



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



Umanand Prasad School of Medicine & Health Sciences
2025

FINAL EXAMINATION PAPER

OBGY 503: OBSTETRICS and GYNECOLOGY

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. In the answer booklet and the attendance sheet, write your name, course code, and student identification number.
5. This paper contains three (3) sections: A, B, and C. All questions are compulsory to answer.
6. Write all your answers legibly. The marker has the right to award a zero for ineligible answers.
7. This is a **Closed Book Examination**. The University views plagiarism, cheating, and dishonest practice as serious offenses, and if they are 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	21-40	Short answers	40	60 minutes
C	41 - 52	Long case scenarios	40	60 minutes
		TOTAL	100	180 Minutes

DIRECTION: Choose the best answer. Write your final answer. Capital letters in the answer sheet provided.

Section A: Multiple Choice 20 marks

Questions 1-4 refer to the scenario below

A 28-year-old primigravida comes for her first antenatal visit at 10 weeks.

1. Which of the following should be done at this visit?

- A. Ultrasound for growth
- B. Oral glucose tolerance test
- ☒ C. Blood pressure, urine test, and blood booking
- D. non-stress test/CTG
- E. Leopold's maneuvers

2. Which of the following vaccines is routinely given during pregnancy?

- A. Hepatitis B
- ☒ B. Tetanus Toxoid
- C. Polio
- D. Measles
- E. Rubella

3. Which of the following are NOT baseline investigations that you will request.

- A. Full blood count
- ☒ B. Renal functions
- C. Baseline dating scan
- D. Blood group
- E. HIV

4. Which of the following best describes appropriate counselling at this stage?

- A. Explain only dietary restrictions during pregnancy.
- B. Discuss labor and delivery options in detail.
- ☒ C. Provide comprehensive counselling on lifestyle, nutrition, danger signs, birth preparedness and follow-up visits.
- D. Focus mainly on family planning methods after delivery.
- E. Limit discussions to results of lab reports.

Question 5-8 refers to the scenario below:

A 24-year-old primigravida presents to labour ward at 34 weeks of gestation with vaginal bleeding. Her blood pressure is 140/90 mmHg and heart rate is 100 b/m. Her abdomen is tender.

5. Which of the following sequence of examinations is MOST APPROPRIATE?

- A. Digital examination followed by ultrasound and speculum examination
- B. Speculum examination followed by digital and ultrasound examination
- C. Speculum examination followed by ultrasound only if patient is stable.
- ☒ D. Ultrasound examination followed by digital and speculum examination
- E. Speculum examination followed by ultrasound and digital examination

6. Her examination and investigations have confirmed a placental abruption.

Which of the following, is a risk factor for this patient's condition?

- A. History of dilatation and curettage
- B. Multiple gestation
- C. Polyhydramnios
- ☒ D. Pre-eclampsia
- E. Uterine fibroid

7. Which of the following statements is NOT true regarding hypertensive disease in pregnancy?

- A. PET is characterized by hypertension and proteinuria after 20weeks.
- B. Eclampsia refers to occurrence of seizures in a woman with pre-eclampsia.
- ☒ C. Chronic hypertension is defined as blood pressure $\geq 140/90$ mmHg first detected after 20weeks of gestation.
- D. Magnesium sulphate is used to prevent and treat eclamptic seizures.
- E. Severe PET can present with headaches.

8. She was counselled for caesarean section. Which of the following points is most appropriate?

- A. Only inform her about the date of surgery as she should know what will happen. ✓
- B. Reassure her no consent is needed.
- C. Emphasize that she will not feel any pain and does not need to worry about anesthesia.
- D. Focus on family planning after surgery.
- ☒ E. Explain the indication, procedure, possible risk and benefits, need for consent and post operative expectations.

Question 9-12 refers to the scenario below.

A 35years old G5P4 was noted to have high fasting blood sugar at 28weeks of gestation.

