Assessment test 2
High risk pregnancy, Puerperium & Menopause.
75 marks

- **High risk pregnancy – 35 marks:**
  - Multiple choice questions – 12 marks – 12 questions.
  - Short questions – 15 marks – 3 – 2 mark questions, 3 - 3 mark questions.
  - Scenario questions - 8 marks – 2 questions.

- **Puerperium – 25 marks:**
  - Multiple choice questions – 9 marks – 9 questions.
  - Short questions – 12 marks – 3 – 2 mark questions, 2 - 3 mark questions.
  - Scenario questions - 4 marks – 1 question.

- **Menopause – 15 marks:**
  - Multiple choice questions – 4 marks – 4 questions.
  - Short questions – 11 marks –4 – 2 mark questions, 1 – 3 mark question.

- **Multiple choice questions:**

1. * Vaginal bleeding in pregnancy affects ____% of all pregnancies
   a. 5 – 10%
   b. 20 – 30%
   c. 50 – 55%
   d. 60 – 75%

2. About ___% of vaginal bleeding in early pregnancy are ectopic pregnancies.
   - 15%
   - 10%
   - 7%
   - **3%**

3. In threatened abortion,
   - **The cervical os is closed.**
   - The cervical os is open.
   - The cervical os is torn.
   - The cervical os is absent.

4. In inevitable abortion,
   - The cervical os is closed.
• The cervical os is open.
• The cervical os is torn.
• The cervical os is absent.

5. Habitual or recurrent abortion is
• Two or more consecutive abortions.
• Three or more consecutive abortions.
• Four or more consecutive abortions.
• Five or more consecutive abortions.

6. Cigarette smoking >14 per day,
• Doubles (2) the risk of abortion over non-smokers.
• Triples (3) the risk of abortion over non-smokers
• Halves (1/2) the risk of abortion over non-smokers.
• Doesn’t (=) increase the risk of abortion over non-smokers.

7. Hyperemesis gravidarum is extreme, persistent nausea and vomiting that may lead to dehydration occurs in:
• 1st trimester of pregnancy.
• 2nd trimester of pregnancy.
• 3rd trimester of pregnancy.

8. Hyperemesis gravidarum occurs in __/1000 deliveries.
• 1.5
• 2.5
• 3.5
• 7.5

9. The non drug treatment of Hyperemesis gravidarum uses:
• Ginger.
• Garlic.
• Onion.
• Rihakuru.
10. The drug not recommended in treatment of Hyperemesis gravidarum is:

- Pyridoxine (vitamin B6)
- promethazine
- prochlorperazine
- metoclopramide

11. Drug treatment for Hyperemesis gravidarum should be commenced for all patients with:

- Polyuria
- **Ketonuria**
- Dysuria
- Diarrhea

12. Anemia is defined as:

- A low level of hemoglobin (less than 14 gm/dl) during pregnancy.
- A low level of hemoglobin (less than 12 gm/dl) during pregnancy.
- A low level of hemoglobin (less than 11 gm/dl) during pregnancy.
- **A low level of hemoglobin (less than 10 gm/dl) during pregnancy.**

13. Anemia in pregnancy is caused by:

- Poor intake of iron in diet.
- Poor intake of milk in diet
- Poor intake of proteins in diet
- Poor intake of carbohydrates in diet

14. A risk factor for anemia in pregnancy is:

- **Multiparity**
- PIH
- Diabetes
- UTI

15. Anemia in pregnancy can be prevented by:

- Giving supplemental iron (ferrous sulphate 300 to 600mg per day) even though the hemoglobin is normal at the beginning of pregnancy.
- Giving supplemental iron (ferrous sulphate 300 to 600mg per day) when the hemoglobin is high at the beginning of pregnancy.
- Giving supplemental iron (ferrous sulphate 300 to 600mg per day) only when the hemoglobin is low at the beginning of pregnancy.
• Giving supplemental iron (ferrous sulphate 300 to 600mg per day) only when there is multiple pregnancy.

