

MEDWAX PUBLISHERS

TEST YOUR REPRODUCTIVE HEALTH



COMPILED BY:
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REPRODUCTIVE
HEALTH**

**BY
MEDWAX PUBLISHERS**

FIRST EDITION

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PREFACE

TEST YOUR REPRODUCTIVE HEALTH is primarily meant for undergraduate students in medical school.

The main objective of this book is to help students review their knowledge of Reproductive Health acquired through standard textbooks. Reproductive Health is one of the essential subjects in the clinical areas and a sound knowledge of it is important for anyone in medical school. This book comprises of questions compiled from various universities and colleges and is designed to help students in their revisions and provide them with a feedback on their progress and an opportunity to improve.

This book has ten (10) test papers and each test paper consists of three sections: Section A has 30 True/False Questions, Section B has 20 One answer Multiple Choice Questions (MCQs) and Section C consists of essay questions worth 50 Marks. This totals to 100 Marks.

Students of Reproductive Health will find this book useful. A quick persuasion of the questions will provide evidence that the book intends to stimulate reasoning. Suggestions and criticism about the book are welcomed.

SULEIMAN NDORO JNR (DR AUDI)
CEO, MEDWAX PUBLISHERS

DEDICATION

We dedicate this book to all lovers of Reproductive Health.

ACKNOWLEDGEMENT

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TEST PAPER 1

INSTRUCTIONS

This paper consists of SECTION A, SECTION B and SECTION C.

Section A consists of 30 True/False Questions

Section B consists of 20 One answer Multiple Choice Questions

Section C consists of essay questions worth 50 marks.

SECTION A

1. The following are important in a patient presenting with PROM:

- A. Immediate digital vaginal examination
- B. Confirming the gestational age to determine mode of management
- C. Checking the vital signs especially the pulse and temperature.
- D. Sterile speculum examination
- E. Immediate delivery if features of chorioamnionitis are detected

2. The gynaecoid pelvis has the following features:

- A. The anterior posterior and the transverse diameters are equal
- B. The sub pubic angle is more than 90
- C. The pelvic walls are straight
- D. Obstetric conjugate is less than 9.5cm
- E. The pelvis is lighter than the android pelvis

3. Oligohydramnios is associated with:

- A. Porter's syndrome
- B. Anencephaly
- C. Neural tube defects
- D. Premature rupture of membrane
- E. Tallipes equinovarus

4. Preterm labor:

- A. Administration of salbutamol is advised
- B. Tocolytics are not advised at 36wks of gestation
- C. Dexamethasone is useful
- D. Hypertensive disease in pregnancy may confer a benefit in the fetal survival
- E. Intrauterine fetal demise is a common cause

5. A mother comes with drainage of liquor at 32weeks gestation:

- A. The diagnosis could be preterm premature rupture of membranes
- B. Emergency caesarean section is done if the fetus is in breech position
- C. Maternal pulse rate is an important observation
- D. Leucocytosis is a danger sign
- E. If chorioamnionitis sets in give broad spectrum antibiotics and observe

6. Hydatidiform mole:

- A. Pregnancy test is always negative
- B. May invade the adjacent structure
- C. Sonography shows snow storm appearance
- D. Maybe suspected if preeclampsia is noticed before 20 weeks of gestation
- E. Fetal heart sound are detected on an ultrasound

7. Complication of abruption placenta:

- A. Disseminated intravascular coagulation (DIC)
- B. Hypertension
- C. Pre-term labor
- D. Intra uterine growth restriction
- E. Sepsis

8. The alert line on the partogram:

- A. Is the point at which delivery occurs
- B. It is drawn as the membrane ruptures
- C. Indicates onset of active labor
- D. Indicate need for immediate intervention
- E. Indicate labor augmentation

9. Rupture 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

10. Cord accidents is associated with;

- A. Prematurity
- B. Post maturity
- C. Breech presentation
- D. PROM
- E. Active herpes infection

11. The following are features of normal labor:

- A. Well coordinated uterine contractions

- B. Cervical effacement
- C. Show
- D. Per vaginal bleeding
- E. Frequent micturition

12. The following are pre disposing factors for obstructed labor:

- A. Macrosomia
- B. Prominent ischial spines
- C. Short stature
- D. Maternal malnutrition
- E. Fetal malposition

13. Features of placenta previa:

- A. Painful PV bleeding
- B. Vaginal bleeding is bright red in color
- C. Fundal height greater than gestation by dates
- D. Fetal malpresentation
- E. Severe abdominal pains

14. The following are features of fetal distress:

- A. Meconium stained liquor
- B. Fetal bradycardia
- C. Fetal tachycardia
- D. Maternal exhaustion
- E. Fetal hypercapnia

15. Causes of PPH include the following, except?

- A. Uterine hypertony
- B. Retained placental fragments
- C. Obstetric tears
- D. Anticoagulants
- E. Thromboembolic disorders

16. 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

17. Maternal risk factors for PROM:

- A. Cervical incompetence
- B. Hypertensive disease
- C. Prematurity
- D. Multiple pregnancy
- E. Cord prolapse

18. Elements of complication readiness plan:

- A. Arrange for blood donor
- B. Recognition of danger signs of pregnancy
- C. Plan for when the head of the family is away
- D. Arrange for transport
- E. Establish a budget

19. 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

20. 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

21 The following measures reduces the risk of transmission of mother to child HIV:

- A. Use of HAART
- B. Elective caesarean section delivery
- C. Safe sex practices

- D. Provision of art to HIV exposed babies
- E. Viral load suppression

22. 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

23. HIV in pregnancy:

- A. A transmission is vertical
- B. Amniocentesis can result in maternal-fetal transmission
- C. Vaginal delivery is always indicated
- D. Unprotected coitus is not contraindicated
- E. Artificial rupture of membranes is contraindicated.

24. 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.

25. Preterm PROM is associated with:

- A. Preterm labor
- B. Prolapse of the cord
- C. Placental abruption
- D. Chorioamnionitis
- E. Puerperal Sepsis

26. The following are indications of terminating a preterm pregnancy with PROM:

- A. Fever
- B. Maternal leucocytes
- C. Uterine tenderness

- D. Maternal or fetal tachycardia
- E. Foul smelling amniotic fluid

27. The following is/are true concerning preterm PROM

- A. Urinary incontinence is a differential diagnosis
- B. Pulmonary hypoplasia may occur
- C. Antibiotics and steroids have no role in the management
- D. Caesarean section is the best mode of delivery for all cases
- E. In the presence of amnionitis steroids should be given for fetal maturation before delivery

28. The following is/are the role of steroids in preterm PROM:

- A. Hasten fetal lung maturation
- B. Effective within 6 hrs
- C. Reduce fetal intraventricular hemorrhage
- D. Reduce fetal necrotizing enterocolitis
- E. Affect the maturation of other organ in the fetus e.g. liver, GIT, kidneys, heart etc

29. The following are important in a patient presenting with PROM:

- A. Immediate digital vaginal examination
- B. Confirming the gestational age to determine mode of management
- C. Checking the vital signs especially the pulse and temperature.
- D. Sterile speculum examination
- E. Immediate delivery if features of chorioamnionitis are detected

30. The following measures reduces the risk of transmission of mother to child HIV:

- A. Use of HAART
- B. Elective caesarean section delivery
- C. Safe sex practices
- D. Provision of art to HIV exposed babies
- E. Viral load suppress

SECTION B

1. Gestational diabetes is associated with an increased risk of the

following:

- A. Caesarian section
- B. Shoulder dystocia
- C. Intrauterine growth restriction
- D. Fetal macrosomia

2. The most common type of anaemia in pregnancy is due to:

- A. Iron deficiency
- B. Folate deficiency
- C. Sickle cell disease
- D. Hemolytic disease

3. Immunological test for diagnosis of pregnancy:

- A. Trans-vaginal ultra sound
- B. History of amenorrhea
- C. Urine for HCG
- D. Full haemogram

4. 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

5. Varieties of incomplete breech except:

- A. Frank breech
- B. Footling breech
- C. Flexed breech
- D. Knee presentation

6. Features of normal labor include the following except:

- A. Cervical effacement
- B. Well-coordinated uterine contractions
- C. Frequent micturition
- D. Show

7. Possible causes of post- partum hemorrhage include the below except:

- A. Retained placental fragments
- B. Thrombo- embolic disorders
- C. Anticoagulants
- D. Contracted uterus

8. About augmentation of labor:

- A. Cytotec is used
- B. Oxytocin is given bolus IV
- C. Oxytocin is the drug of choice
- D. Egometrin can safely be used

9. The following are features of fetal distress except:

- A. Fetal hypercapnia
- B. Meconium stained liquor
- C. Maternal exhaustion
- D. Fetal bradycardia

10. 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

11. True about bartholins 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

12. Select the surest sign of pregnancy:

- A. Hegar's sign
- B. Nausea and vomiting
- C. Amenorrhea
- D. Auscultation of fetal heart sounds

13. Common offending organism in UTI in pregnancy:

- A. HIV

- B. *Neisseria meningitidis*
- C. *Escherichia coli*
- D. *Staphylococcus aureus*

14. Which of the following is not a risk factor for the development of puerperal sepsis?

- A. Frequent digital vaginal examination
- B. Cervical Cerclage
- C. Obstructed labor
- D. Swabbing vulval area with savlon before every vaginal examination

15. Useful investigation for UTI in pregnancy:

- A. Vaginal ultra sound
- B. Vaginal x ray
- C. Mid-stream specimen of urine
- D. High vaginal swab

16. The following drugs cross placenta into fetal circulation except:

- A. Warfarin
- B. Insulin
- C. Sugars
- D. Efavirenz

17. Appropriate management of a pregnant woman at 30/40 gestation with discharge of liquor

- A. Admit for rest and observation
- B. Antibiotic prophylaxis
- C. Fetal kicks charting
- D. Deliver the mother immediately

18. 3rd stage of labor

- A. Involves birth of the baby
- B. Cervical dilatation greater than 8cm
- C. Delivery of placenta
- D. Induction of labor

19. 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

20. 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

SECTION C

1. a) List 5 causes of APH (5 marks)
b) What are the differentiating clinical findings between placenta praevia and abruptio placenta? (5 marks)
2. A 40 year para 6+0 presents with per vaginal discharge, intermenstrual bleeding and contact bleeding.
a) What are the likely differential diagnoses? (4 marks)
b) How would you go about evaluating this patient?
3. a) What are the common causes of death in eclampsia? (5 marks)
b) Discuss the management of a primigravid mother who presents to you with a BP of 180/110 mmHg at 28 weeks. (5 marks)
4. a) Outline the complications of malaria in pregnancy (5 marks)
b) How will you manage severe malaria in pregnancy at 30 weeks of gestational age? (5 marks)
5. a) Outline the benefits of family planning in Kenya. (3 marks)
b) Karimi is 24 years old, she has been on contraceptive pills for six

months. Now she complains of missed menses for 2 months. Discuss her management. (7 marks)

TEST PAPER 2

INSTRUCTIONS

This paper consists of SECTION A, SECTION B and SECTION C.

Section A consists of 30 True/False Questions

Section B consists of 20 One answer Multiple Choice Questions

Section C consists of essay questions worth 50 marks.

SECTION A

1. *Trichomonas vaginalis*:

- A. Lab diagnosis is usually necessary before treatment
- B. Foul smell is a common complaint
- C. One of the causes of PID
- D. Discharge is frothy and greenish in color
- E. The spouse commonly has no symptoms

2. Ante partum hemorrhage:

- A. Occurs in early 2nd trimester
- B. Can cause Sheehan's syndrome
- C. Can cause premature labor
- D. Can be diagnosed by abdominal x-ray
- E. Complicates to eclampsia

3. The following are common causes of retained placenta:

- A. Uterine atonicity
- B. Placenta accrete
- C. Placenta increta
- D. Placenta haemangiomas
- E. Fused placenta

4. Condom use is suitable in the following situations:

- A. Known case of STI
- B. Missing oral pills 2days consecutively in a cycle
- C. Infrequent coitus
- D. Following vasectomy
- E. Discordant couples

5. The following drugs cross placenta barrier:

- A. Warfarin
- B. Heparin
- C. Aspirin
- D. Glibenclamides
- E. Digoxin

6. The following are evidence of intrauterine fetal demise:

- A. Spalding sign
- B. Hyper flexion of the spine
- C. Appearance of gas shadows in the chambers of the heart and blood vessels
- D. Absence of cardiac activity on sonography
- E. Colostrums secretion

7. The best management of molar pregnancy at 20weeks gestation in a 20year old woman include:

- A. Suction evacuation with oxytocin infusion
- B. Dilatation and curettage
- C. Hysterectomy
- D. MVA
- E. Chemotherapy

8. The following are direct obstetric causes of maternal death:

- A. Abortion
- B. PPH
- C. Anaemia
- D. Eclampsia
- E. Malaria

9. The following drugs are contraindicated in pregnancy:

- A. Chloramphenical
- B. Nitrofurantoin
- C. Artemether lumefantrine
- D. Efavirenz
- E. Carbamazapine

10. When monitoring labor:

- A. A mother who delivers before reaching the action line has precipitate labor
- B. A latent phase that last more than 8hours requires intervention
- C. Maternal pulse should be taken every 30minutes
- D. Every mother who crosses the alert line requires a caesarean section
- E. Rate of cervical dilatation of 2cm per hour would be considered normal

11. The following factor increase the risk of development of pre-eclampsia:

- A. Pre existing diabetes
- B. Multiple gestation
- C. Closely spaced pregnancies
- D. Pre-eclampsia in the previous pregnancy
- E. Pre existing renal disease

12. Complication of multiple pregnancy:

- A. Prematurity
- B. Increased maternal anemia
- C. Increased maternal urinary tract infection
- D. Polyhydramnios
- E. Pre-eclampsia

13. The following are signs of multiple pregnancy:

- A. Uterus larger than expected
- B. Per vaginal bleeding
- C. Excessive weight gain
- D. Premature rupture of membranes
- E. Multiple fetal parts

14. The following are important parameters in describing the mechanism of labor:

- A. Gestation
- B. Strength of uterine contractions
- C. Descent
- D. Extension
- E. Rotation

