

Year 4/5 Obstetrics and Gynaecology Learning Outcomes

Early Pregnancy Problems		
Understand define and describe normal early pregnancy		<input type="checkbox"/>
Define the early pregnancy problem of Miscarriage and recurrent miscarriage including causes and associated risk factors		<input type="checkbox"/>
Define the early pregnancy problem of ectopic pregnancy including risk factors, complications and recurrence		<input type="checkbox"/>
Define the early pregnancy problem of Gestational trophoblastic disease		<input type="checkbox"/>
Define the early pregnancy problem of Hyperemesis Gravidarum		<input type="checkbox"/>
Describe the investigation of women presenting in early pregnancy with pain or bleeding including the indications and interpretation of		<input type="checkbox"/>
Ultrasound scan		<input type="checkbox"/>
Serum BHCG		<input type="checkbox"/>
Rhesus status and Anti-D		<input type="checkbox"/>
Describe the options, indications and success of the management of miscarriage		
expectant		<input type="checkbox"/>
medical		<input type="checkbox"/>
surgical		<input type="checkbox"/>
Describe the options, indications and success of the management of ectopic pregnancy		
expectant		<input type="checkbox"/>
medical		<input type="checkbox"/>
surgical		<input type="checkbox"/>
Describe the management of women with gestational trophoblastic disease including awareness of centralised follow up at specialist centres (Dundee in Scotland)		<input type="checkbox"/>
Describe the management of women with hyperemesis gravidarum		<input type="checkbox"/>

Infertility		
Define infertility		<input type="checkbox"/>
Define primary and secondary infertility		<input type="checkbox"/>
Be aware of the incidence of infertility in the population		<input type="checkbox"/>
Be aware of basic reproductive physiology and be able to describe causes of infertility in the context of the following 3 categories		<input type="checkbox"/>
Sperm (azoospermia and oligospermia)		<input type="checkbox"/>
Egg (anovulation causes)		<input type="checkbox"/>
Meet and implant (tubal causes, timing causes).		<input type="checkbox"/>
Describe the investigation of the infertile couple		<input type="checkbox"/>
Be aware of the management options for infertility including		
Ovulation induction (letrozole, clomiphene, GnRH downregulation with gonadotrophin induction)		<input type="checkbox"/>
Egg retrieval		<input type="checkbox"/>
Intrauterine insemination		<input type="checkbox"/>
IVF (in-vitro fertilisation)		<input type="checkbox"/>
ICSI (intra-cytoplasmic sperm injection)		<input type="checkbox"/>
Describe ovarian hyperstimulation and its main complications		<input type="checkbox"/>

Gynaecology oncology - Ovary		
Describe cancers affecting the ovary Epithelial (1. high grade serous, 2.ovarian surface epithelium & Mullerian inclusion cysts) Others including germ cell, metastatic		<input type="checkbox"/> <input type="checkbox"/>
Be aware of the incidence of cancers affecting the ovary		<input type="checkbox"/>
Be aware of the aetiology and risk factors involved in the development of cancers of the ovary including inherited genetic risks		<input type="checkbox"/>
Describe the clinical features associated with cancer of the ovary		<input type="checkbox"/>
Describe the investigation of women presenting with possible cancer of the ovary / pelvic mass.		<input type="checkbox"/>
Be able to calculate and interpret RMI (risk of malignancy index)		<input type="checkbox"/>
Be aware of the staging of ovarian cancer (FIGO staging) including metastatic spread		<input type="checkbox"/>
Be aware of the prognosis and survival of women with ovarian cancer		<input type="checkbox"/>
Be aware of management options for women with ovarian cancer which include Surgical Chemotherapy/radiotherapy / hormonaltherapy Palliative medicine		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Be aware of potential screening for ovarian cancer and its current use in practice		<input type="checkbox"/>
Be aware of the option of risk reducing surgery and it indications		<input type="checkbox"/>

Gynaecology oncology – Endometrium		
Describe cancers affecting the endometrium		<input type="checkbox"/>
Be aware of the incidence of cancers affecting the endometrium		<input type="checkbox"/>
Be aware of the aetiology and risk factors involved in the development of cancers of the endometrium		<input type="checkbox"/>
Describe the clinical features associated with cancer of the endometrium		<input type="checkbox"/>
Describe the investigation of women presenting with possible cancer of the endometrium		<input type="checkbox"/>
Be aware of the staging of endometrial cancer (FIGO staging) including metastatic spread		<input type="checkbox"/>
Be aware of the prognosis and survival of women with endometrial cancer		<input type="checkbox"/>
Be aware of management options for women with endometrial cancer		
Surgical		<input type="checkbox"/>
Chemotherapy/radiotherapy / hormonal therapy		<input type="checkbox"/>
Palliative medicine		<input type="checkbox"/>
Be aware of endometrial hyperplasia as a precursor to endometrial cancer and the risk of progress with		<input type="checkbox"/>
Hyperplasia without atypia		<input type="checkbox"/>
Hyperplasia with atypia		<input type="checkbox"/>

