**Subject 6.**

**Physiology of the puerperal period.**

**Pathology of the puerperal period.**

MSQs

1. Sudden gush of blood or lengthening of the cord after the delivery of infant should warn the doctor of:

1. placentaaccreta

2. placental separation

3. placental retention

4. abruption placenta

2. When separation begins at the center of the placenta and slides down the birth canal is referred as:

1. Duncan mechanism

2. Shultz mechanism

3. Brandt Andrews mechanism

4. Ritgen’s maneuver

3. Which of the following is not true regarding the third stage of labor?

1. Care should be taken in the administration of bolus of oxytocin because it can cause hypertension

2. Signs of placental separation are lengthening of the cord, sudden gush of blood and sudden change in shape of the uterus

3. It ranges from the time of expulsion of the fetus to the delivery of the placenta

4. The placenta is delivered approximately 5-15 minutes after delivery of the baby

4. Demi, a 38 y/o multipara is admitted with a tentative diagnosis of femoral thrombophlebitis. The doctor assesses the patient with:

1. burning on urination

2. leg pain

3. abdominal pain

4. increasedlochial flow

5. Fever, foul lochial discharge and subinvolution of the uterus are signs of:

1. puerperal psychosis

2. puerperal sepsis

3. postpartum hemorrhage

4. hypertensive disorder

6. The 2nd phase of postnatal infection includes:

1. Endometritis, parametritis

2. Limited ulcer

3. Adnexitis.

4. Pelvioperitonitis.

5. All of the listed.

7. The 3rd phase of postnatal infection includes:

1. Puerperal peritonitis.

2. Septic shock.

3. progressing thrombophlebitis.

4. Pelviperitonitis.

5. Adnexitis.

8. The 4th phase of postnatal infection include:

1. Sepsis

2. peritonitis.

3. Pelvioperitonitis.

4. Parametritis.

9. Postnatal epithelization ends on when?

1. 10th-12th day.

2. 4th-5th day.

3. After one month.

4. 8th day.

5. At the end of two months.

10. Clinical signs of postnatal endometritis:

1. The temperature of 38-39 degrees celsius

2. Cervical trauma.

3. The sensitivity of the uterus during palpation.

4. Bloody purulent lochia with smell

5. All of the listed.

11. The causes of lochiometra:

1. Insufficient reduction of the cervix.

2. Decreased uterine contraction

3. Complication of the endometritis.

4. Intoxication.

5. Deviation of the uterus backward.

12. The main symptoms of postnatal ulcers are:

1. Pain.

2. Temperature rise.

3. General weakness.

4. Superficial necrosis, the wound is covered with pus.

5. Intoxication.

13. Causes of postnatal thrombophlebitis are:

1. Changes in the inner surface of the vascular wall.

2. Blood clotting disorders.

3. Blood stagnation in the true pelvis during pregnancy.

4. All of the listed.

14. The term of postnatal parametritis:

1. With 10-12 day.

2. Immediately after the birth.

3. After 2-3 days

4. In a month.

5. In a week the week.

15. Reasons for "obliterated" forms of post natal septic diseases:

1. The lack of reactivity and resistance of organism.

2. Resistance of pathogens infection to applied antibiotics.

3. Massive antibacterial therapy.

4. The lack of treatment.

5. All of the listed.

16. The treatment of postnatal endometritis (General principles):

1. Antibacterial therapy.

2. Desensitization.

3. Detoxification.

4. Supportive therapy

17. The general principles of the treatment of postnatal parametritis:

1. Antibiotics

2. detoxification.

3. desensibilisation.

4. Vitamin therapy.

5. suppurationdrainage.

