

APGO

MEDICAL STUDENT

EDUCATIONAL

OBJECTIVES

EIGHTH EDITION



ASSOCIATION OF PROFESSORS
OF GYNECOLOGY AND OBSTETRICS

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ASSOCIATION OF PROFESSORS
OF GYNECOLOGY AND OBSTETRICS



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APGO
Medical Student
Educational Objectives

8th edition

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PREFACE

Since the 1966 origination of the *APGO Medical Student Educational Objectives*, the goal has been to improve the instruction of medical students in the specialty of obstetrics and gynecology. The Undergraduate Medical Education Committee (UMEC) of the Association of Professors of Gynecology and Obstetrics (APGO) prepared this 8th edition of the *Objectives* in 2003 and 2004.

To develop this major revision, UMEC edited the previous edition of the *APGO Medical Student Educational Objectives* to ensure coverage of significant additions and changes in the field. UMEC then linked each objective to the level of competence a student should be expected to achieve, the best methods of evaluation and the representative general competency, as defined by the Accreditation Council for Graduate Medical Education (ACGME).

In conducting the work, UMEC adapted the framework described by Roy M. Pitkin, MD, of UCLA, in his 1995 presidential address to the American Gynecological and Obstetrics Society. Doctor Pitkin divided the existing *APGO Medical Student Educational Objectives* into three categories:

- **Priority 1:** Topics all medical students **must** learn and master;
- **Priority 2:** Topics students **should** be expected to learn; and
- **Priority 3:** Topics medical students **can** be expected to learn.

PREFACE

The committee began with the 64 Educational Topic Areas and the underlying educational objectives published in the *Objectives 7th* edition. Three of these Educational Topic Areas were considered **Priority 3** and do not appear in the 8th edition; an additional three were merged with others.

The committee then developed 267 specific Learning Objectives distributed among the 58 Educational Topic Areas. Of this total, 126 were considered **Priority 1** and, as such, **must** be learned and mastered by all medical students during their basic ob-gyn clerkship. **Priority 1 Learning Objectives are identified in this document in blue ink.**

The remaining 141 Learning Objectives are considered **Priority 2**, placing them in the category that all medical students **should** be expected to learn.

Also shown in the document is the level of competence a student **can** be expected to achieve.

Further, the document indicates linkage to the current ACGME representative general competency defined for graduate medical education (see page viii).

PREFACE

ESSENTIAL ELEMENTS

The committee identified 15 current Essential Elements by aggregating 37 of the 58 Educational Topic Areas. These Essential Elements are listed in Table 1, below, followed by the related Educational Topic Area numbers. The committee proposes that these 15 elements authenticate the medical student experience in the ob-gyn clerkship at the highest level.

Table 1. Essential Elements of Ob-Gyn Undergraduate Medical Education

Essential Element	Essential Element Description	Related Educational Topic Area Number
A.	Clinical skills in the medical interview and physical exam	1, 2, 4, 5
B.	Collect and interpret a cervical cytology – first line disposition, limitations of cervical cytology	3
C.	Thorough grounding in modern contraceptive technology	33
D.	Differential diagnosis of the “acute abdomen” – pelvic infection, ectopic pregnancy, adnexal torsion, appendicitis, diverticulitis, renal calculi	15, 36
E.	Physiologic adjustments that accompany normal gestation, especially lab test results	8, 10

PREFACE

Table 1. Essential Elements of Ob-Gyn Undergraduate Medical Education (continued)

Essential Element	Essential Element Description	Related Educational Topic Area Number
F.	Embryonic and fetal development – what does and does not affect it; what is and is not teratogenic	9
G.	Health and well-being of populations – social and health policy aspect of women’s health, ethical issues, sterilization, abortion, domestic violence, adolescent pregnancy, access to health care, etc.	6, 7, 16, 33, 57, 58, 34
H.	Menstrual cycle, including menopause	43, 45, 46, 47
I.	Infertility	48, 38
J.	Intrapartum care	11
K.	Breast health, including breastfeeding	14, 40
L.	Vaginal and vulvar disorders	35
M.	Sexuality – patient and physician	56
N.	Common problems in obstetrics	17, 18, 23, 30
O.	Screening for reproductive cancers	51, 52, 53, 54, 55

PREFACE

TO FACULTY

The APGO *Medical Student Educational Objectives*, 8th edition, is designed to provide an organized and understandable set of objectives for all medical students, regardless of their future specialty plans. The knowledge, skills and attitudes are intended to be both a resource for course design for clerkship directors and a useful study guide for medical students. APGO strongly recommends that the 267 Objectives shown herein be included in the curriculum of all medical student clerkships, with **special emphasis** on the 126 identified as “**must learn and master.**”

This edition adds expected competence levels to be achieved by students, as well as best methods of evaluating the achievement of each objective. The linkage of each objective to the current ACGME competencies is shown to relate the Objectives to the expectations for the students’ residencies.

We welcome your comments and suggestions for future editions.

PREFACE

TO STUDENTS

All medical students ask the question “What do I need to know?” This book is meant to clearly communicate the answer to that question. The APGO *Medical Student Educational Objectives*, 8th edition, represents the latest information available regarding the knowledge, skills and attitudes that you must acquire, regardless of your future specialty plans, as you proceed through your obstetrics and gynecology clerkship.

In addition, this book defines the level of competence you will be expected to achieve for each objective, as well as the best methods of evaluating your achievement of the objective, and shows the linkage to the competencies you will be expected to obtain during your residency. Your clerkship director will modify these objectives, if needed, to emphasize various aspects of the discipline, since one book cannot serve the needs of all courses. This book can also serve as a study guide to prepare for your national licensure tests.

We welcome your comments and suggestions for future editions.

PREFACE

KEY

Must/Should/Can

Must learn and master objectives are highlighted in **blue ink**; all others are in black ink.

Levels of Competence

K = Knows

KH = Knows How

SH = Shows How

D = Does

As defined by Miller GE in The assessment of clinical skills/competence/performance. Acad Med 1990;65:S63-7.

Methods of Evaluation and ACGME Toolbox of Assessment Methods[©]

Chart Review

Checklist

Direct Observation

Key Features Exam (KF)

Multiple Choice Examination (MCQ)

Oral Exam

Objective Structured Clinical Exam (OSCE)

Standardized Patient (SP)

NOTE: The Methods of Evaluation and ACGME Outcome Project General Competencies list is used with permission of the Accreditation Council for Graduate Medical Education (ACGME).

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Log on to the ACGME Web site at www.acgme.org/Outcome for detailed descriptions on the ACGME Outcome Project Toolbox of Assessment Methods.

PREFACE

KEY (continued)

ACGME Outcome Project General Competencies

1. Patient Care

- a. Caring and respectful behaviors
- b. Interviewing
- c. Informed decision-making
- d. Develop and carry out patient management plans
- e. Counsel and educate patients and families
- f. Performance of procedures
 - Routine physical exam
 - Medical procedures
- g. Preventive health services
- h. Work within a team

2. Medical Knowledge

- a. Investigatory and analytic thinking
- b. Knowledge and application of basic sciences

3. Practice-based Learning and Improvement

- a. Analyze own practice for needed improvements
- b. Use of evidence from scientific studies
- c. Application of research and statistical methods
- d. Use of information technology
- e. Facilitate learning of others

4. Interpersonal and Communication Skills

- a. Creation of therapeutic relationship with patients
- b. Listening skills

5. Professionalism

- a. Respectful, altruistic
- b. Ethically sound practice
- c. Sensitive to cultural, age, gender, disability issues

6. Systems-based Practice

- a. Understand interaction of their practices within the larger system
- b. Knowledge of practice and delivery systems
- c. Practice cost effective care
- d. Advocate for patients within the health care system

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UNIT ONE

approach to the patient

UNIT ONE

UNIT ONE: APPROACH TO THE PATIENT

Educational Topic 1: history

Rationale: A gynecological evaluation is an important part of primary health care and preventive medicine for women.

A gynecological assessment should be a part of every woman's general medical interview and physical examination.

Certain questions must be asked of every woman, whereas other questions are specific to particular problems.

To accomplish these objectives, optimal communication must be achieved between patient and physician.

UNIT ONE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Complete a comprehensive women's medical interview, including: 1. Menstrual history 2. Obstetric history 3. Gynecologic history 4. Contraceptive history 5. Sexual history, including sexual orientation and sexual function 6. Family history 7. Social history	D	Checklist	1a, 1b, 4b
B. Assess risk for unintended pregnancy, sexually transmitted infections, cervical pathology, breast malignancy, gynecologic malignancies and domestic violence	D	Checklist	1a, 1b, 2b, 3b
C. Assess compliance with recommended screening measures specific to women (e.g. cervical malignancy, gynecologic exam, breast exam, diagnostic breast imaging) in risk-appropriate circumstances	D	Checklist	1a, 1b, 2b, 3b
D. Demonstrate interpersonal and communication skills that build trust by addressing contextual factors (e.g. culture, ethnicity, language/literacy, socioeconomic class, spirituality/religion, age, sexual orientation, disability)	D	Checklist	1a, 1b, 4a, 4b, 5c
E. Communicate the results of the ob-gyn and general medical interview by well-organized written and oral reports	D	Chart review	1b, 1h

UNIT ONE

UNIT ONE: approach to the patient

Educational Topic 2: examination

Rationale: An accurate examination complements the history, provides additional information, and helps determine diagnosis and guide management. It also provides an opportunity to educate and reassure the patient.

UNIT ONE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Interact with the patient to gain her confidence and cooperation, and assure her comfort and modesty	D	Checklist	1a, 4a, 4b, 5a
B. Perform accurate examinations in a sensitive manner, including: 1. Breast examination 2. Abdominal examination 3. Complete pelvic examination 4. Recto-vaginal examination	D	Checklist	1a, 1f, 4a, 5a, 5c
C. Use accurate medical terminology to describe the: 1. Normal female anatomy across the life cycle 2. Appearance of common pathology of the female urogenital tract 3. Appearance of common breast changes and disorders	D	Direct Observ., Chart Review	1f, 1h
D. Communicate the relevant results of the examination in well-organized written and oral reports	D	Chart review	1e
E. Share results	SH	OSCE	1e
F. Educate the patient regarding breast self-examination	D	Checklist	1e, 3b

UNIT ONE

UNIT ONE: APPROACH TO THE PATIENT

Educational Topic 3: pap smear and cultures

Rationale: The Pap smear is one of the most effective screening tests used in medicine today. Proper technique in performing the Pap smear and obtaining specimens for microbiologic culture will improve accuracy.

UNIT ONE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Perform an adequate Pap smear	D	Checklist	1f
B. Obtain specimens to detect sexually transmitted infections	D	Checklist	1f
C. Handle specimens properly to improve diagnostic accuracy	D	Checklist	1f
D. Provide an explanation to the patient regarding the purpose of these tests	D	Checklist	1e

UNIT ONE

UNIT ONE: APPROACH TO THE PATIENT

Educational Topic 4: diagnosis and management plan

Rationale: Accurately identifying problems and selecting the most likely diagnosis leads to effective management plans.

