CHEME OF HISTORYOF PREGNANCY, LABOR AND POSPARTUM PERIOD

Methodical instructions
for independent work of students

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
Харківський національний медичний університет

CHEME OF HISTORYOF PREGNANCY, LABOR AND POSPARTUM PERIOD

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СХЕМА ІСТОРІЇ ВАГІТНОСТІ, ПОЛОГІВ ТА ПІСЛЯПОЛОГОВОГО ПЕРІОДУ

Методичні вказівки для самостійної роботи студентів

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PREGNANCY, LABOR AND POSTPARTUM PERIOD HISTORY CHART

Faculty _____

Group, year _____

Supervisor _____

I. PASSPORT DATA

First name, patronymic, surname. Age (year of birth). Occupation. Address. Date and time of admission to the clinic.

II. PRESENTING COMPLAINTS

Specify the patient's complaints and the time when contractions began. If waters broke, specify when, in what amount and its color.

III. HISTORY TAKING

1. Life history

Conditions and nature of work, presence of harmful occupational factors. Diseases in childhood (rickets, tuberculosis, measles, scarlet fever, diphtheria, pertussis), in adulthood. Specify if the patient has relatives with tuberculosis, sexually-transmitted and hereditary diseases. Housing conditions.

2. Menstrual function.

The age of menarche. Time of regular cycle establishment. Features of menstrual cycle (duration of menstrual discharge, average duration of the menstrual cycle, the amount of blood discharged, pain before and during menstruation). Changes in menstrual cycle with the onset of sexual activity, after childbirth, abortions. Date and features of the last menstruation.

3. Sexual function.

Age of sexual activity onset. Duration of marriage. Features of sexual activity (presence of pain, bloody secretions, satisfaction during sexual intercourse), the use of contraceptives.

4. Fertility.

In which time from the moment of regular sexual activity onset without the use of contraceptives did the pregnancy occur? How many pregnancies did she have? How many births did she have? In chronological order, give a description of each pregnancy and childbirth, the course of pregnancy, complications, date of birth, the course of labor, and whether there was an intervention. Was the baby full-term? The course of postpartum period (if after delivery she suffered from any diseases, indicate how long and specify the disease). The course of lactation period. Were there any complications and which? The number of live children. If the children died, then at what age, the reason.

How many abortions, induced or spontaneous. In which period of gestation the pregnancy was terminated. Features of the course of abortions, whether there were complications after abortions. When was the last pregnancy and what was its outcome.

Present pregnancy. Was this pregnancy accompanied by nausea, vomiting, salivation, for how long? Is there swelling (when did it develop), shortness of breath, bleeding, headache. When did she first feel movements of the fetus. Did she attend antenatal clinic, from which period of pregnancy. Did she attend the "School of Responsible Parents"? The term of delivery according to the medical record. How long has she been on maternity leave?

5. Secretory function.

Is there leucorrhea? When did it start? What is the character (color, consistency, smell, quantity), and does it cause irritation of the external genitalia, skin on thighs.

6. Complaints on disorders of the functions of other organs and systems.

Cardiovascular system, respiratory system, gastrointestinal tract, urinary, endocrine, nervous systems.

IV. PHYSICAL EXAMINATION

1. General condition

General condition. Body temperature, blood pressure, pulse, blood type, rhesus factor. Body position (active, passive), facial expression (calm, suffering). General body build. Weight and height. Type of constitution. Presence of deformations as a result of injuries, previous diseases, or developmental defects, indicate which. Condition of the skin (turgor, moisture, enlargement of veins). Subcutaneous fat layer (degree of development, distribution, edema). The state of the peripheral lymphatic system, the state of the bone and articular apparatus. Breast glands (size, shape, nipple development, pigmentation).

Condition of the cardiovascular system, lungs, gastrointestinal tract. Urination (frequency, pain, normal or difficult). Presence of protein in urine. Nervous system – dermographism, tendon, periosteal and pupillary reflexes.

2. Obstetric examination

Abdomen: shape, size. The navel – retracted or bulging. Degree of pigmentation intensity of the white line of the abdomen. Abdominal strength, diastasis recti, striae gravidarum. Form of Michaelis rhomb. Circumference of the abdomen at the navel level. Fundal height above the pubis. Size of pelvis. Solovyov's index.

Position of the back of the fetus, small parts. Presenting part and its relation to the pelvic inlet. Fetal heartbeat – localization, frequency, rhythm, sonority. Assumed weight of the fetus.

