

UNIVERSITY OF NAIROBI
COLLEGE OF HEALTH SCIENCES, SCHOOL OF MEDICINE
DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

MBCbB IV END OF TERM TWO EXAMINATION
MULTIPLE CHOICE QUESTIONS

DATE: MONDAY, 9/06/2014

TIME: 9.00AM - 10.00A.M

1. The following IS TRUE about the embryonic development of the genital tract

- a. Before the period when sex determination begins, the indifferent gonad does not arise from the gonadal ridge
- b. The indifferent gonad is not unisex
- c. Sex is determined by the presence or absence of the testis determining factor
- d. The mullerian (paramesonephric) ducts develop to form the fallopian tubes, uterus, cervix, upper third vagina and the lower vagina
- e. The wolffian (mesonephric) duct develop to form the female urogenital structures

2. In relation to the anatomy of the vagina

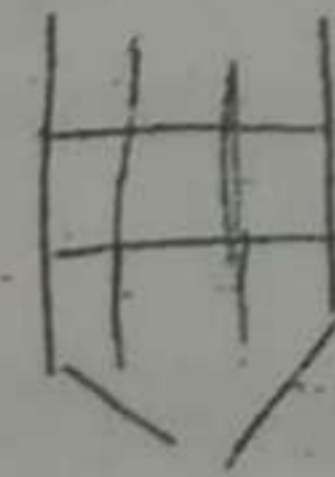
- a. It has an anterior, posterior and no lateral walls
- b. The upper one-third is related to the rectum
- c. Cervicovaginal branch of the uterine artery is not part of its blood supply
- d. The nerve supply of lower third of the vagina is from the pudendal nerve
- e. The vaginal epithelium is never under the action of sex hormones

3. Regarding the anatomy of the uterus

- a. Normally it is anteverted and anteflexed.
- b. Nulliparous uterus weighs less than 50 grams
- c. The cervix is about 1 cm long
- d. The ectocervix is made up of columnar epithelium
- e. The endocervix is made up of squamous epithelium

4. In the examination of the abdomen, the following are true EXCEPT

- a. It is important to make sure that the patient has an empty bladder ✓
- b. The abdomen is divided into ten (10) regions
- c. During inspection, the patient should be lying supine with arms loosely by the patients side on a firm couch
- d. Normally there is a gentle rise in the abdominal wall during inspiration and a fall during expiration, the movement should be free and equal on both sides
- e. Bimanual examination forms an important part of examining a pelvic mass



5. Which one of the following is NOT TRUE about Candida Albicans:

- a. It is the most common candida species involved in human infection ✓
- b. It is not a normal inhabitant of the gastrointestinal tract and found in the mouth of about 5% of normal individuals
- c. Pregnancy, immunologic and endocrine dysfunction, immunosuppression, high dose estrogen, antibiotics, diabetes mellitus and systemic corticosteroids predispose to clinical infection ✓
- d. Between 15% to 30% of asymptomatic women are carriers of candida albicans
- e. It is a common cause of superficial dyspareunia ✓

6. Pelvic inflammatory disease is one of the commonest gynaecologic diagnoses. Which of the following is TRUE

- a. Gonococci and Chlamydia are the not the common isolates ✗
- b. Secondary bacterial infection with anaerobes can never happen ✗
- c. Its sequelae may lead to a tubo-ovarian abscess
- d. It rarely recurs
- e. Can resolve without anti-microbial treatment.

