Протокол №

Кафедрального совещания на открытое занятие проведенное ассистентом преподавателя Рысбаевой А.Ж. на тему : «Anterpartum hemorrhage (placenta pravia, placenta abrubtion)»

Повестка дня:

1. Обсуждение открытого занятия проведенного ассистентом преподавателя Рысбаевой А.Ж. на тему : «Anterpartum hemorrhage (placenta pravia, placenta abrubtion)»
2. Разное

Присутствовали : к.м.н., доцент, заф.каф. Бугубаева М.М.,к.м.н., доцент Каримова Н.А., Абдирасулова Ж.А., Мамытова Ж.Т., Осмонова Г.Ж.

Открытый урок проведен в кабинете 108 здания Димедус. В начале семинара выступила Рысбаева А.Ж., ознакомив присутствующих с темой, структурой и целями занятия, дала мотивацию студентам. Далее урок проведен по хронометражу. Выбранная структура урока была рационально использована, студенты участвовали активно на всех этапах семинара и бурно обсуждали тему.

Выступила к.м.н., доцент, зав.каф. Бугубаева М.М.: «Урок соответствует теме и поставленным целям , программе и стандартам. Все поставленные задачи и РО удалось реализовать. Все этапы урока логически связаны между собой. Этапы занятия проведены по плану, был устный опрос в виде презентации , где студенты свободно участвовали в обсуждении, решали тестовый контроль и ситуационные задачи, а также продемонстрировали алгоритм действий при экстренной ситуации(отслойке плаценты, приращении плацеты) согласно клиническим протоколам.»

В целом, урок прошел успешно, были даны замечания для улучшения качества преподавания, посредством непрерывного повышения их квалификации, компетентности, профессионализма.

Секретарь : Арстанбекова Ж. А.

Рецензия

На проведение открытого занятия ассистента преподавателя Рысбаевой А.Ж. на тему : «Anterpartum hemorrhage (placenta pravia, placenta abrubtion)»

Актуальность : данная тема является одной из самых важных в практическом акушерстве. Преждевременная отслойка нормально расположенной плаценты-наиболее опасный вопрос в современном акушерстве, т.к. может возникнуть массивное кровотечение, несущее угрозу жизни матери и плода, от оперативности действий врачей зависит здоровье двух людей.

Цель: изучить клиническое течение, раннюю диагностику, лечение и профилактику.

Задачи :

1. Знает и понимает клиническое течение преждевременной отслойки плаценты,приращении плаценты,
2. Умеет распознавать признаки и симптомы преждевременной отслойки плаценты,приращении плаценты,
3. Знает алгоритм действий при преждевременной отслойки плаценты,приращении плаценты,
4. Знает меры профилактики.

Открытый урок проводился в 108 кабинете здания Димедус, применялись новые интерактивные методы , такие как Димедус, CBL . Были усовершенствованы все основные этапы занятия: изучение нового, закрепление изученного и контроль знаний студентов. На занятии преподававтель раздавал материалы для самостоятельного изучения,проводил тестирование.

Материал урока связан с темой урока, наблюдается логическое соответствие между темой урока и выбором заданий.все это позволяет увелисить плотность урока и оптимально увеличить его темп.

Преподаватель рассчитала время необходимое для выполнения заданий на каждом этапе, в заключении провести выводы , объяснить задание на дом, выставить оценку студентам за работу на занятии

Занятие было интересным не только для студентов, но и для посетивших преподавателей.

Зав.каф.,к.м.н.,доцент Бугубаева М,М,

MINISTRY OF EDUCATION & SCIENCE KYRGYZ REPUBLIC
OSH STATE UNIVERSITY
INTERNATIONAL MEDICAL FACULTY
DEPARTMENT OF «CLINICAL DISCIPLINES 2»

«Disscussed» -
in meeting of the department «CD 2»
prot.№ 2 from 20.09.2022,
head of department,
c.m.s.,assoc.prof.,
M. M. Bugubaeva

«Recommended by» -
Academic councilor inthe department «CD2»
G. S. Tashieva
Buldanp

PLAN for PRACTICAL CLASS № 8

TOPIC №8: Antepartum hemorrhage (placenta previa, placenta accreta, placenta abruption)

DISCPLINE: "Obstetrics" (4-COURSE)
For students, who is studying in medicine: General Medicine (for foreign students).

