

Table 2. True-false questions from knowledge scale and statements from attitude scale administered to residents

Question or statement

Knowledge scale

The following drugs are safe for all trimesters of pregnancy *except*:

- Propranolol
- Atenolol
- Methyldopa
- Enalapril
- Hydralazine

The following drugs are safe in the third trimester of pregnancy:

- Hydralazine
- Labetalol
- Methyldopa
- Verapamil
- Propranolol

Indicate whether the following items concerning pregnancy and blood pressure are true:

- Pregnancy lowers blood pressure in the first trimester.
- Pregnancy raises blood pressure in the second trimester.
- Hypertensive pregnant women have a higher incidence of preeclampsia.
- Hypertensive pregnant women have an increased incidence of early spontaneous abortion.
- Hypertensive women who become pregnant rarely have spontaneous normalization of their blood pressure during pregnancy.

You discover that your patient with noninsulin-dependent diabetes mellitus is pregnant. Select from the list below the most important things you should do:

- Refer to dietitian for review and recalculation of American Diabetes Association diet.
- Begin insulin therapy immediately.
- Check hemoglobin A1C.
- Attempt to normalize body weight (if patient is obese).
- Review urine glucose-monitoring techniques.
- Discontinue oral hypoglycemics if patient has long-standing diabetes.
- Obtain baseline fluorescein angiogram, if patient has long-standing diabetes.
- Instruct patient to obtain a prenatal appointment within six weeks.
- Obtain stat serum bicarbonate to rule out diabetic ketoacidosis in pregnancy.
- Offer genetics counseling to the patient.

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 arteriosus 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.