

2024



EDEN UNIVERSITY
SCHOOL OF MEDICINE
DEPARTMENT OF MEDICINE AND CLINICAL SCIENCES
BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

OBSTETRICS & GYNAECOLOGY (5,2)
(OBGY 510)

First Attempt EXAMINATION - PAPER I (OBSTETRICS)

DURATION 3 HOURS

November 2024

STUDENT ID No.	
NRC No. /PASSPORT No.	
EXAMINATION VENUE	

INSTRUCTIONS:

SECTION A = Multiple choice questions

1. Choose one best answer from the questions (A-E) attached to one stem statement.
2. There are 100 questions
3. Time allowed = 3 hours
4. Do not forget to write your computer number on each paper.

PROVIDED. THERE IS NO NEGATIVE MARKING. SO ATTEMPT ALL AND DO NOT LEAVE ANY BLANK.

1. **Concerning the bony pelvis:**
 - A. The innominate bones are joined anteriorly at the sacroiliac joints
 - B. The sacrum articulates with the fourth lumbar vertebra superiorly
 - C. The mid-pelvis is at the level of the ischial spines
 - D. The pelvic outlet is bounded anteriorly by the ischial tuberosities
 - E. All options are correct
2. **Female genital anatomy:**
 - A. The size of the uterus depends on the hormonal status of the female
 - B. The uterus is retroverted in 40% of females
 - C. External iliac arteries are the main source of blood supply to pelvic organs
 - D. Ovarian arteries arise from the anterior division of Internal iliac arteries
 - E. The pudendal nerve arises from the L3, L4 and L5 segments of the spinal cord
3. **Anatomy of the fetal skull:**
 - A. The anterior fontanelle is at the junction of the sagittal, frontal and lambdoid sutures
 - B. The posterior fontanelle is diamond shaped
 - C. At term, the sutures of the skull base are unossified
 - D. At term, the sutures joining the bones of the vault of the skull are unossified membranes allowing moulding to take place in labour
 - E. The two parietal bones are separated by the coronal suture
4. **The process of meiosis results in:**
 - A. 46 chromosomes being found in each of the gametes
 - B. Diploid number of chromosomes
 - C. Formations of cells called somatocytes
 - D. 69 Chromosomes found in each of the gametes
 - E. 23 Chromosomes being found in each of the gametes
5. **Following fertilization, the fluid filled zygote that develops is called:**
 - A. Yolk sac
 - B. Blastocyst
 - C. Morula
 - D. Zona pellucida
 - E. Decidua
6. **A Gravida 2 Para 1 presents for antenatal booking, she gives her last normal menstrual period date (LNMP) as 14th September 2023. What is her expected date of deliver (EDD)?**
 - A. 21st July 2024
 - B. 17th February 2024
 - C. 21st June 2024
 - D. 14th June 2024
 - E. 14th July 2024

Jan
Feb
March
April
May
June
July
August
Sept
Oct
Nov

7. The age of fetal viability in Zambia is:
- A. 24 weeks
 - ☒ B. 28 weeks
 - C. 32 weeks
 - D. 37 weeks
 - E. 40 weeks
8. Which of the following is NOT a routine antenatal investigation?
- A. HIV test
 - B. Syphilis test
 - ☒ C. Blood grouping
 - D. Ultrasound scan
 - E. Oral glucose tolerance test
9. According to the World Health Organization (WHO) 2016 recommendations for antenatal care, the total number of antenatal contacts should be:
- A. Four
 - B. Five
 - ☒ C. Six
 - D. Eight
 - E. Ten
10. A 36 year old in her fifth pregnancy gives a history of having delivered two live babies term and a stillbirth at 32 weeks. She further states that her last pregnancy ended in a miscarriage at 20 weeks. Her gravidity and parity is:
- A. G5P4
 - ☒ B. G5P2+2
 - C. G5P3+1
 - D. G5P2
 - E. G5P5
11. Regarding obstetric examination, which of the following is NOT associated with large for dates?
- ☒ A. Breech presentation
 - B. Polyhydramnios
 - C. Multiple gestation
 - D. Macrosomia
 - E. Fibroids in pregnancy
12. Which of the following is NOT true concerning physiological changes in pregnancy?
- A. Cardiac output increases
 - B. Peripheral vascular resistance increases
 - ☒ C. Red cell mass increases
 - D. Glomerular Filtration Rate (GFR) increases
 - E. Renal glucose excretion increases
13. At what stage of pregnancy is eclampsia most likely to occur?
- A. First trimester
 - ☒ B. Second trimester
 - C. Third trimester

