**Kendu School of medical sciences Department of Clinical Medicine**

**END OF SEM EXAMINATION: February 2014**

**Class:** September 2011 **Course: Reproductive Health (Paper I & II)**

**Time: 1.30** Hours **Date: ……………………………..**

**INSTRUCTIONS**

1. Write your **college number** on the score sheet provided.
2. Time allowed is 1.30 hours
3. You **DO NOT** **LOOSE ANY MARK** for a **wrong** response in section A **(MCQ)**
4. You **LOOSE A MARK** for every **wrong** response in section B **(TRUE/FALSE)**

**SECTION A: MCQ (MOST CORRECT)**

1. **The gynaecoid pelvis**
2. Is most common in males than in females
3. Cannot be associated with obstructed labour
4. Has a convex sacrum
5. Has non prominent ischial spines
6. Is suitable for vaginal delivery
7. **Fertilization**
8. Occurs in the uterus
9. Occurs midcycle despite the cycle length
10. Is synonymous with ovulation
11. Usual site is the fallopian tube
12. Can occur in the vagina
13. **The following are correctly marched.**
14. Caput ------------------------------------------------- moulding
15. Obstructed labour ---------------------------------- Acetone breath
16. Premature rupture of membranes -------------- sign of onset of labour at term
17. Prematurity -------------------------------------------- Hyperthermia
18. Fetal kick chart -------------------------------------- partograph
19. **Which of the following is true about FANC?**
20. Four visits are recommended in all cases
21. Mothers are advised to have plenty of rest
22. HIV mothers must be delivered through caesarian section
23. Blood slide for malaria parasites is mandatory
24. Pelvic scan is part of the profile
25. **Which of the following is a component of Bishop Score?**
26. Position of the uterus
27. Descent of the presenting part
28. Cervical excitation test
29. Pelvic assessment
30. Texture of the cervix
31. **Abnormally high levels of hcG is associated with**
32. Invasive Mole
33. Multifetal pregnancy
34. Intra uterine fetal demise
35. Abruption placenta
36. Carcinoma of the cervix
37. **In complete abortion**
38. Products of conception are in the vagina
39. There is minimal per vaginal bleeding
40. Cervical Os is open
41. Chandelier’s sign is positive
42. There is severe lower abdominal tenderness
43. **Which of the following is true about retained products of conception?**
44. Is always as a result of retained placenta
45. Disseminated intravascular coagulopathy is not a possible complication.
46. Manual vacuum aspiration is indicated if it occurs at 18 weeks of gestation
47. May predispose to pulmonary oedema
48. Oxytocin has no role in management
49. **Which of the following is not a method of dating pregnancy?**
50. Ultrasonography
51. Measurement of uterine fundus
52. Calculation based on menstrual age
53. Vaginal examination
54. Plain abdominal X-ray
55. **In the management of ectopic pregnancy**
56. Blood is obtained for culture and sensitivity
57. Culdoscentesis recovers clotting blood
58. Salpingectomy is the definitive management
59. Methotrexate may be used
60. Antibiotics are used in specific management

