

DATE: 20TH MARCH 2015

TIME: 8.00 AM - 9.30 AM DURATION: 1hr 30 min

INSTRUCTIONS TO STUDENT

- I. For each question you are provided with five options, ONLY one answer is correct
- II. Answer on the separate answer sheet provided
- III. There are 100 questions, attempt all questions
- IV. Write your admission number on the answer sheet

- uterus
- ovaries
- vagina

* 1. The following are primary groups of lymph node chains that drain the cervix EXCEPT

- ~~a) Common iliac nodes~~ ✓ - 2° + paraaortic & inguinal nodes
- ~~b) Parametrial nodes~~
- ~~c) External iliac nodes~~ ✓ → then to para-aortic.
- d) Paracervical or ureteral nodes
- ~~e) Sacral nodes~~ ✓ - along uterosacral ligaments.
- Internal iliac - within the transverse cervical ligament. → then to paraaortic.

lateral Cx

lateral cervix

2. The following is true about the anatomy of the vulva

- ~~a) The labia majora are touch sensitive but not pain sensitive~~ *
- ~~b) The clitoris has no sebaceous glands~~ * - has apocrine glands. Dorsal nerve of clitoris pudendal nerve
- ✓ c) The nerve supply of the clitoris is derived from the ilioinguinal nerve
- ~~d) The bulb of the vestibule does not consist of erectile tissue~~ * X
- ~~e) The labia majora contain muscle tissue, the tunica dartos~~ → in males → has sebaceous glands Tunica muliebris → in females.

Labia minora
o Fat-free
o Contains bulbospongiosus muscle
o Has sebaceous glands

3. The vagina

- a) Becomes canalized at 10 weeks gestational age * - hymen ruptures during perinatal.
- b) It develops from a single sino-vaginal bulb on the posterior wall of the urogenital sinus * - paired → that then fuse
- c) Contains pressure receptors * No pressure receptors.
- ~~d) It is hormone responsive in the fetus~~ *
- ~~e) Is not attached to the cardinal ligament~~ ✓

Mucosa - Endoderm of sino-vag bulbs
4/5th Musculature - mesoderm of müllerian duct
Lower 1/5th Endoderm of urogenital sinus
- Retroperitoneal

4. The ureter lateral

- a) Lies inferior to the lateral vaginal fornix.
- b) Has squamous epithelium cuboidal.
- ~~c) Is more dilated on the right side in pregnancy~~ ✓
- d) Passes posterior the external iliac vessels
- e) It is crossed by the genitofemoral nerve

5. In a patient with right sided cancer of the vulva, the most likely site of first nodal metastasis is
- a) Right femoral (deep) lymph nodes
 - b) Right obturator node
 - c) Bilateral inguinal (superficial) lymph nodes
 - d) Right inguinal (superficial) lymph nodes
 - e) Para-aortic lymph nodes

6. The first evidence of pubertal development in the female is

- A. Onset of menarche (5) (3) 4 - Adrenarche
- B. Appearance of breast buds (2) (1)
- C. Appearance of axillary hair (4) (2)
- D. Appearance of pubic hair (3) (2)
- E. Onset of growth spurt (1) (5) ✓

7. The common cause of precocious puberty in girls is

- a) Idiopathic / constitutional
- b) Gonadal tumors
- c) McCune-Albright syndrome
- d) Hypothyroidism
- e) Tumors of the central nervous system

8. True statements relating to dysmenorrhea include the following EXCEPT

- a) It is classified as primary if it is not related to detectable pelvic pathology ✓
- b) It incapacitates about 10% of menstruating women 1°: 15-20%
- c) It usually occurs in ovulatory cycles ✓
- d) Pre-menstrual syndrome is usually accompanied with nausea, fatigue and headache
- e) It is caused by psychological factors in 90% of cases F

9. Normal stature with minimal or absent pubertal development may be seen in

- a) Testicular feminization - ^{Tall} long arms, big hands + feet
- b) Kallman syndrome ✓
- c) Pure gonadal dysgenesis - ^{stature is average} short. Normal external genitalia, phenotypically female
- d) Turners syndrome * ^{short stature, shield chest, widely apart nipples, short neck, absent 2° sex x-} short stature, shield chest, widely apart nipples, short neck, absent 2° sex x-
- e) Intensive athletic training x

10. 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. It rarely recurs
- d. Can resolve without anti-microbial treatment
- e) Its sequelae may lead to a tubo-ovarian abscess