UNIT ONE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Generate a problem list	D	Checklist, Chart review	1c, 1d, 2a, 3b
B. Form a diagnostic impression, including differential diagnosis	D	Checklist, Chart review	1c, 2a, 2b, 3b
C. Consider economic, psychosocial and ethical issues	D	Checklist, Chart review	5b, 6c
D. Develop a management plan that includes: 1. Laboratory and diagnostic studies 2. Treatment 3. Patient education 4. Continuing care plans	D	Checklist, Chart review	1d, 1e, 1f

UNIT ONE

UNIT ONE: APPROACH TO THE PATIENT

Educational Topic 5: personal interaction and communication skills

Rationale: The student must have the ability to interact cooperatively with a patient and all members of a health care team. This is a hallmark of professionalism.

UNIT ONE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Establish rapport with patients	D	Checklist, SP, OSCE	1a, 4a, 4b, 5c
B. Work cooperatively with patients, their social supports and other members of the health care team	SH	Checklist, SP, OSCE	1e, 1h, 5a, 5c
C. Assess his/her own strengths and weaknesses with regard to personal interactions	D	Oral exam, MCQ	3a, 6a

UNIT ONE

UNIT ONE: APPROACH TO THE PATIENT

Educational Topic 6: Legal and ethical issues in obstetrics and gynecology

Rationale: Legal obligations to protect patients' interests are effective only if understood and applied. Recognizing and understanding the basis of ethical conflicts in obstetrics and gynecology will allow better patient care and prevent critical errors in treatment planning.

UNIT ONE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Explain the issues involved in informed consent	KH	OSCE, SP, Oral exam	1a, 1b, 1c, 4b
B. Demonstrate the role of confidentiality in clinical activities	D	Checklist, OSCE, SP	4a, 5a, 5b
C. List the local laws requiring the reporting of suspected child abuse and domestic violence	K	MCQ, OSCE, Oral exam	1b, 6a, 6b
D. Discuss the legal and ethical issues in the care of minors	K	Oral exam, OSCE, SP	5a, 5b, 5c
E. Describe issues of justice relating to access to obstetric-gynecologic care	K	MCQ, Oral exam, KF	5a, 5b, 6a, 6b
F. Explain the basis of ethical conflict in maternal-fetal medicine	K	MCQ, Oral exam, Checklist	5b, 5c
G. Discuss ethical issues raised by induced abortion, contraception and reproductive technology	K	MCQ, OSCE, Oral exam	5a, 5b, 5c, 6a

UNIT ONE

UNIT ONE: APPROACH TO THE PATIENT

Educational Topic 7: preventive care and health maintenance

Rationale: The student will recognize the value of routine health surveillance as a part of health promotion and disease prevention.

UNIT ONE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. List age-appropriate screening procedures and recommended time intervals for mammogram, bone density, Pap tests, STI evaluation and other screening tests	SH	MCQ, Oral exam, SP, Chart review	1g, 2a, 2b
B. Counsel patient regarding contraception, domestic abuse/violence and prevention of sexually transmitted infections	SH	SP, OSCE	1e, 4a, 4b, 5a, 5c

NOTES

UNIT TWO

OBSTETRICS

UNIT TWO

UNIT TWO: OBSTETRICS section a: normal obstetrics

Educational Topic 8: maternal-fetal physiology

Rationale: Knowledge of the physiologic adaptations to pregnancy will allow the student to better understand the impact of pregnancy in health and disease.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Discuss the maternal physiologic anatomic changes associated with pregnancy	KH	MCQ, KF, Oral exam, OSCE, Checklist, Models, SP	1c, 1d, 1e, 1f, 1g, 2a, 2b
B. Describe the physiologic functions of the placenta and fetus	K	MCQ, Oral exam	2a, 2b
C. Discuss the effect of pregnancy on common diagnostic studies	KH	MCQ, KF, Oral exam, OSCE, Checklist	1c, 1d, 1f, 2a, 2b, 3b, 3d, 6c

UNIT TWO

UNIT TWO: OBSTETRICS section a: normal obstetrics

Educational Topic 9: preconception care

Rationale: The proven benefits of good health prior to conception include a significant reduction in maternal and fetal morbidity and mortality.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Describe how certain medical conditions affect pregnancy	K	MCQ, Checklist, Oral exam	1e, 1g, 2a, 2b
B. Describe how pregnancy affects certain medical conditions	K	MCQ, Checklist, Oral exam	1e, 1g, 2a, 2b
C. Counsel patients regarding history of genetic abnormalities	SH	Checklist, OSCE, SP	1c, 1e, 4a, 4b
D. Counsel patients regarding advanced maternal age	SH	OSCE, SP, Checklist	1c, 1e, 4a, 4b
E. Counsel patients regarding substance abuse	SH	OSCE, SP, Checklist	1a, 1b, 1e, 2a, 2b, 4a, 4b, 5a, 5b, 5c
F. Counsel patients regarding nutrition and exercise	SH	OSCE, SP, Checklist	1e, 1g, 1h, 2a, 2b
G. Counsel patients regarding medications and environmental hazards	SH	OSCE, SP, Checklist	1b, 1e, 1g, 2a, 2b
H. Counsel patients regarding immunizations	SH	OSCE, SP, Checklist	1e, 1g, 2a, 2b, 3b, 6a, 6c

UNIT TWO

UNIT TWO: OBSTETRICS section a: normal obstetrics

Educational Topic 10: antepartum care

Rationale: Antepartum care promotes patient education and provides ongoing risk assessment and development of an individualized patient management plan.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Diagnose pregnancy	D	SP, OSCE, Checklist	1a, 2a, 2b
B. Assess gestational age	D	SP, OSCE, Checklist	2a, 2b
C. Distinguish an at-risk pregnancy	SH	OSCE, SP, Simulation	1a, 2a, 2b
D. Assess fetal growth, well-being, maturity and amniotic fluid volume	SH	Oral exam, SP, Patient record	2a, 2b
E. Describe appropriate diagnostic studies	KH	Oral exam, MCQ, Checklist	1c, 2a, 2b
F. Describe nutritional needs of pregnant woman	K	MCQ, Oral exam, OSCE	2a, 2b
G. Describe adverse effects of drugs and the environment	K	MCQ, Checklist, Oral exam	2a, 2b
H. Perform a physical examination on obstetric patients	D	Patient record, SP, Simulation	1a, 1b, 1f
I. Answer commonly-asked questions concerning pregnancy, and labor and delivery	SH	Oral exam, MCQ, OSCE	1e, 1g, 2a, 2b
J. Counsel a woman with an unintended pregnancy	KH	MCQ, KF, Oral exam	1a, 1b, 1c, 1d, 1e, 2a, 2b, 4a, 4b, 5a, 5b, 5c

UNIT TWO

UNIT TWO: OBSTETRICS section a: normal obstetrics

Educational Topic11: intrapartum care

Rationale: Understanding the process of normal labor and delivery allows optimal care and reassurance for the parturient and timely recognition of abnormal events.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. List the signs and symptoms of labor	KH	MCQ, KE, Oral exam	2a, 2b, 4a, 5a, 5c
B. Describe the three stages of labor and recognize common abnormalities	KH	MCQ, KE, Oral exam	2a, 2b, 4a, 5a, 5c
C. Describe the steps of a vaginal delivery	SH	Checklist, OSCE	1f, 2a, 2b, 4a, 5a, 5c
D. Describe different methods of delivery with the indications and contraindications of each	KH	MCQ, KE, Oral exam	1f, 2a, 2b, 4a, 5a, 5c
E. Describe the evaluation of common puerperal complications	KH	MCQ, KE, Oral exam	2a, 2b, 4a, 5a, 5c

UNIT TWO

UNIT TWO: OBSTETRICS section a: normal obstetrics

Educational Topic 12: immediate care of the newborn

Rationale: Assessment of the newborn allows recognition of the abnormalities requiring intervention.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Discuss the immediate care of the newborn	KH	MCQ, Checklist, Oral exam	1a, 1c, 1d, 1f
B. Describe how to perform a circumcision	KH	MCQ, Checklist, Oral exam	1f

UNIT TWO

UNIT TWO: OBSTETRICS section A: normal obstetrics

Educational Topic 13: postpartum care

Rationale: Knowledge of normal postpartum events allows appropriate care, reassurance and early recognition of abnormal events.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Discuss the normal maternal physiologic changes of the postpartum period	KH	MCQ, KF, Oral exam, OSCE, Checklist	1c, 1d, 1f, 2a, 2b
B. Describe the components of normal postpartum care	K	MCQ, KF, Oral exam, OSCE	1e, 1f, 1g, 4a, 5c
C. Discuss the appropriate postpartum patient counseling	KH	MCQ, KF, Oral exam, OSCE	1a, 1b, 1c, 1d, 1e, 1g, 3a, 4a, 4b, 5c, 6a, 6b

UNIT TWO

UNIT TWO: OBSTETRICS section a: normal obstetrics

Educational Topic 14: Lactation

Rationale: Knowledge of the physiology and function of the breast during lactation allows appropriate counseling to the pregnant and postpartum woman.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. List the normal physiologic and anatomic changes of the breast during pregnancy and the postpartum periods	K	MCQ, Oral exam	2a, 2b
B. Recognize and treat common postpartum abnormalities of the breast	SH	Checklist, SP, OSCE	1d, 1e, 1f, 1h, 2a, 2b
C. List the reasons why breast feeding should be encouraged	K	MCQ, Oral exam, Checklist	2a, 2b
D. Identify commonly used medications which are appropriate and inappropriate to use while breast feeding.	K	MCQ, Oral exam, SP, OSCE	2a, 2b
E. Counsel the lactating patient about commonly asked questions, such as frequency, duration, inadequate production of milk, etc.	KH	SP, OSCE	1e, 2a, 2b, 4a, 4b

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 15: ectopic pregnancy

Rationale: Ectopic pregnancy is a leading cause of maternal morbidity and mortality in the United States. Early diagnosis and management may not only save lives, but may also preserve future fertility.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Develop a differential diagnosis for bleeding and abdominal pain in the first trimester	SH	Oral exam, SP, OSCE	1b, 1c, 1d, 1f, 2a, 2b
B. Identify risk factors for ectopic pregnancy	K	MCQ, Oral exam, SP, OSCE	2a, 2b
C. Be able to evaluate a patient suspected of having an ectopic pregnancy	SH	SP, OSCE, Checklist	1b, 1d, 1f, 2a, 2b
D. Diagnose an ectopic pregnancy	KH	MCQ, OSCE, SP	1c, 1d, 1f, 2a, 2b
E. Describe treatment options for patients with ectopic pregnancy	K	MCQ, Oral exam SP	1c, 1d, 2a, 2b, 3b

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 16: spontaneous abortion

Rationale: Bleeding is common in early pregnancy. A logical approach to its evaluation may not only affect the outcome of the pregnancy, but also will help to reassure the patient.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Develop a differential diagnosis for first trimester vaginal bleeding	SH	MCQ, OSCE, SP	1d, 1f, 2a, 2b, 4a, 4b
B. Differentiate the types of spontaneous abortion	SH	MCQ, OSCE, SP	1f, 2a, 2b
C. Define recurrent abortion	K	MCQ, KF	2b
D. List the complications of spontaneous abortion	K	MCQ, SP, KF	2b
E. Identify the causes and complications of septic abortion	KH	MCQ, SP, KF	1b, 1c, 1d, 1f, 1g, 2a, 2b, 3a, 6a, 6b

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 17: medical and surgical conditions of pregnancy

Rationale: Medical and surgical conditions may alter the course of pregnancy and pregnancy may have an impact on the management of these conditions.

