

- FORT<sup>M</sup> MC LAMP AND FT (AMP)  
 WITHIN 1 D OYULAV  
 - IMPLANTATION 6D GP  
 SYNCHROT

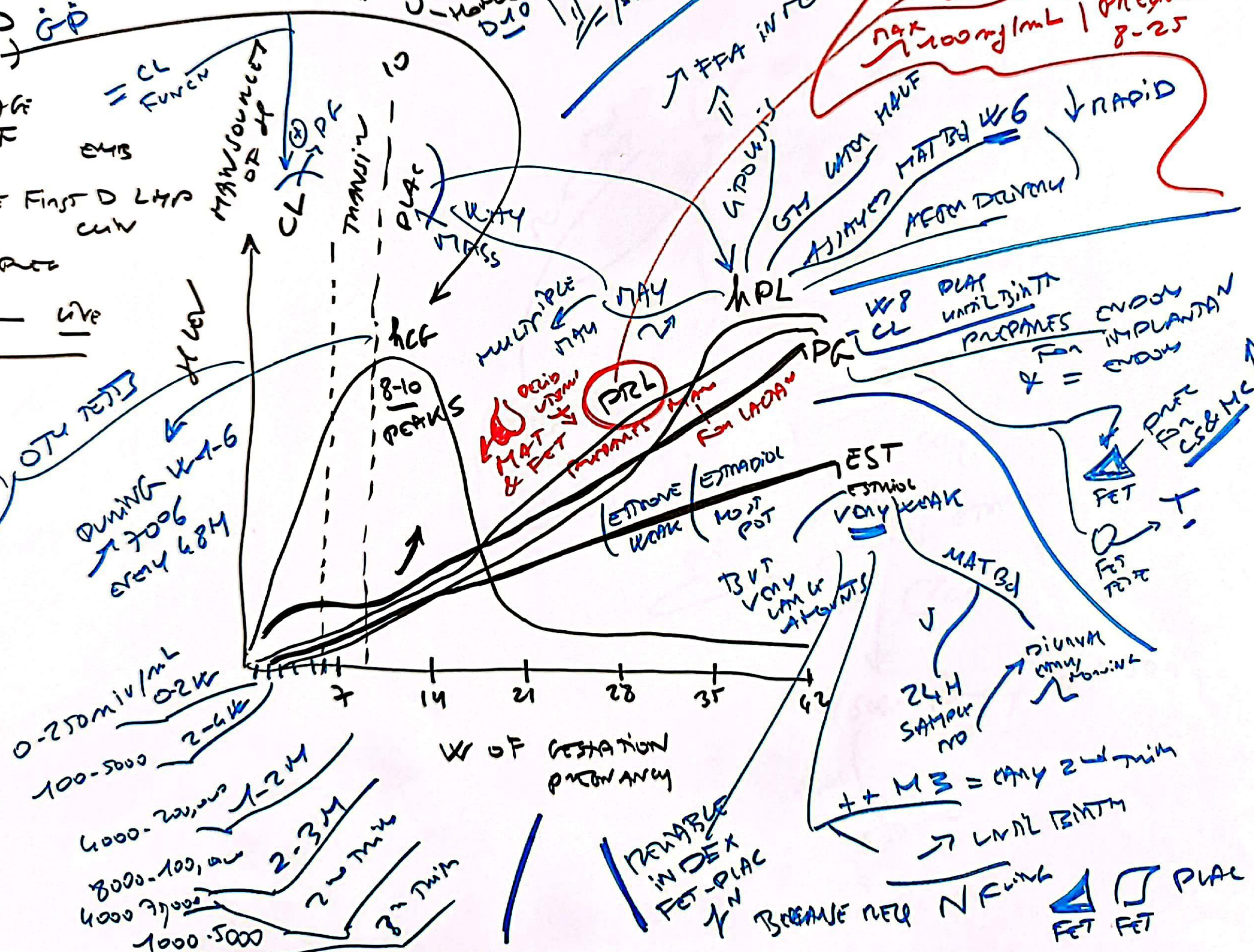
- EMB 10VPM AGE  
 6 SINCE F  
 - GA 6 SINCE FIRST D LMP  
 CUR  
 - ONMIDITY # ACC  
 - PATIENTY \_\_\_\_\_ LIVE

MAT AT 8 D  
 BD 1 W AFM F  
 U 2 W  
 - HOME D10  
 RIASSAM  
 βSU

MAT BD THOUSAND  
 PUT  
 LATER AF  
 MAX 1000 µg/mL | PREVIOUS  
 8-25



CEPHALONAL  
 THROUGH  
 NEOP  
 HYDRA  
 FOLF  
 MULTIPLE  
 EXPAND  
 WOLK

SODIUM  
 SPONT  
 ARONION




ESTRONE  
ESTRADIOL  
ESTRIDIOL


NOT FET?

