

Placental Abruption

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1. When placental abruption complicates a pregnancy, the risk of perinatal mortality is increased by approximately: (*Answer in red below*)

2-fold

5-fold

8-fold

10-fold

15-fold (See page 1006)

2. In general, the diagnosis of “abruption” should be made on the basis of: (*Answer in red below*)

Kleihauer-Betke testing

Doppler velocity studies

Fetal heart rate findings

Histological findings

Clinical findings (See page 1008)

3. Which of the following factors is associated with the highest risk of placental abruption? (*Answer in red below*)

Cocaine and drug use (See page 1008)

Prior cesarean delivery

Premature rupture of membranes

Multiple gestation

Thrombophilic syndromes

4. The uterine activity most often associated with partial placental abruption is: (*Answer in red below*)

High tone, high-frequency, low-amplitude contractions (See pages 1009–10)

High tone, high-frequency, high-amplitude contractions

High tone, low-frequency, low-amplitude contractions

High tone, low-frequency, high-amplitude contractions

Low tone, high-frequency, high-amplitude contractions

5. Ultrasonography will miss approximately what percent of placental abruptions? (*Answer in red below*)

30%

50% (See page 1010)

70%

90%

100%

6. Beta-sympathomimetics such as terbutaline are generally not used for patients with vaginal bleeding because of the risk of: (*Answer in red below*)

Maternal tachycardia (See page 1014)

Increased placental separation

Fetal tachycardia

Reduced renal blood flow

Interference with blood clotting mechanisms

7. Once a woman has a placental abruption, her risk of a recurrence in a future pregnancy is: (*Answer in red below*)

Unchanged from the background rate

Increased by 2-fold

Increased by 4-fold

Increased by 8-fold

Increased by 10-fold (See page 1015)