

FexNet Collated Questions:

Obstetrics + Gynaecology

1. Abdominal Pain
2. Abdominal Pain
3. Abdominal Pain
4. Abdominal Pain
5. Abdominal Pain
6. Complex Labour
7. Complex Labour
8. Delivery in Ambulance
9. Early Labour
10. Early Labour
11. Early Labour
12. Early Labour
13. Early Labour
14. Early Labour
15. Miscarriage
16. Post Partum Fever
17. Post Partum Seizure
18. PPH
19. PPH
20. PPH
21. PPH
22. Pregnant Arrest
23. Pregnant Collapse
24. Pregnant Headache
25. Pregnant Headache
26. Pregnant Headache
27. Pregnant Headache
28. Pregnant Headache
29. Pregnant Headache
30. Pregnant Trauma
31. PV Bleed
32. Unexpected Delivery
33. Unexpected Delivery

Question 1 (double question)

A 26 year old woman presents with 3 days of lethargy and epigastric pain. She is 28 weeks pregnant.

Her vital signs are:

Temp	37.3	degrees
Heart Rate	110	beats per minute
Blood Pressure	140/90	mmHg
RR	26	breaths per minute
O ₂ Saturations	95%	room air

Her blood results demonstrate anaemia with thrombocytopaenia and elevated transaminases and bilirubin. You suspect that she may have HELLP Syndrome.

1. List **three important differential diagnoses** for her presentation. (3 marks)

2. In addition to the findings provided, list six examination or investigative findings that would **support a diagnosis of HELLP syndrome or pre-eclampsia**. (6 marks)

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

3. List five **life-threatening complications of pre-eclampsia** and HELLP syndrome.

(5 marks)

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

Whilst being assessed, the patient suffers a generalised tonic-clonic seizure

4. Describe your specific management of her seizure. Provide doses of any therapies used and state your clinical end-points

(4 marks)

-

Question 2

A 22 year old woman has presented with left lower quadrant abdominal pain.

- 1. List 4 features on history that would raise suspicion of Pelvic Inflammatory Disease (PID). (4 marks)**

You suspect she has PID.

- 2. List 4 investigations you may perform. Provide the justification for each. (4 marks)**

Investigation	Justification

Your assessment is consistent with uncomplicated PID. The patient is suitable for outpatient management.

3. State 4 components in the management of this patient. (4 marks)

- 1) _____

- 2) _____

- 3) _____

- 4) _____

Question 3

A 27 year old woman has presented with lower abdominal cramping pain. She is 29 weeks pregnant by dates.

- 1. List 4 aims of your assessment. For each aim, state one supportive historical or examination feature. (8 marks)**

Assessment Aim	Supportive historical or examination feature

2. State 4 treatments you might use in this situation. Give the clinical indication for each treatment. (8 marks)

Treatment	Clinical indication

Question 4 (12 marks)

A 22-year-old woman presents to your emergency department with right-sided lower abdominal pain. Her last menstrual period was two (2) weeks ago and her pregnancy test is negative.

Her vital signs are

Temp	37.5°C
HR	110 bpm
BP	130/ 80 mmHg
RR	20/min

- a) List three (3) features on history that would favour a diagnosis of PID over acute appendicitis. (3 marks)

1.

2.

3.

- b) List five (5) gynaecological causes for this patient's pain, other than PID (5 marks)

1.

2.

3.

4.

5.

- c) List two (2) findings each for the imaging modalities below that would be consistent with the diagnosis of PID in this patient. (4 marks)

USS	i.
	ii.
CT Abdomen	i.
	ii.

Question 5 (13 marks)

A 29 year old woman presents to the ED with a 6 hour history of mild abdominal cramping and vaginal bleeding for which she has used 2 sanitary pads over the 6 hours.

Her last menstrual period was 8 weeks ago and she usually has a 28 day cycle.

She is sexually active with a single long term partner and not using contraception as they are trying to start a family. She is concerned she is having a miscarriage.

Her vital signs are:

HR	78	bpm
BP	120/74	mmHg
T	37	°C
RR	18	/min

- a. List three (3) of the most important factors that would increase her risk of ectopic pregnancy (3 marks)

- b. Complete the table below detailing vaginal examination findings in miscarriage (5 marks)

Type of Miscarriage	Cervix	Products of conception passed
Threatened		
Incomplete		
Complete		
Inevitable		
Missed		

- c. List 3 criteria on pelvic US you would need to satisfy to safely exclude ectopic pregnancy as the cause for her symptoms. (3 marks)

- d. List 2 criteria on pelvic US that would characterise a pregnancy of uncertain location (2 marks)

Question 6 (12 MARKS)

You are preparing a presentation on the management of patients who present to the emergency department in labor, and the delivery is imminent.

Fill in the following table describing signs and management of common problems in labor.

Problem	Signs	Management
Nuchal Cord		
Shoulder Dystocia		
Cord Prolapse		
Post Partum Haemorrhage		

Question 7

You are the emergency consultant on shift at a rural hospital and a 35 year old woman in her fifth pregnancy presents in labour and when you enter the room to examine her she starts to deliver the baby. The head delivers easily but then with the next push the head partially retracts.

