



Scenario - Obstetrics

Instructions

Read aloud the following paragraph, paying close attention to the correct pronunciation of each medical term. Use the phonetic spelling provided with the term to guide you. At the conclusion of reading the paragraph and using this document, compose a list of the bolded medical terms and translate their correct meaning. Be sure to number each term in your list.

Scenario:

Erica, a 28-year-old healthy female walked into her doctor's office with complaints of nausea, vomiting, extreme fatigue throughout the day, increased urination and noted breast sensitivity while in the shower. She explained to Dr. Schott she had just come back from a weekend of camping with friends and had done a lot of hiking and eating. Erica was thinking she ate something that was spoiled. Her breasts are often tender due to **FCC (Fibrocytic Breast Changes)**.

To start the assessment, the doctor asked Erica if she had noticed a change in her weight or appetite since the nausea began. Erica denied either. Next the doctor asked if Erica noted a change in her menstrual periods. Erica admitted to it being two months since her last period which she didn't think anything of, because she had been late before. Based on Erica's medical history from past records, Erica stands with a **nulligravida (nŭl-ĭ-GRĀV-ĭ-dă) nullipara (nŭl-ĪP-ă-ră)** status. Erica had the idea of being pregnant in the back of her mind and was hoping her symptoms were not a case of **pseudocyesis (soo-dō-sĭ-Ē-sĭs)**.

Blood work and further physical assessment by Dr. Schott indicated Erica was indeed pregnant. Her status now changed to **primigravida (pri-mĭ-GRAV-ĭd-ă)** nullipara.

Six months have gone by, and Erica's **antepartum (ăn-tē-PĀR-tŭm)** period went well, except for a 5 day stretch of **hyperemesis gravida (hĭ-pĕr-EM-ĕ-sĭs GRĀV-ĭ-dă)** which had her hospitalized for a day of IV fluids and hydration. The fetal heart rate FHR has been in the range of 132 – 152 bpm and Erica admitted the baby has been quite active.

At the beginning of her 8th month of pregnancy, Erica reported to Dr. Schott that the baby was not as active as it had been last month. Dr. Schott ordered fetal heart monitor testing on the baby during the clinic visit and did note a change. Dr. Schott suggested that an **amniocentesis (am-nē-ō-sen-TĒ-sĭs)** be completed, to check the baby's lung function and to look for any genetic/chromosomal conditions. The amniocentesis test results came back negative for both.

By this time, Erica is two weeks over-due. Dr. Schott has noted that there hasn't been a change in the growth of the fetus since the past two visits. Because she is now post term, a test to detect **Oligohydramnios (ōl-ĭg-ō-hī-DRĀM-nē-ōs)** was ordered. Instead of waiting for **amniorrhesis (am-nē-ō-REK-sis)** to occur, Dr. Schott performed an **Amniotomy (am-nē-OT-ō-mē)**, and the labor process began.

An **episiotomy (i-piz-ē-OT-ō-mē)** needed to be performed during the birth of the child to prevent un-necessary tearing of the vaginal wall. Erica gave birth to a healthy, 7-pound baby boy. The baby's APGAR score was 8, showing low numbers in respiratory effort. For this reason, Dr. Schott referred the baby to Dr. McGraw, a **neonatologist (nē-ō-nā-TŌL-ō-jĭst)**, for closer observation of the growth and development of the baby.

Dr. Schott updated Erica's chart to reflect that her status now changed to **multigravida (mŭl-tĭ-GRĀV-ĭ-dă)** **multipara (mŭl-TĪP-ă-ră)**.