

Research & Reviews: Journal of Nursing & Health Sciences

Obstetrics and Gynecology – A Complete Overview

Siva ManiMala Y¹, and Goutham Reddy B^{2*}

¹Department of Pharmacy, Vignan Institute of Pharmaceutical Technology, Visakhapatnam, Andhra Pradesh, India

²Department of Engineering, Pydah College of Engineering and Technology, Visakhapatnam, Andhra Pradesh, India

Review Article

Received date: 16/08/2016

Accepted date: 17/08/2016

Published date: 24/08/2016

*For Correspondence

Goutham Reddy B, Department of Engineering, Pydah College of Engineering and Technology, Visakhapatnam, Andhra Pradesh, India, Tel: 9010653683.

E-mail: berigouthamreddy93@gmail.com

Keywords: Menopause, Menstruation, Estrogen, Menarche.

ABSTRACT

The basic consideration parts of obstetrics and pregnancy are differed and request that basic consideration specialists have a careful information of fetal and maternal changes in physiology as pregnancy advances. Pregnancy can influence each organ framework; and organ-particular conditions and in addition disorders that traverse numerous organ frameworks were portrayed. Consideration of the basically sick, pregnant patient requires a genuine multidisciplinary approach for ideal results. A review of Gynaecology and the gynecologists is presented.

INTRODUCTION

Huge changes happen in a woman's reproductive organs when she achieves menarche. It is the age at which a woman starts to menstruate. Other changes happen again during any pregnancy that happens in her life. A third vital time of progress happens amid menopause, at which time a woman stops bleeding. An essential objective of the gynecologist is to guide ladies through these adjustments in their lives and to guarantee that they hold their health all through every stage^[1-3].

Obstetrics is the branch of physiology and medicine which manages the consideration of ladies amid pregnancy, labor, and the recuperative period taking after conveyance, capacities and diseases specific to ladies and girls, particularly those influencing the reproductive system^[4,5].

Gynecology is the particular field of pharmaceutical managing the health of a woman's genital system. The genital system comprises of the regenerative organs, including the uterus (the womb; the organ in which an embryo creates), cervix (the opening between the uterus and the vagina), ovaries (organs that produce eggs and sex hormones), fallopian tubes (organs that convey eggs from the ovaries to the uterus), vagina (the solid tube that stretches out from the uterus to outside the body), and their supporting structures.

IN VITRO FERTILIZATION

It is a procedure by which a woman's eggs are treated outside her body and after that re-embedded once again into. It is a methodology where the joining of egg and sperm happens outside of the woman's body^[6-8]. A woman might be given fertility drugs before this technique so that few eggs full grown in the ovaries in the meantime. Eggs (ova) are expelled from a woman's ovaries utilizing a long, thin needle. The doctor accesses the ovaries using one of two conceivable strategies. One technique includes embedding the needle through the vagina^[2,9,10].

The physician guides the needle to the area of the ovaries with the assistance of an ultrasound machine. In the other procedure, called laparoscopy, a little thin tube with a review lens is embedded through an entry point in the navel ^[11,12]. This permits the physician to see inside the patient, and find the ovaries, on a video screen. Once the eggs are evacuated, they are blended with sperm in a research center dish or test tube. (This is the place the term test tube child originates from.) The eggs are observed for a few days. Once there is proof that treatment has occurred and the cells start to partition, they are then come back to the woman's uterus. In the methodology to evacuate eggs, enough might be assembled to be solidified and spared (either treated or unfertilized) for additional IVF endeavors. A recent report from the Mayo Clinic found that solidified sperm was as compelling as crisp sperm for IVF ^[8-14].

MENARCHE

Menarche is the age at which a woman starts to bleed. It is the primary menstrual cycle, or first menstrual seeping, in female people. From both social and therapeutic viewpoints, it is regularly viewed as the focal occasion of female pubescence, as it flags the likelihood of fruitfulness ^[15-17].