PLAC  FET  FET  
C SERIE

PLAC  
• CHOL → PREGNENOLONE

— SULFATE

 FET → DHEA-SO<sub>4</sub>

PLAC → ESTRONE & ESTRADIOL  
MIO  FET

16 $\alpha$ -HYDROXY DHEA-SO<sub>4</sub>

PLAC → ESTRADIOL

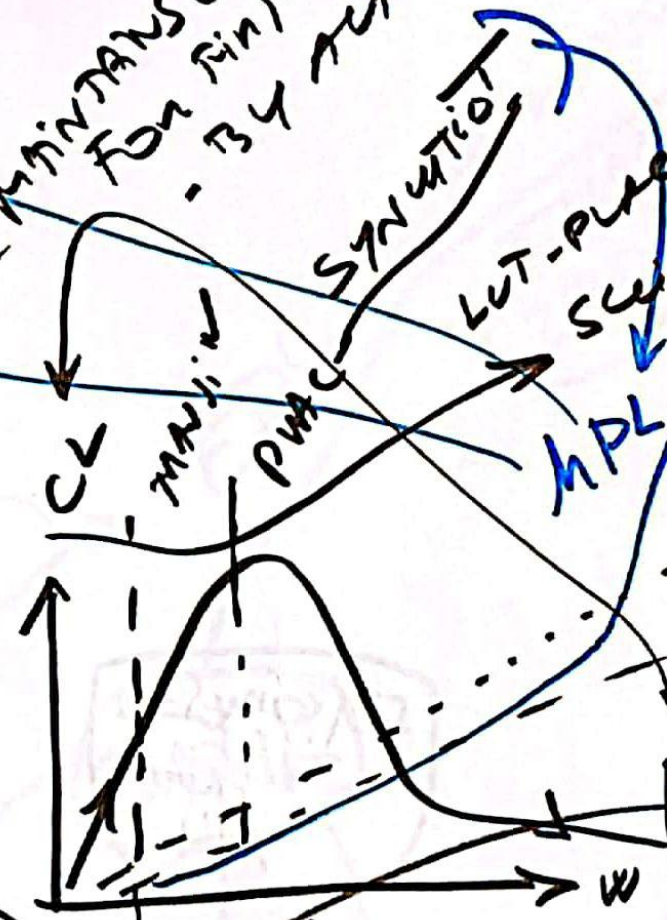
IF PANCREAS CANNOT OVERCOME  
 REGULATION  
 OVERACTING  $\Omega$   
 INSURANCE

CHORIONIC SOMATOTROPIN  
 MAINTAINS  $\Rightarrow$  P  
 FOR FIRST 8-10W  
 BY TRIGGER LIKE LH

FOTHER WITH NO LUT & STIM  $\rightarrow$  ABORTION

SDS  
 EDWARDS  
 CARMAN  
 ECTOPIC / FRINGE  
 PART

DOWN SD  
 CHORIO CAS  
 HYDATHIDIOSES  
 MULTIPLE  
 FETATIONS



HPL  
 LUT-PHASE  
 SWIFT ONSET  
 AFTER 8-10W  
 PG (PLAC) & CL DEGENERATES  
 ETMIOE

**hCG**

DETECT PREGNANCY  
 INCREASE IN URINE

TEST  
 BUNIQUE

INDIVIDUAL  
 & SU  
 AS  
 LH  
 FSH

TSH  
 START OF  $\rightarrow$  hCG  
 $\rightarrow$  CAN  
 $\rightarrow$  THYROIDISM