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Recognize the following medical and surgical conditions in pregnancy:			
1. Anemia	KH	MCQ, KF, Oral exam, OSCE, Checklist	1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 3b, 4a, 4b
2. Diabetes mellitus	KH	MCQ, KF, Oral exam, OSCE, Checklist	1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 3b, 4a, 4b
3. Urinary tract disorders	KH	MCQ, KF, Oral exam, OCSE, Checklist	1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 3b, 4a, 4b
4. Infectious diseases, including:			

UNIT TWO

Objective	Level of Competence	Evaluation Method	ACGME Competency
a. Herpes	KH	MCQ, KF, Oral exam, OSCE, Checklist	1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 3b, 3a, 4a, 4b, 5a, 5c
b. Rubella	KH		
c. Group B Streptococcus	KH		
d. Hepatitis	KH		
e. Human Immunodeficiency Virus (HIV), Human Papillomavirus (HPV) and other sexually transmitted infections	KH		
f. Cytomegalovirus (CMV)	KH		
g. Toxoplasmosis	KH		
h. Varicella and parvovirus	KH		
5. Cardiac disease	KH	MCQ, KF, Oral exam, OSCE	1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 3b, 4a, 4b
6. Asthma	KH	MCQ, KF, Oral exam, OSCE	1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 3b, 4a, 4b
7. Alcohol, tobacco and substance abuse	KH	MCQ, KF, Oral exam, OSCE	1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 3b, 4a, 4b, 5a, 5c
8. Surgical abdomen	SH	Oral exam, SP, OSCE	1b, 1c, 1d, 1e, 1f, 1g, 2a, 2b, 3b, 4a, 4b, 5a, 5c
B. Discuss the potential impact of the above conditions on the gravid patient and the fetus/newborn, as well as the impact of pregnancy on each condition, if any			
C. Describe the initial management of each condition in the pregnant patient			

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 18: preeclampsia-eclampsia syndrome

Rationale: Preeclampsia-eclampsia syndrome accounts for significant morbidity and mortality in both the mother and newborn.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Define hypertension in pregnancy	KH	MCQ, KF, Oral exam, OSCE	1b, 1c, 1f, 2a, 2b
B. Classify hypertension in pregnancy	K	MCQ, KF, Oral exam	2a, 2b
C. Describe the pathophysiology of preeclampsia-eclampsia syndrome	KH	MCQ, KF, Oral exam	2a, 2b
D. Enumerate the symptoms of preeclampsia-eclampsia syndrome	KH	MCQ, KF, Oral exam, OSCE	1b, 1e, 2a, 2b
E. Summarize the physical findings of preeclampsia-eclampsia syndrome	KH	MCQ, KF, Oral exam, OSCE	1f, 2a, 2b
F. Diagnose preeclampsia-eclampsia syndrome	KH	MCQ, KF, Oral exam, OSCE	1b, 1c, 1f, 2a, 2b
G. Manage a patient with preeclampsia-eclampsia syndrome	KH	MCQ, KF, Oral exam, OSCE, Checklist	1c, 1d, 1f, 2a, 2b
H. Counsel a patient concerning the indications of MgSO ₄	K	MCQ, KF, Oral exam, OSCE	1e, 2a, 2b
I. Counsel the patient concerning the maternal and fetal complications associated with preeclampsia-eclampsia syndrome	KH	MCQ, KF, Oral exam, OSCE, SP	1e, 2a, 2b, 3b, 4a

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 19: isoimmunization

Rationale: The problem of fetal hemolysis from maternal D isoimmunization has decreased in the past few decades. Awareness of the red cell antigen-antibody system is important to help further reduce the morbidity and mortality from isoimmunization.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Describe the pathophysiology of isoimmunization, including: 1. the role of red blood cell antigens 2. the clinical circumstances under which D isoimmunization is likely to occur	K	MCQ, KF, Oral exam	2a, 2b
B. Discuss the use of immunoglobulin prophylaxis during pregnancy for the prevention of isoimmunization	KH	MCQ, KF, Oral exam, OSCE	1c, 2a, 2b, 3b, 6c
C. Discuss the methods used to identify maternal isoimmunization and the severity of fetal involvement	K	MCQ, KF, Oral exam, OSCE	1c, 1f, 2a, 2b

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 20: mul tifetal gestation

Rationale: When there is more than one fetus, antepartum, intrapartum, and postpartum management must be modified in order to optimize outcome for the mother and fetuses.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Discuss the etiology of monozygotic, dizygotic and multizygotic gestation	K	MCQ, KF, Oral exam	2a, 2b
B. Describe the altered physiologic state with multifetal gestation	KH	MCQ, KF, Oral exam	2a, 2b
C. Discuss the symptoms, physical findings and diagnosis of multifetal gestation	KH	MCQ, KF, Oral exam, OSCE	1b, 1f, 2a, 2b
D. Discuss the approach to antepartum, intrapartum and postpartum management for multifetal gestation	KH	MCQ, KF, Oral exam, OSCE, Checklist	1c, 1d, 2a, 2b
E. Describe the potential complications (maternal and fetal) associated with multifetal gestation	K	MCQ, KF, Oral exam, OSCE	1c, 2a, 2b

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 21:fetal death

Rationale: Early and accurate diagnosis and management will help the patient with emotional adjustments surrounding fetal death and may prevent associated obstetric complications.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Describe the common causes of fetal death in each trimester	K	MCQ, KF, Oral exam	1a, 1b, 2b, 2c
B. Describe the symptoms, physical findings and diagnostic methods to confirm the diagnosis of fetal death	K	MCQ, KF, Oral exam	1a, 1b, 2b, 2c
C. Describe the maternal complications of fetal death, including disseminated intravascular coagulopathy	K	MCQ, KF, Oral exam	1a, 1b, 2b, 2c
D. Counsel the patient experiencing death of the fetus	KH	Oral exam, OSCE, SP, Checklist	3a, 3b, 4a, 4b, 5c, 6b, 6c

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 22: abnormal labor

Rationale: Labor is expected to progress in an orderly and predictable manner. Careful observation of the mother and fetus during labor will allow early detection of abnormalities so that management can be directed to optimize outcome.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. List abnormal labor patterns	K	MCQ, Oral exam, KF	2b
B. Describe methods of fetal surveillance	K	MCQ, Oral exam, KF	2b
C. Discuss fetal and maternal complications of abnormal labor	K	MCQ, Oral exam, KF	2b
D. List indications and contraindications for oxytocin administration	K	MCQ, Oral exam, KF	2b
E. List indications for VBAC	K	MCQ, Oral exam, KF	2b
F. Discuss strategies for emergency management of breech, shoulder dystocia and cord prolapse	K	MCQ, Oral exam, KF	2b

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 23: third trimester bleeding

Rationale: Bleeding in the third trimester requires immediate patient evaluation. Thoughtful, prompt evaluation and management is necessary to reduce the threat to the lives of the mother and fetus.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. List the causes of third trimester bleeding	K	MCQ, Oral exam	2b
B. Describe the initial evaluation of a patient with third trimester bleeding	KH	MCQ, Oral exam	2b
C. Differentiate the signs and symptoms of third trimester bleeding	KH	MCQ, Oral exam, OSCE	1b, 1f, 2b
D. State the maternal and fetal complications of third trimester bleeding	K	MCQ, Oral exam	2b
E. Describe the initial management plan for shock secondary to acute blood loss	KH	MCQ, Oral exam	1d, 2b
F. List the indications and potential complications of blood products	KH	MCQ, Oral exam, KF	1a, 1c, 1e, 2b

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 24: preterm labor

Rationale: Prematurity is the most common cause of neonatal mortality and morbidity. The reduction of preterm births remains an important goal in obstetric care. Understanding the causes and recognizing the symptoms of preterm labor provides the basis for management decisions.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Cite the risk factors for preterm labor	K	MCQ, Oral exam, KF	2b
B. Distinguish preterm labor from Braxton Hicks contractions	KH	MCQ, Oral exam, KF	2b
C. Identify the causes of preterm labor	K	MCQ, Oral exam, KF	2b
D. Counsel the patient regarding the signs and symptoms of preterm labor	SH	Checklist, OSCE, SP	1a, 1b, 1d, 1f, 2b, 3b, 4a, 4b, 5a, 5c
E. Describe the initial management of preterm labor	KH	MCQ, Oral exam, KF	1a, 1b, 1d, 1f, 2b
F. List indications and contraindications of medications used to treat preterm labor	K	MCQ, Oral exam KF	2b
G. Describe the adverse events associated with the management of preterm labor	KH	Checklist, OSCE, SP	1a, 1b, 1c, 1e, 2b
H. Counsel the patient who has experienced prior preterm birth	K	MCQ, Oral exam, KF	1a, 1b, 1e, 1g, 2b, 3b, 4a, 4b, 5a, 6c
I. Describe cervical incompetence	K	MCQ, Oral exam, KF	2b

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 25: premature rupture of membranes

Rationale: Rupture of the membranes prior to labor is a problem for both term and preterm pregnancies. Careful evaluation of this condition may improve fetal and maternal outcome.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Summarize the history, physical findings and diagnostic methods to confirm rupture of the membranes	KH	MCQ, Oral exam, KF	1a, 1b, 1f
B. Cite the factors predisposing to premature rupture of membranes	K	MCQ, Oral exam, KF	2b
C. List the risks and benefits of expectant management versus immediate delivery	K	MCQ, Oral exam, KF	1a, 1c, 1d, 2b, 3b, 3c
D. Describe the methods to monitor maternal and fetal status during expectant management	KH	MCQ, Oral exam, Checklist	1f, 2b
E. Counsel the patient with, preterm premature rupture of membranes	KH	MCQ, Oral exam, KF	1e, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 6c

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 26: intrapartum fetal surveillance

Rationale: Intrapartum fetal evaluation allows detection of aspects of labor that may affect the fetus.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Perform fetal auscultation	D	Direct observation, SP	1b, 1f, 1g, 5c
B. Interpret electronic fetal monitoring	KH	MCQ, KF, OSCE	2a, 2b

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 27: postpartum hemorrhage

Rationale: Postpartum hemorrhage continues to be a major, although often preventable, cause of maternal morbidity and mortality.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. List the risk factors for postpartum hemorrhage	K	MCQ, SP, KF	1d, 1f, 2a, 2b
B. Formulate a differential diagnosis of postpartum hemorrhage	K	MCQ, SP, KF	1c, 1d, 1f, 2a, 2b
C. Describe the immediate management of the patient with postpartum hemorrhage	KH	MCQ, SP, KF	1c, 1d, 1f, 1h, 2a, 2b, 6a