Gynaecology oncology – Cervix		
Describe cancers affecting the cervix and the main histological sub-types of Squamous and glandular		<input type="checkbox"/>
Be aware of the incidence of cancers affecting the cervix		<input type="checkbox"/>
Be aware of the aetiology and risk factors involved in the development of cancers of the cervix in particular the role of HPV		<input type="checkbox"/>
Describe the clinical features associated with cancer of the cervix		<input type="checkbox"/>
Describe the investigation of women presenting with possible cancer of the cervix		<input type="checkbox"/>
Be aware of the staging of cervical cancer (FIGO staging) including metastatic spread		<input type="checkbox"/>
Be aware of the prognosis and survival of women with cervical cancer		<input type="checkbox"/>
Be aware of management options for women with cervical cancer Surgical Chemotherapy/radiotherapy Palliative medicine		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Be aware of the role of HPV vaccination		<input type="checkbox"/>
Be aware of the current cervical screening programme in Scotland		<input type="checkbox"/>
Be aware of the pre-cancerous changes of CIN		<input type="checkbox"/>

Gynaecology oncology –Vulva		
Describe cancers affecting the vulva		<input type="checkbox"/>
Be aware of the incidence of cancers affecting the vulva		<input type="checkbox"/>
Be aware of the aetiology and risk factors involved in the development of cancers of the vulva		<input type="checkbox"/>
Describe the clinical features associated with cancer of the vulva		<input type="checkbox"/>
Describe the investigation of women presenting with possible cancer of the vulva		<input type="checkbox"/>
Be aware of the staging of vulval cancer (FIGO staging) including metastatic spread		<input type="checkbox"/>
Be aware of the prognosis and survival of women with vulval cancer		<input type="checkbox"/>
Be aware of management options for women with vulval cancer		
Surgical and the role of reconstructive surgery		<input type="checkbox"/>
Chemotherapy/radiotherapy		<input type="checkbox"/>
Palliative medicine		<input type="checkbox"/>
Be aware of the pre-malignant condition of VIN and need for disease monitoring		<input type="checkbox"/>

Basic practical skills for gynaecology		
Understand the importance of knowledge and skills in Gynaecology, and their applicability across specialities		<input type="checkbox"/>
Be able to take a full Gynaecology history		<input type="checkbox"/>
Define gravidity		<input type="checkbox"/>
Define parity		<input type="checkbox"/>
Understand the importance of social history in gynaecology		<input type="checkbox"/>
Define LMP		<input type="checkbox"/>
<p>Be able to perform a gynaecological examination including</p> <p>Insertion of speculum (Cusco's) to visualise the vagina and the cervix</p> <p>Take a high vaginal swab</p> <p>Take a vulvo-vaginal and endocervical swab (and be aware these can be taken by the patient to screen for chlamydia and gonorrhoea in the asymptomatic population)</p> <p>Take a cervical smear</p> <p>Perform a bimanual examination and be able to describe the size, position and mobility of the uterus</p> <p>Perform a bimanual examination and be able to describe the size, position and mobility of any adenexal masses</p>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Menstrual cycle and abnormalities		
Describe the main hormones of the hypothalamic-pituitary-ovarian axis involved in the menstrual cycle		<input type="checkbox"/>
Describe the ovarian activity during the menstrual cycle		<input type="checkbox"/>
Describe the endometrial changes during the menstrual cycle		<input type="checkbox"/>
Define menarche and be aware of average age in the UK		<input type="checkbox"/>
Define menopause and be aware of the average age in the UK		<input type="checkbox"/>
Define Heavy Menstrual bleeding (HMB)		<input type="checkbox"/>
Define causes of HMB		
Uterine Pathologies		<input type="checkbox"/>
HMB in the absence of uterine pathology		<input type="checkbox"/>
HMB secondary to a clotting disorder		<input type="checkbox"/>
Describe the clinical assessment and investigation of a patient with HMB including		
History		<input type="checkbox"/>
Examination		<input type="checkbox"/>
Serum blood tests		<input type="checkbox"/>
Imaging techniques		<input type="checkbox"/>
Pathology samples		<input type="checkbox"/>
Describe management options for HMB		
No treatment		<input type="checkbox"/>
Non-hormonal		<input type="checkbox"/>
Hormonal systemic – ‘pseudo-pregnancy’		<input type="checkbox"/>
Hormonal systemic – ‘pseudo-menopause’		<input type="checkbox"/>
Hormonal local – mirena IUS		<input type="checkbox"/>
Hormonal – esmya (Progesterone receptor modulator)		<input type="checkbox"/>
Surgical		<input type="checkbox"/>
Define Primary Amenorrhoea		<input type="checkbox"/>
Define Secondary amenorrhoea		<input type="checkbox"/>
Define Oligomenorrhoea		<input type="checkbox"/>