GOVT BACK  
BY LMP  
LMP  
ADD  
14 & 70

NETCRAE'S  
PRICE

DATING

EDC ← ASSUMPTION  
THAT  
280 + ORIGIN D44-15

$\frac{280D = 40W}{17D \text{ LMP}}$

TRIM  
1st (FROM LMP THROUGH W12)

2nd  
END 1st TRIM THROUGH W27

3rd → TERM = W40

D 8-10 ⊕ TEST ← hCG ASSAY

MILESTONES

[ W12, FUNDUS PALPABLE AT PUBIC SYMPHYSIS  
DOPPLER FET HR 1st AUDIBLE

[ 24-28, AMNIOCENTESIS WITH SUSPICION FET K ON  
[ 16 → MIDWAY BETWEEN & UMBILICUS

[ 16-18 1st FET MVTs (QUICKENING) & 2nd on higher pregnancy

[ 17-20 FHR AUDIBLE FETOSCOPE

[ 18 ♀ & ♂ 1. GEN US

[ 18-20 → ♀ 1st  
[ 20 UF PALPABLE UMBILICUS

[ 25-27 Δ DHEPITAN SURFACTANT ← II PD - IK

[ 27 1000g > 2 lb

PUP LIGHT REF  
DEFINITE HEAD TO PUBIC INLET (LIGHTENING)

RUPTURE AMNIOCHORION  
+ LABOUR BEGINNING ~ 24 H LAST

3300g

30-300g on JUVENAL  
AT END 2nd TRIM  
ANY UTERINE  
INMAGINATION  
⇒ HELIOPH  
MB  
DISEASE

Prenatal Procedures

FET DNA analysis  
Cervical swabs

PUBS  
FET BW  
Bul ← UC

80% of cases

ULTRASOUND

MULTIPLE  
DATE  
PAC LOAN  
POSITION & VE  
GROW  
MONITOR  
NEEDLE  
ON TEST  
CA TEST  
INJURY  
DURING  
& WOR  
VIL BIOPSY  
AMNIO  
CENTRIF  
BIOPSY

