

SECTION A: MULTIPLE CHOICE QUESTIONS (MCQs) - (40 marks)

1. Which of the following is an ovarian germ cell tumour?
 - a. Dysgerminoma
 - b. Granulosa cell tumor
 - c. Dermoid cyst
 - d. Epithelial cell tumor
2. Which of the following is an absolute contra-indication to the IUCD use?
 - a. A history of pelvic inflammatory disease
 - b. Previous pregnancy with an IUCD four years ago
 - c. Nulliparity
 - d. Abnormal genital bleeding
3. Multiple pregnancy;
 - a. Has a lower risk for morbidity compared to singleton
 - b. Twins occur with an incidence of 1:6400 births globally
 - c. Dichorionic placentation is observed in both monozygotic and dizygotic twins
 - d. Delivery is by caesarian section.
4. Cardiac disease,
 - a. Complicates 5% of pregnancies
 - b. 70% are congenital heart-diseases
 - c. Class III is admitted in the hospital for the duration of the pregnancy from 28 weeks
 - d. Anticoagulants should be discontinued in the first trimester for patients with valve replacement
5. Endometriosis;
 - a. Is a condition that causes constant abdominal pains
 - b. Is a condition that causes cyclical abdominal pains
 - c. Is a common cause of tubal infertility
 - d. Is a condition that causes anovulation
6. The following are associated with endometrial carcinoma except:
 - a. History of breast cancer
 - b. Chronic anovulation
 - c. Exogenous progesterones
 - d. Diabetes mellitus
7. Warfarin during pregnancy,
 - a. Enhances vitamin K dependent gamma-carboxylation of coagulation factors
 - b. Peak effect occurs within 24 hours of drug administration
 - c. Exerts an anticoagulant effect on the breast fed infant
 - d. Affects bone and cartilage formation

8. The following factors are responsible for the development of pregnancy induced insulin resistance except:
- Increased placental secretion of growth hormone
 - Increased secretion of corticotrophin
 - Decreased secretion of human chorionic somatostatin
 - A Post receptor defect that may contribute to the decline in insulin action
9. Which of the following is not important in the diagnosis of pelvic abscess;
- Lower abdominal pain and swelling
 - Positive VDRL test
 - Painful defecation and lower back pain
 - Leukocytosis on full haemogram
10. Concerning antenatal blood tests,
- Syphilis test is no longer necessary
 - HIV test requires the consent of the spouse
 - Indirect coombs test is not necessary in a rhesus negative mother
 - Hepatitis B surface antigen test is recommended.
11. Which of the following is the earliest fetal sign of uterine rupture in women undergoing a trial of labour following prior caesarian section,
- Change in presentation
 - Meconium staining
 - Loss of fetal station
 - Fetal heart rate deceleration
12. Which of the following is a feature of missed abortion;
- Hyperemesis gravidarum
 - Irregular gestational sac on ultrasound
 - Bright red heavy per vaginal bleeding
 - Absence of a fetal pole
13. The following is true about placenta Previa,
- Associated with coagulopathy
 - May present with no per vaginal bleeding
 - Is associated with couvelaire uterus
 - Type II covers the internal os
14. Which of the following statements is NOT true?
- HPV has been detected in over 90% of cancer of the cervix
 - Chlamydia are able to grow in a cell free media
 - Chlamydia are responsible for lymphogranulomavenerium
 - Chlamydia salpingitis is associated with Fitz-Hugh Curtis syndrome
15. As regards MTCT of HIV,
- MTCT is nearly 60% for a HIV positive mother
 - When the maternal viral load is undetectable MTCT does not occur