Be able to define the common causes of primary amenorrhoea and relate these back to the HPO axis		<input type="checkbox"/>
Be aware of the Tanner staging of secondary sexual characteristics		<input type="checkbox"/>
Be able to define the common causes of secondary amenorrhoea and relate these back to the HPO axis		<input type="checkbox"/>
Describe the diagnostic criteria for the diagnosis of PCOS		<input type="checkbox"/>
Describe the short term and long term implications for a patient with PCOS		<input type="checkbox"/>
Describe the mainstay of management for women with PCOS		<input type="checkbox"/>
Define Primary dysmenorrhoea		<input type="checkbox"/>
Define secondary dysmenorrhoea		<input type="checkbox"/>
Describe the investigation of women with dysmenorrhoea		<input type="checkbox"/>
Describe the management of women with dysmenorrhoea		
Conservative/lifestyle (exercise, diet)		<input type="checkbox"/>
Medical non-hormonal		<input type="checkbox"/>
Hormonal systemic – ‘pseudo-pregnancy’		<input type="checkbox"/>
Hormonal systemic – ‘pseudo-menopause’		<input type="checkbox"/>
Hormonal local – mirena IUS		<input type="checkbox"/>
Surgical		<input type="checkbox"/>
Define intermenstrual bleeding (IMB)		<input type="checkbox"/>
Define post-coital bleeding (PCB)		<input type="checkbox"/>
Define post-menopausal bleeding (PMB)		<input type="checkbox"/>
Describe the causes of IMB, PCB, PMB in terms of anatomical sites		
Vulva		<input type="checkbox"/>
Vagina		<input type="checkbox"/>
Cervix		<input type="checkbox"/>
Uterus		<input type="checkbox"/>
Describe the assessment, examination and investigation of those presenting with IMB		<input type="checkbox"/>
Describe the assessment, examination and investigation of those presenting with PCB		<input type="checkbox"/>
Describe the assessment, examination and investigation of those presenting with PMB		<input type="checkbox"/>

Pelvic pain		
Be aware of the presentation of those with pelvic pain can be acute or chronic		<input type="checkbox"/>
Be aware of the approximate incidence of pelvic pain		<input type="checkbox"/>
Describe the causes of pelvic pain in terms of anatomical sites		
Vulva		<input type="checkbox"/>
Vagina		<input type="checkbox"/>
Cervix		<input type="checkbox"/>
Uterus		<input type="checkbox"/>
Other		<input type="checkbox"/>
Be aware and describe the 3 types of presentations of ovarian cyst events		
Cyst rupture		<input type="checkbox"/>
Cyst haemorrhage		<input type="checkbox"/>
Cyst torsion		<input type="checkbox"/>
Be aware that the risk of ovarian malignancy alters with age		<input type="checkbox"/>
Be aware of the Risk of Malignancy Index (RMI)		<input type="checkbox"/>
Describe the investigation of those presenting with pelvic pain where an ovarian cyst event is suspected		<input type="checkbox"/>
Describe the management of those presenting with an ovarian cyst		<input type="checkbox"/>
Be aware of the different nomenclatures which are associated with Pelvic inflammatory disease (PID) (salpingitis, endometritis, tubo-ovarian abscess, pelvic peritonitis)		<input type="checkbox"/>
Describe the complications associated with PID		<input type="checkbox"/>
Describe the most common organisms associated with PID		<input type="checkbox"/>
Describe the clinical presentation of women with PID		<input type="checkbox"/>
Describe the investigation of women with suspected PID		<input type="checkbox"/>
Describe the management of women with PID		<input type="checkbox"/>
Define endometriosis		<input type="checkbox"/>
Define adenomyosis		<input type="checkbox"/>
Be aware of possible theories associated with the development of endometriosis		<input type="checkbox"/>
Be aware of the common sites for endometriosis to be found		<input type="checkbox"/>

Describe the clinical presentation of women with endometriosis		<input type="checkbox"/>
Describe the assessment and investigation of women suspected to have endometriosis		<input type="checkbox"/>
Describe the complications of endometriosis		<input type="checkbox"/>
Describe the management options for those affected by endometriosis		
No treatment		<input type="checkbox"/>
Non-hormonal		<input type="checkbox"/>
Hormonal systemic – ‘pseudo-pregnancy’		<input type="checkbox"/>
Hormonal systemic – ‘pseudo-menopause’		<input type="checkbox"/>
Hormonal local – mirena IUS		<input type="checkbox"/>
Surgical		<input type="checkbox"/>

