

Ministry of Health of the Republic of Uzbekistan
Bukhara Medical Institute named after Abu Ali ibn Sino
Department of Obstetrics and Gynecology

EDUCATIONAL-METHODICAL COMPLEX ON SUBJECT
GYNECOLOGY

**Knowledge branch:
and social security**

500000 Public health services

Training direction:

5510100 Medical business

5111000 Vocational training

BUKHARA -2021

Ministry of health of the Republic of Uzbekistan
Bukhara medical institute named after Abu Ali ibn Sino
Department of obstetrics and gynecology

"APPROVED"

Rector of Bukhara medical institute

Doctor of Science _____ Teshayev Sh.J

" _____ " _____ 2021 year

COLLECTION OF LECTURES

GYNECOLOGY

Bukhara-2021

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Prorector for Academic Affairs

t.f.d. professor ____Jarilkasinova G.J.

" ____ " _____ 2021 year

EDUCATIONAL - METHODOICAL COMPLEX ON SUBJECT
GYNECOLOGY FOR STUDENTS OF 4th COURSE OF
MEDICAL FACULTIES.

The educational-methodical complex is compiled on the basis of the model program on obstetrics and gynecology for the students of the VI year of medical and medical-pedagogical faculties.

COMPOSITIONS:

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The educational-methodical complex was discussed and approved in the central methodical council of Bukhara medical state institute

Protocol No - "-----" ----- 201 y

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During these periods of life, the rules of intimate hygiene should be observed especially carefully.

Introduction

Hygiene is a medical science that studies the impact of the environment and production activities on human health and develops optimal, scientifically sound requirements for the living and working conditions of the population.

The most precious gift that a person receives from nature is health. It's not for nothing that people say: "Everything is healthy for a healthy person!" It is always worth remembering this simple and clever truth, and not only when the body starts to malfunction and we are forced to turn to doctors, sometimes demanding impossible from them.

No matter how perfect medicine is, it can not save everyone from all diseases. Man himself is the creator of his health! Instead of dreaming about "living water" and other miraculous elixirs, it is better to lead an active and healthy life from an early age, to temper, exercise and sports, to observe the rules of personal hygiene - in a word, to achieve in reasonable ways the true harmony of health.

The main thing - a healthy lifestyle - a set of recreational activities that ensure the harmonious development and strengthening of health, improving the working capacity of people, prolonging their creative longevity.

The main elements of a healthy lifestyle are productive work, optimal motor conditions, personal hygiene, rational nutrition, hardening, rejection of bad habits.

General Hygiene

1.1. Hygiene and its main tasks

Hygiene, as well as natural environmental conditions (exposure to sunlight, air, water) are means of physical education. Physical culture should not be exhausted only by physical exercises in the form of sports, gymnastics, outdoor games and other things, but must embrace both public and personal hygiene of work and life, the use of natural forces of nature, the correct mode of work and rest.

Hygiene is the science of health, the creation of conditions favorable to human health, the proper organization of work and leisure, and the prevention of disease. Its purpose is to study the impact of living and working conditions on human health, prevent diseases, ensure optimal conditions for human existence, preserve its health and longevity. Hygiene is the basis of disease prevention.

The main tasks of hygiene are studying the influence of the external environment on the health and working capacity of people; scientific substantiation and development of hygienic norms, rules and measures for improving the environment and eliminating harmful factors; scientific substantiation and development of hygienic standards, rules and measures to increase the body's resistance to possible harmful environmental influences in order to improve health and physical development, improve efficiency.

Sanitation - the practical implementation of hygiene requirements, the implementation of the necessary hygiene rules and measures.

During the development of hygiene, a number of hygiene disciplines were formed: occupational hygiene, social hygiene, hygiene of children and adolescents, hygiene of physical culture and sports

The hygiene of physical culture and sports, which studies the interaction of the organism engaged in physical culture and sports with the environment, plays an important role in the process of physical education. Hygienic regulations, norms and rules are widely used in the physical culture movement.

Hygienic regulations are so important because without them it is impossible to fulfill the basic tasks of comprehensive and harmonious development of people, to maintain strong health and creative activity for many years, to prepare the population for high-performance work and protection of the Motherland.

Young specialists graduating from the country's universities should know the basic provisions of personal and public hygiene and apply them skillfully in everyday life, in studies, in production.

Hygiene of physical culture and sports includes sections: personal hygiene, hardening, hygiene of the home, hygienic requirements for sports facilities and places for exercising, auxiliary hygienic means of recovery and increase of efficiency.

1.1.1. Communal Hygiene

Communal hygiene is a section of hygiene that studies the impact of environmental factors on health and the sanitary conditions of life of the population. Based on the study of these factors, hygienic standards and sanitary measures are developed to ensure healthy and favorable living conditions for the population.

Research in the field of communal hygiene is aimed at studying the adverse chemical, physical and biological factors of the environment and the development of sanitary rules, hygienic regulations and standards for the hygiene of air, water and water supply hygiene, sanitary protection of water bodies, soil hygiene and sanitary cleaning of inhabited places, and public buildings, hygiene of planning and development of populated areas. Control over the observance of sanitary rules, hygienic recommendations and standards is carried out by the sanitary-epidemiological surveillance service of the Russian Federation through sanitary-epidemiological stations.

Construction, reconstruction and commissioning of public facilities, treatment and other facilities are allowed only with the permission of sanitary inspection bodies. To solve the problems of municipal hygiene, plumber engineers, builders, architects are also involved.

1.1.2. Food Hygiene

Hygiene of nutrition - a section of hygiene, which studies the problems of full and rational nutrition healthy person. Nutrition issues of patients and the principles of therapeutic nutrition are developed by dietology.

Studies on food hygiene are aimed at justifying the optimal mode and nature of nutrition of the population, as well as preventing diseases that occur when foodstuffs are deficient in food or due to the ingestion of microorganisms capable of causing disease, toxins and various chemicals.

The study of the nutrition of a healthy person is made taking into account age, profession, physical and neuropsychic load in the process of labor, living conditions and public utilities, as well as national and climatographic features. Hygiene of nutrition develops nutrition norms, preventive measures for beriberi and hypovitaminosis. An important problem of food hygiene is the study of the energy costs of the organism and its needs in proteins, fats, carbohydrates, mineral salts, vitamins from various prof. Groups of the population, for example, in workers of industrial enterprises with various degrees of mechanization and automation of labor, people of intellectual work, etc. The increase in the number of elderly people put forward the task of scientific substantiation of nutrition for the elderly in front of nutrition hygiene. Nutrition hygiene is engaged in the development of methods for controlling the quality of products in public catering establishments, the food industry and the trade network aimed at timely preventing the penetration or entry into the food of strangers, including harmful substances, and the development of measures to prevent food poisoning, toxic infections, intoxications . Food hygiene deals with the study of the biological value, chemical composition and calorie content of both traditional and new foods. The results of these studies are published in the form of official calorie tables and the chemical composition of the products. The tasks of the SES food hygiene departments include preventive and current sanitary supervision over the design, construction and operation of food industry enterprises, trade, public catering.

1.1.3. Hygiene of work, or occupational hygiene

Occupational hygiene or occupational hygiene is a section of hygiene that examines the impact of the work process and the environment on the body of workers working to develop sanitary and hygienic and therapeutic and preventive standards and activities aimed at creating more favorable working conditions, ensuring health and a high level of the person's ability to work.

In industrial production conditions, people are often exposed to low and high air temperatures, strong heat radiation, dust, harmful chemicals, noise, vibration, electromagnetic waves, and a wide variety of combinations of these factors that can lead to various health problems , to a decrease in efficiency. To prevent the elimination of these adverse effects and their consequences, the study of the specifics of production processes, equipment and processed materials (raw materials, auxiliary, intermediate, by-products, waste products) from the point of view of their effect on the working organism; sanitary conditions of work (meteorological

factors, air pollution by dust and gases, noise, vibration, ultrasound, etc.); character and organization of labor processes, changes in physiological functions in the process of work. The health status of workers (general and occupational diseases), as well as the state and hygienic efficiency of sanitary and technical devices and installations (ventilation, lighting), sanitary and household equipment, personal protective equipment are thoroughly investigated.

In Russia, as well as in some other countries (USA, England, etc.), the system of hygienic rationing of the maximum permissible concentrations of unfavorable chemicals in the air of the working area and certain physical factors (air temperature, humidity, noise, vibration, etc.) is widely used.). Hygienic standards established in Russia guarantee the preservation of the health of workers. The implementation of these standards is mandatory for the administration of enterprises, farms and institutions, which is enshrined in legislation.

Embedded streaming and conveyor-assembly lines, mechanization and automation of labor processes, freeing the worker from heavy physical strain, make high demands, especially to the state of the nervous system and vision. When performing such work, it is extremely important to establish such a mode of work and rest, so that it ensures high labor productivity without disrupting the physiological reactions of the organism throughout the entire working shift.

Specialists in industrial ventilation and industrial lighting, machine and tool designers, construction technologists and production organizers are also involved in solving occupational health problems.

1.1.4. Hygiene of children and adolescents

Hygiene of children and adolescents is a section of hygiene that studies the problems of protecting and promoting the health of children and adolescents, developing hygienic recommendations for setting up the teaching and upbringing and labor process in schools, vocational schools and children's institutions.

In our country, the hygiene of children and adolescents has a fundamentally different, new direction compared to school hygiene, which exists in a number of other countries and deals with the solution of private problems of schools. Our research in the field of hygiene of children and adolescents is aimed at the hygienic justification of the organization of the educational and labor process, the study of the complex influence of environmental factors on the organism of children and adolescents, on the rationale for the sanitary standards for the construction of children's institutions. An important place in the work of physicians working in the field of hygiene of children and adolescents is given to measures to prevent fatigue and fatigue, to develop the most favorable modes of study and production for students studying in secondary educational institutions of various industries.

Doctors of school departments of SES and doctors working in schools monitor the physical condition and development of children and adolescents, monitor the correct organization of physical education, the training load, as well as the sanitary regime of schools and children's institutions.

Themes №12: School of Meteor

Composition of milk. General Provisions

The composition of female milk fully corresponds to the needs of the fast growing body of the child and is as balanced as possible;

Milk is individually in composition, which is regulated by the child; that is, in two mothers the composition of milk is different, in addition it changes during one feeding, and also during the entire lactation period;

All nutrients are contained in an optimal form for assimilation. No, even the best mixture, is not a full-fledged substitute for breast milk.

In addition to the optimal balance of fats, proteins and carbohydrates for the child, breast milk contains substances that promote digestion (auto-enzymes), immune bodies to various types of diseases, the ideal composition of vitamins and enzymes.

Themes №13: Insertion and removal of the IUD

IUD- small bending device, carried in cavity of the womb. The Modern varieties are made from plastic arts and contains the medicinal preparation (slowly liberate the small quantities coopers or progesterone). The Development intrauterus to contraceptions is connected with offer R. Richter (1909) carry in cavity of the womb ring, made from gut silk hearts.

The Categorization modern IUD:

- Inert: Lippes Loop
- (copper): Copper T 380A, Nova T and Multiload 375
- Selecting progesterone: Progestasert and Levo Nova (LNG), MIRENA

Mechanism kontraseptional actions IUD definitively not studied, exists several theories:

- theory semen-toxic of the action ion cooper;
- theory of the abortion action;
- theory of the speed peristalsis of the uterine pipes;
- theory of the aseptic inflammation;
- theory of the enzymatic breaches;
- theory of the suppression to functional activity endometrial cover.

The Evidences to using VMS:

1. Woman any reproductional age and with any amount of pregnancy in anamnesis, wanting high effecton of the long-term method to contraceptions, not requiring daily action.
2. Woman successfully used IUD in past
3. Feeding mother, needing for contraceptions
4. Woman after sort, not feeding bosom
5. Patients after abortion, not having sign to pelvic infection
6. Woman, who can not remember the tablets about daily receiving.
7. Womans having one constant partner (since is absent the risk of the arising the diseases, sent sexual by way).
8. Woman, preferring not to use hormonal of the facility, or one, must not their use (for instance, active smokers senior 35 years)

Advantage

1. High efficiency (0,5-1,0 pregnancy on 100 womans for first year of the use for Copper T 380A)
2. Efficient immediately
3. Long-term method (IUD Copper T 380A efficient up to 10 years)
4. is Not connected with sexual by act
5. does Not influence upon nursing by bosom

6. Immediate return фертильности after removing
7. Little side effects
8. Except послеустановочного of the visit, patients follows be shown physician only in the event of arising the problems
9. Patientse no need nothing buy or keep in stock
10. Can be entered by special nurse or midwife
11. Inexpensive method (Copper T 380A)

Nekontraceptivnye advantage

1. Reduction of the menstrual pains (only progestiv)
2. Reduction of the menstrual bleeding (only progestiv)
3. Reduction of the risk ectopic to pregnancy (with the exclusion of Progestaserd)

Defect:

1. Before entering is required pelvic checkup and is recommended examination on IPP
2. Required presence prepared medical worker for entering and removing
3. Need of the check tendril to spirals after menstruation, being accompanied pain, fight or smearing bleeding by separations
4. Woman can not itself stop use (depends on medical worker)
5. Reinforcement of the menstrual bleedings and pains in first several months (only for copper IUD)
6. Possible spontaneous ekspulsion
7. Seldom <1/100 events) happens perforation of the womb during introduction
8. Does Not prevent all extrauterine to pregnancy
9. Can enlarge risk of the inflammatory diseases organ basin (IDOP) with following sterility beside womans, falling into group of the risk of the contamination IST and other DST (for instance, VGV, VICH/AIDS DISEASE)

When begin

1. Anytime, when there is confidence that patient not pregnant
2. With 1-go on 7-y day of the menstrual cycle
3. After sort (right after; at the first 48 hours or after 4-6 weeks; after 6 months if uses MOTHER)
4. After abortion (immediately or for 7 days) if no sign to pelvic infection
5. After cessation of the use of other method

Explanation way of the using

Act as follows

1. After inserting IUD plan together with woman her(its) repeated visit through 3-6 weeks - for instance, after menstruation - for checking and gynecological of the checkup. To be certified, on place IUD and no infections. The Visit possible to appoint to any suitable time for women(woman), but not at period of the menstruations. Hereon the repeated visit other visits are not required.

