

APGO Medical Student Educational Objectives

10TH EDITION



**Association of Professors of
Gynecology and Obstetrics
(APGO)**

CROFTON, MARYLAND

This publication was revised by the

**APGO Undergraduate Medical
Education Committee (UMEC)
2012-2014**

Nancy A. Hueppchen, MD, MSc, Chair

Jodi F. Abbott, MD

Samantha D. Buery-Joyner, MD

Alice W. Chuang, MD

Amie J. Cullimore, BEd, MD, MSc

John L. Dalrymple, MD

Lorraine Dugoff, MD

David A. Forstein, DO

B. Star Hampton, MD

Sarah M. Page-Ramsey, MD

Archana A. Pradhan, MD

Abigail N. Wolf, MD

Joseph M. Kaczmarczyk, DO, MPH (UMEC 2008-2013)

Lead Editor: Alice W. Chuang, MD

Glossary Editor: Archana A. Pradhan, MD, Abigail N. Wolf, MD

Table Editors: Samantha D. Buery-Joyner MD; Amie J. Cullimore, BEd, MD, MSc

Electronic Resources Editor: John L. Dalrymple, MD

Hot Topics Editor: Sarah M. Page-Ramsey, MD

Osteopathic Editor: David A. Forstein, DO

Copy Editors: Donna D. Wachter, APGO Executive Director;

Christy Carr, Michelle Kobryn, Petra Casey, MD

Copyright © 2014 by Association of Professors of Gynecology and Obstetrics (APGO).

All rights reserved. Before beginning any projects and papers using APGO copyrighted materials and resources, please contact the APGO office at apgoadmin@apgo.org in advance for permission. APGO must be acknowledged in the project/paper. Faculty/residents/students/institutions may print the PDF for personal and general student use. The online PDF of the Objectives and the Teaching Cases may be photocopied for teaching purposes, but may not be retyped, altered or otherwise manipulated in any way. APGO must be acknowledged in all photocopied material.

Association of Professors of Gynecology and Obstetrics (APGO)

2130 Priest Bridge Drive, Suite 7

Crofton, Maryland 21114

www.apgo.org

Book Layout ©2013 BookDesignTemplates.com

Table of Contents

UNIT 1: APPROACH TO THE PATIENT

1. History	1
2. Examination	2
3. Pap Test and DNA Probes/Cultures.....	3
4. Diagnosis and Management Plan	4
5. Personal Interaction and Communication Skills	5
6. Legal and Ethical Issues in Obstetrics and Gynecology.....	6
7. Preventive Care and Health Maintenance.....	7

UNIT 2: OBSTETRICS

Section A: Normal Obstetrics

8. Maternal-Fetal Physiology.....	9
9. Preconception Care	10
10. Antepartum Care	11
11. Intrapartum Care	12
12. Immediate Care of the Newborn.....	13
13. Postpartum Care	14
14. Lactation	15

Section B: Abnormal Obstetrics

15. Ectopic Pregnancy.....	16
16. Spontaneous Abortion	17
17. Medical and Surgical Complications of Pregnancy	18
18. Preeclampsia-Eclampsia	20
19. Alloimmunization.....	21
20. Multifetal Gestation.....	22

UNIT 2: OBSTETRICS (CONTINUED)

21. Fetal Demise	23
22. Abnormal Labor.....	24
23. Third Trimester Bleeding	25
24. Preterm Labor	26
25. Premature Rupture of Membranes	27
26. Intrapartum Fetal Surveillance.....	28
27. Postpartum Hemorrhage.....	29
28. Postpartum Infection.....	30
29. Anxiety and Depression	31
30. Postterm Pregnancy.....	32
31. Fetal Growth Abnormalities.....	33
Section C: Procedures	
32. Obstetric Procedures	34

UNIT 3: GYNECOLOGY

Section A: General Gynecology

33. Family Planning	36
34. Pregnancy Termination	37
35. Vulvar and Vaginal Disease	38
36. Sexually Transmitted Infections (STI) and Urinary Tract Infections (UTI)	39
37. Pelvic Floor Disorders.....	40
38. Endometriosis	41
39. Chronic Pelvic Pain	42

Section B: Breast

40. Disorders of the Breast.....	43
----------------------------------	----

UNIT 3: GYNECOLOGY (CONTINUED)

Section C: Procedures

41. Gynecologic Procedures..... 44

UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY AND RELATED TOPICS

42. Puberty..... 46

43. Amenorrhea 47

44. Hirsutism and Virilization 48

45. Normal and Abnormal Uterine Bleeding 49

46. Dysmenorrhea..... 50

47. Menopause 51

48. Infertility..... 52

49. Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD) 53

UNIT 5: NEOPLASIA

50. Gestational Trophoblastic Neoplasia (GTN) 54

51. Vulvar Neoplasms..... 55

52. Cervical Disease and Neoplasia 56

53. Uterine Leiomyoma..... 57

54. Endometrial Hyperplasia and Carcinoma..... 58

55. Ovarian Neoplasms..... 59

UNIT 6: HUMAN SEXUALITY

56. Sexuality and Modes of Sexual Expression..... 60

UNIT 7: VIOLENCE AGAINST WOMEN

57. Sexual Assault..... 61
58. Intimate Partner Violence..... 62

UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE

59. Introduction to Osteopathic Principles in Obstetrics & Gynecology 64
60. Osteopathic History Taking..... 66
61. Osteopathic Structural Exam 67
62. Osteopathic Diagnosis and Management Plan 68
63. Osteopathy in Obstetrics..... 69
64. Osteopathy in Gynecology 71

GLOSSARY 72

OSTEOPATHIC` TERMINOLOGY 91

INTRODUCTION

The Undergraduate Medical Education Committee (UMEC) of the Association of Professors of Gynecology and Obstetrics is pleased to present the 10th edition of the *APGO Medical Student Educational Objectives*. The Objectives are reviewed on a regular basis to ensure their relevance, importance and helpfulness in assisting with the development of obstetrics and gynecology clinical clerkship curricula. A team of ob-gyn clerkship directors and medical educators from the U.S. and Canada had input into the current edition and its format with the goal of making these objectives as useful as possible for clerkship directors, faculty and medical students. For the 10th edition, APGO members and medical students were also surveyed to provide input on format and topics.

Please note that the APGO Objectives are not meant to be a mandate; they define a central body of women's health knowledge, skills and attitudes that are fundamental to the practice of a general physician, and are intended to provide clerkship directors, faculty and students with a resource for curriculum development, teaching and learning. The curriculum content can be expanded or modified for institutions with longer or shorter clerkships.

In this edition, we have added osteopathic objectives related to women's health. We have also included mapping of the objectives to APGO Electronic Resources and Hot Topics, such as advocacy, pharmacology, global health, ethics and more.

In order to maximize the usefulness of this document, the APGO Medical Student Educational Objectives are organized in the following format:

- **EDUCATIONAL OBJECTIVES**
- **EDUCATIONAL TOPIC AREAS**
- **INTENDED LEARNING OUTCOMES**

EDUCATIONAL OBJECTIVES

The committee identified 18 broad Educational Objectives (Table 1) that include all 64 Educational Topic Areas. These broad Educational Objectives are intended to be most useful to clerkship directors and can be used as a basis for clerkship curriculum and evaluation design. In addition, they can be used as the basis for creating a list of procedures and patient diagnoses that students must see in order to meet the clerkship educational objectives (often referred to as "student logs").

EDUCATIONAL TOPIC AREAS

The 64 Educational Topic Areas serve as a table of contents and are useful in organizing the curriculum for teaching and evaluation.

A majority of the Educational Topic Areas have an associated Clinical Case (six osteopathic clinical cases are in development). These cases are available on the APGO Web site and can be used for case-based learning sessions. Additionally, the APGO Undergraduate Web-Based Interactive Self-Evaluation (uWISE)* is a 542-question interactive

self-exam based on the educational topic areas that can be used for student self-assessment. uWISE is located on the APGO Web site at <https://www.apgo.org/student.html>

** uWISE requires an additional subscription*

INTENDED LEARNING OUTCOMES

Intended Learning Outcomes define educational expectations for medical students. We recognize that curricula are diverse; therefore, educators are encouraged to consider where in their medical school curriculum to address these learning outcomes.

We expect that the changes in this 10th edition will make this resource more useful. We welcome your feedback about this edition and remain dedicated to meeting the needs of the APGO membership.

TABLE 1. THE 18 EDUCATIONAL OBJECTIVES OF OB-GYN UNDERGRADUATE MEDICAL EDUCATION AND RELATED EDUCATIONAL TOPIC AREAS

A student will be able to:

Objective Number	Objective Description	Related Educational Area Topic Number
1	Develop competence in the medical interview and physical examination of women, and incorporate ethical, social and diversity perspectives to provide culturally competent health care.	1, 2, 3, 4, 5, 59, 60, 61, 62
2	Apply recommended prevention strategies to women throughout the lifespan.	7, 57, 58
3	Recognize his/her role as a leader and advocate for women.	6
4	Demonstrate knowledge of preconception care including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.	9
5	Explain the normal physiologic changes of pregnancy including interpretation of common diagnostic studies.	8, 10, 63
6	Describe common problems in obstetrics.	16, 17, 18, 19, 20, 21, 23, 29, 30, 31, 63
7	Demonstrate knowledge of intrapartum care of the mother and newborn.	11, 22, 24, 25, 26, 32, 63
8	Demonstrate knowledge of postpartum care.	12, 13, 14, 27, 28, 63
9	Describe menstrual cycle physiology, discuss puberty and menopause and explain normal and abnormal bleeding.	42, 43, 44, 45, 46, 47, 49
10	Describe the etiology and evaluation of infertility.	48
11	Develop a thorough understanding of contraception, including sterilization and abortion.	33, 34
12	Demonstrate knowledge of common benign gynecological conditions.	35, 36, 37, 38, 53
13	Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.	15, 39, 64
14	Describe common breast conditions and outline the evaluation of breast complaints.	40
15	Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.	41, 64

16	Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation.	50, 51, 52, 54, 55
17	Provide a preliminary assessment of patients with sexual concerns.	56
18	Understand the basic tenets and fundamental techniques utilized to evaluate, diagnose and treat the female patient osteopathically.	59, 60, 61, 62, 63, 64

KEY**Levels of Competence***

K = Knows

KH = Knows How

SH = Shows How

D = Does

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

CBL = Case-Based Learning

CE = Clinical Experience

IL = Independent Learning

L = Lecture

RP = Role Play/Dramatization

S = Simulation

Assessment Methods

CDR = Clinical Documentation Review

CK = Clinical Performance Ratings/Checklist

MCQ* = Exam – Institutionally developed or nationally normed/standardized, subject

OSCE** = Exam – Institutionally developed, clinical performance

OE = Exam – Institutionally developed, oral

MCQ = multiple choice question examination**OSCE = objective structured clinical examination*

The suggested instructional methods and assessment methods above were extracted from the Association of American Medical Colleges (AAMC) Curriculum Inventory.* The list is not comprehensive but provides commonly used suggested methods.

