Tips for medical history taking during pregnancy with a focus on genetic history taking

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History taking during pregnancy

• The medical history is a structured assessment to get a comprehensive picture of a participants’ health and health problems before and during her pregnancy.

• Health problems, medical treatment, and general health both before and during pregnancy should be assessed. Outcomes of prior pregnancies are important as are other risk factors for adverse outcome of this pregnancy including lifestyle (smoking and alcohol use) and family health issues.
Specific issues

• Need a setting with adequate privacy
  – Admission of prior pregnancy termination or abnormal outcome may be sensitive
  – May have had pregnancies that current partner or family are not aware of and need to be kept confidential
  – May be afraid to disclose behaviors not deemed socially acceptable during pregnancy
  – Family history of birth defects may also be sensitive
  – Unknown paternity (not sure who the baby’s father or even her biologic father might be) can be very sensitive, but getting a history regarding someone else is not helpful, need to sort out as possible
Tips for the history-taker

• Be accepting and non-judgmental
• Use empathy
• Be supportive
• Be careful with sensitive issues and potentially embarrassing or disturbing topics
Genetic screening history

• One major limitation is to identify appropriate local terminology.
• In most cases describe the disease in local vernacular.
Genetic History Screening Tool

Staff may use this tool to aid in discussions with participants while in the clinic.
• Examples of description from GSH CRF:
  1. cleft-lip or palate: birth defect (congenital) of the upper part of the mouth. Cleft = split/separated. Use pictures if helpful. Describe as an opening or hole in the middle of the upper lip.
2. Heart defects: a problem(s) with the heart’s structure and function that is present at birth.

   Ask whether heart problem was found at birth or later and any further description. Ask if it is a problem with the walls in the heart (like a hole in the heart or septal defect) or with the valves.

3. Spina bifida: *latin* spina=spine; bifida=split

   a congenital defect of the spine in which part of the spinal cord and its meninges are exposed through a gap in the backbone.

   Ask about any swelling, lump or opening on the back at birth (along vertebral column).
GSH cont

4: Muscle disease/muscular dystrophy; is a group of *muscle diseases* that weaken the musculoskeletal system and hamper locomotion.

Ask about weak or floppy arms and legs and inability to walk

5. Mental retardation: lifelong condition of impaired or incomplete mental development. IQ <70.

Ask about inability to learn new tasks as compared to others in same setting (siblings or neighborhood children)

6. Down syndrome: a genetic disorder, associated with the presence of an extra chromosome 21, characterized by mild to severe mental impairment, weak muscle tone, shorter stature, and a flattened facial profile.

Use of pictures may be helpful. May be known as mongoloid or mongol.
7. Cystic fibrosis: a disease passed down through families that causes thick, sticky mucus to build up in the lungs, digestive tract, and other areas of the body.

8. Kidney disease

9. Sickle cell anaemia

10. Hemophilia: h/o bleeding tendencies

11. Thalassemia (Mediterranean/Cooley’s anaemia)
Conclusion

• It’s vital to get the nomenclature for each disease in local language if possible.
• Describe the disease appropriately if no single term known locally.
• Use visual aids as much as possible.