



The University of Fiji

(An Entity of Arya Pratinidhi Sabha of Fiji)

UMANAND PRASAD SCHOOL OF MEDICINE and HEALTH SERVICES

OBGY 603 - FINAL EXAMINATION

Time Allowed: 3 Hours

TOTAL MARKS: 100 points

A. Multiple Choice Question: Choose the best answer. (13 marks)

1. You are the intern looking after the antenatal ward. A primipara at 34 weeks has been admitted with a diagnosis of PET. Which one of the following is of most concern?
 - A. Symptoms of epigastric pain and liver tenderness elicited on palpation.
 - B. Generalised oedema
 - C. Urine dipstick showing 3+ protein.
 - D. A blood pressure of 150/100
 - E. A urine output of 30mls in the previous hour.

2. You are the intern admitting a 24 yr. old para 1 gravida 2, patient with painless vaginal bleeding and is known to have grade 4 placenta praevia. Her gestational age is 34 weeks by a 17-week scan. Of the following which is the most important first step in your management? Remember you are the intern admitting the patient
 - A. A full history and examination in view of the diagnosis of placenta praevia
 - B. A speculum exam to assess to amount of bleeding.
 - C. Inserting a large bore cannula to gain venous access and sending blood for urgent cross-match.
 - D. An urgent ultrasound scan to confirm the diagnosis and exclude placenta accreta.
 - E. An urgent caesarean section.

3. You are the intern admitting a patient with GDM for assessment of her glycaemic control. Which of the following tests would be appropriate?
 - A. A scan for foetal biometry and BPP.
 - B. Referral for retinal fundoscopy to exclude diabetic retinopathy.
 - C. HbA1C assessment
 - D. 4-point blood sugar level assessment.
 - E. All of the above and an assessment of the Bishop's score.

4. You are the intern admitting a G3 P2 for an elective caesarean section at term. She has had 2 previous caesarean sections. Which of the following is/are critical risk management assessments?
- A. Localisation of the placenta.
 - B. Assessment of foetal lung maturity.
 - C. Chest x-ray to exclude any lung pathology in case she has general anaesthesia.
 - D. Scan to establish foetal lie and presentation.
 - E. All of the above.
5. You are the intern on for labour ward. There is a prolonged deceleration on a CTG of a labouring mum. Which of the following emergencies is the most likely cause?
- A. Ruptured uterus.
 - B. Placental abruption.
 - C. Poor uterine contractions.
 - D. Cord prolapse.
 - E. Foetal cardiac anomaly.
6. You are the intern working in the post-natal ward. You are managing a mum who had a normal vaginal delivery 24 hrs ago of a well-term male infant. Her membranes had been ruptured for 18 hours. You note that she has a temperature of 38deg C. Which of the following would be the most likely cause of her fever?
- A. Mastitis
 - B. DVT
 - C. Endometritis
 - D. UTI
 - E. Thrombophlebitis.
7. Cardiotocography is used extensively in obstetrics. Which of the following statements describes its value best?
- A. It is good for diagnosing foetal hypoxia.
 - B. It is good for diagnosing foetal death in utero.
 - C. It is good for preventing cerebral palsy.
 - D. It is not very useful in managing low-risk pregnancies.
 - E. Its best value is in managing twin pregnancies.
8. Which of the following statements is the best justification of 4-point blood sugar assessment in pregnancies complicated by diabetes?
- A. It is used when a sliding scale is required for monitoring insulin dosage.
 - B. It is used when a GTT cannot be done.
 - C. It is used when HbA1C estimation is not available.

- D. It is used as a screening tool for GDM.
 - E. It is the best tool available for monitoring glycaemic control.
9. Accurate dating of a pregnancy is best approximated from:
- A. The LMP.
 - B. Dating scan done at booking.
 - C. Dating scan performed prior to 18 weeks gestation.
 - D. An accurate estimation of quantitative beta HCG level
 - E. A correlation between onset of morning sickness and the LMP.
10. Early booking for antenatal care is advised because:
- A. One can accurately determine the EDC.
 - B. The foetus is most at risk of developing congenital syphilis in the first trimester.
 - C. One can prevent trisomy.
 - D. Gestational diabetes mellitus can be diagnosed before 20 weeks gestation.
 - E. PET can be prevented by commencing low-dose aspirin.
11. Which one of the following should be excluded if a woman presents complaining of post-coital bleeding?
- A. Vaginal trichomoniasis
 - B. Vaginal candidiasis
 - C. Cervical precancer
 - D. Cervical cancer
 - E. Endometrial cancer
12. A 28 yr. old P0 G1 complains of vaginal bleeding at 32 weeks of pregnancy. On examination, the fundal height is 32 cm, there is a single fetus, the lie is oblique, the presenting part cephalic with the fetal head on the left. Which of the following options will help reach the correct diagnosis?
- A. A speculum exam to check for cervical length.
 - B. A digital exam to check for cervical dilatation.
 - C. A history to exclude intercourse as a cause.
 - D. An ultrasound scan to exclude a vasa praevia.
 - E. An urgent cross-match.
13. You are seeing a primigravida in the antenatal clinic for her second visit. By her dates calculated on certain date of the LMP she was 28 weeks gestational age at booking. A scan on the same day estimates her gestational age at 30 weeks. Which of the following statements is/are correct?

