First Trimester Bleeding Pre-test

1. Definitive diagnosis of early pregnancy loss can be made if: (Circle all that apply)
   a. The patient is having heavy bleeding and says she “passed tissue at home”
   b. Ultrasound shows a gestational sac with a 4mm embryo (CRL) without a fetal heartbeat
   c. Products of conception are seen on speculum exam
   d. An intrauterine pregnancy was previously seen on ultrasound and is now no longer seen on ultrasound

2. An intrauterine pregnancy should be seen on transvaginal ultrasound: (Circle all that apply)
   a. By 6 weeks gestation
   b. When the βhCG reaches the “discriminatory zone” (1500-3000 depending upon the lab and the ultrasound machine)
   c. When the urine pregnancy test turns positive
   d. As soon as the patient misses her period

3. Which of the following are acceptable treatment options for early pregnancy loss: (Circle all that apply)
   a. Expectant management or “wait and see”
   b. Medical management with misoprostol
   c. Uterine aspiration in the office using local anesthesia
   d. Uterine aspiration under sedation

4. Which of the following are true regarding βhCG levels: (Circle all that apply)
   a. In an early, viable intrauterine pregnancy βhCG levels should increase by at least 53% every 48 hours
   b. βhCG levels should always be followed to zero after miscarriage
   c. In a normal pregnancy beyond 9 weeks gestation βhCG levels may plateau or drop, instead of rising regularly
   d. βhCG levels should be followed to zero in cases of first trimester bleeding where pregnancy location cannot be confirmed
   e. βhCG levels should drop by at least 50% by 48 hours following the passage of tissue during a miscarriage

5. Every woman presenting with first trimester bleeding needs to be evaluated for: (Circle all that apply)
   a. The need for Rhogam
   b. Hemodynamic stability
   c. Ectopic pregnancy

6. 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)
   a. the most likely cause is a chromosomal abnormality that would not have allowed the pregnancy to develop normally
   b. that nothing they did caused or brought on the miscarriage
   c. that there is not anything they can do to stop the process once it has begun: there is no evidence for bedrest
   d. that one pregnancy loss does not make them at higher risk of subsequent losses