**<https://www.aamc.org/initiatives/medaps/curriculumreports/>*

Hot Topics

A = Advocacy

E = Ethics

GE = Genetics

GH = Global Health

IP = Interprofessional Education

N = Nutrition

PH = Pharmacology

PM = Pain Management

PS = Patient Safety

S = Surgical Skills

APGO Electronic Resources

BCS – Basic Clinical Skills Curriculum

EP – Effective Preceptor Series

ES – Educational Series

OTC – Online Teaching Cases

uW – uWISE

WWD – Women with Disabilities

ACGME OUTCOME PROJECT GENERAL COMPETENCIES

The residency program must integrate the following ACGME competencies into the curriculum:

A. Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

B. Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care.

C. Practice-Based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.

D. Interpersonal and Communication Skills

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaborations with patients, their families, and other health professionals.

E. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

F. Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability call on other resources in the system to provide optimal health care.

INTRODUCTION TO OSTEOPATHIC MEDICINE – UNIT 8 (EDUCATIONAL TOPICS 59-64)

This unit has been written to provide the physician preceptor (osteopathic or allopathic) and the third-year medical student (osteopathic or allopathic) an understanding of the basic tenets of osteopathy and how these principles can be integrated into the practice of obstetrics and gynecology to care for women of all ages. The forefather of osteopathic medicine was Andrew Taylor Still, MD, DO, who established the first osteopathic medical school in 1892 in Kirksville, Missouri. Doctor Still's fundamental beliefs upon which he established osteopathy were based on four underlying principles:

- (1) The body is a unit with component parts that work synergistically to benefit the whole organism. The person is a unit of body, mind and spirit.
- (2) The body is capable of self-regulation, self-healing, and health promotion. The body has an inherent capability to support and heal itself.
- (3) The structure and function of the body are reciprocally interrelated.
- (4) Rational treatment is based on a complete understanding of the principles of body unity, self-regulation, and the interrelationship of structure and function.

Since osteopathy began in 1892, Osteopathic Principles and Practice guidelines have helped both the patient and physician alike. Osteopathic physicians utilize the fundamental belief in the "cause and effect" relationship. The patient presents with a symptom or dysfunction (effect) and the physician works towards finding the reason for the symptom or diagnosis (cause). Inherent to this philosophy is the concept of somatic dysfunction, which is unique to osteopathic medicine. Somatic dysfunction is the lack of, or impaired function of, normal anatomy and/or related components of the soma (body). Given that the body is composed of musculoskeletal, circulatory, lymphatic, and neural components which all work as a whole in the function of the patient's status, a somatic dysfunction is a change in the normal function of any of these areas. When properly evaluated and diagnosed, this dysfunction can be treated and homeostasis can be restored using osteopathic manipulative treatment, the definitive treatment of somatic dysfunction. With this approach, physicians have learned to evaluate patients differently and to "think osteopathically" with their hands in order to diagnose and treat the whole patient, restoring health to the body, the mind, and spirit.

The objective of this unit is to assemble a collection of various osteopathic concepts and techniques into one basic reference for the physician preceptor (both DO and MD) and for the third-year osteopathic medical student. This chapter is not intended to be all-inclusive but to provide general guidelines to understand the basic tenets and fundamental techniques utilized to evaluate, diagnose and treat the female patient osteopathically. Our goal is to foster an appreciation of the fundamentals of Osteopathic Principles and Philosophy (OPP) and the practice of Osteopathic Manipulative Medicine (OMM).

UNIT 1: APPROACH TO THE PATIENT

Educational Topic 1: History

Rationale: A gynecological evaluation is an important part of primary health care and preventive medicine for women. A gynecological assessment should be a part of every woman's general medical interview and physical examination. Certain questions must be asked of every woman, whereas other questions are specific to particular problems. To accomplish these objectives, optimal communication must be achieved between patient and physician.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Complete a comprehensive women's medical interview, including: <ol style="list-style-type: none"> 1. Menstrual history 2. Obstetric history 3. Gynecologic history 4. Contraceptive history 5. Sexual history 6. Family/genetic history 7. Social history 	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D, E	GE	EP, ES, WWD
B. Assess risk for unintended pregnancy, sexually transmitted infections, cervical pathology, breast malignancy, gynecologic malignancies, nutrition/obesity, domestic violence and eating disorders	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E	A, N, PS	
C. Assess the patient's adherence to the recommended screening measures	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D	A	
D. Demonstrate interpersonal and communication skills that build trust by addressing relevant factors including culture, ethnicity, language/literacy, socioeconomic status, spirituality/religion, age, sexual orientation and disability	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, D, E	A, GH	
E. Produce well-organized written and oral reports to communicate the results of the ob-gyn and general medical interview	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D		

UNIT 1: APPROACH TO THE PATIENT

Educational Topic 2: Examination

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Demonstrate interactions with the patient that gains her confidence and cooperation and assures her comfort and dignity	D	CBL, CE, RP, S	CDR, CK	A, D, E, F	A	BCS, EP
B. Perform accurate examinations in a sensitive manner, including: <ol style="list-style-type: none"> 1. Breast examination 2. Abdominal examination 3. Complete pelvic examination 	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D, E		
C. Describe the: <ol style="list-style-type: none"> 1. Normal female anatomy across the life span 2. Appearance of common pathology of the female urogenital tract 3. Appearance of common breast changes and disorders 	KH	CBL, CE, IL, L	MCQ, OE	A, B, D		
D. Produce well-organized written and oral reports to communicate findings of the examination	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D		
E. Communicate examination findings with the patient as appropriate	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D, E		

UNIT 1: APPROACH TO THE PATIENT

Educational Topic 3: Pap Test and DNA Probes/Cultures

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Perform a Pap Test	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D, E		BCS, ES, OTC, uW
B. Obtain specimens to detect sexually transmitted infections	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D, E		
C. Explain the purpose of these tests to the patient	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E		

UNIT 1: APPROACH TO THE PATIENT

Educational Topic 4: Diagnosis and Management Plan

Rationale: Accurately identifying problems and selecting the most likely diagnoses lead to effective management plans.

A student should be able to:

Intended Learning Outcome	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Generate a problem list	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B		EP
B. Formulate a diagnostic impression, including differential diagnosis	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B		
C. Appraise cultural, psychosocial, economic and ethical issues in patient care	SH	CBL, CE, RP, S	CDR, CK, OSCE	A, D, E, F	A, E, GH	
D. Develop a management plan that includes: <ol style="list-style-type: none"> 1. Laboratory and diagnostic studies 2. Treatment options, both medical and surgical 3. Patient education 4. Continuing care plans 5. Consideration for evidence-based medicine 	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, C, D, E, F	PH	

UNIT 1: APPROACH TO THE PATIENT

Educational Topic 5: Personal Interaction and Communication Skills

Rationale: The student must interact and communicate effectively with a patient, her family, and all members of a health care team.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Develop rapport with patients, taking into account patients' social and cultural contexts	D	CBL, CE, RP, S	CK	A, D, E, F	A, GH	EP, WWD
B. Work cooperatively with patients, their social supports and other members of the health care team	D	CBL, CE, RP, S	CK	A, D, E, F	A, IPE	
C. Analyze his/her own strengths with regard to interaction and communication skills	D	CBL, CE, RP, S	CK	C, D	IPE	

UNIT 1: APPROACH TO THE PATIENT

Educational Topic 6: Legal and Ethical Issues in Obstetrics and Gynecology

Rationale: Recognizing and understanding the basis of legal and ethical issues in obstetrics and gynecology will promote quality patient care and patient safety.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Explain the following legal/ethical issues:						
1. Informed consent	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	A, PS	EP, OTC, uW, WWD
2. Confidentiality	D	CBL, CE, RP, S	CDR, CK	A, D, E	A, E	
3. Advance directives for healthcare	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	A, E	
4. Screening and reporting of suspected child abuse, sexual abuse and intimate partner violence	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	A, PS	
B. Discuss the legal and ethical issues in the care of minors	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	A, E	
C. Apply a systematic approach to ethical dilemmas based on ethical principles	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	E	
D. Describe issues of justice relating to access to obstetric-gynecology care	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	A, E	
E. Recognize his/her role as a leader and advocate for women	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	A	
F. Recognize the ethical issues of other specialties and disciplines as they relate to women's healthcare	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	E, IPE	

UNIT 1: APPROACH TO THE PATIENT

Educational Topic 7: Preventive Care and Health Maintenance

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Counsel patients regarding the following and suggest appropriate referral if necessary (i.e. social worker, nutritionist, psychologist): <ol style="list-style-type: none"> 1. Contraception 2. Intimate partner violence 3. Prevention of sexually transmitted infections 4. Immunizations 5. Diet/nutrition 6. Exercise 7. Seat belt use 8. Stress management 9. Sun exposure 10. Depression 11. Tobacco use 12. Alcohol/substance abuse 	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E, F	A, N	ES, OTC, uW
B. Explain prevention guidelines including screening procedures for diseases of the following organ systems: <ol style="list-style-type: none"> 1. Breast 2. Cervix 3. Colon 4. Cardiovascular 5. Skin 6. Bone 	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E, F	A, IPE	

<p>C. Identify risk factors in a patient's personal and family history for diseases of the following organ systems:</p> <ol style="list-style-type: none"> 1. Breast 2. Cervix 3. Colon 4. Cardiovascular 5. Skin 6. Bone 	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E, F	GE, IPE	
---	----	-----------------------	---------------	---------------	---------	--

UNIT 2: OBSTETRICS
SECTION A: NORMAL OBSTETRICS

Educational Topic 8: Maternal-Fetal Physiology

Rationale: Knowledge of the physiologic adaptations to pregnancy will promote understanding of the impact of pregnancy on health and disease.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Discuss the maternal physiologic and anatomic changes associated with pregnancy	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. Describe fetal and placental physiology	K	CBL, CE, IL, L	MCQ, OE	B		
C. Interpret common diagnostic studies during pregnancy	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		