What is this condition called? (1 mark)

What is the underlying anatomical issue in this situation? (1 mark)

What is the most important complication of this condition and why does it occur? (2 marks)

Outline your stepwise management of this condition (6 marks)

—

Question 8

You are awaiting the arrival of a 35 year old female who has just delivered a term baby in an ambulance.

You do not have specific information regarding the status of the baby or mother.

1. List 3 key components of your preparation.

(3 marks)

(1) _____

(2) _____

(3) _____

On arrival, the mother has ongoing vaginal bleeding. The umbilical cord has been clamped and cut but the placenta has not been delivered. No medications have been given. Estimated blood loss is 500ml.

The mother's vital signs are:

GCS	15	
Pulse	90	/min
BP	120/75	mmHg
O2 saturation	99%	room air

2. List 5 management steps to address this situation.

(5 marks)

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

Other members of your team are assessing the baby. The child has been dried and stimulated.

3. Complete the following table for the appropriate actions in response to different newborn heart rates.

(3 marks)

Newborn Heart Rate	Management
<60/min	
60 – 100/min	
>100/min	

Question 9 (12 marks)

A 34-year-old female, primigravida at 34/40 gestation presents to your ED. She has been having regular painful contractions for the past hour, occurring at 3-minute intervals. She reports ruptured membranes about 30 minutes ago and is feeling the need to push. Your hospital does NOT have an obstetric or neonatal service. The nearest tertiary centre is 220 km away.

a). Complete the table below listing three (3) medications and three (3) pieces of equipment you will prepare to manage this patient in your ED. (6 marks)

Medications	Equipment

A male infant is born shortly after arrival by an uneventful delivery. At 1 minute, his APGAR score is 6.

APGAR SCORE	
Appearance	Peripheral cyanosis only
Pulse rate	> 100
Reflex irritability	Grimace, weak cry when stimulated
Tone	Some flexion
Respiration	Slow irregular breathing

b). List 6 measures that will need to be instituted in the immediate post-delivery period for this neonate. (6 marks)

Question 10: (16 marks)

A 33 year old G3P2 lady has been referred to ED by her GP with intermittent cramping lower abdominal pain. She is currently 28/40 gestation. She denies any PV discharge/loss and has had unremarkable antenatal care to date.

Her previous two pregnancies were uncomplicated normal vaginal deliveries. Her first ultrasound scan was done at 14/40 gestation and she was told that she had a single intrauterine pregnancy.

Her GP is concerned about possible pre-term labour.

Her Vital Signs are:

Temp 37.5 degrees

Pulse 95bpm

RR 25 breaths per minute

O2 Sats 99% RA

Questions:

- 1. Apart from pre-term labour, list (5) other differential diagnoses that needs to be considered in this patient. (5 marks)**

- 2. List (6) risk factors that would increase her risk of pre-term labour with this pregnancy? (6 marks)**

- 3. You have diagnosed pre-term labour as the cause for this patient's pain. List (5) key steps in the management of this patient. (5 marks)**

Question 11 (16 marks)

You are notified that a 24 year old female has presented to your urban ED in precipitous labour. She has not received any antenatal care. The gestational age is unknown.

(i) List three (3) important immediate actions you would take (3 marks)

i)

ii)

iii)

Your assessment is that she is rapidly progressing towards delivery in the ED.

(ii) List three (3) factors that predispose to a breech delivery (3 marks)

i)

ii)

iii)

The newborn is successfully delivered but is flaccid and apnoeic (APGAR of 0)

(iii) List two (2) immediate treatment priorities (2 marks)

i)

ii)

(iv) List two (2) pieces of essential equipment from each of the four (4) categories outlined below that you would require to manage this precipitous delivery (8 marks)

Equipment Category	Choice of Equipment
Manage the delivery	• _____ • _____
Neonatal resuscitation - General	• _____ • _____
Neonatal resuscitation - Airway	• _____ • _____
Drugs and/or Fluids (with doses)	• _____ • _____

Question 12 :
Double Question (Part 1)

A 32 year old female who is G1P0 presents to your regional ED complaining of painful regular contractions that have been occurring every 5 minutes for the past 1 hour. She has had an uncomplicated singleton pregnancy to date and is 30/40 gestation.

Questions:

1- Outline 4 key features of your assessment of this patient in the ED. (4 marks)

2-List 4 medications (including doses) that you would consider giving to this patient in your ED. (4 marks)

3- List 4 contraindications that would prevent you transporting this patient to the nearest obstetric centre. (4 marks)

The patient in Question 1 remains in your ED and precipitously delivers a baby at 30 weeks gestation by dates.

Double Question (Part 2)

The 32 year old female G1P0 patient (from Question 1) remains in your ED and delivers precipitously in your Emergency Department. Her baby is 30 weeks gestation by dates.

