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| <p>ОҢТҮСТІК ҚАЗАҚСТАН<br/>MEDISINA<br/>AKADEMIASY<br/>«Оңтүстік Қазақстан медицина академиясы» АҚ</p> |  | <p>SOUTH KAZAKHSTAN<br/>MEDICAL<br/>ACADEMY<br/>АО «Южно-Казахстанская медицинская академия»</p> |
| <p>Department of obstetrics and gynecology<br/>Lecturecomplex "Obstetrics"</p>                        |  | <p>34-2025<br/>1page. Of 26</p>  |

## LECTURE COMPLEX

**Discipline:** "Obstetrics"

**Discipline Code:** Obs 4305-1


**The name of the EP:** "General Medicine"

**The volume of training hours / credits - 150 / (5)**

**Course and semester of study 4/7**

**Lecture volume 1 hour (50 minutes)**

**Shymkent, 2025.**

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Considered at meetings of the Department of Obstetrics and Gynecology

Protocol № 13 25.06, 2025 г.

Acting Associate Professor of the Department  
of Obstetrics and Gynecology



Tleuzhan R. T.

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## Lecture №1

**1.Topic: Organization of women's health in the Republic of Kazakhstan. Structure, content and methods of work of maternity institutions.**

**2.Purpose:** Formation of knowledge and skills on the organization of women's health in the Republic of Kazakhstan, the structure, content and methods of work of maternity institutions.

### 3.Abstracts of lectures:

- 1.Introduction.
- 2.Principles of obstetric and gynecological care to the population.
- 3.Legislation on women's health.
- 4.Basic information about the structure, content and methods of work of maternity institutions.

Obstetrics and gynecology are two branches of the unified science of physiological and pathological processes occurring in the body of a woman.

Obstetrics is the science of physiological and pathological processes associated with pregnancy, childbirth and the postpartum period.

Gynecology is the science of diseases of the female genital organs, methods of their recognition, prevention and treatment.

Obstetric and gynecological care is organized on the principles common to all health care: preventive direction, free of charge, accessibility, connection of science with practice. However, obstetrics has some features that distinguish it from other disciplines. Obstetricians-gynecologists and midwives provide assistance not only in diseases (as therapists, surgeons), but also in physiological processes, such as pregnancy and childbirth. Doctors and midwives working in the field of obstetrics are responsible for the well-being of more than one person, as representatives of other specialties, but two: the mother and the fetus.

Maternal and perinatal mortality is one of the main criteria for the quality of the organization of the work of maternity institutions and the health care system.

**The law of the Republic of Kazakhstan "On reproductive rights of citizens and guarantees"** of 16.06.2004. The Right to life is a fundamental human right, in the context of reproductive rights means that women have the right not to die during pregnancy, childbirth and the postpartum period. Children have the right to be born healthy and in a timely manner.

Typical institutions providing obstetric and gynecological care are: maternity hospital, obstetric and gynecological Department of the district hospital, FMS (feldsher-midwife station), polyclinic, gynecological Department of the regional hospital, regional perinatal center.

According to the principles of inter-level perinatal care, obstetric and gynecological care is provided at the following levels:

- on 1 St level must undergo only physiological childbirth;
- on the 2nd-childbirth with moderate risk;
- on the 3rd-high - risk births;
- the most critical, severe cases should be referred to the level of highly specialized medical care;

### 4.Illustrativematerial:the slides

### 5.Literature


#### Basic:

- 1.Bodyazhina, V. I. Cyestiology. Part 1,2,3: book / V. I. Bodyazhina, N. A. Geppe. - Almaty: "Evero", 2017. - 244p.
- 2.Bodyazhina, V. I. Obstetrics. Volume 1 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 3.Bodyazhina, V. I. Obstetrics. 2 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 4.Bodyazhina, V. I. Obstetrics. 3 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.

### 6.Control questions:

1. Structure, content and methods of work of maternity institutions.
2. Organization of work of maternity homes.
3. Principles of work of obstetric and gynecological unit of polyclinic
4. Determination of maternal and perinatal mortality



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## Lecture № 2

### 1.Topic: Fertilization, development of embryonic membranes and intrauterine fetus.

**2.Purpose:** Formation of knowledge and skills for fertilization, development of embryonic membranes and fetuses.

#### 3.Abstracts of lectures:

- 1.The concept of "fertilization".
- 2.Crushing and movement of the fertilized egg into the uterus.
- 3.Grafting eggs in the uterus-implantation.
- 4.Development of embryonic membranes.
- 5.Placenta, umbilical cord.
- 6.General information about the development of the fetus.

