the direct size of the pelvic outlet.

Sample answer: the fetus is extracted by the inguinal fold, the fetus is extracted by the pelvic end: the trunk, arms and head of the fetus are removed (classic manual aid).

Problem No. 9. A 26-year-old primigravida was admitted at 30 weeks' gestation with profuse bleeding from the genital tract; longitudinal position of the fetus, 1st position, anterior view, head high above the entrance to the pelvis; fetal heart rate up to 130 beats per minute; Ultrasound shows complete adherence of the placenta.

Sample answer: emergency caesarean section is indicated.

Problem No. 10. A 28-year-old multiparous woman was admitted at 32 weeks' gestation with minor bleeding from the genital tract. The position of the fetus is longitudinal, 2nd position, anterior view. The adjacent part is the head, above the entrance to the pelvis; The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Blood tests: Hb=120 g/l, blood pressure=110/70, ultrasound - complete placenta adherence.

Sample answer: careful monitoring of the condition of the fetus, control of blood tests, hemodynamics of the pregnant woman, discharge from the genital tract, and hemostatic therapy are indicated.

Problem No. 11. A pregnant woman was admitted with complaints of aching pain in the lower abdomen and lumbar region. Last menstruation 2 months ago. Satisfactory condition. BP=115/70, heart rate=76 beats per minute. Vaginal examination - the external genitalia are unremarkable, the uterus is enlarged up to 8 weeks of pregnancy. Horwitz-Hegar and Peskacek signs are positive. The throat is closed. There is no discharge from the genital tract.

Sample answer: Ultrasound is indicated, the use of gestagens according to indications.

Problem No. 12. A multiparous woman was admitted with contractions for 4 hours, with full waters. During the last 2 days he has not heard fetal movements. Pelvic dimensions: 20-22-24-14 cm. The position of the fetus is longitudinal, anterior view, 1st position. The presenting part of the head is above the entrance to the pelvis. There is no fetal heartbeat. Ultrasound - there is no fetal heartbeat, gestational age is 39 weeks, estimated fetal weight is 3400. Vaginal examination - the cervix is smoothed, the opening is 4 cm, the amniotic sac is intact, the head is above the 1st plane. C.diagonalis 7.5 cm.
Sample answer: given the 4th degree of narrowing of the pelvis, delivery by cesarean section is indicated.

Problem No. 13. A multiparous woman was admitted with contractions for 5 hours, the pregnancy was full-term, contractions lasted 35-40 seconds every 4-5 minutes, her water broke 2 hours ago. Abdominal circumference - 105 cm, IMD 41 cm. According to ultrasound, the fetus is male, the umbilical cord is wrapped around the neck once. The position of the fetus is longitudinal, back to front, to the left; the pelvic end is presented; the head is determined at the fundus of the uterus; the heartbeat is clear, rhythmic on the left above the navel. Vaginal examination - the cervix is shortened, the edges are pliable, the opening is 6 cm; the presenting part is the buttocks on the 1st plane, the trochanterica line in the right oblique dimension, the coccyx on the left.

Sample answer: Delivery by cesarean section is indicated, taking into account a pure breech presentation, a large fetus, and the umbilical cord entwined around the neck.

Problem No. 14. A primigravida was admitted with a full-term pregnancy. Contractions are regular, 35 seconds every 5 minutes. The position of the fetus is longitudinal. The presenting head is pressed against the entrance to the pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 5 cm, there is no amniotic sac; the head is above the 1st plane, the frontal suture and brow ridges are defined.

Sample answer: delivery by cesarean section is indicated, taking into account the frontal presentation of the fetus.

Problem No. 15. 30 minutes have passed since the birth of the newborn; the mother's condition is satisfactory. BP=115/70, heart rate=72 beats per minute. There is no bleeding. Signs of separated placenta are negative.

Sample answer: the operation is indicated: manual separation of the placenta and release of the placenta.

Problem No. 16. A multiparous woman with a full-term pregnancy was admitted in the pushing period. The patient has a history of three births (all ended with manual separation of the placenta), two abortions complicated by endometritis. 30 minutes have passed since the birth of the child, the woman's condition is satisfactory; no complaints, no bleeding. Schroeder's, Alfeld's, and Kustner-Chukalin's signs are negative.

Sample answer: the operation is indicated: manual separation of the placenta and release of the placenta.

