

1. The following are true of endometriosis
 - a) It cannot occur in postmenopausal women as their Endometrium is atrophic.
 - b) It occurs in the reproductive age because of the presence of gonadotrophins.
 - c) It can cause deep and superficial Dyspareunia.
 - d) All the above.
 - e) None of the above

2. The most common site of endometriosis is
 - a) The pouch of Douglas.
 - b) The ovary
 - c) The posterior surface of the uterus
 - d) The broad ligament
 - e) The pelvic peritoneum

3. The most frequent symptom of endometriosis
 - a) Infertility
 - b) Pain
 - c) Backache
 - d) Dyspareunia
 - e) All the above

4. A 35 year old woman presents with history of periods of amenorrhoea followed by heavy bleeding and denies using drugs. She wants to get pregnant. The following are likely causes:
 - a) Over stimulation of the follicular system of the ovaries by the Hypophysis.
 - b) Under production of oestrogens and progesterone
 - c) Under production of FSH and LH
 - d) All the above
 - e) None of the above

5. A 26 year old married woman presents with infertility and amenorrhoea. She has a normal satisfying sexual life. On work up she was found to be normal 46XX, no oestrogen or progesterone nor evidence of androgens. She has poorly developed breasts. HSG is normal. The following are possible causes:
 - a) Testicular feminization syndrome
 - b) Mullerian dysgenesis
 - c) Gonadal dysgenesis
 - d) B and C above
 - e) All the above

6. BSN students delivered mothers and assessed the babies. Which was a true and complete assessment?
 - a) Pink body and limbs, active limb movements, male pulse rate 105/minute, weak respirations active sneezing and cough on suction: A/S = 9
 - b) Active limb movements, pink body, pulse rate 105/minute blue fingers good respiration, female and active sneezing on suction: A/S 9
 - c) Crying loudly, male , moving limbs actively, fights on suction, pulse rate 129/minute, blue chest: A/S =9
 - d) A and B above
 - e) B and C above

7. A 30 year old mother had a caesarean section for Abruption placenta at 36 weeks at 6 am in the morning. Professor Perez found her anaemic and the dressing oozing fresh blood. The following are true:
 - a) He ordered re-opening of the abdomen as there was intra-abdominal haemorrhage

- b) He did an abdominal examination to rule a ruptured uterus
 - c) He ordered some investigations and talked to the students about APH while waiting for the results
 - d) He ordered a pressure dressing to be applied to the wound as this was bleeding from the wound
 - e) None of the above.
8. The following are poor prognostic factors in trophoblastic disease for malignant change:
- a) Disease following normal delivery
 - b) Beta-hCG more than 80,000 mIU/ml
 - c) Disease following an abortion
 - d) A and C above
 - e) A and B above
9. Treatment of endometriosis involves:
- a) Administration of gonadotrophins releasing hormone agonists to cause a pseudo-pregnancy
 - b) Administration of gonadotrophins releasing hormone antagonists to cause a pseudo-menopause state
 - c) Administration of large doses of oestrogens and androgens state to cause a pseudo pregnancy
 - d) A and C above
 - e) B and C above
10. A 56 year old lady presented with a small cervical lesion which bled to touch, she reported that she had difficulty closing her left eye. She had nausea and loss of appetite. She had a staring gaze and paresis on the right. No other pelvic lesions were found.
- a) This is Ca Cervix stage four
 - b) The condition can be diagnosed by ultrasound
 - c) The diagnosis can be suspected from the previous history and confirmed by Laboratory investigations
 - d) She has Burkitt's lymphoma
 - e) None of the above
11. The following are true of oral contraceptive pills
- a) They decrease the risk of ovarian cancer
 - b) They are contraindicated in parous women with endometriosis
 - c) They are contraindicated in young nulliparous girls
 - d) All of the above
 - e) None of the above
12. The following are causes of early neonatal deaths in Uganda
- a) Hyaline membrane disease
 - b) Foetal asphyxia
 - c) Bronchopneumonia
 - d) All the above
 - e) None of the above
13. Dr Kaposi did staging of carcinoma of the uterus. The following is a correct staging:
- a) The uterus was sounded at 15 cm and there a bleeding lesion on the cervix; stage= 3a
 - b) The uterus was 4cm long and the tumour was well differentiated
 - c) Prof. Kaposi got some suspicious curettings from the endocervix; stage=3
 - d) Prof. Kaposi got some suspicious curettings from the endocervix; stage=2

- e) None of the above
14. Treatment of endometrial cancer involves
- Tumour size reduction and chemotherapy
 - Tumour size reduction and radiotherapy
 - Hysterectomy and radiotherapy
 - Radical hysterectomy (Wertheim's)
 - All the above
15. The following are true in the management of multiple pregnancies
- They should be admitted at 36 weeks to reduce the incidence of neonatal complications
 - Active management of third stage always prevents post partum haemorrhage
 - Caesarean section is indicated if the second twin is a breech
 - A and C above
 - None of the above
16. A gravida 6 Para 4+1 was admitted with severe pre-eclampsia, the following is true
- After control of the blood pressure she should have a caesarean section as the quickest mode of delivery
 - Her blood vessels show abnormal reaction to vasopressin agents
 - A bleeding profile is part of the work up to prevent disseminated intravascular Coagulopathy
 - A and C above
 - None of the above
17. During antenatal management, the following are true
- Refocused ANC involves reducing the number of visits and improving the quality of contact time
 - All mothers must have four visits only
 - All mothers should have a birth plan as this improves decision on making
 - A and B
 - A and C
18. The perineum is supplied by the following
- Pudendal nerve
 - Inferior haemorrhoid nerve
 - Ilio-inguinal nerve
 - Genital femoral nerve
 - All the above
19. The following are mesodermal in origin
- Kidney, male genital ducts, prostate, rectum
 - Testis, upper vagina, ureter, seminal vesicle
 - Ovary, ureter, lower vagina, prostate gland
 - Brain, oesophagus, rectum, uterine tubes
 - None of the above
20. The following are important investigations in disseminated intravascular coagulation
- Partial thromboplastin time
 - Prothrombin time
 - Thrombin time
 - A and C above
 - B and C above
21. The following have been associated with bacteriuria in pregnancy:
- Pre-term birth

- b) Low birth weight
 - c) Prenatal mortality
 - d) Abortions
 - e) Diabetes mellitus
22. About asymptomatic bacteriuria in pregnancy:
- a) Refers to the presence of a positive urine culture in an asymptomatic person
 - b) Occurs in 2 to 7 percent of pregnancies
 - c) Defined as two consecutive voided urine specimens with isolation of the same bacterial strain in quantitative counts of $\geq 10^5$ cfu/mL
 - d) Presence of *Lactobacillus* or *Propionibacterium* does not indicate a contaminated urine specimen
 - e) If left untreated, 50% of patients will progress to symptomatic bacteriuria
23. The following drugs can be used for treatment of asymptomatic bacteriuria:
- a) Penicillin
 - b) Cephalosporin
 - c) Doxycycline
 - d) Sulphadoxine
 - e) Dexamethasone
24. About renal physiological changes during pregnancy, the following are true except:
- a) Glomerular Filtration Rate increases by 50%
 - b) Renal plasma flow increases by 50%
 - c) Oestrogens are responsible for the general ureteric relaxation
 - d) There is decreased predisposition to Urinary tract infections
 - e) There is increased creatinine clearance
25. About ectopic pregnancy:
- a) The gestational sac can be seen at an HCG level of 1500 IU/L using a Transabdominal U/S scan
 - b) The gestational sac can be seen at an HCG level of 6500 IU/L using a transvaginal U/S scan
 - c) A cervical ectopic pregnancy can be treated using a cone biopsy
 - d) Can be treated using Methotrexate
 - e) Can undergo resorption
26. Indications for medical treatment of ectopic pregnancy include the following except:
- a) Presence of cardiac activity
 - b) Beta HCG titres less than 5000mIU/ml
 - c) Unruptured ectopic
 - d) An ectopic greater than 3.5 cm
 - e) An ectopic less than 3.5 cm
27. Concerning medical treatment in ectopic pregnancy, the following statements are false:
- a) Methotrexate should be given on days 2, 4, 6, 8, 10.
 - b) Methotrexate should be given on days 1, 3, 5
 - c) Serum creatinine should not be done
 - d) Qualitative beta-hCG is important in treatment
 - e) Ninety percent (90%) of an intravenous (IV) dose of Methotrexate is excreted unchanged within 24 hours of administration
28. These drugs are given to bypass the metabolic block induced by Methotrexate, and thus rescue normal cells from toxicity:
- a) Folinic acid
 - b) N5-formyl-tetrahydrofolate, citrovorum factor

- c) Bisphosphates
 - d) Reduced folate
 - e) Cyclophosphamide
29. Each year, malaria is responsible for the following:
- a) 50 million women living in malaria-endemic areas become pregnant
 - b) 10,000 women die as a result of malaria infection during pregnancy
 - c) 800,000 infants die as a result of malaria infection during pregnancy
 - d) 2 million malaria infections in pregnant women in Sub Saharan Africa
 - e) 1,000 women die as a result of malaria infection during pregnancy
30. About pathogenesis of malaria in pregnancy:
- a) The *Plasmodium falciparum* parasites express VSAs that mediate adhesion of parasite infected erythrocytes to the Chondroitin sulphate A receptors
 - b) The *Plasmodium falciparum* parasites express VSAs that mediate adhesion of parasite infected erythrocytes to the Chondroitin sulphate C receptors
 - c) Adhesion occurs on the cytotrophoblast lining the intervillous space
 - d) Adhesion occurs on the syncytiotrophoblast lining the intervillous space
 - e) The var5c5a gene encodes a parasite adhesion molecule that initiates the pathology associated with pregnancy associated malaria (PAM).
31. Active management of third stage of labour (AMSTIL) involves:
- a) Using a balloon tamponade to enhance uterine involution
 - b) Delivery of the cord by controlled cord traction with counter traction over the supra pubic area
 - c) Monitoring of the Blood pressure, pulse rate, GCS, and Per vaginal bleeding every 20 minutes for one hour
 - d) Pelvic floor exercises (Kegel's exercise)
 - e) Administration of 10IU of Oxytocin IM on the anterior thigh within 2 minutes of delivery of the baby.
32. These methods can be used in treatment of postpartum haemorrhage except:
- a) Caesarean section
 - b) Total abdominal hysterectomy
 - c) Internal Iliac ligation
 - d) Cytotec
 - e) Syntometrienne
33. The following are true postulate about pre-eclampsia.
- a) Commonly affecting multiparous patient.
 - b) Chronic hypertension, renal disease and low socioeconomic status are risk factors.
 - c) Earlier onset in the presence of antiphospholipid antibody syndrome.
 - d) Proteinuria and hypertension.
 - e) Haemolysis can occur.
34. A 23 year old patient PG at 33 WOA, complaining of headache arrives to your consultation room.
O/E; BP 166/112 mmHg was found, urine dipstick was positive for protein ++.
Which is the most adequate management?
- a) Hydralazine 5mg IV every 15 min plus MgSO₄, 14g IM.
 - b) Hydralazine 5mg IV every 30 min, until BP is less than 160/100 mmHg, plus MgSO₄, Dexamethasone 24 mg within 24 hours and induction of labour after this time.

- c) Hydralazine 5mg IV every 30 min, MgSO₄, 14g, Dexamethasone 24mg within 24 hours, after getting BP control, conservative management.
- d) BP control and emergency c/section delivery.
- e) None of the above.
35. A 17 year old, pregnant woman was brought to maternity ward, because was found to have generalized convulsion at the central market.
O/E: (positive finding) unconscious, pale +, BP 156/100 mmHg, hyperreflexia, urine dipstick for protein +; F/L 35 cm. V/E Cervix effaced, dilated 4cm, station -1.
How do you manage this patient?
- a) General measure, prophylactic antibiotic and immediate C/section.
- b) General measures, antihypertensive, MgSO₄, resuscitation of the patient, foetal assessment and emergency c/section.
- c) General measures, antihypertensive, anticonvulsant and augmentation.
- d) General measures, BP control, fit control, mother stabilization and conservative management.
- e) None of the above is true.
36. How does MgSO₄ act in controlling and preventing eclamptic fit?
- a) Decreasing the release the acetylcholine at the neuromuscular plaque.
- b) Acting as physiological calcium antagonist.
- c) Blocking excitatory amino- acid receptors.
- d) All of the above.
- e) a) and b) above.
37. The aims of the antenatal care are.
- a) Promote and maintain health in pregnancy.
- b) Detect and treat conditions pre-existing or arising in pregnancy.
- c) Make a delivery plan.
- d) Prepare for emergencies.
- e) All of the above.
38. About antenatal care.
- a) The more times the mother attends the clinic the better for her.
- b) The more times the mother attends the clinic the less likely she is to get problems.
- c) All mothers who will get complications can be identified with good and close monitoring.
- d) a) and c) above.
- e) None of the above.
39. A 26 year old patient, primigravida was admitted at Mbarara Regional Referral Hospital at 37 WOA due to APH.
This was the first time she had bleed and on physical examination the following findings were reported: MM: coloured and hydrated; RP: 88/ min; BP: 126/86 mm\hg; Abd: FL 36 cm, cephalic, FHR: 146/min, V/V palpable.
Which of the following is the best option of management?
- a) Digital vaginal examination to confirm diagnosis under general anaesthesia and C/section if confirm.
- b) Conservative management due to the good maternal conditions.
- c) Digital examination, AROM and induction of labour.
- d) Emergency c/section.
- e) All of the above are right.
40. The following are predisposing factors for placenta praevia.
- a) Repeated induced abortion.
- b) Multi foetal gestation.

- c) IVF.
 - d) Malposition.
 - e) Congenital anomalies of the uterus.
41. The following are true statements about abruptio placenta.
- a) Maternal conditions are always related to amount of PV bleeding.
 - b) Is frequently related with low consumption of coagulating factors.
 - c) Smoking has no role.
 - d) AROM and induction is contraindicated.
 - e) Is highly related to PPH.
42. A patient at 32 WOA was diagnosed of having a severe abruptio placenta with intrauterine foetal death and DIC, which of the following is the best option to deliver the patient?
- a) General measures, resuscitating the patient and emergency c/section.
 - b) General measures, whole blood transfusion, fresh frozen plasma, IV fluids emergency C/section.
 - c) General measures, whole blood transfusion, fresh frozen plasma, IV fluids, after correction the DIC AROM and attempt to vaginal delivery by inducing or augmenting labour.
 - d) None of the above.
 - e) All of the above can be used with similar results.
43. Multifoetal gestation.
- a) Induction of labour is contraindicated.
 - b) Are not monitored by partograph during labour.
 - c) Always delivered by C/section.
 - d) 2nd twin can be delivered by forceps.
 - e) PPH can occur with 2nd stage.
44. Malaria in pregnancy.
- a) Maternal immunoglobulin A antibodies cross the placenta to the foetal circulation.
 - b) Falciparum malaria parasites grow well in RBC containing haemoglobin F.
 - c) Plasmodium Vivax is more common in East Africa.
 - d) Coartem is the first line during the first trimester.
 - e) Quinine is the 1st line in the second trimester for uncomplicated malaria.
45. Haematological findings in Iron deficiency anaemia.
- a) Microcytic hyper chromic.
 - b) Macrocytic hypo chromic.
 - c) Marked anisocytosis.
 - d) The mean corpuscular value is low.
 - e) Mean corpuscular haemoglobin is increased.
46. Which of the following ARVs is contraindicated in pregnancy?
- a) 3TC
 - b) Efavirenz.
 - c) DD4.
 - d) Lamuvudine.
 - e) None of the above.
47. During the development of the female genital tract.
- a) The coelomic epithelium migrates from the hind gut.
 - b) The coelomic epithelium forms the genital epithelium.
 - c) The coelomic epithelium forms the primordial germ cells.

- d) The coelomic epithelium later forms the Mullerian duct.
e) None of the above.
48. HIV in pregnancy.
a) Most of the transmission to the baby occurs during post partum.
b) Breastfeeding is contraindicated.
c) ARVs are not important.
d) Nevirapine alone is no longer used in Uganda for prophylaxis.
e) Elective C/section is helpful in decrease the MTCT.
49. Modified obstetric practices in PMTCT include the following
a) Vaginal cleansing with clean water
b) Administration of 2mg/kg of Nevirapine tablets to a baby after 72hrs of delivery
c) An episiotomy may be performed when necessary
d) Delivery must be conducted in hospital
e) Elective C/S
50. An HIV positive mother delivers a healthy baby. PCR confirms that this baby is HIV negative at birth. What will you do to prevent MTCT?
a) Breast feeding for only three months will protect the baby
b) Since the baby is negative, Nevirapine is not necessary
c) Replacement feeding with cow milk is the ideal
d) Wet Nursing is a recognized option
e) Condom use has no role in protecting this baby.
51. A G2 P1+0 HIV positive mother comes to your clinic. Which of the following will you consider?
a) Initiation of HAART even without medical eligibility
b) CD4 count will not influence the decision to start ART
c) 3TC, D4T, EFV is the combination of Choice
d) 3TC, D4T, NVP is the combination of Choice
e) Triomune is never given.
52. The perineal body is made of the following muscles.
a) Transverse perineal, Coccygeus, ischiocavernosus, levator ani, bulbocavernosus.
b) External anal sphincter, ischiocavernosus, bulbocavernosus, levator ani and transverse perini.
c) Bulbospongiosus, ischiocavernosus, transverse perineal, levator ani.
d) Bulbospongiosus, transverse perini, anal sphincter, levator ani.
e) None of the above.
53. Anatomy of the female genital tract.
a) The uterine artery is a branch of the terminal part of the aorta.
b) The uterine artery is a branch of the internal iliac artery.
c) The uterine artery is the terminal branch of the internal femoral artery.
d) The uterine artery is a branch of the obturator internus artery.
e) None of the above.
54. When monitoring a mother with the partograph.
a) If the graph reaches the action line you should do a C/section immediately.
b) If the graph leaves the alert line, you should put up Oxytocin.
c) If the foetal heart slows down or increases you should put up fluids, give oxygen and make the mother lie on her left.
d) If the graph reaches the action line, you should put up Oxytocin immediately.
e) None of the above.

55. Shoulder dystocia.
- Is a common complication.
 - Associated with maternal obesity.
 - Turtle sign is not present.
 - Rubin manoeuvre can be done to hyper flex the arms.
 - McRobert manoeuvre can solve about 70 % of all cases.
56. Which is the order to do asepsis before delivering a mother?
- Mons pubis. ()
 - Perineal body ()
 - Labia majora ()
 - Internal side of the thigh ()
 - Vaginal introitus. ()
57. In PPH.
- Blood transfusion is always required.
 - Blood transfusion may not be required.
 - Bleeding is from the uterus.
 - a) and c) above.
 - All of the above.
58. Managing PPH.
- Intra vaginal Misoprostol is effective.
 - Oxytocin 10 IU after delivery of the baby is always preventive.
 - Record keeping is the least important.
 - All of the above.
 - None of the above.
59. Analgesia during labour.
- Pudendal nerve block is not recommended.
 - Is not recommended in active labour.
 - Is commonly practiced.
 - Narcotics are commonly used in MUTH.
 - Companion support in labour has shown to help.
60. Maternal changes in puerperium.
- Return to normality is 2 weeks after delivery.
 - Return to normal 20 weeks after delivery.
 - Return to normal 42 weeks after delivery.
 - Return to normal 32 days after delivery.
 - None of the above.
61. The following are effects of progesterone in pregnancy.
- Reduces vascular tone and BP increases.
 - Reduces vascular tone and peripheral temperatures increases.
 - Increases vascular tone and BP increases.
 - Increases vascular tone and BP decreases.
 - All of the above.
62. Lactational amenorrhea(LAM) method of contraception:
- Is a permanent method.
 - Can be practiced when baby is 8 month.
 - Is about 80% effective
 - Is highly when mother is started her periods.
 - All of the above.

63. Emergency contraception:
- Combined oral pills are more effective than the progesterone only pills.
 - Progesterone only pills (Ovrette) 2 doses 12 hours apart are enough.
 - Intra uterine device can be used within 7 days.
 - Is a routine method of contraception
 - All of the above are false.
64. Vacuum extraction:
- Is a spontaneous vertex delivery.
 - Commonly done in our unit.
 - Can be done on face presentation.
 - Smallest cup is ideal.
 - Analgesics are not required.
65. PID.
- Infection of the lower and upper genital tract.
 - Cervicitis is included in the syndrome.
 - Bacteroides are widely implicated.
 - Chlamydia trachomatis is very common.
 - Does not occur in pregnancy.
66. Organism responsible for salpingitis.
- Mycoplasma*.
 - Mycobacterium tuberculosis*.
 - Escherichia coli*.
 - Actinomycosis*.
 - None of the above.
67. CA-125 glycoprotein (tumour marker).
- Is a tumour specific antigen.
 - Is only detectable in carcinoma of the ovary.
 - Cannot be detectable in normal women.
 - Is used to monitor patient on chemotherapy.
 - You get raised levels in PID.
68. Second look surgery.
- Only done by laparotomy.
 - Aim is confirm cure and to assess the effect of chemotherapy in tumour mass.
 - Done after 2 years of 10 therapies.
 - Done after 1 year of 10 therapies.
 - None of the above.
69. Endometriosis.
- Functional endometrial tissue in the myometrium.
 - Present up to 25% among the infertile women.
 - Endometrial tissue's transplantation can explain all cases.
 - Increases Phagocytosis of spermatozooids.
 - Affected patient is always symptomatic.
70. About endometriosis.
- GnRH effective 100% in cure patient.
 - COC are also used and effective.
 - Surgery has important role.
 - Frequency is reduced with pregnancies.
 - Only present among reproductive age women.

71. Genital prolapse.
- When a pelvic organ slips down and protrudes outside of the vagina.
 - Cystocele is when the anterior bladder wall slip down through the anterior vaginal wall.
 - In a rectocele the rectum is prolapsed into the posterior vaginal wall.
 - Always treated with surgery.
 - Cannot be prevented.
72. POP-Q classification of genital prolapse.
- Aa point is 3cm above the hymen.
 - Ba is the lowest point of the anterior vaginal wall (range from TVL to TVL – 2cm).
 - In a grade I rectocele, Bp point is 1cm above the hymen.
 - In a grade III uterine prolapse: C point is 2 cm above the hymen.
 - In a grade III cystocele prolapse: Aa point is 4 cm below the hymen.
73. Genital prolapse risk factors:
- Multiparity.
 - Chronic respiratory processes.
 - Big intra abdominal masses have no clinical importance.
 - Collagen's diseases are no important.
 - Cultural habits.
74. About cervical carcinoma.
- Ugandan women have high risk.
 - Absent of screening programs increase the risk.
 - Viral infections have the main role.
 - The prognosis improves with earlier diagnoses.
 - Can be prevented.
75. Management in cervical carcinoma and pre-invasive lesions.
- Stage 0 better treated by Wertheim operation.
 - CIN I a period of 2 years without action is advisable in high risk patients.
 - Radiotherapy can be used in stage IVb with high cure rate.
 - Stage III patients don't need for palliative care.
 - LLETZ can be used in all pre-invasive lesions.
76. Dysmenorrhoea.
- There is pathology in spasmodic Dysmenorrhoea.
 - Secondary dysmenorrhoea is mostly confined to adolescent.
 - Primary dysmenorrhoea pain normally goes following pregnancy and delivery.
 - Oral contraceptives puts play role.
 - Investigations aren't required.
77. The following are known causes of female infertility:
- Sigmond-Sheehan's syndrome.
 - Stock-Adams-Morgatny syndrome.
 - Endometriosis.
 - Klinefelter's syndrome
 - Meig's syndrome.
78. In a patient with recurrent abortion, which of the following are possible causes?
- Sigmond-Sheehan's syndrome.
 - Cervical incompetence.
 - Antiphospholipid antibody syndrome.
 - TORCH infections.

- e) Congenital anomalies of the genital tract.
79. You are on call at KIUTH and are assessing a 16 year old patient with peritonitis and septic shock due to a post abortal sepsis. Which of the following would you consider in the management?
- Broad spectrum antibiotic combination.
 - Patient resuscitation with 5 % dextrose.
 - Fluid challenge.
 - Blood and plasma transfusion.
 - Laparotomy as soon as patient's condition allowed it.
80. Preventing fistula in obstetric care.
- Development of primary health system is not important.
 - Improvement of transport facilities.
 - Adequate health policies.
 - Adequate vaccination's programs.
 - Women's rights empowering.
81. Criminal abortion prevention.
- Improving accessibility to family planning method.
 - Maternal education level has no role.
 - Legalization of elective abortion.
 - Adequate sexual education programs.
 - Health policies are no related.
82. Maternal death in Uganda.
- 60 to 80 % are preventable.
 - Infections are among the first three causes.
 - Only doctor's actions are needed to reduce maternal mortality rate.
 - HIV/AIDS infection is the commonest cause.
 - Malaria and post abortal infections killing more mother than HIV, haemorrhages and eclampsia together.
83. About pre-eclampsia.
- Thromboxane A₂ is usually low.
 - Genetic theory explained familiar predisposition.
 - Oedema is part of the diagnosis.
 - Prostacyclin is elevated.
 - Vascular endothelium growth factor is elevated.
84. In pre-eclampsia.
- Methyldopa 3g/daily can be given as treatment during hypertensive crisis.
 - Severe headache is a sign of aggravating factors
 - The drug of choice to manage severe pre-eclampsia is Hydralazine.
 - MgSO₄ should be given to all patients with pre-eclampsia.
 - All of the above.
85. Preterm delivery in pre eclampsia is indicated in:
- Diastolic BP \geq 110 mmHg despite the adequate use of the appropriate antihypertensive agents.
 - Laboratory evidence of end-organ involvement despite good BP control.
 - Platelets count between 50,000 and 100,000/mm³ .
 - Elevated liver enzymes.
 - b) and c) are false.
86. About APH.

- a) Vasa previa is one of the differential diagnoses.
- b) Placenta praevia type III is better delivery vaginally due to the lower risk for bleeding.
- c) Non-obstetrical conditions don't need to be ruled out.
- d) Tocolytic drugs are indicated in APH before 34 weeks.
- e) History of PPH is a risk.

87. Antepartum haemorrhage.

- a) Intravellous pressure is the explanation for haemorrhage in placenta previa.
- b) Uterus surgeries are risk factor for abruptio placenta.
- c) C/section always should be done.
- d) Can predispose to PPH.
- e) Tocolysis is contraindicated

88. Abruptio placenta

- a) Trauma, short umbilical cords, folic acid deficiency and maternal hypertension are associated as possible aetiologies.
- b) Amniotomy is generally considered to be advantageous.
- c) Is a common complication of severe pre-eclampsia
- d) MgSO₄ can be used in all patients with pre eclampsia.
- e) The potential complications are hemorrhagic shock, D.I.C and foetal hypoxia

89. About diagnosis of vaginal bleeding in early pregnancy. Join the column A with the correct diagnosis in column B

Column A Symptoms and signs	Column B Probable diagnosis
a) LAP, uterus softer than normal, closed cervix	Molar pregnancy
b) LAP, closed cervix, tender adnexal mass, Cervical motion tenderness	Threatened abortion
c) Heavy bleeding, uterus softer and larger than dates, Ovarian cyst	Ectopic pregnancy
d) Heavy bleeding, dilated Cervix, Uterus smaller than dates	Complete Abortion
e) History of expulsion of products of conception, Closed Cervix, light bleeding	Incomplete Abortion

1. Which of the following are not among of the comprehensive care for mother within the context of PMTCT?
 - a) Clinical staging of the woman living with HIV.
 - b) Prophylaxis for OIs infection with cotrimoxazole.
 - c) RFT if eligible for HAART.
 - d) Nutrition care and counselling.
 - e) Family planning services.

2. The following statements are true about PMTCT
 - a) The seroprevalence of HIV among pregnant women in Mbarara region is 6.8%
 - b) The seroprevalence of HIV among pregnant women in Uganda is 13%
 - c) PMTCT interventions reduce transmission of HIV to infants by 50%
 - d) Breast feeding alone contributes 35% of MTCT
 - e) Family planning is important.

3. About breech presentation.
 - a) Delivery can be performed by TBA.

- b) Rotation to the sacrum anterior position may be facilitated.
 - c) Assessment of labour progression should be done at closer interval than for cephalic presentation.
 - d) Footling breech is better delivered by caesarean section.
 - e) All of the above.
4. Lumefantrine/artesunate is indicated during pregnancy for:
- a) As 1st line in non complicated malaria in the 1st trimester.
 - b) As 1st line for complicated malaria in the 2nd trimester.
 - c) As 2nd line for non complicated malaria in the 2nd trimester.
 - d) After giving IV quinine for complicated malaria at any gestational age.
 - e) None of the entire above.
5. The following are contraindications for vaginal birth after a caesarean section.
- a) Previous classical caesarean section.
 - b) Previous transverse low-segment incision.
 - c) Breech presentation.
 - d) Previous uterine rupture.
 - e) Mother decision.
6. The following are immediate complications for caesarean section.
- a) Haemorrhages.
 - b) Secondary post partum haemorrhage.
 - c) Lesion of neighbour organs.
 - d) Infections.
 - e) Amniotic fluids embolization.
7. Classical c/section is:
- a) Vertical incision done in the upper uterine segment.
 - b) Vertical incision made in the lower uterine segment.
 - c) Vertical incision extended from the upper to the lower uterine segment.
 - d) Transverse incision made in the lower uterine segment.
 - e) None of the above.
8. About labour.
- a) Is divided into two stages.
 - b) Latent phase is considered since the uterine contractions are started until the moment the cervix reaches a dilatation of 5 cm.
 - c) Active phase is considered from 4 cm to 10 cm.
 - d) Second stage commencement is at 9 cm.
 - e) Maximum slope is part of the second stage.
9. Partograph in labour.
- a) Satisfactory progress means that the plot of cervical dilatation remain on or at the left of the ALERT line.
 - b) If the patient's partograph crossed the alert line immediate augmentation is needed.
 - c) If the patient's partograph crosses the action line emergency c/section should be done.
 - d) The longest normal time for latent phase in a multiparous woman is 20.1 hours.
 - e) The longest normal time for second stage for a nulliparous woman is 1.1 h.
10. A woman on COC missed a pill on her 5th day of the cycle. What should be done?
- a) She should take another pill as soon as possible.
 - b) She should take another pill and use another contraceptive method for the rest of the cycle.
 - c) She should stop the pills and start another pack.

- d) She missed the pill and had unprotected sex: she should consider emergency contraception.
- e) None of the above.
11. About Norplant II.
- Is a combined implant.
 - It is effective up to 5 years.
 - It is effective up to 7 years.
 - Can be used during the perimenopausal period.
 - None of the above.
12. About Fitz-Hugh-Curtis syndrome.
- It is caused by *Bacteroides Fragilis*.
 - Involves salpingitis, ascites and perihepatitis.
 - Should be treated surgically.
 - Right upper quadrant pain can be the presenting form.
 - All of the above.
13. About menopause.
- Perimenopause is the period which precedes menopause.
 - It is define as amenorrhoea, hypo-oestrogenemia and elevated luteinizing hormone.
 - It is characterized by amenorrhoea, hypo-oestrogenemia and low levels of FSH.
 - Multiparity shortens the age for menopause.
 - None of the above.
14. Pelvic organ prolapse.
- Commonly associated to collagen disease.
 - Always treated surgically.
 - Sims position commonly used for examination.
 - Multiparity is a risk factors
 - All of the above.
15. Sonographic characteristic of malignancies.
- Thin septae.
 - Thick capsule.
 - Enlarged lymph node.
 - Thick septae.
 - Absence of fluid in peritoneum.
16. About pre-eclampsia.
- Thromboxane A₂ is usually low.
 - Placental growth factor is elevated.
 - Placental growth factor is low.
 - Prostacyclin is elevated.
 - Vascular endothelium growth factor is elevated.
17. In pre-eclampsia.
- Methyldopa 3g/daily can be given as treatment during hypertensive crisis.
 - IUGR is a complication
 - The drug of choice to manage severe pre-eclampsia is Hydralazine.
 - MgSO₄ should be given to all patients with pre-eclampsia.
 - All of the above.
18. Preterm delivery in pre eclampsia is indicated in:

- a) Diastolic BP ▪ 110 mmHg despite the adequate use of the appropriate antihypertensive agents.
 - b) Laboratory evidence of end-organ involvement despite good BP control.
 - c) Platelets count between 50000 and 100000/mm³ .
 - d) Elevated liver enzymes.
 - e) b) and c) are false.
19. About APH.
- a) Kleihauer-Betke test can help to establish the differential.
 - b) Placenta praevia type III is better delivery vaginally due to the lower risk for bleeding.
 - c) Non obstetrical conditions don't need to be rule out.
 - d) Tocolytic drugs are indicated in APH before 34 weeks.
 - e) History of PPH is a risk.
20. Antepartum haemorrhage.
- a) Nitabush's bands rupture is the explanation for haemorrhage in placenta previa.
 - b) Uterus surgeries are risk factor for abruptio placenta.
 - c) C/section always should be done.
 - d) Can predispose to PPH.
 - e) Tocolysis is contraindicated
21. Which of the following are among the modified Obstetric care for PMTCT of HIV?
- a) Reduction in using invasive obstetric procedure during labour/delivery.
 - b) Routinely delivery by elective caesarean section.
 - c) Vaginal cleansing with chlorhexidine when membranes are ruptured for more than 4 hours.
 - d) Use of instrumental delivery to accelerate 2nd stage.
 - e) All of the above.
22. The following are among the targeted categories for primary prevention of HIV.
- a) Infants and children.
 - b) The adolescents and young people.
 - c) The adult of reproductive age.
 - d) Women living with HIV and their families.
 - e) All of the above.
23. Recommendations for safer breastfeeding in the context of HIV include:
- a) Avoid infections during breastfeeding.
 - b) Seek immediate treatment for cracked nipples, infant mouth sores.
 - c) Mixed feeding.
 - d) a) and b) above are false.
 - e) All of the above.
24. About multiple pregnancy.
- a) There is not significant increase in obstetric complications.
 - b) Risk of obstetric complications is slightly increased.
 - c) Perinatal morbidity/mortality is reduced.
 - d) At 2 year-old, infant mortality rate of twins is the same as that of singletons.
 - e) Is common in blacks.
25. The following are true about multifoetal gestation.
- a) Dizygotic twins are from the same spermatozoa.
 - b) Dizygotic twins are not from the same spermatozoa.
 - c) Monozygotic twins are not from the same spermatozoa.
 - d) Monozygotic twins are from the same spermatozoa.

- e) b) and d) above.
26. The foetal heart rate during labour.
- Decreases with a contraction.
 - Increases with a contraction.
 - Shows no changes with a contraction.
 - Starts to recover a contraction stops.
 - All the above.
27. The dangers of vacuum extraction include.
- APH.
 - Ruptured uterus.
 - Intrauterine foetal death.
 - PPH.
 - Acute foetal distress.
28. Malaria in pregnancy.
- Sequestration of infected red blood cell can occur in the placenta.
 - IUGR is a complication.
 - Pre-eclampsia can appear as a consequence.
 - Coartem is indicated for all non complicated malaria.
 - Increases risk for MTCT of HIV.
29. The following are immediate complications for caesarean section.
- Haemorrhages.
 - Secondary post partum haemorrhage.
 - Lesion of neighbour organs.
 - Infections.
 - Amniotic fluids embolization.
30. The following are factors related to dystocia.
- Maternal Age
 - Gestational Diabetes.
 - POP.
 - Maternal exhaustion
 - Macrosomic foetus
31. The following are risk factors for PPH.
- Polyhydramnios.
 - Pre-eclampsia.
 - IUFD.
 - Amniotic fluid embolization.
 - Uterine fibroids
32. About menopause.
- Anxiety, irritability, fatigue, depression, hot flashes and insomnia are typical complaints
 - Low dose oestrogen replacement therapy are contraindicated in chronic liver impairment, oestrogens dependent tumour and active thromboembolism
 - Oestrogen replacement can be given orally or transdermal administration
 - All of the above are true
 - Only (b) above are true
33. About pelvic inflammatory disease.
- Is a polymicrobial infection.
 - Chlamydia causes Fitz-Hugh Curtis syndrome.

- c) N. Gonorrhoea is the commonest causative agent of pelvic abscesses.
 - d) B Fragilis is commonly involved.
 - e) CA-125 commonly elevated.
34. The following are lesions of the vulva. Choose which are caused by sexually transmitted infections agents
- a) Condylomata acuminata
 - b) Sebaceous cyst
 - c) Endometriosis
 - d) Chancroid.
 - e) Only (a) and (d)
35. The following are steroidal contraceptives.
- a) NUVA ring.
 - b) Mirena.
 - c) Mifepristone.
 - d) Cyclofem.
 - e) Progestasert.
36. The following are sign of malignancy in ovarian masses.
- a) Solid masses are present.
 - b) Giant cyst.
 - c) Tumour present in both age extremes.
 - d) Positive tumours marker.
 - e) Bilateral ovarian mass.
37. A 30 year old patient presented to an infertility clinic c/o recurrent pregnancy loss. Which of the following factors would you investigate?
- a) Rubella infection.
 - b) Fallopian tubes patency.
 - c) Cervical competence.
 - d) Antiphospholipid antibodies.
 - e) Uterine congenital anomalies.
38. The overall incidence of infertility is 10-15 %. The following answers are true or false.
- a) The tubal factors can be evaluated by HSG and intrauterine insufflations of indigocarmine at the time of laparoscopy.
 - b) The endometrial cavity should be evaluated during the proliferative phase of the cycle.
 - c) Endometrial biopsies are most informative when performed during the proliferative phase of the cycle
 - d) (a) and (b) above are true
 - e) All of the above are false
39. A 14 years old girl was seen on gynaecological clinic. Report heavy PV bleeding lasting 12 days. LNMP – 15 days ago
- a) Dysfunctional uterine bleeding can be the diagnosis
 - b) Anovulation due to abnormalities in neuro endocrine function is the most common cause
 - c) High doses of progestin intravenously or orally are administered
 - d) All of the above are true.
 - e) None of the above are true
40. In primary dysmenorrhoea.
- a) Trend to disappear after deliveries.
 - b) Endometriosis should be considered.

- c) COC can be given.
 - d) GnRH is the choice for treatment.
 - e) None of the above.
41. In secondary dysmenorrhoea.
- a) PID is a cause.
 - b) More common among teenagers.
 - c) CT scan is a very useful investigation in establishing the cause.
 - d) Cyclooxygenase inhibitors have no role in the treatment.
 - e) Breast tenderness is not associated.
42. About CIN.
- a) Cannot be screened by visual inspection under Acetic Acid.
 - b) Patients who have not screening with cytology are at higher for advanced carcinoma of the cervix.
 - c) CIN I should always be treated by cervical conisation.
 - d) CIN III hysterectomy is the treatment for all patients
 - e) Most of the lesions are located in the SCJ
43. Cervical carcinoma.
- a) Squamous cell carcinoma most often present with and exophytic lesion.
 - b) Adjuvant CRT has no shown benefits for the patients who undergo operations.
 - c) Adenosquamous carcinoma often present with exophytic lesions.
 - d) A lesion extended to the lower third of the vagina is stage II_b.
 - e) Palliative care has no role in early stages.
44. Gestational Trophoblastic Neoplasia.
- a) In stage I the disease confined to the uterus.
 - b) Can follow normal pregnancy.
 - c) Can follow an abortion.
 - d) Has a tumour marker.
 - e) All the above.
45. Choriocarcinoma.
- a) Most commonly develops after molar pregnancy.
 - b) The most common site of metastasis is liver.
 - c) Persistent P.V bleeding is the commonest symptom of consultation.
 - d) There is uterine sub involution.
 - e) Most lesions begin in uterus.
46. The following are true about uterine fibroids.
- a) Treated always by surgery.
 - b) Red degeneration more common in post menopause.
 - c) Hyaline degeneration is a possible complication.
 - d) Medical treatment has no benefits.
 - e) Cannot be treated by endoscopic surgery.
47. Depo Provera. (DMPA).
- a) Contains both progesterone and oestrogens.
 - b) Can cause breakthrough bleeding.
 - c) Is effective for 10 weeks.
 - d) Contains 3rd generation progesterone.
 - e) Return to fertility is immediate after terminating its use.
48. A woman on her 40th birth day presents at the gynaecology clinic complaining of irregular PV bleeding. The following are possible options:

- a) Perimenopause should be considered among the causes.
 - b) Endometrial ablation by thermal balloon should be done immediately.
 - c) Transvaginal ultrasound can be of help.
 - d) Emergency D & C should be performed.
 - e) HRT should be started immediately.
49. A 32 year old woman, nulliparous with a history of menorrhagia was seen by Dr. Wasswa Ssalongo and diagnosis of fibromyoma was made
Mark true or false
- a) Fibromyomata are composed of smooth muscle and fibrous tissue
 - b) It developed is related to the action of progesterone
 - c) Interstitial fibromyomata, uterine contractions dilated the Cervix and expel the tumour through it
 - d) Red degeneration can occur.
 - e) Only (a) and (c) above are true
50. VVF repair.
- a) Surgical repair is the only mode of treatment.
 - b) Ureteric catheters are inserted after closure.
 - c) Not advisable to repair during pregnancy.
 - d) An IVP is mandatory in all VVF.
 - e) Be repair at least 2 months after delivery.
51. The following factor affect wound healing.
- a) Steroid therapy.
 - b) Proper apposition.
 - c) Immune status.
 - d) Infection.
 - e) Nutritional status.
52. Sonographic characteristic of ovary malignancies.
- a) Thin septae.
 - b) Thick capsule.
 - c) Enlarged lymph node.
 - d) Thick septae.
 - e) Absence of fluid in peritoneum.
53. The following are true about uterine fibroids.
- a) Treated always by surgery.
 - b) Red degeneration more common in post menopause.
 - c) Hyaline degeneration is a possible complication.
 - d) Medical treatment has no benefits.
 - e) Cannot be treated by endoscopic surgery.
54. Criteria for medical treatment for uterine fibroid include.
- a) Giant fibroid previously surgery.
 - b) Small fibroids.
 - c) Contraindications for surgery.
 - d) To earn time and compensate the patient for surgery.
 - e) To preserve fertility.
55. About genital prolapse.
- a) Commonly affecting young women.
 - b) Always treated by Manchester's operation.
 - c) Kegel's exercise can prevent it.
 - d) Pelvic floor usually affected.
 - e) Can't appear after TAH.

56. Tumour marker in gynaecology.
- Alpha-feto-protein (AFP) for Endodermal sinus tumour.
 - CA-125 for fibroids.
 - CA-125 for ovarian tumour.
 - hCG for choriocarcinoma.
 - All the above are true.
57. Vaginal hysterectomy possible complications.
- Obstetric fistula.
 - Ureteric injuries.
 - Pudenda artery damage.
 - Vaginal vault prolapse.
 - Rectum lesion.
58. Vasectomy.
- Leads to sterility after 10 ejaculations.
 - May cause impotence.
 - Involves ligation of Vasa efferentia.
 - Can lead to primary testicular failure.
 - Is reversible.
59. The following are possible complications of intrauterine device.
- Syncope attacks.
 - Abnormal menstrual bleedings.
 - Spotting.
 - Spontaneous expulsion.
 - P.I.D
60. The following are true postulate about pre-eclampsia.
- Commonly affecting multiparous patient.
 - Chronic hypertension, renal disease and low socioeconomic status are risk factors.
 - Earlier onset in the presence of antiphospholipid antibody syndrome.
 - Proteinuria and hypertension.
 - Haemolysis can occur
61. A 23 y/old patient, G₁ P₀, at 33 WOA, complaining of headache arrives to your consultation room, O/E; BP 166/112 mmHg was found , urine dipstick was positive for protein ++. Which is the most adequate management?
- Hydralazine 5mg IV every 15 min plus MgSO₄, 14 g IM.
 - Hydralazine 5mg IV every 30 min, until BP is less than 160/100 mmHg, plus MgSO₄, Dexamethasone 24 mg within 24 hours and induction of labour after this time.
 - Hydralazine 5mg IV every 30 min, MgSO₄, 14 g, Dexamethasone 24 mg within 24 hours, after getting BP control, conservative management.
 - BP control and emergency c/section delivery.
 - None of the above.
62. How does MgSO₄ act in controlling and preventing eclamptic fit?
- Decreasing the release the acetylcholine at the neuromuscular plaque.
 - Acting as physiological calcium antagonist.
 - Blocking excitatory amino- acid receptors.
 - All of the above.
 - a) and b) above.

63. The aims of the antenatal care are.
- Promote and maintain health in pregnancy.
 - Detect and treat conditions pre-existing or arising in pregnancy.
 - Make a delivery plan.
 - Prepare for emergencies.
 - All of the above.
64. About antenatal care.
- The more times the mother attends the clinic the better for her.
 - The more times the mother attends the clinic the less likely she is to get problems.
 - All mothers who will get complications can be identified with good and close monitoring.
 - a) and c) above.
 - None of the above.
65. A 26 year old patient, primigravida was admitted at Mbarara Regional Referral Hospital at 37 WOA due to APH. This was the first time she had bleed and on physical examination the following finding were reported: MM: coloured and hydrated; RP: 88/ min; BP: 126/86 mmHg; Abd: FL 36 cm, cephalic, FHR: 146/min, V/V palpable. Which of the following is the best option of management?
- Digital vaginal examination to confirm diagnosis under general anaesthesia and C/section if confirm.
 - Conservative management due to the good maternal conditions.
 - Digital examination, AROM and induction of labour.
 - Emergency c/section.
 - All of the above are right.
66. The following are predisposing factors for placenta praevia.
- Repeated induced abortion.
 - Multi foetal gestation.
 - IVF.
 - Malposition.
 - Congenital anomalies of the uterus.
67. The following are true statements about abruptio placenta.
- Maternal conditions are always related to amount of PV bleeding.
 - Is frequently related with low consumption of coagulating factors.
 - Smoking has no role.
 - ARM and induction is contraindicated.
 - Is highly related to PPH.
68. A patient at 32 WOA was diagnosed of having a severe abruptio placenta with intrauterine foetal death and DIC, which of the following is the best option to deliver the patient?
- General measures, resuscitating the patient and emergency c/section.
 - General measures, whole blood transfusion, fresh frozen plasma, IV fluids emergency C/section.
 - General measures, whole blood transfusion, fresh frozen plasma, IV fluids, after correction the DIC ARM and attempt to vaginal delivery by inducing or augmenting labour.
 - None of the above.
 - All of the above can be used with similar results.
69. Multi foetal gestation.
- Induction of labour is contraindicated.
 - Are not monitored by partograph during labour.

- c) Always delivered by C/section.
 - d) 2nd twin can be delivered by forceps.
 - e) PPH can occur with 2nd stage.
70. Malaria in pregnancy.
- a) Maternal immunoglobulin A antibodies cross the placenta to the foetal circulation.
 - b) Falciparum malaria parasites grow well in RBC containing haemoglobin F.
 - c) Plasmodium Vivax is more common in East Africa.
 - d) Coartem is the first line during the first trimester.
 - e) Quinine is the 1st line in the second trimester for uncomplicated malaria.
71. Haematological findings in Iron deficiency anaemia.
- a) Microcytic hyperchromic.
 - b) Macrocytic hypochromic.
 - c) Marked anisocytosis.
 - d) The mean corpuscular value is low.
 - e) Mean corpuscular haemoglobin is increased.
72. Which of the following ARVs is contraindicated in pregnancy?
- a) 3TC
 - b) Efavirenz.
 - c) DD₄.
 - d) Lamivudine.
 - e) None of the above.
73. During the development of the female genital tract.
- a) The coelomic epithelium migrates from the hind gut.
 - b) The coelomic epithelium forms the genital epithelium.
 - c) The coelomic epithelium forms the primordial germ cells.
 - d) The coelomic epithelium later forms the Mullerian duct.
 - e) None of the above.
74. HIV in pregnancy.
- a) Most of the transmission to the baby occurs during post partum.
 - b) Breastfeeding is contraindicated.
 - c) ARVs are not important.
 - d) Nevirapine alone is no longer used in Uganda for prophylaxis.
 - e) Elective C/section is helpful in decrease the MTCT.
75. Modified obstetric practices in PMTCT include the following
- a) Vaginal cleansing with clean water
 - b) Administration of 2.1mg/kg of Nevirapine tablets to a baby after 72hrs of delivery
 - c) An episiotomy may be performed when necessary
 - d) Delivery must be conducted in hospital
 - e) Elective C/S
76. An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV –ve at birth. What will you do to prevent MTCT?
- a) Breast feeding for only three months will protect the baby
 - b) Since the baby is negative, Nevirapine is not necessary
 - c) Replacement feeding with cow milk is the ideal
 - d) Wet Nursing is a recognized option
 - e) Condom use has no role in protecting this baby.
77. A G2P1+0 HIV +ve mother comes to clinic. Which of the following will you consider

- a) Initiation of HAART even without medical eligibility
 - b) CD4 count will not influence the decision to start ART
 - c) 3TC, D4T, EFV is the combination of Choice
 - d) 3TC, D4T, NVP is the combination of Choice
 - e) Triomune is never given
78. The perineal body is made of the following muscles.
- a) Transverse perineal, Coccygeus, ischiocavernosus, levator ani, bulbocavernosus.
 - b) External anal sphincter, ischiocavernosus, bulbocavernosus, levator ani and transverse perini.
 - c) Bulbospongiosus, ischiocavernosus, transverse perineal, levator ani.
 - d) Bulbospongiosus, transverse perini, anal sphincter, levator ani.
 - e) None of the above.
79. Anatomy of the female genital tract.
- a) The uterine artery is a branch of the terminal part of the aorta.
 - b) The uterine artery is a branch of the internal iliac artery.
 - c) The uterine artery is the terminal branch of the internal femoral artery.
 - d) The uterine artery is a branch of the obturator internus artery.
 - e) None of the above.
80. When monitoring a mother with the partograph.
- a) If the graph reaches the action line you should do a C/section immediately.
 - b) If the graph leaves the alert line, you should put up Oxytocin.
 - c) If the foetal heart slows down or increases you should put up fluids, give oxygen and make the mother lie on her left.
 - d) If the graph reaches the action line, you should put up Oxytocin immediately.
 - e) None of the above.
81. Shoulder dystocia.
- a) Is a common complication.
 - b) Associated with maternal obesity.
 - c) Turtle sign is not present.
 - d) Rubin manoeuvre can be done to hyper flex the arms.
 - e) McRobert manoeuvre can solve about 70 % of all cases.
82. Which is the order to do asepsis before delivering a mother?
- a) Mons pubis. ()
 - b) Perineal body ()
 - c) Labia majora ()
 - d) Internal side of the thigh ()
 - e) Vaginal introitus ()
83. In PPH.
- a) Blood transfusion is always required.
 - b) Blood transfusion may not be required.
 - c) Bleeding is from the uterus.
 - d) a) and c) above.
 - e) All of the above.
84. Managing PPH.
- a) Intra vaginal Misoprostol is effective.
 - b) Oxytocin 10 IU after delivery of the baby is always preventive.
 - c) Record keeping is the least important.
 - d) All of the above.
 - e) None of the above.

