Sistema Socio Sanitario
Regione Lombardia
ASST Cremona

S.C. Gestione e Sviluppo delle Risorse Umane

CONCORSO PUBBLICO, PER TITOLI ED ESAMI, PER LA COPERTURA A TEMPO INDETERMINATO DI N.1 POSTO DELL'AREA DEI PROFESSIONISTI DELLA SALUTE E DEI FUNZIONARI - RUOLO SANTIARIO – PROFESSIONE SANITARIA OSTETRICA: OSTETRICA.

Domanda attinente al profilo

1. Counselling: in cosa consiste e quando si applica in ostetricia
2. Cosa si intende per midwifery
3. Cedap e attestazione di nascita
4. Illustri sinteticamente il codice deontologico dell'ostetrica
5. Il consenso informato e sue applicazioni
6. Incontinenza urinaria: i consigli che puo' offrire l'ostetrica
7. Parametri di valutazione del bcf e lettura del tctg
8. Segni di alterazione del bcf: cosa fare in caso di tracciato non rassicurante
9. Diagnosi differenziale tra placenta previa e distacco di placenta
10. La candidata descriva i fenomeni del parto
11. Evoluzione clinica del parto fisiologico in presentazione di vertice
12. Scheda meows e utilizzo adeguato
13. Fattori di rischio e cause dell'emorragia del post partum e algoritmo dell'assistenza
14. Preparazione carrello madre e carrello servitore nel taglio cesareo
15. Assistenza al parto podalico
16. Sei in pronto soccorso ostetrico, arriva una gravida al 3° trimestre con un'emorragia in atto. Possibili cause e assistenza
17. Assistenza ostetrica nel post partum
18. Lettura ctg
19. Classificazione pap test
20. Lettura ctg vedi allegato a
21. Lettura ctg vedi allegato b
22. In ambulatorio, si presenta una gravida a 12w per un 1° bilancio di salute ostetrico. Mi porta gli esami del i trimestre da visionare: toxo negativa , glicemia 101 condotta della gravidanza
23. Pap test in screening e hpv
24. Consegna di un referto di un pap test eseguito in screening con il seguente esito:
    Pap test negativo
    Hpv positivo
    Cosa spiego alla paziente e qual'e' il percorso da fare
25. Diagnosi prenatale
26. Lacerazioni da parto
27. Assistenza parto gemellare, condizioni che lo permettono e rischi
28. Baby blues e depressione post partum
29. Preeclampsia e attacco eclamptico: condotta
30. Viene consegnato il referto di un pap test con il seguente esito:

    Pap test positivo, lesione compatibile con cin 1
    Hpv positivo
    Cosa spiego alla paziente e qual e' il percorso da fare
31. Cosa si intende per continuita' assistenziale e nello specifico per una puerpera che rientra a casa dopo il parto, quali sono i servizi che le vengono offerti.
32. Cosa si intende per dimissione protetta in ostetricia

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33. Questionario mgmq, a cosa serve e a chi e' rivolto e quando viene somministrato
34. Prom
35. Diagnosi di travaglio con la sola osservazione clinica
36. Benefici dell'allattamento al seno rispetto all'allattamento in formula
37. Gravidanza oltre il termine
38. Vantaggi dello skin to skin
39. Quali suggerimenti dai ad una gravida che desidera allattare il suo bambino: la sua paura e' quella di non avere abbastanza latte
40. si presenta una mamma che e' in difficolta' con l'allattamento, ha partorito da una settimana ed ha il seno teso e dolente. Ti chiede aiuto per non interrompere l'allattamento, quali sono i consigli che le dai.
41. Significato di bro e quali sono i criteri di esclusione
42. Gravida con emogruppo 0 rh negativo: quale' la tua condotta nella gestione della gravidanza.
43. Manovre di leopold
44. Eco office
45. Partoanalgesia: quando farla e i tempi del travaglio
46. Ivg farmacologica e chirurgica
47. Tachisistolia: significato e intervento
48. Tachicardia e bradicardia fetali: possibili cause
49. Posizione materna in travaglio: antalgiche e favorenti la posizione e l'impegno della parte presentata
50. Parlami della toxoplasmosi.
51. Immaginati in un colloquio di accoglienza ad una gravida iniziale e spiegale cosa e' e cosa deve fare per non contrarre l'infezione.
52. Periodo prodromico e travaglio attivo
53. Regola dei tre minuti in caso di bradicardia grave
54. Diagnosi di gravidanza: segni di presunzione, probabilita' e certezza
55. Hellp syndrome
56. Algoritmo della distocia di spalla
57. Lettura ctg allebato c
58. Lettura ctg allegato d
59. Assistenza al parto podalico
60. Allattamento: attacco corretto al seno: ragadi, cosa sono e consigli
61. Parto in acqua vantaggi e criteri di esclusione
62. Ventosa ostetrica: indicazioni applicazione e assistenza ostetrica
63. Quali sono le figure professionali con cui ti puoi interfacciare in consultorio? Quali sono le attivita' che puo' svolgere un'ostetrica in consultorio?
64. Cosa si intende per sostegno alla genitorialita'?