16. Antepartum hemorrhage is defined as:

• Bleeding from the nose after the 24th week of pregnancy.
• Bleeding from the birth canal after the 24th week of pregnancy.
• Bleeding from the birth canal after the 12th week of pregnancy.
• Bleeding from the anus after the 24th week of pregnancy.

17. Antepartum hemorrhage

• Affects 30-50% of all pregnancies.
• Affects 3-5% of all pregnancies.
• Affects 0.3-0.5% of all pregnancies.
• Affects more than 50% of all pregnancies.

18. Placenta praevia is:

• Insertion of the placenta, partially or fully, in the lower segment of the uterus.
• Insertion of the placenta, partially or fully, in the upper segment of the uterus.
• Insertion of the placenta, partially or fully, in the fundus of the uterus.
• Insertion of the placenta, partially or fully, in the myometrium of the uterus.

19. Risk Factor for placenta praevia is:

• Previous abortion.
• Previous ectopic gestation.
• Previous appendicitis.
• Previous caesarean section.

20. Risk Factor for placental abruption is:

• Previous abortion.
• Previous ectopic gestation.
• Previous appendicitis.
• A placental abruption in a previous pregnancy.

21. In placenta praevia
• **Bleeding is painless and recurrent.**
• Bleeding is painful and continuous.
• Bleeding is painless and minimal.
• Bleeding is absent.

22. Placental abruption may present with:

• **Vaginal bleeding, abdominal pain, uterine contraction and shock.**
• Vaginal bleeding and no abdominal pain.
• Vaginal bleeding and fever.
• Abdominal pain and fever.

23. For management of antepartum hemorrhage:

• **Always admit to the atoll or regional hospital.**
• Admit to the health centre.
• Do not admit the patient.
• Give treatment at home.

24. Placenta praevia grades III and IV:

• **Will require caesarean section by a senior obstetrician.**
• Can deliver at a health centre.
• Can deliver at home.
• Can be delivered by a fulhmah.

25. Antepartum hemorrhage has:

• Approximately 1% perinatal mortality.
• **Approximately 10% perinatal mortality.**
• Approximately 50% perinatal mortality.
• Approximately 100% perinatal mortality.

26. Pre-eclampsia is pregnancy-induced _________ in association with proteinuria (> 0.3 g in 24 hours) with or without oedema:

• Hypotension
• **Hypertension**
• Diabetes
• Renal failure
27. Eclampsia is defined as pre-eclampsia with:

- The occurrence of one or more convulsions.
- The occurrence of one or more episodes of depression.
- The occurrence of one or more episodes of bleeding.
- The occurrence of one or more episodes of urinary infection.

28. PIH is most common in:

- Primigravidas
- Multigravidas
- Ectopic pregnancies
- Missed abortions

29. The best way to cure preeclampsia is –

- To deliver the baby.
- To relax the uterus.
- To stop labor pains.
- To give antibiotics.

30. One of the complications of PIH is –

- Fever.
- Infection.
- Renal failure.
- Depression.

31. The maternal mortality rate in pregnancies complicated by eclampsia:

- Is 0.8%.
- Is 1.8%.
- Is 10.8%.
- Is 20.8%.

32. Pre-eclampsia is associated with:

- Fetal growth restriction (small baby).
- Fetal macrosomia (large baby).
- Congenital anomalies.
- Iron deficiency.

33. All patients of PIH should be –

- Admitted to a Regional/ Atoll hospital.
- Treated at the health centre.
- Treated at home.
• Treated with traditional medicine.

34. **In Maldives –

- 22% of maternal deaths due to PPH.
- 32% of maternal deaths due to PPH.
- 42% of maternal deaths due to PPH.
- 52% of maternal deaths due to PPH.

