When I am in practice following my training, I believe that I will be in a position to help prevent poor pregnancy outcomes. I feel comfortable counseling patients that delaying or avoiding pregnancy is the right clinical decision for them. I feel comfortable suggesting birth control to patients.

Internists’ actions do NOT have an important effect on the health of newborn babies. Attitude scale

Rubella infection in a nonimmune pregnant woman…

Congenital anomalies in offspring born to diabetic women…

The diabetic patient asks you for advice and information regarding pregnancy and diabetes. You should tell her the following things: She should see a geneticist for specialized counseling. She is at high risk of developing new or worsening retinal disease. The likelihood of fetal anomaly is related to glucose control at conception. Her diabetic nephropathy is likely to worsen permanently. She should continue home urine-monitoring. Her chance of having a baby without anomalies exceeds 75%.

Congenital anomalies in offspring born to diabetic women… affect more than 25% born to diabetics. are the primary cause of perinatal mortality in this group. commonly affect the gastrointestinal system. may be screened for with maternal hexosaminidase B. include an increased incidence of trisomy 25.

Intensive home glucose-monitoring… should be initiated prior to conception in diabetic women. is advisable in a known diabetic but usually not necessary in women with gestational diabetes. is less important in the third trimester of pregnancy than earlier. may be avoided in pregnancy if frequent urine glucose determinations are made. is only used if patients are on insulin therapy.

Rubella infection in a nonimmune pregnant woman… can cause microcephaly. is a common cause of deafness in infants exposed in utero. should be prevented by administration of the measles-mumps-rubella vaccine. is associated with patent ductus arteriosis in exposed infants. only causes fetal problems, as the exposure occurs in the first trimester.

Attitude scale

Improving pregnancy outcomes is an important part of internal medicine practice. I feel I have sufficient knowledge to minimize poor pregnancy outcomes in patients I treat. Internists’ actions do NOT have an important effect on the health of newborn babies. I especially like treating female patients ages 18–45. I feel comfortable suggesting birth control to patients. I feel comfortable counseling patients that delaying or avoiding pregnancy is the right clinical decision for them. When I am in practice following my training, I believe that I will be in a position to help prevent poor pregnancy outcomes. I feel that I adequately understand the effects of medications and treatments on a pregnant female.

cine residents’ median knowledge score was 5.0 (out of a possible 18.0), while the family practice residents’ median knowledge score was 8.5. Management scores for both groups were also low; out of a possible score of 14.0, median scores were 6.0 for internal medicine residents and 7.0 for family practice residents. In contrast, attitude scores were high for both groups; against a perfect score of 28.0, medians were 22.0 for internal medicine residents and 25.0 for family practice residents. Table 4 shows the responses of internal medicine and family practice residents to selected questions concerning elements of preconception care and the care of the woman immediately after diagnosis of pregnancy. Overall, both groups showed a relatively low proportion of correct responses to management questions regarding risk reduction, health promotion and medication use during the preconception period or early in pregnancy.

Table 6 (page 70) shows no clear trend of improvement for residents as they advanced from postgraduate year one to postgraduate year three. The statistically significant differences among internal medicine residents for the knowledge...