

MCQs for Continuing Professional Development Section

1. What is a critical step in addressing maternal health disparities in low-resource settings?

- A) Increasing the number of high-tech medical devices indiscriminately
- B) Focusing solely on infectious diseases
- C) Standardizing training and resource allocation specifically for maternal care
- D) Prioritizing cosmetic medical procedures
- E) Reducing global collaboration efforts

Correct Answer: C) Standardizing training and resource allocation specifically for maternal care

Explanation

The true answer is C. One of the primary strategies in addressing maternal health disparities, especially in low-resource settings, is to standardize training for healthcare professionals and ensure that the allocation of resources is explicitly tailored to meet the diverse and complex needs of maternal care. This involves understanding and addressing the challenges, such as ICU care for severe obstetric conditions, which may include complications from HIV, unsafe abortions, sepsis, and COVID-19. Options A, B, D, and E are false and do not directly address the core issue of improving maternal health outcomes through specific and targeted interventions.

True/False

1. An important contributor to the high morbidity and mortality associated with sepsis in pregnancy relates to the lack of early recognition of infections in pregnancy.
2. Obstetric critical care admissions in LMICs are thrice as much as admissions in well-resourced regions.
3. In LMICs, the goal should be to ensure that an intensivist manages all critically ill obstetric patients.

Explanation

1. True

The recognition of sepsis in pregnancy is often delayed. Apart from the features being non-specific, the physiological changes accompanying pregnancy may initially mask the features of sepsis and delay diagnosis. The tachycardia and tachypnoea may be erroneously attributed to the gravid state. Additionally, the expanded intravascular volume accompanying pregnancy may mask the hypovolemia of sepsis, potentially delaying diagnosis until the patient is nearing shock. Furthermore, a decline in blood pressure during the second trimester might be mistakenly considered a normal physiological response.

2. False

The incidence of obstetric critical care admissions in LMICs than in wealthier regions is much higher (0.7 per 1000 births in high-income countries vs. 13.5 per 1000 births in LMIC countries)

3. False

A pragmatic approach is required as there are insufficient intensivists, Critical care-trained nurses, and ICU beds in LMICs. In such situations, upskilling clinicians who manage obstetric emergencies is paramount. Strategies to achieve this may include offering regular refresher courses for clinicians and nurses, Diplomas in Critical Care, telemedicine support from experienced centers (local and international), simulation training, collaborative support from academic institutions, and the availability of mentorship.