35. Primary PPH is –

- Hemorrhage within the 1st 2 hours of delivery
- **Hemorrhage within the 1st 24 hours of delivery**
- Hemorrhage within the 1st week of delivery
- Hemorrhage within the 1st 40 days of delivery

36. 90% of Primary PPH is caused by –

- Uterine infection
- **Uterine atony**
- Retained placental fragments
- Abnormal involution of placental site

37. Secondary PPH is caused by –

- **Uterine infection**
- Uterine atony
- Genital tract trauma
- Coagulation disorders

38. Visual assessment of blood loss –

- **Underestimates the blood loss by ½ to 1/3**
- Overestimates the blood loss by ½ to 1/3
- Underestimates the blood loss by 1/4 to 1/5
- Overestimates the blood loss by1/4 to 1/5

39. Strategy for the Prevention of Postpartum Hemorrhage includes –

- **Shortening of the 3rd stage of labor.**
- Augmenting of the 1st stage of labor.
- Forceps delivery for cutting short the 2nd stage of labor.
- Cesarean section for all pregnancies.

40. The puerperium covers:

- The 6 hour period following birth
- The 6 day period following birth
• The 6 week period following birth
• The 6 month period following birth

41. Which of the following is a serious maternal health problem in puerperium?
• Thromboembolism.
• Thrombophlebitis.
• Vomiting.
• Nausea.

42. Breast feeding has many advantages, including:
• Boosts the baby's nervous system.
• Boosts the baby's respiratory system.
• **Boosts the baby’s immune system.**
• Boosts the baby's renal system.

43. Breast engorgement is usually relieved by
• **Good support and analgesia.**
• Stopping breastfeeding.
• Breast milk suppression.
• Antibiotics.

44. Puerperal Pyrexia is not caused by:
• Urinary tract infection
• Genital tract infection
• Mastitis
• **Diabetes**

45. Complications of Puerperal Pyrexia include –
• **Septicemia**
• Pharyngitis.
• Rhinitis.
• Gastritis.

46. ***Menopause is –
• Beginning of menses.
• Excessive bleeding during menses.
• Scanty bleeding during menses.
47. During menopause due to reduced ovarian follicular activity –
   • LH levels fall
   • FSH levels fall
   • **Estrogen levels fall**
   • Insulin levels fall

48. Premature menopause is menopause before the age of:
   • 18 years.
   • 25 years
   • 35 years
   • 40 years.

49. By the age of 54 years,
   • **80% of women are postmenopausal.**
   • 60% of women are postmenopausal.
   • 40% of women are postmenopausal.
   • 20% of women are postmenopausal.

50. The symptoms of menopause include:
   • **Hot flashes and skin flushing.**
   • Skin rashes.
   • Vomiting.
   • Fever.

51. To eliminate osteoporosis that accompanies menopause one should take:
   • Take iron and vitamin A
   • Take sodium and vitamin B
   • Take potassium and vitamin C
   • **Take calcium and vitamin D**

52. Main treatment to reduce menopausal symptoms is:
   • **Reassurance, education and lifestyle adjustment.**
   • High calorie diet.
   • Decrease in physical activity.
   • Increase iron in the diet.
1. Give 2 causes of vaginal bleeding in early pregnancy. (2 marks)
   - Abortions.
   - Ectopic pregnancy.
   - Visceral mole

2. Mention 3 types of abortions. (3 marks)
   - Threatened abortion
   - Inevitable abortion
   - Incomplete abortion
   - Missed abortion

3. Give 2 causes of abortion. (2 marks)
   - Abnormal fetal development
   - Genetic balanced parental translocation
   - Uterine abnormality
   - Incompetent cervix (second trimester)
   - Placental failure
   - Multiple pregnancy
   - Immunological
   - Infections

4. Give 2 risk factors for abortions. (2 marks)
   - Age: more frequent in women aged >30 years, and even more common in aged >35 years.
   - Cigarette smoking >14 per day doubles risk over non-smokers.
   - Illicit drug use.
   - Uterine surgery or abnormalities e.g. incompetent cervix.
   - Uncontrolled diabetes mellitus.

5. Write 2 differential diagnoses for abortions. (2 marks)
   - Ectopic pregnancy:
   - Neoplasia
   - Hydatiform mole
   - Chorionic cyst
6. Give 2 of the investigations done to assess the patient of abortions.
   • Ultrasound scans
   • urine-based HCG tests.

7. Write 2 complications of abortions. (2 marks)
   • Sepsis
   • Blood loss induced Anaemia
   • Hypovolamic shock

8. Write 2 preventive measures for abortions. (2 marks)
   • Detection and Treatment of systemic diseases before getting pregnant.
   • Early, comprehensive prenatal care.
   • A pregnant woman who develops any signs or symptoms abortion should be treated immediately.

