



Final FRCA Written Obstetric Past Questions



If you're preparing for the Final FRCA written exam, you will hopefully be aware that many questions can be predicted by past papers, recent publications and "hot topics". The RCOA website contains recent past papers and Chairman's reports which are extremely useful to help understand the type of question asked and guide your revision accordingly. Exam questions take considerable time to write and check. As the exam paper is set 3 months prior to the exam, the questions will have been written several months before this so focus your revision on resources prior to then.

In March 2020 the paper changed to consist entirely of CRQs. Questions are still be marked out of 20 and you will have 3 hours to complete the paper (15 minutes per question).

This document contains all the obstetric SAQs in the exam over the past 10 years, along with a summary of the Chairman's reports and some suggested resources to help you answer the questions. These have been sourced from the RCOA website with their kind permission. I am not permitted to share the full exam questions or Chairman's reports but have summarised what was asked and referenced the exam they appeared in.

I hope you find the resources helpful and wish you good luck with the exam!

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Pre-Eclampsia

When was it asked?

March 2018 question 10 – Pass rate 59.8%

September 2015 question 3

September 2011 Question 7

What was asked

- Definition of pre-eclampsia
- Symptoms of pre-eclampsia (& severe symptoms)
- How to manage following admission to delivery suite
- How to alter general anaesthetic technique if requiring a LSCS under GA
- Indication for magnesium therapy and how to administer it
- Symptoms, signs and management of magnesium toxicity

Highlights from Chairman's Reports

Poor understanding of difference between pre-eclampsia and eclampsia

Failure to understand importance of controlling systolic BP to prevent intracerebral bleed

Suggested Resources:

- The diagnosis and management of pre-eclampsia. *BJA CEPD Reviews*. 2003;3(2):38-42. Available at:
<https://academic.oup.com/bjaed/article/3/2/38/504969>
- Hypertension in pregnancy. *BJA Education*. 2016;16(1):33-37
<https://academic.oup.com/bjaed/article/16/1/33/2463142>
- Up to Date: Anaesthesia for the Patient with Pre-eclampsia
<https://www.uptodate.com/contents/anaesthesia-for-the-patient-with-preeclampsia>
- Devroe S, Van de Velde M, Rex S. General anaesthesia for caesarean section. *Current Opinion in Anaesthesiology*. 2015;28(3):240-246.
- McGlennan A, Mustafa A. General anaesthesia for Caesarean section. *Continuing Education in Anaesthesia Critical Care & Pain*. 2009;9(5):148-151.



General Anaesthesia For Non-Obs Surgery

When was it asked?

March 2019 question 4 – Pass rate 32.4%

March 2016 question 7 – Pass rate 57.6%

September 2014 Question 3 – Pass rate 33%

What was asked?

- NAP4 recommendations regarding airway management in pregnant women
- Questions related to a patient requiring emergency surgery in the 2nd trimester
 - Risks to the fetus during anaesthesia
 - How to minimise risks to the fetus
 - Pre and intraop steps you could take to ensure fetal safety if 27/40 pregnant
- Factors contributing to difficult airway in pregnant patient
- How to reduce airway related morbidity & mortality associated with GA in pregnancy

Highlights from Chairman's Reports

Candidates ignored emphasis on the fetus

No point discussing teratogenesis in the 2nd trimester

Recommendations from NAP4 poorly known

Suggested Resources

- National Audit Project 4. Obstetrics. Chapter 22 page 15. Available at: <https://www.rcoa.ac.uk/system/files/CSQ-NAP4-Full.pdf>
- Rucklidge M, Hinton C. Difficult and failed intubation in obstetrics. Continuing Education in Anaesthesia Critical Care & Pain. 2012;12(2):86-91.
- Up to Date: Airway management of the pregnant patient at delivery. Available at: <https://www.uptodate.com/contents/airway-management-of-the-pregnant-patient-at-delivery>



Assessing Block for LSCS

When was it asked?

March 2012 Question 3

September 2016 question 4 – Pass rate 77.5%

What was asked?

- Which dermatomes should be blocked for elective LSCS
- Methods of testing to confirm adequacy of spinal
- Actions to take if spinal block inadequate prior to starting elective LSCS
- Symptoms and signs of high spinal
- How to manage pain during elective LSCS under spinal

Highlights from Chairman's Report

Well answered

Suggested Resources

- Hockin G. Assessment of Spinal Anaesthetic Block. Available at: <https://www.frca.co.uk/article.aspx?articleid=100728&Dev=true>
- Brown J. Anaesthesia for Caesarean Section. 2008. Available at: https://www.wfsahq.org/components/com_virtual_library/media/a32808c3574810dd28f0e22925bd54fe-85-Anaesthesia-for-LSCS-part-2---Regional.pdf
- Newman B. Complete Spinal Block Following Spinal Anaesthesia. Available at <https://www.frca.co.uk/Documents/180%20Complete%20spinal%20block%20after%20spinal%20anaesthesia.pdf>
- Bogod D. Pain during caesarean section. BJOG: An International Journal of Obstetrics & Gynaecology. 2016;123(5):753-753.