Fertilization is the process of fusion of mature male (sperm) and female germ cells, resulting in the formation of one cell, which is the beginning of a new organism. Fertilization usually occurs in the ampullary part of the fallopian tube. From the moment of fertilization, pregnancy begins. Fertilized egg is characterized by increased metabolism. Immediately after the merger, the process of crushing it begins. The crushed egg simultaneously moves through the tube and enters the uterine cavity on the 8-10 day from the moment of fertilization. Along with crushing in the cells of the fertilized egg, qualitative changes occur. Even in the tube, the crushing egg is released from the transparent shell. By the time of penetration into the uterus, the outer layer of morula cells turns into a trophoblast, the inner cells-into an embryoblast. The embryo is formed from the embryoblast. The egg settles on the surface of the mucous membrane of the uterus, the trophoblast melts the integumentary epithelium, glands, stroma cells and vessels of the mucous membrane of the uterus and gradually sinks into the depth of the functional layer of the mucosa. When the egg is fully embedded in the mucosa, the hole above it overgrown, and from this point the implantation process ends. After implantation, the egg grows and develops rapidly. On the trophoblast growths are formed, which initially do not have vessels and are called primary villi. The outer shell of the egg is now called the hairy shell-chorion. Decidual membrane is a functional layer of the uterine mucosa modified in connection with pregnancy. The villous shell develops from trophoblast and mesoblast. Villi initially avascular, but in the end of the first month they grow blood vessels from the allantois. The water shell is a closed bag in which the fetus is surrounded by amniotic fluid. Amniotic fluid is contained in the cavity of the amnion, reaches the end of pregnancy 1-1, 5 l.

The placenta is the most important organ with the help of which breathing, nutrition and excretion of metabolic products of the fetus are performed. It replaces the function of the lungs, digestive organs, kidneys, skin and other organs. The umbilical cord is formed from the allantois, carrying vessels from the embryo to the chorion and passing through the abdominal wall of the leg; it has two arteries and one vein, carrying blood from the fetus to the placenta and back. The latter is a set consisting of: placenta, umbilical cord, membranes.

#### 4.Illustrative material: the slides


#### 5.Literature

##### Basic:

- 1.Bodyazhina, V. I. Cyesiology. Part 1,2,3: book / V. I. Bodyazhina, N. A. Geppe. - Almaty: "Evero", 2017. - 244p.
- 2.Bodyazhina, V. I. Obstetrics. Volume 1 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 3.Bodyazhina, V. I. Obstetrics. 2 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 4.Bodyazhina, V. I. Obstetrics. 3 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.

#### 6.Control question:

- Definition of " fertilization"
- Crushing, movement of the fertilized egg
- Determination of implantation
- Development of embryonic membranes
- Placenta, its functions
- Umbilical cord, its structure

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## Lecture № 3

### 1.Topic: Physiological changes in a woman's body during pregnancy.

**2.Purpose:** Formation of knowledge and skills on physiological changes in a woman's body during pregnancy

#### 3.Abstracts of lectures:

1. Physiological changes in a woman's body during pregnancy
2. Nervous system
3. Endocrine system
4. Metabolism
5. Cardiovascular system
6. Blood, digestive and respiratory organs
7. Urinary system
8. Skin
9. Sexual organs
10. Mammary glands

Fetal development requires an increasing amount of oxygen, proteins. Carbohydrates, salts, vitamins and other substances. All these substances are delivered to the fetus from the mother's body. The mother's blood receives the final products of fetal metabolism, which are excreted by the excretory organs of the pregnant woman. The body of a pregnant woman performs additional work that requires strengthening or restructuring of the most important systems and organs.

Under the influence of new conditions associated with the development of the fetus, numerous and complex changes occur in the body of a woman during pregnancy. These changes are physiological; they contribute to the proper development of the fetus, prepare the woman's body for childbirth and feeding the newborn. The occurrence and development of pregnancy-related changes are regulated by the central nervous system. The growing ovum is an irritant to the nerve endings of the uterus; the irritations are transmitted by nerve pathways to the central nervous system. In the Central nervous system there are corresponding reactions, under the influence of which there are changes in the activities of various organs and systems. From the very beginning of pregnancy, the activity of a number of organs of internal secretion changes. In this regard, the ratio of hormones in the blood circulating in the body changes. These hormonal shifts also affect the activity of the nervous system and other organs.

#### 4.Illustrative material: presentation, slides.

#### 5.Literature


##### Basic:

- 1.Bodyazhina, V. I. Cyiology. Part 1,2,3: book / V. I. Bodyazhina, N. A. Geppe. - Almaty: "Evero", 2017. - 244p.
- 2.Bodyazhina, V. I. Obstetrics. Volume 1 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 3.Bodyazhina, V. I. Obstetrics. 2 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 4.Bodyazhina, V. I. Obstetrics. 3 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.