2.25-5 MHz GOOD TISSUE

ANEURISM  
BLADDER  
BRAIN  
CNITED  
AF

B SCAN  
FLUORINIC  
DEFECTS

A MODE  
M - PULSE  
MEASUREMENTS

PARANAT  
REGID  
LINE PULS WAVE

KARYOT  
SOVAMN  
BLT  
REFC → KEN  
DINA SW  
DYE

CEPHALIC  
# 6-10  
LUNG MATURITY  
VIEW/BIOPSY

LISSATION & PHOSPH  
TRON  
DNA ANALYSIS  
SPEROPTIC  
AF

AFP ASSAY  
SAMPLE

ON NT  
DEFECTS  
XR  
PARENT  
E on i

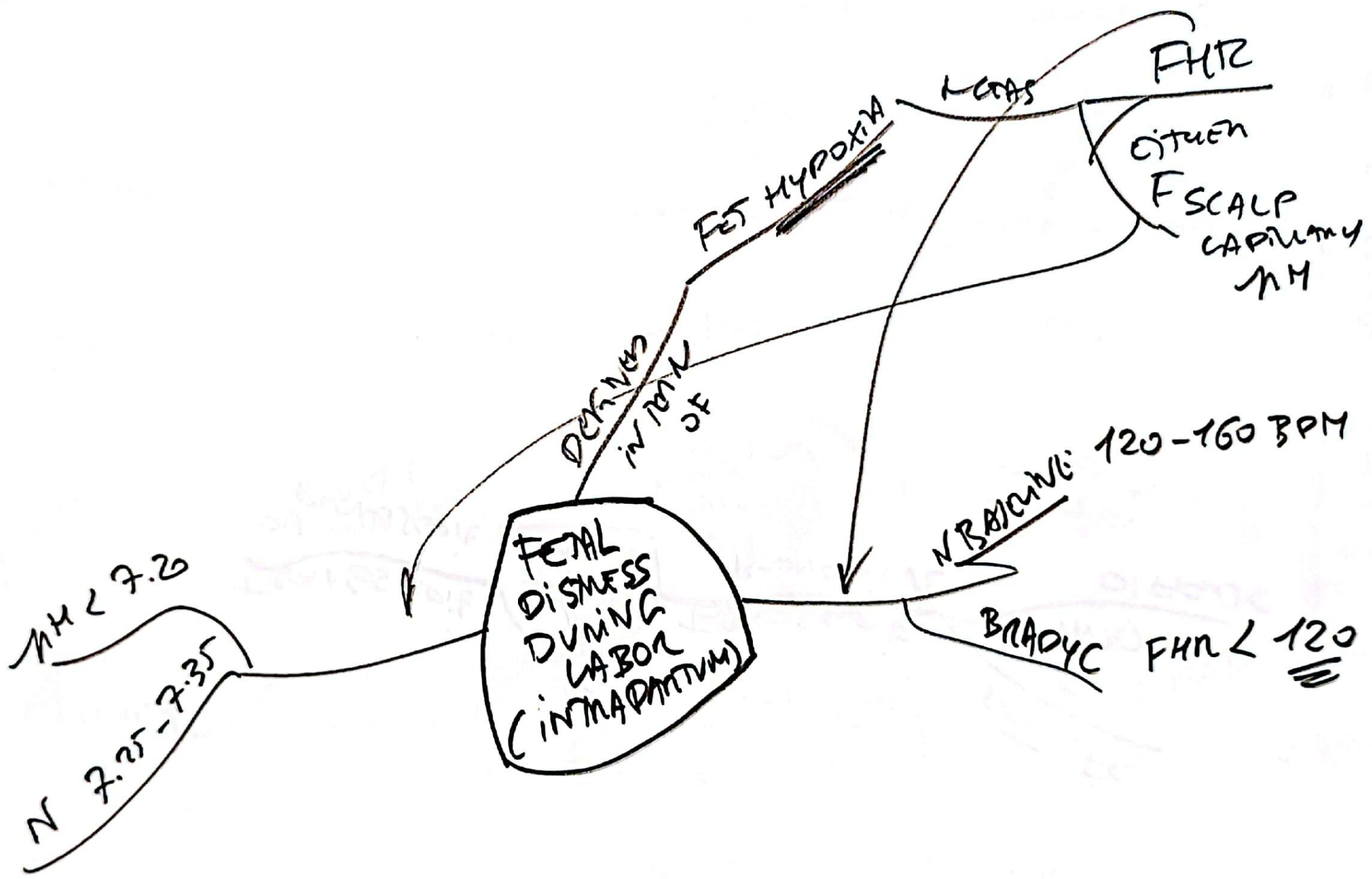
W 14-28  
> 35%  
AMNION CEN

2mm x

AF  
FET Q


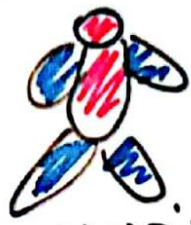



TRK INCENT  
KETCH  
DID NOT  
MUTATION  
DETAIL





WE  
- TAN  
H  
NG  
T STII

Look Birth weight  
 < 2500g  
 ↑ prematurity on IUGR  
 ↓ High risk SIDS  
 ↓ Overweight prematurity

	SCORE 2	SCORE 1	SCORE 0	APGAR SCORE
<b>A</b> APPEARANCE COLOR	 PINK	 EXTREMITIES BLUE	 PALE OR BLUE	<ul style="list-style-type: none"> <li>• DETERMINE NEED RESUSITATION</li> <li>• 1' &amp; 5' AFTER BIRTH</li> </ul>
<b>P</b> ULSE HR	$\geq 100$ BPM	$< 100$	NO	<ul style="list-style-type: none"> <li>• 0-3 LIFE THREATENING</li> </ul>
<b>G</b> RIMACE REF. IRRITABILITY	CRIES & PULL AWAY	<u>Grimaces</u> on weak cry	NO FD TO S <sub>2</sub>	<ul style="list-style-type: none"> <li>• 4-6 O &amp; VENTILATION SUPPORT</li> </ul>
<b>A</b> CTIVITY MOTONE	"SO PERS" ACTIVE MVT	 SOME ARMS LEGS FLEXED	 NO FLACID	<ul style="list-style-type: none"> <li>• 7-10 N</li> </ul>
<b>R</b> ESPIRATION	STRONG CRY	SLOW INREG WORK INREG	NO BREATHING	<ul style="list-style-type: none"> <li>• &lt; 7 FUNCTN EVALUATE</li> <li>• NEUR DAMAGE</li> </ul>

