Subject 6.

Breech presentation. Malpositions and presentations.

Multiple pregnancy.

MSQs

1. Complications of face presentation:

1. Obstructed labor and ruptured uterus

2. Cord prolapse

3. Facial bruising

4. Cerebral haemorrhage (bleeding inside the fetal skull).

5. All variants

2. Twin to twin transfusion can be excluded with ultrasound by seeing:

1. oligohydramnios in one sac

2. a single placenta

3. the sex of the fetuses

4. multilayered central membrane

5. concordant fetal size

3.Monoamniotic twins have:

1. low mortality after 30 weeks

2. low amniotic fluid index

3. two separate placentas

4. high risk of locked twins at delivery

5. discordance in fetal weight

4. The frequency of twin pregnancies:

1. varies because of the differences in monozygotic pairs

2. is lowest in Asians

3. is highest at the maternal age of 20-25 years

4. is lowest in African Americans

5. is a function of high HPL levels

5. The diagnosis of twins:

1. can generally be made clinically

2. is made with high βHCG levels

3. is made with low αfetoprotein levels

4. is made with ultrasound examinations

5. is made with elevated estriol levels

6. Women carrying twin infants:

1. have the same blood volume expansion as in singleton pregnancies

2. have a higher chance for diabetes mellitus

3. have a 2%3% chance of hydramnios

4. have the same frequency of anemia as in singleton pregnancies

5. have a lower risk of preeclampsia

7. A twin infant:

1. is usually delivered 23 weeks before estimated date of birth

2. infrequently has intrauterine growth retardation

3. has a higher risk of ABO incompatibility

4. has a 30% chance of being breech

5. has a higher frequency of congenital anomalies than does a single birth

8. Fetal transfusion syndrome in twins:

1. occurs with dichorionic placentas

2. causes heart failure in the small infant

3. is diagnosed by a placental examination

4. results in a hemoglobin difference of 2 g% in the infants

5. is associated with a lower perinatal mortality rate

9. A suspicion of twins on blood testing can occur with all of the following EXCEPT:

1. elevated albumin

2. elevated αfetoprotein

3. elevated HCG

4. elevated estriol

10. Twin pregnancies cause increased risk of all of the following EXCEPT:

1. cord entanglement

2. postpartum hemorrhage

3. diabetes mellitus

4. preeclampsia

5. premature labor

11. What is the leading factor in multiple pregnancies?

1. The anomalies of cervix.

2. Age.

3. Hereditary.

4. estrangement.

5. The impact of toxic factors.

12. Causes of malpresentations and malpositions:

1. Abnormally increased or decreased amount of amniotic fluid

2. Abnormal shape of the pelvis

3. Multiple pregnancy

4. Placenta previa

5. All variants

13. There is an increased risk of complications with malpresentations and malpositions, including:

1. Premature rupture of the fetal membranes

2. Premature labor

3. Anemia

4. Postpartum hemorrhage

5. diabetes mellitus

14. Types of breech presentation

1. Complete breech

2. Footling breech

3. Full breech

4. Main breech

15. Regardless of the type of breech presentation, there are significant associated risks to the baby. They include:

1. The fetal head gets stuck (arrested) during delivery

2. Thrombophlebitis

3. Cord prolapse

16. How many degrees of extension presentation?

1. 1

2. 2

3. 3

4. 4

17. Causes of face presentation:

1. Laxity (slackness) of the uterus after many previous fullterm pregnancies

2. Multiple pregnancy

3. Polyhydramnios (excessive amniotic fluid)

4. Congenital abnormality of the fetus (e.g. anencephaly, which means no or incomplete skull bones)

5. Abnormal shape of the mother’s pelvis.

18. The frequency of twin pregnancies:

1. varies because of the differences in monozygotic pairs

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3. is highest at the maternal age of 2025 years

4. is lowest in African Americans

5. is a function of high HPL levels

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1. have the same blood volume expansion as in singleton pregnancies

2. have a higher chance for diabetes mellitus

3. have a lower chance of hydramnios

4. have the same frequency of anemia as in singleton pregnancies

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21. Fetal transfusion syndrome in twins:

1. occurs with dichorionic placentas

2. causes heart failure in the small infant

3. is diagnosed by a placental examination

4. results in a hemoglobin difference of 2 g% in the infants

5. is associated with a lower perinatal mortality rate

22. The antepartum treatment of twin pregnancies includes:

1. a diet of 28 cal/kg/day

2. a diet of 1.0 g protein/kg/day

3. a diet with 100 micrograms folic acid supplement/day

4. a diet with 10 mg ferrous iron supplement/day

5. ferrous iron and folic acid supplements early in pregnancy

23. All of the drugs listed below are known to increase the rate of twin pregnancies EXCEPT:

1. methadone

2. oral contraceptives

3. Pergonal

4. Valium

5. Clomid

24. Twin pregnancies cause increased risk of all of the following EXCEPT:

1. cord entanglement

2. postpartum hemorrhage

3. diabetes mellitus

4. preeclampsia

5. premature labor

25. After the delivery of twin girls, examination of the single placenta reveals frequent arterial anastomoses between the two umbilical circulatory systems. Microscopic sections of the area dividing the two amniotic cavities reveal two amnions and no evidence of chorionic membrane. Which of the following statements about the twin girls is correct:

1. They are monoamniotic, monochorionic twins

2. They are definitely dizygotic

3. They may be monozygotic or dizygotic

4. They are diamniotic, dichorionic twins.

5. They are definitely monozygotic

26. 25 year old primi at 40 weeks 4 days presents in labor. She complains of rupture of membranes, and painful uterine contractions every 2 to 3 minutes. On digital examination her cervix is 8cm dilated, completely effaced, and fetal feet are palpable. CTG is reactive and normal. Estimated fetal weight is 2.2kg. Which of the following is the best method to achieve the delivery.

1. Deliver the fetus vaginally by breech extraction.

2. Deliver the baby vaginally after ECV

3. Perform emergency CS

4. Perform forceps assisted vaginal delivery

27. The position of the fetus in the transverse lie is determined by:

1. back;

2. head;

3. small parts;

4. the buttocks;

5. not determined

Clinical cases:

1. A 28-year-old woman with normal pelvic dimensions was admitted to the clinic. Labor activity lasts 5 hours, good. There is a soft large part of the fetus above the pelvis inlet, the back on the left and in front. In the fundus of the uterus, a rounded dense part is palpable. The fetal heartbeat is heard on the left at the level of the navel, 132 beats per minute, clear, rhythmic. Two hours after admission, clear waters poured out in moderate quantities, together with the waters a loop of the pulsating umbilical cord fell out.

Diagnosis? What to do?

1. The woman in labor was admitted to the maternity hospital with frequent contractions. The term of pregnancy is 39 weeks. The rupture of amniotic membranes happened 3 hours ago. Contractions in 5-7 minutes for 20-25 seconds, medium strength. On examination: pelvis 25-28-30-20. The lie of the fetus is longitudinal, the presenting part is large, soft, pressed to the pelvis inlet. The is meconium in amniotic fluid. After 4 hours, the fetal heartbeat is 100-110, deaf, at times arrhythmic.

Vaginal examination: complete cervical dilatation, the buttocks are on the pelvic floor, the intertrochanteric line is in a straight size, meconium is released.

Diagnosis? What to do?

1. Primiparous 24 years old, full-term pregnancy. The contractions started 4 hours ago. The pelvis is 25-28-32-21 cm. An external obstetric examination established: the lie of the fetus is longitudinal; the buttocks of the fetus are pressed to the pelvis inlet; fetal heart rate is clear 140 beats per minute.

A vaginal examination was performed: the cervix was smoothed. The dilatation is 6 cm, the edges are thin, pliable. There are no amniotic membranes. The buttocks are ; the buttocks of the fetus are pressed to the pelvis inlet.

Clinical diagnosis ? Possible complications? Management plan.

1. Multiparous 25 Years, full-term pregnancy. Estimated fetal weight 3300. The dimentions of the pelvis are normal. In the fundus of the uterus, the head is determined, the back of the fetus is palpated on the left of the abdomen. The buttocks are presented, pressed to the pelvis inlet. Fetal heartbeat 140 beats per minute, clear on the left, above the navel. Contractions after 3 minutes for 40-45 seconds.

Vaginal examination: the cervix is ​​smoothed, the dilatation is 7-8 cm, the buttocks are pressed to the pelvis inlet, the sacrum is left and front, the intertrochanteric line is in the left oblique size, the amniotic membranes are intact.

Diagnosis? Management plan?

1. Term labor. Second period. Twins. After the birth of the first fetus weighing 2900, a vaginal examination was performed, in which it was revealed that the second fetus was in a transverse lie, the fetal head was on the left. The fetal heartbeat is rhythmic 132 beats per minute at the level of the navel.

Diagnosis. Tactics of further management of labor

1. 5. Term labor. Second period. Twins. The first fetus was born 15 minutes ago. The second fetus is in the cephalic presentation. The amniotic membranes are intact. Fetal heartbeat 130 beats per minute. There are no contractions.

Diagnosis? Management plan?