Menopause		
Define menopause		<input type="checkbox"/>
Define the climacteric		<input type="checkbox"/>
Define premature ovarian insufficiency (POI)		<input type="checkbox"/>
Describe the HPO axis changes during the menopause and the reason they occur		<input type="checkbox"/>
Describe other reasons for menopause to occur and the risk factors associated with an earlier than expected menopause		<input type="checkbox"/>
Describe the diagnostic criteria for menopause in women >45 years of age		<input type="checkbox"/>
Describe the diagnostic criteria for menopause in women <45 years of age		<input type="checkbox"/>
Define the effect of menopause on		
Vasomotor symptoms		<input type="checkbox"/>
Urogenital tract		<input type="checkbox"/>
Mood		<input type="checkbox"/>
Libido		<input type="checkbox"/>
Bones		<input type="checkbox"/>
Cardiovascular and stroke risk		<input type="checkbox"/>
Describe the indications for the use of hormone replacement therapy (HRT)		<input type="checkbox"/>
Describe the different preparations of HRT available		<input type="checkbox"/>
Be aware of the adverse effects of HRT		<input type="checkbox"/>
Be aware of the risks associated with HRT and where to access these figures when counseling a women regarding HRT		<input type="checkbox"/>
Be aware of fertility in perimenopausal women		<input type="checkbox"/>
Be aware of the importance of endometrial protection while receiving HRT		<input type="checkbox"/>
Be aware of the alternative non-hormonal therapies available for the management of vasomotor symptoms and their potential success or lack of evidence surrounding their use		<input type="checkbox"/>
Be aware of the alternative non-hormonal therapies available for the management of urogenital symptoms		<input type="checkbox"/>
Be aware of the alternative non-hormonal therapies available for the management of osteoporosis risk in post menopausal women		<input type="checkbox"/>

Urogynaecology		
Describe the micturition cycle		<input type="checkbox"/>
Describe the mechanisms by which continence is maintained in the female		<input type="checkbox"/>
Define incontinence		<input type="checkbox"/>
Define Overactive bladder 'dry' (OAB dry)		<input type="checkbox"/>
Define Overactive bladder 'wet' (OAB wet)		<input type="checkbox"/>
Define stress urinary incontinence (SUI)		<input type="checkbox"/>
Define Urodynamic stress incontinence (previously genuine stress incontinence)		<input type="checkbox"/>
Define risk factors associated with OAB		<input type="checkbox"/>
Define risk factors associated with SUI		<input type="checkbox"/>
Describe the implications of urinary incontinence on quality of life		<input type="checkbox"/>
Define pertinent question in the history taking which will aid in the diagnosis of the type of urinary stress incontinence		<input type="checkbox"/>
Describe features on examination		<input type="checkbox"/>
Describe the possible investigations and indications for these investigations in the diagnosis of urinary incontinence		<input type="checkbox"/>
Urine dip +/- culture		<input type="checkbox"/>
Bladder diary		<input type="checkbox"/>
Cystoscopy/ renal tract imaging		<input type="checkbox"/>
Urodynamics		<input type="checkbox"/>
Describe the management options for OAB		
Conservative		<input type="checkbox"/>
Medical		<input type="checkbox"/>
Surgical		<input type="checkbox"/>
Describe the management options for SUI		
Conservative		<input type="checkbox"/>
Medical		<input type="checkbox"/>
Surgical		<input type="checkbox"/>

Pelvic organ prolapse		
Define uterovaginal prolapse		<input type="checkbox"/>
Be aware of the pelvic floor anatomy and supports of the uterus and vagina		<input type="checkbox"/>
Describe the aetiological factors associated with the development of uterovaginal prolapse		<input type="checkbox"/>
Describe the clinical presentation of women with prolapse		
Asymptomatic		<input type="checkbox"/>
Vaginal symptoms		<input type="checkbox"/>
Sexual difficulties		<input type="checkbox"/>
Urinary symptoms		<input type="checkbox"/>
Bowel symptoms		<input type="checkbox"/>
Describe how to examine for a uterovaginal prolapse		<input type="checkbox"/>
Describe the grading system for prolapse		<input type="checkbox"/>
Define the following types of prolapse		
Cystocele		<input type="checkbox"/>
Urethrocele		<input type="checkbox"/>
Rectocele		<input type="checkbox"/>
Enterocoele		<input type="checkbox"/>
Uterine Prolapse		<input type="checkbox"/>
Vaginal Vault Prolapse		<input type="checkbox"/>
Describe the management options for women with a uterovaginal prolapse		
Conservative (physiotherapy, vaginal pessaries)		<input type="checkbox"/>
Surgical		<input type="checkbox"/>
Describe methods of prolapse prevention		<input type="checkbox"/>