PREPARED BY: c. m. s., assos. prof., N.A. Karymova, PhD D. Sh. Begmatova., Zh., T. Mamytova., V. D. Tursunova, A. Zh. Rysbaeva .

Osh, 2022.

Topic №:8 ***Antepartum hemorrhage (placenta previa, placenta accreta, placenta abruption)***

Type of class – *practical class.*
Class time – ***3 academic hours***(150 minutes).
Plan of practical class:

1.Give the definition of the Antepartum hemorrhage
2.Perechislite signs of Antepartum hemorrhage
3.Define the criteria for live birth.
4.List the signs of placenta previa
5.List the criteria for assessing for placenta abruption
6.Tell us about the placenta abruption
7.Give the definition of fetal hypoxia.
8.Tell about the reasons for the placenta previa, placenta accreta, placenta abruption.
9.List the types of placenta previa
10.Determine what is placenta accreta
11.Explain the procedure for performing resuscitation measures.

The goal of practical class: *study the mechanism of the Antepartum hemorrhage*
Form of class: *practical class*
Type of class: practical class
Equipments used in class: Computer, laptop, PW presentation, a list of test questions, simulation center
Interdisciplinary communication: general anatomy, normal and pathological physiology.
Intrasubject communication: Topic № 9
Learning outcomes (LO) and competenciesformulated in the process of studying the discipline "Obstetrics"in the process of mastering the discipline, the student will achieve the following learning outcomes (LO) and will have the appropriate competencies:

Code of LO in GEP and its wording	Competencies of GEP	Code of LO of the discipline (LOd) and its wording
LO- 5- Able to assessment of morphological and functional , f Physiological states and pathological processes and apply the methods of investigation of patients with both adults and children to solve professional problems. **LO-7-** Is able to apply basic knowledge in the field of diagnostic activities to solve professional problems . **LO-8 -** Is able to apply basic knowledge in the field of therapeutic activities to solve professional problems	**PC-2 -** is able and willing to carry out the survey, Physical a review, clinical examination , the results of modern laboratory of instrumental studies , complete a medical patient card and novorozhdennog about. **PC-12 -** is able to analyze the patterns of functioning of individual organs and systems, use the knowledge of the anatomical and physiological features , the basic methods of clinical and laboratory examination and assess the functional state of the body of an adult and children, for the timely diagnosis of diseases and pathological processes . **PC-15-**is able to prescribe adequate treatment to patients in accordance with the diagnosis;	**LOd-1 :** capable and ready to conduct a survey, physical examination and clinical examination of pregnant women, interpret the results of laboratory and instrumental data , fill out an outpatient medical record of pregnant women. **LOd-2 :** is capable and ready to detect pathological symptoms and syndromes of diseases in pregnant women, using the algorithm for setting a preliminary and detailed clinical analysis taking into account ICD-10 , to perform basic diagnostic measures to identify urgent and life-threatening conditions. **LOd-3:** is capable and ready to analyze medical information based on the principles of evidence-based medicine,

LO-11 - Is able to apply basic knowledge in the field of research activities to solve professional problems.	**SPC-3** - is able to analyze medical information based on the principles of evidence-based medicine;	

At the end of lecture students:

- Know and understand the mechanism of the hypoxia;
- Know to the characteristics of newborn baby;
- Able to conduct methods of examination and examination of patients.

№	Stages	Aim of practical class	Actions of teacher	Actions of students	Methods	Results of study	Equipments used	Time
				1st academic hour				
1	Organizational moments	Greeting, identifying absentees, checking students' appearance and readiness for a lecture, organizing attention, introduction with new topic and its questions	Showing the slides	Writing topic & its questions		Attention of students for practical class	Computer	10 min
2	Survey of material on prerequisites *(human anatomy)*	Generalization of studentsknowledge of the materials studied and establish a link with a new topic.	Giving test questions, with formation of answers	Selectively answer questions one by one.	Questions-answers (Text 1)	Recalling materials of prerequisites, contributing to self preparation	Computer, desktop ,	15 min
3	*Motivation for new topic*	Enhance students' mental activity, develop critical thinking	Demonstration of a situation	Freely participate in the discussion, the ability to work in a team	Diagrams	Focusing students on the issues , participating in team discussions, freely express their opinions	Computer, desktop,	5 min
4	Foundation of new topic	Giving students' knowledge on a new topic, to form the skills of the ability to use them in practical classes	Showing & explaining slides	Listening & writing notes	Presentation of slides	*A theoretical base of knowledge and skills for use in practical exercises.*	*White board with projector& presentation ,*	*30 min*