1-What features on assessment would suggest the need for immediate resuscitation of this neonate? (5 marks)

2- Complete the following table stating how the resuscitation requirements are different for a neonate in comparison to a child for the given parameters?

(5 marks)

Oxygenation	
Ventilation	
CPR – trigger to initiate	
CPR – rate of compressions	
CPR – ratio	

3- Complete the following table stating the appropriate equipment sizes & drug doses that you would use in the resuscitation of this neonate? (5 marks)

ETT size	
ETT depth	
Vascular access device & size	
Adrenaline dose	
Fluid type & volume	

4. Is there a role for cooling in the post resuscitation cares for this neonate? (2 marks)

Question 13

You are working in a metropolitan ED without an obstetric service on site. A 19 year old woman has presented to the ED with abdominal pain. She is 29 weeks pregnant.

1. List 5 features of your history or examination that would suggest premature labour.

(5 marks)

2. List 2 investigations that would provide further evidence of premature labour. (2 marks)

Your assessment is consistent with premature labour.

3. State 5 steps in your management of this patient. (5 marks)

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

Question 14 (13 marks)

You are working in a rural emergency department without obstetric or paediatric coverage. A 24 year old lady presents with intermittent abdominal cramping. She is 29 weeks pregnant in her first pregnancy and is planning to relocate for the birth after 36 weeks. She has had no vaginal fluid loss or bleeding and is feeling normal fetal movements.

Her vital signs are:

T 37.2

P 64

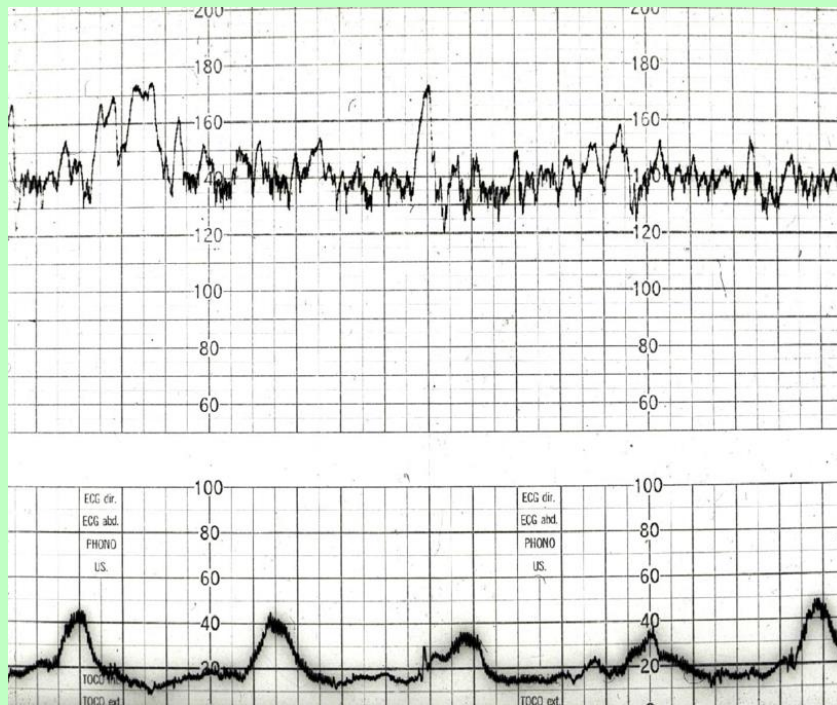
BP 109/72

RR 22

SaO2 99% RA

Other than preterm labour, name one other obstetric condition that requires consideration (1 mark)

Name one investigation that can exclude the diagnosis of preterm labour. Explain the principle of its use (2 marks)



A cardiotocograph is performed (above), please interpret and provide summary (6 marks)

Outline the management of preterm labour in this woman (4 marks)

Question 15 (8 marks)

A 24 year old woman in her first pregnancy comes to the emergency department with a small amount of vaginal bleeding and lower abdominal cramping. She has no significant past medical history and has been taking folate supplementation since her positive urine pregnancy test 3 weeks ago.

Her vital signs:

T 36.5

P 77

BP 102/67

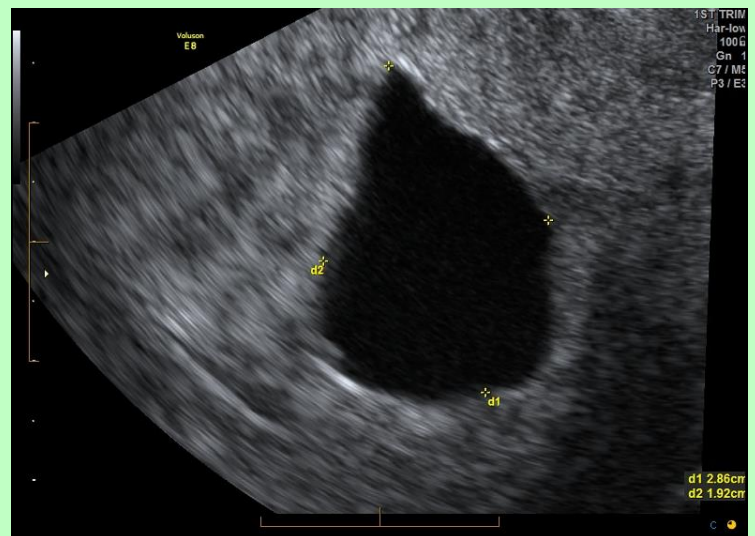
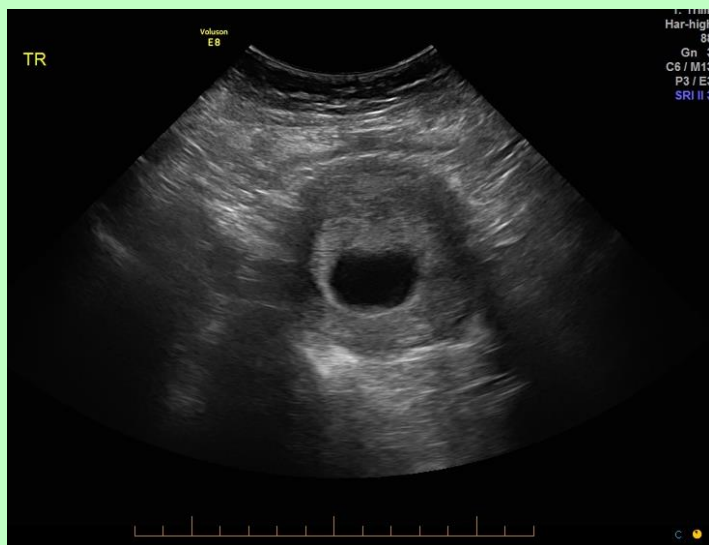
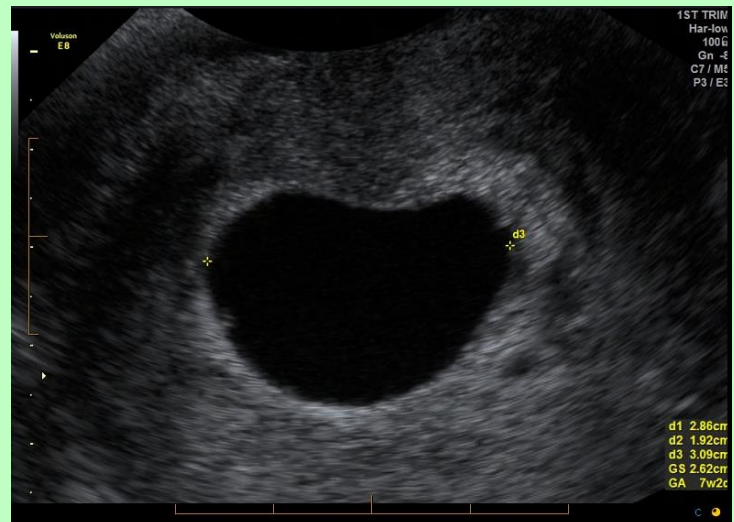
Blood tests show:

Hb 134

A Negative

BhCG 6,440

She has a transvaginal ultrasound



Report states:

"There is an intrauterine gestational sac which has a mean sac diameter of 26.2mm but no fetal pole is visualised. There is no evidence of extrauterine pregnancy and no free fluid"

What is the diagnosis and viability of the pregnancy? (2 marks)

What are the 3 management options for this condition? (3 marks)

Regarding surgical management, name 2 absolute indications for its use (2 marks)

The patient requires Rh immunoglobulin, what is the dose and route of this medication? (1 mark)

Question 16 (21 Marks)

A 35 year old female presents to your ED one week after the delivery of a healthy term baby. She describes fevers and rigors for the past 12 hours with a mild headache.

The infant is well and in the care of the father.

Her vital signs are:

Temp 39.5C
HR 120
BP 90/50
RR 18
O2 Sats 98% RA

Questions:

1. List eight (8) differential diagnoses for post-partum fevers. (8 marks)

1-----

2-----

3-----

4-----

5-----

6-----

7-----

8-----

2. List four (4) key details of the recent delivery that you would seek in this patient & state the significance. (8 marks)

Key Details of Delivery	Significance

3. Her vital signs further deteriorate whilst in the ED.

Temp 39C
HR 130
BP 75/45
RR 20
O2 sats 98% 2L/min NP
GCS 15/15

List five (5) key management priorities of this patient in the ED. (5 marks)

- 1-----
- 2-----
- 3-----
- 4-----
- 5-----

QUESTION 17 (16 marks)

A 40-year-old female who is Day 3 post-partum has been brought in following increasing confusion and agitation at home.

In the ambulance she had a generalised tonic-clonic seizure which stopped with 5mg IMI midazolam.

When you arrive she is being nursed on a bed in the Resuscitation Room.

