

CORECASES PROLOG REMEDIATION



PROLOG for CoreCases – Automated PROLOG Remediation Questions

This important addition to the CoreCases for Ob/Gyn curriculum ensures that your residency program now has an easy, impactful way to automatically assign remediation as needed to residents that have not demonstrated proficiency in targeted milestone areas.

PROLOG for CoreCases is a high-quality content educational tool that gives residents the opportunity to thoroughly review two related PROLOG patient scenarios and discussions for each milestone covered within the CoreCases curriculum where they have not yet demonstrated proficiency. After reviewing the related scenario, residents will also take a quiz to demonstrate proficiency in the milestones for the related subject matters.

CASE NETWORK
ICS-1-3 COMMUNICATION WITH PATIENTS AND FAMILIES
COURSE OUTLINE CASES :: Maternal Grieving After Stillbirth 1 of 4

PROLOG Extra Points

Patient Scenario

A 37-year-old woman, gravida 1, is seen in the obstetric triage unit at your hospital for decreased fetal movements, and she is diagnosed with an intrauterine fetal demise at 37 weeks of gestation. She is admitted to the labor floor and undergoes labor induction; she has a vaginal delivery 18 hours later without complications. You discharge her home from the hospital with a plan for follow-up in your office in 2-4 weeks. She returns to your office in 1 week and reports feeling emotionally flat, not crying, and being preoccupied with thoughts of the baby. She states that she sometimes hears the baby cry in the nursery. The most appropriate diagnosis is:

- adjustment disorder
- postpartum depression
- normal grief
- unipolar depression
- psychotic depression

In preparation for the Patient Discussion which follows, consider all of the clinical decision options listed above. Click the right arrow when you are ready to move on to the Patient Discussion.

CASE NETWORK
ICS-1-3 COMMUNICATION WITH PATIENTS AND FAMILIES
COURSE OUTLINE CASES :: Maternal Grieving After Stillbirth - Discussion 2 of 4

PROLOG Extra Points

Discussion

Stillbirth complicates 1 in 100 deliveries in the United States. High levels of distress are part of the normal grieving process after a fetal death; the cyclical nature of grief may be compounded by feelings of guilt, blame, and fear of recurrence. Perinatal grief after stillbirth can be as intense as other kinds of grief, including the loss of first-degree relatives. Some parents may develop mental health problems, but most will not. Support given to grieving parents is variable across institutions and obstetrician-gynecologists or other health care providers. Interventions such as referral to peer support groups, bereavement counseling, psychological counseling, and short-term medication use are common, but there is little high-quality evidence about the most effective interventions to support parents in the period after a perinatal loss.

Grief can be seen as a normal response to an abnormal event, and the process of accepting the loss takes time. Grief symptoms tend to peak in the first 6-12 months, although they may last as long as 2 years. Normal grief response can include temporary impairment of day-to-day function, retreat from social activities, intrusive thoughts, and feelings of yearning and numbness. The persistence of those symptoms and prolonged dysfunction are indicative of complicated or traumatic grief that requires intervention. Obstetrician-gynecologists and other health care providers need to counsel the patient and her family about what to expect in the weeks and months after a stillbirth.

Adjustment disorder is a short-term condition in which an individual has a more severe response than would be expected after a stressful event. This

CASE NETWORK
ICS-1-3 COMMUNICATION WITH PATIENTS AND FAMILIES
COURSE OUTLINE QUIZ :: Quiz 1 of 1

Quiz: 1 of 2

A 37-year-old woman, gravida 1, is seen in the obstetric triage unit at your hospital for decreased fetal movements, and she is diagnosed with an intrauterine fetal demise at 37 weeks of gestation. She is admitted to the labor floor and undergoes labor induction; she has a vaginal delivery 18 hours later without complications. You discharge her home from the hospital with a plan for follow-up in your office in 2-4 weeks. She returns to your office in 1 week and reports feeling emotionally flat, not crying, and being preoccupied with thoughts of the baby. She states that she sometimes hears the baby cry in the nursery. The most appropriate diagnosis is:

Adjustment disorder

Postpartum depression

