

**Station number: 13**

Paediatrics - Short essay

**Remember to fill in your student ID No.**

You are on call and the parents of a 10-day-old boy call you.

He was born on term, normal findings at the hospital at discharge. He has been to the health care centre for a routine check-up this morning and everything looks OK.

Now he is pale, cold, floppy and won't eat. What is your reaction? You are allowed to choose 2 yes answers

	YES	NO
Reassure the parents that this is not a serious condition since he was fine a few hours ago		
He is probably hypoglycaemic since he won't eat		
Offer the parents an appointment at your office for a check-up tomorrow		
This is a serious condition, they should go to the hospital		
This is probably dehydration since he is not eating		
This can be a serious condition they should come to your office immediately		

If you see the child, what are the **3** things you would do or look at **first**?

	YES	NO
Throat swab for culture		
Temperature		
Skin turgor		
Level of consciousness/alertness		
Pulse and capillary refill time		
Blood pressure		
Heart sound		
Fontanelle		
Neck stiffness		
Petechiae		
Respiration rate		

**Station number 13**

**Student ID No. ....**

Here are some statements regarding this patient. Say YES to those you agree with.

	YES	NO
This cannot be an infection because he is cold and has no fever		
His symptoms are consistent with an infection		
His symptoms are probably caused by hyperbilirubinemia		
His symptoms are highly suspicious for meningitis		
He has symptoms of circulatory collapse		
This is only suspicious for meningitis if neck stiffness is present		
This can be infant colic		
This cannot be a congenital heart disease because he is not cyanotic		
This can be a respiratory disease		
His symptoms are highly suspicious for a duct dependent heart disease		
This can only be meningitis if he has petechiae		
This cannot be a duct dependent heart disease because the duct will close before he is 10 days old		

**Station 13**

You are on call and the parents of a 10-day-old boy call you. He was born on term, normal findings at the hospital at discharge. He has been to the health care centre for a routine check-up this morning and everything looks OK. Now he is pale, cold, floppy and won't eat. What is your reaction? You are allowed to choose 2 yes answers

	YES	NO
Reassure the parents that this is not a serious condition since he was fine a few hours ago	-1	
He is probably hypoglycemic since he won't eat	0	
Offer the parents an appointment at your office for a check-up tomorrow	0	
This is a serious condition, they should go to the hospital	3	
This is probably dehydration since he is not eating	0	
This can be a serious condition they should come to your office immediately	3	

If you see the child what are the **3** you would do or look at **first**?

	YES	NO
Throat swab for culture	0	
Temperature	0	
Skin turgor	0	
Level of consciousness/alertness	3	
Pulse and capillary refill time	3	
Blood pressure	0	
Heart sound	0	
Fontanelle	0	
Neck stiffness	0	
Petechiae	0	
Respiration rate	3	

## Station 13

Examiner's sheet

Student ID No. ....

Examiner ID:.....

Here are some statements regarding this patient. Say YES to those you agree with.

	YES	NO
This cannot be an infection because his is cold and has no fever	-1	
His symptoms are consistent with an infection	2	
His symptoms are probably caused by hyperbilirubinemia	0	
His symptoms are highly suspicious for meningitis	2	
He has symptoms of circulatory collapse	2	
This is only suspicious for meningitis if neck stiffness is present	-1	
This can be infant colic	0	
This cannot be a congenital heart disease because he is not cyanotic	-1	
This can be a respiratory disease	1	
His symptoms are highly suspicious for duct dependent heart disease	2	
This can only be meningitis if he has petechiae	-1	
This cannot be duct dependent heart disease because the duct will close before he is 10 days old	0	

Max 24 points

Total score: \_\_\_\_\_

**Station number 14**

Paediatrics  
Short essay

**Remember to fill in your student ID.**

Isak, 1 year old, was brought to your attention since his mother was worried he was pale, was not that active and seemed to have pain. The family came from the Mediterranean area. His haemoglobin in a capillary sample was 5.6 g/100 ml

1. What clinical condition do you suspect?
2. Which clinical examination would you perform?
3. What are the possible findings of this examination?
4. Which lab test will you order?
5. The lab test showed low MCV, MCH, normal s-ferritin and s-iron, and homozygous changes in the  $\beta$  globulin of the haemoglobin molecule. What diagnose is now most likely?
6. How will you treat Isak and what follow-up would you suggest?