15. Contraindication of syntocinon use include:

- A. Placenta abruption
- B. Previous caesarean section
- C. Cephalo -pelvic disproportion
- D. 3rd stage labor
- E. Breech presentation

16. Puerperal sepsis is mostly found in the following group of patients:

- A. Those with prolonged labor
- B. Prolonged rupture of membranes
- C. Chronic debilitating disease
- D. Multiple pregnancy
- E. Psychotic patients

17. In regard to vaginal candidiasis:

- A. Sugary environment promotes its growth
- B. Can be treated with metronidazole
- C. Common in pregnant women
- D. Presents with profuse greenish vaginal discharge
- E. Can be completely cured with G.V paint applied once

18. Cancer of the cervix:

- A. HPV maybe a causative agent
- B. Adenocarcinoma is more common than squamous cell carcinoma
- C. Vaginal bleeding is the most frequent presenting symptom in Kenya
- D. Sexual intercourse has no role in its causation
- E. Renal failure is one of the leading causes of death

19. Non malignant ovarian tumors include:

- A. Serous cystadenoma
- B. Mature teratoma
- C. Dysgerminoma
- D. Mucinous adenocarcinoma
- E. Polycystic ovarian disease

20. Uterine fibroids:

- A. Caused by oral contraceptives
- B. Grow faster after menopause
- C. A common cause of menorrhagia
- D. Frequently associated with infertility
- E. Tend to progress into cancer when they are not treated

21. Signs and symptoms of obstructed labor:

- A. Maternal distress

- B. Fetal distress
- C. Occipital-posterior position
- D. Pathological caput
- E. Vulval edema

22. Concerning partogram:

- A. Allows the assessment of progress of labor at a glance
- B. Used to diagnose false labor
- C. Reduces perinatal mortality when appropriately used
- D. Is a referral tool at the primary care level
- E. Allows early recognition of abnormal progress of labor

23. Precipitate labor:

- A. May result from low birth canal resistance
- B. Is when the cervix dilates at the rate of 5cm/hr
- C. Can be complicated by amniotic fluid embolism
- D. Is managed by giving narcotic analgesics
- E. Is a cause of birth canal lacerations

24. A patient with cervical incompetence:

- A. Is one who gets frequent painless abortions
- B. Abortion occurs between the 12th and 16th week of gestation
- C. Can be corrected outside pregnancy
- D. Incompetence of external OS is the problem
- E. A short cervix is significant

25. Antenatal care:

- A. Is carried out for high risk pregnancy only
- B. Should be restricted to 4 visits for all pregnancies
- C. Has health education as a critical component
- D. Improves perinatal outcome
- E. Includes HIV testing as one of the antenatal profiles

26. The following are true about malaria in pregnancy:

- A. Most of the complicated forms are caused by plasmodium falciparum
- B. Transplacental infection commonly occurs
- C. Sulphur Pyrimethamine combination of drugs are the first line of

treatment

- D. Use of ITN and IPT are effective preventive measures
- E. Multigravid mothers suffer most in malaria endemic areas

27. Signs and symptoms of cardiac disease in pregnancy include:

- A. Pedal edema with facial puffiness
- B. Progressive orthopnea
- C. Dyspnoea even at rest
- D. Palpitations with a bounding pulse
- E. A diastolic murmur

28. Managing cardiac disease in pregnancy:

- A. A mother with grade II should be maintained on bed rest
- B. A mother with grade IV should be offered elective caesarean section
- C. Vacuum deliver is offered only to those with delayed 2nd stage
- D. IV lasix given upon delivery of the fetus
- E. Pain relief has no role

29. Amniotic fluid:

- A. Is colorless at 20weeks gestation
- B. Is approximately 800mls at term
- C. Has specific gravity of 1.030
- D. The ph is 5
- E. It contains fetal urine

30. Concerning fertilization:

- A. Occurs in the ampular region
- B. Orgasm aids in sperm transport
- C. The spermatozoon is attracted by chemotaxis to the ova
- D. The 16 cell mass is called the blastocyst
- E. Implantation takes place from the 6th to 9th day after fertilization

SECTION B

1. Which of the following is not useful in the diagnosis of premature rupture 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 red in colour
- C. Rubra occurs up to the 10th day
- D. Is a sign of infection

3. Which of the following is false in regard to changes that occur in the gastrointestinal system?

- A. Salivation increases
- B. Heartburn is common in pregnant women
- C. GI motility is increased
- D. Emptying of the gall bladder occurs

5. The best reliable method of determining pregnancy at term is:

- A. Pregnancy test
- B. Uterine size
- C. Ultrasonography
- D. Fetal heart tones

6. Mechanism of labor in vertex presentation occurs in which of the following steps?

- A. Engagement, flexion, descent, internal rotation, extension, external rotation
- B. Flexion, engagement, descent, internal rotation, extension, external rotation
- C. Engagement, descent, internal rotation, extension, flexion, external rotation
- D. Engagement, descent, internal rotation, extension, external rotation, flexion

7. Prevention of tubal pregnancy is achieved by:

- A. Having oral sex instead of vaginal
- B. Prompt adequate treatment of STI

- C. Using IUCD
- D. Vaginal douching

8. Diagnosis of PROM is based on:

- A. Demonstration of amniotic fluid leakage from the cervix
- B. Cervical incompetency
- C. Age of the mother
- D. Weight of the foetus

9. Pre-eclampsia is diagnosed when:

- A. BP is raised before 20weeks gestation
- B. BP is raised before conception
- C. BP is raised after 20weeks gestation with proteinuria
- D. There is edema of the lower limbs

10. Which of the following is a risk factor for rupture of the uterus?

- A. Previous scar
- B. Episiotomy
- C. Twin pregnancy
- D. Weight of the fetus

11. Which of the following statements is true?

- A. Aceto staining normal cells takes the stain
- B. Aceto staining abnormal cells takes the stain
- C. Lugos iodine staining abnormal cells takes the stain
- D. None of the above

12. The following are predisposing factors to CA cervix except?

- A. Early sexual debut
- B. Frequent births
- C. Nuliparity
- D. HIV

13. The following are true except:

- A. CA cervix is considered to be an STI
- B. HPV is implicated in 99% of CA cervix
- C. Majority of women with HPV infection will develop CA cervix

D. CA cervix is predominantly squamous cell carcinoma

14. The following are false about CA cervix EXCEPT:

- A. Major complain is increased libido
- B. Pelvic pain is not a complain
- C. There is no distance metastasis
- D. Examination under anaesthesia (EUA) is indicated for staging and biopsy

15. Which one is NOT a risk factor to endometrial hyperplasia?

- A. Obesity is not
- B. Polycystic ovarian syndrome
- C. Estrogen producing tumor
- D. Post menopausal hormone replacement therapy

16. About uterine fibroids:

- A. Most are malignant
- B. Arise from smooth muscle
- C. It is not from fibrous tissue
- D. Also referred to as myoma

17. Uterine fibroids:

- A. Is the commonest tumour in the human body
- B. They grow big in old age
- C. Runs in families
- D. Common in nulliparous

18. Preterm labor:

- A. Chronic illnesses is a cause
- B. PROM is a common cause
- C. Multiple pregnancies is a predisposing factor
- D. Does not lead to perinatal deaths

19. Preterm labor:

- A. Is same as false labor
- B. Does not occur at term
- C. There is cervical dilatation
- D. Treatment is most beneficial at threatened stage

20. The following are true about ovaries except?

- A. Are atrophic organs
- B. Are pelvic organs
- C. Oophorectomy in a 22year old lady leads to menopause
- D. Not present in neonates

SECTION C

1.
 - a) Define normal labor. (2 marks)
 - b) Discuss the management of first stage labour. (8 marks)

2.
 - a) Define cord prolapse and cord presentation. (4 marks)
 - b) State 6 causes of cord prolapse (6 marks)

3.
 - a) Classify abortion (5 marks)
 - b) List the aetiological factors for abortion (5 marks)

4. A primigravida age 20 years comes to the antenatal clinic; she is tested and found to be HIV-positive. Discuss her management until 6 weeks post-delivery. (10 marks)

5. Discuss Pelvic Inflammatory Disease (PID) under the following headlines.
 - a) Causes (3 marks)
 - b) Clinical presentation (4 marks)
 - c) Drug management (3 marks)

TEST PAPER 3

INSTRUCTIONS

This paper consists of SECTION A, SECTION B and SECTION C.

Section A consists of 30 True/False Questions

Section B consists of 20 One answer Multiple Choice Questions

Section C consists of essay questions worth 50 marks.

SECTION A

1. The following are tubal factors in the etiology of infertility:

- A. Tuberculosis
- B. Drugs
- C. PID
- D. Hostile cervical mucus
- E. Peritonitis

2. In case of infertility the initial interview should take into account the following :

- A. Coital history including frequency of intercourse
- B. History of appendicitis in the female
- C. Previous marriages of either partner
- D. Common style of intercourse between the partner
- E. History of mumps

3. Precipitate labor:

- A. May result from a low birth canal resistance
- B. Is a protraction disorder
- C. Can be complicated by amniotic fluid embolism
- D. Is relieved by giving narcotic analgesic
- E. Is a cause of birth canal laceration

4. Urinary tract infection during pregnancy:

- A. May complicate to severe anaemia
- B. *Chlamydia trachomatis* is the commonest cause
- C. Estrogen increases chances
- D. Cystitis is a complication
- E. Asymptomatic bacteriuria predisposes to pyelonephritis

5. Malaria in pregnancy:

- A. Loading dose of quinine is contraindicated
- B. Hypoglycemia is a complication
- C. May cause congenital malaria
- D. Metakelfin can be used for prophylaxis
- E. More severe in primigravidae than multigravid women

6. In prevention of mother to child transmission of HIV:

- A. Liberal use of episiotomy is to be advocated to reduce trauma to the baby
- B. Mixed feeding is a better option than formula feeding
- C. Vaginal delivery is preferred to CS
- D. Low CD4 count is associated with high transmission rates
- E. Prematurity does not increase chances of transmission

7. Which of the following are correct about rhesus isoimmunization?

- A. A gravid woman must have rhesus D antigen
- B. Rhesus negative babies have antibodies
- C. External cephalic version can cause maternal fetal transfusion
- D. Cord blood is taken for Hemoglobin, bilirubin and direct COOMBS test
- E. Anti D immunoglobulin should be administered at 28weeks

8. In Leopold's maneuver the following are procedures:

- A. Pawlik's grip
- B. Bimanual grip
- C. Lateral grip
- D. Renal angle grip
- E. Maybe comfortably done with one hand

9. Concerning multiple gestation:

- A. May be caused by ovulation induction
- B. Genetic predisposition is a factor
- C. Causes pre-eclampsia
- D. Predisposes to anemia
- E. Fundal height is smaller than gestational age

10. The following are charted on a partogram:

- A. Fetal heart rate
- B. Effacement of the cervix
- C. Descent of the presenting part
- D. Uterine contractions
- E. Position of the umbilical cord

11. Lochia:

- A. Does not change in quantity during breast feeding

- B. Should continue for 10days
- C. Is a sign of infection
- D. Should not be present in primigravidae
- E. Has the smell of fresh semen

12. Causes of hyperemesis gravidarum include:

- A. Molar pregnancy
- B. Multiple pregnancy
- C. Malaria
- D. Pre-eclampsia
- E. Gross elevation of estrogen levels

13. Hematological changes occurring in pregnancy include:

- A. Increase in blood volume by 45-50%
- B. Decrease in the red cell count
- C. Haemodilution
- D. An increase in fibrinogen
- E. Neutrophilia

14. Cardiac disease in pregnancy:

- A. Slight limitation in physical activity is class 1
- B. Grade III can be managed as out patient
- C. Ergometrin is important in management of 3rd stage of labor
- D. Resuscitation tray has the following drug; Digoxin, aminophylline, morphine, frusemide.
- E. 2nd stage should be assisted by vacuum extraction

15. Diabetes mellitus in pregnancy:

- A. Patients on oral hypoglycemic agents can be started on insulin after 1st trimester
- B. Insulin crosses the placenta barrier
- C. Neural tube defects are rare
- D. Glucosuria is diagnostic
- E. Hormonal contraceptives may be the cause

16. Conditions that give rise to a fundal height that is smaller than expected include:

- A. Wrong dates
- B. Polyhydramnios
- C. Transverse lie
- D. Inter current fibroids
- E. Intrauterine growth restriction

17. Complication of abruptio placenta include:

- A. Sepsis
- B. Disseminated intravascular coagulopathy
- C. High blood pressure
- D. Eclampsia
- E. Intra uterine growth restriction

18. Polyhydramnios:

- A. Therapeutic paracentesis is indicated
- B. Associated with renal malformations
- C. Can occur in anencephaly
- D. Complicates post mature pregnancy
- E. Placental insufficiency is a complication

19. Post datism:

- A. Is associated with multiple pregnancy
- B. Common in hydrocephalus
- C. May lead to placental insufficiency
- D. Can lead to oligohydromnios
- E. Delivery is by induction at 42weeks

20. A pregnant lady comes to your clinic with history of absent fetal movements for 2days at 34weeks gestation, on examination no fetal heart sounds detected:

- A. VDRL test is helpful
- B. If she has no other complaint give her a return date of 2weeks
- C. Spalding sign is a feature
- D. Can be due to physiological anaemia
- E. Admit for immediate induction of labor

21. In obstructed labor:

- A. Is neglected labor
- B. Can occur in a mother who has had vaginal delivery before
- C. Vacuum extraction is indicated
- D. Cephalo pelvic disproportion can be a cause
- E. Primigravida usually has uterine rapture

22. The following factors increase the risk of development of pre-eclampsia:

- A. Pre existing diabetes
- B. Multiple gestation
- C. Chronic renal disease
- D. Previous history of hypertension in pregnancy
- E. Placenta previa

23. Eclampsia:

- A. Seizures have been attributed to foci of hemorrhage in the cortex
- B. The immediate management is control blood pressure
- C. In the 2nd trimester, delivery is deterred to allow for fetal maturity
- D. Eclamptic seizure do not occur after delivery
- E. Seizures may occur with significant blood pressure elevation