85. Analgesia during labour.
- Pudendal nerve block is not recommended.
 - Is not recommended in active labour.
 - Is commonly practiced.
 - Narcotics are commonly used in MUTH.
 - Companion support in labour has shown to help.
86. Maternal changes in puerperium.
- Return to normality is 2 weeks after delivery.
 - Return to normal 20 weeks after delivery.
 - Return to normal 42 weeks after delivery.
 - Return to normal 32 days after delivery.
 - None of the above
87. The following are effects of progesterone in pregnancy.
- Reduces vascular tone and BP increases.
 - Reduces vascular tone and peripheral temperatures increases.
 - Increases vascular tone and BP increases.
 - Increases vascular tone and BP decreases.
 - All of the above.
88. Lactational amenorrhea(LAM) method of contraception:
- Is a permanent method.
 - Can be practiced when baby is 8 month.
 - Is about 80% effective
 - Is highly when mother is started her periods.
 - All of the above.
89. Emergency contraception:
- Combined oral pills are more effective than the progesterone only pills.
 - Progesterone only pills (ovureete) 2 doses 12 hours apart are enough.
 - Intra uterine device can be used within 7 days.
 - Is a routine method of contraception
 - All of the above are false
90. Vacuum extraction:
- Is a spontaneous vertex delivery.
 - Commonly done in our unit.
 - Can be done on face presentation.
 - Smallest cup is ideal.
 - Analgesics are not required.
91. PID.
- Infection of the lower and upper genital tract.
 - Cervicitis is included in the syndrome.
 - Bacteroides are widely implicated.
 - Chlamydia trachomatis is very common.
 - Does not occur in pregnancy.
92. Organism responsible for salpingitis.
- Mycoplasma.
 - Mycobacterium tuberculosis.
 - Escherichia coli.
 - Actinomycosis.
 - None of the above.

93. CA-125 glycoprotein (tumour marker).
- Is a tumour specific antigen.
 - Is only detectable in carcinoma of the ovary.
 - Cannot be detectable in normal women.
 - Is used to monitor patient on chemotherapy.
 - You get raised levels in PID.
94. Second look surgery.
- Only done by laparotomy.
 - Aim is confirm cure and to assess the effect of chemotherapy in tumour mass.
 - Done after 2 years of 10 therapies.
 - Done after 1 year of 10 therapies.
 - None of the above.
95. Endometriosis.
- Functional endometrial tissue in the myometrium.
 - Present up to 25% among the infertile women.
 - Endometrial tissue's transplantation can explain all cases.
 - Increases phagocytosis of spermatozooids.
 - Affected patient is always symptomatic.
96. About endometriosis.
- GnRH effective 100% in cure patient.
 - COC are also used and effective.
 - Surgery has important role.
 - Frequency is reduced with pregnancies.
 - Only present among reproductive age women.
97. Genital prolapse.
- When a pelvic organ slips down and protrudes outside of the vagina.
 - Cystocele is when the anterior bladder wall slip down through the anterior vaginal wall.
 - In a rectocele the rectum is prolapsed into the posterior vaginal wall.
 - Always treated with surgery.
 - Cannot be prevented.
98. POP-Q classification of genital prolapse.
- Aa point is 3cm above the hymen.
 - Ba is the lowest point of the anterior vaginal wall (range from TVL to TVL – 2cm).
 - In a grade I rectocele, Bp point is 1cm above the hymen.
 - In a grade III uterine prolapse: C point is 2 cm above the hymen.
 - In a grade III cystocele prolapse: Aa point is 4 cm below the hymen.
99. Genital prolapse risk factors:
- Multiparity.
 - Chronic respiratory processes.
 - Big intra abdominal masses have no clinical importance.
 - Collagen's diseases are no important.
 - Cultural habits.
100. About cervical carcinoma.
- Ugandan women have high risk.
 - Absent of screening programs increase the risk.
 - Viral infections have the main role.
 - The prognosis improves with earlier diagnoses.
 - Can be prevented.

101. Management in cervical carcinoma and pre invasive lesions.
- Stage 0 better treated by Wertheim operation.
 - CIN I a period of 2 years without action is advisable in high risk patients.
 - Radiotherapy can be used in stage IVb with high cure's rate.
 - Stage III patients don't need for palliative care.
 - LLETZ can be used in all pre-invasive lesions.
102. Dysmenorrhoea.
- There is pathology in spasmodic Dysmenorrhoea.
 - Secondary dysmenorrhoea is mostly confined to adolescent.
 - Primary dysmenorrhoea pain normally goes following pregnancy and delivery.
 - Oral contraceptives puts play role.
 - Investigations aren't required.
103. The following are known causes of female infertility:
- Sheehan's syndrome.
 - Stock-Adams-Morgatny syndrome.
 - Endometriosis.
 - Klinefelter's syndrome
 - Meig's syndrome.
104. In a patient with recurrent abortion, which of the following are possible causes?
- Sigmond-Sheehan's syndrome.
 - Cervical incompetence.
 - Antiphospholipid antibody syndrome.
 - TORCH infections.
 - Congenital anomalies of the genital tract.
105. You are on call at MUTH and are assessing a 16 year old patient with peritonitis and septic shock due to a post abortal sepsis. Which of the following would you consider in the management?
- Broad spectrum antibiotic combination.
 - Patient resuscitation with 5 % dextrose.
 - Fluid challenge.
 - Blood and plasma transfusion.
 - Laparotomy as soon as patient's condition allowed it.
106. Preventing fistula in obstetric care.
- Development of primary health system is not important.
 - Improvement of transport facilities.
 - Adequate health policies.
 - Adequate vaccination's programs.
 - Women's rights empowering.
107. Criminal abortion prevention.
- Improving accessibility to family planning method.
 - Maternal education level has no role.
 - Legalization of elective abortion.
 - Adequate sexual education programs.
 - Health policies are no related.
108. Maternal death in Uganda.
- 60 to 80 % are preventable.
 - Infections are among the first three causes.
 - Only doctor's actions are needed to reduce maternal mortality rate.
 - HIV/AIDS infection is the commonest cause.

- e) Malaria and post abortal infections killing more mother than HIV, haemorrhages and eclampsia together.

109. Multiple pregnancy

- a) Dizygotic twins are a product of two ova and one sperm
- b) There is greater than expected maternal weight loss
- c) Maternal anaemia may be seen
- d) Monozygotic twins are the result of the division of two ova
- e) Paternal side is not a risk factor

110. Which of the following is not part of routine comprehensive care for a mother within the context of PMTCT?

- a) WHO Clinical staging of the mother living with HIV
- b) Prophylaxis for OIs with co-trimoxazole
- c) Liver function tests
- d) Nutritional care and counselling
- e) All the above

111. The following are among targeted categories for primary prevention of HIV.

- a) Infants and children
- b) The adolescents and young people
- c) Fishing communities and uniformed forces
- d) Women living with HIV and their families
- e) All of the above.

112. Recommendations for safer breastfeeding in the context of HIV include:

- a) Avoid infections during breastfeeding
- b) Seek immediate treatment for cracked nipples, infant mouth sores
- c) Mixed feeding
- d) a) and c) above are false
- e) All the above are true

113. Lumefantrine/artesunate is indicated during pregnancy for

- a) As 1st line in non complicated malaria in the 1st trimester
- b) As 1st line for complicated malaria in the 2nd trimester
- c) As 2nd line for non complicated malaria in the 2nd trimester
- d) After giving IV quinine for complicated malaria at any gestational age
- e) None of the entire above

114. About HIV/ AIDS in pregnancy

- a) Sperm washing is a very effective way to prevent both the mother and her baby
- b) There is no difference between low and high viral load mothers about MTCT risk
- c) AZT cannot be used as monotherapy from 28 WOG
- d) A combination of AZT during pregnancy with a single dose of Nevirapine during labour increased the risk to the mother due to side effects
- e) In patient with combination therapy if the treatment is discontinued, the drugs should not be discontinued at the same time

115. About PMTCT

- a) Mothers taking HAART during pregnancy have similar outcome like those on Combination regimens in preventing MTCT
- b) Caesarean section is recommended in both low and high viral loads
- c) Infant formula is offered to protect the baby because it has been enriched with maternal immunoglobulin.
- d) Malarial infection can increase the risk of MTCT

- e) Dapsone is used for prophylaxis of OIs
116. An HIV positive mother delivers a healthy baby. PCR confirms that this baby is HIV negative at birth. What will you do to prevent MTCT
- Breast feeding for only three months will protect the baby
 - Since the baby is negative, Nevirapine is not necessary
 - Replacement feeding with cow milk is the ideal
 - Wet Nursing is a recognised option
 - Condom use has no role in protecting this baby.
117. The following statements are true about PMTCT
- The sero prevalence of HIV among pregnant women in Mbarara region is 6.8%
 - The sero prevalence of HIV among pregnant women in Uganda is 13%
 - PMTCT interventions reduce transmission of HIV to infants by 50%
 - Breast feeding alone contributes 35% of MTCT
 - Family planning is important
118. PMTCT
- PEP: AZT/3TC or TDF/3TC for 1 month
 - PEP: Apply antiseptic, Know your status, LFTs, follow up
 - AZT: Hb < 8g/dl, Neutropenia, monotherapy, suspension
 - Initiation of HAART: CD4 > 200, Triomune, Pre ART register, Comprehensive HIV card
 - OIs: Dapsone, Fluconazole, Cotrimoxazole
119. The following have been associated with bacteriuria in pregnancy:
- Pre-term birth
 - Low birth weight
 - Perinatal mortality
 - Abortions
 - Diabetes Mellitus
120. About asymptomatic bacteriuria in pregnancy:
- Refers to the presence of a positive urine culture in an asymptomatic person
 - Occurs in 2 to 7 percent of pregnancies
 - Defined as two consecutive voided urine specimens with isolation of the same bacterial strain in quantitative counts of $\geq 10^5$ cfu/mL
 - Presence of lactobacillus or propionibacterium does not indicate a contaminated urine specimen
 - If left untreated, 50% of patients will progress to symptomatic bacteriuria
121. The following drugs can be used for treatment of asymptomatic bacteriuria:
- Penicillins
 - Cephalosporins
 - Doxycycline
 - Sulphadoxine
 - Dexamethasone
122. About renal physiological changes during pregnancy, the following are true except:
- Glomerular Filtration Rate increases by 50%
 - Renal plasma flow increases by 50%
 - Oestrogens are responsible for the general ureteric relaxation
 - There is decreased predisposition to Urinary tract infections
 - There is increased creatinine clearance

123. About ectopic pregnancy:
- The gestational sac can be seen at an HCG level of 1500 IU/L using a transabdominal U/S scan
 - The gestational sac can be seen at an HCG level of 6500 IU/L using a transvaginal U/S scan
 - A cervical ectopic pregnancy can be treated using a cone biopsy
 - Can be treated using methotrexate
 - Can undergo resorption
124. Indications for medical treatment of ectopic pregnancy include the following except:
- Presence of cardiac activity
 - Beta HCG titres less than 5000 mIU/ml
 - Unruptured ectopic
 - An ectopic greater than 3.5 cm
 - An ectopic less than 3.5 cm
125. Concerning medical treatment in ectopic pregnancy, the following statements are false:
- Methotrexate should be given on days 2, 4, 6, 8, 10.
 - Methotrexate should be given on days 1, 3, 5
 - Serum creatinine should not be done
 - Qualitative beta HCG is important in treatment
 - Ninety percent (90%) of an intravenous (IV) dose of methotrexate is excreted unchanged within 24 hours of administration
126. These drugs are given to bypass the metabolic block induced by methotrexate, and thus rescue normal cells from toxicity:
- Folinic acid
 - N5-formyl-tetrahydrofolate, citrovorum factor
 - Bisphosphates
 - Reduced folate
 - Cyclophosphamide
127. Each year, malaria is responsible for the following:
- 50 million women living in malaria-endemic areas become pregnant
 - 10,000 women die as a result of malaria infection during pregnancy
 - 800,000 infants die as a result of malaria infection during pregnancy
 - 2 million malaria infections in pregnant women in Sub Saharan Africa
 - 1,000 women die as a result of malaria infection during pregnancy
128. About pathogenesis of malaria in pregnancy:
- The plasmodium falciparum parasites express VSAs that mediate adhesion of parasite infected erythrocytes to the chondroitin sulphate A receptors
 - The plasmodium falciparum parasites express VSAs that mediate adhesion of parasite infected erythrocytes to the chondroitin sulphate C receptors
 - Adhesion occurs on the cytotrophoblast lining the intervillous space
 - Adhesion occurs on the syncytiotrophoblast lining the intervillous space
 - The var5csa gene encodes a parasite adhesion molecule that initiates the pathology associated with pregnancy associated malaria (PAM).
129. Active management of third stage of labour (AMSTIL) involves:
- Using a balloon tamponade to enhance uterine involution
 - Delivery of the cord by controlled cord traction with counter traction over the supra pubic area
 - Monitoring of the Blood pressure, pulse rate, GCS, and Per vaginal bleeding every 20 minutes for one hour

- d) Pelvic floor exercises (Kegel's exercise)
- e) Administration of 10IU of Oxytocin IM on the anterior thigh within 2 minutes of delivery of the baby

130. These methods can be used in treatment of postpartum haemorrhage except:

- a) Caesarean section
- b) Total abdominal hysterectomy
- c) Internal Iliac ligation
- d) Cytotec
- e) Syntometrienne

131. The following statements are true about pre-eclampsia.

- a) Is among the commonest cause of maternal mortality in MRRH.
- b) sFlt-1 prevents the correct differentiation and invasion of the trophoblast.
- c) Aspirin inhibits the synthesis of prostacyclin.
- d) Thromboxane A₂ is a potent vasodilator.
- e) None of the entire above is true.

132. Hydralazine use in pre-eclampsia.

- a) Is vasodilator with central alpha blocker action.
- b) Should be given 10 mg/ 30 min up to 30 mg as the maximum dose.
- c) Ampoules containing 20 mg should be diluted in 20 ml of 5 % dextrose and given over 10 min.
- d) a) and c) above.
- e) None of the above.

133. MgSO₄.

- a) Act by preventing the release of acetylcholine at neuromuscular plaque.
- b) Prevent the entry of calcium to the damaged endothelial cells.
- c) Stimulate the N-methyl-D-aspartate receptors.
- d) Toxicity appears with concentration of 8 to 10 meq/L.
- e) Pulmonary oedema is a common complication.

134. The following are true about the management of pre-eclampsia.

- a) Oral antihypertensive are indicated to all mild pre-eclamptic patients.
- b) Antihypertensive treatment for adult pre-eclamptic patient should be started with BP greater than 160/110 mmHg.
- c) Foetal lung maturity induction is not necessary because the effect of hypertension.
- d) Patient with severe pre-eclampsia should be induced as soon as hypertension has been controlled.
- e) None of the entire above is true.

135. APH.

- a) Abortion is a common cause of APH.
- b) In patient with placenta praevia type II ARON should be done followed by labour induction.
- c) In a patient with chronic abruptio placenta aspirin should be given 6 hourly to protect placental blood flow.
- d) FHR absence in a severe abruptio always means IUFD.
- e) Severe abruptio with IUFD and DIC should be delivered immediately by emergency C/section.

136. Cervical carcinoma.

- a) HPV and HIV association is an important risk factor in Uganda.

- b) The presence of unilateral hydronephrosis is not a IIIb stage.
- c) Stage Ib 1 can be treated with radical trachelectomy in patient with fertility's desire.
- d) CRT combination after surgery does not improve the survival rate at 5 years for stage IIb
- e) All of the above.

137. About CIN.

- a) All CIN should be treated surgically.
- b) CIN III or CIS is always an indication for TAH.
- c) Visual Inspection Under acetic acid (VIA) is not useful in CIN screening.
- d) A positive Schiller's test should be considered as diagnostic for CIN.
- e) Squamous Columnar Junction is not important when taking a Pap smear.

138. Choriocarcinoma.

- a) Can arise from any type of trophoblastic tissue.
- b) It commonly appears after a partial mole.
- c) Placental Site Tumour is easily diagnosed because the presence of chorionic villi.
- d) Typical presentation is the presence of theca-lutein cyst.
- e) hCG level higher than 10^5 IU/L is considered as poor prognosis.

139. The following are true about Choriocarcinoma management.

- a) Stage I should always be treated with TAH only.
- b) Stage I can be treated with single CT agent.
- c) Combination CT is indicated in stage II as initial choice independently of the risk score.
- d) Stage III high risk should receive initially second line Combination CT.
- e) When metastases are present the response to CT treatment is poor.

140. Are the following statement true about Choriocarcinoma and its follow up?

- a) Stage I can be allowed to conceive within the 1st year after treatment.
- b) COC are contraindicated.
- c) Stage III: hCG levels should be checked weekly until are normal during 3 consecutive months.
- d) Stage IV if TAH is done second look surgery should be done within 6 month.
- e) In stage IV hCG determination should be stopped after 1 year with normal level.

141. Modified obstetric practices in PMTCT include the following

- a) Vaginal cleansing with clean water
- b) Administration of 2mg/kg of Nevirapine tablets to a baby after 72hrs of delivery
- c) An episiotomy may be performed when necessary
- d) Delivery must be conducted in hospital
- e) Elective C/S

142. An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV -ve at birth. What will you do to prevent MTCT

- a) Breast feeding for only three months will protect the baby
- b) Since the baby is negative, Nevirapine is not necessary
- c) Replacement feeding with cow milk is the ideal
- d) Wet Nursing is a recognised option
- e) Condom use has no role in protecting this baby

143. The following statements are true about PMTCT

- a) The sero prevalence of HIV among pregnant women in Mbarara region is 6.8%
- b) The sero prevalence of HIV among pregnant women in Uganda is 13%
- c) PMTCT interventions reduce transmission of HIV to infants by 50%

- d) Breast feeding alone contributes 35% of MTCT
 - e) Family planning is important
- 144.A G2P1+0 HIV +ve mother comes to clinic. Which of the following will you consider
- a) Initiation of HAART even without medical eligibility
 - b) CD4 count will not influence the decision to start ART
 - c) 3TC, D4T, EFV is the combination of Choice
 - d) 3TC, D4T, NVP is the combination of Choice
 - e) Triomune is never given
- 145.About waste management
- a) Hospital, Blood banks and domiciliary make the largest source of Health care waste
 - b) Yellow bin is for placenta and anatomical wastes
 - c) Sharps constitute more than 1% of health care waste
 - d) a) and b) are correct
 - e) b), and c) are correct
- 146.About pre eclampsia.
- a) In the differential with other proteinuric disorders soluble forms- like tyrosine kinase, placental growth factor appears to be useful.
 - b) In pre eclampsia is common the presence of specific systemic findings of disease activity (e.g. low complements levels, red and white cells and/or cellular cast in urinalysis.
 - c) Recurrence: Pre eclampsia is over three times more common in multiparous women with a previous history of the disease than a nulliparous.
 - d) Pre eclampsia in prime gravid woman can predict remote cardiovascular events.
 - e) Pre eclamptic women are at high risk to develop some specific kind of cancer.
- 147.About pre eclampsia.
- a) HELLP syndrome with renal failure affects long term renal function.
 - b) LDH can be used to do the diagnosis of microangiopathic haemolysis.
 - c) All patients with diastolic blood pressure 100 mm hg should be admitted prescribed bed rest.
 - d) A high level haematocrit may be indicative o contraction of intravascular volume and improvement in patient outcome
 - e) Early foetal growth restriction may be the first manifestation of pre eclampsia.
- 148.During conservative management to severe pre-eclampsia in a patient with 32 WOA, (Methyldopa, Mg SO, and ASA) a CTG is done and lose of the variability was found. This is indicative of.
- a) Acute foetal distress.
 - b) Chronic placental insufficiency and chronic foetal distress.
 - c) Possible infection coexisting.
 - d) Side effects of Methyldopa.
 - e) None of the above.
- 149.The following are true of endometriosis
- a) It cannot occur in postmenopausal women as their endometrium is atrophic.
 - b) It occurs in the reproductive age because of the presence of gonadotrophins.
 - c) It can cause deep and superficial dyspareunia.
 - d) All the above.
 - e) None of the above
- 150.The most common site of endometriosis is
- a) The pouch of Douglas.

- b) The ovary
- c) The posterior surface of the uterus
- d) The broad ligament
- e) The pelvic peritoneum

151. The most frequent symptom of endometriosis

- a) Infertility
- b) Pain
- c) Backache
- d) Dyspareunia
- e) All the above

152. A 35 year old woman presents with history of periods of amenorrhoea followed by heavy bleeding and denies using drugs. She wants to get pregnant. The following are likely causes

- a) Over stimulation of the follicular system of the ovaries by the hypophysis
- b) Under production of oestrogens and progesterone
- c) Under production of FSH and LH
- d) All the above
- e) None of the above

153. A 26 yr old married woman presents with infertility and amenorrhoea. She has a normal satisfying sexual life. On work up she was found to be normal 46XX, no oestrogen or progesterone nor evidence of androgens. She has poorly developed breasts. HSG is normal. The following are possible causes

- a) Testicular feminization syndrome
- b) Mullerian dysgenesis
- c) Gonadal dysgenesis
- d) B and C above
- e) All the above

154. BSN students delivered mothers and assessed the babies. Which was a true and complete assessment?

- a) Pink body and limbs, active limb movements, male pulse rate 105/minute, weak respirations active sneezing and cough on suction: A/S = 9
- b) Active limb movements, pink body, pulse rate 105/minute blue fingers good respiration, female and active sneezing on suction: A/S 9
- c) Crying loudly, male, moving limbs actively, fights on suction, pulse rate 129/minute, blue chest: A/S = 9
- d) A and B above
- e) B and C above

155. A 30 year old mother had a caesarean section for abruptio placenta at 36 weeks at 6 am in the morning. Professor Perez found her anaemic and the dressing oozing fresh blood. The following are true

- a) He ordered re-opening of the abdomen as there was intra-abdominal haemorrhage
- b) He did an abdominal examination to rule a ruptured uterus
- c) He ordered some investigations and talked to the students about APH while waiting for the results
- d) He ordered a pressure dressing to be applied to the wound as this was bleeding from the wound
- e) None of the above.

156. The following are poor prognostic factors in trophoblastic disease for malignant change

- a) Disease following normal delivery

- b) beta-HCG more than 80,000 mIU/ml
- c) Disease following an abortion
- d) A and C above
- e) A and B above

157. Treatment of endometriosis involves

- a) Administration of gonadotrophins releasing hormone agonists to cause a pseudo pregnancy
- b) Administration of gonadotrophins releasing hormone antagonists to cause a pseudo menopause state
- c) Administration of large doses of oestrogens and androgens state to cause a pseudo pregnancy
- d) A and C above
- e) B and C above

158. A 56-year-old lady presented with a small cervical lesion which bled to touch, she reported that she had difficulty closing her left eye. She had nausea and loss of appetite. She had a staring gaze and paresis on the right. No other pelvic lesions were found.

- a) This is Ca Cervix stage four
- b) The condition can be diagnosed by ultrasound
- c) The diagnosis can be suspected from the previous history and confirmed by Laboratory investigations
- d) She has Burkitt's lymphoma
- e) None of the above

159. The following are true of oral contraceptive pills

- a) They decrease the risk of ovarian cancer
- b) They are contraindicated in parous women with endometriosis
- c) They are contraindicated in young nulliparous girls
- d) All of the above
- e) None of the above

160. The following are causes of early neonatal deaths in Uganda

- a) Hyaline membrane disease
- b) Foetal asphyxia
- c) Bronchopneumonia
- d) All the above
- e) None of the above

161. Dr Kaposi did staging of carcinoma of the uterus; the following is a correct staging

- a) The uterus was sounded at 15 cm and there a bleeding lesion on the cervix; stage= 3a
- b) The uterus was 4cm long and the tumour was well differentiated
- c) Prof. Kaposi got some suspicious curettings from the endocervix; stage=3
- d) Prof. Kaposi got some suspicious curettings from the endocervix; stage=2
- e) None of the above

162. Treatment of endometrial cancer involves

- a) Tumour size reduction and chemotherapy
- b) Tumour size reduction and radiotherapy
- c) Hysterectomy and radiotherapy
- d) Radical hysterectomy (Wertheim's)
- e) All the above

163. The following are true in the management of multiple pregnancies
- They should be admitted at 36 weeks to reduce the incidence of neonatal complications
 - Active management of third stage always prevents post partum haemorrhage
 - Caesarean section is indicated if the second twin is a breech
 - A and C above
 - None of the above
164. A gravida 6 Para 4+1 was admitted with severe pre eclampsia, the following is true
- After control of the blood pressure she should have a caesarean section as the quickest mode of delivery
 - Her blood vessels show abnormal reaction to vasopressin agents
 - A bleeding profile is part of the work up to prevent disseminated intravascular Coagulopathy
 - A and C above
 - None of the above
165. During antenatal management, the following are true
- Refocused ANC involves reducing the number of visits and improving the quality of contact time
 - All mothers must have four visits only
 - All mothers should have a birth plan as this improves decision on making
 - A and B
 - A and C
166. The perineum is supplied by the following
- Pudendal nerve
 - Inferior haemorrhoid nerve
 - Ilio-inguinal nerve
 - Genital femoral nerve
 - All the above
167. The following are mesodermal in origin
- Kidney, male genital ducts, prostate, rectum
 - Testis, upper vagina, ureter, seminal vesicle
 - Ovary, ureter, lower vagina, prostate gland
 - Brain, oesophagus, rectum, uterine tubes
 - None of the above
168. The following are important investigations in disseminated intravascular coagulation
- Partial thromboplastin time
 - Prothrombin time
 - Thrombin time
 - A and C above
 - B and C above
169. Breech delivery
- Lovset's manoeuvre is for delivery of the head
 - Mauriceau-Smellie-Veit manoeuvre is for delivery of the head
 - Entrapped (stuck) head can be delivered by forceps
 - Breech extraction is always done
 - Tortoise sign can be present
170. Symphysiotomy
- Risks include bladder injury
 - Can be done when cervix is not fully dilated

- c) Doesn't need experience
- d) Can be done in contracted pelvis
- e) Head should be no more than 3/5 above the symphysis

171.PID

- a) Can affect men and women of reproductive age
- b) TB is commonly associated
- c) Doesn't present with PV bleeding
- d) Always associated with Futz-Hugh-Curtis syndrome
- e) Bacteroides are commonly implicated

172.Absolute indications for episiotomy

- a) Small short primigravida
- b) Foetal distress
- c) Repaired VVF
- d) Previous repaired 3rd or 4th degree perineal tear
- e) Complicated vaginal delivery

173.IUFD

- a) Can occur secondary to infection
- b) Coagulation profile is vital
- c) A C/S delivery is always safe
- d) PPH is a possible complication
- e) Misoprostol can be used for induction of labour

174.Incompetent cervix

- a) We commonly treat by cervical cerclage at 20 weeks of gestation
- b) Ultrasound scan before the procedure is not necessary
- c) The stitch is only removed after 37 completed weeks
- d) Cause may be congenital
- e) All the above

175.Physiological management of 3rd stage of labour

- a) Oxytocin 10IU IM is given on the anterior thigh
- b) Controlled cord traction is done
- c) No intervention is done
- d) Practiced by mid wives and TBA's in the village
- e) Associated with PPH

176.Refocused ANC

- a) Is for all pregnant women
- b) Is only practiced in hospitals
- c) TT can be given in the 1st trimester
- d) Repeat dose of TT is after 6 months after the 1st dose
- e) Same as goal oriented ANC

177.Preparation of a patient for surgery

- a) Informed consent is important
- b) Patient has no right to refuse operation
- c) Catheter insertion is mandatory for all patients for surgery
- d) CXR is routine
- e) CXR is important in patients above 50 years

178.Clinical parameter of gestational age.

- a) Quickening is appreciated about 16 wks in multigravidas and 18 in primigravidas
- b) Foetal biparietal diameter accurate before 16 WOA

- c) Foetal heart tones may be heard at 20 wks by Pinard stethoscope
- d) Ossified foetal bone appears at 12 to 14 wks
- e) Bimanual palpation is not necessary

179. During embryonic development the trophoblast is

- a) Endodermal in origin
- b) Mesodermal in origin
- c) Ectodermal in origin
- d) All of the above
- e) None of the above

180. The following are true about the refocused antenatal care.

- a) There is reduced mother health worker time contact.
- b) It is cheaper on the mothers.
- c) The fewer attendances are will give heavier clinics as more mothers come on particular day.
- d) There is less satisfaction to the mothers as they are seen less
- e) None of the above

181. About post-abortion care (PAC)

- a) Antibiotics cover to prevent infection
- b) Immediate post abortion family planning to avoid another pregnancy
- c) Connection to other reproductive health services
- d) All of the above
- e) None of the above

182. About management of severe pre Eclampsia

- a) Severe pre Eclampsia should be managed as outpatient after control of the blood pressure
- b) Magnesium sulphate should be used in all cases routinely
- c) Methyldopa is the best option to treat the crisis
- d) Aspirin 80 mg daily may help in preventing pre-eclampsia in patient at high risk
- e) All the above

183. About Eclampsia, pathophysiological explanation may be

- a) The presence of amniotic embolization of the brain arteries
- b) Vasoconstriction of the brain arteries with subsequent ischemia, infarctions, oedema and perivascular haemorrhages
- c) Because the hypovolaemia in pre-eclamptic patient causing cerebral hypoxia
- d) The hypercoagulability of the blood causes stroke and partial infarctions
- e) None of the above

184. About eclampsia

- a) Difenyyl hidantoine is the drug of choice
- b) Difenyyl hidantoine can be used as secure alternative in the absent of magnesium sulphate
- c) Delivery is indicated only after complete stabilization of the patient
- d) Vaginal delivery is contraindicated
- e) All the above

185. The following are true about molar pregnancy.

- a) Elevated serum hCG levels more than 40,000IU
- b) Pelvic ultrasound assessment is needed.
- c) TSH, T3 and T4 assessment.
- d) Can be followed by a choriocarcinoma
- e) All the above

186. An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV -ve at birth. What will you do to prevent MTCT
- Breast feeding for only three months will protect the baby
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 - Yellow bin is for placenta and anatomical wastes
 - Sharps constitute more than 1% of health care waste
 - a) and b) are correct
 - b), and c) are correct
190. The following are predisposing factors for placenta previa
- Repeated induced abortion.
 - Multi foetal gestation.
 - IVF.
 - Malposition
 - Congenital anomalies of the uterus.
191. Malaria in pregnancy.
- Maternal immunoglobulin A antibodies cross the placenta to the foetal circulation.
 - Falciparum malaria parasites grow well in RBC containing haemoglobin F.
 - Plasmodium Vivax is more common in East Africa.
 - Coartem is the first line during the first trimester.
 - Quinine is the 1st line in the second trimester for uncomplicated malaria.
192. Haematological findings in Iron deficiency anaemia.
- Microcytic hyperchromic.
 - Macrocytic hypochromic.
 - Marked anisocytosis.
 - The mean corpuscular value is low.
 - Mean corpuscular haemoglobin is increased.
193. Anatomy of the female genital tract.
- The uterine artery is a branch of the terminal part of the aorta.
 - The uterine artery is a branch of the internal iliac artery.
 - The uterine artery is the terminal branch of the internal femoral artery.

- d) The uterine artery is a branch of the obturator internus artery.
- e) None of the above.

194. When monitoring a mother with the partograph.

- a) If the graph reaches the action line you should do a C/section immediately.
- b) If the graph leaves the alert line, you should put up Oxytocin.
- c) If the foetal heart slows down or increases you should put up fluids, give oxygen and make the mother lie on her left.
- d) If the graph reaches the action line, you should put up Oxytocin immediately.
- e) None of the above.

195. Shoulder dystocia.

- a) Is a common complication.
- b) Associated with maternal obesity.
- c) Tortoise sign is not present.
- d) Rubin manoeuvre can be done to hyper flex the arms.
- e) McRobert manoeuvre can solve about 70 % of all cases.

196. About ovarian tumours.

- a) Dysgerminomas are common in the reproductive age group.
- b) Serous cyst adenomas contain tissues all the 3rd germ layers.
- c) Dermoid cysts are common in the under 10 year's group.
- d) Bilateral tumours have a great risk of malignancy.
- e) Always present with ascites.

197. Germ cell tumour includes.

- a) Dysgerminomas.
- b) Endodermal sinus tumour.
- c) Embryonal carcinoma.
- d) Choriocarcinoma.
- e) Teratomas.

198. Operative features suggestive of malignancy.

- a) Areas of haemorrhage in the tumour.
- b) Large blood vessel in the surface.
- c) Bilateral presence.
- d) Ascites.
- e) Presence of adhesions.

199. On the menstrual cycle.

- a) Ovulation occurs 14 days to the first day of menstruation.
- b) There are low levels of oestrogens and high levels of progesterone in the second half.
- c) All cycles are always ovulatory.
- d) All of the above.
- e) None of above.

200. Pathophysiology of the placenta.

- a) Human chorionic gonadotropin (hCG), human placental lactogen (hPL) and human chorionic thyrotropin (hCT) are produced by the placental endocrine unit.
- b) Velamentous insertion of the umbilical cord is an abnormality in which the cord has a membranous insertion.
- c) Three umbilical vessels are normally found: two veins and one artery
- d) All of the above.
- e) Only (b) and (c).

201. Pelvic floor muscles include.
- Levator ani.
 - Pyramidal muscle.
 - Superficial transverse perineal muscle.
 - Deep transverse perineal muscle
 - Internal obturator.
202. The nerve supply to the perineum:
- Arises from S1, S2, S3 and S4.
 - Arises from one of the branches of the pudendal nerve
 - Arises from T6 and T12.
 - (a) and (b) above
 - None of above.
203. Cardiovascular changes during pregnancy include:
- Increased in cardiac output.
 - Increased circulating volume up to 30-50% over the pre conception values.
 - Electrical axis of the right side of the heart is deviated.
 - Increased heart silhouette in x-rays.
 - Systolic murmur can be present up to 90 % of all pregnant woman
204. Risk factors for disseminated intravascular coagulation include:
- Abruptio placenta.
 - Pre-eclampsia/eclampsia.
 - Amniotic fluid embolism.
 - Septic abortion
 - None of the above.
205. About foetal lie.
- Relate foetal long axis to maternal long axis.
 - Relate foetal long axis to uterine long axis.
 - Can be established with ultrasound scan.
 - 1st Leopold's manoeuvre is used to identify it.
 - Transverse lie needs augmentation.
206. Which of the following are true about foetal aptitude?
- Describes the relationship between the foetal and the pelvic inlet.
 - Describes the relationship between foetal parts.
 - Delivery is easy when aptitude is flexion
 - Delivery is easy when aptitude is extension.
 - Can change during labour.
207. BSN students delivered mothers and assessed the babies. Which was a true and complete assessment?
- Pink body and limbs, active limb movements, male pulse rate 105/minute, weak respirations active sneezing and cough on suction: A/S = 9
 - Active limb movements, pink body, pulse rate 105/minute blue fingers good respiration, female and active sneezing on suction: A/S 9
 - Crying loudly, male, moving limbs actively, fights on suction, pulse rate 129/minute, blue chest: A/S = 9
 - A and B above
 - B and C above
208. Diabetic in pregnancy.
- Oral hypoglycaemic are recommended.
 - Nutritional counselling and exercise are not part of management.
 - Shoulder dystocia may occur during delivery.

- d) Caesarean section is always the mode of delivery.
- e) Glycosylated Hb determination is useful in ante partum care.

209. Ante partum haemorrhage (Placenta previa).

- a) All women with APH should be delivered by caesarean section.
- b) Induction of labour can be done in class I and II.
- c) Speculum examination can be done when the bleeding stop and the mother is stable.
- d) Anticipate PPH.
- e) Haemorrhage is typically painless.

210. Abruptio placenta.

- a) Can lead to DIC.
- b) Can cause Couvelaire uterus.
- c) Is associated with uterine fibroids.
- d) No risk factor for PPH.
- e) All of above.

211. A 26 year old patient, primigravida was admitted at Mbarara Regional Referral Hospital at 32 WOA due to APH. This was the first time she had bleed and on physical examination the following findings were reported: MM: coloured and hydrated; RP: 88/ min; BP: 126/86 mmHg; Abd: FL 32 cm, cephalic, FHR: 146/min, V/V palpable. Which of the following is the best option of management?

- a) Digital vaginal examination to confirm diagnosis under general anaesthesia and C/section if confirm.
- b) Conservative management due to the good maternal conditions.
- c) Digital examination, AROM and induction of labour.
- d) Emergency c/section.
- e) All of the above are right.

212. The following are predisposing factors for placenta praevia.

- a) Repeated induced abortion.
- b) Multi foetal gestation.
- c) Praevia caesarean sections
- d) Malposition.
- e) Congenital anomalies of the uterus.

213. The following are true statements about abruptio placenta.

- a) Maternal conditions are always related to amount of PV bleeding.
- b) Is frequently related with low consumption of coagulating factors.
- c) Smoking has no role.
- d) AROM and induction is contraindicated.
- e) Is highly related to PPH.

214. The following are risk factor for pre-eclampsia.

- a) Primigravida.
- b) History of genetic disorders.
- c) Diabetes mellitus.
- d) New husband.
- e) Gestational trophoblastic diseases.

215. The following are common complications of eclampsia.

- a) Abruptio placenta.
- b) Foetal distress.
- c) Meningitis.
- d) Cardiovascular accident.

e) Increased rate of c/section deliveries.

216. Physiopathology of pre-eclampsia.

- a) Any event causing placental ischemia is a risk factor.
- b) Immunological theory has the explanation in the familial predisposition.
- c) Genetic information in the father has no role.
- d) Impaired Trophoblastic differentiation/ invasion seem to have the main role.
- e) VEGF/PlGF1 deficiency can be the starting even.

217. A 17 year old, pregnant woman was brought to maternity ward, because was found to have generalized convulsion at the central market. O/E. (positive finding) unconscious, pale +, BP 156/110 mmHg, hyperreflexia, urine dipstick for protein ++; F/L 39 cm. V/E Cervix effaced, dilated 2cm, station - 1. How do you manage this patient?

- a) General measure, prophylactic antibiotic and immediate C/section.
- b) General measures, antihypertensive, MgSO₄, resuscitation of the patient, foetal assessment and emergency c/section.
- c) General measures, antihypertensive, anticonvulsant and augmentation.
- d) General measures, BP control, fit control, mother stabilization and conservative management.
- e) None of the above is true.

218. How does MgSO₄ act in controlling and preventing eclamptic fit?

- a) Decreasing the release the acetylcholine at the neuromuscular plaque.
- b) Acting as physiological calcium antagonist.
- c) Blocking excitatory amino- acid receptors.
- d) All of the above.
- e) a) and b) above.

219. About management of severe pre eclampsia.

- a) Severe pre eclampsia should be managed as outpatient after control of the blood pressure.
- b) Magnesium sulphate should be used in all cases routinely.
- c) Methyldopa is the best option to treat the crisis.
- d) Aspirin 80 mg daily may help in preventing pre-eclampsia in patient at high risk.
- e) Plan to deliver the foetus depends on condition of the mother and the foetus.

220. Preterm labour predisposing factor.

- a) Cervical incompetence.
- b) Previous preterm delivery.
- c) Divorced mother.
- d) Polyhydramnios.
- e) Social-economic disadvantages.

221. About preterm labour. (Conservative management is contraindicated in)

- a) Severe or multiple congenital anomalies are present.
- b) Premature rupture of the membranes.
- c) Chorioamnionitis.
- d) Lung maturity is present.
- e) APH is present.

222. Preterm premature rupture of the membranes.

- a) Infections are an important cause.
- b) Is more common among smokers.
- c) Cervical incompetence can be a cause.

- d) Nitrazine test result can be affected by the presence of seminal fluid.
- e) Occur before onset of labour and after 37 WOA

223. The following are complications of PPRM.

- a) Necrotizing enterocolitis.
- b) Intraventricular haemorrhages.
- c) Earlier ductus arteriosus closure.
- d) Hypobilirubinaemia.
- e) Thermal instability.

224. The following are recommendations about the use of corticosteroids in preterm labour.

- a) Should be used not only to help lung maturity if not reducing mortality and intraventricular haemorrhages.
- b) Should not be used below 28 weeks.
- c) Betamethasone is given 24 mg in 24 hourly.
- d) The benefits appear after 12 hours.
- e) Should be given only if delivery won't happen within the next 24 hours.

225. Oligohydramnios is associated with

- a) Congenital anomalies of the urinary system.
- b) Placental insufficiency.
- c) IUFD.
- d) Intrauterine growth restriction.
- e) Oesophageal atresia.

226. The best time to listen to the foetal heart in labour is

- a) Before a contraction
- b) During a contraction
- c) After a contraction
- d) All of above.
- e) (b) and (c).

227. About PPH.

- a) Active management of 3rd stage of labour may prevent it
- b) Ruptured uterus is possible cause
- c) Sheehan's syndrome is a consequence
- d) Is an indirect cause of maternal mortality
- e) DIC is a complication

228. About PPH.

- a) Misoprostol (Cytotec) can be used to treat.
- b) Hysterectomy is one of the modes of delivery in uncontrolled haemorrhage.
- c) Can occur before labour.
- d) Foetal demise is a risk factor.
- e) Uterine atony is a common cause.

229. Epidemiology of multifoetal gestation.

- a) Incidence of monozygotic twins is uniform worldwide.
- b) Incidence of Dizygotic twins is uniform worldwide.
- c) Incidence is thought to be higher among whites.
- d) Paternal family history is not a risk factor.
- e) Overweight and tall women are at a greater risk for twin birth.

230. Multi foetal pregnancy.

- a) Triplets are better delivered by caesarean section.

- b) Induction of the labour is contraindicated.
 - c) Risk for locked twins is always present.
 - d) Cord prolapse may happen.
 - e) Risk factor for PPH.
231. Labour management in multifoetal gestation.
- a) Induction of labour is contraindicated.
 - b) IV fluids should be given as soon as labour starts.
 - c) Vacuum extraction can be done on breech 2nd twin.
 - d) Forceps can be done on delivery after coming head.
 - e) Both babies have a high morbidity and mortality.
232. Components of essential emergency obstetric care include:
- a) Parenteral Oxytocic drugs.
 - b) Parenteral antibiotics.
 - c) Manual removal of retained products.
 - d) Manual removal of the placenta.
 - e) Use of oral anticonvulsant.
233. The following are common renal disorder during pregnancy.
- a) Nephrotic syndrome.
 - b) Mild right hydronephrosis.
 - c) Pyelonephritis.
 - d) Calculi.
 - e) Glomerulonephritis.
234. Risk factors for perinatal death include:
- a) Premature rupture of membranes.
 - b) Foetal hypoxia of unknown cause.
 - c) Chorioamnionitis.
 - d) Abruptio placenta.
 - e) Vasa praevia.
235. Maternal death in Uganda.
- a) 60 to 80 % are preventable.
 - b) Infections are among the first three causes.
 - c) Only doctor's actions are needed to reduce maternal mortality rate.
 - d) HIV/AIDS infection is the commonest cause.
 - e) Malaria and post abortal infections killing more mother than HIV, haemorrhages and eclampsia together.
236. A gravid 6 presents with cardiac disease at antenatal clinic.
- a) Mitral stenosis is the most frequent heart disease during pregnancy.
 - b) Cardiac failure usually presents during early puerperium.
 - c) Diastolic murmur suggest organic heart disease rather than systolic.
 - d) Systolic murmur grade II suggests cardiovascular diseases.
 - e) Cardiomegaly is not part of the diagnosis.
237. During the follow up of a patient who had molar pregnancy
- a) Amenorrhoea is a common feature
 - b) Contraceptive is important
 - c) Respiratory symptoms are important
 - d) Prophylactic cytotoxic therapy is mandatory
 - e) Persistent headaches and blurring of vision are poor prognostic sign.
238. Primegravidas are at risk of.

- a) Severe malaria in pregnancy.
- b) Pre-eclampsia/ eclampsia.
- c) Precipitate labour
- d) Choriocarcinoma
- e) Postpartum haemorrhage.

239.Immediate complications for caesarean section include:

- a) Severe haemorrhage.
- b) Injure to neighbours organs.
- c) Anaesthetics complications.
- d) Haemorrhage.
- e) Intestinal obstruction

240.Recommendations for elective caesarean section include

- a) Primegravida with breech presentation at 30 wks in labour.
- b) Successful repaired VVF.
- c) Severe pre- eclampsia Bishop's score below 6.
- d) One previous caesarean section history.
- e) Multi foetal pregnancy.

241.Caesarean section.

- a) Most common mode of delivery in our service.
- b) Is always indicated in previous caesarean section uterine scar.
- c) Patients don't need to be prepared.
- d) Is done in all cases of foetal distress.
- e) Mother can start oral feeding after 6-8 hours.

242.About frank breech.

- a) It has the greatest risk for cord prolapse.
- b) The hips are extended.
- c) The knees are extended.
- d) The knees are flexes.
- e) The hips are flexes

243.Incomplete breech.

- a) The hips are flexes
- b) The hips are extended.
- c) The knees are flexes.
- d) The Knees are extended.
- e) It's the commonest type at term.

244.Classic sign and symptoms of complete uterine rupture include:

- a) Sudden onset of tearing abdominal pain.
- b) Cessation of uterine contractions.
- c) Absent of foetal heart.
- d) Recession of the presenting part
- e) All of the above.

245.Rupture uterus surgical options.

- a) Total abdominal hysterectomy.
- b) Subtotal hysterectomy.
- c) Repair of rupture alone.
- d) Repair rupture and tubal ligation.
- e) Laparoscope.

246.Obstructed labour mode of delivery.

- a) Should be always c/section.

- b) Vacuum extraction may be done.
- c) Forceps delivery is contraindicated.
- d) Symphysiotomy can be done.
- e) Destructive operation can be done.

247. In obstructed labour

- a) The mother is usually unco-operative
- b) The commonest cause is CPD
- c) Rupture uterus is sequelae.
- d) Caesarean section is not always applicable
- e) All the above.

248. Which of the following is not part of routine comprehensive care for a mother within the context of PMTCT?

- a) WHO Clinical staging of the mother living with HIV
- b) Prophylaxis for OIs with co-trimoxazole
- c) Liver function tests
- d) Nutritional care and counselling
- e) All the above

249. The following are among targeted categories for primary prevention of HIV.

- a) Infants and children
- b) The adolescents and young people
- c) Fishing communities and uniformed forces
- d) Women living with HIV and their families
- e) All of the above.

250. Recommendations for safer breastfeeding in the context of HIV include:

- a) Avoid infections during breastfeeding
- b) Seek immediate treatment for cracked nipples, infant mouth sores
- c) Mixed feeding
- d) a) and c) above are false
- e) All the above are true

251. Lumefantrine/artesunate is indicated during pregnancy for

- a) As 1st line in non complicated malaria in the 1st trimester
- b) As 1st line for complicated malaria in the 2nd trimester
- c) As 2nd line for non complicated malaria in the 2nd trimester
- d) After giving IV quinine for complicated malaria at any gestational age
- e) None of the entire above

252. About HIV/ AIDS in pregnancy

- a) Sperm washing is a very effective way to prevent both the mother and her baby
- b) There is not difference between low and high viral load mothers about MTCT risk
- c) AZT Cannot be used as monotherapy from 28 WOG
- d) A combination of AZT during pregnancy with a single dose of nevirapine during labour increased the risk to the mother due to side effects
- e) In patient with combination therapy if the treatment is discontinued, the drugs should not be discontinued at the same time

253. About PMTCT

- a) Mothers taking HAART during pregnancy have similar outcome like those on Combination regimens in preventing MTCT
- b) Caesarean section is recommended in both low and high viral loads
- c) Infant formula is offered to protect the baby because it has been enriched with maternal immunoglobulin.
- d) Malarial infection can increase the risk of MTCT

- e) Dapsone is used for prophylaxis of OIs
254. An HIV positive mother delivers a healthy baby. PCR confirms that this baby is HIV negative at birth. What will you do to prevent MTCT
- Breast feeding for only three months will protect the baby
 - Since the baby is negative, Nevirapine is not necessary
 - Replacement feeding with cow milk is the ideal
 - Wet Nursing is a recognised option
 - Condom use has no role in protecting this baby.
255. The following statements are true about PMTCT
- The sero prevalence of HIV among pregnant women in Mbarara region is 6.8%
 - The sero prevalence of HIV among pregnant women in Uganda is 13%
 - PMTCT interventions reduce transmission of HIV to infants by 50%
 - Breast feeding alone contributes 35% of MTCT
 - Family planning is important
256. PMTCT
- PEP: AZT/3TC or TDF/3TC for 1 month
 - PEP: Apply antiseptic, Know your status, LFTs, follow up
 - AZT: Hb < 8g/dl, Neutropenia, monotherapy, suspension
 - Initiation of HAART: CD4 > 200, Triomune, Pre ART register, Comprehensive HIV card
 - OIs: Dapsone, Fluconazole, Cotrimoxazole
257. About pregnancy infections.
- Pregnancy is advised to be terminated in active renal TB.
 - Lobar pneumonia may cause abortion and intrauterine foetal death.
 - Treponema pallidum* crosses the placenta.
 - But in spite of the above mentioned the foetus is usually free of syphilitic infection.
 - Positive VDRL is not a sure sign of syphilis.
258. Maternal changes in puerperium.
- Return to normality is 2 weeks after delivery.
 - Return to normal 20 weeks after delivery.
 - Return to normal 42 weeks after delivery.
 - Return to normal 32 days after delivery.
 - None of the above.
259. About puerperium.
- The following 4 weeks after delivery.
 - At the 3rd postpartum day the uterus 2 cm above the umbilicus.
 - The lochia disappear at the 7th postpartum day.
 - Milk retention can cause puerperal infection.
 - Psychosis is not a possible complication.
260. The following are physiological changes during puerperium.
- Maternal heart rate reduced in proxy 10 to 15 beat/ min.
 - Endometrium is in a physiological state within the 15 days after delivery.
 - Increased water retention.
 - Oedema re-absorption.
 - Foul smelling vaginal discharge.
261. About puerperal infection.
- Manual removal of the placenta is a predisposing factor.

- b) Internal foetal monitoring has no role.
- c) Prophylactic antibiotic can help to prevent it.
- d) Poor socioeconomic condition and poor hygiene have an important role.
- e) External cephalic version is a predisposing factor.

262. About Malaria in pregnancy.

- a) Can cause preterm deliveries.
- b) Can lead to maternal death.
- c) Anaemia is the commonest complication.
- d) Can cause IUGR.
- e) Renal failure can be a complication.

263. Malaria in pregnancy.

- a) Coma, severe anaemia and convulsion, can be indicative of severe malaria.
- b) Can be prevented by; using mosquito net, education, and fansidar administration 4 times during pregnancy.
- c) Should be always treated with IV quinine.
- d) Early diagnosis and treatment don't help in preventing complications.
- e) Primigravidas are protected against hyperparasitaemia.

264. The following are effects of progesterone in pregnancy.

- a) Reduces vascular tone and BP increases.
- b) Reduces vascular tone and peripheral temperatures increases.
- c) Increases vascular tone and BP increases.
- d) Increases vascular tone and BP decreases.
- e) All of the above.

265. Vacuum extraction:

- a) Is a spontaneous vertex delivery.
- b) Commonly done in our unit.
- c) Can be done on face presentation.
- d) Smallest cup is ideal.
- e) Analgesics are not required.

266. Lactational amenorrhea (LAM) method of contraception:

- a) Is a permanent method.
- b) Can be practiced when baby is 8 month.
- c) Is about 80% effective.
- d) Is highly when mother is started her periods.
- e) All of the above.

267. Emergency contraception:

- a) Combined oral pills are more effective than the progesterone only pills.
- b) Progesterone only pills (ovreete) 2 doses 12 hours apart are enough.
- c) Intra uterine device can be used within 7 days.
- d) Is a routine method of contraception.
- e) All of the above are false.

268. A family planning provider should be sure that a FP client is not pregnant if:

- a) Client has not sexual intercourse since the last normal menses.
- b) Correctly and consistently using a reliable method of contraception.
- c) Client is within the first 7 days after normal menses.
- d) Is within 4 weeks postpartum for non-lactating women
- e) Is fully breast feeding.

269. Oral contraceptives.

- a) Can predispose to venous thromboembolism.

- b) Act primarily by inhibiting ovulation.
- c) May cause amenorrhea.
- d) Can predispose to ischemic heart disease.
- e) Can be used as emergency contraception

270. The following are steroidal contraceptives.

- a) NUVA ring.
- b) Mirena.
- c) Mifepristone.
- d) Cyclofem
- e) Progestasert.