#### 6.Control question:

- Changes in a woman's body during pregnancy
- Changes in the nervous and endocrine systems
- Changes in metabolism and cardiovascular system
- Changes in the digestive and respiratory organs
- Changes in the urinary, sexual system
- Changes in the skin, breast



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## Lecture № 4

**1.Topic: hygiene and diet of pregnant women. Aseptis and antiseptis in obstetrics.Treatvent and protective regime in obstetric institutions.**

**2.Purpose:** Formation of knowledge and skills on hygiene and diet of pregnant women, aseptic and antiseptic in obstetrics, medical and protective regime in maternity institutions.

### 3.Abstracts of lectures:

1. Hygiene and dietetics of pregnant women.
2. Aseptics in obstetrics.
3. Antiseptics in obstetrics.
4. Medical and protective regime in maternity institutions.

The changes that occur in a woman's body during normal pregnancy are physiological. These physiological changes represent the adaptation of the woman's body to the new conditions of existence associated with the development of the intrauterine fetus. Pregnancy, as a rule, has a beneficial effect on the woman's body, contributes to its full development and flowering. Pregnancy also contributes to the improvement or complete recovery of many inflammatory diseases of the genitals that occurred before conception.

All organs of a woman during pregnancy function normally, but with an increased load. Pregnancy with the right lifestyle is tolerated easily. With improper nutrition, unhygienic content of the body, fatigue and other adverse environmental conditions, the functions of the body of a pregnant woman are violated, and in this regard, various complications arise.

Therefore, during pregnancy, it is necessary to carefully follow the rules of hygiene that contribute to: 1) the preservation and strengthening of women's health; 2) the proper development of the fetus; 3) the normal course of childbirth and the postpartum period; 4) the preparation of the woman's body for breastfeeding.

Proper nutrition during pregnancy is essential for maintaining a woman's health and normal fetal development. Poor nutrition during pregnancy contribute to the emergence of various diseases in the mother and disrupts the development of the fetus. Food should be varied and tasty cooked. Four meals are recommended.

**4.Illustrative material:** the slides

### 5.Literature

#### Basic:


- 1.Bodyazhina, V. I. Obstetrics. Volume 1 [MTN]; owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 2.Obstetrics: textbook / G. M. Savelyeva-M.: GEOTAR-Media, 2014.

#### Electronic source:

- 3.Clinical recommendations. Obstetrics and gynecology [Electronic resource]: textbook. - 4th ed., Rev. and DOP. - Electron.text messages. ( 45.7 MB). - Moscow: GEOTAR-Media, 2017.
- 4.Manual of outpatient care in obstetrics and gynecology [Electronic resource]: the textbook / under the editorship of V. N. Serova.-Electron. text messages. (48.8 MB). - Moscow: GEOTAR-Media, 2017.
- 5.Captainy, VA Obstetrics and gynecology. Practical skills and abilities with phantom course [Electronic resource]: textbook / V. A. Kaptilny, M. V. Berishvili, A.V. Murashko. - Electron.text messages. ( 287mb). - Moscow: GEOTAR-Media, 2017.

### 6.Control question:

- Hygiene of pregnant women
- Diet of pregnant women
- Measures to prevent infection during pregnancy
- Measures to prevent septic infection during childbirth
- Personal hygiene of medical workers of maternity hospitals
- Sanitary regime of the hospital
- Medical and protective regime in maternity institutions

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## Lecture №5

### 1.Topic: Physiological childbirth. Childbirth on "Safe motherhood".

**2.Purpose:** Formation of knowledge and skills on physiological childbirth, childbirth on "safe motherhood»

#### 3.Abstracts of lectures:

1. Childbirth
2. Causes of childbirth
3. Harbingers and the beginning of childbirth
4. Generic banishing power
5. Stage of labor
6. Mechanism of labor in anterior and posterior occipital presentation
7. Duration of labor
8. Childbirth on " Safe motherhood»
9. WHO recommendations for the management of childbirth

Childbirth is a physiological process in which the expulsion of the fetus and the afterbirth from the uterine cavity through the birth canal occurs. Physiological childbirth occurs on average after 10 obstetric months (280 days or 40 weeks) of pregnancy, when the fetus becomes Mature and fully capable of extrauterine existence.

The reasons for the onset of labor are complex and have not yet been sufficiently clarified. However, recent studies have found that by the end of pregnancy in a woman's body there are numerous changes, the totality of which contributes to the onset of labor. By the end of pregnancy, the excitability of the spinal cord is significantly reduced, the excitability of the nerve elements and muscles of the uterus increases. The uterus begins to react more strongly to all sorts of mechanical, chemical and other irritations emanating from both the pregnant woman's own body and from the external environment. In the last months of pregnancy, especially at the time of delivery, the formation of estrogens increases, which increase the tone of the uterus and its sensitivity to substances that cause contractile activity.