7. Leiomyomas:

- a. Do not have interlacing bundles of smooth muscle cells ✗
- b. Are not common uterine neoplasms ✗
- c. During surgery, the cut surface pops up, is paler than surrounding myometrium and is resistant to indentation by examining finger
- d. Occur anywhere in the myometrium but never in the cervix ✗
- e. Never undergo different degenerative changes
- f. Cut surface of a leiomyoma typically shows a whorled spiral pattern of fibers to the naked eye ✗

8. Which of the following IS TRUE regarding ectopic pregnancy

- a. Only 50% occur in the fallopian tube. **90%**
- b. Pelvic inflammatory disease is a rare etiologic cause (common aetiology)
- c. Women who have achieved pregnancy with the use of assist reproductive technology have an increased risk ✓
- d. The endometrium in ectopic pregnancies do not decidualize to the degree expected in a normal intrauterine pregnancy
- e. Is never a risk of gestational trophoblastic disease

9. Exogenous hormones are commonly used as contraceptives. The following are true EXCEPT

- a. The basic effect of estrogen on the endometrium is to induce proliferation of the endometrial glands and stroma including vascular endometrium ✓
- b. The effect of progestins on the endometrium depends on 'priming' by estrogen which induces progesterone receptors in the endometrial cells
- c. Progestins induce secretory differentiation in endometrial glands with nodecidual type change in the stroma ✓
- d. Combined oral contraceptives can be monophasic, biphasic or triphasic ✓
- e. Estrogen only contraceptive pills increase the risk of endometrial carcinoma ✓

10. The trophoblast is an integral component of the placenta. Which of the following IS NOT TRUE about gestational trophoblastic disease

- a. Hydatidiform mole and choriocarcinoma arise from villous cytotrophoblast and syncytiotrophoblast ✓
- b. A history of spontaneous abortion is more common
- c. A history of live birth is never a possibility 25% ✓
- d. Hydatidiform mole can be complete or partial
- e. Beta human chorionic gonadotropin is used to monitor response to treatment

*11. Postmenopausal bleeding is a common presentation, in managing a patient with this presentation, which of the following is NOT TRUE regarding your evaluation and management:

- a. History of exogenous estrogen administration ✓
- b. Assessment of body mass index ✓
- c. Perform a glucose tolerance test
- d. A diagnostic endometrial sampling is not necessary *Answer*
- e. A Pap smear is necessary before the definitive management

12. Mary 30 years old, presented to you with irregular heavy menstrual bleeding, which of the following is NOT TRUE about her management

- a. Hysteroscopy can aid diagnosis ✓
- b. A full blood count is not necessary
- c. A coagulation profile may be indicated ✓
- d. Combined oral contraceptive pill is a treatment option ✓
- e. A trans-vaginal ultrasound may point to the underlying pathology ✓

13. A working diagnosis of septic abortion was made during the ward round, the following support this diagnosis EXCEPT

- a. Pyrexia ✓
- b. Hypotension
- c. Tachycardia ✓
- d. Sweaty cold and clammy extremities
- e. Soft non tender abdomen ✓

14. With regards to cervical intraepithelial neoplasia (CIN)

- a. Cellular atypia is the most important abnormality
- b. Loop electrosurgical excision procedure is not a treatment option ✓
- c. The proportion of the thickness of the epithelium showing differentiation is important in assessing the degree of severity
- d. Pap smear is a highly specific test ✓ - sensitive
- e. Cannot be assessed using visual inspection methods ✓

15. With regard to menopause

- a. Sexual cycles remain ✓
- b. The uterus and vagina do not become atrophic ✓
- c. There is a decrease in FSH and LH levels ✓ ↑
- d. Hot flushes coincide with surges of LH secretion
- e. It is not premature when cessation of menstruation occurs before the age of 40 years

16. About Infertility

- a. Is failure to achieve conception in six months ✓ ↓
- b. In more than half the cases the cause is a female factor
- c. In Kenya, female causes are a sequelae of pelvic inflammatory disease
- d. Investigating the male partner does not add value ✓ ↓
- e. Laparoscopy is not used for diagnosis ✓ ↓

17. In relation to premenstrual syndrome

- a. Is not characterized by various psychosomatic symptoms ✓ ↓
- b. A symptom diary chart does not help arrive to the diagnosis
- c. Occur mainly during the first 7-10 days of their menstrual cycle ✓
- d. Symptoms have never been attributed to salt and water retention
- e. Patients with severe forms can benefit from anti-depressant therapy