- D. Immediately postpartum within 48 hours of delivery
- E. Postpartum period between 48 hours and 4 weeks

14. Which of the following is true concerning vaginal twin delivery:

- A. The first twin is at a greater risk than the second
- B. The second twin must be delivered within 15 minutes of the first
- C. Labour usually occurs postdate
- D. Internal podalic version is a useful strategy for delivery of the first twin
- E. There is an increased risk of postpartum haemorrhage

15. A third-degree perineal tear:

- A. Involves the rectal mucosa
- B. Is associated with stool incontinence if not repaired
- C. Involves vaginal mucosa and perineal skin only
- D. Usually heals well without repair
- E. Extends into the perineal body, but does not involve the anal sphincters

16. Which of the following presentations and positions would be most favorable to achieve a vaginal delivery?

- A. Breech
- B. Transverse
- C. Vertex with occiput posterior
- D. Vertex with occiput anterior
- E. Vertex with occiput transverse

17. A woman is found to have oligohydramnios at 30 weeks gestation. Which of the following is the most likely cause?

- A. Duodenal atresia
- B. Placental chorangioma
- C. Diabetes
- D. Oesophageal atresia
- E. Renal agenesis

18. Which of the following is the main advantage of performing a medio-lateral episiotomy?

- A. Less blood loss
- B. Reduced incidence of dyspareunia
- C. Less anal sphincter damage
- D. Less pain in the postpartum period
- E. It is easier to repair

19. Which of the following is NOT a function of the placenta?

- A. Fetal nutrition
- B. Fetal excretion
- C. Fetal respiration
- D. Hormone synthesis
- E. Erythropoiesis

20. Which of the following is NOT a risk factor for Gestational Diabetes Mellitus (GDM)?

- A. Maternal age < 30 years

- B. Body Mass Index (BMI) of 35 Kg/M² ✓
 - C. Previous unexplained still birth ✓
 - D. Previous macrosomic baby ✓
 - E. First degree relative with diabetes mellitus ✓
21. Which of the following is NOT included in the definition of Pre-eclampsia?
- A. Blood pressure of $\geq 140/90$ and dipstick proteinuria $\geq 2+$ ✓
 - B. Blood pressure of $\geq 140/90$ and urinary protein:creatinine ≥ 30 mg/mmol ✓
 - C. Blood pressure of $\geq 140/90$ and presence of pedal oedema
 - D. Blood pressure of $\geq 140/90$ and evidence of renal dysfunction ✓
 - ~~E. Blood pressure of $\geq 140/90$ and evidence of placental insufficiency~~
22. Which of the following is NOT a symptom of severe pre-eclampsia?
- A. Headache ✓
 - B. Painful legs
 - C. Blurred vision ✓
 - D. Epigastric pain
 - ~~E. Vomiting~~
23. A 40 year old Gravida 5 Para 4 presents for antenatal booking at 14 weeks gestation with a blood pressure reading of 160/108 and proteinuria of 2+. She has no symptoms at the time of presentation. How do you classify her hypertension?
- A. Pre-eclampsia
 - ~~B. Pre-eclampsia superimposed on chronic hypertension~~
 - C. Eclampsia
 - D. Chronic hypertension
 - E. Transient hypertension
24. Complete breech means:
- A. Flexion at hip joints and extension in knee joints
 - B. Flexion at hip joints and flexion at knee joints
 - C. Extension at the hip joints
 - D. Flexion at knee joints and extension at the hip joints
 - ~~E. Flexion of one leg at hip joint and extension of the other leg at the hip joint~~
25. Concerning breech presentation:
- A. Flexed breech is the commonest type
 - B. A soft broad non-ballotable mass is palpated in the uterine fundus
 - C. There is no association with fetal anomalies
 - D. Fetal heart is usually heard below the umbilicus
 - E. May be associated with placenta previa
26. Which of the following is NOT a Neonatal complication associated with diabetes mellitus in pregnancy?
- A. Respiratory distress syndrome ✓
 - B. Hypocalcaemia
 - ~~C. Polycythamia~~
 - D. Hyperglycaemia ✓
 - E. Hypomagnesaemia

27. Regarding antepartum hemorrhage, the commonest cause is:

- ☒ A. Placenta previa
- B. Placental abruption
- C. Undetermined cause
- D. Vasa previa
- E. Cervical cancer

