



Clinical challenge

Questions for this month's clinical challenge are based on articles in this issue. The style and scope of questions is in keeping with the MCQ of the College Fellowship exam. The quiz is endorsed by the RACGP Quality Assurance and Continuing Professional Development Program and has been allocated 2 CPD points per issue. Answers to this clinical challenge will be published next month. Dr Steve Trumble

SINGLE COMPLETION ITEMS

DIRECTIONS

Each of the questions or incomplete statements below is followed by five suggested answers or completions. Select the most appropriate statement as your answer.

Questions 1–4 are based on the article 'Shared antenatal care – a regional perspective' by Maria Lombardo and George Golding

Question 1

Laura is a 23 year old primigravida who wishes to have shared antenatal care. The decision to enter shared antenatal care is made by:

- A. Laura
- B. her GP
- C. her obstetrician
- D. her GP and obstetrician
- E. all of the above.

Question 2

In discussing this decision with Laura, you say that recognised patient benefits of shared antenatal care include all of the following EXCEPT:

- A. more holistic care
- B. reduced investigation costs to Medicare
- C. care in the setting of an established therapeutic relationship
- D. less waiting in hospital outpatient clinics
- E. improved continuity and coordination of care.

Question 3

Laura asks about blood tests. Routine antenatal screening tests DO NOT include:

- A. blood group and Rhesus antibodies
- B. varicella antibodies
- C. herpes simplex antibodies
- D. hepatitis B screening
- E. hepatitis C antibodies.

Question 4

The most common adverse outcome of pregnancy confronting Laura is:

- A. fetal death in utero
- B. postpartum haemorrhage
- C. endometritis
- D. postnatal depression
- E. uterine prolapse.

Questions 5–7 are based on the article 'Advances in prenatal screening' by Andrew McLennan

Question 5

Emma and Viktor are newly weds in your area who are considering their first pregnancy. Emma is 29 years old. Screening for chromosomal abnormalities is recommended for pregnant women:

- A. aged 40 years plus
- B. aged 35 years plus
- C. aged 30 years plus
- D. aged less than 30 years
- E. regardless of age.

Question 6

They are interested in what diagnostic tests are now available, should they need one. The most recently developed definitive prenatal diagnostic test for Down syndrome available to them is:

- A. chorionic villus sampling
- B. second trimester serum screening
- C. first trimester ultrasound measurement of nuchal thickness
- D. multiplex fluorescent PCR
- E. logarithmic regression US analysis.

Question 7

Viktor then reveals he has cystic fibrosis and is worried about his fertility. He is likely to be infertile due to:

- A. congenital absence of the vas deferens
- B. impaired sperm motility
- C. increased abnormal sperm morphology
- D. poor semen quality due to impaired prostate gland function
- E. erectile dysfunction.

Questions 8–9 are based on the article 'Gestational diabetes' by Aidan McElduff

Question 8

Much to her surprise and delight, Esther Talofalava is 12 weeks pregnant at 41 years of age. She had two spontaneous abortions 10 years ago, soon after migrating from Samoa. She weighs 120 kg and both her parents have type 2 diabetes. The screening tests you offer her include all EXCEPT:

- A. random blood glucose
- B. biochemical screening for Down syndrome
- C. nuchal translucency assessment
- D. blood group
- E. rubella antibodies.

Question 9

Esther experiences gestational diabetes during her pregnancy. In later life she will be at increased risk of:

- A. type 1 diabetes
- B. type 2 diabetes
- C. polycystic ovarian syndrome
- D. cystic fibrosis
- E. depression.

Questions 10–11 are based on the article 'Psychosocial assessment and management of depression and anxiety in pregnancy' by Marie-Paule Austin

Question 10

Laura returns to see you at 36 weeks gestation having been identified in the hospital clinic as being at risk for depression. A reliable symptom of depression in pregnancy is:

- A. disturbed sleep
- B. reduced energy
- C. altered appetite
- D. suicidal ideation or plans
- E. all of the above.

Question 11

Controlled but nonrandomised studies on the use of antidepressants in pregnancy prove:

- A. an increase in congenital malformations
- B. an increase in neurobehavioural problems in exposed offspring
- C. a clear increase in prematurity
- D. a clear decrease in prematurity
- E. none of the above.

Questions 12–13 are based on the article 'Shared antenatal care for Indigenous patients in a rural and remote community' by Pieter Nel and Dennis Pashen

Question 12

Claire Mutitjulu is an Aboriginal woman living in a remote settlement in the Gulf country. She is pregnant with her second child. The child's risk of perinatal mortality is:

- A. the same as a child born in Sydney
- B. 2–3 times the non-Indigenous rate
- C. 10 times the non-Indigenous rate
- D. minimised if ultrasound screening is available
- E. lessened during the wet season.

Question 13

Claire may decide not to attend antenatal clinic appointments because of:

- A. lack of continuity of doctor
- B. lengthy waiting times
- C. culturally inappropriate environment
- D. lack of transport to clinic
- E. all of the above.

Questions 14–15 are based on the article 'Breast pain in lactating women' by Lisa Amir

Question 14

Judith is febrile with a red, hot and painful area in her right breast. She has been breastfeeding newborn Eric for two weeks. Her nipple is cracked and sore. The most likely infective organism causing Judith's mastitis is:

- A. streptococcus pyogenes

- B. staphylococcus aureus
- C. enterococcus faecalis
- D. candida albicans
- E. staphylococcus galactorreus.

Question 15

Judith has no allergies. The antibiotic of choice is:

- A. phenoxymethylpenicillin
- B. cephalixin
- C. dicloxacillin
- D. erythromycin
- E. amoxicillin.