Problem No. 17. A multiparous woman was admitted in the pushing period with a full-term pregnancy; two days ago she stopped feeling fetal movements. Attempts are regular. The position of the fetus is transverse. Head on the left. The fetal heartbeat cannot be heard. Vaginal examination - the opening is complete, the fetal handle and the impacted shoulder are determined in the vagina.

Sample answer: Considering the antenatal death of the fetus and the advanced transverse position of the fetus, an urgent fetal destruction operation with anesthesia is indicated.

Problem No. 18. A primigravida was admitted at 34 weeks' gestation. Complaints of headaches, spots flashing before the eyes, pain in the epigastric region; on foot – severe swelling. BP=160/100, 170/120. The fetal heartbeat is clear, rhythmic up to 150

beats per minute. Vaginal examination - the cervix is deviated posteriorly, dense; the canal is up to 2 cm, the pharynx is closed, the head is above the 1st plane of the pelvis.

Sample answer: Considering severe preeclampsia and the presence of an immature cervix, urgent delivery by cesarean section is indicated. Further examination should be carried out in the intensive care unit.

Problem No. 19.A pregnant woman was admitted for prenatal hospitalization. Gestational age39-40 weeks, pelvic dimensions 24-26-28-18, Solovyov index 16 cm. The position of the fetus is longitudinal, back to the right, anterior; the head is presented, pressed to the entrance to the pelvis, the fetal heartbeat is clear, rhythmic up to 140 beats per minute. Abdominal circumference 102 cm, IMD 40 cm. Vaginal examination - the cervix is centered, diffusely softened; the channel is up to 1 cm, allows a finger to pass through. The presenting head is above the 1st plane. The amniotic sac is intact. Con.diagonalis 10.5 cm.
Sample answer: Pregnancy 39-40 weeks. Generally uniformly narrowed pelvis of the 1st degree. Large fruit. Delivery by cesarean section is indicated.

Problem No. 20. A primigravida with a full-term pregnancy was admitted with contractions for 4 hours, with water breaking 2 hours ago, contractions of 20 seconds every 5 minutes. The position of the fetus is longitudinal, back to front, to the left. Abdominal circumference is 100 cm. VDM is 39 cm. The presenting part is the pelvic end, pressed to the entrance to the pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 4 cm; There is no amniotic sac, the fetal legs are present. According to ultrasound data: male fetus, single entanglement of the umbilical cord around the neck. Sample answer: I period of term labor. Foot presentation of the fetus. Taking into account the estimated fetal weight of 3900, male gender, entanglement of the umbilical cord around the neck, and foot presentation, delivery by cesarean section is indicated.

Problem No. 21.A multiparous woman was admitted by ambulance to the maternity hospital with complaints of pain. lower abdomen. The gestational age is 36 weeks. There was a history of cesarean section 2 years ago due to anomalies of labor and acute fetal distress in the active phase of labor. There is no labor activity. The body of the uterus is of regular ovoid shape, the fetal heartbeat is clear, rhythmic, 140 per minute on the left at the level of the navel. When palpating the area of the postoperative scar, local pain is noted. Vaginal examination: the cervix is decentered to 2.5 cm, dense, the external pharynx allows the tip of the finger to pass through. Deviations beyond the cervix are sharply painful; through the fornix, the presenting part of the head is determined high above the entrance to the pelvis. The discharge is light.

Sample answer: pain syndrome is associated with incompetent scar on the uterus. Delivery by cesarean section is indicated on an emergency basis.

Problem No. 22. At 29-30 weeks of pregnancy, the pregnant woman experienced bleeding from the genital tract. Ultrasound and MRI revealed placenta percreta. History of 3 caesarean sections without complications.
Sample answer: hospitalization in a 3rd level hospital, clinical and laboratory examination, and determination of the condition of the fetus are indicated. resolving the issue of timing and place of delivery, including a vascular surgeon and urologist in the operating team along with the obstetrician-gynecologist. Using the Cell Saver Elite autotransfusion device.

Problem No. 23. A woman in labor has been in labor for 15 hours. The water broke 6 hours ago. This is the first real birth. Induction of labor with oxytocin was performed due to weakness of labor. Contractions after 6-7 minutes, 20-25 seconds each, weak. Fetal position

longitudinal head in the pelvic cavity. CTG is within normal limits. Vaginal examination: the opening of the cervix is complete, the head is on the second plane (in the wide part of the small pelvis). A sagittal suture in the right oblique size, a small fontanel on the right posteriorly, a large fontanel on the left anteriorly, a birth tumor on the head.
Sample answer: delivery by cesarean section is indicated.

