UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES
Department of Obstetrics & Gynaecology

MBChB IV MCQ CAT

Date: 25th March 2013

Time: 9.00am - 10.30am

INSTRUCTIONS Each question has 5 responses and only one correct answer. Circle the correct response. Each correct response will earn 1 mark and wrong response no mark. Any question with more than one circled response will be invalidated. Put your registration number on each page.

1. The pigmentation of the midline of abdominal skin during pregnancy is called
   a. Striae gravidarum
   b. Linea alba
   c. Linea nigra
   d. Chloasma
   e. Melasma

2. What is the average weight gain during pregnancy?
   a. 1 kg
   b. 12 kg
   c. 15 kg
   d. 17 kg
   e. 20 kg

   8-15kg
   Average → 12kg

3. Which of the following increases during pregnancy?
   a. Platelet concentration
   b. Platelet size
   c. Clotting time
   d. Plasma fibrinogen level
   e. Bleeding time

   Plasma D-dimers ↑
   All procoagulant factors ↑
   II V VII ↑, Antithrombin III unchanged
   Factor ↑, 3, 9, 10 ↑ Fibrinogen ↑, Fibrinolytic system activation

4. A 28 year para 1+4 presents with a history of recurrent pregnancy losses in 2nd trimester. Which of the following points towards cervical incompetence
   a. Falling gestation in order of sequence
   b. Increasing gestation in order of sequence
   c. Rupture of membranes way before expulsion
   d. History of puerperal sepsis
   e. History of diabetes in the family

   → Bloomwise uterus

5. Through which route is glucose transported across the placenta?
   a. Endocytosis
   b. Facilitated transport

   Simple diffusion: Gases and simple water soluble
   Active transport: essential aa and lipid soluble
   Pinocytosis: complex proteins, fatty acids

c. Passive diffusion
d. Active transport
e. Ion pump

A 28 year old para 0+3 is evaluated for pregnancy losses and cervical incompetence was entertained. She presents at 5 weeks gestation. Which of the following is correct regarding her management?

a. Advise her to come at 8 weeks gestation for cervical cerclage
b. Advise her to come after twelve weeks gestation for cervical cerclage
c. Advise her to come after ten weeks for admission for the rest of her pregnancy
d. Use an absorbable suture during the cervical cerclage
e. Plan for elective caesarean delivery in view of the incompetence

The highest concentration of hemoglobin containing 2 α and 2 β chains is

a. Early first trimester
b. Late first trimester
c. Second trimester
d. Early third trimester
e. Late third trimester

A 34 year old para 2+0 presents at 10 weeks with complaints of left leg swelling. The following is the true regarding her management.

a. Follow her as an outpatient and initiate acetyl salicylic acid tablet daily
b. Commence heparin then request Doppler ultrasound after two weeks to check for resolution
c. Commence warfarin and order for urgent Doppler ultrasound
d. Request for colour Doppler ultrasound and in the meantime initiate parenteral heparin
e. Request a coagulation profile and if normal follow as an out patient

An antenatal mother indicates her last menstrual period to have lasted from 25th march to 26th march 2012. Her expected date of delivery will be :

a. 1st December 2013
b. 4th December 2012
c. 1st January 2013
d. 4th January 2013
e. 4th February 2013

Which one of the following during screening for aneuploidy correlates positively with Down Syndrome?

a. Low alpha fetoprotein (AFP) low HCG, low oestriol
b. Low AFP, low HCG, high oestriol
c. Low AFP, high HCG, low oestriol
d. High AFP, low HCG, high oestriol
e. High AFP, low HCG, low oestriol

A 28 year old para 1+5 who previously had chlamydia infection and ectopic pregnancy presents with a positive pregnancy test and amenorrhoea of 6 weeks. Which of the following initial step is most important?

a. Qualitative serum B-HCG
b. Serum alpha fetoprotein

c. Oestriol
d. Chlamydia antibody levels
e. Pelvic ultrasound

12. A 22 year old para 1+0presents with lower abdominal pain, frequency of the micturition and discoloured urine. What would be the most appropriate step to take?
a. Request urine for culture and sensitivity. Start analgesic and review her with the results
b. Request urine for culture and sensitivity and start her on intravenous gentamycine
c. Request for urine microscopy, culture and sensitivity then commence her on nitrofurantoin and review her with the results
d. Commence her on amoxicillin and review her after 3 days.
e. Commence her on 3rd generation cephalosporin and then review her after 3 days