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 28: postpartum infection

Rationale: Early recognition and treatment of postpartum infection will decrease maternal morbidity and mortality.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. List the risk factors for postpartum infection	KH	MCQ, Oral exam, KF	2b, 3b, 6c
B. Describe the pathophysiology of postpartum infection	K	MCQ, Oral exam, KF	2b
C. Identify the organisms involved in postpartum infection	K	MCQ, Oral exam, KF	2b
D. Describe the evaluation and management of the patient with postpartum infection	SH	Checklist, SP, OSCE	1a, 1b, 1c, 1d, 1e, 1f, 2b, 4a, 4b, 5a, 5b, 5c

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 29: anxiety and depression

Rationale: Pregnancy, as any significant life event, may be accompanied by anxiety and depression. Recognition of psychological disturbance is essential for early intervention.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Identify risk factors and, diagnose postpartum “blues,” postpartum depression and postpartum psychosis	SH	OSCE, SP, Checklist	1a, 1b, 1d, 1e, 2b, 4a, 4b, 5a, 5c
B. Describe treatment options for postpartum “blues,” postpartum depression and postpartum psychosis	KH	MCQ, Oral exam, KF	2b, 6c
C. Identify appropriate treatment options for depression in pregnancy	K	MCQ, Oral exam, KF	2a

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 30: postterm pregnancy

Rationale: Perinatal mortality and morbidity may be increased significantly in a prolonged pregnancy. Prevention of complications associated with postterm pregnancy is one of the goals of antepartum and intrapartum management.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Identify the normal period of gestation	K	MCQ, Oral exam	2b
B. Discuss the complications of post-maturity	K	MCQ, Oral exam	2b, 3b

UNIT TWO

UNIT TWO: OBSTETRICS section b: abnormal obstetrics

Educational Topic 31: fetal growth abnormalities

Rationale: Abnormalities of fetal growth carry increased risks for morbidity and mortality. Monitoring fetal growth is an important aspect of prenatal care and is performed on a regular basis throughout the antepartum period.

UNIT TWO

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Define macrosomia and fetal growth restriction	K	MCQ, Oral exam	2b
B. Describe etiologies of abnormal growth	K	MCQ, Oral exam	2b
C. Cite methods of detection of fetal growth abnormalities	K	MCQ, Oral exam	1f, 2b
D. Cite associated morbidity and mortality	K	MCQ, Oral exam	2b

UNIT TWO

UNIT TWO: OBSTETRICS section c: procedures

Educational Topic 32: obstetric procedures

Rationale: Knowledge of obstetric procedures is basic to management and counseling of the pregnant patient.

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Describe the key components of pre-operative evaluation and planning, including complete medical histories, the informed consent process and working with consultants.			
B. Describe the common peri-operative prophylactic measures, including steps taken to reduce infection and deep venous thrombosis.			
C. Describe the components of routine post-operative care.			
D. List common post-operative complications.			
E. Describe each procedure and list the indications and complications of each of the following:			
1. Ultrasound	K	MCQ, OSCE	1f, 2b, 3b, 6c
2. Chorionic villous sampling	K	MCQ, OSCE	1f, 2b, 3b, 6c

UNIT TWO

Objective	Level of Competence	Evaluation Method	ACGME Competency
3. Amniocentesis and cordocentesis	KH	MCQ, OSCE	1f, 2b, 3b, 6c
4. Antepartum fetal assessment	KH	MCQ, OSCE, SP	1f, 2b, 3b, 6c
5. Intrapartum fetal surveillance	KH	MCQ, OSCE, SP	1f, 2b, 3b, 6c
6. Induction and augmentation of labor	K	MCQ, SP	1f, 2b, 3b, 6c
7. Episiotomy	K	MCQ, OSCE	1f, 2b, 3b, 6c
8. Spontaneous vaginal delivery	SH	OSCE	1a, 1d, 1e, 1f, 1h, 2b, 3b, 4a, 4b, 5a, 5c
9. Vacuum-assisted delivery	K	MCQ, OSCE	1f, 2b, 3b, 6c
10. Forceps delivery	K	MCQ, OSCE	1f, 2b, 3b, 6c
11. Breech delivery	K	MCQ, OSCE	1f, 2b, 3b, 6c
12. Cesarean delivery	K	MCQ, OSCE	1f, 2b, 3b, 6c
13. Vaginal birth after cesarean delivery	K	MCQ, OSCE	1f, 2b, 3b, 6c

NOTES

UNIT THREE

GYNECOLOGY

UNIT THREE

UNIT THREE: GYNECOLOGY section a: general gynecology

Educational Topic 33: contraception and sterilization

Rationale: An understanding of the medical and personal issues involved in decisions regarding contraceptive methods is necessary to adequately advise patients requesting contraception. In the process of deciding whether to have a sterilization procedure, men and women often seek the advice of their physicians. Providing accurate information will allow patients to make an informed decision regarding this elective surgery.

UNIT THREE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Describe the physiologic basis of contraception (OCPs, emergency contraception, patches, rings, IUD, sterilization, etc.)	K	MCQ, KF, Oral exam	2b
B. Describe the effectiveness of each form of contraception	KH	MCQ, KF, Oral exam	2b
C. Counsel the patient regarding the benefits and risks for each form of contraception	SH	Checklist, OSCE, SP	1a, 1b, 1c, 1d, 1e, 1g, 1h, 2b, 4a, 4b, 5a, 5c
D. Cite the financial considerations of the various forms of contraception	K	MCQ, KF, Oral exam	2b
E. Describe the methods of male and female surgical sterilization	KH	MCQ, KF, Oral exam	2b
F. List the risks and benefits of procedures, including: 1. Potential surgical complications 2. Failure rates 3. Reversibility (lack of)	K	MCQ, KF, Oral exam	2b

UNIT THREE

UNIT THREE: GYNECOLOGY section a: general gynecology

Educational Topic 34: abortion

Rationale: Induced abortion is a reproductive option considered by some patients. Regardless of one's personal views, the practitioner should be aware of the techniques, management and complications of induced abortions.

UNIT THREE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Explain surgical and non-surgical methods of pregnancy termination	K	MCQ, Oral exam, KF	1c, 1g, 2b, 3b, 6c
B. Identify potential complications of induced abortion	KH	MCQ, Oral exam, KF	1c, 1g, 2a, 3a
C. Provide non-directive counseling to patients surrounding pregnancy options	SH	Checklist, OSCE, SP	1a, 1b, 4a, 4b, 5a, 5b, 5c, 6d

UNIT THREE

UNIT THREE: GYNECOLOGY section a: general gynecology

Educational Topic 35: vulvar and vaginal disease

Rationale: Vaginal and vulvar symptoms are frequent patient concerns. In order to provide appropriate care, the physician must understand the common etiologies of these problems, as well as appropriate diagnostic and management options.

UNIT THREE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Diagnose and manage a patient with vaginitis	SH	Checklist, OSCE, SP	1a, 1b, 1c, 1d, 1e, 1f, 2b, 4a, 4b, 5c
B. Interpret a wet mount microscopic examination	SH	Checklist, OSCE, SP	1f
C. Describe dermatologic disorders of the vulva	K	Oral exam	2a, 2b
D. Evaluate a patient with vulvar symptoms	SH	Checklist, OSCE, SP	1a, 1b, 1c, 1d, 1e, 1f, 2b, 4a, 4b, 5c

UNIT THREE

UNIT THREE: GYNECOLOGY section a: general gynecology

Educational Topic 36: sexually transmitted infections (STIs) and urinary tract infections (UTIs)

Rationale: To prevent sexually transmitted infections and urinary tract infections, the physician should understand their basic epidemiology, diagnosis and management. The potential impact of acute or chronic salpingitis is significant. Early recognition and optimal management may help prevent the long-term sequelae of tubal disease.

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Differentiate the signs and symptoms of the following STIs: Gonorrhea, Chlamydia, Herpes simplex virus, Syphilis, Human papillomavirus infection, Human immunodeficiency virus (HIV) infection, Hepatitis B virus infection	KH	MCQ, Oral exam, KF	2b
B. List the physical and clinical findings in the following STIs: Gonorrhea, Chlamydia, Herpes simplex virus, Syphilis, Human papillomavirus infection, Human immunodeficiency virus (HIV) infection, Hepatitis B virus infection	KH	MCQ, Oral exam, KF	1f, 2b

UNIT THREE

Objective	Level of Competence	Evaluation Method	ACGME Competency
C. Describe the methods of evaluation for the following STIs: Gonorrhea, Chlamydia, Herpes simplex virus, Syphilis, Human papillomavirus infection, Human immunodeficiency virus (HIV) infection, Hepatitis B virus infection	KH	MCQ, Oral exam, KF	1f, 2b
D. Describe the management of the following STIs: Gonorrhea, Chlamydia, Herpes simplex virus, Syphilis, Human papillomavirus infection, Human immunodeficiency virus (HIV) infection, Hepatitis B virus infection	KH	MCQ, Oral exam, KF	1a, 1b, 1c, 1d, 2b
E. Describe the pathogenesis of salpingitis	KH	MCQ, Oral exam, KF	2b
F. List the signs and symptoms of salpingitis	KH	MCQ, Oral exam, KF	2b
G. Describe the management of salpingitis	KH	MCQ, Oral exam, KF	1a, 1b, 1c, 1d, 2b
H. Identify the long-term sequelae of salpingitis, including: tubo-ovarian abscess, chronic salpingitis, ectopic pregnancy, infertility	K	MCQ, Oral exam, KF	2b
I. Counsel the patient about the public health concerns for STIs, including screening programs, costs, prevention and immunizations, and partner evaluation and treatment	K	Checklist, OSCE, SP	1e, 4a, 4b, 5c, 6b, 6c
J. Describe the diagnosis and management of UTIs	KH	MCQ, Oral exam, KF	2b

UNIT THREE

UNIT THREE: GYNECOLOGY section a: general gynecology

Educational Topic 37: pelvic relaxation and urinary incontinence

Rationale: Patients with conditions of pelvic relaxation and urinary incontinence present in a variety of ways. The physician should be familiar with the types of pelvic relaxation and incontinence, and the approach to management of these patients.

UNIT THREE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Incorporate screening questions for urinary incontinence when eliciting a patient history	SH	OSCE, SP	1a, 1b, 1c, 1d, 1e, 1f, 2b
B. Discuss the difference between stress, urge and overflow incontinence	K	Oral exam, OSCE, SP	2a, 2b
C. Obtain pertinent history components to differentiate between incontinence types	SH	Checklist, OSCE, SP	1a, 1b, 1c, 1d, 1e, 1f, 2b, 4a, 4b, 5c
D. Identify the following elements on physical exam: cystocele, rectocele, vaginal vault/uterine prolapse	SH	Checklist, OSCE, SP	1f, 2b
E. List behavioral, medical and surgical methods to appropriately treat incontinence and pelvic organ prolapse	KH	OSCE, MCQ, SP	2a, 2b

UNIT THREE

UNIT THREE: GYNECOLOGY section a: general gynecology

Educational Topic 38: endometriosis

Rationale: Endometriosis is a common problem in women of reproductive age, which may result in pelvic pain, infertility and menstrual dysfunction.