Problem No. 24. First birth, 12 hours in labor, water broke 6 hours ago. Attempts are weak and infrequent. The fetal head in the pelvic cavity. According to CTG, prolonged bradycardia, the fetal heartbeat is not restored. Vaginal examination: full opening of the fetal head between the 3rd and 4th planes, sagittal suture in straight size, wire point, small fontanelle, located anteriorly.
Sample answer: shownvacuum extraction of the fetus.

Problem No. 25.An ambulance brought a woman in labor after a home birth on time. Upon examination, a 2nd degree perineal rupture was discovered.
Sample answer: under aseptic conditions under anesthesia, suturing of the perineal rupture is indicated. The mm levator ani is isolated and stitched, then a continuous suture is placed on the vaginal mucosa and a suture is placed on the skin of the perineum.

Problem No. 26.After the birth of the newborn, 10 minutes passed, 700 ml of blood with clots were immediately released, and the mother's condition sharply worsened. The skin and visible mucous membranes are pale. BP=80/40 mm Hg. art., heart rate = 100 beats per minute. The bleeding continues. Signs of separated placenta are negative.

Sample answer: immediately - replenish the blood volume with blood substitutes, anesthesia, manual separation of the placenta and release of the placenta, uterotonics, hemostatic therapy, open the operating room, blood test, hemostasis indicators, transfer to the operating room.

Problem No. 27A woman in labor was admitted with a full-term pregnancy, minor pain in the lower abdomen, 6th birth. Upon admission to the maternity hospital, the amniotic fluid broke. The position of the fetus is longitudinal, the head is high above the entrance to the pelvis. The fetal heartbeat is clear and rhythmic at 136 per minute. Vaginal examination, the cervix is up to 1 cm along the wire axis, the opening is 3 cm, there is no fetal bladder, the head is present high above the entrance to the pelvis. There are loops of the umbilical cord in the vagina that could not be tucked in.

Sample answer: urgently open the operating room, transfer the woman in labor in the knee-elbow position to the operating room and perform an emergency delivery by cesarean section.

Problem No. 28. A primigravida was admitted with a pregnancy of 41 weeks and 6 days. Contractions are regular, 35 seconds every 6-7 minutes. The position of the fetus is longitudinal. The presenting head is pressed against the entrance to the pelvis. Pathological type of CTG curve. Estimated fetal weight is 3700. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 5 cm, the amniotic sac is intact, opened during the examination, thick meconium water has passed 50 ml; the head is above the 1st plane, the bones of the skull are very dense, the sutures and fontanelles are not pronounced.

Sample answer: Considering post-term pregnancy, meconium fluid, and acute fetal distress, emergency cesarean section delivery is indicated.

Problem No. 29. A multiparous woman was admitted with a pregnancy at 35 weeks 4 days. Contractions are regular, 30 seconds every 5 minutes. The position of the fetus is longitudinal. The presenting head is pressed against the entrance to the pelvis. CTG is normal. Estimated fetal weight is 2400. Vaginal examination - the cervix is smoothed, the edges are pliable, the opening is 5 cm, the amniotic sac is intact, the head is above the 1st plane, the skull bones are soft, the sutures and fontanelles are pronounced.

Sample answer: continue vaginal delivery under epidural analgesia and continuous CTG. Delivery without perineal protection.

Problem No. 30A primigravida was admitted with a pregnancy at 40 weeks. Contractions are regular, 40 seconds every 3-4 minutes. The position of the fetus is longitudinal. The presenting head is a large segment at the entrance to the pelvis. CTG is normal. The estimated weight of the fetus is 3000. Vaginal examination - the cervix is smoothed, the edges are pliable, the opening is 6 cm, the amniotic sac is intact, the head is on the 1st plane, the sagittal suture is in the right oblique size, the fetal glabella is palpated, the wire point is a large fontanel.

Standard answer: anterocephalic presentation of the fetus (extensor). Taking into account the expected weight of the fetus, childbirth should be carried out through the natural birth canal.