- c. Mixed infant feeding does have no effect on HIV transmission rate
 - d. Proper interventions may reduce the transmission(MTCT) rate to 2%
16. In female surgical sterilization,
- a. Tubal ligation is best done during the luteal phase
 - b. Non- absorbable suture material is ideal in tubal ligation
 - c. Histology of the fallopian segment is recommended
 - d. Tubal ligation is best done at the fimbrial part
17. Induction of ovulation with clomiphene citrate:
- a. Is indicated in hypothalamo-pituitary dysfunction
 - b. Multiple pregnancy rate is 15%
 - c. Is indicated in patients with premature ovarian failure
 - d. Is indicated in patients with Asherman syndrome
18. The stage of the gestational development at which endometrial implantation occurs is:
- a. Capacitation
 - b. Cleavage
 - c. The blastocyst
 - d. Morula formation
19. Which of the following statements about amniotic fluid is correct?
- a. The volume has no prognostic value in pregnancy
 - b. An increase in volume is usually associated with fetal chromosomal abnormalities
 - c. A decrease in volume is associated with fetal chromosomal abnormalities
 - d. Amniotic fluid is solely from the amnion at 36 weeks.
20. Which of the following statements is true of maternal physiological changes during pregnancy?
- a. Cardiac output increases by 20% in the first trimester
 - b. Respiratory rate increases secondary to the effects of estradiol
 - c. Renal plasma flow increases by 50%
 - d. There is no change in the stroke volume
21. Hyperemesis gravidarum is commonly encountered in pregnancy. Which of the following is not an associated finding?
- a. Dehydration
 - b. Electrolyte imbalance
 - c. Hematocrit reduction
 - d. Weight loss
22. Serious complications of ovarian tumors during pregnancy include all of the following EXCEPT;
- a. Torsion of the ovary
 - b. Malignancy
 - c. Rupture of the tumor
 - d. Premature labour

23. Ruptured ectopic pregnancy is associated with;
- Defibrinated intraperitoneal blood
 - WBCs in urine
 - Decreased pelvic blood flow on Doppler study
 - Leukocytosis
24. Which one of the following statements is not true regarding focused antenatal care(FANC);
- First visit is before 12 weeks
 - Only four visits are recommended
 - Second visit is around 26 weeks
 - Forth visit can be at 36 weeks
25. Concerning prolonged latent phase of labour,
- Fetal distress is a likely outcome
 - The maximum cervical dilatation is 2cm
 - May be associated with urinary tract infection
 - Management may involve ARM together with prostaglandins
26. Type I endometrial carcinoma is associated with;
- Unopposed estrogen exposure
 - Low grade tumor
 - Associated with endometrial atrophy
 - Poor differentiation
27. Which one of the following is a cause of secondary amenorrhea;
- Sheehan's syndrome
 - Addison's disease
 - Pituitary stalk sarcoidosis
 - Polycystic ovarian syndrome
28. The following statement is correct concerning the puerperium:
- Regeneration of placental site in the endometrium is complete by 4th week
 - Endocervical glandular hyperplasia may persist up to 12 weeks
 - Lochia secretions cease by 3rd week
 - Proteinuria only occurs if there is hypertensive disease of pregnancy
29. Regarding breast feeding, which of the following statement is not correct?
- Increases the risk of breast cancer developing in the mother
 - Reduces the risk of endometrial cancer development in the mother
 - Reduces the risk of developing breast cancer in the mother
 - Reduces the risk of GIT infections in the baby
30. Which of the following is the largest fetal skull diameter?
- Suboccipito-bregmatic
 - Occipito-frontal
 - Mento-vertical
 - Submento-bregmatic

