ALL About OB/GYN OSCE

2

Important Topics to Cover for Exam

- **Gestational Diabetes Miletus (GDM) & Diabetes Miletus in pregnancy:**
  - Definition of each & risk factors.
  - Common & specific congenital anomalies.
  - Complication (maternal & fetal).
  - Causes of delayed lung maturity, macrosomia & ketoacidosis in pregnancy.
  - Diagnostic & screening test , when is it done?
  - Management (Antepartum, Intrapartum & postpartum) for each : GDM, Pregnant with diabetes or uncontrolled diabetes.

- **Pre-eclampsia & Hypertension in pregnancy:**
  - Definitions of each type. (mild/severe pre-eclampsia, eclampsia, chronic HTN)
  - Clinical presentations (symptoms & Pathophysiology of them)
  - Examination findings.
  - Risk factors
  - How to diagnose? INVESTIGATIONS
  - Monitoring during pregnancy.
  - Complications (fetal & maternal).
  - How to manage (drugs, attacks).

- **Antepartum hemorrhage & Postpartum hemorrhage:**
  - ⌘ <u>APH:</u>
    - DDX.
    - Definitions.
    - Risk factors.
    - Symptoms to differentiate b/w different types.
    - Monitoring & Investigations .
    - Complications
    - Management.
  - ⌘ <u>PPH:</u>
    - Definition.
    - Causes (4T's)
    - Risk factors.
    - Complication.
    - Management for each cause.

➲ Bleeding in early pregnancy:

- Definition.
- DDX.

⌘ Abortions:

- Definition.
- Types & clinical presentation.
- How to differentiate b/w different types.
- Common causes in 1ST & early 2ND trimester.
- Investigations & management .
- Complications.
- Recurrent abortions (definition, causes & management)

⌘ Ectopic pregnancy:

- Definition.
- Clinical presentation.
- Causes & risk factors.
- Investigations & Complications.
- Management medical & surgical.

⌘ Molar pregnancy:

- Definitions & types.
- Clinical presentation.
- Causes & risk factors.
- Investigations , evaluation & for how long.
- Prognosis (bad benign, malignant, metastasis)
- Managemnet.

➲ Multiple pregnancy:

- Types.
- Risk factors.
- Physiological changes.
- Complications (maternal & fetal)
- Presentations & mode of delivery.
- Management.

➲ Malpresentation:

- Types & definitions.
- Risk factors.
- How to confirm diagnosis.
- Assessment & follow up.
- Complications
- Management (Antepartum & intrapartum)& mode of delivery.

➲ Cervical incompetence:

- Definitions.
- Clinical presentation.
- Causes & risk factors.
- Complications.
- Management & evaluation.

➲ Down's syndrome, Turner's syndrome.

- Karyotyping or chromosomal abnormality.
- Investigations.
- Antepartum procedures to confirm diagnosis.
- Features.
- Management.

➲ Preterm labor (PTL):

- Definition.
- Clinical presentation.
- Causes & risk factors.
- Assessments & management.
- Tocolytic therapy (types, indications & contraindications)
- Complications, prognosis.

➲ PROM & PPROM:

- Definitions.
- Causes & risk factors.
- Clinical presentation.
- Complications.
- Assessment & management.

➲ SVD & Instrumental deliveries:

- Definition of labor.
- Evaluations of labor (symptoms & signs)
- False labor, failure to progress & how to manage that.
- Complication (antepartum, intrapartum, postpartum)
- Indications & contraindications.
- Prerequisites.
- Assessment of mother & fetal.
- Puerperium (in details).

C-section:

- Definition.
- Types.
- Indications (emergency, absolute, relative).
- Contraindications.
- Complications in first 5 days Postoperative (orderly).
- Follow up postoperatively in the first 3 days.

IUGR & IUFD:

- Definition.
- Causes & risk factors.
- Types, how to differentiate b/w them.
- Investigations.
- Complications.
- Management.

Polyhydromnios:

- Definition.
- Causes & risk factors.
- Clinical presentation.
- Complications.
- Management.

Induction of Labor:

- Indications & contraindications.
- Bishop score (evaluation of labor).
- Prerequisites.
- Methods of inductions.
- Difference b/w induction & augmentation.
- Assessment (maternal & fetal).
- Complications & management.

UTI:

- Causes.
- Risk factors.
- Complications during pregnancy.
- Investigations.
- Management.
- Pyelonephritis (symptoms, complications & treatment)

➲ Infertility:

- Definitions.
- Causes & risk factors.
- History of the husband & wife.
- Investigations.
- Management.

➲ PID & Endometriosis:

- Definition.
- Causes & risk factors.
- Clinical presentation.
- Investigations.
- Complications.
- Management.

➲ Abnormal Uterine Bleeding:

- Types & Definitions.
- Causes & risk factors.
- Clinical presentation.
- DDX.
- Investigations.
- Complications.
- Management.

➲ Contraception:

- Types.
- Mechanism of action.
- Indications & Contraindications.
- Effectiveness & Failure rate.
- Complications.

➲ Fibroids:

- Definition.
- Causes & Risk factors.
- Clinical presentation.
- Relation to menstrual cycle & pregnancy.
- Types, degeneration.
- Complications.
- Management & Rx.

Menopause:

- Definition.
- Clinical presentation & associated symptoms.
- Complications.
- Types of medications used.

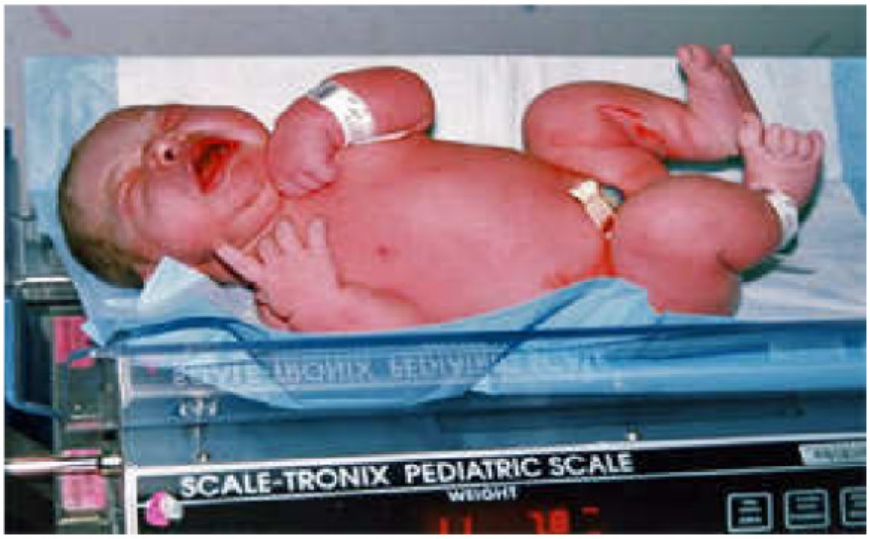
Ovarian masses:

- DDx (in pregnancy, no pregnancy, at any age).
- Clinical presentations.
- Evaluation & investigation.
- Complication.
- Management.

Carcinomas:

- Types, grades & stages.
- Relation to pregnancy, Nulliparity & menstrual cycle.
- Risk factors.
- Clinical presentation.
- Evaluation & investigations.
- Complication.
- Management & prognosis.

1. Station 1:



A. What is your diagnosis?

- Macrosomia.

B. Name 4 risk factors for this condition:

1) Gestational diabetes mellitus
2) Past history of macrosomic baby.
3) Maternal Obesity.
4) Prolonged gestation.

C. Mention 2 maternal complications

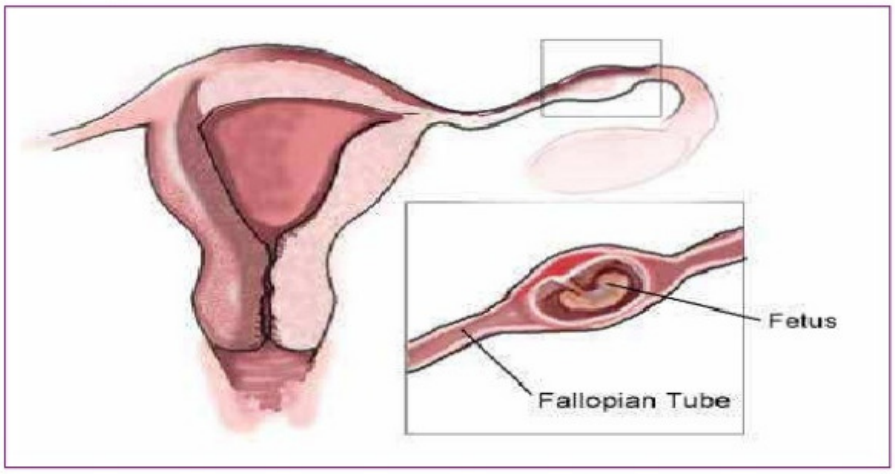
1) Postpartum hemorrhage.
2) Increase the risk of placental abruption.

D. Mention 2 fetal Complications:

1) Shoulder Dystocia.
2) Cervical Bone fracture.

Other fetal Complications of GDM:
Polycythemia, hypoglycaemia, hyperbilirubinemia, delayed lung maturity, prolonged labour and risk of fetal distress.

2. Station 2:



- This Patient presented with 6 weeks of amenorrhea & a positive pregnancy test…

A. ***What is your diagnosis?***
- Ectopic Pregnancy.

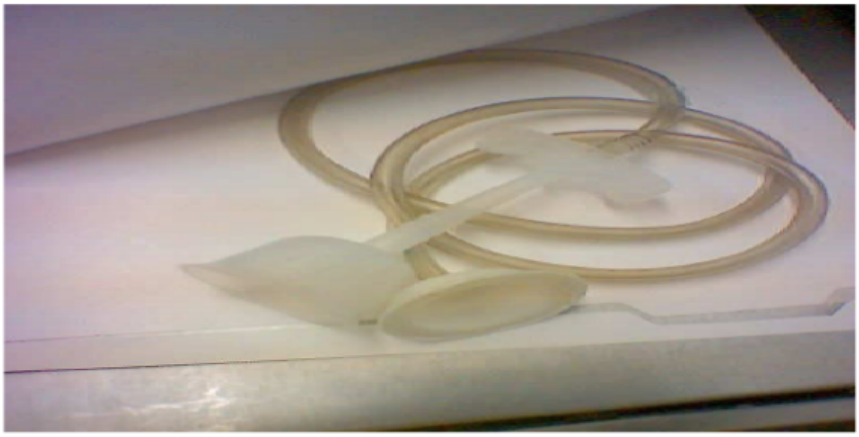
B. ***What are the usual presenting symptoms? Mention 2***
1) lower abdominal pain.
2) Vaginal bleeding.
3) Amenorrhea.

C. ***What are the risk factors for this condition? Mention 4***
1) Previous ectopic.
2) History of PID, Salpangitis, Endometriosis.
3) Tubal ligation.
4) Uterine leiomyomas, adhesions & abnormal Uterine anatomy.

D. ***What is the medical treatment?***
- Methotrexate.

E. ***What are the surgical treatments?***
1) Salpingiotomy.
2) Salpingectomy.

3. Station 3:



A. ***Identify the Instrument:***

- Plastic Ventose suction cup, Vacuum Extractor**.**

B. ***Mention 3 prerequisites before applying the Ventose: (ABCDEFGHIJK)***

1) **A**nesthesia
2) **B**ladder is empty.
3) **C**ervix is fully dilated & effaced with ROM.

C. ***What are the indications for its use? Mention 2***

1) Prolonged 2ND stage labor
2) Fetal distress.

D. ***Mention 4 complications:***

- **Maternal:**

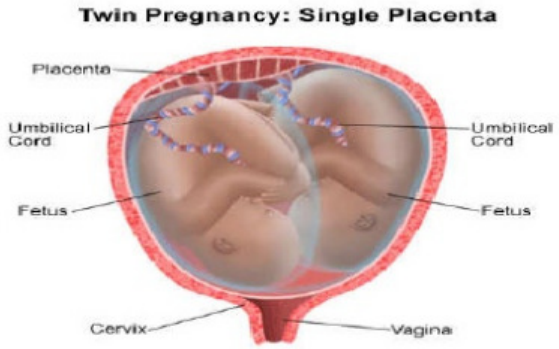
1) Vaginal laceration & soft tissue injury.
2) Bleeding from laceration.

