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Fetal Growth – Multiple Choice Questions for Vol. 49

- 1. Small for gestational age (SGA) is often confused with fetal growth restriction (FGR). This results in which of the following?
 - a) Equal detection as they equate to the same problem
 - b) Better detection of FGR as more small children will be diagnosed with FGR
 - c) Dilution of pathology in FGR studies
 - d) Worse detection of FGR as only small children will be diagnosed as FGR
 - e) Worse detection of FGR as more FGR children with weight appreciated to be normal will be missed
- 2. Standardization of core outcomes in FGR studies will result in which of the following?
 - a) Better and uniform reporting of outcomes
 - b) Less outcomes to be reported per study as the core outcome set reduces the options needed to study
 - c) Less outcome reporting bias and higher study quality
 - d) Probably more patients to consent to FGR studies as they had their vote in the list of essential outcomes.
 - e) An obligation to study too many outcomes
- 3. Which of the following is/are recommendations for feeding of low birth-weight (LBW) neonates?
 - a) They should be fed their mother's breast milk
 - b) Those who cannot be fed mother's breast milk, should be fed animal-based milk
 - c) Those who can be breastfed, should be put to the breast as soon as possible once clinically stable
 - d) They should be exclusively breastfed until 6 months of age
 - e) Those who cannot be breastfed should be fed by cup or spoon
- 4. Which of the following is/are recommendations for thermoregulation?
 - a) Kangaroo mother care is recommended for unstable infants under 2.0 kg
 - b) Plastic wrapping is sufficient to maintain an infant's core body temperature alone
 - c) Air temperatures of delivery rooms should be at least 25 $^\circ$ C
 - d) Relative humidity does not affect incubator temperature guidance or fluid loss in neonates
 - e) Axillary temperatures are preferred over rectal temperatures, due to minimal invasiveness

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- 5. Preventive care of newborns, within the first 28 days after birth include which of the following?
 - a) Sterilization and appropriate temperature of bottles for storage of expressed or donor breast milk
 - b) Cleaning of incubators
 - c) Umbilical Cord Care
 - d) Immunization with Hepatitis B
 - e) Administration of Vitamin A supplements to reduce the risk of nightblindness
- 6. Which of the following findings increase the risk of stillbirth/adverse pregnancy outcomes?
 - a) Decreased amniotic fluid volume
 - b) Increased resistance in the umbilical artery
 - c) Increased resistance in the middle cerebral artery
 - d) Decreased cerebroplacental ratio
 - e) Increased head circumference: abdominal circumference ratio
- 7. Which of the following placental abnormalities are associated with both fetal growth restriction and stillbirth?
 - a) Retroplacental haematoma
 - b) Acute chorioamnionitis of the chorionic plate
 - c) Low placental weight
 - d) Intraparenchymal thrombus
 - e) Single umbilical artery
- 8. Which of the following is/are the Doppler changes in a hypoxic growth-restricted fetus?
 - a) Decreased pulsatility index in the middle cerebral artery
 - b) Positive a-wave in the ductus venosus
 - c) Reversal of diastolic flow in the umbilical artery
 - d) Decreased flow through the foramen ovale
 - e) Decreased perfusion of lungs
- 9. The main endocrine and metabolic changes in the growth-restricted fetus are which of the following?
 - a) Hypotrophy of adrenal glands
 - b) Glucose intolerance
 - c) Activation of the hypothalamo-pituitary-adrenal axis
 - d) Increased plasma cortisol
 - e) Decreased levels of thyroid stimulating hormone
- 10. Which of the following statements regarding management options for the prevention of FGR is/are correct?
 - a) Low molecular weight (LMWH) in women with thrombophilia reduces the incidence of FGR
 - b) Aspirin reduces the risk of pre-eclampsia and FGR in high risk women
 - c) Smoking cessation reduces the risk of FGR especially if stopped in the second trimester
 - d) High protein diet can cause SGA babies
 - e) Routine use of anti-oxidants is recommended for the prevention of FGR

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