A 28 year old woman, gravida 2, para 1, at 16 weeks gestation informs you that her cat, which she has owned for several years, has toxoplasmosis, as diagnosed from a stool sample. She is concerned about the potential for infection and maternal-fetal transmission. The next step in management of this patient should be:

(a) Maternal blood test for toxoplasma antigen using PCR
(b) Maternal serologic testing for toxoplasma-specific IgM and IgG
(c) Measurement of toxoplasma specific IgG and IgM in amniotic fluid
(d) Measurement of toxoplasma antigens in amniotic fluid using PCR

(103)
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You perform a vacuum assisted delivery on a 35 year old woman, gravida 3, para 2. Delivery proceeds easily, but you notice a growing area of ecchymosis on the left labia majora. This area grows to 3 x 4 cm and becomes tense. As the patient’s epidural anesthesia wears off, she complains of increasing pain at the site. In addition to pain management, the most appropriate plan is to:

(a) Watch for expansion
(b) Incise and suture the bleeding vessels
(c) Incise and pack with gauze
(d) Drain with a 16 gauge needle
You perform a vacuum assisted delivery on a 35 year old woman, gravida 3, para 2. Delivery proceeds easily, but you notice a growing area of ecchymosis on the left labia majora. This area grows to 3 x 4 cm and becomes tense. As the patient’s epidural anesthesia wears off, she complains of increasing pain at the site. In addition to pain management, the most appropriate plan is to:

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(d) Drain with a 16 gauge needle
A 19 year old primigravid woman comes to your office for prenatal care at 32 weeks gestation with no physical complaints. Her past medical history is unremarkable. Of the following findings on physical examination, the one most likely to be associated with serious cardiac disease is a:

(a) Grade II/VI systolic murmur at the left sternal border
(b) Split second heart sound (S2)
(c) Third heart sound (S3)
(d) Midsystolic click
(e) Diastolic murmur at the cardiac apex
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(e) Diastolic murmur at the cardiac apex
A 23 year old woman, gravida 1, para 1, gave birth to a female infant 10 days ago the infant is being breastfed. The mother's history is significant for epilepsy that is controlled with anticonvulsants. The infant is brought in by ambulance because of drowsiness and “sleeping too long”. The anticonvulsant most likely taken by the mother is:

(a) Phenobarbital

(b) Phenytoin sodium (dilantin)

(c) Carbamazepine (tegretol)

(d) Valproic Acid (depakene)

(e) Lamotrigine (lamictal)
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Potential Toxic Effects of antiepileptic drugs

**Carbamazepine**: facial dysmorphism, neural tube defects, hypoplasia of distal phalanges

**Phenobarbital**: Neonatal withdrawal, neonatal coagulopathy

**Phenytoin**: Facial clefting, hypoplasia of distal phalanges, hypertelorism, neonatal coagulopathy

**Primidone**: Neonatal withdrawal, neonatal coagulopathy

**Valproic acid**: facial dysmorphism, neural tube defects
A 31 year-old primigravid woman has had a history of epilepsy since childhood. Her grand mal seizures usually are well controlled by the anti-epileptic drug carbamazepine (Tegretol). Her last seizure was 2 years ago. She stopped taking carbamazepine when she found out she was pregnant because she heard that it causes birth defects. You advise her that the risk of birth defect is

(a) Not related to her antiepileptic drug use
(b) Related to her epilepsy alone
(c) Modified by maternal vitamin K supplementation
(d) Modified by fetal genetic susceptibility

(86)
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(a) Not related to her antiepileptic drug use

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(c) Modified by maternal vitamin K supplementation

(d) Modified by fetal genetic susceptibility

(86)
The best single serum analyte for the detection of trisomy 21 in the first trimester is:

(a) Pregnancy-associated plasma protein A (PAPP-A)
(b) Free beta subunit of human chorionic gonadotropin (B-hCG)
(c) Human chorionic gonadotropin (hCG)
(d) B₁ glycoprotein of pregnancy
(e) Inhibin A
The best single serum analyte for the detection of trisomy 21 in the first trimester is:

(a) Pregnancy-associated plasma protein A (PAPP-A)

(b) Free beta subunit of human chorionic gonadotropin (B-hCG)

(c) Human chorionic gonadotropin (hCG)

(d) B₁ glycoprotein of pregnancy

(e) Inhibin A

(84)
A 28 year-old woman, gravida 4, para 3, comes to your office for her first prenatal visit. She is a heterozygous carrier of the Factor V Leiden mutation and has no family history of deep vein thrombosis (DVT). She has had three full-term pregnancies without complications. She experienced a DVT 1 year after the birth of her last child. The best management option for this patient would be

(a) adjusted-dose anticoagulation
(b) No anticoagulation
(c) Low-dose anticoagulation
(d) Postpartum anticoagulation only
A 28 year-old woman, gravida 4, para 3, comes to your office for her first prenatal visit. She is a heterozygous carrier of the Factor V Leiden mutation and has no family history of deep vein thrombosis (DVT). She has had three full-term pregnancies without complications. She experienced a DVT 1 year after the birth of her last child. The best management option for this patient would be

(a) adjusted-dose anticoagulation

(b) No anticoagulation

(c) Low-dose anticoagulation

(d) Postpartum anticoagulation only

(79)
A 34 year-old woman, gravida 3, is at 9 weeks of gestation. Her first pregnancy ended in miscarriage at 8 weeks and her second in fetal demise at 16 weeks. She meets the criteria for antiphospholipid syndrome (APS) if she also has a level of anticardiolipin antibodies that is

(a) low-positive immunoglobulin G (IgG)
(b) Low-positive IgM
(c) High-positive IgA
(d) High-positive IgG
(67)
A 34 year-old woman, gravida 3, is at 9 weeks of gestation. Her first pregnancy ended in miscarriage at 8 weeks and her second in fetal demise at 16 weeks. She meets the criteria for antiphospholipid syndrome (APS) if she also has a level of anticardiolipin antibodies that is

(a) low-positive immunoglobulin G (IgG)

(b) Low-positive IgM

(c) High-positive IgA

(d) High-positive IgG

(67)
A high Bishop score of 9 has been shown to be predictive of
(a) A short length of labor
(b) A short time until the onset of spontaneous labor
(c) A high rate of cesarean delivery
(d) Increased likelihood of vaginal birth after cesarean delivery (VBAC)
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(a) A short length of labor
(b) A short time until the onset of spontaneous labor
(c) A high rate of cesarean delivery
(d) Increased likelihood of vaginal birth after cesarean delivery (VBAC)

(71)
A 36 year-old primigravid woman at 30 weeks of gestation complains of a small amount of bright red vaginal bleeding. She reports irregular contractions and good fetal movement. Ultrasonography performed at 20 weeks of gestation revealed a fundal placenta. On examination, the patient was in no acute distress, her pulse was 88 beats per minute, and her blood pressure was 130/80 mm Hg. The fundal height was 31 cm; the uterus was soft between contractions; the fetus was in breech position; and the cervix was 1 cm dilated, 80% effaced, soft, and in midposition, with the presenting part high. The fetal heart tracing is reassuring. After instituting fetal monitoring, the nest next step in management would be

(a) Tocolysis
(b) Cesarean delivery
(c) Corticosteroids
(d) Fetal maturity studies  (49)
A 36 year-old primigravid woman at 30 weeks of gestation complains of a small amount of bright red vaginal bleeding. She reports irregular contractions and good fetal movement. Ultrasonography performed at 20 weeks of gestation revealed a fundal placenta. On examination, the patient was in no acute distress, her pulse was 88 beats per minute, and her blood pressure was 130/80 mm Hg. The fundal height was 31 cm; the uterus was soft between contractions; the fetus was in breech position; and the cervix was 1 cm dilated, 80% effaced, soft, and in midposition, with the presenting part high. The fetal heart tracing is reassuring. After instituting fetal monitoring, the next next step in management would be

(a) Tocolysis
(b) Cesarean delivery
(c) Corticosteroids
(d) Fetal maturity studies