Post Dural Puncture Headache

When was it asked?

March 2017 – Pass rate 81.3%

March 2013 Question 12

What was asked?

- Clinical features of a PDPH
- Differential diagnosis of post partum headache?
- Features that would make you concerned about a serious underlying cause
- Risk of an epidural blood patch
- Conservative treatment options for PDPH
- How an epidural blood patch is performed

Highlights from Chairman's Report

Well answered

Suggested Resources

- OAA PDPH Guideline. Published May 2019 Available at: https://www.oaa-anaes.ac.uk/assets/_managed/cms/files/Clinical%20Guidelines/PDPH_Stevenage_2014.pdf
- Turnbull, D. and Shepherd, D., 2003. Post-dural puncture headache: pathogenesis, prevention and treatment. *British Journal of Anaesthesia*, 91 (5), pp.718-729. Available at: <https://academic.oup.com/bja/article/91/5/718/253361>
- *Up to Date: Post Dural Puncture Headache*
<https://www.uptodate.com/contents/post-dural-puncture-headache>



Intrauterine Fetal Death

When was it asked?

September 2017 – Pass rate N/A (removed from exam, see chairman's report)

September 2012 Question 3

What was asked?

- Non-clinical aspects of management of a woman with IUFD at 36/40
- Considerations when providing pain relief for a woman with IUFD at 36/40
- Advantages of using regional anaesthesia if requiring LSCS for IUFD at 36/40
- Which abnormal haem results would contradict epidural analgesia

Highlights from Chairman's Report

Removed due to ambiguity about whether IUFD was in current or previous pregnancy
Pass rate poor, most marks lost in pain relief question. Should outline advantages and disadvantages of each mode of analgesia

Suggested Resources

- Late Intrauterine Fetal Death and Stillbirth. RCOG Green Top Guideline 55. Published Oct 2010:
https://www.rcog.org.uk/globalassets/documents/guidelines/gtg_55.pdf
- https://www.oaa-anaes.ac.uk/assets/_managed/editor/File/Guidelines/Intra-Uterine%20Foetal%20Demise/IUFD%20Guideline%20Basildon%20and%20Thurrock.pdf



Obesity in Pregnancy

When was it asked?

September 2018 – Pass rate 71.4%

September 2013 Question 2

What was asked?

Questions related to seeing a lady with a BMI 55 in the antenatal clinic at 32/40

What to elicit in the history and exam

Specific obstetric risks associated with high BMI

What you need to communicate to the patient

What the plan for her management on the delivery suite should be

Highlights from Chairman's Report

Generally well answered. Points lost in communication question due to vague answers.

Suggested Resources

- CEACCP Article on Obesity in Pregnancy. 2011;11(4):143-146 :
<https://academic.oup.com/bjaed/article/11/4/143/266896>
- Care of Women with Obesity in Pregnancy (Green-top Guideline No. 72)
Published: Nov 2018:
<https://obgyn.onlinelibrary.wiley.com/doi/pdf/10.1111/1471-0528.15386>



Cardiac Disease in Pregnancy

When was it asked?

March 2014 Question 9 – Pass Rate 65.5%

What was asked?

- Causes of mitral stenosis
- How the cardiovascular changes of pregnancy exacerbate the pathophysiology of mitral stenosis
- How to manage a woman with mod-severe mitral stenosis when she is in labour

Summary of Chairman's Report

Pathology of MS poorly understood.

Suggested Resources

- Bishop L, Lansbury A, English K. Adult congenital heart disease and pregnancy. *BJA Education*. 2018;18(1):23-29. Available at: [https://bjaed.org/article/S2058-5349\(17\)30180-4/fulltext](https://bjaed.org/article/S2058-5349(17)30180-4/fulltext)
- Elkayam U, Goland S, Pieper P, Silversides C. High-Risk Cardiac Disease in Pregnancy. *J Am Coll Cardiol*. 2016;68(5):502-516. Available at: <http://www.onlinejacc.org/content/68/4/396>



Jehovah's Witness with Low Lying Placenta

When was it asked?

March 2015 – Question 6

What was asked?