11. Uterine fibroids

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

12. Regarding ectopic pregnancy, the following is true

- a. Women who have achieved pregnancy with the use of assist reproductive technology have an increased risk ✓
- b. Only 50% occur in the fallopian tube ✓
- c. Pelvic inflammatory disease is a rare etiologic cause ✓
- 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

13. Exogenous hormones are commonly used as contraceptives. The following is false

- 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 no decidual 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 / esp in postmenopausal when HRT is used

14. The trophoblast is an integral component of the placenta. Which of the following FALSE 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. Hydatidiform mole can be complete or partial ✓
- d. Beta human chorionic gonadotropin is used to monitor response to treatment ✓
- e. A history of live birth is never a possibility. P.M

15. Postmenopausal bleeding is a common presentation, in managing a patient with this presentation, which of the following is INCORRECT 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
- e. A Pap smear is necessary before the definitive management

16. Mary 30 years old, presented to you with irregular heavy menstrual bleeding, which of the following is FALSE 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

17. A working diagnosis of septic abortion was made during the ward round, the does not following support this diagnosis

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

18. 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. Pap smear is a highly specific test ✓
- d. Cannot be assessed using visual inspection methods ✓
- e. The proportion of the thickness of the epithelium showing differentiation is important in assessing the degree of severity

*19. In menopause

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

20. 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 wolfian (mesonephric) duct develop to form the female urogenital structures

21. In relation to the anatomy of the vagina

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

22. The uterus

- a. Is normally anteverted and anteflexed
- b. In the nulliparous 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

23. 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

24. 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

25. Infertility

- a. Pelvic inflammatory disease is a common etiology in Kenya
- b. Is failure to achieve conception in six months
- c. In more than half the cases the cause is a female factor
- d. Investigating the male partner does not add value
- e. Laparoscopy is not used for diagnosis

26. In relation to premenstrual syndrome

- a. Does not present with psychosomatic symptoms
- b. Anti-depressant therapy can be used in severe forms
- c. A symptom diary chart does not help arrive to the diagnosis
- d. Occur mainly during the first 7-10 days of their menstrual cycle
- e. Symptoms have never been attributed to salt and water retention

27. In cancer of the ovary

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

28. The following is incorrect regarding urinary tract infections in women

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

29. In relation to polycystic ovarian syndrome

- a. Amenorrhea is not a symptom
- b. The ovaries are never enlarged
- c. Does not present with acanthosis
- d. The LH: FSH is less than 3 *to greater than 2:1*
- e. Characterized by excess androgen production by ovaries

30. Regarding female sterilization

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

31. About radiotherapy

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

32. 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 *t T*
- b) The respiratory rate slightly increases while the tidal volume and resting minute ventilation decrease significantly with advancing pregnancy *x f X*
- c) Maternal basal metabolic rate is increased by 10 to 20 % compared with that of the nonpregnant state by the third trimester *t*
- 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 *t*
- e) Pyrosis (heartburn) is common during pregnancy and is most likely caused by reflux of acidic secretions into the lower esophagus *t T*

33. The following are primary groups of lymph node chains that drain the cervix EXCEPT

- a) Common iliac nodes ✓
- b) Parametrial nodes ✓
- c) External iliac nodes ✓
- d) Paracervical or ureteral nodes ✓
- e) Sacral nodes ✓

Option list for question 34 to 38; from the list given a to j, choose the most likely action for the scenarios given. Write the letter that corresponds to the correct option in the answer sheet

- 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

HSIL - Biopsy

34. Nancy presents with a Pap smear diagnosis of high grade squamous intraepithelial lesion *colpo*

35. 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 *marsup*

36. 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 *hormon*

(h)

37. 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

(g)

38. Wangare was undergoing examination under anesthesia procedure for a cervical mass. The doctors notes were as follows: Carcinoma extends beyond the cervix, Does not extended to the pelvic side wall, It involves the vagina, but not the lower third vagina and No obvious parametrial involvement *B*

P

39. The ureter ^{lateral}

- a) Lies inferior to the lateral vaginal fornix
- b) Has squamous epithelium ^{transitional}
- c) Is more dilated on the right side in pregnancy
- d) Passes posterior the external iliac vessels
- e) It is crossed by the genitofemoral nerve

Option list for question 40 to 47; from the list given a to h, choose the most likely diagnosis for the scenarios given. Write the letter that corresponds to the correct option in the answer sheet

- 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

40. 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. ^{threatened}

41. 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. ^{Missed}

42. 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. ^{Inevitable} ^{incomplete}

43. Miss Q is a 14 year old high school student. She has a history of 7 weeks amenorrhoea. 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. ^{Complete}

44. 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.