**Station number 14 Paediatrics, Short answers station.**

Isak, 1 year old, was brought to your attention since his mother was worried that he was pale, was not that active and seemed to have pain. The family came from the Mediterranean area. His haemoglobin in a capillary sample was 5.6 g/100 ml

	Max Points	Points given
<p><b>1. What clinical condition do you suspect?</b></p> <p>a. Iron deficiency anaemia :4                      b. Haemoglobinopathies: 4                      c. Other specified anaemia's/malignant diseases: 3                      d. Anaemia: 1</p>	<b>4</b>	
<p><b>2. Which clinical examination would you perform?</b></p> <p>a. Complete somatic and neurological status: 4                      b. All other answers: 2</p>	<b>4</b>	
<p><b>3. What are the possible findings of this examination?</b></p> <p>a. normal status: 4                      b. hepatosplenomegaly: 4                      c. icteric 2</p>	<b>4</b>	
<p><b>4. Which lab test will you order?</b></p> <p>a. Complete haematology: 4                      b. Haemoglobin electrophoresis: 4                      c. Tumour markers: 2                      d. Bone marrow examination: 2</p>	<b>4</b>	
<p><b>5. The lab test showed low MCV and MCH, normal s. ferritin and s-iron, and homozygous changes in the <math>\beta</math> globins of the haemoglobin molecule. What diagnose is now most likely?</b></p> <p>a. thalassemia major/<math>\beta</math>-thalassemia: 4                      b. thalassemia: 3                      c. Thalassemia minor -1                      d. Iron deficit anaemia -1                      e. leukaemia: -1</p>	<b>4</b>	
<p><b>6. How will you treat Isak and what follow-up would you suggest?</b></p> <p>Referral to specialist : 4                      Regular blood transfusion: 4                      Iron supplement for 2 months -1                      Observation: -1                      Dietary advice: -1</p>	<b>4</b>	

Max 24 points

Total score: \_\_\_\_\_

**Station number: 15**

Paediatrics  
Short essay

**Remember to fill in your student ID No.**

1. Describe how central cyanosis is recognized.
2. Why are some congenital heart malformations associated with central cyanosis?
3. In the new-born child, a VSD may be without a systolic murmur during the first days of life. Why?
4. Name three main symptoms or signs of heart failure in children less than 2 years of age.



**Station number 16**

Paediatrics  
Short essay

**Remember to fill in your student ID No.**

A 1.5-year-old boy is brought by his parents to your general practise office in a rural community by his parents. They were picking blueberries in the forest nearby, when the boy suddenly screamed as if he was in pain. The boy points at his left arm. The incident occurred 15 minutes ago.

Examination: On the lower part of the boy's left arm, there are two small, round lesions about 1cm apart. The area is swollen and painful. He is agitated and seems to have pain in his stomach. He gives good contact. HR 110, RR 25, auscultation negative.

What should be the management of the boy's treatment be at this point?

<i>Management</i>	<i>Yes</i>	<i>No</i>
<b>Order an ambulance and admit immediately to hospital</b>		
<b>Observe at office for 2 hours, then dismiss if general condition is good.</b>		
<b>Administer intramuscular adrenaline 0.10mg/10kg</b>		
<b>Squeeze or cut the lesions in an attempt to drain them</b>		

One hour after the incident he gets sleepy. He looks pale. HR 150, RR 40, capillary refill time is 4-5 seconds. Auscultating the thorax, you can hear an expiratory wheeze.

Prioritize the next 3 actions from number 1 to number 3:

<i>Management</i>	
<b>Steroids intramuscular</b>	
<b>Antihistamine</b>	
<b>Administer intramuscular adrenaline 0.10mg/10kg</b>	
<b>Paracetamol</b>	
<b>Broad spectrum antibiotic</b>	

**Station number 16**

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Examination: On the lower part of the boy's left arm, there are two small, round lesions about 1 cm apart. The area is swollen and painful. He is agitated and seems to have pain in his stomach. He gives good contact. HR 110, RR 25, auscultation negative.

What should be the management of the boy at this point?

