



留学生临床实习指导丛书



# Internship Handbook of Obstetrics & Gynecology



## 妇产科学实习手册

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长江出版传媒 湖北科学技术出版社

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Handbook of  
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## 图书在版编目 ( CIP ) 数据

妇产科学实习手册 / 盛德乔主编. — 武汉: 湖北科学技术出版社, 2016.12

( 留学生临床实习指导丛书 )

ISBN 978-7-5352-9323-7

I. ①妇… II. ①盛… III. ①妇产科学-实习-手册  
IV. ①R71-62

中国版本图书馆 CIP 数据核字 (2017) 第 000610 号

策 划	李芝明 熊木忠
责任编辑	熊木忠
封面设计	戴 旻
出版发行	湖北科学技术出版社
地 址	武汉市雄楚大街 268 号 ( 湖北出版文化城 B 座 13~14 层 )
电 话	027-87679468
网 址	<a href="http://www.hbstp.com.cn">http://www.hbstp.com.cn</a>
印 刷	武汉市江城印务有限公司
邮 编	430013
开 本	787×960 1/32 11.125 印张
版 次	2016 年 12 月第 1 版 2016 年 12 月第 1 次印刷
字 数	179 千字
定 价	27.00 元

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( 本书如有印刷问题, 可找市场部更换 )

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## 前言

随着我国经济社会发展，综合国力提升，国际化已经成为我国高等教育发展的重要战略路径。在高等教育向国际化迈进中，临床医学来华留学生教育规模不断扩大，质量稳步提高，是发展最快的专业之一。在医学专业人才培养过程中，临床实习教学是十分重要的环节，受到国家教育主管部门和医学院校的广泛重视。为了进一步做实临床实习教学过程，保障教学质量，我们根据国家教育主管部门要求，参照国内外相关专业标准，结合本校临床专业来华留学生教育十多年的经验积累，组织编写了《留学生临床实习指导丛书》。丛书包括内科学、外科学、妇产科学、儿科学四个分册。从便于携带、方便查阅角度出发，本着内容准确、重点突出、精炼实用的原则，各分册主要涵盖临床上的常见病和多发病，重点描述疾病的诊断、鉴别诊断和治疗要点。

初次进行留学生指导教材编写工作，编著者和编辑们认真细致，尽了最大努力，但因水平有限，时间仓促，书中难免有疏漏和不足之处，敬请读者及同道指正。

赵云

2016.3.29



## PREFACE

With China's economic and social development, the comprehensive national strength increases, internationalization has become an important strategic path for the development of China's higher education. Since internationalization of higher education provides constant expansion and steady enhancement for international students, clinical medicine now has ranked one of the majors striving fast. As a significant step in the training of international medical students, clinical practice teaching deserves special attention from both China's education authorities and medical colleges. In order to enhance the teaching process and ensure the teaching quality, our teaching team compiles this *Clinical Internship Guidance Collection for International Students*. Based on the supervision of the state education authorities, this Collection explores decades' experience of international students' clinical study in our university by reference to professional standards at home and abroad. Easy-to-carry and reader-friendly, this Collection consist of four parts, i.e. internal medicine, surgery, obstetrics & gynecology and pediatrics, with the consideration of content precision, keys highlight and practical use. Each book mainly covers clinical common, frequently encountered diseases, and focuses on disease diagnosis, differential diagnosis and treatment.

Sincere efforts have been made to verify the correctness in the compilation of this Collection for international students. However, some mistakes and errors in this Collection may be unavoidable due to our time and knowledge limit. Thus, we appreciate all your kind criticism and correction.

Zhao Yun  
March 29, 2016

《妇产科学实习手册》

内容简介:

《妇产科学实习手册》为来华留学生临床实习指导系列丛书之一,本书由一支经验丰富的妇产科临床教师根据最新医学理论和临床需要编写而成,包括病历书写管理与法律法规、医疗文书的书写,妇产科学的生理知识、疾病的诊断、鉴别诊断及治疗,重点突出其临床特点、诊断要点、治疗原则和方法,还编写了妇产科常见的手术。本书力求重点突出,内容简明扼要、结构有序、理论与实践紧密结合。特别是注意临床实践操作,易于理解、掌握和应用,有助于指导妇产科临床见习和实习阶段的学习。

本书力求准确无误,但是,仍难免有不精确、模糊和打印错误,恳请广大读者批评指正。

Introduction:

*The Internship Handbook of Obstetrics & Gynecology is one of The Clinical Internship Guidance Collection for International Students. This book is compiled by experienced clinicians of obstetrics and gynecology based on the newest medical theories and clinical needs. It covers management of medical record writing, laws and regulations, medical documents, physiological knowledge, diagnosis of diseases and differential diagnosis and treatment of obstetrics and gynecology as well. It gives prominence to clinical features, essentials of diagnosis, therapeutic principles and methods and also includes common operations of obstetrics and gynecology. In this book we strive to make major points highlighted, contents concise and to the point, structure well organized, theories closely combined with the clinical practice.*

In particular, this book lays emphasis on clinical practical operations, is easy to understand, acquire and apply. It's practical and helpful for directing trainees in pre-internship and internship in obstetrics and gynecology.

Sincere efforts have been made to verify the correctness of the book. However, in spite of the best efforts, ventures of this kind are not likely to be free from man made errors, some inaccuracies, ambiguities and typographic mistakes. Therefore, a feedback from the users will be of utmost help in improving future editions of the book and endeavors of this kind shall be highly appreciated.



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## **CHAPTER 1**

# **PHYSIOLOGY OF FEMALE REPRODUCTIVE SYSTEM**

### *SECTION 1: THE PHYSIOLOGICAL CHARACTERISTICS OF FEMALE IN DIFFERENT STAGES*

According to the age and reproductive endocrine changes in women's life, the physiology of women can be divided into 7 stages: fetal period, neonatal period, childhood, puberty or adolescence, sexual maturity, menopausal transition period, postmenopausal period.

#### **1. Fetal Period**

Fertilized eggs are composed of paternally and maternally derived 23 pairs (46) chromosome which becomes a new individual. XX zygote for females XY for males. Gonadal differentiation is slow. Around 8–10 weeks the gonadal tissue changes to ovarian structure. After the formation of ovarian androgen, Mullerian development leads to female genital tract formation.

That growth and development do not begin at the time of birth is quite obvious. For the pediatrician, birth marks the onset of growth and development from a clinical standpoint. To

provide a clear understanding of these phenomena after birth, the changes that occur before birth and continue to take place in the postnatal period are reviewed here.

Life as a new individual commences at the moment of fertilization. Growth becomes an inherent force in that individual and continues, in stature at least, until the average age of about 20 years unless disease, accident, or death interferes. During this time, there are also marked changes in differentiation or maturation of specific organs as well as in the body as a whole.

The increase in weight is even more surprising. From birth to maturity the weight is increased 20-fold. From the time of fertilization to birth the increase in weight is approximately 6 billion times.

### Fetal Behavior:

#### 1.1 Fetus at 8 weeks

The major components of both trunk and limb musculature are evident in the embryo at the end of the second fetal month. The nerves as yet have no anatomical or physiologic connections with either smooth or striated muscle. During this time, the embryo floats quiescently in the amniotic fluid. However, movement has already taken place in this new individual. Since 4 weeks of age the heart has been beating at a fairly regular rate.

#### 1.2 Fetus at 12 to 14 weeks

With increasing age and maturation of the neuromuscular system the movements spread caudally and become more pronounced in the lower trunk. Then discrete reflexes appear, accompanying spread of the skin areas sensitive to stimulation.

By 14 weeks, the human fetus has largely ceased to exhibit the earlier, more generalized responses and activity becomes less stereotyped.

### 1.3 Fetus at 28 weeks

The fetal age at 28 weeks approximately demarcates the zone between viability and non viability. The following outlines of behavior are based on the observations of Gesell in premature infants from fetal ages of 28 to 40 weeks.

### 1.4 Fetus at 28 to 32 weeks

- (1) Movements are meager, fleeting, poorly sustained.
- (2) Lack of muscular tone.
- (3) Mild avoidance response to bright light and sound.
- (4) In prone position turns head to side.
- (5) Palmar stimulation elicits a barely perceptible grasp.
- (6) Breathing is shallow and irregular.
- (7) Inconstant tonic neck reflex.

### 1.5 Fetus at 32 to 36 weeks

- (1) Movements are sustained and positive.
- (2) Muscle tone fair under stimulation.
- (3) In prone position turns head, elevates rump.
- (4) Fairly well-established tonic neck reflex.

### 1.6 Fetus at 36 to 40 weeks

- (1) Movements active and sustained.
- (2) Muscle tone well.
- (3) In prone position attempts to lift head.
- (4) Cries well when hungry and disturbed.