271. About infertility Tubal patency can be investigated

- a) By laparoscopy and hydrotubation
- b) By ultrasound and hydrotubation
- c) By hystero- salpingography
- d) By hydrotubation and tubal insufflations
- e) By laparotomy and hydrotubation

272. The satisfactory number of spermatozoa is

- a) 250-250 million/ml
- b) 20-250 million/ml
- c) 15-250 million/ml
- d) 8-10 million/ml
- e) 300- 350 million/ml

273. The following factors can lead to male infertility.

- a) Excessive smoking.
- b) Morbid obesity.
- c) Orchidopexy.
- d) Vasectomy.
- e) Mumps infections.

274. These are germ cell tumour.

- a) Embryonal carcinoma.
- b) Dysgerminomas.
- c) Granulosa cell tumour.
- d) Serous tumour.
- e) Teratomas.

275. Endometriosis.

- a) Functional endometrial tissue in the myometrium.
- b) Present up to 25% among the infertile women.
- c) Endometrial tissue's transplantation can explain all cases.
- d) Increases phagocytosis of spermatozooids.
- e) Affected patient is always symptomatic.

276. About endometriosis.

- a) GnRH analogs effective 100% in cure patient.
- b) COC are also used and effective.
- c) Surgery has important role.
- d) Frequency is reduced with pregnancies.
- e) Only present among reproductive age women.

277. Genital prolapse.

- a) When a pelvic organ slips down and protrudes outside of the vagina.

- b) Cystocele is when the anterior bladder wall slip down through the anterior vaginal wall.
- c) In a rectocele the rectum is prolapsed into the posterior vaginal wall.
- d) Always treated with surgery.
- e) Cannot be prevented.

278. Genital prolapse risk factors:

- a) Multiparity.
- b) Chronic respiratory processes.
- c) Big intra abdominal masses have no clinical importance.
- d) Collagen's diseases are no important.
- e) Cultural habits.

279. About cervical carcinoma.

- a) Ugandan women have high risk.
- b) Absent of screening programs increase the risk.
- c) Viral infections have the main role.
- d) The prognosis improves with earlier diagnoses.
- e) Can be prevented.

280. Cervical carcinoma screening methods.

- a) Un aided visual inspecting with acetic acid.
- b) HPV DNA tests.
- c) Visual inspection with naked eyes.
- d) Can be done at 60 years of age.
- e) Not recommended after cryotherapy.

281. Carcinoma of the cervix management.

- a) Stage I A₁ cone can be done.
- b) Radiotherapy can be used to cure the disease.
- c) It is a chemo sensitive cancer.
- d) Chemo-radiation can be done.
- e) Second look surgery is indicated.

282. About choriocarcinoma.

- a) Chest x ray is mandatory in the management.
- b) Raise HCG level less than 10 % in two consecutive weeks after three normal measurements is a bad prognosis sign.
- c) Stage II and III low risk should be treated with first line combination chemotherapy.
- d) Stage IV always considered as high risk.
- e) Complicated brain metastasis needing craniotomy for management.

283. In a patient with recurrent abortion, which of the following are possible causes?

- a) Sigmond-Sheehan's syndrome.
- b) Cervical incompetence.
- c) Antiphospholipid antibody syndrome.
- d) TORCH infections.
- e) Congenital anomalies of the genital tract.

284. You are on call at MUTH and are assessing a 16 year old patient with peritonitis and septic shock due to a post abortal sepsis. Which of the following would you consider in the management?

- a) Broad spectrum antibiotic combination.
- b) Patient resuscitation with 5 % dextrose.
- c) Fluid challenge.
- d) Blood and plasma transfusion.

- e) Laparotomy as soon as patient's condition allowed it.
285. The following are sexually transmitted diseases.
- Soft chancre (chancroid) is caused by *Haemophilus ducreyi*.
 - Lymphogranuloma venereum is caused by *Chlamydia trachomatis*.
 - Genital warts are caused by human papillomavirus.
 - Herpes genitalis is caused by herpes simplex virus.
 - Tinea cruris (ringworm) is caused by viruses.
286. Preventing fistula in obstetric care.
- Development of primary health system is not important.
 - Improvement of transport facilities.
 - Adequate health policies.
 - Adequate vaccination's programs.
 - Women's rights empowering.
287. Criminal abortion prevention.
- Improving accessibility to family planning method.
 - Maternal education level has no role.
 - Legalization of elective abortion.
 - Adequate sexual education programs.
 - Health policies are no related.
288. About Ectopic pregnancy.
- PID is the commonest cause.
 - Congenital anomalies have no role.
 - Intrauterine device is a predisposing factor.
 - Always is outside of the uterus.
 - Can be diagnosed by ultrasound.
289. Ectopic pregnancy.
- Conservative management is not possible.
 - Conservative surgery is an option of treatment.
 - After surgery the risk is increased.
 - Abdominal Ectopic sometimes is diagnosed in the moment of surgery.
 - Cervical Ectopic can be an indication of total abdominal hysterectomy.
290. About Ectopic pregnancy localization.
- The commonest localization is the tube.
 - Ampullar localization is the commonest in the tube.
 - Abdominal Ectopic pregnancy is always primary.
 - Cervical Ectopic can be secondary.
 - Interstitial Ectopic is commonly seen.
291. About PID.
- Generalized abdominal pain.
 - Vaginal discharge
 - Vaginal examination will produce tenderness with cervical motion.
 - Lower abdominal pain.
 - Profuse vaginal bleeding.
292. Surgery for PID is done:
- To every severe PID patient.
 - In abscess formation.
 - Not sure of diagnosis.
 - For social reasons or indications.
 - All the above.

293. The following are true about uterine fibroids.
- Is associated with cervical carcinoma.
 - Can be associated with endometrial carcinoma
 - Are frequently found in grand multiparous.
 - Can degenerate easily to a malignancy.
 - Can be associated with urinary retention.
294. A patient known to have an ovarian tumour suddenly reports abdominal pain, vomiting and rapid pulse. The following are likely cause.
- Rupture of the tumour.
 - Sudden infection of the tumour.
 - Massive haemorrhage in the tumour.
 - Torsion of the tumour
 - All of the above.
295. The following factors affect wound healing.
- Steroid therapy
 - Proper apposition of layers.
 - Immune status.
 - Infection.
 - Cancer.
296. Statements about genital carcinoma.
- Ca of the corpus rarely associates with hypertension.
 - Ca. of the cervix usually does not spread through the lymphatics.
 - Ovarian cancer can be the best treated by surgery and chemotherapy.
 - Cone biopsy is the best diagnostic procedure in detecting ca. of the corpus.
 - Ca. of the corpus first infiltrates the cervix and then myometrium of the corpus.
297. About menopause.
- The production of progesterone increases.
 - The production of oestrogen is low.
 - The production of FSH increases.
 - (a), (b), (c) are true.
 - (b), (c) are true.
298. Fill in the blanks.
- Complicated ovarian tumour is treated by.....
 - Theca lutein cyst can occur in pregnancy.
 - Abortion of uterus fibroids can occur in fibroids.
 - Ectopic pregnancies are associated with..... diseases.
 - Necrotizing fAscites is caused by
299. Malaria in pregnancy.
- Plasmodium Ovale* causes hyperparasitaemia.
 - Can present as acute pulmonary congestion.
 - Plasmodium falciparum* causes relapses in pregnancy.
 - Plasmodium Ovale* causes renal failure in pregnancy.
 - The pigment haemozoin is directly responsible for the fever episodes
300. The following malarial species cause recrudescence of malaria in pregnancy.
- P. falciparum*.
 - P. Ovale*
 - P. Vivax*
 - P. Inguinale*.

e) *P. Malariae*.

301. In PMTCT:

- a) TRRD means HIV positive mother who has been received Nevirapine.
- b) Episiotomy is contraindicated.
- c) Dose of Nevirapine is 200 mg for the mother and 0.6 ml for the baby.
- d) Rupture of membranes can only be done when indicated.
- e) Caesarean Section increases the risk of MTCT.

302. About Nevirapine.

- a) It is a NNRTI.
- b) Onset of action occurs in 30 min and peak action is reached in 2 hours.
- c) Doesn't cross the placenta.
- d) Dose is 200 mg single dose.
- e) Single dose is sufficient even if the mother is not delivered after 24 hours of taking the dose.

303. Recommendations for safer breastfeeding in the context of HIV include:

- a) Avoid infections during breastfeeding.
- b) Seek immediate treatment for cracked nipples, infant mouth sores.
- c) Mixed feeding.
- d) a) and b) above are false.
- e) All of the above.

304. The following are risk factors to MTCT.

- a) APH.
- b) PPH.
- c) External cephalic version.
- d) Cardiotocography.
- e) PROM.

305. About multiple pregnancy.

- a) There is not significant increase in obstetric complications.
- b) Risk of obstetric complications is slightly increased.
- c) Perinatal morbidity/mortality is reduced.
- d) At 2 years, infant mortality rate of twins is the same as that of singletons.
- e) Is common in blacks.

306. In monozygotic twins.

- a) One ovum is fertilized for two sperms.
- b) Comprises 2/3 of all twins.
- c) Dichorionic- diamniotic placentation occurs when cell division occurs in 1st 72 hours of fertilization.
- d) Predisposing factors include race and use of fertility induction drugs.
- e) Can co-exist with dizygotic twins.

307. Management of multiple pregnancy.

- a) Mothers are admitted to the ward early to facilitate quick growth.
- b) Haematinic are commonly given to prevent anaemia due to increased demands.
- c) A second twin in transverse lie is always delivered by caesarean section.
- d) Goal-oriented ANC is unnecessary in multiple pregnancy.
- e) Best mode of delivery of twins in breech/cephalic presentation is by caesarean section

308. Components of essential obstetric care include.

- a) Parenteral antibiotics

- b) Parenteral oxytocic drugs.
- c) Use of anticonvulsants.
- d) Manual removal of placenta.
- e) Manual removal of retained products.

309. Comprehensive essential obstetric care includes:

- a) Availability of surgical services.
- b) Availability of anaesthesia services.
- c) Blood transfusion services.
- d) Obstetrics skills not needed
- e) Traditional birth attendant with surgical skills.

310. The following are true of FIGO's classification about hypertension in pregnancy.

- a) Chronic hypertension.
- b) Chronic renal damage with or without hypertension
- c) Pre-eclampsia and eclampsia.
- d) Superimpose pre-eclampsia.
- e) Proteinuric hypertension of pregnancy.

311. The following are true about pathophysiology of pre-eclampsia.

- a) Impaired trophoblast invasion is the most important event.
- b) Impaired trophoblast differentiation can be caused by immunological abnormalities.
- c) sFlt-1 antagonizes the VEGF causing impaired angiogenesis and systemic endothelial damage.
- d) Low PLGF level is a common finding in pregnant women with pre-eclampsia.
- e) Today is widely accepted that placental ischemia has not an important role in the pathogenesis of pre-eclampsia.

312. In the management of pre-eclampsia.

- a) Patient with severe pre-eclampsia without symptoms should be managed as outpatient.
- b) Methyldopa is the choice to treat the hypertensive crisis.
- c) Antihypertensive treatment can induce foetal weight loss.
- d) Conservative management can be attempted in a patient at 36 wks and severe pre-eclampsia.
- e) Difenylhydantoin is better than magnesium sulphate in fits prevention.

313. About APH.

- a) Placenta previa is usually associated with local nutritional defects.
- b) Abruptio placenta is a common cause of DIC.
- c) Two lines are better established to volume replacement.
- d) Team work is mandatory.
- e) In types I and II vaginal delivery can be attempted, after rupture of the membranes and engagement of the presenting part.

314. About placenta praevia.

- a) Digital examination should be done always to confirm diagnosis.
- b) Digital examination should be done under general anaesthesia.
- c) In conservative management steroid are not necessary because accelerate foetal maturity.
- d) Abdominal tenderness, uterine contractions, foetal heart rate abnormalities are common finding.
- e) Vasa praevia, abruptio placenta, vulvae varicosities are differential diagnosis.

315. In the management of abruptio placenta

- a) Mild abruptio can be delivered vaginally.

- b) Moderate abruption in advanced labour (9 cm, station +3) and DIC, should be delivered by caesarean section due to easier control of bleeding.
- c) Severe abruption with intrauterine foetal demise and clotting disorder is always an indication for caesarean section.
- d) Foetal heart tones absent in severe abruptio placenta always mean IUFD.
- e) In the Couvelaire uterus conservative management is indicated.

316. About rupture uterus.

- a) There is not an important cause of maternal morbidity and mortality in Uganda.
- b) Delay in obstructive labour's diagnosis is the commonest cause.
- c) Prevention can be helped improving, nutrition during childhood, vaccination, education, eliminating poverty, and improving primary health care.
- d) Subtotal abdominal hysterectomy is the surgical treatment of choice.
- e) Infection doesn't contraindicate conservative management.

317. Indicators of use of delivery services.

- a) Caesarean section as a proportion of all births.
- b) Proportion of births in essential obstetric care facilities.
- c) Births attended by skilled health personal.
- d) Births attended by TBA.
- e) All of the above.

318. Regarding neonatal resuscitation.

- a) Place infant on cool surface.
- b) Dry the baby.
- c) Leave on wet linen
- d) Suction of nose is before the mouth.
- e) Baby is placed with the neck slightly flexed.

319. The copper T 380 A is:

- a) An intrauterine device containing 300 mm surface area copper wire around the stem.
- b) Is effective up to 6 years only.
- c) Replacement is every 10 years.
- d) Causes a foreign body reaction in the uterus.
- e) Can be used to cause synaecolysis.

320. The following are possible complications of intrauterine devices:

- a) Syncopal attacks.
- b) Abnormal menstrual bleeding.
- c) Pelvic infection.
- d) Perforation of the uterus.
- e) Spontaneous expulsion.

321. The following specialized tests are used to assess the semen of an infertile man.

- a) Mixed agglutination reaction (MAR) test.
- b) Hemizona assay (HZA).
- c) Sperm penetration assay (SPA).
- d) Hypo osmotic swelling test. (HOS)
- e) Immunobead test

322. The following syndromes are associated with male infertility.

- a) Kallman's syndrome.
- b) Savage's syndrome
- c) Asherman's syndrome.
- d) Stein Leventhal syndrome.

- e) Sheehan syndrome.
323. The following are steroidal contraceptives.
- a) Progestasert.
 - b) Mirena.
 - c) Nuva ring
 - d) Mifepristone.
 - e) Cyclofem.
324. Vasectomy:
- a) Leads to immediate sterility.
 - b) Can cause impotence.
 - c) Involve ligation of vasa efferentia.
 - d) Can complicate scrotal haematoma.
 - e) Is reversible.
325. Depo-Provera (DMPA).
- a) Contains the progesterone medroxyprogesterone caproate.
 - b) Is a combine injectable contraceptive.
 - c) Can cause breakthrough bleeding.
 - d) Is effective for 10 wks.
 - e) Return to fertility is immediate after terminating its use.
326. Vaginal foaming tablets.
- a) Active ingredients are nonoxynol 2 and ethanol.
 - b) Act by causing endometrial thinning.
 - c) Are spermicidal
 - d) Causes a foreign body reaction in de vaginal canal.
 - e) Are inserted before and after sex.
327. The female condom.
- a) Is made of latex
 - b) Can be warm up to 10 hours before sex.
 - c) If properly used is more effective than male condom.
 - d) Can be stored at variable temperature.
 - e) Has a spermicidal effect.
328. About Chlamydia infection.
- a) Most common cause of PID.
 - b) Causes non-gonococcal urethritis.
 - c) Doesn't cause dysuria syndrome.
 - d) May cause neonatal conjunctivitis.
 - e) All of the above.
329. Pelvic inflammatory disease (PID).
- a) Is a common disease among women and men of reproductive age.
 - b) Mycobacterium avium is the most common cause.
 - c) The vagina is most hit.
 - d) The ovaries are not part of the syndrome.
 - e) All of the above are false.
330. Criteria for diagnosis of PID.
- a) Cervical motion tenderness present.
 - b) Lower abdominal pain with or without tenderness.
 - c) Temperature of less than 37.5 °c
 - d) Decreased ESR.
 - e) Present of mass in ultrasound scan.

331. Hospitalization for patient with PID.
- Pregnancy.
 - Temperature of more than 38°C.
 - Suspected pelvic abscess.
 - Patient request
 - All of the above.
332. Differential diagnosis of PID.
- Ovulation
 - Cystitis
 - Degenerating myoma.
 - Sickle cell crisis.
 - Irritable bowel syndrome.
333. PID.
- Hysterectomy may be a mode of treatment
 - Surgery is always indicated.
 - Clindamycin is also used in the treatment.
 - Chronic pelvic pain syndrome is a complication.
 - Infertility is a common complication.
334. Sonographic characteristic of malignant tumour.
- Absence of fluid in the peritoneum.
 - Thick capsule.
 - Thin capsule.
 - Thin septae.
 - Enlarged lymph nodes.
335. About ovarian tumours.
- Dysgerminomas are common in the reproductive age group.
 - Serous cyst adenomas contain tissues all the 3rd germ layers.
 - Dermoid cysts are common in the under 10 year's group.
 - Bilateral tumours have a great risk of malignancy.
 - Always present with Ascites.
336. Germ cell tumour includes.
- Dysgerminomas.
 - Endodermal sinus tumour.
 - Embryonal carcinoma.
 - Choriocarcinoma.
 - Teratomas.
337. Operative features suggestive of malignancy.
- Areas of haemorrhages in the tumour.
 - Large blood vessel in the surface.
 - Bilateral presence.
 - Ascites.
 - Presence of adhesions.
338. Tumour markers in gynaecological practice.
- CA-125 for ovarian tumours.
 - Alpha-fetoprotein (AFP) for Endodermal sinus tumours.
 - Lactate dehydrogenase (LDH) for Dysgerminomas.
 - Human chorionic gonadotropin (hCG) for non-gestational choriocarcinoma.
 - CA-125 for endometriosis.

339. Fitz-Hugh-Curtis syndrome.
- There is right upper quadrant pain.
 - Occurs almost exclusively among women
 - Salpingitis is not included.
 - Viral hepatitis is a differential.
 - N. gonorrhoea* and *C. trachomatis* have been associated.
340. Cause of postmenopausal bleeding.
- Genital malignancies like ca. cervix.
 - Dysfunctional uterine bleeding.
 - Retained placenta.
 - Hyperplastic endometrium.
 - Senile vaginitis.
341. Benefits of GnRH analogues in uterine fibroids include.
- Increased in tumour size and growth.
 - Reduce anaemia
 - Reduce vascularity and thus less bleeding during operation.
 - Cosmetic scar and surgery.
 - Case of myomectomy post GnRH treatment.
342. Uterine fibroids can cause infertility through:
- Tubal obstruction.
 - Abnormal myometrial and endometrial veins.
 - Interference with normal myometrial contractility.
 - Distortion of uterine cavity.
 - All of the above.
343. Criteria for unexplained infertility.
- Demonstration of ovulation.
 - Tubal patency.
 - Normal sperm-cervical mucus interaction.
 - Normal seminal analysis.
 - None of the above.
344. Ovarian causes of hyperandrogenism include.
- PCOS.
 - Sertoli- Leydig cell tumour.
 - Hilus cell tumour
 - Luteoma of pregnancy.
 - Hypertecosis.
345. The following factors affect wound healing.
- Proper apposition of tissues.
 - Immune status of individual.
 - Prolonged use of steroids.
 - Pre-morbid state.
 - Site of incision.
346. The predisposing factors to ward sepsis include the following except.
- Proper use of prophylactic antibiotics.
 - Use of catheter and bag in post operative patients.
 - Hand washing with soap.
 - Decontaminating formulas.

- e) Early discharge of postoperative patients.
347. The following are risk factors to genital prolapses.
- Grande multiparous.
 - Third degree perineal tears.
 - Connective tissue defects.
 - Surgeries.
 - Increased intra abdominal pressure.
348. The following are true about cervical carcinoma.
- Most of the predisposing factors are related with sexual behavior.
 - Is easy preventable and curable when early diagnosis is done.
 - From stage 0 to II b surgical treatment is possible with a high rate of cure.
 - Cervical cytology is the best method to do screening, and the risk for advanced disease decrease when is done at least once during the life.
 - Advanced colposcopy can predict histological diagnosis.
349. Gestational Trophoblastic Neoplasia. Choose the most appropriate answer.
- In stage I the disease is confined to the uterus.
 - Can follow normal pregnancy.
 - Can follow an abortion.
 - Has a tumour marker.
 - All the above.
350. Which of following statements is not true in relation to Choriocarcinoma.
- Most commonly develops after molar pregnancy.
 - The most common site of metastasis is liver.
 - Persistent P.V bleeding is the commonest reason for consultation.
 - There is uterine sub involution.
 - Most lesions begin in uterus.
351. The following are poor prognostic factors in trophoblastic disease for malignant change.
- Disease following normal delivery
 - beta-hCG more than 80,000 mIU/ml
 - Disease following an abortion
 - A and C above
 - A and B above .
352. Risk factors for Perinatal death include:
- Premature rupture of membranes.
 - Foetal hypoxia of unknown cause.
 - Chorioamnionitis.
 - Abruptio placenta.
 - Vasa praevia.
353. Maternal mortality.
- Is the death of a woman while pregnant or within 42 days of termination of pregnancy, including accidental and incidental causes.
 - Direct obstetrics death- resulting from obstetrics complications of pregnancy, labour or the puerperium.
 - One of the most common indirect obstetric deaths in Mbarara Referral hospital is puerperal sepsis.
 - Haemorrhage remains an important cause of direct maternal death.
 - All above are true.
354. APH.

- a) Abortion is a common cause of APH.
- b) In patient with placenta praevia type III ARM should be done followed by labour induction.
- c) In a patient with abruptio placenta faintness and collapse may occur without external bleeding.
- d) FHR absence in severe abruption always means IUFD.
- e) Severe abruption with IUFD and DIC should be delivered immediately by emergency C/section

355. Abruptio placenta

- a) DIC is the commonest complication
- b) Amniotic fluid embolism does not occur
- c) Couvelaire uterus is always associated with DIC.
- d) Trauma is the commonest cause in Uganda
- e) Amniotomy is only done when induction is indicated

356. Placenta Previa management

- a) Tocolytics are indicated in preterm management
- b) Vaginal delivery should always be attempted if the mother is not severely affected
- c) PPH should be anticipated
- d) When mild bleeding at term, mother stable, labour should be awaited
- e) All the above.

357. A 35 year old woman presents with history of periods of amenorrhoea followed by heavy bleeding and denies using drugs. She wants to get pregnant. The following are likely causes

- a) Over stimulation of the follicular system of the ovaries by the hypophysis
- b) Under production of oestrogens and progesterone
- c) Under production of FSH and LH
- d) All the above
- e) None of the above.

358. The following are true of oral contraceptive pills

- a) They decrease the risk of ovarian cancer
- b) They are contraindicated in parous women with endometriosis
- c) They are contraindicated in young nulliparous girls
- d) All of the above
- e) None of the above

359. PID

- a) Can affect women of reproductive age
- b) TB is commonly associated
- c) Doesn't present with PV bleeding
- d) Always associated with Fitz-Hugh-Curtis syndrome
- e) *Bacteroides* are commonly implicated.

360. About PID.

- a) Fever, lower abdominal pain and vaginal discharge considered major signs.
- b) C reactive protein, have a good sensitivity for assessing outcome.
- c) Presence of fluid in the pouch of Douglas in an abdominal ultrasound is pathognomonic.
- d) Bilateral hydrosalpinx is usually associated to sub acute and chronic PID.
- e) In a pelvic abscess criteria to discharge patient is ESR less than 100 mm.

361. Fitz-Hugh-Curtis syndrome.

- a) There is left upper quadrant pain.

- b) Salpingitis is not included.
- c) *N. gonorrhoea* is not associated.
- d) Viral hepatitis is a differential.
- e) Occurs almost exclusive in women.

362. Predisposing factors for vaginal candidiasis include.

- a) Pregnancy.
- b) Good immune status.
- c) Glycosuria.
- d) Broad spectrum antibiotic therapy.
- e) Chronic anaemia.

363. Trichomoniasis is characterized:

- a) Vaginal tenderness and pain.
- b) Non-irritant discharge.
- c) Patchy strawberry vaginitis.
- d) Copious offensive frothy discharge.
- e) Dysuria.

364. The natural defence of the genital tract.

- a) Is maintained by acidity of the vagina.
- b) Is interfered with lactobacilli.
- c) Is enhanced by oestrogens and progesterone.
- d) Is improved by menstruation.
- e) The entire above is false

365. IUFD

- a) Can occur secondary to infection
- b) Coagulation profile is vital
- c) A C/S delivery is always safe
- d) PPH is a possible complication
- e) Misoprostol can be used for induction of labour.

366. About post abortal care (PAC)

- a) Antibiotics cover to prevent infection
- b) Immediate post abortion family planning to avoid another pregnancy
- c) Connection to other reproductive health services
- d) All of the above
- e) None of the above.

367. About management of severe pre Eclampsia

- a) Severe pre Eclampsia should be managed as outpatient after control of the blood pressure
- b) Magnesium sulphate should be used in all cases routinely
- c) Methyldopa is the best option to treat the crisis
- d) Aspirin 80 mg daily may help in preventing pre-eclampsia in patient at high risk
- e) All the above

368. About MgSO₄.

- a) At 50 % concentration should be given IV to get fit prevention.
- b) Act at the neuromuscular junction by blocking the acetylcholine release.
- c) Prevent the Calcium entrance to the damaged cells.
- d) Prevent convulsion by inhibiting epileptogens mediators.
- e) At 12 meq/l serum level can induce cardio respiratory arrest.

369. Physiopathology of pre-eclampsia.

- a) Any event causing placental ischaemia is a risk factor.
- b) Immunological theory has the explanation in the familiar predisposition.
- c) Genetic information in the father has no role.
- d) Impaired trophoblast differentiation/ invasion seem to have the main role.
- e) VEGF/PlGF deficiency can be the starting even.

370. Pre-eclampsia management.

- a) 33 WOA, blood pressure 140/100 mmHg, urine protein xx, LFT and RFT normal: admission, bed rest and oral antihypertensive treatment.
- b) 33 WOA, 140/115 mmHg, urine protein xxx, blurred vision, vomiting; admission, bed rest, oral antihypertensive treatment, MgSO₄ 50% IV.
- c) 33 WOA, 115 mmHg urine protein xxx, blurred vision, vomiting and hyperreflexia: admission, IV Hydralazine (5mg/30 min till BP is 120/80mmHg, MgSO₄ 50% IM (14g) plan for immediate caesarean section.
- d) 34 WOA, 140/108 mmHg, urine protein nil, asymptomatic, IV Hydralazine 5mg/30 min, after BP control, oral methyldopa.
- e) 36 WOA, 140/110 mmHg urine protein xx, fronto-occipital headache: Admission, IV Hydralazine 5mg/30 min, IV MgSO₄ 20% and IM 50 %, Induction of labour after BP control if bishop score > 6.

371. About eclampsia

- a) Difenyhydantoin is the drug of choice
- b) Valium can be used as secure alternative in the absence of magnesium sulphate
- c) Delivery is indicated only after complete stabilization of the patient
- d) Vaginal delivery is contraindicated
- e) All the above.

372. An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV -ve at birth. What will you do to prevent MTCT

- a) Breast feeding for only three months will protect the baby
- b) Since the baby is negative, Nevirapine is not necessary
- c) Replacement feeding with cow milk is the ideal
- d) Wet Nursing is a recognised option
- e) Condom use has no role in protecting this baby

373. A G2P1+0 HIV +ve mother comes to clinic. Which of the following will you consider?

- a) Initiation of HAART even without medical eligibility
- b) CD4 count will not influence the decision to start ART
- c) 3TC, D4T, EFV is the combination of Choice
- d) 3TC, D4T, NVP is the combination of Choice
- e) Triomune is never given.

374. Which of the following doesn't include WHO recommendation regarding breast feeding?

- a) Exclusive breast feeding should be protected, promoted and supported for 6 months.
- b) To minimize HIV transmission risk, breast feeding should be continued for as long as possible.
- c) HIV infected women should have access to information, follow-up.
- d) Avoidance of breast feeding by HIV infected mother is not recommended.
- e) Exclusive breast feeding for 6 months is recommended for both HIV negative and HIV positive mothers.

375. The following are predisposing factors for placenta previa

- a) Repeated induced abortion.

- b) Multi foetal gestation.
- c) IVF.
- d) Malposition
- e) Congenital anomalies of the uterus.

376. Malaria in pregnancy.

- a) Maternal immunoglobulin A antibodies cross the placenta to the foetal circulation.
- b) Falciparum malaria parasites grow well in RBC containing haemoglobin F.
- c) Plasmodium Vivax is more common in East Africa.
- d) Coartem is the first line during the first trimester.
- e) Quinine is the 1st line in the second trimester for uncomplicated malaria.

377. Anatomy of the female genital tract.

- a) The uterine artery is a branch of the terminal part of the aorta.
- b) The uterine artery is a branch of the internal iliac artery.
- c) The uterine artery is the terminal branch of the internal femoral artery.
- d) The uterine artery is a branch of the obturator internus artery.
- e) None of the above.

378. When monitoring a mother with the partograph.

- a) If the graph reaches the action line you should do a C/section immediately.
- b) If the graph leaves the alert line, you should put up oxytocin.
- c) If the foetal heart slows down or increases you should put up fluids, give oxygen and make the mother lie on her left.
- d) If the graph reaches the action line, you should put up oxytocin immediately.
- e) None of the above.

379. Shoulder dystocia.

- a) Is a common complication.
- b) Associated with maternal obesity.
- c) Tortoise sign is not present.
- d) Foetal clavicle fracture is a complication.
- e) McRobert manoeuvre can solve about 70 % of all cases.

380. Ovarian tumour.

- a) CA 125 is a tumour markers.
- b) Dysgerminomas are common in reproductive age group.
- c) Always present with ascites.
- d) Serous adenocarcinoma is the commonest.
- e) Bilateral tumours have a great probability of malignancy.

381. Operative features suggestive of malignancy in ovarian tumours.

- a) Solid mass.
- b) Large blood vessel in the surface.
- c) Bilateral presence.
- d) Ascites.
- e) All of above.

382. Method of delivery of twins (mother in labour).

- a) 1st twin, cephalic presentation, C/section.
- b) 1st twin in transverse lie, external cephalic version can be attempted.
- c) 1st twin in breech presentation, C section is suggested.
- d) The estimate weigh of the 2nd twin is more than 1000gramos in relation with 1st twin. Normal vaginal deliver can be attempted.
- e) If 2nd twin is breech, C/section should be done.

383. Labour management in multifoetal gestation.
- Induction of labour is contraindicated.
 - IV fluids should be given as soon as labour starts.
 - Vacuum extraction can be done on breech 2nd twin.
 - Forceps can be done on delivery after coming head.
 - Both babies have a high morbidity and mortality.
384. The following are common complication of multifoetal pregnancy.
- Pregnancy induced hypertension.
 - Preterm labour
 - Foetal growth restriction.
 - Shoulder dystocia.
 - Puerperal sepsis.
385. The following is correct for twin pregnancy.
- Diamniotic, dichorionic placentation occurs with division prior to morula stage.
 - Diamniotic monochorionic placentation occurs with division in the first 3 days of fertilization.
 - Diamniotic monochorionic placentation occurs with division between day 8-12 after fertilization.
 - Monochorionic, mono amniotic placentation occurs with division after 8-12 days post fertilization.
 - All of the above
386. About caesarean section
- Increase risk of MTTC transmission of HIV.
 - Increase risk of puerperal infection.
 - Classical incision has less risk of uterine ruptures in subsequent pregnancies.
 - In emergencies, patients don't need to be consented.
 - Is the commonest cause of maternal death
387. Post caesarean care.
- Ambulation should no be started before 24 hours.
 - Oral feeding neither is nor indicated before 12 hours.
 - Foley catheter in prolonged/obstetric labour should be keep inserted for 21 days.
 - Elective operations antibiotic prophylaxis should be extended for at least 72 hours.
 - Deep venous thrombosis prevented by ambulation.
388. Regarding episiotomy.
- It's done to shorten second stage only.
 - Done in every primegravida.
 - Reduces the risk of MTCT of HIV.
 - Medio-lateral incisions are more prone to extension than median episiotomy.
 - The entire above.
389. Depo-Provera:
- Contains both progesterone and oestrogens.
 - Can cause break through bleeding.
 - Is effective for 10 weeks.
 - Contains 3rd generation progesterone.
 - Return to fertility is immediate after termination its use.
390. The following are possible complications of intrauterine device.
- Syncope attacks.
 - Abnormal menstrual bleedings.

- c) Spotting.
- d) Spontaneous expulsion
- e) Dyspareunia.

391. Vasectomy.

- a) Leads to sterility after 10 ejaculations.
- b) May cause impotence.
- c) Involves ligation of Vasa efferentia.
- d) Can lead to primary testicular failure.
- e) Is reversible.

392. The following factors can lead to male infertility.

- a) Excessive smoking.
- b) Morbid obesity.
- c) Orchidopexy.
- d) Vasectomy.
- e) All above

393. Cervical carcinoma Clinical staging.

- a) Clinical lesion visible, 3,5 cm on diameter, anterior lip, uterus free, normal ultrasound and proctoscopy, cytoscopy showing bladder infiltration is stage
- b) Lesion no visible clinically but histology informing; Endocervical adeno carcinoma, LFT normal, Us scan negative, uterus fix to the pelvis, RFT abnormal is stage
- c) No clinical lesion visible, histology informed you, cervical carcinoma with stromal invasion 3mm on deep and 5 mm on transverse diameter: stage.....
- d) Cervical carcinoma invading lower third of the vagina is stage
- e) The carcinoma has extends beyond the cervix but has not extended on the pelvic wall, the carcinoma involves the vagina but not as far as the lower third: stage.....

394. The following are true about uterine fibroids.

- a) Treated always by surgery.
- b) Red degeneration more common in post menopause.
- c) Hyaline degeneration is a possible complication.
- d) Medical treatment has no benefits.
- e) Cannot be treated by endoscopic surgery.

395. Criteria for medical treatment for uterine fibroid include.

- a) Giant fibroid previously surgery.
- b) Small fibroids.
- c) Contraindications for surgery.
- d) To earn time and compensate the patient for surgery.
- e) To preserve fertility.

396. About genital prolapse.

- a) Commonly affecting young women.
- b) Always treated by Manchester's operation.
- c) Kegel's exercise can prevent it.
- d) Pelvic floor usually affected.
- e) Can't appear after TAH.

397. Tumour marker in gynaecology.

- a) Alpha-feto-protein (AFP) for Endodermal sinus tumour.
- b) CA-125 for fibroids.

- c) CA-125 for ovarian tumour.
- d) hCG for choriocarcinoma.
- e) All the above are true.

398. Vaginal hysterectomy possible complications.

- a) Obstetric fistula.
- b) Ureteric injuries.
- c) Pudendal artery damage.
- d) Vaginal vault prolapse.
- e) Rectum lesion.

399. Gestational Trophoblastic Neoplasia.

- a) In stage I the disease confined to the uterus.
- b) Can follow normal pregnancy.
- c) Can follow an abortion.
- d) Has a tumour marker.
- e) All the above.

400. Which of the following statement is not true in relation with Choriocarcinoma?

- a) Most commonly develops after molar pregnancy.
- b) The most common site of metastasis is liver.
- c) Persistent PV bleeding is the commonest symptom of consultation.
- d) There is uterine sub involution.
- e) Most lesions begin in uterus.

401. The following are poor prognostic factors in trophoblastic disease for malignant change.

- a) Disease following normal delivery
- b) beta-hCG more than 80,000 mIU/ml
- c) Disease following an abortion
- d) A and C above
- e) A and B above.

402. Risk factors for Perinatal death include:

- a) Premature rupture of membranes.
- b) Foetal hypoxia of unknown cause.
- c) Chorioamnionitis.
- d) Abruptio placenta.
- e) Vasa praevia.

403. Maternal mortality.

- a) Is the death of a woman while pregnant or within 42 days of termination of pregnancy, including accidental and incidental causes.
- b) Direct obstetric death- resulting from obstetric complications of pregnancy, labour or the puerperium.
- c) One of the most common indirect obstetric deaths in Mbarara Referral hospital is puerperal sepsis.
- d) Haemorrhage remains an important cause of direct maternal death.
- e) All above are true.

404. APH.

- a) Abortion is a common cause of APH.
- b) In patient with placenta praevia type III AROM should be done followed by labour induction.
- c) In a patient with abruptio placenta faintness and collapse may occur without external bleeding.

- d) FHR absence in a severe abruptio always means IUFD.
- e) Severe abruptio with IUFD and DIC should be delivered immediately by emergency C/section

405. Abruptio placenta

- a) DIC is the commonest complication
- b) Amniotic fluid embolism should not occur
- c) Couvelaire uterus is always associated with DIC.
- d) Trauma is the commonest cause in Uganda
- e) Amniotomy is only done when induction is indicated

406. Placenta Previa management

- a) Tocolytics are indicated in preterm management
- b) Vaginal delivery should always be attempted if the mother is not severely affected
- c) PPH should be anticipated
- d) When mild bleeding at term, mother stable, labour should be awaited
- e) All the above.

407. A 35 year old woman presents with history of periods of amenorrhea followed by heavy bleeding and denies using drugs. She wants to get pregnant. The following are likely causes

- a) Over stimulation of the follicular system of the ovaries by the hypophysis
- b) Under production of oestrogens and progesterone
- c) Under production of FSH and LH
- d) All the above
- e) None of the above.

408. The following are true of oral contraceptive pills

- a) They decrease the risk of ovarian cancer
- b) They are contraindicated in parous women with endometriosis
- c) They are contraindicated in young nulliparous girls
- d) All of the above
- e) None of the above

409. PID

- a) Can affect women of reproductive age
- b) TB is commonly associated
- c) Doesn't present with PV bleeding
- d) Always associated with Fitz – Hugh – Curtis syndrome
- e) Bacteroides are commonly implicated.

410. About PID

- a) Fever, lower abdominal pain and vaginal discharge considered major signs.
- b) C reactive protein, have a good sensitivity for assessing outcome.
- c) Presence of fluid in the pouch of Douglas in an abdominal ultrasound is pathognomonic.
- d) Bilateral hydrosalpinx is usually associated to sub acute and chronic PID.
- e) In a pelvic abscess criteria to discharge patient is ESR less than 100 mm.

411. Fitz-Hugh-Curtis syndrome.

- a) There is left upper quadrant pain.
- b) Salpingitis is not included.
- c) *N. gonorrhoea* is not associated.
- d) Viral hepatitis is a differential.
- e) Occurs almost exclusive in women.

412. Predisposing factors for vaginal candidiasis include.
- Pregnancy.
 - Good immune status.
 - Glycosuria.
 - Broad spectrum antibiotic therapy.
 - Chronic anaemia.
413. Trichomoniasis is characterized:
- Vaginal tenderness and pain.
 - Non-irritant discharge.
 - Patchy strawberry vaginitis.
 - Copious offensive frothy discharge.
 - Dysuria.
414. The natural defence of the genital tract.
- Is maintained by acidity of the vagina.
 - Is interfered with lactobacilli.
 - Is enhanced by oestrogens and progesterone.
 - Is improved by menstruation.
 - The entire above is false
415. IUFD
- Can occur secondary to infection
 - Coagulation profile is vital
 - A C/S delivery is always safe
 - PPH is a possible complication
 - Misoprostol can be used for induction of labour.
416. About post-abortion care (PAC)
- Antibiotics cover to prevent infection
 - Immediate post abortion family planning to avoid another pregnancy
 - Connection to other reproductive health services
 - All of the above
 - None of the above.
417. About management of severe pre-eclampsia
- Severe pre-eclampsia should be managed as outpatient after control of the blood pressure
 - Magnesium sulphate should be used in all cases routinely
 - Methyldopa is the best option to treat the crisis
 - Aspirin 80 mg daily may help in preventing pre-eclampsia in patient at high risk
 - All the above
418. About $MgSO_4$.
- At 50 % concentration should be given IV to get fit prevention.
 - Act at the neuromuscular junction by blocking the acetylcholine release.
 - Prevent the Calcium entrance to the damaged cells.
 - Prevent convulsion by inhibiting epileptogens mediators.
 - At 12 meq/l serum level can induce cardio respiratory arrest.
419. Physiopathology of pre-eclampsia.
- Any event causing placental ischaemia is a risk factor.
 - Immunological theory has the explanation in the familiar predisposition.
 - Genetic information in the father has no role.
 - Impaired trophoblast differentiation/ invasion seem to have the main role.
 - VEGF/PlGF 1 deficiency can be the starting even.

420. Pre-eclampsia management.

- a) 33 WOA, blood pressure 140/90 mmHg, urine protein xx, LFT and RFT normal: admission, bed rest and oral antihypertensive treatment.
- b) 33 WOA, 140/115 mmHg, urine protein xxx, blurred vision, vomiting; admission, bed rest, oral antihypertensive treatment, MgSO₄ 50% IV.
- c) 33 WOA, 160/115 mmHg urine protein xxx, blurred vision, vomiting and hyperreflexia: admission, IV Hydralazine (5mg/30 min till BP is 120/80mmHg, MgSO₄ 50% IM (14g) plan for immediate caesarean section.
- d) 34 WOA, 140/100 mmHg, urine protein nil, asymptomatic, IV Hydralazine 5mg/30 min, after BP control, oral methyldopa.
- e) 36 WOA, 140/110 mmHg urine protein xx, fronto-occipital headache: Admission, IV Hydralazine 5mg/30 min, IV MgSO₄ 20% and IM 50 %, Induction of labour after BP control if bishop score > 7.

421. About eclampsia

- a) Difenyl hidantoine is the drug of choice
- b) Valium can be used as secure alternative in the absent of magnesium sulphate
- c) Delivery is indicated only after complete stabilization of the patient
- d) Vaginal delivery is contraindicated
- e) All the above.

422. An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV -ve at birth. What will you do to prevent MTCT

- a) Breast feeding for only three months will protect the baby
- b) Since the baby is negative, Nevirapine is not necessary
- c) Replacement feeding with cow milk is the ideal
- d) Wet Nursing is a recognised option
- e) Condom use has no role in protecting this baby

423. A G2P1+0 HIV +ve mother comes to clinic. Which of the following will you consider?

- a) Initiation of HAART even without medical eligibility
- b) CD4 count will not influence the decision to start ART
- c) 3TC, D4T, EFV is the combination of Choice
- d) 3TC, D4T, NVP is the combination of Choice
- e) Triomune is never given.

424. Which of the following doesn't include WHO recommendation regarding breast feeding?

- a) Exclusive breast feeding should be protected, promoted and supported for 6 month.
- b) To minimize HIV transmission risk, breast feeding should be continued for as long as possible.
- c) HIV infected women should have access to information, follow-up.
- d) Avoidance of breast feeding by HIV infected mother is not recommended.
- e) Exclusive breast feeding for 6 month is recommended for both HIV negative and HIV positive mothers.

425. The following are predisposing factors for placenta previa

- a) Repeated induced abortion.
- b) Multi foetal gestation.
- c) IVF.
- d) Malposition
- e) Congenital anomalies of the uterus.

426. Malaria in pregnancy.
- Maternal immunoglobulin A antibodies cross the placenta to the foetal circulation.
 - Falciparum malaria parasites grow well in RBC containing haemoglobin F.
 - Plasmodium Vivax is more common in East Africa.
 - Coartem is the first line during the first trimester.
 - Quinine is the 1st line in the second trimester for uncomplicated malaria.
427. Anatomy of the female genital tract.
- The uterine artery is a branch of the terminal part of the aorta.
 - The uterine artery is a branch of the internal iliac artery.
 - The uterine artery is the terminal branch of the internal femoral artery.
 - The uterine artery is a branch of the obturator internus artery.
 - None of the above.
428. When monitoring a mother with the partograph.
- If the graph reaches the action line you should do a C/section immediately.
 - If the graph leaves the alert line, you should put up oxytocin.
 - If the foetal heart slows down or increases you should put up fluids, give oxygen and make the mother lie on her left.
 - If the graph reaches the action line, you should put up oxytocin immediately.
 - None of the above.
429. Shoulder dystocia.
- Is a common complication.
 - Associated with maternal obesity.
 - Tortoise sign is not present.
 - Foetal clavicle fracture is a complication.
 - McRobert manoeuvre can solve about 70 % of all cases.
430. Ovarian tumour.
- CA 125 is a tumour marker.
 - Dysgerminomas are common in reproductive age group.
 - Always present with ascites.
 - Serous adenocarcinoma is the commonest.
 - Bilateral tumours have a great probability of malignancy.
431. Operative features suggestive of malignancy in ovarian tumours.
- Solid mass.
 - Large blood vessel in the surface.
 - Bilateral presence.
 - Ascites.
 - All of above.
432. Method of delivery of twins (mother in labour).
- 1st twin, cephalic presentation, C/section.
 - 1st twin in transverse lie, external cephalic version can be attempted.
 - 1st twin in breech presentation, C section is suggested.
 - The estimate weigh of the 2nd twin is more than 1000gramos in relation with 1st twin. Normal vaginal deliver can be attempted.
 - If 2nd twin is breech, C/section should be done.
433. Labour management in multifoetal gestation.
- Induction of labour is contraindicated.
 - IV fluids should be given as soon as labour starts.
 - Vacuum extraction can be done on breech 2nd twin.
 - Forceps can be done on delivery after coming head.

- e) Both babies have a high morbidity and mortality.
434. The following are common complications of multifoetal pregnancy.
- Pregnancy induced hypertension.
 - Preterm labour
 - Foetal growth restriction.
 - Shoulder dystocia.
 - Puerperal sepsis.
435. The following is correct for twin pregnancy.
- Diamniotic, dichorionic placentation occurs with division prior to morula stage.
 - Diamniotic monochorionic placentation occurs with division in the first 3 days of fertilization.
 - Diamniotic monochorionic placentation occurs with division between day 8-12 after fertilization.
 - Monochorionic, mono amniotic placentation occurs with division after 8-12 days post fertilization.
 - All of the above
436. About caesarean section.
- Increase risk of MTTC transmission of HIV.
 - Increase risk of puerperal infection.
 - Classical incision has less risk of uterine ruptures in subsequent pregnancies.
 - In emergencies, patients don't need to be consented.
 - Is the commonest cause of maternal death.
437. Post caesarean care.
- Ambulation should not be started before 24 hours.
 - Oral feeding neither is nor indicated before 12 hours.
 - Foley catheter in prolonged/obstetric labour should be kept inserted for 21 days.
 - Elective operations antibiotic prophylaxis should be extended for at least 72 hours.
 - Deep venous thrombosis prevented by ambulation.
438. Regarding episiotomy.
- It's done to shorten second stage only.
 - Done in every primigravida.
 - Reduces the risk of MTCT of HIV.
 - Medio-lateral incisions are more prone to extension than median episiotomy.
 - The entire above.
439. Depo-Provera:
- Contains both progesterone and oestrogens.
 - Can cause breakthrough bleeding.
 - Is effective for 10 weeks.
 - Contains 3rd generation progesterone.
 - Return to fertility is immediate after termination its use.
440. The following are possible complications of intrauterine device.
- Syncope attacks.
 - Abnormal menstrual bleedings.
 - Spotting.
 - Spontaneous expulsion.
 - Dyspareunia.
441. Vasectomy.
- Leads to sterility after 10 ejaculations.

- b) May cause impotence.
- c) Involves ligation of Vasa efferentia.
- d) Can lead to primary testicular failure.
- e) Is reversible.

442. The following factors can lead to male infertility.

- a) Excessive smoking.
- b) Morbid obesity.
- c) Orchidopexy.
- d) Vasectomy.
- e) All above

443. Cervical carcinoma Clinical staging.

- a) Clinical lesion visible, 3,5 cm on diameter, anterior lip, uterus free, normal ultrasound and proctoscopy, cytology showing bladder infiltration is stage
- b) Lesion no visible clinically but histology informing; Endocervical adeno carcinoma, LFT normal, US scan negative, uterus fix to the pelvis, RFT abnormal is stage
- c) No clinical lesion visible, histology informed you, cervical carcinoma with stromal invasion 3mm on deep and 5 mm on transverse diameter: stage.....
- d) Cervical carcinoma invading lower third of the vagina is stage
- e) The carcinoma has extends beyond the cervix but has not extended on the pelvic wall, the carcinoma involves the vagina but not as far as the lower third: stage.....

444. The following are true about uterine fibroids.

- a) Treated always by surgery.
- b) Red degeneration more common in post menopause.
- c) Hyaline degeneration is a possible complication.
- d) Medical treatment has no benefits.
- e) Cannot be treated by endoscopic surgery.

445. Criteria for medical treatment for uterine fibroid include.

- a) Giant fibroid previously surgery.
- b) Small fibroids.
- c) Contraindications for surgery.
- d) To earn time and compensate the patient for surgery.
- e) To preserve fertility.

446. About genital prolapse.

- a) Commonly affecting young women.
- b) Always treated by Manchester's operation.
- c) Kegel's exercise can prevent it.
- d) Pelvic floor usually affected.
- e) Can't appear after TAH.

447. Tumour marker in gynaecology.

- a) Alpha-feto-protein (AFP) for Endodermal sinus tumour.
- b) CA-125 for fibroids.
- c) CA-125 for ovarian tumour.
- d) hCG for choriocarcinoma.
- e) All the above are true.

448. Vaginal hysterectomy possible complications.

- a) Obstetric fistula.

- b) Ureteric injuries.
- c) Pudendal artery damage.
- d) Vaginal vault prolapse.
- e) Rectum lesion.

449. Malaria in pregnancy.

- a) *Plasmodium ovale* causes hyperparasitaemia.
- b) Can present as acute pulmonary congestion.
- c) *Plasmodium falciparum* causes relapses in pregnancy.
- d) *Plasmodium ovale* causes renal failure in pregnancy.
- e) The pigment haemozoin is directly responsible for the fever episodes

450. In PMTCT:

- a) TRRD means HIV positive mother who has been received Nevirapine.
- b) Episiotomy is contraindicated.
- c) Dose of Nevirapine is 200 mg for the mother and 0.6 ml for the baby.
- d) Rupture of membranes can only be done when indicated.
- e) Caesarean Section increases the risk of MTCT.

451. About Nevirapine.

- a) It is a NNRTI.
- b) Onset of action occurs in 30 min and peak action is reached in 2 hours.
- c) Doesn't cross the placenta.
- d) Dose is 200 mg single dose.
- e) Single dose is sufficient even if the mother is not delivered after 24 hours of taking the dose.

452. Recommendations for safer breastfeeding in the context of HIV include:

- a) Avoid infections during breastfeeding.
- b) Seek immediate treatment for cracked nipples, infant mouth sores.
- c) Mixed feeding.
- d) a) and b) above are false.
- e) All of the above.

453. The following are risk factors to MTCT.

- a) APH.
- b) PPH.
- c) External cephalic version.
- d) Cardiotocography.
- e) PROM.

454. About multiple pregnancy.

- a) There is not significant increase in obstetric complications.
- b) Risk of obstetric complications is slightly increased.
- c) Perinatal morbidity/mortality is reduced.
- d) At 2 years old, infant mortality rate of twins is the same as that of singletons.
- e) Is common in blacks.

455. In monozygotic twins.

- a) One ovum is fertilized for two sperms.
- b) Comprises 2/3 of all twins.
- c) Dichorionic- diamniotic placentation occurs when cell division occurs in 1st 72 hours of fertilization.
- d) Predisposing factors include race and use of fertility induction drugs.
- e) Can co-exist with dizygotic twins.