9. Give 3 symptoms of hyperemesis gravidarum. (3 marks)
   • Nausea
   • Vomiting
   • Fatigue
   • Anorexia
   • Weight loss

10. Give 2 signs of hyperemesis gravidarum. (2 marks)
    • Dehydration
    • Muscle wasting
    • Ketosis
    • Weight loss > 5% of pre-pregnancy weight
    • Postural hypotension
    • Tachycardia

11. Write 2 risk factors to cause hyperemesis gravidarum. (2 marks)
    • Multiple pregnancies
    • Those who have had hyperemesis gravidarum in a previous pregnancy
    • family history of hyperemesis gravidarum
• Nulliparity
• Female fetus
• Maternal obesity
• Age < 30 years

12. Give 2 differential diagnoses for hyperemesis gravidarum. (2 marks)

- Pregnancy-related: e.g. pre-eclampsia, acute fatty liver of pregnancy
- Gastrointestinal: e.g. gastroenteritis, appendicitis, cholecystitis, peptic ulcer disease, intestinal obstruction, pancreatitis, hepatitis
- Genito-urinary: e.g. urinary tract infection, renal calculi, degenerating uterine fibroid, ovarian cyst torsion
- Neurological: e.g. migraine, tumours
- Psychological: e.g. eating disorders
- Drug toxicity or intolerance: e.g. iron

13. Give 2 of the investigations done to assess the patient of hyperemesis gravidarum. (2 marks)

- Urinalysis
- Full blood count: Haematocrit is usually raised.

14. Give 2 general supportive measures in management of hyperemesis gravidarum. (2 marks)

- Drink and eat little and often.
- Meals high in carbohydrate and lower in fat are better.
- Cold meals reduce smell-related nausea.
- Avoid caffeine and alcohol as these can enhance dehydration

15. Write 2 complications of hyperemesis gravidarum. (2 marks)

- Wernicke's encephalopathy
- Mallory-Weiss tears and oesophageal rupture.
- Hyperthyroxinaemia.
- Hyponatraemia
- Depression

16. Define anemia in pregnancy. (2 marks)
A low level of hemoglobin (less than 10 gm/dl) during pregnancy. Hemoglobin carries oxygen to body tissues via the red blood cells.

17. Give 2 causes of anemia in pregnancy. (2 marks)
- Poor intake of iron in diet;
- Folic acid deficiency;

18. Give 2 risk factors for anemia in pregnancy. (2 marks)
- Multiparity
- Twin or multiple pregnancy
- Poor nutrition, especially multiple vitamin deficiencies

19. Write 3 complications of anemia in pregnancy. (3 marks)
- Premature labor
- Dangerous anemia from normal blood loss during labor
- Increased susceptibility to infection after childbirth

20. Write 2 preventive measures for anemia in pregnancy. (2 marks)
- Eat foods high in vitamin C, such as citrus fruits and fresh, raw vegetables.
- Vitamin C makes iron absorption more efficient.
- Take prenatal vitamin and mineral supplements, especially folic acid.

21. Write 2 treatment options for anemia in pregnancy. (2 marks)
- Iron and folic acid tablets
- Intra-muscular iron injections.
- Iron rich foods

22. Give 2 causes of antepartum hemorrhage. (2 marks)
- Uterine rupture
- Placenta praevia:

23. Define placenta praevia. (2 marks)
- Insertion of the placenta, partially or fully, in the lower segment of the uterus.

24. Describe 3 of the 4 grades of placenta praevia. (3 marks)
- Grade I: Placenta encroaches lower segment but does not reach the cervical os.
• Grade II: Reaches cervical os but does not cover it.
• Grade III: Covers part of the cervical os.
• Grade IV: Completely covers the os, even when the cervix is dilated.

