# Pregnancy, Childbirth & the Puerperium

**United States Medical Licensing Examination (USMLE) Step 1**

3 to 7% of Step 2 CK · 9 sections · content outline and specifications

This system covers pregnancy from the first prenatal visit to the weeks after birth, and the newborn in the delivery room. Step 2 CK asks what to do next: the screening test due at this week, the best test for bleeding or pain, the first-line drug, and when to deliver. Many questions turn on gestational age, because the same disease is managed differently before and after 34 or 37 weeks. Others turn on the mother's other conditions, such as asthma or hypertension, which change the drug of choice. Always check stability first: an unstable mother needs resuscitation and often surgery before any test.

**You should be able to:** After this guide, a learner should be able to choose the next step, the best test and the first-line drug for the common problems of pregnancy, delivery and the postpartum period, taking gestational age and the mother's other conditions into account.

## Every section: the key point and the trap

### 1 Prenatal care, screening and prevention

First visit: blood type and antibody screen, CBC, rubella and varicella immunity, HIV, syphilis, hepatitis B and C, urine culture, and an offer of genetic screening.

**Trap:** Do not wait for the missed period to start folic acid, and do not give the 0.4 mg dose to a high-risk woman. The neural tube closes before most women know they are pregnant.

### 2 Early pregnancy bleeding and ectopic pregnancy

Any woman of reproductive age with pain or bleeding needs a pregnancy test first.

**Trap:** An empty uterus at a low hCG does not prove an ectopic pregnancy. Giving methotrexate too early can end a normal pregnancy.

### 3 Hypertensive disorders of pregnancy

Gestational hypertension: new BP of 140/90 or more after 20 weeks without proteinuria or organ damage. Preeclampsia adds proteinuria or severe features.

**Trap:** Preeclampsia does not end at delivery. It can first appear or worsen up to 6 weeks postpartum, so headache and high BP after birth still need magnesium and BP control.

### 4 Diabetes in pregnancy

Two-step screening: a 1-hour 50-g glucose challenge, then a 3-hour 100-g test if abnormal. One-step: a 75-g 2-hour test.

**Trap:** Hemoglobin A1c is not accurate enough to diagnose or follow gestational diabetes. Use glucose values.

### 5 Bleeding in the second half of pregnancy

Painless bright red bleeding, soft uterus: placenta previa. No digital exam until ultrasound shows where the placenta is.

**Trap:** Do not stop at the diagnosis. Abruption questions often ask about its complications, mostly DIC and fetal compromise.

### 6 Preterm labor and rupture of membranes

Confirm rupture with sterile speculum exam: pooling, nitrazine positive, ferning. Avoid digital exams in preterm rupture.

**Trap:** Tocolysis is wrong in infection, abruption, severe preeclampsia or fetal distress. Check for these before you choose a drug to stop labor.

### 7 Labor, delivery and fetal monitoring

Active labor starts at 6 cm. Arrest: 6 cm or more, ruptured membranes, no change for 4 hours with adequate contractions or 6 hours without; then cesarean.

**Trap:** In the newborn, ventilation comes before compressions and epinephrine. Most apneic newborns recover with effective breaths alone.

### 8 Postpartum hemorrhage and infection

Postpartum hemorrhage: blood loss of 1000 mL or more, or bleeding with signs of low blood volume. Think of the 4 Ts: tone, trauma, tissue, thrombin.

**Trap:** Read the comorbidity before choosing the second uterotonic: hypertension rules out methylergonovine, and asthma rules out carboprost.

### 9 Postpartum mood, lactation and follow-up

Postpartum blues: tearful and moody in the first days, gone by 2 weeks; reassure and support.

**Trap:** Time separates the diagnoses: blues are short and early, depression lasts more than 2 weeks, and psychosis adds lost contact with reality.

## Key terms

**Gestational age:** The age of a pregnancy counted in weeks from the first day of the last menstrual period.

**Preeclampsia:** New high blood pressure after 20 weeks of pregnancy with protein in the urine or signs of organ damage.

**HELLP syndrome:** A severe form of preeclampsia with hemolysis, elevated liver enzymes and low platelets.

**PPROM:** Preterm prelabor rupture of membranes: the water breaks before 37 weeks and before labor starts.

**Tocolysis:** Use of drugs to slow or stop uterine contractions.

**Uterine atony:** Failure of the uterus to contract after delivery, the most common cause of postpartum hemorrhage.

**Placenta previa:** A placenta that lies over or very near the cervix.

**Placental abruption:** Early separation of the placenta from the uterine wall before birth.

**Lochia:** The normal vaginal discharge of blood and tissue after childbirth.

**Intrauterine resuscitation:** Steps to improve oxygen supply to the fetus during labor, such as stopping oxytocin and turning the mother.

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