



Umanand Prasad School of Medicine & Health Sciences

Department of Clinical Sciences

Semester 2 Year 2020

FINAL COURSE EXAMINATION PAPER

OBGY 603 OBSTETRICS AND GYNECOLOGY

Important Instructions to Students:

1. Read the questions, instructions carefully and answer the questions.
2. You are allowed an **extra 10 minutes reading time** (during this time, you are not allowed to write with 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 from the supervisor. Write your name, course code and student identification number in the answer booklet and in the attendance sheet.
5. **This Final Course Examination Paper is worth 100 marks 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 (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 zero for answers that are not legible.
8. This is a **Closed Book Examination**. The University views **plagiarism, cheating and dishonest practice as serious offences** 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	1-50	Multiple Choice	50	60 minutes
B	1 - 4	Short Answer Questions	50	60 minutes
C	1 - 4	Long Answer Questions	100	60 minutes
		TOTAL	200	180 Minutes

SECTION A – CIRCLE YOUR SINGLE BEST ANSWER ON THE ANSWER SHEET PROVIDED [50MARKS]

1. A young mum in post-natal ward refuses to breastfeed. Her breasts are engorged and are painful:
A Prescribe domperidone
B Prescribe bromocriptine
C Prescribe (a) & (b)
D Prescribe valium
2. Which of the following is true regarding Polycystic Ovarian Syndrome?
A Hyperandrogenism is caused by PCOS alone
B PCOS can lead to insulin resistance
C Diagnostic criteria of PCOS can include Oligomenorrhoea and polycystic ovaries
D (b) & (c)
3. Which of the following is false regarding, etiological factors in spontaneous preterm labour?
A Delivery before 34 weeks occurs in 20% of twins.
B Infection is very common with preterm.
C Cervical surgery and recurrent terminations of pregnancy protect against PTL
D Pre-eclampsia is associated with preterm delivery.
4. Which statement is true regarding IUCD?
A. Mirena is an alternative to T/L in family completion
B. Copper T should be removed if a low grade pelvic infection is diagnosed
C. Mirena is a non-hormonal intrauterine device
D. Mirena can be inserted despite a large fibroid
5. All these factors can lead to non-reactive CTG **Except**:
A. Fetal hypoxia and asphyxia
B. Smoking
C. Caffeine
D. Gestational age
6. All of the following can potentially cause polyhydramnios **except**:
A. Maternal diabetes
B. Placental dysfunction
C. Impairment of fetal swallowing
D. Multiple Pregnancy
7. Fetal Heart Rate variability can be decreased in all of the following situations **except**:
A. Excessive fetal movement
B. Fetal asphyxia
C. Narcotics
D. Fetal behavioral states

8. Physiological changes in pregnancy include which of the following. Which statement is incorrect?
- A. An increase blood volume by 100%
 - B. A cardiac output increase by 40%
 - C. Dyspnea is common in pregnancy
 - D. Decrease in HB
9. A mildly elevated white blood cell count during pregnancy indicates:
- A. Is suggestive of an acute inflammatory process
 - B. Is due to an increase in lymphocytes
 - C. Is due to an increase in granulocytes
 - D. None of the above
10. Antenatal visits according to gestation include which of the following: which is correct?
- A. Anatomy scan is performed at 25 weeks
 - B. All women are recommended to have at least 4 antenatal visits [WHO]
 - C. Pelvic exam is performed to assess position of the uterus in the first trimester
 - D. All women are recommended to be reviewed at 25 weeks.
11. Which of the following statements below is true for booking visit investigations?
- A. An ultrasound should be offered between 11 and 14 weeks.
 - B. HIV screening should be tested routinely
 - C. Ideal gestation for first booking is 16 weeks
 - D. Screening for infections in preterm is offered routinely
12. Which of the following factors does **NOT** put a woman at risk of obstetric complication?
- A. Both extremes of maternal age
 - B. One previous c/section
 - C. A history of fertility drugs or ART or history of subfertility
 - D. A family history of diabetes in a third degree family
13. A 39-year-old primipara, with a history of 10 years infertility and type2 diabetes books in at 10 weeks gestation: Which statement is correct
- A. Immediately perform OGTT, Routine blood tests and ultrasound scan to confirm viability
 - B. Immediately perform a 4 points, routine bloods, u/scan
 - C. Immediately review her current meds. And advise that there will be changes in her treatment, HB A1C, 4 points, routine bloods, u/scan
 - D. Ask if she is on any medication, do a polycose, routine bloods/scan, HB A1C
14. A 32-year-old presents with infertility and amenorrhea. Additional questions will include:
- A. Cyclical patterns of her menstrual cycle
 - B. History of previous pregnancies
 - C. History of hyperandrogenism
 - D. All of the above