UNIT THREE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Describe the theories of the pathogenesis of endometriosis	K	MCQ, Oral exam	2b
B. List the common sites of endometriosis implants	K	MCQ, Oral exam	2b
C. List the chief complaints a patient with endometriosis may present	K	MCQ, Oral exam KF	1d, 2b
D. Identify the symptoms of endometriosis in a female patient presenting with abdominal pain	K	MCQ, Oral exam, KF	1d, 1f
E. List the physical exam findings a patient with endometriosis may have	K	Checklist, MCQ, Oral exam, KF	1d, 1f
F. Describe how endometriosis is diagnosed	K	MCQ, Oral exam, KF	1d, 1f, 2b
G. Outline a plan for managing endometriosis	K	Checklist, Oral exam, MCQ	1d, 1e, 1f

UNIT THREE

UNIT THREE: GYNECOLOGY section a: general gynecology

Educational Topic 39: chronic pelvic pain (CPP)

Rationale: Every physician should understand that chronic pelvic pain might be the manifestation of a variety of problems.

UNIT THREE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Define chronic pelvic pain	K	MCQ, Oral exam, KF	2a, 2b
B. Cite the incidence and etiologies	K	MCQ, Oral exam, KF	2a, 2b
C. Describe clinical manifestations	K	MCQ, Oral exam, KF	2a, 2b
D. List diagnostic procedures	K	MCQ, Oral exam, KF	2a, 2b
E. List management options	K	MCQ, Oral exam, KF	1d, 1e, 2a
F. Cite the psychosocial issues associated with chronic pelvic pain	K	MCQ, Oral exam, KF	1a, 1c, 1d, 1e, 1f, 4a, 4b, 5a, 5b, 5c

UNIT THREE

UNIT THREE: GYNECOLOGY section b: breasts

Educational Topic 40: disorders of the breast

Rationale: Every physician should understand the basic approach to evaluating the common symptoms associated with the breast.

UNIT THREE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Demonstrate the performance of a comprehensive breast exam	SH	Checklist, OSCE, SP	1a, 1b, 1c, 1d, 1e, 1f,
B. Discuss diagnostic approach to a woman with the chief complaint of breast mass, nipple discharge or breast pain	SH	Checklist, OSCE, SP	1a, 1b, 1c, 1d, 1e, 1f, 4a, 4b, 5c
C. List history and physical findings that may suggest: 1. Mastitis 2. Carcinoma 3. Fibrocystic changes 4. Intraductal papilloma 5. Fibroma	K	MCQ, KF	2b

UNIT THREE

UNIT THREE: GYNECOLOGY section c: procedures

Educational Topic 41: gynecologic procedures

Rationale: Evaluation and management of gynecologic problems frequently requires performing diagnostic and therapeutic surgical procedures. Understanding the risks and benefits of such procedures is important in counseling patients about their treatment options and reasons for having the procedures performed.

UNIT THREE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Describe the key components of pre-operative evaluation and planning, including complete medical histories, the informed consent process and working with consultants			
B. Describe the common peri-operative prophylactic measures, including steps taken to reduce infection and deep venous thrombosis			
C. Describe the components of routine post-operative care			
D. List common post-operative complications			
E. Describe each procedure and list the indications and complications of each of the following:			
1. Colposcopy and cervical biopsy 2. Cone biopsy 3. Cryotherapy 4. Dilation and curettage 5. Electrosurgical excision of cervix 6. Endometrial biopsy 7. Hysterectomy 8. Hysterosalpingography 9. Hysteroscopy 10. Laparoscopy 11. Laser vaporization 12. Mammography 13. Needle aspiration of breast mass 14. Pelvic ultrasonography 15. Pregnancy termination 16. Vulvar biopsy	KH	MCQ, KE, Oral exam	2b

NOTES

UNIT FOUR

**reproductive
endocrinology,
infertility (rei)
and
related topics**

UNIT FOUR

UNIT FOUR: REI AND RELATED TOPICS

Educational Topic 42: puberty

Rationale: The maturation of the reproductive system at the time of puberty is accompanied by physical and emotional changes that are part of this normal transition. In order to provide appropriate care and counseling, the physician must have an understanding of the normal sequence of puberty, and recognize deviation from the norm.

UNIT THREE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Normal puberty, including: 1. Describe the physiological events that take place in the hypothalamic-pituitary-ovarian axis and their target organs at puberty	K	MCQ, KF, Oral exam	2b
2. Describe the normal sequence of pubertal stages and expected ages at which these changes occur	KH	MCQ, KF, Oral exam	2b
3. Describe the psychological aspects of puberty	K	MCQ, KF, Oral exam	2b
B. Abnormal puberty, including: 1. Define abnormal puberty 2. Describe the causes of early or late puberty 3. Describe the diagnostic approach to early or delayed pubertal onset	K	MCQ, KF, Oral exam	2b

UNIT FOUR

UNIT FOUR: REI AND RELATED TOPICS

Educational Topic 43: amenorrhea

Rationale: The absence of normal menstrual bleeding may represent an anatomic or endocrine problem. A systematic approach to the evaluation of amenorrhea will aid in the diagnosis and treatment of its cause.

UNIT FOUR

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Define amenorrhea and oligomenorrhea	K	MCQ, KF, Oral exam	2b
B. Describe the etiologies of amenorrhea and oligomenorrhea	KH	MCQ, KF, Oral exam	2b
C. Describe the evaluation methods for amenorrhea and oligomenorrhea	KH	MCQ, KF, Oral exam	2b
D. Describe treatment options for amenorrhea and oligomenorrhea	KH	MCQ, KF, Oral exam	2b
E. Counsel patients who decline therapy	SH	Checklist, OSCE, SP	1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h, 2b, 4a, 4b, 5a, 5c

UNIT FOUR

UNIT FOUR: REI AND RELATED TOPICS

Educational Topic 44: hirsutism and virilization

Rationale: The signs and symptoms of androgen excess in a woman may cause anxiety and may represent serious underlying disease.

UNIT FOUR

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Cite normal variations in secondary sexual characteristics	K	MCQ, KF, Oral exam	2b
B. List definitions of hirsutism and virilization	K	MCQ, KF, Oral exam	2b
C. List causes, including ovarian, adrenal, pituitary and pharmacological	K	MCQ, KF, Oral exam	2b
D. Evaluate the patient with hirsutism or virilization	SH	Checklist, OSCE, SP	1a, 1b, 1c, 1d, 1e, 1f, 1h, 2a, 2b, 4a, 4b, 5a, 5b, 5c

UNIT FOUR

UNIT FOUR: REI AND RELATED TOPICS

Educational Topic 45: normal and abnormal uterine bleeding

Rationale: The occurrence of bleeding at times other than expected menses is a common event. Accurate diagnosis of abnormal uterine bleeding is necessary for appropriate management.

UNIT FOUR

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Describe the normal menstrual cycle	KH	MCQ, KE, Oral exam	2b
B. Define abnormal uterine bleeding	KH	MCQ, KE, Oral exam	2b
C. Describe the etiologies of abnormal uterine bleeding	KH	MCQ, KE, Oral exam	2b
D. Describe the evaluation methods of abnormal uterine bleeding	KH	MCQ, KE, Oral exam	2b
E. Describe the therapeutic options of abnormal uterine bleeding	K	MCQ, KE, Oral exam	2b
F. Counsel patients about each therapeutic option and sequelae	SH	Checklist, OSCE, SP	1a, 1b, 1c, 1d, 1e, 1f, 1g, 1h, 2a, 2b, 4a, 4b, 5a, 5b, 5c

UNIT FOUR

UNIT FOUR: REI AND RELATED TOPICS

Educational Topic 46: dysmenorrhea

Rationale: Dysmenorrhea is often the impetus for women to seek health care. Accurate diagnosis guides effective treatment.

UNIT FOUR

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Define primary and secondary dysmenorrhea	K	MCQ, Oral exam, KF	2a, 2b
B. Identify the etiologies of dysmenorrhea	K	MCQ, Oral exam, KF	2a, 2b
C. Describe the evaluation and management of dysmenorrhea	K	MCQ, Oral exam, KF	1d, 1f

UNIT FOUR

UNIT FOUR: REI AND RELATED TOPICS

Educational Topic 47: menopause

Rationale: Women spend as much as one-third of their lives in the postmenopausal years. It is important for all physicians who provide health care to women to understand the physical and emotional changes caused by estrogen depletion.

UNIT FOUR

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Describe physiologic changes in the hypothalamic-pituitary-ovarian axis associated with perimenopause/menopause	K	MCQ, Oral exam	2b
B. Perform an assessment of the symptoms and physical findings associated with hypoestrogenism	SH	Checklist, OSCE, SP	1a, 1b, 1c, 1d, 1e, 1f, 5c
C. Describe appropriate management of menopausal/perimenopausal symptoms	SH	Checklist, OSCE, SP	1a, 1b, 1c, 1d, 1e, 1f, 4a, 4b, 5a, 5b, 5c
D. Counsel patients regarding menopausal issues	K	MCQ, Oral exam	2b
E. List long term changes associated with menopause, including osteoporosis	K	MCQ, Oral exam	2b

UNIT FOUR

UNIT FOUR: REI AND RELATED TOPICS

Educational Topic 48: infertility

Rationale: The evaluation and management of an infertile couple requires an understanding of the processes of conception and embryogenesis, as well as sensitivity to the emotional stress that can result from the inability to conceive.

UNIT FOUR

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Define infertility	K	MCQ, Oral exam, KF	2a
B. Describe the causes of male and female infertility	K	MCQ, Oral exam, KF	2a, 2b
C. Describe the evaluation and management of infertility	K	MCQ, Oral exam, KF	1d, 1f
D. List the psychosocial issues associated with infertility	K	MCQ, Oral exam, KF	1a, 1c, 1d, 1e, 1f, 4a, 4b, 5a, 5b, 5c

UNIT FOUR

UNIT FOUR: REI AND RELATED TOPICS

Educational Topic 49: PREMENSTRUAL SYNDROME (PMS) and PREMENSTRUAL DYSPHORIA DISORDER (PMDD)

Rationale: Premenstrual syndrome involves physical and emotional discomfort and may affect interpersonal relationships. Effective management of this condition requires an understanding of symptoms and diagnostic methods.

UNIT FOUR

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Identify criteria for making the diagnosis of PMS, PMDD, depression	KH	Oral exam, SP	1b, 1f, 2a, 2b
B. Describe treatment options for PMS, PMDD and depression	K	KF, MCQ, Oral exam	2a, 2b

NOTES

UNIT FIVE

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UNIT FIVE

UNIT FIVE: NEOPLASIA

Educational Topic 50: gestational trophoblastic neoplasia (GTD)

Rationale: Gestational trophoblastic neoplasia is important because of its malignant potential and the associated risks of morbidity and mortality.

