



PERINATAL PERSPECTIVES – DECEMBER 2013

Test your Knowledge - Questions and Answers

1. Newborn exposed to maternal SSRI's (anti-depressants) in utero are frequently at increased risk of:
- A. Hypoglycemia and seizures
 - B. Tachypnea and jitteriness
 - C. Major congenital malformation

Answer:

The correct answer is B. 10-30% of infants exposed to SSRI's in utero will display mild transient respiratory, motor, central nervous system and gastrointestinal symptoms. Seizures are rare and there is no overall increased risk of major congenital malformations when SSRI are used during the first trimester. SSRI neonatal behavioural syndrome may closely resemble neonatal abstinence syndrome but it is not triggered by the same and treated in the same manner.

Reference:

Jefferies, A. L., & Canadian Paediatric Society, Fetus and Newborn Committee. (2011). *Selective serotonin reuptake inhibitors in pregnancy and infant outcomes. Position Statement*. Retrieved from <http://www.cps.ca/documents/position/SSRI-infant-outcomes>

2. Which of the following postpartum complications are most common after a caesarean birth?
- A. Blood loss and infection
 - B. Infection and urinary retention
 - C. Post-op fever and dehydration

Answer :

The correct answer is A. Blood loss during caesarean delivery is generally greater than during a vaginal delivery and the risk of hemorrhage requiring blood transfusions increases substantially with increasing number of prior caesarean deliveries. Despite the use of routine prophylactic antibiotic, infection remains on the most common complication of caesarean delivery

Reference:

Bernstein, P. S. (2005). *Risks associated with caesarean deliveries*. Retrieved from http://www.medscape.org/viewarticle/512946_4

- 3. Risk factors for the development of severe hyperbilirubinemia include?**
- A. Prematurity, visible bruising, and hypoglycemia**
 - B. Asian or European background, male gender, and formula feeding**
 - C. Previous sibling with severe hyperbili, advanced maternal age, and cephalohematoma**

Answer:

The correct answer is C. Common causes of indirect hyperbilirubinemia also include ABO incompatibility, dehydration, infection, excessive bruising, prematurity, Asian or European background and male gender.

Reference:

Barrington, K. J., Sankaran, K., & Canadian Paediatric Society, Fetus and Newborn Committee. (2011). *Guidelines for detection, management and prevention of hyperbilirubinemia in term and late preterm newborn infants. Position statement*. Retrieved from <http://www.cps.ca/documents/position/hyperbilirubinemia-newborn>