- **Fetal:**

1) Cephalohematoma
2) Intracranial hemorrhage.

In fetal complications:
Intragleal hemorrhage is the most feared complication

4. Station 4:



A. ***What is the commonest presentation of twin pregnancy?***
- Cephalic-cephalic presentation**.**

B. ***What are the predisposing factors for multiple pregnancy? Name 2.***
1) Induction of ovulation, 10% with Clomide & 30% with Gonadotropins.
2) Heredity usually on maternal side

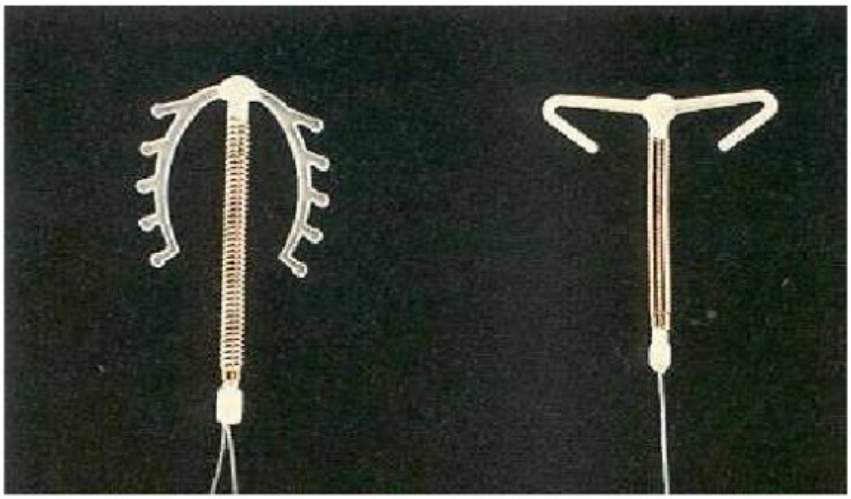
C. ***What are the complications of multiple pregnancy? Mention 4.***
1) Postpartum hemorrhage.
2) Anemia.
3) Preterm labor & prematurity.
4) Placenta previa.
5) Abnormal fetal presentation.
6) TTTS.

D. ***What are the 2 types of twins according to zygocity.***
- Monozygotic, Dizygotic.

E. ***How would you deliver if both fetuses are cephalic:***
- Vaginal delivery.

F. ***How would you deliver a mono-chorionic mono-amniotic twin?***
- C-section.

5. Station 5:



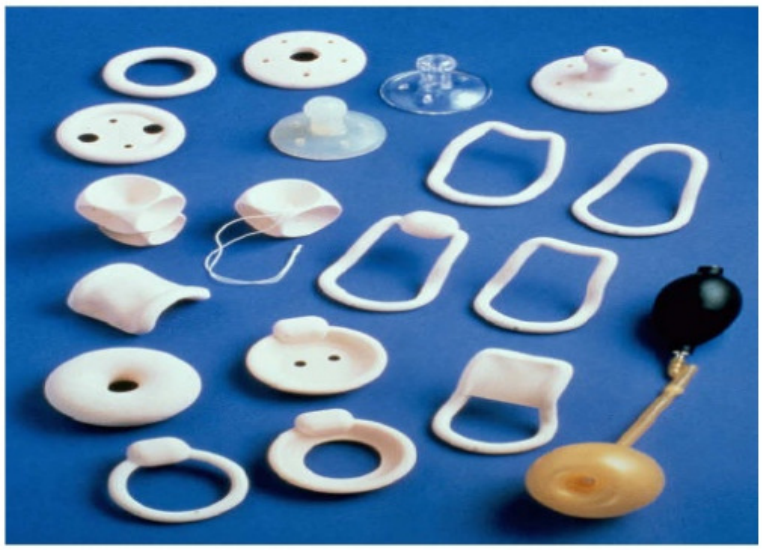
A. ***Name this object. (don't use abbreviations)***
- Intra Uterine Contraceptive Device.

B. ***What the indication of it's use.***
- Contraception.

C. ***Mention 4 contraindications for its use.***
1) Pelvic inflammatory disease.
2) Menorrhagia
3) History of previous ectopic pregnancy
4) Severe dysmenorrhea.

D. ***Mention 4 complications for its use.***
1) Dysmenorrhea and Menorrhagia
2) Infection
3) Expulsion
4) Translocation

6. Station 6:



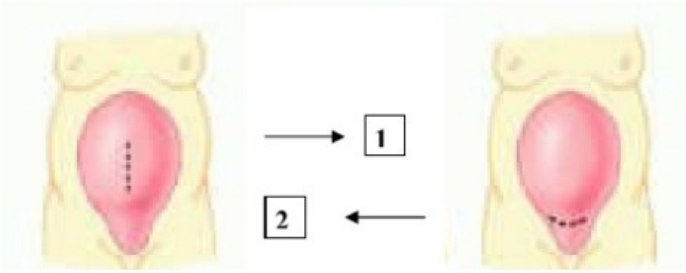
A. ***Identify this Object.***
- Hodge Pessary OR Ring Pessary.

B. ***What is the indication for it's use?***
- Uterine prolapse or genital preolapse.

C. ***What are the risk factors for the previous condition? Mention 2.***
1) Multiparity – Old age.
2) Relaxation & weakness of ligaments supporting uterus.
3) Chronic Increase of abdominal pressure.

D. ***What are the main structures involved in the support of the uterus? Mention 2.***
1) Cardinal.
2) Utero-sacral ligament.

7. Station 7:



A. Identify the type of incision:

1) Classical CS
2) Lower segment Transverse CS.

B. Name 2 indications for elective C-S:

1) Breech.
2) Multiple pregnancy.
3) Active Herpes.

For the Indication: Check Dr. Gadeer's slide

C. Name 2 indications for emergency C-S:

1) Severe PET.
2) Cord prolapse.
3) Vasa previa.

D. Name 4 complications.

1) Hemorrhage**.**
2) Infections.
3) Injury to surrounding organs.
4) Fetal injury.

8. Station 8:

A. ***What is the name of this instrument?***
- Fetal scalp electrode.

B. ***Mention 2 perquisite before application.***
1) Cephalic presentation.
2) Rupture of membranes.

C. ***What is it used for? Mention 3.***
1) To Monitor fetal heart. (main)
2) In fetal distress.
3) For accurate fetal surveillance.

D. ***Name 2 contraindications.***
1) Face presentation.
2) Maternal Active genital infection.

E. ***What is the normal fetal heart rate:***
- 120 t- 160 beat/minute.

F. ***What is the normal beat-to-beat variability:***
- 5-15 beat/minute.

G. ***Name 2 causes of fetal tachycardia rather than hypoxia.***
1) Maternal fever.
2) Chorioamnionitis.

H. ***What are the causes of decreased variability:***
- Fetal sleep, hypoxia, sedative drugs and prematurity.

I. ***Name 2 causes of fetal bradycardia .***
1) Post-mature baby.
2) Cord compression.

Check out Toronto Notes regarding causes of Brady-& Tachy-cardia !!

9. Station 9:

A. ***Identify this object.***
- Rolling brush or cervical brush.

B. ***What is it used for (Name the test)?***
- Cervical swap for a pap smear.

C. ***Name the site where the specimen is taken from.***
- Form the Transformation zone (endo & exo-cervix)

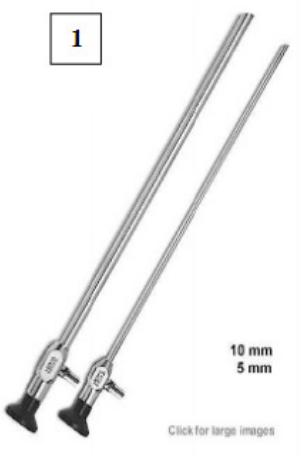
D. ***What is the most common virus associated with Cervical cancer?***
- Human papilloma virus (HPV).

E. ***Name the most common subtypes associated with cervical cancer.***
- Subtypes (16,18).

F. ***Mention 2risk factors for Cervical cancer.***
1) Family history of cervical cancer.
2) Smoking.

10. Station 10:

1



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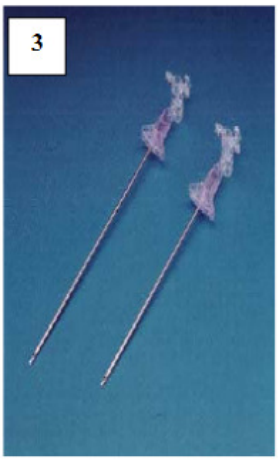


A. ***Name these Objects.***

1) Lap1roscope.
2) Trochar & Canulla
3) Veress needle.

B. ***What are they used for?***

- Laparoscopy.

C. ***Mention 4 indication.***

- Diagnostic:
  1) Endometriosis.
  2) Infertility.
- Therapeutic**:**
  1) Ectopic pregnancy.
  2) Tubal ligation.

D. ***Mention 4 complications.***

1) Infection (peritonitis)
2) Bleeding (Laceration of vessels)
3) Perforation of bowel.
4) Subcutaneous emphysema.

11. Station 11:

Case: **A 24 year old married woman presented to the ER with a 12hour Right lower abdominal constant and progressive pain.**

A. Mention 2 points important to ask in history.

1) Last menstrual period,

2) previous ectopic pregnancy

3) UTI symptoms.

4) Pain History.

B. Mention 4 DDx.

- Gynecological causes: Ectopic pregnancy, ovarian cyst torsion, rupture or hemorrhage, molar pregnancy, acute pelvic inflammatory disease, degenerating leiomyomas
- Non Gynecological causes: Acute Appendicitis, pylonephritis, pancreatitis.

C. Mention 2 investigation you would ask for.

1) β-hCG (to exclude pregnancy)

2) US

3) Blood work , CBC.

12. Station 12:

- ***Case:*** **A woman collapsed after 30 minutes of delivering a 5 Kg baby.**

A. What is your diagnosis?

- Postpartum hemorrhage.

B. Mention the 4 causes.

1) Uterine atony.

2) Retained placental tissues.

3) Genital lacerations.

4) Coagulopathy.

C. How would you manage this patient.

1) Vitals, ABCs, I.V. fluid, cross-matching
2) Oxytocin, Prostaglandins & uterine massage
3) Surgical: D&C, hypogastric, ovarian artery or uterine artery ligation, arterial embolization, **Hysterectomy** (last option)

D. Mention 4 complications of postpartum hemorrhage:

1) Acute blood loss may result in shock and death

2) Chronic blood loss may result in iron deficiency anemia

3) In the long run she may develop Sheehan's syndrome

4) Blood transfusion complications

5) If we could not control the blood loss we may do hysterectomy

13. Station 13:

-*Case:* **A 35 years old female complains of pain 2 days before and 3 days after her period**

A. *What is your diagnosis.*

- Secondary dysmenorrhea

B. *What are the main points to ask in the history. (4 points)*

1) 1st ask when did it begin, is it new symptoms associated with cycle or it happen to her from menarche

2) Associated symptoms

3) Risk factors (Nulliparity, family Hx of endometriosis)

4) Does it worsen with age?

C. *Mention 2 other symptoms associated with this condition.*

- Dyspareunia, Abnormal bleeding, infertility.

D. *What is you DDx.*

- Endometriosis, Pelvic Inflammatory Diseases, Adenomyosis, cervical stenosis, Pelvic congestion

E. *Name 2 investigations to do in this case.*

- Laparoscopy.
- U/S.

14. Station 14:

- *Case:* A 32 weeks gestation G5 P4 +0 woman with severe lower abdominal pain the cervix was 3 cm dilated.

A. *What is your diagnosis.*

- Preterm labor.

B. *What the risk factors for this condition.*

- Multiple gestation, Polyhydromnios, macrosomia, bacterial Vaginosis.