External genital organs: hair, state of labia majora and labia minora, perineum.

Vaginal examination (date, time).

Vagina (folds, humidity, elongation), cervix (formed, shortened, smoothed), opening of the uterus (in cm). Characteristics of the edges of the cervix (thickness,

elasticity). State of the membrane (bulging, flat, tensed, flaccid). Presenting part and its relation to the pelvis (above the pelvic inlet, pressed to the inlet, in the cavity of the small pelvis, at the pelvic outlet). Condition of the walls of the pelvis, presence or absence of exostoses.

Promontory – if it is possible to reach it

In vertex presentation it is necessary to indicate the location of the longitudinal suture and fontanelles, and in breech presentation of the spiral line.

Character of discharge.

Diagnosis: term of pregnancy, number of previous births, stage of labor. Location of the fetus in the uterus, position, type, presentation. Obstetric complications of pregnancy. Extragenital disorders. Condition of the fetus.

Plan of birth management: through natural reproductive path or surgical. In case of operative delivery specify indications.

V. CLINICAL COURSE OF LABOR

1ST STAGE OF LABOR

Rules of partogram employment:

- Partogram is used during the first stage of labor.
- Partogram should be started if the following conditions are present:

– Two or more contractions for 10 minutes, each lasting 20 seconds or more;

– There are no complications of pregnancy and childbirth, which require new therapeutic measures or emergency delivery.

- Partogram is drawn up during labor, and not after their termination
- Drawing up of partograms should be stopped if there are complications requiring immediate delivery and further records are written in the history of childbirth.

Components of partograms

Partogram consists of three main components:

I – fetal condition – heart rate, condition of fetal sac and amniotic fluid, head configuration.

II–- the course of labor – the rate of cervical dilation, lowering of the fetal head, contractions of the uterus.

III – the woman's state – pulse, blood pressure, temperature, urine (volume, protein, acetone), mode of administration of oxytocin and medications introduced during labor.

Passport details contain information on: surname, first name and patronymic of the parturient woman, number of the pregnancy, number of births in the history, date and time of admission to the maternity ward, duration of anhydrous interval at the time

of admission to the maternity ward (if the fetal sac is intact, put a dash), number of history of labor.

The "Time" scale reflects the real time (hours/minutes) from the moment of arrival to the maternity ward and during delivery.

Each of 24 cells represents a time interval of 1 hour.

The time is displayed to the left of the vertical to which this value corresponds.

According to this scale, all records in the partogram are made in the graphs above and below the "Time" scale (*see Fig. 1*).

I – State of fetus

Heart rate

The vertical axis of the graph displays the frequency of cardiac contractions in fetus per minute. Darker horizontal lines, corresponding to 110 and 170 bpm represent the range of normal heart rate of the fetus. Each cell horizontally represents a time interval of 15 minutes. The graph fields below 100 bpm and above 180 bpm indicate "severe bradycardia" and "severe tachycardia" respectively, which, in turn, are signs of fetal distress.

The heart rate is counted and recorded in the partogram every 15 minutes.

Shown in the form of a (●) mark that is applied at the intersection between the horizontal corresponding to the value of the fetal heart rate and the vertical corresponding to the real time at the time of heart rate registration. All marks are joined by lines, forming a diagram (*Fig. 1*).

Amniotic fluid

Each cell of the graph corresponds to a time interval of 30 minutes.

The condition of the fetal sac is evaluated and recorded during each internal obstetric study.

The state of amniotic fluid is evaluated and recorded at the rupture of the membranes, and then during each internal obstetric examination.

The recording is done as follows:

- **If the fetal sac is intact – put letter "I" (Intact);**
- **Amniotic fluid is clear – put letter "C" (Clear);**
- **Meconial staining of fluid – put letter "M" (Meconium);**
- **Fluid stained with blood – put letter "B" (Blood)**

It should be remembered that the letter must be inserted into a cell that is located to the right of the vertical, which corresponds to a certain value of the real time of the "Time" scale (*Fig. 1*).

Configuration of the fetal head

Each cell of the graph corresponds to a time interval of 30 minutes.

The degree of fetal head configuration is evaluated and recorded during each internal obstetric study.