18. In relation to cancer of the ovary

- a. Can never be hereditary α
- b. About 2% are secondary
- c. Most primary ovarian cancers are serous
- d. Diagnosis requires explorative abdominal surgery
- e. Ca125 is diagnostic

hereditary - BRCA1/2, inherited with breast ca, ca colo-
 commonest - serous
 Non-specific

19. The following are true of urinary tract infections in women EXCEPT

- a. Prevalence is not related to the short urethra in women
- b. The commonest organism is Escherichia coli \checkmark
- c. Sexual intercourse increases ascent of organisms to the bladder \checkmark
- d. Asymptomatic bacteriuria can occur \checkmark
- e. Dysuria is a symptom \checkmark

Oligo menorrhea/amenorrhea \rightarrow Insulin Resistant
 subfertility
 obesity
 hirsutism
 Acanthosis nigra

20. In relation to polycystic ovarian syndrome

- a. Amenorrhea is not a symptom α
- b. Characterized by excess androgen production by ovaries
- c. The ovaries are never enlarged α
- d. Does not present with acanthosis α
- e. The LH: FSH is less than 3: ^{more} 3

ovarian dysfunction
 - Hyperandrogenism
 - Enlarged ovaries
 LH \uparrow increased ratio

21. Regarding female sterilization

- a. Cannot be indicated for medical reasons α
- b. Interval procedure can be done two weeks after delivery ^{6 wks}
- c. Mini-lap procedure can be successfully done under local anesthesia
- d. Laparoscopic sterilization is never an option α
- e. Uchida is not a technique for this procedure α

22. About radiotherapy

- a. Brachytherapy can be given either intracavitary or interstitial
- b. Fistula formation is not one of the complications α
- c. Squamous carcinoma of the cervix is not sensitive to radiotherapy
- d. Epithelial ovarian carcinomas are sensitive to radiotherapy ^{Ger m}
- e. Combining cisplatin and radiotherapy has not been found to improve outcomes in patients with advanced cancer of the cervix α

Option list for question 23 to 27, from the list given a to j, choose the most likely action for the scenarios given

- a) Marsupialisation
- b) Wertheims hysterectomy
- c) Cytoreductive or debulking surgery
- d) Hormonal profile
- e) Colposcopy biopsy
- f) Loop electrosurgical excision procedure
- g) Pap smear
- h) Fractional curettage and endometrial biopsy
- i) Reassure her
- j) Chemotherapy

23. Nancy presents with a Pap smear diagnosis of high grade squamous intraepithelial lesion. **E**

24. Atieno presents with a unilateral tender swelling beneath the posterior half of the labium majus, expanding medially to the posterior part of the labium minus. The overlying skin is red, oedematous and covered with pus. **A**

25. Jeptoo, 65 years old who has not been getting her menstrual periods for the last 10 years presents to you excited that she feels like a woman again because her menstrual period has resumed. **H**

26. Mueni had an incomplete abortion six months ago, she presents to you with a serum hCG level of 200,000 mIU/ml, a non productive cough and speculum examination reveals a bluish nodular lesion in the vaginal wall. **J**

27. Wangare was undergoing examination under anesthesia procedure for a cervical mass. The doctors notes were as follows: **B**

- Carcinoma extends beyond the cervix ✓
- Does not extended to the pelvic side wall
- It involves the vagina, but not the lower third vagina
- No obvious parametrial involvement

Option list for question 28 to 35; from the list given a to h, choose the most likely diagnosis for the scenarios given

- a. Post abortion sepsis
- b. Hydatidiform mole
- c. Missed abortion
- d. Inevitable abortion
- e. Septic abortion
- f. Incomplete abortion
- g. Threatened abortion
- h. Complete abortion

28. Mrs M. presented to accident and emergency with a history of 12 weeks amenorrhoea. She now has per vaginal bleeding. Examination revealed a soft non tender abdomen and a closed cervix. **9**

