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Practical tips for Practitioners in

Obstetrics & Gynecology



Editor
Haresh U Doshi

JAYPEE

Contents

PART 1: OBSTETRICS

Section I: Antepartum

1. **Persistent Vomiting, Hyperemesis Gravidarum 3**
   Haresh U Doshi
2. **Persistent Cough, Recurrent URTI 4**
   Haresh U Doshi
3. **Aches during Pregnancy 5**
   Haresh U Doshi
4. **Pruritus during Pregnancy....7**
   Haresh U Doshi
5. **Threatened Abortion and Subchorionic Hemorrhage 8**
   Haresh U Doshi
6. **Recurrent Pregnancy Loss: Basic Tips 10**
   Haresh U Doshi
7. **Preterm Labor 12**
   Haresh U Doshi
8. **Premature Rupture of Membrane, Preterm Premature Rupture of Membrane 14**
   Haresh U Doshi
9. **Moderate and Severe Anemia....15**
   Haresh U Doshi
10. **Gestational Hypertension....17**
    Haresh U Doshi
11. **Pre-eclampsia, Atypical Pre-eclampsia....18**
    Haresh U Doshi
12. **Diabetes in Pregnancy: Gestational Diabetes Mellitus 20**
    Haresh U Doshi
13. **Intrauterine Growth Restriction 22**
    Haresh U Doshi
14. **Intrauterine Fetal Death....24**
    Haresh U Doshi
15. **Antepartum Fetal Surveillance....26**
    Haresh U Doshi
16. **Decreased Fetal Movements—DFMC....28**
    Haresh U Doshi
17. **Postdate Pregnancy....29**
    Haresh U Doshi
18. **Oligohydramnios 30**
    Haresh U Doshi
19. **Polyhydramnios 31**
    Haresh U Doshi
20. **Cord Round the Neck....33**
    Haresh U Doshi
21. **Fetal Medicine: Tips 35**
    Prashant Acharya
22. **Thyroid Disorders in Pregnancy 37**
    Haresh U Doshi
23. **Vitamin D: A Reappraisal....39**
    Phagun Shah
24. **Induction of Labor 41**
    Haresh U Doshi

Section II: Intrapartum and Postpartum

25. **Failure of Induction 45**
    Haresh U Doshi
26. **Slow Progress in First Stage of Labor: Augmentation of Labor....46**
    Haresh U Doshi
27. **Prolonged Second Stage of Labor....47**
    Haresh U Doshi
28. **Vaginal Breech Delivery 49**
    Haresh U Doshi
29. **Fetal Surveillance in Labor: Fetal Distress 50**
    Haresh U Doshi
30. **In Utero Resuscitation 52**
    Haresh U Doshi
31. **Trial of Labor after Cesarean Section 53**
    Haresh U Doshi
32. **Twin Pregnancy and Labor....54**
    Haresh U Doshi