456. Management of multiple pregnancy.
- Mothers are admitted to the ward early to facilitate quick growth.
 - Haematinic are commonly given to prevent anaemia due to increased demands.
 - A second twin in transverse lie is always delivered by caesarean section.
 - Goal-oriented ANC is unnecessary in multiple pregnancy.
 - Best mode of delivery of twins in breech/cephalic presentation is by caesarean section
457. Components of essential obstetric care include.
- Parenteral antibiotics
 - Parenteral oxytocic drugs.
 - Use of anticonvulsants.
 - Manual removal of placenta.
 - Manual removal of retained products.
458. Comprehensive essential obstetric care includes:
- Availability of surgical services.
 - Availability of anaesthesia services.
 - Blood transfusion services.
 - Obstetrics skills not needed
 - Traditional birth attendant with surgical skills.
459. The following are true of FIGO's classification about hypertension in pregnancy.
- Chronic hypertension.
 - Chronic renal damage with or without hypertension
 - Pre-eclampsia and eclampsia.
 - Superimpose pre-eclampsia.
 - Proteinuric hypertension of pregnancy.
460. The following are true about physiopathology of pre-eclampsia.
- Impaired trophoblast invasion is the most important event.
 - Impaired trophoblast differentiation can be caused by immunological abnormalities.
 - SLTf-1 antagonizes the VEGF causing impaired angiogenesis and systemic endothelial damage.
 - Low PLGF level is a common finding in pregnant women with pre-eclampsia.
 - Today is widely accepted that placental ischemia has not an important role in the pathogenesis of pre-eclampsia.
461. In the management of pre-eclampsia.
- Patient with severe pre-eclampsia without symptoms should be managed as outpatient.
 - Methyldopa is the choice to treat the hypertensive crisis.
 - Antihypertensive treatment can induce foetal weight loss.
 - Conservative management can be attempted in a patient at 36 wks and severe pre-eclampsia.
 - Difenylhydantoin is better than magnesium sulphate in fits prevention.
462. About APH.
- Placenta previa is usually associated with local nutritional defects.
 - Abruptio placenta is a common cause of DIC.
 - Two lines are better established to volume replacement.
 - Team work is mandatory.
 - In types I and II vaginal delivery can be attempted, after rupture of the membranes and engagement of the presenting part.
463. About placenta praevia.
- Digital examination should be done always to confirm diagnosis.

- b) Digital examination should be done under general anaesthesia.
- c) In conservative management steroid are not necessary because accelerate foetal maturity.
- d) Abdominal tenderness, uterine contractions, foetal heart rate abnormalities are common finding.
- e) Vasa praevia, abruptio placenta, vulvae varicosities are differential diagnosis.

464. In the management of abruptio placenta

- a) Mild abruption can be delivered vaginally.
- b) Moderate abruption in advanced labour (9 cm, station +3) and DIC, should be delivered by caesarean section due to easier control of bleeding.
- c) Severe abruption with intrauterine foetal demise and clotting disorder is always an indication for caesarean section.
- d) Foetal heart tones absent in severe abruptio placenta always mean IUFD.
- e) In the Couvelaire uterus conservative management is indicated.

465. About rupture uterus.

- a) There is not an important cause of maternal morbidity and mortality in Uganda.
- b) Delay in obstructive labour's diagnosis is the commonest cause.
- c) Prevention can be helped improving, nutrition during childhood, vaccination, education, eliminating poverty, and improving primary health care.
- d) Subtotal abdominal hysterectomy is the surgical treatment of choice.
- e) Infection doesn't contraindicate conservative management.

466. Indicators of use of delivery services.

- a) Caesarean section as a proportion of all births.
- b) Proportion of births in essential obstetric care facilities.
- c) Births attended by skilled health personal.
- d) Births attended by TBA.
- e) All of the above.

467. Regarding neonatal resuscitation.

- a) Place infant on cool surface.
- b) Dry the baby.
- c) Leave on wet linen
- d) Suction of nose is before the mouth.
- e) Baby is placed with the neck slightly flexed.

468. The copper T380A is:

- a) An intrauterine device containing 300 mm surface area copper wire around the stem.
- b) Is effective up to 6 years only.
- c) Replacement is every 10 years.
- d) Causes a foreign body reaction in the uterus.
- e) Can be used to cause synaecolysis.

469. The following are possible complications of intrauterine devices:

- a) Syncopal attacks.
- b) Abnormal menstrual bleeding.
- c) Pelvic infection.
- d) Perforation of the uterus.
- e) Spontaneous expulsion.

470. The following specialized tests are used to assess the semen of an infertile man.

- a) Mixed agglutination reaction (MAR) test.
- b) Hemizona assay (HZA).

- c) Sperm penetration assay (SPA).
 - d) Hypo osmotic swelling test. (HOS)
 - e) Immunobead test
471. The following syndromes are associated with male infertility.
- a) Kallman's syndrome.
 - b) Savage's syndrome
 - c) Asherman's syndrome.
 - d) Stein Leventhal syndrome.
 - e) Sheehan syndrome.
472. The following are steroidal contraceptives.
- a) Progestasert.
 - b) Mirena.
 - c) NUVA ring
 - d) Mifepristone.
 - e) Cyclofen.
473. Vasectomy:
- a) Leads to immediate sterility.
 - b) Can cause impotence.
 - c) Involve ligation of vasa efferentia.
 - d) Can complicate scrotal haematoma.
 - e) Is reversible.
474. Depo-Provera (DMPA).
- a) Contains the progesterone medroxyprogesterone caproate.
 - b) Is a combine injectable contraceptive.
 - c) Can cause breakthrough bleeding.
 - d) Is effective for 10 wks.
 - e) Return to fertility is immediate after terminating its use.
475. Vaginal foaming tablets.
- a) Active ingredients are nonoxynol 2 and ethanol.
 - b) Act by causing endometrial thinning.
 - c) Are spermicidal
 - d) Causes a foreign body reaction in de vaginal canal.
 - e) Are inserted before and after sex.
476. The female condom.
- a) Is made of latex
 - b) Can be warm up to 10 hours before sex.
 - c) If properly used is more effective than male condom.
 - d) Can be stored at variable temperature.
 - e) Has a spermicidal effect.
477. About Chlamydia infection.
- a) Most common cause of PID.
 - b) Causes non-gonococcal urethritis.
 - c) Doesn't cause dysuria syndrome.
 - d) May cause neonatal conjunctivitis.
 - e) All of the above.
478. Pelvic inflammatory disease (PID).
- a) Is a common disease among women and men of reproductive age.
 - b) Mycobacterium avium is the most common cause.
 - c) The vagina is most hit.

- d) The ovaries are not part of the syndrome.
- e) All of the above are false.

479. Criteria for diagnosis of PID.

- a) Cervical motion tenderness present.
- b) Lower abdominal pain with or without tenderness.
- c) Temperature of less than 37.5 °c
- d) Decreased ESR.
- e) Present of mass in ultrasound scan.

480. Hospitalization for patient with PID.

- a) Pregnancy.
- b) Temperature of more than 38°C.
- c) Suspected pelvic abscess.
- d) Patient request
- e) All of the above.

481. Differential diagnosis of PID.

- a) Ovulation
- b) Cystitis
- c) Degenerating myoma.
- d) Sickle cell crisis.
- e) Irritable bowel syndrome.

482. PID.

- a) Hysterectomy may be a mode of treatment
- b) Surgery is always indicated.
- c) Clindamycin is also used in the treatment.
- d) Chronic pelvic pain syndrome is a complication.
- e) Infertility is a common complication.

483. Sonographic characteristic of malignant tumour.

- a) Absence of fluid in the peritoneum.
- b) Thick capsule.
- c) Thin capsule.
- d) Thin septae.
- e) Enlarged lymph nodes.

484. About ovarian tumours.

- a) Dysgerminomas are common in the reproductive age group.
- b) Serous cyst adenomas contain tissues all the 3rd germ layers.
- c) Dermoid cysts are common in the under 10 year's group.
- d) Bilateral tumours have a great risk of malignancy.
- e) Always present with Ascites.

485. Germ cell tumour includes.

- a) Dysgerminomas.
- b) Endodermal sinus tumour.
- c) Embryonal carcinoma.
- d) Choriocarcinoma.
- e) Teratomas.

486. Operatives features suggestive of malignancy.

- a) Areas of haemorrhages in the tumour.
- b) Large blood vessel in the surface.
- c) Bilateral presence.

- d) Ascites.
- e) Presence of adhesions.

487. Tumour markers in gynecological practice.

- a) CA-125 for ovarian tumours.
- b) Alpha-fetoprotein (AFP) for Endodermal sinus tumours.
- c) Lactate dehydrogenase (LDH) for Dysgerminomas.
- d) Human chorionic gonadotropin (hCG) for non-gestational choriocarcinoma.
- e) CA-125 for endometriosis.

488. Fitz-Hugh-Curtis syndrome.

- a) There is right upper quadrant pain.
- b) Occurs almost exclusively among women
- c) Salpingitis is not included.
- d) Viral hepatitis is a differential.
- e) N. gonorrhoea and C. trachomatis have been associated.

489. Cause of postmenopausal bleeding.

- a) Genital malignancies like ca. cervix.
- b) Dysfunctional uterine bleeding.
- c) Retained placenta.
- d) Hyperplastic endometrium.
- e) Senile vaginitis.

490. Benefits of GnRH analogues in uterine fibroids include.

- a) Increased in tumour size and growth.
- b) Reduce anaemia
- c) Reduce vascularity and thus less bleeding during operation.
- d) Cosmetic scar and surgery.
- e) Case of myomectomy post GnRH treatment.

491. Uterine fibroids can cause infertility through:

- a) Tubal obstruction.
- b) Abnormal myometrial and endometrial veins.
- c) Interference with normal myometrial contractility.
- d) Distortion of uterine cavity.
- e) All of the above.

492. Criteria for unexplained infertility.

- a) Demonstration of ovulation.
- b) Tubal patency.
- c) Normal sperm-cervical mucus interaction.
- d) Normal seminal analysis.
- e) None of the above.

493. Ovarian causes of hyperandrogenism include.

- a) PCOS.
- b) Sertoli-Leydig cell tumour.
- c) Hilus cell tumour
- d) Luteoma of pregnancy.
- e) Hypertecosis.

494. The following factors affect wound healing.

- a) Proper apposition of tissues.
- b) Immune status of individual.
- c) Prolonged use of steroids.

- d) Pre-morbid state.
 - e) Site of incision.
495. The predisposing factors to ward sepsis include the following except.
- a) Proper use of prophylactic antibiotics.
 - b) Use of catheter and bag in post operative patients.
 - c) Hand washing with soap.
 - d) Decontaminating formulas.
 - e) Early discharge of postoperative patients.
496. The following are risk factors to genital prolapse:
- a) Grande multiparous.
 - b) Third degree perineal tears.
 - c) Connective tissue defects.
 - d) Surgeries.
 - e) Increased intra abdominal pressure.
497. The following are true about cervical carcinoma.
- a) Most of the predisposing factors are related with sexual behavior.
 - b) Is easy preventable and curable when early diagnosis is done.
 - c) From stage 0 to II b surgical treatment is possible with a high rate of cure.
 - d) Cervical cytology is the best method to do screening, and the risk for advanced disease decrease when is done at least once during the life.
 - e) Advanced colposcopy can predict histological diagnosis.
498. Spread of ca cervix is predominantly by.
- a) Lymphatics.
 - b) Haematogenous.
 - c) Implantation during sexual intercourse.
 - d) Direct extension.
 - e) None of the above.
499. Cancer of the cervix stage 3b can be associated with the following.
- a) Hypertension.
 - b) Lymphoedema of the lower limb.
 - c) Hydronephrosis.
 - d) A and B above.
 - e) Band C above.
500. After treatment of Ca cervix, follow up recommendations should be,
- a) 2 months interval in the first years.
 - b) 3 months intervals in the second year.
 - c) Annually in the first two years.
 - d) Every three years after 10 years.
 - e) 6 months intervals in the 3-5year.
501. In VIA the target age group for screening is (Uganda).
- a) 18 to 25 years.
 - b) 25 to 50 years.
 - c) 35 to 45 years if the screening is to be once in a life time.
 - d) For women greater than 50 years the screening interval is five years.
 - e) Annual screening is recommended for women 18 to 25 years.
502. The following are indications for ECC.
- a) Positive PAP smear.
 - b) PAP smear reveals squamous epithelium.

- c) Transformation zone not seen on colposcopy.
- d) Positive pap smear no lesion seen on colposcopy
- e) A and C above.

503. Corpus cancer syndrome involves.

- a) Obesity, hypertension, CCF
- b) Obesity, hypertension, diabetes mellitus, cancer endometrium.
- c) Obesity, hypertension, renal disease.
- d) Obesity, hypertension, haematometra.
- e) Haematocolpos, obesity, hypertension.

504. About choriocarcinoma metastatic lesion to the brain are suspected when the ratio of hCG in spinal fluid to serum is

- a) 1:6
- b) 1:70
- c) 1:80
- d) 1:90
- e) 1:60

505. Choriocarcinoma.

- a) Can arise from any type of trophoblastic tissue.
- b) It commonly appears after a partial mole.
- c) Placental Site Tumour is easily diagnosed because the presence of chorionic villi.
- d) Typical presentation is the presence of theca-lutein cyst.
- e) hCG level higher than 10^5 IU/L is considered as poor prognosis

506. A chemotherapy course for GTN should not be continued if

- a) WBC level less than 3000 cumm.
- b) Polymorphonuclear leucocytes equal to 1500 cumm
- c) Platelets count between 100,000 to 150,000 cumm.
- d) After 2 negative weekly hCG titres.
- e) After 3 consecutive negative weekly hCG titres.

507. About administration of methotrexate for treatment of GTN the following are true.

- a) Methotrexate 1-1.5 mg/kg IM or IV on day 1, 3, 5 and 7.
- b) Methotrexate 1-1.5 mg/kg IM or IV on day 2, 4, 6 and 8 to be repeated after one week.
- c) Folinic acid 0.1-0.15 mg/kg IM on day 2, 4, 6 and 8 to be repeated after 1 week.
- d) A and C.
- e) None of the above.

508. About placental site tumour treatment is by

- a) Methotrexate 2mg/kg for 6 months.
- b) Methotrexate 1mg/kg for 4 months.
- c) Methotrexate, Actinomycin D, Etoposide, cyclophosphamide and oncovin.
- d) Cisplatin and cyclophosphamide.
- e) Carboplatin and Paclitaxel.

509. About metastatic ovarian tumours, common primary site is

- a) Pylorus.
- b) Colon
- c) Breast.
- d) Liver.
- e) Oesophagus

510. The following are true about stage 1c ovarian cancer.

- a) Growth limited to one ovary with capsule ruptured.
 - b) Growth involves both ovaries capsule intact.
 - c) Growth limited one ovary positive peritoneal washing.
 - d) Growth limited to both ovaries capsule ruptured.
 - e) Growth involving both ovaries, tubes and uterus.
511. Carcinoma of the ovary
- a) Is stage IIA if it spreads to the upper 1/3rd of the vagina without parametrial spread
 - b) Is stage IIIB if it has spread to the lateral pelvic wall
 - c) Is stage III if there is parenchymal induration of the liver at laparotomy
 - d) a and c above
 - e) None of the above
512. According to the FIGO classification, endometrial carcinoma will evidence of positive peritoneal cytology would classified as.
- a) Stage Ia.
 - b) Stage Ib.
 - c) Stage IIb.
 - d) Stage IIIa.
 - e) Stage IVa .
513. Concerning acetic acid the following are true.
- a) It is mucolytic.
 - b) Around an abnormal nucleus light transmission is hindered.
 - c) Fades in 1-2 minutes
 - d) Epithelium becomes white in metaplasia
 - e) Epithelium becomes white in malignancy.
514. The following are true about colposcopic findings of blood vessels in cervicitis.
- a) A-Stag-horn like vessels
 - b) Wasted thread vessels.
 - c) Tendril vessels.
 - d) Cork screw vessels
 - e) Tadpole like vessels.
515. Straw-berry appearance of the cervix occurs in
- a) HPV infection.
 - b) HSV type 2 infection.
 - c) Candidiasis.
 - d) CIN III.
 - e) Trichomoniasis
516. The following are true of endometriosis
- a) It cannot occur in postmenopausal women as their endometrium is atrophic.
 - b) It occurs in the reproductive age because of the presence of gonadotrophins.
 - c) It can cause deep and superficial dyspareunia.
 - d) All the above.
 - e) None of the above.
517. The most common site of endometriosis is
- a) The pouch of Douglas.
 - b) The ovary
 - c) The posterior surface of the uterus
 - d) The broad ligament
 - e) The pelvic peritoneum.

518. The most frequent symptom of endometriosis
- Infertility
 - Pain
 - Headache
 - Dyspareunia
 - All the above.
519. The following are true about uterine fibroids.
- Treated always by surgery.
 - Red degeneration more common in post menopause.
 - Hyaline degeneration is a possible complication.
 - Medical treatment has no benefits.
 - Cannot be treated by endoscopic surgery.
520. Criteria for medical treatment for uterine fibroid include.
- Giant fibroid previously surgery.
 - Small fibroids.
 - Contraindications for surgery.
 - To earn time and compensate the patient for surgery.
 - To preserve fertility.
521. About pelvic inflammatory disease.
- Is a polymicrobial infection.
 - Chlamydia causes Fitz-Hugh Curtis syndrome.
 - N. Gonorrhoea is the commonest causative agent of pelvic abscesses.
 - B. Fragilis is commonly involved.
 - Always the patients have to be admitted.
522. About PID
- Can affect men and women of reproductive age
 - TB is commonly associated
 - Doesn't present with PV bleeding
 - Always associated with Fitz - Hugh - Curtis syndrome
 - Bacteroides are commonly implicated
523. Hospitalization for patient with PID.
- Pregnancy.
 - Temperature of more than 38°C.
 - Suspected pelvic abscess.
 - Patient request
 - All of the above.
524. About PID.
- Hysterectomy may be a mode of treatment
 - Surgery is always indicated.
 - Clindamycin is also used in the treatment.
 - Chronic pelvic pain syndrome is a complication.
 - Infertility is a common complication.
525. Menopause
- Diagnosis is made in the presence of low oestrogen and FSH levels
 - Increases the risk of fracture of the femur in obese women
 - Treatment with hormone replacement therapy carries no risk
 - Symptoms can be controlled with the combined contraceptive pill
 - All the above
526. During the postmenopausal period there is

- a) High circulating levels of Oestrogens,
 - b) High circulating levels of Progesterone,
 - c) High circulating levels of Luteinizing hormone.
 - d) All the above
 - e) None of the above
527. Cause of postmenopausal bleeding.
- a) Genital malignancies like ca. cervix.
 - b) Dysfunctional uterine bleeding.
 - c) Retained placenta.
 - d) Hyperplastic endometrium.
 - e) Senile vaginitis.
528. During infertility work up.
- a) Semen analysis should be the first to be done as it is easy to do
 - b) The couple should be given information on the menstrual cycle
 - c) Ovulation induction is a method of treatment
 - d) All the above
 - e) None of the above
529. The following is/are associated with male infertility
- a) None scalpel vasectomy
 - b) Thyroid disorders
 - c) Chicken pox at 18 years of age
 - d) All the above
 - e) b) and c) above
530. A 35 year old woman presents with history of periods of amenorrhoea followed by heavy bleeding and denies using drugs. She wants to get pregnant. The following are likely causes
- a) Over stimulation of the follicular system of the ovaries by the hypophysis
 - b) Under production of oestrogens and progesterone
 - c) Under production of FSH and LH
 - d) All the above
 - e) None of the above
531. A 26 yr old married woman presents with infertility and amenorrhoea. She has a normal satisfying sexual life. On work up she was found to be normal 46XX, no oestrogen or progesterone nor evidence of androgens. She has poorly developed breasts. HSG is normal. The following are possible causes
- a) Testicular feminization syndrome
 - b) Mullerian dysgenesis
 - c) Gonadal dysgenesis
 - d) B and C above
 - e) All the above
532. Genital prolapse.
- a) When a pelvic organ slips down and protrudes outside of the vagina.
 - b) Cystocele is when the anterior bladder wall slip down through the anterior vaginal wall.
 - c) In a rectocele the rectum is prolapsed into the posterior vaginal wall.
 - d) Always treated with surgery.
 - e) Cannot be prevented.
533. Preparation of a patient for surgery
- a) Informed consent is important
 - b) Patient has no right to refuse operation

- c) Catheter insertion is mandatory for all patients for surgery
 - d) CXR is routine
 - e) CXR is important in patients above 50 years.
534. Anatomy of the female genital tract.
- a) The uterine artery is a branch of the terminal part of the aorta.
 - b) The uterine artery is a branch of the internal iliac artery.
 - c) The uterine artery is the terminal branch of the internal femoral artery.
 - d) The uterine artery is a branch of the obturator internus artery.
 - e) None of the above.
535. The perineal body is made of the following muscles.
- a) Transverse perineal, Coccygeus, ischiocavernosus, levator ani, bulbo cavernosus.
 - b) External anal sphincter, ischiocavernosus, bulbocavernosus, levator ani and transverse perini.
 - c) Bulbo spongiosus, ischiocavernosus, transverse perineal, levator ani.
 - d) Bulbospongiosus, transverse perini, anal sphincter, levator ani.
 - e) None of the above.
536. Indications for medical treatment of ectopic pregnancy include the following except:
- a) Presence of cardiac activity
 - b) Beta-hCG titres less than 5000mIU/ml
 - c) Unruptured ectopic
 - d) An ectopic greater than 3.5 cm
 - e) An ectopic less than 3.5 cm
537. Concerning medical treatment in ectopic pregnancy, the following statements are false:
- a) Methotrexate should be given on days 2, 4, 6, 8, 10.
 - b) Methotrexate should be given on days 1, 3, 5
 - c) Serum creatinine should not be done
 - d) Qualitative beta HCG is important in treatment
 - e) Ninety percent (90%) of an intravenous (IV) dose of methotrexate is excreted unchanged within 24 hours of administration.
538. Habitual abortion
- a) Is defined as 3 or more consecutive losses of pregnancies before 28 weeks
 - b) Cervical stitch is always successful
 - c) Can be investigated before pregnancy
 - d) A and C
 - e) None of the above
539. About abortions
- a) Threatening abortion in the first trimester can be treated by bed rest
 - b) MVA can be done by all staff cadres if trained
 - c) The condition can be life threatening
 - d) a and c above
 - e) All the above.
540. In a patient with recurrent abortion, which of the following are possible causes?
- a) Sigmond-Sheehan's syndrome.
 - b) Cervical incompetence.
 - c) Antiphospholipid antibody syndrome.
 - d) TORCH infections.
 - e) Congenital anomalies of the genital tract

541. You are on call at MUTH and are assessing a 16 year old patient with peritonitis and septic shock due to a post abortal sepsis. Which of the following would you consider in the management?
- Broad spectrum antibiotic combination.
 - Patient resuscitation with 5 % dextrose.
 - Fluid challenge.
 - Blood and plasma transfusion.
 - Laparotomy as soon as patient's condition allowed it.
542. Criminal abortion prevention.
- Improving accessibility to family planning method.
 - Maternal education level has no role.
 - Legalization of elective abortion.
 - Adequate sexual education programs.
 - Health policies are no related.
543. About pos abortal care (PAC)
- Antibiotics cover to prevent infection
 - Immediate post abortion family planning to avoid another pregnancy
 - Connection to other reproductive health services
 - All of the above
 - None of the above
544. Depo-Provera (DMPA).
- Contains the progesterone medroxyprogesterone caproate.
 - Is a combine injectable contraceptive.
 - Can cause breakthrough bleeding.
 - Is effective for 10 wks.
 - Return to fertility is immediate after terminating its use.
545. Emergency contraception:
- Combined oral pills are more effective than the progesterone only pills.
 - Progesterone only pills (ovureete) 2 doses 12 hours apart are enough.
 - Intra uterine device can be used within 7 days.
 - Is a routine method of contraception.
 - All of the above are false.
546. Combined OCPs contain.
- A synthetic oestrogen.
 - A progestin.
 - Both.
 - Neither.
 - All the above.
547. The following are true of oral contraceptive pills
- They decrease the risk of ovarian cancer
 - They are contraindicated in parous women with endometriosis
 - They are contraindicated in young nulliparous girls
 - All of the above
 - None of the above
548. About Norplant
- Effectiveness is reduced in women over 75 kilograms
 - Return to fertility is delayed after four years of use.
 - After expiry of the first five years the implants should be inserted on the same arm.

- d) Long term use can cause cancer of the breast
- e) Menstrual irregularity is the most common indication for removal.

549. Leopold's manoeuvres include

- a) Determination of Gestational Age
- b) Cervical examination
- c) Determination of presentation.
- d) Auscultation
- e) All the above.

550. The following are true, when the fundal height is smaller than the expected for gestational age.

- a) Congenital anomalies can be present.
- b) Abnormal lie is a differential.
- c) Menstrual error is the commonest cause.
- d) Small for date.
- e) Pregnancy associated with uterine fibroid.

551. During antenatal management, the following are true

- a) Refocused ANC involves reducing the number of visits and improving the quality of contact time
- b) All mothers must have four visits only
- c) All mothers should have a birth plan as this improves decision on making
- d) A and B
- e) A and C

552. About antenatal care.

- a) The more times the mother attends the clinic the better for her.
- b) The more times the mother attends the clinic the less likely she is to get problems.
- c) All mothers who will get complications can be identified with good and close monitoring.
- d) a) and c) above.
- e) None of the above.

553. Haematological findings in Iron deficiency anaemia.

- a) Microcytic hyperchromic.
- b) Macrocytic hypochromic.
- c) Marked anisocytosis.
- d) The mean corpuscular value is low.
- e) Mean corpuscular haemoglobin is increased.

554. The following are effects of progesterone in pregnancy.

- a) Reduces vascular tone and BP increases.
- b) Reduces vascular tone and peripheral temperatures increases.
- c) Increases vascular tone and BP increases.
- d) Increases vascular tone and BP decreases.
- e) All of the above.

555. Incompetent cervix

- a) We commonly treat by cervical cerclage at 20 weeks of gestation
- b) Ultrasound scan before the procedure is not necessary
- c) The stitch is only removed after 37 completed weeks
- d) Cause may be congenital
- e) All the above

556. Which of the following doesn't include WHO recommendation regarding breast feeding in HIV mothers?
- Exclusive breast feeding should be protected, promoted and supported for 6 month.
 - To minimize HIV transmission risk, breast feeding should be continued for as long as possible.
 - HIV infected women should have access to information, follow-up.
 - Avoidance of breast feeding by HIV infected mother is not recommended.
 - Exclusive breast feeding for 6 month is recommended for both HIV negative and HIV positive mothers.
557. During the management of malaria:
- A negative blood slide means there is no malaria
 - Quinine can be used in early pregnancy
 - IV Quinine should be given in Normal saline since the mother is dehydrated
 - All the above
 - None of the above
558. About pathogenesis of malaria in pregnancy:
- The *Plasmodium falciparum* parasites express VSAs that mediate adhesion of parasite infected erythrocytes to the chondroitin sulphate A receptors
 - The *Plasmodium falciparum* parasites express VSAs that mediate adhesion of parasite infected erythrocytes to the chondroitin sulphate C receptors
 - Adhesion occurs on the cytotrophoblast lining the intervillous intervillous space.
 - Adhesion occurs on the syncytiotrophoblast lining the intervillous intervillous space
 - The var5csa gene encodes a parasite adhesion molecule that initiates the pathology associated with pregnancy associated malaria (PAM).
559. Malaria in pregnancy
- Plasmodium vivax* causes cerebral malaria.
 - Plasmodium malariae* causes relapses.
 - Chondroitin sulphate A receptors Protect PG's against severe malaria.
 - Prime gravida are more prone to hyperparasitaemia than grand multiparous.
 - None of the above
560. The following have been associated with bacteriuria in pregnancy:
- Pre-term birth
 - Low birth weight
 - Perinatal mortality
 - Abortions
 - Diabetes Mellitus
561. About asymptomatic bacteriuria in pregnancy:
- Refers to the presence of a positive urine culture in an asymptomatic person
 - Occurs in 2 to 7 percent of pregnancies
 - Defined as two consecutive voided urine specimens with isolation of the same bacterial strain in quantitative counts of $\geq 10^5$ cfu/mL
 - Presence of lactobacillus or propionibacterium does not indicate a contaminated urine specimen
 - If left untreated, 50% of patients will progress to symptomatic bacteriuria
562. The following drugs can be used for treatment of asymptomatic bacteriuria:
- Penicillins
 - Cephalosporins
 - Doxycycline
 - Sulphadoxine

- e) Dexamethasone
563. About renal physiological changes during pregnancy, the following are true except:
- Glomerular Filtration Rate increases by 50%
 - Renal plasma flow increases by 50%
 - Oestrogens are responsible for the general ureteric relaxation
 - There is decreased predisposition to Urinary tract infections
 - There is increased creatinine clearance.
564. In the management of premature labour
- Vacuum extraction should be done to expedite the delivery
 - Dexamethasone injection is mandatory to prevent respiratory distress syndrome
 - Prostaglandins should never be given
 - All the above
 - None of the above
565. All the following are increase in multiple gestation
- Blood loss at delivery.
 - The evidence of congenital anomalies.
 - The evidence of cephalopelvic disproportion.
 - The incidence of placental abruption.
 - The incidence of malpresentation.
566. The following are true in the management of multiple pregnancies
- They should be admitted at 36 weeks to reduce the incidence of neonatal complications
 - Active management of third stage always prevents post partum haemorrhage
 - Caesarean section is indicated if the second twin is a breech
 - A and C above
 - None of the above
567. IUFD
- Can occur secondary to infection
 - Coagulation profile is vital
 - A C/S delivery is always safe
 - PPH is a possible complication
 - Misoprostol can be used for induction of labour
568. About Diabetic in pregnancy.
- Oral hypoglycaemic are recommended.
 - Nutritional counselling and exercise are not part of management.
 - Shoulder dystocia may occur during delivery.
 - Caesarean section is always the mode of delivery.
 - Patient with Pregestational Diabetic always need insulin treatment.
569. Assessment in IUGR.
- Uterine fundal length, maternal weight gain, and foetal quickening.
 - Abdominal circumference is the best parameter during follow up.
 - Oligo hydramnios is usually associated.
 - Femur length/abdominal circumference is the best us parameter.
 - The frequency of symmetric IUGR is 75 %
570. The following are indication for removal cervical cerclage.
- Rupture of the membranes.
 - Haemorrhages
 - Elevations of blood pressure.

- d) Uterine fibroid
 - e) Uterine contractions.
571. In the management of premature labour
- a) Vacuum extraction should be done to expedite the delivery
 - b) Dexamethasone injection is mandatory to prevent respiratory distress syndrome
 - c) Prostaglandins should never be given
 - d) All the above
 - e) None of the above
572. In the management of mild pre eclampsia,
- a) The patient can be seen weekly
 - b) The mother should be immediately admitted
 - c) The mother should be delivered by caesarean section when she reaches 40 weeks of amenorrhoea
 - d) All the above
 - e) None of the above.
573. The following statements are true about pre- eclampsia.
- a) Is among the commonest cause of maternal mortality in MRRH.
 - b) SFlt-1 prevents the correct differentiation and invasion of the trophoblast.
 - c) Aspirin inhibit the synthesis of prostacyclin.
 - d) Thromboxane A₂ is a potent vasodilator.
 - e) None of the entire above is true.
574. About management of severe pre Eclampsia
- a) Severe pre Eclampsia should be managed as out patient after control of the blood pressure
 - b) Magnesium sulphate should be used in all cases
 - c) Methyldopa is the best option to treat the crisis
 - d) Aspirin 80 mg daily may help in preventing pre Eclampsia in patient at high risk
 - e) All the above
575. About eclampsia
- a) Difenyyl hidantoine is the drug of choice
 - b) Valium can be used as secure alternative in the absent of magnesium sulphate
 - c) Delivery is indicated only after complete stabilization of the patient
 - d) Vaginal delivery is contraindicated
 - e) All the above.
576. MgSO₄.
- a) Act by preventing the release of acetylcholine at neuromuscular plaque.
 - b) Prevent the entry of calcium to the damaged endothelial cells.
 - c) Stimulate the N-methyl-D-aspartate receptors.
 - d) Toxicity appears with concentration of 8 to 10 meq/L.
 - e) Pulmonary oedema is a common complication.
577. A 25 year old patient at 32 weeks of amenorrhoea was brought to maternity ward of MRRH. These are the clinical findings on the physical examination. Pale xxx, dehydrated, RP: 120/ min; BP 90/60 mmHg; delay in the capillary refilling time; bleeding by mouth. Abd: Fundal height 36 cm, tenderness, and uterus hard, no FHeart heard. Vaginally: scanty blood coming through the canal, reddish area around the cervix was noticed. Which among the following is the most likely diagnosis?
- a) Placental abruption.
 - b) Placenta praevia type IV.
 - c) Cervical carcinoma.
 - d) Severe placental abruption with IUFD and CID.

e) Vasa praevia with IUFD.

578. About labour.

- a) Is divided into two stages.
- b) Latent phase is considered since the uterine contractions are started until the moment the cervix reaches a dilatation of 5 cm.
- c) Active phase is considered from 4 cm to 10 cm.
- d) Second stage commencement is at 9 cm.
- e) Maximum slope is part of the second stage.

579. Analgesia during labour.

- a) Pudendal nerve block is not recommended.
- b) Is not recommended in active labour.
- c) Is commonly practiced.
- d) Narcotics are commonly used in MUTH.
- e) Companion support in labour has shown to help

580. Placenta Previa management

- a) Tocolytics are indicated in preterm management
- b) Vaginal delivery should always be attempted if the mother is not severely affected
- c) PPH should be anticipated
- d) When mild bleeding at term, mother stable, labour should be awaited
- e) All the above.

581. The following are true about the partogram

- a) Reduces the need for unnecessary vaginal examinations
- b) Reduces the need for consultation
- c) Should be used by midwives and students (nursing and medical)
- d) Should be used by specialists'
- e) All the above

582. Shoulder dystocia.

- a) Is a common complication.
- b) Associated with maternal obesity.
- c) Associated with gestational diabetes.
- d) Foetal clavicle fracture is a complication.
- e) McRobert maneuver can solve about 70 % of all cases.

583. Method of delivery of twins (mother in labour).

- a) 1st twin, cephalic presentation, C/section.
- b) 1st twin in transverse lie, external cephalic version can be attempted.
- c) 1st twin in breech presentation, C section is suggested.
- d) The estimate weigh of the 2nd twin is more than 1000gramos in relation with 1st twin. Normal vaginal deliver can be attempted.
- e) If 2nd twin is breech, C/section should be done.

584. The following are common complication of multifoetal pregnancy.

- a) Pregnancy induced hypertension.
- b) Preterm labour
- c) Foetal growth restriction.
- d) Shoulder dystocia.
- e) Puerperal sepsis.

585. Active management of third stage of labour (AMSTIL) involves:

- a) Using a balloon tamponade to enhance uterine involution

- b) Delivery of the cord by controlled cord traction with counter traction over the supra pubic area
 - c) Monitoring of the Blood pressure, pulse rate, GCS, and Per vaginal bleeding every 20 minutes for one hour
 - d) Pelvic floor exercises (kegel's exercise)
 - e) Administration of 10IU of oxytocin IM on the anterior thigh within 2 minutes of delivery of the baby
586. Classical c/section is:
- a) Vertical incision done in the upper uterine segment.
 - b) Vertical incision made in the lower uterine segment.
 - c) Vertical incision extended from the upper to the lower uterine segment.
 - d) Transverse incision made in the lower uterine segment.
 - e) None of the above.
587. The following are contraindications for vaginal birth after a caesarean section.
- a) Previous classical caesarean section.
 - b) Previous transverse low-segment incision.
 - c) Surgeon opinion.
 - d) Previous uterine rupture.
 - e) Mother decision.
588. Physiological management of 3rd stage of labour
- a) Oxytocin 10IU IM is given on the anterior thigh
 - b) Controlled cord traction is done
 - c) No intervention is done
 - d) Practiced by mid wives and TBA's in the village
 - e) Associated with PPH
589. These methods can be used in treatment of postpartum haemorrhage except:
- a) Caesarean section
 - b) Total abdominal hysterectomy
 - c) Internal Iliac ligation
 - d) Cytotec
 - e) Syntometrienne
590. A 26 year old patient, primigravida was admitted at Mbarara Regional Referral Hospital at 35 WOA due to APH. This was the first time she had bleed and on physical examination the following finding were reported: MM : coloured and hydrated; RP: 88/ min; BP: 126/86 mmHg; Abd: FL 36 cm, cephalic, FHR: 146/min, V/V palpable. Which of the following is the best option of management?
- a) Digital vaginal examination to confirm diagnosis under general anesthesia and C/section if confirm.
 - b) Conservative management due to the good maternal conditions.
 - c) Digital examination, AROM and induction of labour.
 - d) Emergency c/section.
 - e) All of the above are right.
591. The following are true statements about abruptio placenta.
- a) Maternal conditions are always related to amount of PV bleeding.
 - b) Is frequently related with low consumption of coagulating factors.
 - c) Smoking has no role.
 - d) ARM and induction is contraindicated.
 - e) Is highly related to PPH.

592. A patient at 32 WOA was diagnosed of having a severe abruptio placenta with intrauterine foetal death and DIC, which of the following is the best option to deliver the patient?
- General measures, resuscitating the patient and emergency c/section.
 - General measures, whole blood transfusion, fresh frozen plasma, IV fluids emergency C/section.
 - General measures, whole blood transfusion, fresh frozen plasma, IV fluids, after correction the DIC ARM and attempt to vaginal delivery by inducing or augmenting labour.
 - None of the above.
 - All of the above can be used with similar results.
593. In PPH.
- Blood transfusion is always required.
 - Blood transfusion may not be required.
 - Bleeding is always from the uterus.
 - a) and c) above.
 - All of the above.
594. The following are important investigations in disseminated intravascular coagulation
- Partial thromboplastin time
 - Prothrombin time
 - Thrombin time
 - A and C above
 - B and C above
595. Maternal changes in puerperium.
- Return to normality is 2 weeks after delivery.
 - Return to normal 20 weeks after delivery.
 - Return to normal 42 weeks after delivery.
 - Return to normal 32 days after delivery.
 - None of the above
596. The following are true about puerperal infection.
- It is the infection of the genital tract of a woman while pregnant or after delivery.
 - The commonest site of infection is episiotomy wound.
 - Caesarean section has the greatest risk for infection.
 - Endometritis is the commonest infection.
 - None of the above.
597. The following are causes of early neonatal deaths in Uganda
- Hyaline membrane disease
 - Foetal asphyxia
 - Bronchopneumonia
 - All the above
 - None of the above
598. Maternal mortality.
- Is the death of a woman while pregnant or within 42 days of termination of pregnancy, including accidental and incidental causes.
 - Direct obstetrics death- resulting from obstetrics complications of pregnancy, labour or the puerperium.
 - One of the most common indirect obstetric deaths in Mbarara Referral hospital is puerperal sepsis.
 - Haemorrhage remains an important cause of direct maternal death
 - All above are true.

599. Malaria in pregnancy:

- a) Plasmodium Vivax causes cerebral malaria.
- b) Plasmodium malariae causes relapses.
- c) Chondroitin sulphate A receptors protect primigravida against severe malaria attacks.
- d) Primigravidas are more prone to hyperparasitaemia than grandmultipara.
- e) All pregnant women require only 2 doses of intermittent presumptive treatment.

600. The following species of malaria parasites cause relapse of malaria in pregnancy.

- a) *P. falciparum*.
- b) *P. vivax*.
- c) *P. ovale*.
- d) *P. inguinale*.
- e) *P. malariae*.

601. About MgSO₄.

- a) At 50 % concentration should be given IV to get fit prevention.
- b) Act at the neuromuscular junction by blocking the acetylcholine release.
- c) Prevent the Calcium entrance to the damaged cells.
- d) Prevent convulsion by inhibiting epileptogens mediators.
- e) At 12 meq/l serum level can induce cardio respiratory arrest.

602. About hypertension in pregnancy.

- a) The three main mechanism causing hypertension are: increased preload, increased cardiac output, decreased preload.
- b) The order to treat this mechanism in a pregnant patient is: post load (central or peripheral vasodilator); preload (venodilator); cardiac out put (β -blocker).
- c) Sudden reduction of blood pressure levels can induce IUGR and/or IUFD.
- d) Transient hypertension of pregnancy (group IV FIGO) should be treated with central vasodilator.
- e) Micro albuminuria can be a sign of pre-eclampsia.

603. Physiopathology of pre-eclampsia.

- a) Any event causing placental ischaemia is a risk factor.
- b) Immunological theory has the explanation in the familiar predisposition.
- c) Genetic information in the father has no role.
- d) Impaired trophoblast differentiation/ invasion seem to have the main role.
- e) VEGF/PlGF deficiency can be the starting even.

604. Pre-eclampsia management.

- a) 33 WOA, blood pressure 140/100 mmHg, urine protein xx, LFT and RFT normal: admission, bed rest and oral antihypertensive treatment.
- b) 33 WOA, 140/115 mmHg, urine protein xxx, blurred vision, vomiting; admission, bed rest, oral antihypertensive treatment, MgSO₄ 50% IV.
- c) 33 WOA, 115 mmHg urine protein xxx, blurred vision, vomiting and hyperreflexia: admission, IV Hydralazine (5mg/30 min till BP is 120/80mmHg, MgSO₄ 50% IM (14g) plan for immediate caesarean section.
- d) 36 WOA, 140/108 mmHg, urine protein nil, asymptomatic, IV Hydralazine 5mg/30 min, after BP control, oral methyldopa.
- e) 36 WOA, 140/110 mmHg urine protein xx, fronto-occipital headache: Admission, IV Hydralazine 5mg/30 min, IV MgSO₄ 20% and IM 50 %, Induction of labour after BP control if bishop score > 6.

605. Modified obstetric practices in PMTCT include the following

- a) Vaginal cleansing with clean water
- b) Administration of 2mg/kg of Nevirapine tablets to a baby after 72hrs of delivery
- c) An episiotomy may be performed when necessary
- d) Delivery must be conducted in hospital
- e) Elective C/S.

606. An HIV positive mother delivers a healthy baby. PCR confirms that this baby is HIV negative at birth. What will you do to prevent MTCT

- a) Breast feeding for only three months will protect the baby
- b) Since the baby is negative, Nevirapine is not necessary
- c) Replacement feeding with cow milk is the ideal
- d) Wet Nursing is a recognised option
- e) Condom use has no role in protecting this baby.

607. The following statements are true about PMTCT

- a) The sero prevalence of HIV among pregnant women in Mbarara region is 6.8%
- b) The sero prevalence of HIV among pregnant women in Uganda is 13%
- c) PMTCT interventions reduce transmission of HIV to infants by 50%
- d) Breast feeding alone contributes 35% of MTCT
- e) Family planning is important.

608. A G2P1+0 HIV positive mother comes to clinic. Which of the following will you consider

- a) Initiation of HAART even without medical eligibility
- b) CD4 count will not influence the decision to start ART
- c) 3TC, D4T, EFV is the combination of Choice
- d) 3TC, D4T, NVP is the combination of Choice
- e) Triomune is never given

609. About waste management

- a) Hospital, Blood banks and domiciliary make the largest source of Health care waste
- b) Yellow bin is for placenta and anatomical wastes
- c) Sharps constitute more than 1% of health care waste
- d) and b) are correct
- e) b) and c) are correct.

610. About multiple pregnancy.

- a) There is not significant increase in obstetric complications.
- b) Risk of obstetric complications is slightly increased.
- c) Perinatal morbidity/mortality is reduced.
- d) At 2 years old, infant mortality rate of twins is the same as that of singletons.
- e) Is common in blacks.

611. In monozygotic twins.

- a) One ovum is fertilized for two sperms.
- b) Comprises 2/3 of all twins.
- c) Dichorionic-diamniotic placentation occurs when cell division occurs in 1st 72 hours of fertilization.
- d) Predisposing factors include race and use of fertility induction drugs.
- e) Can co-exist with dizygotic twins.

612. APH.

- a) Any bleeding from genital tract at any gestational age.
- b) Any bleeding from genital tract after 28 WOA, independently of the cause.
- c) Vasa previa is the commonest cause.
- d) Amniotomy and induction can be done in type II placenta previa.

e) Lovset's manoeuvre can help during management.

613. Abruption placenta.

- a) Can appear before labour, during second stage or during third stage of labour.
- b) Severe abruption always presents with heavy PV bleeding and shock.
- c) DIC is one of the commonest causes.
- d) Severe abruption, IUFD and DIC should be delivered by emergency caesarean section.
- e) Couvelaire uterus usually treated with Oxytocic drugs and DIC correction.

614. Epidemiology of multifoetal gestation.

- a) Incidence of monozygotic twins is uniform worldwide.
- b) Incidence of Dizygotic twins is uniform worldwide.
- c) Incidence is thought to be higher among whites.
- d) Paternal family history is not a risk factor.
- e) Overweight and tall women are at a greater risk for twin birth.

615. Method of delivery of twins (mother in labour).

- a) 1st twin, cephalic presentation, C/section.
- b) 1st twin in non-longitudinal lie, external cephalic version can be attempted.
- c) 1st twin non-longitudinal lie; C section is suggested.
- d) If 2nd twin is a non-longitudinal lie internal podalic version can be attempted.
- e) If 2nd twin is breech, C/section should be done.

616. Labour management in multifoetal gestation.

- a) Induction of labour is contraindicated.
- b) IV fluids should be given as soon as labour starts.
- c) Vacuum extraction can be done on breech 2nd twin.
- d) Forceps can be done on delivery after coming head.
- e) Both babies have a high morbidity and mortality.

617. Components of essential obstetric care include:

- a) Parenteral Oxytocic drugs.
- b) Parenteral antibiotics.
- c) Manual removal of retained products.
- d) Manual removal of the placenta.
- e) Use of anticonvulsant.

618. The following are common renal disorders during pregnancy.

- a) Nephrotic syndrome.
- b) Mild right hydronephrosis.
- c) Pyelonephritis.
- d) Calculi.
- e) Glomerulonephritis.

619. About caesarean section.

- a) Increase risk of MTTC transmission of HIV.
- b) Increase risk of puerperal infection.
- c) Classical incision has less risk of uterine ruptures in subsequent pregnancies.
- d) In emergencies, patients don't need to be consented.
- e) Is the commonest cause of obstetric fistula.

620. Post caesarean care.

- a) Ambulation should not be started before 24 hours.
- b) Oral feeding neither is nor indicated before 12 hours.
- c) Foley catheter in prolonged/obstetric labour should be kept inserted for 21 days.

- d) Elective operations antibiotic prophylaxis should be extended for at least 72 hours.
- e) Deep venous thrombosis prevented by ambulation.

621.Regarding episiotomy.

- a) It's done to shorten second stage only.
- b) Done in every primigravida.
- c) Reduces the risk of MTCT of HIV.
- d) Medio-lateral incisions are more prone to extension than median episiotomy.
- e) The entire above.

622.The perineal body has attachment to 8 muscle which include:

- a) Sphincter ani externus.
- b) Gluteus maximus.
- c) Transverse perinei superficialis and rprofundi.
- d) Levator ani.
- e) All of the above.

623.The vulva consist of:

- a) Vaginal orifice.
- b) Vestibule.
- c) Urethral orifice.
- d) Labia majora and minora.
- e) Clitoris.

624.Cu T380A is:

- a) An intrauterine releasing hormone device.
- b) An intra vaginal device containing 380 mm surface area of copper wire around the stem.
- c) Can be inserted immediately after normal delivery.
- d) Act by causing a foreign body reaction in the uterus.
- e) Is effective only for 5 years.

625.The following are steroidal contraceptives.

- a) Nuva ring.
- b) Mirena.
- c) Mifepristone.
- d) Cyclofem
- e) Progestasert.

626.Depo-Provera:

- a) Contains both progesterone and oestrogens.
- b) Can cause break through bleeding.
- c) Is effective for 10 weeks.
- d) Contains 3rd generation progesterone.
- e) Return to fertility is immediate after termination its use.

627.The following are possible complications of intrauterine device.

- a) Syncope attacks.
- b) Abnormal menstrual bleedings.
- c) Spotting.
- d) Spontaneous expulsion.
- e) Dyspareunia.

628.Vasectomy.

- a) Leads to sterility after 10 ejaculations.
- b) May cause impotence.

- c) Involves ligation of Vasa efferentia.
- d) Can lead to primary testicular failure.
- e) Is reversible.

629. Vaginal foam tablets.

- a) Active ingredients are nonoxynol-8
- b) Act causing endometrial thinning.
- c) Cause a foreign body reaction.
- d) Are inserted after sex.
- e) Are spermistatic.

630. The following syndromes are associated with male infertility.

- a) Kallman's syndrome.
- b) Savages' syndrome.
- c) Meig's syndrome.
- d) Sheehan's syndrome.
- e) Asherman's syndrome.

631. The following factors can lead to male infertility.

- a) Excessive smoking.
- b) Morbid obesity.
- c) Orchidopexy.
- d) Vasectomy.
- e) Mumps infections.

632. These are germ cell tumour.

- a) Embryonal carcinoma.
- b) Dysgerminomas.
- c) Granulosa cell tumour.
- d) Serous tumour.
- e) Teratomas.

633. Cervical carcinoma screening methods.

- a) Unaided visual inspecting with acetic acid.
- b) HPV DNA tests.
- c) Visual inspection with naked eyes.
- d) Can be done at 60 years of age.
- e) Not recommended after cryotherapy.

634. Carcinoma of the cervix management.

- a) Stage I A₁ cone can be done.
- b) Radiotherapy can be used to cure the disease.
- c) It is a chemo sensitive cancer.
- d) Chemo-radiation can be done.
- e) Second look surgery is indicated.

635. Cervical carcinoma Clinical staging.

- a) Clinical lesion visible, 3,5 cm on diameter, anterior lip, uterus free, normal ultrasound and proctoscopy, cytoscopy showing bladder infiltration is stage
- b) Lesion no visible clinically but histology informing; Endocervical adeno carcinoma, LFT normal, Us scan negative, uterus fix to the pelvis, RFT abnormal is stage
- c) No clinical lesion visible, histology informed you, cervical carcinoma with stromal invasion 3mm on deep and 5 mm on transverse diameter: stage.....
- d) Cervical carcinoma invading lower third of the vagina is stage

- e) Lesion 3 cm on diameter, uterus free, no parametrial involvement, bladder and rectum free, LFT and RFT normal, Us scan no involvement of the liver or kidneys, but multiple lymph nodes in the pelvis: stage.....
636. Surgical finding suggestive of malignancies.
- Adhesions presence.
 - Bilateral tumour.
 - Partially solid and cystic tumour.
 - Torsion.
 - Scanty vascularization of the surface.
637. Meig's syndrome is associated with.
- Krukemberg tumour.
 - Dermoid cyst.
 - Fibroma.
 - Mucinous tumour.
 - The presence of ascites and no hydrothorax.
638. About PID.
- Fever, lower abdominal pain and vaginal discharge considered major signs.
 - C reactive protein, have a good sensitivity for assessing outcome.
 - Presence of fluid in the pouch of Douglas in an abdominal ultrasound is pathognomonic.
 - Bilateral hydrosalpinx is usually associated to sub acute and chronic PID.
 - In a pelvic abscess criteria to discharge patient is ESR less than 100 mm.
639. Surgery for PID is done:
- To every severe PID patient.
 - In abscess formation.
 - Not of diagnosis.
 - For social reasons or indications.
 - All the above.
640. During D and C.
- Sharp curettage is for infertility.
 - Sharp curettage is for Tb endometritis.
 - Sharp curettage is for endometrial carcinoma.
 - Blunt curettage is for choriocarcinoma.
 - Anaesthesia is not required.
641. Predisposing factors for vaginal candidiasis include.
- Pregnancy.
 - Good immune status.
 - Glycosuria.
 - Broad spectrum antibiotic therapy.
 - Chronic anaemia.
642. Trichomoniasis is characterized:
- Vaginal tenderness and pain.
 - Non-irritant discharge.
 - Patchy strawberry vaginitis.
 - Copious offensive frothy discharge.
 - Dysuria.
643. The natural defence of the genital tract.
- Is maintained by acidity of the vagina.
 - Is interfered with lactobacilli.

- c) Is enhanced by oestrogens and progesterone.
- d) Is improved by menstruation.
- e) The entire above is false.