On examination:

Airway: snoring / partly obstructed

RR 40, O2 saturations 95%

HR 130, BP 180/100

Decreased LOC – drowsy, post-ictal, GCS 9

- i. Apart from eclampsia, list the causes of seizure you would consider in this patient (4 marks)

- ii. List 3 risk factors for pre-eclampsia/eclampsia (3 marks)

- iii. What examination features would increase your level of suspicion that this seizure is eclamptic in origin? (3 marks)

- iv. Outline your initial management in each category below. Include drugs/dose/route (where appropriate) that you would administer (6 marks)

Category	Management
General management & resuscitation	
Pharmacotherapy of eclampsia/pre-eclampsia	

Question 18

A 33 year old female, G2P2 has been transferred from home by local ambulance services after a planned home birth of her second child at 41+5/40. The labour was prolonged, however, a healthy baby has been delivered by the midwife.

It is nearly 3 hours after delivery of the baby, and the placenta has yet to be delivered. The midwife was concerned and convinced the patient to be transferred to the emergency department.

- i. List the **four (4) most common** causes of post partum haemorrhage (4 marks)

1. _____

2. _____

3. _____

4. _____

On arrival to the resus room it is noticed she is extremely pale and diaphoretic, there is a large amount of blood on the sheets. Her first observations are as follows:

RR 28 breaths per minute SpO2 95% on 6L via Hudson mask

HR 146 bpm BP 68/52 mmHg

Temp 36.0 GCS : 12 (E3 V4 M5)

- ii. Provide five (5) immediate management steps you would take, with a brief rationale
(10 marks)

1. _____

Rationale : _____

2. _____

Rationale : _____

3. _____

Rationale : _____

4. _____

Rationale : _____

5. _____

Rationale : _____

iii. List four (4) secondary treatments that may be considered

(4 marks)

1. _____

2. _____

3. _____

4. _____

Question 19

12 Marks

A 32 year old woman presents to the emergency department after giving birth in the car on the way to the hospital. She is G5P5 at 38 weeks gestation. The pregnancy was complicated by gestational diabetes that was managed by diet. Her most recent ultrasound showed a foetus that was large for gestational age. At arrival, she is pale and has persistent, brisk vaginal bleeding. Her vital signs are

BP 95/52 mmHg

Pulse 106 bpm

RR 18 /min

SpO₂ 98 % in room air

Temp 37.0 °C

GCS 15

1. What are the two most likely causes of post-partum haemorrhage in this patient? (2 Marks)

2. Describe your management of the third stage of labour. (2 Marks)

3. List 4 non-pharmacological and 4 pharmacological measures that could be used to control haemorrhage, in order of escalation. (8 Marks)

Question 20

A 25 year old woman has been rushed in to your resuscitation room. She has just delivered a baby in the passenger seat of a car being driven by her husband. The baby was 38 weeks gestation and appears to be well. The placenta was delivered in the car.

The woman is experiencing heavy vaginal blood loss.

1. In the section below, list 6 possible causes of her vaginal bleeding.

For each cause give:

- one cardinal finding of examination that would support that cause
- one cardinal principle of management of that cause

(18 marks)

Cause 1

Examination Feature

Management Principle

Cause 2

Examination Feature

Management Principle

Cause 3

Examination Feature

Management Principle

Cause 4

Examination Feature

Management Principle

Cause 5

Examination Feature

Management Principle

Cause 6

Examination Feature

Management Principle

QUESTION 21

A 30 year old female who is 30 weeks pregnant, presents to the ED with PV bleeding for the previous 6 hours. It is her second pregnancy. Her observations are pulse 110 bpm, BP 100/50mmHg, and RR 24.

1. What are the **2** common causes of vaginal bleeding in later pregnancy? (1 mark).

i. _____

ii. _____

2. Give **4** clinical features which would help distinguish between the two causes you gave above (4 marks).

i. _____

ii. _____

iii. _____

iv. _____

3. What examination must be avoided and why? (1 mark).

4. Give **4** important early management steps in the ED (4 marks).

i. _____

ii. _____

iii. _____

iv. _____

Question 22 (31 marks)

You are the ED Consultant on call at a regional hospital with an obstetric service on site. You are told that there is ambulance arriving in 15 minutes with a 30 year old woman who is 38 weeks pregnant, with CPR in progress. No other information is available.

Questions:

1. List six (6) steps in your preparation for this patient's arrival. (6 marks)

- 1-----
- 2-----
- 3-----
- 4-----
- 5-----
- 6-----

2. What are the key steps in the ongoing management of this patient in the ED, list five (5)? (5 marks)

- 1-----
- 2-----
- 3-----
- 4-----
- 5-----

3. What are the indications for a resuscitative hysterotomy in the ED? (3 marks)

- 1-----
- 2-----
- 3-----

4. Briefly describe how a resuscitative hysterotomy is performed. (7 marks)

1-----

2-----

3-----

4-----

5-----

6-----

7-----

5. Outline your approach to the resuscitation of the neonate with respect to each of the following areas as listed in the following table.

(10 marks)

Airway	
Breathing	
Circulation	
Drugs	
Fluids	

2 marks for each box.