15. A 15-year-old with irregular periods, is having great difficulty coping at school due to her unpredicted cycles. Two days prior to her periods she experiences extreme low abdominal pain and back ache. Her best option would be:

- A. Microlute and Mefanamic acid
- B. Provera 5mg "o" daily cyclically for 21 days and Mefanamic acid
- C. Mirena and Mefanamic acid
- D. Low dose COCP and Mefanamic/paracetamol

16. A 37-year-old lady with secondary dysmenorrhea is recommended medications by her GP. The pain occurs 2-3 days prior to her periods and ceases at the end of her menses. Her best option would be:

- A. Tranexamic and NSAIDs
- B. NSAIDs
- C. NSAIDs and Mefanamic acid
- D. None of the above

17. Anunbooked woman, in her second pregnancy presents with convulsions in labour ward. She is brought by relatives who know little of her history. Possible causes of seizure are:

- A. Epilepsy
- B. Hyponatremia
- C. Hypoglycemia
- D. All of the above.

18. A 20 -year-old, nulliparous, with a history of severe pre-menstrual pain since menarche. Ultrasound scan shows she has a simple (L) ovarian cyst of 4 x 4 cm. Her management would be:

- A. Cystectomy
- B. Diagnostic laparoscopy
- C. Mefanamic acid/ponstan and monthly cocp
- D. NSAIDS

19. What criteria is used to determine if a patient with ectopic pregnancy is suitable to have medical treatment?

- A. The presence of a fetal heart activity
- B. A complex adnexal mass
- C. Serum BHCG > 5,000 iu/l
- D. Serum BHCG <3,000 iu/l

20. What is the commonest symptom of Hyperprolactinemia?

- A. Amenorrhea
- B. Breast engorgement
- C. Galactorrhea
- D. Increase Vaginal secretion

21. A 38-year-old woman is diagnosed with chronic hypertension and super-imposed pre-eclampsia. She is asymptomatic, her blood pressure was recorded as 167/110. Her blood results may show:

- A. Platelet count of 170,000
- B. AST level 64

- C. Serum Creatinine > 1.1 mg/dl
- D. All of the above

22. You are called to attend to a patient with pre-eclampsia, who is on medication and is experiencing difficulty in breathing and notices that she has a dry mouth on awakening. These side-effects are likely to be caused by:

- A. Enalapril
- B. Nifedipine
- C. Methyldopa
- D. Hydralazine

23. A patient is having seizure in antenatal ward and has normal blood pressure. Urinalysis is positive for sugar and a trace of protein. Your RAPID response would be:

- A. Place her in a wheel chair and transfer her to antenatal ward immediately
- B. Place her on left lateral and clear her air-way and wait for the seizure to stop
- C. Call the registrar as she may require Dilantin
- D. She is likely to have space occupying lesion therefore immediately arrange a CT Scan.

24. A 30-year-old woman with PCOS and a past history of 2 previous miscarriages, books at 12 weeks of pregnancy. Her drugs will include:

- A. Metformin
- B. Aspirin
- C. Multivitamins
- D. All of the above

25. A 38-year-old Australian tourist, a smoker, with a BMI of 38 was delivered via c/section. The nurse told you that she suddenly developed SOB. The likely cause is:

- A. Pneumonia
- B. Cholecystitis
- C. Pulmonary Emboli
- D. Ischemic heart attack

26. A post-operative patient who recently had c/section needs oral analgesic. She is a known asthmatic patient. Which drug is contra-indicated?