2. Make sure that woman knows:

- What type VMS she uses and as this type IUD looks.
- When she follows to delete or change IUD. Date card with writing the month and year of the installation IUD
- When visit the medical institutions woman must report medical workman on that that beside it is installed IUD

Instructions

The Woman must know that after installing IUD:

1. Beside it can be:
 - Painful spasms during 1-2 days following installing. Possible take NAIP (the ibuprofen, nimesil)
 - Vaginal separations during several weeks after installing. This orderly.

- More Ample menstruations. The Possible bleedings between menstruation, particularly during the first several months after installing IUD.
2. Checking the position IUD.
 - Once at week for the first month after installing
 - after menstruation Now and then.

For checking the position IUD woman must:

1. To wash up hands.
2. Sit down on skatting.
3. As possible deeper ca66rry in vagina 1 or 2 fingers while she will not find the threads IUD. If woman seems that IUD was displaced, necessary once again to apply to medical institution.

It is impossible pull for thread - can bring about output IUD from cavity of the womb

4. Once again wash up hands

When installing IUD after sort of the threads not always are beyond the scope of shakes of the womb so their possible not to find.

The Conditions requiring precautionary measure (the contraindications)

Absolute:

- Pregnancy (known or suspected) HOofPHS class 4
- Unexplained vaginal bleeding (before clarification of the reasons) HOofPHS class 4
- IDBB (at present or the last 3 months) HOofPHS class 4
- Strong festering (the purulent) of the separation HOofPHS class 4
- Deformed cavity of the womb (the fibroid or anatomical anomalies such as double womb) HOofPHS class 4
- Tuberculosis (the known pelvic tuberculosis) HOofPHS class 4
- Cancer of genitalis (the shakes of the womb, endomeyrial or gonad) HOofPHS class 4
- Woman, having more one partner or whose partner has more one sexual of the partner HOofPHS class 3

Relative:

- Cervikal stenosis.
- Diseases shelters, anemia
- Painful menstruations
- Erosion shakes wombs
- Ekstragenital diseases
- Residiv inflammatory processes of the womb and her(its) apurtenance
- allergy on copper

Side effects

1. Amenoreya - exclude pregnancy and генитальную pathology More
- typical of progestin IUD
2. Irregular bleedings - conduct gynecological checkup to exclude:
 - pregnancy uterine or extrauterine
 - a disease shakes wombs
 - IDBB

If required conduct treatment revealed to pathology

- becalm woman, these change the nature of the menstrual bleedings Normal phenomena and since time they, probably, decrease
- If there is anemia to conduct course of the treatment

3. Bleeding

Conduct gynecological checkup to exclude:

- pregnancy uterine or extrauterine
 - a disease shakes wombs
 - IDBB

If required conduct the treatment revealed pathology to ask the woman. Wants leave IUD

- If yes, give NAIP, ferriferous preparations and repeated consultancy in 3 months
- If no, delete VMS and help to choose other method to contraceptions

4. Pains

- A TIE position IUD in cavities of the womb
- a checkup organ small basin to exclude pregnancy, IDBB.
- fix NAIP

5. Partner complains of sensation tendril during sexual of the act - a threads possible to cut shorter

Themes № 14: Sex education

In recent years, work has been carried out in our country to create a family planning service and to eliminate the negative consequences associated with underestimation of its importance. Such consequences include a high incidence of induced abortions, which have traditionally been the leading method of limiting unplanned pregnancies. The long-term consequences of abortions underlie such types of obstetric and gynecological pathology as miscarriage, obstetric hemorrhages, abnormalities of the contractile activity of the uterus, genital endometriosis, pelvic inflammatory disease, and secondary infertility. Complications of abortions account for about a third of the causes of maternal mortality. Thus, limiting the frequency of abortion can significantly reduce both obstetric and gynecological morbidity, and the maternal mortality rate. Achievement of these results is possible only with the wide use of modern highly effective methods and means of contraception.

Unplanned pregnancies are often observed in women of young (under 18 years) and late reproductive (over 35 years) age. In both cases, there is a significant frequency of pregnancies with a high risk of obstetric pathology, which increases the rates of perinatal and maternal mortality. A small interval between pregnancies (less than 2 years), as well as the presence of a large number of pregnancies (including births) in the history are among the factors of high risk for the development of complications of pregnancy and childbirth. Thus, assisting the population in family planning helps reduce the number of high-risk pregnancies and, consequently, the level of maternal and perinatal mortality.

The organization of a family planning service and the widespread introduction of effective contraception are the most cost-effective means of reducing maternal mortality. According to experts, the use of effective contraception 30% of women of childbearing age will reduce the maternal mortality rate by half. In this case, one should not expect a negative impact on fertility, since contraception prevents abortion, and not childbirth.

The family planning service can be represented by specialized agencies where only family planning services are provided or integrated with various medical institutions as their functional unit. In the latter case, the range of services provided to the population is usually broader and includes the management of women with various gynecological pathologies, habitual miscarriage, infertility, abortion, laparoscopic interventions, including sterilization.

At the present stage, the family planning service is an important part of the preventive direction of reproductive medicine. Priority in the work of centers, clinics and family planning offices is the protection of the reproductions

Themes №15: Hygiene of pregnant women and puerperas, dietology

The point is that the "center" of the female reproductive system - the uterine cavity - should normally be sterile, so that the developing embryo does not get injured by bacteria or viruses.

The exit of the vagina is anatomically located near the anus, so it is necessary to pay special attention to the characteristics of feminine hygiene, in order to avoid infection into the female's internal genitalia. Also, it is necessary to avoid creating favorable conditions for multiplying pathogenic microorganisms in the perineal region.

Especially vulnerable to infection is the uterus in a period such as menstruation, since during the months there is no protective plug from the mucus in the cervix.

In addition to the mucus barrier in the cervix, the pathway to microorganisms is closed by bacteria that inhabit the vagina. The normal microflora of this organ is 90% composed of lactobacilli, which secrete lactic acid. The acidic environment of the vagina depresses most pathogenic bacteria. If, for some reason, the environment in the vagina becomes alkaline rather than acidic, the number of lactobacilli greatly decreases, and other microbes may occupy the vacated space. This condition is called dysbacteriosis, and if anaerobic flora predominates, bacterial vaginosis.

The simplest and most common cause of a violation of the acid-base balance in the vagina is the ingress of alkaline soap bubbles into it during washing. Do not be scared if this happens once. But constant alkaline "strokes" lead to serious disturbances in microflora, reproduction of pathogenic bacteria, and, accordingly, an inflammatory disease of the female sexual sphere.

The protective capabilities of the genital organs depend on the age of the woman. Up to 17-18 years, that is, before puberty, the microflora of the vagina of a girl is easily disturbed in any adverse effects. Its resistance is also decreasing in women who have reached menopause. During these periods of life, the rules of intimate hygiene should be observed especially carefully.

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Chapter 1. General Hygiene

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Topics №16: Family counseling

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- theory semen-toxic of the action ion cooper;
- theory of the abortion action;
- theory of the speed peristalsis of the uterine pipes;
- theory of the aseptic inflammation;
- theory of the enzymatic breaches;
- theory of the suppression to functional activity endometrial cover.

The Evidences to using VMS:

9. Woman any reproductional age and with any amount of pregnancy in anamnesis, wanting high effecton of the long-term method to contraceptions, not requiring daily action.
10. Woman successfully used IUD in past
11. Feeding mother, needing for contraceptions
12. Woman after sort, not feeding bosom
13. Patients after abortion, not having sign to pelvic infection
14. Woman, who can not remember the tablets about daily receiving.
15. Womans having one constant partner (since is absent the risk of the arising the diseases, sent sexual by way).
16. Woman, preferring not to use hormonal of the facility, or one, must not their use (for instance, active smokers senior 35 years)

Advantage

12. High efficiency (0,5-1,0 pregnancy on 100 womans for first year of the use for Copper T 380A)
13. Efficient immediately
14. Long-term method (IUD Copper T 380A efficient up to 10 years)
15. is Not connected with sexual by act
16. does Not influence upon nursing by bosom
17. Immediate return фертильности after removing
18. Little side effects
19. Except послеустановочного of the visit, patients follows be shown physician only in the event of arising the problems
20. Patientse no need nothing buy or keep in stock

21. Can be entered by special nurse or midwife
22. Inexpensive method (Copper T 380A)

Nekontraceptivnye advantage

4. Reduction of the menstrual pains (only progestiv)
5. Reduction of the menstrual bleeding (only progestiv)
6. Reduction of the risk ectopic to pregnancy (with the exclusion of Progestaserd)

Defect:

10. Before entering is required pelvic checkup and is recommended examination on IPP
11. Required presence prepared medical worker for entering and removing
12. Need of the check tendril to spirals after menstruation, being accompanied pain, fight or smearing bleeding by separations
13. Woman can not itself stop use (depends on medical worker)
14. Reinforcement of the menstrual bleedings and pains in first several months (only for copper IUD)
15. Possible spontaneous ekspulsion
16. Seldom <1/100 events) happens perforation of the womb during introduction
17. Does Not prevent all extrauterine pregnancy
18. Can enlarge risk of the inflammatory diseases organ basin (IDOP) with following sterility beside womans, falling into group of the risk of the contamination IST and other DST (for instance, VGV, VICH/AIDS DISEASE)

When begin

6. Anytime, when there is confidence that patient not pregnant
7. With 1-go on 7-y day of the menstrual cycle
8. After sort (right after; at the first 48 hours or after 4-6 weeks; after 6 months if uses MOTHER)
9. After abortion (immediately or for 7 days) if no sign to pelvic infection
10. After cessation of the use of other method

Explanation way of the using

Act as follows

1. After inserting IUD plan together with woman her(its) repeated visit through 3-6 weeks - for instance, after menstruation - for checking and gynecological of the checkup. To be certified, on place IUD and no infections. The Visit possible to appoint to any suitable time for women(woman), but not at period of the menstruations. Hereon the repeated visit other visits are not required.

2. Make sure that woman knows:

- What type VMS she uses and as this type IUD looks.
- When she follows to delete or change IUD. Date card with writing the month and year of the installation IUD
- When visit the medical institutions woman must report medical workman on that that beside it is installed IUD

Instructions

The Woman must know that after installing IUD:

1. Beside it can be:
 - Painful spasms during 1-2 days following installing. Possible take NAIP (the ibuprofen, nimesil)
 - Vaginal separations during several weeks after installing. This orderly.
 - More Ample menstruations. The Possible bleedings between menstruation, particularly during the first several months after installing IUD.
2. Checking the position IUD.
 - Once at week for the first month after installing
 - after menstruation Now and then.

For checking the position IUD woman must:

1. To wash up hands.
2. Sit down on skatting.
3. As possible deeper ca66rry in vagina 1 or 2 fingers while she will not find the threads IUD. If woman seems that IUD was displaced, necessary once again to apply to medical institution.

It is impossible pull for thread - can bring about output IUD from cavity of the womb

4. Once again wash up hands

When installing IUD after sort of the threads not always are beyond the scope of shakes of the womb so their possible not to find.

Themes №17: Importance of contraception

Analysis on step, with teacher, manual to technology of the introduction and removing IUD.

Consultancy on VMS

Steps / problems	
Consultancy before introduction	
1. Greets woman valid and well-disposed	
2. Asks patients about her(its) reproductive purpose	
3. If consultation on IUD was not organized, organizes the consultation before performing the procedure.	
4. Elaborates that chosen patients method to contraceptions - IUD.	
5. Examines the checking list of the estimation patients to define, is she suiting candidacy for use IUD.	
6. Defines the knowledges an patients about side effect when using IUD.	
7. Closely s on necessities and sufferingses patients, connected with using IUD.	
8. Explains the procedure of the introduction IUD and that follows to expect during procedure and after it.	
9. Answer questions an patients if they appeared	
Selection an patients for entering IUD	
1. Asks the patients, has she urinary bladder. Ask woman to urinary bladder and put woman on gynecologic easy chair leg, bent in coxofemoral and knee joint	
3. Explains the patients that will is made, and encourages her(its) assign the questions.	
3. Washes the hands by water with soap and wipe pure, dry towel.	
4. Conducts palpation belly and makes sure in that that no morbidity in the field of basin and pathology of the womb.	
5. Puts on new examination, deeply disinfected or sterile gloves on both hands.	
6. Distributes the instruments and sterile material.	
7. Spends examination by means of gynecologic of the mirror: Take mirror Kusko in shift to the right hand, position of the mirror in hand lock in right or mirror Simpsona handle in right	
8. Big and index fingers of the left hand to divorce the medicine to be taken externally a sexual lips patients and folding mirror to carry in vagina in close type, to indecent slot askew. When using the mirror Simpsona for entering lift delay crotch by mirror and parallel to enter lift	
9. The Advanced mirror before half, careful motion turn the screw part	

downwards, simultaneously promote the mirror deep into and by means of lock to reveal the casements so that neck turned out to be between casement.	
10. Examine mucous walls vagina, shakes of the womb and nature of the separations of them.	
11. Do the analysis allocation from three points; bak. sowing from vagina and neck (the uretral) of the separations and study on IDBB if there is evidences (HDofPHS).	
12. Delete the mirror Kusko, not closing completely casements if mirrors Simpsona, delete in inverse sequence, decontamination mirrors and gloves.	
13. Conducts the bimanual examination:	
Big and index fingers of the left hand to divorce the medicine to be taken externally a sexual lips patients and carefully enter the middle finger of the right-hand man in vagina, delaying back wall down and then enter the index finger of the same hand.	
14. Produce the examination an vaginal part shakes wombs - is defined length, value, consistency and position for basin.	
15. The Left hand palm by surface, place on front abdominal wall on bosom and palpation the body of the womb - are defined position, sizes, consistency, mobility, morbidity.	
16. Alternately translate the hands on the right and left of womb, examining apurtenance with both sides - define morbidity and presence of the formation.	
17. In the last queue examine parametriy, codes vagina and bone ring of the basin.	
18. Conducts the rectovaginal examination if there is evidences.	
19. Removes the disposable gloves and throws them agreeably to instructions; in the event of reusable of the gloves sinks them in solution of chlorine for disinfection.	
20. Conducts the microscopic study of the dab from three points at presence of the equipment (the colouration on Gram).	
21. Washes the hands by water with soap and wipe pure, dry towel.	
22. After exception IDBB, the infection and formation	
Preparation IUD to introduction to sterile package.	
1.Took IUD in sterile package and has produced checkup on wholeness, validity	
2. Has Revealled package on 1/3 part on the part of opposite to IUD	
3.Took peg and carried in conductor before contiguity with tip IUD	
4. Has Placed package to harden, flat surface and big and index fingers of the left hand have seized clothes hanger IUD on packing	
5. Big and index fingers of the right-hand man have seized for end of the conductor several raise upwards	
6. Bends around clothes hanger IUD having produced propulsion by conductor	
7.After contiguity of the tip clothes hanger on applicatore has moved applicatore several back	
8. Raise other end applicatore has fuelled clothes hanger in conductor	
Introduction VMS	
1. Puts on new examination, deeply disinfected or sterile gloves on both hands.	
2. Enters the vaginale mirror for visualization shakes wombs.	
3. Processes the shake and vagina by antiseptic solution.	