13. A 30 year old para 1 (SVD) + 0 presents at 42 weeks gestation. The cervix is central, soft, OS closed. Which one of the following is the best next step in her management?
a. Oxytocin
b. Prostaglandins (Misoprostol tablets)
c. Twice weekly cardiotocograph non stress test
d. Twice weekly biophysical profile
e. Artificial rupture of membrane

14. A 26 year old para 0+0 at 39 weeks gestation advanced in labour to 2nd stage. However, a thick hymenal ring of tissue at introitus is palpated, head is crowning and fetal monitoring reveals bradycardia. A 3cm episiotomy is made extending through hymenal ring, vagina and ends laterally in the perineum. What is the advantage of this episiotomy?
a. Avoids fourth degree tear
b. Clean surgical incision
c. Less dyspareunia
d. Easier to perform
e. Easier to repair

15. The 7 cardinal movements of labour includes –greatest transverse diameter of fetal head passing through pelvic inlet, fetal head descent, flexion, occiput turning towards 12 o'clock, fetal vertex extension interiorly followed by the 6th which is
a. Delivery of head
b. Rotation of occiput to transverse position
c. Rotation of occiput to posterior position
d. Delivery of anterior shoulder
e. Expulsion

16. The following qualifies a patient to be in the category of severe preeclampsia except
a. Increase serum creatinine
b. 2+proteinuria
c. Thrombocytopenia
d. Elevated liver enzymes
e. Diastolic BP ≥ 110mmHg

17. A 24 year old para 1+0 presents at 38 weeks gestation in labour. Initial assessment revealed her cervix to be fully effaced, 5 cm dilated and draining clear liquor. Four hours later, her cervix is

cm dilated, with 3 contractions every 10 minutes each lasting 40 seconds. What is the next best step in her care?

a. Augmentation with oxytocin
b. Vacuum delivery
c. Magnesium sulfate
d. Prostaglandin E2
e. Caesarian section

18. A 19 year old presents at 36 gestations with B.P 160/110 mmHg, severe headache and one episode of convulsion 1 hour ago. Obstetric examination revealed a term fundal height, cephalic and fetal heart rate of 140 b.p.m. Vaginal examination revealed a cervix 2 cm long, not effaced posterior and os closed. what would you be the next course of action

a. Start magnesium sulphate then control blood pressure with I.V. hydrallazine and insert prostaglandin pessary.
b. Start magnesium sulphate, I.V. hydrallazine and prepare for emergency caesarean delivery
c. Start intravenous valium, hydrallazine drip and prepare for emergency caesarean delivery
d. Start intravenous labetalol drip and prepare for emergency caesarean delivery
e. Start intravenous labetalol drip and insert prostaglandin pessary.

19. What type of breech presents with the thighs flexed and legs extended?

a. Complete
b. Incomplete
c. Footling
d. Frank
e. Transverse

20. A 20 year old para 0+0 with class 2 cardiac disease as per New York Heart Association goes into spontaneous labour at 39 weeks. The following statements regarding her management are correct EXCEPT:

a. Morphine/ pethidine will be administered in 1st stage of labour
b. If the contractions are inadequate oxytocin is best administered in normal saline at usual dose as for non cardiac patients
c. Antibiotics will be administered even if an episiotomy is not performed
d. Elective vacuum delivery will be anticipated
e. Frusemide will be administered in 3rd stage labour

21. What is the oedematous swelling of the scalp during labour that is not confined by future lines?

a. Molding
b. Caput succedaneum
c. Subdural hematoma.
d. Erythema nodosum.
e. Cephalohematoma

22. A 24 year old para 2+0 is admitted at 28 weeks gestation with preterm labour. After examination, she was put on indomethacin for tocolysis. Treatment with indomethacin is most likely to:

a. Reduce rate of preterm birth
b. Reduces intraventricular hemorrhage
c. Reduce mortality associated with preterm delivery
d. Prevent neonatal sepsis

e. Delay delivery for 2 days

In testing for presence of liquor in cases of premature rupture of membrane, nitrazine paper can be used. It confirms presence of amniotic fluid if it changes colour to.