C. *Name 2 maternal & 2 fetal Complication.*

1) **Maternal:** Risk of CS because of under developed lower uterine segment or very small birth weight baby, Increase risk of infection
2) **Fetal:** risk of prematurity, necrotizing entercolitis, respiratory distress syndrome, interventricular hemorrhage, retinopathy of prematurity.

D. *Mention 2 benefits for the use of corticosteroids.*

- To enhance the lung maturity.
- Prevention of NEC, interventricular hemorrhage.

15. Station 15:

- *Case:* Pregnant with blood pressure of 160/110 with proteinuria, complaining of headache.

A. What is the diagnosis:

- Severe pre eclampsia

B. Mention other symptoms she may presented with:

- Abdominal pain, visual disturbance, oligouria, pulmonary edema or cyanosis, non-dependent edema, Scotomota

C. Mention 3 signs:

- RUQ tenderness – non dependant edema – retinal hemorrhage on fundal examination.

D. Mention 4 investigations:

- CBC: to check Hb level (hemolysis), to check platelets count
- LFT: ALT and AST, Alkaline phosphatase level is not helpful because it is usually raised in pregnancy
- Urea and electrolyte to check kidney function
- US to check the fetal well being and exclude IUGR

16. Station 16:

- ***Case:*** **A 60 year old P5+0 presented with a pelvic mass. US showed that it's ovarian in origin.**

A. ***Mention 4 points you want to check in the US.***

1) Consistency.
2) Is it bilateral? & the size.
3) the presence of ascites.
4) The presence of outgrowth on the surface.

B. Mention 2 of the risk factors for ovarian cancer.

1) Family Hx.
2) Nulliparity.
3) Early menarche & late menopause.
4) Age.
5) Race (Caucasian).

C. What do we mean by stage Ia and Ib?

1) Ia → Limited to one ovary with no ascites.
2) Ib → Limited to both ovaries with no ascites.

D. Mention 2 points for the treatment of ovarian cancer.

- Debulking surgery, chemotherapy & radiotherapy.

17. Station:

-*Case:* A 25 year old primigravida. At booking, her investigations showed that she wasn't immune to Rubella.

A. What is your management?

- Expectant management , avoid exposure.

B. Postpartum. What are you going to do for her?

- Vaccinate her.

C. What type of vaccine is the Rubella vaccine?

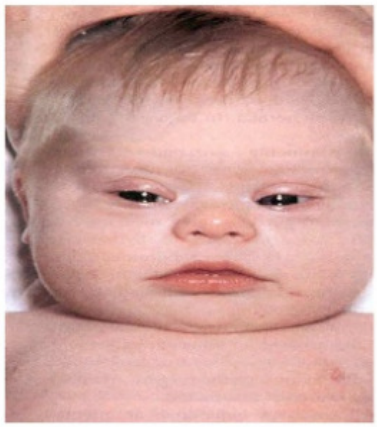
- live attenuated rubella virus, given I.M.

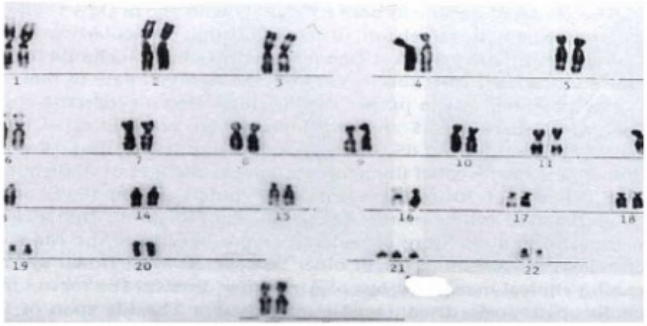
D. Which time period is the most dangerous time period and the baby would develop Congenital Rubella Syndrome if she/he got infected by Rubella?

- Less then 11 weeks (90% of babies will be infected in their mothers got infected before 11 weeks, ***Sakala***)

- Congenital heart diseases.
- Symmetrical IUGR.
- Hepatosplenomegaly.

18. Station 18:





- From the picture in front of you.

A. What is the diagnosis?

- Down syndrome.

B. What is the chromosomal abnormality?

- Trisomy 21.

C. It's associated with :

- Increased maternal age.

D. Mention 4 features of this disease.

1) Low lying ear.
2) An abnormally small chin.
3) Round face.
4) Congenital heart disease.
5) Almond shaped eyes.

E. Mention 2 antenatal tests you would order?

Amniocentesis, chorionic villous sampling (CVS) & Percutaneous umbilical cord blood sampling (PUBS).

19. Station 19:

- Mention the components of the following :

A. Biophysical profile.

1) Amniotic fluid index.

2) Fetal tone.

3) Fetal activity.

4) Fetal breathing movements.

5) Fetal heart beat.

- 1-4 → by US.
- 5 → by non-stress test.

B. Bishops score.

1) Cervical dilation

2) Cervical effacement.

3) Cervical consistency.

4) Cervical position.

5) Fetal station.

20. Station 20:

A G4P3+0. Her LMP was on 26/6/2009.

A. What is the gestational age (today is 6/1/2010)?

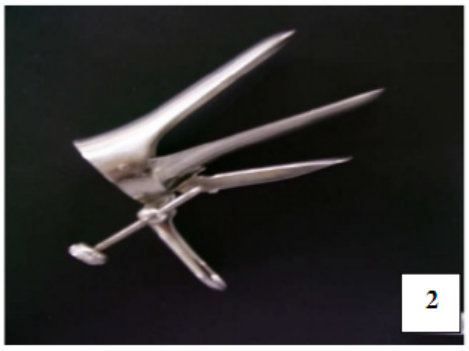
We got different answers for this Q !!
So , Answer it , & Plz let me KNOW :P

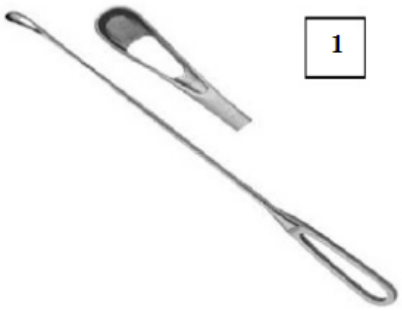
B. What is her EDD?

2/4/2010.

21. Station 21:

Answer the following questions about the instruments in front of you:





1)

A. Identify.

- Uterine curette.

B. Mention 2 obstetrical and 2 gynecological uses.

- Obstetric: Post abortive bleeding and secondary post partum hemorrhage.
- Gynecological: Dysfunctional uterine bleeding and cervical polyps.

C. Mention 2 disadvantages.

- Sepsis.
- Perforation of the uterus.
- Permanent amenorrhea & sterility.

2)

A. Identify.

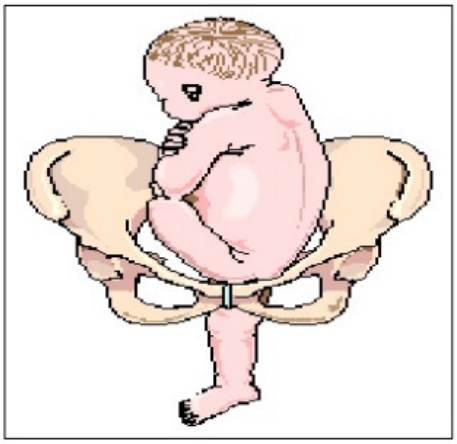
- Cusco's non-fenestrated bivalvular self-retaining vaginal speculum.

B. Mention 4 uses.

1) During clinical Ex to expose the cervix & the vaginal walls.
2) It allows the application of local instruments to the cervix.
3) It allows the introduction of the uterine sound.
4) It also allows the insertion of an IUCD.

22. Station 22:

- Answer the following:



A. Mention 3 types of breech.

1) Complete breech.

2) Frank breech.

3) Footling breech.

B. In the picture in front of you. What type of breech presentation is it?

- Footling breech.

C. What would you do for her antenataly?

- External cephalic version.

D. Mention 4 risk factors for this condition.

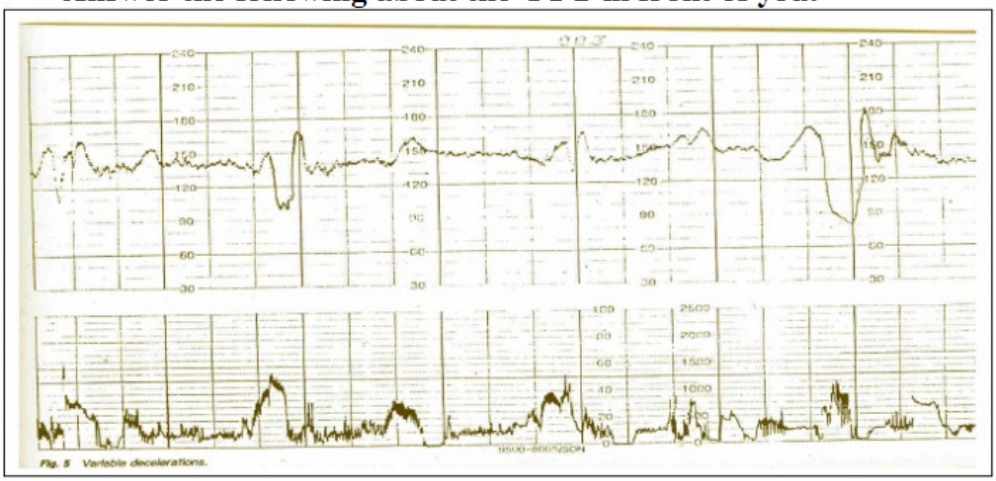
- Prematurity, uterine anomaly, fetal anomaly (e.g. hydrocephaly), prior breech, multiple gestation and polyhydramnios.

E. If she presented in her 37th week with this presentation. What would you do for her?

- C-section.

23. Station 23:

- Answer the following about the CTG in front of you:



A. What is the abnormality? **-** late decelerations.

B. What is the cause of this abnormality?

- Decrease in uterine blood flow and oxygen transfer during a uterine contraction. (utero-placental insufficiency).

C. On examination she was 5 cm dilated. What would be your management? Mention 4 points.

1) Change maternal posture.
2) Increase or commence intravenous infusion.
3) Give facial oxygen.
4) Stop any oxytocic infusion if in progress.
5) Vaginal examination to exclude cord prolapsed.
6) A fetal blood sample should be obtained to assess the pH value and base deficit of the fetal blood.

D. If the cervix is 6 cm dilated, what other test you would perform to support your diagnosis? - Check the fetal scalp pH

E. If the amniotic fluid pH was 7.1. What are you going to do?

- Deliver her immediately.

24. *Station 24:*

- ***Case:* A 38 week pregnant lady. On abdominal examination the fundal height was 32cm.**

A. What is the differential diagnosis? Mention 3.

1) Wrong LMP date.
2) IUGR
3) Transverse lie.

B. What are you going to measure in the US? Mention 3.

1) Abdomen circumference.
2) head circumference.
3) Femur length.

C. How would you differentiate between symmetrical and asymmetrical IUGR? Mention 2.

1) Abnormal head-to abdomen circumference by US.
2) Symmetrical IUGR usually associated with infections & congenital anomalies, occurring early in pregnancy, while asymmetrical IUGR occurs late in pregnancy.

25. Station 25:

- ***Case:*** **A 28 year old pregnant lady. On her routine checkup, it was found that she had proteinuria.**

A. Mention 2 differential diagnosis for proteinuria.

1) Urinary tract infection

2) Vaginal discharge.

3) PET

B. Mention 3 physical examinations you are going to do for her.

1) Tendon reflexes.
2) Fundoscopy.
3) Measure her blood pressure.

C. If she presented with a BP of 150/110. Mention 2 investigations you would do for her.

1) 24 hour urine collection for proteinuria.
2) CBC, platelets, LFT.

26. Station 26:

- ***Case:*** **A 60 year old lady presented to the clinic with amenorrhea for 14 months and night sweats (or heat intolerance).**

A. What is the diagnosis?

- Menopause.

B. What is the cause of her symptom?

- Due to low estrogen levels.

C. Mention the investigations you are going to do for her.

- Check her estrogen level, FSH and LH.

