



The University of Fiji
(An Entity of Arya Pratinidhi Sabha of Fiji)



Umanand Prasad School of Medicine Health Sciences
2025

FINAL EXAMINATION PAPER

OBGY 303: Obstetrics & Gynaecology

Important Instructions to Students:

1. Read the questions, and instructions carefully and answer the questions.
2. You are allowed an **extra 10 minutes of reading time** (during this time, you are not allowed to write with a pen) and **180 minutes (3 Hours) to complete this paper**.
3. Silent, non-programmable calculators are allowed but not supplied.
4. Write all your answers in the answer booklet provided. If you need extra sheets, please ask the supervisor. Write your name, course code, and student identification number in the answer booklet and the attendance sheet.
5. This Final Course Examination Paper is worth 100 marks and contributes 40% of the total course assessments. Students must at least score 50% in this final exam to pass the course.
6. This paper contains three sections A, B, and C All questions are compulsory to answer.
7. Write all your answers legibly. The marker has the right to award a zero for answers that are not legible.
8. This is a **Closed Book Examination**. The University views plagiarism, cheating, and dishonest practice as serious offenses, and if found, offenders are penalized.

Examination Paper Content (Format):

<u>Section</u>	<u>Question</u>	<u>Content</u>	<u>Marks</u>	<u>Suggested Time</u>
A	1-20	Multiple Choice	20	60 minutes
B	21-37	Short Answer Questions	35	60 minutes
C	38-40	Long Answer Question	45	60 minutes
		TOTAL	100	180 Minutes

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DIRECTION: Select the best answer or one answer for each question. Write your final answer Capital letters in the answer sheet provided.

1. During the late follicular phase, sustained high levels of estrogen cause which of the following changes in LH secretion?

- A. Suppression of LH release
- B. No effect on LH secretion
- ☒ C. Positive feedback → LH surge
- D. Inhibition of GnRH plasticity

2. A 28-year-old woman's menstrual cycle suddenly stops after prolonged stress.

Her hormonal profile shows low FSH, LH, and estrogen.

Where is the most likely site of dysfunction?

- A. Hypothalamus
- ☒ B. Pituitary gland
- C. Ovary
- D. Uterus

3. The first cardinal movement of labor is:

- A. Flexion
- ☒ B. Engagement
- C. Descent
- D. Internal rotation

4. Ana, a 26-year-old G2P1, presents to Nadi Maternity for booking. Her booking blood tests and scan were done during this visit.

What all is included in the booking bloods?

- A. Urea and Creatinine, MSU, FBC
- ☒ B. Cross Match, FBC, Serology
- C. FBC, Grouping and Serology
- D. Dengue/Lepto serology, FBC, and Blood grouping

5. Which of the following best describes the role of progesterone in the menstrual cycle?

- A. Stimulates follicular growth
- B. Promotes endometrial proliferation
- ☒ C. Maintains the secretory endometrium
- D. Triggers the LH surge

6. In a normal menstrual cycle, which event immediately follows ovulation?

- A. Estrogen peaks again
- B. FSH increases sharply
- ☒ C. Corpus luteum formation and progesterone rise
- D. Rapid fall in LH and progesterone

7. Which of the following is a common cause of secondary amenorrhea in young women with normal prior cycles?

- A. Müllerian agenesis
- ☒ B. Pregnancy
- C. Gonadal dysgenesis
- D. Imperforate hymen

8. Term prelabor rupture of membranes (PROM) is defined as:

- A. Rupture of membranes before 37 weeks of gestation
- B. Rupture of membranes after onset of labor at term
- ☒ C. Rupture of membranes before onset of labor at ≥ 37 weeks of gestation
- D. Rupture of membranes during active labor

9. Which is a common anatomical cause of primary amenorrhea?

- A. PCOS
- ☒ B. Imperforate hymen
- C. Hypopituitarism
- D. Functional hypothalamic amenorrhea

10. Which of the following is not a common symptom of PID?

- A. Lower abdominal pain
- B. Abnormal vaginal discharge
- C. Dysuria

☒ D. Painless vaginal bleeding

11. Which of the following investigations is first-line in secondary amenorrhea?

A. Pelvic ultrasound

☒ B. Serum β -hCG

C. Karyotype

D. MRI pituitary

12. The average age of natural menopause in women is:

A. 40 years

B. 45 years

☒ C. 51 years

D. 55 years

13. The accuracy of gestational age estimation using ultrasound in the second trimester is:

A. $\pm 3-5$ days

B. ± 1 week

☒ C. ± 2 weeks

D. ± 3 weeks

14. Which of the following is a common vasomotor symptom of menopause?

A. Headache

☒ B. Hot flashes and night sweats

C. Weight loss

D. Palpitations

1 - 13
14 - 21

15. In the 50 g Glucose Challenge Test, plasma glucose is measured after:

A. 30 minutes

☒ B. 1 hour

C. 2 hours

D. 3 hours

16. Which of the following hormone patterns is typical in postmenopausal women?

A. Low FSH, high estrogen

☒ B. High FSH, low estrogen

C. Low LH, high progesterone

D. High inhibin B, high estrogen

17. A first-trimester ultrasound can detect fetal cardiac activity as early as:

A. 4 weeks

B. 5 weeks

☒ C. 6 weeks

D. 8 weeks

18. The first investigation to be done in a patient with primary amenorrhea is:

☒ A. Serum FSH and LH

B. Karyotype

C. Serum prolactin and TSH

D. Pregnancy test

19. Which of the following is the most common site of ectopic pregnancy?

A. Ovary

B. Cervix

☒ C. Ampulla of the fallopian tube

D. Isthmus of the fallopian tube

20. The correct patient position for a speculum examination is:

- A. Lithotomy position
- B. Left lateral position
- C. Prone position
- D. Trendelenburg position

