

Glossary of medical/obstetric terms

Acupuncture: *Acupuncture is an alternative medicine that treats patients by insertion and manipulation of needles in the body. Its proponents variously claim that it relieves pain treats infertility treats disease prevents disease, promotes general health or can be used for therapeutic purposes. Acupuncture typically incorporates traditional Chinese medicine as an integral part of its practice and theory.*

Amniocentesis: *Amniocentesis is a specialised diagnostic test that involves taking a sample of amniotic fluid from your uterus (womb) and examining it in the laboratory to see whether your baby has any serious abnormalities. It's a diagnostic test, which means that it can tell you with almost complete certainty whether or not your baby has got a particular condition. It can also reveal the sex of your baby.*

You will be asked to lie down on an examination couch. Using ultrasound for guidance, your doctor will identify a pocket of amniotic fluid a safe distance from your baby and the placenta. She will then insert a long, thin, hollow needle through your abdominal wall and into the sac of fluid around your baby. You can choose to have your abdomen numbed first with a local anaesthetic, but this isn't usually necessary. With the special long needle, the doctor withdraws a small amount of amniotic fluid; about two tablespoons. This fluid contains cells from your baby, chemicals, and micro-organisms that can answer many questions about your baby's health. Guiding the needle to the right position using the ultrasound scan can take up to 20 minutes. Inserting the needle and withdrawing the amniotic fluid takes only about five minutes. Once the needle is out, you may have some tummy cramps. In about one in every 12 procedures, not enough fluid is collected on the first try and the needle has to be re-inserted.

Anomaly Scan: *An anomaly scan takes a close look at your baby and your uterus (womb). The person carrying out the scan, called the sonographer, will check that your baby is developing normally and look at where the placenta is lying in your uterus. You will be offered the scan, which is sometimes called your mid-pregnancy ultrasound scan, when you are between 18 weeks pregnant and 20 weeks plus six days pregnant. You may want to know the sex of your baby and to have a photo. However, although it's lovely to see your baby, the scan's main purpose is to confirm that your baby is developing normally.*

Ante-Natal: *a term for pregnancy or before birth (1st trimester 0- 12 weeks, 2nd trimester 12- 28 weeks, 3rd trimester 28-40 weeks)*

Anti D: *is an injection given by the nurse or midwife at 28 week if the patient has a negative blood group. They must have had a recent blood grouping test (within 7 days) prior to having the injection.*

Artificial Rupture of Membranes (ARM): *when the Dr or Midwife breaks the waters with an instrument called an amnihook. There are no nerves in the water membranes and shouldn't be painful. This is done at the hospital as part of the induction process. Should never be done at WWC.*

Birth Plan: *an appointment at 36 weeks with a Dr or midwife to discuss the patients plans or expectations for birth.. This should usually be performed following antenatal classes.*

Breech: *this is when the baby is upside down in the pelvis and the bottom is the where the head should be. If the baby remains breech after 37 weeks then it is recommended for safety now that all breech babies be born by c/section in the UK.*

Cardio Toco Graph (CTG) : *is a technical means of recording (-graphy) the fetal heartbeat (cardio-) and the uterine contractions (-toco-) during pregnancy, typically in the third trimester. The machine used to perform the monitoring is called a cardiotocograph, more commonly known as an electronic fetal monitor (EFM). This is currently provided at the Kensington Wing at C&W.*

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Caesarean Section: *an obstetric operation whereby the baby is delivered through an incision made into the abdominal wall and uterus. These can be elective (pre booked) or emergency (usually if a complication in labour). In the UK the c/section rate is approx 25% of births, in London it's around 30%.*

Cephalic: *this is when the baby is facing "head down" in the pelvis.*

Chorionic Villus Sampling (CVS): *Ultrasound is used throughout the procedure, first to confirm how many weeks pregnant you are, and to locate the placenta. The ultrasound examination might be uncomfortable when the doctor presses down on your tummy with a small, hand-held transducer. However, you'll be able to see your baby on the screen which is a bonus!*

