

STUDY GUIDE
for
Obstetrical Emergencies

1. Which of the following events occurs 14 days before the beginning of the next menstrual cycle?
 - A. Ovulation
 - B. Fertilization
 - C. Implantation
 - D. Effacement

2. Fertilization normally occurs in the
 - A. uterus
 - B. placenta
 - C. cervical opening
 - D. fallopian tubes

3. The umbilical cord contains
 - A. one artery and one vein
 - B. two arteries and two veins
 - C. one artery and two veins
 - D. two arteries and one vein

4. The estimated date of confinement (EDC) refers to
 - A. the date of conception
 - B. the due date
 - C. when the mother will be admitted to the hospital
 - D. the date of implantation

5. Immediately following birth, which of the following happens?
 - A. The ductus arteriosus closes, diverting blood to the lungs
 - B. The ductus venosus closes, stopping blood flow from the placenta
 - C. The foramen ovale closes, stopping blood flow between the atria
 - D. All of the above

6. A woman with a fundal height of 18 centimeters, the pregnancy is approximately
 - A. 6 weeks
 - B. 9 weeks
 - C. 18 weeks
 - D. 36 weeks

7. Which of the following statements is true regarding vital sign changes in the pregnant woman?
- A. The blood pressure rises and the pulse rate falls
 - B. The blood pressure falls and the pulse rate rises
 - C. The blood pressure and pulse rate rise
 - D. The blood pressure and pulse rate fall
8. The bulging of the baby's head past the opening of the vagina is called
- A. effacement
 - B. primipara
 - C. prolapsing
 - D. crowning

Match the following types of abortion with their respective definitions:

- | | | | |
|----|-------------|----|--|
| 9. | Spontaneous | A. | Abortion performed to save the mother's life |
| | Incomplete | B. | Some fetal tissue passed |
| | Criminal | C. | Miscarriage |
| | Therapeutic | D. | Abortion performed by non-licensed person |
| | Elective | E. | Abortion requested by mother |

10. The first stage of labor begins with
- A. the crowning of the infant's head
 - B. dilation of the cervix
 - C. delivery of the baby
 - D. the onset of uterine contractions
11. The second stage of labor begins with
- A. the crowing of the infant's head
 - B. dilation of the cervix
 - C. delivery of the baby
 - D. the onset of uterine contractions
12. The third stage of labor begins with
- A. the crowning of the infant's head
 - B. dilation of the cervix
 - C. delivery of the baby
 - D. the onset of uterine contractions

13. Complete dilation of the cervix is considered to be
- A. 5 cm
 - B. 10 cm
 - C. 15 cm
 - D. 20 cm
14. Management of a patient with postpartum hemorrhage includes all of the following **EXCEPT**
- A. fundal massage
 - B. pitocin IV
 - C. PASG
 - D. vaginal packing
15. Which of the following distinguishes preeclampsia from eclampsia?
- A. Vaginal bleeding
 - B. Visual disturbances
 - C. Grand mal seizures
 - D. Peripheral edema
16. Magnesium IV may be ordered for which of the following situations?
- A. Lower abdominal pain
 - B. Postpartum hemorrhage
 - C. Eclamptic seizures
 - D. Preterm labor pains

SCENARIO

Your patient is a 19-year-old woman who presents with severe lower abdominal pain and vaginal bleeding. She claims she is not pregnant but has not had her period for at least 7 weeks. She also complains of weakness, nausea, and vomiting. She admits to being sexually active with multiple partners. She was seen in the ED for several cases of PID in the past two years. Her BP is 90/60, pulse rate 110, respirations 24, skin cool and clammy.

17. You should suspect
- A. abruptio placenta
 - B. placenta previa
 - C. PID
 - D. ruptured ectopic pregnancy

18. Her problems were caused by
- A. the premature separation of the placenta from the uterine wall
 - B. the uterus covering the cervical opening
 - C. an inflamed appendix
 - D. implantation of the fertilized ovum in a fallopian tube
19. Management of this patient includes all of the following **EXCEPT**
- A. IV fluids
 - B. vaginal packing
 - C. PASG
 - D. high flow oxygen

SCENARIO

Your patient is a 26-year-old 30-week pregnant patient who complains of severe tearing abdominal pain and some minor vaginal bleeding. Upon palpation, her abdomen is very tender and her uterus seems to be tightly contracted. Fetal heart tones are absent. She is multigravida, but nullipara.

