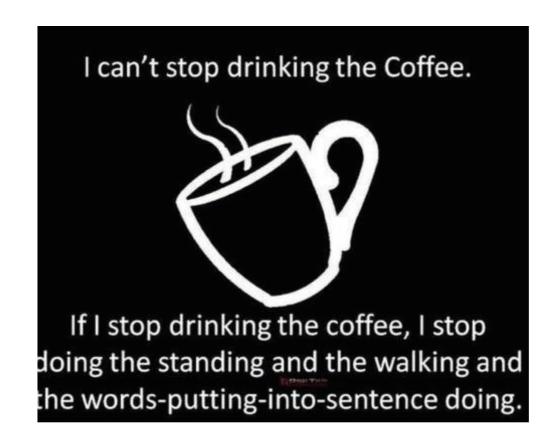
Review



- Signs of chronic fetal hypoxia and nutritional insufficiency during pregnancy include:
 - Accelerated fetal growth
 - Compensatory fetal heart rate accelerations



- Declining amniotic fluid volume (index)
- Increased fetal activity

"Morning sickness" typically begins during which weeks of pregnancy?

<u>a:</u>

<u>b:</u>

<u>C:</u>

<u>d:</u>

<u>e:</u>

1-3 weeks

16-22 weeks

10-12 weeks

14-18 weeks



4-8 weeks

Iron supplementation in pregnancy is mainly used to

<u>C:</u>

d:

<u>e:</u>

a: maintain fetal hemoglobin concentration

<u>b:</u> prevent iron deficiency in the mother

maintain maternal hemoglobin

concentration

prevent iron deficiency in both the

mother and the fetus

prevent iron deficiency in the fetus

Chloasma is the

change in facial pigmentation during pregnancy loss of hair that occurs soon after delivery physiologic nipple discharge during late pregnancy retraction of the hair line at the temple increased hair growth seen in early pregnancy

Which of the following is a risk factor for placenta previa?

Diabetes

Nulliparity

Grand multiparity

Low pre-pregnancy weigh

Obesity

The common practice of giving supplemental vitamin K to newborns is a response to

the relative deficiency of maternal vitamin K
maternal liver dysfunction in pregnancy
the vitamin B deficiency also seen in newborns
lack of vitamin K absorption
fetal liver immaturity in the immediate newborn period



A 24-year-old at 35 weeks of gestation presents to the office with regular uterine contractions and a history of having a "gush" of vaginal fluid 1 hour earlier. Fluid in the vagina turns Nitrazine paper blue. Her cervix is visually dilated to 3 cm. She is placed on fetal monitoring and is shown to be contracting every 5 minutes. Fetal heart tones are reassuring. The next best step in managing this patient is

transfer to labor and delivery



initiate intravenous magnesium sulfate therapy

administer antenatal corticosteroids give intramuscular progesterone

A 34-year-old at 25 weeks of gestation felt "feverish" last evening. She denies contractions, abdominal pain, or vaginal bleeding. Her past medical history is unremarkable. She is afebrile now. Her lungs are clear to auscultation. Her abdomen is mildly tender to palpation. There is no rebound or guarding. Urinalysis is shows 2+LE and blood. Her WBC is 25,000. The source of the leukocytosis of greatest concern is

chorioamnionitis
gastroenteritis
pyelonephritis
thombophlebitis

A 22-year-old primigravid patient's estimated date of delivery is November 1. She would be defined as postterm on which of the following dates?

December 2

November 12

November 25



November 18

What is the most common "cause" of postterm pregnancy?

Inaccurate estimation of gestational age



Anencephaly

Placental sulfatase deficiency

Extrauterine pregnancy

A 40-year-old G2P1 patient says that her family always has large babies. Her previous baby was 3,800 g. Macrosomia is defined as a fetus weighing at least

5,000-5,500 g

3,500-4,000 g

4,000-4,500 g

4,500-5,000 g

Intrauterine growth restriction is defined as a birth weight less than the _____ percentile

5th

3rd

20th

10th



A fetus with IUGR is at higher risk for

hyperglycemia alkalosis hypothermia anemia

Early-onset IUGR may be associated with

reversible reduction in brain size irreversible reduction in organ size cellular hypertrophy uteroplacental insufficiency

Late-onset IUGR is commonly associated with

uteroplacental insufficiency immunologic abnormalities cellular hyperplasia genetic factors



Maternal viral infections associated with IUGR include

influenza

rotavirus

rubella



HIV

Between 20 and 36 weeks of gestational age, the fundal height should increase approximately

0.5 cm per week

2.0 cm per week

3.0 cm per week

1.0 cm per week



An efficient screening procedure for IUGR is

maternal blood pressure measurements

maternal weight gain measured serially

clinical estimations of fetal weight

fundal height measurements

Which testing procedure is included in the routine evaluation of 3rd trimester IUGR?

Amniocentesis

Doppler velocimetry

Chorionic villus sampling

Periumbilical blood sampling

Evaluation of fetal-placental circulation is best assessed with Doppler velocimetry of which vessel?

Umbilical artery

Maternal uterine artery

Umbilical vein

Maternal uterine vein

The fetal response to reduced placental perfusion results in increased blood flow to the

kidney

heart

brain

adrenal gland

Which of the following treatments has been shown to improve IUGR?