24. Sickle cell disease in pregnancy:

- A. Sickle cell hemoglobin results from genetic substitution of glutamic acid in the 6th position of N terminal end of beta chains
- B. There is increased incidence of pre Eclampsia/Eclampsia
- C. There is increased incidence of still birth, preterm delivery, and IUGR
- D. Oral contraceptives are indicated in sicklers
- E. Ferrous supplementation is a must in pregnancy

25. About eclampsia:

- A. Common in primigravida
- B. May complicate chronic hypertension
- C. Common in epileptics
- D. Always treated with magnesium sulphate impending eclampsia
- E. Epigastric pain is a symptom of impending eclampsia

26. Concerning APH:

- A. Occurs only in 2nd trimester
- B. Can cause maternal anemia
- C. Causes foetal demise
- D. Can cause premature labor
- E. Always revealed type

27. Elective caesarean section is indicated in:

- A. Two previous scars
- B. Obstructed labor
- C. Placenta previa
- D. Twin pregnancy with first twin in cephalic presentation
- E. Successful repaired VVF

28. In management of malaria in pregnancy:

- A. IV quinine is indicated
- B. Blood sugar level should be monitored
- C. Fluid input output is monitored
- D. Fetal heart rate is monitored 4hourly
- E. Vital signs are taken 4hourly

29. In prevention of PPH:

- A. Prolonged labor should be avoided
- B. Chorioamnionitis should be treated promptly
- C. Adequate antibiotic cover is necessary in PROM
- D. Active management of 3rd stage of labor
- E. Patients with history of previous PPH should have an IV line during labor

30. Episiotomy:

- A. Allows widening of the vulval outlet only
- B. Can be midline or mediolateral
- C. The midline incision bleeds less
- D. The mediolateral heals more quickly
- E. Involvement of the anal sphincter is classified as 3rd/4th degree

SECTION B

1. The following are true about true labor except:

- A. Uterine contractions
- B. Show is a sign
- C. Partograph is plotted in latent phase
- D. 3rd stage should not exceed 30minutes

2. About obstructed labor:

- A. Uterine contraction are mild
- B. On the partograph arrest of descent is an indicator
- C. Should not retain urinary catheter
- D. All of the above

3. The following are feature of hydrops fetalis except:

- A. CCF
- B. Pneumonia
- C. Ascites
- D. Severe anaemia

4. The following are causes of spontaneous abortion except:

- A. Chromosomal abnormalities
- B. Maternal infection
- C. Cervical incompetence
- D. UTI

5. Contraceptive pills does the following except:

- A. Engulf sperm
- B. Inhibits implantation
- C. Alter the quality of cervical mucus
- D. Blocks entry of sperm

6. An ideal contraceptive should be:

- A. With excess side effects
- B. User friendly
- C. Irreversible
- D. Expensive

7. Which of the following is a permanent type of contraception in males?

- A. Hysterectomy

- B. Vasectomy
- C. Pills
- D. Jadelle

8. The following are causes of infertility except?

- A. History of mumps
- B. Undescended testicles
- C. HIV
- D. PID

9. Which of the following is not among the signs and symptoms in pregnancy?

- A. Amenorrhea
- B. Frequent micturition
- C. Anorexia
- D. Dysmenorrhea

10. Which of the following is a presumptive sign in pregnancy?

- A. Quickening
- B. Uterus enlargement
- C. Cervix becomes soft
- D. Braxton hicks contractions

11. Which of the following is false concerning source of amniotic fluid?

- A. Fetal urine
- B. Maternal urine
- C. Exudates from maternal vessels in the placenta
- D. From fetal vessels in the placenta

12. True labor:

- A. Regular painful contractions
- B. Irregular painless contractions
- A. Contractions last 3-4minute
- C. Contractions are continuous

13. Effects of hypotonic uterine contractions, except:

- A. Prolonged labor

- B. Dehydration
- C. PPH
- D. APH

14. Indications of CS:

- A. Uterine fibroids or tumors in the lower segment
- B. IUGR
- C. Breech presentation
- D. Patient's request

15. Factors necessary for forceps delivery include the following except:

- A. Ruptured membranes
- B. Full dilated cervix
- C. Anesthesia must be given
- D. Anesthesia must not be given

16. Indications of augmentation except:

- A. CPD
- B. Previous large babies
- C. Severe pregnancy induced hypertension
- D. IUFD

17. Concerning causes of face presentation, the following are true except:

- A. Prematurity
- B. Anencephaly
- C. Postdatism
- D. Occipito-posterior position

18. Methods of vaginal breech delivery include the following except:

- A. Spontaneous breech delivery
- B. Vacuum breech delivery
- C. Partial breech extraction
- D. Total breech extraction

19. Which of the following is not a type of incomplete breech presentation?

- A. Footling
- B. Knee presentation

- C. Face presentation
- D. Frank breech

20. Which of the following is untrue concerning CA cervix?

- A. FIGO staging is used in classification
- B. It does not metastasize to adjacent organs
- C. Smoking is a predisposing factor
- D. Pap smear is a diagnostic test

SECTION C

1. a) Define infertility (2 marks)
b) How would you evaluate a woman with primary infertility (8 marks)
2. a) Define obstructed labor
b) Briefly discuss obstructed labor under the following headlines:
 1. Causes (4 marks)
 2. Clinical features (3 marks)
 3. Complications in the mother (3 marks)
3. Name the types of a human pelvis and give 2 characteristics of each (10 marks)
4. Discuss rape under the following headings
 - a) Diagnosis (3 marks)
 - b) Management (5 marks)
 - c) Counselling (2 marks)
5. a) List down six indications of elective caesarean section. (3 marks)
b) Outline the postoperative care of a mother who has undergone caesarean section. (7 marks)

TEST PAPER 4

INSTRUCTIONS

This paper consists of SECTION A, SECTION B and SECTION C.

Section A consists of 30 True/False Questions

Section B consists of 20 One answer Multiple Choice Questions

Section C consists of essay questions worth 50 marks.

SECTION A

1. Abortion:

- A. Threatened abortion present always with no pain
- B. All cases of septic abortion should be treated by immediate evacuation of the uterus
- C. Progesterone therapy is not useful in management of threatened abortion
- D. Septic abortion is a rare cause of maternal death in our setup
- E. Emergency pelvic ultrasound should be done in a patient whom you suspect has inevitable abortion

2. Causes of first trimester abortion include:

- A. Malaria infection
- B. Trisomy at chromosome 21 in the embryo
- C. Syphilis
- D. Hormonal imbalance
- E. Multiple pregnancy

3. The internal os is closed in one of the following:

- A. Threatened abortion
- B. Inevitable abortion
- C. Cervical incompetence
- D. Missed abortion
- E. Tubal abortion

4. Candida infection is common in the following conditions:

- A. Prolonged antibiotic treatment
- B. Diabetes mellitus
- C. Pregnancy
- D. Chronic renal disease
- E. Menopause

5. Concerning bacterial vaginosis:

- A. It's the commonest cause of discharge in post menopausal women
- B. Common in women with IUCD in situ
- C. Associated with a decrease in vaginal PH
- D. Patient present with a frothy green discharge
- E. Lactobacillus is one of the causative organism

6. Active management of 3rd stage of labor:

- A. Involves controlled cord traction
- B. May involve IV syntocinon
- C. Increased risk of PPH
- D. Begins with delivery of lateral trunk
- E. Ends with placental separation

7. The following predisposes to primary PPH:

- A. Administration of prolonged anesthesia to the mother
- B. Twin pregnancy
- C. Oligohydraminos
- D. Prolonged labor
- E. Ante partum hemorrhage

8. In vertex presentation:

- A. Approximately 9.5cm
- B. Submento bregmatic
- C. Approximately 13.5cm
- D. Sub-occipito bregmatic
- E. Sub-mento vertical

9. Induction of labor is contraindicated in:

- A. Hypertension in pregnancy
- B. Contracted pelvis
- C. Postdatism
- D. Type IV placenta previa
- E. Previous uterine surgery

10. The alert line on a partogram:

- A. Is the point at which delivery occurs
- B. Separates normal labor from potentially abnormal labor
- C. Indicates immediate intervention
- D. Indicates onset of labor
- E. Is drawn after membranes rupture

11. In prolonged labor:

- A. The active phase of 1st stage takes more than 12hours

- B. 3rd degree molding is present
- C. Fibrosis of the cervix is a potential cause
- D. Uterine contractions are weak
- E. Cervical dilatation occurs at the rate of 1-5cm per hour

12. Complications of abruptio placenta include:

- A. Sepsis
- B. Disseminated intravascular coagulation
- C. High blood pressure
- D. IUGR
- E. Preterm labor

13. Anemia in pregnancy:

- A. Hb levels of 6-7gm/dl is severe anemia
- B. Transfusion is indicated to a mother with Hb level of 6gm/dl at 20weeks of gestation
- C. Deworming pregnant women is not useful
- D. Malaria is the commonest cause in our set up
- E. FANC advocate routine use of iron sulphates

14. The following are advantages of blood transfusion in pregnancy:

- A. Immediate improvement
- B. Increased oxygen carrying capacity of blood
- C. Stimulates erythropoiesis
- D. Supply of blood proteins and antibodies
- E. Is given under IV lasix

15. The following are dangers of anemia in pregnancy:

- A. Preterm labor
- B. PPH
- C. Cardiac failure
- D. PROM
- E. Chronic fetal distress

16. Concerning lochia:

- A. Is a sign of infection
- B. Only present for 10days

- C. Does not change in quantity during breast feeding
- D. Lochia rubra is present in the 1st 3days after delivery
- E. Maybe confused with PPH

17. Concerning Bishop's score:

- A. Is part of preoperative management
- B. Is an element of the biophysical profile
- C. Cervical position is a factor
- D. Uterine contraction is a parameter to be considered
- E. A score of 5 indicates cervical ripening

18. The following conditions should be met before application of vacuum extraction:

- A. Presentation should be cephalic
- B. Full dilatation of the cervix
- C. Membranes should be intact
- D. Descent should be +3
- E. The bladder should be full

19. In emergency contraception:

- A. Oral contraceptives can be given after 72hours of unprotected coitus
- B. IUCD can be used after 72hours of unprotected coitus
- C. Can be effectively used regularly to prevent pregnancy
- D. Postinor II contains high dose of estrogen
- E. Microlut pills 12 stat is enough

20. IUCD:

- A. Copper T380A is the most commonly used
- B. Is contraindicated in chronic PID
- C. Copper T is effective for a maximum of 12years
- D. Increases the menstrual flow during the first 3months
- E. Is inserted only when the client is on her menses

21. The following are normal cardiovascular changes during pregnancy:

- A. Blood volume increases by 40%
- B. Haematocrit level rises
- C. RBC volume increases

- D. Cardiac output increases
- E. Blood pressure rises

22. Cephalo pelvic disproportion:

- A. Past obstetric history is helpful in making diagnosis
- B. History of rickets in childhood is significant
- C. Presenting part is well applied to the cervix
- D. Trial of labor can be attempted
- E. Managed by destructive delivery

23. About prolonged labor:

- A. Labor continues past 18hours
- B. Can be managed at health center set up
- C. Cannot be prevented
- D. C/S is the treatment of choice
- E. oxytocin has no role in management

24. Breast feeding is important for:

- A. Providing the best possible nutrition for the infant
- B. Aiding the involution of the uterus
- C. Preventing mastitis
- D. Lactational amenorrhea method of family planning
- E. Aiding the return of menstruation

25. In infection prevention in labor ward:

- A. Spirit maybe used to clean the couch post delivery
- B. Sodium hypochlorite is useful
- C. Diluted JIK at 1:6 may be used for cleaning the skin
- D. Iodine is mainly used for wound cleaning
- E. Baby may be cleaned with antiseptic solution

26. Which of the following are causes of uterine rupture?

- A. Injudicious use of oxytocin
- B. Multiparity
- C. External cephalic version
- D. Multiple pregnancy
- E. Prolonged latent phase of labor

27. In preterm labor:

- A. Ventolin may be useful
- B. Labor occurs between 28-37 completed weeks of gestation
- C. May be due to congenital malformations
- D. Antibiotics are mandatory
- E. Induction of labor is a cause

28. Symptoms and signs of the onset of true labor include:

- A. Braxton hicks contractions
- B. Absent fetal movement
- C. Shortening of the cervix
- D. Clients are seen every two weeks
- E. The key to good care is history taking

29. Antenatal care:

- A. Has been shown to improve pregnancy outcome
- B. Is essentially a screening process
- C. Clients are seen every two weeks
- D. The key to good care is history taking
- E. It is limited to 4 visits only

30. The following drugs are tocolytics:

- A. Indomethacin
- B. Nifedipine
- C. Ritodril
- D. Salbutamol
- E. Diazepam

SECTION B

1. The following are true concerning VE except:

- A. Asses pelvic adequacy
- B. To rule out cord presentation
- C. Rule out cord prolapse
- D. To check for fetal movement

2. Which of the following is not a risk factor of hyperemesis gravidarum?

- A. Obesity

- B. UTI
- C. Multiple pregnancy
- D. Previous history

3. The following is false concerning contents of biophysical profile?

- A. Fetal tone
- B. Fetal movements
- C. Non stress testing
- D. Position of the cervix

4. Which is not a function of amniotic fluid?

- A. Maintains constant temperature
- B. Acts as a shock absorber
- C. Protect mother's uterus
- D. Provides nutrition for the fetus

5. Signs and symptoms of IUGR include:

- A. Reduced fetal movement
- B. Fundal height smaller than gestation by age
- C. Increased maternal weight
- D. Reduced heart sound

6. In management of rheumatic heart disease in pregnancy, which of the following is false?

- A. Haematinics are helpful
- B. Warfarin is helpful in the 2nd trimester
- C. Give ergometrin in 3rd trimester
- D. Heparin does not cross the placenta

7. Which of the following is true concerning contractions seen in labor?

- A. Intervals gradual shorten
- B. Discomfort is relieved by sedation
- C. Cervix dilates
- D. Contractions are continuous