Normal Pregnancy, antenatal care and screening		
<p>Describe how to gestation and EDD (expected date of delivery) are derived and calculated using</p> <p>LMP and Nageles rule</p> <p>Gestation wheel</p> <p>Ultrasound</p>		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Describe the physiological changes associated with pregnancy particularly in the following systems</p> <p>Respiratory</p> <p>Cardiovascular</p> <p>Blood, plasma and ECF volume</p> <p>Haemostasis</p> <p>Renal function</p> <p>Gastrointestinal system</p> <p>Calcium homeostasis</p> <p>Dermatological changes</p>		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Antenatal care</p> <p>Describe the purpose of antenatal care</p> <p>Be aware of the visit schedule in normal pregnancy for primiparous and multiparous women and how antenatal care is organised (midwifery led, consultant led, shared care)</p> <p>Describe what occurs during antenatal booking visit</p> <p>Be aware of what is discussed and the investigations and examinations performed during an antenatal visit</p> <p>Be aware of risk stratification during each antenatal encounter and factors which can define a pregnancy as 'high risk'</p>		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>Antenatal screening tests - Maternal testing</p> <p>Be aware of the screening tests offered in the antenatal period, the reasons why they are offered and implications for the pregnancy.</p> <p>Specifically you should know about the following tests:</p> <p>FBC</p> <p>Blood grouping</p>		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

HIV	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>
Rubella	<input type="checkbox"/>
Haemoglobinopathies	<input type="checkbox"/>
Blood glucose testing	<input type="checkbox"/>
Antenatal screening tests - Fetal testing	
Describe the screening test offered in the antenatal period, how they are performed, the reasons why they are offered and the implications for the pregnancy	
Free Fetal DNA	<input type="checkbox"/>
CUBBS testing	<input type="checkbox"/>
2 nd trimester serum screening	<input type="checkbox"/>
Amniocentesis	<input type="checkbox"/>
Chorionic villus sampling	<input type="checkbox"/>
Dating scan	<input type="checkbox"/>
Fetal anomaly scanning (FAS)	<input type="checkbox"/>

Multiple pregnancy		
Be aware of the incidence of multiple pregnancy in the UK		<input type="checkbox"/>
Describe the risk factors associate with multiple pregnancy		<input type="checkbox"/>
Describe the terminology used in the classification of multiple pregnancies and be aware of the embryological events which determine the type of multiple pregnancy		
Zygoty		<input type="checkbox"/>
Chorionicity		<input type="checkbox"/>
Amnionicity		<input type="checkbox"/>
Describe the maternal complications associated with multiple pregnancy		<input type="checkbox"/>
Describe the fetal complications associated with multiple pregnancy		<input type="checkbox"/>
Describe the management of multiple pregnancy		
In the antenatal period		<input type="checkbox"/>
During delivery		<input type="checkbox"/>
Be aware of problems which can occur postnatally and support groups available		<input type="checkbox"/>
Be aware of specific complications associated with monochorionic pregnancies.		<input type="checkbox"/>

Labour, delivery and analgesia		
Describe the 3 stages of labour		<input type="checkbox"/>
Describe the mechanisms of labour including the passage of the baby through the pelvis and delivery of a baby presenting head first in the correct position (occipito-anterior) i.e. a normal SVD		<input type="checkbox"/>
Be aware of how to diagnose labour		
Uterine contractions (palpation, CTG interpretation)		<input type="checkbox"/>
Cervical dilatation		<input type="checkbox"/>
Describe, complete and interpret the labour partogram		<input type="checkbox"/>
Be aware of the differences between the non-pregnant and the pregnant uterus		<input type="checkbox"/>
Describe the cervical and uterine mechanisms which facilitate		
In-utero development of the infant until term		<input type="checkbox"/>
Delivery of the infant		<input type="checkbox"/>
Name the 2 main uterotonic hormones and give examples of when each are used in clinical practice		<input type="checkbox"/>
Be aware of the tocolytic agents used in clinical practice and why they are used.		<input type="checkbox"/>
Define pre-term birth		<input type="checkbox"/>
Describe risk factors associated with pre-term delivery		<input type="checkbox"/>
Describe complications associated with pre-term delivery		<input type="checkbox"/>
Describe the role of steroids in the management of pre-term delivery		<input type="checkbox"/>
Define 'post-dates' pregnancy		<input type="checkbox"/>
Be aware of the clinical problems associated with post-dates pregnancy for the mother		<input type="checkbox"/>
Be aware of the clinical problems associated with post-dates pregnancy for the infant		<input type="checkbox"/>
Be aware of the methods used for the induction of labour		<input type="checkbox"/>
Describe the clinical problems associated with dysfunctional activation of the uterine contractile machinery, namely		
Failure to progress in labour		<input type="checkbox"/>
Atonic post-partum haemorrhage (PPH)		<input type="checkbox"/>
Be aware of options for pain management in labour and the possible important complications associated with their use		
Non-pharmacological		<input type="checkbox"/>
Oral Analgesia		<input type="checkbox"/>