UNIT 2: OBSTETRICS

SECTION A: NORMAL OBSTETRICS

Educational Topic 9: Preconception Care

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe how certain medical conditions affect pregnancy	KH	CBL, CE, IL, L	MCQ, OSCE, OE	B		OTC, uW
B. Describe how pregnancy affects certain medical conditions	KH	CBL, CE, IL, L	MCQ, OSCE, OE	B		
C. Assess a patient's genetic risk as well as father's genetic risk with regard to pregnancy	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E, F	GE	
D. Describe genetic screening options in pregnancy	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B, D	GE	
E. Recognize a patient's risk of substance abuse and intimate partner violence and explain how this would be addressed with a patient	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E, F	A	
F. Appraise a patient's nutritional status and make recommendations to the patient on nutrition and exercise	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E, F	N	
G. Assess a patient's medications, immunizations and environmental hazards in pregnancy	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E, F	A, PH	
H. Identify appropriate folic acid intake	K	CBL, CE, IL, L	MCQ, OE	B	N	
I. Identify ethical issues associated with prenatal genetic screening and diagnostic tests	K	CBL, CE, IL, L	MCQ, OE	B, F	E, GE	

UNIT 2: OBSTETRICS

SECTION A: NORMAL OBSTETRICS

Educational Topic 10: Antepartum Care

Rationale: Antepartum care promotes patient education, provides ongoing risk assessment with the aim to maintain positive maternal and fetal outcomes.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Diagnose pregnancy	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B		OTC, uW
B. Determine gestational age	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B		
C. Assess risk factors for pregnancy complications, including screening for intimate partner violence	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E	A	
D. Describe appropriate diagnostic studies and their timing for a normal pregnancy	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
E. List the nutritional needs of pregnant women	K	CBL, CE, IL, L	MCQ, OE	B	A, N	
F. Identify adverse effects of drugs and the environment on pregnancy	K	CBL, CE, IL, L	MCQ, OE	B	A, PS, PH	
G. Perform a physical examination on obstetric patient	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D, E		
H. Discuss answers to commonly asked questions concerning pregnancy, labor and delivery	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E		
I. Describe approaches to assessing the following: <ol style="list-style-type: none"> 1. Fetal well-being 2. Fetal growth 3. Amniotic fluid volume 4. Fetal lung maturity 	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
J. Describe the impact of pregnancy on medical problems and the impact of medical problems on pregnancy	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	IPE	

UNIT 2: OBSTETRICS
SECTION A: NORMAL OBSTETRICS

Educational Topic 11: Intrapartum Care

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Differentiate between the signs and symptoms of true and false labor	KH	CBL, CE, IL, L	CK, MCQ, OE	A, B		BCS, OTC, uW
B. Perform initial assessment of laboring patient	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E		
C. Describe the four stages of labor and recognize common abnormalities	KH	CBL, CE, IL, L	CK, MCQ, OE	A, B		
D. Explain pain management approaches during labor	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	A, PH, PM	
E. Describe methods of monitoring the mother and fetus	K	CBL, CE, IL, L	MCQ, OE	B, F	PS	
F. Describe the steps of a vaginal delivery	KH	CBL, CE, IL, L, RP, S	CK, OSCE, OE	A, B	S	
G. List indications for operative delivery	K	CBL, CE, IL, L	MCQ, OE	B		
H. Identify maternal risks specific to delivery in developing countries	K	CBL, CE, IL, L	MCQ, OE	B, F	A, GH, PS	

UNIT 2: OBSTETRICS
SECTION A: NORMAL OBSTETRICS

Educational Topic 12: Immediate Care of the Newborn

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List techniques for assessing newborn status	K	CBL, CE, IL, L	MCQ, OE	B, F	IPE	OTC, uW
B. Describe immediate care of the normal newborn	KH	CBL, CE, IL, L, S	OSCE, OE	A, B	IPE	
C. Recognize situations requiring immediate intervention in newborn care	KH	CBL, CE, IL, L, S	OSCE, OE	A, B	IPE	
D. Describe the risks and benefits of male infant circumcision	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	PS	

UNIT 2: OBSTETRICS
SECTION A: NORMAL OBSTETRICS

Educational Topic 13: Postpartum Care

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

A student should be able to:

Intended Learning Outcome	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Discuss the normal maternal physiological changes of the postpartum period	K	CBL, CE, IL, L	MCQ, OE	B	N	ES, OTC, uW
B. Describe the components of normal postpartum care	K	CBL, CE, IL, L	MCQ, OE	A, B	PM, IPE	
C. Outline topics to cover in postpartum patient counseling	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F		
D. Describe appropriate post-partum contraception	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	GH, PH	

UNIT 2: OBSTETRICS
SECTION A: NORMAL OBSTETRICS

Educational Topic 14: Lactation

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List the normal physiologic and anatomic changes of the breast during pregnancy and postpartum	K	CBL, CE, IL, L	MCQ, OE	B	N	BCS, OTC, uW
B. Recognize and know how to treat common postpartum abnormalities of the breast	KH	CBL, CE, IL, L, RP, S	MCQ, OSCE, OE	A, B, D, E		
C. List the benefits of breast feeding	K	CBL, CE, IL, L	MCQ, OE	B	A, GH	
D. Describe the resources and approach to determining medication safety during breast feeding	KH	CBL, CE, IL, L, RP, S	MCQ, OSCE, OE	A, B, D, E	A, PH	
E. Describe common challenges in the initiation and maintenance of lactation	KH	CBL, CE, IL, L, RP, S	MCQ, OSCE, OE	A, B, D, E, F	GH, PM	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 15: Ectopic Pregnancy

Rationale: Ectopic pregnancy is a leading cause of maternal morbidity and mortality. Early diagnosis and management may prevent serious adverse outcomes, and may preserve future fertility.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Develop a differential diagnosis for vaginal bleeding and abdominal pain in the first trimester	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	PS	ES, OTC, uW
B. Perform a physical exam to assess for acute abdomen	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D, E		
C. List risk factors for ectopic pregnancy	K	CBL, CE, IL, L	MCQ, OE	B		
D. Discuss diagnostic protocols for ectopic pregnancy	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		
E. Describe treatment options for patients with ectopic pregnancy	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	PH, PM, S	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 16: Spontaneous Abortion

Rationale: Spontaneous abortion is a common and often distressing complication of early pregnancy. An accurate and prompt diagnosis is warranted.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Develop a differential diagnosis for first trimester vaginal bleeding	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	PS	ES, OTC, uW
B. Differentiate the types of spontaneous abortion (missed, complete, incomplete, threatened, septic)	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
C. List the causes of spontaneous abortion	K	CBL, CE, IL, L	MCQ, OE	B	GE	
D. List the complications of spontaneous abortion	K	CBL, CE, IL, L	MCQ, OE	B		
E. Discuss treatments options for spontaneous abortion	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	PH, S	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 17: Medical and Surgical Complications of Pregnancy

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Identify the following medical and surgical conditions in pregnancy and discuss the potential impact of the conditions on the gravid patient and the fetus/newborn, as well as the impact of pregnancy (if any) on each condition, and appropriate initial evaluation:						
1. Anemia	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	OTC, uW
2. Endocrine disorders, including diabetes mellitus and thyroid disease	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	
3. Cardiovascular disease	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	
4. Hypertension	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	
5. Pulmonary disease	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	
6. Renal disease	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	
7. Gastrointestinal disease	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	
8. Neurologic disease	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	

9. Autoimmune disorders	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	
10. Alcohol, tobacco, and substance abuse	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	
11. Surgical abdomen	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE, S	
12. Infectious diseases, including: a) Syphilis b) TORCH (Toxoplasmosis, Rubella, Cytomegalovirus, Herpes) c) Group B Streptococcus d) Hepatitis e) Human Immunodeficiency Virus (HIV) f) Human Papillomavirus (HPV) and other sexually transmitted infections g) Parvovirus h) Varicella	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	GH, IPE	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 18: Preeclampsia-Eclampsia

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Define the types of hypertension in pregnancy	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. Describe the pathophysiology of preeclampsia-eclampsia	K	CBL, CE, IL, L	MCQ, OE	B		
C. List risk factors for preeclampsia	K	CBL, CE, IL, L	MCQ, OE	B	GE	
D. Recognize the signs and symptoms to diagnose preeclampsia-eclampsia	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
E. Explain the management of a patient with preeclampsia-eclampsia	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH	
F. List the maternal and fetal complications associated with preeclampsia-eclampsia	K	CBL, CE, IL, L	MCQ, OE	B	GH, PS	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 19: Alloimmunization

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe the pathophysiology and diagnosis of alloimmunization	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	GE	OTC, uW
B. Describe the use of immunoglobulin prophylaxis during pregnancy for the prevention of alloimmunization	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B, F	PH, PS	
C. Discuss the management of a patient with Rh-D sensitization in pregnancy	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 20: Multifetal Gestation

Rationale: Multifetal gestation imparts additional risks and complications to the mother and fetus which requires specialized care.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List the risk factors for multifetal gestation	K	CBL, CE, IL, L	MCQ, OE	B	E, GE	OTC, uW
B. Describe the embryology of multifetal gestation	K	CBL, CE, IL, L	MCQ, OE	B		
C. Describe the unique maternal and fetal physiologic changes associated with multifetal gestation	K	CBL, CE, IL, L	MCQ, OE	B		
D. Describe diagnosis and management of multifetal gestation	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	N	
E. Describe the potential maternal and fetal complications associated with multifetal gestation	K	CBL, CE, IL, L	MCQ, OE	B	PS	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 21: Fetal Demise

Rationale: Antepartum stillbirth is a devastating pregnancy complication that may cause additional risks to the patient. Early medical management and patient support is warranted. Evaluation of fetal demise is needed to assess the risk to future pregnancies.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe the symptoms and common causes of fetal demise in each trimester, including genetic and nutritional factors	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	GE, N, PS	OTC, uW
B. Describe the diagnostic methods to confirm the diagnosis and etiology of fetal demise	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
C. Describe the medical and psychosocial management of a patient diagnosed with a fetal demise	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	A, IPE	
D. Outline the steps to disclose a diagnosis of fetal demise to a patient	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E	A	
E. Identify factors unique to developing countries that may lead to fetal demise	K	CBL, IL, L	MCQ, OE	B	GH	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 22: Abnormal Labor