29. Mrs N. presented to accident and emergency worried that she is suppose to be 18 weeks pregnant now. Her diagnosis of pregnancy was confirmed by a pregnancy test and ultrasound when she was 6 weeks gestation. Her main complaint today is that her pregnancy symptoms just disappeared, her abdomen is not growing big and she has never had any per vaginal bleeding. **C**

30. Mrs O. is 8 weeks pregnant, presented to accident and emergency with severe lower abdominal pain and per vaginal bleeding. Speculum examination revealed a dilated cervix with visible products of conception. **D**

31. Miss Q is a 14 year old high school student. She has a history of 7 weeks amenorrhea. Two days ago she developed severe lower abdominal pains followed by expulsion of huge clots. Today she has no symptoms; however her mother brought her for check up. Digital examination reveals a closed cervical os, normal size uterus and no blood on examining finger. **H**

32. Miss R. underwent a manual vacuum aspiration following a diagnosis of incomplete abortion. She presents to accident and emergency with a one week history of foul smelling copious per vaginal discharge associated with lower abdominal pain. Her temperature is 39°C and her uterus corresponds to 20 weeks gestation and tender. **A**

33. Miss T. had a spontaneous complete abortion three months ago, she comes to you surprised that her period has resumed but she is expelling grape like clots and the period has been going on for two weeks now. Examination confirmed her concern and in addition a bulky uterus and a 2 cm dilated cervix was found. **B**

34. Mrs S. had an unattended pregnancy at 7 weeks gestation. Last week she visited an herbalist who gave her some concoction to terminate the pregnancy. Today she presents with severe lower abdominal pains with foul smelling per vaginal discharge. Speculum and digital examination revealed a 4 cm dilated cervix with pus draining out of the cervical os and products of conception palpable. E

35. Mrs P. is 12 weeks pregnant, she presented to accident and emergency with an history lower abdominal pain and per vaginal bleeding. She reports having expelled huge clots. Digital examination revealed huge clots in the vaginal canal, a 3 cm dilated cervix and products of conception were palpable in the uterine cavity. F

36. The following are true about the physiological changes in pregnancy EXCEPT

- a) Hypervolemia associated with normal pregnancy averages 40 to 45 % above the nonpregnant blood volume after 32 to 34 weeks
- b) The respiratory rate slightly increases while the tidal volume and resting minute ventilation decrease significantly with advancing pregnancy
- c) Maternal basal metabolic rate is increased by 10 to 20 % compared with that of the nonpregnant state by the third trimester
- d) The glomerular filtration rate increases as much as 25% by the second week after conception and 50% by the beginning of the second trimester ✓
- e) Pyrosis (heartburn) is common during pregnancy and is most likely caused by reflux of acidic secretions into the lower esophagus

37. Which of the following is NOT TRUE about stages of development before birth

- a) The fetal period is the stage at which the conceptus is most sensitive to teratogens *from blastulation*
- b) Preembryonic period is from conception to week 2, main events are formation of morula, blastogenesis, and implantation ✓
- c) The end of the embryonic period and the beginning of the fetal period occurs 8 weeks after fertilization (developmental age) or 10 weeks after the onset of the last menstrual period ✓
- d) Embryonic period is from week 3-8, main events are organogenesis, and development of germ cell layers, placenta, and body systems ✓
- e) The main events during the fetal period include organ growth and development, and functioning of locomotor system

***38. In assessment of gestational age**

- a) Using Naegele's rule, the estimated date of delivery is calculated by adding 3 months and subtracting 7 days from the first day of the LNMP X
- b) Fundal height measurement in centimeters using the over-the-curve technique approximates the gestational age from 16 to 38 weeks irrespective of obesity, previous scar or uterine fibroids in pregnancy
- c) The uterus reaches the umbilicus at about 24 weeks
- (d)** The electronic Doppler device permits detection of the fetal heart from as early as 9 to 10 weeks
- e) Compared to first trimester ultrasound, the third trimester ultrasound is the best for estimation of gestational age