18. On the basis of septic shock?

1. Hemodynamic disorder.

2. hypertension

3. High temperature.

4. Septic endocarditis.

5. Puerperal infections.

19. Patients with chorioamnionitis need all of the following :

1.extraperitoneal cesarean section

2. intravenous fluids

3. fetal heart rate monitoring

4. intravenous antibiotics

5. oxytocin induction of labor

20. The time of greatest risk for obstetrical thromboembolic complications is:

1. first trimester

2. second trimester

3. third trimester

4. labor and delivery

5. Earlypuerperium

21. In the first day of the postpartum period, the fundus of the uterus is

1.at navel level

2. 2 transverse fingers above the navel

3.3 transverse fingers below the navel

4.in the middle of the distance between the navel and the symphysis

5. 3 transverse fingers above the navel

22. Normal uterine involution is assessed

1.the number of lochia

2.the general condition of the postpartum woman

3.according to vaginal examination

4.the size and consistency of the uterus, the nature of lochia

5.according to the external os of the cervical canal

23. On days 1-3 of the postpartum period of lochia

1.bloody

2.serous-bloody

3.serous

4.mucous

5.bloody serous

24.The duration of the postpartum period is

1.5-7 days

2.10-14 days

3. 3-4 weeks

4.6-8 weeks

5. 2-3 weeks

25. The need for careful monitoring of the postpartum woman in the maternity ward during the first 2 hours after delivery is associated with a high degree of risk of development

1.acute heart failure

2.hypotonic bleeding

3.infectious toxic shock

4.acute respiratory failure

5.eclampsia

26. During the first 10 to 12 days after birth, the bottom of the uterus is lowered daily on:

1. 1 cm

2. 0.5 cm

3. 11.5 cm

4. 1.5-2.0 cm

5. 2 - 3 cm

27. The following hormones are involved in the formation of milk:

1. Prolactin

2. Oxytocin

3. Adrenocorticotropic hormone

4. Thyroxine

5. Estrogens

28. The composition of foremilkinclude:

1. Molozivno Taurus

2. T - and B-lymphocytes

3. Milk balls

4. Large amounts of carbohydrates

5. Fats rich in carotenoids

29. Urination disorders in the postpartum period may be associated with:

1. With a decrease in muscle tone of the bladder

2. With a reduction in renal blood flow

3. With the lack of urge to urinate

4. With urethral edema

5. With small hemorrhages in the neck of the bladder

30. Assessment of the state of the maternity ward in the postpartum Department is carried out by the following indicators:

1. Color of skin and mucous membranes

2. Pulse and blood pressure

3. The state of the mammary glands and lactation

4. The level of the fundal and character of lochia

5. All of the above

31. Joint stay of mother and child in the postpartum department contributes to:

1. Reducing the frequency of postpartum purulent-septic diseases

2. Formation of a psychoemotional connection between mother and child

3. The establishment of lactation

4. None of the above

5. All of the above

32. Discharge of the maternity hospital after physiological delivery implement:

1. On the second day

2. On the sixth day

3. On the fourth day

4. On the seventh day

5. On the eighth day

33. The third stage of postpartum infection does not apply:

1. Peritonitis

2. Septic shock

3. Progressive thrombophlebitis

4. Anaerobic gas infection

5. Salpingooforitis

34. Risk factors for postpartum septic diseases complications include:

1. Diabetes

2. Extragenital infectious pathology

3. Chronic inflammatory diseases of the female genitals

4. All of the above

35. Predisposing to the development of purulent-septic complications

factors directly related to delivery:

1. the duration of labor is more than 12 hours

2. The duration of the waterless interval is more than 6 hours

3. Pathological blood loss

4. Multiple vaginal examinations

5. All of the above

36. The main route of infection in infectious the genital lesions after labor:

1. Hematogenous

2. Lymphogenic

3. Ascending

4. Mixed

5-Contact

37. Entrance gate of postpartum purulent-septic infections:

1. The injury of the generic channel

2. The surface of the placental site

3. Fallopian tubes

4. Ovaries

5. None of the above

38. The clinical manifestations of postpartum ulceration do not include:

1. Pain in the area of the wound of the perineum or vulva

2. Temperature rise

3. Dysuria

4. Necrotic and purulent plaque in the wound area

5. Severe intoxication

39. Clinical signs of severe postpartum endometritis:

1. Severe General intoxication

2. Uterine size is enlarged, the tone is reduced

3. The tenderness of the uterus on palpation

4. Lochia purulent, with an unpleasant smell

5. All of the above

40. For postpartum mastitis is not typical:

1. Increased body temperature with chills

2. Engorgement

3. Painful infiltration in the gland without clear boundaries

4. Free milk separation

5. Redness of the skin of the breast

41. Obstetric peritonitis most often occurs after:

1. Childbirth through the natural birth canal

2. Early spontaneous abortion

3. Cesarean section

4. Artificial abortion

5. Late spontaneous abortion

42. Complications of sepsis are all listed, except:

1. Pneumonia

2. Thrombosis, embolism

3. Bleeding

4. Ascites

5. Septic endocarditis

43. The basis for the development of septic shock is:

1. The systemic inflammatory response syndrome and disorder hemodynamics

2. Increased blood pressure

3. High temperature

4. Septic endocarditis

5. Peritonitis

44. Prevention of postpartum purulent-septic complications includes:

1. The treatment of gynecological diseases

2. Treatment of extragenital infectious pathology

3. Rational management of childbirth

4. Ensuring strict sanitary and hygienic conditions in the institution

5. All of the above

45. The development of lactation mastitis contributes to:

1. Lactostasis

2. Cracked nipples

3. Reducing the body's immunological reactivity

4. Hospital infection

5. All of the above

46. How many stages of the spread of the pathological process are distinguished

for postpartum diseases:

1. One.

2. Two.

3. Three.

4. Four.

5. Five.

Clinical cases:

1. A 29-year-old multiparous. The 10th day after delivery. In labor took place prolonged rupture of amniotic membranes of 14 hours. On the 8th day after delivery the patient complained of fever up to 38.6 °C, chills, acute pain in the left shin.

On the 10th day after delivery, edema of the left leg was diagnosed; difference in circumference between the affected and the normal leg is 4 cm.

The affected leg is swollen, painful, white and cold, pain in calf muscles presents. Pulse rate is 104 beats per minute. The uterine fundus lies at the level of thesymphysis pubis. Vaginal discharge is serous, odorless. Diagnosis. Tactics.

2. A patient is transferred to the maternity hospital on the 4th day after delivery. Early rupture of amniotic membranes was occurred in labor, the labor was completed by obstetric forceps. She complaints of lower abdominal pain, weakness, malaise, rising temperature up to 38.1 °C. Pulse is 100 beats per minute, with satisfactory filling and tension. Blood pressure 120/80 mm Hg.

Vaginal examination: The uterine fundus lies about 10 cm above the symphysis pubis. On palpation uterus is painful, consistency is soft. Discharge from the vagina is dark- bloody, bad odor. General blood analysis: white blood cells-10x109 g / l, ESR-45 mm/h, hemoglobin - 60 g/l; Microscopic examination of vaginal discharge: leucocytes - 40-60 in the field of view, flora: bacilli, cocci.

Diagnosis. Tactics

3. A 25-year-old primiparous. On the 6th day after the labor, pain in the left breast occurs, body temperature-38.5 C.

Objectively: in the upper outer quadrant of the left breast presents a hard tender area5x6 cm. The overlying skin is red and hot.

The fundus of the uterus lies at the level of the symphysis pubis. Lochial discharge is moderate, serous, odorless.

Diagnosis. Tactics.

4. A 30-year-old primiparous, the labor was prolonged (duration of delivery 24 hours). In labor occured preterm rupture of amniotic membranes, primary and secondary uterus inertia.

On the 6th day after delivery, the temperature is 38° C, chills. Pulse 98 to 100 beats per minute, rhythmic, satisfactory properties. On both lower extremities present varicose veins. In the area of the left shin soreness along the veins, skin hyperemia, no edema.

General blood analysis: white blood cells-13x109 /l, ESR-60 mm / h, leucocyte formulawithout pathology.

Diagnosis. Tactics.

5. A 33-year-old patient M. complaints of abundant and foul-smelling vaginal discharge and fever up to 38.6 C on the 4th day after delivery.

The patient suffers from chronic pyelonephritis for 2 years. This pregnancy is the sixth: the first one ended with labor on time, the four subsequent - with artificial abortions, two of which were followed by acute endometritis. This pregnancy was without complications.

