**Question 1:**

A pregnant 30-year-old female comes to your office in October and asks if she should receive influenza vaccine. She is at 12 weeks gestation by dates and has a past history of a severe egg allergy.

Which one of the following would you recommend?

A.) No immunization, because of the pregnancy

 I.) No immunization, because of the egg allergy

U.) Standard inactivated seasonal vaccine now

O.) High-dose inactivated seasonal vaccine now

E.) Immunization during the second trimester

**Question 2:**

A 50-year-old female reports vaginal dryness, burning, and pain with penetration during sexual intercourse. On examination she is noted to have pale, dry vaginal epithelium that is smooth and shiny with loss of most rugation.

Which one of the following treatments is most likely to be effective for her sexual dysfunction?

B.) Cognitive-behavioral therapy

N.) Vaginal estrogen

L.) Testosterone therapy

S.) Bupropion (Wellbutrin)

T.) Sildenafil (Viagra)

**Question 3:**

A 23-year-old gravida 1 para 0 at 35 weeks gestation presents with a 2-day history of ankle swelling and headache. She denies any abdominal pain or visual disturbances. On examination you note a fundal height of 35 cm, a fetal heart rate of 140 beats/min, 2+ lower extremity edema, and a blood pressure of 144/92 mm Hg. A urine dipstick shows 1+ proteinuria. A cervical examination reveals 2 cm dilation, 90% effacement, –1 station, and vertex presentation.

You send her to labor and delivery triage for further evaluation. Over the next 4 hours she has a reactive nonstress test and her blood pressure ranges from 142/90 mm Hg to 148/96 mm Hg. Laboratory results show a urine protein to creatinine ratio of 0.4 (N <0.3), normal BUN and creatinine levels, normal liver enzyme and LDH levels, normal hemoglobin and hematocrit levels, and a platelet count of 95,000/mm3 (N 150,000–350,000).

Which one of the following would be the most appropriate next step in the management of this patient?

B.) A biophysical profile

F.) Ultrasonography to check for fetal intrauterine growth restriction

X.) Initiation of antihypertensive treatment

D.) Immediate induction of labor

G.) Immediate cesarean delivery

**Question 4:**

A 34-year-old female consults you because of excessive body and facial hair. She has a normal body weight, no other signs of virilization, and regular menses. She had a bilateral tubal ligation 4 years ago.

Which one of the following would be the most appropriate treatment for her mild hirsutism?

U.) Leuprolide

A.) Metformin (Glucophage)

 I.) Prednisone

E.) Spironolactone (Aldactone)

**Question 5:**

A 34-year-old sexually active female consults you about contraception options. She has late-stage kidney disease and her nephrologist has notified you that she will likely be recommended for kidney transplantation soon.

Which one of the following would you recommend for safety and efficacy?

C.) Condoms

T.) Combined oral contraceptive pills

S.) Medroxyprogesterone acetate (Depo-Provera) injections

R.) An IUD

F.) An etonogestrel/ethinyl estradiol vaginal ring (NuvaRing)

**Question 6:**

A 20-year-old female presents to your office with questions about her contraceptive method. She has been using a combined oral contraceptive pill for the past 2 years without any complications. She has learned that several of her friends recently switched to an IUD. She is concerned about the efficacy of her current method and asks about the failure rate.

You tell her that with typical use, the annual failure rate of a combined oral contraceptive pill is

B.) 0.2%

G.) 2%

C.) 9%

F.) 18%

Y.) 22%

**Question 7:**

A 22-year-old female with polycystic ovary syndrome comes in to discuss contraception. She has no other health conditions and takes no medications. Her menses are somewhat irregular, occurring every 28–42 days. She also asks about treatment for her mild hirsutism.

Which one of the following medications would be most likely to address her need for contraception and also improve her hirsutism?

 I.) Spironolactone (Aldactone)

U.) Cyclic progesterone

O.) Progesterone-only contraceptive pills

A.) Oral combined hormonal contraceptives

E.) A levonorgestrel-releasing IUD (Mirena)

**Question 8:**

A 36-year-old female sees you for a 6-week postpartum visit. Her pregnancy was

complicated by gestational diabetes mellitus. Her BMI at this visit is 33.0 kg/m2 and she has a family history of diabetes.

Which one of the following is this patient’s greatest risk factor for developing type 2 diabetes in the future?

T.) Her age

S.) Obesity

C.) The history of a completed pregnancy

N.) The history of gestational diabetes

H.) The family history of diabetes