20. You should suspect
- A. abruptio placenta
 - B. placenta previa
 - C. miscarriage
 - D. ectopic pregnancy
21. Her problem was caused by
- A. the premature separation of the placenta from the uterine wall
 - B. the uterus covering the cervical opening
 - C. a spontaneous abortion
 - D. implantation of the fertilized ovum in a fallopian tube
22. This patient's pregnancy history includes
- A. one pregnancy and one birth
 - B. many pregnancies and one birth
 - C. one pregnancy and no births
 - D. many pregnancies and no births
23. Management of this patient includes all of the following **EXCEPT**
- A. IV fluids
 - B. vaginal packing
 - C. PASG
 - D. high flow oxygen

SCENARIO

Your patient is a 30-year-old multigravida in her 30th week. She presents with bright red vaginal bleeding but denies any abdominal pain. Her uterus is soft and feels “out of place.” Her problem began following sexual intercourse with her husband.

24. You should suspect
- A. abruptio placenta
 - B. placenta previa
 - C. miscarriage
 - D. ectopic pregnancy
25. Her problem was caused by
- A. the premature separation of the placenta from the uterine wall
 - B. the placenta covering the cervical opening
 - C. a spontaneous abortion
 - D. implantation of the fertilized ovum in a fallopian tube
26. Management of this patient includes all of the following **EXCEPT**
- A. IV fluids
 - B. vaginal packing
 - C. PASG
 - D. high flow oxygen
27. The placenta performs all of the following functions, except
- A. providing an extra cushion effect to protect the fetus from trauma
 - B. transfer of gases (fetal respiration)
 - C. transport of nutrients and excretion of wastes
 - D. transfer of heat
 - E. hormone production
28. A woman who is pregnant for the first time is referred to as a
- A. primigravida
 - B. primipara
 - C. multigravida.
 - D. multipara
 - E. None of the above.

29. A woman who has given birth to her first child is referred to as a
- A. primigravida
 - B. primipara
 - C. multigravida.
 - D. multipara
 - E. None of the above.
30. A woman who has borne more than one child is referred to as a
- A. primigravida
 - B. primipara
 - C. multigravida.
 - D. multipara
 - E. None of the above.
31. A woman who has been pregnant several times is referred to as a
- A. primigravida
 - B. primipara
 - C. multigravida.
 - D. multipara
 - E. None of the above.
32. Your patient is ready to deliver her second child. She has a two-year-old son, and has had one previous miscarriage (no abortions or adoptions). You would describe her as being
- A. para 1, gravida 2
 - B. gravida 2, para 1
 - C. para 2, gravida 3
 - D. gravida 3, para 1
 - E. para 3, gravida 1
33. Which of the following statements regarding pregnancy and medical disorders is false?
- A. Pregnancy may cause previously diagnosed diabetes to become unstable.
 - B. Pregnancy may cause the onset of diabetes in a previously nondiabetic patient.
 - C. Pregnancy may produce hypertension in the previously normotensive patient.
 - D. Pregnancy may precipitate CHF in patients who had previously asymptomatic heart disease.
 - E. None of the above is false.

34. A spontaneous abortion is commonly called a miscarriage, and frequently occurs
- A. when the embryo or fetus is malformed.
 - B. as a result of maternal infection.
 - C. during the third trimester of pregnancy
 - D. Answers A and B only.
 - E. Answers A, B, and C.
35. An ectopic pregnancy occurs when a fertilized ovum is implanted
- A. anywhere outside of the uterine cavity.
 - B. in a fallopian tube only.
 - C. in the abdominal cavity only.
 - D. at the mouth of the cervix.
 - E. within the uterus.
36. The most common site of an ectopic implantation is
- A. on an ovary.
 - B. in a fallopian tube.
 - C. in the abdominal cavity.
 - D. at the mouth of the cervix.
 - E. within the uterus.
37. Any female patient of childbearing age complaining of abdominal pain, with or without vaginal bleeding, is suffering from _____ until proven otherwise.
- A. spontaneous abortion
 - B. ectopic pregnancy
 - C. criminal abortion
 - D. appendicitis
 - E. Any of the above.
38. The premature separation of the placenta from the uterine wall is called
- A. spontaneous abortion
 - B. traumatic abortion
 - C. placenta previa
 - D. abruptio placenta
 - E. ectopic pregnancy