About the approach of childbirth can be judged by a number of harbingers: at the end of pregnancy, the bottom of the uterus and the recumbent part of the fetus descends, before childbirth, a mucous plug is released from the vagina, there is a slight decrease in body weight before childbirth, uterine contractions are felt.

Generic expelling forces are called fights and attempts.

There are three periods of childbirth: the period of disclosure, the period of exile, the postpartum period.

The mechanism of labor in anterior occipital presentation consists of 4 stages: flexion of the head, internal rotation of the head, extension of the head, external rotation of the head.

The mechanism of labor in posterior occipital presentation consists of 4 stages: flexion of the head, internal rotation of the head, additional flexion and extension of the head, external rotation of the head and internal rotation of the shoulder.

The duration of labor depends on different reasons, mainly on the nature of the birth forces. The more intense the contractions and attempts, the shorter the duration of labor. The duration of labor is influenced by the size of the fetus, the insertion of the protruding part, the size of the pelvis, the time of discharge of amniotic fluid, etc. the Duration of the first birth is usually more than repeated.

#### 4.Illustrative material: the slides


#### 5.Literature

##### Basic:

- 1.Bodyazhina, V. I. Obstetrics. Volume 1 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
2. Obstetrics: textbook / G. M. Savelyeva-M.: GEOTAR-Media, 2014.

##### Electronic source:

- 3.Clinical recommendations. Obstetrics and gynecology [Electronic resource]: textbook. - 4th ed., Rev. and DOP. - Electron.text messages. ( 45.7 MB). - Moscow: GEOTAR-Media, 2017.
- 4.Manual of outpatient care in obstetrics and gynecology [Electronic resource]: the textbook / under the editorship of V. N. Serova.-Electron. text messages. (48.8 MB). - Moscow: GEOTAR-Media, 2017.


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5.Captainy, VA Obstetrics and gynecology. Practical skills and abilities with phantom course [Electronic resource]: textbook / V. A. Kaptilny, M. V. Berishvili, A.V. Murashko. - Electron.text messages. ( 287mb). - Moscow: GEOTAR-Media, 2017.

**6.Control question:**

- The concept of " childbirth»
- Harbingers of childbirth
- Disclosure period
- The period of exile
- Post-partum period
- Moments of the mechanism of delivery
- The concept of " safe maternity delivery»



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## Lecture №6

### 1.Subject: The normal postpartum period. Management of the postpartum period.

**2.Purpose:** Formation of knowledge and skills for the normal postpartum period, for the management of the postpartum period

### 3.Abstracts of lectures:

1. Normal postpartum period
2. Changes in the body of the maternity
3. Management of the postpartum period
4. Gymnastics in the first days after childbirth

The normal postpartum period begins with the expulsion of the afterbirth and lasts 6-8 weeks. During this time in the body of a woman are almost all the changes that have arisen in connection with pregnancy and childbirth. The sexual apparatus of a woman returns almost completely to the state that was before pregnancy. In non-breastfeeding women, the end of the postpartum period is characterized by the resumption of menstrual function; in nursing mothers, menstruation resumes later, often after the end of breastfeeding. Only some nursing women begin 6-8 weeks after birth.

In the postpartum period, there is a decrease in the uterus, the formation of the cervix, the healing of the internal, wound surface of the uterus. The degree of contraction of the uterus can be judged by the level of standing of its bottom. Full recovery of the endometrium ends by the 20th day after birth. In the process of restoring the endometrium, postpartum discharge from the uterus – lochia is formed.

With the normal course of the postpartum period, the General condition of the maternity hospital is good. Metabolism in the first weeks of the postpartum period is increased, in the future it becomes normal.

In the normal course of the postpartum period, the mother should be considered a healthy woman. However, it needs a special regime that promotes proper involution of the genitals, healing of wound surfaces and normal body function. When organizing the care of the maternity hospital, it is especially important to comply with all the rules of asepsis and antiseptics.

Healthy women in labor from the second day after a normal birth are prescribed gymnastic exercises that increase the tone of the body, improve blood circulation, breathing, metabolism, bowel and bladder function. Gymnastic exercises accelerate the process of reverse development of the genitals.

### 4.Illustrative material: the slides

### 5.Literature

#### Basic:

- 1.Bodyazhina, V. I. Cyestiology. Part 1,2,3: book / V. I. Bodyazhina, N. A. Geppe. - Almaty: "Evero", 2017. - 244p.
- 2.Bodyazhina, V. I. Obstetrics. Volume 1 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 3.Bodyazhina, V. I. Obstetrics. 2 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 4.Bodyazhina, V. I. Obstetrics. 3 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.

### 6.Control question:

- The concept of " postpartum period»
- Degree of uterine contraction
- Function of mammary glands
- General condition and internal organs
- Management of the postpartum period

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## Lecture №7

### 1.Topic: Early toxicosis of pregnancy.

**2.Purpose:** Formation of knowledge and skills for the diagnosis, treatment and prevention of early toxicosis of pregnancy.