Domanda di informatica

1. Cosa significa l'acronimo PEC?
2. Quali file hanno come estensione ".xls"?
3. È possibile inserire tabelle nei documenti Word?
4. Come si chiama l'operazione che permette di scaricare un file da un sito internet sul proprio personal computer?
5. Quale rischio si corre nell'aprire un allegato di posta elettronica?
6. Cos'è lo SPID?
7. Nel programma Microsoft Word il simbolo del floppy in alto a sinistra serve a?

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8. Come deve essere costruita una password per essere efficace?
9. Quale non è l'estensione di un file di Microsoft Word?
10. Dove si trova il comando per riavviare il sistema operativo Windows?
11. È possibile installare lo stesso software su più computer?
12. Uno scanner serve per?
13. Il software antivirus necessita di aggiornamenti?
14. Quale può essere un veicolo di virus? (software o hardware)
15. In generale è possibile recuperare anche i file cancellati dal cestino?
16. La cancellazione dei file non equivale alla rimozione effettiva di essi dal computer
17. Che cosa accade se invio un messaggio di PEC (posta Elettronica Certificata) ad una casella tradizionale (non PEC)?
18. Il backup dei dati serve ad eseguire…
19. Microsoft Word è?
20. Microsoft Excel è?
21. Cos'è una connessione wireless?
22. Come si chiama l'operazione che permette di scaricare un file da un sito internet sul proprio personal computer?
23. Qual è la differenza tra Hardware e Software?
24. Qual è la differenza tra input e output? Fare un esempio di periferiche di input e di output
25. Che cos'è un sistema operativo?
26. È possibile ripristinare un file che per errore è stato spostato nel cestino?
27. In cosa consiste il backup?
28. Che cos'è un browser?
29. Che cosa si intende per stampante multifunzione?
30. A cosa serve il programma Excel o Calc? Che tipo di programma è?
31. Che differenza c'è tra file e cartella?
32. Che cos'è l'hard disk?
33. Quali sono le combinazioni rapide da tastiera per i comandi copia incolla taglia?
34. Cosa rappresenta l'icona a lucchetto accanto ad un indirizzo internet del browser?
35. Che cos'è un motore di ricerca? Farne qualche esempio
36. Che cos'è un database?
37. Cos'è quella che viene definita comunemente penna usb?
38. Che cos'è un font?
39. Che cos'è un client di posta elettronica?
40. Nella posta elettronica cosa è lo spam?
41. Nell'invio di una mail cosa significa il campo "ccn"? a cosa serve?
42. In informatica cos'è il PHISHING?
43. Che cos'è la firma digitale?
44. A cosa serve Power Point?
45. Cosa significa comprimere un file?
46. Che cosa significa "zippare" un file?
47. Cosa è opportuno fare quando si riceve una mail da un utente non conosciuto con un allegato?
48. Che cos'è una rete LAN?
49. Con il termine "notebook" si intende?
50. Un file con estensione "EXE" è considerato?
51. La funzione dello scanner è quella di?
52. Se siamo di fronte ad un file con estensione "jpg" questo conterrà?
53. L'HTML è?
54. Quale strumento viene utilizzato per rilevare la presenza di virus informatici in un computer?
55. Se un computer viene privato della CPU cosa succede?
56. Nell'indirizzo di posta elettronica: assistenza@articolisanitari.it, la stringa "articolisanitari" indica?

57. A quale scopo si inserisce l'"oggetto" nella posta elettronica?
58. Che cosa indica "gigabyte"?
59. La tastiera è normalmente una periferica di?
60. Che cosa si può intedere per "testo digitale"?
61. Cos'è una porta usb?
62. Che cos'è un "virus"?
63. Con il termine telelavoro si indica?
64. Cos'è un hashtag?

Domanda lingua inglese

1- The main role of obstetrical and midwifery nursing in the healthcare sector includes services to women during maternity. It includes gynaecological examinations, prescriptions, delivery and labor care, contraceptive counselling and many more.

2- Obstetrical and midwifery nursing consists of several responsibilities such as monitoring fetal growth, treating health conditions that arise at the time of pregnancy and maternal health. Hence, these nurses attend the birth at birthing centres and in several hospitals as they have to provide care to patients during pregnancy complications and they also take care during delivery and labor.

3- The midwives are the specialists during any childbirth and normal pregnancy. In addition, the main role of a midwifery nurse is taking care of pregnant women and also their babies during their birth and labor up to 28 days after the birth of the baby.

4- Furthermore, the nurses act as a ***Leader*** and the main role of the leader is to review, provide and plan about the care of women with their agreement and input. It is done to the period of postnatal from the antenatal assessment in an initial stage

5- The leading role of the Midwife reduces the admission process to any hospital and also results in less intervention during the time of birth [8]. Fourthly, they also act as a good ***Communicator*** as the midwives always understand the overall effectiveness of the communication process.

6- The obstetrical nurses are having several responsibilities such as ***Delivery and labor tasks*** and the nurses are much more responsible in taking care of mom within the delivery room. The OB nurses also provide emotional support to the nervous or anxious partners and also help the pregnant mother from the admission process to the released date.

7- The obstetrical nurses are having another responsibility that is the ***Post-deliveryresponsibility***. The nurses help several mothers after the birth of the baby and also closely monitor the baby and their mom for several hours before they are going to the postpartum care [11].