644. About choriocarcinoma.

- a) Chest x ray is mandatory in the management.
- b) Raise HCG level less than 10 % in two consecutive weeks after three normal measurements is a bad prognosis sign.
- c) Stage II and III low risk should be treated with first line combination chemotherapy.
- d) Stage IV always considered as high risk.
- e) Complicated brain metastasis needing craniotomy for management.

645. Choriocarcinoma WHO scoring system.

- a) Older than 39 scored 1.
- b) Brain metastasis scored 2.
- c) Less than 4 metastasis scored 0.
- d) Tumour size 3-5 cm scored 4.
- e) Only one previous chemotherapeutic agent scored 0.

646. The following are true about uterine fibroids.

- a) Treated always by surgery.
- b) Red degeneration more common in post menopause.
- c) Hyaline degeneration is a possible complication.
- d) Medical treatment has no benefits.
- e) Cannot be treated by endoscopic surgery.

647. Criteria for medical treatment for uterine fibroid include.

- a) Giant fibroid previously surgery.
- b) Small fibroids.
- c) Contraindications for surgery.
- d) To earn time and compensate the patient for surgery.
- e) To preserve fertility.

648. About genital prolapse.

- a) Commonly affecting young women.
- b) Always treated by Manchester's operation.
- c) Kegel's exercise can prevent it.
- d) Pelvic floor usually affected.
- e) Can't appear after TAH.

649. Spread of Ca cervix is predominantly by.

- a) Lymphatics.
- b) Haematogenous.
- c) Implantation during sexual intercourse.
- d) Direct extension.
- e) None of the above.

650. Cancer of the cervix stage 3b can be associated with the following.

- a) Hypertension.
- b) Lymphoedema of the lower limb.
- c) Hydronephrosis.
- d) A and B above.
- e) Band C above.

651. In calculating the dose for radiotherapy, point A is,
- 2 cm cephalic and 5 cm lateral to the external os.
 - 5 cm cephalic and 2 cm lateral to the external os.
 - 2 cm cephalic and 2 cm lateral to the external os.
 - 5 cm cephalic and 5 cm lateral to the external os.
 - The site of the lymph node of Cloquet.
652. In brachytherapy the dose of radiation is as follows,
- Point A gets 70-80 Gy.
 - Point B gets 20 Gy.
 - The cancerolytic dose is 70-75 Gy.
 - Point B is supplemented by 40 Gy of EBR.
 - All the above.
653. After treatment of ca cervix, follow up recommendations should be,
- 2 months interval in the first years.
 - 3 months intervals in the second year.
 - Annually in the first two years.
 - Every three years after 10 years.
 - 6 months intervals in the 3-5 year.
654. In VIA, the target age group for screening is (Uganda).
- 18 to 25 years.
 - 25 to 50 years.
 - 35 to 45 years if the screening is to be once in a life time.
 - For women greater than 50 years the screening interval is five years.
 - Annual screening is recommended for women 18 to 25 years.
655. The following are indications for ECC.
- Positive Pap smear.
 - Pap smear reveals squamous epithelium.
 - Transformation zone not seen on colposcopy.
 - Positive Pap smear no lesion seen on colposcopy
 - A and C above.
656. Corpus cancer syndrome involves.
- Obesity, hypertension, CCF
 - Obesity, hypertension, diabetes mellitus, cancer endometrium.
 - Obesity, hypertension, renal disease.
 - Obesity, hypertension, haematometra.
 - Haematocolpos, obesity, hypertension.
657. About choriocarcinoma metastatic lesion to the brain are suspected when the ratio of HCG in spinal fluid to serum is
- 1:6
 - 1:70
 - 1:80
 - 1:90
 - 1:60
658. A chemotherapy course for GTN should not be continued if
- WBC level less than 3000/cu mm.
 - Polymorphonuclear leucocytes equal to 1500/cumm
 - Platelets count between 100,000 to 150,000/cumm.

- d) After 2 negative weekly hCG titres.
- e) After 3 consecutive negative weekly HCG titres.

659. About administration of methotrexate for treatment of GTN the following are not true.

- a) Methotrexate 1-1.5mg/kg IM or IV on day 1, 3, 5 and 7.
- b) Methotrexate 1-1.5mg/kg IM or IV on day 2, 4, 6 and 8 to be repeated after one week.
- c) Folinic acid 0.1-0.15mg/kg IM on day 2, 4, 6 and 8 to be repeated after 1 week.
- d) A and C.
- e) None of the above.

660. About placental site tumour treatment is by

- a) Methotrexate 2mg/kg for 6 months.
- b) Methotrexate 1mg/kg for 4 months.
- c) Methotrexate, ActinomycinD, Etoposide, cyclophosphamide and oncovin.
- d) Cisplatin and cyclophosphamide.
- e) Carboplatin and Paclitaxel.

661. Lynch type two familial cancer syndrome the following are true

- a) Mutation of BRCA 1 gene (chromosome 17p).
- b) Mutation of BRCA 2 gene (chromosome 13p)
- c) Mutation of chromosome 6 and 7.
- d) Mutation of chromosome 6 only.
- e) Mutation of chromosome 15q.

662. About metastatic ovarian tumours, common primary site are

- a) Pylorus.
- b) Colon
- c) Breast.
- d) Liver.
- e) Oesophagus

663. The following are true about stage 1c ovarian cancer.

- a) Growth limited to one ovary with capsule ruptured.
- b) Growth involves both ovaries capsule intact.
- c) Growth limited one ovary positive peritoneal washing.
- d) Growth limited to both ovaries capsule ruptured.
- e) Growth involving both ovaries, tubes and uterus.

664. Concerning acetic acid the following are true.

- a) It is mucolytic.
- b) Around an abnormal nucleus light transmission is hindered.
- c) Fades in 1-2 minutes
- d) Epithelium becomes white in metaplasia
- e) Epithelium becomes white in malignancy.

665. The following are true about colposcopic findings of blood vessels in cervicitis.

- a) Stag-horn like vessels
- b) Wasted thread vessels.
- c) Tendril vessels.
- d) Cork screw vessels
- e) Tadpole like vessels.

666. Straw-berry appearance of the cervix occurs in

- a) HPV infection.

- b) HSV type 2 infection.
- c) Candidiasis.
- d) CIN 111.
- e) Trichomoniasis

667. Concerning the squamous epithelium of the cervix from the base towards the superficial layers the following are true

- a) Cells increase in size.
- b) Cells decrease in size.
- c) The nucleus increases in size
- d) The nucleus decreases in size
- e) A and C above.

668. Regarding a normal cervix in reproductive life the following layers contain glycogen

- a) Intermediate layer of the squamous epithelium.
- b) Superficial layer of the squamous epithelium
- c) Basal layer of the squamous epithelium.
- d) Superficial layer of the columnar epithelium.
- e) Basal layer of the columnar epithelium.

669. In HSIL stromal capillaries may appear as

- a) Rete pegs.
- b) Mosaic vessels.
- c) Punctations.
- d) A and C above.
- e) A and B above.

670. Regarding Gardasil it is effective in prevention of the following HPV serotypes

- a) HPV 6, 11, 16, 18
- b) HPV 11, 45, 18,
- c) HPV 16, 11, 33
- d) HPV 18, 33, 45
- e) HPV 45, 11, 16, 33.

671. The following statements are true about pre-eclampsia.

- a) Is among the commonest cause of maternal mortality in MRRH.
- b) sFlt-1 prevents the correct differentiation and invasion of the trophoblast.
- c) Aspirin inhibits the synthesis of prostacyclin.
- d) Thromboxane A₂ is a potent vasodilator.
- e) None of the entire above is true.

672. Hydralazine use in pre-eclampsia.

- a) Is vasodilator with central alpha blocker action.
- b) Should be given 10 mg/ 30 min up to 30 mg as the maximum dose.
- c) Ampoules containing 20 mg should be diluted in 20 ml of 5 % dext and given over 10 min.
- d) a) and c) above.
- e) None of the above.

673. MgSO₄.

- a) Act by preventing the release of acetylcholine at neuromuscular plaque.
- b) Prevent the entry of calcium to the damaged endothelial cells.
- c) Stimulate the N-methyl-D-aspartate receptors.
- d) Toxicity appears with concentration of 8 to 10 meq/L.
- e) Pulmonary oedema is a common complication.

674. The following are true about the management of pre-eclampsia.
- Oral antihypertensive are indicated to all mild pre-eclamptic patients.
 - Antihypertensive treatment for adult pre-eclamptic patient should be started with BP greater than 160/110 mmHg.
 - Foetal lung maturity induction is not necessary because the effect of hypertension.
 - Patient with severe pre-eclampsia should be induced as soon as hypertension has been controlled.
 - None of the entire above is true.
675. APH.
- Abortion is a common cause of APH.
 - In patient with placenta praevia type II ARON should be done followed by labour induction.
 - In a patient with chronic abruptio placenta aspirin should be given 6 hourly to protect placental blood flow.
 - FHR absence in a severe abruptio always means IUFD.
 - Severe abruptio with IUFD and DIC should be delivered immediately by emergency C/section.
676. Cervical carcinoma.
- HPV and HIV association is an important risk factor in Uganda.
 - The presence of unilateral hydronephrosis is not a IIIb stage.
 - Stage Ib 1 can be treated with radical trachelectomy in patient with fertility's desire.
 - CRT combination after surgery does not improve the survival rate at 5 years for stage IIb
 - All of the above.
677. About CIN.
- All CIN should be treated surgically.
 - CIN III or CIS is always an indication for TAH.
 - Visual Inspection Under acetic acid (VIA) is not useful in CIN screening.
 - A positive Schiller's test should be considered as diagnostic for CIN.
 - Squamous Columnar Junction is not important when taking a Pap smear.
678. Choriocarcinoma.
- Can arise from any type of trophoblastic tissue.
 - It commonly appears after a partial mole.
 - Placental Site Tumour is easily diagnosed because the presence of chorionic villi.
 - Typical presentation is the presence of theca-lutein cyst.
 - hCG level higher than 10^5 IU/L is considered as poor prognosis.
679. The following are true about management of choriocarcinoma
- Stage I should always be treated with TAH only.
 - Stage I can be treated with single CT agent.
 - Combination Chemotherapy is indicated in stage II as initial choice independently of the risk score.
 - Stage III high risk should receive initially second line Combination CT.
 - When metastases are present the response to CT treatment is poor.
680. Are the following statement true about Choriocarcinoma and it's follow up?
- Stage I can be allowed to conceive within the 1st year after treatment.
 - COC are contraindicated.
 - Stage III: hCG levels should be checked weekly until are normal during 3 consecutive months.

- d) Stage IV if TAH is done second look surgery should be done within 6 month.
- e) In stage IV hCG determination should be stopped after 1 year with normal level.

681. The length of the menstrual cycle is dependent on

- a) Number of ovarian follicles recruited
- b) The length of the luteal phase
- c) The length of the follicular phase
- d) The number of ovarian follicles at birth
- e) All the above.

682. During the postmenopausal period there is

- a) High circulating levels of Oestrogens
- b) High circulating levels of Progesterone
- c) High circulating levels of Luteinizing hormone.
- d) All the above
- e) None of the above

683. During the management of malaria:

- a) A negative blood slide means there is no malaria
- b) Quinine can be used in early pregnancy
- c) I.V Quinine should be given in Normal saline since the mother is dehydrated
- d) All the above
- e) None of the above

684. In the management of premature labour

- a) Vacuum extraction should be done to expedite the delivery
- b) Dexamethasone injection is mandatory to prevent respiratory distress syndrome
- c) Prostaglandins should never be given
- d) All the above
- e) None of the above

685. In the management of mild pre eclampsia

- a) The patient can be seen weekly
- b) The mother should be immediately admitted
- c) The mother should be delivered by caesarean section when she reaches 40 weeks of amenorrhoea
- d) All the above
- e) None of the above

686. During infertility work up

- a) Semen analysis should be the first to be done as it is easy to do
- b) The couple should be given information on the menstrual cycle
- c) Ovulation induction is a method of treatment
- d) All the above
- e) None of the above

687. Habitual abortion

- a) Is defined as 3 or more consecutive losses of pregnancies before 28 weeks
- b) Cervical stitch is always successful
- c) Can be investigated before pregnancy
- d) All the above
- e) None of the above

688. About abortions

- a) Threatening abortion in the first trimester can be treated by bed rest
- b) MVA can be done by all staff cadres if trained
- c) The condition can be life threatening

- d) a and c above
- e) All the above

689. The following are true about comprehensive post abortion care

- a) The mother can start using a family planning method like the IUCD immediately
- b) The mother can get pregnant within two weeks of the abortion
- c) The mother can refuse testing for HIV
- d) All the above
- e) a and b above

690. Carcinoma of the ovary

- a) Is stage 2A if it spreads to the upper 1/3rd of the vagina without parametrial spread
- b) Is stage 3B if it has spread to the lateral pelvic wall
- c) Is stage 3 if there is parenchymal induration of the liver at laparotomy
- d) a and c above
- e) None of the above

691. Menopause

- a) Diagnosis is made in the presence of low oestrogen and FSH levels
- b) Increases the risk of fracture of the femur in obese women
- c) Treatment with hormone replacement therapy carries no risk
- d) Symptoms can be controlled with the combined contraceptive pill
- e) All the above

692. The following is/are associated with male infertility

- a) None scalpel vasectomy
- b) Thyroid disorders
- c) Chicken pox at 18 years of age
- d) All the above
- e) b and c above

693. The following are true about the partogram

- a) Reduces the need for unnecessary vaginal examinations
- b) Reduces the need for consultation
- c) Should be used by midwives and students (nursing and medical) only
- d) Should be used by specialists'
- e) All the above

694. Symptoms of pregnancy.

- a) Quickening is experienced at about 18 weeks in multigravidas.
- b) The uterus may palpable abdominally by 12 wks.
- c) Lightening is the reduction in fundal length which occurs between 38-40 wks.
- d) Foetal heart can be heard using Pinard stethoscope at 24 wks.

695. Presumptive manifestation of pregnancy includes.

- a) Amenorrhoea
- b) Nausea and vomiting presence of Montgomery tubercles.
- c) Positive Golden sign.
- d) Leucorrhoea.

696. Clinical parameter of gestational age.

- a) Quickening appreciated about 17 wks in multigravidas and 18 in primigravidas.
- b) Foetal biparietal diameter accurate before 16 WOA.
- c) Foetal heart tones may be heard at 20 wks by Pinard stethoscope.

- d) Ossified foetal bone appears at 12 to 14 wks.
697. During embryonic development the trophoblast is.
- Endodermal in origin.
 - Mesodermal in origin.
 - Ectodermal in origin.
 - All of the above.
698. The following are true about the refocused antenatal care.
- There is reduced mother health worker time contact.
 - It is cheaper on the mothers.
 - The fewer attendances are will give heavier clinics as more mothers come on particular day.
 - There is less satisfaction to the mothers as they are seen less.
699. About post abortal care.
- Antibiotics cover to prevent infection.
 - Immediate post abortion family planning to avoid another pregnancy.
 - Connection to other reproductive health services.
 - All of the above.
700. HIV in pregnancy MTCT
- An ante partum haemorrhage is not obstetric factor for transmission.
 - Scalp blood sampling increase risk of transmission.
 - Mixed feeding decrease risk.
 - Episiotomy should not be used in HIV positive mothers.
701. The following situations and practice in lactating mothers increase the risk of MTCT of HIV.
- Mixed feeding.
 - Infections of the breast and the nipple.
 - When the baby has no sores in the mouth.
 - Unprotected sex in infected parents.
702. About cardiac disease in pregnancy.
- Breathless on washing cups and clothes with palpitations and chest pain: stage 3.
 - Breathless on washing cups and clothes with palpitations and chest pain at rest: stage 3.
 - Had no dyspnoea on running or palpitation or chest pain, but got congestive heart failure in early pregnancy due to PVO: stage 4.
 - None of the above.
703. Diabetic in pregnancy.
- Oral hypoglycaemic are recommended.
 - Nutritional counselling and exercise are not part of management.
 - Shoulder dystocia may occur during delivery.
 - Caesarean section is always the mode of delivery.
704. Multiple pregnancy
- The mother should be admitted due to the associated ante partum complications.
 - The mother should be admitted due to the associated morbidity and mortality.
 - The mother need more frequent visits to reduce morbidity and mortality.
 - None of the above.
705. Assessment in IUGR.
- Uterine fundal length, maternal weight gain, and foetal quickening.
 - Abdominal circumference is the best parameter during follow up.

- c) Oligohydramnios is usually associated.
- d) Femur length/abdominal circumference is the best us parameter.

706.About pre eclampsia.

- a) Diagnosis is done if: BP is 140/90 in two occasions 3 hours apart.
- b) Low levels of calciuria may be present.
- c) Low calcium intake is one of the most probable cause.
- d) Is most common in elder and grand multiparous.

707.Ante partum haemorrhage (Placenta previa).

- a) All women with APH should be delivered by caesarean section.
- b) Induction of labour can be done in class I and II.
- c) Speculum examination can be done when the bleeding stop and the mother is stable.
- d) Anticipate PPH.

708.During manual removal of the placenta.

- a) Give ergometrin/oxytocin prior to the procedure.
- b) Give antibiotics 24 hour after the procedure and continue for 5 to 7 days.
- c) Place one hand on the abdomen, press down and while applying traction on the cord.
- d) All of the above.

709.Anaemia in malaria is cause by.

- a) Dyserythropoiesis.
- b) Erythrophagocytosis
- c) Haemolysis of parasitized and not parasitized red blood cell.
- d) Fever.

710.Malaria in pregnancy.

- a) *Plasmodium vivax* causes cerebral malaria.
- b) *Plasmodium malariae* causes relapses.
- c) Chondroitin sulphate A receptors Protect PG's against severe malaria.
- d) Prime gravida are more prone to hyperparasitaemia than grand multiparous.

711.The following are risk factor for pre eclampsia.

- a) Primegravida.
- b) History of genetic disorders.
- c) Diabetes mellitus.
- d) New husband.

712.About management of severe pre-eclampsia.

- a) Severe pre-eclampsia should be managed as outpatient after control of the blood pressure.
- b) Magnesium sulphate should be used in all cases routinely.
- c) Methyldopa is the best option to treat the crisis.
- d) Aspirin 80 mg daily may help in preventing pre-eclampsia in patient at high risk.

713.About eclampsia pathophysiological explanation may be.

- a) The presence of amniotic embolization of the brain arteries.
- b) Vasoconstriction of the brain arteries with subsequent ischemia, infarctions, oedema and perivascular Haemorrhages.
- c) Because the hypovolaemia in pre eclamptic patient causing cerebral hypoxia.
- d) Because the hypercoagulability of the blood causing stroke and partial; infarctions.

714. About eclampsia.
- Difenyl hidantoine is the drug of choice.
 - Difenyl hidantoine can be used as secure alternative in the absent of magnesium sulphate.
 - Delivery is indicated only after complete stabilization of the patient.
 - Vaginal delivery is contraindicated.
715. The following are true about molar pregnancy.
- Elevated hCG levels more than 40000IU for the β fraction in serum.
 - Pelvic ultrasound assessment is needed.
 - TSH, T3 and T4 assessment.
 - Can be followed by a choriocarcinoma.
716. About gestational trophoblastic tumour.
- Stage I Resistant: combination therapy or hysterectomy adjunctive therapy, local resection and local infusion.
 - Stage II and III high risk Initial Tx. Second line combination therapy.
 - Stage III. Tumour extends to lung with known or unknown genital tract involvement.
 - May appear in 4% of all molar pregnancy.
717. Instrumental delivery.
- Is used to shortening prolonged first stage of labour.
 - Is contraindicated in multigravida.
 - Maternal pelvis should be adequate.
 - Can be used even in not fully dilated cervix.
718. PPH.
- Best ensure 2IV access lines 24 gauge size.
 - Surgery is always the best option.
 - Team work is mandatory.
 - Vaginal lacerations are the commonest cause.
719. During resuscitation of the new born.
- Start by Apgar scoring the baby.
 - Suck the mouth first as the baby has liquor in the mouth and the pharynx.
 - Intravenous line is mandatory as the new born may need Iv antibiotics.
 - All of the above.
720. Abruptio placenta
- Can lead to DIC.
 - Can cause Couvelaire uterus.
 - Is associated with malaria.
 - No risk factor for PPH
721. Elective caesarean section.
- Should only be done in mother's request.
 - Is mandatory in a mother with one previous caesarean section.
 - Done for all TTR mothers.
 - Can help in MTCT.
722. Habitual abortions
- Best define as 3 or more consecutive spontaneous losses of nonviable foetus.
 - Investigations should be done before another pregnancy occur.
 - Spontaneous abortion due to infections.
 - Incompetent cervix is a common cause.

723. Urge incontinence.

- a) Due to detrusor hypersensitivity.
- b) Due to detrusor hyper activity.
- c) Majority of cause is idiopathic.
- d) Amount of urine passed is small.

724. Myomectomy.

- a) Is treatment of choice for uterine fibroid in a 60 year old woman
- b) Is associated with operation heavy blood loss.
- c) Can be done using hysteroscope.
- d) Can be done vaginally.

725. In urinary incontinence.

- a) The intra vesicle pressure is higher than intra urethral pressure.
- b) The intra urethral pressure is higher than intra vesicle pressure.
- c) There is lowered urethral pressure.
- d) There is descent of the bladder neck and proximal urethra such that enable retention of urine.

726. The following are common symptoms of uterine fibroids.

- a) Low abdominal mass.
- b) Low abdominal pain.
- c) Pressure
- d) Inter menstrual bleeding.

727. The following can be related with ectopic pregnancy.

- a) Previous tubal surgery.
- b) Peptic ulcer disease
- c) COC pills.
- d) Infertility.

728. Vasectomy.

- a) Leads to immediate sterility.
- b) Cause impotence.
- c) Involve ligation of efferentia.
- d) Is a female surgical sterilization technique.

729. The following are indication for D & C.

- a) Missed abortion.
- b) Ca. endometrium.
- c) Endometritis
- d) DUB.

730. Pre-malignant lesion of the cervix.

- a) HPV sub typing allowing identify those women who will develop cervical cancer.
- b) Hysterectomy is indicated as treatment for all premalignant disease in the cervix.
- c) Combine oral contraceptive give protection.
- d) Male factor is not important in the pathogenesis.

731. Vaginal foaming tablets.

- a) Active ingredients is nonoxynolol 2 and ethanol
- b) Act by causing endometrial thinning.
- c) They prevent sexually transmitted infections.
- d) Is the elective method in adolescent.

732. The following are true about VVF

- a) Should be repaired at least 2 month after delivery.
- b) Surgical repair is the only mode of treatment
- c) Amenorrhea is a very common finding
- d) The commonest cause in Uganda is surgery.

733.About PID.

- a) Generalized abdominal pain.
- b) Vaginal discharge
- c) Vaginal examination will produce tenderness with cervical motion.
- d) Lower abdominal pain.

734.Norplant II.

- a) Contain 3 sub dermal implantable rods.
- b) Is effective up to 4 years.
- c) Contains Etonogestrel as active oestrogen.
- d) Can inhibit ovulation.

735.The following are indication for removal cervical cerclage.

- a) Rupture of the membranes.
- b) Haemorrhages
- c) Elevations of blood pressure.
- d) Uterine contractions.

736.The following are methods to diagnosis of ovulations.

- a) Endometrial biopsy
- b) Basal body temperature in the 1st half of the cycle.
- c) Observing ovulation by ultrasound.
- d) Vaginal cytology.

737.In cervical incompetence.

- a) Diagnosis is done usually after abortion occur.
- b) It is a habitual mid trimester abortion
- c) Rupture of membranes is not a feature.
- d) The only option of treatment is inserting a cerclage.

738.Micro invasive cervical of the cervix is

- a) Carcinoma in situ.
- b) An infiltrative process with distant metastasis.
- c) A microscopic infiltrative process without lymphatic invasion or metastasis.
- d) A process with distant microscopic metastasis but the basal membrane is intact.

739.The following are true about uterine fibroids.

- a) Is associated with cervical carcinoma.
- b) Can be associated with endometrial carcinoma
- c) Are frequently found in grand multiparous.
- d) Can degenerate easily to a malignancy.

740.About anatomy of the genital tract.

- a) Ovary is covered with peritoneum.
- b) The ovarian arteries arise from the aorta just below the renal artery.
- c) The vaginal artery is a branch of external iliac artery.
- d) The uterine artery passes medially to reach the uterus at about the level of the fundus.

741.A patient known to has an ovarian tumour suddenly reports abdominal pain, vomiting and rapid pulse. The following are likely cause.

- a) Rupture of the tumour.
- b) Sudden infection of the tumour.
- c) Massive haemorrhage in the tumour.
- d) All of the above.

742. Endometrial carcinoma.

- a) 95 % are not hormonal dependent.
- b) The most common type is adenomyosarcoma.
- c) Using COC doesn't offer protection.
- d) Is not related with infertility.

743. The following are cause secondary amenorrhea.

- a) Polycystic ovarian syndrome.
- b) Sheehan's syndrome
- c) Ackerman's syndrome.
- d) Hypo oestrogenic state.

744. MVA- PLUS.

- a) Can be sterilized
- b) Can be used after 14 wks of gestation
- c) Can be used for endometrial biopsy
- d) Not associated with complications
- e) It is easy to clean because it can be dismantled

745. Vaginal hysterectomy.

- a) Can be done without uterine prolapse
- b) Is contraindicated in obese patient and endometrial hyperplasia.
- c) IS contraindicated in cervical carcinoma.
- d) Can be assisted laparoscopically
- e) Can be combined with laparoscopy in cervical carcinoma to complete the lymphadenectomy

746. Bartholin's abscess

- a) Is the end result of acute Bartholinitis
- b) Common organisms found are Staphylococcus and Chlamydia
- c) The Bartholin's gland duct gets blocked by fibrosis and the exudates pent up inside to produce abscess
- d) Usually present as a unilateral tender swelling beneath the posterior half of the labium minus
- e) Incision and curettage (I&C) is the treatment of choice

747. Bartholin's cyst

- a) May develop in the duct or gland.
- b) The content is usually glairy cheesy fluid.
- c) Is usually located on the anterior half of the labia majora
- d) Incision and drainage is the treatment of choice
- e) Marsupialization is the treatment of choice

748. The following are indications for removal of an IUCD

- a) Flaring up of salpingitis
- b) Perforation of uterus
- c) One year pre menopause
- d) Pregnancy occurring with the device in situ
- e) Persistence inter menstrual bleeding

749. Ectopic pregnancy (medical management) includes use of

- a) Methotrexate
- b) Prostaglandins
- c) Hyperosmolar glucose
- d) Potassium permanganate
- e) All the above

750. Laparoscopic surgery for ectopic pregnancy

- a) Does not need experience
- b) Has short convalescence
- c) Significant haemoperitoneum is a contraindication
- d) Consent is not necessary
- e) Is not practised in Uganda

751. About stress incontinence of urine

- a) Amount of urine is large
- b) Leakage of urine coincides with stress
- c) No prior urge to void
- d) Patient is aware of it
- e) Micturition is normal

752. About abortion

- a) An abortion is the expulsion of the product of conceptions before 28 wks
- b) All criminal abortion should received antibiotic treatment, after uterine cavity evacuation
- c) Habitual abortion is when a woman lost 4 or more pregnancies, even when they are not consecutively
- d) Habitual abortion is commonly associated with cervical incompetence
- e) More than 90 % of abortions during the first trimester are potentially congenital anomalies

753. About maternal death

- a) Is often associated with poor obstetric care
- b) Is a direct maternal death when is consequence of a disease coexisting g with pregnancy
- c) Is direct when occur secondary to an event related with the pregnancy but no during Puerperium
- d) A death by ectopic pregnancy is not a direct maternal death
- e) A death by a secondary peritonitis due to appendicitis should not be considered as maternal death

754. Hospitalization for patient with PID

- a) Pregnancy
- b) Temperature of more than 38°C
- c) Suspected pelvic abscess
- d) Patient request
- e) All of the above

755. Differential diagnosis of PID

- a) Ovulation
- b) Cystitis
- c) Degenerating myoma
- d) Sickle cell crisis
- e) Irritable bowel syndrome

756. PID

- a) Hysterectomy may be a mode of treatment

- b) Surgery is always indicated
- c) Clindamycin is also used in the treatment
- d) Chronic pelvic pain syndrome is a complication
- e) Infertility is a common complication

757. Fitz-Hugh-Curtis syndrome

- a) There is right upper quadrant pain
- b) Occurs almost exclusively among women
- c) Salpingitis is not included
- d) Viral hepatitis is a differential
- e) *N. gonorrhoea* and *C. trachomatis* have been associated

758. Uterine fibroids can cause infertility through

- a) Tubal obstruction
- b) Abnormal myometrial and endometrial veins
- c) Interference with normal myometrial contractility
- d) Distortion of uterine cavity
- e) All of the above

759. The following factors affect wound healing

- a) Proper apposition of tissues
- b) Immune status of individual
- c) Prolonged use of steroids
- d) Pre-morbid state
- e) Site of incision

760. The predisposing factors to ward sepsis include the following except

- a) Proper use of prophylactic antibiotics
- b) Use of catheter and bag in post operative patients
- c) Hand washing with soap
- d) Decontaminating formulas
- e) Early discharge of postoperative patients

761. The following are risk factors to genital prolapses

- a) Grande multiparous
- b) Third degree perineal tears
- c) Connective tissue defects
- d) Surgeries
- e) Increased intra abdominal pressure

762. PID

- a) Surgery is always indicated
- b) Hysterectomy may be done
- c) Chronic pelvic pain is a complication
- d) Clindamycin is good drug
- e) Infertility is a common complication

763. Gestational Trophoblastic Neoplasia.

- a) In stage I the disease confined to the uterus.
- b) Can follow normal pregnancy.
- c) Can follow an abortion.
- d) Has a tumour marker.
- e) All the above.

764. Which of follow statement is in relation with Choriocarcinoma?

- a) Most commonly develops after molar pregnancy.
- b) The most common site of metastasis is liver.

- c) Persistent P.V bleeding is the commonest symptom of consultation.
- d) There is uterine sub involution.
- e) Most lesions begin in uterus.

765.The following are poor prognostic factors in trophoblastic disease for malignant change.

- a) Disease following normal delivery
- b) beta-HCG more than 80,000 miu/mililitre
- c) Disease following an abortion
- d) A and C above
- e) A and B above .

766.Risk factors for Perinatal death include:

- a) Premature rupture of membranes.
- b) Foetal hypoxia of unknown cause.
- c) Chorioamnionitis.
- d) Abruptio placenta.
- e) Vasa praevia.

767.Maternal mortality.

- a) Is the death of a woman while pregnant or within 42 days of termination of pregnancy, including accidental and incidental causes.
- b) Direct obstetrics death- resulting from obstetrics complications of pregnancy, labour or the puerperium.
- c) One of the most common indirect obstetric deaths in Mbarara Referral hospital is puerperal sepsis.
- d) Haemorrhage remains an important cause of direct maternal death.
- e) All above are true.

768.APH.

- a) Abortion is a common cause of APH.
- b) In patient with placenta praevia type III AROM should be done followed by labour induction.
- c) In a patient with abruptio placenta faintness and collapse may occur without external bleeding.
- d) FHR absence in a severe abruption always means IUFD.
- e) Severe abruption with IUFD and DIC should be delivered immediately by emergency C/section

769.Abruptio placenta

- a) DIC is the commonest complication
- b) Amniotic fluid embolism should not occur
- c) Couvelaire uterus is always associated with DIC.
- d) Trauma is the commonest cause in Uganda
- e) Amniotomy is only done when induction is indicated

770.Placenta Previa management

- a) Tocolytics are indicated in preterm management
- b) Vaginal delivery should always be attempted if the mother is not severely affected
- c) PPH should be anticipated
- d) When mild bleeding at term, mother stable, labour should be awaited
- e) All the above.

771.About pre-eclampsia.

- a) Commonly affecting primiparous or multiparous with new husband.
- b) The incidence is around 40 % of pregnancy.

- c) Impaired trophoblast invasion seems to be the most important factor in the pathogenesis.
- d) Immunological factors are involved.
- e) Vascular endothelial growth factors increased.

772. About eclampsia's management.

- a) Control of the fits.
- b) Control the blood pressure.
- c) Plan to immediate delivery.
- d) Magnesium sulphate is the best to prevent fit recurrences.
- e) Caesarean section is always indicated.

773. Which statements are true and false?

- a) Magnesium Sulphate is the drug of election to reduced B.P
- b) Labetalol is not useful in the treatment of Pre-eclampsia.
- c) Antihypertensive therapy in pre- eclampsia should be use when diastolic B.P is >105 to 110 mmHg.
- d) Hydralazine is associated with significantly more maternal hypotension than other antihypertensive drugs.
- e) Aldomet is the drug of election in pre-existing hypertension.

774. The most common presenting symptom of eclamptic patient is.

- a) Profuse vaginal bleeding.
- b) Abdominal pain.
- c) Dyspareunia.
- d) Convulsions.
- e) Vomiting.

775. About hypertension during pregnancy.

- a) Chronic hypertension is more common in nulliparous.
- b) Pre- eclampsia is hypertension plus oedema.
- c) Pre- eclampsia is hypertension plus Proteinuria after 20 WOA.
- d) Unclassified hypertension is hypertension in a patient with previous renal damage.
- e) Is a common cause of admission in our hospital

776. Risk factors for postpartum endometritis include.

- a) Prolonged labour.
- b) Prolonged rupture of membranes.
- c) Multiple vaginal exams.
- d) Prolonged monitoring with intrauterine catheter.
- e) Breast feeding

777. All the following factors affect wound healing

- a) Nutrition.
- b) Infection.
- c) Anaemia.
- d) High concentrations of vitamin c.
- e) None of above.

778. The following are true about puerperal infection.

- a) It is the infection of the genital tract of a woman while pregnant or after delivery.
- b) The commonest site of infection is episiotomy wound.
- c) Caesarean section has the greatest risk for infection.
- d) Endometritis is the commonest infection.
- e) None of the above.

779. Complications of obstructed labour.

- a) Neonatal sepsis.
- b) Death.
- c) PPH
- d) Rectovaginal fistula
- e) All the above.

780. Prevention of obstructed labour.

- a) Use of partograph in labour.
- b) Treatment of malaria
- c) Use of TBS.
- d) Good nutrition in childhood
- e) Timely referrals.

781. Mode of delivery in obstructed labour.

- a) Symphysiotomy is method of choice.
- b) Forceps may be used.
- c) Should be always by c/section.
- d) Vaginal delivery is contraindicated.
- e) Destructive operations always done.

782. The following favours MTCT of HIV

- a) High viral load
- b) Type 1 HIV
- c) High CD4 count
- d) Sero conversion in pregnancy
- e) HAART.

783. In PMTCT

- a) The primary means by which an infant can become infected with HIV is through sexual intercourse
- b) The primary means by which an infant can become infected with HIV is through use of unsterilised instruments
- c) The primary means by which an infant can become infected with HIV is through mother to child
- d) Mixed feeding has no major effect on transmission if the infant has no oral sores.
- e) All the above are true

784. National HIV prevention strategies include

- a) Primary Prevention of HIV and other STIs through ABC model
- b) Premarital HIV screening
- c) Pre -conception HIV screening
- d) PMTCT in HIV positive pregnant mothers
- e) All the above

785. About H.I.V infection. Mark T or F

- a) ART naïve means that the client is not on any ARV including History of taking NVP for PMTCT.
- b) HIV is transmitted to the infant during breast feeding because HIV is present in breast milk and yet the babies gut cells are susceptible to HIV infection.
- c) AZT 300mg twice daily starting at 36 WOG till delivery and for 1 week after delivery + AZT syrup 5mg/kg twice daily for 7 days given to the infant is the regimen of choice.

- d) During labour and delivery the foetus may become infected as a result of maternal – foetus blood exchange during contractions or mucous membranes as a result of trauma or foetal swallowing of HIV containing blood or maternal secretions in the birth canal.
- e) All the above.

786. In PMTCT.

- a) TRRD means an HIV positive mother has died.
- b) TR means tested and results are reactive.
- c) Nevirapine tablet is given to the mother as soon as labour is established
- d) Lower rates of stillbirths have been reported in HIV positive mother.
- e) The entire above are false.

787. Causes of Uterine rupture include.

- a) Obstructed labour.
- b) Previous caesarean section.
- c) Manual removal of placenta.
- d) Injudicious use of oxytocic drugs.
- e) Premature labour.

788. Indications for elective caesarean section:

- a) Successfully Repaired VVF.
- b) Cord prolapse with a pulsatile cord.
- c) Abruptio placenta with IUFD.
- d) Vasa praevia.
- e) Two previous abdominal scar.

789. Immediate complications for caesarean section include:

- a) Severe haemorrhage.
- b) Injure to neighbours organs.
- c) Infections.
- d) Haemorrhage.
- e) Intestinal obstruction

790. About Malaria in pregnancy.

- a) Can cause preterm deliveries.
- b) Can lead to maternal death.
- c) Anaemia is the commonest complication.
- d) Can cause IUGR.
- e) Renal failure can be a complication.

791. Malaria in pregnancy.

- a) Coma, severe anaemia and convulsion, can be indicative of severe malaria.
- b) Can be prevented by; using mosquito net, education, and fansidar administration 4 times during pregnancy.
- c) Should be always treated with IV quinine.
- d) Early diagnosis and treatment don't help in preventing complications.
- e) Primegravidas are protected against hyperparasitaemia.

792. The following are true of oral contraceptive pills

- a) They decrease the risk of ovarian cancer
- b) They are contraindicated in parous women with endometriosis
- c) They are contraindicated in young nulliparous girls
- d) All of the above
- e) None of the above

793.PID

- a) Can affect women of reproductive age
- b) TB is commonly associated
- c) Doesn't present with PV bleeding
- d) Always associated with Fitz – Hugh – Curtis syndrome
- e) Bacteroides are commonly implicated.

794.About PID.

- a) Fever, lower abdominal pain and vaginal discharge considered major signs.
- b) C reactive protein, have a good sensitivity for assessing outcome.
- c) Presence of fluid in the pouch of Douglas in an abdominal ultrasound is pathognomonic.
- d) Bilateral hydrosalpinx is usually associated to sub acute and chronic PID.
- e) In a pelvic abscess criteria to discharge patient is ESR less than 100 mm.

795.Fitz-Hugh-Curtis syndrome.

- a) There is left upper quadrant pain.
- b) Salpingitis is not included.
- c) *N. gonorrhoea* is not associated.
- d) Viral hepatitis is a differential.
- e) Occurs almost exclusive in women.

796.Predisposing factors for vaginal candidiasis include.

- a) Pregnancy.
- b) Good immune status.
- c) Glycosuria.
- d) Broad spectrum antibiotic therapy.
- e) Chronic anaemia.

797.Trichomoniasis is characterized:

- a) Vaginal tenderness and pain.
- b) Non-irritant discharge.
- c) Patchy strawberry vaginitis.
- d) Copious offensive frothy discharge.
- e) Dysuria.

798.The natural defence of the genital tract.

- a) Is maintained by acidity of the vagina.
- b) Is interfered with lactobacilli.
- c) Is enhanced by oestrogens and progesterone.
- d) Is improved by menstruation.
- e) The entire above is false

799.IUFD

- a) Can occur secondary to infection
- b) Coagulation profile is vital
- c) A C/S delivery is always safe
- d) PPH is a possible complication
- e) Misoprostol can be used for induction of labour.

800.About post-abortion care (PAC)

- a) Antibiotics cover to prevent infection
- b) Immediate post abortion family planning to avoid another pregnancy
- c) Connection to other reproductive health services
- d) All of the above
- e) None of the above.

801. Shoulder dystocia.

- a) Is a common complication.
- b) Associated with maternal obesity.
- c) Tortoise sign is not present.
- d) Foetal clavicle fracture is a complication.
- e) McRobert manoeuvre can solve about 70 % of all cases.

802. Ovarian tumour.

- a) CA 125 is a tumour marker.
- b) Dysgerminomas are common in reproductive age group.
- c) Always present with ascites.
- d) Serous adenocarcinoma is the commonest.
- e) Bilateral tumours have a great probability of malignancy.

803. Operative features suggestive of malignancy in ovarian tumours.

- a) Solid mass.
- b) Large blood vessel in the surface.
- c) Bilateral presence.
- d) Ascites.
- e) All of above.

804. The following factors can lead to male infertility.

- a) Excessive smoking.
- b) Morbid obesity.
- c) Orchidopexy.
- d) Vasectomy.
- e) All above

805. The following are true about uterine fibroids.

- a) Treated always by surgery.
- b) Red degeneration more common in post menopause.
- c) Hyaline degeneration is a possible complication.
- d) Medical treatment has no benefits.
- e) Cannot be treated by endoscopic surgery.

806. Criteria for medical treatment for uterine fibroid include.

- a) Giant fibroid previously surgery.
- b) Small fibroids.
- c) Contraindications for surgery.
- d) To earn time and compensate the patient for surgery.
- e) To preserve fertility.

807. About genital prolapse.

- a) Commonly affecting young women.
- b) Always treated by Manchester's operation.
- c) Kegel's exercise can prevent it.
- d) Pelvic floor usually affected.
- e) Can't appear after TAH.

808. Tumour marker in gynaecology.

- a) Alpha-feto-protein (AFP) for Endodermal sinus tumour.
- b) CA-125 for fibroids.
- c) CA-125 for ovarian tumour.
- d) hCG for choriocarcinoma.
- e) All the above are true.

809. Vaginal hysterectomy possible complications.

- a) Obstetric fistula.
- b) Ureteric injuries.
- c) Pudenda artery damage.
- d) Vaginal vault prolapse.
- e) Rectum lesion.

810. Genital prolapse risk factors:

- a) Multiparity.
- b) Chronic respiratory processes.
- c) Big intra abdominal masses have no clinical importance.
- d) Collagen's diseases are no important.
- e) Cultural habits.

811. Dysmenorrhoea.

- a) There is pathology in spasmodic Dysmenorrhoea.
- b) Secondary dysmenorrhoea is mostly confined to adolescent.
- c) Primary dysmenorrhoea pain normally goes following pregnancy and delivery.
- d) Oral contraceptives puts play role.
- e) Investigations aren't required.

812. In a patient with recurrent abortion, which of the following are possible causes?

- a) Sigmond-Sheehan's syndrome.
- b) Cervical incompetence.
- c) Antiphospholipid antibody syndrome.
- d) TORCH infections.
- e) Congenital anomalies of the genital tract.

813. The following are true postulate about pre-eclampsia.

- a) Commonly affecting multiparous patient.
- b) Chronic hypertension, renal disease and low socioeconomic status are risk factors.
- c) Earlier onset in the presence of antiphospholipid antibody syndrome.
- d) Proteinuria and hypertension.
- e) Haemolysis can occur.

814. A 23 y/old patient, G₁ P₀, at 33 WOA, complaining of headache arrives to your consultation room, O/E; BP 166/112 mmHg was found, urine dipstick was positive for protein ++. Which is the most adequate management?

- a) Hydralazine 5mg IV every 15 min plus MgSO₄, 14 g IM.
- b) Hydralazine 5mg IV every 30 min, until BP is less than 160/100 mmHg, plus MgSO₄, Dexametazone 24 mg within 24 hours and induction of labour after this time.
- c) Hydralazine 5mg IV every 30 min, MgSO₄, 14 g, Dexametazone 24 mg within 24 hours, after getting BP control, conservative management.
- d) BP control and emergency c/section delivery.
- e) None of the above.

815. A 17 year old, pregnant woman was brought to maternity ward, because was found to have generalized convulsion at the central market. O/E. (positive finding) unconscious, pale +, BP 156/100 mmHg, hyper reflexia, urine dipstick for protein +; F/L 35 cm. V/E Cervix effaced, dilated 4cm, station - 1. How do you manage this patient?

- a) General measure, prophylactic antibiotic and immediate C/section.

- b) General measures, antihypertensive, MgSO₄, resuscitation of the patient, foetal assessment and emergency c/section.
 - c) General measures, antihypertensive, anticonvulsant and augmentation.
 - d) General measures, BP control, fit control, mother stabilization and conservative management.
 - e) None of the above is true.
816. How does MgSO₄ act in controlling and preventing eclamptic fit?
- a) Decreasing the release of acetylcholine at the neuromuscular plaque.
 - b) Acting as physiological calcium antagonist.
 - c) Blocking excitatory amino- acid receptors.
 - d) All of the above.
 - e) a) and b) above.
817. The aims of the antenatal care are.
- a) Promote and maintain health in pregnancy.
 - b) Detect and treat conditions pre-existing or arising in pregnancy.
 - c) Make a delivery plan.
 - d) Prepare for emergencies.
 - e) All of the above.
818. About antenatal care.
- a) The more times the mother attends the clinic the better for her.
 - b) The more times the mother attends the clinic the less likely she is to get problems.
 - c) All mothers who will get complications can be identified with good and close monitoring.
 - d) a) and c) above.
 - e) None of the above.
819. A 26 year old patient, primigravida was admitted at Mbarara Regional Referral Hospital at 37 WOA due to APH. This was the first time she had bled and on physical examination the following findings were reported: MM : coloured and hydrated; RP: 88/ min; BP: 126/86 mmHg; Abd: FL 36 cm, cephalic, FHR: 146/min, V/V palpable. Which of the following is the best option of management?
- a) Digital vaginal examination to confirm diagnosis under general anaesthesia and C/section if confirmed.
 - b) Conservative management due to the good maternal conditions.
 - c) Digital examination, AROM and induction of labour.
 - d) Emergency c/section.
 - e) All of the above are right.
820. The following are predisposing factors for placenta praevia.
- a) Repeated induced abortion.
 - b) Multi foetal gestation.
 - c) IVF.
 - d) Malposition.
 - e) Congenital anomalies of the uterus.
821. The following are true statements about abruptio placenta.
- a) Maternal conditions are always related to amount of PV bleeding.
 - b) Is frequently related with low consumption of coagulating factors.
 - c) Smoking has no role.
 - d) AROM and induction is contraindicated.
 - e) Is highly related to PPH.

822. A patient at 32 WOA was diagnosed of having a severe abruptio placenta with intrauterine foetal death and DIC, which of the following is the best option to deliver the patient?

- a) General measures, resuscitating the patient and emergency c/section.
- b) General measures, whole blood transfusion, fresh frozen plasma, IV fluids emergency C/section.
- c) General measures, whole blood transfusion, fresh frozen plasma, IV fluids, after correction the DIC AROM and attempt to vaginal delivery by inducing or augmenting labour.
- d) None of the above.
- e) All of the above can be used with similar results.

823. Multifoetal gestation.

- a) Induction of labour is contraindicated.
- b) Are not monitored by partograph during labour.
- c) Always delivered by C/section.
- d) 2nd twin can be delivered by forceps.
- e) PPH can occur with 2nd stage.

824. Malaria in pregnancy.

- a) Maternal immunoglobulin A antibodies cross the placenta to the foetal circulation.
- b) Falci-parum malaria parasites grow well in RBC containing haemoglobin F.
- c) Plasmodium Vivax is more common in East Africa.
- d) Coartem is the first line during the first trimester.
- e) Quinine is the 1st line in the second trimester for uncomplicated malaria.

825. Haematological findings in Iron deficiency anaemia.

- a) Microcytic hyperchromic.
- b) Macrocytic hypochromic.
- c) Marked anisocytosis.
- d) The mean corpuscular value is low.
- e) Mean corpuscular haemoglobin is increased.

826. Which of the following ARVs is contraindicated in pregnancy?

- a) 3TC
- b) Efavirenz.
- c) DD4.
- d) Lamivudine.
- e) None of the above.

827. During the development of the female genital tract.

- a) The coelomic epithelium migrates from the dorsal gut.
- b) The coelomic epithelium forms the genital epithelium.
- c) The coelomic epithelium forms the primordial germ cells.
- d) The coelomic epithelium later forms the Mullerian duct.
- e) None of the above.

828. HIV in pregnancy.

- a) Most of the transmission to the baby occurs during post partum.
- b) Breastfeeding is contraindicated.
- c) ARVs are not important.
- d) Nevirapine alone is no longer used in Uganda for prophylaxis.
- e) Elective C/section is helpful in decrease the MTCT.

829. Modified obstetric practices in PMTCT include the following

- a) Vaginal cleansing with clean water

- b) Administration of 2mg/kg of Nevirapine tablets to a baby after 72hrs of delivery
 - c) An episiotomy may be performed when necessary
 - d) Delivery must be conducted in hospital
 - e) Elective C/S
830. An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV –ve at birth. What will you do to prevent MTCT?
- a) Breast feeding for only three months will protect the baby
 - b) Since the baby is negative, Nevirapine is not necessary
 - c) Replacement feeding with cow milk is the ideal
 - d) Wet Nursing is a recognized option
 - e) Condom use has no role in protecting this baby.
831. A G2P1+0 HIV +ve mother comes to clinic. Which of the following will you consider
- a) Initiation of HAART even without medical eligibility
 - b) CD4 count will not influence the decision to start ART
 - c) 3TC, D4T, EFV is the combination of Choice
 - d) 3TC, D4T, NVP is the combination of Choice
 - e) Triomune is never given.
832. The perineal body is made of the following muscles.
- a) Transverse perineal, Coccygeus, ischiocavernosus, levator ani, bulbo cavernosus.
 - b) External anal sphincter, ischiocavernosus, bulbocavernosus, levator ani and transverse perini.
 - c) Bulbospongiosus, ischiocavernosus, transverse perineal, levator ani.
 - d) Bulbospongiosus, transverse perini, anal sphincter, levator ani.
 - e) None of the above.
833. Anatomy of the female genital tract.
- a) The uterine artery is a branch of the terminal part of the aorta.
 - b) The uterine artery is a branch of the internal iliac artery.
 - c) The uterine artery is the terminal branch of the internal femoral artery.
 - d) The uterine artery is a branch of the obturator internus artery.
 - e) None of the above.
834. When monitoring a mother with the partograph.
- a) If the graph reaches the action line you should do a C/section immediately.
 - b) If the graph leaves the alert line, you should put up oxytocin.
 - c) If the foetal heart slows down or increases you should put up fluids, give oxygen and make the mother lie on her left.
 - d) If the graph reaches the action line, you should put up oxytocin immediately.
 - e) None of the above.
835. Shoulder dystocia.
- a) Is a common complication.
 - b) Associated with maternal obesity.
 - c) Turtle sign is not present.
 - d) Rubin manoeuvre can be done to hyper flex the arms.
 - e) McRobert manoeuvre can solve about 70 % of all cases.
836. In PPH.
- a) Blood transfusion is always required.
 - b) Blood transfusion may not be required.
 - c) Bleeding is from the uterus.
 - d) a) and c) above.
 - e) All of the above.

837. Managing PPH.

- a) Intra vaginal Misoprostol is effective.
- b) Oxytocin 10 IU after delivery of the baby is always preventive.
- c) Record keeping is the least important.
- d) All of the above.
- e) None of the above.

838. Analgesia during labour.

- a) Pudendal nerve block is not recommended.
- b) Is not recommended in active labour.
- c) Is commonly practiced.
- d) Narcotics are commonly used in MUTH.
- e) Companion support in labour has shown to help.

839. Maternal changes in puerperium.

- a) Return to normality is 2 weeks after delivery.
- b) Return to normal 20 weeks after delivery.
- c) Return to normal 42 weeks after delivery.
- d) Return to normal 32 days after delivery.
- e) None of the above.

840. The following are effects of progesterone in pregnancy.

- a) Reduces vascular tone and BP increases.
- b) Reduces vascular tone and peripheral temperatures increases.
- c) Increases vascular tone and BP increases.
- d) Increases vascular tone and BP decreases.
- e) All of the above.

841. Lactational amenorrhea (LAM) method of contraception:

- a) Is a permanent method.
- b) Can be practiced when baby is 8 month.
- c) Is about 80% effective.
- d) Is highly when mother is started her periods.
- e) All of the above.

842. Emergency contraception:

- a) Combined oral pills are more effective than the progesterone only pills.
- b) Progesterone only pills (ovreete) 2 doses 12 hours apart are enough.
- c) Intra uterine device can be used within 7 days.
- d) Is a routine method of contraception.
- e) All of the above are false.