### 3.Abstracts of lectures:

- 1.The concept of " toxicosis of pregnancy»
2. Classification of toxicoses
2. Vomiting of pregnant women
2. Indomitable vomiting of pregnant women
3. Salivation of pregnant women
4. Treatment of early pregnancy toxicosis according to clinical protocols of MOH RK

Toxicosis of pregnancy are diseases, the origin of which is associated with the development of a woman's ovum. Toxicoses occur during pregnancy and, as a rule, pass after the end of it. After childbirth (or abortion) usually completely disappear all manifestations of toxicosis; long-term effects are observed only after severe and long-lasting forms of these diseases.

The emergence of toxicosis tried to explain the poisoning of the body toxic (poisonous) products. There were different views on the origin of these toxic substances. Some authors believed that they are formed in the body of the pregnant woman as a result of improper metabolism, others considered the source of their origin to be the placenta.

### Classification of toxicosis of pregnancy

There are the following groups of toxicoses of pregnancy:

1. Early toxicosis of pregnancy: vomiting of pregnant women, indomitable (excessive) vomiting of pregnant women, salivation.
2. Late toxicosis of pregnancy: dropsy of pregnant women, nephropathy, preeclampsia, eclampsia.
3. Rare forms of toxicosis of pregnant women: skin diseases, liver (jaundice of pregnant women), nervous, bone and other systems.

Vomiting of pregnant women. In the first months of pregnancy, many women, especially primordial, have nausea and vomiting in the morning. Vomiting is not every day and nastoenie women otrajetsya. This vomiting is morning sickness.

To toxicosis include vomiting of pregnant women, which is not tolko in the morning, but repeated several times a day, even after eating. Vomiting is accompanied by nausea, appetite usually decreases, there is a tendency to spicy and salty food. Indomitable vomiting is a serious disease. Frequent vomiting is accompanied by other symptoms, indicating a disorder of the most important functions of the body. Vomiting is repeated 20 times or more during the day, it happens day and night. Not only food, but also water is not kept. There is an aversion to food. Often, vomiting is joined by salivation. Women's body weight drops. When prodolzhytelnoy disease occurs sudden weight loss, podkopyayevoy layer disappears. The skin becomes dry and flabby, the tongue is overlaid, there is an unpleasant smell from the mouth. Treatment of vomiting and irreversible vomiting of pregnant women. Patients are placed in a hospital and create conditions of complete dushevno and physical rest. Placing in a hospital, even without treatment, causes an improvement in the General condition, a decrease or disappearance of vomiting.

Of great importance is good care, silence, long sleep, patient belief of the woman that vomiting usually passes without a trace and pregnancy develops correctly.

### 4.Illustrative material: the slides

### 5.Literature


#### Basic:

- 1.Bodyazhina, V. I. Cyesiology. Part 1,2,3: book / V. I. Bodyazhina, N. A. Geppe. - Almaty: "Evero", 2017. - 244p.
- 2.Bodyazhina, V. I. Obstetrics. Volume 1 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 3.Bodyazhina, V. I. Obstetrics. 2 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 4.Bodyazhina, V. I. Obstetrics. 3 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.

### 6.Control questions:

- The concept of " toxicosis of pregnancy»
- Vomiting of pregnant women
- Uncontrollable vomiting of pregnancy
- Salivation of pregnant women



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## Lecture №8

### 1.Topic: Obstetric bleeding. Etiopathogenesis, classification.

**2.Purpose:** Formation of knowledge and skills on obstetric bleeding, etiopathogenesis, classification of obstetric complications.

#### 3.Abstracts of lectures:

1. Obstetric bleeding.
- 2.Etiology, pathogenesis of obstetric bleeding.
3. Classification of obstetric bleeding.

Currently, bleeding is a frequent complication in the postpartum period and one of the main causes of maternal mortality. Every year in the world 127 thousand women (25% of all maternal mortality) die from bleeding. The percentage in different countries ranges from 10% to 60%. Risk of death from postpartum bleeding:

- 1: 100,000 births in the UK and USA;
- 1:1000 births in some developing countries (up to 100 times higher)

Most women who have suffered blood loss have long-term consequences: anemia, post-transfusion complications, the consequences of massive blood loss.

