In my first site evaluation for my OB/GYN rotation, I presented an H&P on a patient who presented to the labor and delivery triage with lower abdominal pain concerning for possible preterm labor. This patient was a 31-year-old G5P4004 at 31 weeks of gestational age who reported abdominal tightening and low back pain. I was interested in this case since it was one of the first times I was able to experience the L&D triage process and had to distinguish whether this patient was actually experiencing a true labor or not. While assessing this patient, I learned about the importance of understanding contractions in pregnancy and differentiating concerning symptoms from common physiologic changes. The workup involved not only obtaining a detailed history but also interpreting fetal monitoring, fetal fibronectin testing, cervical examination findings, bedside ultrasound, and urinalysis results. The patient ultimately had a reassuring workup with a closed cervix, normal fetal testing, and a negative fetal fibronectin, making preterm labor less likely and suggesting Braxton-Hicks contractions as the most likely diagnosis. I also learned that dehydration can contribute to uterine irritability and mimic more serious pathology. Overall, this case helped me understand the importance of maintaining a broad differential diagnosis while recognizing that many symptoms in pregnancy can overlap.

During my second site evaluation, I chose a more complex obstetrical case involving multiple comorbidities and complications during labor. This case involved a 24-year-old G3P0020 at 37 weeks gestation who presented for induction of labor due to gestational hypertension and poorly controlled type II diabetes mellitus. Initially, this case appeared straightforward; however, during labor progression, the patient developed maternal fever, tachycardia, high blood pressure, and leukocytosis, raising concern for chorioamnionitis. I really enjoyed this case because it required understanding multiple obstetrical priorities simultaneously, including maternal stabilization, fetal monitoring, recognizing infection, and postpartum management. I learned that labor and delivery can change rapidly, and even patients who initially appear stable can develop significant complications requiring immediate recognition and intervention. I also had to think through differentials such as chorioamnionitis, preeclampsia, epidural-associated maternal fever, and endometritis. Even after my visit, I thought about complications following this patient's diagnosis, and while studying for the OB/GYN EOR, I learned how uterine atony can occur following a chorioamnionitis. This case emphasized the importance of continuously reassessing patients and understanding that obstetrical management frequently requires multidisciplinary care. Overall, I found this case rewarding because it reinforced how quickly clinical decision-making evolves in labor and delivery settings.

Also, the journal article *"Variables Associated With Resolution and Persistence of Ovarian Cysts"* was the article I also presented during my second site evaluation. I became interested in this topic because, during my OB/GYN clinic experiences, I noticed that many patients reported a history of ovarian cyst findings, and I wanted to better understand which cysts required intervention and which could safely be observed. The patients from both of my site evaluations both had a history of cysts as well. This prospective cohort study followed over 2,600 women

with ovarian cysts and examined factors associated with cyst persistence and spontaneous resolution. I learned that 60% of ovarian cysts resolved spontaneously within one year and that smaller, simple cysts were more likely to resolve without intervention. The study also demonstrated that isolated simple cysts were not associated with invasive ovarian cancers during long-term follow-up. This reinforced the importance of understanding evidence-based management and avoiding unnecessary interventions when observation may be appropriate. It also reminded me that patient counseling and reassurance can play an important role in reducing anxiety and helping patients better understand their condition.

Overall, I found my site evaluations during OB/GYN valuable because they encouraged me to think critically about patient presentations while strengthening my understanding of both common and complex obstetrical and gynecologic conditions. The feedback and questions from my evaluator helped reinforce the importance of approaching each patient systematically while identifying potentially serious diagnoses that require prompt intervention.