**PUERPERIUM**

DELIVERY → 4-6 W → NON PREGNANT STATE

EVENTS

INFORM UTM

APPEARANCE UTM GNT

LACTATING

~~LACTATING~~

UTM DISCHARGE

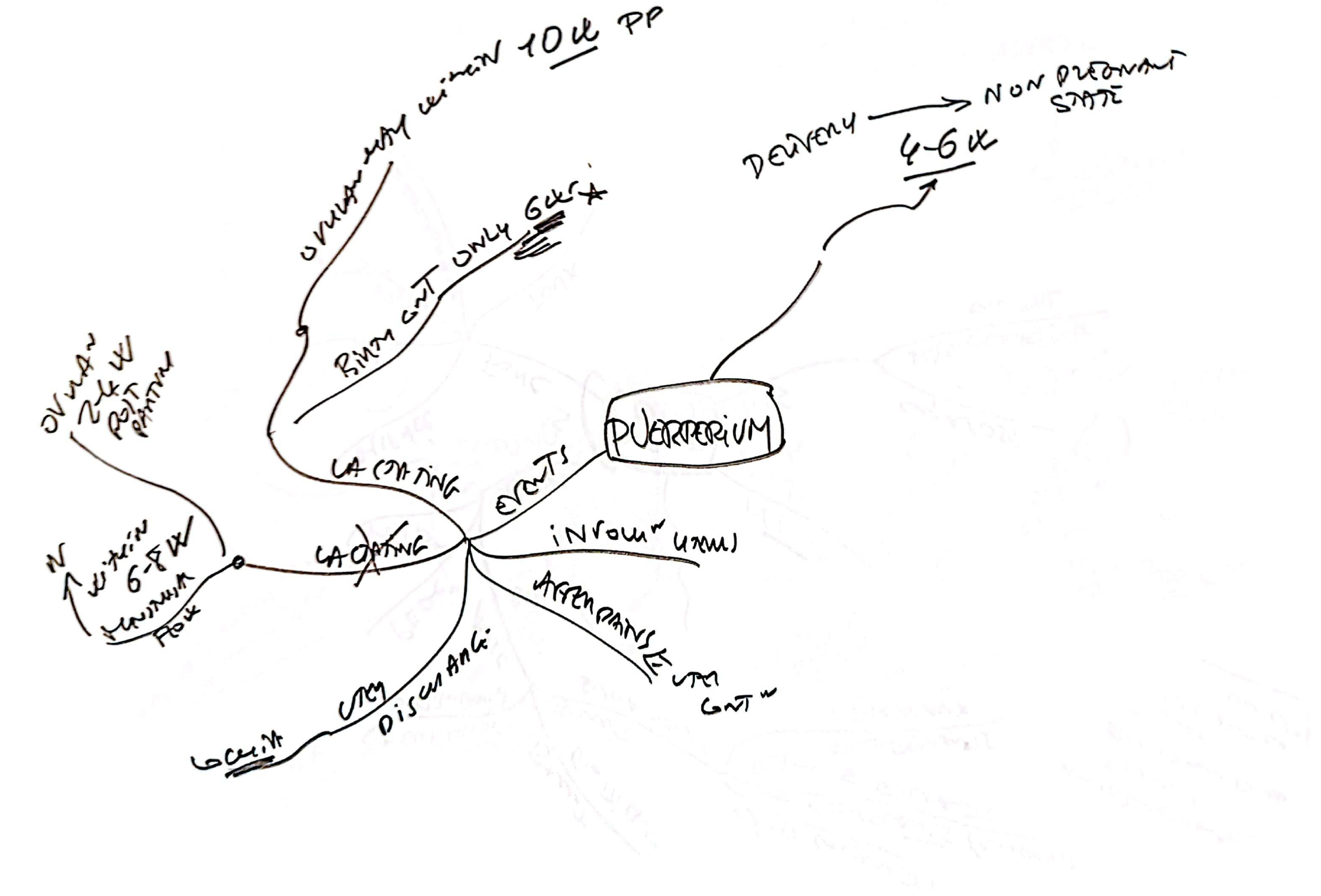
600 ml

