This continuing medical education service is brought to you by MIMS. Read the article ‘Vomiting in Pregnancy and Hyperemesis Gravidarum’ and answer the following questions. This MIMS JPOG article has been accredited for CME by the Hong Kong College of Obstetricians and Gynaecologists.

**CME ARTICLE**

**Vomiting in Pregnancy and Hyperemesis Gravidarum**

Answer True or False to the questions below.

1. Cyclizine and promethazine can be used as first-line antiemetic therapy for the management of nausea and vomiting of pregnancy and HG.

2. Pyridoxine should be recommended as one of the therapies for the management of HG in view of the clinical evidence.

3. Ondansetron should be used as the first-line antiemetic for management of HG.

4. When metoclopramide is used as antiemetic treatment in HG patients and causes extrapyramidal symptoms as a side effect, it should be stopped promptly.

5. Dextrose IV solution should be recommended as the first-line IV fluid as part of the therapeutic management of HG.

6. Patients diagnosed with HG should be given thiamine supplementation.

7. In patients who are less than 12-week gestation of pregnancy, oral folic acid supplement should be 400 micrograms once a day.

8. When all other medical therapies have failed, enteral, or parenteral treatment should be considered for the management of HG.

9. Wernicke’s encephalopathy is caused by deficiency in vitamin B6 in HG patients.

10. Two of the investigations that should be carried for patients suspected with HG are urine dipstick to detect ketones in the urine and confirm ketosis, and MSU to exclude urinary tract infection.

**CME Answers** for MIMS JPOG Jul/Aug 2017

HKCOG CME Article: Management of Acquired Uterine Arteriovenous Malformations Following Early Pregnancy Complications

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