Pubescence is a period of quick development and advancement. It happens when the mind discharges a hormone called gonadotropin-discharging hormone (GnRH) ^[16-18]. This hormone initiates the pituitary organ (little, pea-molded organ in your mind) to discharge the pubescence hormones: luteinizing hormone (LH) and follicle-invigorating hormone (FSH). In young ladies, these hormones actuate the ovaries to deliver estrogen. Estrogen, LH and FSH can bring about changes in the young woman's body. Pubescence changes in young ladies incorporate expanded stature and weight, bosom expansion, weight pick up around the hips and open hair development ^[17,19-26].

Young ladies experience menarche at various ages. The planning of menarche is affected by female science, and in addition hereditary and natural variables, particularly dietary components ^[27-32]. The normal period of menarche has declined in the course of the most recent century, however the size of the decay and the elements dependable remain subjects of conflict ^[33-41]. The overall normal time of menarche is exceptionally hard to evaluate precisely, and it changes altogether by geological locale, race, ethnicity and different qualities.

MENSTRUATION

The month to month cycle in non-pregnant ladies amid which the uterus sheds its coating when preparation of an egg does not happen. It is regularly joined by a little release of blood ^[42-48].

MENOPAUSE

The period in a woman's life during which she quits discharging. Menopause, generally called the climacteric, is the time in most women's lives when menstrual periods stop for record-breaking, and they are not any more prepared to have kids. It is the state of a non-participation of menstrual periods for 12 months. Can depict any of the movements a woman's encounters either just before or after she stops dying, indicating the end of her conceptive period ^[49,50]. The menopausal move starts with changing menstrual cycle length and terminations with the last menstrual period. "Peri-menopause" is a term every so often used and implies "the time around menopause." It is consistently used to insinuate the menopausal transitional period. It is not legitimately a helpful term, yet rather is every so often used to clear up specific parts of the menopause move in lay terms ^[45-48,51-56]. "Post-menopausal" is a term used to as a modifier to imply the time after menopause has happened. For example, masters may discuss a condition that happens in "post-menopausal women." This implies women who have starting now came to. It is a regular condition that all women experience as they age.

A woman is conceived with a finite number of eggs, which are put away in the ovaries. The ovaries likewise make the hormones estrogen and progesterone, which control monthly cycle and ovulation. Menopause happens when the ovaries no more discharge an egg each month and period stops ^[57-64].

Menopause is viewed as an ordinary piece of maturing when it happens after the age of 40. Be that as it may, a few ladies can experience menopause early, either as a consequence of surgery, for example, hysterectomy, or harm to the ovaries, for example, from chemotherapy. Menopause that happens before 40, paying little respect to the cause, is called untimely menopause ^[23,65-68].

GYNECOLOGISTS / OBSTETRICIAN

Gynecologists additionally can examine the reasons that a woman cannot get to be pregnant. Run of the mill issues include stopped fallopian tubes or a hormonal (synthetic) irregularity that keeps an egg from getting to be full grown, discharging appropriately from the ovaries, or embedding onto the uterine divider. In each of these cases, steps can be taken to right or sidestep the issue so the woman can hold up under children ^[12,36,69-72].

An obstetrician is a doctor who has effectively finished specific instruction and preparing in the administration of pregnancy, work and puerperium (the day and age specifically taking after labor). A gynecologist is a doctor who has an effectively finished specific instruction and preparing in the wellbeing of the female conceptive framework, including the determination and treatment of scatters and infections. Regularly, the instruction and preparing for both fields happens simultaneously ^[47,73-76].

An obstetrician/gynecologist is a doctor authority who gives therapeutic and surgical consideration to ladies and has specific ability in pregnancy, labor, and clutters of the regenerative framework [75-85]. This incorporates deterrent consideration, pre-birth care, location of sexually transmitted infections, Pap test screening, family arranging, and so forth.

An obstetrician/gynecologist can serve as an essential doctor and frequently serve as experts to different doctors. OB/GYNs can have private practices, work in healing facility or centre settings, and keep up showing positions at college doctor's facilities. OB/GYNs may likewise work general health and preventive medication organizations [1,7,86-94].