D. She presented with Colle's fracture, Why?

- Osteoporosis.

E. Mention 3 medications you are going to give her for osteoporosis.

1) Calcium, vitamin D,

2) Biphosphonate.

3) Hormonal replacement therapy.

27. Station 27:

- ***Case:*** **A couple of 37 year-old man married to a 27 year-old women came to your clinic. They've been married for 4 years and have no children.**

A. What are you going to ask the husband in the Hx?

- Married before & had children? Smoking? Alcohol? Occupation (radiation or heat exposure)? Hx of chemotherapy or radiotherapy? Hx of trauma or surgery (hernia repair or vasectomy) and infections for e.g. mumps.

B. Mention 4 points you want to ask the wife in the Hx.

- Menstrual cycle (regular, irregular), Previous infections & PID, Hirsutism, Dysmenorrhea, Prolactinoma & Galactorrhea, Contraception, Family Hx of the same problem.

C. What is the best investigation for ovulation?

1) Progesterone level in day 21.

2) Basal body temperature.

3) Pre-ovulatory cervical mucous.

4) Urinary LH.

D. What are the components of semen analysis?

1) Sperm conc. → >20 million.
2) Semen Volume → 2-5 ml.
3) Normal morphology →30%.
4) Sperm motility → > 50%.
5) pH → 7.2 – 7.8.
6) Liquefaction time: less than 30 min.

E. How would you investigate tubal patency?

- Hysterosalpingiogram.

F. What is the way to conceive?

- IVF.

28. Station 28:

- *Abdominal Examination of a pregnant women (DUMMY).*

1- Inspection:

- Symmetrically distended Abdomen.
- Thoraco-abdominal Respiration.
- Scars of previous surgeries.
- Presence of linea nigra, Striae gravidarum & Dilated veins.
- Ask the patient to cough & check hernial orifices.
- Comment on visible fetal movement if present.

2- Palpation:

- **Fundal height:** (from upper part of the symphysis pubis to the upper

2- Palpation:

- **Fundal height:** (from upper part of the symphysis pubis to the upper part of the uterine fundus).. With ULNAR side of your hand.
- **Leopold's maneuvers: 4 grips**

1. Fundal grip: To Know the part of the fetus occupying the fundus.
2. Lateral grip. To know the sides of the baby, Lie.
3. Pelvic grip: To know the part of the fetus occupying the lower uterine segment.
4. Engagement: The greatest diameter of the presenting part is passing through pelvic inlet.

29. Station 29:

- ***Case :*** **A 32 year old G3P1+2. She had 2 abortions.**

A. What are you going to ask her about her previous pregnancies?

- Age, how did she confirmed the diagnosis, details of each abortion (gestational age, painful, any contraction felt, bleeding, rupture membranes, passing of tissue) Hx. Of surgeries, D&C, Hx. Of cerculage.

B. She has a Hx of painless dilation of the cervix and loss of pregnancy. What is the diagnosis?

- Cervical incompetence.

C. What are you going to do for her for this pregnancy? when ?

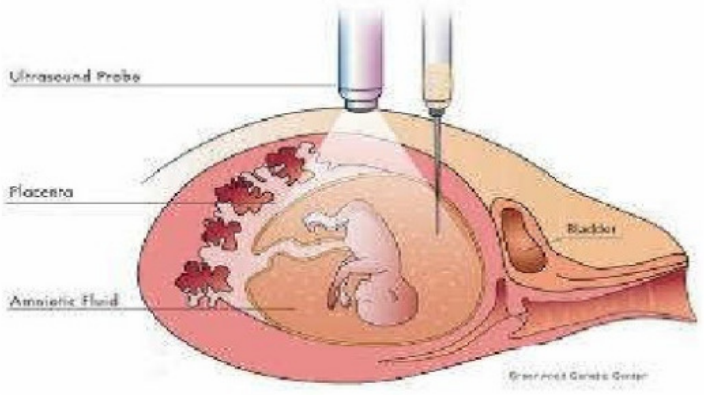
- Cervical Cerculage, performed at 10-12 wk (***Sakala***)

D. Mention one investigation you are going to do for her .

1) US.

2) High vaginal swap & pap smear (for infections)

30. Station 30:



A. What is this procedure?

- Amniocentesis.

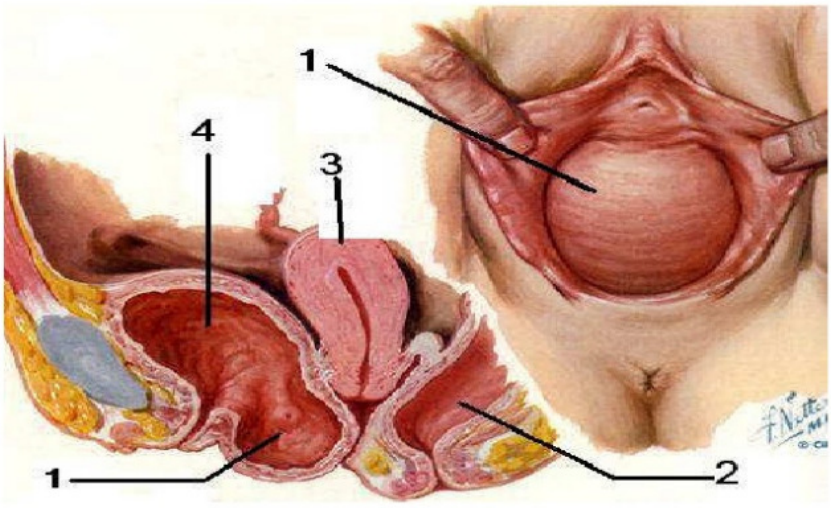
B. Name 4 indications for this procedure.

1) Chromosomal abnormality (cells)
2) Infections
3) Bilirubin (in case of haemolysis)
4) Check lung maturity.

C. Name 2 other antenatal diagnostic tests.

1) PUBS (**P**ercutaneous **U**mbilical cord **B**lood **S**ampling).
2) CVS (**C**horionic **V**illia **S**ampling)

31. Station 31:



A. ***Identify the defect in arrow 1.***

- Cystocele.

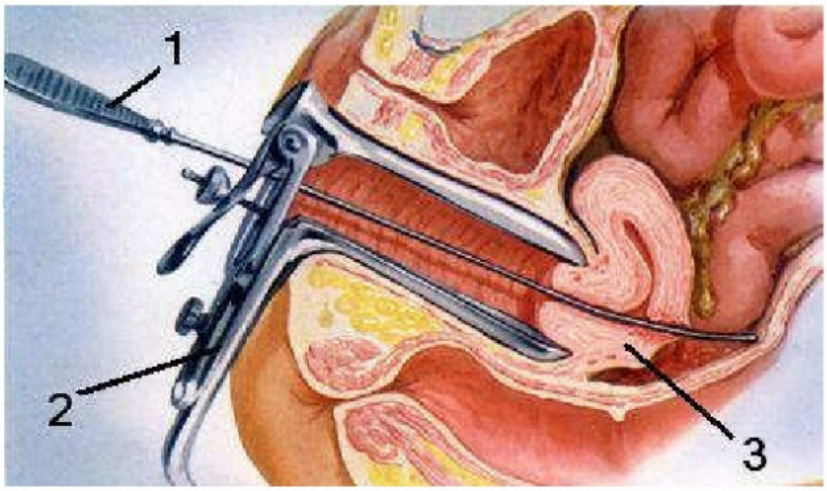
B. ***Identify the anatomic structure in: (1, 2, 3, 4).***

1) Posterior urinary bladder, anterior vaginal wall.
2) Rectum.
3) Uterus.
4) Urinary bladder.

C. ***Name 3 risk factors for this condition.***

1) Old age.
2) Multiparity.
3) Genetic connective tissue disease or weakness.

32. Station 32:



A. ***What is the defect in arrow 3?***

- Perforated uterus.

B. ***What is the position of this uterus?***

- Sharply anteflexed uterus.

C. ***Identify instruments in arrow (1, 2).***

1) Sim's Uterine Sound.

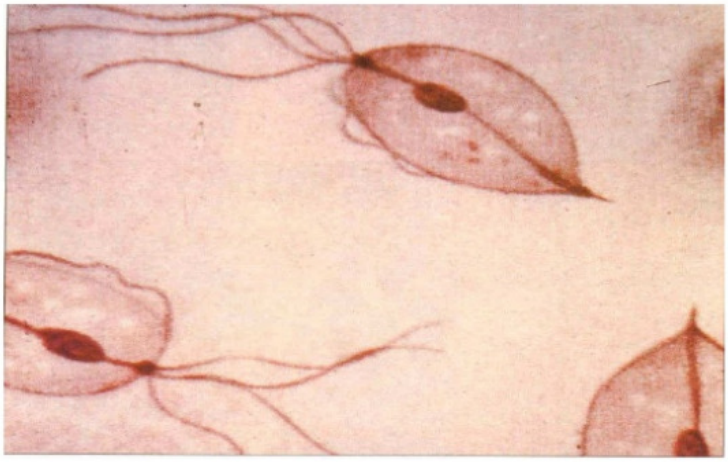
2) Cusco's Metallic vaginal speculum.

D. ***How can you prevent this condition.***

1) US guidance.

2) Gentle & gradual insertion.

33. Station 33:



A. Name this organism.

- Trichomonas vaginalis *(a flagellated protozoan).*

B. How would it present clinically?

It could present with: itching and discharge

- Yellow – green, malodorous diffuse vaginal discharge.
- Irritated tender vulva & itching.
- Dysuria & frequency.

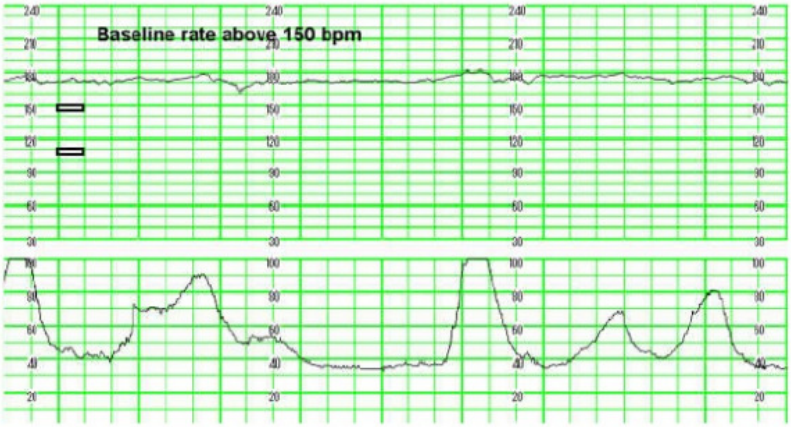
C. What is the treatment?

- Treated with Metronidazole.

D. Would you treat the partner? Why?

- Yes, It's a sexually transmitted infectious disease.

34. Station 34:



A. Identify the abnormality.

- Fetal tachycardia. (>180 beats/min).

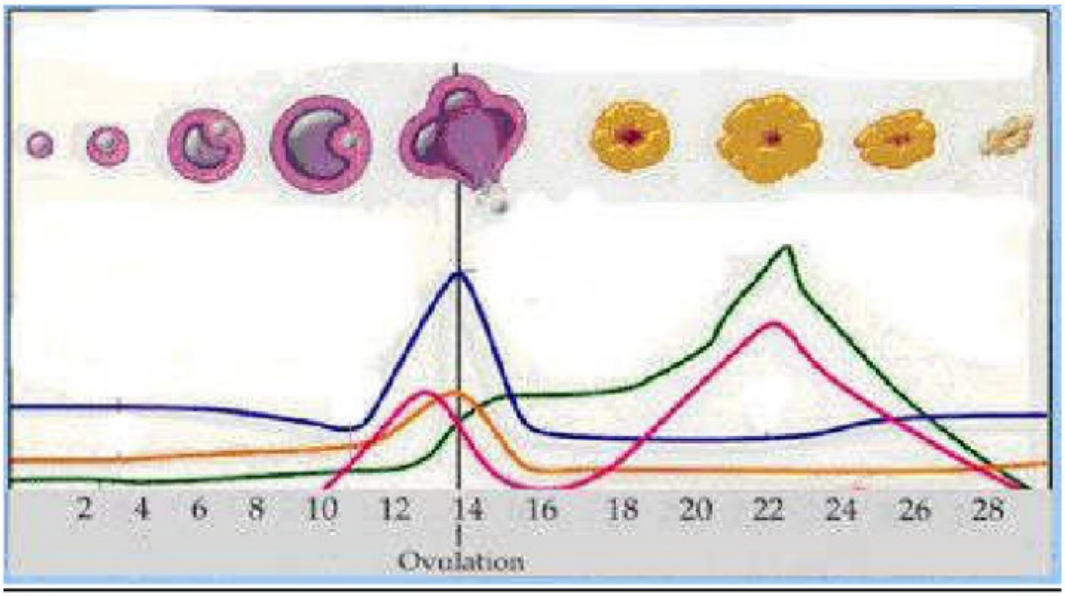
B. What is the normal range?