Depending on your stage of pregnancy, the position of your placenta, or on personal preference, your doctor will choose one of the following methods:

- *transvaginal CVS - usually carried out between 11 and 13 weeks of pregnancy, via the cervix. Your doctor will carefully insert fine forceps or a small tube through your vagina and cervix to reach the placenta*

- *transabdominal CVS - usually carried out after 13 weeks, through the abdomen. You may be given a local anaesthetic to numb the wall of your abdomen before a needle is inserted through your abdomen into your uterus to the placenta.*

Ultrasound is used continuously to guide insertion of the instrument, whichever method is used. Your doctor will then extract a fragment of chorionic villi, which are tiny finger-like projections on the placenta. The cells taken from the placenta are full of genetic information that can be analysed to reveal the chromosomal make-up and the sex of your baby. If you don't want to know whether you're having a boy or girl, say so.

Ectopic Pregnancy : *Ectopic means "out of place." In an ectopic pregnancy, a fertilized egg has implanted outside the uterus. The egg settles in the fallopian tubes in more than 95% of ectopic pregnancies.*

Episiotomy: *an incision or "cut" made by a Dr or Mw to the perineum (vagina) as the baby's head is born. This is usually done if instruments need to be used (Forceps/Kiwi), in an emergency when the baby needs to be born quickly or if it is thought that the vagina will tear very badly naturally (ie if baby is very large). Local anaesthetic is always given to numb the area first and it is then stitched back together with dissolvable stitches by the Dr or Mw immediately after the baby is born. It takes approximately 7 days for the stitches to dissolve and around 6 weeks for it to heal fully.*

Estimated Delivery Date (EDD): *This is the date given 40 weeks from the LMP. Sometimes after a scan this date may change once the baby has been measured and the Dr thinks the baby could come earlier/later due to its size. This is why we do early dating scans so that we can check everything is ok and check that the dates of the period correspond with the size of the baby.*

External cephalic version (ECV): *is when a trained doctor attempts to turn a breech baby into a cephalic (head down position) via the abdominal wall. This should be done on a hospital labour ward and should not be done at WWC. It is not always successful but some women may want the Dr to attempt this before they book a c/section delivery.*

Fetal Heart Heard and regular (FHHR): *we write this on the notes when we have listened into the tummy with the sonicaid and heard the baby's heart beat.*

Fetal Movement felt (FMF): *we write this on the notes when the patient reports that she is feeling the baby move. With 1st babies this is usually around 16 weeks. Multiples usually feel their babies move a little earlier*

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Folic Acid: *Folic acid (folate) is a vitamin and is needed to make new cells in the body. The body does not store very much folic acid. You need a regular fresh supply to keep healthy. Pregnant women in particular need a good supply of folic acid which is used by the developing baby. The very early stages 0-12 weeks of pregnancy are crucial in the need for folic acid. This is why folic acid supplements are recommended for women planning a pregnancy (400mcg). Many foods contain folic acid including vegetables such as spinach, sprouts, broccoli, green beans, and potatoes. Some bread and breakfast cereals are fortified with folic acid.*

Follicle tracking: *Follicular tracking can be used to track a woman's natural cycle. It is a helpful guide for both the fertility team and the couple to have a greater understanding of the individual's ovulatory pattern. Follicular tracking is normally performed by vaginal ultra sound scans from Day 9 of the menstrual cycle (Day 1 being the first day of bleeding). The scan will enable the follicle (fluid filled sacs which can contain an egg) in the ovary to be measured. When the follicles measure a certain size it can then be estimated when ovulation is likely to occur. The female will be advised when to have timed sexual intercourse prior to ovulation in order for fertilization to occur.*

Forceps Delivery: *surgical metal instruments used by a Dr to deliver a baby safely.*

Full Blood Count (FBC): *a blood test usually used in pregnancy to test the patients iron level. If this level is low it can be a sign of anaemia.*

Full Term: *this is anything after 37 weeks of pregnancy to 40 weeks. After 40 weeks we refer to the pregnancy as "post term"*