- A. Paracetamol
- B. Codeine
- C. Tylenol
- D. Diclofenac

27. In a singleton pregnancy:

- A. The average maternal weight gain is 14 kg
- B. The woman may express colostrum in the second trimester
- C. The decrease in blood volume is maximum at 36 weeks
- D. Peripheral oedema is due to placental dysfunction

28. Which features of cholestasis in pregnancy is incorrect [ICP]:
- A. Usually occurs in the first trimester
 - B. Pruritus of the hands and feet
 - C. Bile salts are High
 - D. Transaminases are High.
29. A 29 year old woman is found to be shivering and complaining of severe abdominal pain, 24 hours after c/section. The most likely cause is:
- A. UTI
 - B. Postpartum endometritis
 - C. Pneumonia
 - D. Engorged breasts
30. A 30 year old lady had a normal delivery and has decided not to breastfeed. Prior to pregnancy she had anovulatory cycles and PID. She wishes to use contraception immediately. Her best choice would be:
- A. Depo Provera
 - B. Condoms
 - C. COCP
 - D. Mini pill
31. A patient presents with severe pre-eclampsia and needs intravenous fluid. Your initial intravenous fluid rate would be?
- A. 125mls/hr.
 - B. 75mls/hr.
 - C. 85mls/hr.
 - D. 100mls/hr.
32. Which statement is true regarding IUCD?
- A. Mirena is an alternative to T/L in family completion.
 - B. Copper T should be removed if a low grade pelvic infection is diagnosed.
 - C. Mirena is a non-hormonal intrauterine device.
 - D. Mirena can be inserted in a woman with a large fibroid.
33. A multiparous woman in the first stage of labour is 5cm dilated and her CTG reads: The baseline is 128 per minute, variability is <5bpm, No accelerations or decelerations. The registrar has made a comment on the partograph. Which statement is correct?
- A. re-assuring CTG
 - B. A non-re-assuring CTG, repeat in 3 hours
 - C. Run a hydration drip
 - D. No comorbidity of note, Pethidine response therefore repeat CTG in an hour
34. A slim (IF) primiparous is screaming in pain. Vaginal examination confirms the cervix is 8cm, well applied cervix, caput present but no moulding, station at spine and occiput posterior. Which management option is the most appropriate?
- A. Do a c/section immediately as she is not coping well

- B. Pethidine 100mg is indicated
 - C. Entonox [gas in Air]
 - D. The registrar is not concerned and assigns a medical student to be the support career
35. A 40-year-old lady, DM Type II, is being induced. She is 4cm, fully effaced, MI, occipito anterior and station – 1. Syntocinon has been commenced. Which statement is correct regarding her management?
- A. ARM to be performed in an hour
 - B. CBGs should be checked once during her labour
 - C. CTG should be done hourly
 - D. ARM and CTG to follow
36. The registrar reviews the patient on bed 6 with severe pre-eclampsia and finds her fitting. The correct management would be?
- A. Call for help
 - B. Give Valium IV to stop the fits
 - C. Turn her to the side and ensure air-way is clear
 - D. None of the above
37. A 26 year old Primiparous was admitted to labour ward in labour. Findings confirmed 38 cm SFHT, cephalic, 3/5, station – 2, and no membrane felt. Contractions were 2:10 and moderate intensity. 4 hours later, VE findings were the same. Management Plan is as follows:
- A. 15 units Syntocinon should be started
 - B. 10 units Syntocinon should be started
 - C. Encourage to ambulate for next 3 hours then review
 - D. Start a hydration drip and give 1g Ampicillin
38. Mrs. Gee, G2 P1, is 39 weeks with breech presentation, she is reviewed in the triage room. She is complaining of labour type pain and there are palpable contractions. Vaginal examination confirms that she is 3-4 cm dilated, buttocks are felt and station at -2. Fetal heart heard and normal. She needs to be transferred to Lautoka:
- A. Sedate with Pethidine and transfer to Lautoka hospital.
 - B. She should be sedated with a light analgesic such as morphine and transfer to Lautoka.
 - C. Place her on her left lateral with her buttocks elevated on 2 pillows and transfer to Lautoka
 - D. Cannulate her and run a salbutamol drip, transfer to Lautoka
39. Regarding pre malignancy of the cervix, identify the correct statement?
- A. Cervarix vaccine can be given to women who have had intercourse
 - B. Pap smears must be encouraged in sexually active teenagers
 - C. Post-coital bleed should alert you as a doctor that the cervical abnormality could be CIN3.
 - D. Gardasil vaccine is only active against type 16, 18 HPV.
40. What cost effective screening method you would select to exclude endometrial cancer?
- A. Pap smear
 - B. Endometrial thickness
 - C. Vagina examination
 - D. Using an endometrial sampler or pipelle