Recording is carried out as follows:

• The bones of the skull are separated by the connective tissue, the sutures are easily palpable, the configuration of the fetal head is absent "0";

• Bones are joined with each other, sutures are not defined (1st degree configuration) "+";

• Bones overlap (2nd degree configuration) "++" or "2+";

• Bones overlap significantly (3rd degree configuration) "+++" or "3+";

It should be remembered that the mark should be inserted into a cell that is located to the right of the vertical, which corresponds to a certain value of the real time of the "Time" scale (Fig. 1).

II – Course of labor

Cervical dilation

The vertical axis of the graph displays cervical dilation in centimeters from 0 to 10. The horizontal axis is the time scale.

The graph is divided into latent and active phases.

The latent phase is a period when cervical dilation is less than 3 cm.

The darker horizontal line corresponding to 3 cm of cervical dilation and the vertical, corresponding to the eight hour time scale, separate the latent phase of the first stage of labor from the active.

Normally, the duration of the latent phase should not exceed 8 hours.

The active phase is the period of cervical dilation from 3 to 9 centimeters. The duration of the active phase depends on the rate of cervical dilation.

The part of the graph corresponding to the active phase has two darker oblique lines, the Line of Attention and the Action Line.

The line of attention begins at the point corresponding to the dilation of 3 cm, and extends to the mark of full cervical dilation.

The line of attention corresponds to the rate of cervical dilation of 1 cm/h.

The line of action runs parallel to the line of attention, the shift from it for 4 hours to the right.

The value of cervical dilation is determined during each internal obstetric study.

The results of the assessment of cervical dilation are marked on partogram by the mark (**X**), which should be located at the cross-section between the horizontal, which corresponds to the value of cervical dilation, and the vertical corresponding to the time of the examination.

The marks (**X**) are connected by a continuous line (except for the case where transfer is carried out – see below), creating a graph for cervical dilation (*Fig. 2*).

Features of cervical dilation

• If a woman is admitted to the maternity ward in the latent phase of the first stage of labor, cervical dilation (X) is put to the vertical axis of the graph in the place corresponding to the value of dilation.

In 4 hours, the next internal obstetric study is performed and the results are recorded in the partogram. Marks (X) should be connected with a continuous line.

The following variants are possible:

Variant 1:

Cervical dilation during the second internal obstetric examination of less than 3 cm – X will be located below the dark horizontal line passing at 3 cm of cervical dilation;

Variant 2:

Cervical dilation is 3 cm and more – X will be located directly on the dark horizontal line that passes at 3 cm of cervical dilation (if the dialtion is 3 cm) or more (if the dilation exceeds 3 cm). Marks (X) should be connected with a continuous line.

Variant 2 indicates that the labor has gone into the active phase of the first stage.

If the labor has gone into the active phase of the first stage, X should be transferred directly to the Line of Attention.

To do this, find the place of overlapping of the horizontal line, corresponding to the value of cervical dilation, and the Line of Attention. Put X on this place. Connect both Xs that are placed on the same horizontal with a curved dash line that represents the transfer (*Fig. 2*).

The time at which the internal obstetric study was performed should also be transferred and positioned to the left of the vertical on which the X, transferred to the line of attention, is placed.

Relative to the transferred time, it is necessary to transfer all indices of progression of labor (contractions in 10 minutes, lowering of the fetal head), state of mother (pulse, blood pressure, temperature, urine) and fetus (heart rate, amniotic fluid status, fetal head configuration) at the current moment.

The record of further monitoring indices is carried out from the transferred time (*Fig.1*)

• If a woman is admitted to the delivery room in the active phase of the 1st stage of labor, the value of cervical dilation is immediately put directly on the Line of Attention.

The time at which the internal obstetric study was conducted is marked left of the vertical on which the X, applied to the line of attention, is placed. Recording of all indices of labor progression, maternal and fetal state further continues from this time.

Lowering of the fetal head

It is necessary to mark on the partogram the lowering of the fetal head, determined by abdominal palpation.

A width of 5 fingers is used to determine the position of the head over the edge of pelvis by abdominal palpation.

The vertical axis of the graph "Lowering of the fetal head" shows the number of fingers (from 0 to 5), at the width of which the fetal head is palpated over the edge of the symphysis. Horizontal axis is the timeline.

The lowering of the fetal head is determined and marked on the partogram immediately before each internal obstetric examination.

The results of the assessment of the lowering of the fetal head are marked on the partogram by the mark (**O**), which should be located at the crossroach between the horizontal, which corresponds to the number of fingers at which width the fetal head is palpable over the edge of the symphysis and the vertical, corresponding to the time of the examination.