- 120-160 beats/min.

C. Name 4 causes.

- Maternal:
  1) Fever.
  2) Anxiety.
  3) Medications (e.g.: Terbutaline)
- Fetal:
  1) Infection.
  2) Excitation and movement.
  3) Early hypoxia.
  4) Infection.
  5) Fetal heart arrhythmia.
  6) Prematurity.

35. Station 35:



A. Name the 4 hormones in menstrual cycle and from where are they secreted?

1) FSH: from anterior pituitary.

2) LH: from anterior pituitary.

3) Oestrogen: from granulosa cells.

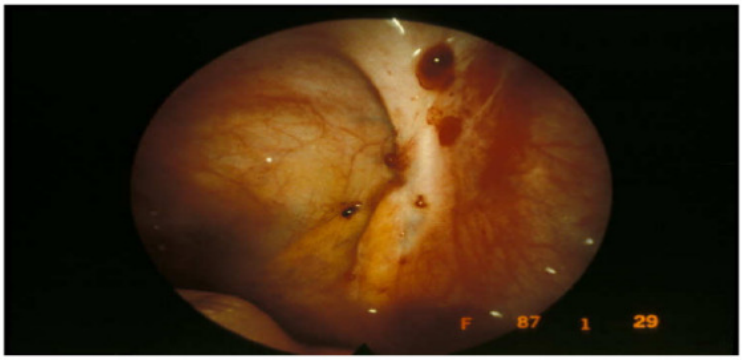
4) Progesterone: from corpus luteum

B. Name the two phases and their predominant hormone.

1) Proliferative phase. (by oestrogen).

2) Secretary phase (luteal). (by progesterone)

36. Station 36:



A. ***What is shown in the picture?***

- Endometriosis (showed by laparoscopy).

B. ***Name 4 common sites for this lesions.***

1) Ovaries.
2) Peritoneum.
3) Ovarian/uterine ligaments.
4) Pelvic wall.
5) Cervix.

C. ***What are the two main ways of treatment? mention an example for each.***

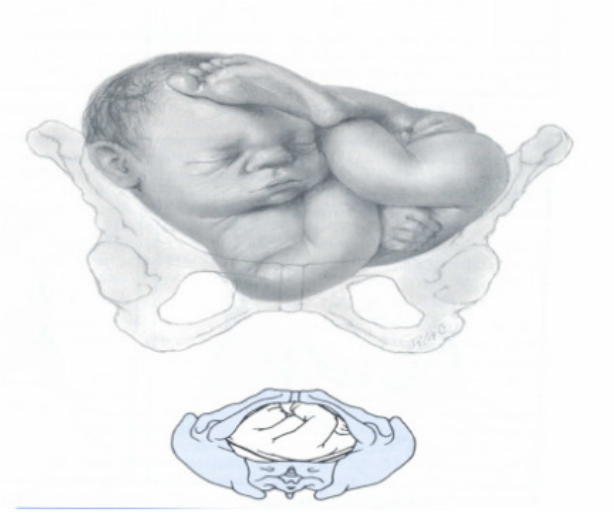
1) Medical:

- Psuedopregnancy: progesterone pills, COCP.
- Psuedomenopause: Danazol, GnRH agonist.

2) Surgical:

- Partial or radical either by: laparoscopy & laparotomy.

37. Station 37:



A. ***What is the lie & presentation?***

- Transverse lie.
- Shoulder presentation.

B. ***Name 2 diagnostic signs.***

1) Low fundal height to date.
2) By Leopold maneuver, Feel the head on the lateral sides of the abdomen.
3) By Leopold maneuver's Feeling the back of the baby running transversely.
4) Transverse lie by Ultrasound.

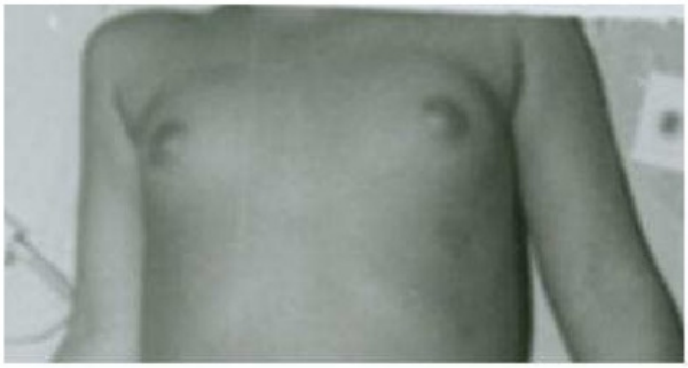
C. ***Name 2 complications.***

- Cord prolapse (most common), cord compression.
- Shoulder dystocia, prolonged labor, obstructed labor, maternal exhaustion, maternal injury.
- Fetal distress, fetal injury, bone fracture (usually clavicle).

D. ***What is the management before & during labor.***

- Before delivery: External Cephalic Version (ECV)
- During labor: C-section.

38. Station 38:



A. ***What do you see?***

- Breast budding.

B. ***Give 2 DDx.***

- Complete precious puberty.
- Incomplete precious puberty.

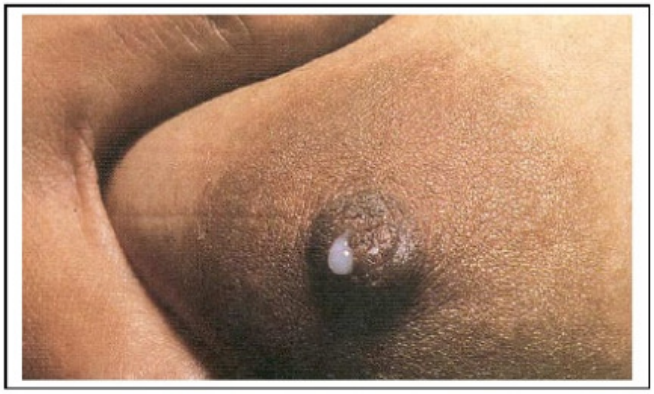
C. ***Mention 3 points you would ask in history.***

1) Ask if she has any pubic or axillary.
2) Ask if she has any vaginal bleeding or menses.
3) Ask if she has been taking any medications.
4) Ask for family history for the same condition.

D. ***Investigation you would ask for.***

1) Check hormonal level of estrogen.
2) Check her FSH, LH levels.
3) Take radio-images of her brain to rule out any secretory tumors (sp: pituitary)
4) Do an US for her ovaries to rule out any estrogen secreting tumors (ex: granulosa cells tumor)

39. Station 39:



A. ***What is this condition?***

- Galactorrhea.

B. ***Caused by what hormone?***

- Prolactin.

C. ***What could cause its elevation?***

1) Physiological (lactating breast-feeding mother)
2) Pituitary adenoma
3) Drug-induced.
4) Other prolactin-secretory tumors.
5) Idiopathic elevation.

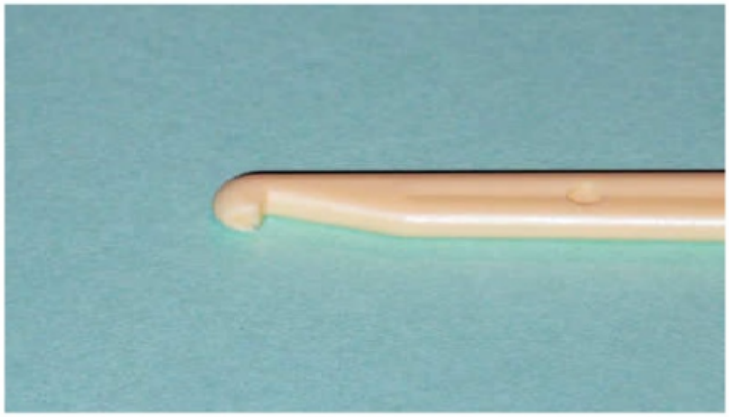
D. ***What other possible symptoms could it present with?***

1) Infertility
2) Amenorrhea

E. ***How would you treat it?***

- Medically: Bromocriptine (for decreasing prolactin secretion and reducing adenomas size)
- Clomide (to restore fertility)
- Surgical: remove the tumor

40. Station 40:



A. ***Identify this instrument.***

- Amnio-hook (amniotic hook).

B. ***What is it used for?***

- Artificial rupture of the membranes (amniotomy).

C. ***What are the indications for its use?***

1) Used in induction of labor (to fasten baby birth due to any reason)
2) Used to see meconium-stained amniotic fluid to confirm fetal distress (in an external fetal monitor)
3) Used to put on fetal scalp heart monitor to confirm fetal distress in an external monitor.

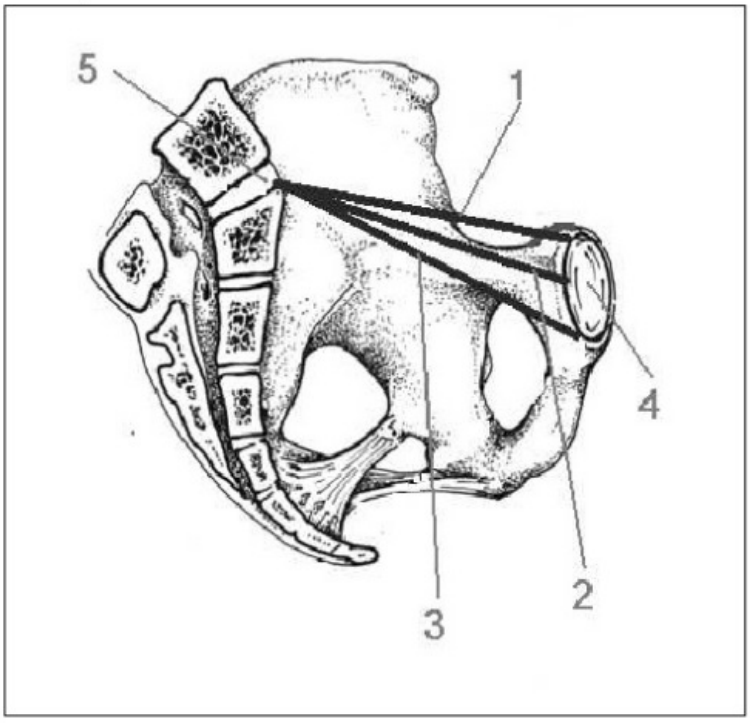
D. ***Who uses it?***

- An obstetrician and a midwife.

E. ***Name 2 complication.***

1) Bleeding.
2) Injury to the baby's presenting part.
3) Cord prolapse.
4) Infection.

41. Station 41:



A. *What are 1, 2 ,3 ?*

- 1= True (anatomic) diameter.
- 2= Obstetric diameter.
- 3= Diagonal diameter.

