Review Questions

1. A 23yo female comes to your office 6 days after giving birth to her first child by CSect. Her pregnancy was complicated by preeclampsia. During the history she reports brief crying spells, irritability, poor sleep, and nervousness. Her husband notes that “even the littlest thing can set her off.” She has a h/o major depression 2 years ago that resolved with psychotherapy and SSRI treatment. She and her husband are concerned that she may be suffering from postpartum depression. Which one of the following is the greatest risk factor for postpartum depression in this patient?
	1. Operative delivery
	2. First pregnancy and delivery
	3. Preeclampsia
	4. A previous h/o depression
2. A 23yo female becomes pregnant while using copper T IUD for contraception. US indicates an EGA of 8wks and confirms the IUD within the uterus. A speculum exam shows the string coming through the cervix. Which one of the following is the best management strategy?
	1. Remove the IUD now
	2. Remove the IUD during 2nd semester
	3. Remove the IUD after 37wks EGA
	4. Remove the IUD when patient goes into labor
	5. Leave the IUD in place until the delivery
3. Which of the following are true regarding postpartum depression?
	1. It has no effect on cognitive development of the child
	2. It is directly related to the desired gender of the infant
	3. It is usually transient lasting about 10 days
	4. Thyroid function should always be assessed in women with postpartum depression
4. A male infant is delivered by CSect because of dystocia due to macrosomia. Apgar scores were 8 and 10. However, at about 1 hour of age he begins to have tachypnea without hypoxemia. ACXR shows diffuse parenchymal infiltrates and fluid in the pulmonary fissures . The symptoms resolve without treatment within 24 hrs.

The most likely diagnosis is.

* 1. Transient tachypnea of the newborn
	2. Intracranial hemorrhage
	3. Laryngotracheomalacia
	4. Meconium aspiration syndrome
	5. Hyaline membrane disease
1. Which of the following fetal US measurements gives the most accurate estimate of EGA in the first trimester?
	1. Femur length
	2. Biparietal diameter
	3. Abdominal circumference
	4. Crown-rump length
	5. Scapula-sacral length
2. A mother is being discharged from hospital exclusively breasfeeding . Which one of the following would you recommend for the infant at this time in addition to continued breast feeding?
	1. Iron supplementation
	2. Vitamin D supplementation
	3. A Multivitamin
	4. 8 oz water daily
	5. 4 oz cereal daily
3. A 2 day old female infant developed a rash today that has continued to progress and spread. The infant was born at term after an uncomplicated pregnancy and delivery to a healthy mother following excellent prenatal care. The infant does not appear to be irritable or in distress. She is afebrile and feeding well. On examination, abnormal findings are confined to the skin, including her face trunk , and proximal extremities which have macules papules, and pustules that are all 2-3 mm in diameter. Her palms and soles are spared. A stain shows numerous eosinophils.

Which one of the following is the most likely diagnosis?

* 1. Staphlococcal pyoderma
	2. Herpes simplex
	3. Acne neonatorum
	4. Erythema toxicumneonatorom
	5. Rocky Mountain spotted fever
1. A 39 yo AA multip. At 36 weeks EGA presents with a temp of 40 degrees C (104 degrees F), chills, bachache, and vomiting. On physical exam, the uterus is noted to be nontender, but there is a slight bilateral costovertebral angle tenderness. A UA shows many leukocytes, some in clumps, as well as numerous bacteria.

Of the following, the most appropriate therapy at this time would be?