8- Further, they also manage and monitor the vital signs of baby and mom both and also they monitor several complications for the delivery and pregnancy process. Another responsibility of OB nurses is the ***postpartum care*** and the nurses monitor both mom and baby after birth and after that, they are transferred for the postpartum care

9- The nurses help several mothers after the birth of the baby and also closely monitor the baby and their mom for several hours before they are going to the postpartum care [11]. At this time the OB nurses help the mom by doing several tasks such as assisting moms with breastfeeding and the formula for ensuring the requirements of adequate nutrition.

10- The OB nurses are having several responsibilities that are required during the pregnancy and post-pregnancy [12]. The skills are emotional stability and it is essential for the nurses to cope up with the traumatic experiences and also handle the hardships in a regular basis.
11- Another skill is the ***critical thinking*** and by this, the OB nurses are capable of thinking quickly and critically for finding better solutions for the patients. Furthermore, the nurses are also capable of communicating their insights and thoughts with several patients and also with several other members of the medical team.
12- Several countries are having the universal access for the maternity care of women and also have better practices regarding midwifery and nursing processes. Furthermore, the government is trying to fulfil the lack of access for the higher quality services of maternal health within the rural communities [9].
13- The midwife nurses also act as a ***Counsellor*** and they counsel the pregnant women along with providing several information's on the parental self-care that includes hygiene, nutrition, danger signs of childbirth and pregnancy and breastfeeding [3].
14- Furthermore, the midwives act as an ***Adviser*** and they advise to develop the birth plan and also promote several concepts regarding birth preparedness. The nurses also advise on several situations that are complicated and it helps the couples in making decisions.
15- From the above research, it is concluded that both midwives and nurses are experienced and trained in the process of delivery and labor and they cannot provide all the services that the doctor can provide. The midwife is much more capable of providing parental care, also can admit a woman to the hospital, performs the process of delivery and also can provide several cares in labor.
16- The reported incidence of eclampsia is 1.6 to 10 per 10,000 deliveries in developed countries, whereas it is 50 to 151 per 10,000 deliveries in developing countries. In addition, low-resource countries have substantially higher rates of maternal and perinatal mortalities and morbidities.
17- This disparity in incidence and pregnancy outcomes may be related to universal access to prenatal care, early detection of preeclampsia, timely delivery, and availability of healthcare resources in developed countries compared to developing countries.
18- New data suggest that blood-brain barrier permeability may increase by circulating factors found in preeclamptic women plasma, such as vascular endothelial growth factor and placental growth factor. The management of an eclamptic seizure will include supportive care to prevent serious maternal injury, magnesium sulfate for prevention of recurrent seizures, and promoting delivery
19- Eclampsia is one of the most serious acute complications of pregnancy, and it carries high morbidity and mortality for both the mother and baby.[1] Eclampsia is defined as the occurrence of 1 or more generalized, tonic-clonic convulsions unrelated to other medical conditions in women with hypertensive disorder of pregnancy.
20- Abnormal neuroimaging findings in eclampsia are similar to those found in hypertensive encephalopathy, including cerebral edema, infarction, and hemor- rhage
21- The classic finding following an eclamptic seizure is referred to as pos- terior reversible encephalopathy syn- drome (PRES) (Figure 2). PRES is a reversible neurologic disorder characterized by a range of neurologic signs and symptoms, including headache, impaired visual acuity or visual field deficits, disorders of consciousness, confusion, seizures, and focal neurologic deficits
22- The clinical picture of women with eclampsia, either with or without associ- ated PRES, is similar. However, some studies suggest that PRES might be indicative of a more severe disease process.
23- The prognosis of PRES following eclampsia is favorable, and most patients will recover within 1 week, although some patients can occasionally take several weeks to achieve full recovery.
24- In rare cases, severe neurologic injury and fatality can occur because of intracranial hemorrhage, posterior fossa edema with brainstem compression, or cerebral infraction