Antenatal corticosteroids

IV hydration

No therapy has been shown to result in improvement



Bed rest

Macrosomia increases the risk of

neonatal morbidity neither maternal nor neonatal morbidity

maternal morbidity

both maternal and neonatal morbidity



The most common maternal medical condition associated with macrosomia is

diabetes
hypertension
hypothyroidism
hyperlipidemia

During the delivery process, the fetus with macrosomia is at increased risk for

femur fracture
facial nerve injury
depressed skull fracture
shoulder dystocia

A neonate with macrosomia associated with maternal diabetes is at higher risk for

hyperthermia

alkalosis

anemia

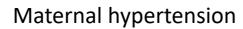
hypoglycemia



Which of the following is a risk factor for fetal macrosomia?

Multiparity

Increasing maternal age



Female fetus

Trisomy 21 is an example of which type of chromosomal anomaly?



Ring chromosome

Aneuploidy

Euploidy

Deletion mutation

Which of the following conditions is inherited through autosomal dominant inheritance?

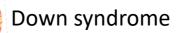
Tay-Sachs disease
Huntington disease
Phenylketonuria
Cystic fibrosis

First trimester screening tests are performed to determine the risk of what abnormality in addition to trisomy 13 and trisomy18?

Hemophilia

Klinefelter syndrome

Turner syndrome



First trimester screening reveals that a woman is at increased risk for carrying a fetus with Down syndrome. She elects to undergo amniocentesis. This is typically performed between what weeks of gestation?

8 and 10 weeks

15 and 20 weeks

22 and 26 weeks

30 and 34 weeks

During her initial visit for this pregnancy, a couple inquires about the potential value of chorionic villus sampling. Which of the following conditions **cannot** be diagnosed by this technique?

Down syndrome

Trisomy 13

Trisomy 18

Neural tube defects



A 22-year-old primigravida patient who is approximately 3 months' pregnant expresses concern that she has not felt the baby move yet. She should be informed that "quickening" generally occurs at how many weeks of gestation?

12-14

8-10

22-24



Fetal heart tones in a normal, viable pregnancy may routinely be heard by simple, nonelectrically amplified auscultation at or beyond how many weeks of gestational age?



12-14

18-20

21-23

15-17

In normal singleton pregnancy, from 18 weeks of gestation until 36 weeks of gestation, the fundal height in centimeters is roughly equal to

one-half the number of weeks of gestational age

the number of weeks of gestational age minus 5

the number of weeks of gestational age



twice the number of weeks of gestational age

A 25-year-old primigravida patient at 24 weeks of gestation has gained 8 lb since her last prenatal visit a month ago. What is the most appropriate initial intervention?

Insulin
Dietary counseling
Hospitalization
Metformin

A 20-year-old pregnant patient requests information about food cravings in pregnancy. She should be informed that pica is often associated with which of the following?

Hyperthyroidism
Anemia
Substance abuse
Diabetes

Which of the following effects to the fetus is associated with maternal ingestion of tetracyclines?

Hemolytic anemia
Irreversible arthropathies
Discoloration of deciduous teeth
Hyperbilirubinemia

Fetal abnormal facies, cleft lip or palate, and microcephaly are associated with maternal ingestion of which of the following drugs during pregnancy?

Heparin

Thiazide diuretics

Sulfonamides

Phenytoin



A 23-year-old pregnant woman who complains of constipation should be informed that physiologic constipation in pregnancy is associated with

increased bulk
decreased water absorption
decreased blood flow to the gut
increased transit time

The screening test for which of the following is the last to be routinely ordered in a normal pregnancy?

Gestational diabetes

Down syndrome

HIV



Group B streptococcus

Which of the following is the most common teratogen to which a fetus is exposed?

Tobacco smoke

Alcohol

Caffeine

Mercury

In twin-twin transfusion syndrome, the hypervolemia in the recipient twin can lead to

anemia
polyhydramnios
impaired growth
oligohydramnios

Which of the following statements about dizygotic twinning is correct?

Twinning follows the paternal lineage

Increasing maternal age is an independent risk factor



The incidence is fairly consistent around the world

The incidence, on average, is approximately 0.005%

Twinning within 3 days of fertilization will likely result in what organization of the fetal membranes?

Monoamniotic/monochorionic

Diamniotic/monochorionic

Diamniotic/dichorionic

Conjoined twins

Twinning between 4-8 days of fertilization will likely result in what organization of the fetal membranes?

Diamniotic/dichorionic

Conjoined twins

Diamniotic/monochorionic

Monoamniotic/monochorionic

In monozygotic twins, oligohydramnios and anemia of one twin and hydramnios with polycythemia of the other twin are the result of

umbilical cord compression congenital anomalies of the fetus maternal diabetes



vascular anastomoses between the fetuses

A 32-year-old woman in her first pregnancy presents at 12 weeks gestation for a routine prenatal visit. She recently had an ultrasound examination, which revealed a twin gestation. You describe that there appears to be an amnion and a chorion surrounding each fetus. This type of chorionicity is also known as

monoamniotic/monochorionic
diamniotic/dichorionic
diamniotic/monochorionic
monoamniotic/dichorionic

A 36-year-old woman presents at 16 weeks with a twin gestation for a routine prenatal visit. Her prenatal course has been uncomplicated and she has no medical problems. She has recently found out about her twin gestation and you would like to inform her of the risks of a twin gestation compared with a singleton gestation. You counsel her that which of the following is increased?

Fatty liver of pregnancy

Cholestasis of pregnancy

Postterm pregnancy



Preterm birth

Women with a twin gestation are at an increased risk for postpartum

thrombophlebitis seizures endomyometritis hemorrhage