Group B Streptococcus (GBS) : *Group B streptococcus (GBS) is a type of bacterial infection that can be found in a pregnant woman's vagina or rectum. This bacteria is normally found in the vagina and/or rectum of about 25 % of all healthy, adult women.*

Those women who test positive for GBS are said to be colonized. A mother can pass GBS to her baby during delivery.. Not every baby who is born to a mother who tests positive for GBS will become ill. Although GBS is rare in pregnant women, the outcome can be severe, and therefore physicians include testing as a routine part of prenatal care. The test involves a swab of both the vagina and the rectum. The sample is then taken to a lab where a culture is analyzed for any presence of GBS.

Haemoglobin (Hb) : *this is the iron part of the FBC which we test for anaemia.*

High Vaginal Swab (HVS) : *A swab taken by the MW, Nurse or Dr from the high part of the vagina usually during a speculum examination.*

Hysterosalpingogram (HSG): *is an important test of female fertility potential. The HSG test is a radiology procedure usually done in the radiology department of a hospital or outpatient radiology facility. Radiographic contrast (dye) is injected into the uterine cavity through the vagina and cervix. The uterine cavity fills with dye and if the fallopian tubes are open, dye fills the tubes and spills into the abdominal cavity. This determines if the fallopian tubes are open or blocked and whether a blockage is located at the junction of the tube and uterus or whether it is at the other end of the fallopian tube. These are the areas where the tube is most commonly blocked.*

Hysterosalpingosonogram (HSS): *similar procedure to HSG which, instead of X Ray, uses ultrasound to assess the tubes and other reproductive organs.*

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Induction of Labour (IOL): *a procedure carried out in hospital where women are given drugs to stimulate the body to go into labour. Usually done after 40 weeks yet sometimes done earlier if complications. A gel or pessary is inserted into the vagina behind the cervix and the drugs are absorbed by the body. These drugs (prostaglandins) are used to soften the cervix and to encourage contractions. Other methods of induction are breaking some bodies waters (usually in multiples this is all that is done as the cervix is softer) and using an IV drip of hormones to make the body have contractions.*

Last Menstrual Period (LMP): *This refers to the 1ST day of the last menstrual period before pregnancy. We count 40 weeks from this date to give a due date.*

Low Vaginal Swab (LVS) : *A swab taken by the MW, Nurse or Dr from the low part of the vagina .*

Mid Stream Urine (MSU): *The patient is told to pee a little to start with and then to catch the mid part of the void (pee) in the sample pot for testing.*

Moxibustion: *a technique used in traditional Chinese medicine such as acupuncture. It involves the use of moxo sticks made from the herb mugwort which acts as a heat source when held over the appropriate acupuncture points (usually on the toes). The procedure has been successfully used to turn breech presenting babies to cephalic presentations (head down). Kristina can provide this to women at WWC with breech babies.*

Multiparous (MULTIP): *means anybody who has had one (viable) child and is pregnant again. Somebody who has had 4 or more children may be referred to as a Grand – Multip.*

Nuchal Translucency Scan: *What is nuchal translucency? This is a collection of fluid under the skin at the back of a baby's neck. It can be measured using ultrasound when your baby is between 11 weeks and 13 weeks plus six days old. All babies have some fluid, but many babies with Down's syndrome have an increased amount. A nuchal translucency (NT) scan is a screening test which assesses whether your baby is likely to have Down's syndrome. A screening test can only estimate the risk of your baby having Down's, whereas a diagnostic test, such as CVS or amniocentesis will give you a definite diagnosis (but also carries a small risk of miscarriage).*

The NT scan can't tell for certain whether your baby is affected. However, it can help you decide whether or not to have a diagnostic test.

