

FExNet 2026

# Collated SAQs: Obstetrics & Gynaecology

## QUESTION BOOKLET

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22 short-answer questions covering the ACEM Fellowship curriculum for emergency O&G; — early pregnancy, hypertensive disorders, antepartum and postpartum haemorrhage, peripartum emergencies, neonatal resuscitation, trauma in pregnancy, and gynaecological emergencies. Sub-questions labelled a) b) c) state the required number of responses.

**22 questions • 251 marks**

*ACEM-aligned format. Sub-questions labelled a) b) c). Mark allocations indicative; references cited in the Answer Booklet. Question and answer indexes are clickable.*

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*Click any entry to jump to its question. Marks shown right.*

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**Question 1 | Pre-eclampsia, HELLP and Eclampsia (16 marks)**

A 26-year-old woman, G1P0, presents at 32 weeks gestation with epigastric pain and headache. Vitals: HR 110, BP 165/110, RR 26, SpO<sub>2</sub> 95% RA. Bloods show Hb 80 g/L, platelets  $65 \times 10^9$ /L, AST 380 U/L, LDH 1100 U/L, urate elevated, urinalysis 3+ protein.

**a)** List the 4 key diagnostic criteria for HELLP syndrome. (4 marks)

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**b)** List 4 life-threatening complications of pre-eclampsia / HELLP. (4 marks)

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**c)** The patient has a generalised tonic-clonic seizure. State 4 specific management steps with drug, dose, and end-point. (4 marks)

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**d)** BP is now 180/115. State 4 ongoing management priorities. (4 marks)

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**Question 2 | Pelvic Inflammatory Disease (12 marks)**

A 22-year-old woman presents with left lower quadrant pain, fever 38.5°C, and PV discharge. Sexually active, negative  $\beta$ -hCG.

**a)** List 4 historical features that raise suspicion for PID over appendicitis. (4 marks)

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**b)** List 4 investigations to perform AND state the relevant finding for each. (4 marks)

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**c)** State 4 components of management for confirmed PID per current eTG. (4 marks)

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**Question 3 | Ectopic Pregnancy (12 marks)**

A 28-year-old G2P1 woman presents with 6 hours of right lower quadrant pain and PV bleeding. LMP 7 weeks ago.  $\beta$ -hCG 4500 IU/L. HR 115, BP 90/55.

**a)** List 3 historical risk factors for ectopic pregnancy. (3 marks)

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**b)** List 3 sonographic findings concerning for ectopic on TVS. (3 marks)

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**c)** State 6 immediate management priorities for this haemodynamically unstable patient. (6 marks)

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**Question 4 | First-Trimester Bleeding — Miscarriage (11 marks)**

A 29-year-old G1P0 woman, 8 weeks by LMP, presents with PV bleeding (2 pads in 6 h) and mild abdominal cramping. Stable vitals.  $\beta$ -hCG 6440. TVS shows intrauterine sac with mean sac diameter 26 mm and no fetal pole identified.

**a)** State the diagnosis and the diagnostic criteria. (2 marks)

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**b)** Complete the table — for each type of miscarriage, state the cervical os finding AND whether products have passed. (5 marks)

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**c)** List the 3 management options for missed miscarriage. (3 marks)

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**d)** State the dose and route of anti-D for this Rh-negative patient at <12 weeks. (1 mark)

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**Question 5 | Hyperemesis Gravidarum (10 marks)**

A 24-year-old G2P1 woman at 10 weeks gestation presents with 3 days of severe vomiting, poor oral intake. She has lost 4 kg since pregnancy started. She appears dehydrated. K 2.9, Na 132, ketones 4+ on urinalysis.

**a)** State the 3 diagnostic criteria for hyperemesis gravidarum. (3 marks)

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**b)** List 3 differential diagnoses for vomiting in early pregnancy. (3 marks)

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**c)** State 4 components of management with drug, dose, route. (4 marks)

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**Question 6 | Antepartum Haemorrhage (12 marks)**

A 30-year-old G2P1 at 30 weeks gestation presents with PV bleeding for 6 hours. HR 110, BP 100/50, RR 24. Bleeding is bright red and continuing.