^{post abortion sepsis}

45. 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 h:mole

46. 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. ~~complete~~ septic

47. 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 In complete

48. The following is false about stages of development before birth

~~a)~~ The fetal period is the stage at which the conceptus is most sensitive to teratogens X 3-8

b) Preembryonic period is from conception to week 2, main events are formation of morula, blastogenesis, and implantation X ✓

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 ✓ t

d) Embryonic period is from week 3-8, main events are organogenesis, and development of germ cell layers, placenta, and body systems t

e) The main events during the fetal period include organ growth and development, and functioning of locomotor system t

49. In assessment of gestational age

~~a)~~ The electronic Doppler device permits detection of the fetal heart from as early as 9 to 10 weeks 3 t

b) 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

c) 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

d) The uterus reaches the umbilicus at about 24 weeks

e) Compared to first trimester ultrasound, the third trimester ultrasound is the best for estimation of gestational age

* 50. Regarding endocrine changes during normal pregnancy

- a) The maternal pituitary gland does not enlarge at all *to twice its size*
- b) The development of a clinically apparent goiter during pregnancy is normal
- c) Maternal plasma prolactin levels increase minimally *10x*
- d) The serum concentration of circulating cortisol decreases
- e) Thyroid gland increases production of thyroid hormones by more than 40 %

Option list for question 51 to 54; from the list given a to h, choose the most appropriate evaluation for the scenarios given. Write the letter that corresponds to the correct option in the answer sheet

- a) Amniotic fluid index — *cholesteatoma*
- 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 — *Anemia*

51. 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 *F 9*

52. Beatrice is known to have chronic hypertension. The appropriate marker of chronic hypoxia *AFI A*

53. 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 *NST C*

54. 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 *CST E*

55. 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

56. Concerning labor and delivery

- a) Engagement occurs late in primigravida compared to the multiparous patients
- 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) Extension of fetal head is not necessary before the head can pass through the vaginal outlet
- e) 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

57. The following is NOT TRUE about diabetes in pregnancy

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

58. 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
- e) Antibiotics and gentle suction curettage can be useful in the management of secondary postpartum hemorrhage

59. 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
- e) Risk factors for primary postpartum hemorrhage from uterine atony include grand multiparity, prolonged labor, precipitous labor and delivery and intra-amniotic infection

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

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

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

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

62. Concerning folic acid and preconception care

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

63. The following are true concerning multiple pregnancies EXCEPT

- * ~~a) The most serious problem with dichorionic monoamniotic placentas is local shunting of blood also called twin-twin transfusion syndrome - Monochorionic diamniotic monoamniotic~~
- b) The family history of twinning in the mother is much more important than that of the father
- c) Increased risk of twinning as predicted by race, age, weight, and fertility may be linked to FSH levels
- d) Twin pregnancies compared with singleton pregnancies, are more likely to be complicated by hypertensive disorders, gestational diabetes mellitus, anemia, obstetric hemorrhage, and maternal death
- 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.

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

- a) 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
- b) Uterus larger than expected (>4 cm) for dates
- c) History of assisted reproduction
- d) Elevated maternal serum α fetoprotein (MSAFP) values
- e) Multiplicity of small parts or fetal poles

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

- a) Development of cardiac failure in the ^{last} first month of pregnancy \times
- b) Development of cardiac failure ^{6 months (or 4 months)} from 6-12 months after delivery \times
- c) Presence of ^{no} at least one identifiable cause for the cardiac failure
- d) Left ventricular systolic dysfunction demonstrated by classic echocardiographic criteria such as depressed shortening fraction or ejection fraction <45%
- e) Recognizable maternal heart disease prior to the last month of pregnancy \times
Absence

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

- a) Vasodilators to reduce afterload (*hydralazine*), ACE Inhibitors
- b) Digoxin for its inotropic effects
- c) Prophylactic antivirals to control viral infection which is implicated in etiology
- d) Prophylactic heparin to reduce high incidence of associated thromboembolism \checkmark
- e) Diuretics to reduce preload \checkmark

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

- a) Iron deficiency is responsible for majority of anemia during pregnancy
- b) Iron deficiency anemia may be associated with preterm birth
- c) Folate supplementation is required in order to meet increased demand during pregnancy and to decrease the neural tube defects associated with folate deficiency
- d) 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 *x - iron overload (hemolytic)*
- e) Megaloblastic anemia of pregnancy is most commonly caused by folic acid deficiency

68. 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

69. 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) Cephalohematoma is neonatal complication of vacuum extraction