41. Which drug is used in selected cases of ectopic treatment?
- A. Cisplatin
 - B. Methotrexate
 - C. Carboplatin
 - D. Ceftriaxone
42. During the puerperium which of the following should prompt the Registrar to consider the possibility of retained placenta:
- A. Persistent heavy bleeding
 - B. A continued open cervical os
 - C. Persistent absence of milk production
 - D. Puerperal fever
43. What might affect the success rate of an external cephalic version?
- A. Parity
 - B. Age of Gestation
 - C. Vaginal bleeding in the second trimester
 - D. Height of patient
44. The advantages of the wet prep include:
- A. Opportunity to test for HPV
 - B. The monolayer of cells is easier to examine
 - C. You can do a wet prep despite bleeding and thick vaginal discharge
 - D. It is cheaper than the conventional Pap smear
45. Pre malignant lesions can be treated with:
- A. Cryotherapy
 - B. LLETZ
 - C. Hysterectomy
 - D. All of the above.
46. A healthy 23 year old Primigravida who has had an uncomplicated delivery at 35 weeks, at home, presents to the hospital with low abdominal pain, fever and vaginal bleeding. There is marked adnexal. Tenderness and a foul discharge noted. Which of the organisms is likely to be isolated on culture medium?
- A. Gardanella vaginalis
 - B. E.coli
 - C. Group B streptococci
 - D. All of the above
47. Your clinical diagnosis to the above is?
- A. Chorioamnionitis
 - B. Post-Partum Endometritis with pelvic abscess
 - C. Bacteremia
 - D. Pelvic inflammatory disease

48. A woman who had GDM in pregnancy wishes contraception. Her Menses were regular prior to Pregnancy. Which would be the most appropriate?

- A. Cooper T
- B. Depo Provera
- C. COCP
- D. All of the above

49. A 24 year old is seen on the first day post-partum following a normal vaginal delivery. She experiences pain when baby latches. Which is a poor sign of latching on?

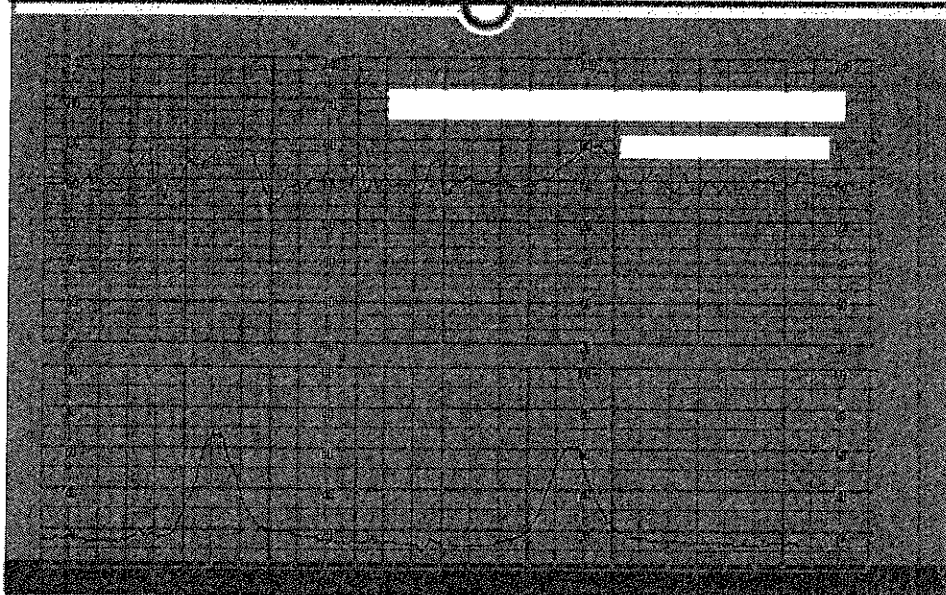
- A. Clicking noise are heard
- B. Baby's arms and hands are relaxed
- C. The baby's chin touches the breast
- D. The baby's lips should be turned outward like a fish