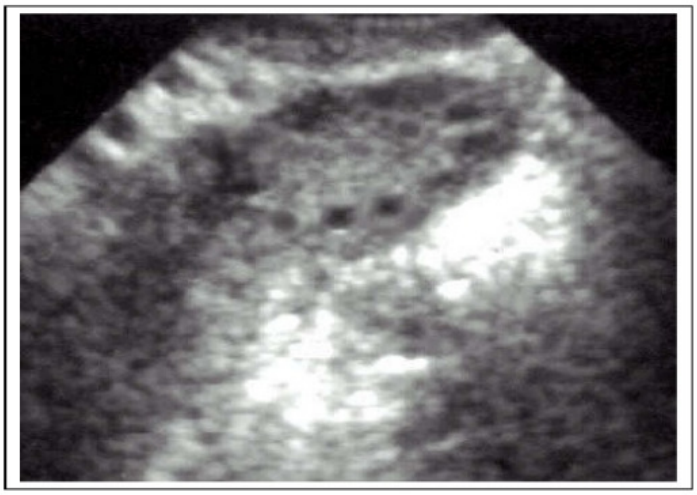
B. *Which one is the most important obstetrically and what's its length?*

- Obstetric diameter and its about 11.5 cm.

C. *What are 4 and 5?*

- 4= Pubic bone (symphysis pubis).
- 5= Sacral promontory.

42. Station 42:



A. What is your Diagnosis?

- Polycystic Ovarian Syndrome (PCOS).

B. What symptoms would present (give 2)

1) Acne
2) Hirsutism
3) Infertility
4) Irregular menses

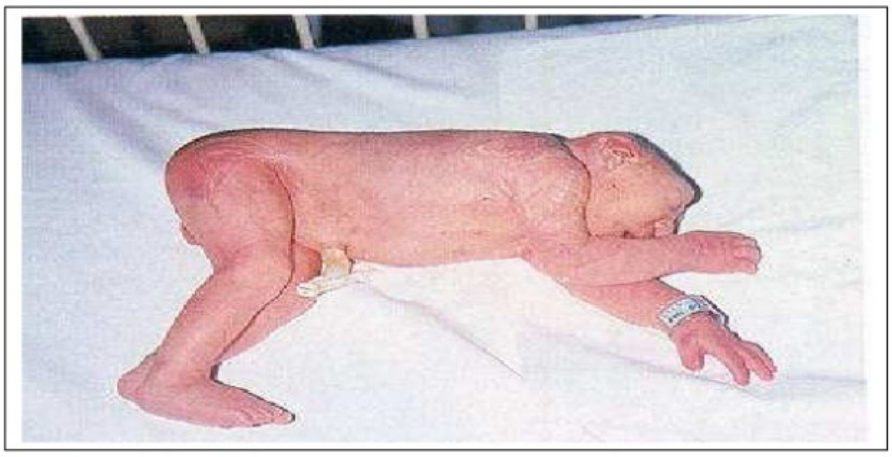
C. What hormones would be elevated?

- LH
- Androgens
- Insulin

D. How would you treat?

- Give combined OCPs (for hirsutism and prevention of endometrial cancer due to elevated unopposed estrogen.
- Or give progesterone to prevent endometrial cancer
- Give metformin for insulin resistance.
- Remove ovary surgically if associated with neoplasm or unreasoning to medications.

43. Station 43:



A. What is this condition?

- Anencephaly.

B. How to detect it antenataly?

- US: absent brain and skull bones.
- Triple marker test : elevated alpha-fetoprotein, decreased hCG, decreased E3.
- Amniocentesis
- By physical exam: can't palpate the fetal head.

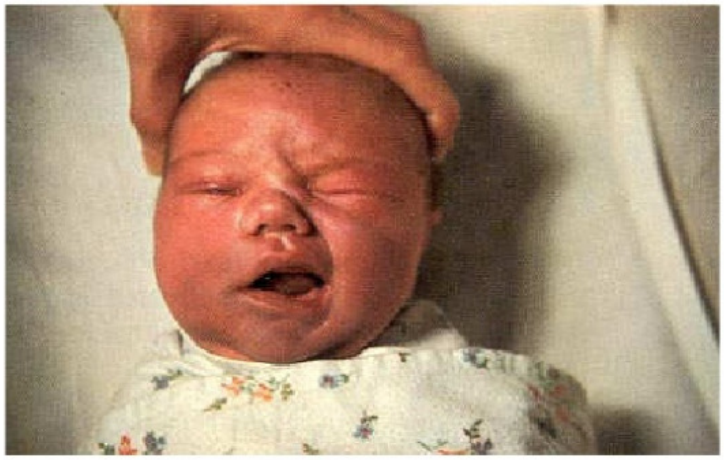
C. Name 3 complications.

1) Malpresentation
2) Post-date
3) Polyhydromnios.
4) Postpartum haemorrhage (uterine atony or increased risk of c-section)
5) Baby loss (depression).
6) IUFD.

D. How would you prevent it?

- By folic acid supplementation in diet.

44. Station 44:



A. What is this condition?

- Facial palsy.

B. What could cause this condition?

- Instrumental delivery by forceps.

C. Name 3 complications of forceps delivery.

- Fetal:
  1) Fetal skull bone fractures.
  2) Intracranial hematomas.
  3) Intracranial haemorrhage.
  4) Low Apgar score
  5) Fetal distress.
- Maternal:
  1) Birth canal injury.
  2) Post partum haemorrhage.
  3) Fistulae formation.
  4) Bladder, urethral and Perineal body injury
  5) Urine incontinence.

45. Station 45:

- ***Case:*** A patient 4TH day postpartum, with a contracted tender uterus.
- The nurse chart should a temperature of 38.5, HR: 120 and the word Heavy in the lochia column of the chart.

A. What do you see in the patient's chart?

- Chart shows: fever, tachycardia and persisting heavy lochia (bleeding).

B. What is the possible Dx?

- Secondary postpartum hemorrhage from retained tissue and puerperal fever.

C. What is the most common cause of fever of this patient?

- Endometritis.

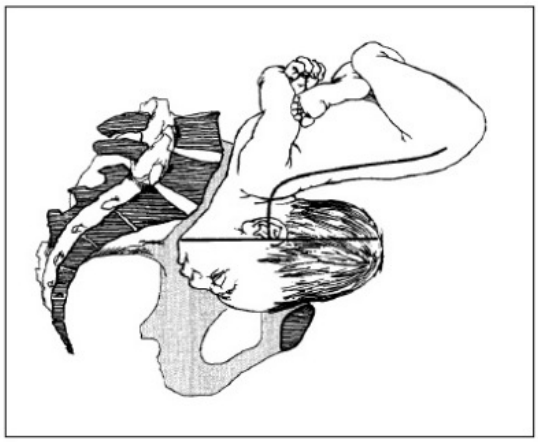
D. What investigations would you do?

1) US: to rule out retained placental tissue.
2) CBC: for dropping Hb and Leukocytosis.
3) Culture of endometrial tissue and lochia to identify the causing organism. (not routinely done).

E. What general management would you do?

- IV fluids (dehydration from fever).
- Antipyretics.
- Broad spectrum Antibiotics.
- Analgesics.
- D&C to clear from retained tissue.

46. Station 46:



A. The presentation is:

- Face presentation.

B. Attitude of the fetal head is

- Hyperextension.

C. ***The engaging diameter is*** Submentobregmatic. ***It measures*** 9.5 ***cm***

D. What is the denominator?

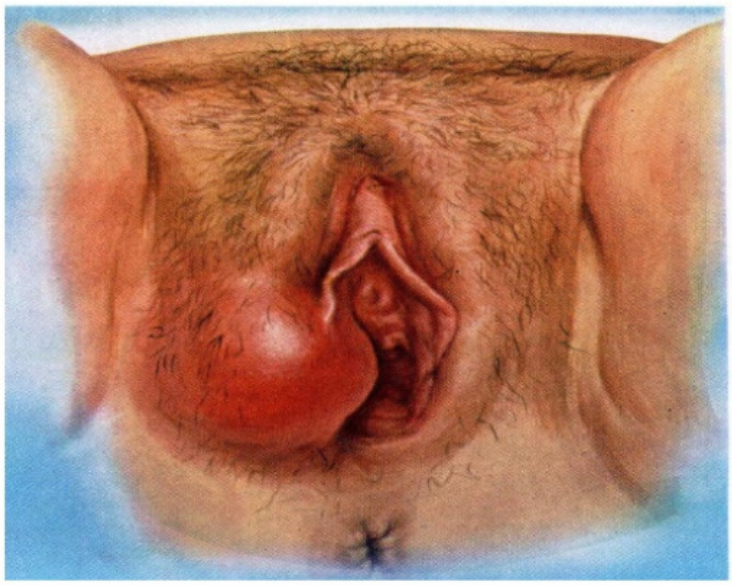
- Fetal chin (Mentum).

E. What are the two (2) possible positions for this presentation and the mode delivery for each.

1) LMA (Left Mentum Anterior) (most common) : vaginal delivery + forceps.
2) RMP (Right Mentum Posterior).
3) LMP (Left Mentum Posterior)
4) Mentum transverse

Delivered by C-section

47. Station 47:



A. What is the pathology seen.

- Bartholin's abscess.

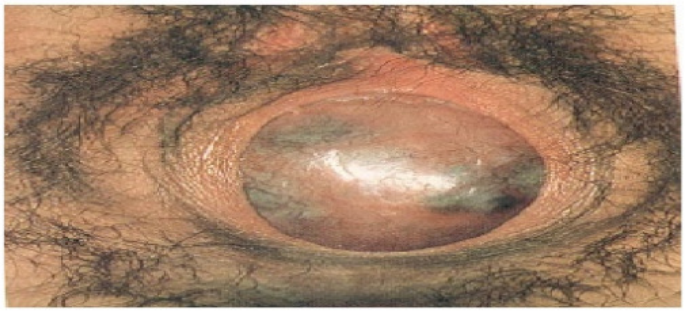
B. What three (3) symptoms may the patient present with.

1) Tender lump on either side of the vagina.
2) Dyspareunia.
3) Difficulty in walking or sitting.
4) Vaginal discharge
5) Fever.

C. What is the treatment of choice?

1) Drainage with antibiotics.
2) Sitz baths.

48. Station 48:



- **This is a 15 years old girl who presented with primary amenorrhea she has normal female secondary sexual characteristics.**

A. What is your diagnosis?

- Imperforated hymen with hematocolpous.

B. What is the appropriate treatment for this case?

- Incise the membrane, Hymenectomy or Cruciate incision.

C. Mention 3 symptoms other than amenorrhea that she may present with:

- Cyclic (intermittent) pelvic pain.
- Vaginal bulge.
- Urine retention.
- Dyspareunia.

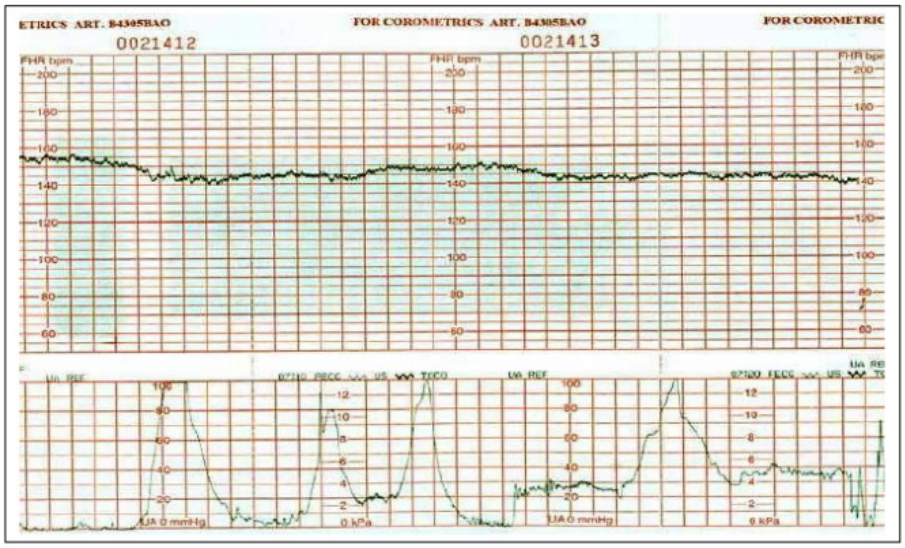
D. What other investigation might you perform on her.

- Ultrasound, to confirm the presence of a normal uterus & ovaries.

E. What is her (genotype) chromosomal analysis like to be?

- 46 XX.