Ovarian reserve testing (ORT) : *is used to assess the quality and function of the ovaries. This is not the same as testing whether or not you are ovulating, rather it is an assessment of how likely you are to get pregnant and, if this is unlikely, which fertility treatments would be most appropriate. The result of this testing will either be 'normal' or 'poor.' A diagnosis of 'poor' will often mean in Western terms that you will be told that you are unlikely to get pregnant.*

Placenta Previa: *when the placenta covers part or all of the cervix. This is picked up on a scan.*

Preconception optimization: *The goal of preconception care is to reduce the risk of adverse health effects for the woman, fetus, or neonate by optimizing the woman's health. Pre conception is "before" the pregnancy. By giving up smoking, taking folic acid etc your making yourself healthier for conception and pregnancy.*

Pre-Eclampsia Toxemia (PET): *is a serious condition in pregnancy where the mother gets increased blood pressure. It can affect babies growth and cause seizures or fits in the mother if the pressure gets too high. It usually resolves once the baby is delivered.*

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Pre Natal Vitamins: *Prenatal vitamins are vitamin supplements intended to be taken before and during pregnancy. Although not intended to replace a healthy diet, prenatal vitamins provide women of child bearing age with nutrients that they may not be taking through their diet.*

Premature: *This is any baby born or labour commenced before 37 weeks of pregnancy.*

Primiparous (PRIMIP): *means first pregnancy. We refer to first time mums as PRIMIPS.*

Post-Natal: *a term for the period after birth usually the first 28 days but can last up to 6 weeks.*

Show: *a term used to describe the blood stained mucus which comes from the cervix at the end of pregnancy or at the start of labour as the cervix softens.*

Spontaneous Rupture of Membranes (SROM): *when the membranes around the baby break on their own before or during labour. Pre 37 weeks is very abnormal and women should be referred to the hospital asap. The waters are usually a straw like colour yet can sometimes be blood stained or green if the baby had pooped inside. Women need to be checked over at the hospital and if they don't start having contractions within a certain time (usually 48 hrs) then we recommend an induction of labour as infection can get into the womb once the waters have broken.*

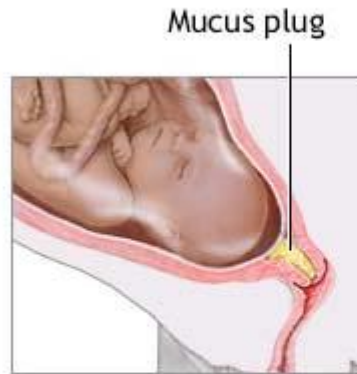
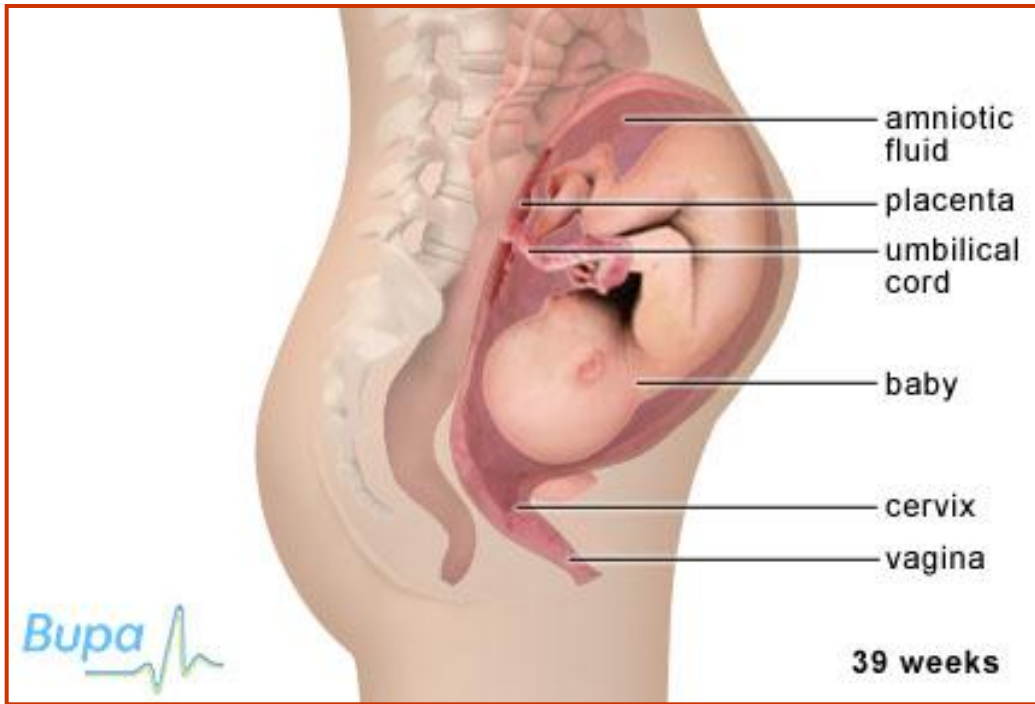
Spontaneous Vaginal Delivery (SVD): *this is a normal vaginal delivery with no intervention by the Drs or Mw.*