Marks (**O**) should be connected with a continuous line, creating a graph of lowering of the fetal head. In the case of transfer, the marks **(O)** are not connected (*Fig. 1*).

Mark (O) and mark (X) are always on one vertical.

If the value of cervical dilation (for example, 4 cm) coincides with the number of fingers whose width is palpable over the edge of the symphysis (e.g. 4/5), then on the partogram X will coincide with O, i.e. the mark (X) will be inscribed in the mark (O).

Contractions for 10 minutes

Each square vertically corresponds to 1 contraction for 10 minutes. Horizontally, each square corresponds to 30 minutes.

The number and duration of the contractions are counted for 10 minutes.

The number of contractions for 10 minutes is the number of squares that should be shaded vertically according to the time of the examination. The type of shading depends on the duration of the contraction in seconds

 – less than 20 sec.  – from 20 to 40 sec.  – more than 40 sec.

The number and duration of contractions are determined and marked on the partogram each hour in the latent phase and every 30 minutes in the active phase.

Shading is always done to the right of the vertical that corresponds to a certain value of time (Fig. 1).

III – State of the woman

Pulse and blood pressure

The vertical axis of the graph simultaneously reflects blood pressure and pulse rate.

Blood pressure and pulse rate are determined and marked on the partogram every 2 hours.

Blood pressure is marked on the partogram with a two-way arrow (shown to the left of the vertical axis of the graph), which on the top reaches the horizontal, corresponding to the value of systolic pressure, and on the bottom reaches the horizontal, corresponding to the value of diastolic pressure.

The two-way arrow should be located to the right of the vertical, which corresponds to the time value.

The pulse rate is marked on the partogram by the mark (●), which should be located at the intersection between the horizontal, corresponding to the pulse rate and the vertical, corresponding to the time value. (*Fig. 1*)

The **body temperature** is determined and marked on the partogram every 4 hours (or more often if there are indications) and marked to the right of the vertical corresponding to the time value.

The amount of excreted urine is determined and marked on the partogram after each urination (remind the woman of the need for urination every 2–4 hours) and is marked to the right from the vertical, which corresponds to the time value.

Protein and acetone of urine are determined by indications.

Oxytocin

This field should be filled in case of stimulation of labor activity.

The upper line of the graph is designed to record the dose of oxytocin, calculated on 1 liter of physiological solution.

The bottom line of the graph is designed to record the rate of infusion of oxytocin solution. The number of drops of oxytocin per minute is recorded every 30 minutes.

Prescribed medication

This field should be filled in administration of medicines.