Question 23 (Total 18 marks)

A 28 yr old female is brought to your emergency department following a collapse in the street. She is pale, diaphoretic and complaining of abdominal pain.

1. List the top three differentials for her presentation. (3 Marks)

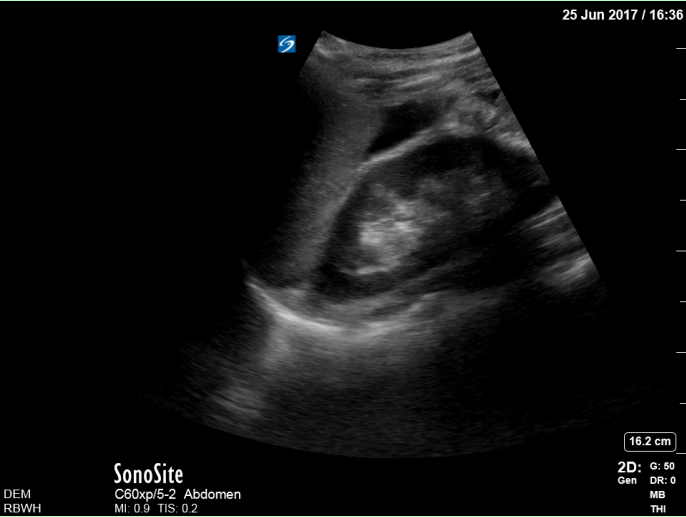
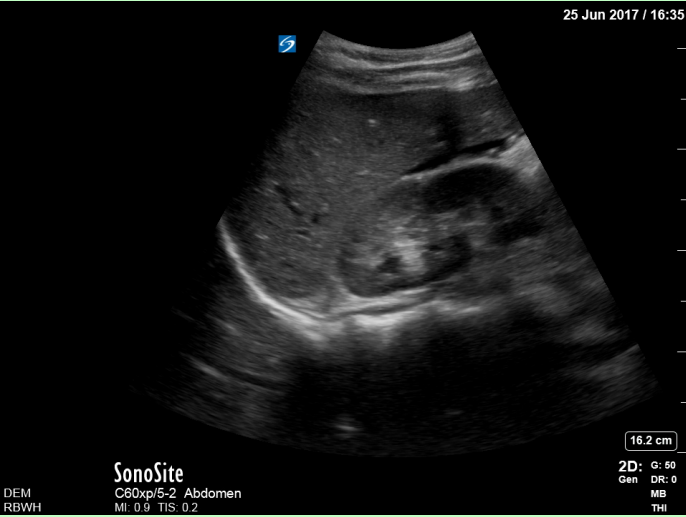
2. On review her vital signs are:

GCS 15/15
HR 110
BP 90/60
sats 100% RA
RR 22

She is tender in her left iliac fossa with peritonism.

- List the investigations that should be performed immediately: (3 Marks)

3. You perform a bedside USS. List and interpret the main findings shown. (3 Marks)



1-

2-

Interpretation:

4. Outline 4 management priorities:

(4 Marks)

5. You have been tasked by your director to outline a local guideline for the use of bedside ultrasound in early pregnancy. What inclusion/exclusion criteria will be included.

(3 Marks, 0.5 for each box)

Inclusion	Exclusion

6. Outline the preferred technique for fetal wellbeing assessment using POCUS in the <14/40 population:

(2 Mark)

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Question 24: (Total marks 12)

You are the ED consultant on duty in an urban district hospital with obstetric and paediatric services available.

A 29 year old pregnant female who is 32 weeks pregnant (G1 P0) presents to your department with a 2 day history of headache, blurry vision, lethargy and upper abdominal pain.

She has so far had an uncomplicated pregnancy and has been receiving antenatal care in your hospital.

The patient's vitals signs on arrival are as follows

HR 105 per minute

BP 150 / 95 mmHg

RR 20 per minute

Oxygen Sats 97% on room air

One of your registrars has already picked up the patient and arranged for some bloods and the patient's early blood results are as follow:

Parameter	Patient Value	Normal Adult Value
Hb	76 G/L	(115 – 160)
Platelets	$65 \times 10^9 / L$	(140 – 400)
INR	2.1	(0.9 – 1.3)
APTT	62 seconds	(25 -38)
LDH	704 U/L	(110 – 250)
Total Bilirubin	58 micromol/L	(< 20)
Urea	28 mmol/L	(3 – 8)
Creatinine	324 micromol/L	(70 – 120)
Potassium	5.0 mmol/L	(3.2 – 4.5)

I. List four (4) most likely differential diagnoses.

(4 Marks)

- II. List four (4) more investigations you think are warranted for this patient and state the clinical reasoning. (4 marks)**

Investigation (0.5 Mark for each)	Clinical Reasoning (0.5 Mark for each)

After you have reviewed the blood results with your registrar you head promptly to review the patient and to inform her of the blood results.

As you enter the cubicle the patient has a witnessed generalised tonic clonic seizure. The patient is moved to resus cubicle for full non-invasive monitoring during this process:

- III. List four (4) immediate clinical response to this situation. (4 Marks)**

Question 25

A 39 year old woman presents to your emergency department complaining of a headache. She is G1 P0 at 36 weeks gestation.