843. Vacuum extraction:

- a) Is a spontaneous vertex delivery.
- b) Commonly done in our unit.
- c) Can be done on face presentation.
- d) Smallest cup is ideal.
- e) Analgesics are not required.

844. PID.

- a) Infection of the lower and upper genital tract.
- b) Cervicitis is included in the syndrome.
- c) Bacteroides are widely implicated.
- d) Chlamydia trachomatis is very common.
- e) Does not occur in pregnancy.

845. Organism responsible for salpingitis.

- a) *Mycoplasma*
- b) *Mycobacterium tuberculosis*
- c) *Escherichia coli*
- d) Actinomycosis.
- e) None of the above.

846.CA-125 glycoprotein (tumour marker).

- a) Is a tumour specific antigen.
- b) Is only detectable in carcinoma of the ovary.
- c) Cannot be detectable in normal women.
- d) Is used to monitor patient on chemotherapy.
- e) You get raised levels in PID.

847.Second look surgery.

- a) Only done by laparotomy.
- b) Aim is confirm cure and to assess the effect of chemotherapy in tumour mass.
- c) Done after 2 years of 10 therapies.
- d) Done after 1 year of 10 therapies.
- e) None of the above.

848.Endometriosis.

- a) Functional endometrial tissue in the myometrium.
- b) Present up to 25% among the infertile women.
- c) Endometrial tissue's transplanted can explain all cases.
- d) Increases phagocytosis of spermatozooids.
- e) Affected patient is always symptomatic.

849.About endometriosis.

- a) GnRH effective 100% in cure patient.
- b) COC are also used and effective.
- c) Surgery has important role.
- d) Frequency is reduced with pregnancies.
- e) Only present among reproductive age women.

850.Genital prolapse.

- a) When a pelvic organ slips down and protrudes outside of the vagina.
- b) Cystocele is when the anterior bladder wall slip down through the anterior vaginal wall.
- c) In a rectocele the rectum is prolapsed into the posterior vaginal wall.
- d) Always treated with surgery.
- e) Cannot be prevented.

851.POP-Q classification of genital prolapse.

- a) Aa point is 3cm above the hymen.
- b) Ba is the lowest point of the anterior vaginal wall (range from TVL to TVL - 2cm).
- c) In a grade I rectocele, Bp point is 1cm above the hymen.
- d) In a grade III uterine prolapse: C point is 2 cm above the hymen.
- e) In a grade III cystocele prolapse: Aa point is 4 cm below the hymen.

852.Genital prolapse risk factors:

- a) Multiparity.
- b) Chronic respiratory processes.
- c) Big intra abdominal masses have no clinical importance.
- d) Collagen's diseases are no important.
- e) Cultural habits.

853. About cervical carcinoma.
- Ugandan women have high risk.
 - Absent of screening programs increase the risk.
 - Viral infections have the main role.
 - The prognosis improves with earlier diagnoses.
 - Can be prevented.
854. Management in cervical carcinoma and pre invasive lesions.
- Stage 0 better treated by Wertheim operation.
 - CIN I a period of 2 years without action is advisable in high risk patients.
 - Radiotherapy can be used in stage IVb with high cure's rate.
 - Stage III patients don't need for palliative care.
 - LLETZ can be used in all pre-invasive lesions.
855. Dysmenorrhoea.
- There is pathology in spasmodic Dysmenorrhoea.
 - Secondary dysmenorrhoea is mostly confined to adolescent.
 - Primary dysmenorrhoea pain normally goes following pregnancy and delivery.
 - Oral contraceptives puts play role.
 - Investigations aren't required.
856. The following are known causes of female infertility:
- Sheehan's syndrome.
 - Stock-Adams-Morgatny syndrome.
 - Endometriosis.
 - Klineffelter's syndrome
 - Meig's syndrome.
857. In a patient with recurrent abortion, which of the following are possible causes?
- Sigmond-Sheehan's syndrome.
 - Cervical incompetence.
 - Antiphospholipid antibody syndrome.
 - TORCH infections.
 - Congenital anomalies of the genital tract.
858. You are on call at MUTH and are assessing a 16 year old patient with peritonitis and septic shock due to a post abortal sepsis. Which of the following would you consider in the management?
- Broad spectrum antibiotic combination.
 - Patient resuscitation with 5 % dextrose.
 - Fluid challenge.
 - Blood and plasma transfusion.
 - Laparotomy as soon as patient's condition allowed it.
859. Preventing fistula in obstetric care.
- Development of primary health system is not important.
 - Improvement of transport facilities.
 - Adequate health policies.
 - Adequate vaccination's programs.
 - Women's rights empowering.
860. Criminal abortion prevention.
- Improving accessibility to family planning method.
 - Maternal education level has no role.
 - Legalization of elective abortion.
 - Adequate sexual education programs.
 - Health policies are no related.

861. Maternal death in Uganda.

- a) 60 to 80 % are preventable.
- b) Infections are among the first three causes.
- c) Only doctor's actions are needed to reduce maternal mortality rate.
- d) HIV/AIDS infection is the commonest cause.
- e) Malaria and post abortal infections killing more mother than HIV, haemorrhages and eclampsia together.

862. Malaria in pregnancy.

- a) Plasmodium Vivax causes cerebral malaria.
- b) Plasmodium malaria causes relapses.
- c) Chondroitin sulphate A receptors protect primigravidas against severe malaria attacks.
- d) Primigravidas are more prone to hyperparasitaemia than grand multiparous.
- e) All pregnant women require only 2 doses of intermittent presumptive treatment.

863. The following species of malaria parasites cause relapse in pregnancy.

- a) *P. falciparum*.
- b) *P. vivax*.
- c) *P. ovale*.
- d) *P. inguinale*.
- e) *P. malariae*.

864. Malaria in pregnancy.

- a) *Plasmodium ovale* causes hyperparasitaemia.
- b) Can present as acute pulmonary congestion.
- c) Can be cause of pregnancy's loss.
- d) *Plasmodium ovale* causes renal failure in pregnancy.
- e) The pigment haemozoin is directly responsible for the fever episodes

865. Components of essential obstetric care include.

- a) Parenteral antibiotics
- b) Parenteral oxytocic drugs.
- c) Use of anticonvulsants.
- d) Manual removal of placenta.
- e) Manual removal of retained products.

866. About pre-eclampsia.

- a) Can be complicated by DIC.
- b) Never appear before 20 weeks.
- c) Severe pre-eclampsia at 29 is an indication for immediate termination of pregnancy.
- d) Management protocol include: treatment of hypertension, prevention of fit, plan for delivery, and chorial biopsy.
- e) Renal biopsy is mandatory to establish definitive biopsy.

867. Pathophysiological findings in pre-eclampsia.

- a) Placental growth factor is elevated.
- b) Vascular endothelial growth factor is low.
- c) Impaired trophoblast invasion.
- d) Impaired trophoblast differentiation.
- e) Immunological factor related.

868. Risk factor for pre-eclampsia.

- a) Chronic renal disease.

- b) In vitro fertilization with sperm donor different from the husband.
- c) Any placental ischaemia cause.
- d) Heart disease.
- e) History of DIC.

869. Drug use in severe pre-eclampsia.

- a) Methyldopa is the choice during the crisis.
- b) Hydrallazine 10 mg every 30 min until diastolic blood pressure is 100 mmHg.
- c) Methyldopa plus atenolol in conservative management when there is not a good answer to monotherapy treatment
- d) Diazepam is the best to prevent fit.
- e) Vein dilator can be used in refractory hypertension.

870. Antepartum haemorrhage.

- a) Nitabush's bands rupture is the explanation for haemorrhage in placenta previa.
- b) Uterus surgeries are risk factor for abruptio placenta.
- c) C/ section always should be done.
- d) Can predispose to PPH.
- e) Tocolysis is contraindicated.

871. Abruptio placentae.

- a) Mild abruption during labour should be augmented and delivery vaginally.
- b) Moderate abruption is better delivery by c/section if advanced cervical dilation and maternal compromise are present.
- c) Severe abruption, IUFD without DIC: artificial rupture of membranes and induction.
- d) Severe abruption, IUFD, DIC: correction of coagulation disorder and delivery by c/section.
- e) Severe abruption, a live foetus, mother stable, 6 cm dilated, should be delivered vaginally.

872. Placenta previa.

- a) 33 weeks, maternal instability, lung maturity absent: conservative management.
- b) 37 weeks, 1st bleeding, haemodynamically stable: conservative management.
- c) 32 weeks, placental praevia type 3, 1st, bleeding, uterine contraction present, foetal heart rate 157/144/151: tocolysis, Betamethasone and c/ section after 24 hours.
- d) Placenta previa type II, mild per vaginal bleeding: artificial rupture of membranes and induction of labour can be done.
- e) Placenta praevia type I usually bleeding earlier than the other, due to Braxton Hicks contractions.

873. Monozygotic twins arise from.

- a) Separation of one spermatozoon into 2 and then fertilization occur.
- b) Separation of one fertilized ovum into 2 embryos.
- c) Separation after 72 hours of conception results in diamniotic dichorionic twins.
- d) Conjoined are results in separation after 2 weeks.
- e) Never occurs by chance.

874. Multiple pregnancy is important because.

- a) Is increased risk for intra partum complications.
- b) There is need for more frequent antenatal review.
- c) Early admission doesn't affect outcome of pregnancy.
- d) Perinatal risks are increased.
- e) Anaemia is not a common complication.

875. The following are common complications of multifoetal pregnancy.
- Pregnancy induced hypertension.
 - Preterm labour
 - Foetal growth restriction.
 - Shoulder dystocia.
 - Puerperal sepsis.
876. Incidence of dizygotic twin is influenced largely by the following.
- Maternal age and parity.
 - Maternal weight and height.
 - Use of clomifene.
 - Twin to twin syndrome.
 - In vitro fertilization.
877. The following is correct for twin pregnancy.
- Diamniotic, dichorionic placentation occurs with division prior to morula stage.
 - Diamniotic monochorionic placentation occurs with division in the first 3 days of fertilization.
 - Diamniotic monochorionic placentation occurs with division between day 8-12 after fertilization.
 - Monochorionic, mono amniotic placentation occurs with division after 8-12 days post fertilization.
 - All of the above.
878. A gravida 2 with multifoetal pregnancy is found with BP of 148/100 at 38 weeks. The management is:
- IV and IM magnesium sulphate and immediate c/section.
 - IV and IM MgSO₄, IV hydralazine, and immediate c/section.
 - IV and IM MgSO₄, ultrasound scan and c/section.
 - b) and c) only.
 - None of the above.
879. A 42 year old primigravida who has been treated for infertility was told she had twins by 10 weeks of gestation. She delivered a singleton at 40 weeks. What are the possibilities?
- She aborted one of the babies before 10 weeks.
 - The sonographer saw part of the bladder.
 - One twin could have died in uterus.
 - a), b), c) are true.
 - a) and c) are true.
880. Multifoetal gestation.
- Triplets are better delivered by caesarean section.
 - Induction is contraindicated.
 - Monozygotic are commoner than dizygotic twin.
 - Is commoner in primigravidae compared to multigravidae.
881. Twin pregnancy:
- Have a high risk of admission to ICU.
 - Early admission prevents premature labour.
 - Elective c/s is done in primigravida.
 - All above are true.
 - The entire above are false.
882. Which of the following doesn't include WHO recommendation regarding breast feeding.

- a) Exclusive breast feeding should be protected, promoted and supported for 6 month.
- b) To minimize HIV transmission risk, breast feeding should be continued for as long as possible.
- c) HIV infected women should have access to information, follow-up.
- d) Avoidance of breast feeding by HIV infected mother is not recommended.
- e) Exclusive breast feeding for 6 month is recommended for both HIV negative and HIV positive mothers.

883.Cu T380A is:

- a) An intra vaginal device containing 380 mm surface area of copper wire around the stem.
- b) Is effective up to 8 years only.
- c) Cause a foreign body reaction in the uterus.
- d) Can be used to cause synaecholysis.
- e) Can be inserted immediately after normal delivery.

884.The following are steroidal contraceptives.

- a) Nuva ring.
- b) Mirena.
- c) Mifepristone.
- d) Cyclofem.
- e) Progestasert.

885.The following syndromes are associates with male infertility.

- a) Kallman's syndrome.
- b) Savage's syndrome.
- c) Asherman's syndrome.
- d) Polycystic ovary syndrome.
- e) Sheehan's syndrome.

886.The following are possible complication of intrauterine devices.

- a) Syncopal attacks.
- b) Abnormal menstrual bleedings.
- c) Spotting.
- d) Spontaneous expulsion.
- e) Dyspareunia.

887.Vasectomy.

- a) Leads to sterility after 10 ejaculations.
- b) May cause impotence.
- c) Involves ligation of vasa efferentia.
- d) Can lead to primary testicular r failure.
- e) Is reversible.

888.Depo provera. (DMPA).

- a) Contains both progesterone and oestrogens.
- b) Can cause breakthrough bleeding.
- c) Is effective for 10 weeks.
- d) Contains 3rd generation progesterone.
- e) Return to fertility is immediate after terminating its use.

889.Vaginal foam tablets.

- a) Actives ingredient is nonoxynol-8.
- b) Act by causing endometrial thinning.
- c) Cause a foreign body reaction in the vagina.
- d) Are inserted after sex.

- e) Are spermistatic.
- 890.The following factor can lead to male infertility.
- Excessive smoking.
 - Morbid obesity.
 - Orchidopexy.
 - Vasectomy.
 - Mumps infection.
- 891.PID.
- Surgery is always indicated.
 - Hysterectomy may be done.
 - Chronic pelvic pain is a complication.
 - Clindamycin is good drug.
 - Infertility is a common complication.
- 892.Differential for PID.
- Ovulation.
 - Cystitis.
 - Irritable bowel syndrome.
 - Sickle cell crisis.
 - Ectopic pregnancy.
- 893.PID.
- Common among women and men who are sexually active.
 - Tuberculosis is most common cause.
 - Vagina is not affected.
 - Ovaries are not part of the syndrome.
 - Cervical motion tenderness present.
- 894.Sonographic characteristic of malignancies.
- Thin septae.
 - Thick capsule.
 - Enlarged lymph node.
 - Thick septae.
 - Absence of fluid in peritoneum.
- 895.Tumour marker in gynaecology.
- Alpha-feto-protein (AFP) for Endodermal sinus tumour.
 - CA-125 for fibroids.
 - CA-125 for ovarian tumour.
 - hCG for non-gestational choriocarcinoma.
 - All the above are true.
- 896.Fitz-Hugh-Curtis syndrome.
- There is left upper quadrant pain.
 - Salpingitis is not included.
 - N. gonorrhoea* is not associated.
 - Viral hepatitis is a differential.
 - Occurs almost exclusive in women.
- 897.Ovarian cause of hyper androgenisms.
- PCOs.
 - Hilus cell tumour.
 - Hyper thecosis.
 - Sertoli-Leydig cell tumour.

e) None of the above.

898. Ovarian tumour.

- a) Embryonal carcinoma is epithelial origin.
- b) Dysgerminomas are common in reproductive age group.
- c) Always present with ascites.
- d) Dysgerminomas are common.
- e) Bilateral tumours have a great probability of malignancy.

899. Myomectomy.

- a) Can be done using a hysteroscope.
- b) Can be done vaginally.
- c) Is associated with heavy blood loss.
- d) Is treatment of choice for a 60 year old woman with fibroid.
- e) Can be done without HSG.

900. VVF repair.

- a) Surgical repair is the only mode of treatment.
- b) Ureteric catheters are inserted after closure.
- c) Not advisable to repair during pregnancy.
- d) An IVP is mandatory in all VVF.
- e) Be repair at least 2 months after delivery.

901. The following factor affect wound healing.

- a) Steroid therapy.
- b) Proper apposition.
- c) Immune status.
- d) Infection.
- e) Nutritional status.

902. Complete the following information about cervical carcinoma.

- a) Cervical biopsy result: cervical carcinoma with parenchymal invasion 3mm on deep and 5 mm horizontally is stage:
- b) Keratinizing large cell cervical carcinoma, non visible lesion, left hydronephrosis is stage:
- c) 80 % cervical carcinoma originated at:
- d) Vaginal recurrences after surgeries should be treated by:.....
- e) The commonest mode of spread are:;;

903. The following are true about cervical carcinoma.

- a) Cervical adenocarcinomas some times have no visible lesion.
- b) Squamous carcinoma usually visible as ulceration.
- c) Lower back pain is an early symptom.
- d) Endometriosis can be misdiagnosis as cervical carcinoma.
- e) Laparoscopic-assisted radical vaginal hysterectomy can be done form stage I to III b.

904. Adjuvant radiotherapy is indicated if:

- a) Large size tumour.
- b) Deep parenchymal invasion.
- c) In stage IV, previous surgery.
- d) Lymphovascular space invasion.
- e) When high risk HPV infection is present.

905. Cervical carcinoma and pregnancy.

- a) Cervical carcinoma may lead to congenital anomalies.

- b) Pregnancy duration can be affecting due to treatment.
- c) Cervical carcinoma diagnoses at 28 week, stage I b, should be immediate treated by Wertheim-Meig hysterectomy with foetus in uterus.
- d) Cervical carcinoma diagnoses at 20 week, stage III a, the patient should be consented to be treated by radiotherapy with foetus in uterus.
- e) Stage 0, can be treated by Conization before 24 weeks.

906. Cervical carcinoma screening.

- a) The screening interval should be always every 3 year.
- b) Should be discontinued after 55 years old.
- c) After TAH due to benign process can be discontinued.
- d) After treatment for any malignant disease should be every year after 3 month of the operation.
- e) Should be more frequent in women younger than 30 year.

907. A patient asks you the following question. What causes bleeding after my periods when it is not a miscarriage? Chose the wrights possibilities.

- a) Uterine fibroid.
- b) Endometrial hyperplasia.
- c) Cervical carcinoma.
- d) Asherman's syndrome.
- e) Cervical polyps.

908. The following are true about endometrial carcinoma.

- a) Smoking reduces the risk.
- b) 95 % are non hormonal dependant tumour.
- c) Endometrial hyperplasia has no relation.
- d) Stage III the tumour is yet limited to the uterus.
- e) Oophorectomy is not indicated when surgical treatment is considered.

909. About caesarean section.

- a) Is always indicated in transverse lie, before the onset of labour.
- b) Elective caesarean section should be done in all patients with IUGR.
- c) Conjoined twin are better delivered by a transverse incision.
- d) Secondary PPH is a late complication.
- e) Has no role in puerperal infection.

910. Regarding caesarean section technique.

- a) Prophylaxis antibiotic is only indicated for high risk patient.
- b) Skin soaking has no role in infection-prevention.
- c) Uterus should be opened with the blade.
- d) Uterus should be closed with two running stitches layer of thick absorbable suture.
- e) Absorbable suture are better to rectos sheath closure.

911. About uterine prolapse.

- a) Partial colpocleisis can be done when extensive surgeries are contraindicated.
- b) Collagens diseases can be a predisposing factor.
- c) Vaginal hysterectomy is the only surgical management.
- d) Pessaries can be used to avoid surgeries in high risk patients.
- e) Is common among sport women.

912. Vaginal hysterectomy possible complications.

- a) Obstetric fistula.
- b) Ureteric injuries.
- c) Pudenda artery damage.

- d) Vaginal vault prolapse.
- e) Rectum lesion.

913. The following are true of endometriosis

- a) It cannot occur in postmenopausal women as their endometrium is atrophic.
- b) It occurs in the reproductive age because of the presence of gonadotrophins.
- c) It can cause deep and superficial Dyspareunia.
- d) All the above.
- e) None of the above

914. The most common site of endometriosis is

- a) The pouch of Douglas.
- b) The ovary
- c) The posterior surface of the uterus
- d) The broad ligament
- e) The pelvic peritoneum

915. The most frequent symptom of endometriosis

- a) Infertility
- b) Pain
- c) Backache
- d) Dyspareunia
- e) All the above

916. A 35 year old woman presents with history of periods of amenorrhoea followed by heavy bleeding and denies using drugs. She wants to get pregnant. The following are likely causes

- a) Over stimulation of the follicular system of the ovaries by the hypophysis
- b) Under production of oestrogens and progesterone
- c) Under production of FSH and LH
- d) All the above
- e) None of the above

917. A 26 yr old married woman presents with infertility and amenorrhoea. She has a normal satisfying sexual life. On work up she was found to be normal 46XX, no oestrogen or progesterone nor evidence of androgens. She has poorly developed breasts. HSG is normal. The following are possible causes

- a) Testicular feminization syndrome
- b) Mullerian dysgenesis
- c) Gonadal dysgenesis
- d) B and C above
- e) All the above

918. BSN students delivered mothers and assessed the babies. Which was a true and complete assessment?

- a) Pink body and limbs, active limb movements, male pulse rate 105/minute, weak respirations active sneezing and cough on suction: A/S = 9
- b) Active limb movements, pink body, pulse rate 105/minute blue fingers good respiration, female and active sneezing on suction: A/S 9
- c) Crying loudly, male, moving limbs actively, fights on suction, pulse rate 129/minute, blue chest: A/S = 9
- d) A and B above
- e) B and C above

919. A 30 year old mother had a caesarean section for abruptio placentae at 36 weeks at 6 am in the morning. Professor Perez found her anaemic and the dressing oozing fresh blood. The following are true
- He ordered re-opening of the abdomen as there was intra-abdominal haemorrhage
 - He did an abdominal examination to rule a ruptured uterus
 - He ordered some investigations and talked to the students about APH while waiting for the results
 - He ordered a pressure dressing to be applied to the wound as this was bleeding from the wound
 - None of the above.
920. The following are poor prognostic factors in trophoblastic disease for malignant change
- Disease following normal delivery
 - beta-HCG more than 80,000 mIU/ml
 - Disease following an abortion
 - A and C above
 - A and B above
921. Treatment of endometriosis involves
- Administration of gonadotrophins releasing hormone agonists to cause a pseudo pregnancy
 - Administration of gonadotrophins releasing hormone antagonists to cause a pseudo menopause state
 - Administration of large doses of oestrogens and androgens state to cause a pseudo pregnancy
 - A and C above
 - B and C above
922. A 56 year old lady presented with a small cervical lesion which bled to touch, she reported that she had difficulty closing her left eye. She had nausea and loss of appetite. She had a staring gaze and paresis on the right. No other pelvic lesions were found.
- This is Ca Cx stage four
 - The condition can be diagnosed by ultrasound
 - The diagnosis can be suspected from the previous history and confirmed by laboratory investigations
 - She has Burkitt's lymphoma
 - None of the above
923. The following are true of oral contraceptive pills
- They decrease the risk of ovarian cancer
 - They are contraindicated in parous women with endometriosis
 - They are contraindicated in young nulliparous girls
 - All of the above
 - None of the above
924. The following are causes of early neonatal deaths in Uganda
- Hyaline membrane disease
 - Foetal asphyxia
 - Bronchopneumonia
 - All the above
 - None of the above
925. Dr Kaposi did staging of carcinoma of the uterus; the following is a correct staging

- a) The uterus was sounded at 15 cm and there a bleeding lesion on the cervix; stage= 3a
 - b) The uterus was 4cm long and the tumour was well differentiated
 - c) Prof. Kaposi got some suspicious currettings from the endocervix; stage=3
 - d) Prof. Kaposi got some suspicious currettings from the endocervix; stage=2
 - e) None of the above
- 926.Treatment of endometrial cancer involves
- a) Tumour size reduction and chemotherapy
 - b) Tumour size reduction and radiotherapy
 - c) Hysterectomy and radiotherapy
 - d) Radical hysterectomy (Wertheim's)
 - e) All the above
- 927.The following are true in the management of multiple pregnancies
- a) They should be admitted at 36 weeks to reduce the incidence of neonatal complications
 - b) Active management of third stage always prevents post partum haemorrhage
 - c) Caesarean section is indicated if the second twin is a breech
 - d) A and C above
 - e) None of the above
- 928.A gravida 6 para 4+1 was admitted with severe pre eclampsia, the following is true
- a) After control of the blood pressure she should have a caesarean section as the quickest mode of delivery
 - b) Her blood vessels show abnormal reaction to vasopressor agents
 - c) A bleeding profile is part of the work up to prevent disseminated intravascular coagulopathy
 - d) A and C above
 - e) None of the above
- 929.During antenatal management, the following are true
- a) Refocused ANC involves reducing the number of visits and improving the quality of contact time
 - b) All mothers must have four visits only
 - c) All mothers should have a birth plan as this improves decision on making
 - d) A and B
 - e) A and C
- 930.The perineum is supplied by the following
- a) Pudendal nerve
 - b) Inferior haemorrhoid nerve
 - c) Ilio-inguinal nerve
 - d) Genital femoral nerve
 - e) All the above
- 931.The following are mesodermal in origin
- a) Kidney, male genital ducts, prostate, rectum
 - b) Testis, upper vagina, ureter, seminal vesicle
 - c) Ovary, ureter, lower vagina, prostate gland
 - d) Brain, oesophagus, rectum, uterine tubes
 - e) None of the above
- 932.The following are important investigations in disseminated intravascular coagulation
- a) Partial thromboplastin time
 - b) Prothrombin time
 - c) Thrombin time

- d) A and C above
- e) B and C above

933. About pre-eclampsia.

- a) Thromboxane A₂ is usually low.
- b) Placental growth factor is elevated.
- c) Placental growth factor is low.
- d) Prostacycline is elevated.
- e) Vascular endothelium growth factor is elevated.

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- a) Methyldopa 3g/daily can be given as treatment during hypertensive crisis.
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- b) Laboratory evidence of end-organ involvement despite good BP control.
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- a) Kleihauer-Betke test can help to establish the differential.
- b) Placenta praevia type IIb is better delivery vaginally due to the lower risk for bleeding.
- c) Non obstetrical conditions don't need to be rule out.
- d) Tocolytic drugs are indicated in APH before 34 weeks.
- e) History of PPH is a risk.

937. Ante partum haemorrhage.

- a) Nitabush's bands rupture is the explanation for haemorrhage in placenta previa.
- b) Uterus surgeries are risk factor for abruptio placenta.
- c) C/section always should be done.
- d) Can predispose to PPH.
- e) Tocolysis is contraindicated

938. Abruptio Placenta. Management.

- a) Mild abruptio needs emergency c/section independently of the gestational age.
- b) Moderate abruptio at 32 WOA: Tocolytic for 24 hours waiting for steroids effects.
- c) Moderate abruptio, mother in shock, at 34 wks: Resuscitation, amniotomy and induction of labour with Misoprostol.
- d) Severe abruptio, IUFD, with DIC: correction of DIC, Amniotomy and emergency c/section.
- e) None of the entire above is true.

939. Abruptio placenta.

- a) Fibrinogen's degradation products and D-dimmer are always elevated.
- b) Heparin is indicated during DIC management.
- c) Is a common complication of severe pre-eclampsia.
- d) MgSO₄ can be used in chronic abruptio's management.
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940. Which of the following are not among of the comprehensive care for mother within the context of PMTCT?
- Clinical staging of the woman living with HIV.
 - Prophylaxis for OI infection with co-trimoxazole.
 - RFT if eligible for HAART.
 - Nutrition care and counselling.
 - Family planning services.
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- Reduction in using invasive obstetric procedure during labour/delivery.
 - Routinely delivery by elective caesarean section.
 - Vaginal cleansing with chlorhexidine when membranes are ruptured for more than 4 hours.
 - Use of instrumental delivery to accelerate 2nd stage.
 - All of the above.
942. The following are among the targeted categories for primary prevention of HIV.
- Infants and children.
 - The adolescents and young people.
 - The adult of reproductive age.
 - Women living with HIV and their families.
 - All of the above.
943. Recommendations for safer breastfeeding in the context of HIV include:
- Avoid infections during breastfeeding.
 - Seek immediate treatment for cracked nipples, infant mouth sores.
 - Mixed feeding.
 - a) and b) above are false.
 - All of the above.
944. About multiple pregnancy.
- There is not significant increase in obstetric complications.
 - Risk of obstetric complications is slightly increased.
 - Perinatal morbidity/mortality is reduced.
 - At 2 years old, infant mortality rate of twins is the same as that of singletons.
 - Is common in blacks.
945. The following are true about multifoetal gestation.
- Dizygotic twins are from the same spermatozoa.
 - Dizygotic twins are not from the same spermatozoa.
 - Monozygotic twins are not from the same spermatozoa.
 - Monozygotic twins are from the same spermatozoa.
 - b) and d) above.
946. The foetal heart rate during labour.
- Decreases with a contraction.
 - Increases with a contraction.
 - Shows no changes with a contraction.
 - Starts to recover a contraction stops.
 - All the above.
947. The dangers of vacuum extraction include.
- APH.
 - Ruptured uterus.
 - Intrauterine foetal death.
 - PPH.
 - Acute foetal distress.

948. About breech presentation.
- Delivery can be performed by TBA.
 - Rotation to the sacrum anterior position may be facilitated.
 - Assessment of labour progression should be done at closer interval than for cephalic presentation.
 - Footling breech is better delivered by caesarean section.
 - All of the above.
949. Malaria in pregnancy.
- Sequestration of infected red blood cell can occur in the placenta.
 - IUGR is a complication.
 - Pre-eclampsia can appear as a consequence.
 - Coartem is indicated for all non complicated malaria.
 - Increases risk for MTCT of HIV.
950. Lumefantrine/artesunate is indicated during pregnancy for:
- As 1st line in non complicated malaria in the 1st trimester.
 - As 1st line for complicated malaria in the 2nd trimester.
 - As 2nd line for non complicated malaria in the 2nd trimester.
 - After giving IV quinine for complicated malaria at any gestational age.
 - None of the entire above.
951. The following are contraindications for vaginal birth after a caesarean section.
- Previous classical caesarean section.
 - Previous transverse low-segment incision.
 - Surgeon opinion.
 - Previous uterine rupture.
 - Mother decision.
952. The following are immediate complications for caesarean section.
- Haemorrhages.
 - Secondary post partum haemorrhage.
 - Lesion of neighbour organs.
 - Infections.
 - Amniotic fluids embolization.
953. Classical c/section is:
- Vertical incision done in the upper uterine segment.
 - Vertical incision made in the lower uterine segment.
 - Vertical incision extended from the upper to the lower uterine segment.
 - Transverse incision made in the lower uterine segment.
 - None of the above.
954. About labour.
- Is divided into two stages.
 - Latent phase is considered since the uterine contractions are started until the moment the cervix reaches a dilatation of 5 cm.
 - Active phase is considered from 4 cm to 10 cm.
 - Second stage commencement is at 9 cm.
 - Maximum slope is part of the second stage.
955. Partograph in labour.
- Satisfactory progress means that the plot of cervical dilatation remain on or at the left of the ALERT line.
 - If the patient's partograph crossed the alert line immediate augmentation is needed.

- c) If the patient's partograph crosses the action line emergency c/section should be done.
- d) The longest normal time for latent phase in a multiparous woman is 20.1 hours.
- e) The longest normal time for second stage for a nulliparous woman is 1.1 h.

956. The following are factors related to dystocia.

- a) Maternal Age
- b) Gestational Diabetes
- c) POP
- d) Maternal exhaustion
- e) Macrosomic foetus

957. The following are risk factors for PPH except:

- a) Nitroglycerine use.
- b) Pre-eclampsia.
- c) IUFD.
- d) Amniotic fluid embolization.
- e) Vasa praevia.

958. About lo-feminal.

- a) Is a combined injectable plan.
- b) It contains ethinylestradiol and laevonorgestrel
- c) It is a COC.
- d) It is an oestrogenic preparation for HRT
- e) None of above.

959. A woman on COC missed a pill on her 5th day of the cycle. What should be done?

- a) She should take another pill as soon as possible.
- b) She should take another pill and use another contraceptive method for the rest of the cycle.
- c) She should stop the pills and start another pack.
- d) She missed the pill and had unprotected sex: she should consider emergency contraception.
- e) None of the above.

960. About Norplant II.

- a) Is a combined implant.
- b) It is effective up to 5 years.
- c) It is effective up to 7 years.
- d) Can be used during the perimenopausal period.
- e) None of the above.

961. About pelvic inflammatory disease.

- a) Is a polymicrobial infection.
- b) Chlamydia causes Fitz-Hugh-Curtis syndrome.
- c) N. Gonorrhoea is the commonest causative agent of pelvic abscesses.
- d) B Fragilis is commonly involved.
- e) CA-125 commonly elevated.

962. About Fitz-Hugh-Curtis syndrome.

- a) It is caused by *Bacteroides fragilis*.
- b) Involves salpingitis, ascites and perihepatitis.
- c) Should be treated surgically.
- d) Right upper quadrant pain can be the presenting form.
- e) All of the above.

963. About sub clinical PID.
- Defined as the presence of neutrophils and plasma cells in the endometrial tissue.
 - Commonly asymptomatic.
 - Bacterial vaginosis is a risk factor.
 - Plasma cell Endometritis is highly sensitive in diagnosing PID.
 - Chlamydia* and *N gonorrhoea* are commonly associated.
964. The following are steroidal contraceptives.
- Nuva ring.
 - Mirena.
 - Mifepristone.
 - Cyclofem.
 - Progestasert.
965. The following are sign of malignancy in ovarian masses.
- Solid masses are present.
 - Giant cyst.
 - Tumour present in both age extremes.
 - Positive tumours marker.
 - VEGF positive.
966. Second look surgery.
- Always done by laparotomy.
 - Only done for patients treated by radiotherapy.
 - It is done for remnant tumour removal.
 - Used in cervical carcinoma follow up.
 - None of the above.
967. A 30 year old patient presented to an infertility clinic c/o recurrent pregnancy loss. Which of the following factors would you investigate?
- Rubella infection.
 - Fallopian tubes patency.
 - Cervical competence.
 - Antiphospholipid antibodies.
 - Uterine congenital anomalies.
968. Which among the following are not common causes of female infertility?
- Sheehan's syndrome.
 - Marfan's syndrome.
 - Meig's syndrome.
 - Paget's disease.
 - All of the above.
969. The following syndromes are associates with male infertility.
- Kallman's syndrome.
 - Savage's syndrome.
 - Asherman's syndrome.
 - Polycystic ovary syndrome.
 - Sheehan's syndrome
970. In primary dysmenorrhoea.
- Trend to disappear after deliveries.
 - Endometriosis should be considered.
 - COC can be given.
 - GnRH is the choice for treatment.
 - None of the above.

971. In secondary dysmenorrhoea.

- a) PID is a cause.
- b) More common among teenagers.
- c) CT scan is a very useful investigation in establishing the cause.
- d) Cyclooxygenase inhibitors have no role in the treatment.
- e) Breast tenderness is not associated.

972. About CIN.

- a) Cannot be screened by visual inspection under Acetic Acid.
- b) Patients who have not screening with cytology are at higher for advanced carcinoma of the cervix.
- c) CIN I should always be treated by cervical conization.
- d) Hormonal assay in menopause.

973. Radical hysterectomy plus pelvic lymphadenectomy is indicated in:

- a) CIS.
- b) Squamous cell carcinoma stages I_{b2} and II_a.
- c) Squamous cell carcinoma stages II_a and II_b.
- d) All of the above.
- e) None of the above.

974. Cervical carcinoma.

- a) Squamous cell carcinoma most often present with an exophytic lesion.
- b) Adjuvant CRT has no shown benefits for the patients who undergo operations.
- c) Adeno-squamous carcinoma often present with exophytic lesions.
- d) A lesion extended to the lower third of the vagina is stage II_b.
- e) Palliative care has no role in early stages.

975. About menopause.

- a) Perimenopause is the period which precedes menopause.
- b) It is defined as amenorrhoea, hypooestrogenemia and elevated luteinizing hormone.
- c) It is characterized by amenorrhoea, hypooestrogenemia and low levels of FSH.
- d) Multiparity shortens the age for menopause.
- e) None of the above.

976. Depo provera. (DMPA).

- a) Contains both progesterone and oestrogens.
- b) Can cause breakthrough bleeding.
- c) Is effective for 10 weeks
- d) Contains 3rd generation progesterone.
- e) Return to fertility is immediate after terminating its use.

977. A woman on her 40th birth day presents at the gynaecology clinic complaining of irregular PV bleeding. The following are possible options:

- a) Perimenopause should be considered among the causes.
- b) Endometrial ablation by thermal balloon should be done immediately.
- c) Transvaginal ultrasound can be of help.
- d) Emergency D & C should be performed.
- e) HRT should be started immediately.

978. Pelvic Organs Prolapse.

- a) Commonly associated to collagen disease.
- b) Always treated surgically.
- c) Sims position commonly used for examination.

- d) Standing position is the best for enterocele diagnoses.
- e) All of the above.

979. The following are possible options for medical treatment of endometriosis except:

- a) Medroxyprogesterone acetate.
- b) Danazol.
- c) Premarin.
- d) Goserelin.
- e) Megestrol.

980. VVF repair.

- a) Surgical repair is the only mode of treatment.
- b) Ureteric catheters are inserted after closure.
- c) Not advisable to repair during pregnancy.
- d) An IVP is mandatory in all VVF.
- e) Be repaired at least 2 months after delivery.

981. The following factors affect wound healing.

- a) Steroid therapy.
- b) Proper apposition.
- c) Immune status.
- d) Infection.
- e) Nutritional status.

982. Sonographic characteristics of malignancies.

- a) Thin septae.
- b) Thick capsule.
- c) Enlarged lymph node.
- d) Thick septae.
- e) Absence of fluid in peritoneum

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- e) History of PPH is a risk.

987. Placenta praevia.

- a) Repetitive induced abortion is a risk factor.
- b) Placenta accreta is frequently associated.
- c) Primiparous women are at higher risk.
- d) Always presented with painless PV bleeding.
- e) None of the above.

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- c) Assessment of labour progression should be done at closer interval than for cephalic presentation.
- d) Footling breech is better delivered by caesarean section.
- e) All of the above.

999. Malaria in pregnancy.

- a) Sequestration of infected red blood cell can occur in the placenta.
- b) IUGR is a complication.
- c) Pre-eclampsia can appear as a consequence.
- d) Coartem is indicated for all non complicated malaria.
- e) Increases risk for MTCT of HIV.

1000. Lumefantrine/artesunate is indicated during pregnancy for:

- a) As 1st line in non complicated malaria in the 1st trimester.
- b) As 1st line for complicated malaria in the 2nd trimester.
- c) As 2nd line for non complicated malaria in the 2nd trimester.
- d) After giving IV quinine for complicated malaria at any gestational age.
- e) None of the entire above.

1001. The following are contraindications for vaginal birth after a caesarean section.

- a) Previous classical caesarean section.
- b) Previous transverse low-segment incision.

- c) Surgeon opinion.
- d) Previous uterine rupture.
- e) Mother decision.

1002. The following are immediate complications for caesarean section.

- a) Haemorrhages.
- b) Secondary post partum haemorrhage.
- c) Lesion of neighbour organs.
- d) Infections.
- e) Amniotic fluids embolization.

1003. Classical c/section is:

- a) Vertical incision done in the upper uterine segment.
- b) Vertical incision made in the lower uterine segment.
- c) Vertical incision extended from the upper to the lower uterine segment.
- d) Transverse incision made in the lower uterine segment.
- e) None of the above.

1004. About labour.

- a) Is divided into two stages.
- b) Latent phase is considered since the uterine contractions are started until the moment the cervix reaches a dilatation of 5 cm.
- c) Active phase is considered from 4 cm to 10 cm.
- d) Second stage commencement is at 9 cm.
- e) Maximum slope is part of the second stage.

1005. Partograph in labour.

- a) Satisfactory progress means that the plot of cervical dilatation remain on or at the left of the ALERT line.
- b) If the patient's partograph crossed the alert line immediate augmentation is needed.
- c) If the patient's partograph crosses the action line emergency c/section should be done.
- d) The longest normal time for latent phase in a multiparous woman is 20.1 hours.
- e) The longest normal time for second stage for a nulliparous woman is 1.1 h.

1006. The following are factor related to dystocia. Could you correlate each one of them to the correspondent P of dystocia?

- a) Attitude ()
- b) Giant Gardner's cyst (vaginal wall) ()
- c) POP ()
- d) Maternal exhaustion ()
- e) Unsupportive environment ()

1007. Instrumental delivery is indicated in :

- a) Secondary arrest of the descent of the presenting part.
- b) POP.
- c) Maternal exhaustion.
- d) Prolonged second stage with border line pelvis.
- e) Contracted pelvis.

1008. The following are risk factors for PPH except:

- a) Nitroglycerine use.
- b) Pre-eclampsia.
- c) IUFD.
- d) Amniotic fluid embolization.

e) Vasa praevia.

1009. About low-feminal.

- a) Is a combined injectable plan.
- b) It contains ethinylestradiol and laevonorgestrel
- c) It is a COC.
- d) It is an oestrogenic preparation for HRT
- e) None of above.

1010. A woman in COC missed a pill on her 5th day of the cycle. What should be done?

- a) She should take another pill as soon as possible.
- b) She should take another pill and use another contraceptive method for the rest of the cycle.
- c) She should stop the pills and start another pack.
- d) She missed the pill and had unprotected sex: she should consider emergency contraception.
- e) None of the above.

1011. About Norplant II.

- a) Is a combined implant.
- b) It is effective up to 5 years.
- c) It is effective up to 7 years.
- d) Can be used during the perimenopausal period.
- e) None of the above.

1012. About pelvic inflammatory disease.

- a) Is a polymicrobial infection.
- b) Chlamydia causing Fitz-Hugh Curtis syndrome.
- c) N. Gonorrhoea is the commonest causative agent of pelvic abscesses.
- d) B Fragilis is commonly involved.
- e) CA-125 commonly elevated.

1013. About Fitz-Hugh-Curtis syndrome.

- a) It is caused by *Bacteroides fragilis*.
- b) Involves salpingitis, ascites and perihepatitis.
- c) Should be treated surgically.
- d) Right upper quadrant pain can be the presenting form.
- e) All of the above.

1014. About sub clinical PID.

- a) Defined as the presence of neutrophils and plasma cells in the endometrial tissue.
- b) Commonly asymptomatic.
- c) Bacterial vaginosis is a risk factor.
- d) Plasma cell Endometritis is highly sensitive in diagnosing PID.
- e) Chlamydia and N Gonorrhoea are commonly associated.

1015. Elective laparotomy is indicated in a tuboovarian mass when:

- a) The cause cannot be identified.
- b) There is not adequate response despite an appropriate treatment.
- c) Rupture.
- d) To perform a biopsy.
- e) All of the above.

1016. The following are sign of malignancy in ovarian masses.

- a) Solid masses are present.
- b) Giant cyst.

- c) Tumour present in both age extremes.
- d) Positive tumours marker.
- e) VEGF positive.

1017. Second look surgery.

- a) Always done by laparotomy.
- b) Only done for patients treated by radiotherapy.
- c) It is done for remnant tumour removal.
- d) Used in cervical carcinoma follow up.
- e) None of the above.

1018. A 30 year old patient presented to an infertility clinic c/o recurrent pregnancy loss. Which of the following factors would you investigate?

- a) Rubella infection.
- b) Fallopian tubes patency.
- c) Cervical competence.
- d) Antiphospholipid antibodies.
- e) Uterine congenital anomalies.

1019. Which among the following are not common causes of female infertility?

- a) Sheehan's syndrome.
- b) Marfan's syndrome.
- c) Meig's syndrome.
- d) Paget's disease.
- e) All of the above.

1020. Which of the following can be indicated when investigating cervical factor in an infertile woman?

- a) Hydrohysterosalpingosonogram.
- b) Hydrotubation.
- c) Hegar's test.
- d) Cervical mucus immunology.
- e) None of the above.

1021. In primary dysmenorrhoea.

- a) Trend to disappear after deliveries.
- b) Endometriosis should be considered.
- c) COC can be given.
- d) GnRH is the choice for treatment.
- e) None of the above.

1022. In secondary dysmenorrhoea.

- a) PID is a cause.
- b) More common among teenagers.
- c) CT scan is a very useful investigation in establishing the cause.
- d) Cyclooxygenase inhibitors have no role in the treatment.
- e) Breast tenderness is not associated.

1023. About CIN.

- a) Cannot be screened by visual inspection under Acetic Acid.
- b) Patients who have not screening with cytology are at higher for advanced carcinoma of the cervix.
- c) CIN I should always be treated by cervical conization.
- d) Hormonal assay in menopause.

1024. Radical trachelectomy plus pelvic lymphadenectomy is indicated in:

- a) CIS.
- b) Squamous cell carcinoma stages Ib2, II a.
- c) Squamous cell carcinoma stages IIa and IIb.
- d) All of the above.
- e) None of the above.

1025. Cervical carcinoma.

- a) Squamous cell carcinoma most often present with an exophytic lesion.
- b) Adjuvant CRT has no shown benefits for the patients who undergo operations.
- c) Adenosquamous carcinoma often present with exophytic lesions.
- d) A lesion extended to the lower third of the vagina is stage IIb.
- e) Palliative care has no role in early stages.

1026. About menopause.

- a) Perimenopause is the period which precedes menopause.
- b) It is defined as amenorrhoea, hypoeostrogenaemia and elevated luteinizing hormone.
- c) It is characterized by amenorrhoea, hypoeostrogenemia and low levels of FSH.
- d) Multiparity shortens the age for menopause.
- e) None of the above.

1027. Hormonal assay in menopause.

- a) Estradiol usually above 70 pg/ml.
- b) Luteinizing hormone consistently low.
- c) FSH consistently between 15- 25 IU/L.
- d) Inhibin levels are commonly low.
- e) All of the above.

1028. A woman on her 40th presents at the gynaecology clinic complaining of irregular PV bleeding. The following are possible options:

- a) Perimenopause should be considered among the causes.
- b) Endometrial ablation by thermal balloon should be done immediately.
- c) Transvaginal ultrasound can be of help.
- d) Emergency D & C should be performed.
- e) HRT should be started immediately.

1029. Pelvic Organs Prolapse.

- a) Commonly associated to collagen disease.
- b) Always treated surgically.
- c) Sims position commonly used for examination.
- d) Standing position is the best for enterocele diagnoses.
- e) All of the above.

1030. The following are possible options for medical treatment of endometriosis except:

- a) Medroxyprogesterone acetate.
- b) Danazol.
- c) Premarin.
- d) Goserelin.
- e) Megestrol.

1031. The following are possible treatment's options for post menopausal bleeding.

- a) Thermal balloon ablation.
- b) Hysteroscopy with electrical ablation.
- c) D & C for endometrial hyperplasia.
- d) Hysterectomy.
- e) HRT.

1032. The following are possible alternative options to HRT.
- Tai Chi Chuang practice.
 - Raja yoga.
 - Vit D supplementation.
 - Calcium intake.
 - Selective Oestrogens Receptor Modulator.
1033. Modified obstetric practices in PMTCT include the following
- Vaginal cleansing with clean water
 - Administration of 2mg/kg of Nevirapine tablets to a baby after 72hrs of delivery
 - An episiotomy may be performed when necessary
 - Delivery must be conducted in hospital
 - Elective C/S
1034. An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV -ve at birth. What will you do to prevent MTCT?
- Breast feeding for only three months will protect the baby
 - Since the baby is negative, Nevirapine is not necessary
 - Replacement feeding with cow milk is the ideal
 - Wet Nursing is a recognised option
 - Condom use has no role in protecting this baby
1035. The following statements are true about PMTCT
- The sero prevalence of HIV among pregnant women in Mbarara region is 6.8%
 - The sero prevalence of HIV among pregnant women in Uganda is 13%
 - PMTCT interventions reduce transmission of HIV to infants by 50%
 - Breast feeding alone contributes 35% of MTCT
 - Family planning is important
1036. A G2P1+0 HIV +ve mother comes to clinic. Which of the following will you consider
- Initiation of HAART even without medical eligibility
 - CD4 count will not influence the decision to start ART
 - 3TC, D4T, EFV is the combination of Choice
 - 3TC, D4T, NVP is the combination of Choice
 - Triomune is never given
1037. About waste management
- Hospital, Blood banks and domiciliary make the largest source of Health care waste
 - Yellow bin is for placenta and anatomical wastes
 - Sharps constitute more than 1% of health care waste
 - a) and b) are correct
 - b), and c) are correct
1038. About pre-eclampsia.
- In the differential with other proteinuric disorders soluble fms- like tyrosine kinase, placental growth factor appears to be useful.
 - In pre eclampsia is common the presence of specific systemic findings of disease activity (e.g. low complements levels, red and white cells and/or cellular cast in urinalysis).
 - Recurrence: Pre eclampsia is over three times more common in multiparous women with a previous history of the disease than a nuliparous.
 - Pre eclampsia in prime gravid woman can predict remote cardiovascular events.
 - Pre eclamptic women are at high risk to develop some specific kind of cancer.

1039. About pre eclampsia.
- HELLP syndrome with renal failure affects long term renal function.
 - LDH can be used to do the diagnosis of microangiopathic haemolysis.
 - All patients with diastolic blood pressure 100 mm hg should be admitted prescribed bed rest.
 - A high level haematocrit may be indicative of contraction of intravascular volume and improvement in patient outcome
 - Early foetal growth restriction may be the first manifestation of pre eclampsia.
1040. During conservative management to severe pre-eclampsia in a patient with 32 WOA, (Methyldopa, Mg SO, ASA) a CTG is done and loss of the variability was found. This is indicative of.
- Acute foetal distress.
 - Chronic placental insufficiency and chronic foetal distress.
 - Possible infection coexisting.
 - Side effects of Methyldopa.
 - None of the above.
1041. Malaria in pregnancy:
- Plasmodium vivax* causes cerebral malaria.
 - Plasmodium malariae* causes relapses.
 - Chondroitin sulphate A receptors protect primigravida against severe malaria attacks.
 - Primigravidas are more prone to hyperparasitaemia than grandmultipara.
 - All pregnant women require only 2 doses of intermittent presumptive treatment.
1042. About MgSO₄.
- At 50 % concentration should be given IV to get fit prevention.
 - Act at the neuromuscular junction by blocking the acetylcholine release.
 - Prevent the Calcium entrance to the damaged cells.
 - Prevent convulsion by inhibiting epileptogenic mediators.
 - At 12 meq/l serum level can induce cardio respiratory arrest.
1043. About hypertension in pregnancy.
- The three main mechanisms causing hypertension are: increased preload, increased cardiac output, decreased afterload.
 - The order to treat this mechanism in a pregnant patient is: afterload (central or peripheral vasodilator); preload (venodilator); cardiac output (β-blocker).
 - Sudden reduction of blood pressure levels can induce IUGR and/or IUFD.
 - Transient hypertension of pregnancy (group IV FIGO) should be treated with central vasodilator.
 - Micro albuminuria can be a sign of pre-eclampsia.
1044. Pathophysiology of pre-eclampsia.
- Any event causing placental ischaemia is a risk factor.
 - Immunological theory has the explanation in the familiar predisposition.
 - Genetic information in the father has no role.
 - Impaired trophoblast differentiation/ invasion seem to have the main role.
 - VEGF/PlGF deficiency can be the starting event.
1045. Pre-eclampsia management.
- 33 WOA, blood pressure 140/100 mmHg, urine protein ++, LFT and RFT normal: admission, bed rest and oral antihypertensive treatment.
 - 33 WOA, 140/115 mmHg, urine protein +++ , blurred vision, vomiting; admission, bed rest, oral antihypertensive treatment, MgSO₄ 50% IV.

- c) 33 WOA, 115 mmHg urine protein xxx, blurred vision, vomiting and hyperreflexia: admission, IV Hydralazine (5mg/30 min till BP is 120/80mmHg, MgSO₄ 50% IM (14g) plan for immediate caesarean section.
- d) 36 WOA, 140/108 mmHg, urine protein nil, asymptomatic, IV Hydralazine 5mg/30 min, after BP control, oral methyldopa.
- e) 36 WOA, 140/110 mmHg urine protein xx, fronto-occipital headache: Admission, IV Hydralazine 5mg/30 min, IV MgSO₄ 20% and IM 50 %, Induction of labour after BP control if bishop score > 6.