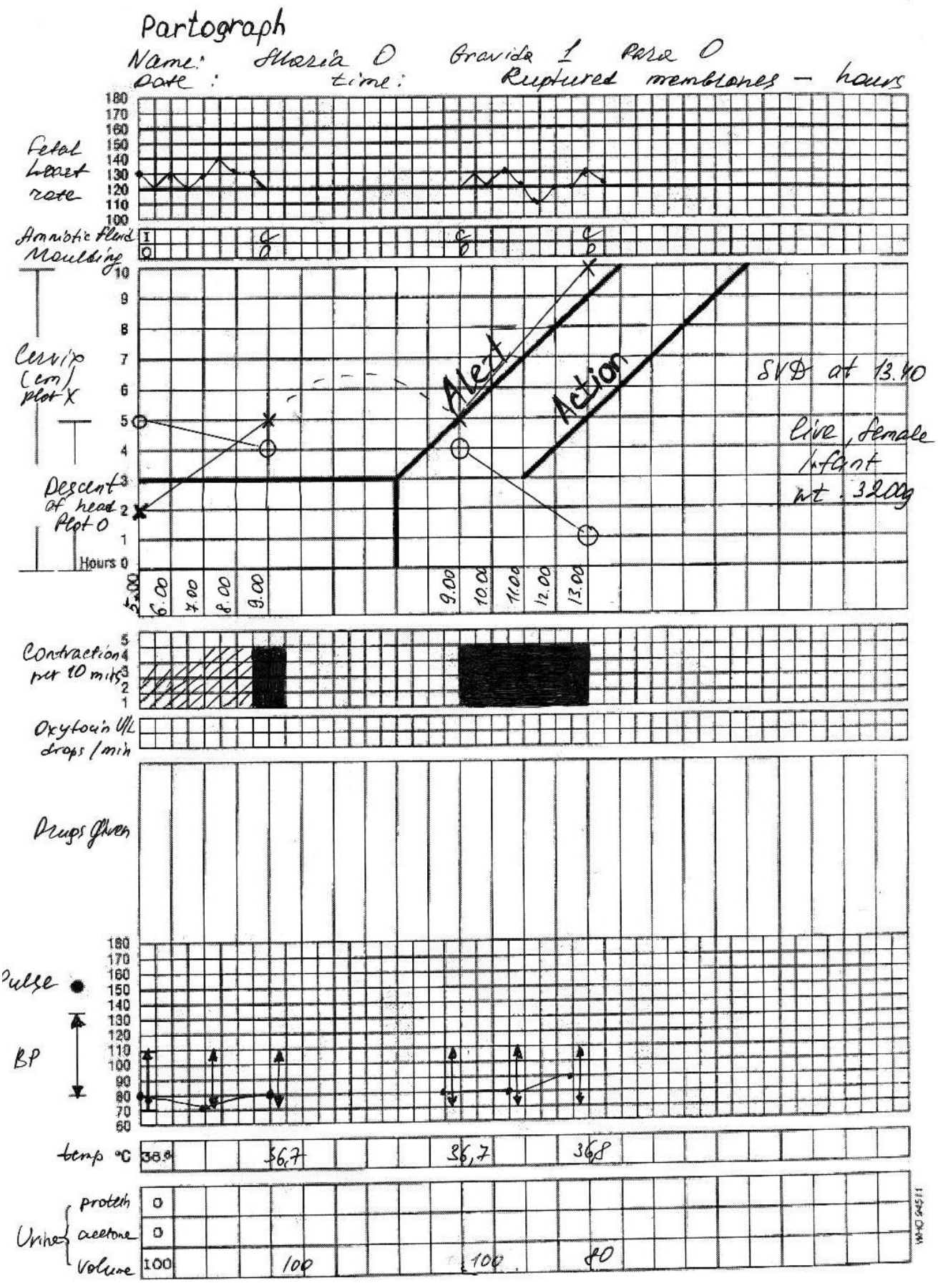


Figure 1. An example of showing labor indices on the partogram

2ND STAGE OF LABOR

Assessment of the fetal state

It is necessary to monitor cardiac activity of the fetus by auscultation every 5 minutes in the early phase of the second stage and after each contraaction in the active phase.

Assessment of the general state of the parturient woman

Measurement of blood pressure, counting of pulse every 15 minutes.

Assessment of labor progression

It is necessary to evaluate the progression of the head through the birth canal and labor activity (frequency and duration of uterine contractions).

Description of the state of the newborn. Specify date and time of birth. Condition of the newborn on the Apgar scale. Sex. Preventive treatment of conjunctiva and genital organs (in girls). The skin-to-skin contact, early breastfeeding. Weight and size of the newborn. Full term or prematurely born.

MANAGEMENT OF THE 3RD STAGE OF LABOR

There are two types of management of the third stage of labor – **active and expectant.**

Active management of the third stage of labor

The standard components of the active management of the third stage of labor include:

- administration of uterotonics;
- extraction of afterbirth by controlled traction along the umbilical cord with simultaneous counter-traction on the uterus;
- uterine massage through the anterior abdominal wall after extraction of afterbirth.

Expectant management of the third stage of labor.

Indicate the presence of signs of placental separation.

In the third stage of labor, it is necessary to indicate the time of afterbirth extraaction, whether afterbirth was released spontaneously; the integrity of afterbirth, its size, the length of the umbilical cord; total blood loss in labor in milliliters. Method of anesthesia.

State of soft birth canal after labor.

Surgical interventions are recorded relevant to the time.

Duration of act of labor by stages (briefly).

Beginning of contractions (date, time)

Water broke - “ – “ –

Start of contractions - “ – “ –

Birth of the fetus - “ – “ –
Release of afterbirth - “ – “ –
Duration of the 1st stage of labor
Duration of the 2nd stage of labor
Duration of the 3rd stage of labor
Overall duration of the act of labor

VI. FINAL DIAGNOSIS AND BIOMECHANISM OF LABOR

VII. SUMMARY OF LABOR

Indicate the date and time of birth. Was the child born prematurely, in due time or postmaturely? Was the child born in partnership labor. What was the presentation of the fetus? Duration of anhydrous period. Were there any complications during labor, which? The presence of surgical interventions, if any. Was anesthesia administered in labor, which? Type of management of the third stage of labor. Overall blood loss. Were there any complications in the early postpartum period? Where were the mother and child transferred after labor?