OB/GYNs have a wide base of learning and can differ their expert core interest. Numerous create one of a kind works on, giving great social insurance to ladies. OB/GYNs may spend significant time in the accompanying ranges:

- Adolescent Gynaecology
- Cancer
- Operative Gynaecology
- Behavioral issues
- Preventative health
- Endocrinology
- Pregnancy and delivery
- Urinary tract issue
- Health support during pregnancy
- Acute and incessant therapeutic conditions
- Infertility

Gynecologists and Obstetricians utilize a scope of surgical and medicinal methodology [88,89,91-95].

Gynecological techniques include:

- Laparoscopy: The conclusion and expulsion of blisters and contaminations from the ovaries and fallopian tubes.
- Cone biopsies: the expulsion unfortunate cells from the cervix to avert cervical malignancy.
- Hysterectomies: the expulsion of a woman's uterus.

Obstetric techniques include:

- Cesarean (or C) segment: Surgically removing an infant from its mom's womb to dodge issues amid work.
- Cervical sutures: Using tape to reinforce a woman's cervix to counteract premature deliveries.
- Outside cephalic rendition (ECV): turning the child around in the womb so it is in the right position for birth.

DO GYNAECOLOGY AND OBSTETRICS ARE REALLY SAME?

Gynaecology conventionally suggests treating women who are not pregnant, while obstetrics oversees pregnant women and their unborn children, yet there is stacks of mixture between the two [21,24,25,96]. For example, women may be referred to gynaecologists in the earlier periods of pregnancy, and obstetricians later in their term [16,18,76,93-97].

CONCLUSION

Gynaecology has progressed to the point that a doctor can constrain the ovaries to create eggs. These eggs can then be evacuated and treated in a dish and after that embedded in the uterus. This technique is known as *in vitro* preparation since treatment happens inside glass dishes as opposed to a living body [98-100]. Likewise, the investigation of gynaecology keeps on making propels against the sicknesses and disarranges that may deny a lady the capacity to have kids.

REFERENCES

1. Camara MK, et al. Ebola in obstetric environment: By the way of 3 cases to the service of obstetric gynecology of the Hospital National Donka, Fallen of Conakry. J Women's Health Care. 2016;5:317.
2. Boatin AA, et al. Medical education in the global arena: The impact of cross-cultural learning. Trends Gynecol Oncol. 2016;1:104.
3. Salutari V and Scambia G. Commentary on bevacizumab in ovarian cancer: Focus on clinical data and future perspectives. Trends Gynecol Oncol. 2016;1:103.