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1050. About waste management

- a) Hospital, Blood banks and domiciliary make the largest source of Health care waste
- b) Yellow bin is for placenta and anatomical wastes
- c) Sharps constitute more than 1% of health care waste
- d) and b) are correct
- e) b) and c) are correct.

1051. About multiple pregnancy.

- a) There is not significant increase in obstetric complications.
- b) Risk of obstetric complications is slightly increased.
- c) Perinatal morbidity/mortality is reduced.
- d) At 2 years old, infant mortality rate of twins is the same as that of singletons.
- e) Is common in blacks.

1052. In monozygotic twins.

- a) One ovum is fertilized for two sperms.
- b) Comprises 2/3 of all twins.

- c) Dichorionic-diamniotic placentation occurs when cell division occurs in 1st 72 hours of fertilization.
- d) Predisposing factors include race and use of fertility induction drugs.
- e) Can co-exist with dizygotic twins.

1053.APH.

- a) Any bleeding from genital tract at any gestational age.
- b) Any bleeding from genital tract after 28 WOA, independently of the cause.
- c) Vasa previa is the commonest cause.
- d) Amniotomy and induction can be done in type II placenta previa.
- e) Lovset's manoeuvre can help during management.

1054.Abruptio placenta.

- a) Can appear before labour, during second stage or during third stage of labour.
- b) Severe abruption always presents with heavy PV bleeding and shock.
- c) DIC is one the commonest cause.
- d) Severe abruption, IUFD and DIC should be delivered by emergency caesarean section.
- e) Couvelaire uterus usually treated with Oxytocic drugs and DIC correction.

1055.Epidemiology of multifoetal gestation.

- a) Incidence of monozygotic twins is uniform worldwide.
- b) Incidence of Dizygotic twins is uniform worldwide.
- c) Incidence is thought to be higher among whites.
- d) Paternal family history is not a risk factor.
- e) Overweight and tall women are at a greater risk for twin birth.

1056.Method of delivery of twins (mother in labour).

- a) 1st twin, cephalic presentation, C/section.
- b) 1st twin in non- longitudinal lie, external cephalic version can be attempted.
- c) 1st twin non-longitudinal lie; C section is suggested.
- d) If 2nd twin is a non-longitudinal lie internal podalic version can be attempted.
- e) If 2nd twin is breech, C/section should be done.

1057.Labour management in multifoetal gestation.

- a) Induction of labour is contraindicated.
- b) IV fluids should be given as soon as labour starts.
- c) Vacuum extraction can be done on breech 2nd twin.
- d) Forceps can be done on delivery after coming head.
- e) Both babies have a high morbidity and mortality.

1058.Components of essential obstetric care include:

- a) Parenteral Oxytocic drugs.
- b) Parenteral antibiotics.
- c) Manual removal of retained products.
- d) Manual removal of the placenta.
- e) Use of anticonvulsant.

1059.The following are common renal disorder during pregnancy.

- a) Nephrotic syndrome.
- b) Mild right hydronephrosis.
- c) Pyelonephritis.
- d) Calculi.
- e) Glomerulonephritis.

1060.About caesarean section.

- a) Increase risk of MTCT transmission of HIV.
- b) Increase risk of puerperal infection.
- c) Classical incision has less risk of uterine ruptures in subsequent pregnancies.
- d) In emergencies, patients don't need to be consented.
- e) Is the commonest cause of obstetric fistula.

1061. Post-caesarean care.

- a) Ambulation should not be started before 24 hours.
- b) Oral feeding neither is nor indicated before 12 hours.
- c) Foley catheter in prolonged/obstetric labour should be kept inserted for 21 days.
- d) Elective operations antibiotic prophylaxis should be extended for at least 72 hours.
- e) Deep venous thrombosis prevented by ambulation.

1062. Regarding episiotomy.

- a) It's done to shorten second stage only.
- b) Done in every primigravida.
- c) Reduces the risk of MTCT of HIV.
- d) Medio-lateral incisions are more prone to extension than median episiotomy.
- e) The entire above.

1063. The perineal body has attachment to 8 muscles which include:

- a) Sphincter ani externus.
- b) Gluteus maximus.
- c) Transverse perinei superficialis and profundus.
- d) Levator ani.
- e) All of the above.

1064. The vulva consists of:

- a) Vaginal orifice.
- b) Vestibule.
- c) Urethral orifice.
- d) Labia majora and minora.
- e) Clitoris.

1065. Cu T380A is:

- a) An intrauterine releasing hormone device.
- b) An intra-vaginal device containing 380 mm surface area of copper wire around the stem.
- c) Can be inserted immediately after normal delivery.
- d) Act by causing a foreign body reaction in the uterus.
- e) Is effective only for 5 years.

1066. The following are steroidal contraceptives.

- a) Nuva ring.
- b) Mirena.
- c) Mifepristone.
- d) Cyclofem.
- e) Progestasert.

1067. Depo-Provera:

- a) Contains both progesterone and oestrogens.
- b) Can cause break through bleeding.
- c) Is effective for 10 weeks.
- d) Contains 3rd generation progesterone.
- e) Return to fertility is immediate after termination its use.

1068. The following are possible complications of intrauterine device.

- a) Syncope attacks.
- b) Abnormal menstrual bleedings.
- c) Spotting.
- d) Spontaneous expulsion
- e) Dyspareunia.

1069. Vasectomy.

- a) Leads to sterility after 10 ejaculations.
- b) May cause impotence.
- c) Involves ligation of vasa efferentia.
- d) Can lead to primary testicular failure.
- e) Is reversible.

1070. Vaginal foam tablets.

- a) Active ingredients are nonoxynol-8
- b) Act causing endometrial thinning.
- c) Cause a foreign body reaction.
- d) Are inserted after sex.
- e) Are spermistatic.

1071. The following syndromes are associated with male infertility.

- a) Kallman's syndrome.
- b) Savages' syndrome.
- c) Meig's syndrome.
- d) Sheehan's syndrome.
- e) Asherman's syndrome.

1072. The following factors can lead to male infertility.

- a) Excessive smoking.
- b) Morbid obesity.
- c) Orchidopexy.
- d) Vasectomy.
- e) Mumps infections.

1073. These are germ cell tumour.

- a) Embryonal carcinoma.
- b) Dysgerminomas.
- c) Granulosa cell tumour.
- d) Serous tumour.
- e) Teratomas.

1074. Cervical carcinoma screening methods.

- a) Unaided visual inspecting with acetic acid.
- b) HPV DNA tests.
- c) Visual inspection with naked eyes.
- d) Can be done at 60 years of age.
- e) Not recommended after cryotherapy.

1075. Carcinoma of the cervix management.

- a) Stage I A₁ cone can be done.
- b) Radiotherapy can be used to cure the disease.
- c) It is a chemo sensitive cancer.
- d) Chemo-radiation can be done.
- e) Second look surgery is indicated.

1076. Cervical carcinoma Clinical staging.

- a) Clinical lesion visible, 3,5 cm on diameter, anterior lip, uterus free, normal ultrasound and proctoscopy, cytology showing bladder infiltration is stage
- b) Lesion no visible clinically but histology informing; Endocervical adeno carcinoma, LFT normal, Us scan negative, uterus fix to the pelvis, RFT abnormal is stage
- c) No clinical lesion visible, histology informed you, cervical carcinoma with stromal invasion 3mm on deep and 5 mm on transverse diameter: stage
- d) Cervical carcinoma invading lower third of the vagina is stage
- e) Lesion 3 cm on diameter, uterus free, no parametrial involvement, bladder and rectum free, LFT and RFT normal, Us scan no involvement of the liver or kidneys, but multiple lymph nodes in the pelvis: stage

1077. Surgical finding suggestive of malignancies.

- a) Adhesions presence.
- b) Bilateral tumour.
- c) Partially solid and cystic tumour.
- d) Torsion.
- e) Scanty vascularization of the surface.

1078. Meig's syndrome is associated with.

- a) Krukenberg tumour.
- b) Dermoid cyst.
- c) Fibroma.
- d) Mucinous tumour.
- e) The presence of ascites and no hydrothorax.

1079. About PID.

- a) Fever, lower abdominal pain and vaginal discharge considered major signs.
- b) C reactive protein, have a good sensitivity for assessing outcome.
- c) Presence of fluid in the pouch of Douglas in an abdominal ultrasound is pathognomonic.
- d) Bilateral hydrosalpinx is usually associated to sub acute and chronic PID.
- e) In a pelvic abscess criteria to discharge patient is ESR less than 100 mm.

1080. Surgery for PID is done:

- a) To every severe PID patient.
- b) In abscess formation.
- c) Not of diagnosis.
- d) For social reasons or indications.
- e) All the above.

1081. During D and C.

- a) Sharp curettage is for infertility.
- b) Sharp curettage is for Tb endometritis.
- c) Sharp curettage is for endometrial carcinoma.
- d) Blunt curettage is for choriocarcinoma.
- e) Anaesthesia is not required.

1082. Predisposing factors for vaginal candidiasis include.

- a) Pregnancy.
- b) Good immune status.
- c) Glycosuria.
- d) Broad spectrum antibiotic therapy.
- e) Chronic anaemia.

1083. Trichomoniasis is characterized:

- a) Vaginal tenderness and pain.
- b) Non-irritant discharge.
- c) Patchy strawberry vaginitis.
- d) Copious offensive frothy discharge.
- e) Dysuria.

1084. The natural defence of the genital tract.

- a) Is maintained by acidity of the vagina.
- b) Is interfered with lactobacilli.
- c) Is enhanced by oestrogens and progesterone.
- d) Is improved by menstruation.
- e) The entire above is false.

1085. About choriocarcinoma.

- a) Chest x-ray is mandatory in the management.
- b) Raise HCG level less than 10 % in two consecutive weeks after three normal measurements is a bad prognosis sign.
- c) Stage II and III low risk should be treated with first line combination chemotherapy.
- d) Stage IV always considered as high risk.
- e) Complicated brain metastasis needing craniotomy for management.

1086. Choriocarcinoma WHO scoring system.

- a) Older than 39 scored 1.
- b) Brain metastasis scored 2.
- c) Less than 4 metastasis scored 0.
- d) Tumour size 3-5 cm scored 4.
- e) Only one previous chemotherapeutic agent scored 0.

1087. The following are true about uterine fibroids.

- a) Treated always by surgery.
- b) Red degeneration more common in post menopause.
- c) Hyaline degeneration is a possible complication.
- d) Medical treatment has no benefits.
- e) Cannot be treated by endoscopic surgery.

1088. Criteria for medical treatment for uterine fibroid include.

- a) Giant fibroid previously surgery.
- b) Small fibroids.
- c) Contraindications for surgery.
- d) To earn time and compensate the patient for surgery.
- e) To preserve fertility.

1089. About genital prolapse.

- a) Commonly affecting young women.
- b) Always treated by Manchester's operation.
- c) Kegel's exercise can prevent it.
- d) Pelvic floor usually affected.
- e) Can't appear after TAH.

1090. The following are true of endometriosis

- a) It cannot occur in postmenopausal women as their endometrium is atrophic.
- b) It occurs in the reproductive age because of the presence of gonadotrophins.
- c) It can cause deep and superficial Dyspareunia.
- d) All the above.
- e) None of the above

1091. The most common site of endometriosis is
- The pouch of Douglas.
 - The ovary
 - The posterior surface of the uterus
 - The broad ligament
 - The pelvic peritoneum
1092. The most frequent symptom of endometriosis
- Infertility
 - Pain
 - Backache
 - Dyspareunia
 - All the above
1093. A 35 year old woman presents with history of periods of amenorrhoea followed by heavy bleeding and denies using drugs. She wants to get pregnant. The following are likely causes
- Over stimulation of the follicular system of the ovaries by the hypophysis
 - Under production of oestrogens and progesterone
 - Under production of FSH and LH
 - All the above
 - None of the above
1094. A 26 yr old married woman presents with infertility and amenorrhoea. She has a normal satisfying sexual life. On work up she was found to be normal 46XX, no oestrogen or progesterone nor evidence of androgens. She has poorly developed breasts. HSG is normal. The following are possible causes
- Testicular feminization syndrome
 - Mullerian dysgenesis
 - Gonadal dysgenesis
 - B and C above
 - All the above
1095. BSN students delivered mothers and assessed the babies. Which was a true and complete assessment?
- Pink body and limbs, active limb movements, male pulse rate 105/minute, weak respirations active sneezing and cough on suction: A/S = 9
 - Active limb movements, pink body, pulse rate 105/minute blue fingers good respiration, female and active sneezing on suction: A/S 9
 - Crying loudly, male, moving limbs actively, fights on suction, pulse rate 129/minute, blue chest: A/S = 9
 - A and B above
 - B and C above
1096. A 30 year old mother had a caesarean section for abruptio placentae at 36 weeks at 6 am in the morning. Professor Perez found her anaemic and the dressing oozing fresh blood. The following are true
- He ordered re-opening of the abdomen as there was intra-abdominal haemorrhage
 - He did an abdominal examination to rule a ruptured uterus
 - He ordered some investigations and talked to the students about APH while waiting for the results
 - He ordered a pressure dressing to be applied to the wound as this was bleeding from the wound
 - None of the above.

1097. The following are poor prognostic factors in trophoblastic disease for malignant change
- Disease following normal delivery
 - beta-HCG more than 80,000 miu/mililitre
 - Disease following an abortion
 - A and C above
 - A and B above
1098. Treatment of endometriosis involves
- Administration of gonadotrophins releasing hormone agonists to cause a pseudo pregnancy
 - Administration of gonadotrophins releasing hormone antagonists to cause a pseudo menopause state
 - Administration of large doses of oestrogens and androgens state to cause a pseudo pregnancy
 - A and C above
 - B and C above
1099. A 56 year old lady presented with a small cervical lesion which bled to touch, she reported that she had difficulty closing her left eye. She had nausea and loss of appetite. She had a staring gaze and paresis on the right. No other pelvic lesions were found.
- This is CaCx stage four
 - The condition can be diagnosed by ultrasound
 - The diagnosis can be suspected from the previous history and confirmed by Laboratory investigations
 - She has Burkitt's lymphoma
 - None of the above
1100. The following are true of oral contraceptive pills
- They decrease the risk of ovarian cancer
 - They are contraindicated in parous women with endometriosis
 - They are contraindicated in young nulliparous girls
 - All of the above
 - None of the above
1101. The following are causes of early neonatal deaths in Uganda
- Hyaline membrane disease
 - Foetal asphyxia
 - Bronchopneumonia
 - All the above
 - None of the above
1102. Dr Kaposi did staging of carcinoma of the uterus; the following is a correct staging
- The uterus was sounded at 15 cm and there a bleeding lesion on the cervix; stage= 3a
 - The uterus was 4cm long and the tumour was well differentiated
 - Prof. Kaposi got some suspicious currettings from the endocervix; stage=3
 - Prof. Kaposi got some suspicious currettings from the endocervix; stage=2
 - None of the above
1103. Treatment of endometrial cancer involves
- Tumour size reduction and chemotherapy
 - Tumour size reduction and radiotherapy
 - Hysterectomy and radiotherapy
 - Radical hysterectomy (Wertheim's)
 - All the above

1104. The following are true in the management of multiple pregnancies
- They should be admitted at 36 weeks to reduce the incidence of neonatal complications
 - Active management of third stage always prevents post partum haemorrhage
 - Caesarean section is indicated if the second twin is a breech
 - A and C above
 - None of the above
1105. A gravida 6 para 4+1 was admitted with severe pre eclampsia, the following is true
- After control of the blood pressure she should have a caesarean section as the quickest mode of delivery
 - Her blood vessels show abnormal reaction to vasopressor agents
 - A bleeding profile is part of the work up to prevent disseminated intravascular coagulopathy
 - A and C above
 - None of the above
1106. During antenatal management, the following are true
- Refocused ANC involves reducing the number of visits and improving the quality of contact time
 - All mothers must have four visits only
 - All mothers should have a birth plan as this improves decision on making
 - A and B
 - A and C
1107. The perineum is supplied by the following
- Pudendal nerve
 - Inferior haemorrhoid nerve
 - Ilio-inguinal nerve
 - Genital femoral nerve
 - All the above
1108. The following are mesodermal in origin
- Kidney, male genital ducts, prostate, rectum
 - Testis, upper vagina, ureter, seminal vesicle
 - Ovary, ureter, lower vagina, prostate gland
 - Brain, oesophagus, rectum, uterine tubes
 - None of the above
1109. The following are important investigations in disseminated intravascular coagulation
- Partial thromboplastin time
 - Prothrombin time
 - Thrombin time
 - A and C above
 - B and C above
1110. Breech delivery
- Lovset's manoeuvre is for delivery of the head
 - Mauriceau-Smellie manoeuvre is for delivery of the head
 - Entrapped (stuck) head can be delivered by forceps
 - Breech extraction is always done
 - Tortoise sign can be present
1111. Symphysiotomy
- Risks include bladder injury

- b) Can be done when cervix is not fully dilated
- c) Doesn't need experience
- d) Can be done in contracted pelvis
- e) Head should be no more than 3/5 above the symphysis

1112.PID

- a) Can affect men and women of reproductive age
- b) TB is commonly associated
- c) Doesn't present with PV bleeding
- d) Always associated with Futz – Hugh – Curtis syndrome
- e) Bacteroides are commonly implicated

1113.Absolute indications for episiotomy

- a) Small short primigravida
- b) Foetal distress
- c) Repaired VVF
- d) Previous repaired 3rd or 4th degree perineal tear
- e) Complicated vaginal delivery

1114.IUFD

- a) Can occur secondary to infection
- b) Coagulation profile is vital
- c) A C/S delivery is always safe
- d) PPH is a possible complication
- e) Misoprostol can be used for induction of labour

1115.Incompetent cervix

- a) We commonly treat by cervical circlage at 20 weeks of gestation
- b) Ultrasound scan before the procedure is not necessary
- c) The stitch is only removed after 37 completed weeks
- d) Cause may be congenital
- e) All the above

1116.Physiological management of 3rd stage of labour

- a) Oxytocin 10IU IM is given on the anterior thigh
- b) Controlled cord traction is done
- c) No intervention is done
- d) Practiced by mid wives and TBA's in the village
- e) Associated with PPH

1117.Refocused ANC

- a) Is for all pregnant women
- b) Is only practiced in hospitals
- c) TT can be given in the 1st trimester
- d) Repeat dose of TT is after 6 months after the 1st dose
- e) Same as goal oriented ANC

1118.Preparation of a patient for surgery

- a) Informed consent is important
- b) Patient has no right to refuse operation
- c) Catheter insertion is mandatory for all patients for surgery
- d) CXR is routine
- e) CXR is important in patients above 50 years

1119.Clinical parameter of gestational age.

- a) Quickening is appreciated about 16 wks in multigravidas and 18 in primigravidas

- b) Foetal biparietal diameter accurate before 16 WOA
 - c) Foetal heart tones may be heard at 20 wks by Pinard stethoscope
 - d) Ossified foetal bone appears at 12 to 14 wks
 - e) Bimanual palpation is not necessary
1120. During embryonic development the trophoblast is
- a) Endodermal in origin
 - b) Mesodermal in origin
 - c) Ectodermal in origin
 - d) All of the above
 - e) None of the above
1121. The following are true about the refocused antenatal care.
- a) There is reduced mother health worker time contact.
 - b) It is cheaper on the mothers.
 - c) The fewer attendances are will give heavier clinics as more mothers come on particular day.
 - d) There is less satisfaction to the mothers as they are seen less
 - e) None of the above
1122. About post-abortion care (PAC)
- a) Antibiotics cover to prevent infection
 - b) Immediate post abortion family planning to avoid another pregnancy
 - c) Connection to other reproductive health services
 - d) All of the above
 - e) None of the above
1123. About management of severe pre Eclampsia
- a) Severe pre Eclampsia should be managed as out patient after control of the blood pressure
 - b) Magnesium sulphate should be used in all cases routinely
 - c) Methyldopa is the best option to treat the crisis
 - d) Aspirin 80 mg daily may help in preventing pre Eclampsia in patient at high risk
 - e) All the above
1124. About Eclampsia, pathophysiological explanation may be
- a) The presence of amniotic embolization of the brain arteries
 - b) Vasoconstriction of the brain arteries with subsequent ischemia, infarctions, oedema and perivascular haemorrhages
 - c) Because the hypovolaemia in pre eclamptic patient causing cerebral hypoxia
 - d) The hypercoagulability of the blood causes stroke and partial infarctions
 - e) None of the above
1125. About eclampsia
- a) Difenyyl hidantoine is the drug of choice
 - b) Difenyyl hidantoine can be used as secure alternative in the absent of magnesium sulphate
 - c) Delivery is indicated only after complete stabilization of the patient
 - d) Vaginal delivery is contraindicated
 - e) All the above
1126. The following are true about molar pregnancy.
- a) Elevated serum hCG levels more than 40,000IU
 - b) Pelvic ultrasound assessment is needed.
 - c) TSH, T3 and T4 assessment.
 - d) Can be followed by a choriocarcinoma

e) All the above

1127. An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV – ve at birth. What will you do to prevent MTCT

- a) Breast feeding for only three months will protect the baby
- b) Since the baby is negative, Nevirapine is not necessary
- c) Replacement feeding with cow milk is the ideal
- d) Wet Nursing is a recognised option
- e) Condom use has no role in protecting this baby

1128. The following statements are true about PMTCT

- a) The sero prevalence of HIV among pregnant women in Mbarara region is 6.8%
- b) The sero prevalence of HIV among pregnant women in Uganda is 13%
- c) PMTCT interventions reduce transmission of HIV to infants by 50%
- d) Breast feeding alone contributes 35% of MTCT
- e) Family planning is important

1129. A G2 P1+0 HIV +ve mother comes to clinic. Which of the following will you consider?

- a) Initiation of HAART even without medical eligibility
- b) CD4 count will not influence the decision to start ART
- c) 3TC, D4T, EFV is the combination of Choice
- d) 3TC, D4T, NVP is the combination of Choice
- e) Triomune is never given

1130. About waste management

- a) Hospital, Blood banks and domiciliary make the largest source of Health care waste
- b) Yellow bin is for placenta and anatomical wastes
- c) Sharps constitute more than 1% of health care waste
- d) a) and b) are correct
- e) b), and c) are correct

1131. The following are predisposing factors for placenta previa

- a) Repeated induced abortion.
- b) Multi foetal gestation.
- c) IVF.
- d) Malposition
- e) Congenital anomalies of the uterus.

1132. Malaria in pregnancy.

- a) Maternal immunoglobulin A antibodies cross the placenta to the foetal circulation.
- b) Falciparum malaria parasites grow well in RBC containing haemoglobin F.
- c) *Plasmodium Vivax* is more common in East Africa.
- d) Coartem is the first line during the first trimester.
- e) Quinine is the 1st line in the second trimester for uncomplicated malaria.

1133. Haematological findings in Iron deficiency anaemia.

- a) Microcytic hyperchromic.
- b) Macrocytic hypochromic.
- c) Marked anisocytosis.
- d) The mean corpuscular value is low.
- e) Mean corpuscular haemoglobin is increased.

1134. Anatomy of the female genital tract.

- a) The uterine artery is a branch of the terminal part of the aorta.
- b) The uterine artery is a branch of the internal iliac artery.
- c) The uterine artery is the terminal branch of the internal femoral artery.
- d) The uterine artery is a branch of the obsturator internus artery.
- e) None of the above.

1135. When monitoring a mother with the partograph.

- a) If the graph reaches the action line you should do a C/section immediately.
- b) If the graph leaves the alert line, you should put up oxytocin.
- c) If the foetal heart slows down or increases you should put up fluids, give oxygen and make the mother lie on her left.
- d) If the graph reaches the action line, you should put up oxytocin immediately.
- e) None of the above.

1136. Shoulder dystocia.

- a) Is a common complication.
- b) Associated with maternal obesity.
- c) Tortoise sign is not present.
- d) Rubin manoeuvre can be done to hyper flex the arms.
- e) McRobert manoeuvre can solve about 70 % of all cases.

1137. About ovarian tumours.

- a) Dysgerminomas are common in the reproductive age group.
- b) Serous cyst adenomas contain tissues all the 3rd germ layers.
- c) Dermoid cysts are common in the under 10 year's group.
- d) Bilateral tumours have a great risk of malignancy.
- e) Always present with Ascites.

1138. Germ cell tumour includes.

- a) Dysgerminomas.
- b) Endodermal sinus tumour.
- c) Embryonal carcinoma.
- d) Choriocarcinoma.
- e) Teratomas.

1139. Operative features suggestive of malignancy.

- a) Areas of haemorrhage in the tumour.
- b) Large blood vessel in the surface.
- c) Bilateral presence.
- d) Ascites.
- e) Presence of adhesions.

1140. The following statements are true about pre-eclampsia.

- a) Is among the commonest cause of maternal mortality in MRRH.
- b) sFlt-1 prevents the correct differentiation and invasion of the trophoblast.
- c) Aspirin inhibit the synthesis of prostacyclin.
- d) Thromboxane A₂ is a potent vasodilator.
- e) None of the entire above is true.

1141. Hydralazine use in pre-eclampsia.

- a) Is vasodilator with central alpha blocker action.
- b) Should be given 10 mg/ 30 min up to 30 mg as the maximum dose.
- c) Ampoules containing 20 mg should be diluted in 20 ml of 5 % dext and given over 10 min.
- d) a) and c) above.
- e) None of the above.

1142. MgSO₄.

- a) Act by preventing the release of acetylcholine at neuromuscular plaque.
- b) Prevent the entry of calcium to the damaged endothelial cells.
- c) Stimulate the N-methyl-D-aspartate receptors.
- d) Toxicity appears with concentration of 8 to 10 meq/L.
- e) Pulmonary oedema is a common complication.

1143. The following are true about the management of pre-eclampsia.

- a) Oral antihypertensive are indicated to all mild pre-eclamptic patients.
- b) Antihypertensive treatment for adult pre-eclamptic patient should be started with BP greater than 160/110 mmHg.
- c) Foetal lung maturity induction is not necessary because the effect of hypertension.
- d) Patient with severe pre-eclampsia should be induced as soon as hypertension has been controlled.
- e) None of the entire above is true.

1144. APH.

- a) Abortion is a common cause of APH.
- b) In patient with placenta praevia type II ARON should be done followed by labour induction.
- c) In a patient with chronic abruptio placenta aspirin should be given 6 hourly to protect placental blood flow.
- d) FHR absence in a severe abruptio always means IUFD.
- e) Severe abruptio with IUFD and DIC should be delivered immediately by emergency C/section.

1145. Cervical carcinoma.

- a) HPV and HIV association is an important risk factor in Uganda.
- b) The presence of unilateral hydronephrosis is not a IIIb stage.
- c) Stage Ib 1 can be treated with radical trachelectomy in patient with fertility's desire.
- d) CRT combination after surgery does not improve the survival rate at 5 years for stage IIb
- e) All of the above.

1146. About CIN.

- a) All CIN should be treated surgically.
- b) CIN III or CIS is always an indication for TAH.
- c) Visual Inspection Under acetic acid (VIA) is not useful in CIN screening.
- d) A positive Schiller's test should be considered as diagnostic for CIN.
- e) Squamous Columnar Junction is not important when taking a Pap smear.

1147. Choriocarcinoma.

- a) Can arise from any type of trophoblastic tissue.
- b) It commonly appears after a partial mole.
- c) Placental Site Tumour is easily diagnosed because the presence of chorionic villi.
- d) Typical presentation is the presence of theca-lutein cyst.
- e) hCG level higher than 10⁵ IU/L is considered as poor prognosis.

1148. The following are true about Choriocarcinoma's management.

- a) Stage I should always be treated with TAH only.
- b) Stage I can be treated with single CT agent.
- c) Combination CT is indicated in stage II as initial choice independently of the risk score.

- d) Stage III high risk should receive initially second line Combination CT.
 - e) When metastases are present the response to CT treatment is poor.
1149. Are the following statement true about Choriocarcinoma and it's follow up?
- a) Stage I can be allowed to conceive within the 1st year after treatment.
 - b) COC are contraindicated.
 - c) Stage III: hCG levels should be checked weekly until are normal during 3 consecutive months.
 - d) Stage IV if TAH is done second look surgery should be done within 6 month.
 - e) In stage IV hCG determination should be stopped after 1 year with normal level.
1150. The following are true about Physiological changes during pregnancy.
- a) Maternal weight increases approximately by 0.3kg/week
 - b) Plasma volume increases more than erythrocyte volume
 - c) Cardiac silhouette elevated in chest X-ray
 - d) Systolic murmur present as consequence of valvular damage
 - e) Increased water retention
1151. Regarding physiology during pregnancy
- a) Iron metabolism is increased by around 1g
 - b) Calcium demands are diminished
 - c) Placental lactogen causes insulin resistance
 - d) Loss of memory can be reported
 - e) Contact lens intolerance due to oedema can occur
1152. Anaemia during pregnancy
- a) Physiologic anaemia in pregnancy, Hb less 11g/dl
 - b) Physiologic anaemia is when the plasma volume increases higher than erythrocyte volume with a corresponding fall in Hb level
 - c) The commonest cause is iron deficiency
 - d) Malaria is not an important cause of anaemia in pregnancy in Africa
 - e) Pregnant women with normal Hb don't need iron supplementation during pregnancy
1153. About hypertension during pregnancy
- a) Chronic hypertension is more common in nulliparous
 - b) Pre-eclampsia is hypertension plus oedema
 - c) Pre-eclampsia is hypertension plus proteinuria after 20 WOA
 - d) Unclassified hypertension is hypertension in a patient with previous renal damage
 - e) Is a common cause of admission in our hospital
1154. About pre-eclampsia
- a) Commonly affects primiparous or multiparous with new husband
 - b) In vitro fertilization is not a risk factor
 - c) Impaired trophoblastic invasion and differentiation seems to be the most important factor in the pathogenesis
 - d) Immunological factor are involved
 - e) Hydralazine is the choice to treat the crisis
1155. About management of eclampsia
- a) Control of the fits
 - b) Control the blood pressure
 - c) Plan for immediate delivery
 - d) Magnesium sulphate is the best drug to prevent recurrence of fits
 - e) Caesarean section is always indicated
1156. About APH

- a) Is any bleeding from genital tract before 28 WOA
- b) Is any vaginal bleeding during the second half of pregnancy
- c) Placenta previa is more common than Abruptio placenta
- d) Is a common cause of preterm delivery
- e) Is the commonest cause of maternal death in Mbarara

1157. Mother to child transmission.

- a) May occur as early as the time of the ovulation
- b) Wet nursing is an acceptable option here
- c) In uterus across the placenta
- d) During labour/delivery in 60-70% of cases
- e) During labour/delivery in 10-15% of cases

1158. Breastfeeding

- a) On average Ugandan women breastfeed their infants for 19 months
- b) MTCT of HIV occurs postnatally in breast feeding mother in 15-20% of cases.
- c) Replacement feeding is essential in PMTCT
- d) Consolation breast feeding is a component of sudden cessation of breast feeding in HIV positive mothers
- e) Mixed feeding may be practiced in PMTCT

1159. The following factors affect the MTCT

- a) Smoking and alcohol
- b) Increased viral load
- c) Increased CD4 count
- d) Urinary tract infection
- e) Prolonged labour

1160. The following are modified obstetric practice except:

- a) Administration of Nevirapine in labour
- b) Delayed rupture of membranes
- c) Exclusive breast feeding
- d) Avoidance of invasive procedure
- e) Using electric suction

1161. In PMTCT

- a) TRRD means an HIV positive mother has died
- b) TR means tested and results are reactive
- c) Nevirapine tablet is given to the mother as soon as labour is established
- d) Lower rates of stillbirths have been reported in HIV positive mother
- e) The entire above are false

1162. HIV in pregnancy

- a) Increased risk of intrauterine foetal demise
- b) Absolute CD4 count can be reduced
- c) *Pneumocystis carinii* Pneumonia is a common complication
- d) Increased risk for malaria attack
- e) Congenital malformation's risk increased

1163. The following are true about puerperal infection.

- a) It is the infection of the genital tract of a woman while pregnant or after delivery
- b) The commonest site of infection is episiotomy wound
- c) Caesarean section has the greatest risk for infection
- d) Endometritis is the commonest infection
- e) None of the above

1164. Among the commonest anaerobes causative organism for puerperal infection we can find the following except?
- Klebsiella*
 - Peptococcus* species
 - Peptostreptococcus*
 - Bacteroides fragilis*
 - Proteus mirabilis*
1165. Which of the following are not among the risk factor for puerperal infection?
- Poor antiseptic technique
 - Prolonged labour/ruptured membranes
 - External cephalic version
 - Forceps delivery
 - Bacterial vaginosis
1166. A patient delivered at Mbarara Regional Referral Hospital and developed a moderate endometritis. Which of the following are true in the patient management?
- Broad spectrum antibiotic combination and swab for culture and sensitivity on the 3rd day of treatment
 - Swab from the lochia, cervical canal, endometrial cavity and wait for the results to establish adequate antimicrobial treatment
 - As we know the commonest causative micro-organism and their sensitivity we, advise to start with x-pen, gentamicin
 - Broad spectrum antibiotic should be started immediately and readjusted when the result is available
 - None of the entire above is true
1167. A 25 year old patient at 32 weeks of amenorrhea was brought to maternity ward of MRRH. These are the clinical findings on the physical examination. Pale +++, dehydrated, Pulse: 120/min; BP 90/60 mmHg; delay in the capillary refilling time; bleeding by mouth. Abd: Fundal height 36 cm, tenderness, and uterus hard, no F Heart heard. Vaginally: scanty blood coming through the vagina, reddish area around the External Cervical Os was noticed. Which among the following is the most likely diagnosis?
- Placental abruption
 - Placenta previa type IV
 - Cervical carcinoma
 - Severe placental abruption with IUFD and CID
 - Vasa previa with IUFD
1168. In relation with the above presented patient: Which of the following is true about her management?
- Establishing two peripheral lines, blood for FBC, clotting profile, blood transfusion and emergency c/section
 - Immediate induction of labour using a Foley catheter
 - General measures for all APH, AROM, correction of the DIC and emergency C/section
 - General measures for all APH, AROM, correction of the DIC and induction of labour
 - General measures for all APH, AROM, correction of the shock and DIC and induction of labour
1169. Physiopathology of pre-eclampsia
- Prostacyclin level higher than thromboxane A₂
 - Placental growth factor level is elevated
 - Endothelin production elevated
 - Trophoblastic invasion of the spiral arteries is complete

e) None of the above

1170. MgSO₄

- a) Act by blocking the release of acetylcholine at the neuro-muscular junction
- b) Is a natural calcium antagonist
- c) Is given 10 g 50% Iv as initial dose
- d) Has no advantage over phenytoin in prevention of fits
- e) Produce oligo-anuria

1171. Hydralazine use in pre-eclampsia.

- a) Is a central vasodilator
- b) Is given as IV bolus initially: 10mg slowly followed by 5mg every 30 min
- c) Can be use as infusion
- d) Is given 5mg IV hourly
- e) The last dose should be given when diastolic BP is 90mmHg

1172. A comprehensive post-abortion care includes

- a) Post-abortion counselling
- b) Treatment of the complications
- c) Family planning services
- d) RCT
- e) All of the above

1173. Multiple pregnancy

- a) Dizygotic twins are the product of 2 ova and 1 sperm
- b) There is greater than expected maternal weight loss
- c) Maternal anaemia may be seen
- d) Monozygotic twins are the result of the division of 2 ova
- e) Paternal side is not a risk factor

1174. Multiple pregnancy

- a) All get PPH
- b) Most of them delivery boys
- c) Associated with high neonatal morbidity and mortality
- d) Twin to twin transfusion can occur
- e) High risk of pregnancy induced hypertension

1175. Dizygotic twinning

- a) Is influenced by hereditary and parity
- b) Maternal age has no influence
- c) Use of clomifen reduces the incidence
- d) Results from fertilization of one ovum
- e) Always result in twins of same sex

1176. Obstructed labour

- a) Cystic hygroma is a cause
- b) Partograph cannot detect
- c) Occurs only in multigravidas
- d) Bandl's ring may manifest
- e) Always delivery by Caesarean section

1177. Prevention of obstructed labour

- a) Use of partograph in labour
- b) Treatment of malaria
- c) Use of TBAs
- d) Good nutrition in childhood

- e) Timely referrals
1178. Mode of delivery in obstructed labour.
- a) Symphysiotomy is method of choice
 - b) Forceps may be used
 - c) Should be always by c/section
 - d) Vaginal delivery is contraindicated
 - e) Destructive operations always done
1179. Partograph in labour
- a) Started at 3 cm cervical dilatation
 - b) Base line foetal heart rate 110- 160 beats/ min
 - c) Always deliver by Caesarean section when patient reaches action line
 - d) Alert line means do Caesarean section
 - e) Ruptured membranes cannot be done
1180. Ruptured uterus (management).
- a) Taken for operation immediately on arrival.
 - b) Resuscitation should be done
 - c) Patients do not consent
 - d) Antibiotics not necessary
 - e) Live baby may be delivered
1181. Caesarean section.
- a) Elective caesarean section can be done for cord prolapse
 - b) Is the only mode of management for cord prolapse
 - c) May be done under local anaesthesia
 - d) Patient may take orally after 8 hours
 - e) Deep venous thrombosis is likely to occur
1182. About normal labour
- a) Is started when cervix is 3 cm dilated
 - b) Normally considered in 3 stages
 - c) The 3rd stage is started after placental delivery
 - d) Second stage starts with the engagement of the presenting part and ending with delivery
 - e) Second stage usually lasting proximately 30 min
1183. Preterm labour predisposing factor
- a) Cervical incompetence
 - b) Previous preterm delivery
 - c) Divorced mother
 - d) Changed partner during pregnancy or even before this
 - e) Social-economic disadvantages
1184. Preterm labour, conservative management is contraindicated in
- a) Severe or multiple congenital anomalies
 - b) Premature rupture of the membranes
 - c) Chorioamnionitis
 - d) Lung maturity is present
 - e) APH is present
1185. Preterm premature rupture of the membranes
- a) Infections are an important cause
 - b) Is more common among smokers
 - c) Cervical incompetence can be a cause

- d) Nitrazine test result can be affected by the presence of seminal fluid
- e) Hypoglycaemia is a possible complication

1186. The following are complications of PPROM

- a) Necrotizing enterocolitis
- b) Intraventricular haemorrhages
- c) Earlier ductus arteriosus closure
- d) Hypobilirubinaemia
- e) Thermal instability

1187. Intrauterine foetal death.

- a) Robert's sign is characterized by: the presence of a gas ring around the skull bones and the presence of gas burble in the cardiac cavities.
- b) The Spalding sign is described as the presence of: overlapping of the parietal bones and sharp angulations of the spine.
- c) The antiphospholipid antibody syndrome is an important cause of IFD.
- d) Coagulopathy is the most feared complication during expecting management.
- e) Maternal death can be caused secondary to a toxemic invasion of the maternal general circulation.

1188. In intra uterine foetal demise

- a) The mother should be considered at high risk for PPH
- b) Clotting profile should be done on admission and at least 6 hourly during induction of labour, and after delivery
- c) If derangement of the coagulation factors, fresh frozen plasma should be given
- d) Labour should not be allowed in patient with previous caesarean section
- e) Autopsy examination should not be done to confirm the cause of the death

1189. The following are recommendations about the use of corticosteroids in preterm labour

- a) Should be used not only to help lung maturity if not reducing mortality and intraventricular haemorrhages
- b) Should not be used below 28 weeks
- c) Betamethasone is given 24 mg in 24 hourly
- d) The benefits appear after 12 hours
- e) Should be given only if delivery won't happen within the next 24 hours

1190. The following are absolute contraindications for tocolysis

- a) PPROM
- b) Intrauterine foetal demise
- c) Non-reassuring foetal
- d) Chorioamnionitis
- e) Presence of phosphatidylglycerol in amniotic fluid

1191. About abortion

- a) Chromosomal abnormalities causing more than 90% of spontaneous abortions
- b) Is the second leading cause of maternal death in Mbarara
- c) History of previous abortion is not a risk factor
- d) Septic abortion is the commonest cause of maternal death among teenagers in Mbarara
- e) Haemorrhage is a complication

1192. About abortion

- a) Is any pregnant loss before 28 weeks
- b) Is any pregnant loss weighing less than 400g
- c) Is any pregnant loss below 20 WOA or weighing less than 500g
- d) a) and b) above

- e) None of the above
1193. The following are included between post abortal care
- Emergency treatment for incomplete abortion.
 - Emergency treatment to life threatening complications
 - Post abortion family planning
 - Nevirapine prophylaxis
 - All of the above
1194. The following are always indications for elective Caesarean section.
- Severe pre-eclampsia
 - Two or more previous Caesarean section
 - Cephalopelvic disproportion
 - Conjoined twins
 - Breech presentation
1195. About ruptured uterus
- Can be complete or incomplete
 - Always implies there is foetal death
 - Is a common morbidity and mortality cause in Mbarara district
 - Can be prevented by improving primary care of health
 - Is always an indication for obstetrical hysterectomy
1196. About PPH.
- Is an important cause of maternal death even in developed countries
 - Usually due to a malpractice i.e. iatrogenic
 - Retained placenta is a common cause
 - Tears have no aetiological importance
 - Inverted uterus can be caused by excessive cord traction
1197. PPH management
- Always call for assistance
 - Establish two peripheral lines
 - Checking uterus contraction is not important
 - Active 3rd stage's management can help in prevention
 - Uterine artery embolization is not an option
1198. PPH.
- APH is a predisposing factor
 - Uterine over distension can predispose
 - Postdate is a risk factor
 - Prolonged labour is a common cause
 - Parity has importance
1199. The following are physiological changes during puerperium
- Maternal heart rate reduced by 10 to 15 beat/ min
 - Endometrium is in a physiological state within the 15 days after delivery
 - Increased water retention
 - On the 3rd postpartum day, the uterus is 2 cm above the umbilicus
 - Lochia disappears by the 7th postpartum day
1200. Malaria in pregnancy
- Coma, severe anaemia and convulsion, can be indicative of severe malaria
 - Can be prevented by; using mosquito net, education, and Fansidar administration 4 times during pregnancy
 - Should be always treated with IV quinine
 - Early diagnosis and treatment don't help in preventing complications

- e) Primegravidas are protected against hyperparasitaemia
1201. The following are common physiological changes during pregnancy.
- Uterus at term has increased the weight 500 times.
 - Protein metabolism increased around 1000g.
 - Fat storage is greater during 3rd trimester.
 - Hb level below 110 g/l in up to 6 % of all pregnant women.
 - Abnormalities in concentration, attention and memory.
1202. Cardiovascular changes during pregnancy include:
- Increased circulating volume up to 30 % over the pre-conception values.
 - Increased circulating volume up to 45-50% over the pre-conception values.
 - Electrical axis of the heart right deviated.
 - Increased heart silhouette in x-rays.
 - Diastolic murmur can be present up to 90 % of all pregnant woman
1203. Changes in coagulating system during pregnancy include:
- Reduction in platelets count.
 - Decreased in fibrin-fibrinogen circulating complexes.
 - Increased platelets aggregation.
 - Increased circulating levels of all coagulating factors excepting XI and XIII.
1204. Malaria in pregnancy
- Plasmodium vivax* causes cerebral malaria.
 - Plasmodium malariae* causes relapses.
 - Chondroitin sulphate A receptors protects primegravidas against severe malaria.
 - Grand multiparous are most prone to hyperparasitaemia than primegravidas
 - All pregnant women require 3 doses of intermittent presumptive treatment.
1205. Malaria in pregnancy causes anaemia by the following mechanisms.
- Dyserythropoiesis
 - Phagocytosis.
 - Haemolysis of RBC.
 - Bone marrow suppression.
 - Erythropoiesis.
1206. Objective of performing an episiotomy include.
- To prolong 2nd stage of labour.
 - Preserve integrity of pelvic floor.
 - Forestall uterine prolapse.
 - Save baby's brain from injury
 - It is a routine in every primegravida.
1207. Features of a medio-lateral episiotomy include.
- Extensions are common.
 - Dyspareunia may be occasional.
 - Postoperative pain common.
 - More difficult to repair.
 - Blood loss is less compared to midline episiotomy.
1208. Risk factors for perineal extension following episiotomy:
- 2nd stage arrest.
 - Vacuum extraction.
 - Small baby.
 - Persistent occipital posterior.
 - Nulliparity.

1209.Regarding perineal tears:

- a) 1st degree: involves fourchet, perineal skin, vaginal mucosa, and underlying fascia.
- b) 2nd degree: involves skin, mucosa membranes, fascias, muscle of perineal body, but not the rectal sphincter.
- c) 3rd degree: external through skin, mucosa membrane, perineal body, and involve anal sphincter.
- d) 4th extend through rectal mucosa to expose lumen of the rectum.
- e) All of the above.

1210.Regarding episiotomy repair:

- a) Cutting needle is advisable for vagina mucosa repair.
- b) Adequate analgesia prior to beginning of repair is not important.
- c) Meticulous haemostasis is needed
- d) Anatomical re-approximation is needed.
- e) Use nylon 2/0 for vaginal mucosa.

1211.Episiotomy:

- a) All primigravida should be getting.
- b) Is contraindicated in HIV positive.
- c) May lead to puerperal sepsis.
- d) Should be done without anaesthesia.
- e) Don't require mother's consent.

1212.Risk factors for perinatal death include:

- a) Premature rupture of membranes.
- b) Foetal hypoxia of unknown cause.
- c) Chorioamnionitis.
- d) Abruptio placenta.
- e) Vasa previa.

1213.Risk factors for disseminated intravascular coagulation include:

- a) Abruptio placenta.
- b) Pre-eclampsia/eclampsia.
- c) Amniotic fluid embolism.
- d) Use of hypertonic saline to induce labour.
- e) None of the above.

1214.Multigravidas are at risk of:

- a) Postpartum haemorrhage.
- b) Anaemia in pregnancy.
- c) Ruptured uterus.
- d) Severe malaria in pregnancy.
- e) Maternal depletion syndrome.

1215.Multifoetal pregnancy:

- a) Triplets are better delivered by caesarean section.
- b) Induction of the labour is contraindicated.
- c) Risk for locked twins is always present.
- d) Cord prolapse may happen.
- e) Risk factor for PPH.

1216.Primegravidas are at risk of:

- a) Severe malaria in pregnancy.
- b) Pre-eclampsia/ eclampsia.

- c) Precipitate labour
- d) Maternal depletion syndrome.
- e) Obstetric fistula.

1217. About foetal lie:

- a) Relate foetal long axis to maternal long axis.
- b) Relate foetal long axis to uterine long axis.
- c) Can be established with ultrasound scan.
- d) 1st Leopold's manoeuvre is used to identify it.
- e) Transverse lie needing augmentation.

1218. Which of the following are true about foetal aptitude?

- a) Describes the relationship between the foetal and the pelvic inlet.
- b) Describes the relationship between foetal parts.
- c) Delivered is easy when aptitude is flexion
- d) Delivery is easy when aptitude is extension.
- e) Can change during labour.

1219. About a denominator:

- a) An arbitrary selected point/part of the foetus.
- b) In vertex presentation denominator is occiput.
- c) In breech presentation the denominator is de anus.
- d) In shoulder presentation the denominator in the clavicle
- e) In brow presentation it is the nose.

1220. The following are true about position.

- a) Relates the denominator to the lower uterine segment.
- b) Relates the denominator to the maternal pelvic brim.
- c) POP is always an indication for c/section.
- d) LOA is a normal position.
- e) ROP is an abnormal position.

1221. Which of the following are false?

- a) POP can be corrected with obstetric forceps.
- b) Vacuum extraction has no role in ROP position.
- c) POP is frequently related to labour dystocias.
- d) Episiotomy should be offered to all mothers with ROA position.
- e) LOP position can be corrected spontaneously.

1222. Immediate complications for caesarean section include:

- a) Severe haemorrhage.
- b) Injure to neighbours organs.
- c) Infections.
- d) Haemorrhage.
- e) Intestinal obstruction

1223. Recommendations for elective Caesarean section include:

- a) Primegravida with breech presentation at 30 wks in labour.
- b) Successful repaired VVF.
- c) Severe pre-eclampsia Bishop's score below 6.
- d) One previous caesarean section history.
- e) Multi foetal pregnancy (triplet).

1224. Caesarean section:

- a) Most common mode of delivery in our service.
- b) Is always indicated in previous caesarean section uterine scar.
- c) Patients don't need to be prepared.

- d) Is done in all cases of foetal distress.
- e) Mother can start oral feeding after 6-8 hours.

1225. About frank breech:

- a) It has the greatest risk for cord prolapse.
- b) The hips are extended.
- c) The knees are extended.
- d) The knees are flexed.
- e) The hips are flexed

1226. In complete breech:

- a) The hips are flexed
- b) The hips are extended.
- c) The knees are flexed.
- d) The knees are extended.
- e) It's the commonest type at term.

1227. The following are associated with breech presentation:

- a) Polyhydramnios.
- b) Oligohydramnios.
- c) Multiple pregnancy.
- d) Contracted pelvis.
- e) Low socio-economic status.

1228. About breech presentation:

- a) Most are delivered by caesarean section.
- b) First stage of labour is quicker than cephalic presentation.
- c) Cord prolapse is not a risk.
- d) Forceps cannot be used for deliveries.
- e) Can be managed by a TBS.

1229. The following are true about severe pre-eclampsia management:

- a) Methyldopa is the treatment of choice during conservative management.
- b) Toxaemic profile done weekly during conservative management.
- c) IGR, HELLP syndrome, CID, visual disturbances aren't among the aggravating signs for pre eclampsia.
- d) MgSO₄ given for eclampsia prevention always IV.
- e) All patients delivered by c/section.

1230. Obstructed labour:

- a) Occur only in primigravida.
- b) Cystic hygroma is a cause.
- c) Wilm's tumour is not a cause.
- d) Cannot occur when using partograph.
- e) All of the above are false.

1231. APH:

- a) Vaginal delivery is contraindicated.
- b) Multiparity is a risk.
- c) CID is a complication.
- d) Is a predisposing factor for PPH
- e) Foetal demise happening commonly in severe abruption.

1232. Postpartum haemorrhage:

- a) Prostaglandins helpful in its management.
- b) May occur in subsequent pregnancies.

- c) Oxytocic drugs have no role in management.
- d) Very common in primigravidas.
- e) Is anticipated in mothers with APH.

1233.PPH:

- a) Misoprostol (Cytotec) can be used to treat.
- b) Hysterectomy is one of the mode of delivery is uncontrolled haemorrhage.
- c) Can occur before labour.
- d) Foetal demise is a risk factor.
- e) Uterine atony is a common cause.

1234.The following are common complications of eclampsia:

- a) Abruptio placenta.
- b) Foetal distress.
- c) Meningitis.
- d) Cardiovascular accident.
- e) Increased rate of c/section deliveries.

1235.Classic sign and symptoms of complete uterine rupture include:

- a) Sudden onset of tearing abdominal pain.
- b) Cessation of uterine contractions.
- c) Absent of foetal heart.
- d) Recession of the presenting part
- e) All of the above.

1236.Rupture uterus surgical options:

- a) Total abdominal hysterectomy.
- b) Subtotal hysterectomy.
- c) Repair of rupture alone.
- d) Repair rupture and tubal ligation.
- e) Laparoscope.

1237.Obstructed labour mode of delivery:

- a) Should be always c/section.
- b) Vacuum extraction may be done.
- c) Forceps delivery is contraindicated.
- d) Symphysiotomy can be done.
- e) Destructive operation can be done.

1238.Prevention of obstructed labour:

- a) Use of partograph in labour monitoring.
- b) Good nutrition in childhood.
- c) Development of appropriate and timely referrals.
- d) Treatment of malaria in pregnancy.
- e) Use of traditional birth attendant.

1239.About Ectopic pregnancy.

- a) Laparoscopy has not role in diagnosis.
- b) Arias-Stella phenomenon reaction rules out possibility of Ectopic.
- c) Methotrexate use is recommended in ruptured tubal Ectopic.
- d) Does not occur in primigravidas.
- e) May co-exist with a PID.