a. Green
b. Red
c. Blue
d. Orange
e. Yellow

A 28 year old para 1+0 at 37 weeks gestation with a history of prior C/S presents with abdominal pain and vaginal bleeding. She smokes 6 cigarettes daily. The most likely diagnosis is

a. Trauma
b. Cervical polyp
c. Placenta previa
d. Placenta abruptio
e. Uterine rupture

A mother presents 36 weeks gestation with reduced fetal movements. The following perception will be reassuring

a. Five movements in 12 hours
b. Ten movements in 12 hours
c. Fifteen movements in 12 hours
d. Twenty movements in 12 hours
e. Twenty five movements in 12 hours

A 30 year old para 1+0 presents at 35 weeks gestation with painless vaginal bleeding. An ultrasound done reveals placenta overlying internal OS. Her BP is recorded as 110/80 mmHg and fetal heart rate of 142 beats per minute regular. Speculum revealed a closed cervix with no bleeding. What is the next best step in her management?

a. MgSO4
b. Hospitalization
c. Vaginal delivery
d. Caesarean section
e. Dexamethasone

A 25 year old para 1+0 presents at 30 weeks gestation with whitish to yellowish discharge with a distinct odour. Her temperature is normal. A sterile speculum examination reveals a homogeneous, adherent, white yellow discharge in posterior fornix and no inflammation. The discharge PH is 5.5. Wet mount displays 20% clue cells. KOH preparation is non diagnostic. The best diagnosis of above condition is:

a. Normal discharge
b. Trichomonas
c. Bacterial vaginosis
d. Chlamydia
e. Candida albicantes

A reactive tracing (reassuring) during conduct of Non Stress Test (NST) at term refers to

a. Flat fetal heart tracing
b. Increase fetal heart of at least 1 beats in amplitude

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d. Increased fetal heart of at least 15 beats in amplitude
d. Increased maternal heart beats of at least 5 beats in amplitude
e. Increased maternal heart beats of at least 15 beats in amplitude

30. The following statement is true regarding Rhesus negative factor
a. The prevalence of rhesus negative in Africans is 10%
b. Kernicterus is due to bilirubin deposition cerebral cortex
c. In Kleihuer Betke test, the fetal red blood cells are the " GHOST CELLS "
d. Anti D is not necessary for mothers whose baby's blood group rhesus factor is negative
e. Antenatal anti D is best given at 24 weeks gestation

31. A 24 year old underwent cardiotocograph (CTG) due to induction for reduced fetal movement. A drop of fetal heart rate was observed only during the contractions of the mirror images. This phenomenon is referred as
a. Early deceleration
b. Late deceleration
c. Variable deceleration
d. Early acceleration
e. Late acceleration

32. The following statements are true regarding Deep Venous thrombosis EXCEPT
a. It is more prevalent in pregnancy than outside pregnancy
b. It is more common in left leg than right leg during pregnancy
c. It is the leading cause of maternal mortality in the developed countries
d. At 37 weeks gestation, those patients on warfarin need to be converted into heparin
e. Venography is the procedure of choices as it is non invasive

33. What is the level of CD4 count that is used to determine whether mothers are put on ARV for prophylaxis or for their own treatment?
a. 150
b. 200
c. 300
d. 350
e. 400

34. What ARV regimen will you give to a mother testing HIV positive intrapartum
a. Tenofovir and Abacavir
b. Zidovudine, lamivudine and nevirapine
c. Zidovudine, lamivudine and kaletra
d. Raltegravir, lamivudine and stavudine
e. Didanosine, lamivudine and zidovudine

35. At what gestation will you initiate an antenatal mother who has been tested for the first time at 4 weeks gestation on ARVs for prophylaxis?
a. 6 weeks
b. 7 weeks
c. 14 weeks
d. 20 weeks
e. 24 weeks

35. The following statement is true regarding PMTCT

a. The risk of transmission to the baby without intervention by immediate post delivery duration is about 40%
b. Replacement feeding is recommended during the day and breastfeeding at night to ensure a healthy baby in the first 6 months
c. The transmission is higher in the second twin compared to the first twin
d. Episiotomy is recommended to expedite delivery
e. Male (partner) involvement is beneficial in reducing vertical transmission

