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**1. Definition & Overview**

The pelvis is a basin‑shaped bony structure connecting the trunk to lower limbs. In females, it supports the bladder, rectum, and reproductive organs and functions as the birth canal during vaginal delivery

**2. Bony Anatomy**

Key components of the female pelvis include:

* **Hip bones (coxal bones)** – each formed by the fusion of **ilium**, **ischium**, and **pubis**, meeting at the acetabulum
* **Sacrum** – 5 fused vertebrae; in females it's shorter, wider, and less curved than in males
* **Coccyx (tailbone)** – flexible and slightly movable in women, aiding childbirth.

## ****Pelvic Regions & Obstetric Relevance****

* **False pelvis**: Above pelvic brim (inlet), supports abdominal viscera.
* **True pelvis**: Below the brim, comprising the inlet, mid‑pelvis (cavity), and outlet—this is the passage the fetus must navigate during birth

### **Pelvic inlet & diameter measurements:**

* Anatomical conjugate ~11 cm, Obstetric conjugate ~10.5 cm, diagonal ~12.5 cm.
* Transverse diameter ~13–13.5 cm; oblique ~12.5 cm

5. Pelvic Floor & Ligaments

Pelvic floor muscles (levator ani, coccygeus) form a diaphragm supporting pelvic organs and maintaining continence; they also guide fetal rotation through labor

Radiology Key

Supporting ligaments include the broad ligament (mesometrium, mesovarium, mesosalpinx) and uterosacral, cardinal, round, and ovarian ligaments, which stabilize the reproductive organs

Radiology Key

.Also, the rectouterine pouch (pouch of Douglas) is the deepest point in the female peritoneal cavity—clinically relevant as fluid often accumulates here

6. Obstetric & Clinical Significance

A gynecoid pelvis—rounded inlet, shallow cavity, wide outlet—is considered optimal for vaginal birth. Variants like android or platypelloid may increase risk of labor dystocia

**CONCLUSION:**

The female pelvis is a marvel of anatomical adaptation: wider, shallower, and more flexible than the male pelvis, optimized for the demands of childbirth. Its bony architecture, soft tissues, and measurements are critical in obstetrics, while pelvic floor support and ligament laxity play roles in both normal function and certain pathologies. Understanding its anatomy helps explain both physiological function and clinical challenges.