The total labor time was 19 hours and 20 minutes.

Objectively: the skin is moist, the mucous membranes are pale. In the lungs breathing is vesicular. Heart rate 92 beats per minute. The heart sound is distinct, rhythmic. Blood pressure 110/70 mm Hg on both hands.

On palpation the abdomen is soft, painful in the lower parts. The liver and spleen are not palpable. Symptom of lumbar pounding in the kidney area on the right is weakly positive. The uterus fundus lies about 15 cm above the symphysis pubis, on palpation uterus is tender and soft. Lochial discharge became bloody, abundant and foul-smelling.

On vaginal examination: the cervix is not closed, the cervical canal admits 2 fingers easily. The uterus is soft, enlarged accordingly to 14-15 weeks of pregnancy. Appendages on both sides are not defined, their area is painless on palpation. The vaginal fornices are without flattening, masses or tenderness. Lochial discharge becomes abundant and foul-smelling.

Diagnosis. Tactics.

6. A 26-year-old patient, the fourth day of the puerperal period.

From the anamnesis: this birth is second, at term. In labor happened injury to perineum of the II degree, repaired by stitches. The first two days after the labor passed without complications. By the end of the 3rd day the patient had the temperature risen up to 37.3 C, a headache, burning and pain at the area of the stitches on the perineum and vagina.

Objectively: blood pressure 120/80 mm Hg, pulse 78 beats per minute, satisfactory properties. Internal organs are without pathology.

The breast is soft, the nipples are non-affected. The abdomen is soft, painless on palpation. The fundus of uterus lies about 12 cm above the symphysis pubis , the uterus is dense, painless. Lochia is moderate and bloody. Stitches on the perineum wound are covered with a purulent plaque, the tissues around the wound are red and swollen, painful on palpation.

Diagnosis. Tactics.

7. On the 5th day after giving birth a 27-year-old patient felt a chill, there was a rise of temperature up to 390 C, the general condition worsened.

From anamnesis: delivery is 2d, at term, complicated by prolonged rupture of amniotic membranes (24 hours), secondary uterine inertia, intrauterine fetal hypoxia, high station of the presenting part. Delivered by cesarean section, the child was extracted in the posterior view. From the 4 day of the postoperative period, the general condition of the patient started deteriorates progressively. Now she complains of general weakness, chill, Lower abdominal pain, rising of temperature up to 39.00 C.

Objectively: pulse is 96 beats per minute, rhythmic, with satisfactory filling and tension. Internal organs are without pathology.

The abdomen is soft. The fundus of uterus lies about 13 cm above the symphysis pubis, on palpation uterus is tender and soft.

On vaginal examination-the cervix has tubular shape, the cervical canal admits one finger easily. The uterus is enlarged accordingly 14 weeks of pregnancy, rounded shape, painful on palpation. There is an indurate tender mass which extends from the left uterus to the lateral pelvic wall and to which the uterus is firmly fixed. The uterus is pushed to the contra lateral side.

Right appendages are enlarged, painless. Foul-smelling vaginal discharge presents.

During bacteriological examination, Staphylococcus was detected.

Diagnosis. Tactics

8. A 28-year-old patient K. was admitted to the hospital two days ago after the labor. Labor was the first, at term, complicated with pre-labor prolonged rupture of membranes of 20 hours, clinically narrow pelvis, symptoms of threatening rupture of the uterus. An emergency caesarean section was performed.

The postpartum period was normal for 2 days. By the end of the second day, the condition began to progressively deteriorate, vomiting appeared, severe abdominal pain, gas retention. There was no defecation.

Objectively: the skin is pale, with a grayish color. The tongue is dry and covered with grayish plaque. Body temperature is 38,50C. Pulse is 120 beats per minute, blood pressure - 110/70 mm Hg. The abdomen is swollen, painful on palpation, Shchetkin's - Blumberg symptom is positive. On percussion - blunting percussion sound in the lower side of the abdomen.

Data from additional examination methods: leucocytosis-17, 5x109/l,

ESR-55 mm / hour, leucocyte formula shift to the left.

Diagnosis. Tactics.