1 =
2 major (edge)
3 minor (edge)
4 total

28. Classification of placenta previa:

- A. In grade I placenta previa, the margin of the placenta encroaches on the internal cervical os
- B. Grade IIA placenta previa is regarded to be a major placenta previa
- ☒ C. In grade III placenta previa, the placenta does not completely cover the internal cervical os
- D. In grade IIB placenta previa, the placenta is located anteriorly
- E. Grade IIB placenta previa is regarded to be a major placenta previa

29. Placenta Accreta Spectrum (PAS):

- ☒ A. History of Caesarean delivery is the only risk factor
- B. In PAS grade 1, the placenta invades the myometrium
- C. Ultrasound scan is not useful in the antenatal diagnosis of PAS
- D. In PAS grade 3B, the placenta invades the bladder
- E. Placenta percreta is classified as PAS grade 2 under FIGO

30. A Gravida 2 Para 1 presents at 36 weeks gestation with a one-day history of per vaginal bleeding and abdominal pain. On examination, the abdomen was found to be tender and no fetal heart was heard. The most likely diagnosis is:

- ☒ A. Placental abruption
- B. Placenta previa
- C. Cervical ectropion
- D. Red degeneration of Fibroids
- E. Carcinoma of the cervix

31. A 33-year-old woman at 37 weeks gestation confirmed by early ultrasound presents to ward B12 at the Women and Newborn Hospital with moderate to severe vaginal bleeding and is noted by ultrasound to have placenta praevia. Which of the following is the best management for her?

- A. Induction of labour with Misoprostol
- B. Give tocolytic drugs
- C. Caesarean section
- ☒ D. Admit immediately to the antenatal ward and start expectant management until 38 weeks
- E. Artificial rupture of the membrane

32. Concerning Multiple gestation:

- A. Globally, the prevalence of twins is highest in Central America
- B. Splitting of embryo after 12 days of fertilization usually result in conjoined twins
- ☒ C. Dichorionic Diamniotic twinning carries a risk of twin to twin transfusion syndrome
- D. Familial tendency is associated with monozygotic twins
- E. Multiple pregnancies are more common among primigravidas than grandmultiparous women

33. Which is true concerning twin deliveries?
- A. The first twin is at greater risk than the second
 - B. They usually go post date
 - C. Epidural analgesia is best avoided
 - D. The commonest presentation is Cephalic-Breech
 - E. There is increased risk of post partum hemorrhage
34. If Twin 1 is in transverse lie and Twin 2 in vertex presentation, the most appropriate route for delivery is:
- A. Caesarean section
 - B. Deliver Twin 1 by Internal Podalic Version and twin 2 by vacuum extraction
 - C. Deliver Twin 1 by breech extraction and await SVD for Twin 2
 - D. Perform a Symphysiotomy to facilitate delivery of twin 1
 - E. Await spontaneous delivery for both twins
35. Which of the following obstetric complications is NOT associated with Multiple pregnancy?
- A. Pre-eclampsia
 - B. Anaemia
 - C. Preterm labour
 - D. Antepartum hemorrhage
 - E. Maternal Syphilis infection
36. Anaemia in pregnancy:
- A. Sick cell disease is commonest cause
 - B. Hemoglobin level of 8 g/dl is regarded as severe anaemia
 - C. Is associated with increased risk of postpartum sepsis
 - D. Macrosomia is the common fetal complication
 - E. Delivery is best conducted via Caesarean section
37. A Primigravida presents to hospital as a referral from her local clinic for further management of anaemia at 37 weeks gestation. Her Full Blood Count results indicates a Hemoglobin level of 6.8 g/dl. What the best management option for her?
- A. Commence parenteral Iron Sucrose
 - B. Do Serum Ferritin levels to help you determine the dose and route of iron administration
 - C. Order transfusion with 2 units of Red Cell Concentrates (RCC)
 - D. Increase the frequency of oral Ferrous Sulphate from 200 mg once daily to 200 mg three times a day
 - E. Commence Erythropoietin therapy
38. Which of the following is NOT a complication of Anaemia in pregnancy?
- A. Intrauterine Growth Restriction ✓
 - B. Maternal Heart Failure ✓
 - C. Post Partum Hemorrhage
 - D. Preterm birth ✓
 - E. Premature rupture of membranes