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List abnormal labor patterns	K	CBL, CE, IL, L	MCQ, OE	B		BCS, OTC, uW
B. Describe the causes and methods of evaluating abnormal labor patterns	KH	CBL, CE, IL, L, S	CK, MCQ, OSCE, OE	A, B		
C. Discuss fetal and maternal complications of abnormal labor	K	CBL, CE, IL, L	MCQ, OE	B		
D. List indications and contraindications for oxytocin administration	K	CBL, CE, IL, L	MCQ, OE	B		
E. Describe risks and benefits of trial of labor after Cesarean delivery	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F		
F. Discuss strategies for emergency management of breech presentation, shoulder dystocia, and cord prolapse	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 23: Third Trimester Bleeding

Rationale: Bleeding in the third trimester requires prompt evaluation and management to reduce maternal and fetal morbidity and mortality.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List the causes of third trimester bleeding	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. Describe the initial evaluation of a patient with third trimester bleeding	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		
C. Differentiate the signs and symptoms of third trimester bleeding	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
D. List the maternal and fetal complications of placenta previa and placental abruption	K	CBL, CE, IL, L	MCQ, OE	B		
E. Describe the initial evaluation and management plan for acute blood loss	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	
F. List the indications and potential complications of blood product transfusion	K	CBL, CE, IL, L	MCQ, OE	A, B, F	PS	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 24: Preterm Labor

Rationale: Prematurity is one of the most common causes of neonatal morbidity and mortality. The reduction of preterm births remains an important goal in obstetric care.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Identify the modifiable and non-modifiable risk factors and causes for preterm labor	K	CBL, CE, IL, L	MCQ, OE	B	GH, N	OTC, uW
B. Describe the signs and symptoms of preterm labor	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
C. Describe the initial management of preterm labor	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		
D. List indications and contraindications of medications used in preterm labor	K	CBL, CE, IL, L	MCQ, OE	B	PH	
E. List the adverse outcomes associated with preterm birth	K	CBL, CE, IL, L	MCQ, OE	B	GH	
F. Describe the counseling for reducing preterm birth risk	KH	CBL, CE, IL, L, RP, S	OE	A, B, D, E, F		

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 25: Premature Rupture of Membranes

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List the history, physical findings, and diagnostic methods to confirm rupture of membranes	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		OTC, uW
B. Identify risk factors for premature rupture of membranes	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
C. Describe the risks and benefits of expectant management versus immediate delivery, based on gestational age	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		
D. Describe the methods to monitor maternal and fetal status during expectant management	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 26: Intrapartum Fetal Surveillance

Rationale: Intrapartum fetal surveillance helps evaluate fetal well-being.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Methods	Assessment Methods	ACGME Competency	Hot Topics	APGO eResources
A. Describe the techniques of fetal surveillance	KH	CBL, CE, IL, L	CK, MCQ, OSCE, OE	B		OTC, uW
B. Interpret intrapartum electronic fetal heart rate monitoring	KH	CBL, CE, IL, L, S	CK, MCQ, OSCE, OE	A, B, F		

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 27: Postpartum Hemorrhage

Rationale: Postpartum hemorrhage is a major, often preventable, cause of maternal morbidity and mortality.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List the risk factors for postpartum hemorrhage	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. Construct a differential diagnosis for immediate and delayed postpartum hemorrhage	KH	CBL, CE, IL, L	CK, MCQ, OSCE, OE	A, B		
C. Develop an evaluation and management plan for the patient with postpartum hemorrhage, including consideration of various resource settings	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	GH, IPE, PH, PS	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 28: Postpartum Infection

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List the risk factors for postpartum infection	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. List common postpartum infections	K	CBL, CE, IL, L	MCQ, OE	B		
C. Develop an evaluation and management plan for the patient with postpartum infection	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PS, IPE, PH	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 29: Anxiety and Depression

Rationale: Pregnancy may be accompanied by anxiety and depression especially in the post partum period. Recognition of psychological disturbance is essential for early intervention.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List risk factors for postpartum blues, depression, and psychosis	K	CBL, CE, IL, L	MCQ, OE	B	A	OTC, uW
B. Differentiate between postpartum blues, depression and psychosis	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	PS	
C. Compare and contrast treatment options for postpartum blues, depression and psychosis	KH	CBL, CE, IL, L, RP	MCQ, OSCE, OE	A, B, F	PH	
D. Recognize appropriate treatment options for mood disorders during pregnancy and lactation	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B, F	A, IPE	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 30: Postterm Pregnancy

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Identify the normal duration of gestation	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. List the complications of prolonged gestation	K	CBL, CE, IL, L	MCQ, OE	B	GH	
C. Describe the evaluation and evidence-based management options for prolonged gestation	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE, PS	

UNIT 2: OBSTETRICS
SECTION B: ABNORMAL OBSTETRICS

Educational Topic 31: Fetal Growth Abnormalities

Rationale: Abnormalities of fetal growth carry increased risks for morbidity and mortality. Monitoring fetal growth is an important aspect of prenatal care.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Define macrosomia and fetal growth restriction	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. Describe etiologies of abnormal growth	K	CBL, CE, IL, L	MCQ, OE	B	GE, N	
C. List methods of detection for fetal growth abnormalities	K	CBL, CE, IL, L	MCQ, OE	B		
D. Describe the management of fetal growth abnormalities	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		
E. List the associated morbidity and mortality of fetal growth abnormalities	K	CBL, CE, IL, L	MCQ, OE	B	PS	

UNIT 2: OBSTETRICS

SECTION C: PROCEDURES

Educational Topic 32: Obstetric Procedures

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe the key components of preoperative evaluation and planning, including history, physical examination, and informed consent (including risks, benefits, and alternatives)	KH	CBL, CE, IL, L, RP, S	OE	A, B, D, E	A, E	BCS, OTC, uW
B. Describe common measures for the prevention of infection, deep venous thrombosis and other perioperative complications	K	CBL, CE, IL, L	MCQ, OE	B		
C. Describe key components of postoperative care	K	CBL, CE, IL, L	MCQ, OE	B	S	
D. Discuss common postoperative complications	K	CBL, CE, IL, L	MCQ, OE	B	S	
E. Describe the communication of operative findings and complications to patient and family	KH	CBL, CE, L, S	CDR, CK, OSCE, OE	A, B, D, E	A, S	
F. Describe common outpatient and inpatient obstetrical procedures with their indications and possible complications: <ol style="list-style-type: none"> 1. Ultrasound 2. Amniocentesis and chorionic villous sampling 3. Intrapartum fetal surveillance 	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B, F	GH, PH, PM, PS, S	

4. Induction and augmentation of labor						
5. Spontaneous vaginal delivery						
6. Vaginal birth after Cesarean delivery						
7. Operative vaginal delivery						
8. Breech delivery						
9. Cesarean delivery						
10. Postpartum tubal ligation						
11. Cerclage						
12. Newborn circumcision						

UNIT 3: GYNECOLOGY
SECTION A: GENERAL GYNECOLOGY

Educational Topic 33: Family Planning

Rationale: An understanding of contraceptive methods and associated risks and benefits is necessary to assist patients seeking to prevent pregnancy.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe the mechanism of action and effectiveness of contraceptive methods	K	CBL, CE, IL, L	MCQ, OE	B		ES, OTC, uW
B. Counsel the patient regarding the benefits, risks, and use for each contraceptive method including emergency contraception	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E, F	PH, PS	
C. Describe barriers to effective contraceptive use and to reduction of unintended pregnancy	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	A, E, GH	
D. Describe the methods of male and female surgical sterilization	K	CBL, CE, IL, L	MCQ, OE	B	S	
E. Explain the risks and benefits of female surgical sterilization procedures	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	PS, S	

UNIT 3: GYNECOLOGY
SECTION A: GENERAL GYNECOLOGY

Educational Topic 34: Pregnancy Termination

Rationale: Pregnancy termination is a reproductive option. Patients may consider it based on their personal life circumstances as well as in the setting of fetal anomalies or maternal illness. Regardless of personal views about abortion, students should be knowledgeable about its public health importance as well as techniques and complications.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Provide non-directive counseling to patients surrounding pregnancy including unintended pregnancy	SH	CBL, CE, RP, S	CDR, CK, OSCE	A, B, D, E, F	A, E	OTC, uW
B. List surgical and non-surgical methods of pregnancy termination	K	CBL, CE, IL, L	MCQ, OE	B	PH, S	
C. Identify potential complications of pregnancy termination	K	CBL, CE, IL, L	MCQ, OE	B	S	
D. Describe the public health impact of the legal status of abortion	K	CBL, CE, IL, L	MCQ, OE	F	A, GH	

UNIT 3: GYNECOLOGY
SECTION A: GENERAL GYNECOLOGY

Educational Topic 35: Vulvar and Vaginal Disease

Rationale: Vulvar and vaginal conditions occur frequently, can be distressing, and may have serious consequences.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Formulate a differential diagnosis for vulvovaginitis	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		OTC, uW
B. Interpret a wet mount microscopic examination	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, F		
C. Describe the variety of dermatologic disorders of the vulva	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
D. Discuss the steps in the evaluation and management of a patient with vulvovaginal symptoms	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PM	

UNIT 3: GYNECOLOGY
SECTION A: GENERAL GYNECOLOGY

Educational Topic 36: Sexually Transmitted Infections (STI) and Urinary Tract Infections (UTI)

Rationale: Early recognition and treatment of urinary and pelvic infections may help prevent short and long-term morbidity. Prevention of sexually transmitted infections is a major public health goal.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe the guidelines for STI screening and partner notification/treatment	K	CBL, CE, IL, L	MCQ, OE	B	A, E	OTC, uW
B. Describe STI prevention strategies, including immunization	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B, F	A, GH	
C. Describe the symptoms and physical exam findings associated with common STIs	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
D. Discuss the steps in the evaluation and management of common STIs including appropriate referral	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	IPE	
E. Describe the pathophysiology of salpingitis and pelvic inflammatory disease	K	CBL, CE, IL, L	MCQ, OE	B		
F. Describe the evaluation, diagnostic criteria, and initial management of salpingitis/pelvic inflammatory disease	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH, PM	
G. Identify possible long-term sequelae of salpingitis/pelvic inflammatory disease	K	CBL, CE, IL, L	MCQ, OE	B	IPE, PM	
H. Describe the diagnosis and management of UTIs	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		