4. Carefully seizes the shake of the womb bullet gable.	
5. Enters the uterine probe, using "noncontact" method, and defines the depth and position of the womb.	
6. Enters IUD, using method "retractions".	
7. Cuts the tendrils and carefully deletes the bullet curling irons and mirror.	
8.Places used instruments in solution of chlorine for disinfection.	
9. Deletes the waste according to instruction.	
10. If they were used reusable of the glove, removes them and sinks in solution of chlorine.	
11. Carefully washes the hands by water with soap.	
13. Does record in medical card patients.	
Consultancy after entering	
1. Explains the patients, either as when check the tendrils.	
2. Discusses that to do in the event of origin side effect or problems.	
3. Convinces the patients that she can delete IUD anytime.	
4. Stakes out condition an patients to say the least 15 minutes, previously than release her(it) home.	
REMOVING IUD	
The Consultancy before removing.	
1. Greets the woman valid and well-disposed.	
2. Asks the patients about reason of the removing and answers the questions.	
3. Discusses with patients her(its) reproductive to purposes at present.	
4. Describes the procedure of the removing and explains that possible to expect.	
Removing VMS	
1. Washes the hands by water with soap and wipe чистым, dry towel.	
2. Puts on new examination, deeply disinfected or sterile gloves on both hands.	
3. Conducts the bimanual examination.	
4. Enters the vaginal mirror for visualization shakes wombs.	
5. Processes the shake and vagina by antiseptic solution.	
6. Seizes the tendrils beside shakes of the womb and pulls carefully, but for removing IUD powerfully.	
7. Places the used instruments and solution of chlorine for disinfection.	
8. Deletes the waste as requested.	
9. If they were used reusable of the glove, removes them and sinks in solution of chlorine.	
10. Carefully washes the hands by water with soap.	
11. Does record about removing IUD in medical card patients.	
Consultation after removing	
1. Discusses that follows to do when arising beside patients what or problems.	
2. Advises on cause of the new method if patient will want this.	
3. Renders aid patient in choice of the new method to contraceptions or advises temporary (barrier) method, before that as chosen method can be begin.	

Themes №18: Family Planning

IUD- small bending device, carried in cavity of the womb. The Modern varieties are made from plastic arts and contains the medicinal preparation (slowly liberate the small quantities coopers

or progestine). The Development intrauterus to contraceptions is connected with offer R. Richter (1909) carry in cavity of the womb ring, made from gut silk hearts.

The Categorization modern IUD:

- Inert: Lippes Loop
- (copper): Copper T 380A, Nova T and Multiload 375
- Selecting progestine: Progestasert and Levo Nova (LNG), MIRENA

Mechanism kontraceptional actions IUD definitively not studied, exists several theories:

- theory semen-toxic of the action ion copper;
- theory of the abortion action;
- theory of the speed peristalsis of the uterine pipes;
- theory of the aseptic inflammation;
- theory of the enzymatic breaches;
- theory of the suppression to functional activity endometrial cover.

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17. Woman any reproductional age and with any amount of pregnancy in anamnesis, wanting high effecton of the long-term method to contraceptions, not requiring daily action.
18. Woman successfully used IUD in past
19. Feeding mother, needing for contraceptions
20. Woman after sort, not feeding bosom
21. Patients after abortion, not having sign to pelvic infection
22. Woman, who can not remember the tablets about daily receiving.
23. Womans having one constant partner (since is absent the risk of the arising the diseases, sent sexual by way).
24. Woman, preferring not to use hormonal of the facility, or one, must not their use (for instance, active smokers senior 35 years)

Advantage

23. High efficiency (0,5-1,0 pregnancy on 100 womans for first year of the use for Copper T 380A)
24. Efficient immediately
25. Long-term method (IUD Copper T 380A efficient up to 10 years)
26. is Not connected with sexual by act
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28. Immediate return фертильности after removing
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30. Except послеустановочного of the visit, patients follows be shown physician only in the event of arising the problems
31. Patientse no need nothing buy or keep in stock
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33. Inexpensive method (Copper T 380A)

Nekontraceptivnye advantage

7. Reduction of the menstrual pains (only progestiv)
8. Reduction of the menstrual bleeding (only progestiv)
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24. Possible spontaneous expulsion
25. Seldom (<1/100 events) happens perforation of the womb during introduction
26. Does Not prevent all extrauterine pregnancy
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- What type VMS she uses and as this type IUD looks.
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 - Painful spasms during 1-2 days following installing. Possible take NAIP (the ibuprofen, nimesil)
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It is impossible pull for thread - can bring about output IUD from cavity of the womb

4. Once again wash up hands

When installing IUD after sort of the threads not always are beyond the scope of shakes of the womb so their possible not to find.

Themes № 19: The ability to work

Recommandations to abdominal'nomu delivery are: intrauterine fetal death or being, incompatible with the existence of intrauterine (Glu-bokaya prematurity, very pronounced

degree of hypoxia and fetal malnutrition, foetal malformations, incompatible with life), acute infectious-inflammatory diseases

Criteria for the selection of women with scar at the womb to conduct **spontaneous deliveries** are:

- one c-sections in history, made a cut in the lower uterine segment to a non-repeating (transient) condition: fetal hypoxia, birth abnormalities, pelvic presentation and abnormal position of the fetus, placenta previa and Abruption, heavy forms hypertensive States;

- No new evidence during this pregnancy to the birth of samoproizvol';

- satisfactory condition of the mother and fetus.

previa-head sole fruit;

- a full lower cervical segment (clinical and ultrasound data);

- a woman's consent to conduct spontaneous deliveries.

- favourable currents of this pregnancy with no sign of the threat her interruption, signs of fetoplacental insufficiency of gipoksičeskom syndrome of fetus and its placenta location, wasting away, the alleged "scar" on the uterus;

- the biological maturity of the cervix 4th degree;

- preservation of the principle of "triple downward gradient between the divisions, including the lower segment of the uterus; with the start of labour;

- establishing the correct position of the fetus and members head location at the entrance of the pelvis, or centered above the pelvis in the preparatory period for childbirth.

Conservative management of women with scar at the womb is possible only in large hospitals equipped with obstetric enough (or perinatal centres), with 24-hour supervision of highly qualified obstetricians and gynaecologists who endorsed full ext of assistance (including hysterectomy).

Diagnostics of the scar in the out-patient stage:

Visit pregnant women in turn.(I)half of 1 times in 2 weeks, in(II)– 1 time per week.

ULTRASOUND in Dynamics: the I-II trimester 1, III – 3 times.

To èhografičeskim scar at the womb insolvency during pregnancy include thinning of the lower segment of the scar (less than 0, 3 cm), a significant number of acoustically dense inclusions, indirectly indicating the presence of scar tissue, reshaping the lower segment in the form of niches.

To determine the usefulness of the uterine muscles in the area of the former incision should take into account the objective data obtained by palpation. To do this, pushing aside a skin scar the uterus, pal'piruût when the incision the previous operation. In response to palpation, the uterus is usually reduced. If a scar, then it is not defined and the uterus is uniformly reduced. With nepolnocennom rumen connective tissue is reduced and not pal'piruûšie fingers feel the deepening (notch) in the uterus.

CTG in Dynamics: from 24 weeks.

Date of hospitalization for women with scar at the womb:

- up to 12 weeks, to assess the condition of the SCAR and to address the issue of pregnancy prolongirovani.

- In 24-26, 30-34 weeks. for the treatment of fetal hypoxia, ÈGZ and attendant complications during gestation.

In a 38-37 weeks for the birth, and when in the rumen nepolnocennom 35-36 weeks.

For delivery, pregnant with scar at the womb State of pitaliziruûtsâ in obstetrical hospitals in 37-38 weeks gestation, where they conducted a full survey of the General and special maternity, childbirth timing TBC, valued the fetoplacental system (using ultrasonic fetometrii, placentografii and dopplerometričeskogo study of blood flow in the umbilical artery and the uterine arteries) and is determined by the estimated weight of the fetus, an assessment of the status of the scar on the uterus (clinically and èhografičeski), be sure to include the data history. In order to improve the outcomes of repeated Caesarean section for fetal surgery is very significant in the timing, close to childbirth: 39-40 weeks. The transformation of prior years '

arrear, to avoid the risk of uterine rupture is most often coming with the start of labor activity, repeated abdominal delivery were at 38 weeks. The children were born with a birth weight of full-term, but often with gratitude, Kami morfofunkcional'noj immaturity, that in some cases led to the development of respiratory distress syndrome.

Management of pregnancy in women with scar at the womb:

(I)term:

- (a) medical-conservative) mode;
- b) General recreational activities;
- in the laboratory and instrumental examination);
- g) treatment of concomitant ÈGZ;
- d) treatment complications during gestation;
- e) programming follow-up.

(II)term:

- (a) medical-conservative) mode;
- b) General recreational activities;
- in laborotorno)-instrumental examination;
- g) treatment of concomitant ÈGZ;
- d) treatment complications during gestation;
- e) programming follow-up.

(III)term:

- (a) medical-conservative) mode;
- b) General recreational activities;
- in laborotorno)-instrumental examination;
- g) treatment of concomitant ÈGZ;
- d) treatment complications during gestation;
- e) programming of prenatal hospitalization with the traditional preparation for childbirth and with the assessment test readiness indicators.

Concept and types of inappropriate regulations and presentations.

A situation in which the longitudinal axis of the fruit forms a sharp corner or right angle with the longitudinal axis of the mother in the absence of the presenting part.

Causes of the wrong position and fetus.

Excessive fetal movement: when polyhydramnios, gipotrofičnom or nedonošenom fruit, multiple pregnancy, the muscles of the anterior abdominal wall skin flabbiness multiparous. Limited mobility: Fetal malovodii, big fruit, there, you have uterine fibroids, uterine cavity strain, increased uterine tonus, threat of termination of pregnancy. Obstacle vstavleniû head: placenta previa, narrow hips, the presence of uterine fibroids in the lower segment. Abnormalities of the uterus: the uterus dvurogaâ septum, the septum. Fetal anomalies: hydrocephaly, anencephaly.

Diagnosis and incorrect presentations.

-Belly shape: oval or cross-kosooval'naâ; -low standing of seafloor of the uterus; the absence of the presenting part;

-pelvic palpation, head end in the side sections of the uterus fetal heartbeat heard;-in the navel area;-lack of the presenting part of the vaginal examination, and when izlitii amniotic fluid when you can define study vaginal shoulder, handle the umbilical cord, ribs or spine of the fruit; ULTRASOUND study).

--Prevention of constipation; It is recommended for pregnant women to lie on her side, and at the same position on the side of Kos a major part of the fruit;

-admission to 35 weeks;

Complications of pregnancy and childbirth in the wrong position and fetus fetus.

-premature birth by prenatal observing the amniotic fluid in the absence of the belt is tight, may be accompanied by Syncope: small parts (knobs, feet, hinges of the umbilical cord),

-infection of the fetus,

-running lateral position, which threatens to fetal hypoxia, when continuing cuts the uterus may at first, then pererastâženie, and uterine rupture.

Prevention activities:

-polupostel'nyj mode;

-prophylaxis of constipation;

-It is recommended to pregnant women lying on the side of the position, and when the situation on the side of Kos a major part of the fruit;

-admission to 35 weeks;

-combined fetal rotation on foot;

-the best method of delivery is by caesarean section;

Tactics of fetal pelvic presentation in redležanii..

. Pelvic presentation requires an expectant observation.

From 29-30 weeks are recommended: gymnastic exercises (pregnant lies on the right and left side perevoračivaâs', every 10 minutes, repeat 3-4 times a day).

