

Obstetrics & Gynecology Scenarios

Scenario 1 of 6:

Chief Complaint: Asthma in pregnancy

HPI: The patient is a 25-year-old woman with history of persistent asthma, who is now 10 weeks pregnant. Asthma is currently well controlled; she is without new complaints, but is concerned about her asthma treatment during pregnancy. Prior to her current asthma regimen, she had frequent exacerbations.

Past Medical History: As above.

Review of Systems: As above.

Physical Exam: Unremarkable.

Spirometry is normal.

Assessment and Plan: Asthma in pregnancy - continue current regimen and monitor spirometry. Counseled patient regarding affects of asthma on pregnancy.

Scenario 2 of 6:

Reason for Visit: New-patient evaluation

HPI: A pregnant 20-year-old at 22 weeks gestation and newly diagnosed with HIV presents as a new patient. She is without complaints except for fatigue. She has no prenatal care to date.

Past Medical History: As above. Retroviral therapy as not been started. Previous high-risk sexual behavior, denies IVDA.

Review of Systems: As above.

Physical Exam: Physical exam is normal. Fetal sonogram done in the office is consistent with dates and WNL.

Assessment and Plan: 22-week pregnancy with HIV. Admit and initiate retroviral therapy.

Scenario 3 of 6:
Emergency Department Services

HPI: 24-year-old G1P0 female presents to the ER with complaints of severe nausea with intractable vomiting. It has been "2 or 3 months" since her LMP.

Past Medical History: Unremarkable.

Review of Systems: As above.

Physical Exam: Afebrile, BP= 120/85, P= 105. Patient is pale, vomiting, and abdomen is nontender.

ED Course: HCG is 95,000 IU/ml. Uterine ultrasound revealed a snowstorm pattern and no fetus was detected.

Clinical Impression: Classic hydatiform mole

Disposition: Admit for emergent D&C, HCG-level monitoring per protocol.

Scenario 4 of 6:

Reason for Visit: Prenatal care

HPI: A 27-year-old G1 pregnant woman at 17 weeks presents to the office for OB ultrasound. She has no complaints.

Past Medical History: As above. Pregnancy progressing normally to this point.

Review of Systems: As above.

Physical Exam: Physical examination, including vital signs, is normal.

Ultrasound reveals three fetuses. Three fetuses are present, but the number of amniotic sacs or placenta cannot be determined.

Assessment and Plan: Triplet pregnancy, second trimester. Initiate multiple gestation protocol. Counsel patient on risk of multiple gestations.

Scenario 5 of 6:

Reason for Visit: Gestational diabetes

HPI: 25-year-old G2P1 with gestational diabetes presents to the office at 39 weeks for evaluation. Her diabetes, diagnosed at 25 weeks gestation, was initially controlled with diet, but she has required insulin since 32 weeks. Checks blood sugars four times a day.

Past Medical History: Home insulin regimen.

Review of Systems: As above.

Physical Exam: Vital signs are normal; fetal heart tracings are good. Blood sugar is controlled. Fundus measurements appropriate. Urinalysis negative. No edema.

Assessment and Plan: Gestational diabetes. Continue current care.

Scenario 6 of 6:
Labor & Delivery Services

HPI: 25-year-old primigravida at 36 weeks presents complaining of lower abdominal cramping overnight. No vaginal discharge, fluid, or bleeding. Both her vital signs and the fetal heart tracing are normal. Cervix is not dilated and there are no regular contractions.

Past Medical History: As above.

Review of Systems: As above.

Physical Exam: Heart and lung exams are normal. Gravid uterus appropriate for 36 weeks. Urinalysis is negative. No edema.

Clinical Impression: False labor in third trimester.

Disposition: Home with follow-up to OB.