* 70. 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

71. 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

72. 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

73. 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

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

- a) Vesicoureteral reflux during pregnancy
- b) Dilatation of the renal calyces and ureters before 14 weeks due to estrogen-induced relaxation of the muscular layers.
- c) Dilatation of the renal calyces and ureters beginning in midpregnancy because of ureteral compression, especially on the left side
- 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

75. Asymptomatic bacteriuria

- a) Is characterized by persistent, actively multiplying bacteria within the urinary tract in symptomatic women x
- b) Occurs with higher incidence during pregnancy than that in nonpregnant women and varies from 20 to 70 percent ^{equal} _{20-40%} ~~2-10%~~
- c) Not treated, results in approximately 50 percent of infected women developing symptomatic infection during pregnancy
- d) With treatment, results in approximately 30 percent of infected women developing symptomatic infection during pregnancy
- e) A clean-voided specimen containing more than 100,000 organisms per milliliter is diagnostic _{on 2 occasions}

Jaundice - displacement of placenta of maternal circulation

anticholinergics

76. 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 ✓

77. 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

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

- a) Keep women HIV negative especially during pregnancy & lactation - Pillar I
- b) Prevent unwanted pregnancies among HIV positive women - II
- 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 - III
- e) Providing care and treatment for HIV infected women and their families - IV

79. 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
- e) KCCT or APTT is used for monitoring therapeutic levels for warfarin

80. Which of the following infections or conditions does NOT increase the risk of HIV acquisition or transmission during pregnancy

- a. Genital ulcer disease ✓
- b. Vitamin A deficiency ✓
- c. Anemia
- d. Injecting drug use ✓
- e. Cesarean section before the onset of labor

81. 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

82. The following is more common complication of vacuum compared to forceps assisted deliveries?

- a) Maternal perineal laceration
- b) Facial nerve palsy
- c) Cephalohematoma
- d) Fetal skull fracture
- e) Interpregnancy interval greater than 18 months

83. The following is NOT true concerning gender?

- a) Genetic gender is established at fertilization ✓
- b) Male and female embryos are morphologically distinguishable within the first 6 weeks
- c) Primordial germ cells migrate to the genital ridge to form the indifferent gonad
- d) Gonadal sex begins with differentiation of the primordial gonad into testis or ovary
- e) Development of testis is directed by a gene located on sex-determining region (SRY).

* 84. Lochia is made of the following except

- a. Erythrocytes
- b. Shredded decidua
- c. Epithelial cells,
- d. Placental fragments -
- e. Bacteria - *is not diagnostic of infection 25,000/c³*

85. Which of the following is NOT true concerning changes in pregnancy

- a. Leukocytosis upto 30,000/ μ L and thrombocytosis may occur during and after labor *20,000*
- b. Plasma fibrinogen levels remain elevated at least through the first week *upto 2nd wk*
- c. Pregnancy-Induced Hypervolemia

- Blood volume usually returns to its nonpregnant level after the 6th week after delivery. *by the 2nd week*
- e. Cardiac output and heart rate usually remains elevated for 24 to 48 hours postpartum and declines to nonpregnant values by 10 days
- f. Systemic vascular resistance begins to rise after 2 days postpartum to normal nonpregnant values

Option list for question 86 to 90; from the list given a to e, choose the most likely diagnosis for the scenarios given. Write the letter that corresponds to the correct option in the answer sheet.

- a) Chronic hypertension
- b) Preeclampsia superimposed on chronic hypertension
- c) Gestational hypertension
- d) Preeclampsia
- e) Eclampsia

- 160/110*
- chronic* 86. Mary Gathoni previously well presents with a blood pressure of 170/120, 7 weeks postpartum. Dipstick is negative for proteinuria. *gestational c* A
- preed* 87. Jane Atieno is 26 weeks pregnant with blood pressure of 160/100 the only abnormal observation. She had elevated blood pressure in previous pregnancy. Her blood pressure weeks ago was normal. *preclampsia on chronic B* C
- gest* 88. Blench Wanza known hypertensive Para 0+0 gravida at 24 weeks gestation, complaints of frontal headache. Her blood pressure is 145/100, proteinuria ++. *chronic B* B
89. Blench Wanza's blood pressure rises to 160/100 at 26 weeks and she develops new onset proteinuria. *preclampsia D* D
- gest* 90. Maurine Nafula is brought unconscious with blood pressure of 200/120 following heavy sedation for epileptic like convulsions 4 weeks postpartum. E
- x CRIS ??* 91. Which of the following drugs can be used to manage hypertensive crisis in pregnancy?
 a. Hydralazine
 b. Labetalol
 c. Nifedipine
~~d. All of the above~~
 e. Magnesium sulphate