Republic Uzbekistan Ministry of Health

Bukhara medical institute of name Абу Али ибн Сино

Obstetrics and gynecology chair

« I Confirm»

**It is registered by the educational
on study**

№ _____

S.S.Olimov

**«____» _____ 2017
2017**

Department the Pro-rector

the senior lecturer_____

«____» _____

THE CURRICULUM

IN THE SUBJECT OBSTETRICS AND GYNECOLOGY

Knowledge branch: 500000 Public health services and social security

Training branch: 510000 Public health services

Training direction: 5510100 Medical business

5111000 Vocational training

COURSE 6

VOLUME OF HOURS: 360

Including:

LECTURES: 12

PRACTICAL TRAINING: 55

CLINICAL EMPLOYMENT: 66

INDEPENDENT WORK: 227

БҮХАПА-2017

The working program is made on the basis of the Typical program on obstetrics and gynecology for students of VII course of medical and mediko-pedagogical faculties the Medical High school, confirmed in M3 PY in 2013 in directions: medical business - 5510100 and professional training - 5511100.

COMPOSERS:

Managing chair, senior lecturer Ihtijarova **of And**

The senior lecturer, к.м.н. **Hotamova M. T.**

The senior teacher, к.м.н. **Ashurova N.G.**

The senior teacher, к.м.н. **Rahmatullaeva M. M.**

The senior teacher **Hamdamova M. T.**

REVIEWERS:

Облокулов A.R.-zav.kafedry infectious diseases, эпидемиологии and kozhno - venereologic illnesses, д.м.н.доцент

Акрамов Century of the River the-manager. Chairs of traumatology, orthopedy, neurosurgery and the general surgery, к.м.н., the senior lecturer

The working program is discussed and confirmed on faculty meeting of obstetrics and gynecology the report № 1 from 28.08.2017

MANAGING CHAIR: the senior lecturer Ihtiyarova G. A-----

CHAIRMAN MMK: the senior lecturer Ihtiyarova G. A-----

The working program is discussed and confirmed in central methodological council Buh MI

The report № - «-----»-----2017

The methodologist: Jumaeva S.B.-----

INTRODUCTION

The working program in a subject «Obstetrics and gynecology» for students of 7th course of medical and mediko-pedagogical faculties is developed on State standard for preparation of bachelors and confirmed by the Order the Ministry of the higher and sredne - the Republic Uzbekistan vocational education № 26 from 22.01.2016 years.

The obstetrics and gynecology trains: rational conducting pregnancy and sorts, diagnostics and to scientifically proved treatment of widespread gynecologic diseases the most widespread gynecologic diseases, to a formulation of command spirit for finding-out and the decision of medical problems which are present at patients, rehabilitation and prophylactic medical examination at urgent conditions.

The purposes and science problems

The purpose of teaching of a subject - independent conducting women with physiological and pathological pregnancy, studying, diagnostics and preventive maintenance of complications during pregnancy, sorts and the postnatal period. To the hospital help at the complicated conditions, rehabilitation after gynecologic frustration, planning of a family and protection of reproductive health.

Subject problems:

- Conducting беременностей, sorts and the postnatal period with a physiological current and complicated against экстра генитальных diseases;
 - To define risk factors for акушерской and перинатальной pathologies;
 - Training to criteria of hospitalisation of patients with difficult экстра генитальными pathologies;
 - Training to principles диспансерного supervision.
 - Training to criteria out-patient and hospitalisation.
 - Urgent initial estimation of pregnant women.
 - Timely and safe hospitalisation
- To carry out diagnostics of difficult gynecologic diseases;

- Development of knowledge on skills of consultation on all methods of contraception, family planning.

Requirements to knowledge, skills and abilities of pupils in a subject

Within the limits of a subject «Obstetrics and gynecology» the bachelor **should know:**

- Clinic of the basic акушерских and gynecologic diseases, conducting women with physiological and pathological pregnancy, diagnostics and preventive maintenance of complications during pregnancy, sorts and the postnatal period, revealing of risk factors for mother and the child, an estimation of a condition of a fruit, the pre-hospital help at the complicated conditions, rehabilitation after gynecologic frustration, questions of planning of a family and protection of reproductive health.

Within the limits of a subject «Obstetrics and gynecology» the bachelor **should own skills:**

- Definition of term of pregnancy and sorts.

-Definition of prospective weight of a fruit.

-Survey in mirrors.

-manualnyj survey of a uterus and appendages.

-External акушерское inspection.

-Auscultation of palpitation of a fruit.

Dab-capture on cytology.

-Definition of degree of cleanliness влагалищного dab.

-Exhibitings and removals of Naval Forces.

-Definition and interpretation of tests of functional diagnostics.

The-emergency help at heavy преэклампсии, эклампсии and акушерских bleedings

The bachelor **should own qualifying skills on:**

-To conducting physiological pregnancy,

-Conducting pregnant women with not complicated экстра генитальной а pathology, early toxicoses, гипертензивными infringements, лактостазом, гипогликемией, not complicated mastitis and with an anaemia of pregnant women,

-Conducting women with предменструальным, а climacteric syndrome, with sharp and chronic diseases of bodies of genitals, with infringements менструального а cycle.

Interrelation of a subject with other disciplines and methodological integration

The obstetrics and gynecology is a clinical subject and are taught on 11, 12, 13 and 14 semestre. For curriculum development it is required knowledge on clinical and fundamental disciplines. (Normal and pathological anatomy, physiology and патофизиология, therapy, surgery, anesthesiology and intensive therapy, дерматовенерология, clinical pharmacology, oncology, эндокринология, urology).

Value of a subject in a science and manufactures

The subject Obstetrics and gynecology is important for formation of a basis of medical knowledge at doctors of the general practice. Together with other sciences provides development of clinical thinking in the training.

Modern information and pedagogical technologies in subject teaching

Crucial importance for mastering by an obstetrics and gynecology subject has use of the advanced methods of training for students, introduction of new information and pedagogical technologies. The course is focused on textbooks, teaching materials, texts of lectures, distributing materials, computer programs, electronic materials, phantoms and breadboard models. The advanced pedagogical technologies successfully use in lectures and a practical training.

The training focused on the person. This formation, as a matter of fact, provides an all-around development of all participants of educational process.

The regular approach. The technology of formation should possess all features of system: logic of process, its sequence and integrity.

The training focused on activity. In it the training directed on formation of creative qualities of the person, activation and strengthening of activity of the trainee, opening of all its abilities and possibilities in the course of training is described.

The dialogue approach. Such approach demands development of the academic relations. Creative activity, such as self-activation and a self-estimation as a result increases.

Co-education creation. Democracy, equality, formation and vocational training should be underlined at a formulation of the maintenance of work and realisation of teamwork according to the reached results.

Problem formation. The way of the decision of problems in the formation maintenance, stirs up activity of the trainee. At the same time the objective contradiction of scientific knowledge and creative use of methods of its decision forms a dialectic phenomenon and as a result creates independent student's creative activity.

Application of modern information and communication methods - introduction of new computer and information technologies in educational process.

Training methods. Lecture (introduction, a subject, visualisation), problematic training, cases-herds and designing methods, practical work.

Communications methods: direct interaction with trained, based on an operative feedback.

Methods and feedback means: diagnostics of training on the basis of supervision, a blitz-interrogation, intermediate, flowing and control end results.

Methods and control devices: planning of educational actions in the form of a technological card which defines stages of educational activity, cooperation of the teacher and the pupil in achievement of the purposes, not only in audiences, and also the control over independent work out of an audience.

Monitoring and estimation: Regular monitoring of results of training throughout all training course. Upon termination of a cycle estimate knowledge of listeners by means of ОСКЭ.

During training «the Obstetrics and gynecology» are developed computer technologies, the curriculum software, distributing materials on themes. The estimation of knowledge of students is carried out in the oral, computerised test forms

Technique «the Tree of decisions»

1. Technique use «a tree of decisions» allows to seize skills of a choice of an optimum variant of the decision, action, etc.

2. Construction of "a tree of decisions» - a practical way to estimate advantage and lacks of various variants. The tree of decisions for three variants can look as follows:

Problem: ...

Variant 1: ...	Variant 2: ...	Variant 3: ...
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Pluses	Minutes	Pluses	Minutes	Pluses	Minutes

Business and role games

Business game – the form of a reconstruction of the subject and social maintenance of professional work, modelling of systems of relations, various conditions of professional work, characteristic for the given kind of practice.

In business game training of participants occurs in the course of joint activity. Thus everyone solves the separate problem according to the role and function. Dialogue in business game it is not simple dialogue in the course of joint mastering of knowledge, but first of all – the dialogue simulating, reproducing dialogue of people in the course of real studied activity.

Discussion

Discussion (from an armour. discussion — research, consideration) is an all-round discussion of a question at issue in public meeting, in private conversation, dispute. In other words, discussion consists in collective discussion of any question, a problem or comparison of the information, ideas, opinions, offers. The purposes of carrying out of discussion can be very various: training, training, diagnostics, transformation, change of installations, stimulation of creativity, etc.

The round table is a method of the active training, one of organizational forms of informative activity of the pupils, allowing to fix received before knowledge, to fill the missing information, to generate abilities to solve a problem, to strengthen positions, to learn to culture of conducting discussion. Characteristic line of "a round table» is the combination of thematic discussion to group consultation.

Method «three этапного interview»

The purpose: to Train students in the correct psychological approach at revealing and the decision of problems.

Main principles: the group is subdivided into 2-3 subgroups and appointed to a role of students: the doctor, the patient, the expert. The patient who plays a role of the patient, is secretly diagnosed. The patient should know about painful complaints, development of illness, epidemiological history, and the doctor should know about changes which can occur because of illness and illness. Each doctor will accept the patient with council within 10-15 minutes. Experts estimate activity of the patient (the patient and the doctor) in following three categories:

1. What was correct?
2. What was wrong?
3. What it was necessary to make?

3. The discipline maintenance

Hours	Distribution of academic loads				Independent work
	In total	Lecture	Practical training	Clinical employment.	
360	133	12	55	66	227

№	Lecture theme	Ho
1.	Physiological childbirth. The physiological postnatal period.	2
2	The complicated pregnancy	2
3	Head be ill. Sight deterioration. Consciousness loss. The high arterial	2
4	Protection of reproductive health	2
	In total	8

The maintenance of a lecture course.

Theme: Physiological childbirth. The physiological postnatal period

Deepenings of knowledge and skills on tactics of conducting pregnant women and lying-in women at physiological sorts at level of a primary link and the house. Development of ability of an estimation, the analysis of a situation, a choice of tactics of conducting, to diagnostics, rendering of the urgent help, rational transportation at physiological sorts and after comes from the period at level of a primary link.

About: 1,2,3,4,5,8,9,10,13,14 Д: 6,10,11,14,17, the Internet - sites

Theme: Akushersky bleedings as the reason of parent death rate.

The purpose: to Learn students to rational tactics of conducting pregnant women with risk on акушерские bleedings, urgent actions at акушерских bleedings at a pre-hospital stage.

Expected results: the Spent lecture will help БОП to reveal risk group on акушерские bleedings, to spend at them preventive treatment, to render the rational help at a pre-hospital stage.

The maintenance: Introduction. Risk factors ПОНПП and software. ПОНПП. Placenta prelying. Bleedings in III and the early postnatal period. Uterus rupture.

Equipment: the Computer for multimedia display of slides.

Independent work: Work in library, the Internet.

Control questions:

- Risk group on акушерские bleedings
- ПОНПП. Tactics БОП
- Software, Tactics БОП.
- Hypotonic bleedings. Tactics БОП.

About: 1,2,3,4,5,6,7,8,9,10,11,14 Д: 6,10,11,14,17,19,20, the Internet - sites

Theme: «Infringement менструальной functions. ДМК. Conducting tactics».

The purpose: to Learn to diagnose and spend treatment of the basic forms of infringements менструальной functions.

Expected results: the Spent lecture will help students to have algorithm of inspection and treatment of the given pathology.

The maintenance: Introduction. Classification of infringements менструальной functions. Algorithm of inspection.

ДМК: Патогенез, algorithm of inspection, clinic, treatment.

Метроррагия: the Reasons, algorithm of inspection, conducting tactics.

Lecture equipment: the Computer for multimedia display of slides.

Independent work: Work in library, the Internet.

Control questions:

- Classification of infringements менструального a cycle

- Inspection in the conditions of rural medical point (CBП) and family polyclinics (joint venture)
 - Treatment in CBП and the joint venture
 - ДМК – патогенез
 - Inspection in CBП and the joint venture
 - Treatment
- About: 1,2,3,4,5,6,7,8,9,10,14 Д: 6,10,11,14,17, the Internet - sites

Theme: «Tactics БОП at diagnostics and conducting pregnant women with background and before cancer diseases of a neck and a uterus body».

The purpose: to Learn to diagnose, carry out differential diagnostics, timely hospitalisation and treatment background and before cancer diseases.

Expected results: the Spent lecture will help БОП to have algorithm of inspection and treatment in the conditions of a polyclinic and carrying out of timely hospitalisation in a hospital.

The maintenance: Introduction. Risk factors. Classification. Clinic. Treatment.

Equipment: the Computer for multimedia display of slides.

Independent work: Work in library, the Internet.

Control questions:

- The reasons background and before cancer diseases of a neck and a uterus body.
- Risk groups.
- Treatment.