***39. Regarding endocrine changes during normal pregnancy**

- a) The maternal pituitary gland does not enlarge at all X
- b) The development of a clinically apparent goiter during pregnancy is normal X
- (c)** Thyroid gland increases production of thyroid hormones by more than 40 %
- d) Maternal plasma prolactin levels increase minimally
- e) The serum concentration of circulating cortisol decreases X

Option list for question 40 to 43; from the list given a to h, choose the most appropriate evaluation for the scenarios given

- a) Amniotic fluid index
- b) Fetal breathing movements
- c) Non-stress test
- d) Fetal tone
- e) Contraction stress test
- f) Cardiff count to 10
- g) Fetal gross body movements
- h) Fetal Doppler velocimetry

BPP (41)

(42)
(43)

X 40. Jane undergoes antepartum evaluation at 34 weeks and all baseline fetal surveillance tests are reported as normal. She is advised to continue fetal surveillance using **CF**

X 41. Beatrice is known to have chronic hypertension. The appropriate marker of chronic hypoxia **BA**

X 42. Wanjiku is confirmed to have postterm pregnancy based on history and previous first and second trimester ultrasounds. She requires fetal surveillance prior to induction of labor **EC**

X 43. Phyllis has history of prior stillbirth and is having spontaneous contractions of adequate frequency. Her test is reported as positive if has fetal heart rate decelerations with $\geq 50\%$ of uterine contractions. **E**

44. Patience is Rhesus negative isoimmunized and requires a noninvasive tool for predicting fetal anemia **H**

45. Which of the following is **NOT TRUE** about postterm pregnancy

- a) Features of postmaturity syndrome include wrinkled, patchy, peeling skin and a long, thin body suggesting wasting ✓
- b)** Refers to pregnancy of gestation 41 weeks and 3 days or greater when calculated from the first day of the last menstrual period ✓
- c) Complications including fetal death and intrapartum fetal hypoxia that can occur among postterm pregnancies arise from cord compression associated with oligohydramnios
- d)** Maternal and fetal morbidity due to macrosomia associated with postterm pregnancy may be reduced with timely induction of labor
- e) Oligohydramnios and meconium staining occurring in postterm pregnancies increase the risk of meconium aspiration syndrome ✓

46. Concerning labor and delivery

- a) Engagement occurs late in primigravida compared to the multiparous patients ^{early} ✓
- b) Flexion is only essential for engagement but not descent of the fetal head in vertex presentation
- c) Women with contracted pelvis have limited room hence less frequent face and shoulder presentations or cord prolapses ✓
- d)** Descent of the fetal head into the midpelvis is accompanied by internal rotation so that the sagittal suture occupies the anteroposterior diameter of the pelvis
- e) Extension of fetal head is not necessary before the head can pass through the vaginal outlet ✓

47. The following is **NOT TRUE** about diabetes in pregnancy

- a) Gestational diabetes is carbohydrate intolerance of variable severity with onset or first recognition during pregnancy ✓ ^{true}
- b) Screening for gestational diabetes should be performed between 24 and 28 weeks in women not known to have glucose intolerance earlier in pregnancy ^{true}
- c) Gestational diabetes is associated with excessive fetal growth, which may result in both maternal and fetal birth trauma ✓
- d)** Women with gestational diabetes do not develop overt diabetes ^{false}
- e) Complications that include obesity and diabetes occur in the offspring of mome.c ✓ ^{GDM (G-R)}

48. The following are true about secondary postpartum hemorrhage EXCEPT

- a) Secondary postpartum hemorrhage refers to bleeding from 24 hours to 12 weeks after delivery ✓
- b)** Secondary postpartum hemorrhage often results from abnormal involution of the placental site ✓
- c) Secondary postpartum hemorrhage is occasionally caused by retention of a placental fragment ✓
- d)** Secondary postpartum hemorrhage can not be managed by oxytocin, ergometrine or prostaglandin analogues ^{abs}
- e) Antibiotics and gentle suction curettage can be useful in the management of secondary postpartum hemorrhage ✓