39. Occasionally a placenta develops too low in the uterus and partially or completely covers the opening of the cervix. This condition is called
- A. spontaneous abortion
 - B. traumatic abortion
 - C. placenta previa
 - D. abruptio placenta
 - E. ectopic pregnancy
40. Painless vaginal bleeding late in pregnancy is considered to be
- A. spontaneous abortion
 - B. traumatic abortion
 - C. placenta previa
 - D. abruptio placenta
 - E. ectopic pregnancy
41. Treatment of spontaneous abortion, placenta previa, abruptio placenta, and ectopic pregnancy includes all of the following, except
- A. high-flow oxygen administration.
 - B. one or more IV lines of NS or LR.
 - C. pneumatic antishock garment with inflation of the abdominal compartment only (tamponade effect).
 - D. left laterally recumbent positioning for second and third trimester patients
 - E. emergency transport if signs and symptoms of shock are present.
42. Preeclampsia is characterized by
- A. pregnancy-induced hypertension.
 - B. excessive weight gain with edema (most pronounced in the hands and face).
 - C. seizures
 - D. Answers A and B only.
 - E. Answers A, B, and C.
43. Eclampsia is characterized by
- A. pregnancy-induced hypertension.
 - B. excessive weight gain with edema (most pronounced in the hands and face).
 - C. seizures
 - D. Answers A and B only.
 - E. Answers A, B, and C.

44. Management of the patient with preeclampsia includes
- A. oxygen administration and IV access.
 - B. left laterally recumbent positioning.
 - C. IV administration of magnesium sulfate and/or diazepam.
 - D. Answers A and B only.
 - E. Answers A, B, and C.
45. Management of the patient with eclampsia includes
- A. oxygen administration and IV access.
 - B. left laterally recumbent positioning.
 - C. IV administration of magnesium sulfate and/or diazepam.
 - D. Answers A and B only.
 - E. Answers A, B, and C.
46. Supine-hypotensive syndrome occurs when the abdominal mass of the gravid uterus is large and
- A. demands more of the maternal blood supply than can be compensated for by the already increased cardiac output.
 - B. compresses the inferior vena cava, thereby reducing venous return, and cardiac output falls.
 - C. compresses the abdominal aorta, thereby obstructing cardiac output.
 - D. Both answers A and B.
 - E. Both answers A and C.
47. In the absence of any signs and symptoms of volume depletion, management of supine-hypotensive syndrome includes
- A. left laterally recumbent positioning.
 - B. Trendelenburg positioning.
 - C. semi-Fowler's positioning.
 - D. right laterally recumbent positioning.
 - E. oxygen and two large-bore IV's.
48. Full dilation of the cervix signifies
- A. the beginning of the fourth stage of labor.
 - B. the end of the second stage of labor.
 - C. the end of the first stage of labor.
 - D. the beginning of the first stage of labor.
 - E. the end of the third stage of labor.

49. The birth of the baby signifies
- A. the beginning of the fourth stage of labor.
 - B. the end of the second stage of labor.
 - C. the end of the first stage of labor.
 - D. the beginning of the first stage of labor.
 - E. the end of the third stage of labor.
50. The beginning of regular uterine contractions signifies
- A. the beginning of the fourth stage of labor.
 - B. the end of the second stage of labor.
 - C. the end of the first stage of labor.
 - D. the beginning of the first stage of labor.
 - E. the end of the third stage of labor.
51. The delivery of the placenta signifies
- A. the beginning of the fourth stage of labor.
 - B. the end of the second stage of labor.
 - C. the end of the first stage of labor.
 - D. the beginning of the first stage of labor.
 - E. the end of the third stage of labor.
52. The classic sign/symptom that delivery is imminent is
- A. the uncontrollable maternal urge to push or the crowning of the fetus.
 - B. contractions only 5 minutes apart
 - C. the rupture of the amniotic sac.
 - D. uterine contractions only 15 to 30 seconds in duration.
 - E. Any of the above.
53. As the delivery begins, if the baby's head is the first structure to be seen it is called
- A. a cephalic presentation.
 - B. a breech presentation.
 - C. an occipital presentation.
 - D. a head presentation.
 - E. a posterior presentation.
54. As the delivery begins, if the baby's buttocks are the first structure to be seen it is called
- A. a cephalic presentation.
 - B. a breech presentation.
 - C. an occipital presentation.
 - D. a head presentation.
 - E. a posterior presentation.