25- Neuroimaging studies could generally be limited to those women who have focal neurologic signs, recurrent con- vulsions, and prolonged coma. Imaging can also be considered in atypical cases, such as seizures that develop at or before 20 weeks of gestation and >48 hours after delivery and for women that have some of the signs and symptoms of preeclampsia without the usual hyper- tension.
26- Most patients with PRES will show complete resolution of the imaging finding in 1 to 2 weeks, and others will show widespread regression in up to 1 month.[65,71] Based on our clinical expe- rience, we recommend follow-up imag- ing in 3 to 4 weeks only if there is evidence for cerebral hemorrhage or infraction or if there is ongoing neuro- logic deficit
27- Historically, preeclampsia and eclampsia were believed to occur only within 48 hours following delivery. However, retrospective data evaluating timing of postpartum eclampsia in 29 women found that 79% had late-onset seizures (>48 hours from delivery)
28- Tertiary prevention aims to soften the impact of an ongoing illness or injury that has lasting effects. For women with eclampsia, tertiary prevention will include magnesium sulfate for the pre- vention of recurrent seizures.
29- Magnesium sulfate is a calcium antago- nist that acts both intracellularly and extracellularly on calcium channels in vascular smooth muscle, resulting in a decrease in intracellular calcium with a vasodilator effect.
30- An important area of research is whether we can predict severe maternal out- comes, such as eclampsia in women with preeclampsia. Angiogenic factors, including PlGF and soluble fms-like tyrosine kinase-1 (sFlt-1), have been the dominant focus of placental biomarker studies in preeclampsia over the past 15 years
31- A large United Kingdom pragmatic multicenter ran- domized controlled trial that aimed to determine whether knowledge of the PlGF levels would reduce time to diag- nosis and maternal and perinatal adverse outcomes in women with suspected preeclampsia was recently published.
32- Because eclampsia is a rare but life- threatening condition, protocols should be in place for education and imple- mentation of antenatal and postpartum care for women presenting with seizure. As discussed above, the pathophysiology of eclampsia is poorly understood, and 25% of women will not have hyperten- sion before an eclamptic seizure.
33- There are needs to (1) determine the optimal duration for magnesium sulfate prophylaxis after delivery for women with preeclampsia with severe features; (2) assess whether women presenting with late postpartum preeclampsia with severe features (>48 hours after delivery) will benefit from magnesium sulfate prophylaxis; (3) bet- ter understand long-term neurologic complications for women with a history of eclampsia;
34- A secondary analysis of the prospective multicenter Preeclampsia Triage by Rapid Assay Trial that enrolled women with suspected preeclampsia[171] evaluated whether abnormal PlGF level is associated with adverse neonatal and maternal outcomes.
35- The parent trial included women with hyperten- sion, proteinuria, laboratory abnor- malities, excessive maternal weight gain, fetal growth restriction, or clinical symptoms (such as headache, epigastric pain, and nausea and vomiting). For the secondary analysis, 1112 participants with a singleton pregnancy between 20 and 41 weeks of gestation were included,
36- The documented diagnosis of pre- eclampsia was defined according to the International Society for the Study of Hypertension in Pregnancy 2014 state- ment.[169] The main finding from this study was that the availability of PlGF results substantially reduced the time to clinical confirmation of preeclampsia
37- A secondary analysis of the prospective multicenter Preeclampsia Triage by Rapid Assay Trial that enrolled women with suspected preeclampsia[171] evaluated whether abnormal PlGF level is associated with adverse neonatal and maternal outcomes.
38- Maternal hypoxia and hypercarbia can cause fetal heart rate and uterine activity changes during and immediately after a convulsion. Fetal heart rate changes may reveal bradycardia, late decelerations, decreased variability, or compensatory tachycardia.

39- Uterine contractions can increase in frequency and tone. These changes usually resolve within 3 to 10 minutes after the termination of con- vulsions and correction of maternal hypoxia
40- As discussed before, the patient should lie in the lateral decubitus position; if possible, supplemental oxygen should be admin- istered, but we do not recommend giving fluid for fetal heart rate resuscitation.
41- The patient should not be rushed to an emergency cesarean delivery based on these findings, especially if the maternal condition is stable.
42- Treatment of convulsions : The next step in the management would be to prevent recurrent seizures as discussed before. Magnesium sulfate is the drug of choice to prevent subse- quent convulsions in women with eclampsia.
43- Although the effectiveness of magne- sium sulfate in treating and preventing eclampsia has been established, its mechanism of action remains unclear. Several possible mechanisms of action have been proposed, including acting as a vasodilator (either peripherally or in the cerebral circulation to relieve vaso- constriction), protecting the BBB to decrease cerebral edema formation, and acting as a central anticonvulsant
44- Women with eclampsia did not demonstrate worse cognitive or motor performance than women with preeclampsia. Moreover, women who suffered eclampsia may report more long-term cognitive difficulties related to memory and concentration years after the index pregnancy
45- Beyond the increased risk of mortality, eclampsia is associated with substantial acute maternal complications (Table 2). Women with eclampsia have increased risk of severe maternal complications, such as placental abruption, HELLP, disseminated intravascular coagulation, pulmonary edema, aspiration pneu- monia, cardiopulmonary arrest, and acute renal failure
46- The pathogenesis of eclamptic seizures is not well understood. Several hypotheses and pathologic mechanisms have been implicated, but none has been proven. One proposed model for eclampsia is the alteration of autoregulation in the cere- bral circulation similar to hypertensive encephalopathy with blood-brain bar- rier (BBB) disruption and passage of fluid, ions, and plasma proteins into the brain parenchyma.
47- The BBB created by the endothelial cells lining the walls of the capillaries regulates the paracellular (transfer of substances across an epithe- lium by passing through the intercellular space between the cells) and transcellular (transfer of substances travel through the cell, through both the apical membranes) passages of molecules and sol- utes between the cerebral vessels and the brain.
48- The capillary endothelium is characterized by the presence of tight junctions with lack of fenestrations. The tight junctions between the endothelial cells form a barrier, which selectively excludes most substances from entering the brain, protecting it from systemic influences.
49- Several factors have been associated an with increased risk of eclampsia, including black and Hispanic race, advanced maternal age, nulliparity, maternal ageof 20 years, multifetal gestation, preterm delivery at <32 weeks of gestation, and lack of prenatal care.
50- Several signs and symptoms may pre- cede eclampsia, such as visual distur- bances, epigastric pain, and severe persistent occipital or frontal headaches, but none can accurately predict or exclude eclampsia.
51- When a woman presents with hyper- tension, proteinuria, and convulsions, most clinicians would agree that the diagnosis of eclampsia is clear. However, although hypertension is the hallmark for the diagnosis of eclampsia, it may be absent in up to 25% of cases.
52- The American College of Obstetricians and Gynecologists Task Force report on hy- pertension in pregnancy, and the Inter- national Society for the Study of Hypertension in Pregnancy removed the requirement of proteinuria for the diagnosis of preeclampsia if there are other findings suggestive of end-organ involvement (thrombocytopenia, elevated liver transaminases, renal insufficiency, pulmonary edema, or new-onset neurologic symptoms)

