

Student Instructions

Please take a booking history from the 35 year old female who is pregnant.

She is presenting to the antenatal clinic today for booking.

She is on 3 monthly B12 injections as well as vitamin D tablets once daily.

Please assess the patients risk during pregnancy and determine the level of care she will need.

Patient Instructions

You are a 35 year old lady, called Emma Rye, who is 12 weeks pregnant. You are presenting to the antenatal clinic today for assessment. You only found out you were pregnant last week and have been sent to the high risk clinic.

PC:

You have come to clinic today because your GP referred you

HPC:

You found out you were pregnant 2 weeks ago. You have not had any problems in the pregnancy, you did not notice you were pregnant so you can't really say you have had any 'symptoms' except from some breast tenderness.

No vaginal blood or discharge that you can remember over the past few weeks. Before that you remember having some spotting recently but nothing more than that.

You had not planned to get pregnant and did not know that you could get pregnant. You have Poly cystic ovarian syndrome so thought you could not get pregnant. So you had stopped taking the combined oral contraceptive pill, which you have been on for years and years, and did not use any other form of contraception. You were shocked to find out you were pregnant, however you are delighted to be pregnant. Only tell the student you are happy to be pregnant if they ask. You did not start taking folic acid until 2 weeks ago. But have been taking it since.

You cannot remember when your last menstrual period was as they have been irregular since coming off the pill 6 months ago. You had a dating scan today which has shown you to be 12 weeks.

You have not felt baby move yet.

Past obstetric history:

You have 2 children Sally and peter.

Sally is 17 and was born at 40 weeks weighing 7lb 4 oz. She was an emergency

C-section, you have never fully understood why, but you were in labour for about 4 days and did not progress past 2 cm so think it's something to do with that. You were not induced. She did not need any Special care after she was born. She has grown and developed normally, she is currently at collage doing beauty and you are really proud of her.

You had no problems after delivery.

You also had a termination of pregnancy at 15, where you took a tablet, and a miscarriage at 10 weeks when you were 20. Only tell the student this if they specifically ask.

Past Gynae history:

Poly Cystic Ovarian Syndrome

You have not had a smear since you were 25, you didn't really like it so have never gone back when you have been asked to.

ICE:

You have had a previous C-sections and really want to have this baby by normal vaginal delivery. You are worried that you will have to have the C-section again and this may affected the bond you make with the new baby. You were really surprised to get pregnant as you did not think you could due to your poly cystic ovarian syndrome.

PMH:

Appendectomy age 25.

Gastric bypass 5 years ago. You have lost 14 stone since the operation.

Tummy tuck 1 year ago.

DH and Allergies:

B12 injections every 3 months.

Vitamin D

Folic acid

FH

No allergies that you know of

SH:

You live with your baby's dad. Your daughter does not live with you. She lives with your mum.

Only tell the student the following if they ask in a sensitive way. You do not have contact with your daughter's dad. He was abusive so Social services were involved with your first daughter when she was younger.

You smoke 10 a day

You have not drank since you found out you were pregnant

You do not work

Examiner Instructions

Please observe the student taking the history and performing the examination. There is no real underlying medical problem here, and the student should elicit all the relevant information for a booking clinic. An abdominal examination would be appropriate, this early on in the pregnancy it would be unlikely to be able to fully perform an 'obstetric examination'.

The student should briefly summarise their findings, they should state that so far this is a normal pregnancy.

Topics for discussion:

- What initial blood tests would this lady likely have
- What, if any, risks does she have for complications during the pregnancy or birth
- What advice would you give this lady to minimise any risk to the fetus
- How is a normal pregnancy managed
- How is gestational diabetes screened for
- How might gestational diabetes present
- How is gestational diabetes managed
- What are the risks and complications (to both mother and baby) of gestational diabetes