



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



Umanand Prasad School of Medicine Health Sciences
2025

Final Examination Paper

OBGY 403: 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 3 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	1-15	Multiple Choice	15	60 minutes
B	16-31	Short Answer -Questions	32	60 minutes
C	32-35	Long Answer Questions (4 Case scenarios)	53	60 minutes
		TOTAL	100	180 minutes

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Registration Certificate Number (RGN0020/11)

Multiple Choice Choice the best answer or one answer for each question. Write your final answer in 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 leading to LH surge
 - D. Inhibition of GnRH pulsatility
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. Which hormone is responsible for softening of the cervix and pelvic ligaments during pregnancy?
 - A. Progesterone
 - B. Estrogen
 - C. Relaxin
 - D. Oxytocin
4. During pregnancy, total peripheral resistance decreases primarily due to:
 - A. Increased blood viscosity
 - B. Vasodilation is mediated by progesterone
 - C. Increased sympathetic tone
 - D. Decreased cardiac output
5. The baseline fetal heart rate on a CTG is determined by averaging the heart rate over:
 - A. 10 seconds
 - B. 30 seconds
 - C. 1 minute
 - D. 10 minutes
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

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7. Which is the most common site of ectopic pregnancy?

- A. Ovary
- B. Cervix
- C. Ampulla of the fallopian tube
- D. Isthmus of the fallopian tube

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

- A. Rupture of membranes before 37 weeks of gestation
- B. Rupture of membranes after the onset of labor at term
- C. Rupture of membranes before labor begins 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 investigation 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. ± 3 –5 days
- B. ± 1 week
- C. ± 2 weeks
- D. ± 3 weeks

14. What is considered a normal fetal heart rate (FHR) variability on a CTG?
- A. An amplitude range of less than 5 beats per minute (bpm).
 - B. An amplitude range of 6 to 25 bpm.
 - C. An amplitude range greater than 25 bpm.
 - D. An undetectable amplitude range.
15. The first investigation to be performed in a patient with primary amenorrhea is:
- A. Serum FSH and LH
 - B. Karyotype
 - C. Serum prolactin and TSH
 - D. Pregnancy test

Short Answer Questions (32 points)

16. List 2 laboratory tests to evaluate Primary Amenorrhea (2 marks)
17. What are the signs and symptoms present in a woman with Pelvic Inflammatory Disease? (2 marks)
18. What are some common clinical features of menopause (1 mark)?
19. What are the risk factors for Cervical cancer? (2 marks)
20. What are the 6 components of the Birth Preparedness Plan (BPP) and Complication Readiness Plan (CRP) (3 marks)
21. What are the 2 organisms that cause Pelvic Inflammatory Disease (PID) (2 marks)
22. Name 2 Respiratory changes in Pregnancy (2 marks)
23. What are the pathophysiology mechanisms of PCOS (2 marks)?
24. What are the hormones that regulate the menstrual cycle, and When here do they originate from? (2 marks)
25. What hormone triggers ovulation, and when does it occur? (2 marks)
26. Describe the steps to be taken before performing a Gynecological examination (2marks)
27. Define Respectful Maternity Care, and what are the components? (2 marks)
28. What is the WHO definition of active labor (1 mark)?
29. What are the 3 criteria to define Diabetes Mellitus in Pregnancy? (3 marks)
30. Define PIH vs PET in pregnancy. (2marks)
31. What factors increase the risk of vertical HIV transmission in pregnancy? (2marks)

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Log Answer Questions (1-4) case scenarios

Case Scenario 1

32. Mere, 27 years old, G2P1 at 39 weeks gestation, presents to Nadi Maternity unit with a 6-hour history of clear fluid leakage per vagina. Vitals stable and examination unremarkable.
- A. What are some of the questions you will ask during history taking? (2 marks)
 - B. How will you confirm that Mere has ruptured her membrane? (1 mark)
 - C. What are the appropriate Investigations you will order and justify? (2 marks)
 - D. Difference between TPROM and SROM (1 mark)
 - E. What is Chorioamnionitis, and signs and symptoms (1 mark)
 - F. Why are you not allowed to do a VE in a TPROM Case? (1 mark)

Case Scenario 2

33. Ana presents to the ED with a history of PV bleeding and passage of clots with lower abdominal pain in the past few hours. LNMP was 2 months ago. She has 3 previous uneventful pregnancies and nil previous comorbidities.
- A. What are some things you will ask her in history? (2 marks)
 - B. What will you look for in the examination? (2 marks)
 - C. Ana was examined and noted that her cervix was open with products of conception noted at the cervical Os. What is your diagnosis? (1 mark)
 - D. What are your appropriate investigations will you order? (2 marks)
 - E. How will you manage her? (2 marks)

Case Scenario 3

34. A 30-year-old G3P2 presents to the Nadi booking clinic for her first check-up at 20 weeks of gestation.
- A. What are some prerequisites for a pregnant lady to bring to her booking clinic? (2 marks)
 - B. Describe the purpose and components of the booking visit. (2 marks)
 - C. Identify routine antenatal screening blood tests and justify their importance (3 marks)
 - D. In her 2nd visit to the Orientation clinic, the midwife was stressing the importance of Birth Preparedness (BPP) and Complication Readiness plan (CRP). Outline the components of BPP and CRP (4 marks)
 - E. She presents at 28 weeks for a routine ANC visit. List some of the parameters assessed and some investigations that can be ordered during this visit (2 marks)
 - F. Describe what happens during the orientation visit and what the appropriate topics are discussed with the mothers. (3 marks)

Case Scenario 4

35. Litia, a 40-year-old G3P2 at 28 weeks of gestation, presents for a routine visit. In her last 2 pregnancies, she had 4.1kg/4.3kg babies. BMI 35. Vitals stable.
- A. What are some high-risk factors noted above for GDM? (3 marks)
 - B. What is the definition of Overt DM or Diabetes Mellitus in Pregnancy and lab values? (3 marks)
 - C. Her OGTT was done and values: FBS 5.5/ 1 hour: 10/ 2 hours: 8.6 mmol/L L. What is her assessment, and what is your plan of care? (3 marks)
 - D. Describe 2 maternal and 2 fetal complications associated with poorly controlled GDM (4 marks)
 - E. What are some delivery considerations that should be made for a Litia at term? (2 marks)
 - F. Outline the postpartum follow-up for a woman with GDM, including screening for Diabetes. (2marks)