Short Answer Questions

- 21. List 2 laboratory tests to evaluate Primary Amenorrhea (2 marks)
- 22. What is the Pathophysiology of Functional Hypothalamic Amenorrhea? (1 mark)
- 23. What are some common clinical features of menopause (1 mark)?
- 24. Name the 4 stages of labor and explain what happens in it. (4 mark)
- 25. Difference between Pre-labor Rupture of Membranes (TPROM) vs SROM (2 mark)
- 26. What are the 6 components of the Birth Preparedness Plan (BPP) and Complication Readiness Plan (CRP) (3 marks)
- 27. What are the 2 organisms that cause Pelvic Inflammatory Disease (PID) (2 marks)
- 28. Name 2 cardiovascular changes in Pregnancy (2 marks)
- 29. What are the pathophysiology mechanisms of Functional Hypothalamic Amenorrhea? (2 marks)
- 30. What are the hormones that regulate the menstrual cycle, and When here do they originate from? (2 marks)
- 31. What hormone triggers ovulation, and when does it occur? (2 marks)
- 32. Define Respectful Maternity Care, and what are the components? (2 marks)
- 33. An 18-year-old pregnant woman, 20 weeks of gestation, comes to the booking clinic and asks the nurse at Nadi Maternity if her partner can be present during delivery. What explanation does the nurse give them regarding this request? (2 mark)
- 34. What is the WHO definition of anemia in pregnancy? (1 mark)
- 35. What are the 3 criteria to define Diabetes Mellitus in Pregnancy? (3 marks)
- 36. Define PIH vs PET in pregnancy. (2marks)
- 37. What factors increase the risk of vertical HIV transmission in pregnancy? (2marks)

Long Answer Questions (15 points)

Case Scenario 1

38. Mere, a 24-year-old woman, presents to the outpatient clinic complaining of missed periods and nausea. Her last menstrual period (LMP) was 7 weeks ago. She has done a home urine pregnancy test, which was faintly positive. She is unsure of her dates because her cycles are irregular. Her history and examination are unremarkable. The doctor orders a pelvic ultrasound scan to confirm pregnancy.

1. What are the indications for an early pregnancy scan? (2 marks)
2. What types of scans can be used to confirm pregnancy, and when do you consider using which type of scan? (2 marks)
3. At what gestational age can the following be seen on ultrasound?
Gestational sac (1 mark)
Yolk sac (1 mark)
Fetal pole (1 mark)
Fetal cardiac activity (1 mark)
4. What are the criteria on ultrasound to confirm an intrauterine pregnancy? (2 marks)
5. What features on ultrasound would make you suspect an ectopic pregnancy instead? (2 marks)
6. What is the most accurate sonographic method of determining the EDD (1 mark)?
7. What are the 4 meters of a 26-weeker growth scan (2 marks)

Case Scenario 2

39. Maria, a 36-year-old G3P2 AOG 26 weeks, presents for routine ANC. Her Mum had Type 2 DM. She has a previous 4kg baby in her 2nd pregnancy. BMI 30 Vitals: BP 120/80 P 90

1. What are Maria's high-risk **factors** for developing gestational diabetes in pregnancy? (4 marks)
2. When should **screening for GDM** be performed and why? (2 mark)
3. What **screening tests** are available for detecting GDM? (2 marks)
4. What are the 3 key differences between a Polycose and an OGTT test (3 marks)
5. What are the **diagnostic criteria** for GDM (according to WHO/IADPSG)? (2 marks)
6. How would you **interpret** Ana's test results if her OGTT shows: (2 marks)?
 - Fasting glucose: 5.3 mmol/L
 - 1-hour glucose: 9.5 mmol/L
 - 2-hour glucose: 8.8 mmol/L

Case Scenario 3 (15 points)

40. Anna is a 26-year-old Para 2 pc to OPD with Post coital bleeding $\times 3/12$, Married to 2nd partner. Never had any Pap screening. The Current Partner is unemployed and is an IV drug user.

1. Identify 3 risk factors for Cervical Cancer for Anna (3 marks)
2. What are the other risk factors for Cervical Cancer (2 marks)?
3. What causes Cervical and what specific strains (1 mark)
4. What cell types make up the cervix (1 mark)
5. What is the Transformation zone in its significance? (2 marks)
6. What are the various screening methods for cervical cancer, and 1 advantages and disadvantages of each (4 marks)?
7. What are the 90/70/90 WHO goals to eliminate Cervical Cancer? (2 marks)