39. A gravida 2 Para 1 presents for antenatal booking at 14 weeks gestation. On routine antenatal investigations, her blood group is found to be group O rhesus negative. The next course of action should be:
- ☒ A. Administer Anti-D Immunoglobulin
 - ☐ B. Request for her to do Indirect coombs test
 - ☐ C. Order an ultrasound scan to determine look for features of hydrops fetalis
 - ☐ D. Request for her to do Kleihauer test
 - ☐ E. Continue with routine antenatal visits as no further tests are required
40. Which of the following is NOT an indication for treatment for a potentially sensitizing event in a non-sensitized rhesus negative pregnant woman?
- ☐ A. Routine Anti-D Immunoglobulin given at 28 weeks gestation
 - ☐ B. Anti-D Immunoglobulin given following surgical termination of pregnancy
 - ☐ C. Anti-D Immunoglobulin given following an episode of per vaginal bleeding in a patient with placenta previa
 - ☒ D. Anti-D Immunoglobulin given following External Cephalic Version for breech presentation
 - ☐ E. Anti-D Immunoglobulin given following a spontaneous Vaginal Delivery
41. Concerning HIV infection in pregnancy:
- ☐ A. HIV transmission from mother to child only occurs during labour
 - ☐ B. HIV test is only done at the booking visit
 - ☐ C. HIV infection is an absolute indication for Caesarean delivery
 - ☐ D. According to the current Zambian EMTCT guidelines, an HIV infected pregnant woman should stop taking ARVs immediately after delivery
 - ☒ E. Viral load test is recommended at 36 weeks gestation
42. Maternal Syphilis infection in pregnancy:
- ☒ A. A positive RPR test is confirmatory of new syphilis infection
 - ☐ B. Can cause intrauterine fetal death
 - ☐ C. There is no need to treat the partner
 - ☐ D. Infection can be prevented by taking Pre-Exposure prophylaxis (PrEP)
 - ☐ E. Congenital syphilis can be treated with a single dose of 2.4 Mega units of Benzathine penicillin
43. Hepatitis B Virus Infection in pregnancy:
- ☒ A. Vertical transmission is effectively prevented by performing an elective Caesarean delivery
 - ☐ B. Breastfeeding is absolutely contraindicated
 - ☐ C. A positive Hepatitis B surface antigen (HBsAg) test indicates active infection
 - ☐ D. It is recommended that the baby receives both Hepatitis B Immunoglobulin and Vaccination to reduce the chances of infection
 - ☐ E. Antiretroviral drugs are not effective against Hepatitis B virus
44. Malaria in pregnancy:
- ☐ A. Pregnant women are not at an increased risk of severe malaria compared to the general population
 - ☒ B. The current WHO 2016 antenatal care model recommends Intermittent Presumptive Therapy with Pyrimethamine Sulfadoxine three times in pregnancy
 - ☐ C. Artemether-Lumefantrine is contraindicated in pregnancy

- D. Severe Malaria is a differential diagnosis in a patient with Eclampsia
E. Congenital malaria never occurs
45. A 16 year old primigravida presents at 18 weeks with severe pain on her right leg. On examination, she is found to be clinically pale and jaundiced. The most likely diagnosis is:
A. Rheumatoid Arthritis
B. Sickle Cell Disease
~~C. Iron Deficiency Anaemia~~
D. Viral Hepatitis
E. Deep Vein thrombosis
46. Which of the following is NOT a complication of Sickle Cell Disease in Pregnancy?
A. Pre-eclampsia ✓
B. Venous Thromboembolism ✓
~~C. Gestational Diabetes Mellitus~~
D. Fetal growth restriction ✓
E. Anaemia ✓
47. Urinary Tract Infections in pregnancy:
A. Proteus mirabilis is the commonest causative organism
~~B. Urine stasis under the influence of the hormone estrogen is the main predisposing factor~~
C. Asymptomatic bacteriuria does not require treatment with antimicrobials
D. Has no association with preterm labour
E. Can precipitate a Vaso-Occlusive Crisis in a patient with Sickle Cell Disease
48. Venous Thromboembolism in pregnancy:
A. Is the leading cause of Maternal Mortality worldwide
B. It is 10 times more common in pregnant compared to non-pregnant women
C. Heparin crosses the placenta
D. Warfarin is contraindicated throughout pregnancy since it is teratogenic
~~E. Treatment of suspected Deep Vein Thrombosis should not be commenced until after confirmation with doppler ultrasound scan~~
49. Which of the following is NOT a complication associated with obesity in pregnancy?
~~A. Premature rupture of Membranes~~ ✓
B. Miscarriage
C. Venous Thromboembolism
D. Pre-eclampsia ✓
E. Gestational Diabetes Mellitus ✓
50. Cardiac disease in pregnancy:
A. Shortness of breath in pregnancy is diagnostic of cardiac disease
~~B. Peripartum cardiomyopathy develops in the first trimester~~
~~C. Presence of any heart murmur in pregnancy is pathological~~
D. Eisenmenger's Syndrome in pregnancy carries a 40-50% risk of mortality
E. Delivery should be via Caesarean section
51. Stages of labor:
A. The first stage commences at the time of membrane rupture