Stretch & Sweep: *a sterile vaginal internal examination where the Dr or MW locates the opening of the cervix and attempts to "sweep" the membranes around the baby's head. This can be very difficult in primips yet is easily done in multips. It is usually done around full term (week 40) and is done with the intention of stimulating the body to make labour hormones which will hopefully in turn commence a normal labour. This can be done at the WWC. Some women are likely to experience a "show" (see above) following this procedure for up to 24 hours.*

Ultra Sound Scan (USS): *An ultrasound scan sends high-frequency sound waves through the uterus (womb). These bounce off the baby and the echoes are turned into an image on a screen that shows the baby's position and movements. Hard tissues, such as bone, reflect the biggest echoes and are white in the image, and soft tissues are grey. Fluids, such as the amniotic fluid that your baby lies in, appear black because the echoes go through them.*

Vaginal Birth After C/S (VBAC): *this is when a woman wants to attempt a vaginal birth whilst having already had a c/section with her previous child. This is a highly monitored labour and the decision is always made by the woman's obstetrician as it depends on lots of previous birth factors. The success rate of VBAC is around 60- 80%. Most women are offered a VBAC or an elective (booked) c/section.*

Ventous/Kiwi Delivery: *an instrument used to deliver a baby safely by a Dr. It works by suctioning the instrument onto the babies' head. The mother then pushes and the Dr pulls to deliver the baby. This and forceps are usually used in the pushing stage when the baby is either stuck or becoming distressed. They are more commonly associated with epidurals for pain relief as the drugs used mean the women can't feel where to push well enough.*