49. Station 49:



A. ***Comment on the trace.***

This cardiotocograph shows a :

- Base line Fetal heart rate of 140-150 bpm.
- Absent beat-to-beat variability.
- No acceleration or deceleration.
- Active uterine contractions. (<u>You should comment on frequency, duration and amplitude</u>).

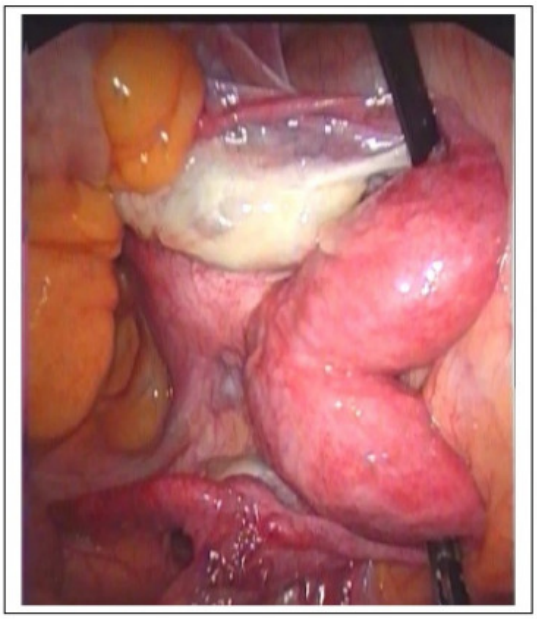
B. ***What is the abnormality.***

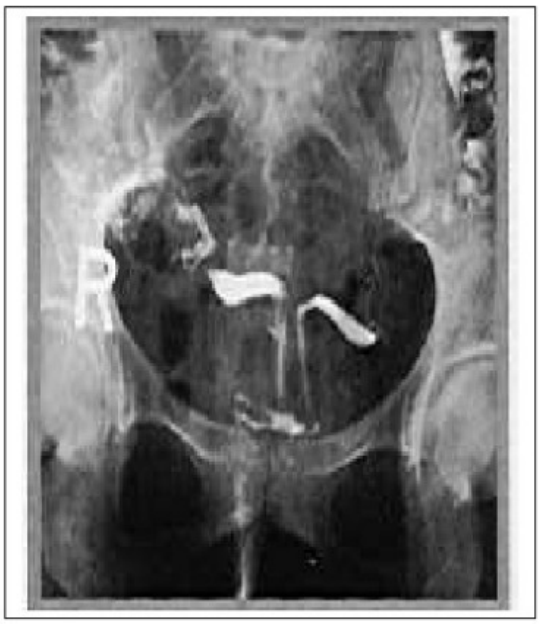
- (Absent beat-to-beat variability & undulating sine-wave-like baseline) Sinusoidal pattern.

C. ***Mention two causes for this pattern.***

- <u>Idiopathic</u>: Fetal thumb sucking, Narcotic analgesia.
- <u>Anemia</u>: Rhesus incompatibility, Twin-to-twin transfusion, Large feto-maternal bleed.
- <u>Cord compression.</u>

50. Station 50:





A. ***What is the pathology seen in the picture?***

- Bicornuate uterus. (Laparoscopic view & Hysterosalpingiogram)

B. ***Mention 2 gynecological presentations.***

1) Infertility.

2) Dysmenorrhea.

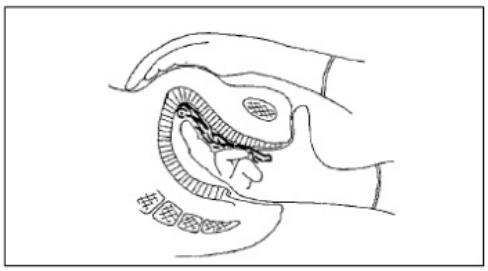
C. ***Mention 2 Obstetric presentations.***

1) Malpresentation.

2) Abortion.

3) Preterm labor.

51. Station 51: (Pic of missed placental lobe).



- This placenta was delivered 2 hours ago

A. What's wrong with it?

- Missed lobe, retained placental tissue.

B. What is the likely clinical presentation?

- Postpartum hemorrhage.

C. What are the important steps in the management of this complication? Mention 3.

1) Stabilize vitals.
2) IV fluids, blood cross matching (If needed),
3) manual exploration, uterine curettage (under US).
4) emergency hysterectomy (If needed).

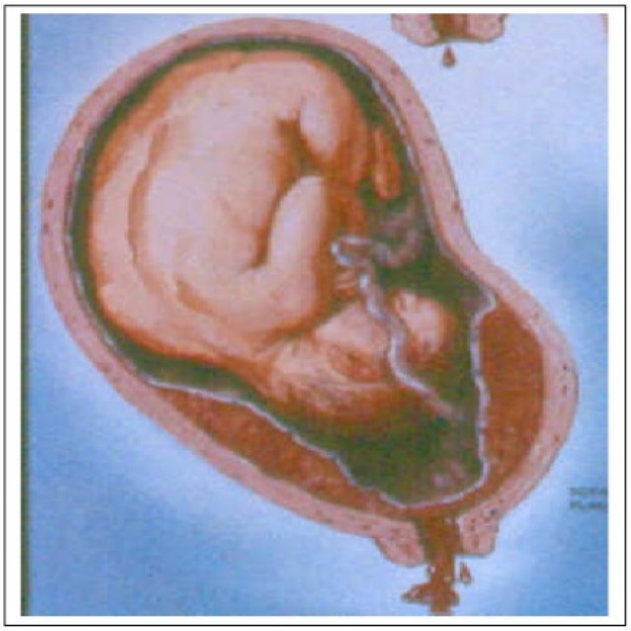
D. Name one complication that could occur if the diagnosis was missed

- DIC (Disseminated intravascular coagulopathy)

E. Name 2 other conditions that give similar presentation (PPH)

1) Uterine atony.
2) Perineal lacerations or tears.
3) Coagulopathy.

52. Station 52:



A. What is the diagnosis in this picture?

- Placenta previa totalis.

B. What is the usual complain for that patient?

- Painless bright red vaginal bleeding.

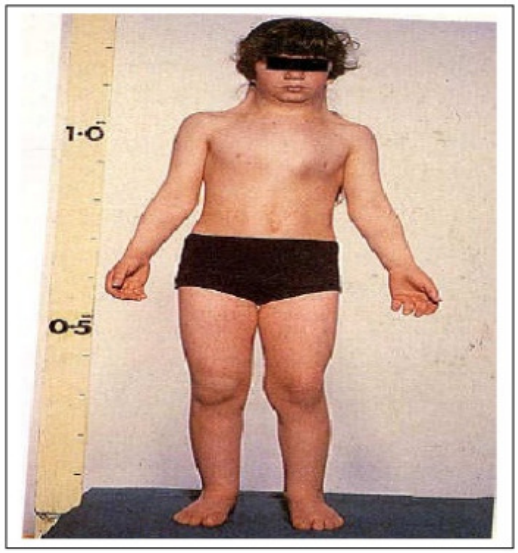
C. If this patient pregnant presented with minimal to moderate bleeding. At 30 weeks, how would you manage her?

- Expectant management.(Admit her to the hospital, limited movements, consider corticosteroids therapy for kung maturity)

D. If she had labor pain at 38 weeks, how would you manage her?

- C-section.

53. Station 53:



A. What is the diagnosis?

- Turner syndrome.

B. What is the karyotype ?

- 45 X0.

C. What are the characteristic features? Mention four (4)

1) Short stature.
2) Webbed neck.
3) Broad chest.
4) Amenorrhea.
5) No breast but there is a uterus.

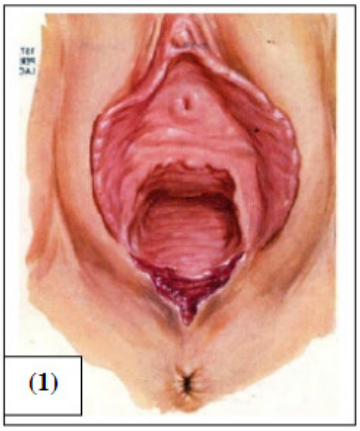
D. Does the incidence increase with increasing maternal age?

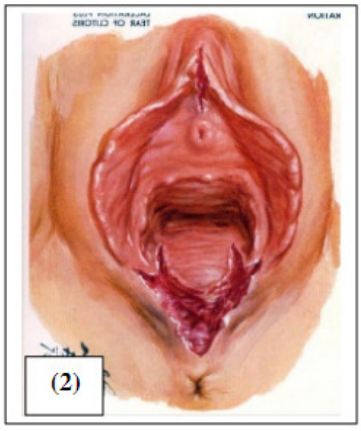
- No it doesn't.

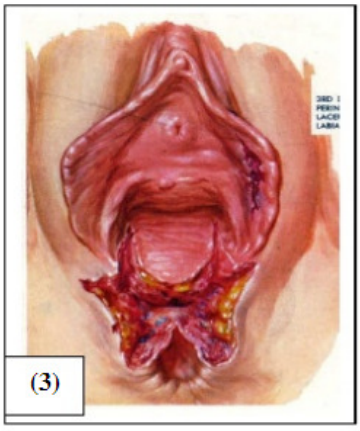
E. What treatment does the patient need?

- Estrogen and cyclic progesterone (for the development of secondary sexual characteristics).

54. Station 54:







A. What is the complication seen:

1) 1st degree perineal laceration.
2) 2nd degree perineal laceration and clitoris laceration.
3) 3rd degree perineal laceration with labia majora laceration.

B. What are these lesions most likely caused by?

- Vaginal delivery.

C. What are the anatomical layers that are damaged in each category:

1) It involves the skin and the vaginal mucosa but not the underlying fascia and muscle.
2) It also involves the fascia and the muscles of the perineal body but not the anal sphincter.
3) Involves the anal sphincter but doesn't extend through it.

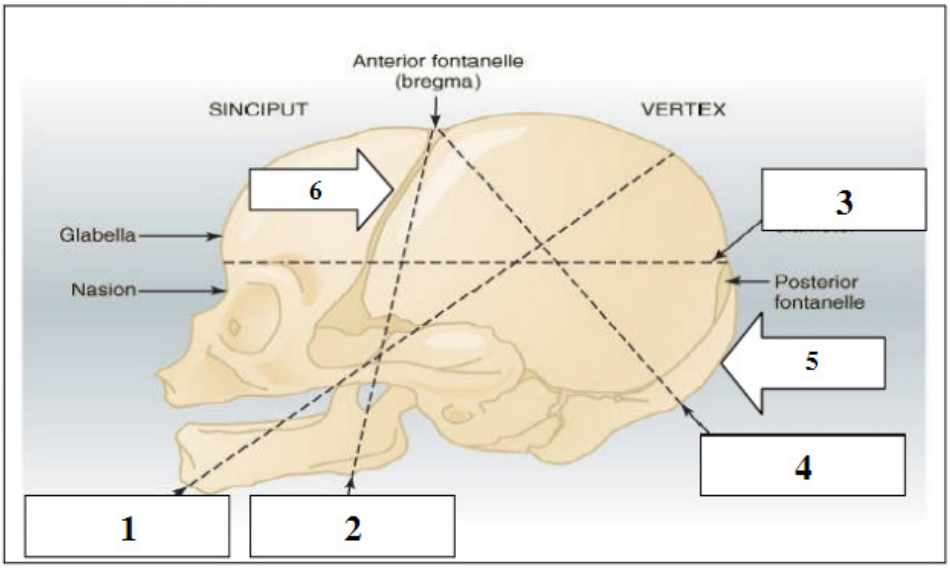
D. What are the predisposing factors? Mention three (3)

- Instrumental delivery.
- Macrosomic baby.
- Primigravida.

D. How can we avoid "3" complication?

- Mediolateral episiotomy.

55. Station 55:



- **This figure shows a fetal skull and the engaging diameter of different to fetal head position.**

A. Name the different diameter ant the Normal Measurement.

1) Supraoccipitomental diameter (13.5 cm).
2) Submentobregmatic diameter (9.5 cm)
3) Occipitofrontal diameter (11 cm)
4) Suboccipitobregmatic (9.5 cm)

B. Name the structure arrowed

5) Occipital bone.
6) Coronal suture.