50. A woman is admitted for total abdominal hysterectomy. Which of the following are routine prophylactic measures?

- A. Chlorophamnicol 1g intra operatively
- B. TED stockings
- C. Flagyl suppository pre operatively
- D. (b) & (c)

SECTION B – SHORT ANSWERS**[50 MARKS]**

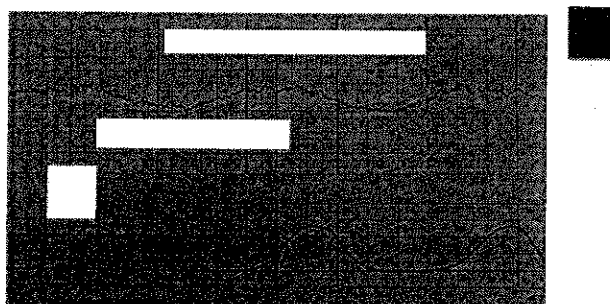
Mrs. Tove a primiparaous presented to labour ward @8am complaining of LAP on the 15/09/2020



1 .Describe this CTG and label the parts clearly [10 Marks]

2. Forceps [20 Marks]

- Name 3 pair of forceps currently used at Lautoka hospital
- List 5 indications of forceps delivery
- List 5 complications of forceps delivery
- List 5 criteria prior to forceps application



3. CTG [10]

- Describe the CTG and label parts. Lucy White is 34 weeks presented to labour ward with Threatened Preterm labour. [5 Marks]
- What is your advice to the midwife [5 Marks]

4. Fibroids

[10 Marks]

Describe briefly what you understand about the surgical management of fibroids below

- Myomectomy
- Abdominal Hysterectomy
- Uterine Artery embolization
- Hysteroscopic Myomectomy
- Laparoscopy myomectomy

SECTION C – CASE BASED QUESTIONS WORTH [100]

1. Outline in detail the stages of endometrial cancer

[25 Marks]

2. A 16 year old form 6 student is having difficulty concentrating at school because of her irregular periods.

a) Outline your history of the student and management of AUB [15 Marks]

b) Draw in detail your:

[10 Marks]

- i. HPO axis
- ii. Ovarian Cycle
- iii. Menstrual Cycle

3. A patient is brought to labour ward in a state of near shock. She is 10 weeks pregnant and has been vomiting for several weeks.

- i. Outline your approach to the case above. [15]
- ii. List your differential diagnosis of vomiting in pregnancy [5]
- iii. List 5 drugs used in the treatment of vomiting in pregnancy [5]

4. You are called to labour ward to attend to a patient on bed six. Her blood pressure is 170/109, with severe headache, epigastric pain, and blurred vision and had 1 episode of vomiting.

- i. Outline your approach to this case [10]
- ii. Write down in detail the magnesium sulfate Regimen including the maintenance dose so the nurse knows what to do. [5]
- iii. You are called by the nurse that the patient isn't breathing well.
 - Describe your next step of action [5]
- iv. List 5 complications of severe pre-eclampsia [5]

References

1. Lawrence Impey & Tim Child, Obs.Gyne. MCQs and EMCs.2017
2. E.Reece, Hobbins, Norman Grant, Clinical Obstetrics, 2007