PC-12

Control questions:

1.What bones does a woman's pelvis consist of?
Sample answer: The bony pelvis represents the connection of four bones - two nameless bones, the sacrum and the coccyx.
2.What parts does the innominate bone consist of?
Sample answer: The innominate bone consists of three parts - the ilium, the ischium and the pubic bone.
3.Name the dimensions of the plane of entry into the small pelvis.
Standard answer: straight size (true conjugate) -11 cm, transverse size -13 cm, oblique size -12 cm.
4.Name the dimensions of the wide part of the pelvic cavity.
Standard answer: straight size -12.5 cm, transverse size -12.5 cm, oblique sizes -13, 13.5 cm.

5.Name the dimensions of the narrow part of the pelvic cavity.
Standard answer: straight size - 11.5 cm, transverse size - 10.5 cm. 6. Name the dimensions of the outlet from the pelvic cavity.
Standard answer: straight size - 9.5 cm, can increase to 11-11.5 transverse size - 11 cm.

7. What are the main dimensions of the large pelvis?
Sample answer: distantia spinarum: 25-26 cm; distantia cristarum: 28-29 cm; distantia trochanterica:31-32 cm; conjugate externa: 20-21 cm.
8. What is the purpose of external obstetric examination?
Standard answer: 1- determine the level of the fundus of the uterus and the part of the fetus located in the fundus; 2-determine the position, position and type of the fetus; 3- determine the presenting part of the fetus and its relationship to the entrance to the pelvis; 4- find out the location of the presenting part.
9. How many parts does the brain part of the fetal head consist of?
Sample answer: the brain part consists of 7 bones: two frontal, two temporal, two parietal and one occipital.

10. What seams on the head are of practical importance?
Standard answer: sagittal (sagittal), frontal, occipital (lambdoid), coronal.

11. Name the fontanelles of the fetal skull.
Sample answer: large fontanelle, small fontanelle, pterygoid fontanelles, stellate fontanelles.
12. What are the main dimensions of the fetal head.
Standard answer: straight size - 12 cm, large oblique size - 13-13.5 cm, small oblique size - 9.5, medium oblique size - 10 cm, vertical size - 9.5-10 cm.

13. Name the methods for studying the condition of the fetus. Sample answer: auscultation of the heart tones fruit, cardiotocography, Doppler study of the speed of utero-placental-fetal blood flow, STAN, determination of fetoplacental complex hormones and specific pregnancy proteins in the blood, study of amniotic fluid (amniocentesis), cordocentesis.
14. Name the purposes of vaginal examination.
Standard answer: 1. Determine the condition and extensibility of the vaginal walls, determine the shape and depth of the vaults, assess the condition of the cervix, the opening of the uterine pharynx, determine the condition of the fetal bladder, if it is intact, evaluate it during and outside of contractions, determine the presenting part of the fetus, where it is located in relation to the planes of the small pelvis, determine the condition, relief of bone tissue, diagonal conjugate.
15. Name the position of the fetal head relative to the planes of the small pelvis.
Standard answer: the head is movable above the entrance to the small pelvis, the head is pressed against the entrance to the small pelvis, the head is a small segment at the entrance to the small pelvis, the head is a large segment at the entrance to the small pelvis, the head is in the wide part of the small pelvis, the head is in the narrow part of the small pelvis , head in the plane of the pelvic outlet.
16. Name the periods of labor.
Sample answer: childbirth consists of three periods. The first period is divided into a latent phase and an active phase. The latent phase begins with the onset of labor, smoothing and opening of the uterine pharynx occurs up to 5 cm. The active phase begins with the opening of the uterine pharynx 5 cm and continues until full opening. II begins from the complete opening of the uterine os and ends with the birth of the fetus. III time from the birth of the fetus to the birth of the placenta.

17. What is used to assess the condition of the woman in labor, the fetus and labor? Standard answer: it is recommended to keep a partogram: it takes into account blood pressure, urination, body temperature, uterine tone, size and frequency of contractions, discharge from the genital tract, the degree of opening of the uterine pharynx in dynamics, the condition of the fetus (auscultation, CTG).
18. Name the signs of placenta separation.
Sample answer: 1). Kustner-Chukalov sign. When pressing the edge of the palm over the pubic symphysis, the umbilical cord is not retracted into the genital opening.
2). Schroeder's sign. The fundus of the uterus immediately after the birth of the fetus is located at the level of the navel; after separation of the placenta, the uterus acquires an oblong shape and its bottom rises above the navel and deviates to the right side.
3). Alfeld's sign. A clamp placed on the umbilical cord at the genital slit is removed from the slit by 10 cm or more after separation of the placenta.
4). Klein's sign. During an artificially induced attempt, the umbilical cord goes down, and after its completion does not retract.
5). Strassmann's sign. When you tap the bottom of the uterus with your left hand, your right hand, which grasps the umbilical cord above the clamp, does not feel the pulse impulses of the blood.
19. Name the methods for isolating separated placenta.
Sample answer:

1). Ambuladze's technique: the abdominal wall is grabbed along the midline into a fold with both hands and raised, after which the woman in labor must push.
2). Genter's maneuver: lightly massage the uterus through the abdominal wall to cause its contraction. Then, standing on the side of the woman in labor, facing her feet, you need to put your 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 pelvis.
3). Crede-Lazarevich maneuver: after emptying the bladder, the uterus is brought to the midline and a light massage causes its contraction. After achieving contraction of the uterus, standing on the side of the woman in labor, the fundus of the uterus is grasped with the strongest hand, in most cases the right. In this case, the thumb lies on the front surface of the uterus, the palm is on the bottom of it, and the remaining four fingers are located on the back surface of the uterus. Having thus captured the well-contracted dense uterus, it is compressed and at the same time pressed downwards on the bottom. The woman in labor should not push.

20. What is the acceptable blood loss during physiological childbirth,
Standard answer: Acceptable blood loss is 0.5% of body weight, but not more than 400 ml. 21. How to determine the gestational age?
Standard answer: the duration of pregnancy and childbirth is determined by the date of the last menstruation and data on the coccygeal-parietal size of the fetus during the first ultrasound perinatal screening.
22. Name the formulas for determining the estimated weight of the fetus.
Sample answer:
1). Lankowitz formula: MP = (OJ + VDM + P + M) -10, where MP is the estimated weight of the fetus in grams; OB – abdominal circumference in cm; VDM – height of the uterine fundus in cm; R – mother's height in cm; M – mother's body weight in kg.
2). Zhordania formula: MP = coolant - VDM, where MP is the estimated weight of the fetus in grams; OB – abdominal circumference in cm; VDM – height of the uterine fundus in cm.
3). Johnson's formula: MP = (VDM - n) - K, where MP is the estimated mass of the fetus in grams; VDM – height of the uterine fundus in cm 16 n = 12, if the fetal head is located below the level of the ischial spines; n = 11, if the head is located above the level of the ischial spines; 1 is added to n if the pregnant woman weighs more than 90 kg; K is a constant equal to 155. It is necessary, having calculated the MP using these methods, sum up the results obtained, and then divide the sum by 3 (the number of methods used to calculate the MP). 4). Yakubova's formula: MP = coolant + VDM - 100 / 4, where MP is the estimated weight of the fetus in grams; OB – abdominal circumference in cm; VDM – height of the uterine fundus in cm.
23. What are the main points of the biomechanism of childbirth in the anterior form of occipital presentation.
Standard answer: flexion of the head, internal rotation of the head, extension of the head, internal rotation of the body and external rotation of the head.
24. Name the size of the head that passes through all planes and is born in the anterior view of the occipital presentation.
Standard answer: small oblique size - 9.5.
25. Name the wire point in the anterior view of the occipital presentation.
Sample answer: small fontanel.
26. Name the main points of the biomechanism of labor in the posterior view of occipital presentation.
Standard answer: insertion and flexion of the head, internal rotation of the head (by 45^0), additional flexion of the head, extension of the head, internal rotation of the shoulders, external rotation of the head.
27. Name the size of the head that passes through all planes and is born in the posterior view of the occipital presentation.
Standard answer: average oblique size - 10 cm.

28. Name the wire point in the posterior view of the occipital presentation.
Standard answer: the middle between the large and small fontanelles.
29. Name the point of fixation in the anterior view of the occipital presentation.
Sample answer: suboccipital fossa.
30. Name the points of fixation in the posterior view of the occipital presentation. Sample answer: anterior - border of the scalp of the forehead, posterior - suboccipital fossa.

Situational tasks:

Task No. 1. The fetal head is a small segment at the entrance to the small pelvis, a sagittal suture in the right oblique size of the pelvis, a small fontanel in the front left, a large fontanel in the back right above the small one.
Determine the position, position and type of presentation of the fetus.

Sample answer: the position of the fetus is longitudinal, the head is above 1 plane, the first position is anterior view.