				2nd academic hour				
5	Survey on the new topic	Checking the homework	Giving the MCQs	Choosing the correct answers	MCQs (Text.2)	Checking the homework		20 min
6	Conclusion of new topic and summing up	Definition and analysisof the material covered, making changes to its content	Demonstration of tests	Solving the crossword	Solving tests	ndependently use the knowledge gained on the topic, formation of competence	Crossword (Text.3)	20 min
7	Checking the students and their knowledge.	Teach students to self-esteem	Correction	Answer each other to specific questions asked.	Questioning and checking each other.	Gettinginformationabouthowmuchs tudents understood the new topic.	Role play – *Patient and doctor*	20min
8	Demonstrating the skills of physical examination in simulation center,DIMEDUS	Perfom to students practicall skills of examinations	Demonstration	Listen and look	Using manikins and models in simulation center,DIMEDUS	Getting information about how to do medical examination	manikins and models in simulation center	30 min
9	Giving homework	Giving explanations about homework to the students	Demonstration the explanations homework	Listen and understand the task for homework	Explaining	Students know the task for the homework	White board, markers	5 min

Forms of checking knowledge:

1. Questions survey duringcurrent control;

2. Control work during midterm control;

(Text.1)

(Text 2)

Criteria for keeping points:

№	Form of control	Score	Criteria for evaluation
1	**Oral questioning**	7	Describes the material, completely gives the correct definition of the basis, Discovers an understanding of the material. can schematically draw and explain, can substantiate his judgments.
		5	Presents the material in full, but admits inaccuracies in the definition of concepts or formulation of the topic. Does not know how to substantiates judgments deeply and convincingly and give yis examples.
		3	Presents the material incompletely and makes gross errors in the definition of concepts or formulation of the topic. Does not know how to substantiate their judgments.
		0	Lack of knowledge and competencies within the educational standart. Refusal to answer.
2	**Practice**	7	Can apply knowledge in practice, correctly demonstrate on models.
		5	In practice makes some mistakes in demonstration on models.
		0	Cannot demonstrate on models.

3.	Pinning the topic (test control)	6	Correct answer 70%-100%
		5	Correct answer 50%-70%
		0	Correct answers before 50 %
4	Question-answer	6	Provides specific answers to the question.
		5	Presents the material, but the answers are not accurate to question.
		0	Lack of knowledge.
5	Note	4	All the topics proposed for the note-taking were worked out, the material of the sources was read, the main and the secondary were selected.
		0	Lack of notes.

List of recommended literature

Main literatures:

1. Gynecology for medical students. Charles R. B. Beckmann , Frank W. Ling and others. Williams and Wiikins/Seven Edition.
2. Atlas of Pelvic Anatomy and Gynecologic Surgery. Michael S. Baggish and others
3. Diagnostic Ultrasound. Carol M. Rumack MD FACR and 2 more.4th Edition .
4. DCDutta's Textbook of Obstetrics including Perinotology and Contraception. Professor and Head, Department of Obstetrics and Gynecology NilratanCircirc Medical College and Hospital, Kolkata, India . 7th Edition.
5 . Textbook of Gynecology ; DCDutta , 7edition
6. Self assessment and review Gynecology , Sakshi Arora Hans, 9 edition
7. Gynecology for postgraduates-SS Ratnam

Additional literature:

8. Netter * s Gynecology (Netter Clinical Science). Roger P. Smith. 2nd Edition 2008
9. Obstetrics by ten teachers 20th edition.
10. Handbook of Gynaecology ; Thomas J. Borody M. B. , Roderik D. Peek, Clifford O. Rosendahl ; 1Edition.

Antepartum haemorrhage (APH) is defined as bleeding from or in to the genital tract, occurring from 24+0 weeks of pregnancy and prior to the birth of the baby. The most important causes of APH are placenta praevia and placental abruption, although these are not the most common. APH complicates 3–5% of pregnancies and is a leading cause of perinatal and maternal mortality worldwide. Up to one-fifth of very preterm babies are born in association with APH, and the known association of APH with cerebral palsy can be explained by preterm delivery.

This guideline has been developed primarily for clinicians working in obstetric units in the UK; recommendations may be less appropriate for other settings where facilities, resources and routine practice differ. This guideline does not include specific recommendations for the management of women who refuse blood transfusion.