49. Which of the following is TRUE about primary postpartum hemorrhage

- a) Uterine atony is the second most common cause of primary postpartum hemorrhage after perineal laceration or tears ✓
- b) Primary or early postpartum hemorrhage occurs within 12 hours of delivery ✓
- c) Active management of labor is essential in the prevention of postpartum hemorrhage and includes early cord clamping, controlled cord traction, uterine massage, and administration of uterotonic therapy immediately after the expulsion of placenta ✓
- d) Risk factors for primary postpartum hemorrhage from uterine atony include uterine overdistention from multiple gestation, macrosomia and oligohydramnios *polyhydramnios* ✓
- e) Risk factors for primary postpartum hemorrhage from uterine atony include grand multiparity, prolonged labor, precipitous labor and delivery and intra-amniotic infection ✓

50. Which of the following factors is NOT associated with malpresentation?

- a) Increased vertical polarity of the uterine cavity ✓
- b) Increased fetal mobility ✓
- c) Decreased fetal mobility ✓
- d) Obstructed pelvic inlet ✓
- e) Fetal malformation ✓

51. Which of the following is true about preterm birth and delivery

- a) Administration of estrogen has been demonstrated to prevent preterm birth ✓
- b) Administration of dexamethasone has been demonstrated to prevent preterm birth ✓
- c) History of preterm delivery is not a major risk factor for prematurity ✓
- d) Multiple gestation is a minor risk factor for preterm labor and delivery ✓
- e) Magnesium sulphate can be used for neuroprotection in the management of preterm labor ✓

52. Concerning folic acid and preconception care

- a) Periconceptional supplements with folic acid can eliminate the incidence of neural tube defects ✗
- b) All women of childbearing age who are capable of becoming pregnant should consume 0.4 mg of folic acid daily ✓
- c) All women with a previous child with neural tube defect should take 4 mg daily from 4 weeks after conception ✓
- d) All women with a previous child with neural tube defect should take 0.4 mg daily throughout pregnancy ✓
- e) All women with a previous child with neural tube defect should take 0.4 mg daily from 4 weeks before conception and through the first three months of pregnancy ✓

53. The following are true concerning multiple pregnancies EXCEPT

- a) The family history of twinning in the mother is much more important than that of the father ✓
- b) Increased risk of twinning as predicted by race, age, weight, and fertility may be linked to FSH levels ✓
- c) Twin pregnancies compared with singleton pregnancies, are more likely to be complicated by hypertensive disorders, gestational diabetes mellitus, anemia, obstetric hemorrhage, and maternal death ✓

- d) The most serious problem with dichorionic monoamniotic placentas is local shunting of blood also called twin-twin transfusion syndrome ✓
- e) Division later than day 15 may result in incomplete twinning while division just prior to that time (days 13-15) may result in conjoined twins. ✓

54. Which of the following signs may NOT necessarily suggest the possibility or definite presence of multiple pregnancies?

- a) Uterus larger than expected (>4 cm) for dates
- b) History of assisted reproduction ✓
- c) Elevated maternal serum α fetoprotein (MSAFP) values true
- d) Multiplicity of small parts or fetal poles ✓ true
- e) Recording of different fetal heart rates each asynchronous with the mother's pulse and with each other and varying by at least 6 beats/min ✓

55. Which of the following are features suggestive of peripartum cardiomyopathy

- a) Development of cardiac failure in the first month of pregnancy
- b) Development of cardiac failure from 6-12 months after delivery ✓
- c) Presence of at least one identifiable cause for the cardiac failure ✓
- d) Recognizable maternal heart disease prior to the last month of pregnancy ✓
- e) Left ventricular systolic dysfunction demonstrated by classic echocardiographic criteria such as depressed shortening fraction or ejection fraction <45% ✓

56. Which of the following is NOT recommended in the management of patients with peripartum cardiomyopathy

- a) Vasodilators to reduce afterload
- b) Diuretics to reduce preload
- c) Digoxin for its inotropic effects
- d) Prophylactic antiviral to control viral infection which is implicated in etiology ✓
- e) Prophylactic heparin to reduce high incidence of associated thromboembolism ✓