UNIT FIVE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. List the symptoms and physical findings of a patient with GTD	K	MCQ, Oral exam, KF	2b
B. Describe the diagnostic methods utilized for a patient with GTD	K	MCQ, Oral exam, KF	2b

UNIT FIVE

UNIT FIVE: NEOPLASIA

Educational Topic 51: vulvar neoplasms

Rationale: Proper evaluation of vulvar symptoms allows for early recognition and diagnosis of neoplasia, which can improve outcome and may avoid the need for extensive surgery.

UNIT FIVE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Describe the risk factors for vulvar neoplasms	K	MCQ, Oral exam, KF	2b
B. List the indications for vulvar biopsy	K	MCQ, Oral exam, KF	2b

UNIT FIVE

UNIT FIVE: NEOPLASIA

Educational Topic 52: cervical disease and neoplasia

Rationale: Detection and treatment of pre-invasive lesion reduces the medical and social costs of, as well as the mortality associated with, carcinoma of the cervix.

UNIT FIVE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Describe the pathogenesis of cervical cancer	K	MCQ, Oral exam	2b, 3b
B. Identify the risk factors for cervical neoplasia and cancer	K	MCQ, Oral exam	2b, 3b
C. Perform an adequate Pap smear	D	Checklist	1f
D. Describe the appropriate utilization of new technologies for evaluating cervical neoplasia	KH	MCQ, Oral exam	2b, 3b, 6c
E. Describe the initial management of a patient with an abnormal Pap smear	KH	MCQ, Oral exam	2b, 3b, 6c

UNIT FIVE

UNIT FIVE: NEOPLASIA

Educational Topic 53: uterine leiomyomas

Rationale: Uterine leiomyomas represent the most common gynecologic neoplasm and are often asymptomatic.

UNIT FIVE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Discuss the prevalence of uterine leiomyomas	K	MCQ, Oral exam, KF	2b
B. Describe the symptoms and physical findings in patients with uterine leiomyomas	K	MCQ, Oral exam, KF	2b
C. Apply diagnostic methods to confirm uterine leiomyomas	SH	OSCE, SP, Chart recall	2a, 2b
D. List the indications for medical and surgical treatment of uterine leiomyomas	K	MCQ, Oral exam, KF	2b

UNIT FIVE

UNIT FIVE: NEOPLASIA

Educational Topic 54: endometrial carcinoma

Rationale: Endometrial carcinoma is the most common gynecologic malignancy.

UNIT FIVE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. List the risk factors for endometrial carcinoma	K	MCQ, Oral exam, KF	2b
B. Describe the symptoms and physical findings of a patient with endometrial cancer	K	MCQ, Oral exam, KF	2b
C. Outline the appropriate management of the patient with postmenopausal bleeding	KH	MCQ, Oral exam, KF, OSCE	2a, 2b
D. Discuss the use of diagnostic methods for a patient with endometrial carcinoma	K	MCQ, Oral exam, KF	2b

UNIT FIVE

UNIT FIVE: NEOPLASIA

Educational Topic 55: ovarian neoplasms

Rationale: Adnexal masses are a common finding in both symptomatic and asymptomatic patients. Management is based on determining the origin and character of these masses.

UNIT FIVE

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Outline the approach to a patient with an adnexal mass	K	MCQ, Oral exam, KF	2b
B. Compare the characteristics of functional cysts, benign ovarian neoplasm and ovarian malignancies	K	MCQ, Oral exam, KF	2b
C. Describe the symptoms and physical findings of a patient with ovarian malignancy	K	MCQ, Oral exam, KF	2b
D. List the risk factors for ovarian cancer	K	MCQ, Oral exam, KF	2b
E. Describe the histological classification of ovarian neoplasm	K	MCQ, Oral exam, KF	2b
F. Counsel a woman with risk for ovarian cancer	SH	OSCE, SP, Direct observation	1g, 2a, 2b, 4a, 4b, 5a, 5b, 5c, 6c

NOTES

UNIT SIX

**human
sexual ity**

UNIT SIX

UNIT SIX: HUMAN SEXUALITY

Educational Topic 56: sexuality and modes of sexual expression

Rationale: All physicians should be able to provide a preliminary assessment of patients with sexual concerns and make referrals when appropriate. Detection and management of a woman's health care problems may be affected by her modes of sexual expression.

UNIT SIX

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Obtain a basic sexual history, including sexual function and sexual orientation	SH	SP	1b, 4b, 5c
B. Describe the physiology of female sexual response	KH	Oral exam, Key features	2b
C. Discuss female sexuality across the lifespan	KH	Oral exam, Key features	2b, 5c
D. Categorize common patterns of female sexual dysfunction	K	MCQ, Oral exam	2b
E. Identify physical, psychological and societal contributions to female sexual dysfunction	SH	SP	2b, 4b

NOTES

UNIT SEVEN

**VIOLENCE
AGAINST
WOMEN**

UNIT SEVEN

UNIT SEVEN: VIOLENCE AGAINST WOMEN

Educational Topic 57: sexual assault

Rationale: Individuals who are the victims of sexual assault often have significant physical and emotional sequelae.

UNIT SEVEN

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Identify patients at increased risk for sexual abuse	K	MCQ, Oral exam	1a, 1e, 5c, 6b
B. List the components of a history on a sexual assault victim (child, adult and acquaintance rape)	K	MCQ, Oral exam	1a, 1e, 5c, 6b
C. Describe an age-appropriate examination on a sexual assault victim (child, adult and acquaintance rape)	K	MCQ, Oral exam	1a, 1e, 5c, 6b
D. Describe age-appropriate counseling on a sexual assault victim (child, adult and acquaintance rape)	K	Oral exam, SP, OSCE	1a, 1b, 1e, 4a, 4b, 5a, 5c

UNIT SEVEN

UNIT SEVEN: VIOLENCE AGAINST WOMEN

Educational Topic 58: domestic violence

Rationale: Domestic violence affects a significant proportion of the U.S. population in all economic classes and walks of life. All physicians should screen for the presence of domestic violence.

UNIT SEVEN

The student will be able to:

Objective	Level of Competence	Evaluation Method	ACGME Competency
A. Cite prevalence and incidence of violence against women, elder abuse, child abuse	K	MCQ, Oral exam	2b
B. Assess the involvement of any patient in domestic violence situations	KH	Oral exam, SP, OSCE	1a, 1b, 1e, 2a, 4b, 5c
C. Counsel patients for short-term safety	SH	Oral exam, SP, OSCE	1a, 1b, 1c, 4a, 4b, 5a, 5c
D. Counsel patients regarding local support for long-term management and resources	SH	Oral exam, SP, OSCE	1a, 1b, 1e, 4a, 4b, 5a, 5c
E. Counsel patients requiring resources for batterers and perpetrators of domestic violence	SH	Oral exam, SP, OSCE	1a, 1b, 1e, 4a, 4b, 5a, 5c

Abortion:

Induced: Termination of a pregnancy by medical or surgical intervention.

Spontaneous: Spontaneous termination of a pregnancy before the 20th week of gestation.

Complete: Complete expulsion of the entire products of conception.

Incomplete: Incomplete expulsion of the products of conception (Retained tissue in the uterus).

Inevitable: Dilation of the internal cervical os but without yet passage of the products of conception.

Missed: Intrauterine retention of the non-viable products of conception.

Recurrent: Three or more consecutive first-trimester spontaneous abortions.

Septic: A threatened, inevitable, incomplete, missed or complete abortion complicated by infection.

Threatened: Vaginal bleeding in the presence of a closed cervix and a viable fetus. (*Comment: Threatened abs may occur before fetal heart motion is documented.*)

Abruptio placentae: Separation of the normally implanted placenta from its uterine attachment after the 20th week of pregnancy and before the birth of the infant. It occurs mainly in the third trimester.

Acromegaly: Overgrowth of the terminal parts of the skeletal system after epiphyseal fusion as a result of overproduction of growth hormone.

GLOSSARY

Adenomyosis: Presence of endometrial tissue within the myometrium.

Adnexae: The uterine appendages, including the fallopian tubes, ovaries and associated ligaments.

Adrenal hyperplasia: A congenital or acquired increase in the number of cells of the adrenal cortex, occurring bilaterally and resulting in excessive secretion of 17-ketosteroids with signs of virilization.

Amenorrhea: Absence or cessation of menstruation.

Primary: Failure of menarche to occur by the 16th year of life.

Secondary: Absence of menses for three or more months after menarche.

Amniocentesis: Aspiration of amniotic fluid, usually transabdominally, for diagnostic or therapeutic purposes.

Amniotic fluid: The fluid confined by the amnion.

Anemia, megaloblastic: Anemia with an excessive number of megaloblasts in circulation, caused primarily by deficiency of folic acid, vitamin B12 or both.

Anemia, iron deficiency: A deficiency of iron in the bloodstream, a more common cause of anemia in women.

Anorexia nervosa: Eating disorder characterized by altered body image and marked reduction in the intake of food, caused by psychogenic factors and leading to malnutrition and amenorrhea.

Anovulatory bleeding: Irregular uterine bleeding that occurs in the absence of ovulation.

GLOSSARY

Antepartum: Before labor or delivery.

Apgar score: A physical assessment of the newborn, usually performed at 1 and 5 minutes after birth, used to determine the need for resuscitation.

Ascites: An abnormal accumulation of fluid in the peritoneal cavity.

Atony, uterine: Loss of uterine muscular tonicity, which may result in failure of labor to progress or in postpartum hemorrhage.

Autonomy: In medicine, a patient's right to determine what health care she will accept.

Barr bodies: Sex chromatin masses on the nuclear membrane. The number of Barr bodies is one fewer than the number of X chromosomes in that cell.

Bartholin cyst: Cystic swelling of a Bartholin gland caused by obstruction of its duct.

Bartholin glands: A pair of glands located at the 4 o'clock and 8 o'clock positions on the vulvovaginal rim.

Basal body temperature: The oral temperature at rest, used for detection of ovulation.

Benign cystic teratoma: The most common germ cell tumor, consisting of mature elements of all three germ layers (often called dermoid cyst).

Biophysical profile: A physical assessment of the fetus, including ultrasound evaluation of fetal movement, breathing movements, fetal tone, amniotic fluid volume and electronic fetal heart monitoring.

GLOSSARY

Biphasic temperature curve: A graph showing a basal body temperature in the luteal phase that is 0.3-1° F higher than that of the follicular phase, which indicates that ovulation has occurred.

Blood flow, uteroplacental: The circulation by which the fetus exchanges nutrients and waste products with the mother.

Breakthrough bleeding: Endometrial bleeding that occurs at inappropriate times during the use of hormonal contraceptives.

Breech: The buttocks (often refers to a fetal presentation).

Cancer staging: The clinical and pathological evaluation of the extent and severity of cancer.

Carcinoma in situ: A neoplasm in which the tumor cells are confined by the basement membrane of the epithelium of origin.

Cesarean delivery: Birth of the fetus through incisions made in the abdomen and uterine wall.

Chloasma (mask of pregnancy): Irregular brownish patches of various sizes that may appear on the face during pregnancy or during the use of oral contraceptives.

Chorioamnionitis: Inflammation of the fetal membranes.

Choriocarcinoma: A malignant tumor composed of sheets of cellular and syncytial trophoblast.