9. Which test is diagnostic of gestational diabetes?

- A. Random blood glucose
- B. Capillary blood glucose.
- ☒ C. Oral glucose tolerance test (75g)
- D. Polycose
- E. Urine sugar

10. What is the main risk to her fetus?

- A. Growth restriction
- ☒ B. Macrosomia
- C. Oligohydramnios
- D. Congenital rubella
- E. Cord prolapse

11. What is the main risk for her?

- A. Pre-eclampsia
- B. Preterm labor
- C. Caesarean delivery
- D. Third degree perineal tear
- ☒ E. All of the above

12. A woman with gestational diabetes should have a repeat OGTT:

- A. Immediately postpartum
- ☒ B. 6–12 weeks postpartum
- C. During breastfeeding
- D. One year later
- E. Before discharge

Question 13-14 refers to the scenario below.

A 24-year-old woman presents with lower abdominal pain, fever, and vaginal discharge.

13. The most likely diagnosis is:

- A. Endometriosis
- ☒ B. Pelvic inflammatory disease
- C. Ectopic pregnancy
- D. Ovarian cyst
- E. Appendicitis

14. The most common causative organism for PID is:

- A. Escherichia coli
- B. Candida albicans
- ☒ C. Neisseria gonorrhoeae
- D. Trichomonas vaginalis
- E. Herpes simplex virus

Questions 15-18 refer to the scenario below

A primigravida arrives to prep room with a complaint of labour pains for 6 hours. You are assessing her and her ability to deliver normally.

15. Which of the following statements is CORRECT regarding Leopold Manoeuvre?

- A. Applicable to external version
- B. Applicable to internal podalic version
- C. Manoeuvre to help with the descent of the head
- D. Manoeuvre for breech extraction
- ☒ E. Systematic way to determine the position and lie of the foetus

16. Engagement is said to occur when:

- A. The biparietal diameter of the foetal head is through the plane of pelvic inlet
- B. The foetal head is within the maternal pelvis
- C. The presenting part is just above the level of ischial spines
- D. The vertex is in transverse position
- ☒ E. All of the Above

17. Flexion of the foetal head occurs when it meets resistance from:

- A. Dilated Cervix
- ☒ B. Pelvic floor
- C. Pelvic walls
- D. Placenta
- E. Uneffaced cervix

18. She delivers a 5kg baby and has a 3rd degree tear. This means that by inspection, the following structure(s) are intact:

- A. Anal sphincter
- B. Perineal body
- C. Perineal muscles
- D. Rectal mucosa
- ☒ E. All are torn through

Questions 19-20 refer to the scenario below

A 28-year-old presents to emergency department complaining of vaginal spotting and lower abdominal pain. She is hemodynamically stable. Her abdominal and pelvic examinations are normal. The BHCG level is 6700 mIU/mL and transvaginal scan shows no intrauterine gestational sac.

19. Select from the following, the statement that is MOST ACCURATE regarding this patient's situation:

- A. An MRI scan would be useful in further assessing the possibility of an ectopic pregnancy
- B. She has a unruptured ectopic pregnancy
- C. She has a nonviable intrauterine pregnancy
- ☒ D. She has a viable intrauterine pregnancy that is too early to assess on scan
- E. There is insufficient information to draw a conclusion about the viability of this pregnancy

20. Which of the following options is the LEAST IMPORTANT when obtaining the above patient's gynaecological history?

- A. Age of menarche
- B. Her last normal menstrual period
- ☒ C. Number of previous sexual partners
- D. Regularity of her menstrual cycle
- E. Whether she is having unprotected sex

SECTION B

SHORT ANSWER QUESTIONS (2 marks each)