Task No. 2. The fetal head is a large segment at the entrance to the small pelvis, a sagittal suture in the right oblique size of the pelvis, a small fontanel in the front left, a large one in the back right above the small one.

Determine the position, position and type of presentation of the fetus.

Standard answer: the position of the fetus is longitudinal, the head is on 1 plane, the first position is anterior view.

Task No. 3. The fetal head is a large segment at the entrance to the pelvis, a sagittal suture in left oblique size of the pelvis, small fontanelle in front on the right, large fontanel in the back left above the small one.
Determine the position, position and type of presentation of the fetus.

Standard answer: the position of the fetus is longitudinal, the head is on the 1st plane, the second position is anterior view.

Task No. 4. The fetal head is a small segment at the entrance to the pelvis, a sagittal suture in left oblique size of the pelvis, small fontanelle in front on the right, large fontanel in the back left above the small one.
Determine the position, position and type of presentation of the fetus.

Sample answer: the position of the fetus is longitudinal, the head is above 1 plane, the second position is anterior view.

Task No. 5. The fetal head is a small segment at the entrance to the pelvis, a sagittal suture in left oblique size of the pelvis, large fontanel in front on the right, small fontanel in the back on the left. Below the big one. Determine the position, position and type of presentation of the fetus.

Sample answer: longitudinal position of the fetus, head above 1 plane, first position, posterior view.

Task No. 6. The fetal head is a large segment at the entrance to the pelvis, a sagittal suture in left oblique size of the pelvis, large fontanel in front on the right, small fontanel in the back on the left. Below the big one. Determine the position, position and type of presentation of the fetus.

Standard answer: longitudinal position of the fetus, head on 1st plane, first position, posterior view.

Problem No. 7. The fetal head is a large segment at the entrance to the small pelvis, a sagittal suture in the right oblique size of the pelvis, a large fontanel in the front left, a small fontanel in the back right below the large one. Determine the position, position and type of presentation of the fetus.

Sample answer: longitudinal position of the fetus, head on 1st plane, second position, posterior view

Task No. 8. The fetal head is a small segment at the entrance to the pelvis, a sagittal suture in right oblique size of the pelvis, large fontanel in front on the left, small fontanel in the back on the right below the large one. Determine the position, position and type of presentation of the fetus.

Sample answer: longitudinal position of the fetus, head above 1 plane, second position, posterior view

Task No. 9. The fetus is located in the 1st position, anterior view of the occipital presentation. The fetal head is in the pelvic cavity.
Where will the small fontanelle and sagittal suture be located during vaginal examination?
Sample answer: Sagittal suture in the right oblique size, small fontanel on the left near the pubis.

Task No. 10. The fruit is located in2nd position, anterior view of the occipital presentation. The fetal head is a small segment at the entrance to the pelvis. What findings from a vaginal examination would be appropriate for this obstetric situation?

Sample answer: Head above 1st plane, sagittal suture in the left oblique size, small fontanel on the right near the pubis, large fontanel on the left, posteriorly.

Task No. 11. The fruit is located in1st position, posterior view of occipital presentation. The fetal head is a large segment in the plane of the entrance to the pelvis. What findings from a vaginal examination would be appropriate for this obstetric situation?

Sample answer: head on the first plane, sagittal suture in the left oblique dimension, small fontanel posterior to the left, large anterior to the right, located higher.

Problem No. 12. The fruit is located in1st position, posterior view of occipital presentation. The fetal head is a small segment in the plane of the entrance to the pelvis. What findings from a vaginal examination would be appropriate for this obstetric situation?

Sample answer: head above the first plane, sagittal suture in the left oblique dimension, small fontanel posterior to the left, large anterior to the right, located above.

Problem No. 13. Succession period, through10 minutes after the birth of the fetus, 200 ml of bloody discharge from the uterus appeared. The Kustner-Chukalin sign is positive. Sample answer: the use of techniques for isolating separated placenta (techniques of Ambuladze, Genter, Crede-Lazarevich) is shown.

Problem No. 14.A primigravida was admitted38 years old with contractions that started 7 hours ago; my water broke 3 hours ago. Contractions for 25 seconds every 7 minutes. The position of the fetus is longitudinal, 1st position, anterior view. The head is presented, pressed to the entrance to the pelvis. The fetal heartbeat is clear, rhythmic, up to 136 beats per minute. Vaginal examination
– the cervix is smoothed, the edges are moderately pliable, the opening is 3 cm. There is no amniotic sac, leaking, light waters. Head over 1 plane.