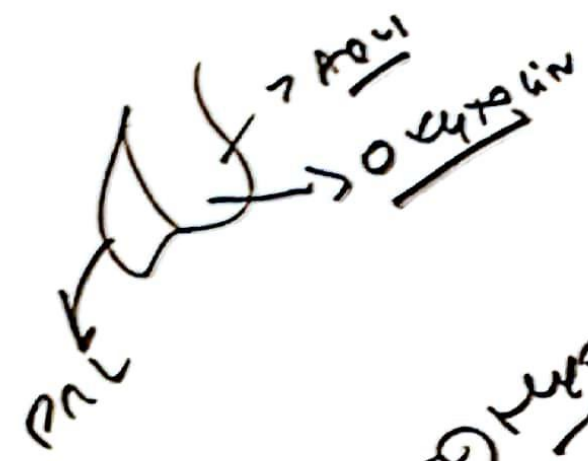
OVULATION WITHIN 10 W PP

BIMM GNT ONLY 6 W

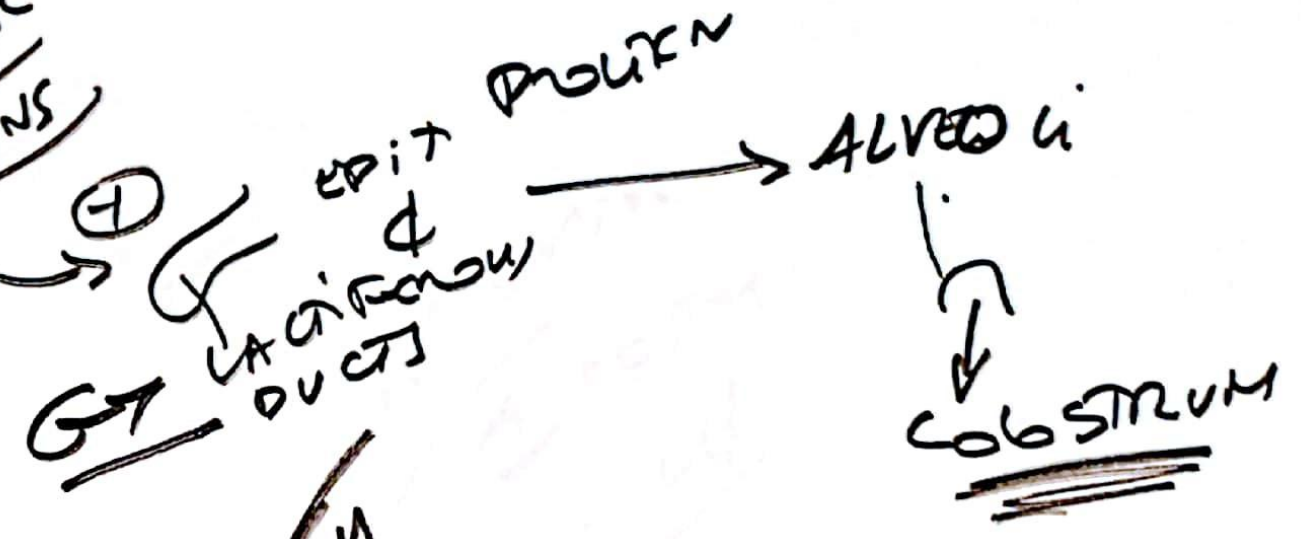
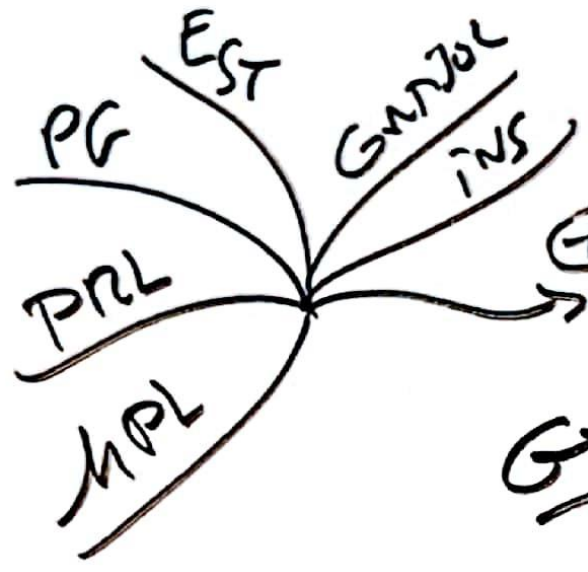
OVULAN 2 W POST PARTUM

