Maternal Cardiac Disease: Update for the Clinician
Lynn L. Simpson, MD
Obstet Gynecol 2012;119(2)

ACCME Accreditation
The American College of Obstetricians and Gynecologists (the College) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMAPRA Category 1 Credit(s)™
The American College of Obstetricians and Gynecologists designates this journal-based CME activity for a maximum of 2 AMAPRA Category 1 Credits.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

College Cognate Credit(s)
The American College of Obstetricians and Gynecologists designates this journal-based CME activity for a maximum of 2 Category 1 College Cognate Credits. The College has a reciprocity agreement with the AMAPRAM Category 1 Credits to be equivalent to College Cognate Credits.

Disclosure Statement
Current guidelines state that continuing medical education (CME) providers must ensure that CME activities are free from the control of any commercial interest. All authors, reviewers, and contributors have disclosed to the College all relevant financial relationships with any commercial interests. The authors, reviewers, and contributors declare that neither they nor any business associate nor any member of their immediate families has financial interest or other relationships with any manufacturer of products or any providers of services discussed in this program. Any conflicts have been resolved through group and outside review of all content.

Submission
Before submitting this form, please print a completed copy as confirmation of your program participation.

College Fellows: To obtain credits, complete and return this form by clicking on “Submit” at the bottom of the page. Credit will be automatically recorded upon receipt, and online transcripts will be updated twice monthly. College Fellows may check their transcripts online at http://www.acog.org.

Non-College Fellows: To obtain credits, submit the printout of the completed quiz to your accrediting institution. The printout of the completed quiz is documentation for your continuing medical education credits.

Continuing medical education credits for “Maternal Cardiac Disease: Update for the Clinician” will be available through February 2015.

1. In developed countries, which of the following accounts for more than one half of cardiac lesions observed during pregnancy?

   A. Ischemic heart disease
   B. Congenital heart disease
   C. Rheumatic heart disease
   D. Inflammatory heart disease
   E. Pregnancy-induced heart disease

EXPIRED
2. Which of the following cardiac condition would be a contraindication to pregnancy regardless of functional class?

A. Right-sided obstructive lesions  
B. Atrial fibrillation  
C. Aortic root dilation of 2 cm  
D. Pulmonary hypertension  
E. 30% obstruction of the anterior descending coronary artery

3. Which of the following is the strongest predictor of a major cardiac event during pregnancy?

A. Prior heart failure  
B. New York Heart Association class II or greater  
C. Stroke before pregnancy  
D. Mitral valve stenosis of less than 2 cm²  
E. Ejection fraction less than 40%

4. Which of the following interventions prior to pregnancy might be expected to significantly improve pregnancy outcomes?

A. Digoxin therapy for prior heart failure  
B. Aspirin therapy for recent ischemic attacks  
C. Repair of a significant right-to-left shunt  
D. Exercise conditioning for New York Heart Association class II symptoms  
E. Exercise testing for women over the age of 35

5. Which of the following cardiovascular changes is typical following the delivery of the placenta?

A. Increased heart rate  
B. Increased stroke volume  
C. Abrupt increase in intravascular volume  
D. Decreased peripheral resistance  
E. Decreased mean arterial pressure
6. Bioprosthetic valves are preferred for women of reproductive age who are considering childbearing because they:

   A. Do not require anticoagulation  
   B. Have greater durability  
   C. Are more biocompatible  
   D. Adapt to the hemodynamic changes of pregnancy  
   E. Are more compatible with the size of women’s valves

7. For most women with heart disease, the preferred method of analgesia in labor is:

   A. Intravenous narcotics  
   B. Local or pudendal anesthesia  
   C. Caudal anesthesia  
   D. Epidural anesthesia  
   E. Spinal anesthesia

8. The most common cause of Eisenmenger syndrome is:

   A. Congenital aortic stenosis  
   B. Large ventricular septal defect  
   C. Pulmonary artery stenosis  
   D. Left-to-right shunting  
   E. Acquired valvular disease

9. For ischemic heart disease, the procedure of choice when revascularization is necessary during pregnancy is:

   A. Autologous venous coronary bypass  
   B. Percutaneous placement of bare metal stents  
   C. Open heart surgery  
   D. Drug-eluting stents  
   E. Thrombolysis
10. Which of the following congenital heart disease complications of pregnancy carries the LOWEST risk of maternal death?

A. Marfan syndrome with aortic root dilation
B. Isolated atrial septal defect, repaired or unrepaired
C. Coarctation of aorta, uncorrected with proximal aortic dilation
D. Reversal of shunt with Eisenmenger syndrome
E. Left-to-right shunt with pulmonary hypertension

College ID Number:
Name:
Address:
City/State/Zip:
Actual time spent completing this activity (you may record up to 2 hours):