Obs Gynae Questions - ANSWERS

SAQ 1. A 32 yo female who is 32/40 is referred by her GP with 24 hours of right upper quadrant pain.

a. What differential diagnoses would you consider? (6 marks)

** Preeclampsia*
Cholecystitis
HELLP syndrome
Appendicitis
Pancreatitis
Fatty liver of pregnancy
Pyelonephritis
PE

b. She has a BP of 150/110, hyperreflexia, and facial oedema. What are the criteria for diagnosis of pre-eclampsia? (2)

SBP > 140/90 measured on two occasions 6 hours apart, and proteinuria

c. List five signs/symptoms that would suggest pre-eclampsia. (5 marks)

Headache
RUQ pain
Visual disturbances
Oliguria
Confusion
Hyperreflexia

d. As you cannulate her, she has a grand mal seizure. What medications will you give for the seizure, including doses? (4 marks)

MgSO4 4g IV over 5 -10 mins
Labetalol 10mg IV
Hydralazine 10mg IV
Diazepam 5-10mg IV for seizures

SAQ 2. A 38 yo female who is 28/40 presents after a high-speed MVA. She has no obvious injury except for a seat belt sign across her abdomen.

a. Fill out the table with how physiological changes of normal pregnancy will affect assessment/management in trauma.

Physiological parameter	Change in pregnancy	Effect on assessment/management
Blood volume	*Incr*	*May mask haemorrhage*
RBC count	*Incr*	*May mask haemorrhage*
HR	*Incr*	*Borderline tachycardia may be normal*
GIT motility	*decr*	*Aspiration risk increased*
FRC/RV	*Decr*	*Increased sensitivity to hypoxia*
Haematocrit	*Decr*	*Dilutional anaemia*
Enlarged uterus	*IVC compression*	*Supine hypotension*
Diaphragm height	*Elevated*	*Chest drain insertion site higher*

b. She develops abdominal pain and is concerned she is going into early labour. What are the three stages of normal labour? (3 marks)
First stage - early labour – onset of labour to full cervical dilatation
Second stage - active labour – full cervical dilatation to delivery of baby
Third stage – placental delivery

c. She suddenly drops her blood pressure and has a cardiac arrest. Give 4 causes of maternal cardiac arrest (not specifically for this patient). (4 marks)

PE
Trauma
Pre-existing cardiac disease
Haemorrhage
Infection
Stroke

d. You consider a perimortem C section. What are the indications for a perimortem C-section? (3 marks)

Maternal cardiac arrest
Foetus >20/40 (fundal height of umbilicus)
Within 5 minutes of cardiac arrest

SAQ 3. A 32 yo multiparous female presents with significant PV bleeding after the precipitous delivery of her term baby 15 minutes early. The infant is well and is being cared for by SAAS. SAAS have been unable to obtain IV access and the patient has a BP of 70/40.
a. List 5 causes of PPH and a cardinal clinical feature of each. (5 marks)

Uterine atony – boggy uterus
Trauma – lacerations to vagina/cervix/etc
RPOC – tissue in os/uterus on ultrasound
Thrombosis/coagulopathy – DIC symptoms, evidence of bleeding diasthesis
Uterine rupture/inversion – tense uterus, visible uterus outside vaginal vault

b. You diagnose uterine atony. List the management of this in ED, including doses where appropriate. (6 marks)

Syntocinon 10units IV/IM
Misoporostol 400-800 mcg PR/PO
Ergotamine 50mg IV
Prostaglandin 3mg IV
Tranexamic acid 1g
Uterine compression/massage

SAQ 4. List six risk factors for ectopic pregnancy. (6 marks)

Abnormal anatomy (previous surgery, eg)
PID
Older
Endometriosis
IUD/OCP

Previous obstetric surgery

SAQ 5. List 6 causes of antepartum haemorrhage. (6 marks)

Placenta praevia
Placental abruption
Trauma
Infection
Polyps
Cervical

SAQ 6. A 28 yo female who is 34/40 presents with pleuritic chest pain consistent with a PE.
a. How does the assessment of this patient with the following screening tests differ from non-pregnant patients? (3 marks).

D dimer	*Not validated in pregnancy*
PERC score	*Pregnant patient is not low risk – cannot be used to exlude DVTPE*
Well's score	*Not validated in pregnant patients*

b. What imaging would you use to investigate a potential PE in this patient? Justify your choice. (2 marks)

DVT ultrasound, but cannot exclude PE if negative
CTPA has increased risk of cancer in mother but gold standard for PE detection
VQ has increased risk of cancer in foetus and often non-specific findings for PE

c. A scan shows a PE in the left lower pulmonary artery. How does management of this patient using the following medications differ from that of a non-pregnant patient with the same diagnosis? (3 marks)

Warfarin	*Teratogenic, cannot be used in pregnancy*
Clexane/heparin	*safe in pregnancy*
Apixaban	*safe in pregnancy*