- A. The scan date is correct hence one should revise the estimated date of confinement (EDC).
- B. The scan date at 28 weeks' gestation has a significant error so the EDC should not be changed.
- C. A repeat scan should be done to ensure accurate dating of the EDC.
- D. Both the dates by the LMP and the scan should be taken into consideration if there are concerns about postdatism in her management.
- E. Fundal height measurement at 28 weeks is the most accurate method for working out her EDC.

B. Matching Type: 17 marks

For the following questions (14-18) match the best test for the clinical situation.

- A. Biophysical profile
- B. CTG
- C. Fetal biometry
- D. Fetal movement chart.
- E. Intermittent auscultation of the Fetal Heart Rate.

- 14. Antenatal booking visit?
- 15. When a woman comes into spontaneous labour at term in her second pregnancy with no obstetrical risk factors?
- 16. An anxious mum who has no obvious obstetrical risk factors is concerned about fetal well-being at 39 weeks gestation.
- 17. A mother who is postdates and does not wish to have an induction of labour just yet.
- 18. A woman being induced with misoprostol.

For the following questions 19 to 23 match the best option from the following list.

- A. OGTT
- B. 4-point BSL estimation
- C. Polycose test
- D. Random BSL
- E. HbA1C estimation

- 19. Antenatal booking visit at 36 weeks gestation of a known diabetic?
- 20. A patient diagnosed to have GDM who has been counselled about diet and is being reviewed for glycaemic control?
- 21. A 38 yr. G5P4 mother with a BMI of 42, with a previous baby weighing 4.5kg at birth?
- 22. A GDM mum on insulin who is administered betamethasone because she has come into preterm labour at 34 weeks gestation?
- 23. An antenatal mum who has not been able to tolerate oral glucose load when she was having a GTT?

For the following questions 24-28 choose the most likely provisional diagnosis.

- A. Incomplete miscarriage
 - B. Threatened miscarriage
 - C. PID
 - D. Ectopic pregnancy
 - E. Ruptured corpus luteum
24. A 23-year-old woman with 6 weeks of amenorrhoea with pv spotting, a closed cervix, and an ultrasound scan showing an intrauterine gestational sac?
25. A 23-year-old woman at 6 weeks of amenorrhoea with PV spotting, an open cervical os, and a tender uterus. Her temperature is 38 degrees centigrade.
26. A 23-year-old woman with a past history of PID who now is 6 weeks amenorrhoeic on a background of an irregular menstrual cycle who has constant lower abdominal pain worse on movement. She has postural hypotension on standing up.
27. A 23-year-old woman with a past history of PID who comes after experiencing acute right-sided lower abdominal pain during intercourse. There is no vaginal discharge or bleeding. Her temp is 36.8 degrees C. On examination, she has guarding of the right lower quadrant of the abdomen. A bimanual vaginal exam reveals unilateral pain in the right adnexa on moving the cervix. Beta HCG is excludes a pregnancy. A scan shows a complex mass in the right adnexa of about 3cm in diameter. There is free fluid in the pouch of Douglas?
28. A 23-year-old woman who looks unwell, complains of severe lower abdominal pain, yellowish PV discharge, and an uncertain LMP. Her temp is 38.5 degrees C. Her WCC is 14,000, Hb 10.5, and a pregnancy test negative.

For the following questions 29-30 which of the following management options would be most appropriate?

- A. Repeat observations.
 - B. Commence an IV infusion.
 - C. Sublingual nifedipine.
 - D. Turn the patient onto her left side.
 - E. Administer oxygen using nasal prongs.
29. You are seeing a labouring woman who has had a normal antenatal history. She comes into labour at term. You record a BP of 150/100 and a PR of 100?
30. You are seeing a labouring woman. She is lying on her back as she is having a CTG. The CTG shows a prolonged deceleration from a baseline of 140 to 90 bpm. Of the 5 options above which would be the most appropriate first step in your management?

C. Short Answer (Total of 50 marks. All the questions are of equal value)

31. You are the intern admitting a 55-year-old woman booked for a vaginal hysterectomy the following day. She was diagnosed with type 2 diabetes 10 years ago and has been using a combination of soluble and isophane insulin 10 units each twice a day. Discuss how you would manage her diabetes pre-and post-operatively.

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32. Discuss the intra-venous fluid requirements for a post-op patient after a major radical hysterectomy.

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33. Discuss why in anovulatory menstrual cycles the cycle length is erratic and menses heavy.

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38. List & justify the immediate steps you will take for managing a prolonged deceleration noted on a CTG being performed on a labouring mum with syntocinon augmentation.

39. Discuss why partograms are used in labour wards.

40. Justify the need for early booking for antenatal care.

[illegible]

D. Essay: 20 marks

[illegible]