

## ***BJOG yearly CME program***

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Name of the article:

Factors Associated with Successful Vaginal Birth after Caesarean Section: a Cross-sectional Study at Institute of Women and Child Health, Bangladesh.

Page no. (64)

Q. Following statements are true or false?

- a. Indication of CS now a days is mostly previous CS.
- b. WHO recommends a CS rate should not exceed 20-25%.
- c. VBAC is a reasonable and safe choice.
- d. TOLAC guidelines stated that, proper counseling and evaluation of women with previous CS is essential to ensure successful VBAC.

Name of the article:

Meconium Stained Liquor in Labor and Mode of Delivery: A Time for Reappraisal

Page no. (71)

Q. Following statements are true or false?

- a. Overall incidence of Meconium Stained Amniotic Fluid (MSAF) varies between 12% to 20%.
- b. Meconium staining of the amniotic fluid has long been regarded as a sign of fetal distress.
- c. Meconium-stained amniotic fluid rarely occurs before 34 weeks of gestation.
- d. Presence of meconium below vocal cord of the baby is known as meconium aspiration.

Name of the article:

A Comparative study in suppression of preterm Labor with Nifedipine vs Salbutamol: A Quasi-Experimental study

Page no. (78)

Q. Following statements are true or false?

- a. Tocolytic medications are utilized to inhibit premature labor.

- b. Salbutamol is a superior tocolytic compared to Nifedipine.
- c. Preterm labor (PTL), characterized by the onset of labor before 37 weeks of gestation, leading to preterm birth.
- d. Delaying fetal delivery by at least 48 hours is critical to administering antepartum corticosteroids.

Name of the article:

Reduction of Adverse Maternal Outcomes by Adequate Antenatal Care- Evidence In A Tertiary Care Hospital In Bangladesh.

Page no. (84)

Q. Following statements are true or false?

- a. This study was designed to evaluate the effectiveness of antenatal care in reducing adverse maternal outcomes.
- b. A minimum of ten antenatal care (ANC) visits were considered standard practice.
- c. In this study pregnant women who received regular antenatal checkups encountered 62% less adverse maternal outcomes.
- d. Development Goals (SDG), which aim to achieve a decline in the maternal mortality rate to below 100 per 100,000 live births by 2030.

Name of the article:

Estimation of BMD using portable heel ultrasound bone densitometer in a District hospital of Northern Bangladesh- A pilot study

Page no. (92)

Q. Following statements are true or false?

- a. Bone loss is measured by bone mass density.
- b. Peak Bone Mineral Density (BMD) is maximum during growth in skeleton system.
- c. In women, peak bone mass is achieved by the 2nd decade and begins to decrease after 55 years of age.

- d. Osteopenia and osteoporosis are the major bone morbidities in women and usually occurs after menopause.

Name of the article:  
Posterior Reversible Encephalopathy Syndrome (PRES) associated with Eclampsia in adolescent pregnancy: Case report  
Page no. (103)

- Q. Following statements are true or false.
- Posterior Reversible Encephalopathy Syndrome (PRES) is a rare complication of pre-eclampsia and eclampsia.
  - It is an irreversible syndrome.
  - The lesions predominantly in the posterior cerebral hemispheres in PRES are thought to be due to vasogenic oedema.
  - Delay in diagnosis and treatment may lead to permanent neurological sequelae.

Name of the article:  
The Coexistence of Gonadal Dysgenesis and the Mayer-Rokitansky-Kuster Hauser Syndrome in a girl with a 46, XX karyotype: A rare case report  
Page no. (111)

- Q. Following statements are true or false?
- 46, XX gonadal dysgenesis and Mullerian agenesis compromise the prognosis of fertility of young patients.
  - Gonadal dysgenesis with female phenotype is defined as the absence or insufficient development of the ovaries.
  - Mayer Rokitansky Kuster Hauser (MRKH) is the commonest cause of primary amenorrhea after gonadal dysgenesis.
  - The association of gonadal dysgenesis and Mayer Rokitansky kuster hauser syndrome is very common.

Name of the article:  
An Update on Etiology and Management of Recurrent Pregnancy Loss  
Page no. (96)

- Q. Following statements are true or false?
- The American Society for Reproductive Medicine Practice Committee defines RPL as three or more miscarriages.
  - Incidence of recurrent miscarriage is reported to range from 1% to 3%.
  - RPL is considered a polyetiological and multifactorial condition with many modifiable and non-modifiable factors involved.
  - Even after thoroughly evaluating recurrent pregnancy loss etiology and risk factors, up to 95% of cases remain unexplained.

Name of the article:  
Case Report: Misplaced Cu-T as a cause of recurrent urinary tract infection - a rare case  
Page no. (107)

- Q. Following statements are true or false?
- IUCDs for contraception were first introduced by Richart in 1909.
  - IUCDs are highly effective form of long acting reversible contraception.
  - Uterine perforation following IUCD is common.
  - Primary uterine perforation occurs at the time of insertion mainly due to faulty techniques by unskilled person.

### Answer keys

Question	a)	b)	c)	d)
1.	T	T	F	F
2.	F	T	T	F
3.	T	T	F	F
4.	F	T	T	F
5.	T	T	T	F

**Answer Sheet: BJOG yearly CME program: Examination: BJOG 2023: 38(2).****CME on BJOG, 2023, 38(2): 62-124**

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
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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:

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- 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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