

# Care CEUs

## Preeclampsia

1. A healthcare professional has questions regarding preeclampsia. Which of the following informational points of interest should be communicated to the health care professional?

- A. Preeclampsia can include blood pressure at or greater than 140/90 mmHg.
  - B. Preeclampsia is associated with high blood pressure, weight loss, and coma.
  - C. Preeclampsia always develops into gestational hypertension.
  - D. The terms preeclampsia and gestational hypertension refer to the same condition.
- 

2. Which of the following best represents a preeclampsia risk factor?

- A. Over 45 or under 18 years of age
  - B. Over 35 or under 20 years of age
  - C. Second pregnancy
  - D. Second pregnancy within two years of the first pregnancy
- 

3. When does preeclampsia typically occur?

- A. Preeclampsia typically occurs before the 10th week of pregnancy.
  - B. Preeclampsia typically occurs before the 15th week of pregnancy.
  - C. Preeclampsia typically occurs before the 20th week of pregnancy.
  - D. Preeclampsia typically occurs after the 20th week of pregnancy.
- 

4. Which of the following best represents a sign/symptom of preeclampsia?

- A. Changes in vision
  - B. Weight loss
  - C. Polyphagia
  - D. Polydipsia
- 

5. A health care professional is developing an educational lecture focused on severe preeclampsia. Which of the following informational points of interest should be included in the health care professional's lecture?

- A. Severe preeclampsia may be diagnosed when a pregnant individual has systolic blood pressure of 140 mmHg or higher or diastolic blood pressure of 100 mmHg or higher on two occasions at least four hours apart while the patient is on bed rest.
- B. Severe preeclampsia may be diagnosed when a pregnant individual has systolic blood pressure of 140 mmHg or higher or diastolic blood pressure of 100 mmHg or

higher on four occasions at least eight hours apart while the patient is on bed rest.  
C. Severe preeclampsia may be diagnosed when a pregnant individual has systolic blood pressure of 160 mmHg or higher or diastolic blood pressure of 110 mmHg or higher on two occasions at least four hours apart while the patient is on bed rest.  
D. Severe preeclampsia may be diagnosed when a pregnant woman has systolic blood pressure of 160 mmHg or higher or diastolic blood pressure of 110 mmHg or higher on four occasions at least eight hours apart while the patient is on bed rest.

---

6. Which of the following statements best defines the term "eclampsia?"

- A. Eclampsia may refer to a life-threatening condition characterized by low blood pressure, weight loss, and liver failure.
  - B. Eclampsia may refer to a life-threatening condition characterized by low blood pressure, weight loss, and kidney failure.
  - C. Eclampsia may refer to a life-threatening condition characterized by seizures or a coma before preeclampsia.
  - D. Eclampsia may refer to a life-threatening condition characterized by seizures or a coma after preeclampsia.
- 

7. Which of the following best represents a complication associated with preeclampsia?

- A. Placental abruption
  - B. High birth weight
  - C. Epistaxis
  - D. Increased lung capacity for the pregnant individual
- 

8. Which of the following best represents a sign/symptom of HELLP syndrome?

- A. Increased platelets
  - B. Low blood pressure
  - C. Difficulty breathing
  - D. Constipation
- 

9. Class III HELLP syndrome is classified by which of the following?

- A. Severe thrombocytopenia
  - B. Mild thrombocytopenia
  - C. AST  $\geq$  60
  - D. AST  $\geq$  70
- 

10. Which of the following statements regarding postpartum preeclampsia is most accurate?

- A. Postpartum preeclampsia typically occurs within 48 hours of giving birth, however it

can develop up to six weeks after a child's birth.

B. Postpartum preeclampsia typically occurs within 4 days of giving birth, however it can develop up to six months after a child's birth.

C. Preeclampsia is not a risk factor for postpartum preeclampsia.

D. Postpartum preeclampsia is not associated with preeclampsia or high blood pressure.

---

11. A 36-year-old pregnant patient has questions regarding preeclampsia prevention and physical activity. Which of the following informational points of interest should be communicated to the patient?

A. Women should do at least 60 minutes of moderate-intensity aerobic activity a week during pregnancy and the postpartum period.

B. Women should do at least 150 minutes of moderate-intensity aerobic activity a week during pregnancy and the postpartum period; preferably, aerobic activity should be spread throughout the week.

C. Women should do no more than 90 minutes of moderate-intensity aerobic activity a week during pregnancy and the postpartum period.

D. Women should avoid physical activity during pregnancy.

---

12. A 28-year-old pregnant patient has questions regarding preeclampsia prevention and adequate nutrition. Which of the following informational points of interest should be communicated to the patient?

A. Less than 20 percent of calories per day should come from sugars.

B. Individuals should consume less than 2,300 milligrams of sodium per day.

C. Avoid seafood.

D. Avoid food with vitamin B12.

---

13. Which of the following best represents an American College of Obstetricians and Gynecologists' recommendation regarding low-dose aspirin?

A. A low-dose aspirin regimen of 81 mg twice a day is recommended in women at low risk of preeclampsia.

B. A low-dose aspirin regimen of 81 mg twice a day is recommended in women at high risk of preeclampsia.

C. Low-dose aspirin (81 mg/day) prophylaxis is recommended in women at high risk of preeclampsia and should be initiated between 10 weeks and 18 weeks of gestation and continued daily until delivery.

