

Self assessment questions

Questions

SBA 1

Which of the following parameters should be assessed and recorded every 30 min during the active first stage of labour?

- Maternal temperature
- Fetal heart rate
- Contraction frequency
- Cervical dilatation
- Amniotic fluid colour

SBA 2

What is the recommended method of usage for a partogram in a nulliparous woman in active labour?

- Plot actual progress and compare against NICE guidelines
- Plot optimal progress and compare against actual progress
- Plot actual progress and compare against theoretical rates
- Plot optimal progress and compare against expected progress
- Plot actual progress and compare with sub-optimal progress

SBA 3

A 53-year-old woman undergoes laparoscopic removal of a 7-cm ovarian cyst. Just before closure, the surgeon notes a 0.5-cm injury to the dome of the bladder from port insertion. Which of the following is the recommended strategy for management?

- Call a urological surgeon to effect a repair
- Repair laparoscopically using PDS in two layers
- Perform a laparotomy, then repair with vicryl in two layers
- Repair with a single-layer closure with vicryl, then perform methylene blue dye test
- Manage conservatively with Foley catheter insertion

SBA 4

Which of the following is NOT generally considered a sign of intra-operative bladder injury during laparoscopic surgery?

- Bladder appears to be pushed by the accessory trocar during insertion
- Haematuria
- The indwelling catheter bag fills with gas
- Bleeding around the port site
- Leakage of urine from around the port site

SBA 5

According to the findings of trials on efficacy of tranexamic acid (TXA) for management PPH, the indication of TXA include all of the following EXCEPT,

- Postpartum blood loss of 300 ml within 24 h after vaginal birth
- Postpartum blood loss of 1000 ml or more within 24 h after birth
- Postpartum haemorrhage despite standard of care
- Within 3 h of onset of postpartum haemorrhage
- Postpartum haemorrhage due to cervical tears

SBA 6

Which one of the following is consistent with the World Health Organization recommended regimen of TXA for PPH?:

- Initial dose of 1 g (1000 mg/ml) intravenously at 10 ml per minute
- A second dose of 1 g IV is administered after 30 min if bleeding continues or bleeding restarts within 24 h
- Initial dose of 10 g (1000 mg/ml) intravenously at 10 ml per minute
- A second dose of 1 g IV is administered if bleeding restarts within 48 h
- Initial dose of 1 g IV followed by of 1 g PO 8-hourly if bleeding within the first 24 h postpartum

SBA 7

A 27-year-old woman presents with primary infertility of 2 years' duration. She has regular 28-day menstrual cycles with mild dysmenorrhoea. A hysterosalpingogram suggests peritubal adhesions but no hydrosalpinges. Her male partner had mumps orchitis as a child. The couple have regular sexual intercourse and clinical examination was normal.

- Empirically treat couple for Chlamydia infection
- Laparoscopy
- Semen analysis
- Repeat hysterosalpingogram in 10 weeks
- Expectant management with the couple trying for another year

SBA 8

A 30-year-old woman presents for infertility investigation. She has a 4-year history of deep dyspareunia, associated with pelvic pain and dysmenorrhoea around the time of her menses. Abdominal and pelvic examination was unremarkable. Which of the following is the most appropriate test of her tubal patency?

- HyCoSy
- HSG
- Chlamydial antibody test
- Laparoscopy and dye test
- Fertiloscopy

EMQ 9

Chose the single most appropriate management strategy for each of the women described below:

- Give a single dose of carbergoline
- Advise the patient to stop breastfeeding
- Refer the patient for a breast USS and surgical review