About: 1,2,3,4,5,6,7,8,9,10,14 Д: 6,10,11,14,17, the Internet - sites

The maintenance of a practical training

THE KALENDARNO-THEMATIC PLAN OF PRACTICAL AND CLINICAL EMPLOYMENT

№	Practical training	Практ.зан.	Wedge. Зан.	Hours
1	Physiological childbirth. Conducting tactics. Ургентная the help at physiological sorts БОП. Chest feeding. Physiological послеродовой the period. Conducting tactics.	2	2	4
2	Conducting pregnancy at healthy women. Антенатальный leaving. The order №137 МЗ РУЗ. Personal hygiene.	2	4	6
3	Conducting pregnant women with a hem on a uterus. A Cesarean section in modern obstetrics. Diagnostics. Conducting pregnant women.	3	3	6
4	Premature birth. Diagnostics. Conducting tactics.	2	2	4
5	Перенашивание. Diagnostics. Conducting tactics. An induction of sorts. Mediko-genetic consultations.	3	3	6
6	Pregnancy conducting at the restretched uterus (at многоплодии, многоводии). Diagnostics. Conducting tactics. Observance интергенетического an interval.	2	3	5
7	Estimation of a condition of a fruit during pregnancy and sorts. Menacing conditions of a fruit. ЗВУР. ФПН.	3	3	6
8	Гипотензивные infringements during pregnancy and sorts. Diagnostics. Conducting tactics (the Chronic hypertension. A hypertension induced by pregnancy).	3	3	6

9	Гипертензивные infringements during pregnancy and sorts (преэклампсия, эклампсия). Diagnostics. Conducting tactics.	3	3	6
10	Вагинальное кровотечение in late terms of pregnancy and in sorts. ПОНПП, placenta prelying. Diagnostics. Conducting tactics. Вагинальное a bleeding in early terms of pregnancy	3	2	5
11	Rhesus factor-immunization. ABO the conflict. (A jaundice of newborns). Diagnostics. Conducting tactics. Дистресс a fruit syndrome. Diagnostics of urgent conditions of newborns and their tactics of conducting.	2	2	4
12	Heat after родаразрешения. Postnatal septic diseases. A peritonitis after кесарева sections. Diagnostics. Conducting	3	3	6
13	Вагинальное a bleeding in early terms of pregnancy. Abortions and their complications. Diagnostics. Conducting tactics.	3	3	6
14	Infringement менструального a cycle. ДМК. Diagnostics. Tactics of conducting Вагинальное a bleeding in early terms of pregnancy. Abortions and their complications. Diagnostics. Conducting tactics	3	3	6

The maintenance of a practical training

The maintenance of clinical employment

№	Clinical employment
1	Physiological childbirth. Conducting tactics. Ургентная the help at physiological sorts БОП. Chest feeding. The physiological postnatal period. Conducting tactics. Deepenings of knowledge and skills on tactics of conducting pregnant women and lying-in women at physiological sorts at level of a primary link and the house. Development of ability of an estimation, the analysis of a situation, a choice of tactics of conducting, to diagnostics, rendering of the urgent help, rational transportation at physiological sorts and after comes from the period at level of a primary link.
2	Physiological pregnancy, childbirth and the postnatal period. Conducting pregnancy at healthy women. Антенатальный leaving. The order №137 МЗ Оуе. Personal hygiene. To train students БОП independent антенатальному in leaving (АХУ) at healthy women, to a capture on the account, to carrying out of consultation and training of the future parents, and also screening of pregnant women on diagnostics of deviations from a normal current of pregnancy
3	The complicated pregnancy. Conducting pregnant women with a hem on a uterus. A Cesarean section in modern obstetrics. Diagnostics. Conducting pregnant women. To train student БОП to develop risk groups under indications on a Cesarean section and terms of hospitalisation of pregnant women with a hem on a uterus. To generate knowledge and abilities of timely diagnostics, differential diagnostics of wrong positions of a fruit, to carry out at them preventive actions, a primary estimation of a condition of the patient, to render the emergency help at level of a polyclinic and timely transportation in a medical institution, to carry out rehabilitation actions after sorts and to features of methods of contraception

4	Premature birth. Diagnostics. Conducting tactics. Premature birth. Diagnostics. Conducting tactics. Перенашивание pregnancy. Diagnostics. Conducting tactics. An induction of sorts. Mediko-genetic consultation.
5	Перенашивание. Premature birth. Diagnostics. Conducting tactics. Diagnostics. Conducting tactics. An induction of sorts. Mediko-genetic consultations. Premature birth. Diagnostics. Conducting tactics. Перенашивание pregnancy. Diagnostics. Conducting tactics. An induction of sorts. Mediko-genetic consultation.
6	Pregnancy conducting at the restretched uterus (at многоплодии, многоводии). Diagnostics. Conducting tactics. Conducting pregnancy at young and elderly первородящих. Diagnostics. Conducting tactics. Observance интергенетического an interval. Uzbekistan is considered one of regions with high percent young and adult первородящих women. Correct statement of the diagnosis, development of tactics of conducting, both during time, and out of pregnancy will lower indicators parent and перинатальной death rates. To learn to diagnostics, features of conducting pregnancy с the restretched uterus (многоплодии and многоводии) and also at old, young первородящих women and to preventive maintenance and actions for protection of reproductive health and family planning.
7	Estimation of a condition of a fruit during pregnancy and sorts. Menacing conditions of a fruit. ЗВУР. ФПН. To fix and deepen knowledge of actions and diagnostics methods at threatened conditions of a fruit, an estimation small for гестационного age of a fruit, ЗВУР, ФПН. To develop abilities of the analysis and an estimation of a condition of a fruit during pregnancy and sorts. To generate skills of early diagnostics, tactics of conducting, treatment and preventive maintenance of menacing conditions of a fruit at акушерской and экстрагенитальной pathologies.
8	Гипертензивные infringements during pregnancy and sorts. Diagnostics. Conducting tactics (the Chronic hypertension. A hypertension induced by pregnancy). Development of ability of an estimation and the situation analysis at receipt of pregnant women with гипертензивными conditions, including a chronic hypertension, a hypertension the induced pregnancy, эклампсию and эклампсию. Working off of skills of a choice of tactics of conducting, to diagnostics, rendering of the urgent help and rational transportation of patients with гипертензивными infringements at level of a primary link with application of data of demonstrative medicine.
9	Headache. Sight infringement. Spasms. Consciousness loss. High arterial pressure. Гипертензивные infringements during pregnancy and sorts. Diagnostics. Conducting tactics (Преэклампсия and эклампсия). Development of ability of an estimation and the situation analysis at receipt of pregnant women with гипертензивными conditions, including a chronic hypertension, a hypertension the induced pregnancy, преэклампсию and эклампсию. Working off of skills of a choice of tactics of conducting, to diagnostics, rendering of the urgent help and rational transportation of patients with гипертензивными infringements at level of a primary link with application of data of demonstrative medicine.
10	Вагинальное a bleeding in late terms of pregnancy and in sorts. ПОНПП, placenta prelying. Diagnostics. Conducting tactics. Вагинальное a bleeding in early terms of pregnancy. Akushersky bleedings win first place in structure of parent death rate and to this day they remain a global problem in obstetrics. For correct treatment of a syndrome: вагинальное a bleeding, a short wind, loss consciousness, a pain in a stomach, a hypotension and a hypertension, infringement of consciousness with геморрагическим a shock, themes – ПОНПП, placenta prelying are necessary for studying for students ВОП.
11	Rhesus factor-immunization. ABO the conflict. (A jaundice of newborns). Diagnostics. Conducting tactics. To train in diagnostics, preventive maintenance of complications иммуноконфликтной and

	ABO to disputed pregnancy, principles of out-patient treatment, indications to hospitalisation, a post to hospitalisation, realisation of actions for protection of reproductive health and family planning. To train in diagnostics of early toxicoses of pregnancy, to estimate severity level of vomiting of pregnant women, to principles of out-patient treatment, indications to hospitalisation and posthospitalization.
12	Heat after родоразрешения. Postnatal septic diseases. A peritonitis after кесарева sections. Diagnostics. Conducting Timely diagnostics of infections at pregnant women, working out of correct tactics of conducting pregnancy, carrying out of adequate treatment-and-prophylactic actions will allow to lower перинатальную disease and death rate, will promote also to reduction of postnatal is purulent-septic diseases.
13	Вагинальные кроветечения in early term of pregnancy. Abortion and its complications. Diagnostics and conducting patients. Training to consultation and conducting the patient with вагинальными bleedings, диф. To diagnostics.
14	Интрегрмент менструального а cycle. ДМК. Diagnostics. Conducting tactics. Routine inspection of children and teenagers. Deepening and expansion of knowledge on tactics of conducting women with дисфункциональными маточных bleedings. Development of ability of an estimation, the analysis of a situation, a choice of tactics of conducting, to diagnostics, rendering of the urgent help, rational transportation and poststationary rehabilitation of women with ДМК at level of a primary link.
15	Кисты and кистомы яичников (good-quality and malignant). Diagnostics. Conducting tactics. Deepening of knowledge on revealing of risk factors of development and diagnostics кист and кистом яичников. Development of ability of an estimation of severity level and a current of disease, differential diagnostics, a choice of tactics of conducting and treatment, and also a measure of rehabilitation after surgical treatment at level of a primary link with application of data of demonstrative medicine.
16	Sharp stomach in gynecology: extra-uterine pregnancy; апоплексия яичника; перекрут legs кистомы яичника. Diagnostics. Conducting tactics. Traumas of genitals. Diagnostics. Conducting tactics. Employment. Because signs of "a sharp stomach» in clinic meet both in gynecologic, and in surgical practice, it is necessary to know accurately a clinical picture of some diseases at which arises ОЖ. The fast estimation of the general condition and rendering of the emergency help at symptoms of "a sharp stomach» is one of sections of the urgent gynecologic help at ВОП. The knowledge of this material will help ВОП to correct statement of the diagnosis эктопической to pregnancy, апоплексии яичника and перекрута legs кистомы яичника, and as a result, to a choice of correct algorithm of actions.
17	Traumas and anomaly of genitals. Diagnostics. Conducting tactics. Because signs «травми genitals» in clinic meet both in gynecologic, and in surgical practice, it is necessary to know accurately a clinical picture of some diseases at which there is a trauma гениталия. The fast estimation of the general condition and rendering of the emergency help at symptoms «травми гениталия» is one of sections of the urgent gynecologic help at ВОП.
18	Protection of reproductive health. Reproductive health. Consultation. Marriage consultation. Protection of reproductive health (P3) includes a number of mediko-social actions spent in СВП and ГВП doctors of the general practice that plays the important role in decrease parent and перинатальной pathologies. For formation of a healthy family and improvement of reproductive health it is necessary to learn to consultation principles on methods of contraception, preventive maintenance ЗППП.

19	Contraception kinds. Family planning. It is established, that too early, frequent and late childbirth, and also abortions are one of principal causes parent and перинатальной death rates. Quite often it is result of unsuccessful application of a contraceptive, and in most cases absence of access to services in reproductive health. For formation of a healthy family and improvement of reproductive health rational application of modern contraceptive means taking into account individual selection is necessary.
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7.1. Themes of independent works (medical faculty)

№	Themes	Hours
1.	Prophylactic medical examination of pregnant women and methods research.	12
2.	The periods of sorts	12
3	Kinds a Cesarean section.	12
4	Observance интергенетического an interval	12
5	Definition of early term of pregnancy	12
6	Leopold-Levitsky's methods	12
7	The Prof. survey of the woman (ювенил, фертил. And climacteric age)	12
8	Опред.позднего term ber.	12
9	Signs allocation and a birth последа	12
10	Послеродовый a hemostasis	12
11	Personal hygiene	
12	School метерей	12
13	Insertion and removal of Naval Forces	12
14	Sexual education	12
15	Hygiene of pregnant women and women in childbirth, dietology	12
16	Family consultation	12
17	Value of contraception	12
18	Family planning	12
19	Work capacity	12
	жами	227

The list of practical skills

1. Definition of term of pregnancy and sorts
2. Definition of prospective weight of a fruit
3. Survey in mirrors
4. Бимануальный survey
5. External акушерский survey
6. Dab capture on Папаниколау.
7. Measurement базальной temperatures.
8. Definition of a symptom of "pupil"
9. Definition of an extensibility of slime of a neck of a uterus
10. Introduction of Naval Forces
11. Removal of Naval Forces
12. Definition of cleanliness of a vagina.
13. The urgent help at эклампсии
14. Pressing of a belly aorta
15. Active conducting 3 periods of sorts
16. Preprocessing культы umbilical cords
17. Processing of eyes of the newborn

18. Primary applying of the newborn to a breast.

The list of practical skills

Obstetrics and Gynecology BOII chairs

1. Definition of term of pregnancy and sorts
2. Definition of prospective weight of a fruit
3. Survey in mirrors
4. Мануальный survey
5. External акушерский survey
6. Dab capture on Panicking.
7. Measurement базальной temperatures.
8. Definition of a symptom of "pupil"
9. Definition of an extensibility of slime of a neck of a uterus
10. Introduction of Naval Forces
11. Removal of Naval Forces
12. Definition of cleanliness of a vagina.
13. The urgent help at эклампсии
14. Pressing of a belly aorta
15. Active conducting 3 periods of sorts
16. Preprocessing культы umbilical cords
17. Processing of eyes of the newborn

The first applying of the newborn to a breast.

4.1. The list of textbooks and manuals.

The basic literature

1. Gynecology. Ажурова F.M., Жаббарова J.K. Toshkent, 2006.
2. Obstetrics. Савельевича G.M. Moskva. 2002.
3. Clinical lectures on Obstetrics and Gynecology. A.N. Strizhena. M. Meditsina 2000г.
4. Obstetrics. Bodjazhina V. I, Семенченко. M. 2004.
5. A short management on infection preventive maintenance. The first edition. Tashkent. 2004. 236с.
6. The urgent help in акушерской to practice. The CART. 2004.
7. Not operative gynecology. Smetnik V. N, тумилович V.P. Meditsinskoe the Inform. Agency. Moscow. 2005. 440с.
8. Gynecology. Ажурова F.M., Жаббарова J.K. Toshkent. 2006.
9. Gynecology. Under the editorship of Vasilevsky M. 2007.
10. Obstetrics and gynecology. Under the editorship of Савельевой of M. of M. 2007
11. A Klinichesky management on conducting patients with кровотечениями in sorts and the postnatal period. T. 2008.
12. A Klinichesky management on conducting patients with a sepsis / a septic shock during pregnancy and the postnatal period. T. 2008.
13. A Klinichesky management on conducting patients with гипертензивным a syndrome at беременности. T. 2008.
14. Гинекология. The textbook. Under the editorship of Савельевой G.M. Moskva. ГЭОТАР. MEDICAL 2009 480с.

