Clinical Expert Series

Placental Abruption
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1. When placental abruption complicates a pregnancy, the risk of perinatal mortality is increased by approximately: (Answer in red below)
   - 2-fold
   - 5-fold
   - 8-fold
   - 10-fold
   - 15-fold (See page 1006)

2. In general, the diagnosis of “abruption” should be made on the basis of: (Answer in red below)
   - Kleihauer-Betke testing
   - Doppler velocity studies
   - Fetal heart rate findings
   - Histological findings
   - Clinical findings (See page 1008)
3. Which of the following factors is associated with the highest risk of placental abruption? *(Answer in red below)*

- Cocaine and drug use *(See page 1008)*
- Prior cesarean delivery
- Premature rupture of membranes
- Multiple gestation
- Thrombophilic syndromes

4. The uterine activity most often associated with partial placental abruption is: *(Answer in red)*

- High tone, high-frequency, low-amplitude contractions *(See pages 1009–10)*
- High tone, high-frequency, high-amplitude contractions
- High tone, low-frequency, low-amplitude contractions
- High tone, low-frequency, high-amplitude contractions
- Low tone, high-frequency, high-amplitude contractions

5. Ultrasonography will miss approximately what percent of placental abruptions? *(Answer in red below)*

- 30%
- 50% *(See page 1010)*
- 70%
- 90%
- 100%

6. Beta-sympathomimetics such as terbutaline are generally not used for patients with vaginal bleeding because of the risk of: *(Answer in red below)*

- Maternal tachycardia *(See page 1014)*
- Increased placental separation
- Fetal tachycardia
- Reduced renal blood flow
- Interference with blood clotting mechanisms

7. Once a woman has a placental abruption, her risk of a recurrence in a future pregnancy is: *(Answer in red below)*

- Unchanged from the background rate
- Increased by 2-fold
- Increased by 4-fold
- Increased by 8-fold
- Increased by 10-fold *(See page 1015)*