KMTC YEAR 3 FQE 2017 ESSAYS (OBS)

1. A 27 year old who delivered at hospital and discharged, present to you1 week later with history of hotness of body and foul smelling pv discharge
2. What is the most likely diagnosis 1 mk
3. Outline 4 relevant investigation you will carry 2 mks.
4. List 4 pre-disposing factors to above condition 4 mks.
5. Outline specific management 3mks.

2. A para 2 gravida 3 at 34 weeks gestation present to you with abdominal pains and pv bleeding

1. What is your probable diagnosis 1mk
2. List 6 differential diagnosis of the above condition 3mks
3. Give 2 relevant investigation of the condition above 1mk
4. Outline her management 5mks

3. A mother comes with a history of having been in labor for the past 12hrs. On general examination

She is exhausted and has acetone breath. Per abdomen reveals tetanic contractions, VE reveals edematous Cervix that is loosely applied to the presenting part

1. What is your probable diagnosis? 1mk
2. List 4 causes of the above condition 4mks
3. Outline 3 complications of the above condition 3mks
4. What is the definitive management of this condition 2mks

4. A mother at 38 weeks gestation presents with complaints of reduced fetal activity. Examination reveals fetal tachycardia, deceleration and absence of acceleration.

A) What is your diagnosis? 1mk

B) Outline 4 causes of this condition 2mks

C) Outline 5 supportive management 5 mks

D) Outline 2 ways of delivery of this condition 2mks

5. A pregnant mother at 33 weeks gestation presents to you with history of clear oduorless PV discharge. Per abdominal examination reveals fundal height of 30 weeks and regular fetal heart rate of 110 beats/minute.

A) What is your diagnosis 1mk

B) List 2 investigations for this condition. 2mks

C) Briefly describe how you will confirm that this fluid is indeed a PV discharge and not urine 2mks

D) Outline management of this condition 5 mks

LONG ESSSAYS

1. Discuss 10 elements of a partogram 20 marks

2. Discuss principles guiding the use of oxytocin for labor augmentation 20 marks

KMTC YR 3 FQE 2017 TRUE/ FALLS QUIZ.

1. Complication of abruption placentae

a) DIC

b) Hypertension

c) Pre-term labor

d) Intra uterine growth restriction

e) Sepsis

2. The alert line on the partogram

a) is the point at which delivery occurs

b) It is drawn as the membrane raptures

c) Indicates onset of active labor

d) Indicate need for immediate intervention

e) Indicate labor augmentation

3. Rapture of membrane

A) Is considered premature if not followed by labor 24 hrs later

b) Conservative management

c) Meconium staining may be a sign of fetal distress

d) Urinary tract infection is the commonest complication of PROM

e) If premature emergency C/s is indicated

4. Cord accidents is associated with

a) prematurity

b) Post maturity

c) Breech presentation

d) PROM

e) Active herpes infection

5. The following are features of normal labor

a) Well coordinated uterine contractions

b) Cervical effacement

c) Show

d) Per vaginal bleeding

e) Frequent micturition

6. The following are pre disposing factors for obstructed labor

a) Macrosomia

b) Prominent ischial spines

c) Short stature

d) Maternal malnutrition

e) fetal malposition

7. features of placenta previa

a) Painful PV bleeding

b) Vaginal bleeding is bright red in colour

c) Fundal height greater than gestation by dates

d) Fetal malpresentations

e) Severe abdominal pains

8. The following are features of fetal distress

a) Meconium stained liquor

b) Fetal bradycardia

c) Fetal tachycardia

d) Maternal exhaustion

e) Fetal hypercapnia

9. Causes of PPH include, except?

a) Uterine hyper tony

b) Retained placental fragments

c) Obstetric tears

d) Anticoagulants

e) Thromboembolic disorders

10. Fetal causes of umbilical cord accidents

a) Contracted pelvis

b) Uterine fibroids

c) Malpresentation

d) Polyhydramnios

11. Supportive management of cord accidents except

a) Raise hip area

b) Apply pressure vaginally

d) Arrest uterine contractions

e) Caesarean section

12. Not appropriate management of a pregnant woman at 30 weeks gestation with discharge of liquor

a) Admit for rest and observation

b) Antibiotic prophylaxis

c) Fetal kick charts

d) Induce labor

e) Deliver the mother immediately

13. Maternal risk factors for PROM

a) Cervical incompetence

b) Hypertensive disease

c ) prematurity

d) Multiple pregnancy

e) Cord prolapse

14 .elements of complication readiness plan

1. Arrange for blood donor
2. Recognition of danger signs of pregnancy
3. Plan for when the head of the family is away
4. Arrange for transport
5. Establish a budget