56. Station 56:

- ***Case:*** **A 37 year old diabetic lady. She delivered a 4.5 kg baby. She developed heavy bleeding after delivery.**

A. What is the Dx?

- Post partum hemorrhage.

B. What is the cause in this case?

- Uterine atony.

C. Mention 2 risk factors in this case.

- Macrosomia and polyhydramnios.

D. How are you going to manage her ? and mention 2 medications you to treat the cause.

- IV fluids and uterine massage.
- Oxytocin, methergine and PGE2.

57. Station 57:

- ***Case:*** **A lady presented to the ER complaining of lower abdominal pain with a Hx of amenorrhea for 6 weeks.**

A. What is the most likely Dx?

- Ectopic pregnancy.

B. What is the drug used for this case?

- Methotrexate.

C. Mention 3 prerequisites to use it.

1) She should be hemodynamically stable.
2) Unruptured sac < 3.5 cm
3) No fetal cardiac activity.
4) β-hCG level isn't more than 6000 mIU/ml.
5) No contraindications for Methotrexate, for e.g. anemia, thrombocytopenia, decreased WBC and immunosuppression.

D. Mention another option for the treatment of ectopic pregnancy.

- Surgery:

1) If she's stable → laparoscopy.
2) If she's unstable → laparotomy.
Do salpingectomy , Salpingostomy or Salpingiotomy.

58. Station 58:

- ***Case:*** **A pregnant lady. She is diabetic for 4 years and on oral hypoglycemic.**

  A. How would you manage her at booking?
  - Stop the oral hypoglycemics and start insulin.

  B. Mention 2 maternal complications.
  - Pre-eclampsia, post partum hemorrhage, polyhydramnios.

  C. Mention 2 fetal complications.
  - Macrosomia, shoulder dystocia, IUGR, congenital anomalies.

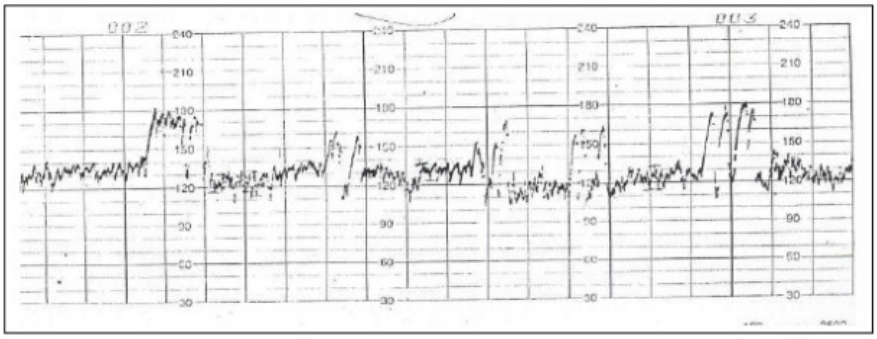
  D. If her fasting blood sugar is 5 mmol/L, after breakfast is 8 mmol/L and after dinner is 10 mmol/L. How are you going to manage her?
  - Increase the night dose (pm).

59. Station 59:

- ***Match the drug with the indication.***

  A. HTN in pregnancy → Nifedipine.
  B. Hyperemesis gravidarum → Nevodexine.
  C. Preterm labor → Retodrine.
  D. Eclamptic seizure → Mg sulphate.
  E. DUB → Progesterone derivative.

60. Station 60:



A. Name the test.

- Non stress test (b/c there is no uterine contraction).

B. Comment on the trace.

- Baseline: 125-135 beats/min. (normal).
- Accelerations are present and normal (>2/20 min).
- Good variability.
- Fetal movements are present and good (>3/10 min).
- No uterine contractions (normal tone of the uterus about 20mmHg).

C. Is she in labor? And why?

- No. Because there is no sufficient uterine contractions.

D. What are the vertical lines?

- Fetal movements.

E. Mention 2 indications for this test.

- Decreased fetal movements.
- IUGR.
- Pre-eclampsia.

61. Station 61:

- ***Case:*** **18-A 40 year old presented with heavy bleeding within her regular cycle. US showed no pelvic pathology.**

A. What is this condition called?

- Menorrhagia (or better to say hypermenorrhea b/c the amount is increased not the duration of the menses).

B. Mention some investigations you are going to do for her.

1) Blood hormone levels (gonadotropins, estrogen and progesterone).
2) Endometrial biopsy or D and C.
3) LFT and coagulation profile (PT and PTT) and CBC (platelets).

C. Mention 4 options for medical treatment.

1) Combined estrogen and progesterone.
2) Progesterone only (pills or merina IUCD).
3) Danazol.
4) GnRH analogues (leprolide).

D. If she completed her family. Mention 2 options of treatment you are going to offer her.

- Endometrial ablasion.
- Hysterectomy.

62. Station 62:

- ***Case:*** **A 38 week pregnant lady presented with a Hx of passing of a gush of fluid 2 hrs ago.**

A. Take a Hx regarding the complain.

- The amount of fluid, spontaneous or on stress (coughing).
- Color, is it abnormal ?
- Smell ?
- Blood ?
- Is there any pain or contractions?
- Fetal movement.
- Fever.

B. US revealed a high head. What are the 2 most likely complications that can occur?

- Cord collapse.
- Chorioamnionitis.

C. Can you send her home?

- No b/c. She's over 36 weeks pregnant.

D. How are you going to manage her?

- Antibiotics.
- If the cervix is favorable, induce her in 6-12 hrs.
- If the cervix is unfavorable, we can wait for 24 hrs. (provided that there is no oligohydraminos or chorioamnionitis).

63. Station 63:

- ***Case:*** **A 60 year old presented with pelvic pain. On US a pelvic mass was revealed.**

A. Mention some investigations you are going to do for her.

- CT or MRI for metastasis.
- CA-125 marker.
- Chest X-ray.
- Pap smear.

B. Define stage IIIC of ovarian cancer.

- Tumor of one of both ovaries, peritoneal implants exceeding 2 cm or possible lymph nodes.

C. How do you manage stage IIIC?

- Debulking surgery and chemotherapy.

64. Station 64:

- ***Match the investigation with the indication.***

A. PROM → Nitrazine test.
B. O –ve mother → Kleihauer Betke test.
C. Anemia → Blood smear.
D. Decreased fetal movement → Non-stress test.
E. Infertility → Spinnbarkheit test.

65. Station 65:

- ***Case:*** **A lady wants to take OCPs for the 1st time.**

A. When should I start?

- In the 1st day of the cycle (period).

B. Should I stop?

- After 21 days she should stop for 7 days.

C. Can I have a rest with no desire to conceive?

- No.

D. Can they cause Subfertility or congenital anomalies?

- No.

E. What is their failure rate ?

- 0.1.

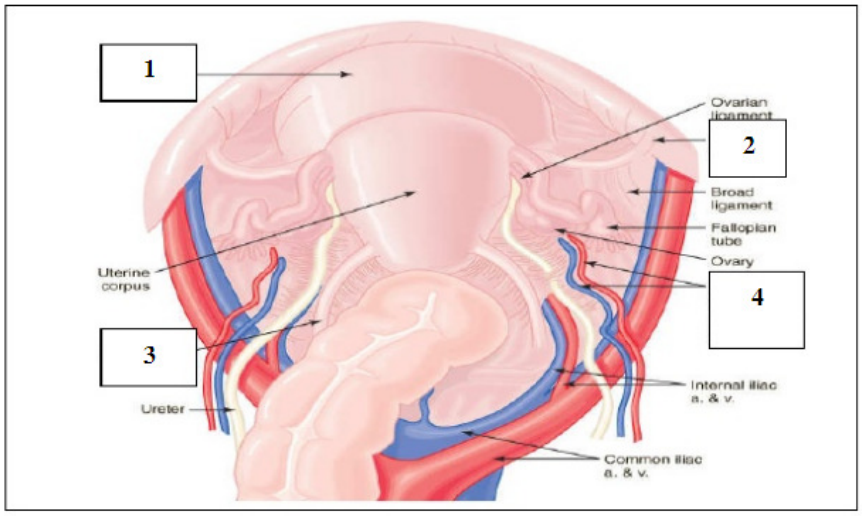
F. Does it cause acne? And why?

- No, Due to the decrease in androgen by the increase in the serum binding proteins that binds to testosterone and decreases the free testosterone level.

G. Is it contraindicated after 35 years of age?

- Only in heavy smokers otherwise if she's healthy with no contraindications, she can take it.

66. Station 66:



A. Identify the structures.

1. Bladder.
2. Round ligament,
3. Utero-sacral ligaments,
4. Ovarian vessels (within the suspensory ligament of the ovary or infundibulo-pelvic ligaments).

B. Mention 2 structures that support the uterus.

- Cardinal ligaments, utero-sacral ligaments and the levator ani muscle.

C. ***The broad ligament is composed of*** peritoneum ***and contains*** the fallopian tubes, round ligament, ovarian ligament, vessels and nerves.

D. ***The ovarian artery is a direct branch of*** the abdominal aorta***, while the uterine artery is*** a branch of internal iliac artery or the Hypogastric artery.

67. Station 67:

- ***Case:*** **A lady has just delivered 30 min ago, after bleeding from abruptio placenta but the bleeding couldn't be controlled and she continued bleeding.**

A. What is the Dx?

- Disseminated intravascular coagulopathy (DIC).

B. Mention 2 causes.

- Post partum hemorrhage.
- Pre – eclampsia.
- Missed abortion.
- Puerperal sepsis.

C. Mention some investigations you are going to request for her.

- Coagulation profile.
- D-dimer is increased.
- Bleeding time (platelets) and CBC.
- Fibrinogen level (low).

D. How would you manage her?

- IV fluids.
- Give her fresh frozen plasma.
- Platelets concentrate and cryoprecipitate.
- Packed RBCs.

68. Station 68:

A. Identify.

- Long curved Simpsons obstetric forceps.

B. Mention 2 indications for this instrument.

1) Maternal exhaustion.
2) Fetal distress.

C. Mention 4 pre-requisites.

1) Head at +2
2) Anesthesia.
3) Empty bladder.
4) Dilated Cervix.
5) Ruptured membranes

D. Mention 3 complications.

1) maternal trauma.
2) Facial palsy.
3) Maternal bleeding.
4) Fetal skull fracture.

69. Station 69:

- ***Case:*** **30-A pregnant lady at 16 weeks of gestation presented with mild vaginal bleeding and abdominal pain. On examination, the cervix was closed.**

A. What is the most likely Dx?

- Threatened abortion.

B. How are you going to manage her?

- Expectant management and bed rest.

C. 2 weeks later she presented complaining of loss of fetal movement. What is your most likely Dx?

- Missed abortion.

D. How are you going to manage her then ?

- Elective D and C.

70. Station 70:

- ***Case:*** **A pregnant lady (her first prenatal visit) .. at booking.**

A. What are the booking investigations?

- Glucose screen.
- CBC, Hb, WBC & Platelets.
- Blood group, Rh factor & Red cell antibody.
- Hepatitis B. Rubella, syphilis.
- US to determine the gestational age & EDD.
- Urine test (for asymptomatic Bacteriuria)
- Pap smear.

B. Mention the name and the normal values of the screening test of diabetes.

- Glucose Challenge Test
- 50 gm glucose, Non fasting, 2 hr 7.8 mmol/l.

C. What is the management of GDM & What are the investigations your going to ask for ?

- Diet.
- Insulin (subcutaneous)

-Investigations: Fasting blood sugar (FBS), Blood sugar series(BSS), Glyco-hemoglobin (Hb-A1C).

D. Mention 2 complications of GDM for the fetus and 2 for the mother.

- **Maternal:** Postpartum hemorrhage, DM type 2, Uterine atony, perineal laceration, infections (UTI, Monilial vaginitis),
- **Fetal:** Hypoglycemia, Macrosomia, IUFD, Polyhydromnios, Congenital malformation (e.g. sacral agenesis))

تم بحمد الله