8. Which of the following factors influence menopause?

- A. Childbearing

- B. Multiparity
- C. Prolonged use of oral contraceptives
- D. Smoking

9. Concerning premature labor, the following are true except:

- A. Occurs after 37 completed weeks
- B. Tocolytics are useful in management
- C. Occurs before 37 completed weeks
- D. Cervical incompetence may be a predisposing factor

10. Indications of caesarean section:

- A. Primigravida
- B. Grand multipara
- C. Macrosomia of 5kg
- D. Placenta previa

11. Candida infection is common in the following conditions except:

- A. Diabetic mellitus
- B. Malaria
- C. Chronic renal disease
- D. Prolonged antibiotic use

12. Which of the following is not a mechanism of labor?

- A. External rotation
- B. Flexion
- C. Descent
- D. Contractions

13. Causes of male infertility:

- A. Mumps
- B. Undescended testis
- C. Vasectomy
- D. Frequent sex with multiple partners

14. Depomedroxyprogesterone acetate (DMPA):

- A. Is given after every 3 months
- B. It's given as an IV injection

- C. It is given in hypertensive patients
- D. It is irreversible

15. Complication of abruptio placenta include the following except:

- A. Sepsis
- B. DIC
- C. High blood pressure
- D. Hypotension

16. Which of the following is not a feature of fetal distress?

- A. Meconium stained liquor
- B. Increased fetal movements
- C. Decreased fetal movements
- D. Fetal bradycardia

17. HIV can be acquired from the following except?

- A. Organ transplant
- B. One episode of unprotected sex
- C. Kissing
- D. Blood components of an infected person through blood transfusion

18. The following are possible predisposing factors to CA cervix, except

- A. Early coitus
- B. HIV/AIDS
- C. HPV
- D. Use of family planning methods

19. Methods used to screen CA cervix include the following, except?

- A. Pap smear
- B. Colposcopy
- C. Cone biopsy
- D. Gram stain

20. Which of the following is not a clinical feature of uterine fibroids?

- A. Intermenstrual bleeding
- B. Amenorrhea
- C. Pelvic mass

D. Lower abdominal pain

SECTION C

1. a) Describe how you would suspect the diagnosis of multiple pregnancies clinically (8 marks)
b) Outline 4 common maternal complications found in multiple pregnancies (2 marks)
2. Describe the supportive care given to a mother during first stage of labour (10 marks)
3. Discuss clinical presentation, examination, investigation and treatment of a patient with suspected ectopic pregnancy (10 Marks)
4. a) State 6 groups of clients who should not use intrauterine contraceptive (IUCD) (3 marks)
b) Outline complications of IUCD (7 marks)
5. Discuss cervical carcinoma under the following headlines: -
 - a) Risk factors
 - b) Clinical presentation
 - c) Examination findings
 - d) Investigations
 - e) Treatment

TEST PAPER 5

INSTRUCTIONS

This paper consists of SECTION A, SECTION B and SECTION C.

Section A consists of 30 True/False Questions

Section B consists of 20 One answer Multiple Choice Questions

Section C consists of essay questions worth 50 marks.

SECTION A

1. PROM:

- A. Rupture of membranes after 37 completed weeks of gestation
- B. Rupture of membranes before 37 completed weeks
- C. Diagnosed when rupture occurs at least 6 hours before onset of labor
- D. Maybe managed at health center level
- E. Occurs at onset of true labor

2. In management of PROM:

- A. Salbutamol can be given
- B. Gentamycin is contraindicated
- C. Pelvic examination is contraindicated
- D. Maternal pulse and temperature are recorded 4 hourly
- E. Vulval inspection is unhelpful

3. The internal reproductive organs:

- A. The vaginal skin is lined with stratified squamous epithelium
- B. The epithelium of the cervix is partly squamous and partly ciliated
- C. The ovary is covered by thin layer of epithelium
- D. The isthmus of the fallopian tube is the most medial portion
- E. The uterus is lined with squamous epithelium

4. Concerning fibroids:

- A. Myomectomy is associated with greater morbidity than hysterectomy
- B. Tendency to turn malignant is very common
- C. Infection and abscess formation is a common complication
- D. Calcification of fibroids is common before menopause
- E. May cause recurrent abortions

5. Endometriosis can cause:

- A. Menorrhagia
- B. Dysmenorrheal
- C. Deep dyspareunia
- D. Amenorrhea
- E. Post menopausal bleeding

6. In endometriosis

- A. Ovary is a common site
- B. Diagnosis is done by laparoscopy
- C. Surgery is the treatment of choice
- D. Malignant change is common
- E. Is a rare cause of infertility in women

7. Concerning fibroids:

- A. Should be removed immediately after diagnosis
- B. Progesterone has effect on the size of fibroids
- C. Anti inflammatory drug have effect on the size of fibroid
- D. A reduction in size can be achieved using gonadotrophin releasing hormone analogue
- E. Hysterectomy is indicated in younger women

8. Investigating cervical causes of infertility involves

- A. Presence of mittel schmerz
- B. Demonstration of spin barkeit phenomena
- C. Search for ferning
- D. Measurement of mid cycle BBT
- E. Post coital test

9. Causes of hyperemesis gravidarum include:

- A. Molar pregnancy
- B. Multiple pregnancy
- C. Normal pregnancy
- D. Preeclampsia
- E. Malaria

10. The following statements are true concerning CA cervix:

- A. Squamous cell type is more common
- B. Stage of the disease does not affect the management
- C. Women with persistent HPV infection have a higher likelihood of developing cancer of the cervix
- D. Pap smear can be done to stage II of the disease
- E. Over 50% of cases are adenocarcinoma

11. Choriocarcinoma:

- A. Highly chemo-sensitive
- B. Chest x-ray is a must in patients with the disease
- C. Shows a snowstorm appearance on ultrasound
- D. Treatment involves dilatation and curettage
- E. 50% follow hydatidiform mole

12. In the first half of menstrual cycle:

- A. Serum progesterone levels are high
- B. Some ovarian follicles begin to degenerate
- C. Corpus luteum forms
- D. Endometrium undergoes proliferative changes
- E. Is estrogen dominant phase

13. Concerning ectopic pregnancy:

- A. Can occur with no history of amenorrhea
- B. Pregnancy test is always positive
- C. There is shock without per vaginal bleeding
- D. Viable abdominal pregnancy may occur
- E. Culdocentesis with unclotted blood is diagnostic

14. Most common symptom in acute tubal pregnancy is:

- A. Vomiting
- B. Abdomino-pelvic pain
- C. Vaginal bleeding
- D. Fainting attack
- E. Nausea

15. Concerning dysfunctional uterine bleeding:

- A. Is a major cause of infertility
- B. Follows IUCD insertion
- C. Is treated using progesterone
- D. Cause is unknown
- E. Endometriosis can be a differential

16. Pelvic inflammatory disease:

- A. Is infection of upper male genital tract

- B. Ectopic pregnancy is a complication
- C. Trachomitic produces more severe symptoms than due to nesseria gonorrhoea
- D. Mucopurulent discharge occurs in cervicitis
- E. Common before menarche

17. Regarding uterine fibroids:

- A. Most fibroids are intramural
- B. GnRH agonist are used to decrease estrogen production
- C. May prevent pregnancy
- D. Predisposes to infertility
- E. They are malignant tumors of smooth muscle origin

18. The following are indications in admission of a PID patient:

- A. Dehydration
- B. Pregnancy
- C. Severe vomiting
- D. Peritonitis
- E. Pelvic mass

19. Endometriosis:

- A. Also occurs among adults
- B. Diagnosed by laparoscopy only
- C. Heredity is not a factor
- D. Coelomic epithelium transformation is the most widely accepted hypothesis
- E. May cause primary dysmenorrhoeal

20. The following are protective factors of endometriosis:

- A. Short menstrual cycles (<27days)
- B. Use of low dose contraceptives
- C. Long menses >8days
- D. Regular exercise
- E. Multiple pregnancies

21. Regarding cervical cancer:

- A. Multiple sex partner is a risk factor

- B. Mean age at diagnosis is 60years
- C. HPV 31 and 33 are the common etiology
- D. Majority are adenocarcinoma
- E. It results from cervical intraepithelial neoplasia

22. In premenstrual syndrome:

- A. Treatment is symptomatic
- B. Diuretics have no role
- C. Symptoms cease before menses in perimenopausal women
- D. Hormonal manipulation is effective for some women
- E. Headache is a diagnostic symptom

23. About menopause:

- A. Refers to absence of menses for 6months
- B. Perimenopause is usually characterized initially by an increase in frequency of menses
- C. Climacteric phase begins after perimenopausal
- D. Measuring FSH is a must
- E. FSH levels are decreased

24. Gestational age is evaluated from the following:

- A. Nagelles rule
- B. Height of the uterus
- C. Counting from the date of ovulation
- D. Time of quickening
- E. Time of fruitful coitus

25. Complications of abruptio placenta include:

- A. Sepsis
- B. Disseminated intravascular coagulopathy
- C. High blood pressure
- D. Eclampsia
- E. Intra uterine growth restriction

26. Polyhydraminos:

- A. Therapeutic paracentesis is indicated
- B. Associated with renal malformations

- C. Can occur in anencephaly
- D. Complicates post mature pregnancy
- E. Placental insufficiency is a complication

27. During fourth stage of labor the following are useful in monitoring a puerperal sepsis:

- A. BP
- B. PR
- C. Occult blood
- D. RR
- E. Fundal height

28. 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
- E. partograph is plotted

29. Before labor induction, consider:

- A. Fetal maturity
- B. Maternal health status
- C. Rule out contraindication of induction
- D. Perform bishop's score
- E. Mother's health condition

30. The following are features of normal labor:

- A. Well coordinated uterine contractions
- B. Cervical effacement
- C. Show
- D. Per vaginal bleeding
- E. Frequent micturition

SECTION B

1. The following are causes of fetal distress except:

- A. Cord presentation

- B. Artificial rupture of membranes
- C. Placental insufficiency
- D. Prolonged labor

2. Which of the following statements is false concerning causes of PPH?

- A. Coagulation disorders
- B. APH
- C. Atonic uterus
- D. Retained products of conception

3. The following are contraindications of vacuum extraction except:

- A. CPD
- B. Malpresentation
- C. Preterm baby
- D. Prolonged second stage

4. Neonatal complications in vacuum extraction include:

- A. Trauma to genital tract
- B. Cephalohematoma
- C. Excessive blood loss
- D. Uterine tear

5. Indications of elective CS include the following except:

- A. Cord prolapsed
- B. CPD
- C. IUGR
- D. Pre-eclampsia

6. The following are signs and symptoms of amniotic fluid embolism except:

- A. Severe dyspnoea
- B. Cyanosis
- C. Tachycardia
- D. Hypotension

7. Concerning dysmenorrhea, which one is true?

- A. It is not relieved by NSAIDs

- B. Secondary dysmenorrhea has an underlying cause like fibroids
- C. Primary dysmenorrhea has an underlying cause like fibroids
- D. Chronic dysmenorrhea does not require gynecological review

8. The following may cause abortion except:

- A. Rubella
- B. Cytomegalovirus
- C. PID
- D. Renal disease

9. Which of the following is not true concerning fibroids?

- A. Fibroids are cancerous
- B. They are non cancerous
- C. They appear during child bearing stage
- D. It is the most common benign tumor in women

10. Signs and symptoms of uterine fibroids include the following except:

- A. Dyspareunia
- B. Per vaginal Bleeding
- C. Enlarged uterus
- D. Amenorrhea

11. Which of the following is not a symptom of dysmenorrhea?

- A. Nausea and vomiting
- B. Lower abdominal pains radiating to the back and the thigh
- C. Hypotension
- D. Anorexia

12. The following should be done to a rape victim:

- A. Advice on immediate bath
- B. Offer PEP within the first 72hours
- C. Discard the clothes so as to lose trace of the rapist
- D. Do not report the case to the police so as to avoid stigmatization

13. The following are gestational trophoblastic diseases except:

- A. Hydatid form mole
- B. Choriocarcinoma

- C. Myosarcoma
- D. Placental site trophoblastic tumor

14. Concerning molar pregnancy; which is not true?

- A. Shows snowy storm appearance on ultrasound
- B. Ultrasound is the main diagnostic test
- C. It is the commonest among gestational trophoblastic disease
- D. Fetal heart sounds are heard using Doppler ultrasound

15. Which of the following condition presents with symptoms similar as hyperemesis gravidarum?

- A. Anaemia
- B. Molar pregnancy
- C. Malaria in pregnancy
- D. Hookworm infestation

16. The following are symptoms of premenstrual tension syndrome except

- A. Syndrome fluid
- B. Headache
- C. Breast soreness
- D. Nausea

17. Which of the following hormones is produced in the anterior pituitary lobe?

- A. Oxytocin
- B. Prolactin
- C. Thyroid releasing hormone
- D. Adrenaline

18. The following are types of speculum expect:

- A. MVA
- B. Sims
- C. Cusco's
- D. Ovarids

19. Late complication of abortion include the following except:

- A. Haemorrhage
- B. Cervical incompetence
- C. Secondary infertility
- D. DIC

20. Which of the following is a cause of ectopic pregnancy?

- A. Perennial tear
- B. Duodenal cancer
- C. Pelvic inflammatory disease
- D. Use of DES drug

SECTION C

1. Anemia in pregnancy is a major obstetric problem in Kenya.

- a) Grade anemia in pregnancy according to clinical and hematological degree (3 marks)
- b) Outline 4 investigations done to a woman who presents with anemia in pregnancy (4 marks)
- c) List 6 complications of anemia in pregnancy (3 marks)

- 2. (a) List 5 causes of late pregnancy bleeding (5 marks)
- b) Classify the different types of placenta previa (5 marks)

3. Asha Ayub is a para 4 + 1 gravida 6 at 34 weeks of gestation. She presents to you with history of tiredness, dizziness and occasional dyspnoea while doing her daily house hold work. On examination she is severely pale, with bilateral pedal oedema. Her Blood Pressure is 120/80 mmHg. Cardiovascular and respiratory systems are normal.