UNIT 3: GYNECOLOGY
SECTION A: GENERAL GYNECOLOGY

Educational Topic 37: Pelvic Floor Disorders

Rationale: Pelvic organ prolapse, urinary incontinence and anal incontinence (pelvic floor disorders) are increasingly common with the aging of the U.S. population. These conditions have a major impact on a woman's quality of life.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe normal pelvic anatomy and pelvic support	K	CBL, CE, IL, L	MCQ, OE	B		ES, OTC, uW
B. List risk factors for pelvic floor disorders	K	CBL, CE, IL, L	MCQ, OE	B		
C. Describe signs and symptoms of pelvic floor disorders	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B, D		
D. Differentiate the types of urinary incontinence	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
E. Discuss the steps in evaluation of pelvic floor disorders	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
F. Describe the anatomic changes associated with pelvic floor disorders	K	CBL, IL, L	MCQ, OE	B		
G. Describe non-surgical and surgical management options for pelvic floor disorders	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	S	

UNIT 3: GYNECOLOGY
SECTION A: GENERAL GYNECOLOGY

Educational Topic 38: Endometriosis

Rationale: Endometriosis may result in pelvic pain, infertility, and menstrual dysfunction.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe theories of pathogenesis of endometriosis	K	CBL, IL, L	MCQ, OE	B		ES, OTC, uW
B. List the most common sites of endometriosis	K	CBL, CE, IL, L	MCQ, OE	B		
C. Describe the symptoms and physical exam findings in a patient with endometriosis	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	PM	
D. Describe the diagnosis and management options for endometriosis	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH, PM, S	

UNIT 3: GYNECOLOGY
SECTION A: GENERAL GYNECOLOGY

Educational Topic 39: Chronic Pelvic Pain

Rationale: Chronic pelvic pain may be a manifestation of a variety of gynecologic and non-gynecologic conditions.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Define chronic pelvic pain	K	CBL, CB, IL, L	MCQ, OE	B	PM	OTC, uW
B. Define prevalence and common etiologies of chronic pelvic pain	K	CBL, CE, IL, L	MCQ, OE	B	PM	
C. Describe the symptoms and physical exam findings in a patient with chronic pelvic pain	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	PM	
D. Discuss evaluation and management options for chronic pelvic pain	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH, PM	
E. Discuss the psychosocial issues associated with chronic pelvic pain	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	PM	

UNIT 3: GYNECOLOGY

SECTION B: BREASTS

Educational Topic 40: Disorders of the Breast

Rationale: Breast disorders and concerns are common. They are often distressing and may indicate the presence of serious disease.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List factors that place individuals at risk for breast disorders	K	CBL, IL, L	MCQ, OE	B	GE	ES, OTC, uW
B. Describe symptoms and physical examination findings of benign or malignant conditions of the breast	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
C. Demonstrate the performance of a clinical breast examination	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D, E		
D. Discuss the steps in the evaluation of common breast complaints: mastalgia, mass, nipple discharge	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
E. Discuss initial management options for benign and malignant conditions of the breast	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH, S	

UNIT 3: GYNECOLOGY

SECTION C: PROCEDURES

Educational Topic 41: Gynecologic Procedures

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe the key components of pre-operative evaluation and planning, including history, physical examination, and informed consent (including risks, benefits, and alternatives)	K	CBL, CE, IL, L	MCQ, OE	B	A, E	BCS, OTC, uW
B. Describe common measures for the prevention of infection, deep venous thrombosis and other perioperative complications	K	CBL, CE, IL, L	MCQ, OE	B	PS	
C. Describe the components of postoperative care	K	CBL, CE, IL, L	MCQ, OE	B	PH, PM	
D. Discussion common postoperative complications	K	CBL, CE, IL, L	MCQ, OE	B		
E. Describe the communication of operative findings and complication to patients and family	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F		
F. Describe the key members of an operating room team	K	CBL, CE, IL, L	MCQ, OE	B	S	
G. Describe key components of a preprocedural or preoperative time out.	K	CBL, CE, IL, L	MCQ, OE	B	PS	

H. Understand how surgical management can emotionally impact a patient and her family	K	CBL, CE, IL, L	MCQ, OE	B	S
I. Describe common outpatient and inpatient gynecologic procedures with their indications and possible complications <ol style="list-style-type: none"> 1. Pelvic ultrasonography 2. Colposcopy and cervical biopsy 3. Excisional procedures of the cervix 4. Vulvar biopsy 5. Endometrial biopsy 6. IUD insertion and removal 7. Contraceptive implant placement and removal 8. Dilation and curettage 9. Hysterosalpingogram 10. Hysteroscopy 11. Laparoscopy 12. Tubal ligation 13. Hysterectomy and bilateral salpingo-oophorectomy 14. Pregnancy termination 	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B, F	S
J. Demonstrate the ability to complete procedural tasks <ol style="list-style-type: none"> 1. Sterile technique 2. Foley catheter insertion 3. Basic suturing 4. Knot tying 	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A	S

UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

Educational Topic 42: Puberty

Rationale: Puberty consists of physical and emotional changes associated with the maturation of the reproductive system. In order to provide appropriate care and counseling, the physician must have an understanding of normal puberty, and recognize deviation from normal.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe the changes in the hypothalamic-pituitary-ovarian axis and target organs during normal puberty	K	CBL, IL, L	MCQ, OE	B		OTC, uW
B. Explain the normal sequence of pubertal events and ages at which these changes occur	K	CBL, CE, IL, L	MCQ, OE	B	GE	
C. Discuss the psychological issues associated with puberty	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
D. Define precocious and delayed puberty and describe the steps in the initial evaluation of these conditions	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		

UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

Educational Topic 43: Amenorrhea

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Define amenorrhea and oligomenorrhea	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. Explain the pathophysiology and identify the etiologies of amenorrhea and oligomenorrhea, including possible nutritional causes	K	CBL, CE, IL, L	MCQ, OE	B	N	
C. Describe associated symptoms and physical examination findings of amenorrhea	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
D. Discuss the steps in the evaluation and initial management of amenorrhea and oligomenorrhea	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH	
E. Describe the consequences of untreated amenorrhea and oligomenorrhea	K	CBL, CE, IL, L	MCQ, OE	B		

UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

Educational Topic 44: Hirsutism and Virilization

Rationale: Androgen excess causes short and long-term morbidity and may represent serious underlying disease.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Recognize normal variations and abnormalities in secondary sexual characteristics	KH	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. Define hirsutism and virilization	K	CBL, CE, IL, L	MCQ, OE	B		
C. Describe pathophysiology and identify etiologies of hirsutism	K	CBL, CE, IL, L	MCQ, OE	B		
D. Describe the steps in the evaluation and initial management options for hirsutism and virilization	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH	
E. Describe how hirsutism and virilization are manifested in other medical disorders	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		

UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

Educational Topic 45: Normal and Abnormal Uterine Bleeding

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Define the normal menstrual cycle and describe its endocrinology and physiology	K	CBL, CE, IL, L	MCQ, OE	B		ES, OTC, uW
B. Define abnormal uterine bleeding	K	CBL, CE, IL, L	MCQ, OE	B		
C. Describe the pathophysiology and identify etiologies of abnormal uterine bleeding	K	CBL, CE, IL, L	MCQ, OE	B		
D. Describe the steps in the evaluation and initial management of abnormal uterine bleeding	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		
E. Summarize medical and surgical management options for patients with abnormal uterine bleeding	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH, S	

UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

Educational Topic 46: Dysmenorrhea

Rationale: Dysmenorrhea is a common and sometimes debilitating condition in reproductive age women. Accurate diagnosis guides effective treatment.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Define dysmenorrhea and distinguish primary from secondary dysmenorrhea	K	CBL, CE, IL, L	MCQ, OE	B		ES, OTC, uW
B. Describe the pathophysiology and identify the etiologies of dysmenorrhea	K	CBL, CE, IL, L	MCQ, OE	B		
C. Discuss the steps in the evaluation and management of dysmenorrhea	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH, PM, S	

UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

Educational Topic 47: Menopause

Rationale: Women may spend much of their lives in the postmenopausal years. Physicians should understand the physical and emotional changes caused by menopause.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Define menopause and describe changes in the hypothalamic-pituitary-ovarian axis associated with perimenopause/menopause	K	CBL, CE, IL, L	MCQ, OE	B		ES, OTC, uW
B. Describe symptoms and physical exam findings related to perimenopause/menopause	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
C. Discuss management options for patients with perimenopausal/menopausal symptoms	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH	
D. Counsel patients regarding the menopausal transition	SH	CBL, CE, RP, S	CDR, CK, OSCE	A, D, E		
E. Discuss long-term changes associated with menopause	K	CBL, CE, IL, L	MCQ, OE	B		

UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

Educational Topic 48: Infertility

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

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Define infertility	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. List the causes of male and female infertility	K	CBL, CE, IL, L	MCQ, OE	B		
C. Describe the evaluation and initial management of an infertile couple	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
D. Describe the psychosocial issues associated with infertility	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E		
E. Describe management options for infertility	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E	PH	
F. Describe ethical issues confronted by patients with infertility	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E	E	
G. Identify the impact of genetic screening and testing on infertility associated treatments	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	GE	

UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

Educational Topic 49: Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD)

Rationale: PMS and PMDD involves physical and emotional discomfort. Effective management of this condition requires an understanding of symptoms and diagnostic methods.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Evaluation Method	ACGME Competency	Hot Topics	APGO eResources
A. Identify the criteria for making the diagnosis of PMS and PMDD	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. Describe treatment options for PMS and PMDD	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH, PM	

UNIT 5: NEOPLASIA

Educational Topic 50: Gestational Trophoblastic Neoplasia (GTN)

Rationale: Early recognition and proper management of molar pregnancy can reduce morbidity and mortality associated with gestational trophoblastic neoplasia.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe the symptoms and physical examination findings of a patient with GTN including molar pregnancy	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		OTC, uW
B. Describe the diagnostic methods, treatment options and follow-up for GTN including molar pregnancy	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH, S	
C. Recognize the difference between molar pregnancy and malignant GTN	K	CBL, CE, IL, L	MCQ, OE	B		

UNIT 5: NEOPLASIA

Educational Topic 51: Vulvar Neoplasms

Rationale: Early recognition and proper evaluation of vulvar neoplasms can reduce morbidity and mortality.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List risk factors for vulvar neoplasms	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. Describe the symptoms and physical examination findings of a patient with vulvar neoplasms	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
C. List the indications for vulvar biopsy	K	CBL, CE, IL, L	MCQ, OE	B		