- B. The cervix dilates at consistent rate of 3 cm per hour in the first stage
 C. The third stage ends with the delivery of the placenta and membranes
 D. Ventouse can be applied when the station is at -1
 E. Second stage of labor begins when the cervix is fully dilated and ends with delivery of the fetal anterior shoulder
52. What is the station where the presenting part is at the level of the ischial spines?
 A. -2
 B. -1
 C. 0
 D. +1
 E. +2
53. Engagement is strictly defined as:
 A. When the presenting part passes through the pelvic inlet
 B. When the presenting part is level with the ischial spines
 C. When the greatest Biparietal diameter of the fetal head passes the pelvic inlet
 D. When the greatest Biparietal diameter of the fetal head is at the level of the ischial spines
 E. When the presenting part is seen crowning
54. A 23 year old Gravida 4 Para 3 with one previous Caesarean section is admitted in active phase of labour with ruptured membranes at 4 cm cervical dilatation. Four hours later, she is re-assessed and found to be having mild contractions and a thick cervix with dilatation of 5 cm. Which of the following is the best management for her?
 A. Ripen the cervix further with vaginal misoprostol
 B. Caesarean Section
 C. Augment labour with oxytocin infusion
 D. Allow her to labour for a further 2 hours then re-assess her thereafter
 E. Perform a vacuum extraction
55. Which of the following is NOT a feature of fetal compromise in labour?
 A. Grade 3 fresh meconium stained liquor
 B. Persistent fetal bradycardia of below 80 beats per minute
 C. Fetal Scalp blood PH of 7.0
 D. Late decelerations on Cardiotocography
 E. Early decelerations on Cardiotocography
56. The heart rate of a normal fetus at term ranges from:
 A. 80-100 bpm
 B. 100-120 bpm
 C. 120-160 bpm
 D. 160-180 bpm
 E. 180-200 bpm
57. Which of the following cervical examinations is the most favourable for induction of labour?
 A. Cervix closed, posterior, firm, 5cm long
 B. Cervix soft, central position, 3cm dilated, 2.5cm long with -1 station
 C. Cervix soft, anterior, 4cm dilated, 0.5cm long with -1 station

- D. Cervix medium consistency, posterior position, 2 cm dilated, 2cm long
E. Cervix soft, central position, 3cm dilated, 2.5cm long with -3 station
58. For women undergoing induction of labour for post dates with a Bishop score of 5 or less, which of the following should be the used first step?
A. Non-stress test
B. Oxytocin drip
C. Vaginal misoprostol insertion
D. Cesarean section
E. Attempts at induction should be avoided at a Bishop score of less than 5
59. Which of the following would be a contraindication to a trial of labour after caesarean (TOLAC) in a 30 years old gravida 3 and para 2 woman?
A. Prior classical hysterotomy
B. Previous caesarean section for cord prolapse
C. Small-for-gestational-age (SGA) fetus
D. Oligohydramnios
E. Preterm labour
60. Shoulder dystocia is a feature of labour in a woman with:
A. Intrauterine fetal death (IUFD)
B. Breech presentation
C. A mento-posterior position
D. Fetal macrosomia
E. Transverse lie
61. Which of the following is the correct order of the cardinal movements of labor?
A. Internal rotation, engagement, descent, flexion, extension, external rotation
B. Engagement, descent, extension, internal rotation, flexion, external rotation
C. Internal rotation, descent, engagement, flexion, extension, external rotation
D. Engagement, descent, flexion, internal rotation, extension, external rotation
E. Engagement, descent, internal rotation, extension, flexion, external rotation
62. The McRobert's Maneuver is used in the delivery of:
A. Stuck head in vaginal breech delivery
B. Shoulder dystocia
C. Shoulders in vaginal breech delivery
D. Hand prolapse
E. Delivery of Twin II
63. There is an increased incidence of prolapse of the umbilical cord with:
A. Multiple pregnancy
B. Post maturity
C. Prematurity
D. Breech presentation
E. Increased parity
64. Which of the following is the most common complication of vacuum extraction?
A. Fetal facial nerve palsy
B. Maternal perineal laceration