53- The onset of eclamptic convulsions can be in the antepartum, intrapartum, or postpartum period with 50% to 70% of eclamptic seizures in developing coun- tries occurring in the community and not in the hospital.
54- The clinical presentation and symptoms of eclampsia may overlap with other medical and surgical conditions. When a woman is presenting with convulsions that develop in association with hyper- tension or proteinuria during pregnancy or immediately postpartum, the most common etiology is eclampsia
55- Alter- native diagnoses should especially be considered in the following scenarios: normal blood pressures with absence of proteinuria, focal neurologic deficits, onset before 20 weeks of gestation or >48 hours after delivery, or prolonged loss of consciousness.
56- Eclampsia is associated with a slightly increased risk of maternal death in developed countries, but the maternal mortality rate may be as high as 7% in developed countries.
57- Maternal adverse outcomes and death from a complication related to pre- eclampsia are most common among women who are older than 35 years, foreign-born Hispanic and African American women, at 20to 28 weeks of gestation, have multiple gestations, and among women with the first live birth.
58- Perinatal mortality and morbidity remain high in eclamptic pregnancies. The reported perinatal death rate ranges from 5.6% to 11.8%.[6,103] Most perinatal death cases are related to placental abruption, fetal growth restriction, or extreme prematurity.
59- Eclampsia was associated with a 12-fold increased risk of cardiovascular morbidity, such as myocardial infarction, cerebrovascular disease, acute heart failure, cardiomy- opathy, or cardiac arrest.[107] The risk of a future seizure disorder following an eclamptic seizure was evaluated in a large retrospective database
60- Primary prevention aims to prevent disease or injury before it ever occurs. For primary prevention of eclampsia, low-dose aspirin (dosage ranging 60e150 mg daily) has been proven to reduce the risk of preeclampsia by 10% to 15%.
61- Secondary prevention will include intervention for early detection of the disease and reducing the impact of a disease. Secondary prevention of eclampsia will include weekly moni- toring for women with gestational hy- pertension or preeclampsia, use of antihypertensive medications for blood pressure regulation, timely delivery, and prophylactic use of magnesium sulfate during labor and immediately after de- livery in women with preeclampsia with severe features.
62- Although the effectiveness of magne- sium sulfate in treating and preventing eclampsia has been established, its mechanism of action remains unclear. Several possible mechanisms of action have been proposed, including acting as a vasodilator (either peripherally or in the cerebral circulation to relieve vaso- constriction), protecting the BBB to decrease cerebral edema formation, and acting as a central anticonvulsant.
63- A review evaluating the avail- able medical literature concerning EEG findings in patients with eclampsia included 153 patients from 8 available studies. On average, 81% of the EEGs of women with eclampsia showed EEG abnormalities following the seizure with resolution of those abnormalities in 90% of cases soon after delivery
64- In addition, the abnormal EEG findings in women with eclampsia were seen even with appropriate administration of magnesium sulfate. This finding may suggest that the central anticonvulsant activity in eclamptic seizures does not completely explain the magnesium sulfate mechanism of action (discussed below).[60]