<i>Management</i>	<i>Yes</i>	<i>No</i>
<b>Order an ambulance and admit immediately to hospital</b>	<b>5</b>	<b>-3</b>
<b>Observe at office for 2 hours, then dismiss if general condition is good.</b>	<b>-5</b>	<b>3</b>
<b>Administer intramuscular adrenaline 0.10mg/10kg</b>	<b>0</b>	<b>3</b>
<b>Squeeze or cut the lesions in attempt to drain them</b>	<b>-3</b>	<b>3</b>

One hour after the incident he gets sleepy. He looks pale. HR 150, RR 40, capillary refill time is 4-5 seconds. Auscultating the thorax, you can hear an expiratory wheeze. Prioritize the next 3 actions from number 1 to number 3:

<i>Management</i>	
<b>Steroids intramuscular</b>	<b>3</b>
<b>Antihistamine</b>	<b>3</b>
<b>Administer intramuscular adrenaline 0.10mg/10kg</b>	<b>5</b>
<b>Paracetamol</b>	<b>-3</b>
<b>Broad spectrum antibiotic</b>	<b>-3</b>

*Comment: Intramuskulært adrenalin må være prioritet nr 1, hvis ikke trekkes 5 poeng. Intramuskulære steroider og antihistamin sidestilles som 2. og 3. valg, gir 3 poeng hver. Paracetamol og antibiotika skal ikke prioriteres.*

Comment: Intramuscular adrenaline must be first priority, if not subtract 5 points.

Intramuscular steroids and antihistamine prioritised equivalently as second and third choice gives 3 points each. Paracetamol and antibiotics shall not be prioritised.

**Station number 17**

**Paediatrics**

**Remember to fill in your student ID No.**

A mother contacts you on the phone in the evening while you are on call as a General Practitioner. Her seven-year-old son has type 1 diabetes. He has been on insulin pump treatment for six months and the last HbA1c value was 8%. He has vomited four times since waking up in the morning. The mother is worried because the boy's general condition has been slightly deteriorating with some drowsiness.

**Question 1.** What is the most likely cause of vomiting and drowsiness in this patient? (One answer is sufficient)

.....

**Question 2.** Which blood test performed at home is essential in this case?

.....

**Question 3.** What is your management plan? (One answer is sufficient)

- A. Refer to hospital same evening
- B. Ask patient to see you later in your office
- C. Ask patient to see you in the morning
- D. Ask patient to drink sufficient fluids to rehydrate

**Question 4.** What is the principal of medical treatment for the acute condition you think this boy is suffering from? Give two answers.

.....

.....

**Question 5.** Mention four main criteria based on blood tests to confirm the diagnosis of diabetes mellitus.

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**Examiner's sheet**

Student's ID No. ....

Examiner's ID.....

**Station number 17 PC - station Paediatrics**

<b>Points per item</b>	<b>Max Points</b>	<b>Points given</b>
<b>Q1 Cause of vomiting and drowsiness (one answer)</b> <ul style="list-style-type: none"> <li>• Diabetes ketoacidosis/Pump (infusion) failure (4)</li> <li>• Gastroenteritis (1)</li> <li>• Increased intracranial pressure/meningitis/encephalitis (1)</li> </ul>	<b>Max 4</b>  4 1 1	
<b>Q2 Blood test (one answer)</b> <ul style="list-style-type: none"> <li>• Blood glucose (2)</li> </ul>	<b>Max 2</b>  2	
<b>Q3 Management plan (one answer)</b> <ul style="list-style-type: none"> <li>• Choice A</li> </ul>	<b>Max 2</b>	
<b>Q4 Medical treatment (two answers)</b> <ul style="list-style-type: none"> <li>• IV fluid (4)</li> <li>• IV insulin (4)</li> <li>• Insulin (2)</li> <li>• Antibiotics (2)</li> <li>• Fluids (1)</li> </ul>	<b>Max 8</b>  4 4 2 2 1	
<b>Q5 Diagnostic criteria (four answers)</b> <ul style="list-style-type: none"> <li>• Fasting plasma glucose <math>\geq 7.0</math> mmol/l (<math>\geq 6.7</math> mmol/l capillary)</li> <li>• Random plasma glucose <math>\geq 11.1</math> mmol/l combined with classic symptoms of hyperglycaemia (polydipsia, polyuria, weight loss)</li> <li>• Plasma glucose on 2-h value during oral glucose tolerance test <math>\geq 11.1</math> mmol/l</li> <li>• HbA1c <math>\geq 6.5\%</math></li> </ul>	<b>Max 8</b>  2 2 2 2	

**Maximum score 24****Total score** \_\_\_\_\_

Student ID No. ....

