**WEEK 6: Early Pregnancy Loss and Course Conclusions**



**QUIZ QUESTIONS**

1. \_\_\_\_\_\_ of all clinically-recognized pregnancies will result in an early pregnancy loss.

* Less than 5%
* 5-10%
* 15-20%
* 40-60%

1. Which of the following can be clinically diagnosed and does not require an ultrasound confirmation?

* Spontaneous abortion
* Anembryonic gestation
* Embryonic demise
* All of the above

1. The first step in making an early pregnancy loss diagnosis (EPL) is with ultrasound confirmation. When an intrauterine pregnancy (IUP) is not seen on an ultrasound, one can use the patient’s \_\_\_\_\_\_\_to determine EPL.

* beta-hcg levels
* date of last menstrual period
* size of embryonic sac
* All of the above

1. The best option for early pregnancy loss management is:

* Expectant management
* Medication management
* Office-based aspiration
* Operating room aspiration
* All of the above. The best choice should reflect the woman’s values and preferences.

1. All of the following are consistent with shared-decision making counseling EXCEPT:

* Information Exchange
* Deliberation
* Negotiation and Agreement
* Prioritizing clinician values over patient values

1. True/False: All methods of EPL management can be effective and have clinical equipoise (are equivalent in safety and patient acceptability).

* True.
* False.
* Information to answer this question was not provided in the lecture

1. The four options of EPL management for the clinically stable patient are: Aspiration with deep sedation (OR), Aspiration with local/moderate sedation (in office), expectant management, and \_\_\_\_\_\_\_\_\_\_\_.

* Medication management with misoprostol
* Uterine massage
* Hysterectomy
* Folate and Iron supplements
* None of the above

1. All of the following are potential advantages to providing aspiration management in an office-based setting compared to the operating room EXCEPT:

* Allows for improved patient accessibility and continuity of care
* The patient may have better pain control options
* Savings in costs and resources
* Less patient and staff time required

1. Which of the following are advantages to using medication management in EPL compared to aspiration?

* Non-invasive procedure that allows for increased patient privacy
* Less and shorter bleeding
* Less likely to cause short-term gastrointestinal and other side effects
* All of the above

1. Which of the following EPL management option, also known as “watchful waiting”, has proven safety up to 8 weeks, and is highly acceptable to patients with realistic expectations about discomfort and the potential need for a D&C?

* Expectant Management
* Medication Management
* Aspiration Management with deep sedation
* Aspiration Management with local/moderation sedation
* None of the above