UNIT 5: NEOPLASIA

Educational Topic 52: Cervical Disease and Neoplasia

Rationale: Early recognition and proper evaluation of pre-invasive cervical disease and cancer can reduce morbidity and mortality.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe the pathogenesis of cervical cancer	K	CBL, CE, IL, L	MCQ, OE	B		BCS, ES, OTC, uW
B. List the risk factors for cervical neoplasia and cancer	K	CBL, CE, IL, L	MCQ, OE	B	A, GH	
C. List the guidelines for cervical cancer screening	K	CBL, CE, IL, L	MCQ, OE	B		
D. Describe the initial management of a patient with an abnormal Pap test	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		
E. Describe the symptoms and physical findings of a patient with cervical cancer	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		

UNIT 5: NEOPLASIA

Educational Topic 53: Uterine Leiomyoma

Rationale: Uterine leiomyomas represent the most common gynecologic neoplasm and often lead to medical and surgical intervention.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Cite the prevalence of uterine leiomyoma	K	CBL, CE, IL, L	MCQ, OE	B		ES, OTC, uW
B. Identify symptoms and physical findings in patients with uterine leiomyoma	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
C. Describe the diagnostic methods to confirm uterine leiomyomas	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		
D. Describe the management options for the treatment of uterine leiomyomas	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	PH, S	

UNIT 5: NEOPLASIA

Educational Topic 54: Endometrial Hyperplasia and Carcinoma

Rationale: Endometrial carcinoma is the most common gynecologic malignancy. Early recognition and proper evaluation of endometrial hyperplasia and cancer can reduce morbidity and mortality.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. List the risk factors for endometrial hyperplasia/cancer	K	CBL, CE, IL, L	MCQ, OE	B	GE, N, PH	ES, OTC, uW
B. Describe the symptoms and physical findings with endometrial hyperplasia/cancer	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
C. Outline the causes, diagnosis, and management of postmenopausal bleeding	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		

UNIT 5: NEOPLASIA

Educational Topic 55: Ovarian Neoplasms

Rationale: Adnexal masses are a common finding in both symptomatic and asymptomatic patients. Appropriate evaluation is essential in the differentiation between benign and malignant neoplasms.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Describe the initial management of a patient with an adnexal mass	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F		OTC, uW
B. Compare the characteristics of functional cysts, benign ovarian neoplasms and ovarian cancers	K	CBL, CE, IL, L	MCQ, OE	B		
C. List the risk factors and protective factors for ovarian cancer	K	CBL, CE, IL, L	MCQ, OE	B	A, GE, PH	
D. Describe the symptoms and physical findings associated with ovarian cancer	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
E. Describe the three histological categories of ovarian neoplasms	K	CBL, CE, IL, L	MCQ, OE	B		

UNIT 6: HUMAN SEXUALITY

Educational Topic 56: Sexuality and Modes of Sexual Expression

Rationale: All physicians should be able to provide a preliminary assessment of patients with sexual concerns and make referrals when appropriate.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Obtain a sexual history, including sexual function and sexual orientation	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D, E	A	EP, OTC, uW
B. Describe the physiology of the female sexual response	K	CBL, CE, IL, L	MCQ, OE	B		
C. Describe the common patterns of female sexual dysfunction	K	CBL, CE, IL, L	MCQ, OE	B	A	
D. Identify the physical, psychological and societal impact on female sexual functions	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	A	

UNIT 7: VIOLENCE AGAINST WOMEN

Educational Topic 57: Sexual Assault

Rationale: Individuals who are the victims of sexual assault often have significant physical and emotional sequelae. Early medical management and patient support is warranted.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Identify patients at increased risk for sexual assault	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	A	EP, OTC, uW
B. Describe the medical and psychosocial management of a victim of sexual assault	KH	CBL, CE, IL, L	CDR, CK, MCQ, OSCE, OE	A, B, F	A	

UNIT 7: VIOLENCE AGAINST WOMEN

Educational Topic 58: Intimate Partner Violence

Rationale: Intimate partner violence affects women irrespective of socioeconomic status. All physicians should screen for intimate partner violence.

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
A. Cite prevalence and incidence of violence against women, elder abuse, and child abuse	K	CBL, CE, IL, L	MCQ, OE	B	A	EP, OTC, uW, WWD
B. Screen a patient for intimate partner violence	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D, E, F	A	
C. Summarize the available resources for a victim of intimate partner violence including short-term safety	KH	CBL, CE, IL, L, RP, S	OSCE, OE	A, B, D, E, F	A	

INTRODUCTION TO UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE

For the first time, this edition of the APGO Medical Student Educational Objectives contains the following chapter on osteopathic medical objectives in women's health. This chapter is designed for the osteopathic medical students in recognition that nearly 1 in 5 medical school students is currently enrolled in a College of Osteopathic Medicine. The chapter outlines six osteopathic learning objectives that are intended to be used by educators and osteopathic medical students in conjunction with all of the other learning objectives contained in this book to guide students through their education in women's healthcare.

For allopathic (MD) students interested in learning about osteopathic principles and practice, there is information here for you as well. You can see the types of additional information and skills that your osteopathic counterparts are learning.

We dedicate this chapter in memory of our dear friend and colleague Melicien Tettambel, DO, FACOOG (D). Doctor Tettambel was the consummate osteopathic obstetrician and gynecologist. She dedicated her career to osteopathically-focused care of women and the education of thousands of osteopathic medical students.

Osteopathic objectives writing committee members:

Anita Showalter, DO, FACOOG (D)-Chair
Teresa Ann Hubka, DO FACOOG (D), FACOG, CS
Corrine Jedyak-Bell, DO, MBA, FACOOG
Joseph M. Kaczmarczyk, DO, MPH, FACOOG (D)
Michele Tartaglia, DO, FACOOG, CS
Melicien Tettambel, DO, FACOOG (D)

Editors of the osteopathic section:

Joseph M. Kaczmarczyk, DO, MPH, FACOOG (D)
David A. Forstein, DO, FACOOG (D)

UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE

Educational Topic 59: Introduction to Osteopathic Principles in Obstetrics & Gynecology

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
	DO					
A. List the basic tenets of Osteopathic medicine.	K	CBL, CE, IL, L	MCQ, OE	B		
B. Define somatic dysfunction in terms of Tenderness, Asymmetry, Restriction of motion, and/or Tissue texture changes (TART)	K	CBL, CE, IL, L	MCQ, OE	B	PM	
C. Describe a structural exam of the female	K	CBL, CE, IL, L	MCQ, OE	B		
D. Perform the different types of Osteopathic Manipulative Treatments (OMT) commonly used in women's health care including <ol style="list-style-type: none"> 1. High Velocity/Low Amplitude 2. Muscle energy 3. Myofascial Release 4. Osteopathy in the Cranial field 5. Strain/counterstrain 	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B	PM	

<ul style="list-style-type: none"> 6. Soft Tissue/Articulatory Techniques 7. Lymphatic treatment 8. Balanced ligamentous tension 9. Facilitated positional release 10. Progressive inhibition of neuromuscular structures 11. Functional technique 12. Visceral manipulation 13. Still technique 						
<p>E. Identify evidence supporting the use of OMT in ob-gyn</p>	K	CBL, CE, IL, L	MCQ, OE	B		

UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE

Educational Topic 60: Osteopathic History Taking

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
	DO					
A. Obtain a comprehensive women's musculoskeletal history (e.g. scoliosis, musculoskeletal traumas, biomechanical factors that may have influence on pregnancy and outcome of pregnancy)	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B, D, E		EP, WWD
B. Assess the patient for any lifestyle risk factors that may contribute to chronic somatic dysfunction	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E		
C. Obtain a thorough social history including assessment of psychosocial support	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E		

UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE

Educational Topic 61: Osteopathic Structural Exam

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
	DO					
A. Perform an accurate osteopathic structural exam of the female patient	D	C, DS, RP	DO, OSCE, SP	A, B		
B. Identify areas of somatic dysfunction	D	C, DS, R	DO, OSCE, SP	A, B		
C. Document all findings accurately in the patient chart including <ol style="list-style-type: none"> 1. TART findings 2. Specific somatic dysfunctions 3. Spinal curves or postural influences 	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E		

UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE

Educational Topic 62: Osteopathic Diagnosis and Management Plan

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
	DO					
A. Include somatic dysfunction as a part of the differential diagnosis when appropriate	D	CBL, CE, IL, L, RP, S	CDR, CK	A, B	PM	
B. Incorporate OMT approaches as indicated	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E	PM	
C. Explain the indications and contraindications to osteopathic manipulative medicine (OMM) in pregnancy and women's care	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E		

UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE

Educational Topic 63: Osteopathy in Obstetrics

A student should be able to:

Intended Learning Outcomes	Level of Competence	Instructional Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
	DO					
A. Describe how musculoskeletal, postural and biomechanical factors affect fertility	K	CBL, CE, IL, L	MCQ, OE	B		OTC, uW
B. Identify patients that may benefit from treatment of somatic dysfunction before pregnancy including patients with <ol style="list-style-type: none"> 1. Short leg syndrome 2. Chronic pelvic pain 3. Chronic low back pain 	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	PM	
C. Discuss maternal musculoskeletal/structural changes associated with pregnancy	K	CBL, CE, IL, L	MCQ, OE	B		
D. Describe how osteopathic manipulation may affect the physiology of pregnancy	K	CBL, CE, IL, L	MCQ, OE	B		
E. Perform musculoskeletal, postural and biomechanical screening exams throughout prenatal care	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E		
F. Perform the treatments for common somatic dysfunctions in pregnancy including <ol style="list-style-type: none"> 1. Round ligament syndrome 2. Pubic shear 3. Carpal tunnel syndrome 4. Low back pain 	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E	PM	
G. Prepare the female pelvis for delivery via OMM in the third trimester	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E		

H. Discuss the normal and abnormal structural, musculoskeletal, and biomechanical changes of the postpartum period including <ol style="list-style-type: none"> 1. Involution of the uterus and how it affects pelvic structures 2. Persistent low back pain after pregnancy 	K	CBL, CE, IL, L	MCQ, OE	B		
I. Describe the common somatic dysfunctions of the postpartum period and describe their corresponding OMT <ol style="list-style-type: none"> 1. Symphysis diaphysis 2. Sacroiliac dysfunction 3. Pubic shear 4. Low back pain 5. Breast engorgement and mastitis 6. Postpartum depression 	K	CBL, CE, IL, L	MCQ, OE	B	PM	

UNIT 8: OSTEOPATHY AND WOMEN'S HEALTH CARE

Educational Topic 64: Osteopathy in Gynecology

A student should be able to:

Intended Learning Outcomes	Level of Competence	Teaching Method	Assessment Method	ACGME Competency	Hot Topics	APGO eResources
	DO					
A. Diagnose somatic dysfunction as a possible etiology for acute pelvic pain including <ol style="list-style-type: none"> 1. Iliosoas dysfunction 2. Pubic shear <ol style="list-style-type: none"> a. Vertical b. Anterior-Posterior 3. Sacroiliac dysfunction 4. Sacral Torsion 5. Myofascial strains 6. Restrictions of the pelvic diaphragm 	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E	PM	OTC, uW
B. Describe the musculoskeletal, structural, and biomechanical factors that may be associated with chronic pelvic pain	K	CBL, CE, IL, L	MCQ, OE	B	PM	
C. List appropriate uses of OMT to manage both acute and chronic pelvic pain	K	CBL, CE, IL, L	MCQ, OE	B	PM	
D. Identify possible tissue changes that are not visible by imaging for patients with a history of sexual abuse	K	CBL, CE, IL, L	MCQ, OE	B	A	
E. Describe ways OMM can help prepare a patient for surgical gynecologic procedures	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B		
F. Discuss ways OMT can be used to decrease need for analgesics in the postoperative period	KH	CBL, CE, IL, L	MCQ, OSCE, OE	A, B	PM	
G. Perform OMT for the postoperative conditions that have been shown to benefit <ol style="list-style-type: none"> 1. Ileus 2. Edema 	SH	CBL, CE, IL, L, RP, S	CDR, CK, OSCE	A, B, D, E		

GLOSSARY

Glossary

Abnormal Uterine Bleeding: Bleeding that occurs between menstrual periods, bleeding after sex, spotting anytime in the menstrual cycle, bleeding that is heavier than normal or bleeding after menopause. Menstrual cycles that are longer than 35 days or shorter than 21 days are also abnormal. The lack of menstrual bleeding for 3-6 months in a reproductive aged woman is also abnormal.

Abortion:

Complete: Complete expulsion of the entire products of conception.

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

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

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

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

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

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

Threatened: Vaginal bleeding in the presence of a closed cervix and a viable fetus.

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

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

Acute Abdomen: Pain in the abdomen that usually comes on suddenly and is so severe that it requires surgical management. Typical physical exam findings include guarding and rebound.

Adenomyosis: Presence of endometrial tissue within the myometrium.

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

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

Advanced directive: Legal documents that allow people to communicate their decisions about medical care to family, friends, and health care professionals in the event that they are unable to make those decisions themselves.

Alloimmunization: An immune response generated in an individual by an alloantigen from a different individual of the same species.

Amenorrhea: Absence or cessation of menstruation.

Primary: Failure of menarche to occur by age 16.

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

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

Amniotic fluid: The fluid confined by the amnion, which serves several functions in normal pregnancy. The volume and make up of amniotic fluid change over the course of pregnancy.

Androgen Excess: The most common endocrine disorder in women of reproductive age. It can cause variable clinical features such as acne, hirsutism, virilization and reproductive dysfunction.

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

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

Anemia, iron deficiency: Advanced stage of iron deficiency whereby there is insufficient stored iron to meet the demands of the body. Also called microcytic anemia.

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

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

Antepartum: Occurring during pregnancy prior to labor.

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

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

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

Autoimmune: Relating to disease caused by antibodies or lymphocytes produced against substances naturally present in the body.

Autonomy: A patient's right to determine what healthcare she will accept.

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

Bartholin abscess: Cystic swelling of a Bartholin gland caused by obstruction of its duct with infection of the contents.

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

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

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

Biophysical profile: An assessment of fetal well-being, including ultrasound evaluation of fetal movement, breathing movements, fetal tone, amniotic fluid volume and nonstress test.

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

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

Blood product transfusion: The transferring of a blood product (red blood cells, blood plasma or platelets) from a donor to another individual.

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

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

Cancer staging: The clinical (information obtained before or during surgery or tissue sampling) and pathological (examination of the tumor microscopically) evaluation of the extent and severity of cancer.

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

Cerclage: The use of a suture to encircle and tighten the opening of a malfunctioning cervix.

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

Child abuse: Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation of a child.

Chloasma: Irregular brownish patches of various sizes that may appear on the face during pregnancy or during the use of oral contraceptives, often referred to as “mask of pregnancy.”

Chorioamnionitis: Infection of the fetal membranes.

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

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

Chronic pelvic pain: Pain located in the pelvis lasting six months or more. May be structural or functional.

Circumcision: The action or practice of cutting off the penile foreskin

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

Clomiphene: A ligand, that is in a group of compounds known as selective estrogen receptor modulators (SERM), which stimulates the maturation of follicles and thereby ovulation as a result of its antiestrogenic effect on the hypothalamus.

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

Colporrhaphy:

Anterior: A surgical procedure used to repair cystocele, traditionally done by plicating in the midline of the connective tissue (sometimes called vesicovaginal connective tissue or pubocervical fascia) that supports the bladder. There are other approaches to repair a cystocele, which are not called colporrhaphy – for example transvaginal graft placement or a paravaginal repair from an abdominal approach.

Posterior: A surgical procedure used to repair rectocele, traditionally done by plicating the rectovaginal connective tissue in the midline to create more support for the rectum. Other approaches can include site-specific repairs or graft use.

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

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

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

Contraception: Prevention of conception.

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

Corpus luteum: A temporary endocrine structure produced in the ovary at the site of ovulation. It produces progesterone, which supports the endometrium of the secretory phase of the menstrual cycle. Involution of the corpus luteum precedes menstruation.

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

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

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

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

Suction: Endometrial curettage using a suction catheter.

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

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

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

Cystometry: Measurement of the function and capacity of the urinary bladder by pressure-volume studies.

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

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

Deep vein thrombosis (DVT): A condition in which a blood clot (thrombus) forms in one or more of the deep veins in the body, usually in the lower extremities.

Dermoid cyst: See Benign cystic teratoma.

Diabetes: A metabolic disease in which the body's inability to produce any or enough insulin causes elevated levels of glucose in the blood.

Dilation: The physiologic or instrumental opening of the cervix.

D immunoglobulin [Rh(D) immunoglobulin]: An immunoprotein used for passive immunization to prevent D sensitization of the mother when exposed to fetal red blood cells that may have Rhesus D antigens.

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

Double set-up: The simultaneous availability of two sterile set-ups for both a vaginal and an abdominal delivery.

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

Dysmenorrhea: Painful menstruation. May be primary (linked to production of prostaglandins and other inflammatory mediators causing uterine contractions) or secondary (associated with an existing condition.)

Dyspareunia: Difficult or painful intercourse.

Dystocia: Abnormal or difficult labor.

Dysuria: Painful urination.

Eclampsia: The convulsive form of preeclampsia eclampsia syndrome.

Ectopic pregnancy: A pregnancy located outside the uterine cavity.

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

Effacement: Thinning and shortening of the cervix.

Elder Abuse: A term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.

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

Emergency contraception (EC, emergency postcoital contraception): Measures that, if taken after unprotected sexual intercourse, may prevent pregnancy.

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

Endometriosis: The presence of endometrial implants outside the uterus.

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

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

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

Erectile dysfunction: The inability to achieve or sustain penile erection.

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

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

Eversion: See Ectropion.

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

False labor: Uterine contractions which do not result in any cervical change.

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

Fertility awareness method (FAM): A method of contraception in which intercourse is avoided during the fertile period.

Fetal lung maturity: A measurement of the amount of surfactant in amniotic fluid, which predicts a fetus's risk for developing respiratory distress syndrome.

Fetal testing: Evaluation of the fetus by electronic fetal heart rate monitoring and/or ultrasound.

Fetus: The conceptus from 8 weeks until birth.

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

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

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

Functioning ovarian tumor: A hormone-producing ovarian neoplasm.

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

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

Gestational age: A measure of the age of a pregnancy in weeks using last normal menstrual period (LMP), ultrasound or other methods.

Gestational trophoblastic neoplasia: A group of rare tumors that involve abnormal growth of trophoblastic cells inside a woman's uterus.

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

Gonadal dysgenesis: The congenitally defective development of the gonads.

Gonadotropins: Hormones secreted by the anterior pituitary; FSH and LH.

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

Gravida: A pregnant woman.

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

Hemoperitoneum: Blood in the peritoneal cavity.

Hirsutism: Excessive growth of facial or body hair on women. Can be seen as coarse, dark hair that may appear on the face, chest, lower abdomen, back, upper arms, or upper legs.

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

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

Human chorionic gonadotropin (hCG): A glycoprotein hormone that is produced by the syncytiotrophoblast and is immunologically similar to luteinizing hormone (LH). In normal pregnancies hCG rises predictably through the first trimester of pregnancy.

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

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

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

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

Hypertension: A chronic medical condition in which the blood pressure in the arteries is elevated.

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

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

Hypogonadism: Decreased production of hormones by the gonads. May be genetic or acquired.

Hysterectomy:

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

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

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

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

Total: The removal of the uterine corpus and cervix (without regard to tubes or ovaries). A total hysterectomy may be performed abdominally (TAH), vaginally (TVH), or laparoscopically/robotically (TLH or robotic-TLH)

Vaginal: The removal of the uterus and cervix through the vagina.

Hysterosalpingogram (HSG): X-ray (fluoroscopy) of the uterus and tubes after injection of radiopaque contrast medium through the cervix. It is useful in ascertaining irregularities of the uterine cavity and patency of the fallopian tubes.

Hysteroscopy: The transcervical endoscopic visualization of the endometrial cavity.

Hysterotomy: Surgical incision of the wall of the uterus.

Iliopsoas dysfunction: Impaired or altered function of iliopsoas muscle, a somatic dysfunction. Somatic dysfunction is treatable using osteopathic manipulative treatment.

Immunoglobulin: Any of a class of proteins present in the serum and cells of the immune system that function as antibodies.

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

Infertility: The inability to achieve pregnancy with regular intercourse and no contraception within one year.

Informed consent: Permission granted by a patient to a doctor for treatment with full knowledge of the possible risks, benefits, alternatives and consequences.

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

Intersex: Group of conditions in which a person has anatomy that is atypical for being male or female defined traditionally.

Intimate partner violence: Violent or aggressive behavior within the home, typically involving the violent abuse of a spouse or partner.

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

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

Intrauterine fetal demise (IUFD, stillbirth): Intrauterine death of a fetus. For purposes of vital statistics, a fetal death prior to 500 grams is usually classified as an abortus, not an IUFD.

Intrauterine growth restriction (IUGR): Prenatal diagnosis of a fetus whose estimated fetal weight is less than the 10th percentile for gestational age.