## Station 18

Short answer - Endometriosis

**Fill in your student ID No. on the top right-hand side of this page**

**This is questions about endometriosis in a woman 29 years of age.**

1. What is the definition of endometriosis?
2. What are the two main symptoms/problems associated with endometriosis?
3. Which information and tools can be used for clinical diagnosis of endometriosis in this 29-year-old woman?
4. How are the two main symptoms of endometriosis treated, and which are the most commonly used hormonal treatments of symptomatic endometriosis?

Examiner's sheet

Student ID No. ....

Examiner ID.....

**Station 18 - Gynaecology**

	Max score	Given score
<b>Definition</b> - Ectopic endometrium (outside uterine cavity) 3 - Also inflammation 1	4	
<b>Symptoms/problem</b> - Pelvic pain (in any form) 2 - Infertility 2 - All other 0	4	
<b>Diagnosis</b> - Patients history 2 - Gyn exam/palpation 1 - Vaginal ultrasound and/or MRI 1 - Laparoscopy 4 (laparotomy instead 2)	8	
<b>Treatment</b> a. Pelvic pain: Pain relief 1 Establish amenorrhea 1 b. Infertility: Surgery 1 Ass reproduction/IVF 1 c. Hormonal treatment: GnRH agonist 2 Oral contraceptives 1 Gestagens (any form) 1 All others 0	8	

Maximum score 24

Total score.....



## Examiner's sheet

Gynaecology

Student ID No. ....

Examiner ID.....

### Station 19

	Max points	Points given
<b>Blood test</b> - Haemoglobin 2 - Ferritin 2 (Iron/TIBC 1) All others 0	<b>4</b>	
<b>Gynaecological tests</b> - Pap smear 2 - Endometrial sampling Pipelle 3 (D&C instead 2) All others 0	<b>5</b>	
<b>Relevant drugs</b> - Iron supply 2 - Cyklokapron 2 - Oral contraceptives 2 - Gestagens in any form 1 - Use of cyclic gestagens in addition 1 All others 0	<b>8</b>	
<b>Other options/surgery</b> - Mirena 3 - Endometrial destruction or resection 2 - Hysterectomy 2 - D&C 0 All others 0	<b>7</b>	

Maximum score 24

Total score.....



# Examiner sheet

Student ID No. ....

Examiner ID .....

## Station 20

### Acute abdominal pain in late pregnancy obstetrics

You are a country GP. A 28-year-old woman who is 36 weeks pregnant is brought directly to your office by her husband since she was experiencing acute abdominal pain while having breakfast.

She enters your office holding her abdomen and complaining of pain located to the right above the umbilicus

<p><b>Which examinations and tests would you consider?</b></p> <ol style="list-style-type: none"> <li>1. General examination of the woman: Blood pressure, pulse</li> <li>2. Abdominal palpation Pain? Tenderness? Palpation of kidneys Palpation of uterus: Tenderness? Pain? Contractions?</li> <li>3. SF-measurements</li> <li>4. Auscultation foetal heart rate</li> <li>5. Gyn inspection: Bleeding? Discharge?</li> <li>6. Urine sticks: proteinuria?</li> <li>7. Gyn exploration should not be done</li> </ol>	<p>Total 10</p> <p>1</p> <p>2</p> <p>2</p> <p>2</p> <p>1</p> <p>-4</p>	
<p><b>Differential diagnoses? (start with most probable)</b></p> <ol style="list-style-type: none"> <li>1. <b>Abruptio placenta (most probable)</b></li> <li>2. Preeclampsia (HELLP with epigastric pain)</li> <li>3. Starting of labour</li> <li>4. Pyelonephritis</li> <li>5. Appendicitis</li> <li>6. Gallbladder stone</li> </ol>	<p>Total 10</p> <p>4</p> <p>2</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	
<p><b>Discuss briefly your management of this patient.</b></p> <p><b>Referral</b> to the delivery department as soon as possible</p> <p>Further examinations to be performed in hospital i.e. CTG, ultrasound scan</p>	<p>Total 4</p> <p>2</p> <p>2</p>	

Max 24 points

Total score: \_\_\_\_\_

## Multiple Choice Questions

For the following statements, choose the single most correct or best answer.

### Station 21

A 40-year-old pregnant woman is visiting you as the GP. She is 8 weeks pregnant. Because of her age she wants an amniotic fluid examination to rule out **Down's syndrome**.