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- ~~C.~~ Cephalohematoma
- D. Fetal skull fracture
- E. Prolonged third stage of labour

65. The Loveset's Maneuver is used in the delivery of:

- A. Shoulders in vaginal breech delivery
- ~~B.~~ After coming head in vaginal breech delivery
- C. Legs in vaginal breech delivery
- D. Shoulder dystocia
- E. Stuck breech

66. Which of the following is true regarding magnesium sulphate and eclampsia?

- A. Used properly, it prevents all seizure activity
- B. Oral administration is the route of choice
- C. A loading dose of 40 mg is recommended
- D. A loss of deep tendon reflexes indicates the need for further magnesium sulphate
- ~~E.~~ It acts by relieving cerebral vasospasm

67. At what stage of pregnancy is eclampsia most likely to occur?

- A. First trimester
- ~~B.~~ Second trimester
- C. Third trimester
- D. Immediately postpartum within 48 hours of delivery
- E. Postpartum period between 48 hours and 4 weeks

68. Which of the following is true concerning vaginal twin delivery?

- ~~A.~~ The first twin is at a greater risk than the second
- B. The second twin must be delivered within 15 minutes of the first
- C. Labour usually occurs postdate
- D. Internal podalic version is a useful strategy for delivery of the first twin
- E. There is an increased risk of postpartum haemorrhage

69. A third-degree perineal laceration:

- A. Involves the vaginal mucosa only
- B. Involves the vaginal mucosa and perineal muscles
- ~~C.~~ Involves the anal sphincters and rectal mucosa
- D. Will heal well without repair
- E. Involves the anal sphincters but not the rectal mucosa

70. Which of the following presentations and positions would be most favorable to achieve a vaginal delivery?

- A. Breech presentation
- B. Shoulder presentation
- C. Vertex with occiput posterior
- ~~D.~~ Vertex with occiput anterior
- E. Vertex with occiput transverse

71. A Gravida 4 Para 3 with history of 1 previous Caesarean section was admitted in active phase of labor with a cervical dilatation of 5 cm. Four hours later, she complained of severe abdominal pains. Upon evaluation, the cervix was still 5 cm

dilated and she had generalized abdominal tenderness with fetal parts easily palpable and no fetal heart was heard. What is your most likely impression?

- A. Placental abruption
- ☒ B. Ruptured uterus
- C. Amniotic fluid embolism
- D. Chorioamnionitis
- E. Severe pyelonephritis

72. Which of the following is the main advantage of performing a medio-lateral episiotomy?

- A. Less blood loss
- ☒ B. Reduced incidence of dyspareunia
- C. Less anal sphincter damage
- D. Less pain in the postpartum period
- E. It is easier to repair

73. Which of the following is NOT a prerequisite for Ventouse delivery?

- A. Presence of a qualified Obstetrician
- B. Cervix fully dilated ✓
- C. Membranes ruptured ✓
- ☒ D. Experienced operator
- E. Station 0 or more ✓

74. Which of the following maneuvers is NOT used in the delivery of shoulder dystocia?

- A. McRobert's
- B. Wood's cock screw
- C. Rubin
- D. Gaskin
- E. Mauriceau-Smellie-Veit

75. Regarding secondary postpartum haemorrhage:

- A. Is diagnosed when bleeding occurs 72 hours after delivery
- B. Contraindicates breastfeeding
- C. The commonest cause is cervical tears
- D. Very common when the patient delivers a congenitally abnormal baby
- ☒ E. Choriocarcinoma could be a cause

76. Post partum Hemorrhage (PPH):

- A. It is diagnosed based on accurate measurement of blood loss
- ☒ B. Atonic uterus is the commonest cause
- C. Blood products should only be transfused with Hemoglobin level of 5 g/dl or below
- D. Multiple pregnancy is the only known risk factor for PPH
- E. Tranexamic acid is contraindicated in patients with pre-eclampsia

77. Which of the following is NOT an option for surgical management of intractable post partum hemorrhage?

- A. Internal Iliac artery ligation
- B. Bilateral uterine artery ligation
- C. B-Lynch suture
- ☒ D. Bilateral Salpingoophorectomy