- a) What is your provisional diagnosis? (1 mark)
- b) List four possible causes of her condition. (2 marks)
- c) Briefly describe her management. (7 marks)

4. Describe the management of a newly diagnosed diabetic at 38 weeks of gestation. (10 marks)

5. A primigravida age 20 years comes to the antenatal clinic; she is tested and found to be HIV-positive. Discuss her management until 6 weeks post-delivery. (10 marks)

TEST PAPER 6

INSTRUCTIONS

This paper consists of SECTION A, SECTION B and SECTION C.

Section A consists of 30 True/False Questions

Section B consists of 20 One answer Multiple Choice Questions

Section C consists of essay questions worth 50 marks.

SECTION A

1. Tubal pregnancy:

- A. Laparoscopy is important in management
- B. Ultrasound scan is always conclusive
- C. Vaginal bleeding is withdrawal bleeding in nature
- D. HCG levels is an important test
- E. HSG is not a useful investigation

2. Dysfunction uterine bleeding:

- A. Is also referred to as 'metropathia haemorrhagia'
- B. Is not caused by polycystic ovary
- C. May be ovulatory
- D. Maybe anovulatory
- E. May be due to irregular shedding

3. Dysmenorrhea:

- A. May be associated with painful coitus
- B. May be associated with adenomyosis
- C. May be associated with endometriosis
- D. May be treated by cervical dilatation
- E. Is an important feature of uterine fibroids

4. In polycystic ovarian syndrome (PCOS); the following are the components

- A. Oligomenorrhea
- B. Obesity
- C. Cubitus valgus
- D. Insulin resistance
- E. Hirsutism

5. Treatment of PCOS involves:

- A. Oophorectomy
- B. Ovarian drilling
- C. Clomiphen citrate
- D. GnRH analogues
- E. Follicle stimulating hormone

6. The following can be associated with a cystocele:

- A. Urethrocele
- B. Stress urinary incontinence
- C. Post micturition dribbling of urine
- D. Unsatisfactory coitus
- E. Recurrent cystitis

7. Vaginal candidiasis:

- A. Is often transmitted sexually
- B. Maybe treated with ketoconazole
- C. Scraping can result in vaginal bleeding
- D. Grows best in alkaline environment
- E. Glucose tolerance test is useful

8. Trichomonas vaginalis:

- A. Is transmitted through sexual intercourse
- B. Pruritis is an important feature in the male
- C. The discharge is often copious
- D. Unlike Candida infection, discharge does not have bubble
- E. Discharge is malodorous

9. Preterm premature rupture of membranes at 32weeks:

- A. Conservative management is preferred
- B. If labor ensues, tocolytics should not be given
- C. By the time the pulse rate is persistently above 100 beats per minute, fever would be obvious
- D. Dexamethasone may predispose to Chorioamnionitis
- E. Often conservative management is not advised at 34weeks

10. Post date pregnancy:

- A. the fetus may have cease to grow for sometime
- B. Fetus may continue to grow
- C. Fetal head does not undergo molding as easily as at 38weeks of gestation
- D. Meconium staining is always an indication of fetal compromise
- E. Fetus invariably develops loss of subcutaneous tissue

11. Ante-partum hemorrhage:

- A. A woody hard abdomen is suggestive of placenta previa
- B. Shock with insignificant blood loss is suggestive of abruptio placenta
- C. Abdominal pains often wakes up the mother who is bleeding due to placenta praevia
- D. At 36weeks, painless bleeding is best managed conservatively for at least 2weeks
- E. At examination under anesthesia, artificial rupture of membranes should not be done if a boggy mass is palpated in the fornices

12. Fibroids and reproduction; the following are important in this respect:

- A. Tubal blockage
- B. Menorrhagia
- C. Abortion
- D. Increased uterine blood flow
- E. Dysmenorrhea

13. Adenomyosis:

- A. Presents with congestive dysmenorrhea
- B. Menorrhagia is not a feature
- C. Refers to adenomatous changes of myometrium
- D. Hysterectomy is the definitive management
- E. Conservative surgical treatment is not possible

14. Features of missed abortion:

- A. Irregular gestational sac on ultrasound scan
- B. Crown rump length (CRL) less than expected gestation
- C. Hyperemesis gravidarum
- D. Bright red heavy bleeding is common
- E. Uterine size corresponding to gestational age

15. Cervical incompetence:

- A. Can be congenital
- B. Can be iatrogenic
- C. Abortions are often in first trimester
- D. Can be treated surgically
- E. Cerclage supports the pregnancy against the force of gravity

16. Chlamydia infection:

- A. May be associated with non specific urethritis
- B. Pelvic infection is often acute
- C. Is not easily cultured
- D. Is best treated with tetracycline
- E. Can cause chronic endosalpingitis

17. Management of CA cervix

- A. Cone biopsy is curative if there is no micro invasion
- B. Extended hysterectomy is the best option in stage 1B
- C. In Wertheim's hysterectomy nodal dissection does not include the Para aortic nodes
- D. In subtotal hysterectomy in stage III carcinoma of the cervix interferes with radiotherapy
- E. In radical hysterectomy, the upper 2/3rd of the vagina should be excised

18. Factors involved in etiology of carcinoma of the cervix:

- A. HPV
- B. Frequency of sexual contact
- C. Teenage sexual behavior
- D. Genital mutilation
- E. Multiple sex partners

19. The following are investigations commonly done to a pregnant woman in ANC:

- A. HIV test
- B. Hb
- C. Urinalysis
- D. Grouping and cross matching
- E. Full haemogram

20. The following are probable signs of pregnancy:

- A. Hegar's sign
- B. Morning sickness
- C. Quickening
- D. Skin changes
- E. Amenorrhea

21. In missed abortion less than 13weeks the management would be:

- A. MVA
- B. Use of prostaglandins
- C. Dilatation and curettage
- D. Induction by oxytocin
- E. All of the above are correct

22. The following organisms are the main culprit in causation of PID

- A. *Chlamydia trachomatis*
- B. *Escherichia coli*
- C. *Neisseria gonorrhoea*
- D. *Mycobacterium tuberculosis*
- E. *Trichomonas vaginalis*

23. In Hydatidiform mole:

- A. Pre-eclampsia is common
- B. Fetal movement are present
- C. Hyperemesis gravidarum is common
- D. Pregnancy test is usually negative
- E. Beta-HCG estimation is very important

24. The following are differentials of ruptured ectopic pregnancy:

- A. Acute appendicitis
- B. Acute salpingitis
- C. Torsion of ovarian cyst
- D. Molar pregnancy
- E. Abortion

25. The following are immediate complications of abortion :

- A. Haemorrhage
- B. Uterine perforation
- C. Sepsis
- D. Sterility
- E. Cervical incompetence

26. Concerning syphilis:

- A. Tertiary stage is confined to CNS only

- B. Drug of choice in management is procaine penicillin
- C. Condylomata lata presents in 1st degree stage
- D. Causative organism is Chlamydia trachomatis
- E. VDRL test is not important in making the diagnosis

27. About Bartholins:

- A. Marsupialisation is indicated in Bartholins adenitis
- B. 50% of Bartholins occur after contracting gonococcal infection
- C. Patient presents with inability to walk, severe pain and swelling of vulva if infected
- D. Infection is common in young women with peak incidence between 18-25 years
- E. Operation is done to avoid recurrence

28. The following are changes that occur at puberty:

- A. Menarche
- B. Breast enlargement
- C. Pubic hair
- D. Uterus enlarges
- E. All of the above

29. Concerning choriocarcinoma:

- A. Its nearly 100% fatal if untreated
- B. Pregnancy test is negative
- C. Irregular vaginal bleeding is observed
- D. Uterus is usually enlarged and soft 'usually follows hydatid form mole
- E. Common between 15-35 years of age

30. The following are benefits of family planning to an individual and the nation:

- A. Allows adequate breast feeding of the new born and gradual weaning
- B. Prevents too many births
- C. Ensures adequacy of health services to the nation
- D. Conserves the scarce resources due to less overcrowding
- E. Reduces the number of abortions

SECTION B

1. The clinical feature of ruptured ectopic pregnancy includes:

- A. Weak thread pulse
- B. Chest pain
- C. Hypertension
- D. Painful micturition

2. Which of the following is a differential diagnosis of ectopic pregnancy?

- A. Cystitis
- B. CA Cervix
- C. Colon carcinoma
- D. PID

3. Dizygotic twin result from the following:

- A. 1 secondary oocytes from 2 sperm
- B. 2 secondary oocytes 2 sperm
- C. 1 secondary oocyte 1 sperm
- D. None of the above

4. The pelvis is made of the following bones except

- A. Coccyx
- B. Pubis
- C. Ileum
- D. Ischium

5. Which of the following is not a natural family planning method?

- A. Lactational amenorrhea
- B. Withdrawal
- C. Basal body temperature
- D. Condom

6. The following investigations are used in evaluating gynecological conditions except

- A. Pap smear
- B. Colposcopy
- C. Viavilli
- D. Gene xpert

7. Which of the following is not true concerning differential diagnosis of wrong dates?

- A. Co-existing uterine fibroids
- B. Multiple pregnancy
- C. Polyhydramnios
- D. Obesity

8. Which of the following physiological changes in pregnancy can mimic cardiac disease?

- A. Increased cardiac output
- B. Bilateral pitting edema
- C. Decreased stroke volume
- D. Dyspnoea

9. The following are danger signs in pregnancy except:

- A. Per vaginal spotting
- B. Pedal edema
- C. Braxton hicks contractions
- D. Fever

10. Indication for emergency CS includes:

- A. CPD
- B. Contracted pelvis
- C. IUGR
- D. Cord prolapsed

11. The following are types of pelvis except:

- A. Gynaecoid pelvis
- B. Obstyroid pelvis
- C. Platypelloid pelvis
- D. Anthropoid pelvis

12. Concerning VVF:

- A. Prolonged labor is the major cause
- B. Account for 20% of all fistulas
- C. Obstructed labor is not a cause
- D. Account for 60% of all fistulas

13. Indication of elective induction of labor include:

- A. Elderly primigravida
- B. Breech presentation
- C. PET at term
- D. Previous CS scar

14. The following are effects of anaemia in pregnancy except:

- A. IUGR
- B. Preterm labor
- C. Early abortions
- D. Preterm labor

15. Which of the following is not a predisposing factor of hypertensive disease in pregnancy?

- A. Multiparity
- B. Familial history of PET
- C. Molar pregnancy
- D. Nulliparity

16. The following are true concerning differential diagnosis of hyperemesis gravidarum. Which one is not

- A. Peptic ulcer
- B. Pancreatitis
- C. Hepatitis
- D. Cholelithiasis

17. Concerning episiotomy, which one is not true?

- A. Shoulder dystocia is an indication
- B. Midline type is easy to repair
- C. Blood loss is common in midline type
- D. Faulty healing is more common in mediolateral type

18. Factors determining severe PET include:

- A. Oliguria <400ml/dl
- B. Polyuria
- C. Systolic BP > 110mmhg
- E. Diastolic >160mmhg

19. Which of the following is not useful in the diagnosis of premature rupture 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

20. 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

SECTION C

1. Describe methods of labour induction (10 marks)
2. Outline five causes of recurrent pregnancy losses (10 marks)
3. Describe the physiological changes affecting cardiovascular system in pregnancy (10 marks)
4. Outline five methods used in estimating fetal gestation (10 marks)
5. Discuss management of hydatidiform mole and the follow-up protocol (10 marks)

TEST PAPER 7

INSTRUCTIONS

This paper consists of SECTION A, SECTION B and SECTION C.

Section A consists of 30 True/False Questions

Section B consists of 20 One answer Multiple Choice Questions

Section C consists of essay questions worth 50 marks.

SECTION A

1. The following are clinical outcomes of tubal pregnancy:

- A. Tubal mole
- B. Tubal abortion
- C. Abdominal pregnancy
- D. Pelvic hematocele
- E. Tubal rupture

2. Benefits of HIV testing include:

- A. One can prevent further re-infection
- B. One can have many partners
- C. One is able to prevent maternal to child transmission if mother is positive
- D. Helps mother to choose mode of delivery
- E. One is able to plan on type of nutrition during pregnancy and post natal

3. About climacteric change:

- A. Anovular cycles are common
- B. Occurs at 60-65years
- C. Genital tracts show no change
- D. Atrophic endometritis and vaginitis are observed
- E. Pituitary gland releases gonadotrophic hormones

4. Which of the following are indications of emergency caesarean section?

- A. Clear liquor
- B. Maternal fatigue
- C. Cord prolapsed
- D. Fetal distress
- E. Meconium stained liquor

5. Which of the following factors predispose to CA cervix?

- A. Early sexual intercourse
- B. HPV
- C. Few partners a day
- D. HIV
- E. Continued sexual intercourse with uncircumcised males

6. A client presents to the clinic with history of amenorrhea. Which investigations are common in making a diagnosis?

- A. Pap smear
- B. PDT
- C. Hormonal assessment
- D. Beta-HCG assessment
- E. Laparotomy

7. The following are causes of per vaginal bleeding except:

- A. Abortion
- B. Menstruation
- C. Ca cervix
- D. Endometritis
- E. Loss of virginity

8. The following are causes of anemia in pregnancy:

- A. Nutrition deficiency
- B. HIV
- C. PPH
- D. Malaria
- E. Hookworm infestation

9. The following conditions increases the risks in pregnancy:

- A. Hypertension
- B. Diabetes
- C. Cardiac disease
- D. Renal disease
- E. Malaria

10. Which of the following causes PPH?

- A. Uterine atony
- B. Uterine inversion
- C. Malaria
- D. Depression
- E. DIC

11. The following are patterns of menstruation:

- A. Cryptomenorrhea
- B. Polymenorrhea
- C. Dysmenorrhea
- D. Premenstrual tension
- E. Amenorrhea

12. The following are aims of ANC:

- A. Prevention and treatment of pregnancy complications
- B. Provision of patient/client education
- C. Satisfying of unmet needs of the pregnant women
- D. Provision of intermittent presumptive therapy
- E. Registration of pregnancies