Sample answer: delivery through the natural birth canal is indicated under cardiac monitoring of the fetal condition, maintaining a partogram, monitoring the development of labor to resolve the issue of possible labor stimulation.

Problem No. 15.A primigravida was admitted with a full-term pregnancy with contractions in for 4 hours, the water broke 3 hours ago, the condition is satisfactory. Contractions last 35 seconds every 4-5 minutes. The position of the fetus is longitudinal, back to the left, anterior. Presenting head in the pelvic cavity. The heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderately pliable, the opening is 5 cm, the head is on the 2nd plane, the sagittal suture is in the right oblique size, the small fontanelle is left anterior.

Sample answer: Delivery through the natural birth canal under CTG control is indicated.

Problem No. 16.A multiparous woman was admitted with a full-term pregnancy in period, regular attempts every 1-2 minutes for 45-50 seconds; The position of the fetus is longitudinal, the back is posterior. Presenting part in the pelvic cavity; The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - full opening, head on the 4th plane, sagittal suture in straight size, small fontanel posteriorly.

Sample answer: it is indicated to continue childbirth through the natural birth canal in the posterior view of the occipital presentation.

Problem No. 17.A multiparous woman was admitted with a full-term pregnancy in period, attempts are regular every 1-2 minutes for 45-50 seconds; The position of the fetus is longitudinal, the back is anterior, the presenting part - the pelvic end - in the pelvic cavity. The head is identified in the fundus of the uterus. The heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - full opening, presenting part - buttocks on 4 planes, line trochanterica in the direct size of the pelvic outlet.

Standard answer: deliver the child through the natural birth canal, use Tsovyanov's manual during childbirth.

Problem No. 18.A primigravida was admitted with a full-term pregnancy with contractions with for 5 hours, with water breaking 2 hours ago. The position of the fetus is longitudinal, the back is on the left. The presenting head is pressed against the entrance to the pelvis; the heartbeat is clear, rhythmic up to 130 beats per minute. Vaginal examination - the cervix is smoothed, the edges are moderate

flexible, opening 6 cm; there is no amniotic sac; the root of the nose, brow ridges, and chin are determined; the facial line is in the right oblique direction, the chin is anterior.

Sample answer: delivery through the birth canal is indicated, taking into account the anterior view of the facial presentation.

Problem No. 19. A pregnant woman was admitted with complaints of aching pain in the lower abdomen and lumbar region. There is no regular labor activity. Gestation period is 39-40 weeks. The position of the fetus is longitudinal, back to the left, anterior. The presenting head is pressed against the entrance to the pelvis. The heartbeat is clear, rhythmic up to 140 beats per minute, on the left, below the navel. Vaginal examination - the cervix is deviated downwards, dense; the cervical canal is up to 2.5 cm, the pharynx is closed, the head is above the 1st plane.

Sample answer: the patient is having “false contractions.” Additional examination is indicated (clinical and laboratory, ultrasound, Doppler measurements of utero-placental-fetal blood flow, CTG).

Problem No. 20. A primigravida was admitted with a full-term pregnancy, without regular labor, with amniotic fluid breaking 6 hours ago. The position of the fetus is longitudinal, back to the right, anterior; the presenting part is the head, pressed against the entrance to the pelvis. The heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is centered, the cervix is up to 1 cm. The cervical canal is freely passable for a finger; there is no amniotic sac. Head above 1st plane.

Sample answer: clarify the weight and condition of the fetus: ultrasound, Doppler, CTG. Examination of a woman in labor: clinical and laboratory, pelvic dimensions. In the absence of contraindications, induce labor using uterotonics. During labor, administer epidural analgesia.

Problem No. 21. A multiparous woman was admitted with contractions for 5 hours, her water broke 2 hours ago. Contractions last 35-40 seconds every 4 minutes. The position of the fetus is longitudinal, the back is to the right, posterior. The presenting part - the head - is a large segment at the entrance to the pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination
- the neck is shortened, flexible, opening 6 cm; head on the 1st plane, sagittal suture in the right oblique size, small fontanel on the right, posteriorly.

Sample answer: Repeated labor in the posterior form of occipital presentation. First stage of labor. It is indicated to continue childbirth through the vaginal birth canal, performing fetal monitoring (CTG).