4. Pyra K, et al. Embolisation in the therapy of post-partum haemorrhage in a patient with a massive myoma. *Gynecol Obstet (Sunnyvale)*. 2016;6:349.
5. Vanyan R, et al. Single nucleotide polymorphisms of BMP15 are associated with poor ovarian response in *in vitro* fertilization programs. *JFIV Reprod Med Genet*. 2015;3:159.
6. Geller PA and Grunberg V. Commentary-women's health: Obstetrics and gynecology. *J Yoga Phys Ther*. 2015 5:196.
7. Effiong JE, et al. Marital satisfaction, age and alcohol use during pregnancy: An empirical study of pregnant women in uyo metropolis, Nigeria. *J Preg Child Health*. 2016;3:257.
8. Christiane TA, et al. Delivery hemorrhage in tropical environment University Hospital: risk factors and maternal prognosis. *Gynecol Obstet (Sunnyvale)*. 2015;5:286.
9. Thomas B, et al. Medication used in nausea and vomiting of pregnancy - A review of safety and efficacy. *Gynecol Obstet (Sunnyvale)*. 2015;5:270.
10. Jno-Baptiste B, et al. The effect of dexamethasone on post-operative opioid requirement in patients who underwent gynecology surgery at the University Hospital in Jamaica. *J Anesth Clin Res*. 2014;5:470.
11. Mai AH and Abbassia D. The prevalence of fetal macrosomia at the specialized hospital of gynecology and obstetrics of Sidi Bel Abbes (West of Algeria). *J Nutr Food Sci*. 2014;4:272.
12. Atis A, et al. A rare form of ectopic pregnancy on mesoovarium; case report. *J Clin Case Rep*. 2014;4:359.
13. Weigler G, et al. Sexually transmitted diseases: Management by urology, emergency medicine and obstetrician/gynecology physicians does not generally follow CDC guidelines. *J Community Med Health Educ*. 2013;3:244.
14. Olugbenga BAI, et al. Prevalence of infertility and acceptability of assisted reproductive technology among women attending gynecology clinics in tertiary institutions in Southwestern Nigeria. *Gynecol Obstet (Sunnyvale)*. 2014;4:210.
15. Macedonia CR, et al. Simulation laboratories for training in obstetrics and gynecology. *Obstetrics & Gynecology*. 2003;102:388-392.
16. Kobikova J, et al. HPV Typization in vaccinated women with cervical lesions. *J Cytol Histol*. 2014;5:223.
17. Wiwanitkit V. Clinical case reports in obstetrics and gynecology: A way for updating the clinical experience. *J Clin Case Rep*. 2014;S1:e001.
18. Mesa GE. Expecting women's consent for supervised medical student interventions in obstetrics and gynecology. *J Clin Case Rep*. 2014;S1:008.
19. Grow DR and Kirton D. Is gynecology ready to put quality first in surgical education? *Gynecol Obstet*. 2012;2:e109.
20. Speert H, et al. Obstetrics and gynecology in America: A history. *Population Research and Policy Review*. 1986;5:129-145.
21. Maeda K. Actocardiographic analysis of fetal hypoxia detected by the bradycardia, loss of fetal heart rate acceleration and long term variability. *J Health Med Inform*. 2012;4:118.
22. Maeda K. Progress of perinatal medicine in Japan. *J Health Med Informat*. 2013;S11:002.
23. Peitsidis P. Antibiotic prophylaxis in gynecology, oncology and surgical procedures a brief up-to date. *Clin Microbial*. 2013;2:e110.
24. Karaca I, et al. Treatment of premenstrual syndrome with progesterone in women with polycystic ovary syndrome. *Gynecol Obstet*. 2013;3:151.
25. Stigliani S, et al. Insight into the genomics of premature ovarian failure. *J Mol Genet Med*. 2013;7:78.
26. Mulla BM and Zelig CM. Is previous pregnancy affected by diabetes mellitus protective against poor glycemic control at the start of subsequent pregnancies? *J Diabetes Metab*. 2012;3:205.
27. Lewin SN, et al. Comparative performance of the 2009 International Federation of Gynecology and Obstetrics' staging system for uterine corpus cancer. *Obstetrics & Gynecology*. 2010;116:1141-1149.
28. Temesgen A. Comparison of binary models for the associated factors affecting recovery status of vesico-vaginal obstetrics fistula patients: A case of Mettu Hamlin Fistula Center, South West Ethiopian. *J Biom Biostat*. 2016;7:273.
29. Rath TS, et al. The uncharted waters of obstetrics- Rupture of non-communicating rudimentary horn pregnancy (Rnhp) in a bicornuate uterus. *Gynecol Obstet (Sunnyvale)*. 2016;6:347.
30. Katherine CN, et al. Recurrent Ipsilateral cornual pregnancy with high bhcg level successfully treated with single dose of methotrexate injection: A case report. *Gynecol Obstet (Sunnyvale)*. 2014;4:227.
31. Dipanshu S and Chakravorty R. Genetic polymorphism in the vitamin D receptor gene and 25-hydroxyvitamin D serum levels in East Indian women with polycystic ovary syndrome. *J Mol Biomark Diagn*. 2015;6:247.
32. Kestane I, et al. The use of risk of malignancy index for adnexal masses. *Gynecol Obstet (Sunnyvale)*. 2014;4:226.