55. Preparation for an imminent delivery includes all of the following, except
- A. maternal oxygen administration
 - B. IV access with NS or LR
 - C. use of drapes and sterile gloves
 - D. obtaining a receiving blanket and towels
 - E. performing a vaginal exam to determine presenting part prior to attempted field delivery
56. If the amniotic sac has not ruptured, as the baby's membrane-enclosed head emerges
- A. use your fingers to pinch and puncture the sac, and then push the sac away from the baby's nose and mouth for suctioning
 - B. continue with the delivery; the sac will break on its own once the baby is completely delivered.
 - C. use a sterile scalpel to carefully open the sac and provide suction before the baby takes its first breath.
 - D. leave the sac alone unless the baby appears to be breathing.
 - E. delay further delivery and transport immediately for an emergency cesarean section.
57. When the head emerges, if the umbilical cord is wrapped around the baby's neck and cannot be gently loosened,
- A. continue with the delivery; the cord will unwind naturally as the baby delivers
 - B. delay further delivery and transport immediately for an emergency cesarean section
 - C. clamp or tie the cord in two places and cut the cord between the clamps/ties.
 - D. forcefully pull the cord over the baby's head before the baby is strangled.
 - E. do not delay for clamping or tying; cut the cord and remove it before the baby is strangled
58. The proximal clamp is placed on the umbilical cord at approximately
- A. 4 inches (10 centimeters) from the baby.
 - B. 6 inches (15 centimeters) from the baby.
 - C. 8 inches (20 centimeters) from the baby.
 - D. 10 inches (26 centimeters) from the baby.
 - E. 12 inches (31 centimeters) from the baby.

59. The distal clamp is placed on the umbilical cord at approximately
- A. 4 inches (10 centimeters) from the baby.
 - B. 6 inches (15 centimeters) from the baby.
 - C. 8 inches (20 centimeters) from the baby.
 - D. 10 inches (26 centimeters) from the baby.
 - E. 12 inches (31 centimeters) from the baby.
60. Given the fact that delivery of the placenta is normally accompanied by bleeding, the paramedic should
- A. gently pack the vagina with a sterile sanitary napkin.
 - B. expect excessive blood loss, which will rarely lead to shock.
 - C. gently massage the abdomen (uterine fundus) to assist in uterine contraction and reduction of hemorrhage.
 - D. All of the above.
 - E. None of the above.
61. Cephalopelvic disproportion
- A. results in the baby's head not passing through the maternal pelvis.
 - B. is the result of a contracted pelvis, oversized baby, or fetal abnormalities.
 - C. results in strong, frequent contractions for a prolonged period of time without delivery of the baby
 - D. will result in fetal demise and/or uterine rupture if a cesarean section is not performed.
 - E. All of the above.
62. Which of the following statements regarding abnormal deliveries is false?
- A. If a prolapsed cord becomes cold, the oxygen supply to the fetus will cease and the infant will die.
 - B. The insertion of a gloved hand into the mother's vagina may be necessary, to gently push the baby's head off of the prolapsed cord.
 - C. The insertion of a gloved hand into the mother's vagina may be necessary to gently replace a single-limb presentation prior to field delivery.
 - D. The insertion of a gloved hand into the mother's vagina may be necessary to provide an airway for the breech-birth baby whose head will not deliver.
 - E. If both feet present first, the baby may still be delivered in the field.
63. When a delivery becomes a multiple-birth situation, it is important to
- A. be on your way to the hospital before the second or third baby delivers.
 - B. provide suction, clamp and cut the umbilical cord, and warm one infant before delivering the next.
 - C. wait for delivery of the first baby's placenta prior to allowing the next baby to deliver.
 - D. All of the above.
 - E. None of the above.

64. A ruptured uterus
- A. frequently occurs spontaneously and is a life-threatening emergency
 - B. can occur because of abdominal trauma or during prolonged labor.
 - C. causes extreme pain and will always present with excessive external bleeding.
 - D. All of the above.
 - E. None of the above.
65. Uterine inversion is when the uterus literally turns inside out upon delivery of the infant and/or placenta. Uterine inversion
- A. produces profound, life-threatening shock
 - B. can be caused by pulling on the umbilical cord.
 - C. can be caused by attempts to express the placenta when the uterus is relaxed.
 - D. Answers A and B only.
 - E. Answers A, B, and C.
66. Management of uterine inversion includes all of the following, except
- A. high-flow oxygen and supine patient positioning.
 - B. two or more IV's of NS or LR
 - C. one attempt to replace the uterus manually, by exerting pressure on the area surrounding the cervix.
 - D. one attempt to detach the placenta from the extruded uterus.
 - E. moist towel packing of all protruding tissue and an emergency return to the ER.