- a)** Name the 2 most common causes of significant antepartum haemorrhage after 20 weeks. (2 marks)

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- b)** List 4 clinical features distinguishing abruption from praevia. (4 marks)

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- c)** Name the examination that MUST be avoided AND state why. (2 marks)

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- d)** List 4 immediate management priorities. (4 marks)

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**Question 7 | Postpartum Haemorrhage (14 marks)**

A 32-year-old G5P5 woman has just delivered a 4.2 kg baby in her car en route to your ED. She has heavy ongoing PV bleeding. HR 130, BP 80/50. Estimated blood loss 1500 mL.

**a)** List the 4 most common causes of post-partum haemorrhage (the '4 Ts'). (4 marks)

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**b)** State 6 immediate management steps with rationale. (6 marks)

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**c)** List 4 second-line / surgical interventions for uncontrolled PPH. (4 marks)

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**Question 8 | Umbilical Cord Prolapse (8 marks)**

A 28-year-old G2P1 at 38 weeks gestation presents in early labour with ruptured membranes. On speculum exam you see a loop of umbilical cord protruding through the cervix. Maternity ward is in another building.

**a)** State the 2 immediate clinical priorities. (2 marks)

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**b)** List 3 risk factors for cord prolapse. (3 marks)

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**c)** State 3 ongoing management steps while awaiting definitive delivery. (3 marks)

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**Question 9 | Shoulder Dystocia (10 marks)**

A 35-year-old G5P4 woman presents in late labour and delivers the head precipitously. The head retracts against the perineum (turtle sign) and you cannot deliver the anterior shoulder with gentle axial traction.

- a)** Name the condition AND state the time within which delivery should occur to avoid serious fetal hypoxia. (2 marks)

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- b)** Describe 6 manoeuvres to assist delivery (HELPERR or equivalent stepwise approach). (6 marks)

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- c)** List 2 maternal AND 2 fetal complications of shoulder dystocia. (2 marks)

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**Question 10 | Precipitate Delivery in the ED (12 marks)**

A 24-year-old female presents to your urban ED in precipitate labour with no antenatal care. Gestational age unknown. The baby is crowning.

**a)** List 4 immediate actions. (4 marks)

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**b)** Complete the table — for each equipment category, list 2 essential items needed for precipitate delivery and neonatal resuscitation. (4 marks)

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**c)** After delivery the placenta has not yet been delivered and there is heavy PV bleeding. State 4 management steps. (4 marks)

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**Question 11 | Neonatal Resuscitation (12 marks)**

Following a precipitate delivery in your ED, the term neonate is delivered apnoeic, cyanosed, and floppy. Initial APGAR 2 at 1 minute.

- a)** State 4 initial steps within the first 30 seconds per ANZCOR neonatal life support algorithm. (4 marks)

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- b)** Complete the table — newborn HR thresholds and responses. (4 marks)

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- c)** State the role of therapeutic hypothermia in this neonate. (2 marks)

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- d)** State the ETT size and depth for this term neonate. (2 marks)

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**Question 12 | Maternal Cardiac Arrest (13 marks)**

Ambulance is bringing a 30-year-old woman, 38 weeks pregnant, with CPR in progress, ETA 10 minutes. No further history available.

**a)** List 5 specific preparation steps prior to arrival. (5 marks)

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**b)** List 4 modifications to ALS for a pregnant patient at this gestation. (4 marks)

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**c)** State the 2 indications for resuscitative hysterotomy. (2 marks)

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**d)** State 2 key procedural steps of resuscitative hysterotomy. (2 marks)

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**Question 13 | Trauma in Pregnancy (12 marks)**

A 28-year-old woman at 30 weeks gestation is brought to your trauma bay after a high-speed MVC. HR 120, BP 100/80, SpO<sub>2</sub> 95% RA, GCS 15. Seatbelt mark across abdomen, LUQ tender.

**a)** List 3 cardiovascular AND 3 respiratory physiological changes of pregnancy that complicate trauma assessment. (6 marks)

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**b)** List 3 imaging modalities for the abdomen with justification. (3 marks)

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**c)** State the role of the Kleihauer-Betke test in this Rh-negative patient. (1 mark)

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**d)** List 2 examination findings that suggest placental abruption. (2 marks)

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**Question 14 | Preterm Labour (12 marks)**

A 34-year-old G1P0 at 30 weeks gestation presents with regular painful contractions every 3 minutes for 1 hour and SROM 30 minutes ago. She has the urge to push. Your hospital has no obstetric or neonatal service; tertiary centre is 220 km away.