Дополнительная the literature

1. Экстрагенитальная a pathology and pregnancy. Шехтман M.M. Meditsina. 2005г.
2. The decision of problems of newborns a management for doctors, nurses And midwives. A management the CART. UNFPA 2007.
3. Effective перинатальная the help and leaving. A management the CART. UNFPA 2007.
4. Thermal protection of the newborn. Practical guidance the CART. UNFPA 2007.
5. Неонатология the Management the CART. UNFPA 2007.

6. Obstetrics. A management the CART. UNFPA 2007
7. Экстагенитальная а pathology and pregnancy. Шехтман М.М.Медитина. 2005.
8. Перинатальная an infection. Questions патогенеза, morphological diagnostics and kliniko-morphological сопоставлений. A management for doctors. V.A.Tsinzerling., V.F.Melnikova “ЭЛБИ” SPb 2002

**Abu Ali Ibn Sina and Bukhara State Medical Institute, an obstetrician and a
gynecologist DEPARTMENT**

**Midwives have won and Gynecology 6 - course on the subject of treatment,
medical and educational f akultet for students**

calendar - thematic plan

**Bukhara - 2017 year
Schedule of lectures**

No	M avzu	So horse	Sa na	Interdisciplinary and interconnected	Education engine lors	Benefit the literature s
1	Physiological pregnancy and postnatal period	2		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenerologiya, clinical pharmacology, oncology, endocrinology, urology)	slides to multime computer for demonstration of dialogue	A: 1,2,3,5,6,7,8, 9,10,14 Q1,6,10,11,13,14, 15,16,17,19
2	Complicated pregnancy	2		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenerologiya, clinical pharmacology, oncology, endocrinology, urology,	computer for multimedia presentation of slides	A: 1,2,3,4,5, 6,7,8,9, 10,11,14 Q: 6,10,11, 14,17, 19,20,

3	Left on the head. Infringement of the structure. Troubleshooting. High arterial pressure	2		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatoveneralogiya, clinical pharmacology, oncology, endocrinology, urology,	computer for multimedia presentation of slides	A: 1,2,3,4,5,8,9, 10,13,14 Q: 6,10,11,14,17,
4	High temperature after the hawk	2		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatoveneralogiya, clinical pharmacology, oncology, endocrinology, urology,	computer for multimedia presentation of slides	A: 1,2,3,5,6,7,8,9, 10,12,14 Q: 1,6,10,11,13,14, 15,16,17,19
5	Cut off the henna	2		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatoveneralogiya, clinical pharmacology, oncology, endocrinology, urology,	a computer for multimedia slide show	A: 1,2,3,5,6,7,8,9, 10,12,14 Q: 1,6,10,11,13,14, 15,16,17,19
6	Kindergartens	2		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatoveneralogiya, clinical pharmacology, oncology, endocrinology, urology,	computer for multimedia presentation of slides	A: 1,2,3,5,6,7,8,9, 10,12,14 Q: 1,6,10,11,13,14, 15,16,17,19
	Total:	12				

Obstetrics and Gynecology practical training calendar -tematik plan

No	subject	So hor se	S a n a	Fellowship and intercourse within	Teaching Methods	Educati on engine lors	Benefit the literature s	Musta do business
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1	Physiologic knot	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenere logiya, clinical pharmacology, oncology, endocrinology, urology)	<i>Around the "gallery tour".</i>	Computer multimedia cideofilm lar, or zuv panels, shelves models, g e slate	A, 1.3, 4, 6,7.8,14,18.Q- 20, 24, 27	Methods of dispensing and examination of pregnant women. .
2	Soglom goodbye pregnancy bring to go. Check. WAC tactics.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenere logiya, clinical pharmacology, oncology, endocrinology, urology,	<i>Assisment method.</i>	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A 1,3.4,5,6, 7,13 Q , 19 2, 3, 20, 24, 27 29, 3, 4.35, 36.37	1. S eizure s
3	Vaccination of pregnant women with uterine fibroids. Cutting cutaneous obstetrics.	7		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenere logiya, clinical pharmacology, oncology, endocrinology, urology,	<i>The "T-scheme" method.</i>	Computer multimedia disease history, distribution material, practical delusion s feet, models, flipchart .	A 1,3,4,5,6, 7,14 Q , 2, 0, 23, 24,27,28, 29, 30, 34,35,37	Types of Kesar cuttting operations.

4	Pregnancy with an earlier pregnancy.	7		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenere logiya, clinical pharmacology, oncology, endocrinology, urology,	<i>"Three-stage interview (patient, doctor, expert)".</i>	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A, 1.3, 4, 6,7.8,14,18 Q-2, 0, 23, 24,27,28, 29, 30, 34,35,37	Compliance with intergenetic interval
5	Adult pregnancy. Induction of tugruk.	7		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenere logiya, clinical pharmacology, oncology, endocrinology, urology,	<i>The "cluster" method</i>	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A, 1.3, 4, 6,7.8,14,18 Q-2 0, 23, 24,27,28, 29, 30, 34,35,37	Early detection of pregnancy
6	Pregnancy with aborted uterus (multiple fetal, acute abundance). Diagnostics.Differential diagnostics.Tactics.	7		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenere logiya, clinical pharmacology, oncology, endocrinology, urology,	<i>"Acute attack".</i>	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A, 1.3, 4, 6,7.8,14,18 Q 48,49, 50, 52.53, 55, 56, 58.63	Leopold-Levitsky Methods

7	Hamilton distress syndrome. Diagnosis and management of emergency situations in chakalok.	7		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	"Round table" .	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A 1.3, 4, 6,7.8,14, 17, 18 Q, 20, 23, 24,27,28, 29, 30, 34,35,37	Prophylaxis of women (in rabbit, fertile age and climacteric period)
8	Hypertensive infringement during pregnancy and laparotomy. (Chronic hypertension, pregnancy-induced hypertension) Control. Differential diagnostics.	7		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	"Discussion" .	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A, 1.3, 4, 6,7.8,14,18 Q, 2, 0, 23, 24,27,28, 29, 30, 34,35,37	Definition of late pregnancy. X confused to hear the heartbeat on ultrasound
9	Hypertensive infringement during pregnancy and laparotomy. (Preeclampsia, eclampsia) Control. Differential diagnostics.	7		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	"SWOT"	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A, 1.3, 4, 6,7.8,14,18 Q, 2, 0, 23, 24,27,28, 29, 30, 31, 32, 33 34,35,37	Symptoms of spinal cord and divorce.

10	Bone marrow in the second half of the pregnancy: NPVP, placement of the spinal cord. Check. Differential diagnostics.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	. Role-playing game "clinical".	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A , 1.3, 4, 6,7.8,14,18 Q , 2, 0.23, 24,27,28, 29, 30, 31, 32,33,34,35,37	Hemostasis after Coma
11	Rheumatic Immunization. AVO conflict. Diagnosis. of tactics to go. Check. Differential diagnostics.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	BEHH diagram	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A , 1.3, 4, 6,7.8,14,18 Q - 2 0.23, 24,27,28, 29, 30, 31, 32,33,34, 35, 37	Personal hygiene
12	Sputum Septic Diseases. Peritonitis after Caesarean cutting. Check. Differential diagnostics.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	"Demonstration" method	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A , 1.3, 4, 6,7.8,14,18 Q , 2, 0.23, 24,27,28, 29, 30, 31, 35,37	Mother's school

13	Pregnancy first half of the bleeding. and abortion Tashxis complications. Check. Tactics. Differential diagnostics.	7		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	<i>The problem of "problem solving"</i>	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A, 1.3, 4, 6,7.8, 9, 14, 16 Q, 2, 0.23, 24,27,28, 29, 30, 31, 32,33,34,35,37	Early detection of pregnancy.
14	Menstrual cycle violation. DBK. Diagnosis. Check. Tactics. Differential diagnostics.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	<i>"Working in a small group"</i>	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A, 1.3, 4, 6,7.8, 9, 14, 16, Q, 2 0.23 24,27,28, 29, 30, 31, 32,33,34,35,37	Sexual education
15	Ovarian cyst and cystoma (dangerous and safe). Detection. Getting off.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	<i>"Moychechak"</i>	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A 1,3,4,6,7.8,14, 16 Q 2, 0.23, 24,27,28, 29, 30, 31, 32,33,34,35.37	Pregnant and suckler women hygiene and dietology

16	Acute abdomen in gynecology: ovarian pregnancy, ovarian apoplexy, twitching of ovarian cysts. Check. Differential diagnostics.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	<i>The "tree of trees"</i>	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A 3,12,13,18 Q , 2 0.23 24,27,28, 29, 30, 31, 32,33,34,35 ,37	Family counseling
17	Wound and anomalies of the genital organs. Check. Differential diagnostics.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	<i>"Discussion"</i>	Computer Multimedias / history of the disease, Oscar, a textbook educational materials, D-stand, flipchart, wearing models	A 3,12,13,18 Q , 28, 29.33, 34,38,39	Contraceptive the importance of
18	Bepusht divorce. Diagnosis. Check. Differential Diagnostics and GP Tactics.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologiya, clinical pharmacology, oncology, endocrinology, urology,	<i>The "fish skeleton"</i>	Computer Multimedias / history of the disease, Training manuals , training materials, D Oscar-stand, flipchart, kulkop models	A 3,12,13,18 Q , 28, 29.33, 34,38,39	Family planning
19	Types of contraception	6		normal and pathological anatomy, physiology and	<i>"Working in a small group"</i>	Oscar-stand, flipchart, kulkop models	A 3,12,13,18 Q , 28, 29.33, 34,38,39	Workability

	Total:	121	pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenereologia, clinical pharmacology, oncology, endocrinology, urology,		Computer Multimedia / history of the disease, Training manuals, training materials, D Oscar-stand, flipchart, kulkop models		227
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Zav.kafedroy : k.m.n. Assoc. : Ixtiyarova G.A.

**Kalendarno - tematicheskij plan lektsiy PO gynecologist and obstetrician -
 za 6 201 7 201 8 uchebnyy god dlya course lechebnogo pedagogicheskogo
 Department**

No	Nazvanie temy	chas y	dat a	Vnutrimejdistsiplinarnay a svyaz	Naglyadnye Posobia	L iteratura
1	Physiologicheskii e rody. Physiological poslerodovyy period.	2		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenerologiya, clinical pharmacology, oncology, endocrinology, urology)	Lazerny projector, visual material, informative obespecheni e	A: 1,2,3,5,6,7,8, 9,10,14 Q1,6,10,11,13,14 , 15,16,17,19
2	Oslojnennaya veremennost	2		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenerologiya, clinical pharmacology, oncology, endocrinology, urology)	Lazerny projector, visual material, informative obespecheni e	A: 1,2,3,4,5, 6,7,8,9, 10,11,14 Q: 6,10,11, 14,17, 19,20,
3	Golovnaya b narushenie zreniya, sudorogo, obmorok, vysokaya A / D	2		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenerologiya, clinical pharmacology, oncology, endocrinology, urology)	Lazerny projector, visual material, informative obespecheni e	A: 1,2,3,4,5,8,9, 10,13,14 Q: 6,10,11,14,17,
4	V ysokaya temperature poslerodovoy period	2		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenerologiya, clinical pharmacology, oncology, endocrinology, urology)	Lazerny projector, visual material, informative obespecheni e	A: 1,2,3,5,6,7,8,9, 10,12,14 Q: 1,6,10,11,13,14, 15,16,17,19
5	Vlagalishchnie krovotechnie			normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenerologiya, clinical pharmacology, oncology, endocrinology, urology)	Lazerny projector, visual material, informative obespecheni e	A: 1,2,3,5,6,7,8,9, 10,12,14 Q: 1,6,10,11,13,14, 15,16,17,19
6	Vlagalishchnie			normal and pathological	Lazerny projector,	A: 1,2,3,5,6,7,8,9,

	vydelenie			anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenerologiya, clinical pharmacology, oncology, endocrinology, urology)	visual material, informative obespecheni e	10,12,14 Q: 1,6,10,11,13,14, 15,16,17,19
	Itogo:	12				

Kalendarno - tematicheskiy Planning Tools zanyatiy PO gynecologist and obstetrician za 2017 -2018 uchebnyy god dlya 6-year lechebnogo pedagogicheskogo Department