36. A 22 year old para1+0 with 1 previous scar due to non reassuring fetal status (birth weight was 3.6 kg) presents at 39 weeks gestation. The estimated fetal weight is 3.4 kg and pelvic examination reveals her cervix to be 7 cm dilated with 1st degree moulding and no caput. What further management will you undertake?

a. Allow progress of labour and aim at vaginal birth
b. Start oxytocin to expedite delivery
c. Perform vacuum delivery after 1 hour
d. Immediate caesarean section to prevent uterine rupture
e. Plan for High Forceps delivery

37. A 24 year old Para 0+0 at 40 weeks gestation report to labour ward due to maternal exhaustion. Examination revealed a healthy mother, normal BP and a term fundal height, cephalic presentation and a fetal heart rate of 140 b.p.m. with a pelvic examination revealing a closed firm cervix. Which of the following will be the most appropriate in her management?

a. Wait until 42 weeks gestation and then induce
b. Undertake an emergency caesarean delivery
c. Start oxytocin in a drip
d. Insert prostaglandin pessary for induction of labour
e. Repeat cervical assessment 4 hourly.

38. An antenatal mother who has type 2 diabetes is attended for care. After delivery, her newborn will be at risk for:

a. Elevated blood glucose
b. Low hematocrit
c. Low calcium
d. Elevated potassium
e. Low bilirubin

39. The following statements are true regarding Diabetes mellitus in pregnancy EXCEPT

a. A diagnosis of Diabetes mellitus is made if fasting blood sugar level is greater than 7 mmol/L
b. A diagnosis of diabetes mellitus is made if the sugar level is greater than 11.1 mmol/L after 2 hours during an oral glucose tolerance test
c. Maternal serum alpha fetoprotein is necessary to screen for neural tubular defect
d. Delivery is done at 37 weeks gestation to prevent fetal macrosomia
e. Fetal ECG at 20 weeks helps screen for fetal cardiac anomalies

40. An antenatal mother is admitted at 34 weeks due to her Bp that is recorded as 170/110 mmHg. Her Bp recording 6 weeks ago was normal. She had a proteinuria of 3+ on dipstick, while previously it was nil. The most acurrate diagnosis is:

a. Chronic hypertension

b. Gestational hypertension
c. Mild preeclampsia
d. Moderate preeclampsia
e. Severe preeclampsia

41. A 22 year old para 1+0 has been experiencing severe lower pelvic pains during her menstrual flow. The pain interferes with her ability to concentrate. She is married and uses condoms for contraception. She has been using paracetamol with little relief. The next step is to prescribe for her

a. Ibuprofen
b. Combined pill
c. Morphine
d. Calcium
e. Depot medroxy progesterone acetate

42. Hormone X is secreted in the follicular phase and is responsible for suppressing FSH in the late follicular phase prior to ovulation. Hormone Y is responsible for allowing the Oocytes to progress through to metaphase II. Hormone X and Y respectively are

a. Progesterone and FSH
b. Progesterone and LH
c. Inhibin and FSH
d. Estrogen and FSH
e. Estrogen and LH

43. A 27 year old para 0+0 at 20 weeks gestation presents with 1 episode of spotting few days earlier. Auscultation failed to detect fetal heart and further investigation with ultrasound confirmed no fetal cardiac activity. The diagnosis is

a. Threatened abortion
b. Missed abortion
c. Fetal demise
d. Incomplete abortion
e. Spontaneous abortion

44. Choose the correct statement regarding maternal mortality and morbidity.

a. Maternal mortality ratio is the number of maternal deaths per year per 100,000 women of reproductive age.
b. Maternal mortality ratio is the number of maternal deaths per 100,000 total births
c. Reviewing "near Misses" has minimal value in reduction of maternal mortality
d. Death from an ectopic pregnancy is captured as a maternal death
e. Use of oxytocin in 3rd stage of labour increases the risk of uterine rupture

45. A fifteen year old presents with dysmenorrhoea predominantly on the right side from menarche 2 years ago but has recently become severe. The pain is now no longer responding to non steroidal medication. The next step is to:

a. Take the maximal dose of non steroidal medication
b. Refer her to a psychiatrist for further evaluation
c. Start combined oral contraception
d. Obtain a pelvic ultrasound
e. Undertake laparoscopy.