↑ WITHIN 6-8 W MAXIMUM FLOW





⊕ Myo EPIT-D  
 EXPUSION ACCUMULATED MILK  
 LET DOWN ABILITY

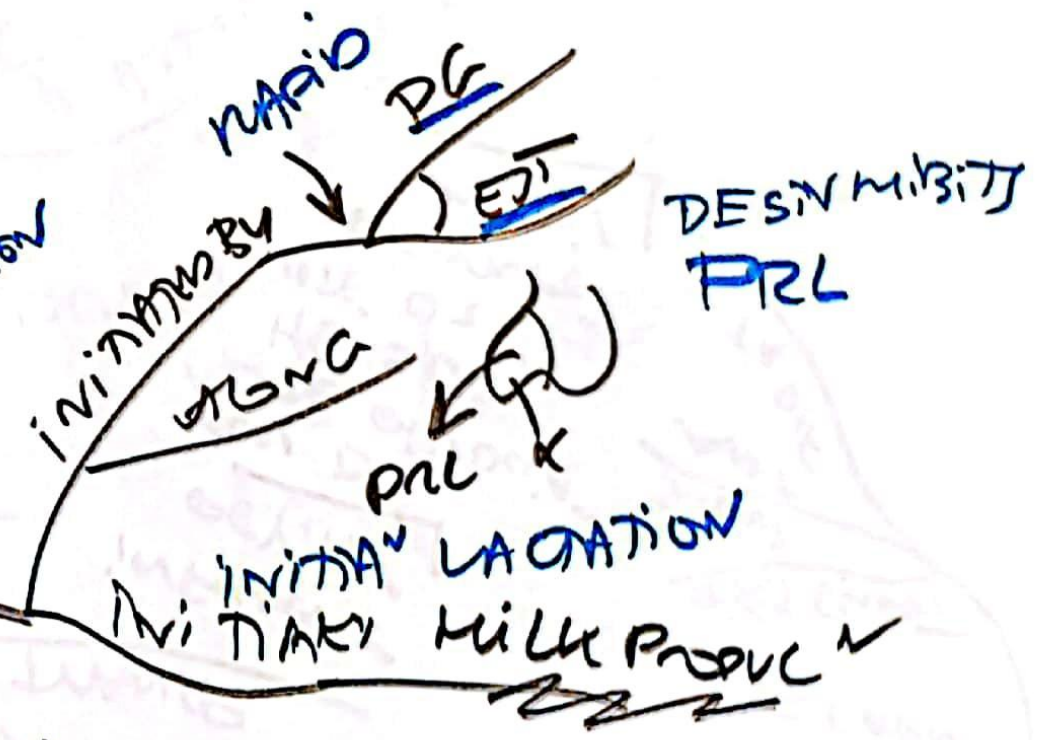


**LACTATION**

DURING SUCKLING

DURING PREGNANCY

DELIVERY & PARTURITION  
 PLAC

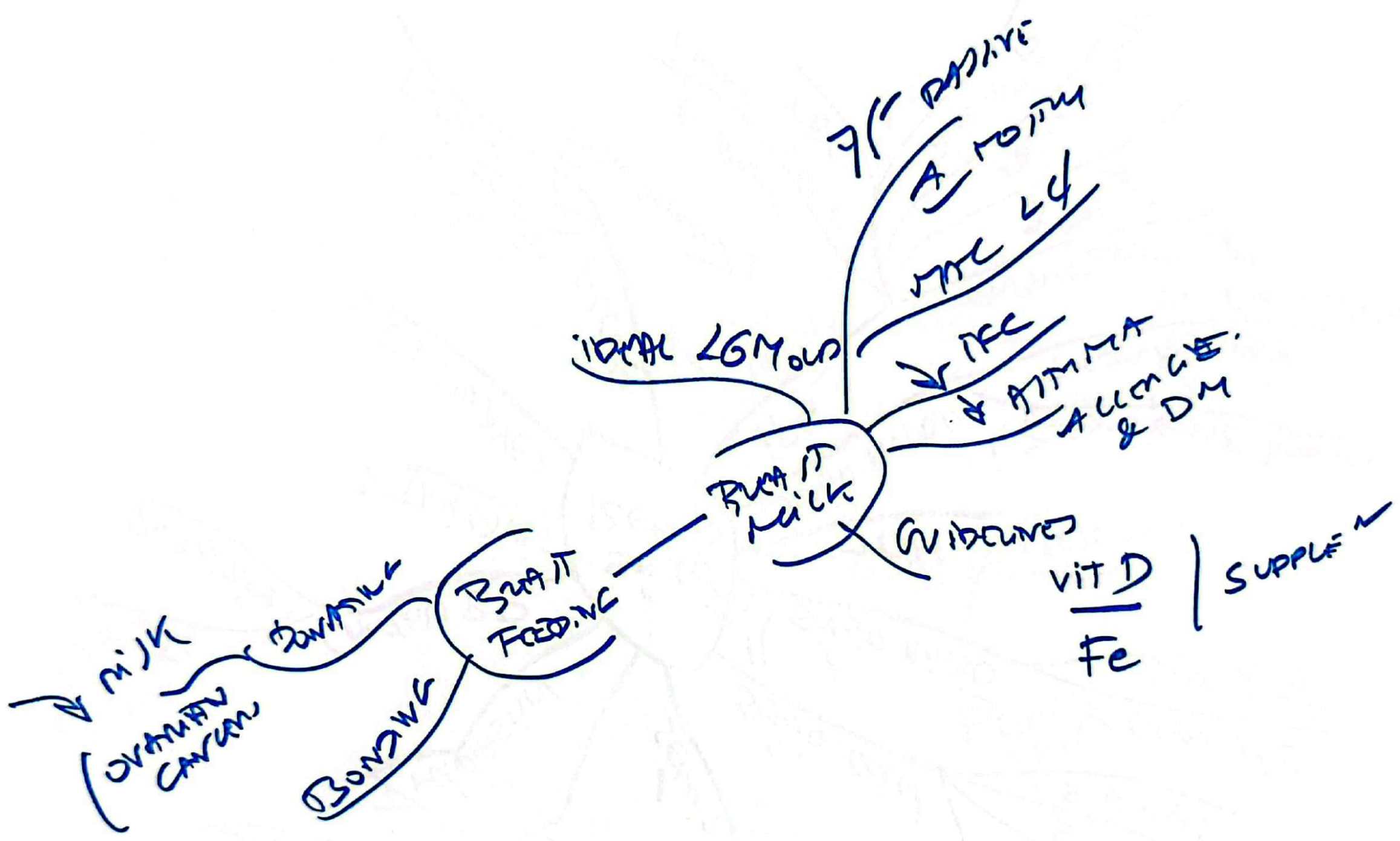


MILK & MILK MAIN  
 LACTATION & MILK FLOW



MILK PRODUCTION  
 SUCKING PRL

TO MAINTAIN MILK PRODUCTION & EJECTION  
 SINCE → STIMULAN → OXY & PRL



IDEAL LGM OLD

7/11 PASSIVE A FORM ITC L4

ITC & ATMMMA ALLERGIC & DM

GUIDELINES VIT D Fe SUPPLEN

BSAIT Milk

BSAIT FEEDING

MILK (OVARIAN CAUCAN)

DOWN MILK

BONDING

HOT FLASHES (MC)  
 ATOMY  
 VADVA  
 OSTEOPHIL  
 GONADIS  
 SHORT DISTANCE

464 AMBIAN  
 CEMENT

PRAMUK  
 JAM  
 PAKWANI  
 DVAM IN/VE

TCENORPULSE

→ CURRY  
 → TELLY  
 → JVA (G)

→ FISH  
 → SPR  
 → JVA  
 → JVA  
 → JVA

→ AMERICAN FOR 17 M  
 → EST  
 → ANOVA 514  
 → TORACO  
 → US PRELDM 4-54 UN (MAM)

SOURCE EST (ESTIMATE) MAM  
 → GOVERN AND  
 → AND  
 → MISURATIM

↑ SUK  
 ROSE  
 40

↓ # FOL