57. Which of the following is NOT true about anemia in pregnancy

- a) Iron deficiency is responsible for majority of anemia during pregnancy ✓
- b) Megaloblastic anemia of pregnancy is most commonly caused by folic acid deficiency ✓
- c) Iron deficiency anemia may be associated with preterm birth ✓
- d) Folate supplementation is required in order to meet increased demand during pregnancy and to decrease the neural tube defects associated with folate deficiency ✓
- e) Patients with a chronic hemolytic anemia such as sickle cell anemia require additional iron supplementation in order to meet the demand imposed by increased hematopoiesis ✓

58. Which of the following is NOT an indication for emergency cesarean section

- a) Frank breech presentation with non-pulsatile prolapsed cord ✓
- b) 2 previous cesarean section scars in active labor and 5 cm dilated ✓
- c) Postterm pregnancy with grade 1 meconium stained liquor 6 cm dilated in active labor with fetal heart rate decelerations

- d) Term multiple pregnancy Twin A breech Twin B cephalic in active labor who is found to be 6 cm dilated ✓
- e) Term multiple pregnancy Twin A breech Twin B cephalic in latent phase of labor who is found to be 3 cm dilated

*59. Which of the following is TRUE about assisted vaginal delivery

- a) Vacuum extraction are more difficult to learn compared with forceps
- b) Vacuum extraction is associated with increased maternal genital trauma and discomfort compared to forceps
- c) Neonatal injuries including cephalohematoma and retinal hemorrhage are more common with forceps than vacuum extraction ✓
- d) Vacuum extraction can be performed at incomplete cervical dilatation compared to forceps ✓
- e) Subgaleal hemorrhage is a serious neonatal complication of vacuum extraction and not forceps ✓

*60. The following are true about maneuvers in management of shoulder dystocia EXCEPT

- a) Woods corkscrew maneuver involves progressively rotating the posterior shoulder 180 degrees in a corkscrew fashion to release the impacted anterior shoulder. ✓
- b) Delivery should be achieved through application of moderate fundal pressure and downward traction on the fetal head
- c) The McRoberts maneuver consists of removing the legs from the stirrups and sharply flexing them up onto the abdomen
- d) McRoberts maneuver causes straightening of the sacrum relative to the lumbar vertebrae, rotation of the symphysis pubis toward the maternal head, and a decrease in the angle of pelvic inclination to free the impacted anterior shoulder
- e) In Rubin's maneuver, the pelvic hand reaches the most easily accessible fetal shoulder, which is then pushed toward the anterior surface of the chest. And results in a smaller shoulder-to-shoulder diameter and displacement of the anterior shoulder from behind the symphysis pubis

*61. Which of the following is true about the risk factors for antepartum hemorrhage

- a) Smoking, increasing parity, and preterm premature rupture of membranes are risk factors for placenta previa and not placenta abruptio ✓
- b) Cocaine abuse is a risk factor for placenta previa ^{abruptio}
- c) Lower parity and decreasing maternal age are risk factors for abruptio placenta
- d) Acquired or inherited thrombophilias are risk factors for vasa previa and placenta previa
- e) Bilobate or succenturiate placentas are risk factors for vasa previa ✓

62. Regarding hypertensive disorders of pregnancy

- a) Elevated BP during pregnancy or in the first 24 hours postpartum with or without other signs or symptoms of end organ damage or preexisting hypertension is called gestational hypertension
- b) In gestational hypertension or preeclampsia BP returns to normal within 12 weeks after delivery ✓
- c) Preeclampsia refers to new onset of hypertension and proteinuria or other features of end organ damage before 20 weeks' gestation ✓
- d) Hemolysis, elevated liver enzymes, and platelets are markers of mild preeclampsia

e) Magnesium sulphate is used to control elevated BP among patients with severe preeclampsia