25. Give 2 risk factors for placental abruption. (2 marks)

• Increasing maternal age and parity.
• Trauma (usually a car accident or maternal battering)
• Cocaine use
• Smoking
• Prolonged rupture of membranes

26. Give 2 complications of antepartum hemorrhage. (2 marks)

• Premature labour
• Postpartum haemorrhage
• Disseminated intravascular coagulopathy
• Renal tubular necrosis

27. Define PIH. (3 marks)

• Pre-eclampsia is pregnancy-induced hypertension in association with proteinuria (> 0.3 g in 24 hours) with or without oedema

28. Give 3 risk factors for PIH. (3 marks)

• First pregnancy, or first pregnancy with new partner
• Pre-eclampsia in any previous pregnancy
• Ten years or more since last baby
• Age 40 years or more
• Family history of pre-eclampsia (in mother or sister)
• Booking diastolic blood pressure of 80mmHg or more
• Multiple pregnancy

29. Write 2 treatment options for PIH. (2 marks)

• bed rest and close monitoring,
• Delivery as soon as the fetus has a good chance of surviving outside the womb.
• Anti hypertensive treatments,

30. Give 2 complications of PIH. (2 marks)
Disseminated intravascular coagulation
Renal failure
Adult respiratory distress syndrome

31. Write 2 preventive measures for PIH. (2 marks)

- Identification and appropriate action for those women with known risk factors at booking.
- Early recognition and appropriate action for those women with symptoms and signs of pre-eclampsia.
- Antiplatelet agents, e.g. low-dose aspirin, have moderate benefits when used for prevention of pre-eclampsia.

32. Mention 3 of the 4 ‘T’s for causing PPH. (3 marks)

- TONE - Uterine atony
- TRAUMA
- TISSUE - Abnormal placentation
- THROMBIN - Coagulation defects

33. Give 2 risk factors for PPH. (2 marks)

- Pregnancy-induced high blood pressure
- Too many previous births
- Prolonged labor

34. Mention and define 2 types of PPH. (3 marks)

- **Primary postpartum haemorrhage** is defined as loss of more than 500ml of blood during first 24 hours.
- **Secondary postpartum haemorrhage** is abnormal bleeding after 24 hours up until 6 weeks postpartum.

35. Mention 2 common problems of Puerperium. (2 marks)

- Mastitis:
- Micturition:
- Bowel problems

36. Mention 3 serious problems of Puerperium. (3 marks)
• Postpartum haemorrhage
• Postnatal psychosis:
  • Postnatal anaemia is common and may easily be overlooked.
• Puerperal pyrexia

37. Give 2 symptoms of Puerperal sepsis. (2 marks)
   • Fever
   • Body rashes

38. Give 3 causes of Puerperal pyrexia. (3 marks)
   • Urinary tract infection
   • Genital tract infection

39. Give 2 of the investigations done to assess the patient of Puerperia (2 marks)
   • High vaginal swab
   • Urine culture and microscopy

40. Give 2 complications of Puerperal pyrexia. (2 marks)
   • Septicemia,
   • Pulmonary embolus,
   • Disseminated intravascular coagulation
   • And pneumonia.

41. Write 2 preventive measures for Puerperal pyrexia. (2 marks)
   • Scrupulous attention to hygiene should be used during all examinations and instrumentation during and after labour.
   • Some centers advocate the use of prophylactic antibiotics during prolonged labour.
   • Catheterization should be avoided where possible.
   • Early mobilization of delivered mothers will help to protect against venous thrombosis.
   • New mothers should be helped to acquire the skills required for successful breastfeeding.
   • Perineal wounds should be cleaned and sutured as soon as possible after delivery.
• All blood losses and the completeness of the placenta should be recorded at all deliveries.

42. Write 2 treatment options to treat a patient of puerperal septicemia. (2 marks)

• **Non-Drug**
  - Ice packs may be helpful for pain from perineal wounds or mastitis. Rest and adequate fluid intake is required, particularly for mothers who continue to breast feed.

• **Drugs**
  - Analgesia may be required
  - Antibiotics should be commenced after taking specimens, and should not be delayed until the results are available

• **Surgical**
  - Surgical intervention may be required if it is thought that an abscess has formed.