33. Ajayi OA. Medical simulation in obstetrics and gynaecology: The way forward to develop, maintain and assess operative skills? *Reprod Syst Sex Disord*. 2014;3:126.
34. Ciliacus E, et al. Multifocal acquired demyelinating sensory and motor neuropathy in pregnancy, a case report. *J Clin Cell Immunol*. 2013;4:175.
35. Umoyiyo AJ. The importance of open access in community obstetrics. *J Socialomics*. 2012;2:e110.
36. Nodine PM, et al. The impact of physical activity on sleep during pregnancy: A secondary analysis. *Clinics Mother Child Health*. 2016;13:245.
37. Blackburn P, et al. Abdominal wall varices in pregnancy-A case report and review of the literature. *J Preg Child Health*. 2016;3:266.
38. Omran AAS, et al. Prediction of preeclampsia with novel biomarkers at second trimester of pregnancy. *J Clin Cell Immunol*. 2016;7:435.
39. Yildirim F, et al. Acute respiratory distress syndrome due to sepsis in pregnancy. *J Clin Respir Dis Care*. 2016;2:114.
40. Ababio GK, et al. Hyperuricemia and adverse pregnancy outcomes in Ghanaian women: Potential mechanism. *Biochem Anal Biochem*. 2016;5:275.
41. Callen PW. Ultrasonography in obstetrics and gynecology. Elsevier Health Sciences. 2011;17.
42. Brochu P and Facetti SA. Ventilation rates during the aggregate daytime activities of working females in hospitals: Data before their pregnancy and at their 9th, 22nd and 36th week of gestation. *J Clinic Toxicol*. 2016;6:306.
43. Isobe F, et al. Effects of denosumab treatment during early pregnancy – A case report. *J Nutr Disorders Ther*. 2016;6:189.
44. Schmid G, et al. Prevalence of metronidazole-resistant *Trichomonas vaginalis* in a gynecology clinic. *The Journal of reproductive medicine*. 2001;46:545-549.
45. Chhabra S and Chopra S. Mid pregnancy fetal growth restriction and maternal anemia a prospective study. *J Nutr Disorders Ther*. 2016;6:187.
46. Ovandaric MZ. The effect of abruptio placentae on perinatal outcome of pregnancy. *J Clin Case Rep*. 2016;6:775.
47. Thangavelu M and Kalkat R. Heterotopic cervical pregnancy. *J Clin Gynecology and Obstetrics*. 2015;4:307-311.
48. Wei YY, et al. Prevention of preeclampsia with aspirin therapy in the second trimester and pregnancy outcome: A meta-analysis. *J Health Med Informat*. 2016;7:225.
49. Nørgaard SK, et al. Prepregnancy body mass index and offspring birth weight in women with type 1 and type 2 diabetes. *J Preg Child Health*. 2016;3:244.
50. Pierrefiche O, et al. Use of alcohol during pregnancy in France: Another French paradox? *J Preg Child Health*. 2016;3:246.
51. Singh N, et al. Undiagnosed hypothyroidism in pregnancy leading to myxedema coma in labor: Diagnosing and managing this rare emergency. *J Preg Child Health*. 2016;3:247.
52. Mizejewski GJ. Does elevated alpha-fetoprotein during pregnancy protect against breast cancer later in life? A commentary. *Anat Physiol*. 2016;6:e139.
53. Messenger H and Lim B. The prevalence of anemia in pregnancy in a developed country – How well understood is it? *J Preg Child Health*. 2016;3:231.
54. Zorn B, et al. Prognostic factors of pregnancy after homologous intrauterine insemination. *andrology (Los Angel)*. 2016;5:154.
55. Savelli L, et al. Acquired uterine arterovenous malformation after termination of pregnancy: sonographic- pathologic correlation and description of findings: A case report. *J Clin Case Rep*. 2016;6:718.
56. Varla-Leftherioti M and Keramitsoglou T. Natural killer (NK) cell receptors and their role in pregnancy and abortion. *J Immuno Biol*. 2016;1:107.
57. Ionescu CA, et al. Invasive molar pregnancy in a woman aged 54 years: A case report. *J Clin Case Rep*. 2016;6:733.
58. Afele MA and Woldetsadik MA. Near term rudimentary horn pregnancy with term intrauterine pregnancy: A case presentation. *J Clin Case Rep*. 2016;6:754.
59. Ylikorkala O and Mäkilä UM. Prostacyclin and thromboxane in gynecology and obstetrics. *American Journal of Obstetrics and Gynecology*. 1985;152:318-329.
60. Kharb S, et al. Maternal factors affecting serum leptin levels in preeclampsia and normotensive pregnant women and outcome of pregnancy. *J Preg Child Health*. 2015;3:223.
61. Eugene W. Pregnancy complications associated with elevated iron. *J Preg Child Health*. 2016;3:226.