Her vital signs are:

Temp 36.7
HR 90
BP 150/90
SaO2 99% RA

Questions:

1. List 5 key differential diagnoses for this patient (5 marks)

2. List and justify the key elements of your early ED assessment of this patient. (14 marks)

Examination	Justification
Investigation	Justification

Shortly after you begin seeing her, she has a generalised tonic-clonic seizure.

3. List and justify your immediate emergency department management priorities (excluding investigations) for this patient. Include doses where appropriate

(10 marks)

Management	Justification

Question 26

A 32 year old woman has presented with headache and visual changes. She is 38 weeks pregnant.

You are concerned about the possibility of pre-eclampsia.

1. List 4 examination features that would be supportive of pre-eclampsia. (4 marks)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

2. List 4 laboratory abnormalities that would be supportive of pre-eclampsia. (4 marks)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

—

Your clinical assessment is consistent with pre-eclampsia.

The patient's vital signs are:

Pulse	100	/min
BP	160/110	mmHg
O2 sats	99%	room air

While in the ED, the patient begins to have a seizure.

3. List 5 components of your management of this situation. (5 marks)

- 1) _____

 - 2) _____

 - 3) _____

 - 4) _____

 - 5) _____

-

Question 27

A 32 year old G3 P2 woman has presented to your ED with a headache. She is 38 weeks pregnant. You are concerned that she may have pre-eclampsia.

1. List 4 features of your examination that would support this diagnosis. (4 marks)

2. List 5 investigations you would request, including the results that would be suggestive of complications related to pre-eclampsia. (5 marks)

You have diagnosed pre-eclampsia. After a brief time in your ED, she has a generalised seizure.

3. List your management steps, including drugs, doses and end-points where appropriate. (5 marks)

QUESTION 28 (12 marks)

A 32 year old female G1P0 at 30 weeks gestation presents to ED with constant epigastric pain and headache.

Vital signs GCS 14
 P 100 bpm
 BP 170/100 mmHg
 Temp 36.8 deg C

- i. List your differential diagnosis (4 marks)

- ii. She then has a generalised seizure. List your treatment priorities (5 marks)

- iii. Name the labelled parts of the CTG (3 marks)

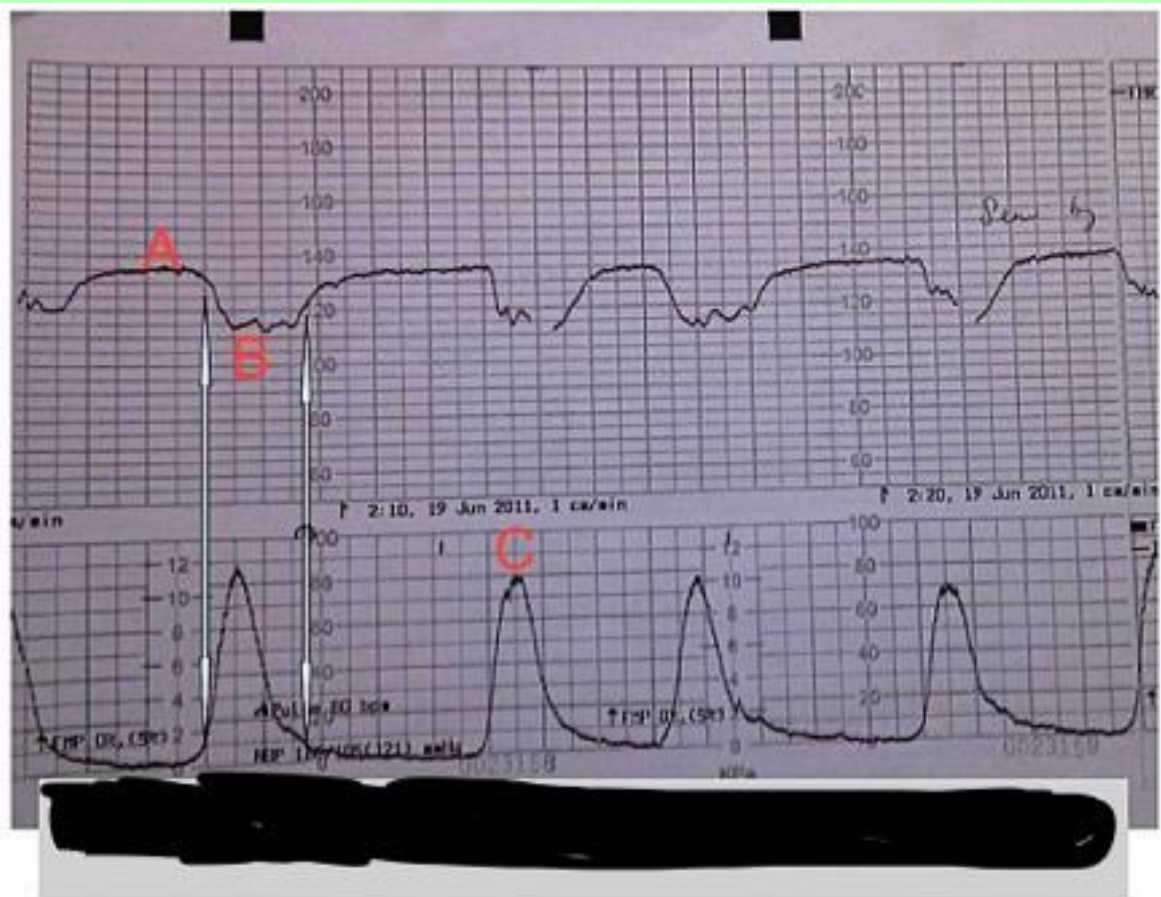
A CTG IS SHOWN IN THE PROPS BOOKLET, PAGE 8