VIII. POSTPARTUM PERIOD

Basic principles of postpartum care.

– Assessment of the mother's condition, measurement and recording of temperature, blood pressure, determination of pulse rate and character. Examination of the mammary glands: determine their shape, possible engorgement, state of the nipples, presence of cracks in them.

– Constant monitoring of postpartum secretions – lohiae (amount and nature) and involution of the uterus (level of standing of the uterine fundus, texture, tenderness).

Time intervals:

During the first two hours – every 15 minutes
During the 3rd hour – every 30 minutes
During the next three hours – every 60 minutes
During the subsequent stay in the postpartum department - once a day.

– Performing postnatal gymnastics

– Ability to provide breastfeeding.

– Monitoring of the functions of the urinary system and function of the gastrointestinal tract.

In recommendations indicate a diet, a complex of recovery gymnastics. Administration of medication by indications. If necessary, laboratory studies.

IX. DISCHARGE SUMMARY

(is written on the day of discharge)

Date of admission, complaints, diagnosis, course of pregnancy.

Date of labor, features of its course, brief information about the newborn. The course of postpartum period, the discharge date.

VII. REFERENCES

Signature of supervisor_____

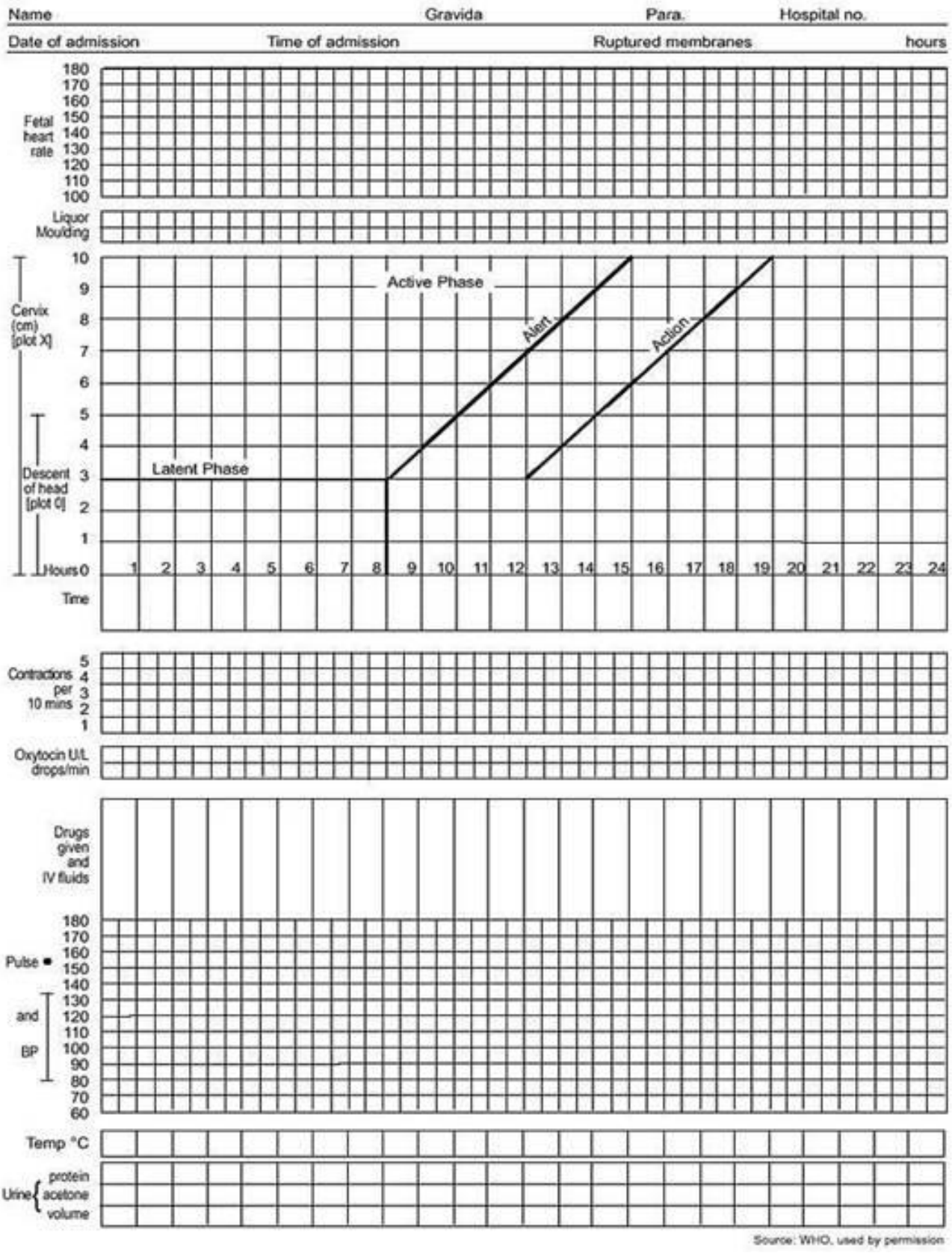
Date_____

Insert No. 1 to form No. 096/o
"History of pregnancy and labor"

VAGINAL LABOR

1. Pregnancy term: weeks [_]_] days [_]
