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Viva Questions in Obstetrics, Gynecology, Psychiatry and Pediatric Nursing

Veena Rajput Chandramani

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CHAPTER

4

Minor Ailments in Pregnancy

Q.1. What is the reason of stress incontinence in late pregnancy?

Ans. Stress incontinence in late pregnancy is due to urethral sphincter weakness.

Q.2. Why heart burn or acid reflex occur during pregnancy and write its management?

Ans. Heart burn or acid reflex occur during pregnancy due to increase level of progesterone that relaxed cardiac sphincter and regurgitation gastric acid content into the oesophagus that may produce oesophagitis that causes heart burn.

- **Management of heart burn:** Lifestyle modifications may be necessary, e·g· elevating the head of the bed 6 inches, stopping smoking, sleeping on the left side, avoiding reclining for 2-3 hrs after a meal.
- **Dietary modification:** Eating less fat and more protein, avoiding chocolate and certain drinks such as coffee, citrus juices, tomato products, antacid such as ranitidine may provide relief.

Q.3. Why constipation occur during pregnancy and write the management?

Ans. Muscle tone and motility of entire gastrointestinal tract are diminished due to high progesterone level this atonicity of the gut leads to constipation.

Q.4. _____ is responsible for calcium absorption from intestine and kidneys.

(1,25 dihydroxy vitamin D3)

Q.5. Why lumber lordosis occur during pregnancy and write it's management?

Ans. Increased mobility of the pelvic joints it leads to softening of the ligaments that causes release of relaxin, this relaxin is responsible for lumber lardosis.

Management of lumber lordosis: improvement of posture, well fitted pelvic girdle belt during walking, rest in hard bed often relieve the symptoms.

Q.6. Why haemorrhoids occur during pregnancy and write its management?

Ans. Reason: Because of constipation and pressure in veins below the level of the enlarging uterus. Poor support for hemorrhoidal veins in the anorectal area and lack of valves in these vessels can lead to reversal in the direction of blood flow and stasis of blood.

Management: Women should be offered dietary advice (high fiber diet) and if symptoms remain troublesome should consider standard hemorrhoid creams.

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Q.7. hcG level is in peak at about _____ weeks of gestation. (8–10 wks)

Q.8. hcG is synthesized by _____ and _____ (placenta and fetal kidney)

Q.9. Write about placenta.

Ans. The placenta (also known as afterbirth) is an organ that connects the developing fetus to the uterine wall to allow nutrient uptake, waste elimination, and gas exchange via the mother's blood supply, fight against internal infection and produce hormones to support pregnancy.

The placenta functions as a fetomaternal organ with two components: the fetal placenta (chorion frondosum) which develops from the same blastocyst that forms the fetus, and the maternal placenta (deciduas basalis), which develops from the maternal uterine tissue.

The development of the extra–embryonic membranes begin at the moment of the differentiation of the blastocyst cells into an embryoblast and a trophoblast. The embryoblast forms the later embryo and the trophoblast the components of the embryonic appendage organs. The forming of the placenta is induced by the syncythiothrophoblast of the blastocyst, which triggers the decidual reaction of the uterine wall. This change of the endometrium depends on the stimulation by the hormones released by the ovary and placenta. The differentiation of the placenta begins with the formation of lacunae in the syncythiothrophoblast that are filled with maternal blood, which stems from the spiral arteries. The fetoplacental circulation begins in the 3rd week, when the fetal vessels connect the placenta with the tissues of the embryonic body. Over the course of the pregnancy, the placenta adapts to the needs of the growing embryo.

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