E. Hysterectomy

78. A woman delivers a 4 Kg baby and after expulsion of the placenta, she starts bleeding profusely per vaginum. What will be the best next course of action?
- ☒ A. Call for help and await senior's arrival
 - ☐ B. Rush to the blood bank to request for whole blood
 - ☐ C. Insert 2 Intravenous lines and commence oxytocin infusion and Ringer's Lactate
 - ☐ D. Give a bolus of oxytocin intramuscular and observe if the bleeding will stop
 - ☐ E. Pack the vagina with gauze
79. Which of the following is NOT a component of APGAR score?
- ☒ A. Body temperature
 - ☐ B. Colour
 - ☐ C. Heart rate
 - ☐ D. Muscle tone
 - ☐ E. Respirations
80. Meconium Aspiration Syndrome
- ☒ A. Is common in preterm babies
 - ☐ B. Management include suctioning from the trachea and mechanical ventilation
 - ☐ C. Antenatal Corticosteroids are effective in it's prevention
 - ☐ D. Is the leading cause of neonatal deaths
 - ☐ E. Oxygen therapy has no role in it's management
81. A low APGAR score at one minute:
- ☐ A. Is highly correlated with late neurologic sequelae
 - ☐ B. Is highly correlated with late neurologic sequelae
 - ☐ C. Has the same significance in premature and term infants
 - ☒ D. Indicates the need for immediate resuscitation
 - ☐ E. Is a useful index of resuscitative effort
82. The puerperium:
- ☒ A. Refers to the period up to 6 weeks after delivery
 - ☐ B. Maternal vitals are taken every 30 minutes in the first 1 hour after delivery
 - ☐ C. Breastfeeding is usually initiated 24 hours after birth
 - ☐ D. The newborn baby must be bathed immediately after birth
 - ☐ E. HIV positive women must be commenced on antibiotics after delivery
83. Uterine involution in the puerperium:
- ☐ A. Involution occurs mainly as a result of degeneration of myocytes
 - ☒ B. Breastfeeding has no effect on involution
 - ☐ C. Two weeks after delivery, the uterus is usually palpable 4cm below the umbilicus
 - ☐ D. Endometritis may cause subinvolution
 - ☐ E. At the end of the puerperium, the uterus weighs approximately 500g
84. Which of the following is NOT a cause of Puerperal pyrexia?
- ☐ A. Endometritis
 - ☐ B. Mastitis
 - ☐ C. Cystitis
 - ☒ D. Deep vein thrombosis

E. Puerperal psychosis

85. Which of the following is the correct sequence of changes in lochia?

- A. Serosa, alba, rubra
- B. Rubra, serosa, alba
- C. Rubra, alba, serosa
- D. Alba, rubra, serosa
- E. Alba, serosa, rubra

86. Puerperal Sepsis:

- A. Is usually caused by a single microorganism rather than polymicrobial
- B. Prolonged labor is a major risk factor
- C. Always indicates presence of retained products of infection
- D. Treatment with antimicrobials should not be initiated until after results of culture
- E. Is a contraindication for use of any contraceptives

87. The cause of 'postpartum blues' is:

- A. Decreased Estrogen
- B. Decreased Progesterone
- C. Decreased Prolactin
- D. Decreased Estrogen and Progesterone
- E. Decreased beta HCG

88. Which of the following is NOT a risk factor for postnatal depressive illness?

- A. History of Psychiatric illness
- B. Neonatal loss
- C. Delivery of a macrosomic baby
- D. Lack of partner support
- E. Recent bereavement in the family

89. Which of the following is NOT a cause of Maternal Mortality?

- A. Post partum hemorrhage
- B. Eclampsia
- C. Cardiac disease
- D. Septic abortion
- E. Road traffic accident

90. Which one of the following is the correct definition of perinatal death?

- A. Stillbirths after 28 weeks gestation
- B. Includes stillbirths after 28 weeks gestation and neonatal deaths up to 7 days of life
- C. Neonatal deaths up to 7 days of life
- D. Neonatal deaths up to 28 days of life
- E. Neonatal deaths from 7 to 28 days

91. Contraindication of induction of labour:

- A. Prior Caesarean section
- B. Pre-eclampsia
- C. Gestational diabetes mellitus
- D. Post dates pregnancy
- E. Intrauterine Growth Restriction