D. Low-dose aspirin (81 mg/day) prophylaxis is recommended in women at high risk of preeclampsia and should be initiated between 12 weeks and 28 weeks of gestation (optimally before 16 weeks) and continued daily until delivery.

---

14. Which of the following statements is most accurate?

A. If the pregnancy is at 32 weeks or earlier, delivery of the fetus is recommended to

treat preeclampsia and avoid further complications.

B. If the pregnancy is at 34 weeks or earlier, delivery of the fetus is recommended to treat preeclampsia and avoid further complications.

C. If the pregnancy is at 36 weeks or earlier, delivery of the fetus is recommended to treat preeclampsia and avoid further complications.

D. If the pregnancy is at 37 weeks or later, delivery of the fetus is recommended to treat preeclampsia and avoid further complications.

---

15. A health care professional has questions regarding preeclampsia treatment. Which of the following informational points of interest should be communicated to the health care professional?

A. If the pregnancy is at less than 37 weeks, health care professionals should consider the following treatment options: bed rest for the pregnant individual in order to help lower blood pressure and increase blood flow to the placenta; close monitoring of the pregnant individual and the fetus; anticonvulsant medications, such as magnesium sulfate.

B. If the pregnancy is at less than 37 weeks, health care professionals should consider the following treatment options: weight loss therapy; magnesium sulfate; lorazepam 1 mg twice daily.

C. Magnesium sulfate should be avoided.

D. Magnesium sulfate should be avoided in patients under the age of 40.

---

16. Which of the following best represents an American College of Obstetricians and Gynecologists' recommendation regarding corticosteroids?

A. A single course of corticosteroids is recommended for pregnant women between 20 weeks and 32 weeks of gestation who are at risk of preterm delivery within seven days, including for those with ruptured membranes and multiple gestations.

B. A single course of corticosteroids is recommended for pregnant women between 24 0/7 weeks and 33 6/7 weeks of gestation who are at risk of preterm delivery within seven days, including for those with ruptured membranes and multiple gestations.

C. A single course of corticosteroids is recommended for pregnant individuals, under the age of 30, between 20 weeks and 32 weeks of gestation who are at risk of preterm delivery within seven days, including for those with ruptured membranes and multiple gestations.

D. A single course of corticosteroids is recommended for pregnant individuals, under the age of 30, between 24 weeks and 33 weeks of gestation who are at risk of preterm delivery within seven days, including for those with ruptured membranes and multiple gestations.

---

17. A 30-year-old pregnant patient has questions regarding COVID-19. Which of the following informational points of interest should be communicated to the patient?

A. Pregnant individuals do not typically experience COVID-19 symptoms.

B. An individual may become infected with COVID-19 if he or she touches a surface

contaminated with the COVID-19 virus and then touches his or her own mouth, nose, and/or eyes.

C. COVID-19 viral tests are not recommended for pregnant women.

D. The Omicron variant does not affect pregnant women.

---

18. Which of the following statements is most accurate?

A. The risks of developing problems in pregnancy such as preeclampsia are lower if pregnant women are infected with COVID-19.

B. The risks of developing problems in pregnancy such as preeclampsia are greater if pregnant women are infected with COVID-19.

C. COVID-19 infection decreases the risk of developing life-threatening preeclampsia.

D. COVID-19 infection decreases the risk of developing life-threatening preeclampsia in patients over the age of 40.

---

19. A health care professional has questions regarding COVID-19 and pregnancy. Which of the following informational points of interest should be communicated to the health care professional?

A. The American College of Obstetricians and Gynecologists and the SMFM indicate that vaccination is the best method to reduce maternal and fetal complications of SARS-CoV-2 infection.

B. The American College of Obstetricians and Gynecologists and the SMFM indicate that wearing a cloth mask when around five or more individuals is the best method to reduce maternal and fetal complications of SARS-CoV-2 infection.

C. The American College of Obstetricians and Gynecologists and the SMFM indicate that pregnant women over the age of 20 should avoid COVID-19 vaccination.

D. The American College of Obstetricians and Gynecologists and the SMFM indicate that pregnant women over the age of 32 should avoid COVID-19 vaccination.

---

20. Which of the following best represents a COVID-19 prevention/treatment recommendation?

A. The therapeutic management of pregnant patients with COVID-19 should be the same as for nonpregnant patients; the COVID-19 Treatment Guidelines Panel recommends against withholding treatment for COVID-19 and SARS-CoV-2 vaccination from pregnant or lactating individuals because of theoretical safety concerns.

B. The therapeutic management of pregnant patients with COVID-19 should not be the same as for non-pregnant patients.

C. The COVID-19 Treatment Guidelines Panel recommends withholding treatment for COVID-19 and SARS-CoV-2 vaccination from pregnant or lactating individuals because of theoretical safety concerns.

D. The COVID-19 Treatment Guidelines Panel recommends withholding treatment for COVID-19 and SARS-CoV-2 vaccination from pregnant or lactating individuals, between the ages of 20 - 32, because of theoretical safety concerns.

---

**Copyright © 2024 Care CEUs**

**Visit us at <https://www.careceus.com>**