Chorionic villus sampling: The transcervical or transabdominal sampling of the chorionic villi for cytogenetic evaluation of the fetus.

Climacteric: The period of life or the syndrome of endocrine, somatic and psychic changes that occur in a woman during the transition from the reproductive to the nonreproductive state.

GLOSSARY

Clomiphene: A synthetic nonsteroidal compound that stimulates the maturation of follicles and thereby ovulation as a result of its antiestrogenic effect on the hypothalamus.

Coitus interruptus: Withdrawal of the penis during coitus before ejaculation.

Colporrhaphy:

Anterior: A surgical procedure used to repair cystocele.

Posterior: A surgical procedure used to repair rectocele.

Colposcopy: Examination of the vagina and cervix by means of an instrument that provides low magnification.

Condyloma acuminatum: A benign, cauliflower-like growth on the genitalia, thought to be caused by human papillomavirus.

Cone biopsy: A cone of cervical tissue excised for histologic examination.

Contraception: Prevention of conception.

Cordocentesis (Percutaneous umbilical blood sampling, PUBS): A fetal assessment and therapeutic technique in which a needle is passed into an umbilical vessel and blood is sampled or treatment is given.

Corpus luteum: The cystic structure formed in the ovary at the site of a ruptured ovarian follicle.

Cul-de-sac: The pouch-like cavity (also called the Pouch of Douglas) between the rectum and the uterus, formed by a fold of peritoneum.

Culdacentesis: Needle aspiration of intraperitoneal fluid or blood through a puncture of the posterior vaginal fornix into the cul-de-sac.

GLOSSARY

Curettage: Scraping of the interior of a cavity or other surface with a curette.

Fractional: Separate curettage of the endometrium and the endocervix for diagnostic evaluation. Specimens are submitted separately for pathologic examination.

Suction: Endometrial curettage using a suction catheter.

Cushing syndrome: A symptom complex caused by hypersecretion of glucocorticoids, mineralocorticoids and sex hormones of the adrenal cortex.

Cystocele: Protrusion of the urinary bladder that creates a downward bulging of the anterior vaginal wall as a result of weakening of the pubocervical fascia.

Cystogram: A radiogram of the urinary bladder after the injection of a contrast medium.

Cystometry: Measurement of the function and capacity of the urinary bladder by pressure-volume studies, often used to diagnose hyperactive bladder.

Cystoscopy: Direct endoscopic inspection of the interior of the urinary bladder.

Decidua: Identifiable changes in the endometrium and other tissues in response to the hormonal effects of progesterone.

Dermoid cyst: See Benign cystic teratoma.

Dilation: The physiologic or instrumental opening of the cervix.

D immunoglobulin [Rh0(D) immunoglobulin]: An immunoprotein that prevents D sensitization.

GLOSSARY

Disseminated intravascular coagulation (DIC, Consumptive coagulopathy): An intravascular coagulation abnormality originally described in the obstetric complications of abruptio placentae and intrauterine fetal demise.

Double set-up: The simultaneous availability of two sterile set-ups for either a vaginal or abdominal delivery.

Dysgerminoma: A malignant solid germ cell tumor of the ovary.

Dysmaturity: Intrauterine growth retardation leading to a small-for-dates baby, associated with placental insufficiency.

Dysmenorrhea: Painful menstruation.

Dyspareunia: Difficult or painful intercourse.

Dystocia: Abnormal or difficult labor.

Dysuria: Painful urination.

Eclampsia. The convulsive form of preeclampsia eclampsia syndrome.

Ectopic pregnancy: A pregnancy located outside the uterine cavity.

Ectropion: The growth of the columnar epithelium of the endocervix onto the ectocervix.

Effacement: Thinning and shortening of the cervix.

Embryo: The conceptus from the blastocyst stage to the end of the 8th week.

Endometrial biopsy: The procedure of obtaining endometrial tissue for diagnostic purposes.

GLOSSARY

Endometriosis: The presence of endometrial implants outside the uterus.

Endoscopy: Instrumental visualization of the interior of a hollow viscus.

Enterocoele: A herniation of the small intestine into the cul-de-sac, usually accompanied by (and sometimes confused with) rectocoele.

Episiotomy: An incision made into the perineum at the time of vaginal delivery.

Estrogen replacement: The exogenous administration of estrogen or estrogen substances to overcome a deficiency or absence of the natural hormone.

Estrogen, unopposed: The continuous and prolonged effect of estrogen on the endometrium, resulting from a lack of progesterone.

Eversion: See Ectropion.

Exenteration, pelvic: The removal of all pelvic viscera, including the urinary bladder, the rectum or both, usually in the setting of advanced cervical malignancy.

Fern (ferning): The microscopic pattern of sodium chloride crystals as seen in estrogen stimulated cervical mucus or amniotic fluid.

Fetal Testing (non-stress testing): Evaluation of the fetus by electronic fetal heart rate monitoring, when not in labor.

Fetus: The conceptus from 8 weeks until birth.

Fibrocystic changes (breast): Mammary changes characterized by fibrosis and formation of cysts in the fibrous stroma.

GLOSSARY

Foreplay: The preliminary stages of sexual relations in which the partners usually stimulate each other by kissing, touching and caressing.

Functional ovarian cyst: A physiologic cyst arising from the Graafian follicle or the corpus luteum.

Functioning ovarian tumor: A hormone-producing ovarian neoplasm.

Galactorrhea: The spontaneous flow of breast milk in the absence of a recent pregnancy.

Gender (sex) role: An individual's understanding and feeling of the activity and behavior appropriate to the male or female sex.

Gonadal agenesis: The congenital absence of ovarian tissue or its presence only as a rudimentary streak.

Gonadal dysgenesis: The congenitally defective development of the gonads.

Gonadotropin:

Human chorionic (hCG): A glycoprotein hormone that is produced by the syncytiotrophoblast and is immunologically similar to luteinizing hormone (LH).

Human menopausal (hMG): A preparation isolated from the urine of postmenopausal women, consisting primarily of follicle-stimulating hormone (FSH) with variable amounts of LH, used for ovulation induction.

Pituitary: An endocrine organ composed of the anterior gonadotropin secreting component and the posterior oxytocin secreting component.

GLOSSARY

Granulosa cell tumor: A feminizing, estrogen-producing ovarian tumor.

Gravida: A pregnant woman.

Gravidity: The pregnant state, or the total number of pregnancies a woman has had, including the current pregnancy.

Hemoperitoneum: Blood in the peritoneal cavity.

Hermaphrodite: A person who exhibits characteristics of both sexes. A true hermaphrodite is characterized by the presence of both ovarian and testicular tissue.

Hirsutism: The development of various degrees of hair growth of male type and distribution in a woman.

Hormone therapy (HT): Estrogen and progestin replacement therapy.

Hot flashes (flashes): A vasomotor symptom characterized by transient hot sensations that involve chiefly the upper part of the thorax, neck and head, frequently followed by sweats, and associated with cessation or diminution in the ovarian secretion of estrogen.

Hydatidiform mole: A pathologic condition of pregnancy characterized by the hydropic degeneration of the chorionic villi and variable degrees of trophoblastic proliferation.

Hydramnios (polyhydramnios): Excessive amounts (more than 2 liters) of amniotic fluid at term.

Hyperplasia, endometrial: The abnormal proliferation of the endometrium with a marked increase in the number of glands or cystic dilation of glands. These changes may be related to prolonged unopposed estrogen stimulation.

GLOSSARY

Hypoestrogenism: A condition of subnormal estrogen production with resultant atrophy or failure of development of estrogen-dependent tissues.

Hypofibrinogenemia: A deficiency (usually < 100 mg%) of circulating fibrinogen that may be seen in conditions such as abruptio placentae, amniotic fluid embolism and fetal death in which the fibrinogen is consumed by disseminated intravascular coagulation.

Hypogonadism: The subnormal production of hormones by the gonads.

Hysterectomy:

Abdominal: The removal of the uterine corpus and cervix through an incision made in the abdominal wall.

Radical: The removal of the uterine corpus, cervix and parametrium, with dissection of the ureters; usually combined with pelvic lymphadenectomy.

Laparoscopic Assisted Vaginal Hysterectomy (LAVH): The combination of laparoscopy (pelviscopy) with vaginal surgery techniques to remove the uterus and, frequently, the adnexa.

Subtotal (supracervical): The removal of the uterine corpus, leaving the cervix in situ.

Total: The removal of the uterine corpus and cervix (without regard to tubes or ovaries).

Vaginal: The removal of the uterus through the vagina.

Hysterosalpingography: Roentgenography of the uterus and tubes after injection of radiopaque contrast medium through the cervix. It is useful in ascertaining irregularities of the uterine cavity and patency of the fallopian tubes.

GLOSSARY

Hysteroscopy: The transcervical endoscopic visualization of the endometrial cavity.

Hysterotomy: Surgical incision of the wall of the uterus.

Imperforate hymen: Failure of a lumen to develop at a point where the budding vagina arises from the urogenital sinus.

Impotence: The inability to achieve or sustain penile erection.

Infertility: The inability to achieve pregnancy with regular intercourse and no contraception within a stipulated period of time, often considered to be 1 year.

Intervillous space: The space in the placenta in which maternal blood bathes chorionic villi, allowing the exchange of materials between the fetal and maternal circulations.

Intraductal papilloma: A benign mammary tumor, often multiple, occurring predominantly in parous women at or shortly before menopause. It is typically located beneath the areola and is often associated with bleeding from the nipple.

Intrauterine device (IUD): A device inserted into the uterine cavity for contraception.

Intrauterine fetal demise (IUFD, stillbirth): Intrauterine death of a fetus. For purposes of vital statistics, a fetal death prior to 500 grams is usually classified as an abortus.

Intrauterine growth retardation (IUGR): See Dysmaturity.

Intromission: Introduction of the penis into the vagina.

Justice: Ensuring or maintaining what is considered to be just or fair according to predetermined criteria.

GLOSSARY

Karyotype: A photographic reproduction of the chromosomes of a cell in metaphase, arranged according to a standard classification.

Labor: The process of expulsion of the fetus from the uterus.

Induced: Labor that is initiated artificially.

Stimulated (augmented): Labor that is stimulated, usually with oxytocin.

Lactogen, human placental (hPL): A polypeptide hormone that is produced by the syncytiotrophoblast, is similar to prolactin and somatotropin from the pituitary, and is involved in carbohydrate metabolism by the mother and fetus.

Laparoscopy: The transabdominal endoscopic examination of the peritoneal cavity and its contents after inducing pneumoperitoneum.

Leiomyoma (fibroid): A benign tumor derived from smooth muscle.

Leiomyosarcoma: An uncommon malignant tumor of smooth muscle.

Leukoplakia: An imprecise clinical term usually referring to white lesions of the vulva.

Levator muscle: The muscular sheet, consisting of the iliococcygeus, pubococcygeus and puborectalis muscles, which forms most of the pelvic floor (pelvic diaphragm) and supports the pelvic viscera.

Libido: Sexual desire or urge.

Lie: The relationship of the long axis of the fetus to the long axis of the mother. Examples are longitudinal, transverse and oblique.

