

# OBSTETRIC AND GYNAECOLOGICAL HISTORIES - A GUIDE

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# TABLE OF CONTENTS

## 01

What are the key challenges?

## 02

Gynaecological history

## 03

Menstrual history

## 04

Obstetric history

## 05

Emergency O&G history

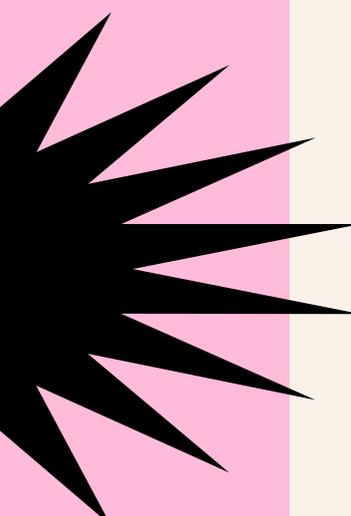
## 06

Sexual history

## 07

Practice

# WHAT ARE THE KEY CHALLENGES?



## 1) Awkwardness

Taking an O+G history can often feel awkward, especially for students. Patients are usually expecting personal questions - acknowledging that, and approaching the conversation with confidence and respect, helps reduce discomfort. Don't make a big deal of sensitive topics. Consent properly, ask questions clearly, and maintain a confident, professional tone.

## 2) Fear of Triggering

It's common to worry about causing emotional distress, particularly when asking about past terminations or miscarriages. These questions are important for providing good care, so don't avoid them, just ask gently and clearly. Signposting is key. For example: "Have you been pregnant before? Please tell me what happened."

## 3) Loss of Structure

It's easy to lose structure in O+G histories due to the many specific areas to cover. Remember that you still use your usual framework (e.g. SOCRATES, APRICOTS). You're just adding specific sections like menstrual, obstetric, and sexual history on top.

## 4) Jargon

Avoid slipping into medical jargon. Use plain language ("period" instead of "menstruation") and always clarify what the patient means (e.g. which pill is "the pill"). Avoid assumptions. 

# GYNAECOLOGICAL HISTORY

**-Presenting complaint:** What brought you in today? Any vaginal itching? Discharge? Changes to periods or bleeding? Any pain?

**-Previous medical intervention:** Have you ever seen a gynaecologist before? Any known gynaecological conditions? History of STIs, gynaecological surgery, ectopic pregnancies, or terminations?

**-Cervical screening:** When was your last smear test? What was the result? Have you ever had HPV? Have you been vaccinated?

**-Menstrual history** (see detailed section below)

**-Obstetric history** (see detailed section below)

**-Menopause:** Have you gone through menopause? When? Any symptoms? On HRT? Is it working well for you? Any postmenopausal bleeding?

**-Contraception:** Are you on contraception? What type? Does it affect your cycle? Has it been effective for you?

**-Could you be pregnant?**

**-System review:** especially for pain, bleeding, GI, GU, or systemic symptoms

# MENSTRUAL HISTORY

**-Menarche:** When did you start having periods?

**-The Cycle:** How long is your usual cycle? How many days do you bleed? Is your cycle regular?

**-Quantifying Bleeding:** How heavy is the bleeding? How often do you change pad/tampon/cup/other? What absorbency do you use? Do you pass any clots? What size?

**-Abnormal Bleeding:** Do you bleed between periods? Do you bleed after sex?

**-PCOS Symptoms:** Any acne? Facial/body hair? Irregular periods?

**-Endometriosis Symptoms:** Are your periods especially heavy or painful? Are you able to do daily tasks during your period? Do you get deep pelvic pain during sex?

# OBSTETRIC HISTORY

**-Gestational age:** Are you pregnant? How many weeks? When was your last period?

**-Gravidity/Parity:** Have you been pregnant before? How many times? How many times have you given birth? Can you talk me through each of your previous pregnancies - when they occurred, how they progressed, and how they were managed?