- 21. State 2 main functions of progesterone during pregnancy.
- 22. List the three types of estrogen and two physiological effects on the female reproductive system. *estrone, estradiol, estrone*
- 23. State the main site of production and function of the B-HCG. *syncytiotrophoblast - 20k levels - growth of the foetus*
- 24. At what gestational age does B-HCG peaks and what is its clinical significance?
- 25. List two major cardiovascular adaptations that occur during normal pregnancy. *↑ cardiac output, ↑ blood volume, ↓ peripheral resistance*
- 26. State two reasons why Blood pressure may decrease in pregnancy?
- 27. Explain why pregnant women are more prone to anaemia despite increased red cell mass. *hemodilution*
- 28. Briefly explain the role of abnormal placentation in the pathophysiology of pre-eclampsia.
- 29. Define post-dates pregnancy and state one maternal and one foetal risk associated with it. *4 weeks beyond term*
- 30. List 5 components of the Bishops score.
- 31. What is the clinical significance of Bishop score in labor induction?
- 32. What is the Partograph?
- 33. Name 3 parameters that are plotted on the Partograph.
- 34. Mention the important steps in the active management of third stage.
- 35. State 4 foetal complications of a poorly controlled maternal diabetes.
- 36. Define pre-eclampsia.

37. Define incomplete miscarriage and state two clinical features that differentiate it from a threatened miscarriage.
38. Define primary post partum haemorrhage and list two common cause.
39. Describe hormonal changes that occur during follicular phase of the menstrual cycle.
40. State two main event that occur during ovulation and name one of the hormone responsible for triggering it.

SECTION C:

LONG CASE SCENARIOS. (10 marks each)

Scenario 1:

A 30year old woman G3P3 delivered a term infant via spontaneous vaginal delivery. 10minutes after delivery of the placenta, she develops heavy vaginal bleeding estimated to be 900mls. She appears pale, sweaty and anxious. Her HR is 120bpm and BP is 90/60. On abdominal examination the uterus feels boggy and soft.

Questions:

41. Describe the steps in your initial management including measures to control uterine atony and your first line of uterotonic drugs. Also state what size or colour IV cannulas you will use. (4 marks)
42. Explain how you will prepare for and commence a blood transfusion in this patient. Include in your answer the checklist and safety steps before transfusion and recognition of possible transfusion reaction. (4 marks)
43. Discuss the possible cause of PPH using the "4Ts" and give a risk factor of each. (2 marks)

Scenario 2:

A 32- year- old G2P1 at 34weeks of gestation presents to the prep room with head aches, blurry vision and leg swelling for 2 days. Her Blood pressure in 160/110 and urinalysis shows 3+ protein. The foetal heart rate is 150bpm.

Questions:

44. Define hypertensive disorders in pregnancy and distinguish between gestational hypertension, pre-eclampsia and eclampsia. (3marks)
45. Outline the immediate and definitive management, including first line anti hypertensives and anticonvulsants therapy. (4 marks)
46. List two maternal and two foetal complications of preeclampsia. (3 marks)

Scenario 3:

A 39-year-old G3P2 at 32 weeks of gestation presents with painless vaginal bleeding for 2 hours. The uterus is soft and non tender, foetal heart rate 140bpm and vital signs are stable.

Questions:

47. Define ante-partum haemorrhage and list two major causes. (3 marks)
48. Outline your initial steps in assessing and managing the above woman. (4 marks)

49. List 3 components to be included in your postpartum counselling. (3 marks)

Scenario 4:

A 42-year-old woman presents to the gynae clinic with a 6-month history of heavy and prolonged bleeding. Her cycles were previously regular 28days, lasting 5 days but now she bleeds up to 10days with clots. She reports mild low abdominal discomfort and fatigue. On examination, she is pale, her uterus is slightly enlarged and there is no adnexal masses. Her pregnancy test is negative.

Questions:

50. Describe the PALM-COEIN classification system specifying what each letter represents. (2 marks)

51. How will you evaluate this woman and list the necessary investigations needed and their Role? (5 marks)

52. What are the three layers of the uterus and its blood supply? (3 marks)

THE END