Inhaled Entonox (50:50 oxygen and nitrous oxide)		<input type="checkbox"/>
Systemic Opioids		<input type="checkbox"/>
Remifentanil PCA		<input type="checkbox"/>
Pudendal analgesia		<input type="checkbox"/>
Epidural analgesia		<input type="checkbox"/>
Spinal anaesthesia		<input type="checkbox"/>
General anaesthesia		<input type="checkbox"/>

Basic practical skills for Obstetrics		
Understand the importance of knowledge and skills in Obstetrics, and their applicability across specialities		<input type="checkbox"/>
Be able to take a full Obstetric history		<input type="checkbox"/>
Define gravidity		<input type="checkbox"/>
Define parity		<input type="checkbox"/>
Understand the importance of social history in obstetrics		<input type="checkbox"/>
Perform basic interpretation of a CTG using DR C BRAVADO		<input type="checkbox"/>
Be able to perform an antenatal examination including		
Measuring Blood pressure		<input type="checkbox"/>
Performing a urine dip test		<input type="checkbox"/>
Measuring and plotting SFH		<input type="checkbox"/>
Determining lie		<input type="checkbox"/>
Determining presentation		<input type="checkbox"/>
Determining engagement		<input type="checkbox"/>
Listen to fetal heart		<input type="checkbox"/>

Diabetes in Pregnancy		
Be aware of the incidence of Diabetes affecting pregnancy in the UK		<input type="checkbox"/>
Define Type 1 Diabetes		<input type="checkbox"/>
Define Type 2 Diabetes		<input type="checkbox"/>
Define Gestational Diabetes		<input type="checkbox"/>
Describe Glucose physiology in pregnancy		<input type="checkbox"/>
Describe how insulin requirements alter with pregnancy gestation		<input type="checkbox"/>
Define the maternal risks of pre-existing diabetes in pregnancy		<input type="checkbox"/>
Define the fetal risks of maternal pre-existing diabetes in pregnancy		<input type="checkbox"/>
Describe how risks can be reduced		<input type="checkbox"/>
Describe features of pre-pregnancy diabetic care and advice		<input type="checkbox"/>
Describe features of antenatal care of the pregnant women with pre-existing diabetes		<input type="checkbox"/>
Describe the features of intrapartum care specific to mothers with pre-existing diabetes		<input type="checkbox"/>
Describe features of post-natal care and advice for mothers with pre-existing diabetes		<input type="checkbox"/>
Define risk factors associated with the development of gestation diabetes		<input type="checkbox"/>
Describe the screening test which should be offered to women at risk of gestational diabetes		<input type="checkbox"/>
Define the short term implications of GDM for the mother and fetus		<input type="checkbox"/>
Define the long term implications of GDM for the mother and fetus		<input type="checkbox"/>
Describe the antenatal management of women who develop GDM		<input type="checkbox"/>
Describe the intrapartum management of women who develop GDM		<input type="checkbox"/>
Describe the postpartum management of women who develop GDM		<input type="checkbox"/>

Thyroid disease in Pregnancy		
Be aware of the incidence of thyroid disease affecting pregnancy in the UK		<input type="checkbox"/>
Describe the changes in thyroid function relating to pregnancy		<input type="checkbox"/>
Be aware of pregnancy specific values for the interpretation of thyroid function tests		<input type="checkbox"/>
Be aware of independent fetal thyroid function from approximately 12 weeks gestation		<input type="checkbox"/>
Describe the outcomes of pregnancy where there is maternal hypothyroidism		<input type="checkbox"/>
Describe the management of pregnancy where there is maternal hypothyroidism		<input type="checkbox"/>
Describe the maternal clinical features associated with hyperthyroidism		<input type="checkbox"/>
Describe the outcomes for pregnancies where there is maternal hyperthyroidism		<input type="checkbox"/>
Describe the management of pregnancy where there is maternal hyperthyroidism		<input type="checkbox"/>
Describe the immunological basis of graves disease an monitoring required in pregnancy		<input type="checkbox"/>
Describe how maternal graves disease can affect the infant		
Fetal thyrotoxicosis		<input type="checkbox"/>
Neonatal thyrotoxicosis		<input type="checkbox"/>
Be aware of the management of women in pregnancy who now require thyroxine replacement therapy following a previous diagnosis of Graves disease		<input type="checkbox"/>