33. **Active Management of Third Stage of Labor.....56**
Haresh U Doshi

34. **Pain Relief in Labor.....57**
Haresh U Doshi

35. **Lactation Troubles.....59**
Haresh U Doshi

36. **Managing Occipito-Posterior.....61**
Haresh U Doshi

Section III: Obstetric Operations/Procedures

37. **Cervical Cerclage: Rescue Cerclage.....65**
Haresh U Doshi

38. **Version: ECV and IPV.....67**
Haresh U Doshi

39. **Episiotomy and Episiotomy Wound Gap.....69**
Haresh U Doshi

40. **Episiotomy Hematoma.....71**
Haresh U Doshi

41. **Vaginal Tears and Cervical Tear.....72**
Haresh U Doshi

42. **Third and Fourth Degree Perineal Tears.....74**
Haresh U Doshi

43. **Tips for Successful Forceps Delivery.....76**
Haresh U Doshi

44. **Tips for Successful Vacuum Delivery.....78**
Haresh U Doshi

45. **Cesarean Section.....80**
Haresh U Doshi

46. **Cesarean Myomectomy.....84**
Haresh U Doshi

47. **Obstetric Hysterectomy.....86**
Haresh U Doshi

48. **Hysterotomy.....88**
Haresh U Doshi

49. **Craniotomy.....89**
Haresh U Doshi

Section IV: Obstetric Emergencies

50. **Cord Prolapse.....93**
Haresh U Doshi

51. **Shoulder Dystocia.....94**
Haresh U Doshi

52. **Eclampsia.....96**
Haresh U Doshi

53. **HELLP Syndrome.....97**
Haresh U Doshi

54. **Retained Placenta: Tips for MRP.....99**
Haresh U Doshi

55. **Severe Postpartum Hemorrhage.....100**
Haresh U Doshi

56. **Uterine Artery Ligation.....103**
Ajit Rawal

57. **Broad Ligament Hematoma.....105**
Haresh U Doshi

58. **Placenta Previa.....106**
Haresh U Doshi

59. **Placenta Accreta (Placenta Accreta Spectrum Disorders).....107**
Mahesh Gupta

60. **Severe Abruption.....109**
Haresh U Doshi

61. **DIC in Obstetrics: Effective Treatment.....110**
Haresh U Doshi

62. **Pulmonary Embolism.....111**
Alpesh Gandhi

63. **Rupture Uterus.....113**
Haresh U Doshi

64. **Acute Inversion of Uterus.....114**
Haresh U Doshi

PART 2: GYNECOLOGY

Section V: Gynecology Disorders

65. **Recurrent Leukorrhea.....117**
Haresh U Doshi

66. **Recurrent Urinary Tract Infections.....120**
Haresh U Doshi

67. **Pruritus Vulva.....122**
Haresh U Doshi

68. **Recurrent Bartholin Cyst.....124**
Haresh U Doshi

69. **Medical Management of Ectopic Pregnancy.....126**
Manisha Doshi

70. **Scar Ectopic.....128**
Aastha Mehta

71. **Troubles of Medical Termination of Pregnancy.....130**
Haresh U Doshi

72. **Ovarian Cyst** 131
Haresh U Doshi

73. **Polycystic Ovary Syndrome** 134
Haresh U Doshi

74. **Ovarian Reserve** 137
Haresh U Doshi

75. **Primary Amenorrhea** 140
Haresh U Doshi

76. **Secondary Amenorrhea** 143
Haresh U Doshi

77. **Abnormal Uterine Bleeding: Management** 146
Haresh U Doshi

78. **Fibroid: Medical Management** 150
Haresh U Doshi

79. **Endometriosis: Medical Management** 153
Haresh U Doshi

80. **Adenomyosis: Medical Management** 156
Haresh U Doshi

81. **Ovulation Induction** 159
Manish Banker

82. **Male Infertility** 161
Chaitanya Nagori

83. **Menopausal Symptoms** 163
Atul Munshi

84. **Screening Recommendations** 165
Haresh U Doshi

85. **Contraception—Update** 168
Haresh U Doshi

Section VI: Gynecology Operations

86. **Difficult Cervical Dilatation** 175
Haresh U Doshi

87. **Nondescent Vaginal Hysterectomy: Tips** 176
Haresh U Doshi

88. **Tips for Abdominal Hysterectomy** 179
Haresh U Doshi

89. **Tips for Abdominal Myomectomy** 182
Haresh U Doshi

90. **Metroplasty Operations** 185
Haresh U Doshi

91. **Conservative Operations for Prolapse** 187
Haresh U Doshi

92. **Operations for Vault Prolapse** 189
Haresh U Doshi

93. **Stress Urinary Incontinence: Tips for Taps** 192
Vineet Mishra

94. **Diagnostic Hysterolaparoscopy** 195
Anil Mehta

95. **Energy Sources in Endoscopy** 197
Sujal Munshi

96. **Operative Hysteroscopy** 200
Haresh U Doshi

97. **Operative Laparoscopy for Adenomyosis and Endometriosis** 202
Sanjay Patel

98. **Endoscopic Myomectomy** 207
Pragnesh Shah

99. **Total Laparoscopic Hysterectomy** 210
Parul Kotdawala

100. **Posthysterectomy Infections** 212
Haresh U Doshi

PART 3: MISCELLANEOUS

Section VII: Miscellaneous

101. **Blood and Blood Components** 217
Haresh U Doshi

102. **Tips to have Litigation-free Practice** 219
MC Patel

103. **Documentation and Record Keeping** 221
Haresh U Doshi

104. **Professional Membership** 224
Haresh U Doshi

105. **Licenses for Hospitals/Private Nursing Homes** 225
Haresh U Doshi

106. **Insurances** 226
Haresh U Doshi

107. **Punishment under Various Obstetrics and Gynecology Acts** 228
Haresh U Doshi

108. **Vaccines in Obstetrics and Gynecology** 231
Haresh U Doshi

Index 235

CHAPTER 4

Pruritus during Pregnancy

Haresh U Doshi

- Up to 40% of pregnant patients suffer from pruritus.
- Mild pruritus is common in pregnancy because of increased blood supply to skin.
- Nonspecific pruritus occurs on abdomen and breasts as skin stretches due to enlargement. Hormonal changes and dry skin also contribute.
- Pruritus specific to pregnancy is due to intrahepatic cholestasis (IHC).