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Complete breech

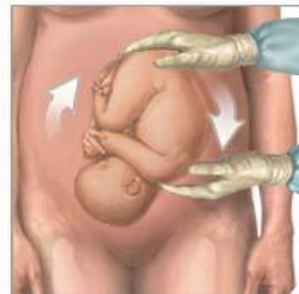


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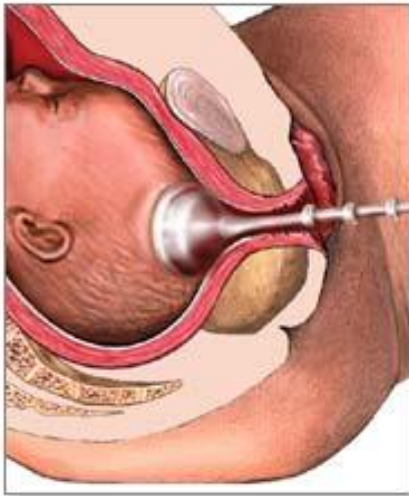
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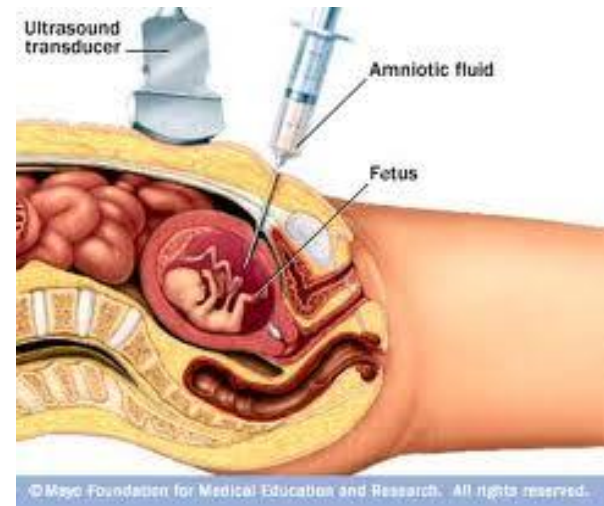
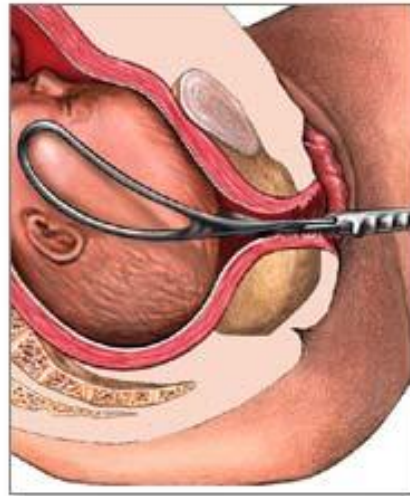
Cephalic presentation



