

PMPR358 – Pharmacotherapeutic Issues in Women’s Health  
Case Series 2 (Total 70 points)

**Case 1 (42 points)**

DW is a 29 year old female with no significant past medical history. She has been trying to conceive her first child with her husband for almost three years. She started tracking her periods, and realized that her menstrual cycles have been irregular, ranging from 32 to 45 days in length. The only medication that she takes is a prenatal vitamin. She visits her OBGYN for further workup. An ultrasound reveals polycystic ovaries, and she is diagnosed with PCOS.

1. Which of the Rotterdam criteria does DW meet for the diagnosis of PCOS?
  
2. List 3 potential complications of PCOS (only the first 3 answers will be graded).
  
3. DW’s OBGYN prescribes metformin, and refers her to a fertility clinic. Which of the following is **true** regarding the use of metformin for the treatment of PCOS?
  - a. It is the first line treatment for women with PCOS who are not wanting to become pregnant
  - b. It can improve acne and hirsutism
  - c. It decreases the risk of endometrial cancer
  - d. It is preferred over clomiphene citrate for ovulation induction due to having a better safety profile

You are the pharmacist at DW’s community pharmacy. She is now 10 weeks pregnant. She has a cold, and is asking for your recommendation for OTC medications.

4. Which of the following can you safely recommend for use in first-trimester pregnancy?  
Select all that apply.
  - a. Ibuprofen
  - b. Naproxen
  - c. Acetaminophen
  - d. Dextromethorphan
  - e. Phenylephrine PO
  - f. Chlorpheniramine
  - g. Loratadine
  - h. Fexofenadine

DW is now 26 weeks pregnant, and her pregnancy is complicated by a diagnosis of gestational diabetes.

5. DW's current weight is 75 kg. Recommend an appropriate insulin dosing regimen for DW, using insulin glargine and insulin lispro.
  
6. Which of the following could help DW to better manage her gestational diabetes?
  - a. Initiation of a GLP-1 receptor agonist to increase insulin sensitivity
  - b. Switching to a well-tolerated oral agent, such as a DPP-4 inhibitor
  - c. Liberalizing her A1C goal to <7.5% to avoid the dangers of hypoglycemia in pregnancy
  - d. Initiation of continuous glucose monitoring
  
7. DW asks for your advice regarding whether she should receive the RSV vaccine during her pregnancy. What are the current ACOG recommendations for who should receive an RSV vaccine?

DW is admitted for induction of labor at 40 weeks. She is administered intravaginal misoprostol for cervical ripening. Then, she is started on an oxytocin infusion for uterine stimulation.

8. What are two potential adverse effects of oxytocin?

DW was hoping for a "natural" childbirth with no pain medications. She is using breathing techniques, aromatherapy, and massage, but after hours of labor, she is exhausted and in a lot of pain. She asks about the risks of epidural analgesia.

9. Which of the following are risks associated with epidural analgesia? Select all that apply.
  - a. Increased risk of emergency caesarean section
  - b. Prolongation of the early stages of labor
  - c. Severe headache caused by puncture of the subarachnoid space
  - d. Maternal fever
  
10. Which of the following are risks associated with systemic opioid analgesia for labor? Select all that apply.
  - a. Incomplete pain relief
  - b. Decreased fetal heart rate
  - c. Nausea
  - d. Insomnia

DW presents to her OBGYN for a follow-up appointment 6 weeks after giving birth. She is complaining of vaginal itching, a fishy odor, and burning on urination. She is diagnosed with bacterial vaginosis, and prescribed metronidazole 500 mg PO BID x 7 days.

11. DW is breastfeeding. How would you counsel her regarding the metronidazole?
- The risk to the infant outweighs the benefit of treating the BV – do not take metronidazole
  - Metronidazole is secreted in the breastmilk, but the relative infant dose is low, and it is considered to be low risk
  - Do not breastfeed while taking metronidazole, and for 24 hours after the last dose
  - Do not breastfeed while taking metronidazole, and for 3 days after the last dose

**Case 2 (10 points)**

You are the pharmacist at a community pharmacy. This is your patient's profile. Please use this to answer questions 12-14.

<b>Patient name:</b> Rhonda Rae			<b>Allergies:</b>		
<b>DOB:</b> 8/8/1988			NKDA		
<b>Address:</b> 4321 North St, Belvidere IL					
<b>Phone #:</b> 999-999-9999					
<b>RX#</b>	<b>Medication / Strength</b>	<b>Directions</b>	<b>Prescriber</b>	<b>Quantity</b>	<b>Fill history</b>
329587	Misoprostol 200mcg	4 tabs buccally one time	Dr. Wave	4	4/1/2025

12. What are potential indications for this patient's misoprostol dose and route? Select all that apply.
- Early pregnancy loss
  - Postpartum hemorrhage
  - Medical abortion
  - Surgical abortion
  - Induction of labor
  - NSAID-induced gastric ulcers
13. The patient states she would like to start hormonal birth control as soon as possible after taking the misoprostol. When is the soonest she could start a hormonal contraceptive?
- Wait at least 28 days after taking misoprostol
  - Wait at least 14 days after taking misoprostol
  - Wait until at least 3 menstrual cycles have passed after taking the misoprostol
  - Immediately after (no need to wait)
14. Which of the following is a contraindication to medical abortion?
- Desire for future pregnancy
  - Gestational age is >8 weeks
  - Suspected ectopic pregnancy
  - Personal history of hormone-sensitive cancer

