Self assessment questions

Questions

SBA 1

A 23-year-old woman is at 27 weeks in her first pregnancy. Two weeks ago, the fetal growth was on the 5rd centile and the umbilical artery pulsatility index was raised. Today, the growth is linear and the end diastolic flow is intermittently absent. The liquor volume is normal and she is happy with fetal movements. What would be the best course of action?

a) Give steroids and plan to deliver in the next 48 h
b) Advise her to attend for daily CTGs and to repeat the liquor and doppler in 1 week
c) Repeat the liquor volume and doppler in 1 week and then scan for growth in 2 weeks
d) Refer to Fetal Medicine department within the next 3 days for a repeat umbilical artery doppler as well as assessment of the middle cerebral and ductus venosus doppler
e) Admit for three times per day computerized cardiotocograms and twice weekly scans to assess umbilical artery Doppler

SBA 2

A 35-year-old woman is 30 + 4 weeks pregnant with DCDA twins. Twin 1 is normally grown but twin 2 is <5th centile. Her CTGs have been normal and steroids have been given. Today her scan shows that the growth is linear and the liquor volumes are normal. The dopplers are normal in twin 1. Twin 2 has had absent end diastolic flow in the umbilical artery for several weeks. Today the ductus vensous a-wave is reported as 'absent'. What is the best course of action?

a) Category one caesarean section
b) Move to labour ward, commence continuous CTG monitoring and assess for induction of labour
c) Move to labour ward, inform the neonatal unit and plan to deliver by Caesarean section as soon as possible
d) Keep on antenatal ward, repeat cCTG later and plan to repeat scan tomorrow
e) Advise to stay as an inpatient with three times per day cCTGs, re-scan in 3 days' time to assess dopplers in both babies

SBA 3

A 20-year-old woman presents to the antenatal clinic at 27 weeks' gestation with a small, painful genital ulcer which has been present for 24 h. She has no past medical history of note and takes no regular medication. Which of the following is NOT an appropriate option in her management?

a. A genital examination should be undertaken to guide further investigations and management
b. A full sexual history is required
c. An HSV PCR swab taken directly from the lesion should be taken
d. The presence of abnormal vaginal discharge should also prompt testing for other STIs including Trichomoniasis
e. In the absence of treponemal PCR testing, a negative treponemal antibody test is adequate to exclude a diagnosis of primary syphilis

SBA 4

A 34-year-old woman, who is 32 weeks into her first on-going pregnancy, has a history of previously diagnosed HSV type 2. She presents with her first episode of genital ulceration in over a year. Which of the following is correct about her management?

a. Confirmation of herpes with HSV PCR testing should be done before commencing treatment with aciclovir.
b. If aciclovir is required episodically for recurrences, doses should be increased in the 3rd trimester due to the increase in volume of distribution of the drug.
c. Episodic treatment with a 5-day course of aciclovir should be considered and suppressive treatment until delivery should be offered
d. Episodic treatment with a 5-day course of aciclovir should be considered and suppressive aciclovir should be offered from 36 weeks' gestation
e. Recurrent herpes in pregnancy should always prompt repeat STI screening with NAAT tests for gonorrhoea and chlamydia and serology for HIV and syphilis

SBA 5

Which of the following statements relating to recurrent herpes in pregnancy is NOT correct?

a. Suppressive aciclovir taken from 36 weeks' gestation reduces viral shedding at the time of delivery
b. The risk of neonatal herpes to a baby is low (0–3%) when born to mothers with recurrent HSV, even if there are lesions present at the time of vaginal delivery
c. There is no increased risk of preterm labour, premature rupture of membranes or congenital abnormalities in women with a history of recurrent HSV
d. Delivery by caesarean section is recommended, but if vaginal delivery ensues the woman should receive IV aciclovir intrapartum to reduce risk of transmission
e. Suppressive aciclovir taken from 36 weeks' gestation reduces the likelihood of a woman having an episode at the time of delivery

SBA 6

A 40-year-old woman is referred to the general gynaecology clinic with a 2-month history of vulval itching and soreness. She has no other symptoms of note. On examination you find white, atrophic lesions around the vulva. There is loss of the labia minor and hyperkeratosis. A few of the lesions are raised

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and eroded; however there is no evidence of co-existing infection. What is the single best diagnosis and management for this patient?

A. The diagnosis is lichen sclerosus. There is no indication for urgent vulval biopsy and initial treatment should be a potent topical corticosteroid.
B. The diagnosis is lichen planus. There is an indication for urgent vulval biopsy and initial treatment should be an ultra-potent topical corticosteroid.
C. The diagnosis is lichen sclerosus. There is an indication for urgent vulval biopsy and initial treatment should be a potent topical corticosteroid.
D. The diagnosis is lichen sclerosus. There is an indication for urgent vulval biopsy and initial treatment should be an ultra-potent topical corticosteroid.
E. The diagnosis is lichen planus. There is no indication for urgent vulval biopsy and initial treatment should be a potent topical corticosteroid.

