

Obstetrics Quiz

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ANSWER KEY

Directions: Edit the following sentences based on your understanding of §14.12, Obstetric Terms and §11.1, Correct and Preferred Usage of Common Words and Phrases of the *AMA Manual of Style*.

1. A premature male infant was born at 29 weeks' gestation to a G5 P4 A1 mother.

ANSWER: A premature male infant was born at 29 weeks' gestation to a gravida 5, para 4, aborta 1 mother.

Editor's Note: The letters G, P, and A (or Ab) accompanied by numbers indicate number of pregnancies; number of pregnancies reaching viable gestational age, including live births and stillbirths; and number of spontaneous or induced abortions, respectively. For example, G5, P4, A1 indicates 5 pregnancies, 4 pregnancies reaching viable gestational age (including live births and stillbirths), and 1 abortion. In published articles, however, it is preferable to write out the expressions (§14.12.1, GPA).

2. A multigravida, nullipara woman presented to the clinic at 7 weeks of pregnancy.

ANSWER: A multigravida (multiple pregnancies), nullipara (no live births) woman presented to the clinic at 7 weeks of pregnancy.

Editor's Note: Quantifying prefixes combine with the terms gravida and para. Noun forms are gravidity and parity (with prefixes nulligravidity, multiparity, etc). Adjective forms are gravid and parous (with prefixes multigravida, multiparous, primiparous, etc). Even these Latin-derived terms are somewhat imprecise. Therefore, in addition to use of expansions, further specifications (eg, single or multiple births, ectopic pregnancy) are required in scientific articles (§14.12.1, GPA).

3. The woman had a history of premature births (TPAL 4-4-1-4).

ANSWER: The woman had a history of premature births (4 term births, 4 premature births, 1 abortion, and 4 living children).

Editor's Note: The letters TPAL stand for term births, premature births, abortions, and living children, respectively. Often, 4 numbers separated by hyphens are recorded, for example, TPAL: 4-4-1-4. This expression indicates 4 term births, 4 premature births, 1 abortion, and 4 living children. However, the text of a manuscript should define the numerical expressions and not give the numbers alone (§14.12.2, TPAL).

4. The newborn's APGAR score indicated that she had jaundice.

ANSWER: The newborn's Apgar score indicated that she had jaundice.

Editor's Note: The score is named after the late anesthesiologist, Virginia Apgar, MD; thus "Apgar" is not printed in all capital letters as though for an acronym (although versions of such an acronym, a backronym, have been created as a mnemonic device: appearance, pulse, grimace, activity, respiration) (§14.12.3, Apgar Score).

5. After Apgar scores of 4/7, the newborn developed severe respiratory distress that required intubation.

ANSWER: After Apgar scores of 4/7 at 1 and 5 minutes, the newborn developed severe respiratory distress that required intubation. OR After Apgar scores of 4 at 1 minute and 7 at 5 minutes, the newborn developed severe respiratory distress that required intubation.

Editor's Note: The Apgar score is an assessment of a newborn's physical well-being based on the 5 factors of heart rate, breathing, muscle tone, reflex irritability, and color, each of which is rated 0, 1, or 2; the 5 ratings are then summed. The Apgar score is often reported as 2 numbers, from 0 to 10, separated by a virgule, reflecting assessment at 1 minute and 5 minutes after birth. In general medical journals, however, it is best to specify the intervals, especially because the Apgar score may be assessed at other intervals (eg, 10, 15, or 20 minutes) (§14.12.3, Apgar Score).

6. The analysis was designed to determine the risk of intrapartum stillbirth or neonatal death unrelated to congenital abnormality among women with an uncomplicated term pregnancy.

ANSWER: The analysis was designed to determine the risk of intrapartum stillbirth or neonatal death unrelated to congenital abnormality among women with an uncomplicated full-term pregnancy.

Editor's Note: The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine discourage use of the general label term pregnancy and instead recommend more specific descriptions, such as early term, full term, late term, postterm (§14.12.5, Term Pregnancy).

7. Extremely low-birth-weight infants are those who weigh less than 2500 g at birth.

ANSWER: Extremely low-birth-weight infants are those who weigh less than 1000 g at birth.

Editor's Note: Birth weight is defined as the weight of a neonate immediately after delivery. It should be expressed to the nearest gram. Low birth weight is weight less than 2500 g. Very low birth weight is weight less than 1500 g. Extremely low birth weight is weight less than 1000 g (§14.12.4, Birth Weight).

8. The study assessed the association between maternal obesity and cesarean sections.

ANSWER: The study assessed the association between maternal obesity and cesarean births.

Editor's Note: According to the American College of Obstetricians and Gynecologists Publications Department, the preferred terms are cesarean delivery or cesarean birth. Most etymologists believe that cesarean and section originated from the Latin verbs that both mean “to cut”; therefore, cesarean section is redundant (§11.1, Correct and Preferred Usage of Common Words and Phrases).

9. In this cross-sectional study, pneumococcal nasopharyngeal carriage prevalence, density, and serotype range were higher in vaginally born infants vs infants born by Cesarean delivery.

ANSWER: In this cross-sectional study, pneumococcal nasopharyngeal carriage prevalence, density, and serotype range were higher in vaginally born infants vs infants born by cesarean delivery.

Editor's Note: Do not capitalize cesarean (§11.1, Correct and Preferred Usage of Common Words and Phrases).

10. At her 43 weeks of gestation checkup, the patient's meconium level had significantly increased because of her late-term pregnancy.

ANSWER: At her 43 weeks of gestation checkup, the patient's meconium level had significantly increased because of her postterm pregnancy.

Editor's Note: The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine discourage use of the general label term *pregnancy* and instead recommend more specific descriptions, such as early term, full term, late term, postterm. Early term is between 37 weeks 0 days and 38 weeks 6 days' gestation. Full term is between 39 weeks 0 days and 40 weeks 6 days' gestation. Late term is between 41 weeks 0 days and 41 weeks 6 days' gestation. Postterm is 42 weeks 0 days' gestation and beyond (§14.12.5, Term Pregnancy).