

BJOG yearly CME program

Objectives:

After evaluating a specific article published in Bangladesh Journal of Obstetrics & Gynaecology participants of BJOG CME program should be able to demonstrate an increase in their knowledge in obstetrics & gynaecology. Participants will be able to evaluate the appropriateness of the clinical information as it applies to the promotion of patients care.

Participants:

This program is designed for physician who are involved in providing patient care and who wish to advance their current knowledge in obstetrics & gynaecology.

BJOG CME award

To earn the award the participants must read the article and complete the exam answer sheet and the evaluation form below. Please send it to OGSB office by 30th August 2018. Address to: Editor,

BJOG. And mention the subject as **BJOG yearly CME program**. Either scan your answer sheet and email these to ogsbagni.com. Or, send it in a sealed envelop by surface mail to:

Editor, BJOG

Obstetrical and Gynaecological Society of Bangladesh (OGSB)

Halcyon Heights

213 Mirpur Road. Flat-A/3, Block-A, Mohammadpur, Dhaka-1207.

Please write down your full mailing address (both surface mail & email)

Answer sheets will be graded and certificates including answer keys will be mailed to each participant for CME participation. Three highest credit winners will get award during annual conference of OGSB.

CME on BJOG, 2018, 33(2)

Editorial: Oxytocic's and other drugs in prevention of post-partum Hemorrhage (PPH)

Page no (92-95)

Q.1 which of the following Inj. are true regarding different Oxytocic's drugs?

- Oxytocin is an effective first time treatment for postpartum hemorrhage.
- Ergometrine can not be used in patients with gestational hypertension.
- Carbetocin acts upto 16 hours after a single dose
- Early use of tranexamic acid cannot reduce maternal death due to PPH

- Misoprostol can only be used sublingually in treatment of PPH

Catastrophic maternal Complications of morbidly adherent placenta in patients with history of previous caesarean delivery

Page no (96-100)

Q.2 which of the following are true regarding this article on morbidly adherent placenta with previous caesarean section?

- Incidence of morbid adherent of placenta was 1 in 292 deliveries
- Incidence of morbid adhesion of placenta was 1 in 171 caesarean section

- c. Only ten out of 37 patients with morbid adhesion of placenta needed hysterectomy
- d. Sixteen out of 37 patients of morbid adhesion of placenta had bladder injury during surgery
- e. Fifty percent patients needed massive blood transfusion (> 4 bags)

Risk Factor and maternal outcome of secondary post-partum hemorrhage.
Page no (107-112)

Q.3 which of the following are true regarding this study?

- a. This is a case control study
- b. Frequency of post-partum hemorrhage was 0.58%
- c. Mean time of presentation was 13 days after delivery
- d. Secondary PPH occurred more after vaginal delivery in comparison to caesarian section.
- e. Three out of every four patient of secondary PPH needed blood transfusion.

Carbetocin versus oxytocin for prophylaxis of PPH used during caesarean section
Page no (113-118)

Q.4. Which of the following are true regarding this study?

- a. It was a randomized controlled trial
- b. Primary PPH occurred in 8% mother in oxytocic group
- c. Primary PPH occurred in 6% women in carbetocin group
- d. Side effect, were more in carbetocin group.
- e. Dose of carbetocin used for prevention of PPH was 100microgram

Prophylactic use of Tranexamic acid during caesarean section in preventing postpartum haemorrhage – a prospective randomized double blind placebo controlled trial
Page no (125-130)

Q.5 Which comments are true regarding this study?

- a. This was a Randomized, double blind placebo controlled trial
- b. Intervention group received 1gm (10ml) intravenous Tranexamic acid IV after delivery of the baby.
- c. Control group received 20ml of sterile distilled water IV.
- d. Blood loss was significantly less in Tranexamic acid group.
- e. Requirement of additional oxytocic drug was more in Tranexamic acid group.

Laparoscopic Evaluation of primary & secondary subfertility
Page no (143-148)

Q.6 Are these comments true for this study?