No definite cause is diagnosed in about 50% of all women who present with antepartum haemorrhage; however, placenta praevia and placental abruption are the major identifiable causes:

Placenta praevia: insertion of the placenta, partially or fully, in the lower segment of the uterus. See the separate Placenta Praevia article. A 2017 study found a total of 29 articles were included. The pooled overall prevalence of APH among pregnant women with placenta previa was 51.6%

Placental abruption: premature separation of a normally placed placenta. See the separate Placenta Problems (Placenta Accreta and Placental Abruption) article.

Local causes - eg, vulval or cervical infection, trauma or tumours.

Partner violence is common in pregnancy, occurring in 2.8% of pregnant women in a Canadian population-based study[4] . It may result in APH. Women should be asked about this, particularly if there are repeated episodes. See the separate Domestic Violence article.

Vasa praevia: bleeding from fetal vessels in the fetal membranes, leading to high risk of fetal haemorrhage and death at rupture of the membranes. See the separate Placenta Problems (Placenta Accreta and Placental Abruption) article
Uterine rupture: rare but very dangerous for both mother and baby. See the separate Uterine Rupture article
Inherited bleeding problems are very rare, occurring in 1 in 10,000 women[5] .
Whilst risk factors for APH, in particular for placenta praevia and placental abruption, have been identified, APH cannot be predicted; 70% of cases of placental abruption occur in low-risk pregnancies.
There is limited evidence that APH can be prevented but women should be encouraged to change modifiable risk factors such as smoking and cocaine and amfetamine abuse.
Antenatal anaemia should be investigated and treated. Iron-deficiency anaemia not only reduces a woman's tolerance to bleeding but may also contribute to uterine aton
Antepartum haemorrhage symptoms
Bleeding, which may be accompanied by pain (suggestive of abruption) or be painless (suggesting praevia).
Uterine contractions may be provoked.
There may be malpresentation or failure of the fetal head to engage, with placenta praevia.
There may be associated signs of fetal distress.
If the bleeding is severe, the mother may show signs of hypovolaemic shock; however, young, fit, pregnant women can compensate very well until sudden and catastrophic decompensation occurs
Antepartum haemorrhage treatment and management.
Always admit the patient to hospital for assessment and management, even if bleeding is only a very small amount; there may be a large amount of concealed bleeding with only a small amount of revealed vaginal bleeding. Phone 999/112/911 if there are any major concerns regarding maternal or fetal well-being.

Estimate amount of blood loss. This is often underestimated and needs to combined with an assessment of signs of clinical shock:
Minor haemorrhage = blood loss <50 ml and has stopped.
Major haemorrhage = blood loss 50-1000 ml with no signs of shock.
Massive haemorrhage = blood loss >1000 ml and/or signs of shock.
The mainstays of management of massive haemorrhage are effective communication between clinical staff, resuscitation, monitoring and accurate diagnosis of the underlying cause.
The bleeding will be arrested by delivery of the fetus.
Severe bleeding: the mother's life should take priority. Any decision regarding the delivery of the baby should wait until the mother's condition is stable.
Fetal distress: urgent delivery of the baby, irrespective of gestational age. Fetal compromise is an important indicator of reduced circulating blood volume.
No vaginal examination should be attempted, at least until a placenta praevia is excluded by ultrasound. It may initiate torrential bleeding from a placenta praevia.
Resuscitation can be inadequate because of underestimation of blood loss and misleading maternal response, especially in small women. For example, a woman who weighs 55 kg will have lost almost 30% of her blood volume if she loses 1500 ml of blood, whereas for a woman of 70 kg, this represents about 20% of her blood volume[2] .
Blood tests:
FBC and 'group and save'. NB: initial Hb may not reflect degree of blood loss. Low platelet count may suggest significant abruption.
Clotting studies, if platelet count is abnormal, as coagulopathy is common and should be anticipated.
Crossmatch four units and check U&Es and LFTs, if there is major or massive haemorrhage.
Gentle palpation of the abdomen to determine the gestational age of the fetus, presentation and position.
Fetal monitoring.
Arrange urgent ultrasound to exclude placenta praevia; ultrasound cannot exclude placental abruption, which is a clinical diagnosis.
With every episode of bleeding, a rhesus-negative woman should have a Kleihauer test and be given prophylactic anti-D immunoglobulin[6] .
Maternal corticosteroids should be offered to any woman at risk of preterm birth, who is between 24+0 and 33+6 weeks of gestation[