

A 23 year-old G2P1 with 6 weeks amenorrhea presents with lower abdominal pain and vaginal bleeding. Her temperature is 102.0°F (38.9°C) and the cervix is 1 cm dilated. Uterus is 8-week size and tender. There are no adnexal masses. Urine pregnancy test is positive. What is the most likely diagnosis?

- A. Threatened abortion
- B. Missed abortion
- C. Normal pregnancy
- D. Septic abortion
- E. Ectopic Pregnancy

A 23 year-old G1P0 at 6 weeks gestation undergoes a medical termination of pregnancy. One day later, she presents to the emergency room with bleeding and soaking more than a pad per hour for the last 5 hours. Her blood pressure on arrival is 110/60; heart rate 86. On exam, her cervix is 1 cm dilated with active bleeding. Hematocrit on arrival is 29%. Which of the following is the most appropriate next step in the management of this patient?

- A. Admit for observation
- B. Repeat hematocrit in 6 hours
- C. Begin transfusion with O-negative blood
- D. Give an additional dose of prostaglandins
- E. Prepare her for a dilation and curettage

A 24 year-old G1P1 comes to the office requesting contraception. Her past medical history is unremarkable, except for a family history of endometrial cancer. She denies alcohol, smoking and recreational drug use. She is in a monogamous relationship. She wants to significantly decrease her risk of having a gynecological malignancy. Of the following, what is the best method of contraception for this patient?

- A. Female condoms
- B. Male condoms
- C. Copper containing intrauterine device
- D. Combined oral contraceptives
- E. Cervical cap