Obstetric Terms Quiz
by Laura King, MA, ELS

Directions: Edit the following paragraph based on the information found on obstetrics in the AMA Manual of Style. Although obstetrics is covered mostly in section 15.12, some of the answers are found in other sections of the style manual.

A premature male infant was born at 29 weeks' gestation [Editor's Note: With units of time (minute, hour, day, month, year, etc) used as possessive adjectives, an 's is added; §8.7.6, Units of Time and Money as Possessive Adjectives, p 363 in print] to a G5 P4 A1 gravida 5, para 4, aborta 1 [Editor's Note The letters G, P, and A (or Ab) accompanied by numbers would indicate number of pregnancies, births of viable offspring, and number of spontaneous or induced abortions, respectively. For example, G5, P4, A1 indicate 5 pregnancies, 4 births of viable offspring, and 1 abortion. In published articles, however, it is preferable to write out the expression; §15.12.1, GPA, pp 734-735 in print] mother. The mother had a history of premature births (TPAL 4-4-1-4) (4 term deliveries, 4 premature births, 1 abortion, and 4 living children) [Editor's Note: The letters in this expression indicate obstetric history as follows: T, term deliveries; P, premature deliveries; A, abortions; and L, living children. Often, 4 numbers separated by hyphens are recorded, eg, TPAL: 4-4-1-4 or 4-4-1-4, which would indicate 4 term deliveries, 4 premature delivery, 1 abortion, and 4 living children. However, the text of a manuscript should define the numerical expressions and not give the numbers alone; §15.12.2, TPAL, p 735 in print]. The pregnancy was uncomplicated until premature labor and early cesarean section delivery [Editor's Note: According to the American College of Obstetricians and Gynecologists, the preferred terms are cesarean delivery (or cesarean birth) or abdominal delivery (to differentiate it from vaginal delivery). Cesarean section is incorrect, as are the spellings Caesarean and caesarean; §11.1, Correct and Preferred Usage, p 389 in print] requiring intubation. Radiologic contrast study results [Editor's Note: Radiologic contrast study results] of the gastrointestinal tract revealed obstruction at the level of
the pylorus. At 9 days of age, the obstruction was cleared. Eight days later, endotracheal tube [Editor’s Note: ETT should be expanded as endotracheal tube at first mention; §15.16.3, Mechanical Ventilation, p 774 in print] feedings were begun but not tolerated at full strength or rate owing to large gastric residuals and emesis. Despite additional efforts, he was unable to tolerate gastrointestinal feeding, and total parenteral nutrition [Editor’s Note: TPN should be expanded as total parenteral nutrition at first mention; §14.11, Clinical, Technical, and Other Common Terms, p 518 in print] was required. The infant male [Editor’s Note: Whenever possible, a patient should be referred to as a man, woman, boy, girl, or infant, not as a male or female; §11.5, Age and Sex Referents, p 410 in print] was extubated at 24 days of age, but declining respiratory status required reintubation at 28 days of age. After extensive family conferences, a decision was made to withdraw support. At 31 days of age, the patient passed away [Editor’s Note: Euphemisms (from the Greek eu, “good,” and pheme, “voice”) are indirect terms used to express something unpleasant. Although such language is often necessary in social situations (“He passed away.”), directness is better in scientific writing (“The patient died.”); §7.5.3, Euphemisms, p 325 in print] within a few hours of extubation.