
WEEK 6: Early Pregnancy Loss and Course Conclusions

QUIZ QUESTION ANSWER SHEET

1. _____ of all clinically-recognized pregnancies will result in an early pregnancy loss.
- Less than 5%
 - 5-10%
 - 15-20%
 - 40-60%

Answer: **15-20%**

Explanation: *Early pregnancy loss (EPL) is extremely common. EPL occurs in 15-20% of all clinically recognized pregnancies. 1 in 4 women will experience EPL in her lifetime. Please refer to Dr. Robin Wallace's lecture "Early Pregnancy Loss Diagnosis and Counseling" for a detailed explanation.*

2. 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

Answer: **Spontaneous abortion**

Explanation: *Spontaneous abortion can be clinically diagnosed without ultrasound confirmation. The clinical term for spontaneous abortion is defined as any intrauterine pregnancy with vaginal bleeding at less than 20 weeks gestation. Ultrasound diagnoses are required to confirm an anembryonic gestation (gestational sac without an embryonic pole) or an embryonic demise (an embryo with no cardiac activity). Please refer to Dr. Robin Wallace's lecture "Early Pregnancy Loss Diagnosis and Counseling" for a detailed explanation.*

3. 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

Answer: **beta-hcg levels**

Explanation: *Declining beta-hcg levels are useful to make an early pregnancy loss diagnosis, particularly when intrauterine pregnancy is not seen on an ultrasound or when ultrasound is not available. Please refer to Dr. Robin Wallace's lecture "Early Pregnancy Loss Diagnosis and Counseling" for a detailed explanation.*

4. 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.

Answer: **All of the above. The best choice should reflect the woman's values and preferences.**

Explanation: *Early pregnancy loss (EPL) is a preference-sensitive decision and the best option should reflect the patient's values and preferences. Please refer to Dr. Robin Wallace's lecture "Early Pregnancy Loss Diagnosis and Counseling" for a detailed explanation.*

5. All of the following are consistent with shared_ decision making counseling EXCEPT:
- Information Exchange
 - Deliberation
 - Negotiation and Agreement
 - Prioritizing the Clinician's Values over the Patient's Values

Answer: **Prioritizing the Clinician's Values over the Patient's Values**

Explanation: *For preference-sensitive decisions, using a shared decision-making process can be helpful to not only inform patients what options are available, but to give her autonomy to make this personal decision. The first step is the information exchange when a provider presents all of the relevant medical information and the patient provides information about personal circumstances, values, and priorities. The next step is deliberation where the provider may (but not always) acknowledge personal values and biases. Finally a decision is reached through negotiation. While clinician disclosure of personal values is a component of deliberation, it is not always consistent with shared decision-making counseling. Please refer to Dr. Robin Wallace's lecture "Early Pregnancy Loss Diagnosis and Counseling" for a detailed explanation.*

6. 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

Answer: **True**

Explanation: *All EPL management options are effective, with equivalent safety and patient acceptability. Please refer to Dr. Robin Wallace's lecture "Early Pregnancy Loss Diagnosis and Counseling" for a detailed explanation.*

7. 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

Answer: **Medication management with misoprostol**

Explanation:

The four options for EPL management are:

- 1. Aspiration with general/deep sedation (operating room)*
- 2. Aspiration with local/moderate sedation (office-based)*
- 3. Medication (misoprostol +/- mifepristone)*
- 4. Expectant care*

Please refer to Dr. Robin Wallace's lecture "Early Pregnancy Loss Diagnosis and Counseling" for a detailed explanation.

8. 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

Answer: **The patient may have better pain control options**

Explanation: *Advantages to aspiration management in an office-based setting include improved patient access (because the patient can schedule the procedure with their primary care physician), resource and cost savings, and less required patient and staff time. One advantage to aspiration in the operating room is that this includes deep sedation where the patient can be asleep, and patients may have better pain control options. Please refer to Dr. Robin Wallace's lecture "Early Pregnancy Loss Management" for a detailed explanation.*

9. 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

Answer: **Non-invasive procedure that allows for increased patient privacy**

Explanation: *Medication management is a non-invasive procedure that allows patients to complete their EPL management in the privacy of their own home. Disadvantages to medication management include heavier and longer bleeding or possible short-term gastrointestinal side effects. Please refer to Dr. Robin Wallace's lecture "Early Pregnancy Loss Management" for a detailed explanation.*

10. 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

Answer: **Expectant Management**

Explanation: *Expectant management is "watchful waiting" for this natural process to occur. It is proven safe to wait up to 8 weeks without intervening and there is no increased risk for infection as compared to other treatment options. The type of EPL will affect the expected success rate, but overall this is a highly acceptable option for patients when they are given realistic expectations. Please refer to Dr. Robin Wallace's lecture "Early Pregnancy Loss Management" for a detailed explanation.*