

Postpartum Rh Immunoprophylaxis

S. Gerald Sandler, MD, and Jerome L. Gottschall, MD
Obstet Gynecol 2012;120(6)

ACCME Accreditation

The American College of Obstetricians and Gynecologists (the College) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA PRA Category 1 Credit(s)TM

The American College of Obstetricians and Gynecologists designates this journal-based CME activity for a maximum of 2 AMA PRA Category 1 Credits.TM Physicians should claim only the credit commensurate with the extent of their participation in the activity.

College Cognate Credit(s)

The American College of Obstetricians and Gynecologists designates this journal-based CME activity for a maximum of 2 Category 1 College Cognate Credits. The College has a reciprocity agreement with the AMA that allows AMA PRA Category 1 CreditsTM to be equivalent to College Cognate Credits.

Disclosure Statement

Current guidelines state that continuing medical education (CME) providers must ensure that CME activities are free from the control of any commercial interest. All authors, reviewers, and contributors have disclosed to the College all relevant financial relationships with any commercial interests. The authors, reviewers, and contributors declare that neither they nor any business associate nor any member of their immediate families has financial interest or other relationships with any manufacturer of products or any providers of services discussed in this program. Any conflicts have been resolved through group and outside review of all content.

Submission

Before submitting this form, please print a completed copy as confirmation of your program participation.

College Fellows: To obtain credits, complete and return this form by clicking on "Submit" at the bottom of the page. Credit will be automatically recorded upon receipt and online transcripts will be updated twice monthly. College Fellows may check their transcripts online at <http://www.acog.org>.

Non-College Fellows: To obtain credits, submit the printout of the completed quiz to your accrediting institution. The printout of the completed quiz is documentation for your continuing medical education credits.

Continuing medical education credit for "Postpartum Rh Immunoprophylaxis" will be available through December 2015.

1. The threshold for further laboratory testing and evaluation for the dose of Rh immune globulin is a fetomaternal hemorrhage of:
 - A. 0 mL fetal whole blood
 - B. 15 mL fetal whole blood
 - C. 30 mL fetal whole blood
 - D. 45 mL fetal whole blood
 - E. 60 mL fetal whole blood

2. The standard first laboratory test in the evaluation for fetomaternal hemorrhage is:
- A. Rosette fetal red blood cell screen
 - B. Acid-elution (Kleihauer-Betke) assay
 - C. Coombs test
 - D. Apt-Downey red cell stability test
 - E. Serum fetal DNA titer
3. The reason that flow cytometry is infrequently used to diagnose fetomaternal hemorrhage is:
- A. Low sensitivity
 - B. Low specificity
 - C. High false-positive rate
 - D. High false-negative rate
 - E. Poor cost effectiveness
4. Adding routine antepartum immunoprophylaxis to conventional postpartum immunoprophylaxis for RhD-negative women results in a decreased risk of alloimmunization that approximates:
- A. 10%
 - B. 25%
 - C. Twofold
 - D. Fivefold
 - E. Tenfold
5. To comply with standard of practice, postpartum prophylaxis must be administered within:
- A. 24 hours
 - B. 48 hours
 - C. 72 hours
 - D. 96 hours
 - E. 1 week

6. In the rosette fetal red blood cell screen, the presence of RhD-positive fetal cells is indicated by red cell:
- A. Lysis
 - B. Aggregates
 - C. Swelling
 - D. Shrinkage (crenation)
 - E. Distortion similar to sickling
7. In an acid-elution assay for fetomaternal hemorrhage, fetal cells are notable for their:
- A. Normal staining
 - B. Resistance to normal staining techniques
 - C. Abnormal color
 - D. Roughly doubled size
 - E. Fluorescence under polarized light
8. Conditions that interfere with the accuracy of an acid elution study for fetomaternal hemorrhage include which of the following?
- A. Thrombocytopenia
 - B. Glucose-6-phosphate dehydrogenase deficiency
 - C. Sickle cell anemia
 - D. Hyperthyroidism
 - E. Maternal Rh-positive status
9. One 300-microgram dose of Rh immune globulin will protect for a fetomaternal hemorrhage of:
- A. 15 mL
 - B. 30 mL
 - C. 45 mL
 - D. 60 mL
 - E. 75 mL

10. A primigravid RhD-negative woman delivers an RhD-positive infant and it is determined that she experienced a fetomaternal hemorrhage of approximately 85 mL. Based on current recommendations, she should receive how many 300-microgram vials of Rh immune globulin (anti-D immune globulin)?

- A. One
- B. Two
- C. Three
- D. Four
- E. Five

College ID Number:

Name:

Address:

City/State/Zip:

Actual time spent completing this activity (you may record up to 2 hours):

EXPIRED