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- D. Continue to breastfeed and commence oral flucloxacillin
- E. Discontinue breastfeeding and commence oral flucloxacillin
- F. Encourage the woman to reduce the number of breastfeeds and wear a supportive bra
- G. Treat with analgesia and encourage more frequent breastfeeds with breastfeeding support
1. A 25-year-old woman attends on day 5 following a spontaneous vaginal delivery. She is exclusively breastfeeding. She complains of engorged painful breasts and is tearful.
 2. A 39-year-old presents day 19 following an emergency caesarean section. She is mixed feeding her infant. She complains of a painful, hard mass in the right upper quadrant of her left breast. She has had a 5-day course of antibiotics from her general practitioner with no improvement.
 3. A 32-year-old woman who is exclusively breastfeeding her 3-day old baby presents with flu-like symptoms, rigors and red and tender breasts. She feels generally unwell and has a temperature of 39 °C

EMQ 10

When considering medication use whilst breastfeeding please select the most appropriate drug from the list below.

- A. Cyclophosphamide
- B. Sulphalazine
- C. Phenytoin
- D. Diazepam
- E. Infliximab
- F. Certolizumab
- G. Methimazole
1. Has a high degree of protein binding so has a low excretion into breastmilk
 2. May cause drowsiness and poor weight gain in the infant
 3. The infant may need to postpone receiving live attenuated vaccines until 6 months of age

Answers**SBA 1 Answer**

C

Fetal heart rate should be monitored more frequently (every 15 min) and other observations less frequently

SBA 2 Answer

B

NICE guidelines recommend plotting optimal progress for each labour and then, as the result of each vaginal examination becomes available, comparing actual progress to optimal. It should then be clear when progress is not sufficient and action needs to be taken.

SBA 3 Answer

E

Injuries <1 cm can usually be managed with Foley catheter insertion for 7 days

SBA 4 Answer

D

Bleeding around a port site may occur from vessel injury but is not a specific sign of bladder injury.

SBA 5 Answer

A

Clinically diagnosed PPH of any aetiology can be treated with TXA

SBA 6 Answer

B

The WHO guidelines recommend an initial dose of 1 g IV (100 mg/ml) at 1 ml/min.

SBA 7 Answer

C

Mumps orchitis is a risk factor for male infertility and semen analysis is the most appropriate next step. Although a laparoscopy would be beneficial to investigate and possibly treat the peritubal adhesions, a semen analysis is the most important test as if this is severely abnormal, IVF would be more appropriate than resorting to laparoscopy, especially in the absence of hydrosalpinges.

SBA 8 Answer

D

The history of deep dyspareunia, cyclical pelvic pain and dysmenorrhoea is suggestive of endometriosis or adenomyosis and a laparoscopy and dye test is the most appropriate choice as it offers the opportunity for concurrent treatment of pelvic pathology.

EMQ 9 Answer

1. G

Breast engorgement may occur within the first days of establishment of breastfeeding and should be treated by unlimited, frequent feeding, including prolonged feeding from the affected breast.

2. C

If symptoms fail to settle following 48 h of antibiotic therapy in lactational mastitis an alternative diagnosis such as a breast abscess or breast cancer should be considered. Even when clinical examination shows signs of an abscess, an ultrasound is useful because it may identify more than one collection of pus that may otherwise be missed.

3. D

NICE recommends an oral antibiotic for lactational mastitis if the symptoms have not improved (or are worsening) after 12–24 h despite effective milk removal.

EMQ 10 Answers

1. C

Phenytoin has a high degree of protein binding, and so has relatively low excretion into breastmilk. Because of the low levels of phenytoin in breastmilk, amounts ingested by the infant are small and usually cause no difficulties in breastfed infants.

2. D

Diazepam is excreted into breastmilk and it and its active metabolite, nordiazepam, accumulate in the serum of breastfed infants with repeated doses. The drug may cause drowsiness and poor feeding in the breastfed infant.

3. E

Infliximab is a tumour necrosis factor- α (TNF- α) inhibitor. There have been safety concerns over live vaccines to infants where the mother was exposed to infliximab in the third trimester. Recommend postponing all live vaccines in children born to women who have used infliximab in the third trimester until the infant is at least 6 months old.