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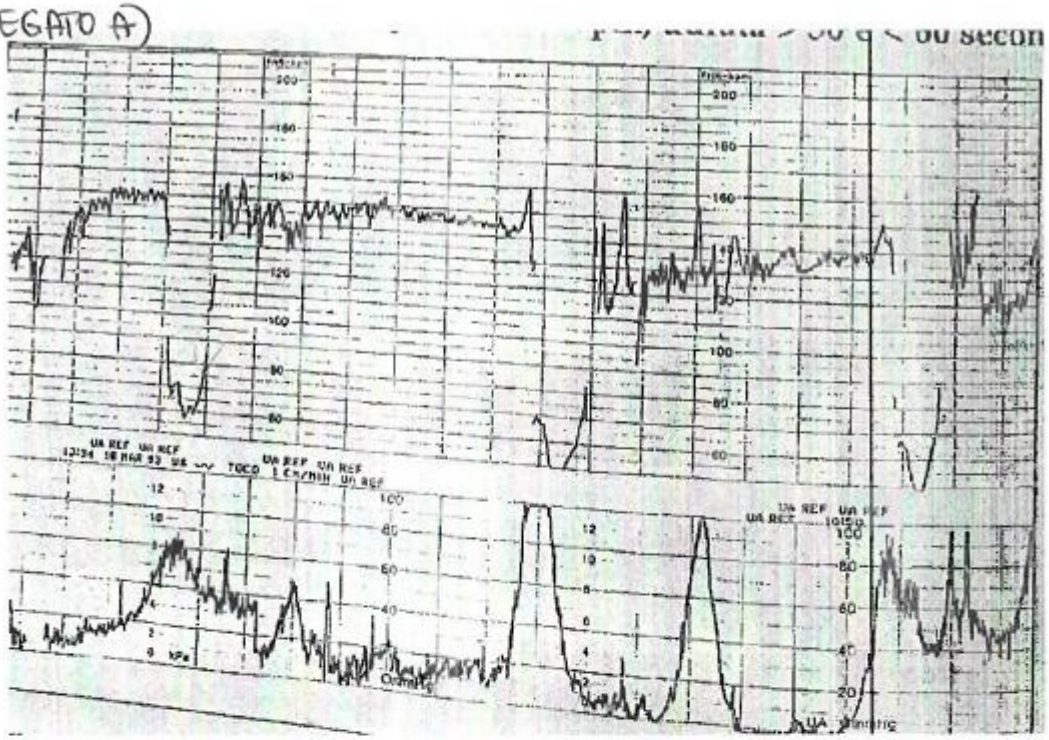
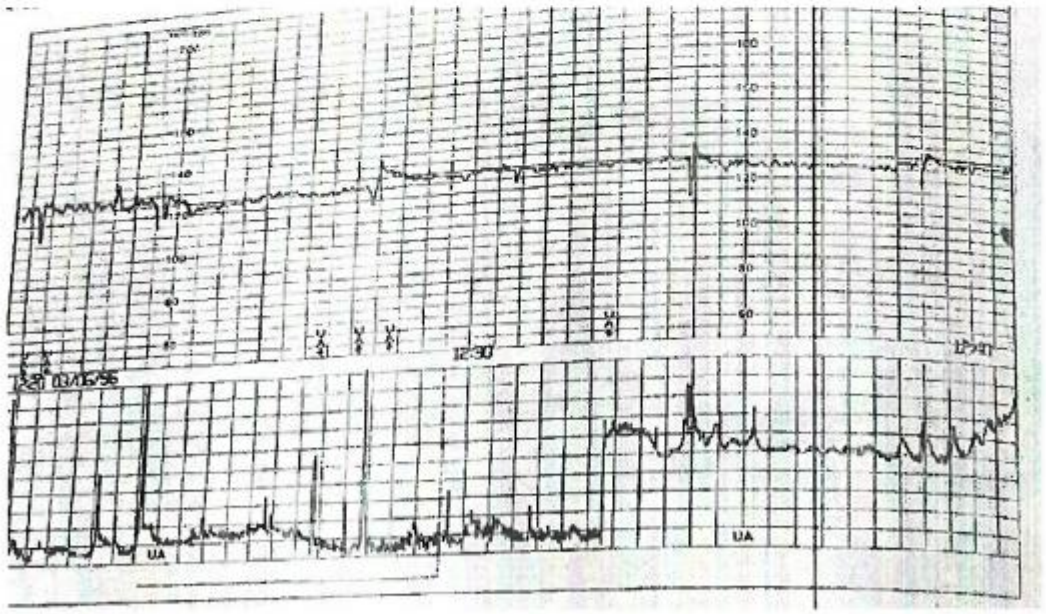
ALLEGATO A)





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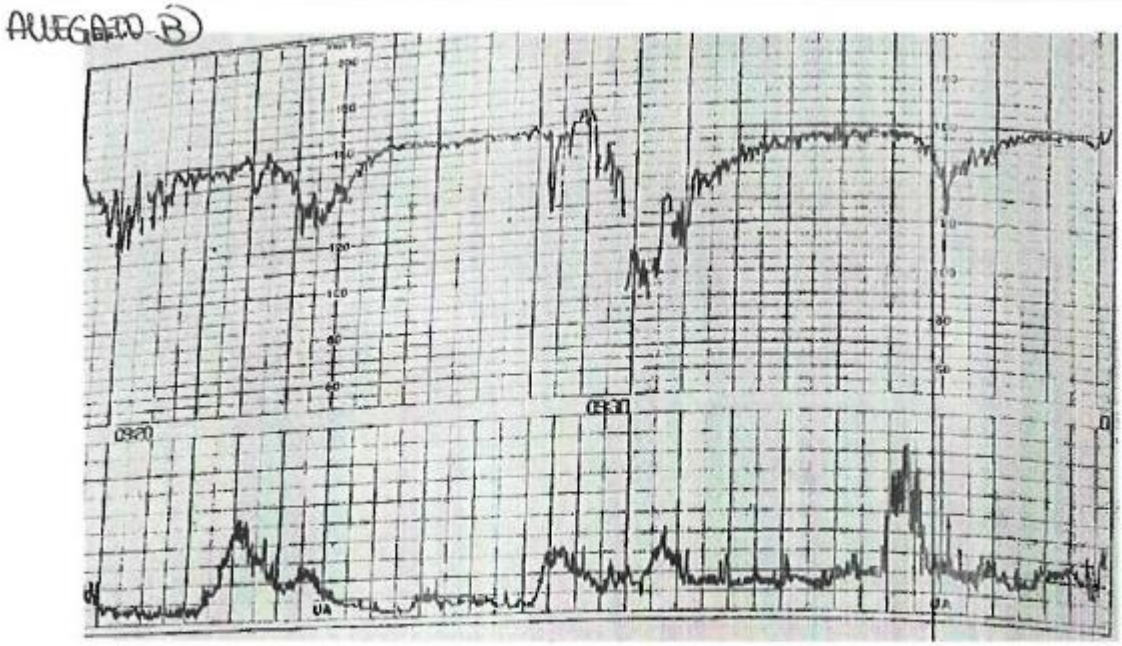
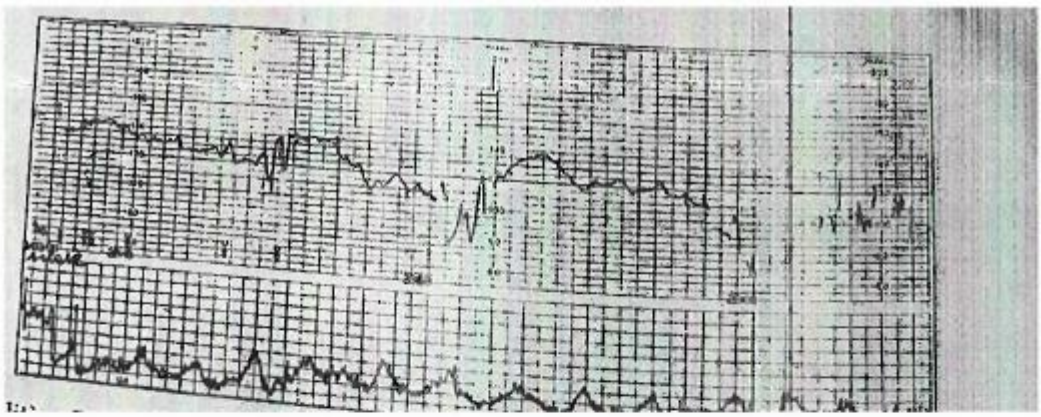
ALLEGATO B)