N o	The Nazvanie Temy	Chasy	Data	Vnutri, mejdis..vzaim osvyaz	Metody Obucheniyya	Naglyad nye poobiya	Literatura	Samostoyatel'naya rabota
1	Physiologicheckie rody. The tactics are veneiya. Urgentnaya assistance Prirodozaversheniye fiziologicheskix Carlos VOP.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenerologiya, clinical pharmacology, oncology, endocrinology, urology)	Tour po gallery	Find cabinet VOP SVP, audience, imeyushchaya Terms of Rabat groups, models and tools - stethoscope, santimetrovaya tape, zerkala, perchatki prisoner wakes standard Shag PO vypolneniyyu Tools navykov. ,	A, 1.3, 4, 6,7.8,14, 18.Q- 20, 24, 27	Dispensaries beremennyx techniques issledovanie.
2	Vedenie beremennosti zdorovyyx jenshch in. Antenatalny uxod. Prick №137 MZ resolution. Lichnaya hygiene.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin, surgery, anesthesiology and critical care, dermatovenerologiya, clinical pharmacology, oncology, endocrinology, urology,	assistent	Computer Oscar multimedia, D-stand, flipchart, perchatki models Istoriya rodov stethoscope, centimeter tape,	A 1,3.4,5,6, 7,13 Q, 19 2, 3, 20, 24, 27 29, 3, 4.35, 36.37	2. Periody rodov

						zerkala		
3	Vedenie beremennyx s rubtsom na matke. Kesarevo sechenie v sovremennom akusherstve. Diagnostics. Vedenie beremennyx.	7		normal and pathological anatomy, physiology and pathophysiolo gy, Turpin, surgery, anesthesiology and critical care, dermatovenera logiya, clinical pharmacology , oncology, endocrinology , urology,	T- scheme			Vydy kesarevo sechenie i texnika
4	Predecessiona l rody. Diagnostics. The tactics are veneiya	7		normal and pathological anatomy, physiology and pathophysiolo gy, Turpin, surgery, anesthesiology and critical care, dermatovenera logiya, clinical pharmacology , oncology, endocrinology , urology 7	3 stepenny y interview	Go Uchebnye posobiya, materials, istorii Boles, slaydovye prezentatsi i, razdatoch nye materials, standard Shag PO vypolneni yu Tools navykov models, the Rules Internet back dokazatel ny oy Medicine, markers, scotch, flipchart.	A, 1.3, 4, 6,7.8,14, 18 Q- 2 0, 23, 24,27,28, 29, 30, 34,35,37	Soblyudenie intergenetich eskogo intervala
5	Perenashivani e. Diagnostics. The tactics are veneiya.	7			Cluster			Diagnostics rannyy Sroki beremennos

	Induction rod. Mediko- geneticheskie konsultatsii.							ty
6	Vedenie beremennosti pererastyanut oy Matko Grand Prix (Grand Prix mnogoplodii, mnogovodii). Diagnostics. The tactics are veneiya. Vedenie beremennosti u yunyx i pojilyx pervorodyash chix. Diagnostics. The tactics are veneiya. Soblyudenie intergenetiche skogo intervala.	7		normal and pathological anatomy, physiology and pathophysiolo gy, Turpin, surgery, anesthesiology and critical care, dermatovenera logiya, clinical pharmacology , oncology, endocrinology , urology,	storming devoted	Go Uchebny e posobiya , material s, istorii Boles, razdatoc hnye material s, standard Shag PO vypolne niyu Tools navykov , models, flipchart	A, 1.3, 4, 6,7.8,14, 18 Q-2, 0 , 23, 24,27,28 29, 30, 34,35,37	The method Leopolda- Levitt
7	Distress syndrome novorodjenny x. Emergency novorodjenny x	7			round table			Profilaktiche skoe osmotic ginseng (YUVENTA, fertile, klimakteriche skogo vozrasta)
8	Gipertenzivny e narusheniya vo Vremya beremennosti Rhodes. Diagnostics. The tactics of Vedeno (Xronicheska ya hypertension. Hypertension, indutsirovann	7		normal and pathological anatomy, physiology and pathophysiolo gy, Turpin , surgery, anesthesiology and critical care, dermatovenera logiya , clinical pharmacology , oncology, endocrinology	Discussio n	Go Uchebnye posobiya, materials, istorii Boles, slaydovye prezentatsi i, razdatoch nye materials, standard Shag PO vypolneni	A, 1.3, 4, 6,7.8,14, 17, 18 Q, 2 0 , 23, 24,27,28 29, 30, 34,35,37	Diagnostic pozdn sroki beremennost y

	aya beremennosty u).			, urology,		yu Tools navykov models, the Rules Internet back of Medicine, markers, scotch, flipchart .		
9	Gipertenzivny e narusheniya vo Vremya beremennosti Rhodes. Diagnostics. Ah, tactics, write down (preeclampsia , eclampsia)	7		normal and pathological anatomy, physiology and pathophysiolo gy, Turpin , surgery, anesthesiology and critical care, dermatovenera logiya , clinical pharmacology , oncology, endocrinology , urology,	' SWOT '	Go Uchebnye posobiya, materials, istorii Boles, slaydovye prezentatsi i, razdatoch nye materials, standard Shag PO vypolneni yu Tools navykov models, the Rules Internet back of Medicine, markers, scotch, flipchart .	A, 1.3, 4, 6,7.8,14, 17, 18 Q, 2 0 , 23, 24,27,28 29, 30, 34,35,37	Priznaki ogtdelenie vydelenie plantsenti
10	Krovotechneni e vo vtoroy polovine beremennosti. PONRP.PP. The tactics of Vedeno. Dif h iagnostika .	6		normal and pathological anatomy, physiology and pathophysiolo gy, Turpin , surgery, anesthesiology and critical care, dermatovenera logiya , clinical pharmacology , oncology, endocrinology , urology,	Rolevay a Igra	Go Uchebny e posobiya , material s, istorii Boles, razdatoc hnye material s, standard Shag PO vypolne niyu Tools navykov , models, flipchart .	A, 1.3, 4, 6,7.8,14, 18 Q, 2, 0 , 23, 24,27,28 29, 30, 31, 32.33 34,35,37	Poslerodovyy hemostasis

11	Rh immunization . AVO conflict D iagnostika. The tactics of Vedenno.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin , surgery, anesthesiology and critical care, dermatovenera logiya , clinical pharmacology , oncology, endocrinology , urology,	Venn diagram	Go Uchebnye posobiya, materials, istorii Boles, slaydovye prezentatsi i, razdatochnye materials, standard Shag PO vypolneni yu Tools navykov models, the Rules Internet back of Medicine, markers, scotch, flipchart .	A, 1.3, 4, 6,7.8,14, 18 Q, 2 , 0.23, 24,27,28, 29, 30, 31, 32,33,34,35 ,37	Lichnaya hygiene
12	Septicheskie zabolevaniya After the Rhodes .P eritonit After the Caesarean unofficial . The tactics of Vedenno.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin , surgery, anesthesiology and critical care, dermatovenera logi ya , clinical pharmacology , oncology, endocrinology , urology,	demonstration	Go Uchebnye posobiya, materials, istorii Boles, slaydovye prezentatsi i, razdatochnye materials, standard Shag PO vypolneni yu Tools navykov models, the Rules Internet back of Medicine, markers, scotch, flipchart .	A, 1.3, 4, 6,7.8,14, 18 Q 2 0.23 24,27,2 8, 29, 30, 31, 32,33,34, 35, 37	Shkola ma Teresa
13	Krovotecheni e pervoy polovine beremennosti. I-ix oslojneniya abortions.	7		normal and pathological anatomy, physiology and pathophysiology, Turpin , surgery, anesthesiology and critical care, dermatovenera logiya ,	RESHEN IE problems	Go Uchebnye posobiya, materials, istorii Boles, slaydovye prezentatsi i, razdatochnye materials,	A, 1.3, 4, 6,7.8,14, 18 Q, 2 , 0.23, 24,27,28, 29, 30, 31, 35.37	diagnostic rannyy sroki beremennost y

				endocrinology , urology,		standard Shag PO vypolneni yu Tools navykov models, the Rules Internet back of Medicine, markers, scotch, flipchart .		
14	NMOTs D MK.Diagnostika . Dif h iagnostika	6			Rules v Maly groups			Polovoe vospitanie
15	Over i kistomy yaichnika . (Dobrokachestvennye zlokachestvennye) diagnostics. techniques lecheniya	6			chamomile			Hygienediontologiya beremennyx kormyashix jenshinax
16	Ostryy gynecologist LiveJournal	6			derevaresheniy			Konsultirovanie fat
17	Trauma and abnormal JPO	6			Discussion			matter kontratseptsi e
18	Reproduktivnoe to come with me. Konsultirovanie. Konsultirovanie brake.	6		normal and pathological anatomy, physiology and pathophysiology, Turpin , surgery, anesthesiology and critical care, dermatovenereologiya , clinical pharmacology , oncology, endocrinology , urology,	Skeletonryby	Uchebnye Go posobiya, materials, istorii Boles, razdatochnye materials, standard Shag PO vypolneni yu Tools navykov, models, flipchart .	A 3,12,13,18 Q, 20.23, 24,27,28, 29, 30, 31, 32,33,34,35 ,37	Planirovanie Family
19	Vidya contraception . I vedenie pobochnyx preventive	6		normal and pathological anatomy, physiology and pathophysiology	Rules v Maly groups	Uchebnye Go posobiya, materials, istorii	A 3,12,13,18 Q, 28, 29.33,	Rabotaspobnost

	effects.			gy, Turpin , surgery, anesthesiology and critical care, dermatovenera logiya , clinical pharmacology , oncology, endocrinology , urology,		Boles, razdatoch nye materials, standard Shag PO vypolneni yu Tools navykov, models, flipchart .	34,38,39	
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Zav.kafedroy : k.m.n. Assoc. : Ixtiyarova G.A.

Glossary.

ABORTION	During the first 22 weeks of living of fetal abilities, gestation is dropped through uterus or have a an abortion.
ALPHAFETOPROTEIN	(AFP) TEST: Maternal serum blood test performed during pregnancy to detect various fetal abnormalities. For more
ABORTION RATE	The number of abortions obtained by women of childbearing age (15 to 44) over a given period. This rate is usually expressed in terms of abortions per 1,000 women annually.
AMENORRHEA	:Absence or extreme modification of the usual menstrual cycle. Amenorrhea is a generally temporary condition that may be caused by disease, excessive exercise, or breastfeeding.

	Not related to menopause
AMNION	A thin membrane enclosing the preborn child, containing the amniotic fluid in which the child is immersed. This is the gossamer membrane depicted surrounding the preborn baby in some photographs of midterm pregnancy development.
ANTENATAL	
ARTIFICIAL INSEMINATION	A term used to describe any event before birth.
BAG OF WATERS	Procedure by which the sperm donor masturbates to collect sperm, which is then introduced into the woman's vagina
BASAL TEMPERATURE	The double-walled fluid-filled sac that encloses and protects the preborn baby in the uterus. The bag of waters is frequently mechanically ruptured at the end of pregnancy to induce hard labor.
BIOPSY	The body temperature of a person who has been at complete rest long enough for the temperature to stabilize at a low point.
CHORION	The surgical removal of a tissue sample for analysis.
CONTRAGESTION	The outer embryonic membrane associated with the allantois, which is the vascular fetal membrane that is initially formed in the shape of a pouch
EMBRYO	The process of inducing an abortion.
Allantois	Preborn baby in the early stages of development that are characterized by the laying down of fundamental tissues, cleavage, and the initial formation of organs and organ

	systems
Regulation of reproductive function in athletic women	The hollow sac-like structure filled with clear fluid that forms part of a developing amniote's conceptus (which consists of all embryonic and extra-embryonic tissues). It helps the embryo exchange gases and handle liquid waste.
CONTRAGESTION	
CRYOPRESERVATION	an investigation of the roles of energy availability and body composition
	The process of inducing an abortion.
CORPUS LUTEUM	The preservation of embryos, sperm, or other biological matter by freezing at extremely low temperatures.
	The temporary structure that emits hormones from within a ruptured ovarian follicle (after the egg is released during ovulation). The purpose of the hormones is to sustain pregnancy until the placenta matures to the point where it can assume this role.
CONTRACEPTION	
Apgar Score	
Braxton Hicks contractions	The practice of using drugs, procedures or devices intended to prevent conception by one or more of three modes of action
	The meternal period before delivery
Gestation	(false labour) Relatively painless contractions , which may be present throughout the pregnancy, or just prior labour
Grand multipara	
Menarche	The period from fertilization of the ovum until brith
	A woman who has had deliveries or more
Ovulation	
	The first menstruation and the commencement of cyclic menstrual function
Perinatal	

Multigravida	Release of an ovum secondary oocyte from the vesicular follicle
Premature Labour	Occuring at or near the time of birth
Term	A woman has had two or more pregnancies
Trimester	Onset of Labour less than 35 completed weeks of gestation
ABORTIFACIENT	A pregnancy that has reached 40 weeks gestation
ABORTIFACIENT	One of three periods of approximately 3 months into which pregnancy is divided
ACCIDENTAL ABORTION	An agent whose sole or primary purpose is to cause abortions. Such agents include low-dose birth control pills, minipills, 'morning-after' pills, RU-486
AFEBRILE ABORTION	An unintentional abortion (usually termed a miscarriage) caused by a fall, blow, or any other accidental injury.
ABORTION RATE	A natural or spontaneous abortion resulting from a tubal or abdominal pregnancy. Does not refer to a procedure designed to remove the fetus from the Fallopian tube or abdomen.
	The number of abortions obtained by women of childbearing age (15 to 44) over a given period. This rate is usually expressed in terms of abortions per 1,000 women annually.

The system for assessing students' knowledge

No	Assimilation in (%) and points	Score	Level of knowledge of students
1.	86 - 100	Excellent «5»	Draws conclusions and conclusions Logical thinking Independent thinking Applies in practice Understands the meaning

			Knows, tells Has deep knowledge
2.	71 - 85	Good "4"	Independent thinking Applies in practice Understands the meaning Knows, tells Has the concept of
3.	55 - 70	Satisfactory «3»	Understands the meaning Knows, tells Has the concept of
4.	0 - 54	Unsatisfactory "2"	Does not have a definite notion Does not know the subject of training

TESTS

1. The hormone responsible for the development of the ovum during the menstrual cycle is?

- a. Estrogen
- b. Progesterone
- c. Follicle Stimulating hormone (FSH)
- d. Luteneizing hormone (LH)

2. Which hormone is not responsible for differentiation of male reproductive organs during fetal life?

- a. Mullerian duct inhibitor (MDI)
- b. Dyhydrotestosterone
- c. Dehydroepiandrosterone sulfate
- d. Testosterone

3. Which principal factor causes vaginal pH to be acidic?

- a. Cervical mucus changes
- b. Secretion of the Skene's gland
- c. The action of the doderlein bacillus
- d. Secretion of the bartholins gland

4. Family centered nursing care for women and newborn focuses on which of the following?

- a. Assisting individuals and families achieve their optimal health
- b. Diagnosing and treating problems promptly
- c. Preventing further complications from developing
- d. Conducting nursing research to evaluate clinical skills

5. When reviewing the ethical dilemmas facing maternal and newborn nurses today, which of the following has contributed to their complexity?