- Seeing a Jehovah's witness in antenatal clinic who is 30/40 pregnant booked for elective LSCS for low lying placenta– what should you discuss?
- Advantages and disadvantages of intraop cell salvage during the LSCS

Suggested Resources

- Currie J, Hogg M, Patel N, Madgwick K, Yoong W. Management of women who decline blood and blood products in pregnancy. *The Obstetrician & Gynaecologist*. 2010;12(1):13-20. doi:10.1576/toag.12.1.013.27553
- Lin ES, Kaye AD, Baluch AR. Preanesthetic Assessment of the Jehovah's Witness Patient. *Ochsner J*. 2012;12(1):61–69.
- Smith C, Shippam W. Intraoperative Cell Salvage in Obstetrics. WFAHQ Tutorial of the Week, May 2018. Available at: https://www.wfsahq.org/components/com_virtual_library/media/6a00fa551f0ec ea40b49c1dfdf40a6e8-380-Cell-salavage-in-obstetrics.pdf



Amniotic Fluid Embolism

When was it asked?

Sept 2011 Question 5

What was asked?

- What were the direct causes of maternal mortality in the CEMACE report?
- Clinical presentation of AFE
- Differential diagnoses of AFE
- Describe 2 pathophysiological theories of AFE

Suggested resources

Jatin D. Dedhia, Mary C. Mushambi, Amniotic fluid embolism, *Continuing Education in Anaesthesia Critical Care & Pain*, Volume 7, Issue 5, October 2007, Pages 152–156, Available at: <https://doi.org/10.1093/bjaceaccp/mkm031>



General Anaesthesia for LSCS

When was it asked?

March 2020 (the first CRQ) question 6 – Pass rate 59.5%

What was asked?

- Reasons for accidental awareness under caesarean section
- Conduct of general anaesthesia for LSCS

Highlights from Chairman's Reports

Poor familiarity with NAP5 findings

Answers generalised and not specific

Suggested resources

- NAP5: Accidental awareness under General Anaesthesia in the United Kingdom & Ireland. Available at: <https://www.nationalauditprojects.org.uk/NAP5report>

Post LSCS Pain Management



When was it asked?

March 2011 Question 1

What was asked?

- Management of pain after LSCS under general anaesthesia
- Use of neuraxial techniques to provide postop analgesia following LSCS (including doses)
- Monitoring requirements after LSCS under spinal or epidural
- Side effects of neuraxially administered opioids & how to manage them

Suggested Resources

- Kerai S, Saxena KN, Taneja B. Post-caesarean analgesia: What is new?. *Indian J Anaesth.* 2017;61(3):200–214. doi:10.4103/ija.IJA_313_16
- Best practice in the management of epidural analgesia in the hospital setting. RCOA Guideline. Nov 2010. Available at: https://anaesthetists.org/Portals/0/PDFs/Guidelines%20PDFs/Guideline_best_practice_management_epidural_analgesia_2011_final.pdf?ver=2018-07-11-163752-770&ver=2018-07-11-163752-770
- Chaney M, Sevarino F. Side Effects of Intrathecal and Epidural Opioids. *Survey of Anesthesiology.* 1996;40(6):383. doi:10.1097/00132586-199612000-00055



Post-Partum Haemorrhage

When was it asked?

March 2010 Question 7

What was asked?

- Which factors contribute to development of PPH
- List 4 uterotonic drugs and give their dosage, mechanism of action and major side effects

Suggested Resources

- F Plaat, A Shonfeld, Major obstetric haemorrhage, *Continuing Education in Anaesthesia Critical Care & Pain*, Volume 15, Issue 4, August 2015, Pages 190–193
Available at: <https://academic.oup.com/bjaed/article/15/4/190/305952>
- RCOG Green-Top Guideline No 52. Postpartum Haemorrhage, Prevention and Management. Available at:
<https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.14178>



Anatomy of Labour Pain

When was it asked?

April 2009 Question 3

What was asked?

- Pain pathways in 1st and 2nd stages of labour
- How & why nature of pain changes as labour progresses
- Why you need a higher level of block for LSCS than you do for labour analgesia
- Why do women sometimes get bradycardia during LSCS under regional

Summary of Chairman's Report

Poor knowledge of anatomy of pain pathways

Suggested Resources

- Bonica J. Peripheral Mechanisms and Pathways of Parturition Pain. *Br J Anaesth.* 1979;51:3S-9S.
Available at: [https://bjanaesthesia.org/article/S0007-0912\(17\)44892-6/pdf](https://bjanaesthesia.org/article/S0007-0912(17)44892-6/pdf)
- Labor S, Maguire S. The Pain of Labour. *Rev Pain.* 2008;2(2):15-19.
doi:10.1177/204946370800200205

Causes of bradycardia during LSCS under regional:

- High spinal blocking cardiac sympathetic stimulation
- Reduced venous return to the heart = vasovagal
- Surgical manipulation increasing vagal tone
- Treatment with alpha agonists causing reflex bradycardia