Postpartum bleeding-clinically significant blood loss, amounting to 500 ml or more at birth through the natural birth canal, 1000 ml or more at caesarean section

- Early ABB occurs in the first 24 hours after birth
- Later ABB develops in the period from 24 hours to 6 weeks of the postpartum period

The main causes of death from ABB are:

- Underestimation of blood loss
- Underestimation of the patient's condition
- Later initiation of treatment and inadequate replenishment of blood loss
- Delay of surgical intervention
- Defective intensive care
- Often these reasons are due to:
  - Lack of interaction of services (blood transfusion service, surgical service, etc.)
  - Insufficient organization of the system of transfer to a higher level medical institution

Physiology of the postpartum period

- \* placental site has about 150-200 spiral arteries
- \* after the birth of the placenta, the uterus is intensively reduced, the vessels are compressed and retracted and contribute to the cessation of bleeding
- \* at the same time, the process of thrombosis begins.
- long-lasting hemostasis is achieved after 2-3 hours after birth
- \* "physiological blood loss" - blood loss in the III period of labor, which does not affect the condition of the woman in labor and does not exceed 300-490 ml of blood (0.5% of body weight)

The mechanism of postpartum hemorrhage

- \* reduced uterine contractility
- \* disorders in the hemocoagulation system
- \* the combination and complementarity of these two factors

Classification of bleeding:

- 1) Bleeding during pregnancy
- 2) Bleeding during childbirth
- 3) Bleeding in afterbirth and postpartum period

### 4.Illustrative material: the slides

### 5.Literature

#### Basic:

- 1.Bodyazhina, V. I. Cyesthesiology. Part 1,2,3: book / V. I. Bodyazhina, N. A. Geppe. - Almaty: "Evero", 2017. - 244p.
- 2.Bodyazhina, V. I. Obstetrics. Volume 1 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.




3.Bodyazhina, V. I. Obstetrics. 2 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.

4.Bodyazhina, V. I. Obstetrics. 3 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.

**6.Control questions:**

- The concept of "obstetric bleeding"
- The etiological factors of postpartum haemorrhage
- Classification of obstetric bleeding

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## Lecture № 9

**1.Topic: Extragenital pathology and pregnancy. Diseases of cardiovascular, respiratory, digestive, endocrine systems and pregnancy.Etiopathogenesis, classification.**

**2.Purpose:** Formation of knowledge and skills on extragenital pathology and pregnancy, diseases of cardiovascular, respiratory, digestive, endocrine systems and pregnancy, etiopathogenesis, classification.

### 3.Abstracts of lectures:

- 1.Extragenital pathology and pregnancy.
2. Diseases of the cardiovascular system and pregnancy.
3. Diseases of the respiratory system and pregnancy.
4. Diseases of the digestive system and pregnancy.
- 5.Diseases of the endocrine system and pregnancy.

During pregnancy and delivery on the cardiovascular system of women falling additional load. With this load of the body of a healthy pregnant woman copes well, and with diseases of the cardiovascular system, there are circulatory disorders.

Pregnancy, childbirth and the postpartum period worsen the course of a large heart disease. The most dangerous are the defect of the bivalve serts valve (mitral disease) with a predominance of narrowing and all heart diseases of rheumatic etiology (endocardial lesion, heart muscle), septacianendocarditis,angina.

Pregnancy, as a rule, complicates the course of hypertension. Only with a mild form of this disease (blurred and unstable hypertension, lack of organic changes), pregnancy and childbirth can proceed normally. With persistent and significant increase in blood pressure, pregnancy aggravates the clinical picture of hypertension.Only at the beginning of pregnancy, there is a temporary decrease in blood pressure, which gradually increases again, gently to a high level.

With acute pathology of the respiratory tract in pregnant women have to meet every obstetrician-gynecologist and therapist. The most common infectious disease in pregnant women is influenza. The incidence of miscarriage, congenital malformations, infant mortality is high in women who have had the flu. In the presence of pulmonary hypertension and chronic "pulmonary heart", the underlying disease should be treated. Assign cardiac glycosides and diuretics. There is a high incidence of intrauterine infection in unovorozhennyh mothers who suffered from chronic pneumonia. The influence of bronchial asthma on the course of pregnancy and fetal condition in most women is unfavorable.

In the presence of a genetic predisposition, with an increase in hormones, the liver can be damaged: pregnant women suffer from specific liver diseases. Women can get sick at any stage of pregnancy. The course of these diseases is often more severe. In the presence of intrahepatic cholestasis and cirrhosis of the liver in pregnant women, premature birth, fetal death before childbirth are more common. Hepatitis A and b most often do not complicate pregnancy, so you should not terminate the pregnancy.

With the disease of the endocrine glands, menstrual and reproductive function is often violated. However, pregnancy is observed in many diseases of the endocrine glands and gently worsens their course (rarely there is an improvement). Hyperthyroidism (graves' disease) and hypothyroidism (myxedema) during pregnancy is normally progressing.

Pregnancy in a diabetic patient is rare. The course of diabetes during pregnancy usually worsens, coma may occur. The cause of coma is to increase the needs of the body of the mother and fetus in the stroke, the amount of which diabetes is lowered. If you have diabetes often have polyhydramnios and toxicosis.