Problem No. 22.A multiparous woman was admitted with a full-term pregnancy. Contractions started 7 hours ago, the water did not break. Contractions for 25 seconds every 7 minutes. The position of the fetus is longitudinal, the back is to the left, posterior. The presenting head is a large segment at the entrance to the pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is shortened, the edges are moderately pliable, the opening is 3 cm. The amniotic sac is intact and flat. The presenting part is the head on the 1st plane, a sagittal suture in the left oblique dimension, a small fontanel on the left, posteriorly.

Sample answer: Second term birth. Posterior view of occipital presentation. "Flat amniotic sac." Amniotomy, partogram monitoring, and fetal monitoring (CTG) are indicated.

Problem No. 23. Woman in labor R.,35 years old, with regular labor for 5 hours. The waters poured out with the onset of labor. The gestation period is 39 weeks according to menstruation. There are 5 births coming up. Previous births without any special features. Abdominal circumference is 100 cm, the height of the fundus of the uterus above the pubis is 34 cm. Pelvic dimensions: 28-31-34-22 cm. The uterus is ovoid in shape. The position of the fetus is longitudinal. The presenting part is the head, pressed against the entrance to the pelvis. Fetal heart rate 140 beats. /min, clear, rhythmic, below the navel. The approximate weight of the fetus is 3400 g. Contractions are regular for 30 seconds every 3-4 minutes of good strength. Vaginal examination data: the external genitalia are developed correctly. The vagina of a woman giving birth, the cervix is smoothed, the opening of the uterine pharynx is 7 cm. There is no amniotic sac. The fetal head is above the first plane, a sagittal suture in the direct size of the entrance, a small fontanel at the pubis, a large fontanel posterior to the sacrum. There are no exostoses, the pelvis is capacious, the cape is unattainable.

Sample answer: Further management of childbirth through the natural birth canal is indicated.

Problem No. 24. Succession period, through10 minutes after the birth of the fetus, the outer segment of the umbilical cord lengthened, and the shape of the uterus changed.

Sample answer: The woman in labor is asked to push for the birth of the placenta.

Problem No. 25.INDuring the third stage of labor, when the woman in labor pushed, the placenta was born.

Sample answer: the placenta is examined: the maternal and fetal surfaces are examined, the integrity of the placenta and membranes is determined.

Problem No. 26.A multiparous woman was admitted with contractions for2 hours, water broke 2 hours ago. Contractions last 25-30 seconds every 8 minutes. The position of the fetus is longitudinal, the back is to the right, posterior. The presenting part - the head - is above the entrance to the pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is shortened to 1 cm, pliable, opening 3 cm; head above 1st plane. What stage of labor is the woman in labor?

Sample answer: in the latent phase of labor.

Problem No. 27.A first-time mother was admitted with contractions for5 hours, the water did not break. Contractions last 35-40 seconds every 3 minutes. The position of the fetus is longitudinal. Presenting part – head – a large segment at the entrance to the small pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Vaginal examination - the cervix is smoothed, the opening is 6 cm; head on the 1st plane. What stage of labor is the woman in labor?

Sample answer: in the active phase of labor.

Problem No. 28. The first-time mother was admitted with contractions for 1.5 hours, her water did not break. Contractions last 25-30 seconds every 8 minutes. The position of the fetus is longitudinal. Presenting part – head – above the entrance to the small pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Pelvic dimensions: 24-26-28-18. Diagonal conjugate = 11 cm. What is the shape and degree of pelvic narrowing in a woman in labor?

Standard answer: generally uniformly narrowed pelvis of the 1st degree.

Problem No. 29. The first-time mother was admitted with contractions for 2 hours, her water did not break. Contractions last 25-30 seconds every 8 minutes. The position of the fetus is longitudinal. Presenting part – head – pressed to the entrance to the small pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Pelvic dimensions: 24-26-28-21. Diagonal conjugate ≥12 cm. What form of pelvic narrowing does a woman in labor have?

Sample answer: transversely contracted pelvis.

Problem No. 30. The first-time mother was admitted with contractions for 4 hours, her water did not break. Contractions last 25-30 seconds every 7 minutes. The position of the fetus is longitudinal. Presenting part – head – high above the entrance to the small pelvis. The fetal heartbeat is clear, rhythmic up to 140 beats per minute. Pelvic dimensions: 26-29-31-18. Diagonal conjugate = 11 cm. What form of pelvic narrowing does a woman in labor have?

Sample answer: flat pelvis.