2. Partogram (insert to the history of pregnancy and labor No. _____)

ANNEX 2: Partograph



2

2

Continuation of insert No. 1 to form No. 096/o "History of pregnancy and labor"

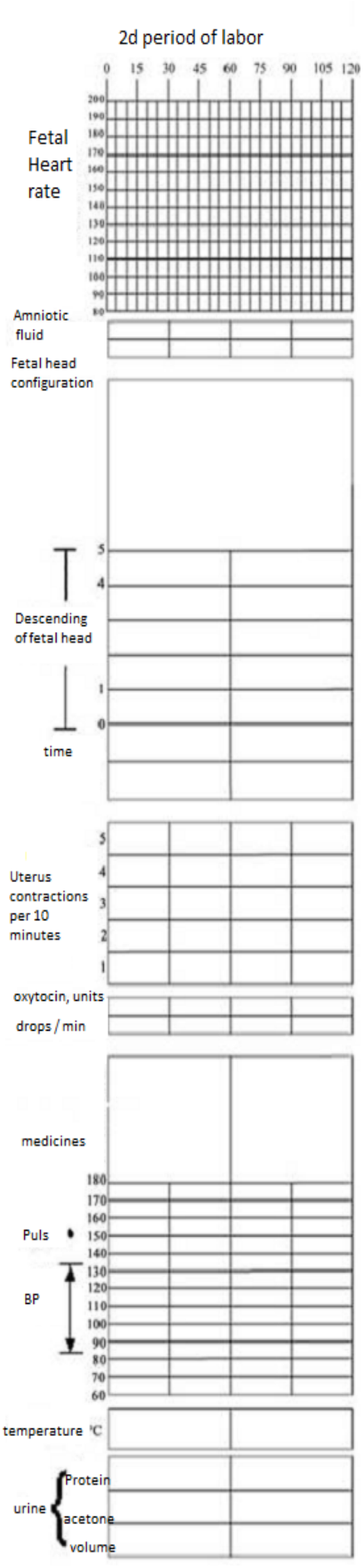
3. Episiotomy: yes [1]; no [2] If yes, name reasons

_____

4.

Child	Date of birth and time	Sex	State at birth	Primary resuscitation	Apgar, 1st minute	Apgar, 5th minute
First	[_]_]/[_]_]/20[_]_] [_]_]:[_]_]	M F	Alive Dead	Yes No		
Second	[_]_]/[_]_]/20[_]_] [_]_]:[_]_]	M F	Alive Dead	Yes No		
Third	[_]_]/[_]_]/20[_]_] [_]_]:[_]_]	M F	Alive Dead	Yes No		

Continuation of insert No. 1 to form No. 096/o "History of pregnancy and labor"



5. Active management of the 3rd stage of labor			**6. Expectant management of the 3rd stage of labor** not more than 30 minutes		
5.1. Examination for the presence of 2nd fetus	1	2	Signs of placenta separation	1	2
5.2. IM injection of 10 IU oxytocin Time [_]_]:[_]_]	1	2			
5.3. controlled traction	1	2			

7. Release of afterbirth

Yes [1]	**No [2]**
Immediate massage of the uterus [1]	Manual separation of placenta [1]
	Immediate massage of the uterus [2]

8. Fetal membranes all: Yes [1]; No [2]
If no, revision of the uterine walls: manual [1]; instrumental [2]

9. Placenta whole: Yes [1]; No [2]
If no, revision of the uterine walls: manual [1]; instrumental [2]

10. Evident placental abnormalities: Yes [1]; No [2]
If yes, specify _____

11. Umbilical cord normal: Yes [1]; No [2]
Size _____ cm, weight _____ g

12. Assessment of afterbirth _____

13. examination of birth canal: Yes [1]; No [2]