A

B

C

SAQ 28



Question 29(14 marks)

A 26 year old primigravida presents at 36 weeks gestation with jaundice, blurred vision and hypertension (180/100 mmHg). The antenatal period was otherwise unremarkable. The following are her blood results:

Hb	80g/L	(115 – 160)
Platelets	52 x 10 ⁹ /L	(140 – 400)
INR	1.8	(0.9 – 1.3)
APTT	55 seconds	(25 – 38)
LDH	654 U/L	(110 – 250)
Fibrinogen	1.0 G/L	(1.5 – 4.0)
Total bilirubin	51 micromol/L	(< 20)

- i. List the four most likely diagnoses for this clinical presentation (4 marks)

- ii. Outline 4 priorities in your management (4 marks)

- iii. She starts to have a generalised seizure. List 2 medications with doses that you might administer (2 marks)

- iv. List the findings on a cardiotocograph (CTG) trace that would indicate foetal distress (4 marks)

CTG Feature	Non-reassuring or Abnormal values
Baseline rate	
Decelerations	

Question 30

Long question 18 Marks

You are in charge at the emergency department of a tertiary centre when the ambulance service notifies you of the imminent arrival of a 28yr old female who is 30 weeks pregnant who has been involved in a motor vehicle collision.

You are informed that her vital signs are:

GCS 15 (E4,V5,M6)

HR 120

BP 100/80

O2 sats 95% RA

RR 24

Temp 37.

BSL 5.6.

You prepare for her arrival with your trauma team.

1. Complete the table, listing 3 changes to her cardiovascular and 3 changes to her respiratory system in pregnancy and their implication that make interpretation of her vital signs or management challenging (6 marks)

Cardiovascular	Change in pregnancy	Implication
Respiratory	Change in pregnancy	Implication

2. List the relevant specific maternal obstetric history to obtain: (4 marks)

On your primary survey you confirm her vital signs are

HR 120
BP 100/80
RR 24
O2 sats 95%
Afebrile
GCS 15.

She has equal breath sounds, no evidence of a chest injury and her airway is patent with no cervical tenderness. She is warm and well perfused with dual heart sounds. She has a seatbelt mark across her abdomen with tenderness in the left upper quadrant.

3. List 3 diagnostic imaging options of her abdomen and their justification for use: (3 marks)

Imaging modality	Justification

4. She is known to be Rh negative. What is the role for a Kleihauer test? (1 mark)
5. List 4 clinical examination findings you expect if placental abruption occurs: (4 marks)

Question 31

A 42 year old woman has presented to the ED with heavy vaginal bleeding.

Her serum beta-HCG is negative.

- 1. List 5 differential diagnoses for the bleeding. For each, list one feature of your clinical assessment that would suggest the diagnosis. (10 marks)**

Diagnosis	Assessment feature

QUESTION 32 (14 marks)

A 24 year-old multiparous woman who is 36 weeks pregnant presents to triage in labour. She is transferred to the resuscitation room and the nurse tells you the head is on show. The maternity ward is located in a separate building to the ED.

- i. Outline 4 of your immediate actions (4 marks)

The baby is delivered within minutes. The cord is clamped and cut.

- ii. Outline 3 features of your routine initial management of the newborn infant (3 marks)

The cord has been clamped and cut and the placenta is still in-situ. The midwife is yet to arrive.

- iii. Describe 3 principles of management of the third stage of this labour (3 marks)

The placenta is delivered. It appears incomplete and the patient has very heavy PV bleeding.

- iv. List 4 of your immediate actions (4 marks)

QUESTION 33 (13 marks)

You are at a peripheral hospital with no maternity facilities when a 16 year old obese girl presents in the second stage of labour. Up until this presentation she was unaware that she was pregnant.

- i. List 5 steps you would take to prepare for her deliver (5 marks)

Within minutes of arrival the baby's head is delivered. However, on the next contraction you are unable to deliver the shoulders despite gentle axial traction.

- ii. Name this condition and in what period of time should the baby be delivered to avoid serious foetal hypoxia (2 marks)

iii. Describe 3 manoeuvres that may enable the safe delivery of the child (6 marks)