92. In a pregnant woman with heart disease, which is NOT to be done?
- A. Assist second stage
 - B. Give prophylactic antibiotics
 - C. IV Ergometrine after delivery
 - D. IV Frusemide post partum
 - E. IM Pethidine in active phase
93. The most common heart disease associated with pregnancy is:
- A. Mitral stenosis
 - B. Patent ductus arteriosus
 - C. Mitral regurgitation
 - D. Coarctation of the aorta
 - E. Tricuspid regurgitation
94. Which of the following applies to a pelvis not favourable for vaginal delivery?
- A. Sacral promontory cannot be felt
 - B. Obstetric conjugate is less than 10 cm
 - C. Ischial spines are not prominent
 - D. Subpubic arch accepts two fingers
 - E. Intertuberous diameter accepts four knuckles on pelvic exam
95. Which type of pelvis is associated with deep transverse arrest in labour?
- A. Gynaecoid
 - B. Arthropoid
 - C. Android
 - D. Platypelloid
 - E. Asynclitic pelvis
96. A transverse lie of the fetus is least likely in the presence of:
- A. Placenta previa
 - B. Polyhydramnios
 - C. Preterm fetus
 - D. Grand multiparity
 - E. Normal term fetus
97. Which of the following is NOT a cardinal movement of the fetal head in normal labour?
- A. Descent
 - B. Flexion
 - C. Internal rotation
 - D. Podalic version
 - E. External rotation
98. Which of the following is a component of biophysical profile?
- A. Fetal weight
 - B. Placental thickness
 - C. Fetal anomaly
 - D. Fetal breathing movements
 - E. Continuous CTG

99. Anti-D prophylaxis:

- A. Should be given to all sensitized Rhesus negative women after delivery
- ~~B. Should be given to all unsensitized Rhesus negative women at 28 weeks~~
- C. Should be given to all Rhesus positive women who give birth to Rhesus negative babies
- D. Should be given to all Rhesus negative women whose partners are also Rhesus negative
- E. Should be given to all women whose babies are Rhesus negative

100. Disseminated intravascular coagulation (DIC):

- A. Can be managed by leukocyte transfusion
- B. Can cause decreased fibrin degradation products
- C. Can cause decreased Prothrombin Time and Activated Partial Thromboplastin Time
- ~~D. Is characterized by increased platelet count~~
- ~~E. Can be encountered in case of IUFD~~

B. SECTION TWO: SHORT STRUCTURED ESSAY QUESTIONS (30 Marks)

ANSWER ALL THE THREE QUESTIONS IN THE BOOKLET PROVIDED. ENSURE THAT EACH ANSWER STARTS ON A SEPARATE PAGE AS THESE WILL BE SEPARATED AND GIVEN TO DIFFERENT MARKERS.

1. A gravida 2 para 1 with a history of Caesarean section in her first pregnancy presents at 34 weeks' gestation with history of per vaginal bleeding. She has had 4 antenatal care visits which were all uneventful. On obstetric examination, she was found to have an oblique lie.
 - a) What is the condition she has and its definition? (2 marks)
 - b) What other information would you ask from the patient to help you make a diagnosis? (3 marks)
 - c) What is the most likely diagnosis? (2 marks) *APL*
 - d) What is the main risk factor for this complication does this patient have? (1 marks)
 - e) What investigation are you going to order to confirm the diagnosis in this patient? (2 marks).
2. A 16-year-old primigravida at 32 weeks' gestation is referred from her local clinic with Full Blood Count results indicating her Hemoglobin to be 3 g/dl. She is complaining of fever, headache and chills. She further gives a history of having travelled to the village two weeks ago.
 - a) What is your impression of this patient? (2 marks) *malaria*
 - b) Give 4 symptoms and 4 signs of the complication that this patient has (4 marks)
 - c) List 4 investigations you are going to request for this patient (2 marks)
 - d) List maternal and perinatal complications that this patient may have? (4 marks)
 - e) What antenatal measures should be put in place to prevent the complications that this patient have? (3 Marks) *Fansider (SP)*
3. An 18-year-old Primegravida is brought to the emergency Obstetric ward in an unconscious state. The care giver gives a history of her having fainted several times at home before she was rushed to the hospital. A review of her antenatal card reveals that her last antenatal visit was a week ago and the gestation age was 35 weeks. The

Blood pressure recorded during her last antenatal visit was 150/95 and proteinuria 1+.

- a) What your diagnosis of this patient? (1 mark) P.E
- b) List 4 other causes of unconsciousness in pregnancy? (4 marks)
- c) What symptoms is she likely to have had prior to her fitting? (3 marks)
- d) What signs are you going to look for in your examination of this patient? (2 marks)
- e) What investigations are you going to order for this patient? (2 marks)
- f) What is the drug of choice for seizure control in this condition? (1 Mark)
- g) What is the definitive management of this patient? (2 Marks)

-END OF EXAMINATION-

CHECK THAT YOUR COMPUTER NUMBER IS ON EACH ANSWER SHEET