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Question 1. (Single Select)

Which of the following statements about descent of the fetus is least accurate?

A: A small reduction in fundal height is common following prelabor fetal descent.
B: Among many nulliparous women descent of the fetus may occur two or more weeks in advance of labor.
C: Lightening is synonymous with engagement.
D: Leopold’s maneuvers will reveal that the presenting part is no longer ballottable above the symphysis pubis.

Correct Answer: C

Explanation:

To answer the question on which statement about the descent of the fetus is least accurate, let's analyze each statement provided:

Statement 1: A small reduction in fundal height is common following prelabor fetal descent. This statement is accurate. Prelabor fetal descent, often referred to as "lightening" or "dropping," occurs when the fetus begins to descend into the pelvis in preparation for birth. This descent can lead to a decrease in the fundal height (the measurement from the pubic bone to the top of the uterus), which is why a small reduction in fundal height is commonly observed.

Statement 2: Lightening is synonymous with engagement. This statement is inaccurate. Lightening and engagement, although related, are not synonymous. Lightening refers to the fetus moving down into the pelvis, which can result in noticeable changes such as easier breathing and less heartburn for the pregnant individual because the uterus no longer presses as much on the stomach and diaphragm. However, lightening does not necessarily mean the baby's head (or presenting part) is engaged in the pelvis.

Statement 3: Lightening is not synonymous with engagement. However, engagement may be the end result of lightening. This statement is accurate and provides a clear distinction between the two terms. While lightening indicates the descent of the fetus into a lower position in the pelvis, engagement specifically refers to the settling of the fetal head (or presenting part) into the pelvis at the level of the ischial spines. Engagement is a more definitive position that often occurs closer to labor.

**Statement 4: Among many nulliparous women, descent of the fetus may occur two or more

weeks in advance of labor.** This statement is accurate. In nulliparous women (those who have not given birth before), it is common for the fetus to descend into the pelvis several weeks before labor begins. This early descent helps prepare the birth canal for the upcoming labor process.

Statement 5: Leopold’s maneuvers will reveal that the presenting part is no longer ballottable above the symphysis pubis. This statement is accurate. Leopold's maneuvers are a series of palpations that help assess the position and engagement of the fetus. If the fetus has descended and the presenting part (usually the head in cephalic presentations) is engaged, it will not be freely movable or "ballottable" above the pubis. This indicates that the fetus has descended sufficiently into the pelvis.

In summary, the statement "Lightening is synonymous with engagement" is the least accurate. Lightening involves the downward movement of the fetus into the pelvis but does not necessarily imply that the fetal head has engaged, which is a specific obstetric condition indicating readiness for labor. Lightening can occur without engagement, and engagement can sometimes occur without prior noticeable lightening.

Question 2. (Single Select)

Folate deficiency is the most common cause of which of the following diseases?

A: megaloblastic anemia
B: anemia of prematurity
C: iron deficiency anemia
D: sickle cell anemia

Correct Answer: A

Explanation:

Folate deficiency is the most commonly identified cause of megaloblastic anemia. Megaloblastic anemia is a type of anemia characterized by the presence of abnormally large and immature red blood cells called megaloblasts in the bone marrow. This occurs because of impaired DNA synthesis, which leads to ineffective erythropoiesis (production of red blood cells). Folate, or vitamin B9, is essential in the production and maintenance of new cells, including red blood cells. Its deficiency can disrupt cell division and lead to the characteristic large, immature red blood cells seen in megaloblastic anemia.

During pregnancy, the demand for folate significantly increases due to its role in the rapid cell division needed for fetal development. Folate deficiency during pregnancy not only leads to megaloblastic anemia but also increases the risk of neural tube defects in the fetus. The condition affects about 1% to 4% of pregnant women in the United States, with a higher prevalence in twin or multiple pregnancies due to an even greater demand for folate.

In contrast, other types of anemia like anemia of prematurity, iron deficiency anemia, and sickle cell anemia have different primary causes. Anemia of prematurity occurs in premature infants due to their underdeveloped body's inability to produce enough red blood cells. Iron deficiency anemia, the most common type of anemia globally, results from a shortage of iron, which is crucial for producing hemoglobin, the oxygen-carrying component of red blood cells. Sickle cell anemia is a genetic disorder that leads to the production of abnormal hemoglobin, resulting in distorted (sickle-shaped) red blood cells that can cause blockage and damage to parts of the blood circulation system.

Therefore, the direct link between folate deficiency and megaloblastic anemia, especially during pregnancy, highlights the importance of adequate folate intake through diet or supplements to prevent such complications and promote overall health during pregnancy. Regular screening and supplementation during pregnancy are crucial steps in managing and preventing folate deficiency and its associated risks.

Question 3. (Single Select)

The most common method of determining the estimated date of birth is by using Nagele’s rule. If the first day of the woman’s last menstrual period is May 20, when is the estimated date of birth?