13. The following factors will affect implantation of a blastocyst:

- A. Scaring of the uterus
- B. Uterine fibroids
- C. Extra long fallopian tubes
- D. Impaired peristaltic movements of the fallopian tubes
- E. Endometrial proliferation

14. About ectopic pregnancy:

- A. Fertility enhancement drugs have a role
- B. Previous salpingitis is a predisposing factor
- C. Uterine fibroids are not predisposing factors
- D. Common site is in the cervix
- E. Abdominal pregnancy can progress to term

15. Physiological changes in pregnancy that can mimic cardiac disease include:

- A. Increased cardiac output
- B. Functional murmurs
- C. Palpitations
- D. Bilateral pitting edema
- E. Decreased stroke volume

16. About physiological changes that occur during pregnancy:

- A. Cervix appears bluish-purple in color

- B. Uterus is softer and flexible around the isthmus
- C. Blood supply to the uterus increases
- D. Uterus undergoes dysplasia
- E. Profuse vaginal discharge

17. About FANC:

- A. Maximum of 4 visits is recommended
- B. IPT is recommended as from 16 weeks gestation
- C. ITNS are recommended in malaria endemic zones
- D. Mothers on cotrimoxazole prophylaxis are given SPs
- E. HIV test is mandatory

18. The following are danger signs in pregnancy:

- A. Per vaginal spotting
- B. Draining of liquor
- C. Braxton hicks contractions
- D. Fever
- E. Pedal edema

19. The following are features of normal labor:

- A. Well coordinated uterine contractions
- B. Cervical effacement
- C. Show
- D. Per vaginal bleeding
- E. Frequent micturition

20. About normal labor:

- A. Has 4 stages
- B. Usually occurs in two phases
- C. Active phase ends at 8cm dilatation
- D. Strong contractions should be present in 2nd stage labor
- E. Does not need programming

21. The following are contraindications to induction of labor:

- A. One previous scar
- B. Intercurrent fibroids
- C. Placenta previa

- D. Contracted pelvis
- E. Oligohydromnios

22. About augmentation of labor

- A. Oxytocin is the drug of choice
- B. Egometrin can safely be used
- C. Cytotec is used
- D. Oxytocin infusion is started at 10drops per minute`
- E. Fetal distress is a complication

23. The following are risk factors to uterine rupture:

- A. Previous myomectomy
- B. Previous laparotomy
- C. Multiple pregnancy
- D. Multiparity
- E. Previous classical caesarean section

24. The following are predisposing factors to obstructed labor:

- A. Fetal macrosomia
- B. Prominent ischial spines
- C. Short stature
- D. Maternal malnutrition
- E. Fetal malposition

25. The following are features of placenta previa:

- A. Painful per vaginal bleeding
- B. Vaginal bleeding is bright red
- C. Fundal height is greater than that of gestation by date
- D. Fetal malpresentation
- E. Severe abdominal pain

26. The possible causes of PPH include:

- A. Uterine atony
- B. Retained placental fragments
- C. Thrombo-embolic disorders
- D. Obstetric tears
- E. Anti coagulants

27. The following are features of chorioamnionitis:

- A. Fever
- B. Palpitations
- C. Tender lower abdomen
- D. Foul smelling vaginal discharge
- E. Tachycardia

28. Which of the following are complications of PROM

- A. Preterm labor
- B. Oligohydramnios
- C. Fetal distress
- D. Puerperal sepsis
- E. Neonatal sepsis

29. The following are family planning methods that can be used during puerperium:

- A. BTL
- B. COC
- C. POP
- D. IUCD
- E. Depo provera

30. The following are possible investigations to assess intrauterine fetal wellbeing:

- A. Direct COOMBS test
- B. Indirect COOMBS test
- C. Alfa-fetal proteins
- D. Maternal exhaustion
- E. Fetal hypercapnoea

SECTION B

1. Varieties of incomplete breech except:

- A. Frank breech
- B. footling breech
- C. Flexed breech

D. Knee presentation

2. Features of normal labor except:

- A. Cervical effacement
- B. Well-coordinated uterine contractions
- C. Frequent micturition
- D. Show

3. Possible causes of post- partum hemorrhage:

- A. Retained placental fragments
- B. Thrombo- embolic disorders
- C. Anticoagulants
- D. Contracted uterus

4. About augmentation of labor:

- A. Cytotec is used
- B. Oxytocin is given bolus IV
- C. Oxytocin is the drug of choice
- D. Egometrin can safely be used

5. The following are true concerning VE except:

- A. Asses pelvic adequacy
- B. To rule out cord presentation
- C. Rule out cord prolapsed
- D. To check for fetal movement

6. Which of the following is not a risk factor of hyperemesis gravidarum?

- A. Obesity
- B. UTI
- C. Multiple pregnancy
- D. Previous history

7. The following is false concerning contents of biophysical profile?

- A. Fetal tone
- B. Fetal movements
- C. Non stress testing
- D. Position of the cervix

8. Concerning molar pregnancy; which one is not true?

- A. Shows snowy storm appearance on ultrasound
- B. Ultrasound is the main diagnostic test
- C. It is the commonest among gestational trophoblastic disease
- D. Fetal heart sounds are heard using Doppler ultrasound

9. Which of the following condition presents with symptoms similar as hyperemesis gravidarum?

- A. Anaemia
- B. Molar pregnancy
- C. Malaria in pregnancy
- D. Hookworm infestation

10. Concerning lochia:

- A. Alba last for 3-6weeks
- B. Alba is a sign of infection
- C. Rubra last for 3-6weeks
- D. Serosa is whitish or yellowish in color

11. Immunological test for diagnosis of pregnancy

- A. Trans-vaginal ultra sound
- B. History of amenorrhea
- C. Urine for HCG
- D. Full haemogram

12. 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

13. About diagnosis of multiple pregnancy:

- A. Fetal heart rates are equal
- B. Plain abdominal x-ray is indicated at term
- C. Fundal height is greater than gestation by date
- D. Ultrasound scan is not diagnostic

14. The following are charted on a partogram except:

- A. Effacement of the cervix
- B. Fetal heart rate
- C. Descent of the presenting part
- D. Uterine contractions

15. Cardiac disease in pregnancy:

- A. Slight limitation to physical activity is class III
- B. 2nd stage should be assisted by vacuum extraction
- C. Patient should thoroughly have a follow up from ANC until delivery
- D. Egometrin is important in management of 3rd stage of labor

16. The following should be done during active management in 3rd stage of labor:

- A. Cutting of the cord
- B. Oxytocin
- C. Milking of the cord
- D. Massaging of the uterus

17. The following are effects of anaemia in pregnancy except:

- A. IUGR
- B. Preterm labor
- C. Early abortions
- D. Late abortions

18. The following are characteristic of true labor except:

- A. os dilating progressively
- B. Contractions are on and off
- C. Regular painful contractions
- D. Contractions lasting 3-4minutes

19. Which of the following is not a clinical feature of uterine fibroids?

- A. Intermenstrual bleeding
- B. Amenorrhea
- C. Pelvic mass
- D. Lower abdominal pain

20. The following are causes of fetal distress except:

- A. Cord presentation
- B. Artificial rupture of membranes
- C. Placental insufficiency
- D. Prolonged labor

SECTION C

1. a) Define amenorrhea (2 marks)
b) Mention the causes of primary and secondary amenorhea (8 marks)
2. a) What is endometriosis? (2 marks)
b) Discuss the pathophysiology of endometriosis (8 marks)
3. Write short notes on:-
 - a) Sterilization (3 marks)
 - b) Dyspareunia (4 marks)
 - c) Impotence (3 marks)
4. Discuss the female sexual response cycle (10 marks)
5. a) Outline the types of female genital mutilation (5 marks)
b) State the complications of female genital mutilation (5 marks)

TEST PAPER 8

INSTRUCTIONS

This paper consists of SECTION A, SECTION B and SECTION C.

Section A consists of 30 True/False Questions

Section B consists of 20 One answer Multiple Choice Questions

Section C consists of essay questions worth 50 marks.

SECTION A

1. The following are features of fetal distress:

- A. Meconium stained liquor
- B. Fetal bradycardia
- C. Fetal tachycardia
- D. Maternal exhaustion
- E. Fetal hypercapnoea

2. Deep venous thrombosis in pregnancy:

- A. Heparin should be given IV in acute phase
- B. Warfarin should not be used below 14weeks and above 36weeks
- C. Presents like cellulitis
- D. Hormans sign is recommended
- E. Commonly affects lower limb

3. About induction of labor:

- A. Prostaglandins are used
- B. The station is an index
- C. The only treatment of failed induction is oxytocin
- D. Can be done in 2 previous scars at 38weeks of gestation
- E. Bishop score of 5 is favorable

4. In PROM:

- A. Digital vaginal examination is contraindicated
- B. Deliver the patient if Chorioamnionitis sets in
- C. Confirmed by litmus test
- D. Ferning test is helpful
- E. Urinary incontinence is a differential diagnosis

5. FANC includes:

- A. Counseling on danger signs
- B. Monthly antenatal visits until delivery
- C. Individual birth plan
- D. Home delivery with the aid of TBAs
- E. Husband has no role

6. In the first half of menstrual cycle:

- A. Serum progesterone levels are high
- B. Some ovarian follicles begin to degenerate
- C. Corpus luteum forms
- D. Endometrium undergoes proliferative changes
- E. Menstrual flow occurs

7. Ectopic pregnancy:

- A. Can occur with no history of amenorrhea
- B. Pregnancy detection test is always positive
- C. There is shock without vaginal bleeding
- D. Viable abdominal pregnancy can occur
- E. Fetus can be palpated in the pouch of Douglas during VE

8. The following are true about abortion:

- A. Always complete after 14weeks gestation
- B. Cervical nerve block can be used for pain management
- C. May result in infertility
- D. Congenital malformations are the commonest cause in second trimester
- E. WHO considers it to be pregnancy at 20weeks and below or 500grams

9. Concerning gestational trophoblastic disease:

- A. May present with hyperemesis
- B. Hyperthyroidism may be a presenting feature
- C. Sharp curettage is done after 10days
- D. Theca lutein cysts are rare
- E. Levels of beta HCG are usually low

10. Dysfunction uterine bleeding is caused by:

- A. Uterine fibroid
- B. CA cervix
- C. Vulval cancer
- D. Habitual abortion
- E. Hormonal imbalance

11. Depo-provera:

- A. Is unsafe during lactation
- B. May cause amenorrhea

- C. Is given every 12weeks
- D. Return to fertility immediately
- E. Dual family planning cannot be practiced

12. The following drugs are contraindicated in pregnancy:

- A. Chloramphenical
- B. Quinine
- C. Metronidazole
- D. Ciprofloxacin
- E. Brufen

13. Gestational age is evaluated from:

- A. Quickening
- B. Height of the uterus
- C. Biophysical profile
- D. Calculated from last menstrual period
- E. Sonographic evidence

14. Positive signs of pregnancy include:

- A. Amenorrhea
- B. Positive fetal heart sound
- C. Uterine distention
- D. Braxton hicks contractions
- E. Discharging breasts

15. Grand multipara is likely to develop:

- A. Pregnancy
- B. CPD
- C. Placenta accrete
- D. Uterine rapture
- E. Placenta praevia

16. Elective caesarean section is indicated in:

- A. Face presentation
- B. Two previous scar
- C. Obstructed labor
- D. Ruptured uterus

E. Breech presentation in a primigravida

17. About episiotomy:

- A. Contraindicated in sero positive mothers
- B. Mandatory to primigravida
- C. Most commonly used in medio lateral incision
- D. Can be stitched without local anesthesia
- E. Wound sepsis is a complication

18. Vulval carcinoma:

- A. Spread is primarily haematogenous
- B. Pruritis is an important symptom in early stage
- C. Surgical treatment is preferable to radiotherapy
- D. Simple vulvectomy can be palliative
- E. The size of the lesion is not important in staging

19. Carcinoma of the endometrium:

- A. Diabetes, hypertension, and obesity have an etiological role
- B. Common between the ages of 40 and 50years
- C. Can be squamous in up to 5% of instances
- D. Fractional curettage is an important investigation
- E. Medroxyprogesterone acetate is never used in treatment

20. Galactorrhea:

- A. LH levels are often high
- B. Prolactin levels could be high
- C. Visual fields evaluation is not important
- D. X-ray of sella turcica may be useful
- E. Oligomenorrhea may accompany galactorrhea

21. Impact of family planning acceptance on the society:

- A. Reduction in poverty
- B. Reduction in total fertility
- C. Reduction in maternal mortality
- D. Reduction in septic abortion
- E. Reduction in economic growth

22. Risk factors in hyperemesis gravidarum:

- A. Obesity
- B. Sight of food
- C. Zinc
- D. Paralytic ileus
- E. Multiparity

23. The following are danger signs observed in post partum period:

- A. Convulsions during labor
- B. Extreme headache
- C. Cord or leg prolapse
- D. Facial swelling
- E. Drainage of liquor

24. Diagnosis of PROM is made by:

- A. Escaping fluid from the cervix
- B. Observing meconium
- C. Determining the Ph of the fluid
- D. Fern test
- E. Doing digital examination

25. The following are components of BPP:

- A. Fetal tone
- B. Cervical dilatation
- C. Non stress testing
- D. Position of the cervix
- E. Fetal movement

26. Causes of PET may include:

- A. Endothelin
- B. Cigarette smoking
- C. High calcium levels
- D. Nitric oxide
- E. Single gene theory

27. Gonorrhoea:

- A. Women are asymptomatic

- B. Cotrimoxazole is DOC given IM
- C. Caused by intracellular gram positive diplococcic
- D. May present in male within 1 week
- E. Gentamicin is helpful

28. Signs and symptoms of IUFD include:

- A. Reduced fetal movement
- B. Failure to thrive
- C. Reduced heart sound
- D. Increased maternal weight
- E. Per vaginal bleeding

29. Investigation in hyperemesis gravidarum:

- A. UECs
- B. Stool for ova and cyst
- C. Urinalysis
- D. Abdominal ultrasound
- E. Thyroid function tests