Epilepsy in Pregnancy		
Be aware of the incidence of epilepsy affecting pregnancy in the UK		<input type="checkbox"/>
Describe the effects of epilepsy of fertility and contraception		<input type="checkbox"/>
Be aware of the need for pre-pregnancy planning		<input type="checkbox"/>
Be aware of the teratogenic effects of antiepileptic drugs (AEDs)		<input type="checkbox"/>
Be aware of the need for higher dose folic acid pre-pregnancy		<input type="checkbox"/>
Describe the effects of pregnancy on seizure control		<input type="checkbox"/>
Be aware of the need for case registration		<input type="checkbox"/>
Describe the complications of pregnancy associated with maternal epilepsy		<input type="checkbox"/>
Describe the management of pregnancy where there is maternal epilepsy		<input type="checkbox"/>
Describe the management of labour and delivery where there is maternal epilepsy		<input type="checkbox"/>
Describe the considerations for the postnatal period where there is maternal epilepsy		<input type="checkbox"/>

Varicella in Pregnancy		
Describe the varicella zoster virus and its method of spread and infectivity		<input type="checkbox"/>
Define the overall level of seroconversion in the general population of pregnant women		<input type="checkbox"/>
Describe the 2 most common clinical presentations of varicella zoster infection		<input type="checkbox"/>
Describe the maternal complications of primary varicella zoster infection in pregnancy		<input type="checkbox"/>
Describe the fetal complication of maternal primary varicella zoster infection in pregnancy <20 weeks		<input type="checkbox"/>
Describe the neonatal complication of maternal primary varicella zoster infection in late pregnancy		<input type="checkbox"/>
Describe the risk assessment of women exposed to varicella zoster infection during pregnancy		<input type="checkbox"/>
History		<input type="checkbox"/>
Serum IgM and IgG testing		<input type="checkbox"/>
Be aware of the role of Varicella Zoster immunoglobulin in pregnancy (VZIG)		<input type="checkbox"/>

Rhesus disease in Pregnancy		
Describe the inheritance of rhesus status		<input type="checkbox"/>
Describe the immunological response when a mother who is Rh negative encounters red blood cells expressing the Rh antigen		<input type="checkbox"/>
Describe potential sensitising events		
Non pregnant exposure		<input type="checkbox"/>
Early pregnancy		<input type="checkbox"/>
Late pregnancy		<input type="checkbox"/>
Describe the immunological basis of haemolytic disease of the newborn		<input type="checkbox"/>
Describe haemolytic disease and its presentation and consequence in the antenatal period		<input type="checkbox"/>
Describe haemolytic disease and its presentation and consequences for the newborn		<input type="checkbox"/>
Describe monitoring of the pregnancy during the antenatal period		
Antibody titres		<input type="checkbox"/>
Fetal scanning		<input type="checkbox"/>
Describe methods of preventing Rh disease and the use of Anti-D		<input type="checkbox"/>
Be aware of the management of pregnancy affected by haemolytic disease in-utero		<input type="checkbox"/>

Skin disease in Pregnancy		
Be aware of normal physiological changes to the skin in pregnancy		
Hyperpigmentation		<input type="checkbox"/>
Striae gravidarum		<input type="checkbox"/>
Hair and nail changes		<input type="checkbox"/>
Vascular – angiomas, spider naevi		<input type="checkbox"/>
Greasier skin		<input type="checkbox"/>
Pruritis		<input type="checkbox"/>
Be aware of pregnancy specific dermatoses and their basic management		
Atopic eruption of pregnancy (AEP)		<input type="checkbox"/>
Polymorphic Eruption of pregnancy (PEP)		<input type="checkbox"/>
Pemphigoid Gestationis (PG)		<input type="checkbox"/>

Other conditions for self study		
Essential Hypertension		<input type="checkbox"/>
Cardiac disease		<input type="checkbox"/>
Renal Disease		<input type="checkbox"/>
Liver disease (Including hepatitis, obstetric cholestasis)		<input type="checkbox"/>
Inflammatory Bowel conditions		<input type="checkbox"/>
Blood (thrombocytopenia, thrombosis)		<input type="checkbox"/>
Connective tissue disease		<input type="checkbox"/>
Maternal BMI		<input type="checkbox"/>
Maternal Age		<input type="checkbox"/>