A: February 13 of the following year
B: March 13 of the following year
C: March 20 of the following year
D: February 27 of the following year

Correct Answer: D

Explanation:

Nägele's rule is a standard way of estimating the due date for a pregnancy. The calculation is relatively simple and has been used widely in obstetrics. The rule involves taking the first day of

the woman's last menstrual period, subtracting three months, and then adding seven days. This method assumes a regular menstrual cycle length of 28 days and ovulation occurring on the 14th day of the cycle.

To apply Nägele's rule to the provided scenario where the first day of the last menstrual period is May 20, we follow these steps: 1. **Subtract 3 months from May 20**: Subtracting three months from May brings us to February 20. 2. **Add 7 days to February 20**: Adding seven days to February 20 results in February 27.

Therefore, according to Nägele's rule, the estimated date of birth would be February 27 of the following year. This rule provides an easy method for calculating due dates and is often quite accurate, assuming regular menstrual cycles. However, it's important to note that actual delivery can typically occur anywhere between 37 and 42 weeks of pregnancy, and only about 5% of births occur on the exact estimated due date.

Question 4. (Single Select)

Which of the following would be an indication of false labor?

A: discomfort begins in back, radiating to the abdomen
B: progressive frequency and intensity of contractions
C: longer intervals between contractions
D: activity increases contractions

Correct Answer: C

Explanation:

False labor, often referred to as Braxton Hicks contractions, can sometimes be mistaken for true labor due to the presence of contractions. However, there are distinguishing features that can help differentiate between true and false labor. One such feature is the pattern and spacing of contractions.

In true labor, contractions generally occur at regular intervals and the time between these contractions gradually decreases. Additionally, the intensity of contractions tends to increase over time. These contractions are usually felt starting at the back and radiating to the front of the abdomen. Furthermore, true labor contractions bring about progressive changes in the cervix,

leading to dilation and effacement (thinning).

Conversely, an indication of false labor is characterized by longer intervals between contractions. In false labor, contractions do not follow a predictable pattern and do not consistently become closer together. The contractions may also vary in length and intensity, and they often do not increase in strength over time. Moreover, these contractions might stop when you change activity or position, which typically does not happen in true labor.

Other signs of false labor include contractions that are predominantly felt in the lower abdomen and groin, rather than starting in the back and moving to the front. Additionally, false labor does not cause significant changes to the cervix, such as dilation or effacement. Sometimes, applying measures such as hydration or rest can lead to a decrease or cessation of contractions in false labor.

Understanding these differences is crucial for expectant mothers to avoid unnecessary trips to the hospital and to better prepare for actual labor. If there is any uncertainty about whether labor is true or false, it is advisable to consult a healthcare provider who can assess the situation more accurately, often through monitoring contractions and examining cervical changes.

Question 5. (Single Select)

Chorionic villus sampling (CVS) is ideally performed at

A: 15.0 to 18.0 weeks gestation
B: 12.5 to 16 weeks gestation
C: 10.0 to 13 weeks gestation
D: 7.5 to 9.0 weeks gestation

Correct Answer: C

Explanation:

Chorionic villus sampling (CVS) is a prenatal test that involves collecting a small sample of cells from the placenta, the organ that nourishes the fetus during pregnancy. The procedure is typically recommended for detecting genetic abnormalities in the fetus and can provide information about the baby's health much earlier in pregnancy compared to other tests like amniocentesis.

The ideal timeframe for conducting CVS is between 10.0 to 13 weeks of gestation. Performing the test during this period is crucial for several reasons. Firstly, at 10 weeks, the placenta is sufficiently developed to allow for an adequate sample to be collected, which is essential for reliable results. Secondly, conducting the test within this window minimizes the risk of complications associated with the procedure such as miscarriage, which though rare, tend to be slightly higher if CVS is performed too early.

During the procedure, the doctor may choose one of two methods to collect the sample from the chorionic villi, which are tiny finger-like projections on the placenta. The first method is transabdominal, where a needle is inserted through the abdomen and uterus to reach the placenta. The second is transcervical, where a thin tube or forceps are inserted through the cervix to sample the villi. The choice between these methods depends on the position of the placenta and the medical history of the patient.

It's important to note that while CVS can provide early detection of chromosomal conditions like Down syndrome and genetic disorders such as cystic fibrosis, it cannot detect neural tube defects. For this reason, women undergoing CVS are also advised to have a blood test at around 16 weeks of pregnancy to screen for these types of anomalies.

In summary, chorionic villus sampling is ideally performed at 10.0 to 13 weeks gestation. This timing ensures the placenta is adequately developed for sampling while also minimizing the risk of procedure-related complications. CVS provides crucial early insights into the genetic health of the fetus, aiding expectant parents and healthcare providers in making informed decisions about pregnancy management.

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