31. Regarding cardiac disease in pregnancy,
- The commonest cause in Kenya is congenital heart disease
 - Affects 30% of pregnancies in Kenya
 - Aortic regurgitation is the commonest cardiac lesion encountered
 - Vacuum assisted delivery should be planned for all vaginal deliveries
32. The most common type of breech presentation is:
- Footling
 - Frank
 - Complete
 - Incomplete
33. Vacuum extraction in labour can be done in the following conditions;
- Severe maternal anaemia
 - Cephalopelvic disproportion
 - Gestational age less than 37 weeks
 - Delivery of the after coming head in breech presentation.
34. Deep transverse arrest is commonest in:
- Anthropoid pelvis
 - Android pelvis
 - Platypelloid pelvis
 - Gynaecoid pelvis
35. Which of the following is not true about transverse lie;
- Uterus is stretched transversely
 - Fetal heart sounds are best heard above the level of the umbilicus
 - Fundus is at lower level than the expected gestational age
 - Head is palpable in one or the other iliac fossa.
36. As regards the induction of labour, which of the following statement is true;
- Induction and augmentation are synonymous
 - Pre-induction Bishop scoring can predict the success of induction
 - In Bishop scoring, total score is 10
 - Indicated in patients with chorioamnionitis
37. Which of the following statement is true concerning vacuum delivery?
- Usually, an episiotomy is not required
 - Is normally avoided in patients with cardiac disease during second stage
 - Can cause cephalohaematoma
 - Can be used safely from 8cm cervical dilatation
38. The commonest complication of Hydatidiform Mole is?
- Haemorrhage
 - choriocarcinoma
 - uterine perforation
 - pulmonary embolism

39. Concerning anaemia in pregnancy,
- Haemodilution is the commonest cause
 - Iron in haemoglobin accounts for 55% of the total iron
 - Reticulocyte count is normal
 - Ferritin has more iron than hemosiderin
40. Which of the following statements is correct?
- The ureter lies medial to the uterine artery at the level of the cervix
 - The pouch of Douglas lies between the bladder and the uterus
 - The ovary is attached to the lateral pelvic side walls
 - The mucosa of the fallopian tube is lined by ciliated cells

SECTION B: SHORT ESSAY QUESTIONS. (40 MARKS)

- Focused antenatal care (FANC) is one of the pillars of safe motherhood; Outline 5 elements of FANC **(5 Marks)**
- Active management of third stage of labour (AMSTL) lowers the risk of post-partum haemorrhage; Describe how you will actively manage third stage of labour. **(5 marks)**
- Regarding abortion:
 - Outline 5 causes of recurrent/habitual abortion **(2.5 marks)**
 - Outline the elements of post abortal care **(2.5 marks)**
- About family planning and contraception;
 - Enumerate 5 clients who should not use Depoprovera according to medical eligibility criteria. **(2.5 marks)**
 - List 5 qualities of a family planning counsellor **(2.5 marks)**
- Deep venous thrombosis (DVT) is common during pregnancy.
 - Outline 5 risk factors to development of deep venous thrombosis in pregnancy **(2.5 marks)**
 - Outline 5 clinical presentations of suspected DVT. **(2.5 marks)**
- A married couple presents to you in your clinic complaining to you that they have not achieved any pregnancy in their five years of marriage and they are not on any contraception. Outline 5 causes and 5 investigations of female infertility. **(5 marks)**

7. Mrs. J. W. who is a para 1+0 gravida 2 comes to you for her routine antenatal care. You discover that her blood pressure is elevated. Describe the classification of hypertensive diseases in pregnancy (5 marks)
8. Uterine fibroids are the commonest solid tumours in women:
- a. List 5 degenerative/secondary changes that can occur in fibroids. (2.5 marks)
 - b. Outline 5 treatment modalities of uterine fibroids. (2.5 marks)

SECTION C: LONG ESSAY QUESTION (20 MARKS)

1. Mrs. Mary K, 30 years old, para 2+0 gravida 3 at 32 weeks' gestation presents to you with a one-day history of leakage of clear fluid from her vagina and mild lower backache. On further history she reports to have performed some heavy household chores prior to onset of the leakage, however she still perceives adequate fetal movements.
- a. What is your likely diagnosis? (2marks)
 - b. List down 4 other differential diagnoses. (4marks)
 - c. Briefly describe how you will manage this patient until delivery. (12marks)