* 1. Oral trimethoprim/sulfamethoxazole (Bactrim)
	2. Oral nitrofurantoin (Macrodantin)
	3. Oral levofloxacin (Levaquin)
	4. IV doxycycline
	5. IV ceftriaxone (Rocephin)
1. In neonatal resuscitation chest compressions should begin if the heart rate drops below a threshold of?
	1. 120 beats/min
	2. 100 beats/min
	3. 80 beats/min
	4. 60 beats/min
	5. 40 beats/min
2. A 21 yo G1 with an EGA 12 wks presents to your office. A UA shows evidence of bacteriuria. She is completely asymptomatic. Appropriate management at this time includes which of the following?
	1. No treatment at this time; repeat UA at next visit
	2. Reassure the patient that anitibiotics administration is not necessary unless she should develop symptoms
	3. No antibiotic treatment; ask the patient to drink more fluids and cranberry juice daily
	4. Discontinue UA at OB visits because of the high false positive rate
	5. Treat the patient with 7 day course of amoxicillin
3. Preterm labor is defined as regular contractions with cervical change before
	1. 40 wks EGA
	2. 39 wks EGA
	3. 38 wks EGA
	4. 37 wks EGA
	5. 36 wks EGA
4. Which of the following bacterial infections is not generally associated with preterm labor?
	1. Ureaplasmaurealyticum
	2. Gardenellavaginalis
	3. Mycoplasma hominis
	4. Bacteroides species
	5. All are associated with preterm labor
5. Which of the following tests has been shown to be a good predictor of preterm birth (in woman presenting with symptomatic preterm uterine contractions, and thus help guide the pharmacologic management of preterm labor patients?
	1. Screening for genitourinary infections
	2. Measurement of salivary estriol
	3. Cervical length measurement
	4. Fetal fibronectin measurement
	5. Both C and D
6. Which of the following sports is contraindicated in pregnancy
	1. Walking
	2. Stationary bicycle
	3. Low-impact aerobics
	4. Snow skiing
	5. Swimming
7. During pregnancy it is important to counsel patient to add an additional \_\_\_\_calories to their dietary intake for normal activity
	1. 150
	2. 300
	3. 500
	4. 1000
	5. 1500
8. Which of the following is not a contraindication to aerobic exercise during pregnancy?
	1. Pregnancy induced hypertension
	2. Incompetent cervix
	3. Preterm labor during a prior pregnancy
	4. Placenta previa
	5. Twin gestation
9. Maternal temperature elevations above \_\_\_\_\_\_\_\_\_\_can be detrimental to the fetus in the first trimester of pregnancy.
	1. 37 degree C (98.6F)
	2. 37.8 degreeC(100.0F)
	3. 38.3 degree C (101.0F)
	4. 38.8 degree C (102F)
	5. Maternal temp has no detrimental effects on fetus
10. During labor, the FHT shows repeated late decelerations. You suspect
	1. Uteroplacental insufficiency
	2. Abnormal presentation
	3. Head engagement
	4. Rapid descent of fetus
	5. Normal progression of labor
11. Repetitive variable decelerations noted on FHT suggest
	1. Placenta Previa
	2. Uterine rupture
	3. Polyhydraminos
	4. Normal progression of labor
12. A 26 yo G1 pushed effectively during a 2hr second stage with subsequent delivery of the infant’s head followed by a “turtle sign” with inability to deliver the infant’s shoulders with the normal amount of downward traction and maternal expulsive efforts. You diagnose shoulder dystocia and ask the mother to stop pushing and alert staff to this emergency. The next appropriate step is
	1. Place the mother in the left lateral position
	2. Perform McRoberts’ maneuver
	3. Apply fundal pressure
	4. Use a rotational maneuver, either the Rubin II or Wood’s corkscrew
	5. Perform a CSect
13. The drug of choice for controlling eclamptic seizures is
	1. Hydralazine
	2. Phenobarbital
	3. Diazepam
	4. Magnesium sulfate
14. The current diagnosis of preeclampsia consists of which of the following?
	1. Elevated BP and proteinuria
	2. Elevated BP, proteinuria, and edema
	3. Elevated BP, proteinuria,edema, and seizures
	4. Elevated BP, proteinuria,edema, seizure,and headache
15. The most common cause of postpartum bleeding is
	1. Retained placenta
	2. Vaginal lacerations
	3. Uterine atony
	4. Coagulopathy
	5. HELLP syndrome
16. An 18 yr old Gi is in the second stage of labor. She begins to complain of abdominal pain between uterine contractions. You suspect
	1. Posterior presentation
	2. Breech presentation
	3. Abruption
	4. Vasa previa
	5. Uterine atony
17. A 25 yr old present to your office c/o abnormal vaginal bleeding. Your first diagnosis is
	1. Infection
	2. Trauma
	3. Foreign body
	4. Pregnancy
	5. Coagulopathy