INTRAHEPATIC CHOLESTASIS

- Itching starts in late 2nd and 3rd trimester.
- Itching starts from palms and soles; may become generalized.
- Itching is NOT accompanied by rashes.
- Itching is sudden in onset and moderate to severe degree. Itching can be severe enough to affect routine life and sleep.
- Itching increases in evening. Incidence is greater in winter than summer.
- Itching does not respond to routine antihistaminics.
- Nausea, fatigue, and decreased appetite are other symptoms. Dark urine and clay-colored stool may occur.
- Most important is risk of stillbirth which increases by 3-fold.
- Elective delivery around 36–38 weeks is recommended to avoid fetal distress and stillbirth.
- Intrahepatic cholestasis is thought to be due to placental hormones affecting liver's function in transporting bile.
- Once IHC is suspected, liver function test (LFT) is advised. Serum bile acids more than 10 µmol/L is specific for diagnoses. Alkaline phosphatase is elevated upto 4-fold but this is not helpful for diagnosis as it is elevated in normal pregnancy due to placental production. Total bilirubin levels are also increased but usually the values are less than 5 mg/dL.[1]
- Simple measures for treatment include wearing loose and cotton clothes, applying calamine lotion or moisturizer, avoiding strong perfumes, and cool baths.
- Specific treatment is ursodeoxycholic acid (UDCA) in the dose or 15 mg/kg/day in divided doses. Drug is available as Udiliv, Hepakind 300 mg tablets. There is no side effect except mild diarrhea. It is stopped at delivery.
- Cholestyramine was used in the past. It does not improve perinatal outcome.
- Intrahepatic cholestasis of pregnancy recurs in more than 50% cases in subsequent pregnancy.
- *Pruritic urticarial papules and plaques of pregnancy (PUPPP)*[2] is another condition specific to pregnancy. Rash usually starts from abdomen and spreads to the thighs, buttocks, breasts, and arms. It typically spares umbilicus, palms, soles, and face.
- It is self-limiting condition and remits in 4–6 weeks of delivery. There is no long-term risk to the mother or the baby.
- Symptomatic treatment in the form of antihistaminics and topical steroids is helpful in alleviating the symptoms.
- All routine antiallergic drugs are safe in pregnancy.

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Practical tips for Practitioners in

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Salient Features

- Tips for common clinical situations encountered by Ob-Gyn practitioners in their routine practice
- Subject matter is presented in a precise yet simple manner, which is easy to read and easier to practice. Unnecessary theory matter is avoided
- Solutions for day-to-day puzzling scenarios in practice
- Author has extensive experience of 40+ years in the field of Ob-Gyn treatment and Ob-Gyn teaching as well. The book is a holy mixture of his vast experience and strong academics
- Includes contribution from 16 senior and experienced local stalwarts in the subject
- There are all-in-all 108 topics discussed, which include 64 in Obstetrics, 36 in Gynecology, and 8 under miscellaneous section
- Topics in the miscellaneous section include legal aspects such as current Ob-Gyn Acts, Licenses, and Insurances appropriate for present day practice
- The most recent advances in the subject are included. The book is very compact and specifically designed for quick reference
- These precious tips will definitely help to increase your practice
- A must keep book for every practitioner in their clinic.

Haresh Doshi has authored 3 books, 4 booklets, and 23 book chapters; published 34 scientific papers in national and international journals. He has served as a Member of the editorial boards of 3 journals; a Peer Reviewer for 4 journals, and Faculty (more than 200 times) in national and international conferences. His two books are very popular among Ob-Gyn students: First book on viva-voce examination was published way back in 1985 is now in 16th edition and second book on Clinical Cases in Ob-Gyn is now in sixth edition.

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