46. All of the following are signal functions of basic emergency obstetric c... EXCEPT
a. Antibiotics
b. Oxytocin drugs
c. Anticonvulsants
d. Removal of retained products of conception
e. Caesarean section

47. Which one of the following contraception would be the most ideal to ... commend for a 28 year old para 1+0 happily married woman who experiences regular per... is that lasts 9 days but extremely heavy with cramping
a. Depot medroxy progesterone acetate
b. Progestin only pill
c. Condoms
d. Progesterone impregnated IUD
e. Vaginal contraceptive ring

48. The following statement is true concerning the male reproductive anatomy
a. The penile body is attached to the abdominal and pelvic wall
b. The corona demarcates the glans penis from the penile shaft
c. The glans is part of corpus cavernosa
d. The testis is homologus with the clitoris
e. Most of the ejaculatory fluid is from the prostate

49. Regarding the efficacy of hormonal contraceptives, which one of the following is a true statement?
a. Combined oral contraceptive if used correctly and consistently results into a pregnancy rate of about 2 per 1000 women years
b. Progestin only pill result into 3 pregnancies per 100 women years
c. Injectables result into pregnancies per 1000 women in the first year of use
d. Implants are associated with 10 pregnancies per 1000 women years
e. Progestin only pills are more efficacious compared to combined pills

50. Which one of the following statements concerning puberty is correct
a. GnRH and FSH/LH are secreted in a pulsatile manner from 10 weeks of intrauterine life
b. New primordial follicles are formed at puberty
c. Delayed puberty in females represent failure of menarche by age 18 years
d. Excessive production of growth hormone may cause precocious puberty
e. Leptin may offer a link between body weight and puberty

51. The 3 criteria that should be met for a woman to use lactational amenorhoea as a contraceptive method are
a. Baby less than 9 months old, exclusively breastfed and non resumption of menstrual flow
b. Baby less than 6 months old, exclusively breastfed and the menstrual flow not resumed
c. Baby more than 6 months old, exclusively breastfed and the menstrual flow has resumed
d. Baby more than 6 months old, not exclusively breastfed and the menstrual flow has not resumed
e. Baby less than 3 months old, exclusively breastfed and the menstrual flow has resumed

52. The following can be used as an emergency contraception
a. Postinor in a dose of ~~1 pill and repeat after 12 hours~~ 2 pills STAT then 1 after 24 hrs
b. ~~and repeat of~~

b. Postinor in a dose of 2 pills and repeat of 2 pills after 12 hours
c. Microgynon 4 pills and a repeat of 4 pills after 12 hours
d. Eugynon at 4 pills then 4 pills after 12 hours
e. Injection of depomedroxy progesterone acetate (DMPA)

54. A 40 year old, para 2+0 presents for gynecologic examination. She has no complaints. A pap smear is done and a pelvic examination conducted. The latter reveals enlarged non-tender irregular uterus and no adnexal mass or tenderness. The most likely diagnosis is
a. Anterior intramural fibroid
b. Posterior intramural fibroid
c. Submucosal fibroid
d. Intramural and submucosal fibroid
e. Subserosal fibroid

55. Which of the following statements is correct concerning the menstrual cycle?
a. The endometrial proliferative phase corresponds to the ovarian follicular phase
b. The endometrial proliferative phase corresponds to the ovarian luteal phase
c. Antimullerian hormone is reduced in polycystic ovarian syndrome
d. The endometrial proliferative phase has a constant length 9-14 days
e. Ovulation occurs 24 hours after midcycle progesterone surge

56. The following statement is true concerning manual vacuum aspiration (MVA)
a. It should be performed immediately for a patient with septic abortion then administer antibiotics
b. Should be done under general anaesthesia
c. Choriocarcinoma is one of the indications
d. Blood grouping and X-matching should be ordered before the procedure
e. Paracervical blockage provides sufficient analgesia

57. A 50 year old known to have uterine fibroids for the previous 5 years presents due to heavy menstrual flow in the last 3 cycles and spotting in between. The next best step in management of this patient is
a. Gn RH agonists administration
b. Endometrial biopsy
c. Progestin administration
d. Estrogen administration
e. Hysterectomy

58. What would you request to aid in diagnosis for a patient suspected to be having fibroids?
a. Pelvic ultrasound
b. MRI
c. CT scan
d. Contrast X-ray
e. Barium enema

