

THE FINAL WORD: Obstetric and Gynecologic Diagnostic Nomenclature

**PHILIPPINE BOARD OF OBSTETRICS AND GYNECOLOGY
and
COUNCIL FOR RESIDENCY EDUCATION ENHANCEMENT AND
DEVELOPMENT**

Diagnosis

- Purpose: to know basic information about the patient:
 - Nature of the disease or condition
 - Intervention / Management
 - Outcome
 - Complications

Obstetric Diagnosis

- Components of Obstetric Final Diagnosis:
 1. Obstetrical Status
 2. Obstetrical/ Medical/ Surgical
Complication/s
 3. Management/ Intervention
 4. Outcome

Obstetric Diagnosis

I. Obstetrical Status

1.1 Gravity /Parity/ OB Score -

- Important for GSIS and PHIC claims
- Adapt the new scoring method
ex. G1P1(0202)

Obstetric Diagnosis

1.2. Pregnancy location

- Uterine
- Ectopic
 - specify site
 - if tubal, which part of the

tube

- ruptured/unruptured

- **if embryo identified, state if**

with

cardiac activity

Obstetric Diagnosis

1.3. Age of Gestation

Admitting diagnosis:

- based on LNMP/ Ultrasound

Final Diagnosis:

- based on Ballard' s score
- if Term, may just write Term
- if Preterm/Post-term – write
aging

Pediatric

Obstetric Diagnosis

1.4.a Presentation

- Cephalic
- Breech
 - Complete
 - Incomplete
 - Footling
- Transverse lie (Shoulder)

1.4.b Position - optional

Obstetric Diagnosis

1.5. Labor Status:

- In labor
- Not in labor
- In preterm labor/ controlled
- Delivered

Obstetric Diagnosis

Examples:

- **G1P1 (1-0-0-1) Pregnancy Uterine, term, cephalic, delivered**
- **G2P2 (2-0-0-2) Pregnancy uterine, term, Complete Breech, delivered**
- **G2P1 (1-0-1-1) Tubal Pregnancy, Ampullary 11 weeks, ruptured**

Obstetric Diagnosis

2. Obstetrical / Medical/ Surgical Complication/s:

- state the medical/surgical
complication/s

- state the status of the condition/s

Obstetric Diagnosis

2. Obstetrical / Medical/ Surgical Complication/s:

Examples:

- **Preeclampsia, Severe**
- **Acute Asthma, controlled**
- **Acute Appendicitis, ruptured**

Obstetric Diagnosis

3. Management: Manner of delivery

- Vaginal Spontaneous Delivery

- Vaginal Assisted Delivery:

indicated/

elective

- Inclusion of Episiotomy and repair

is optional

- Cesarean Section: should include

the

indication

Obstetric Diagnosis

3. Management:

Obstetrical:

- Repeat Cesarean Section - **MUST**

include the indication for the Primary CS

Obstetric Diagnosis

3. Management:

- Obstetrical: MUST indicate manner of delivery
- Anesthesia: MUST indicate the type of anesthesia used
- Surgical Management: MUST be included in the Final Diagnosis
- *Medical Management: NOT to be included in the diagnosis*

Obstetric Diagnosis

3. Management:

- Blood Transfusion **MUST** be indicated together with the diagnosis and cause of anemia

Example:

Blood Transfusion for Anemia secondary to Acute Blood Loss secondary to Placenta Previa, complete

Obstetric Diagnosis

● Management - Examples:

- **Normal Spontaneous Delivery under epidural anesthesia**
- **Indicated outlet forceps extraction under pudendal block anesthesia**
- **Low Segment Transverse Cesarean Section under SAB anesthesia**
- **Appendectomy under spinal anesthesia**

Obstetric Diagnosis

4. Fetal Outcome

4.1. General Outcome

- Term
- Preterm/ Post-term – must indicate Pediatric aging
- Livebirth
- Stillbirth – fresh stillbirth or macerated
- Sex

Obstetric Diagnosis

4.1. General Outcome – **MUST** include:

4.1.1 Significant neonatal complication/s

4.1.2 Significant placental abnormality

Obstetric Diagnosis

4.2. Detailed outcome:

a. Birth weight

- actual weight is optional
- indicate if SGA/LGA

Optional:

b. Birth length

c. Placental weight

d. APGAR Score

Obstetric Diagnosis

Fetal Outcome

Example:

***- Preterm birth live baby girl,
Pediatric aging of 33 to 34 weeks,
Multiple congenital anomalies,
SGA, Placenta succenturiata***

Obstetric Diagnosis

- **G1P1 (1-0-0-1) Pregnancy Uterine, delivered, term, cephalic, live baby girl**
Multiple congenital anomalies
SGA (BW-1900 gm.)
- **Preeclampsia, Severe**
- **By Primary Low Segment Transverse**
Cesarean Section under spinal anesthesia
for non-reassuring fetal status

Gynecologic Diagnosis

1. Obstetric Status
2. Current Gynecologic/Medical condition/s
3. Surgical management/ Interventions
4. Pertinent Past Surgeries
5. Surgical/Medical Complications

Gynecologic Diagnosis

1. Obstetrical Status
 - a. Gravity/Parity
 - b. Obstetrical Score

Gynecologic Diagnosis

2. Current Gynecologic Condition/Diagnosis

2.1 Location/ Organ Involvement

- Solitary
- Bilateral
- Metastasis

2.2. Activity

- Benign
- Malignant, include Stage (FIGO Staging)
Histologic Type – if available, if none yet, may write probably Benign/Malignant

Gynecologic Diagnosis

Example:

- **Multiple Myomata Uteri, fundal, intramural with submucous component**
- **Squamous Cell Ca, Cervix, Stage II B**
- **Ovarian New Growth, Bilateral, probably Mucinous Cyst Adenocarcinoma, Stage II B**

Gynecologic Diagnosis

3. Concomitant Medical/ Surgical Condition and Status

- Controlled
- Uncontrolled

Example:

Diabetes Mellitus, controlled

Rheumatic Heart Disease, in

failure

Gynecologic Diagnosis

4. Management/ Intervention

- a. State complete primary surgical procedure
- b. Additional surgical procedure should also be included

Example: **Adhesiolysis**
Cystorrhaphy

Gynecologic Diagnosis

4. Management/ Intervention

c. Frozen Section

- if done must be stated with the frozen section reading

- performance of the frozen section must be justified by the Pre-operative diagnosis

Gynecologic Diagnosis

5. Surgical Morbidities

- surgical morbidities **MAY OR MAY NOT** be part of the diagnosis

Example:

- Ureteral transection
- Urinary bladder tear

Gynecologic Diagnosis

6. Pertinent previous surgeries

- history of previous pertinent surgeries and its indication must be part of the diagnosis

- year of the previous surgery is optional

Example:

for **S/P Oophorectomy, Right,
Endometriotic cyst (2008)**
**S/P Salpingectomy for Ectopic
Pregnancy (2002)**

Gynecologic Diagnosis

- **G2P2**
- **Multiple Myomata Uteri, Intramural and Subserous types**
- **Diabetes Mellitus, controlled**
- **Total Abdominal Hysterectomy with Bilateral Salpingoophorectomy under spinal anesthesia**
- **Histopath:**
 - Myoma, intramural, subserous**

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