43. Define menopause. (2 marks)

• Menopause is the transition period in a woman's life when her ovaries stop producing eggs, her body produces less estrogen and progesterone, and menstruation becomes less frequent, eventually stopping altogether.

44. Write 2 hormonal changes that occur at menopause. (2 marks)

• As ovarian follicular activity begins to fail, oestrogen levels fall and the reduced negative feedback to the pituitary causes a rise in luteinizing hormone (LH) and follicle stimulating hormone (FSH). Oestrogen reduction eventually results in menstrual cycle disruption and other menopausal symptoms.

44. Give 3 symptoms of menopause. (3 marks)

• Hot flashes and skin flushing
• Night sweats
• Insomnia
• Mood swings including irritability, depression, and anxiety
• Irregular menstrual periods
• Spotting of blood in between periods
• Vaginal dryness and painful sexual intercourse

45. Give 2 complications of menopause. (2 marks)
   • Postmenopausal bleeding.
   • Osteoporosis
   • Increased risk of cardiovascular disease.

46. Write 2 treatment options to reduce symptoms of menopause.
   • Reassurance, education and lifestyle adjustment
   • Non-hormonal therapies

47. Write 2 preventive measures to reduce the symptoms of menopause.
   • Take calcium and vitamin D
   • Eat a low-fat diet

48. Give 3 lifestyle adjustments to reduce the symptoms of menopause.
   • DO NOT smoke
   • Exercise
   • Balanced diet
   • Reassurance and health education

• Scenario questions:

1. *A 20 year old female patient comes to the casualty of a hospital with history of 2 months amenorrhea with severe bleeding PV since 1 hour and passing products of conception 10 minutes back. She is in shock (BP 80/50 mm Hg) & on PV examination – The uterus is bulky with products felt at the cervical os which is open.
   1. What is your diagnosis? (1 mark)
      Incomplete Abortion
   2. Write 3 points of treatment to be given to her. (3 Marks)
      • Blood transfusion and IV fluids.
      • Oxygen
      • Evacuation of uterus.
      • Bed rest

2. A 30 year old Gravida 5 comes for ANC registration to an ANC clinic at 3 months amenorrhea. She complains of weakness and breathlessness. She looks pale and her Hb test shows to be 9 g/dl.
   1. What is your diagnosis? (1 mark)
      Anaemia in pregnancy
   2. Mention 1 complication of this condition. (1 mark)
3. Preterm labour
4. Heart failure
5. Shock

6. Write 2 preventive measures for this condition. (2 marks)
   - Give Iron and folic acid supplementation
   - Take iron rich diet and vitamin C

3. An 18 year old primigravida comes for a follow up visit to the ANC clinic at 36 weeks. Her BP is 140/90 mm Hg; she has developed oedema of her feet and facial puffiness. Her urine albumin is 2+.
   1. What is your diagnosis? (1 mark)
      Pre-eclampsia
   2. Mention 2 complications of this condition. (2 mark)
      - Convulsions
      - Liver failure
      - Renal failure
      - HELP syndrome

3. Write the most important treatment for this condition. (1 mark)
   • To deliver the baby.

4. **A 25 year old gravida 4 is in the Labor room of a hospital. She has delivered a 4.1 kg baby 15 minutes back. Now she is having heavy bleeding from the vagina and is in shock.
   • What is your diagnosis? (1 mark)
      - Primary Postpartum hemorrhage
   • Write 2 of the possible etiologies for this condition. (2 marks)
      - Uterine atony
      - Uterine trauma
      - Coagulation defects

   • Mention 2 of the risk factors for developing this condition. (1 mark)
      - Prolonged labour
      - Tear in cervical or vaginal tissue
      - Over distended uterus

5. A 35 year old para 3 has had a home delivery 7 days back. She comes to the hospital with fever, foul smelling discharge from the vagina and pain in the lower abdomen.
   • What is your diagnosis? (1 mark)
      - Puerperal sepsis
   • Write 2 investigations to be done to confirm the diagnosis. (2 marks)
      - High vaginal swabs
- Urine culture
- Full blood count
- USG scan

- Write 2 preventive measures for this condition. (1 mark)
  - Good personal hygiene
  - Delivery under highly aseptic conditions