1. The procedure is done at 11 gest week
2. The procedure has a risk of spontaneous abortion of 0.5-1%
3. Can be performed at every maternity ward in Norway
4. Every pregnant women can undergo the procedure if she wants

An immigrant pregnant woman is expecting her third child. Her blood sample shows **HBsAg positivity**.

1. The foetus is protected by mothers antibodies
2. It is not necessary to vaccinate the new-born baby
3. An infected baby will have a 90% risk of being a chronic carrier if not vaccinated.
4. Mother should be given specific immunoglobulin
5. The father should be vaccinated

The woman comes to the normal antenatal visit in the 24th gest week. Her height is 165 cm, her weight is 95 kg. Her urine shows **glycosuria**. What is the next step to be taken by the GP?

1. She should be admitted to the maternity ward
2. Glycosuria occurs in up to 15% of pregnancies, so no precautions are necessary
3. Fasting blood sugar should be taken
4. Glucose tolerance test should be ordered
5. Sugar-free diet and new urine test.

A para 2, gravida 2 has a normal delivery and 10 days **postpartum she complains of chest pain** and shortness of breath. What is the most likely cause of her pain?

1. Ruptured ovarian cyst
2. Amniotic fluid embolism
3. Pneumothorax
4. Pulmonary embolism
5. Pneumonia

Which of the following is **not a risk factor for pregnancy induced hypertension**?

1. Primi gravida
2. Multiple pregnancy
3. Systemic lupus erythematosus
4. Infection with Cytomegalovirus
5. Pregnancy with a mole

With regard to a **high foetal head at term in a multi para**, which of the following is incorrect ?

1. It can be caused by placenta previa
2. It can be caused by a lower segment uterine fibroid
3. It can be associated with incorrect pregnancy dating
4. It is an indication for a C-section

Station 21

A 38-year-old pregnant woman calls your secretary since she feels there has been **less kicking from her baby the last few days**. Her term is in one week. She is coming to your office and the foetal heart rate is normal. What is correct?

1. Reassure her that this is normal and give her a new appointment in one week
2. It is normal that the baby is kicking less towards the expected term
3. Send her to the maternity outpatient clinic for CTG and an ultrasound examination
4. Send her to the maternity ward for induction as soon as possible
5. Ask her to relax one hour in the late morning and one hour in the afternoon

In a **twin delivery** the following statement is correct

1. Twin no. 1 is at a greater risk than twin no. 2
2. Avoid epidural anaesthesia
3. Deliver the twins in week 37
4. It is most common for the twins to be monozygotic
5. The mother is at high risk for postpartum bleeding

A 6-month-pregnant woman visited **Paris 2 weeks ago**. When she returned to Norway she feared that she had been infected by the Toxoplasma parasite. She had her test taken in early pregnancy and that was negative. What advice will you give her?

1. Take a blood sample to test for Toxoplasma antibodies
2. Since she was negative at the beginning of pregnancy she does not need a new test
3. Reassure her that the infection is rare and not to worry
4. Wait and see if she gets any symptoms of infection
5. Recommend vaccination

A 30 year old primigravida now in her 32nd gest week comes to your office since she has felt **some murmuring in her abdomen**. She feels **her underwear is getting wet**, but there is no running water. Foetal movement is okay. Part of her cervix has been removed due to irregular cervical cells. What will you do?

1. Perform a vaginal examination with complete evaluation of cervix
2. Recommend sick leave and encourage the woman to rest at home
3. Inspection of cervix and send the woman to the maternity outpatient clinic for evaluation
4. Take a urine sample since she may have a UTI
5. Advise her to do pelvic floor training.

One of your pregnancy patients is today at **42.0 weeks**. She is well, BP 120/80, urine normal. Foetal movement is okay, foetal heart rate is 142/ min. This is her second pregnancy and her first child was delivered 18 days overdue. What will you do?

1. Since everything is normal, she will be given a new appointment in one week
2. She gets a new appointment in 2 days
3. She has to visit the maternity ward as soon as possible for evaluation / induction of labour
4. She must most probably deliver by C-section.

Define **perinatal mortality**

1. No. of foetal deaths and deaths of new-borns during the first week of life per 1000 live-born babies
2. No. of deaths during first months of life per 1000 live born
3. No. of foetal deaths and stillborn per 1000 live born
4. No. of deaths during the first year of life

## Multiple Choice questions

### Station 21

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Student ID No. ....

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