

Self assessment questions

Questions

SBA 1

A 43-year-old primigravid smoker wishes to discuss modes of delivery. She has had an uncomplicated pregnancy to date; however, she is very anxious as her friend recently had a late term stillbirth. She asks to be induced at 37 weeks. Which of the following is not true regarding her stillbirth risk?

- Her age, nulliparity and smoking status are all independent risk factors
- Her risk of stillbirth at 39–40 weeks is double that of a woman <40 years
- Her risk of stillbirth will not rise above the background rate until after 40 weeks
- She should be offered stretch and sweeps prior to the planned induction date
- Her risk of other complications, e.g. failure of induction, operative vaginal delivery, or caesarean section is higher than the background risk

SBA 2

Which one of the following statements is true regarding babies born extremely preterm?

- Antenatal transfer to a level 3 unit improves survival
- 70% of babies born at 25–26 weeks surviving to 3 years are free of significant disability
- 15% of extreme preterm births result in cerebral palsy
- The risk of a moderate visual impairment is around 5%
- Decisions around resuscitation at periviable gestations should be made on the basis of gestation

EMQ 3

For each of the following scenarios, please select the single most appropriate next management step from the list below:

- Refer to Social Worker
 - Arrange Counselling
 - Routine IPV Enquiry
 - Document and follow-up
 - Seek an opportunity to consult with the woman alone
 - Inform woman about legal protection orders
 - Develop a safety plan
 - Refer to Women's Refuge
- A 29-year-old G1P0 woman attends her first antenatal visit alone at 12 weeks. She is married and works as a bank clerk. She reports feeling well during her first trimester with good partner and social support.
 - A 34-year-old G1P0 woman attends the antenatal clinic at 36 weeks for a routine visit. Her partner is intrusive

and answers all the questions that the midwife asks the woman.

- A 24-year-old woman who has a 4-month old baby attends her GP for her baby's immunisations. She has a bruise on her face which she reports was caused by a fall. She has no symptoms of postnatal depression and does not disclose IPV.

EMQ 4

In each of the following scenarios, please select the single most appropriate diagnosis or concern from the list below:

- Sexual coercion
 - Post-traumatic stress disorder
 - Substance misuse
 - Reproductive coercion (or birth control sabotage)
 - Sexual assault
 - Depression and anxiety
 - Historical intimate partner abuse
 - Preterm labour
- A 25-year-old woman who was repeatedly sexually assaulted by her ex-partner is seen by a counsellor for recurrent memories of her abusive relationship that prevent her going to sleep and being able to be intimate sexually with her new partner.
 - A 21-year-old woman sees her GP for emergency contraception. She reveals that her partner refused to wear a condom during consensual sex as he wants her to become pregnant, whereas she wants to delay pregnancy until she completes her degree.
 - A 34-year-old woman sees her GP for repeated consultations with back pain, headaches and low mood. Despite treatment with antidepressants and investigations for headache and back pain, her physical symptoms remain unexplained. Following routine inquiry she discloses abuse by a previous partner.

SBA 5

Which one of the following tests would be the most appropriate first line investigation for a woman over 40 years of age who presents with abnormal uterine bleeding?

- D&C, hysteroscopy
- Sonohysterogram
- Pipelle endometrial biopsy
- Transvaginal ultrasound
- MRI of the pelvis

EMQ 6

In each of the following scenarios, please select the single most appropriate management option

- Transvaginal ultrasound
- Pipelle endometrial biopsy
- LG-IUS
- Hysteroscopy and resection of lesion
- Hysterectomy

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f. Ulipristal

1. A 45-year-old woman with heavy periods and normal ultrasound who wants to try “the best medical option.”
2. A 50-year-old woman with prolonged vaginal bleeding. Hysteroscopy and guided biopsy reveals endometrial hyperplasia with mild atypia.
3. A 49-year-old with heavy periods due to a 10-cm multifibroid uterus (all intramural) who wants to try a medical option to shrink the fibroids.

SBA 7

In non-pregnancy related abdominal pain in later pregnancy:

- a. Abdominal Aortic aneurysm is the most likely cause for pain
- b. CT imaging is contraindicated as an imaging modality
- c. Surgery should always be considered if maternal life is at threat
- d. Only conservative management should be provided
- e. Delivery is mandatory for management

SBA 8

In the management of acute appendicitis in late pregnancy:

- a) Abdominal pain is always located in the right lower quadrant
- b) Surgery in pregnancy is contraindicated
- c) If surgery should take place, tocolytics are mandatory to avoid preterm labour
- d) Overall maternal and neonatal mortality is <10%
- e) Conservative management has a lower recurrence rate

SBA 9

Which one of the following is not an indication to switch from intermittent auscultation to continuous fetal monitoring during active labour?

- a) Development of meconium stained liquor
- b) Deceleration heard on auscultation
- c) Development of fresh vaginal bleeding
- d) Augmentation with syntocinon
- e) Multiple pregnancy

SBA 10

Which one of the following statements is true regarding induction of labour?

- a) It is defined in the NICE guidelines as labour not started after one full cycle of treatment
- b) A further attempt to induce labour after failed induction is not recommended
- c) A caesarean section is an option only if specifically requested by the mother
- d) Failed induction is a contraindication to induction of labour in a subsequent pregnancy
- e) A failed induction should be recorded as a clinical incident for safety purposes

Answers**SBA 1**

C

She has a higher risk of stillbirth than a woman <40 prior to 40 weeks.

SBA 2

E

These decisions are complex and multifactorial and should be made in conjunction with parents, obstetric, and paediatric teams.

EMQ 3

1. C.

Routine inquiry about IPV should be conducted with all women to avoid making false assumptions.

2. E.

An overly intrusive partner can be indicative of intimate partner violence. Work with your colleagues, or send the man on a brief errand to ensure you get a chance to carry out the routine inquiry in private.

3. D.

Document the results of the routine inquiry and patient's response in the medical notes. Make a note to repeat the routine inquiry on her next visit or arrange a follow-up appointment.

EMQ 4

1. B

Post-traumatic stress disorder can have long term consequences, even after the violence has ceased. Flashbacks, nightmares and difficulty with future sexual relationships are commonly seen with PTSD

2. D

Refusing to use the agreed form of contraception is a form of reproductive coercion. Asking questions about IPV and reproductive and sexual coercion will help you develop a patient's treatment plan, identify potential complications and compliance considerations, and assess other health risks and safety concerns.

3. G

Historical abuse can have long-term health consequences. If there are unexplained symptoms in multiple body systems, where investigations fail to find an organic cause, it is important to consider whether past abuse is the underlying cause and explore this history sensitively with your patient.

SBA 5

D

A transvaginal ultrasound is the usual first line investigation

EMQ 6

1. C

As her ultrasound scan is normal, this is an appropriate next step

2. E

She may have an occult carcinoma present.

3. F

SBA 7

C

Being pregnant should never prevent life-saving treatment for the mother.

SBA 8

D

The prognosis is very good if recognised and treated promptly.

SBA 9

E

Multiple pregnancies should be monitored continuously from the start of labour, due to the possibility for confusion between the fetal hearts

SBA 10

A

Options following failed induction of labour include a further attempt to induce labour, potentially following a purposeful delay, after consultation with the patient, or performing a caesarean section.