**-Pregnancy Symptoms:** Have you been nauseous/vomiting? When did you first feel your baby move?

**-Worrying features:** During this pregnancy have you experienced any vaginal bleeding? Have you had any abdominal pain? Have you noticed any vaginal discharge/fluid loss – ask about volume, colour, smell? Have you had any leg swelling? Have you experienced shortness of breath or chest pain?

**-Pre-eclampsia signs:** Have you had any headaches, visual changes, tummy pain, swollen arms/legs?

**-Risk of gestational diabetes:** Have you ever had gestational diabetes before? Does anyone in your family have diabetes?

**-Obstetric cholestasis:** Have you noticed any yellowing of your skin? Any itching on palms/soles?

**-Urinary symptoms:** Have you been urinating more frequently? Have you noticed increased urgency? Is it ever painful when you pass urine?

**-System review:** especially fever, fatigue, weight loss

**-Current Pregnancy:** Was this pregnancy planned? Any assisted reproduction? Have you been taking your folic acid supplements? Any issues on scans? When is the baby due? Have you thought about how you would like to deliver them? Are you pregnant with one baby or multiple?

**-Previous pregnancies:** How were your previous babies delivered? Have you ever had any issues during pregnancy or childbirth? Did you or your baby need additional support after your previous birth? At what week did you deliver? How long did you stay in the hospital for? What were your previous babies' weights at birth? Have you ever had an ectopic pregnancy?

**-Other important questions:** Do you know your rhesus status? Are your vaccinations up to date? Do you feel safe at home? Full social history is very important.

# EMERGENCY O+G HISTORY



**-If bleeding:** When did it start? Constant or changing? How much? Associated symptoms: light-headedness, pain, vomiting? Could you be pregnant? Previous fibroids, gynaecological history? Fever? Previous similar episodes?

**-If pain:** Use SOCRATES

**S:** Where is the pain?

**O:** When did it start?

**C:** Are you able to describe the pain?

**R:** Has the pain moved?

**A:** Have you noticed any other symptoms that started at the same time?

**T:** Has it gone away at all since it first came on? How long does it last? How often does it come on?

**E:** Has anything made the pain better/worse?

**S:** How intense is the pain on a scale from 1-10?

Also ask: Is there any bleeding? When was your last period? Any nausea/vomiting? Any bloating? History of cysts or STIs? Could you be pregnant?



# SEXUAL HISTORY

**-Presenting complaint:** Use SOCRATES to explore symptoms.

**-Vaginal/urethral discharge:** changes in colour, consistency, smell? Do you know if you currently have any STIs? Any previous STIs?

**-Abnormal bleeding:** between periods? after sex?

**-Pain:** Have you had any pain? Where? What kind of pain? When? Do you ever have deep pelvic pain during sex?

**-Skin changes:** itching, rashes, lesions?

**-Urinary symptoms:** Is it painful when you pass urine? Have you noticed increase urgency? Are you passing urine more frequently?

**-Menstrual cycle:** When was your last period? Consider taking a menstrual history.

**-Could you be pregnant?**

**-Systemic symptoms:** Have you had a fever, rash, joint swelling, painful red eyes?

**-Rectal symptoms:** any discharge, pain, lumps?

**-Oral symptoms:** any ulcers or sore throat?

**-Detailed Sexual History:** When was your last sexual contact? What type of sex did you have? Did you use any contraception? What type? Was it with regular or casual partner? How long have you been with this partner? Have you or your partner had any other partners in the last 3 months? What sex is your partner? Have you or your partner been tested for STIs recently?

**-Sexual Safety and Violence:** Do you feel safe with your current partner? Any history of violence or coercion? Any sex without consent?

**-Assess for FGM:** Have you had any genital procedures not for medical reasons?

**-Blood-Borne Virus Risk:** Do you or your partner have known HIV, Hep B, Hep C? Have you had any partners from abroad or with known infections? Do you use PrEP or PEP? Have you or your partner ever injected drugs? Do you use recreational drugs during sex? Are you or have you ever been involved in sex work?

# PRACTICE

To practice taking some of these histories you can access mock stations on the BUSOG website:

<https://thebusog.org/undergraduate-og-resources/>