30. The following is true concerning contractions seen in false labor:

- A. Discomfort is chiefly on the lower abdomen
- B. Intervals gradual shorten
- C. Discomfort is relieved by sedation
- D. Intensity gradually increases
- E. Cervix dilates

SECTION B

1. The following are causes of breech presentation except:

- A. Polyhydramnios
- B. Multiple pregnancy
- C. Anencephaly
- D. IUFD

2. Contraindications for vaginal delivery in complete breech include the below except:

- A. Elderly primigravida

- B. Contracted pelvis
- C. Bad obstetric history
- D. Fully dilated cervix

3. The following positions should be used during a gynecological examination, which one is not?

- A. Sims
- B. Lithotomy
- C. Left lateral
- D. Dorsal

4. Which of the following is not true on pelvic examination?

- A. The bladder should be full
- B. The bladder should be empty
- C. A female attendant should be there
- D. To examine a minor or unmarried, consent should be taken from the parent or guardian

5. The vaginal position of the cervix is palpated to note?

- A. Direction
- B. Station
- C. Texture
- D. All of the above

6. The pouch of Douglas can be examined effectively through:

- A. Posterior fornix
- B. Anterior fornix
- C. Bimanual palpation
- D. Speculum exam

7. Which of the following is not among the high risk classification of cancer screening?

- A. Early marriage
- B. Early screening
- C. HIV positive
- D. Women who have never been sexually active

8. Which of the following risk factor of pelvic infection is false?

- A. Menstruating women
- B. Multiple sexual partners
- C. Post menopausal women
- D. IUCD users

9. Complications of acute PID following delivery or abortion:

- A. Endotoxic shock
- B. Oliguria
- C. Anuria
- D. All of the above

10. Chronic pelvic infection does not result from the following:

- A. Tubercular infection
- B. Following acute pelvic infection
- C. Following low grade recurrent infection
- D. Early pregnancy

11. Menstrual abnormalities include:

- A. Menorrhagia
- B. Amenorrhea
- C. Oligomenorrhea
- D. All of the above

12. Primary dysmenorrhea:

- A. mostly confined to adolescents
- B. mostly occurs in those who have delivered
- C. has an underlying cause
- D. not effectively treated by NSAIDs

13. Common cause of secondary dysmenorrhea:

- A. Cervical stenosis
- B. Chronic pelvic infection
- C. IUCD in utero
- D. All of the above

14. Which of the following is a danger sign in pregnancy?

- A. Chloasma
- B. Braxton hicks contractions
- C. Draining of liquor
- D. UTI

15. About normal labor:

- A. Has 3 stages
- B. Has 4 stages
- C. Usually occurs in 3 phases
- D. None of the above

16. The most common abnormal fetal presentation is:

- A. Occiput posterior position
- B. Breech presentation
- C. Shoulder presentation
- D. Cord presentation

17. Regarding cancer in pregnancy, which statement is false?

- A. Pregnancy does not appear to worsen cervical cancer
- B. Pregnancy should not delay treatment of cancer
- C. In rectal cancer, treatment is also similar to that of non-pregnant women
- D. Methotrexate is contraindicated in first trimester

18. Regarding diabetes mellitus in pregnancy, which statement is false?

- A. Insulin is the drug of choice
- B. Pregnancy exacerbates diabetic retinopathy and nephropathy
- C. Gestational diabetes mellitus develops in over-weight women
- D. It predisposes neonates to hypoglycemia

19. Which of the following is not a risk factor of vulvar cancer?

- A. HPV infection
- B. Lichen sclerosis
- C. Cervical intra-epithelial neoplasia
- D. Chronic granulomatous disease

20. Which of the following is not a relative contraindication to oral contraceptives?

- A. Depression
- B. Amenorrhoea with an undiagnosed cause
- C. Migraines with neurological symptoms
- D. Smoking after age 35

SECTION C

1. A woman at 34 weeks gestation came with pain on the left leg for 5 days. On examination the limb was swollen and tender especially at the calf muscle. No obvious signs of infection were visible.

- a) What are the 2 most likely differentials of this condition? (2 marks)
- b) Discuss her management until delivery (8 marks)

2. A 30 year old para 3+0 presents to you with a history of 14 weeks of amenorrhoea, per vaginal bleeding on and off and a positive pregnancy test at 10 weeks of gestational age. No palpable mass on abdominal examination, pelvic scan shows a bulky uterus with fluid collection. A repeat pregnancy test is negative.

- a) What is the most likely diagnosis? (1 mark)
- b) How do you go about her management? (9 marks)

3.

- a) Define premature labour (1 mark)
- b) List 5 causes of premature labour (4 marks)
- c) How would you manage a mother with premature labour at 37 weeks gestation? (5 marks)

4.

- a) Define caesarean section (1 mark)
- b) List 10 indications for emergency caesarean section (9 marks)

5.

- a) Outline the types of ovarian tumors (5 marks)
- b) Outline the complications of uterine fibroids (5 marks)

TEST PAPER 9

INSTRUCTIONS

This paper consists of SECTION A, SECTION B and SECTION C.

Section A consists of 30 True/False Questions

Section B consists of 20 One answer Multiple Choice Questions

Section C consists of essay questions worth 50 marks.

SECTION A

1. Predisposing factors of hydatidiform mole include:

- A. Between 20-40years
- B. Low protein and folate diet
- C. Blood group O female
- D. Previous mole
- E. Blood group A female with blood group O male

2. In CA cervix:

- A. Post coital bleeding is the common symptom
- B. MRI may show pelvic or peviaortic lymph nodes involvement
- C. Condyloma acuminatum is differential diagnosis
- D. In invasive form extended hysterectomy is helpful
- E. Doxorubicin is the drug used

3. In management of HIV pregnant mother:

- A. Artificial rapture of membrane is helpful
- B. Elective caesarean should be done at 38weeks
- C. Episiotomy is helpful
- D. If haemogram is less than 8g/dl do not use AZT
- E. IUGR is an effect in HIV

4. The following factors influence menopause

- A. Prolonged use of oral contraceptives
- B. Smoking
- C. Excessive exposure lionizing radiation
- D. Mumps
- E. Childbearing

5. As a clinician at a health center, which of the following would you ensure that is carried out during the 2nd FANC visit:

- A. Checking on the individual birth plan
- B. Ensuring the 1st SP is given
- C. Listening for fetal heart rate
- D. Counseling
- E. Doing a VE

6. Indications of CS include:

- A. Placenta previa type IIa-IV
- B. Cerebral aneurysm
- C. Macrosomia of 4kg
- D. Fetal sacral tumor
- E. Previous history

7. Signs and symptoms of premature labor are:

- A. Irregular uterine contractions
- B. Blue pH paper on vaginal fluid
- C. Effacement of the cervix is more than 50%
- D. Cervical dilatation is more than 1cm
- E. Intermittent thigh pain

8. Candida infection is common in the following conditions:

- A. Diabetic mellitus
- B. Chronic renal disease
- C. Prolonged antibiotic use
- D. Malaria
- E. Menopause

9. The following statements are true concerning CA cervix:

- A. Squamous cell type is more common
- B. The stage of the disease does not affect the management
- C. Over 50% of cases are adenocarcinoma
- D. Pap smear is helpful in stage III of the disease
- E. Persistent HPV women have a higher likelihood of developing Ca cervix

10. In fibroids:

- A. Should be removed immediately after diagnosis
- B. Most leiomyoma do not produce symptoms
- C. Vaginal hysterectomy is done in case of excessive bleeding
- D. May be a cause of spontaneous bleeding
- E. Diagnosis is done by manual examination of the uterus

11. Concerning partogram:

- A. It has 2 sections only i.e. baby's and mother's

- B. Latent phase does not exceed 8hours
- C. If liquor is meconium stained suspect fetal asphyxia
- D. The difference between alert and action is 4hours
- E. Moderate contraction last between 40-60 seconds

12. The following are contraindications of episiotomy:

- A. Fetal distress
- B. Short elastic perineum
- C. Big babies with history of CPD
- D. Fetal malposition
- E. Previous pelvic floor surgery

13. The following are sign and symptoms of shock in pregnancy:

- A. Anxious and delirious
- B. Diastolic BP of <110mm/hg
- C. Hypotension
- D. Oliguria of <30mls/hr
- E. Rapid bounding pulse

14. Before repeating IM regimen of MgSO₄ it's important to ensure:

- A. Respiratory rate is above 16 per minute
- B. Patella reflexes are absent
- C. Urine output is more than 30mls
- D. There is respiratory distress
- E. Patella reflexes are present

15. Warfarin in treatment of DVT:

- A. Is used from 16-36 weeks and up to 6week post delivery
- B. Antidote is protamine sulphate
- C. Causes chondrodysplasia
- D. Is used in acute phase, 1st and 3rd trimesters
- E. It should be stopped at onset of labor

16. The following are indications of external cephalic version (ECV):

- A. Marked oligohydromnios
- B. Transverse lie with no placenta praevia
- C. PROM

D. Engagement of the presenting part in the pelvis

E. Previous uterine surgery

17. The following investigations can be done in Disseminated Intravascular Coagulation (DIC):

A. Peripheral blood film

B. Fibrin split products

C. Bleeding time

D. Dimmer

E. Full haemogram

18. The following are causes of DIC:

A. Adenocarcinoma

B. Placenta abruptio

C. HELLP syndrome

D. Prolonged labor

E. Eclampsia

19. Maternal complication of twin pregnancy include:

A. Premature labor

B. Preeclampsia

C. Transverse presentation

D. Hyperemesis gravidarum

E. Oligohydromnios

20. The following are signs of impending uterine rupture:

A. Cessation of contractions

B. Maternal tachycardia, restless, hypotension

C. Vaginal bleeding

D. Abdominal pain

E. Loss of fetal heart rate

21. In placenta previa:

A. Bleeding is dark brown and painful

B. Uterine size is equal to gestational age

C. Uterus is tense and woody hard

D. Uterus is non tender, soft and relaxed

E. Malpresentation is common

22. Concerning septic abortion:

- A. Cause can be normal vaginal organism
- B. Infection is limited to the cervix and uterus only
- C. Rebound tenderness may be a sign
- D. Tetanus toxoid is helpful
- E. Fever, guarding, absent bowel sounds indicate intra abdominal injury

23. The following drugs are used in treatment of hypertension in pregnancy:

- A. Nifedipine
- B. Labetalol
- C. MgSO₄
- D. Hydralazine
- E. Pentothal

24. Concerning VVF:

- A. Prolonged labor is the major cause
- B. Obstructed labor is the major cause
- C. Pelvic fracture is a cause
- D. Account for 20% of all fistulas
- E. Colporrhaphy can be a cause

25. Physiological changes in pregnancy include:

- A. Chadwick sign
- B. Tightening of connective tissues
- C. Leucorrhoea
- D. Colostrums from 24weeks
- E. Presence of glands

26. The following are differentials of hyperemesis gravidarum:

- A. Peptic ulcer
- B. Gastritis
- C. Cholelithiasis
- D. Pancreatitis
- E. Hepatitis

27. Indications of induction of labor:

- A. Elderly primigravida
- B. Breech presentation
- C. Obvious CPD
- D. Previous CS scar
- E. Rheumatic heart disease class IV

28. Concerning lochia:

- A. Alba last for 3-6 weeks
- B. Rubra last for 3-6weeks
- C. Alba is a sign of infection
- D. Serosa is whitish yellow in color
- E. May occur up to 6weeks after delivery

29. The following are signs and symptoms of ectopic pregnancy:

- A. Syncope
- B. Pain on the neck
- C. Tearing lower abdominal tenderness
- D. Hypervolaemic shock
- E. Pulse is high and rapid

30. Regarding the gynaecoid pelvis:

- A. Ischial spine is palpable
- B. Sacro-promontory is not palpable
- C. AP diameter is equal to transverse diameter
- D. Pubic arch is obtuse
- E. Fully developed before the age of 13years

SECTION B

1. Which of the following is not an endocrine cause of galactorrhea?

- A. Pituitary tumour
- B. Hypothyroidism
- C. Chronic renal failure
- D. None of the above

2. Which of the following correctly describes erectile dysfunction?

- A. Impotence
- B. Inhibited sexual excitement
- C. An erectile dysfunction
- D. All of the above

3. Tightening around the vagina when vaginal entry is attempted is referred to:

- A. Dyspareunia
- B. Vaginismus
- C. Sexual anhedonia
- D. Sexual arousal disorder

4. Which of the following is a cause of deep dyspareunia?

- A. Endometriosis
- B. Vulvar vestibulitis
- C. Lichen sclerosis
- D. Atrophic vaginitis

5. Which of the following is not a differential diagnosis of abruptio placentae?

- A. Uterine rupture
- B. Placenta praevia
- C. Threatened abortion
- D. Heavy show

6. Maternal complications of multiple pregnancy include the following, except:

- A. Premature labour
- B. Malpresentation
- C. Haemorrhoids
- D. None of the above

7. Which of the following is the gold standard for diagnosis of fetal death by ultrasound?

- A. Scalp edema
- B. Fetal maceration
- C. Absence of cardiac activity

D. Spalding sign

8. Differential diagnosis of twin pregnancies include the following, except:

- A. Molar pregnancy
- B. Fetal macrosomia
- C. Wrong dates
- D. None of the above

9. The following are fetal contraindications to labour induction, except:

- A. Severe hydrocephalus
- B. Transverse lie
- C. A and B
- D. None of the above

10. The MTCT pattern of HIV in pregnancy is highest during:

- A. Labor and delivery
- B. Breastfeeding 18-24 months
- C. During pregnancy
- D. Breastfeeding in the first 6 months

11. The following are adverse effects of oxytocin, except:

- A. Uterine hyperstimulation
- B. Water intoxication
- C. Uterine rupture
- D. All of the above

12. Which ovarian cyst rupture may cause myxoma peritonei?

- A. Cystadenofibroma
- B. Struma ovarii
- C. Mucinous cystadenoma
- D. Serous cystadenoma

13. Which of the following is not a feature of PCOD?

- A. Infertility
- B. Obesity
- C. Tall stature

D. Oligomenorrhea

14. The commonest cause of death in CA cervix is?

- A. Hemorrhage
- B. Uraemia
- C. Distant metastasis
- D. Infections

15. Complications of breech presentation to the fetus include the following, except:

- A. Cord prolapse
- B. Asphyxia
- C. Fractures
- D. All of the above

16. Common immune disturbances causing premature ovarian failure include:

- A. Galactosemia
- B. Myotonic dystrophy
- C. Pernicious anemia
- D. 17 -alpha-hydroxylase deficiency

17. The commonest causative organism of acute Bartholinitis is:

- A. Gonococcus
- B. Trauma
- C. *Staphylococcus aureus*
- D. *Trichomonas vaginalis*

18. Passage of clots during menorrhagia may include:

- A. Large amount of bleeding
- B. Normal menstruation
- C. Infection
- D. Uterine fibroids

19. Which of the following is a feature of Meig's syndrome?

- A. Ascites
- B. Ovarian fibroma

C. Right sided pleural effusion

D. All of the above

20. Causes of early pregnancy per vaginal bleeding is:

A. Bloody show

B. Marginal bleeding

C. Hydatidiform mole

D. Vasa previa

SECTION C

1. A Gravida 3P2+0 mother who was separated with her husband and remarried two years ago presents with a pregnancy of 8 months gestation, complaining of frontal headache, darkening of urine, visual blurring and epigastric pain. How would you go about investigating and managing the condition? (10 marks)

2. Mention the different forms of steroidal contraceptives. (5 marks)

3. List the malformations of the mullerian ducts. (5 marks)

4. What are the complications of uterine leiomyomas? (5 marks)

5. a) Outline 5 major categories of female sexual dysfunction (5 marks)

b) List 5 causes of superficial dyspareunia (5 marks)

6. Outline 5 risk factors for endometrial carcinoma (5 marks)

7. Discuss the components of Leopold's manoeuvre (10 marks)

TEST PAPER 10

INSTRUCTIONS

This paper consists of SECTION A, SECTION B and SECTION C.