Maternal mortality, UK reporting systems and teamworking		
Be aware of the reporting system for adverse outcomes and maternal deaths in obstetrics in the UK		<input type="checkbox"/>
Define maternal death		<input type="checkbox"/>
Define direct maternal death		<input type="checkbox"/>
Define indirect maternal death		<input type="checkbox"/>
Define coincidental maternal death		<input type="checkbox"/>
Define late maternal death		<input type="checkbox"/>
Be aware of the leading cause of indirect maternal deaths in the UK		<input type="checkbox"/>
Be aware of the leading cause of direct maternal deaths in the UK		<input type="checkbox"/>
Be aware of the leading cause of late maternal deaths in the UK		<input type="checkbox"/>
Show an awareness of the importance of non-technical skills and teamworking in Obstetric emergencies and how these skills can transfer to working in other medical specialities		<input type="checkbox"/>

Haemorrhage in O&G		
Define Antepartum Haemorrhage (APH)		<input type="checkbox"/>
Describe the causes of APH		
Placenta previa		<input type="checkbox"/>
Placental abruption (concealed and visible bleeding)		<input type="checkbox"/>
Vasa previa		<input type="checkbox"/>
Uterine rupture		<input type="checkbox"/>
Local causes		<input type="checkbox"/>
-Vulval (trauma, infection, dermatosis)		
-Vaginal (trauma, infection)		
-Cervical (polyp, ectropion, cancer, infection)		
-(urinary/bowel)		
Define post-partum haemorrhage (PPH)		<input type="checkbox"/>
Define primary PPH		<input type="checkbox"/>
Define secondary PPH		<input type="checkbox"/>
Describe the 4 main categories of causes of PPH (the 4 Ts)		<input type="checkbox"/>
Be aware that risk of PPH can be determined by factors identified in the antenatal period and intrapartum events		<input type="checkbox"/>
Describe the 'A, B, C' approach to the initial management of PPH		<input type="checkbox"/>
Be aware of the Pharmacological management of PPH		<input type="checkbox"/>
Syntocinon		
Ergometrine		
Carboprost		
Misoprostol		
Be aware of the surgical management of PPH		<input type="checkbox"/>
Bimanual compression		
Manual removal of placenta		
Balloon tamponade		
B-lynch suture		
Uterine artery embolisation/ligation		
hysterectomy		
Be aware of the 2 main causes of significant haemorrhage in early pregnancy (Miscarriage & Ectopic pregnancy)		<input type="checkbox"/>

Hypertension in pregnancy, pre-eclampsia and eclampsia		
Be aware of the normal physiological changes to Blood Pressure during pregnancy		<input type="checkbox"/>
Define hypertension in pregnancy based on NICE guidelines (mild, moderate, severe)		<input type="checkbox"/>
Define essential/chronic hypertension		<input type="checkbox"/>
Define gestational hypertension		<input type="checkbox"/>
Define Pre-eclampsia and severe pre-eclampsia		<input type="checkbox"/>
Define eclampsia		<input type="checkbox"/>
Be aware of the signs and symptoms associated with pre-eclampsia		<input type="checkbox"/>
Describe the maternal complications of pre-eclampsia		<input type="checkbox"/>
Describe the fetal complications of pre-eclampsia		<input type="checkbox"/>
Define antenatal risks associated with the development of pre-eclampsia		<input type="checkbox"/>
Describe interventions to reduce the risk of developing pre-eclampsia		<input type="checkbox"/>
Be aware of the pharmacological therapies used in the management of hypertension in pregnancy		<input type="checkbox"/>
Be aware of the pharmacological therapy of choice in the management and prevention of eclampsia (Magnesium Sulphate)		<input type="checkbox"/>
Be aware of the 'A,B,C' approach in the initial management of eclampsia		<input type="checkbox"/>
Be aware of the risk of recurrent pre-eclampsia in future pregnancies		<input type="checkbox"/>
Be aware of the association between hypertension or pre-eclampsia in pregnancy and the development of hypertension in the future		<input type="checkbox"/>

Maternal Collapse		
Define maternal collapse		<input type="checkbox"/>
Be aware of the low incidence of maternal collapse and maternal death in UK		<input type="checkbox"/>
Be aware of the need to drills and training in the management of maternal collapse		<input type="checkbox"/>
Know the safe 'A,B,C' approach to all collapsed patients		<input type="checkbox"/>
Know the resuscitation council algorithm or CPR		<input type="checkbox"/>
Be aware of physiological changes in pregnancy and how these can affect resuscitation attempts		<input type="checkbox"/>
Be aware of additional maneuvers required in the resuscitation of the pregnant woman		
Lateral displacement of the uterus		<input type="checkbox"/>
Consideration of perimortem caesarean delivery primarily to facilitate maternal resuscitation attempts		<input type="checkbox"/>
When considering causes of collapse in the pregnant women consider eclampsia (including Magnesium Sulphate toxicity) and amniotic fluid embolus in addition to the usual '4Hs' and '4Ts'		<input type="checkbox"/>