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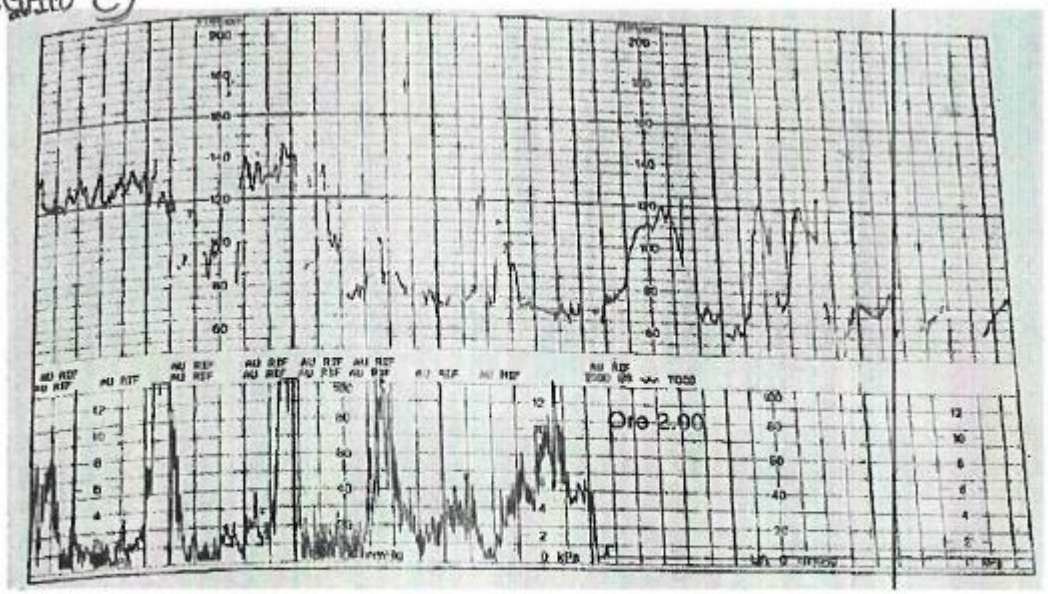
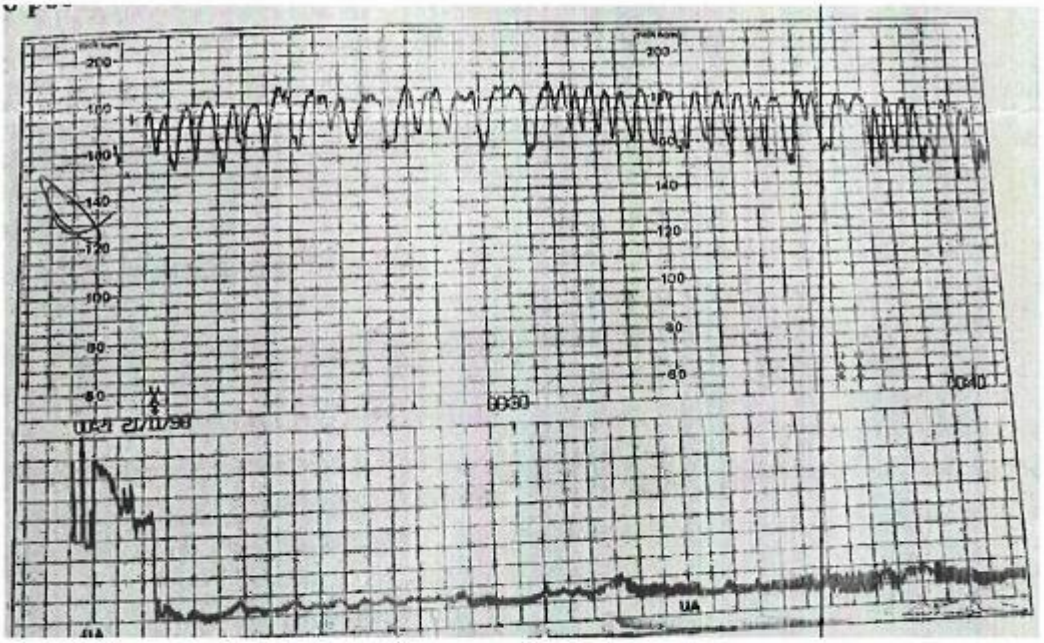
ALLEGATO C)