- a. In primary subfertility group: commonest condition found is PCOS (32%)
- b. Bilateral tubal block was found in about 17% patients of primary subfertility.
- c. Bilateral tubal block was found in about 30% of patients with secondary subfertility.
- d. Severe adhesion of uterus with surrounding structures was found in about 4% patients with primary and 9% patients with secondary subfertility.
- e. Endometriosis was found in 30% patients of both primary & secondary infertility group

Active Management of third stage of labour: A Brief Review and updates
Page no (149-156)

Q.7. Which of the following are the WHO recommendation on uterotonics for PPH prevention ?

- a. The use of oxytocin (10 iu, IM/IV) is recommended for prevention of PPH in all births
- b. The use of carbetocin (100 mg IM/IV) is recommended if the price is comparable
- c. The use of Misoprostol (400 mg/600 mg PO) is not recommended for all births

- d. The use of Ergometrine (200 mg IM/IV) is recommended for hypertensive patients.
- e. Injectable prostaglandin are not recommended for prevention of PPH

Q.8. What are the WHO recommendations for prevention of PPH?

- a. In setting where skilled Birth Attendants are available, controlled cord traction is recommended
- b. Late cord clamping (after 1 to 3 minutes after birth) is recommended for all births while initiating simultaneous essential newborn care
- c. Early cord clamping (<1 minute after birth) is not recommended unless the neonate is asphyxiated and needs to be moved immediately for resuscitation
- d. Postpartum assessment of uterine tonus is recommended for all women

- e. Controlled cord traction is not recommended method of removal of placenta in caesarean section

Q.9. Does New AMTSL recommendations include the following ?

- a. The name of AMTSL should be changed
- b. National policies regarding AMTSL should be changed
- c. Procedure of AMTSL in Training Material should not be changed
- d. Oxytocin should be distributed and stored along a cold chain
- e. Potency of oxytocin does not deteriorate in temperature >30⁰c

Q.10. In setting where skilled Births are unavailable, is controlled and cord traction recommended ?

- a. Yes
- b. No

Answer Sheet: BJOG yearly CME program: Examination: BJOG 2018: 33(2).

CME on BJOG, 2018, 33(2): 174-176

Please answer the questions on page by filling in the appropriate boxes below. Please mark the box for true answer and fill in the box until the letter is no longer visible. To process your exam, you must also provide the following information:

Name (in CAPITAL LETTER)..... Designation

Official Address.....

Mailing Address.....

Mobile no. E-mail.....

OGSB Member No.

Q 1	A	B	C	D	E
Q 2	A	B	C	D	E
Q 3	A	B	C	D	E
Q 4	A	B	C	D	E
Q 5	A	B	C	D	E
Q 6	A	B	C	D	E
Q 7	A	B	C	D	E
Q 8	A	B	C	D	E
Q 9	A	B	C	D	E
Q 10	A	B			

Evaluation form

Your completion of these CME activities includes evaluating them. Please respond to the questions below.

1. Please rate these activities (1- minimally, 5- completely)		1	2	3	4	5
1.1	These CME activities are effective in meeting the educational objectives					
1.2	These CME activities are appropriately evidence based					
1.3	These CME activities are relevant to my practice					

2. How many of your patients are likely to be impacted by what you learned from these activities?					
< 20%	20%-40%	40%-60%	60%-80%	>80%	

3. Do you expect that these activities will help you improve your skill or judgment within the next 6 months? (1-definitely will not change, 5-definitely will change)	1	2	3	4	5

4. How will you apply what you learned from these activities (tick mark all that apply on the right of the statement):	
4.1	In diagnosing patients
4.2	In monitoring patients
4.3	In educating students and colleagues
4.4	As part of a quality or performance improvement project
4.5	For Maintenance of board certification
4.6	In making treatment decisions
4.7	As a foundation to learn more
4.8	In educating patients and their caregivers
4.9	To confirm current practice
4.10	For maintenance of licensure

- Please list at least one (1) change you will make to your practice as a result of this CME activity:
.....
- How long did it take you to complete these activities?.....hours.....minutes
- What, in your opinion, are the biggest clinical challenges related to obstetrics and gynecology?
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