15. Delays contributing to maternal morbidity and death

a) Delay in recognizing danger signs

b) Delay in deciding to seek healthcare

c) Delay in reaching for appropriate care

d) Delay in receiving quality health care

e) Delay in planning for conception

16. Concerning the use of oxytocin for labor augmentation

a) Should be administered in a solution

b) Use of calibrated infusion pump

c) Continued for the entire dose

d) Given intravenous bolus

e) Number of drops is calculated per minute

17 The following measures reduces the risk of transmission of mother to child hiv

a) Use of haart

b) Elective caeserian section delivery

c) Safe sex practices

d) Provision of art to hiv exposed babies

e) Viral load suppression

18. The following are risk factors promoting mother to child transmission of hiv

a) Milking the cord after delivery

b) Weaning at 3 months

c) Mixed feeding

d) Exclusive breast feeding for six months

e) High maternal viral load

19. hiv in pregnancy

A transmission is vertical

b) Amniocentesis can result in maternal-fetal transmission

d) Vaginal delivery is always indicated

d) Unprotected coitus is not contraindicated

e) Artificial rupture of membranes is contraindicated.

20) Concerning malaria in pregnancy

a) Severe malaria is managed by iv quinine

b) May cause abortions

c) Anemia resulting from malaria may require transfusion

d) Congenital malaria is a common complication

e) is commonly associated with low birth weight.

21. The following conditions are contraindication to artificial rapture of membranes

a) Vaginal viral warts

b) Polyhydramnios

c) Low lying placenta

d) Border line pelvis

e) Multiple pregnancy

22. In deep venous thrombosis in pregnancy

a) More common in the right leg than the left

b) Proximal DVT is less common than distal DVT

c) Anticoagulation is continued for three months post delivery

d) Warfarin is safe to use

e) Oral contraceptives are encouraged as a method of family planning after delivery

23appropriate timing of episiotomy is

a) When the uterus is not contracting

b) During restitution

c) At the height of uterine contraction

d) During crowning

e) When cervix is 9-10 cm dilated

24 During fourth stage of labor the following are useful in monitoring a puepera

a) BP

b) PR

c) Occult blood

d) RR

e) Fundal height

25 stage 1 of labor

a) Begins from 4cm cervical dilatation

b) Begins from 10cm cervical dilatation till delivery of the baby

c) Begins from true onset of labor to full dilatation

d) Begins from the time baby is delivered to expulsion of placenta

26. Before labor induction, consider

a) Fetal maturity

b) Maternal health status

c) Rule out contraindication of induction

d) Perform bishop’s score

e) Couples view on induction

27. Relative contraindication for labor induction

a) Prior uterine surgery

b) Over distended abdomen

c) Complete transection of the uterus

d) Abnormal presentation

e) Low lying placenta

28. About puerperium

a) six weeks period after delivery of placenta

b) 42 days period after caeserian section

c) 6 weeks after an abortion

d) 42 days post miscarriage

e)