GLOSSARY

Ligament:

Cardinal: The dense connective tissue that represents the union of the base of the broad ligament to the supravaginal portion of the cervix and laterally to the sides of the pelvis. It is considered to be the primary support of the uterus.

Uterosacral: The peritoneal folds containing connective tissue, autonomic nerves and involuntary muscle arising on each side of the posterior wall of the uterus at about the level of the internal cervical os and passing backward toward the rectum, around which they extend to their insertion on the sacral wall. It is considered to play an important part in axial support of the uterus.

Ligation, tubal: The surgical or mechanical interruption of the continuity of the fallopian tubes for the purpose of permanent contraception.

LMP: Last menstrual period.

LNMP: Last normal menstrual period.

Mastitis: Inflammation of the breast.

Masturbation: Sexual stimulation by the manipulation of the genitals.

Maturation index: The ratio of parabasal to intermediate to superficial vaginal epithelial cells (eg. 0/20/80), which is an indication of estrogen effect.

Maturity: The condition of a fetus weighing 2,500 grams or more.

Membranes, premature rupture of (PROM): Rupture of the amniotic membranes before the onset of labor.

GLOSSARY

Menarche: The onset of the menses.

Menopause: The permanent cessation of the menses caused by ovarian failure or removal of the ovaries.

Menorrhagia: Excessive or prolonged uterine bleeding occurring at regular intervals.

Metaplasia: A reversible change in which one adult cell type is replaced by another cell type. The most common type of epithelial metaplasia is the replacement of columnar cells by stratified epithelium (squamous metaplasia).

Metrorrhagia: Uterine bleeding occurring at times other than the expected menses; for example, intermenstrual bleeding.

Mid pelvis: An imaginary plane that passes through the pelvis and is defined by three points: the inferior margin of the symphysis pubis and the tips of the ischial spines on either side. This plane usually includes the smallest dimensions of the pelvis.

Mortality: A fatal outcome.

Maternal: Death of the mother.

Fetal: Death of the conceptus between >500 grams and birth.

Stillbirth (intrauterine fetal demise): Death of a fetus before birth. For purposes of perinatal vital statistics, the fetus must be over 20 weeks gestational age or over 500 grams in weight.

Neonatal: Death of the infant in the first 28 days of life.

Perinatal: Death of the fetus or neonate between 20 weeks of gestation and 28 days after birth. It is the sum of stillbirths and neonatal deaths.

GLOSSARY

Mosaicism: The presence in an individual of cells of different chromosomal constitutions.

Mucus, cervical: The secretion of the cervical mucous glands; its quality and quantity are influenced by estrogen and progesterone. Estrogen makes it abundant and clear (which is called spinnbarkeit) with a fern pattern on drying. Progesterone makes it scant, opaque and cellular without a fern pattern upon microscopic examination.

Neonatal: Referring to the first 28 days of life.

Nonstress test (NST): Evaluation of the fetus by electronic fetal heart monitoring, not in labor. Also known as fetal activity testing.

Oligomenorrhea: Infrequent menstruation.

Orgasm: The climax of sexual excitement.

Osteoporosis: Atrophy of bone caused by demineralization.

Ovulation, induction of: Stimulation of ovulation by artificial means.

Oxytocin: An octapeptide formed in the hypothalamus and stored in the posterior lobe of the pituitary. It has stimulant effects on the smooth muscle of the uterus and the mammary glands.

Papanicolaou smear (Pap smear): A cytologic smear of exfoliated cells (for example, from the cervix, endometrial cavity or vagina) used in the early detection of cancer or for evaluation of a patient's hormonal status.

Parity: The number of pregnancies of a particular woman in which the fetus is over 20 weeks gestation prior to delivery.

Pelvic floor: The floor or sling for the pelvic structures, located at the level of the pelvic outlet. The most important structures are the levator ani muscle and fascial sheaths.

GLOSSARY

Pelvic inflammatory disease (PID): An infection of the pelvic viscera, usually by ascending routes. The likely etiologic pathogens include: *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, and other anaerobic and aerobic organisms.

Pelvic inlet: An imaginary plane passing through the pelvis that represents the upper boundary of the true pelvis. It is bounded posteriorly by the promontory and alae of the sacrum, laterally by the linea terminalis, and anteriorly by the horizontal rami of the pubic bones and the upper margin of the symphysis pubis.

Pelviscopic Surgery: Laparoscopic surgery using multiple small incisions, specialized instruments and techniques.

Percutaneous Umbilical Blood Sampling (PUBS): See cordocentesis.

Perinatal: Pertaining to the combination of fetal and neonatal periods, considered to begin after 20 weeks of gestation and to end 28 days after birth.

Perineorrhaphy: Plastic repair of the perineum.

Perineum: The pelvic floor and associated structures occupying the pelvic outlet.

Pessary: A device placed in the vagina or uterus to support the uterus.

Placenta previa: A condition in which the placenta is located in the lower portion of the uterus and covers part or all of the internal os.

PMP: Previous menstrual period.

Pneumoperitoneum: The presence of air in the peritoneal cavity.

Polycystic ovary syndrome (Stein-Leventhal syndrome): A syndrome of secondary oligomenorrhea and infertility associated with multiple follicle cysts of the ovary and failure to ovulate.

GLOSSARY

Polyhydramnios: See hydramnios.

Polymenorrhea: Cyclical uterine bleeding that is normal in amount, but occurs <24 days apart.

Position: The relationship of a designated point on the presenting part of the fetus to the maternal pelvis (example: left occiput anterior [LOA]).

Postmenopausal bleeding: Bleeding from the uterus, cervix or vagina that occurs after the menopause.

Postpartum: After delivery or childbirth.

Postterm pregnancy: Pregnancy prolonged beyond the end of the 42nd week of gestation.

Preeclampsia: A specific hypertensive disorder of pregnancy with the diagnosis made on the basis of hypertension with proteinuria. It usually occurs after the 20th week of pregnancy.

Prematurity: An infant born before 37 completed weeks (260 days) of pregnancy.

Premenstrual syndrome (PMS): A complex of symptoms occurring in the progestational phase of the menstrual cycle.

Presentation: The portion of the body of the fetus that is coming first in the birth canal. Examples include vertex, breech and shoulder presentations.

Presenting part: The portion of the fetus that is felt through the cervix on vaginal examination. The presenting part determines the presentation.

Primigravida: A woman who is pregnant for the first time.

GLOSSARY

Prolapse:

Cord: A condition in which the umbilical cord precedes the presenting part of the fetus.

Uterine: Prolapse of the uterus, usually due to the loss of supporting structures. It is related to injuries of childbirth, advanced age or congenital weakness.

Pseudocyesis: False pregnancy, in which some of the signs and symptoms of pregnancy are present, although no conception has taken place.

Puberty: The period between the beginning of the development of secondary sexual characteristics and the completion of somatic growth.

Delayed: The lack of appearance of secondary sexual characteristics by age 14.

Precocious: The appearance of secondary sexual characteristics before 7.5 years of age.

Puerperium: The period after delivery in which the reproductive tract returns to its normal, nonpregnant condition, generally 6-8 weeks.

Quickening: The first perception by the mother of fetal movement, usually between the 16th and 20th week of gestation.

Rectocele: Protrusion of the rectum through the supporting structures of the posterior vaginal wall.

Reflux, tubal: The retrograde flow of uterine or tubal contents into the abdominal cavity.

Rhythm (periodic abstinence): A method of contraception in which coitus is avoided when ovulation is likely.

GLOSSARY

Salpingectomy: Surgical removal of fallopian tube.

Salpingoophorectomy: Surgical removal of a fallopian tube and ovary.

Schiller test: The application of a solution of iodine to the cervix. The iodine is taken up by the glycogen in normal vaginal epithelium, giving it a brown appearance. Areas lacking in glycogen are white or whitish yellow, as in leukoplakia or cancer. Although nonstaining areas are not diagnostic of cancer, they aid in choosing the spot to which a biopsy should be directed.

Secondary sexual characteristics: The physical changes that have occurred in response to endocrine changes during puberty.

Semen analysis: The evaluation of the components of semen, especially spermatozoa, as a means of evaluating male fertility.

Sexual dysfunction: Sexual disinterest, unresponsiveness or aversion.

Sexuality: The physiologic and psychologic expression of sexual behavior. The periods of infancy, adolescence, adulthood and the postclimacteric state each have characteristic manifestations of sexuality.

Sims-Huhner test (post coital test): A test for infertility in which cervical mucus is aspirated after coitus and examined for quality and presence or absence of infection. The motility, normality and number of sperm are noted.

Skene glands: The vestibular glands that open into and around the urethra.

Somatomammotropin, chorionic: See Lactogen, human placental.

GLOSSARY

Sonography (ultrasonography, ultrasound): In obstetrics and gynecology, a diagnostic aid in which high-frequency sound waves are used to image pelvic structures in pregnant and non-pregnant patients.

Spinnbarkeit: The ability of the cervical mucus to be drawn out into a thread, characteristically greater in the preovulatory and ovulatory phases of the menstrual cycle.

Station: The location of the fetal presenting part (leading bony point) relative to the level of the ischial spines. Station +2 means the presenting part is 2 cm below the ischial spines. Station -1 means the presenting part is 1 cm above the ischial spines.

Sterility: The absolute inability to procreate.

Stress incontinence: The involuntary leakage of urine during an increase in intraabdominal pressure as a result of weakness of the supports of the internal vesical sphincter and bladder neck.

Striae gravidarum: Streaks or lines seen on the abdominal skin of a pregnant woman.

Supine hypotensive syndrome: A hypotensive syndrome often characterized by sweating, nausea and tachycardia. It occurs in some pregnant women in the supine position when the pregnant uterus obstructs venous return to the heart.

Teratogen: An agent or factor that produces physical defects in the developing embryo.

Testicular feminization: A syndrome of androgen insensitivity characterized by primary amenorrhea, a female phenotype, testes (abdominal or inguinal) instead of ovaries, the absence of a uterus and a male genotype.

Thecoma: A functioning ovarian tumor composed of theca cells.

GLOSSARY

Thelarche: The onset of development of breasts.

Trimester: A period of three months. The period of gestation is divided into three units of three calendar months each. Some important obstetric events may be conveniently categorized by trimesters.

Trophoblast: The epithelium of the chorion, including the covering of the placental villi. It comprises a cellular layer (cytotrophoblast) and syncytium (syncytiotrophoblast).

Tubercles, Montgomery: The enlarged sebaceous glands of the areolae of the mammary glands during late pregnancy and lactation.

Ultrasonography: See Sonography.

Ultrasound: See Sonography.

Urethrocele: Protrusion of the urethra through the supporting structure of the anterior wall.

Vacuum extraction: The use of a suction device placed on the infant's head to assist vaginal delivery.

Vasectomy: The surgical interruption of the ductus (vas) deferens for permanent contraception.

VBAC: Vaginal birth after cesarean delivery.

Viability: The condition of a fetus weighing 500 grams or more; the ability to live independently outside of the uterus.

Virilization: The development of masculine traits in a female.

Withdrawal bleeding: Uterine bleeding after the interruption of hormonal support of the endometrium.

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