63. Which of the following drugs should NOT be used in the management of severely elevated blood pressures during antenatal period

- a) Labetalol
- b) Nifedipine
- c) Hydralazine
- d) Enalapril
- e) Methyldopa

64. Which of the following increases the risk of urinary tract infection in pregnancy and puerperium

- a) Dilatation of the renal calyces and ureters before 14 weeks due to estrogen-induced relaxation of the muscular layers. α
- b) Dilatation of the renal calyces and ureters beginning in midpregnancy because of ureteral compression, especially on the left side α
- c) Vesicoureteral reflux during pregnancy
- d) Increased bladder sensitivity to intravesical fluid tension due to trauma of labor
- e) Increased sensation of bladder distension from discomfort from an episiotomy, periurethral lacerations, or vaginal wall hematomas

65. Asymptomatic bacteriuria

- a) Is characterized by persistent, actively multiplying bacteria within the urinary tract in symptomatic women
- b) A clean-voided specimen containing more than 100,000 organisms per milliliter is diagnostic
- c) Occurs with higher incidence during pregnancy than that in nonpregnant women and varies from 20 to 70 percent
- d) Not treated, results in approximately 50 percent of infected women developing symptomatic infection during pregnancy
- e) With treatment, results in approximately 30 percent of infected women developing symptomatic infection during pregnancy

66. The following are true about hyperemesis gravidarum EXCEPT

- a) Hyperemesis gravidarum is defined variably as vomiting sufficiently severe to produce weight loss, dehydration, alkalosis from loss of hydrochloric acid, and hypokalemia ✓
- b) Acidosis in patients with hyperemesis gravidarum develops from partial starvation
- c) Some women with hyperemesis gravidarum develop transient hepatic dysfunction
- d) Hyperemesis appears to be related to high or rapidly rising serum levels of pregnancy-related hormones including human chorionic gonadotropin (hCG), estrogens, progesterone, placental growth hormone, thyroxine, and adrenocortical hormones
- e) Symptoms are effectively managed by vitamin B6 given along with Doxylamine *

- Anti-histamine
- anti-emetic

Which of the following is a characteristic of focused antenatal care

- a) First visit is conducted as early as possible after the first trimester ✓
- b) Last visit is conducted at 40 weeks and 10 days after the expected date of delivery ✓
- c) Pregnant women are screened for bacteriuria during the first visit ✓
- d) The first assessment is to distinguish pregnant women who require standard antenatal care model from those requiring special attention and more visits ✓
- e) The screening tests performed during each visit are hemoglobin, urinalysis and HIV ✓

68. Which of the following is NOT a feature of comprehensive PMTCT

- a) Keep women HIV negative especially during pregnancy & lactation ✓
- b) Prevent unwanted pregnancies among HIV positive women ✓
- c) Providing antiretroviral preexposure prophylaxis to all HIV uninfected women whose male partner status is unknown ✓
- d) Prevent vertical transmission of HIV from infected pregnant women to their children ✓
- e) Providing care and treatment for HIV infected women and their families ✓

69. The following is TRUE about deep venous thrombosis or its management during pregnancy

- a) Warfarin embryopathy has been linked with exposure at less than 6 weeks of gestation ✓
- b) Warfarin readily crosses the placenta and cause fetal death and malformations from hemorrhages ✓
- c) Unlike unfractionated and low-molecular-weight heparin, prolonged use of warfarin during breast feeding is not safe ✓
- d) INR is used for monitoring of therapeutic levels for high molecular weight heparin ✓ APTT ✓
- e) KCCT or APTT is used for monitoring therapeutic levels for warfarin ✓

70. Which of the following is a poor prognostic indicator of a successful vaginal birth after cesarean delivery (VBAC)?

- a) Prior uncomplicated vaginal birth ✓
- b) Spontaneous labor ✓
- c) Gestational age greater than 40 weeks ✓
- d) Malpresentation in the past pregnancy ✓
- e) Interpregnancy interval greater than 18 months ✓