14. Ruptures	**Yes**	**No**	**Suture material**
14.1. Perineum *(degree I, II, III, IV)*	1	2	
14.2. Vagina	1	2	
14.3. Cervix	1	2	
14.4. Episiography	1	2	

15. Blood loss: _____ ml

16. Anesthesia none [1]; local [2]; general [3]; peridural [4]

17. Monitoring of the mother's state for 2 hours

	Minutes after birth							
	15	**30**	**45**	**60**	**75**	**90**	**105**	**120**
17.1. Blood loss (ml)								
17.2. Uterine massage								
Signature and code of the obstetrician								

17.3. Pulse bpm					
17.4. BP					
17.5. Temperature, °C					

17.6. Full name of the physician _____
Signature_____
Registration number _____

17.7. Full name of the obstetrician_____
Signature_____
Registration number _____

Continuation of insert No. 1 to form No. 096/o "History of pregnancy and labor"

SUMMARY OF LABOR

18. Date of birth: [_]_]/[_]_]/20[_]_] Time [_]_]:[_]_]

19. Indices	Yes	No
19.1. Premature labor (< 37 weeks)	**1**	**2**
19.2. Term labor (37-42 weeks)	**1**	**2**
19.3. After 42 weeks	**1**	**2**
19.4. Labor with partner	**1**	**2**
19.5. Mantenance of partogram	**1**	**2**
19.6. Supine position during labor	**1**	**2**
19.7. Vaginal labor in cephalic presentation	**1**	**2**
19.8. Vaginal labor in breech presentation	**1**	**2**
19.9. Duration of anhydrous period [_]_]_] hours		

20. Complications [_]_]_]_]_] ICD-10 code	**20.1.** Unsatisfactory course of labor	**1**	**2**
	20.2. Fetal distress	**1**	**2**
	20.3. Clinically narrow pelvis	**1**	**2**
	20.4. Preeclampsia/eclampsia	**1**	**2**
	20.5. Rupture of perineum (*I, II, III degree)*	**1**	**2**
	20.6. Rupture of vagina / cervix	**1**	**2**
	20.7. Rupture of uterus	**1**	**2**
	20.8. Blood loss *(specify)* _____	**1**	**2**
	20.9. Other *(specify)*_____		
21. Operations and interventions [_]_]_]_]_] ICD-10 code	**21.1.** Amniotomy	**1**	**2**
	21.2. Induction of labor	**1**	**2**
	21.3. Stimulation of labor	**1**	**2**
	21.4. Episiotomy/Perineotomy	**1**	**2**
	21.5. Vacuum-extraction/obstetric forceps	**1**	**2**
	21.6. Manual separation of placenta	**1**	**2**
	21.7. Revision of uterine cavity (manual/instrumental)	**1**	**2**
	21.8. Cesarean section	**1**	**2**
	21.9. Hysterectomy	**1**	**2**
	21.10. Other *(specify)*_____		

22. Indications for anesthesia
_____

Anesthesia	None [1] General [2] Inhalation [3] Local [4] Epidural [5] Spinal [6] Narcotic analgesics [7]

23. Third stage of labor

Active management [1] Expectant management [2]

24. Cesarean section: Yes [1]; No [2]

Planned [1] Urgent [2]
Indications: _____
[_]_]_]_]_]_]
(ICD-10 code)

Incision on the uterus: transverse [1]; corporeal [2]; other [3]
(*specify)*
_____

Incision on the uterus is sewn up with *(material):*
_____
One row [1] Double row [2]

25. Overall blood loss

<500 ml [1] 500 – 999 ml [2] >1000 ml [3]

Complications in the early postpartum period
_____
[_]_]_]_]_]_]
(ICD-10 code)

26. Normal labor: Yes [1]; No [2]

Mother transferred	To postpartum department together with the child	**1**
	To postpartum department without the child	**2**
	To intensive care unit	**3**
	To other health care establishment	**4**
Died		**5**

Навчальне видання

СХЕМА ІСТОРІЇ ВАГІТНОСТІ, ПОЛОГІВ ТА ПІСЛЯПОЛОГОВОГО ПЕРІОДУ

Методичні вказівки для самостійної роботи студентів

Упорядники Лазуренко Вікторія Валентинівна
Овчаренко Ольга Борисівна
Лященко Ольга Анатоліївна
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