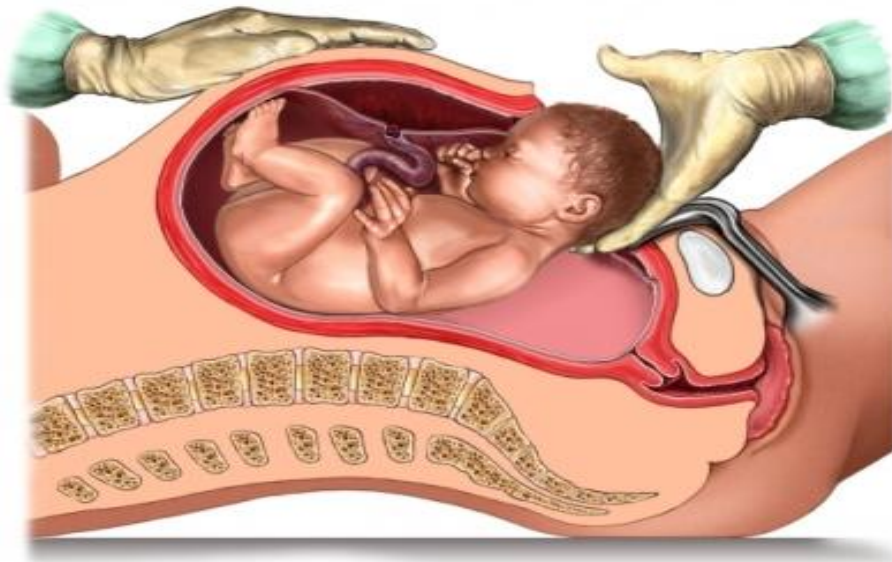
Vacuum-assisted birth



Forceps-assisted birth



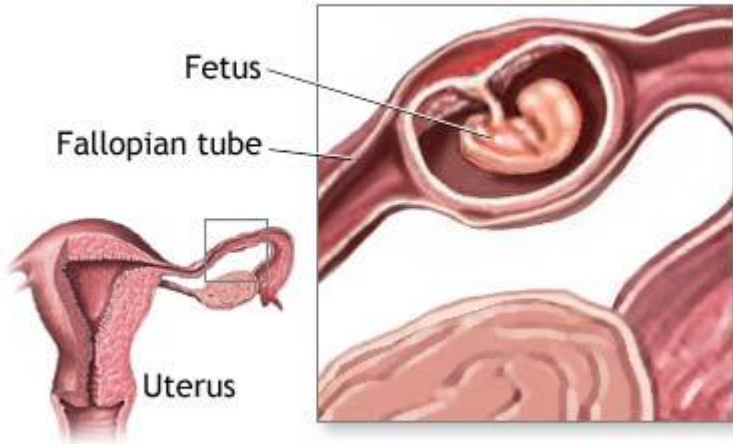
Amniocentesis



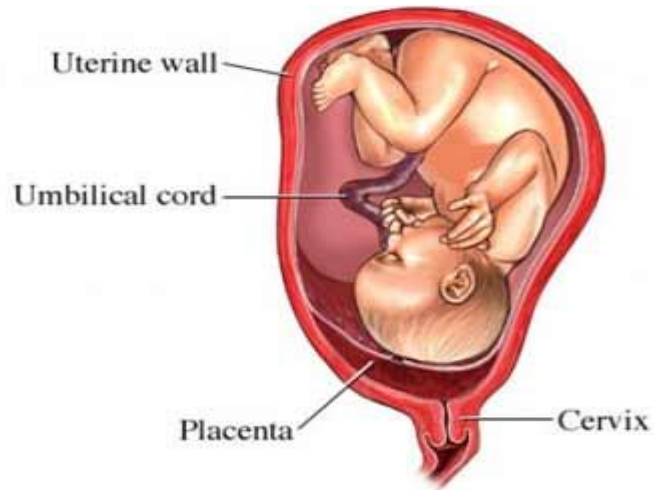
c/section



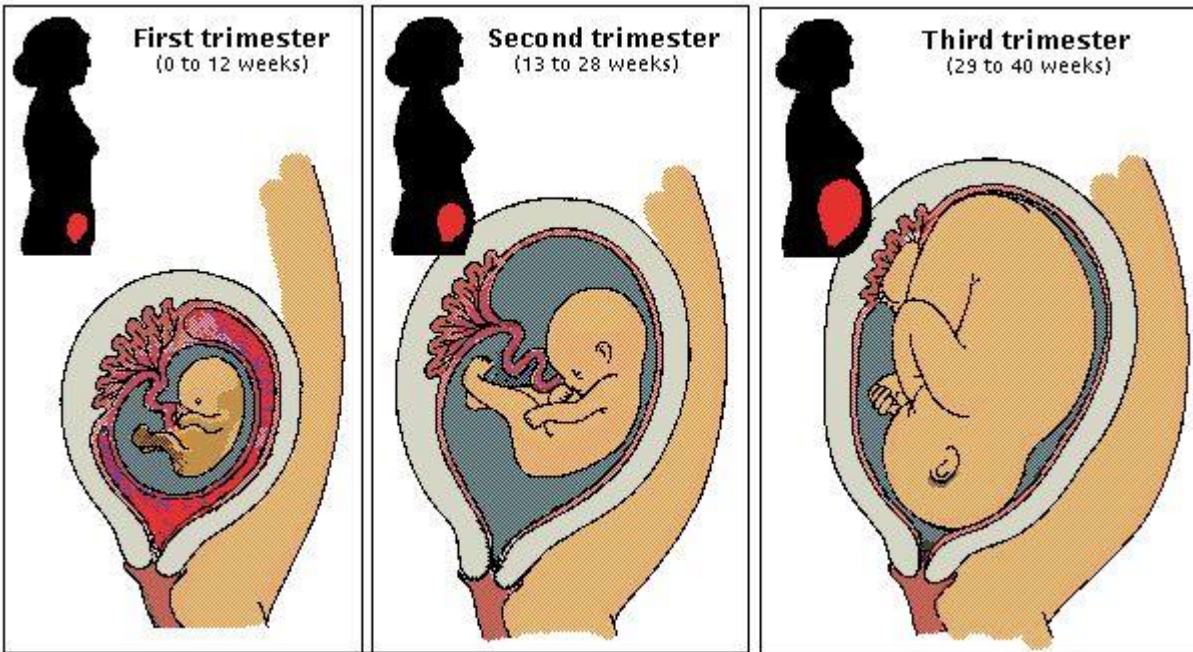
Ectopic pregnancy



Placenta Previa



ADAM.



Low Lying Placenta