

First Trimester Bleeding Pre-test

- Definitive diagnosis of early pregnancy loss can be made if: (Circle all that apply)
 - The patient is having heavy bleeding and says she “passed tissue at home”
 - Ultrasound shows a gestational sac with a 4mm embryo (CRL) without a fetal heartbeat
 - Products of conception are seen on speculum exam
 - An intrauterine pregnancy was previously seen on ultrasound and is now no longer seen on ultrasound
- An intrauterine pregnancy should be seen on transvaginal ultrasound: (Circle all that apply)
 - By 6 weeks gestation
 - When the β hCG reaches the “discriminatory zone” (1500-3000 depending upon the lab and the ultrasound machine)
 - When the urine pregnancy test turns positive
 - As soon as the patient misses her period
- Which of the following are acceptable treatment options for early pregnancy loss: (Circle all that apply)
 - Expectant management or “wait and see”
 - Medical management with misoprostol
 - Uterine aspiration in the office using local anesthesia
 - Uterine aspiration under sedation
- Which of the following are true regarding β hCG levels: (Circle all that apply)
 - In an early, viable intrauterine pregnancy β hCG levels should increase by at least 53% every 48 hours
 - β hCG levels should always be followed to zero after miscarriage
 - In a normal pregnancy beyond 9 weeks gestation β hCG levels may plateau or drop, instead of rising regularly
 - β hCG levels should be followed to zero in cases of first trimester bleeding where pregnancy location cannot be confirmed
 - β hCG levels should drop by at least 50% by 48 hours following the passage of tissue during a miscarriage
- Every woman presenting with first trimester bleeding needs to be evaluated for: (Circle all that apply)
 - The need for Rhogam
 - Hemodynamic stability
 - Ectopic pregnancy
- In the process of making the diagnosis of Early Pregnancy Loss, women should be told regarding the cause of the miscarriage: (Circle all that apply)
 - the most likely cause is a chromosomal abnormality that would not have allowed the pregnancy to develop normally
 - that nothing they did caused or brought on the miscarriage
 - that there is not anything they can do to stop the process once it has begun: there is no evidence for bedrest
 - that one pregnancy loss does not make them at higher risk of subsequent losses