

Week 7 Prenatal Care

By this point in the rotation you have had a few sessions of prenatal care.

Please review these scenarios and we will discuss as a group.

1. A patient comes to see you for a diagnosis of pregnancy visit. Her pregnancy test is positive but she is uncertain as to whether she will continue the pregnancy. By LMP she is 7wks pregnant, consistent with exam. What counseling will you provide? What testing will you offer? Is she at risk for ectopic pregnancy?
2. A 16yo G2P0010 at 8 wks pregnancy presents complaining of nausea and vomiting. How will you evaluate? How will you tell if she has hyperemesis gravidarum? What treatments are recommended for N&V in pregnancy?
3. G2P1 pt comes in for her initial prenatal visit. She had a sono done for a first trimester screen. The due date from the sonogram was two weeks different from her LMP. She wants to know what her due date will be.
4. G1P0 pt comes for initial prenatal visit. By LMP she is 14weeks. She missed her sonogram appointment as she was unable to take off work from her job as a dental assistant. She has gained 12 pounds to a current weight of 112 lbs and is 4ft11in tall. Her medical history is unremarkable. On examination her fundus is felt just above the pelvic brim but you unable to detect fetal heart tones or maternal pelvic vessel pulsations. Laboratory studies done at initial visit are remarkable for HbA65% S35%, rubella positive, HepBSA+, QUAD screen positive for Down's, and ASCUS+/HPV neg Pap. What is your assessment of her pregnancy? What action will you recommend?
5. A 24 yr old G2P1 patient presents for initial visit at 16wks gestation by uncertain dates. She was unable to have a sonogram done as she had no insurance – but has it now. Her labs from her dx of pregnancy visit were done at about 12 weeks and were all normal. Early 1hr GCT was not done then. Prior delivery was by c-section for failed descent of a 9lb8oz baby. She did not have a pap smear done at the last visit. What do you do now?
6. 34 yr old G5P2022 woman presents for amenorrhea x 5 months. She has an IUD in situ since her postpartum visit from her last baby 5 yrs ago so she knows she can't be pregnant. Her UCG is positive.

7. The patient from question number one is now 30 wks pregnant. We now know that she is Rh negative. Her one hour glucose test was 133. What further testing is recommended? What patient education is indicated now?
8. Your next patient is 38 weeks pregnant. She wants you to strip her membranes. Is this advisable? If so, how will you do this? What should she know about signs of labor? When should she go in to the hospital for delivery? What is the 411 method?
9. 17 yr old G1P0 presents at 37wks for routine visit. She has gained 4lbs since her last visit. Her blood pressure is 120/80. She has no HA, blurred vision, or abdominal pain. You order a urine dip: protein +1, glucose neg, ketone trace. What will you do?
10. Your attending in the clinic asks, "Why aren't you doing urine dips on your prenatal patients?" She further notes that this was routine practice during her residency training to screen for asymptomatic bacteriuria, preeclampsia and diabetes. What should you tell him?