Section A consists of 30 True/False Questions

Section B consists of 20 One answer Multiple Choice Questions

Section C consists of essay questions worth 50 marks.

SECTION A

1. Concerning cancer of the cervix: -

- A. May present with renal failure.
- B. Associated with the herpes simplex virus.
- C. Mainly an adenocarcinoma.
- D. In stage 4, treatment is mainly surgical.
- E. Higher incidence in patients with HIV/AIDS

2. Ectopic pregnancies: -

- A. Suspected in patients with vaginal bleeding after a period of amenorrhoea.
- B. An ultrasound must be done before treatment is started.
- C. Methotrexate may be used in treatment.
- D. Higher incidences are noted in patients in patients with a previous history of pelvic inflammatory disease.
- E. Mainly occur at the fimbria.

3. Absolute indications of caesarian sections include: -

- A. History of two previous caesarian sections.
- B. Obstructed labour.
- C. Fetal distress.
- D. Multiple gestations.
- E. All placenta previa patients.

4. Complications due to diabetes in pregnancy include: -

- A. Obstructed labour due to big baby (macrosomia)
- B. Hyperglycaemia in the neonate after delivery.
- C. Increased incidence of congenital malformations.
- D. Still births.
- E. Increased episodes of candidiasis and urinary tract infections to the mother.

5. Features of severe pre-eclampsia include: -

- A. Right upper quadrant pain.
- B. Blood pressure of 140 mmHg systolic.
- C. Visual disturbances.
- D. Reduced urinal output.

E. Mild oedema of the feet.

6. Risk factors for cervical carcinoma include: -

- A. Multiple sexual partners.
- B. Early age of sexual debut.
- C. Multiparity.
- D. Use of oral contraceptive pills.
- E. Use of intra uterine contraceptive device (IUCD)

7. Concerning uterine fibroids: -

- A. May present with chronic abdominal pelvis.
- B. All are treated surgically.
- C. Associated with low parity.
- D. May present with infertility.
- E. May lead to obstructed labour.

8. Choriocarcinoma: -

- A. Present with irregular vaginal bleeding
- B. One may get an enlarged uterus on abdominal examination.
- C. Associated with reduced HCG (Human Choroidal Gonaldotropin) levels.
- D. May be suspected when HCG levels remain high after treatment of a hydatid mole.
- E. Main mode of treatment is surgical.

9. The following conditions may be transmitted through coitus:-

- A. Condylomata acuminata
- B. Lymphogranuloma venerum
- C. Pelvic tuberculosis
- D. Syphilis
- E. Human papilloma virus

10. Dilatation and curettage of the uterus may be indicated in:-

- A. Missed abortion
- B. Some cases of infertility
- C. Abnormal uterine bleeding
- D. Suspected cancer of the endometrium
- E. Uterine fibroids

11. Contraindications to syntocinon use include:-

- A. Placenta abruption
- B. Previous caesarian section
- C. Cephalo-pelvic disproportion
- D. Third stage labour
- E. Breech presentation

12. Puerperal sepsis is commonly found in the following groups of patients:-

- A. Those with prolonged labour
- B. Prolonged rupture of membranes
- C. Chronic debilitating disease
- D. Multiple pregnancy
- E. Psychotic patients

13. A patient with cervical incompetence:-

- A. Is one who gets frequent painless abortions
- B. Abortion occurs between the 12th and 16th week of gestation
- C. Can be corrected outside pregnancy
- D. Incompetence of external Os is the problem
- E. A short cervix is significant

14. Signs and symptoms of cardiac disease in pregnancy include:-

- A. Pedal oedema with facial puffiness
- B. Progressive orthopnoea
- C. Dyspnoea even at rest
- D. Palpitations with a bounding pulse
- E. A diastolic murmur

15. Concerning the partogram:-

- A. Allows the assessment of the progress of labor at a glance
- B. Is used to diagnose false labor
- C. Reduces perinatal mortality when appropriately used
- D. Is a referral tool at the primary care level
- E. Allows early recognition of abnormal progress of labor

16. Tubal damage may be caused by:-

- A. Trichomonas vaginalis
- B. Gonorrhoea
- C. Previous ectopic
- D. Oral contraceptive pill
- E. Chlamydia

17. Antenatal profile includes:-

- A. HIV test
- B. Toxoplasma antigen
- C. Blood group Rhesus
- D. Triple test
- E. Screening for syphilis

18. Indications for good fetal well-being:-

- A. Liquor volume
- B. Fetal lie
- C. Fetal tone
- D. Fetal movement
- E. Umbilical artery blood flow

19. Investigation for a mother with severe pre-eclampsia:-

- A. CT scan
- B. Doppler flow scan
- C. Haemogram
- D. Urine for culture and sensitivity
- E. Liver function test

20. A Rhesus sensitized mother:-

- A. Has high level of bilirubin in amniotic fluid
- B. Has a positive indirect Coombs test
- C. May have a foetus of cardiac failure
- D. Can have Rhesus negative normal babies
- E. Needs Anti-D immunoglobulin

21. Oligohydramnios:-

- A. Is associated with renal agenesis
- B. Is not associated with pre-term labor

- C. Is associated with fetal abnormalities
- D. Is associated with amniotic band syndrome
- E. Is associated with oesophageal atresia

22. The following factors below are contraindications to induction of labour.

- A. Placental insufficiency
- B. Transverse lie
- C. Premature rupture of membranes
- D. Placenta praevia
- E. Contracted pelvis

23. Concerning obstructed labour: -

- A. May present with the bundle's ring.
- B. May occur in a foetus with hydrocephalus.
- C. Common in young primigravida
- D. Delivery is by caesarean section.
- E. May be due to malposition of the foetus.

24. Leutenizing hormone: -

- A. Main hormone in the first 14 days of the menstrual cycle.
- B. Associated with increased progesterone levels.
- C. Mainly produced in the anterior pituitary.
- D. Leads to differentiation and development of the endometrial lining.
- E. Plays a major role in supporting the embryo during the early stages.

25. Causes of congenital malformations include: -

- A. Intra-uterine infections.
- B. Diabetes mellitus
- C. Primigravida over 35 years.
- D. Cervical incompetence.
- E. Prolonged rupture of membranes.

26. Quickening: -

- A. Occurs earlier in primigravida mothers.
- B. Occurs at 16-18 weeks in multigravida.
- C. Occurs earlier in multiple gestations

- D. May be used to estimate gestation age.
- E. May be delayed in a foetus with congenital malformations.

27. Signs of labour include: -

- A. Epigastric pain increasing in frequency and intensity.
- B. Rapture of membranes.
- C. Contractions increasing in frequency and intensity.
- D. Presence of a dilated cervix on vaginal exam.
- E. Lower abdominal pain radiating to the back.

28. Routine tests done during ANC include: -

- A. HIV Test
- B. Urinalysis
- C. Blood Grouping
- D. VDRL
- E. Check hemoglobin.

29. Causes of post partum haemorrhage include: -

- A. Uterine atony
- B. Retained placenta
- C. Cervical tears
- D. Coagulation disorders
- E. Placenta previa.

30. Adverse effects of oral contraceptives pills (OCP's) include: -

- A. Weight loss.
- B. Hypertension.
- C. Increased episodes of deep venous thrombosis.
- D. Increased chances of pelvic inflammatory disease.
- E. Predisposes to breast carcinoma.

SECTION B

1. The following are true regarding ectopic pregnancy. except:

- A. Incidence increases as maternal age increases
- B. Cervical motion tenderness may be present
- C. Prior induced abortion is a risk factor

D. Commonest site of implantation is the cornua

2. Which of the following is not a risk factor for abruptio placentae?

- A. Older maternal age
- B. Cocaine use
- C. Vasculitis
- D. PROM

3. Which statement is false regarding labour?

- A. Epidural sedation prolongs second stage
- B. ARM is done in second stage
- C. Cervix should dilate 1.5cm/hr in multiparous
- D. Cervix becomes fully dilated in active phase of first stage

4. Which is false regarding management of PROM?

- A. Chorioamnionitis is rare
- B. Digital cervical exam should be avoided
- C. HIV positive woemn should labour and deliver vaginally
- D. If >37 weeks induce with oxytocin if GBS positive

5. Which is not a predisposing factors of PROM?

- A. Oligohydraminos
- B. Cervical incompetence
- C. Infections
- D. Uterine abnormality

6. The following hormones are produced by the placenta, except;

- A. Insulinase
- B. TSH
- C. Melanocyte stimulating hormone
- D. Progesterone

7. The following are respiratory changes that occur in pregnancy, except:

- A. Residual volume decreases
- B. Tidal volume increases
- C. Minute volume reduces
- D. Thoracic circumference increases by about 10cm

8. The following is a cause of secondary dysmenorrhea:

- A. Anxiety
- B. Narrow cervical os
- C. Lack of exercise
- D. Fibroids

9. Frequent menses is referred to as:

- A. Menorrhagia
- B. Metrorrhagia
- C. Polymenorrhea
- D. Oligomenorrhea

10. Which is false regarding the menstrual cycle?

- A. Blood loss is usually greatest on the third day
- B. A saturated pad or tampon absorbs 5 to 15ml
- C. The luteal phases averages 14 days
- D. Blood loss per cycle averages 30mls

11. Estimation of gestational ages are based on the following measurements, except:

- A. Femur length
- B. Fetal limb circumference
- C. Bioccipital diameter
- D. Abdominal circumference

12. The following are causes of anovulatory amenorrhea, except:

- A. Asherman's syndrome
- B. Obesity
- C. Weight loss
- D. Sheehan's syndrome

13. Which of the following is not a risk factor for gestational diabetes?

- A. Unexplained fetal loss
- B. Family history
- C. Persistent glucosuria
- D. None of the above

14. Mucus-filled cysts on either side of the vaginal opening are:

- A. Hydatid cysts
- B. Epidermal cysts
- C. Bartholin's gland cysts
- D. Skene's duct cyst

15. Which of the following is true concerning endometriosis?

- A. Diagnosis is by laparoscopy
- B. Heredity is not a factor
- C. May cause primary dysmenorrhea
- D. Coelomic epithelium transformation is the most widely accepted hypothesis

16. Which statement is false regarding premenstrual syndrome?

- A. Treatment is symptomatic
- B. Diuretics have no role
- C. SSRIs may be used
- D. Hormonal manipulation is effective for some women

17. Which is false regarding vaginal cancer?

- A. Common after 60 years of age
- B. Most occur in the upper third of the posterior vaginal wall
- C. Is usually a squamous cell carcinoma
- D. Most patients are asymptomatic

18. Which of the following is not an indication of a PID patient?

- A. Dehydration
- B. Pregnancy
- C. Peritonitis
- D. None of the above

19. Which statement is true about Pelvic Inflammatory Disease (PID)?

- A. Mucopurulent discharge occurs in cervicitis
- B. Common before menarche
- C. Cases due to Chlamydia trachomatis are more severe than cases due to Neisseria gonorrhoea
- D. All of the above

20. Which is true regarding cervical cancer?

- A. Majority are adenocarcinomas
- B. HPV 31 and 33 are the commonest etiology
- C. Mean age at diagnosis is 60 years
- D. Multiple sexual partners is a risk factor

SECTION C

1. A 27 year old who delivered at hospital and discharged, present to you 1 week later with history of hotness of body and foul smelling pv discharge

- a) What is the most likely diagnosis (1 mark)
- b) Outline 4 relevant investigation you will carry (2 marks)
- c) List 4 pre-disposing factors to above condition (4 marks)
- d) Outline specific management (3marks)

2. A pregnant mother at 33 weeks gestation presents to you with history of clear odourless 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 (1mark)
- b) List 2 investigations for this condition. (2 marks)
- c) Briefly describe how you will confirm that this fluid is indeed a PV discharge and not urine (2marks)
- d) Outline management of this condition (5 marks)

3. Discuss 10 elements of a partogram (10 marks)

- 4. a) Write short notes on immediate care of a newborn (7 marks)
- b) Explain how to clamp or tie the umbilical cord (3 marks)

- 5. a) Outline the active management of third stage of labour (AMTSL) (3 marks)
- b) Outline the stages of labour (3 marks)
- c) Mention 4 forms of assisted reproductive techniques (4 marks)

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