**a)** List 4 management priorities for this patient. (4 marks)

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**b)** List 4 medications to prepare for management of the patient AND 4 pieces of equipment for delivery. (4 marks)

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**c)** List 4 measures for the immediate post-delivery period for a preterm neonate. (4 marks)

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**Question 15 | Post-Partum Sepsis (13 marks)**

A 35-year-old female presents 7 days post-vaginal delivery of a healthy term baby with fevers and rigors for 12 hours, mild headache. T 39.5, HR 130, BP 75/45, RR 20, SpO<sub>2</sub> 98% on 2 L NP.

**a)** List 5 differential diagnoses for post-partum fever / sepsis. (5 marks)

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**b)** List 4 specific delivery details to obtain AND state their significance. (4 marks)

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**c)** State 4 immediate management priorities (post-arrival). (4 marks)

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**Question 16 | Hypertensive Emergency in Pregnancy (10 marks)**

A 39-year-old G1P0 at 36 weeks gestation presents with a headache. T 36.7, HR 90, BP 165/110, SpO<sub>2</sub> 99% RA. She has visual aura. No history of essential hypertension.

**a)** List 4 differential diagnoses for headache in this patient. (4 marks)

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**b)** Complete the table — for each examination AND each investigation, state one finding that supports severe pre-eclampsia (4 total: 2 exam + 2 invs). (4 marks)

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**c)** State 2 antihypertensive options with dose, route, and BP target. (2 marks)

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**Question 17 | Heavy Vaginal Bleeding (Non-Pregnant) (12 marks)**

A 42-year-old woman presents with heavy PV bleeding for 5 days.  $\beta$ -hCG negative. HR 105, BP 105/65, Hb 78 g/L.

- a)** List 5 differential diagnoses AND for each one feature that would support that diagnosis. (5 marks)

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- b)** List 4 immediate management steps in the ED for this haemodynamically borderline patient. (4 marks)

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- c)** List 3 specialist referral pathways or interventions. (3 marks)

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**Question 18 | Ovarian Torsion (10 marks)**

A 26-year-old woman, 8 weeks pregnant by IVF, presents with sudden-onset severe right iliac fossa pain, vomiting. Ovarian hyperstimulation noted on recent USS with 6 cm right cyst.

**a)** List 3 historical features supporting ovarian torsion. (3 marks)

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**b)** List 3 sonographic features of ovarian torsion. (3 marks)

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**c)** State 4 management steps. (4 marks)

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**Question 19 | Sexual Assault — Acute ED Management (12 marks)**

A 22-year-old woman presents to your ED 4 hours after an alleged sexual assault. She is distressed but haemodynamically stable. She wishes to discuss medical options.

**a)** List 4 principles guiding initial ED care. (4 marks)

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**b)** List 4 medical interventions that should be offered. (4 marks)

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**c)** State 4 mandatory documentation and disclosure considerations. (4 marks)

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**Question 20 | Tubo-Ovarian Abscess (9 marks)**

A 26-year-old woman presents with 4 days of progressive lower abdominal pain, fever 38.8, vaginal discharge.  $\beta$ -hCG negative. WCC 18, CRP 240. TVS shows a 7 cm complex adnexal mass with thick walls.

**a)** List 3 sonographic features supporting tubo-ovarian abscess. (3 marks)

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**b)** State 3 management priorities. (3 marks)

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**c)** List 3 long-term complications. (3 marks)

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**Question 21 | Bedside POCUS in Suspected Ruptured Ectopic (9 marks)**

A 28-year-old female presents collapsed in the street, pale, diaphoretic, abdominal pain. GCS 15, HR 110, BP 90/60, RR 22, LIF tenderness with peritonism.  $\beta$ -hCG positive. You perform bedside USS.

**a)** List 3 differential diagnoses for this presentation. (3 marks)

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**b)** List 3 key bedside POCUS findings to assess for in this patient. (3 marks)

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**c)** List 3 inclusion/exclusion criteria for a local bedside-USS protocol in early pregnancy. (3 marks)

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**Question 22 | Peripartum Cardiomyopathy (10 marks)**

A 34-year-old woman, 4 weeks post-delivery of her second child, presents with progressive dyspnoea, orthopnoea, and bilateral leg swelling. HR 115, BP 100/65, SpO<sub>2</sub> 91% RA, RR 28. Lung crackles bilaterally.

**a)** State the 3 diagnostic criteria for peripartum cardiomyopathy. (3 marks)

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**b)** List 4 differential diagnoses. (4 marks)

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**c)** State 3 management priorities specific to peripartum cardiomyopathy. (3 marks)

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