### 4.Illustrative material: the slides


### 5.Literature

#### Basic:

- 1.Bodyazhina, V. I. Cyesthesiology. Part 1,2,3: book / V. I. Bodyazhina, N. A. Geppe. - Almaty: "Evero", 2017. - 244p.
2. Bodyazhina, V. I. Obstetrics. [Text]: Textbook / V. I. Bodyazhina, N. A. Geppe; for students of higher educational institutions of medical education. - Almaty: Evero, 2015. - Page 240.
3. Bodyazhina, V. I. Obstetrics. Volume 2 [Text]: Textbook / V. I. Bodyazhina, N. A. Geppe; for students of higher educational institutions of medical education. - Almaty: Evero, 2015. - Page 240.
4. Bodyazhina, V. I. Obstetrics. [Text]: Textbook / V. I. Bodyazhina, N. A. Geppe; for students of higher educational institutions of medical education. - Almaty: Evero, 2015. - Page 240.

#### 6.Control questions:

1. Extragenital pathology and pregnancy.
2. Diseases of the cardiovascular system and pregnancy.
3. Diseases of the respiratory system and pregnancy.
4. Diseases of the digestive system and pregnancy.
- 5.Diseases of the endocrine system and pregnancy.

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## Lecture № 10

**1.Topic: Extragenital pathology and pregnancy. Diseases of the urinary system, blood, joints, allergic conditions, SLE( systemic lupus erythematosus) and pregnancy. Etiopathogenesis, classification.**

**2.Purpose:** Formation of knowledge and skills on extragenital pathology and pregnancy, diseases of the urinary system, blood, joints, allergic conditions, SLE and pregnancy, etiopathogenesis, classification.

### 3.Abstracts of lectures:

1. Extragenital pathology and pregnancy.
2. Diseases of the urinary system and pregnancy
3. Diseases of the blood system and pregnancy
4. Joint diseases and pregnancy
5. Allergic diseases and pregnancy
6. SLE and pregnancy

A very serious complication of pregnancy is nephritis. Acute nephritis can occur during pregnancy due to angina and other infectious diseases. With nephritis, spontaneous abortion often occurs. Pregnancy usually worsens the course of both acute and chronic nephritis, so these diseases serve as an indication for termination of pregnancy.

During pregnancy, anemia is often observed. The decrease in the amount of hemoglobin is associated with an increased consumption of iron for the needs of the growing fetus. Anemia can occur in violation of the neutrality of the digestive organs and other diseases that lead to insufficient absorption of iron from the introduced food.

Pregnancy, childbirth and the postpartum period worsen the course of most diseases of the joints. With the end of pregnancy in 80% of patients within 3 months there is a relapse of rheumatoid arthritis. With persistent remission of the disease during pregnancy, it is possible to reduce the dose of drugs taken and their temporary cancellation until the end of gestation.

Allergy during pregnancy is formed as a result of high antigenic loads: abuse of food rich in carbohydrates, a lot of food allergens in products, toxicosis, work related to the risk of allergies. During pregnancy, the course of chronic allergic diseases can worsen in a woman: allergic rhinitis is more difficult to tolerate, asthma attacks are aggravated.

During pregnancy and within 1 year after birth, SLE exacerbation occurs in 41% of patients. If during pregnancy, remission develops, then after childbirth, the disease returns to the phase in which it was before pregnancy. In SLE, the frequency of spontaneous miscarriages, premature birth, stillbirths, neonatal hypotrophy, birth abnormalities and postpartum complications (bleeding) is high.

### 4.Illustrative material: the slides

### 5.Literature


#### Basic:

- 1.Bodyazhina, V. I. Cyesthesiology. Part 1,2,3: book / V. I. Bodyazhina, N. A. Geppe. - Almaty: "Evero", 2017. - 244p.
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- 4.Bodyazhina, V. I. Obstetrics. 3 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.

### 6.Control questions:

1. Extragenital pathology and pregnancy.
2. Diseases of the urinary system and pregnancy
3. Diseases of the blood system and pregnancy
4. Joint diseases and pregnancy
5. Allergic diseases and pregnancy
6. SLE and pregnancy



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## Lecture №11

### 1.Topic: Obstetric trauma. Classification.Ruptures of the vulva, vagina.

**2.Purpose:** Formation of knowledge and skills on obstetric traumatism, classification, ruptures of the vulva, vagina.

### 3.Abstracts of lectures:

1. The concept of "obstetric trauma»
2. Classification of obstetric trauma
3. Ruptures of the vulva
4. Ruptures of the vagina

As you know, during childbirth, the birth canal of a woman is significantly expanded and stretched, which often leads to their injury. In most cases, such injuries are minor, which can not be said about the first-born women. The totality of all injuries and traumas that occur during the birth process as a result of the actions of the obstetrician, was called obstetric injuries. The frequency of obstetric injuries is about 10-39% of the total number of births. Adverse long-term effects have a strong impact on both reproductive and sexual function of the female body.

