

## Community-Acquired Pneumonia in Pregnancy

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*Obstet Gynecol* 2009;114(4)

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1. Community-acquired pneumonia is estimated to affect approximately what percent of pregnancies in the United States?
  - A. 1%
  - B. 0.1%
  - C. 0.01%
  - D. 0.001%

2. In patients with community-acquired pneumonia, approximately what percent of cases will have a causative agent identified?
- A. 10%
  - B. 25%
  - C. 50%
  - D. 75%
  - E. 90%
3. The most commonly identified pathogen in community-acquired pneumonia is:
- A. Influenza A virus
  - B. *Histoplasma capsulatum*
  - C. *Mycobacterium tuberculosis*
  - D. *Streptococcus pneumoniae*
  - E. *Pseudomonas aeruginosa*
4. Pneumonia is estimated to account for approximately what percent of pregnancy complications in the United States?
- A. 8%
  - B. 4%
  - C. 1%
  - D. 0.4%
  - E. 0.08%
5. Pregnancy causes what change in maternal minute ventilation?
- A. 50% increase
  - B. 25% increase
  - C. No change
  - D. 25% decrease
  - E. 50% decrease

6. The most common presenting symptom for patients with bacterial community-acquired pneumonia is:
- A. Fever
  - B. Pleuritic chest pain
  - C. Cough
  - D. Dyspnea
  - E. Headache
7. Which of the following would be the most appropriate choice of therapies for an otherwise healthy pregnant patient with community-acquired pneumonia?
- A. Amoxicillin
  - B. Azithromycin
  - C. Ceftriaxone
  - D. Levofloxacin
  - E. Vancomycin
8. In patients successfully treated for bacterial community-acquired pneumonia during pregnancy, radiological abnormalities may persist for up to:
- A. 48 hours
  - B. 1 week
  - C. 3 weeks
  - D. 6 weeks
  - E. 8 weeks
9. When an initial dose of currently available pneumococcal vaccine is given for pneumonia prophylaxis, a follow-up dose is:
- A. Recommended at 1 month
  - B. Recommended at 3 months
  - C. Recommended at 6 months
  - D. Recommended at 5 years
  - E. Not recommended (no repeat dose required)

10. The greatest risk to the pregnancy of a woman with community-acquired pneumonia is:

- A. Hypoxic encephalitis
- B. Oligohydramnios
- C. Intrauterine growth restriction
- D. Abruptio placentae
- E. Preterm labor

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