29 about uterine involution

a) Accelerated by breast feeding

b) two weeks after delivery, uterus should not be palpable

c) Accelerated by release of oxytocin

d) Fibroids can delay involution

e) Post- partum uterus return to its pre pregnant state

30 causes of perineal discomfort after delivery

a) Spontaneous tears

b) Caesarian section wound

c) Episiotomy wound

d) perineal edema

e) vulvo-vaginal hematoma

FQE MCQs 2017

Which of the following is not useful in the diagnosis of premature rapture of membranes

a) History of fluid loss per vagina

b) Positive fern test

c) Visualization of amniotic fluid in the vagina by sterile speculum

d) Positive methylene blue test

2. Which of the following is true about lochia

a) Amount of lochia can help in the diagnosis of post-partum hemorrhage

b) Alba is re in colour

c) rubra occur up to the 10th day

d) is assign of infection

4. The following are signs of placental separation

a) Umbilical cord lengthens

b) The uterine fundus rises up

c) The umbilical cord shortens

d) There is fresh flow of blood per vagina

5. Active stage of labour begins when cervical dilatation is

a) 10 cm

b) 2cm

c) <4cm

d>4cm

6. Gestational diabetes is associated with an increased risk of the following

a)caesarian section

b) Shoulder dystocia

c) Intrauterine growth restriction

d) Fetal macrosomia

7the most common type of anaemia in pregnancy is due to

a) Iron deficiency

b) Folate deficiency

c) Sickle cell disease

d) Hemolytic disease

8 immunological test for diagnosis of pregnancy

a) trans-vaginal ultra sound

b) History of amenorrhea

c) Urine for hcg

d) Full haemogram

9 quickening

a) Sense of relief of pressure symptoms

b) Soft blowing murmur

c) Contraction and relaxation of the pregnant uterus

d) Uterus feels soft and elastic

10 varieties of incomplete breech except

a) Frank breech

b)footling breech

c) Flexed breech

d) Knee presentation

11. Features of normal labour except

a) Cervical effacement

b) Well-coordinated uterine contractions

c) Frequent micturition

d) Show

12possible causes of post- partum haemorrhage

a) Retained placental fragments

b) Thrombo- embolic disorders

c) Anticoagulants

d) Contracted uterus

13 about augmentation of labour

a) cytotec is used

b) Oxytocin is given bolus iv

c) Oxytocin is the drug of choice

d) Ergometrine can safely be used

14. The following are features of fetal distress except

a) Fetal hypercapnia

b) Meconium stained liquor

c) Maternal exhaustion

d) Fetal bradycardia

15. Concerning female pelvic organs

a) Rectum is anterior to uterus

b) Urinary bladder is posterior to rectum

c) Uterus is posterior to urinary bladder

d vagina is between pubic bone and urethra

16. True about bartholin;s gland

a) Located at the upper 1/3 of the vulva

b) Located on the labia majora

c) Located just below the clitoris

d) Located at the lower 1/3 of the vulva

17 select the surest sign of pregnancy

a) Heggar’s sign

b) Nausea and vomiting

c) Amenorrhea

d) Auscultation of foetal heart sounds

18. Common offending organism in UTI in pregnancy

a) hiv

b) Mycobacterium tuberculae

c) Escherichia coli

d) Staph aureus

19not a risk factor for the development of puerperal sepsis

a) Frequent digital vaginal examination

b) Cervical cerclage

c) Obstructed labour

d) Swabbing vulval area with savlon before every VE

20 useful investigation for UTI in pregnancy

a) Vaginal ultra sound

b) Vaginal x ray

c) Mid-stream specimen of urine

d) High vaginal swab

21. The following drugs cross placenta into fetal circulation excep

A warfarin

b) Insulin

c) Sugars

d) efavirenz

22appropriate management of a pregnant woman at 30/40 gestation withdischarge of liquor

a) Admit for rest and observation

b) Antibiotic prophylaxis

c) Fetal kicks charting

d) Deliver the mother immediately

23 3rd stage of labour

a) Involve birth of the baby

c) Cervical dilatation greater than 8cm

d) Delivery of placenta

24. Severe malaria in pregnancy

a) p. vivax is the commonest cause

b) p. ovale is the commonest cause

c) p. falciparum is the commonest cause

d) p. malariae commonest cause

25. A 30 yr old lady comes to your clinic for routine checkup. She has 2 living children and 1 lost pregnancy at 16 weeks and 2 children at the age of 1 and 2 years. she is?

a) Para2+3

b) Para 4+0 gravida 5

c) para 4+1

d) Para 4+1 gravida 6