62. Damasceno DC, et al. Impact of maternal over-nutrition during pregnancy on maternal oxidative stress and fetal skeletal/visceral anomalies of the rats. *J Nutr Disorders Ther.* 2016;6:185.
63. Mahtemesilassie M, et al. Heterotopic pregnancy after spontaneous conception: A diagnostic dilemma. *J Med Diagn Meth.* 2016;5:208.
64. Beytamouni TS and Ghanem E. Properties of uterine natural killer cells in human pregnancy, major receptors involved and routes of trophoblast invasion. *Single Cell Biol.* 2016;5:133.
65. Derar DR and Ali A. Conceptual orientation: A unique phenomenon of the equine pregnancy. *Anat Physiol.* 2016;6:200.
66. Malavolti M, et al. Gestational weight gain and changes in body composition in pregnant women with BMI \geq 25 Kg/m² undergoing a healthy lifestyle program starting early in pregnancy. *J Obes Weight Loss Ther.* 2016;6:300.
67. Atkinson AG, et al. Employment may protect fathers in the setting of maternal teenage pregnancy from anxiety and depression: Findings from the Australian Father's Study. *Reprod Syst Sex Disord.* 2016;5:161.
68. Agacayak E, et al. Full-term pregnancy in a non-communicating rudimentary horn: A case report. *J Clin Case Rep.* 2016;6:1.
69. Amerjee A, et al. Successful live birth after medical and surgical treatment of cesarean scar pregnancy: A case report. *J Clin Case Rep.* 2016;6:699.
70. Zilberlicht A, et al. Gullian- Barre syndrome in pregnancy – A case report and review of the literature. *Gynecol Obstet (Sunnyvale).* 2016;6:348.
71. Yamaguchi M, et al. Comparison of pelvic alignment among never-pregnant women, pregnant women and postpartum women (pelvic alignment and pregnancy). *J Women's Health Care.* 2016;5:294.
72. Kurt A, et al. Exposure to environmental tobacco smoke during pregnancy restrains the antioxidant response of their neonates. *J Neonatal Biol.* 2016;5:210.
73. Finkel J, et al. Adequate vitamin D3 supplementation during pregnancy: Decreasing the prevalence of asthma and food allergies. *Matern Pediatr Nutr.* 2015;1:105.
74. Van Broekhoven K, et al. The pregnancy obsession-compulsion-personality disorder symptom checklist. *J Psychol Psychother.* 2016;6:233.
75. Schulz KF, et al. Assessing the quality of randomization from reports of controlled trials published in obstetrics and gynecology journals. *JAMA.* 2013;272:125-8.
76. Danforth DN. *Danforth's obstetrics and gynecology.* Gibbs RS, editor. Lippincott Williams & Wilkins. 2008.
77. Mallikarjuna MRE and Ganga V. Unanswered questions in pregnancy associated acute coronary syndrome: An argument for the creation of specific guidelines for the management of this condition. *J Health Med Inform.* 2016;7:e140.
78. Novak E. *Berek & Novak's gynecology.* Berek JS, editor. Lippincott Williams & Wilkins. 2007.
79. TeLinde RW. *Operative gynecology.* Philadelphia Pennsylvania Lippincott. 1970;410-425.
80. Yu Q, et al. Department of Obstetrics and Gynecology, Peking Union Medical College Hospital, Peking Union Medical College, Chinese Academy Medical Sciences, Beijing 100730, China. *Zhonghua Fu Chan Ke Za Zhi.* 2004;39:461.
81. Mundt AJ, et al. Preliminary analysis of chronic gastrointestinal toxicity in gynecology patients treated with intensity-modulated whole pelvic radiation therapy. *International Journal of Radiation Oncology* Biology* Physics.* 2003;56:1354-1360.
82. Emans SJ, et al. *Goldstein's pediatric and adolescent gynecology.* Lippincott Williams & Wilkins. 2012.
83. Parsons LH, et al. Methods of and attitudes toward screening obstetrics and gynecology patients for domestic violence. *American Journal of Obstetrics and Gynecology.* 1995;173:381-387.
84. Kretzschmar RM. Evolution of the gynecology teaching associate: an education specialist. *American Journal of Obstetrics and Gynecology.* 1978;131:367-373.
85. Ledger WJ, et al. Guidelines for antibiotic prophylaxis in gynecology. *Obstetrical & Gynecological Survey.* 1975;30:706-707.
86. Benson RC. *Handbook of obstetrics & gynecology.* Lange medical publications. 1977.
87. Kaye SB, et al. Mature results of a randomized trial of two doses of cisplatin for the treatment of ovarian cancer. *Scottish Gynecology Cancer Trials Group. Journal of Clinical Oncology.* 1996;14:2113-2119.
88. Pringle KG, et al. The Gomerio Gaaynggal cohort: A preliminary study of the maternal determinants of pregnancy outcomes in indigenous Australian women. *J Preg Child Health.* 2015;2:211.
89. Gund P, et al. Prevalence of periconception risk factors for adverse pregnancy outcomes in a cohort of urban indian women: Implications for preconception health education. *J Women's Health Care.* 2016;5:296.
90. Piccart MJ, et al. Oxaliplatin or paclitaxel in patients with platinum-pretreated advanced ovarian cancer: A randomized