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

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

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

Augmented: Labor that is amplified, usually with oxytocin.

Induced: Labor that is initiated artificially.

Lactation: The secretion of milk by the mammary glands.

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

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

Laparotomy: A surgical incision in the abdominal wall.

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

Leiomyosarcoma: An uncommon malignant tumor of smooth muscle.

LEEP (Loop Electrosurgical Excision Procedure, LLETZ, large loop excision of the transformation zone): Procedure using a thin, low-voltage electrified wire loop to excise abnormal cervical tissue to treat cervical dysplasia.

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

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

Libido: Sexual desire or urge.

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

Ligament:

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

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

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

LMP: Last menstrual period.

LNMP: Last normal menstrual period.

Macrosomia: A condition in which a baby weighs greater than 4500 grams

Mastitis: Inflammation of the breast.

Masturbation: Sexual self-stimulation by the manipulation of the genitals.

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

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

Menarche: The onset of the menses.

Menopause: The permanent cessation of the menses and fertility, defined as occurring 12 months after a woman's last menstrual period.

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

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

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

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

Molar pregnancy: Gestational trophoblastic disease that grows into a mass in the uterus. A molar pregnancy can develop when an egg that is missing its nucleus is fertilized. It may or may not contain fetal tissue.

Mortality: A fatal outcome.

Fetal: Death of the conceptus >500 grams.

Maternal: Death of the mother.

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

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

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

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

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

Multifetal gestation: Presence of > 1 fetus in the uterus.

Myofascial pain: A pain syndrome characterized by muscle tenderness and spasm.

Neonatal: Referring to the first 28 days of life.

Nonstress test (NST): Evaluation of the fetus by electronic fetal heart rate monitoring.

Oligomenorrhea: Infrequent menstruation.

Operative vaginal delivery: A delivery in which the operator uses forceps or a vacuum device to assist maternal expulsive efforts. The instrument is applied to the fetal head and then the operator uses traction to extract the fetus, typically during a contraction while the mother is pushing.

Orgasm: The climax of sexual excitement.

Osteopathic medicine: The preferred term for a complete system of medical care practiced by physicians that is represented by a philosophy that combines the needs of the patient with the current practice of medicine, surgery and obstetrics. Emphasizes the interrelationship between structure and function, and has an appreciation of the body's ability to heal itself.

Osteopathic manipulative medicine (OMM): The application of osteopathic philosophy, structural diagnosis and use of OMT in the diagnosis and management of the patient.

Osteopathic manipulative treatment (OMT): The therapeutic application of manually guided forces by an osteopathic physician to improve physiologic function and/or support homeostasis that has been altered by somatic dysfunction. OMT includes some of the following techniques:

High Velocity/Low Amplitude: A technique employing a rapid, therapeutic force of brief duration that travels a short distance within the anatomic range of motion of a joint, and that engages the restrictive barrier in one or more planes of motion to elicit release of restriction. Also known as thrust technique.

Balanced ligamentous tension: A manipulative technique in which the goal of treatment is to balance the tension in opposing ligaments where there is abnormal tension present.

Facilitated positional release: A system of indirect myofascial release treatment.

Functional technique: An indirect treatment approach that involves finding the dynamic balance point and one of the following: applying an indirect guiding force, holding the position or adding compression to exaggerate position and allow for spontaneous readjustment.

Lymphatic treatment: A term used to describe the impact of intrathoracic pressure changes on lymphatic flow.

Muscle energy: A form of manipulative diagnosis and treatment in which the patient's muscles are actively used on request, from a precisely controlled position, in a specific direction, and against a distinctly executed physician counterforce.

Myofascial release: A system of diagnosis and treatment which engages continual palpatory feedback to achieve release of myofascial tissues.

Osteopathy in the Cranial Field: A system of diagnosis and treatment using the primary respiratory mechanism and balanced membranous tension.

Progressive inhibition of neuromuscular structures: A system of diagnosis and treatment in which two related points are identified and then treated with sequentially applied inhibitory pressure.

Soft tissue/articulatory techniques: A direct technique that usually involves lateral stretching, linear stretching, deep pressure, traction and/or separation of muscle origin and insertion while monitoring tissue response and motion changes by palpation.

Strain/counterstrain: A system of diagnosis and indirect treatment in which the patient's somatic dysfunction, diagnosed by (an) associated myofascial tenderpoint(s), is treated by using a passive position, resulting in spontaneous tissue release and at least 70 percent decrease in tenderness.

Still technique: Characterized as a specific, non-repetitive articulatory method that is indirect, then direct.

Visceral manipulation: A system of diagnosis and treatment directed to the viscera to improve physiologic function. Typically, the viscera are moved toward their fascial attachments to a point of fascial balance.

Osteoporosis: Decrease in bone mass and density which leads to an increased risk of fracture.

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

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

Papanicolaou Test (Pap Test): A cytologic smear of exfoliated cells (for example, from the cervix, endometrial cavity or vagina) used in the early detection of cervical cancer.

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

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

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

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

Percutaneous umbilical blood sampling (PUBS): See cordocentesis.

Perimenopause: The period of life or the syndrome of endocrine, somatic and psychic changes that occur in a woman during the transition from the reproductive to the nonreproductive state. May also be used interchangeably with climacteric.

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

Perineorrhaphy: Surgical repair of the perineum.

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

Pessary: A device placed in the vagina to support the uterus or vagina and treat pelvic organ prolapse.

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

Placenta: An organ that grows in the pregnant mammalian uterus. It serves to nourish and maintain the growing fetus through the umbilical cord.

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

Pneumoperitoneum: The presence of air in the peritoneal cavity.

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

Polyhydramnios: See hydramnios.

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

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

Postmaturity syndrome: Characteristic newborn appearance associated with delivery postdates. Includes meconium staining of the fetus, placenta and umbilical cord, with diminished subcutaneous fat, absent lanugo and vernix.

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

Postpartum: After delivery or childbirth.

Postpartum blues: Mild mood disturbances (including insomnia, tearfulness, depression, anxiety, and irritability) experienced by some women up to ten days after delivery.

Postpartum depression: Moderate to severe depression in a woman after she has given birth. It may occur soon after delivery or up to a year later.

Postpartum psychosis: A group of mental illnesses with the sudden onset of psychotic symptoms following childbirth.

Postpartum hemorrhage: Loss of more than 500 cc of blood following a vaginal delivery and more than 1000 cc of blood following a cesarean delivery.

Postpartum tubal ligation: A surgical procedure performed within a few hours or days after the birth of a baby. The fallopian tubes are interrupted to prevent future pregnancy.

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

Preeclampsia: A specific hypertensive disorder of pregnancy with the diagnosis made based on new-onset hypertension and proteinuria or end-organ damage. It usually occurs after the 20th week of pregnancy.

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

Prematurity: The condition characterized by birth before 37 completed weeks (260 days) of pregnancy.

Premenstrual dysphoric disorder (PMDD): A condition in which a woman has severe depressive symptoms, irritability, and tension during the luteal phase. Strict diagnosis criteria are found in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Premenstrual syndrome (PMS): A complex of affective and physical symptoms occurring in the luteal phase of the menstrual cycle.

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

Presenting part: The portion of the fetus that is coming first in the birth canal. The presenting part determines the presentation.

Preterm labor: Labor that begins before 37 weeks of pregnancy.

Preterm rupture of membranes: A condition of pregnancy characterized by rupture of the membrane of the amniotic sac and chorion prior to 37 weeks gestation.

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

Prolapse:

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

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

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

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

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

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

Pubic shear: A component of pubic symphysis dysfunction in which one pubic bone is displaced with relation to its normal mate.

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

Quickening: The first perception by the mother of fetal movement, usually between the 18th and 20th week of gestation.

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

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

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

Rh sensitization: A condition characterized by the production of antibodies by a woman with Rh-negative blood type against her fetus with an Rh-positive blood type. The mother's body considers the fetal blood cells a foreign antigen and mounts an immune attack on it.

Sacroiliac dysfunction: Inflammation or degeneration of the sacroiliac joint leading to abdominal/pelvic pain.

Salpingectomy: Surgical removal of fallopian tube.

Salpingitis: Inflammation of the fallopian tubes.

Salpingo-oophorectomy: Surgical removal of a fallopian tube and ovary.

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

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

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

Sexual dysfunction: Sexual disinterest, unresponsiveness or aversion caused by physical or affective problems.

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

Sexual orientation: A person's sexual identity in relation to the gender to which they are attracted, i.e. being heterosexual, homosexual, or bisexual.

Sexually transmitted infection: An infection likely transmitted between humans by means of sexual behavior, including vaginal intercourse, anal sex and oral sex.

Shoulder dystocia: An obstetrical emergency that occurs when the fetal shoulder becomes lodged behind the maternal symphysis pubis.

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

Somatic dysfunction: Presence of any of the four TART criteria (Tenderness, Asymmetry, Restriction of Motion, Tissue Texture).

Somatotropin, chorionic: See Lactogen, human placental.

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

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

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

Sterility: The absolute inability to procreate.

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

Striae gravidarum: Stretch marks, or streaks or lines seen on the skin of a pregnant woman secondary to connective tissue changes in the dermal layer.

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

Surgical sterilization: Surgical procedure performed to achieve permanent loss of fertility; includes methods such as vasectomy and tubal ligation.

TART: A mnemonic for four diagnostic criteria of somatic dysfunction: tissue texture abnormality, asymmetry, restriction of motion and/or tenderness.

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

Thecoma: A functioning ovarian tumor composed of theca cells.

Thelarche: The onset of development of breasts.

TOLAC (Trial of labor after Cesarean): Attempt at vaginal delivery after having undergone a Cesarean delivery in a previous pregnancy.

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

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

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

Ultrasonography: See Sonography.

Ultrasound: See Sonography.

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

UTI (Urinary tract infection): An infection in any part of the urinary system: kidneys, ureters, bladder or urethra.

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

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

VBAC (Vaginal birth after Cesarean delivery): Achievement of vaginal delivery after a history of Cesarean delivery.

Viability: The ability of a fetus to live independently outside of the uterus.

Virilization: The effect of very high androgen levels, such as when a tumor is present, which may cause male-like balding, deepening of the voice, increased muscle mass, enlargement of the clitoris, and decreased breast size. These effects of excess androgens occur rarely, and typically are not seen with PCOS.

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

GLOSSARY

Glossary of Osteopathic Terminology **[\(Hyperlink to file\)](#)**