EMQ 7

For each of the following scenarios, please select the single most appropriate diagnosis from the list below.

A. Threadworm
B. Pubic lice
C. Herpes simplex virus
D. Trichomonas
E. Scabies
F. Bacterial vaginosis
G. Vulvovaginal candidiasis
H. Vulval eczema

1. A 32-year-old woman presents with vulval itch and a frothy yellow discharge. You perform a speculum examination to take a high vaginal swab. She is noted to have a strawberry cervix.
2. A 47-year-old woman presents with vulval itching that is worse at night. You notice a rash in between her fingers and burrow lesions.
3. A 39-year-old woman presents with vulval itching that is worse at night. There is no rash nor are there any lesions seen on examination.

SBA 8

A 36-year-old primigravida at 33 + 5 weeks' gestation has been referred to labour suite by her community midwife. She presents with a headache and on admission her blood pressure is 162/93 mmHg and on urinalysis there is proteinuria 2+. She reports reduced fetal movements. What is the most appropriate initial management?

A. BP profile, send bloods and urine for PCR, and admit depending on results
B. Admission, BP profile, send bloods and urine for PCR, and treat depending on results
C. Admission, treatment with Labetalol 200 mg, send bloods and urine for PCR
D. Admission, treatment with Labetalol 200 mg, send bloods and urine for PCR and perform CTG
E. Admission, treatment with Labetalol 200 mg, send bloods and urine for PCR and delivery urgently

SBA 9

Which of the following is NOT a major risk factor for delivering a small-for-gestational-age baby?

A. Smoker <10/day
B. Previous stillbirth
C. Mother born small for gestational age
D. Maternal age >40
E. Chronic hypertension

SBA 10

Which of the following is NOT true regarding the cerebroplacental ratio?

a) The cerebroplacental ratio is calculated by dividing the umbilical artery pulsatility index by the middle cerebral artery pulsatility index
b) A cerebroplacental ratio <1 suggests fetal compromise
c) The cerebroplacental ratio is useful in predicting perinatal mortality in growth-restricted infants
d) A high cerebroplacental ratio suggests that blood is being increasingly diverted to the fetal brain
e) A low cerebroplacental ratio suggests increased placental resistance

Answers

SBA 1 Answer

D

On-going management decisions in this case should be made with as much information as possible.

SBA 2 Answer

C

When the ductus venosus lacks a positive a-wave, then delivery should be expedited as soon as can be safely arranged.

SBA 3 Answer

E

Treponemal screening tests can remain negative for up to 2 weeks after the development of a chancre, so if this is suspected, serology should be repeated after 2 weeks.

SBA 4 Answer

D

Recurrent episodes of herpes will typically resolve within 7 −10 days without any intervention and tend to be much less severe than primary episodes; therefore recurrent episodes do not always require treatment with aciclovir. Suppressive treatment should be offered to all pregnant women with a history of herpes from 36 weeks' gestation as it reduces the risk of viral shedding as well as the likelihood of a woman having lesions at the time of delivery.

SBA 5 Answer

D

Women with a history of recurrent herpes should be recommended to have a vaginal delivery. Even if lesions are present at the time of labour, women should be reassured that the risk of neonatal transmission is low and a vaginal delivery should be offered. Only those with primary herpes

in the third trimester, particularly the last 6 weeks of pregnancy should be recommended to have a caesarean.

SBA 6 Answer

D

This is a typical presentation of lichen sclerosus. First-line treatment is with ultra-potent corticosteroids. Raised eroded lesions are a suspicious feature warranting a vulval biopsy.

EMQ 7 Answer

1. F

   Itching with a frothy yellow discharge is trichomonas. A white curdy discharge is likely to be candidiasis. Bacterial vaginosis does not usually present with itch.

2. E

   Itching at night is either scabies or threadworm. Burrow lesions are pathognomonic of scabies.

3. A

   In the absence of any rash or burrow lesions we can assume this is threadworm. On close examination you may be able to see the 5 mm white worms.

SBA 8 Answer

D

NICE Hypertension in Pregnancy guidelines indicate that admission should be offered due to proteinuria and a blood pressure over 140/90 mmHg, with antihypertensive treatment as her blood pressure is over 150/100 mmHg. Before 34 weeks, options for prolonging the pregnancy should be explored.

SBA 9 Answer

A

All others are major risk factors according to RCOG small-for-gestational-age guideline. Smoking <10/day is a minor risk factor.

SBA 10 Answer

D

A low cerebroplacental ratio suggests that blood is being increasingly diverted to the fetal brain because of increased placental resistance