- phase II study of the European Organization for Research and Treatment of Cancer Gynecology Group. *Journal of clinical oncology*. 2000;18:1193-1202.
91. White AA, et al. Cause and effect analysis of closed claims in obstetrics and gynecology. *Obstetrics & Gynecology*. 2005;105:1031-1038.
 92. Advincula AP and Song A. The role of robotic surgery in gynecology. *Current Opinion in Obstetrics and Gynecology*. 2007;19:331-336.
 93. Ofinran O, et al. Awareness of signs and symptoms of ovarian cancer among gynecology nurses in a large teaching hospital in the UK (Awareness of Ovarian Cancer among Gynecology Nurses). *J Women's Health Care*. 2015;4:257.
 94. Goff BA, et al. Development of an objective structured assessment of technical skills for obstetric and gynecology residents. *Obstetrics & Gynecology*. 2000;96:146-150.
 95. Murohara T, et al. Transplanted cord blood-derived endothelial precursor cells augment postnatal neovascularization. *The Journal of Clinical Investigation*. 2000;105:1527-1536.
 96. Goldstein AT, et al. Prevalence of vulvar lichen sclerosus in a general gynecology practice. *The Journal of reproductive medicine*. 2005;50:477-480.
 97. Bauersachs RM, et al. Risk stratification and heparin prophylaxis to prevent venous thromboembolism in pregnant women. *Thrombosis and haemostasis*. 2007;98:1237-1245.
 98. Sanders RC and James AE. The principles and practice of ultrasonography in obstetrics and gynecology.
 99. Gazi R. Operative gynecology and high risk pregnancy. *Reprod Syst Sex Disord*. 2014;3:e116.
 100. Burgess A, et al. Steps towards updating the curriculum and teaching methods in obstetrics, gynaecology and neonatology in Mongolia. *J Nurs Care*. 2016;5:347.