**SECTION B (TRUE/FALSE)**

1. **A 40 yr old lady has amenorrhea 1 year. She is Para 6 + 0 with no other complaints.**
2. History of contraceptive use is helpful
3. This is premature menopause
4. She is pregnant
5. Uterine fibroid is the likely cause
6. She should begin focused antenatal care
7. **About uterine fibroids;**
8. Dilatation and curettage has a role in management
9. Rarely turns malignant
10. Can undergo degenerative changes
11. Asymptomatic ones are managed conservatively
12. TAH is indicated in all cases
13. Carcinoma of the cervix;
14. Stage 0 is carcinoma in siti
15. Staging is done under local anesthesia
16. Pap smear is not helpful in advanced stage
17. Colposcopy is part of investigations
18. Postcoital bleeding is part of the history
19. A 30 year old lady at 8 weeks gestation complains of per vaginal bleeding. She is ill looking. Digital vaginal examination reveals bulky uterus with grapelike vesicles on examining fingers.
20. Blood is obtained for grouping and cross matching
21. This is a gynaecologic emergency
22. A referral letter advising for caesarian section is wrong
23. Complications may include choriocarcinoma
24. Ruptured ovarian cyst is suitable differential
25. **The following are differential diagnosis of painless vaginal bleeding at 18 weeks gestation;**
26. H. mole
27. Threatened abortion
28. Placenta previa
29. Incomplete abortion
30. Dysfunctional uterine bleeding
31. **In the management of eclampsia;**
32. Magnesium sulphate is used to control convulsions
33. Patient is observed in acute room for 24 hrs.
34. Hydrallazine may be used to control blood pressure
35. Fluid in put out put chart is mandatory
36. Blood urea and electrolytes form part of investigation
37. **Management of a lady at 38weeks gestation presenting with fever, foul smelly vaginal discharge, and severe abdominal pain following premature rupture of membranes include;**
38. Vaginal swab for culture and sensitivity
39. Antibiotics given for 48hrs before delivery
40. Determination of Amniotic fluid index as part of the investigation
41. Delivery through caesarean section as opposed to vaginal delivery
42. Induction of labour with oxytocin
43. **About H.mole**
44. Can be either complete or incomplete
45. Uterine size corresponds to gestation by dates
46. Suction evacuation is the standard management
47. Dilation and curettage is performed 2 weeks following evacuation
48. hcG levels are important part of the follow up
49. **The following constitute danger signs in pregnancy;**
	1. Drainage of liquor
	2. Vaginal candidiasis
	3. Distended abdomen
	4. Mild headache
	5. Frequent fetal kicks
50. **The following are true about placenta previa;**
	1. Is an obstetric emergency
	2. Digital vaginal examination is contraindicated
	3. Delivery is always through caesarian section
	4. Can obstruct labour
	5. May complicate to abruptio placenta
51. **In the management of choriocarcinoma**
	1. Stool specimen for microscopy is helpful
	2. Urinalysis is mandatory
	3. Chemotherapy is a must
	4. Baseline investigation should include Hb levels
	5. Combined oral contraceptives form part of the follow up management
52. **During antenatal care:**
53. Fancidar can be given in the 1st trimester
54. Digital Vaginal examination is not recommended
55. Clients are supplied with mosquito nets in the 2nd trimester
56. Renal function tests form part of baseline investigations
57. Stool for microscopy is part of antenatal profile
58. **Respond to the following statement concerning retained placenta**
	1. Often due to placental deformities
	2. Uterine inertia is a cause
	3. Can lead to Sheehan’s syndrome
	4. Manual removal is wishful thinking
	5. Oxytocin has no role
59. **In antepartum hemorrhage**
60. Vaginal bleeding occurs in the 1st trimester
61. Oxytocin is given to stop bleeding
62. 5% dextrose is used as plasma expander
63. Deliver is best through caesarean section
64. Blood transfusion is the best management intervention
65. **About post partum haemorrhage**
	1. It is always caused by retained placental fragments
	2. Can be prevented by giving oxytocin after delivery of the anterior shoulder
	3. Uterine massage following delivery is helpful
	4. Can be caused by a fall on the abdomen
	5. The cause is bacterial infections of mixed origin
66. **Lochia**
	1. Has no obstetric significance
	2. Foul smelly lochia is an indication of infection
	3. Serosa occurs in the 9th day of peurperium
	4. Has smell of semen
	5. Should be clear at onset
67. **In labour**
68. First stage begins from onset of labour to delivery of the fetus
69. Second stage begins from delivery of the fetus to the delivery of the placenta
70. Mechanism of labour ends with external rotation
71. Partograph is the best tool for monitoring labour
72. The 1st 24 hours after delivery of the fetus is often referred to as 4th stage of labour
73. **Eclampsia**
	1. Commonly occurs in extremes of gestation
	2. Is pre- eclampsia manifesting with convulsions
	3. Magnesium sulphate is used to low blood pressure
	4. Definitive management is delivery
	5. Is a muscle relaxant
74. **In the management of 3rd stage of labour**
75. Controlled cord traction is applied
76. Uterine massage is part of the management
77. Manual removal of the placenta is key
78. The placenta is expelled using oxytocin
79. Ergometrine is given intramuscular
80. **In obstructed labor;**
81. Prima is rarely rupture uterus
82. Catheter is left in situ for 10 day to prevent VVF
83. Fluid input / output chart is maintained
84. Bandl’s ring is a future
85. Multiparas usually go off labour

**SECTION B: ESSAY**

1. Mrs. X who is Para 2+ 0 gravida 3 complains of having been in labor for the past 14hrs. On examination she is sick looking, dehydrated and has acetone breath. She has strong contractions with bandl’s ring.
2. What is the most likely diagnosis? **( 2 Marks)**
3. What would be your findings on pelvic examination? **( 2 marks)**
4. Outline her Management **( 4 Marks)**
5. Outline the prevention of the above condition **( 2 marks)**
6. A primigravida at 8 weeks gestation complains of painful per vaginal bleeding. She had some pallor and products of conception are protruding through the vagina. During the ward round inevitable abortion was ruled out.
7. What is the most likely diagnosis? **( 2 marks)**
8. What are other likely findings on pelvic examination? **( 2 marks)**
9. Outline her management. **( 6 marks)**
10. Outline steps involved in the active management of **3rd stage of labor**. **( 10 Marks)**
11. Complete the following abbreviations in full in reference to labour.
12. ROP **( 2 marks)**
13. POPP **( 2 marks)**
14. RSA **( 2 marks)**
15. PROM **( 2 marks)**
16. LOT **( 2 marks)**