59. A 14 year old para 0+0 presents with history of menstrual flow every 45 days that lasts 4 days. She is not sexually active and physical examination reveals no abnormality. The next step in her management is
a. Combine pills
b. Non steroidal antiinflammatories

d. Hysteroscopy
e. Coagulation profile

59. A 20 year old presents with incomplete abortion and uterine size 12 for MVA. Which will be the ideal size of Karmans cannula to use:

a. 4
b. 6
c. 8
d. 10
e. 12

4-6wk 4-7mm
7-9w : 5-10m
9-12w : 8-12mm

60. A 30 year old para 0+0 known to have endometriosis presents with pelvic pain for 4 months and dyspareunia. An ultrasound reveals a right complex ovarian mass. The next step in her management is

a. Expectant
b. GnRh agonist
c. Diagnostic laparoscopy
d. Laparoscopy with cystectomy ✓ This is the answer
e. Laparoscopy and right oophrectomy

61. Which one of the following patients is unlikely to have endometriosis?

a. 19 years old with cyclic pelvic pain and bicornuate uterus with a non communicating uterine horn
b. A 23year old patient with cyclic pelvic pain who has a mother and sister with endometriosis
c. A 27 year old with a history of dyspareunia, painful nodular masses in the rectovaginal septum and left adnexal mass
d. 29 year old with menorrhagia and intramural fibroid
e. 30 year old with infertility, dysmenorrhoea and a fixed retroverted uterus

Match each question 62-65 with the most likely cause of infertility/problem. One response may be repeated.

a) Ovulation
b) Ooctye quality
c) Tubal factor
d) Uterine factor
e) Male factor

62. A 26 year old para 2+1 presents with history of infertility for 2 years. She had surgery for ruptured appendix 4 years ago. Her cycles are regular every 28 days. Her husband has normal sperm count. (c) Tubal factor

63. A 27 year old para 1+4 who has 4 spontaneous abortions presents with inability to carry a pregnancy successfully in the last 4 pregnancies which end at 12-14 weeks. Bimanual examination revealed an enlarged uterus. Her husband is 30 years old and is healthy. (d) Uterine factor

64. A 40 year old para 0+1 presents with 2 year history of secondary infertility. She has no other medical problem. Her menstrual cycle is 29 days. Pelvic ultrasound revealed antral follicles of 4 in the Ovaries. HSG was normal and husband's seminalysis is normal. (b) Oocyte quality

Oocyte quality (b)

65. A 28 year old gara 2+0 presents because she has not been able to conceive after reversal of her husband's vasectomy. She has no medical problem. (2) male factor

68. Strategies of providing post abortion care includes the following EXCEPT

a. Prompt management of patient with abortion complication
b. Hormonal treatment
c. Establishment of rapport
d. Obligatory introduction of post abortion services
e. Disclosure to relatives is important

69. An 18 year old para 0+0 presents with complaints of increased hair growth requiring her to wax her chin. Laboratory testing revealed PCOS. What is the best recommendation for treating the excess hair growth?

a. Progesterone only contraceptive
b. Progesterone only contraceptive and electrolysis
c. Metformin
d. Metformin and laser
e. Combine oral contraception and electrolysis

70. A 23 year old para 0+2 presents to the A&E department with a history of left iliac fossa pain and per vagina bleeding for one day. She has amenorrhoea of seven weeks and reports previous treatment for pelvic inflammatory disease. Examination revealed her to be sick looking moderately pale and left iliac fossa tenderness. What would be your next step if its not feasible to do an ultrasound

a. Order an X-ray
b. Request full Blood Count
c. Take her for manual vacuum aspiration
d. Commence intravenous oxytocin
e. Take blood for grouping & matching and then take her for exploratory laparatomy/laparoscopy

69. The following condition can be managed laparoscopically EXCEPT:

a. Incomplete abortion
b. Uterine fibroid
c. Ovarian cyst
d. Tubal infertility
e. Ectopic pregnancy

71. A 37 year old para 4+0 presents to the clinic with left quadrant pain for one day. The pain was intermittent initially but now is constant and non radiating. Examination revealed slight tenderness in the left lower quadrant. The next step in her management is

a. Laparoscopy
b. Laparotomy
c. Antibiotics
d. Paracetamol
e. Pelvic ultrasound