- a. Limitation of available options
- b. Support for one viable action
- c. Advancement in technology
- d. Consistent desirable standards

6. The frenulum and prepuce of the clitoris are formed by the?

- a. Fossa Navicularis
- b. Mons veneris
- c. Labia majora
- d. Labia minora

7. The vas deferens is a:

- a. storage for spermatozoa
- b. Site of spermatozoa production
- c. Conduit of spermatozoa
- d. Passageway of sperm

8. Cremasteric visits the clinic and is told that his sperm count is normal. A normal sperm count ranges from:

- a. 20 to 100/ml
- b. 100, 000 to 200, 000/ml
- c. 100 to 200/ml
- d. 20 to 100 million/ml

9. During which of the following phase of the menstrual cycle is it ideal for implantation of a fertilized egg to occur?

- a. Ischemic phase
- b. Menstrual phase
- c. Proliferative phase
- d. Secretory phase

10. Variation on the length of menstrual cycle are due to variations in the number of days in which of the following phase?

- a. Proliferative phase
- b. Luteal phase
- c. Ischemic phase
- d. Secretory phase

Situation: Mrs. Calamares G2P1 1001, comes out of the labor and delivery room and reports ruptured amniotic membranes and contractions that occur every 3 minutes lasting 50-60 seconds. The fetus is in LOA position

11. The nurse's first action should be to:

- a. Check the FHR
- b. Call the physician
- c. Check the vaginal discharge with nitrazine paper
- d. Admit Mrs. Calamares to the delivery area

12. When asked to describe the amniotic fluid, Mrs. Calamares states that it is "brown-tinged". This indicates that:

- a. The fetus had infection
- b. At some point, the fetus experienced oxygen deprivation

- c. The fetus is in distress and should be delivered immediately
- d. The fetus is not experiencing any undue stress

13. The nurse established an IV line, and then connects Calamares to an electronic fetal monitor. The fetal monitoring strip shows FHR deceleration occurring about 30 sec after each contraction begins; the FHR returns to baseline after the contraction is over. This type of deceleration is caused by:

- a. Fetal head compression
- b. Umbilical cord compression
- c. Utero-placental insufficiency
- d. Cardiac anomalies

14. With this type of deceleration, the nurse's first action should be to:

- a. Do nothing, this is a normal occurrence
- b. Call the physician
- c. Position the patient on her left side
- d. Continue monitoring the FHR

15. Which of the following methods would be avoided for a woman who is 38 years old, has 3 children and smokes a pack of cigarette per day?

- a. Oral contraceptives
- b. Cervical cap
- c. Diaphragm
- d. IUD (Intra-uterine device)

16. A woman using diaphragm for contraception should be instructed to leave it in place for at least how long after intercourse?

- a. 1 hour
- b. 6 hours
- c. 12 hours
- d. 28 hours

17. When assessing the adequacy of sperm for conception to occur, which of the following is the most helpful criterion?

- a. sperm count
- b. sperm motility
- c. Sperm maturity
- d. Semen volume

18. A couple with one child had been trying, without success for several years to have another child. Which of the following terms would describe the situation?

- a. Primary Infertility
- b. Secondary Infertility
- c. Irreversible infertility
- d. Sterility

Situation: Melanie a 33y/o G1P0 at 32 weeks AOG is admitted to the Hospital with the diagnosis of PIH.

19. Magnesium Sulfate is ordered per IV. Which of the following should prompt the nurse to refer to the obstetricians prior to administration of the drug?

- a. BP= 180/100

- b. Urine output is 40 ml/hr
- c. RR=12 bpm
- d. (+) 2 deep tendon reflex

20. The nurse knows that Melanie is knowledgeable about the occurrence of PIH when she remarks:

- a. "It usually appears anytime during the pregnancy"
- b. "Its similar to cardio-vascular disease"
- c. "PIH occurs during the 1st trimester"
- d. "PIH occurs after the 20th wks AOG"

21. After several hours of MgSO₄ administration to Melanie, she should be observed for clinical manifestations of:

- a. Hyperkalemia
- b. Hypoglycemia
- c. Hypermagnesemia
- d. Hypercalcemia

22. The nurse instructs Melanie to report prodromal symptoms of seizures associated with PIH. Which of the following will she likely identify?

- a. Urine output of 15ml/hr
- b. (-) deep tendon reflex
- c. sudden increase in BP
- d. Epigastric pain

Situation: The following questions pertain to intrapartum complications:

23. Which of the following may happen if the uterus becomes over stimulated by oxytocin during induction of labor?

- a. Weak contractions prolonged to more than 70 sec
- b. Titanic contractions prolonged for more than 90 sec
- c. Increased pain with bright red vaginal bleeding
- d. Increased restlessness

24. Which of the following factors is the underlying cause of dystocia?

- a. Nutritional
- b. Environmental
- c. Mechanical
- d. Medical

25. When Umbilical cord is inserted at the edge of the placenta is termed:

- a. Central insertion
- b. Battledore insertion
- c. Velamentous insertion
- d. Lateral insertion

26. When fetal surface of the placenta presents a central depression surrounded by a thickened grayish white ring, the condition is known as:

- a. Placenta succenturiata
- b. Placenta marginata
- c. Fenestrated placenta
- d. Placenta Circumvallata

27. Which of the following is derived from mesoderm?

- a. lining of the GI tract
- b. liver
- c. brain
- d. skeletal system

28. The average length of the umbilical cord in human is:

- a. 35 cm
- b. 55 cm
- c. 65 cm
- d. 45 cm

29. Urinary excretion of HCG is maximal between which days of gestation?

- 50-60
- 40-50
- 60-70
- 30-40

30. Which of the following is not a part of conceptus?

- a. deciduas
- b. amniotic fluid
- c. fetus
- d. membranes

31. Protection of the fetus against syphilis during the 1st trimester is attributed to:

- a. amniotic fluid
- b. Langhan's layer
- c. syncytiotrophoblast
- d. placenta

Situation: Diane is pregnant with her first baby. She went to the clinic for check up.

32. To determine the client's EDC, which day of the menstrual period will you ask?

- a. first
- b. last
- c. third
- d. second

33. According to Diane, her LMP is November 15, 2002, using the Naegle's rule what is her EDC?

- a. August 22, 2003
- b. August 18, 2003
- c. July 22, 2003
- d. February 22, 2003

34. She complained of leg cramps, which usually occurs at night. To provide relief, the nurse tells Diane to:

- a. Dorsiflex the foot while extending the knee when the cramps occur
- b. Dorsiflex the foot while flexing the knee when the cramps occur
- c. Plantar flex the foot while flexing the knee when the cramps occur
- d. Plantar flex the foot while extending the knee when the cramp occur

Situation: Marita is a nurse working in a STD clinic (question 36-45)

35. The main symptom of gonorrhea in male is:

- a. Maculopapular rash
- b. Jaundice
- c. Urinary retention
- d. Urethral discharge

36. In providing education to your clients, you should take into account the fact that the most effective method known to control the spread of HIV infection is:

- a. Premarital serological screening
- b. Prophylactic treatment of exposed person
- c. On going sex education about preventive behaviors
- d. Laboratory screening of pregnant woman

37. You counseled one of your clients who developed herpes genitalis concerning follow up care. Women who have developed the disease are at risk of developing:

- a. Heart and CNS damage
- b. Cervical cancer
- c. Infant Pneumonia and eye infection
- d. Sterility

38. Cremasteric, 19 y/o states that he has Gonorrhea. In performing assessment, the nurse should expect to identify which of the following symptoms?

- a. Lesion on the palms and soles
- b. A pinpoint rash on the penis
- c. Urinary dribbling
- d. Dysuria

39. The nurse should explain to Rhone, 15 y/o that untreated Gonorrhea in the female frequently leads to:

- a. Obstruction of the Fallopian tubes
- b. Ovarian cysts
- c. Ulceration of the cervix
- d. Endometrial polyps

40. Diane, a 16 y/o female high school student has syphilis. Treatment is initiated. Before the client leaves the clinic, which of the following actions is essential for the nurse to take?

- a. Advise the client to avoid sexual contact for 2 months
- b. Ask the client to identify her sexual contacts
- c. Arrange for the client to have hearing and vision screening
- d. Have the client to return to the clinic weekly for blood test

41. Kris complains of fishy smelling, white cheeselike vaginal discharge with pruritus. You suspect that Kris may have:

- a. Moniliasis
- b. Trichomoniasis
- c. Syphilis
- d. Gonorrhea

42. Demi who has history of repeated Trichomonas infections was advised to have Pap-smear by her physician. She asked you what the test is for. Your appropriate response is:

- a. It's a screening for cervical cancer
- b. It's a screening test for presence of cancer in the female reproductive tract
- c. It is a diagnostic test for the presence of Trichomonas infection
- d. It is a test that will show if she has cervical cancer or not.

43. The result of the pap-test is class II. This means that:

- a. Presence of malignant cells
- b. Presence of benign or possible malignancy
- c. Normal finding
- d. Possible inflammation or infections

44. You should be aware that a major difficulty in preventing spread of gonorrhea is that many women who have the disease:

- a. Is unaware that they have it
- b. Have milder form of the disease than most men
- c. Are more reluctant to seek health care than men
- d. Acquire the disease without having sexual contact

Situation: Mrs. Rhona Mahilum was admitted to the hospital with signs and symptoms of pre-eclampsia

45. Because of the possibility of convulsive seizures, which of the following should the nurse have available at the client's bed side?

- a. Oxygen and nasopharyngeal suction
- b. leather restraints
- c. cardiac monitor
- d. venous cutdown set

46. One morning, Rhona tells the nurse that she think she is having contractions. Which of the following approaches should the nurse use to fully assess the presence of uterine contractions?

- a. Place the hand on opposite side of the upper part of the abdomen, and curve them somewhat around the uterine fundus.
- b. Place the heel of the hand on the abdomen just above the umbilicus firmly
- c. Place the hand flat on the abdomen over the uterine fundus, with the fingers apart and press lightly
- d. Place the hand in the middle of the upper abdomen and then move hand several times to different parts of the abdomen

47. Exposure of a woman pregnant of a female offspring to which of the following substance increases the risk of the offspring during reproductive years to cervical and uterine cancer

steroids
thalidomides
diethylstilbestrol
tetracyclines

48. In which of the following conditions is vaginal rugae most prominent?

- a. multiparous women
- b. before menopause
- c. after menopause
- d. nulliparous woman

49. The deepest part of the perineal body surrounding the urethra, vagina and rectum that

when damaged can result to cystocele, rectocele and urinary stress incontinence is the?

- a. Pubococcygeus muscle
- b. Spinchter of urethra and anus
- c. Bulbocavernous muscle
- d. Ischiocavernous muscle

Situation: Review of concepts of parturition was made by the clinical instructor to a group of nursing students preliminary to their assignment to Labor and delivery room

50. Which plays an important role in the initiation of labor?

- a. maternal adrenal cortex
- b. fetal adrenal cortex
- c. fetal adrenal medulla
- d. maternal adrenal medulla

51. Which is not considered an uteroroinin?

- a. Prostaglandin
- b. Endothelin-1
- c. Oxytocin
- d. Relaxin

52. Which is a primary power of labor?

- a. uterine contractions
- b. pushing of the mother
- c. intrathoracic pressure
- d. abdominal contraction

53. The lower uterine segment is formed from the:

- a. cervix
- b. isthmus and cervix
- c. body of the uterus
- d. isthmus

54. Ripening of the cervix occurs during the:

- a. first stage
- b. second stage
- c. third stage
- d. fourth stage

55. In the second stage of labor, uterine contraction last:

- a. 20 seconds
- b. 30 seconds
- c. 60 seconds
- d. 120 seconds

56. The time between uterine contractions is:

- a. intensity
- b. interval
- c. duration
- d. frequency

57. Midpelvic capacity may be precisely determined by:

- a. imaging studies
- b. clinical measurement of the sidewall convergence
- c. clinical measurement of the ischial spine prominence
- d. sub pubic angel measurement

58. The inanimate bone of the pelvis is not composed of the:

- a. sacrum
- b. ilium
- c. Pubis
- d. Ischium

59. Which does not refer to the transverse diameter of the pelvic outlet?

- a. Bi-ischial diameter
- b. Bi-spinous diameter
- c. Bi-tuberous diameter
- d. Intertuberous diameter

60. The Antero-posterior diameter of the pelvic inlet where the fetus will likely most difficulty during labor is the:

- a. Diagonal conjugate
- b. True conjugate
- c. conjugate Vera
- d. obstetric conjugate

1-c. 2-c.3-c.4-a.5-c.6-d.7-c.8-d.9-d.10-a.11-a.12-b.13-c.14-c.15-a.16-b.17-b.18-b.19-c.20-d.21-d.23-b.24-c.25-c.26-d.27-d.28-b.29-c.30-a.31-b.32-a.33-a.34-a.35-d.36-c.37-b.38-d.39-a.40-b.41-a.42-a.43-d.44-a.45-a.46-c.47c.48-d.49-a.50-b.51-d.52-a.53-b.54-a.55-c.56-b.57-a.58-a.59-b.60-d.

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