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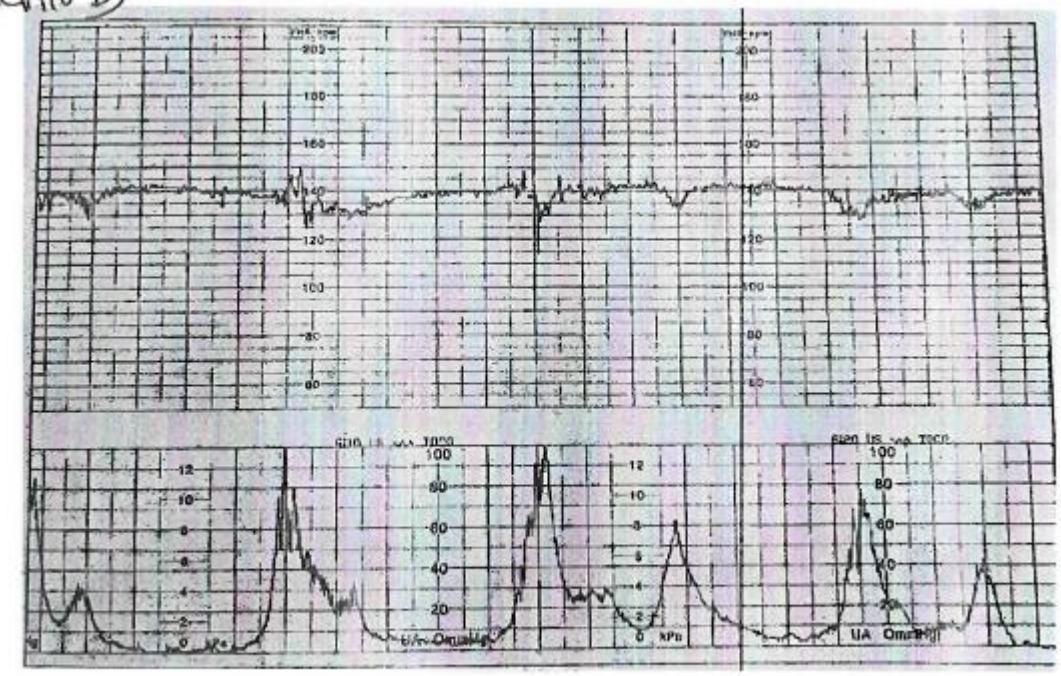
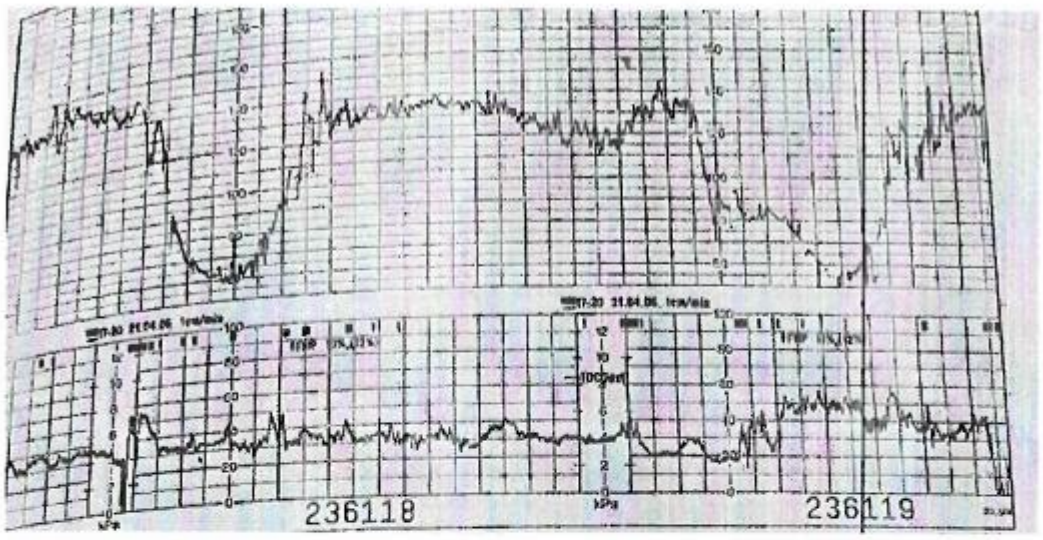
ALLEGATO D)





N° 14 (24/10/23) MATTINO

PG