#### Classification:

- Injuries to the perineum and vaginal walls
- Injuries of varicose nodes of the vulva and vagina separately
- Hematomas of the vagina and external genitalia
- Ruptures of the uterus
- Damage to bones and pelvic joints
- Eversion of the uterus

During childbirth, blood vessels may rupture and hemorrhage into the subcutaneous tissue of the external genitals or under the vaginal mucosa. Treatment of small hematomas is wait-and-see. With a fast-growing hematoma, a skin incision is made, a hematoma is emptied, a bleeding vessel is found and bandaged, stitches are placed on the incision.

Vaginal ruptures occur with insufficient extensibility of its walls, infantilism, operative childbirth, extensor presentation, large head. Tears are more often observed in the lower third of the vagina, usually occur simultaneously with the rupture of the perineum. Vaginal tears are sutured with catgut sutures after exposure with mirrors.

### 4.Illustrative material: the slides


### 5.Literature

#### Basic:

- 1.Bodyazhina, V. I. Cyesthesiology. Part 1,2,3: book / V. I. Bodyazhina, N. A. Geppe. - Almaty: "Evero", 2017. - 244p.
- 2.Bodyazhina, V. I. Obstetrics. Volume 1 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 3.Bodyazhina, V. I. Obstetrics. 2 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 4.Bodyazhina, V. I. Obstetrics. 3 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orinarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.

### 6.Control question:

1. The concept of "obstetric injuries»
2. Classification of obstetric injuries
3. Ruptures of the vulva
4. Ruptures of the vagina

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## Lecture №12

### 1.Theme: Incorrect position and presentation of the fetus.

**2.Purpose:**Theformation of knowledge and skills on the wrong positions and presentation of the fetus.

### 3.Abstracts of lectures:

1. The concept of " incorrect position of the fetus»
2. The concept of " pelvic presentation of the fetus»
3. Management of pregnancy, childbirth

The position is understood as the direction in which the face of the fetus is turned, face back (to the mother's back, i.e. face down when the woman lies on her back) or forward (face up). Presentation is called the part of the body of the fetus that first appears from the birth canal (the supine part). Usually the head comes first. Another position or presentation of the fetus is called incorrect.

Lateral position – a position in which its axis forms with the longitudinal axis of the uterus right angle. In an oblique position, the axis of the fetus and the axis of the uterus cross at an acute angle. Transverse (oblique) position of the fetus occur in 0.5% of all births. The causes of transverse (oblique) positions of the fetus are polyhydramnios, flabbiness of the abdominal wall, multiple pregnancy, narrow pelvis, fetal presentation, tumors in the lower segment of the uterus, irregular shape of the uterus (saddle shape).

Diagnosis of incorrect fetal position is not difficult. The bottom of the uterus is lower than in the longitudinal position of the fetus. The heartbeat of the fetus is most clearly heard at the level of the navel, closer to the side where the head is located.If the fetus is in the wrong position, a caesarean section is performed. When running the transverse position of the fruit often dies, in such cases, resort to fruiting operations. If the fetus is alive and there are no contraindications to glandular sections, you can perform a caesarean section.

Pelvic presentation occurs on average in 3.5% of women in labor. With pelvic presentation, birth injuries, stillbirth, fetal asphyxia are much higher.

Distinguish:

- Gluteal presentation (pure gluteal, mixed gluteal)
- Leg presentation

Pelvic presentation is found in premature birth, in many-sided twins, placenta previa, irregular structure of the uterus, lack of water.

The course of pregnancy with pelvic presentation proceeds in the same way as with the head. Adverse complications are early or premature discharge of amniotic fluid, loss of the umbilical cord, asphyxia and fetal death, weakness of the birth force. Childbirth often ends with surgery.

### 4.Illustrative material: the slides

### 5.Literature

#### Basic:

- 1.Bodyazhina, V. I. Cyiology. Part 1,2,3: book / V. I. Bodyazhina, N. A. Geppe. - Almaty: "Evero", 2017. - 244p.
- 2.Bodyazhina, V. I. Obstetrics. Volume 1 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 3.Bodyazhina, V. I. Obstetrics. 2 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.
- 4.Bodyazhina, V. I. Obstetrics. 3 [MTN]: owly / V. I. Bodyazhina, N. A. Geppe; Medicinally BilimBeren Geary excellent orindarystudenternaaralen. - Almaty: Evero, 2015. - 240 Beth.

### 6.Control question:

- The definition of "malposition of the fetus»
- Definition of " pelvic presentation of the fetus»
- Management of pregnancy, childbirth with incorrect positions and presentation of the fetus