1240.Predisposing factors to Ectopic pregnancy include:

- a) Fertilization of an unextruded ovum.
- b) Chronic salpingitis and recurrent PID.
- c) Congenital tubal anomalies like diverticulosis, artesia and accessory ostia.

- d) Exogenous hormone use.
- e) Previous tubal or pelvic surgeries.

1241. A family planning provider should be sure that a FP client is not pregnant if:

- a) Client has not sexual intercourse since the last normal menses.
- b) Correctly and consistently using a reliable method of contraception.
- c) Client is within the first 7 days after normal menses.
- d) Is within 4 weeks postpartum for non-lactating women
- e) Is fully breast feeding

1242. Oral contraceptives.

- a) Can predispose to venous thromboembolism.
- b) Act primarily by inhibiting ovulation.
- c) May cause amenorrhea.
- d) Can predispose to ischemic heart disease.
- e) Can be used as emergency contraception.

1243. The following are examples of third generation progesterone.

- a) Misoprostol.
- b) Gestodene.
- c) Desogestrol.
- d) Norgestimate.
- e) Mestranol.

1244. Depo-Provera.

- a) Contains the progesterone levonorgestrel.
- b) Is a combine injectable contraceptive.
- c) Contains medroxyprogesterone acetate.
- d) Can cause breakthrough bleeding.
- e) Return to fertility is immediate after terminating its use.

1245. Norplant.

- a) Is a progesterone-only contraceptive.
- b) Contain only 5 sub dermal implants.
- c) Is effective up to 6 years.
- d) Return to fertility is immediate after its removal.
- e) Can predispose to ischemic heart disease.

1246. Norplant II.

- a) Contains progesterone only.
- b) Is effective for up to 5 years.
- c) Return to fertility after its removal is immediate.
- d) Is inserted subcutaneously under the medial aspect of the arm.
- e) Can predispose to thromboembolism.

1247. The female condom:

- a) Can be reused.
- b) Is made of latex.
- c) Is stronger than the male condom.
- d) Can be stored at variable temperature.
- e) Can be worn up to 10 hours before sexual intercourse.

1248. The following can lead to male infertility.

- a) Excessive smoking.
- b) Morbid obesity.
- c) Orchidopexy.
- d) Vasectomy.

e) Oligospermia.

1249. The following are common complications of eclampsia.

- a) Placenta previa.
- b) Abruptio placenta
- c) Acute pulmonary oedema.
- d) Disseminated intravascular coagulation.
- e) Acute renal failure.

1250. Episiotomy

- a) Is routinely performed on all HIV Positive prime gravid mothers in 2nd stage
- b) Should only be repaired in cases of active bleeding
- c) Must be performed after vacuum extraction
- d) Can cause PPH
- e) It is one of the components of modified obstetric practices of PMTCT

1251. The following are routine antenatal practices

- a) RCT
- b) Urinalysis
- c) Sickling test
- d) Hb estimation
- e) HIV infant feeding Counselling

1252. The following favours MTCT of HIV

- a) High viral load
- b) Type 1 HIV
- c) High CD4 count
- d) Seroconversion in pregnancy
- e) HAART

1253. In PMTCT

- a) The primary means by which an infant can become infected with HIV is through sexual intercourse
- b) The primary means by which an infant can become infected with HIV is through use of unsterilized instruments
- c) The primary means by which an infant can become infected with HIV is through mother to child
- d) Mixed feeding has no major effect on transmission if the infant has no oral sores
- e) All the above are true

1254. National HIV prevention strategies include

- a) Primary Prevention of HIV and other STIs through ABC model
- b) Premarital HIV screening
- c) Pre -conception HIV screening
- d) PMTCT in HIV positive pregnant mothers
- e) All the above

1255. Mark T or F

- a) ART naïve means that the client is not on any ARV including History of taking NVP for PMTCT
- b) HIV is transmitted to the infant during breast feeding because HIV is present in breast milk and yet the babies gut cells are susceptible to HIV infection
- c) AZT 300mg twice daily starting at 36 WOG till delivery and for 1 week after delivery + AZT syrup 5mg/kg twice daily for 7 days given to the infant is the regimen of choice

- d) During labour and delivery the foetus may become infected as a result of maternal – foetus blood exchange during contractions or mucous membranes as a result of trauma or foetal swallowing of HIV containing blood or maternal secretions in the birth canal.
- e) All the above

1256.The following are abdominal Incisions

- a) Misgav–Ladach
- b) Cohen
- c) Maylad
- d) Kocher
- e) Gibson

1257.Which of the following factors influence wound healing?

- a) Site of the wound
- b) Steroid therapy
- c) ISS
- d) Dehydration
- e) Suture technique

1258.Wound healing

- a) Site and size influences the rate of healing
- b) Patients on steroids heal faster
- c) Proper alignment of doesn't affect wound healing
- d) HIV is not important in wound healing
- e) Pfannenstiel incision heals better than MSU

1259.Leopold's manoeuvres include

- a) Determination of SFH
- b) Pelvic palpation
- c) Lateral palpation
- d) Auscultation
- e) All the above

1260.An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV –ve at birth. What will you do to prevent MTCT

- a) Breast feeding for only three months will protect the baby
- b) Since the baby is negative, Nevirapine is not necessary
- c) Replacement feeding with cow milk is the ideal
- d) Wet Nursing is a recognised option
- e) Condom use has no role in protecting this baby

1261.The following statements are true about PMTCT

- a) The seroprevalence of HIV among pregnant women in Mbarara region is 6.8%
- b) The seroprevalence of HIV among pregnant women in Uganda is 13%
- c) PMTCT interventions reduce transmission of HIV to infants by 50%
- d) Breast feeding alone contributes 35% of MTCT
- e) Family planning is important

1262.A G2P1+0 HIV positive mother comes to clinic. Which of the following will you consider

- a) Initiation of HAART even without medical eligibility
- b) CD4 count will not influence the decision to start ART
- c) 3TC, D4T, EFV is the combination of Choice
- d) 3TC, D4T, NVP is the combination of Choice

- e) Triomune is never given
1263. About waste management
- Hospital, Blood banks and domiciliary make the largest source of Health care waste
 - Yellow bin is for placenta and anatomical wastes
 - Sharps constitute more than 1% of health care waste
 - and b) are correct
 - b), and c) are correct
1264. Modified obstetric practices in PMTCT include the following
- Vaginal cleansing with clean water
 - Administration of 2mg/kg of Nevirapine tablets to a baby after 72hrs of delivery
 - An episiotomy may be performed when necessary
 - Delivery must be conducted in hospital
 - Elective C/S
1265. During ANC, the following are important and help out cone of pregnancy and labour
- Routine weighing at every visit
 - Routine pelvic assessment at 36 WOA
 - Routine discussion of place of delivery and mode of transport
 - Routine Hb estimation at every visit
 - a), b) and c) above
1266. The following are true about infection prevention
- Hand washing, disinfection prophylactic antibiotics
 - Hand washing, prophylactic antibiotics, sterilization
 - Hand washing, use of protectives and equipment processing
 - Decontamination, cleaning of equipment and sterilization
 - All the above
1267. A gravida 1 Para 0+1 mother presents with vaginal bleeding at 40WOA. The following is the best
- No digital V/E, ultrasound and wait for spontaneous labour
 - No vaginal exam, ultrasound, examination under anaesthesia
 - The cause may be a heavy show
 - No digital exam, Hb estimation, Blood grouping and cross matching, prepare for C/S
 - a) and c) above
1268. A prime gravid mother is in labour, the partograph reaches the action line. The appropriate action is
- The mother has obstructed labour, deliver by C/S immediately
 - The mother has prolonged labour, rehydrate and augment with oxytocin 2.5IU in 5% dextrose
 - The mother has prolonged labour, rehydrate and deliver by Emergency C/S immediately
 - Something is wrong. Reassess the partograph, labour and decide on the cause
 - The mother and the baby are distressed, turn her on the left side, give IV fluids and oxygen and inform consultant
1269. The best time to listen to the foetal heart in labour is
- Before a contraction
 - During a contraction
 - After a contraction
 - b) and c) above

e) None of the above

1270.Symptoms of pregnancy

- a) Quickening is experienced at about 18 WOA in a PG
- b) Uterus may be palpable abdominally by 12 WOA
- c) Lightening is the reduction in fundal height which occurs between 38-40 WOA
- d) Urine HCG is positive as early as 10 days after fertilization
- e) Bimanual palpation has no role in diagnosis

1271.PPH

- a) Active mgt of 3rd stage of labour may prevent it
- b) Ruptured uterus is not a cause
- c) Sheehan's syndrome is a consequence
- d) Is an indirect cause of maternal mortality
- e) Endometritis is a cause of primary PPH

1272.Refocused ANC

- a) There is reduced mother to health worker contact time
- b) Is cheaper for the mother
- c) Fewer attendances means heavier clinic days
- d) There is less satisfaction to the mother since they are seen less often
- e) All the above

1273.Elective C/S

- a) Is done to all TRR mothers
- b) Is mandatory in a mother with previous C/S
- c) Can help in MTCT prevention
- d) Should be done on mothers request
- e) Pregnancy dating is not important

1274.Induction of labour

- a) Is indicated in hypertensive disease
- b) A favourable cervix is long, hard and closed
- c) Oxytocin is given as a bolus
- d) Is contraindicated in cord prolapse
- e) Misoprostol is licensed for this purpose in Uganda

1275.A 17 year old presents with offensive PV discharge. What is the most likely diagnosis

- a) Incomplete septic abortion
- b) Puerperal sepsis
- c) Vaginosis
- d) Ectopic pregnancy
- e) All the above

1276.ANC

- a) Male partner involvement is encouraged
- b) IPT is given monthly in a PG
- c) IPT is given monthly in HIV
- d) Routine investigations include urinalysis, HIV screening, Hb, and Full Blood Count
- e) All the above

1277.Complications of C/S

- a) Obstetric fistulae
- b) Obstetric palsy
- c) If bladder damaged, repair it after 3 months
- d) Rupture of uterus may occur in subsequent pregnancies

e) All the above

1278. About pregnancy induced hypertension

- a) Eclampsia may occur after delivery
- b) Eclampsia may follow criminal abortion
- c) Severe pre eclampsia may be complicated oliguria
- d) Spinal anaesthesia is contraindicated
- e) Pulmonary oedema is a known complication

1279. A gravida 3 Para 2+0 presents to labour ward with PV bleeding at term, associated with colicky abdominal pain. What is the most likely possibility

- a) Labour pains with heavy show
- b) Abruptio placenta
- c) Ruptured uterus
- d) Ectopic pregnancy
- e) Cancer of the cervix

1280. The following are common physiological changes during pregnancy.

- a) Uterus at term weighing 1.1 kg.
- b) Protein metabolism increased around 1000g.
- c) Fat storage is greater during mid pregnancy.
- d) Physiological anaemia in pregnancy.
- e) Abnormalities in concentration, attention and memory

1281. Objective of performing an episiotomy includes.

- a) To prolong 2nd stage of labour.
- b) Preserve integrity of pelvic floor.
- c) Forestall uterine prolapse.
- d) Save baby's brain from injury
- e) It is a routine in every prime gravida.

1282. Features of a medio-lateral episiotomy include.

- a) Extensions are common.
- b) Dyspareunia may be occasional.
- c) Postoperative pain common.
- d) More difficult to repair.
- e) Blood loss is less compared to midline episiotomy.

1283. Risk factors for perineal extension following episiotomy:

- a) 2nd stage arrest.
- b) Vacuum extraction.
- c) Small baby.
- d) Persistent occiput posterior.
- e) Nulliparity.

1284. Regarding episiotomy repair.

- a) Good lighting is not important.
- b) Adequate analgesia prior to beginning of repair is not important.
- c) Meticulous haemostasis is needed
- d) Anatomical re-approximation is needed.
- e) Use nylon 2/0 for vaginal mucosa.

1285. Pregnancy and its physiology

- a) Stretching of the muscle cell in the uterus is due to placental lactogen
- b) In the uterus, there is an increase in fibrous tissue mainly in the internal layer
- c) The uterus capacity is increased from 10mls to 2L
- d) At 14 weeks the uterus maintains the pear shape

e) All the above

1286. About preterm labour/delivery

- a) Despite co existing factors, adolescence remains a high risk factor for preterm labour
- b) Single women are at higher risk
- c) Placenta previa is the commonest foetal factor inducing premature delivery
- d) Cyclooxygenase 2 has no role in the pathogenesis
- e) None of the above

1287. Preterm labour management

- a) Betamimetic drugs are indicated in patients with hyperthyroidism
- b) Cyclooxygenase is inhibited by indomethacin
- c) Hydration and bed rest is highly effective in uterine activity inhibition
- d) The only benefit provided by steroids in premature babies is acceleration of foetal lung maturity
- e) Pre delivery administration of steroids can be replaced by post natal administration of surfactant

1288. The following are among potentially effective interventions to reduce the incidence of preterm deliveries

- a) Smoking cessation
- b) Adequate diagnosis and management of asymptomatic bacteraemia
- c) Treatment of bacteria Vaginosis
- d) None of the above

1289. About placenta previa

- a) IVF has no role in the aetiology
- b) Vaginal examination should always be done under general anaesthesia
- c) Kleihauer–Betke test helps in differentiating from circumvallate placenta
- d) Always prevent the engagement of the presenting part
- e) None of the above

1290. Placenta Previa management

- a) Tocolytics are indicated in preterm management
- b) Vaginal delivery should always be attempted if the mother is not severely affected
- c) PPH should be anticipated
- d) When mild bleeding at term, mother stable, labour should be awaited
- e) All the above

1291. Abruptio placenta

- a) DIC is the commonest complication
- b) Amniotic fluid embolism should not occur
- c) Couvelaire uterus is always an indication for hysterectomy
- d) Trauma is the commonest cause in Uganda
- e) Amniotomy is only done when induction is indicated

1292. About pre-eclampsia

- a) Proteinuria is considered when a random sample show 30mg/ml
- b) Urine dipstick is indicated twice per week during conservative management
- c) Severe pre-eclampsia is a contraindication for labour induction
- d) Doppler velocimetry can be done for foetal wellbeing assessment
- e) None of the above

1293. Which of the following is the best choice for severe pre eclampsia

- a) Short acting nifedipine
- b) Labetalol injection

- c) Apresolin injection
- d) Nitro-glycerine injection
- e) Sodium nitropruside

1294. Which of the following are false?

- a) POP can be corrected with obstetric forceps.
- b) Vacuum extraction has no role in ROP position.
- c) POP is frequently related to labour dystocias.
- d) Episiotomy should be offered to all mothers with ROA position.
- e) LOP position can be corrected spontaneously.

1295. Immediate complications for caesarean section include:

- a) Severe haemorrhage.
- b) Injury to neighbouring organs.
- c) Infections.
- d) Haemorrhage.
- e) Intestinal obstruction

1296. Recommendations for elective caesarean section include

- a) Primegravida with breech presentation at 30 wks in labour.
- b) Successful repaired VVF.
- c) Severe pre-eclampsia Bishop's score below 6.
- d) One previous caesarean section history.
- e) Multi foetal pregnancy (triplet).

1297. The following are associated with breech presentation.

- a) Polyhydramnios.
- b) Oligohydramnios.
- c) Multiple pregnancy
- d) Contracted pelvis.
- e) Low socio-economic status.

1298. About breech presentation.

- a) Most are delivered by caesarean section.
- b) First stage of labour is quicker than cephalic presentation.
- c) Cord prolapse is not a risk.
- d) Forceps cannot be used for delivery.
- e) Can be managed by a TBAS.

1299. Obstructed labour.

- a) Occurs only in prime gravida.
- b) Cystic hygroma is a cause.
- c) Wilm's tumour is not a cause.
- d) Cannot occur when using partograph.
- e) All of the above are false.

1300. Postpartum haemorrhage.

- a) Prostaglandins are helpful in its managements.
- b) May occur in subsequent pregnancies.
- c) Oxytocic drugs have no role in management.
- d) Very common in primegravidas.
- e) Is anticipated in mothers with APH.

1301. PPH.

- a) Misoprostol (Cytotec) can be used to treat it.
- b) Hysterectomy is one of the treatment modality in uncontrolled haemorrhage.
- c) Can occur before labour.

- d) Foetal demise is a risk factor.
- e) Uterine atony is a common cause.

1302. The following are common complications of eclampsia.

- a) Abruptio placenta.
- b) Foetal distress.
- c) Meningitis.
- d) Cardiovascular accident.
- e) Increased rate of c/section deliveries.

1303. Classic signs and symptoms of complete uterine rupture include:

- a) Sudden onset of tearing abdominal pain.
- b) Cessation of uterine contractions.
- c) Absence of foetal heart.
- d) Recession of the presenting part
- e) All of the above.

1304. The following are common physiological changes during pregnancy.

- a) Uterus at term weighing 1.1 kg.
- b) Proteins metabolism increased around 1000g.
- c) Fat storage is greater during mid pregnancy.
- d) Physiological anaemia in pregnancy.
- e) Abnormalities in concentration, attention and memory.

1305. Cardiovascular changes during pregnancy include:

- a) Increased circulating volume up to 60 % over the pre conception values.
- b) Increased circulating volume up to 45-50% over the pre conception values.
- c) Electrical axis of the heart left deviated.
- d) Increased heart silhouette in x-rays.
- e) Systolic murmur can be present up to 90 % of all pregnant woman

1306. Changes in coagulating system during pregnancy include:

- a) Reduction in platelets count.
- b) Increased in fibrin-fibrinogen circulating complexes.
- c) Increased platelets aggregation.
- d) Increased circulating levels of all coagulating factors including XI and XIII.

1307. Malaria in pregnancy.

- a) *Plasmodium vivax* causes cerebral malaria.
- b) *Plasmodium malariae* causes relapses.
- c) Chondroitin sulphate A receptors protects primegravidas against severe malaria.
- d) Primegravidas are most prone to hyperparasitaemia than grand multiparous.
- e) All pregnant women require 3 doses of intermittent presumptive treatment.

1308. Malaria in pregnancy causes anaemia by the following mechanisms.

- a) Dyserythropoiesis
- b) Phagocytosis.
- c) Haemolysis of RBC.
- d) Bone marrow suppression.
- e) Erythropoiesis.

1309. Objective of performing an episiotomy include:

- a) To prolong 2nd stage of labour.
- b) Preserve integrity of pelvic floor.
- c) Forestall uterine prolapse.
- d) Save baby's brain from injury
- e) It is a routine in every primegravida.

1310. Features of a medio-lateral episiotomy include:
- Extensions are common.
 - Dyspareunia may be occasional.
 - Postoperative pain common.
 - More difficult to repair.
 - Blood loss is less compared to midline episiotomy.
1311. Risk factors for perineal extension following episiotomy:
- 2nd stage arrest.
 - Vacuum extraction.
 - Small baby.
 - Persistent occiput posterior.
 - Nulliparity.
1312. Regarding episiotomy repair.
- Good lighting is not important.
 - Adequate analgesia prior to beginning of repair is not important.
 - Meticulous haemostasis is needed
 - Anatomical re-approximation is needed.
 - Use nylon 2/0 for vaginal mucosa.
1313. Risk factors for perinatal death include:
- Premature rupture of membranes.
 - Foetal hypoxia of unknown cause.
 - Chorioamnionitis.
 - Abruptio placenta.
 - Vasa previa.
1314. Risk factors for disseminated intravascular coagulation include:
- Abruptio placenta.
 - Pre-eclampsia/eclampsia.
 - Amniotic fluid embolism.
 - Use of hypertonic saline to induce labour.
 - None of the above.
1315. About foetal lie.
- Relate foetal long axis to maternal long axis.
 - Relate foetal long axis to uterine long axis.
 - Can be established with ultrasound scan.
 - Cannot be determined from plain abdominal x-rays.
 - Oblique lie is abnormal.
1316. Which of the following is true about foetal aptitude.
- Describes the foetal part in the funds.
 - Describes the relationship between foetal parts.
 - Delivered is easy when aptitude is flexion
 - Delivery is easy when aptitude is extension.
 - Is not affected by the foetal maturity.
1317. About a denominator.
- An arbitrary selected point/part of the foetus.
 - In vertex presentation denominator is occiput.
 - In breech presentation the denominator is de anus.
 - In shoulder presentation the denominator in the clavicle
 - In brow presentation it is the nose.

1318. The following are true about position.
- Relates the denominator to the lower uterine segment.
 - Relates the denominator to the maternal pelvic brim.
 - ROA is a normal position.
 - LOA is a normal position.
 - ROP is an abnormal position.
1319. Which of the following are false?
- POP can be corrected with obstetric forceps.
 - Vacuum extraction has no role in ROP position.
 - All occiput posterior positions are managed with emergency Caesarean section.
 - Episiotomy should be offered to all mothers with ROA position.
 - LOP position can be corrected spontaneously.
1320. Immediate complications for Caesarean section include:
- Severe haemorrhage.
 - Injury to neighbouring organs.
 - Infections.
 - Reaction haemorrhage.
 - Intestinal obstruction
1321. Recommendations for elective Caesarean section include
- Primigravida with breech presentation at 30 wks.
 - Successful repaired VVF.
 - Severe pre-eclampsia.
 - One previous Caesarean section history.
 - Multiple pregnancy.
1322. About frank breech.
- It has the greatest risk for cord prolapse.
 - The hips are extended.
 - The knees are extended.
 - The knees are flexed.
 - The hips are flexed
1323. In complete breech.
- The hips are flexed
 - The hips are extended.
 - The knees are flexed.
 - The knees are extended.
 - It's the commonest type at term.
1324. The following are associated with breech presentation.
- Polyhydramnios.
 - Oligohydramnios.
 - Multiple pregnancy.
 - Contracted pelvis.
 - Low socio-economic status.
1325. About breech presentation.
- Most are delivered by Caesarean section.
 - First stage of labour is quicker than cephalic presentation.
 - Cord prolapse is not a risk.
 - Forceps cannot be used for deliveries.
 - Can be managed by a TBS.
1326. In spontaneous breech delivery.

- a) The arms are delivered with Loveset manoeuvre.
- b) The after coming head is delivered by Piper's forceps.
- c) The foetus is pulled with a pelvic traction.
- d) The birth attendant does not assist at any stage.
- e) Is not a common practice now

1327. Complications of the obstructed labour

- a) Neonatal sepsis.
- b) Foot drop.
- c) Rectovaginal fistula.
- d) PPH.
- e) Foetal demise.

1328. Postpartum haemorrhages.

- a) Prostaglandins helpful in its managements.
- b) May occur in subsequent pregnancies.
- c) Oxytocic drugs have no role in management.
- d) Very common in primigravida.
- e) Is anticipated in mothers with APH.

1329. PPH.

- a) Misoprostol (Cytotec) can be used to treat.
- b) Hysterectomy is one of the mode of delivery is uncontrolled haemorrhage.
- c) Can occur before labour.
- d) Foetal demise is a risk factor.
- e) Uterine atony is a common cause.

1330. The following are common complications of eclampsia.

- a) Abruptio placenta.
- b) DIC.
- c) Meningitis.
- d) Cardiovascular accident.
- e) Cerebral haemorrhages.

1331. Classic sign and symptoms of complete uterine rupture include:

- a) Sudden onset of tearing abdominal pain.
- b) Cessation of uterine contractions.
- c) Absent of foetal heart.
- d) Recession of the presenting part
- e) All of the above.

1332. Rupture uterus surgical options.

- a) Total abdominal hysterectomy.
- b) Subtotal hysterectomy.
- c) Repair of rupture alone.
- d) Repair rupture and tubal ligation.
- e) Laparoscope.

1333. Obstructed labour mode of delivery.

- a) Should be always c/section.
- b) Vacuum extraction may be done.
- c) Forceps delivery is contraindicated.
- d) Symphysiotomy can be done.
- e) Destructive operation can be done.

1334. Prevention of obstructed labour.

- a) Use of partograph in labour monitoring.

- b) Good nutrition in childhood.
- c) Development of appropriate and timely referrals.
- d) Treatment of malaria in pregnancy.
- e) Use of traditional birth attendant.

1335. About Ectopic pregnancy.

- a) Laparoscopy has not role in diagnosis.
- b) Arias- Stella phenomenon reaction rules out possibility of Ectopic.
- c) Methotrexate use is recommended in ruptured tubal Ectopic.
- d) Does not occur in primigravidas.
- e) May co-exist with a PID.

1336. Predisposing factors to Ectopic pregnancy include:

- a) Fertilization of an unextruded ovum.
- b) Chronic salpingitis and recurrent PID.
- c) Congenital tubal anomalies like diverticulosis, atresia and accessory ostia.
- d) Exogenous hormone use.
- e) Previous tubal or pelvic surgeries.

1337. A family planning provider should be sure that a FP client is not pregnant if:

- a) Client has not sexual intercourse since the last normal menses.
- b) Correctly and consistently using a reliable method of contraception.
- c) Client is within the first 7 days after normal menses.
- d) Is within 4 weeks postpartum for non-lactating women
- e) Is fully breast feeding

1338. Oral contraceptives.

- a) Can predispose to venous thromboembolism.
- b) Act primarily by inhibiting ovulation.
- c) May cause amenorrhea.
- d) Can predispose to ischemic heart disease.
- e) Can be used as emergency contraception.

1339. The following are examples of third generation progesterones.

- a) Misoprostol.
- b) Gestodene.
- c) Desogestrol.
- d) Norgestimate.
- e) Mestranol.

1340. Depo-Provera.

- a) Contains the progesterone levonorgestrel.
- b) Is a combine injectable contraceptive.
- c) Contains medroxyprogesterone acetate.
- d) Can cause breakthrough bleeding.
- e) Return to fertility is immediate after terminating its use.

1341. Norplant.

- a) Is a progesterone-only contraceptive.
- b) Contain only 5 sub dermal implants.
- c) Is effective up to 6 years.
- d) Return to fertility is immediate after its removal.
- e) Can predispose to ischaemic heart disease.

1342. The female condom.

- a) Can be reused.
- b) Is made of latex.

- c) Is stronger than the male condom.
 - d) Can be stored at variable temperature.
 - e) Can be worn up to 10 hours before sexual intercourse.
1343. The following can lead to male infertility.
- a) Excessive smoking.
 - b) Morbid obesity.
 - c) Orchidopexy.
 - d) Vasectomy.
 - e) Oligospermia.
1344. Norplant II.
- a) Contains progesterone only.
 - b) Is effective for up to 5 years.
 - c) Return to fertility after its removal is immediate.
 - d) Is inserted subcutaneously under the medial aspect of the arm.
 - e) Can predispose to thromboembolism.
1345. The following are common complications of eclampsia.
- a) Placenta previa.
 - b) Abruptio placenta
 - c) Acute pulmonary oedema.
 - d) Disseminated intravascular coagulation.
 - e) Acute renal failure.
1346. The following are true about puerperal infection.
- a) It is the infection of the genital tract of a woman while pregnant or after delivery.
 - b) The commonest site of infection is episiotomy wound.
 - c) Caesarean section has the greatest risk for infection.
 - d) Endometritis is the commonest infection.
 - e) None of the above.
1347. Among the commonest anaerobes causative organism for puerperal infection we can find the following except?
- a) *Klebsiella*.
 - b) *Peptococcus* species.
 - c) *Peptostreptococcus*
 - d) *Bacteroides fragilis*.
 - e) *Proteus mirabilis*.
1348. Which of the following are not among the risk factor for puerperal infection?
- a) Poor antiseptic technique.
 - b) Prolonged labour/ruptured membranes.
 - c) External cephalic version.
 - d) Forceps delivery.
 - e) Bacterial vaginosis.
1349. A patient delivered at Mbarara Regional Referral Hospital develops a moderate endometritis. Which of the following are true in the patient management?
- a) Broad spectrum antibiotic combination and swab for culture and sensitivity in the 3rd day of treatment.
 - b) Swabs from the lochia, cervical canal, endometrial cavity and wait for the results to establish adequate antimicrobial treatment.
 - c) As we know the commonest causative micro-organism and its sensitivity we advise to start with x-pen, gentamicin.
 - d) Broad spectrum antibiotic should be started immediately and readjusted when the result is available.

e) None of the entire above is true.

1350. A 25 year old patient at 32 weeks of amenorrhea was brought to maternity ward of MRRH. These are the clinical findings on the physical examination. Pale xxx, dehydrated, RP: 120/min; BP 90/60 mmHg; delay in the capillary refilling time; bleeding by mouth. Abd: Fundal height 36 cm, tenderness, and uterus hard, no FHeart heard. Vaginally: scanty blood coming through the canal, reddish area around the ECO was noticed. Which among the following is the most likely diagnosis?

- a) Placental abruption.
- b) Placenta previa type IV.
- c) Cervical carcinoma.
- d) Severe placental abruption with IUFD and CID.
- e) Vasa previa with IUFD.

1351. In relation with the above presented patient: Which of the following is true about her management?

- a) Establishing two peripheral lines, blood for FBC, clotting profile, blood transfusion and emergency c/section.
- b) Immediate induction of labour using a Foley catheter.
- c) General measures for all APH, AROM, correction of the DIC and emergency C/section.
- d) General measures for all APH, AROM, correction of the DIC and induction of labour.
- e) General measures for all APH, AROM, correction of the shock and DIC and induction of labour.

1352. Physiopathology of pre-eclampsia.

- a) Prostacyclin level higher than thromboxane A_2 .
- b) Placental growth factor level is elevated.
- c) Endothelin production elevated.
- d) Trophoblastic invasion of the spiral arteries is complete.
- e) None of the above.

1353. $MgSO_4$.

- a) Act by blocking the release of acetylcholine at the neuro-muscular plaque.
- b) Is a natural calcium antagonist.
- c) Is given 10 g 50% Iv as initial dose.
- d) Has no advantage over phenytoin in fits prevention.
- e) Produce oligo-anuria.

1354. Hydralazine's use in pre-eclampsia.

- a) Is a central vasodilator.
- b) Is given as IV bolus initially: 10mg slowly followed by 5mg every 30 min.
- c) Can be use as infusion.
- d) Is given 5mg IV hourly.
- e) The last dose should be given when diastolic BP is 90 mmHg.

1355. A comprehensive post abortal care includes.

- a) Post abortal counselling.
- b) Treatment of the complications.
- c) Family planning services.
- d) RCT.
- e) All of the above.

1356. Cardiovascular changes during pregnancy include:

- a) Increased circulating volume up to 60 % over the pre conception values.
- b) Increased circulating volume up to 45-50% over the pre conception values.

- c) Electrical axis of the heart is deviated to the left.
- d) Increased heart silhouette on x-rays.
- e) Systolic murmur can be present up to 90 % of all pregnant woman

1357.Changes in coagulating system during pregnancy include:

- a) Reduction in platelets count.
- b) Increased in fibrin-fibrinogen circulating complexes.
- c) Increased platelets aggregation.
- d) Increased circulating levels of all coagulating factors including XI and XIII.
- e) None of the above

1358.Malaria in pregnancy causes anaemia by the following mechanisms.

- a) Dyserythropoiesis
- b) Phagocytosis.
- c) Haemolysis of RBC.
- d) Bone marrow suppression.
- e) Erythropoiesis.

1359.Objective of performing an episiotomy include.

- a) To prolong 2nd stage of labour.
- b) Preserve integrity of pelvic floor.
- c) Forestall uterine prolapse.
- d) Save baby's brain from injury
- e) It is a routine in every primigravida.

1360.Features of a medio-lateral episiotomy include.

- a) Extensions are common.
- b) Dyspareunia may be occasional.
- c) Postoperative pain common.
- d) More difficult to repair.
- e) Blood loss is less compared to midline episiotomy.

1361.Regarding episiotomy repair.

- a) Good lighting is not important.
- b) Adequate analgesia prior to beginning of repair is not important.
- c) Meticulous haemostasis is needed
- d) Anatomical re-approximation is needed.
- e) Use nylon 2/0 for vaginal mucosa.

1362.Risk factors for perinatal death include:

- a) Premature rupture of membranes.
- b) Foetal hypoxia of unknown cause.
- c) Chorioamnionitis.
- d) Abruptio placenta.
- e) Vasa previa.

1363.Risk factors for disseminated intravascular coagulation include:

- a) Abruptio placenta.
- b) Pre-eclampsia/eclampsia.
- c) Amniotic fluid embolism.
- d) Use of hypertonic saline to induce labour.
- e) None of the above.

1364.Multigravidas are at increased risk of:

- a) Postpartum haemorrhage.
- b) Anaemia in pregnancy.

- c) Ruptured uterus.
- d) Severe malaria in pregnancy.
- e) Maternal depletion syndrome.

1365. Multiple pregnancy.

- a) Triplets are better delivered by Caesarean section.
- b) Induction of the labour is contraindicated.
- c) There is high infant mortality and morbidity.
- d) Cord prolapse may happen.
- e) Risk factor for PPH.

1366. About a denominator.

- a) An arbitrary selected point/part of the foetus.
- b) In vertex presentation denominator is occiput.
- c) In breech presentation the denominator is the anus.
- d) In shoulder presentation the denominator is the clavicle.
- e) In brow presentation it is the nose.

1367. The following are true about position.

- a) Relates the denominator to the lower uterine segment.
- b) Relates the denominator to the maternal pelvic brim.
- c) ROA is a normal position.
- d) LOA is a normal position.
- e) ROP is an abnormal position.

1368. Recommendations for elective Caesarean section include

- a) Primigravida with breech presentation at 30 wks.
- b) Successfully repaired VVF.
- c) Severe pre-eclampsia.
- d) History of one previous Caesarean section
- e) Multiple pregnancy

1369. Caesarean section.

- a) Most common mode of delivery in our service.
- b) Is always indicated in patients with previous uterine scar.
- c) Patients don't need to be prepared.
- d) Is done in all cases of foetal distress.
- e) Mother can start oral feeding after 6-8 hours.

1370. The following are associated with breech presentation.

- a) Polyhydramnios.
- b) Oligohydramnios.
- c) Multiple pregnancy
- d) Contracted pelvis.
- e) Low socio-economic status.

1371. About breech presentation.

- a) Most are delivered by Caesarean section.
- b) First stage of labour is quicker than cephalic presentation.
- c) Cord prolapse is not a risk.
- d) Forceps cannot be used for deliveries.
- e) Can be managed by a TBA

1372. In spontaneous breech delivery.

- a) The arms are delivered with Loveset manoeuvre.
- b) The after coming head is delivered by Piper's forceps.
- c) The foetus is pulled with a pelvic traction.

- d) The birth attendant does not assist at any stage.
- e) Is not a common practice now

1373. Obstructed labour.

- a) Occur only in primigravida
- b) Cystic hygroma is a cause
- c) Wilm's tumour is not a cause
- d) Cannot occur when using partograph.
- e) All of the above are false.

1374. Complications of the obstructed.

- a) Neonatal sepsis.
- b) Foot drop.
- c) Rectovaginal fistula.
- d) PPH.
- e) Foetal demise.

1375. Postpartum haemorrhage

- a) Prostaglandins helpful in its management
- b) May occur in subsequent pregnancies.
- c) Oxytocic drugs have no role in management.
- d) Very common in primigravidas.
- e) Is anticipated in mothers with APH.

1376. PPH.

- a) Misoprostol (Cytotec) can be used to treat.
- b) Hysterectomy is one of the modes of treatment
- c) Can occur before labour.
- d) Foetal demise is a risk factor.
- e) Uterine atony is a common cause.

1377. The following are common complications of eclampsia.

- a) Abruptio placenta.
- b) DIC.
- c) Meningitis.
- d) Cardiovascular accident.
- e) Cerebral haemorrhages.

1378. Classic sign and symptoms of complete uterine rupture include:

- a) Sudden onset of tearing abdominal pain.
- b) Cessation of uterine contractions.
- c) Absence of foetal heart.
- d) Recession of the presenting part
- e) All of the above.

1379. Rupture uterus: surgical options.

- a) Total abdominal hysterectomy.
- b) Subtotal hysterectomy.
- c) Repair of rupture alone.
- d) Repair rupture and tubal ligation.
- e) Laparoscope.

1380. Obstructed labour: mode of delivery.

- a) Should be always c/section.
- b) Vacuum extraction may be done.
- c) Forceps delivery is contraindicated.
- d) Symphysiotomy can be done.

- e) Destructive operation can be done.
1381. Prevention of obstructed labour.
- a) Use of partograph in labour monitoring.
 - b) Good nutrition in childhood.
 - c) Development of appropriate and timely referrals.
 - d) Treatment of malaria in pregnancy.
 - e) Use of traditional birth attendant.
1382. About Ectopic pregnancy.
- a) Laparoscopy has no role in diagnosis.
 - b) Arias- Stella phenomenon reaction rules out possibility of Ectopic.
 - c) Methotrexate use is recommended in ruptured tubal Ectopic.
 - d) Does not occur in primigravidas.
 - e) May co-exist with a PID.
1383. Predisposing factors to Ectopic pregnancy include:
- a) Fertilization of an unextruded ovum.
 - b) Chronic salpingitis and recurrent PID.
 - c) Congenital tubal anomalies like diverticulosis, atresia and accessory ostia.
 - d) Exogenous hormone use.
 - e) Previous tubal or pelvic surgeries.
1384. Oral contraceptives.
- a) Can predispose to venous thromboembolism.
 - b) Act primarily by inhibiting ovulation.
 - c) May cause amenorrhea.
 - d) Can predispose to ischemic heart disease.
 - e) Can be used as emergency contraception.
1385. Depo-Provera.
- a) Contains the progesterone levonorgestrel.
 - b) Is a combine injectable contraceptive.
 - c) Contains medroxyprogesterone acetate.
 - d) Can cause breakthrough bleeding.
 - e) Return to fertility is immediate after terminating its use.
1386. Norplant.
- a) Is a progesterone-only contraceptive.
 - b) Contain only 5 sub dermal implants.
 - c) Is effective up to 6 years.
 - d) Return to fertility is immediate after its removal.
 - e) Can predispose to ischaemic heart disease
1387. The female condom.
- a) Can be reused.
 - b) Is made of latex.
 - c) Is stronger than the male condom.
 - d) Can be stored at variable temperature.
 - e) Can be worn up to 8 hours before sexual intercourse.
1388. The following can lead to male infertility.
- a) Excessive smoking.
 - b) Morbid obesity.
 - c) Orchidopexy.
 - d) Vasectomy.
 - e) Oligospermia.

1389. Implanon.
- Contains progesterone only.
 - Is effective for up to 5 years.
 - Is effective up to 3 years
 - Return to fertility after its removal is immediate.
 - Is inserted subcutaneously under the medial aspect of the arm.
1390. The following are common complications of eclampsia.
- Placenta previa.
 - Abruptio placenta
 - Acute pulmonary oedema.
 - Disseminated intravascular coagulation.
 - Acute renal failure.
1391. An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV -ve at birth. What will you do to prevent MTCT?
- Breast feeding for only three months will protect the baby
 - Since the baby is negative, Nevirapine is not necessary
 - Replacement feeding with cow milk is the ideal
 - Wet Nursing is a recognised option
 - Condom use has no role in protecting this baby
1392. The following statements are true about PMTCT
- The goal is to reduce MTCT by 25%
 - The seroprevalence of HIV among pregnant women in Uganda is 13%
 - PMTCT interventions reduce transmission of HIV to infants by 50%
 - Breast feeding alone contributes 35% of MTCT
 - Family planning is important
1393. A G2P1+0 HIV positive mother comes to clinic. Which of the following will you consider
- Initiation of HAART even without medical eligibility
 - CD4 count will not influence the decision to start ART
 - 3TC, D4T, EFV is the combination of Choice
 - 3TC, D4T, NVP is the combination of Choice
 - Triomune is never given
1394. Modified obstetric practices in PMTCT include the following
- Vaginal cleansing with clean water
 - Administration of 2mg/kg of Nevirapine tablets to a baby after 72hrs of delivery
 - An episiotomy may be performed when necessary
 - Delivery must be conducted in hospital
 - Elective C/S
1395. About waste management
- Hospital, Blood banks and domiciliary make the largest source of Health care waste
 - Yellow bin is for placenta and anatomical wastes
 - Sharps constitute more than 1% of health care waste
 - a) and b) are correct
 - b) and c) are correct
1396. During ANC, the following are important and improve outcome of pregnancy and labour
- Routine weighing at every visit
 - Routine pelvic assessment at 36 WOA

- c) Routine discussion of place of delivery and mode of transport
 - d) Routine Hb estimation at every visit
 - e) Blood group determination at every visit
1397. The following are true about infection prevention
- a) Hand washing, disinfection prophylactic antibiotics
 - b) Hand washing, prophylactic antibiotics, sterilization
 - c) Hand washing, use of protectives and equipment processing
 - d) Decontamination, cleaning of equipment and sterilization
 - e) None of the above
- The following are true about puerperal infection.
1398. It is the infection of the genital tract of a woman while pregnant or after delivery.
- a) The commonest site of infection is episiotomy wound.
 - b) Caesarean section has the greatest risk for infection.
 - c) Endometritis is the commonest infection.
 - d) None of the above.
 - e) All the above
1399. Among the commonest anaerobic causative organism for puerperal infection we can find the following except
- a) *Klebsiella*.
 - b) *Peptococcus* species.
 - c) *Peptostreptococcus*
 - d) *Bacteroides fragilis*.
 - e) *Proteus mirabilis*.
1400. Which of the following are not among the risk factor for puerperal infection?
- a) Poor antiseptic technique.
 - b) Prolonged labour/ruptured membranes.
 - c) External cephalic version.
 - d) Forceps delivery.
 - e) Bacterial vaginosis.
1401. A patient delivered at Mbarara Regional Referral Hospital develops a moderate endometritis. Which of the following are true in the patient management?
- a) Broad spectrum antibiotic combination and swab for culture and sensitivity in the 3rd day of treatment.
 - b) Swabs from the lochia, cervical canal, endometrial cavity and wait for the results to establish adequate antimicrobial treatment.
 - c) As we know the commonest causative micro-organism and its sensitivity we advise to start with x-pen, gentamicin.
 - d) Broad spectrum antibiotic should be started immediately and readjusted when the result is available.
 - e) None of the entire above is true.
1402. The following are true about Physiological changes during pregnancy.
- a) Maternal weight increases approximately by 0.3kg/week
 - b) Plasma volume increases more than erythrocyte volume
 - c) Cardiac silhouette elevated in chest X-ray
 - d) Systolic murmur present as consequence of Valvular damage
 - e) Increased water retention
1403. Regarding physiology during pregnancy
- a) Iron metabolism is increased by around 1g
 - b) Calcium demands are diminished
 - c) Placental lactogen causes insulin resistance
 - d) Loss of memory can be reported

e) Contact lens intolerance due to oedema can occur

1404. Anaemia during pregnancy.

- a) Physiologic anaemia in pregnancy, Hb less 11g/dl
- b) Physiologic anaemia is when the plasma volume increases higher than erythrocyte volume with a corresponding fall in Hb level
- c) The commonest cause is iron deficiency
- d) Malaria is not an important cause of anaemia in pregnancy in Africa
- e) Pregnant women with normal Hb don't need iron supplementation during pregnancy

1405. About hypertension during pregnancy

- a) Chronic hypertension is more common in nulliparous
- b) Pre-eclampsia is hypertension plus oedema
- c) Pre-eclampsia is hypertension plus Proteinuria after 20 WOA
- d) Unclassified hypertension is hypertension in a patient with previous renal damage
- e) Is a common cause of admission in our hospital

1406. About pre-eclampsia

- a) Commonly affects primiparous or multiparous with new husband
- b) In vitro fertilization is not a risk factor
- c) Impaired trophoblast invasion and differentiation seems to be the most important factor in the pathogenesis
- d) Immunological factors are involved
- e) Hydralazine is the choice to treat the crisis

1407. About management of eclampsia

- a) Control of the fits
- b) Control the blood pressure
- c) Plan for immediate delivery
- d) Magnesium sulphate is the best drug to prevent recurrence of fits
- e) Caesarean section is always indicated

1408. About APH.

- a) Is any bleeding from genital tract before 28 WOA
- b) Is any vaginal bleeding during the second half of pregnancy
- c) Placenta previa is more common than Abruptio placenta
- d) Is a common cause of preterm delivery
- e) Is the commonest cause of maternal death in Mbarara

1409. Mother to child transmission.

- a) May occur as early as the time of the ovulation
- b) Wet nursing is an acceptable option here
- c) In uterus across the placenta
- d) During labour/delivery in 60-70% of cases
- e) During labour/delivery in 10-15 % of cases

1410. Breastfeeding

- a) On average Ugandan women breastfeed their infants for 19 months
- b) MTCT of HIV occurs post-natally in breast feeding mother in 15-20 % of cases.
- c) Replacement feeding is essential in PTCT
- d) Consolation breast feeding is a component of sudden cessation of breast feeding in HIV positive mothers
- e) Mixed feeding may be practiced in PMTCT

1411. The following factors affect the MTCT

- a) Smoking and alcohol
- b) Increased viral load
- c) Increased CD4 count
- d) Urinary tract infection
- e) Prolonged labour

1412. The following are modified obstetric practice except:

- a) Administration of Nevirapine in labour
- b) Delayed rupture of membranes
- c) Exclusive breast feeding
- d) Avoidance of invasive procedure
- e) Using electric suction

1413. In PMTCT

- a) TRRD means an HIV positive mother has died
- b) TR means tested and results are reactive
- c) Nevirapine tablet is given to the mother as soon as labour is established
- d) Lower rates of stillbirths have been reported in HIV positive mother
- e) The entire above are false

1414. HIV in pregnancy

- a) Increased risk of intrauterine foetal demise
- b) Absolute CD4 count can be reduced
- c) *Pneumocystis carinii* Pneumonia is a common complication
- d) Increased risk for malaria attack
- e) Congenital malformation's risk increased

1415. The following are true about puerperal infection.

- a) It is the infection of the genital tract of a woman while pregnant or after delivery
- b) The commonest site of infection is episiotomy wound
- c) Caesarean section has the greatest risk for infection
- d) Endometritis is the commonest infection
- e) None of the above

1416. Which of the following are not among the risk factor for puerperal infection?

- a) Poor antiseptic technique
- b) Prolonged labour/ruptured membranes
- c) External cephalic version
- d) Forceps delivery
- e) Bacterial vaginosis

1417. A patient delivered at Mbarara Regional Referral Hospital and developed a moderate endometritis. Which of the following are true in the patient management?

- a) Broad spectrum antibiotic combination and swab for culture and sensitivity on the 3rd day of treatment
- b) Swab from the lochia, cervical canal, endometrial cavity and wait for the results to establish adequate antimicrobial treatment
- c) As we know the commonest causative micro-organism and their sensitivity we, advise to start with x-pen, gentamycin
- d) Broad spectrum antibiotic should be started immediately and readjusted when the result is available
- e) None of the entire above is true

1418. A 25 year old patient at 32 weeks of amenorrhea was brought to maternity ward of MRRH. These are the clinical findings on the physical examination. Pale +++, dehydrated, RP: 120/ min; BP 90/60 mmHg; delay in the capillary refilling time;

bleeding by mouth. Abd: Fundal height 36 cm, tenderness, and uterus hard, no F Heart heard. Vaginally: scanty blood coming through the vagina, reddish area around the External Cervical Os was noticed. Which among the following is the most likely diagnosis?

- a) Placental abruption
- b) Placenta praevia type IV
- c) Cervical carcinoma
- d) Severe placental abruption with IUFD and CID
- e) Vasa previa with IUFD

1419. In relation with the above presented patient: Which of the following is true about her management?

- a) Establishing two peripheral lines, blood for FBC, clotting profile, blood transfusion and emergency c/section
- b) Immediate induction of labour using a Foley catheter
- c) General measures for all APH, AROM, correction of the DIC and emergency C/section
- d) General measures for all APH, AROM, correction of the DIC and induction of labour
- e) General measures for all APH, AROM, correction of the shock and DIC and induction of labour

1420. Physiopathology of pre-eclampsia

- a) Prostacyclin level higher than thromboxane A₂
- b) Placental growth factor level is elevated
- c) Endothelin production elevated
- d) Trophoblastic invasion of the spiral arteries is complete
- e) None of the above

1421. MgSO₄

- a) Act by blocking the release of acetylcholine at the neuro-muscular junction
- b) Is a natural calcium antagonist
- c) Is given 10 g 50% IV as initial dose
- d) Has no advantage over phenytoin in prevention of fits
- e) Produce oligo-anuria

1422. Hydralazine use in pre-eclampsia.

- a) Is a central vasodilator
- b) Is given as IV bolus initially: 10mg slowly followed by 5mg every 30 min
- c) Can be use as infusion
- d) Is given 5mg IV hourly
- e) The last dose should be given when diastolic BP is 90 mmHg

1423. A comprehensive post abortal care includes

- a) Post abortal counselling
- b) Treatment of the complications
- c) Family planning services
- d) RCT
- e) All of the above

1424. Multiple pregnancy

- a) Dizygotic twins are the product of 2 ova and 1 sperm
- b) There is greater than expected maternal weight loss
- c) Maternal anaemia may be seen
- d) Monozygotic twins are the result of the division of 2 ova
- e) Paternal side is not a risk factor

1425. Multiple pregnancy
- All get PPH
 - Most of them delivery boys
 - Associated with high neonatal morbidity and mortality
 - Twin to twin transfusion can occur
 - High risk of pregnancy induced hypertension
1426. Dizygotic twinning
- Is influenced by hereditary and parity
 - Maternal age has no influence
 - Use of clomifene reduces the incidence
 - Results from fertilization of one ovum
 - Always result in twins of same sex
1427. Obstructed labour
- Cystic hygroma is a cause
 - Partograph cannot detect
 - Occurs only in Multigravidas
 - Bandl's ring may manifest
 - Always delivery by caesarean section
1428. Prevention of obstructed labour
- Use of partograph in labour
 - Treatment of malaria
 - Use of TBAs
 - Good nutrition in childhood
 - Timely referrals
1429. Mode of delivery in obstructed labour.
- Symphiotomy is method of choice
 - Forceps may be used
 - Should be always by c/section
 - Vaginal delivery is contraindicated
 - Destructive operations always done
1430. Partograph in labour
- Started at 3 cm cervical dilatation
 - Base line foetal heart rate 110- 160 beats/ min
 - Always deliver by caesarean section when patient reaches action line
 - Alert line means do caesarean section
 - Ruptured membranes cannot be done
1431. Ruptured uterus (management).
- Taken for operation immediately on arrival.
 - Resuscitation should be done
 - Patients do not consent
 - Antibiotics not necessary
 - Live baby may be delivered
1432. Caesarean section.
- Elective caesarean section can be done for cord prolapse
 - Is the only mode of management for cord prolapse
 - May be done under local anaesthesia
 - Patient may take orally after 8 hours
 - Deep venous thrombosis is likely to occur

1433.About normal labour

- a) Is started when cervix is 3 cm dilated
- b) Normally considered in 3 stages
- c) The 3rd stage is started after placental delivery
- d) Second stage starts with the engagement of the presenting part and ending with delivery
- e) Second stage usually lasting proximately 30 min

1434.Preterm labour predisposing factor

- a) Cervical incompetence
- b) Previous preterm delivery
- c) Divorced mother
- d) Changed partner during pregnancy or even before this
- e) Social-economic disadvantages

1435.Preterm labour, conservative management is contraindicated in

- a) Severe or multiple congenital anomalies
- b) Premature rupture of the membranes
- c) Chorioamnionitis
- d) Lung maturity is present
- e) APH is present

1436.Preterm premature rupture of the membranes

- a) Infections are an important cause
- b) Is more common among smokers
- c) Cervical incompetence can be a cause
- d) Nitrazine test result can be affected by the presence of seminal fluid
- e) Hypoglycemia is a possible complication

1437.The following are complications of PPRM

- a) Necrotizing enterocolitis
- b) Intraventricular haemorrhages
- c) Earlier ductus arteriosus closure
- d) Hypobilirubinaemia
- e) Thermal instability

1438.Intrauterine foetal death.

- a) Robert's sign is characterized by: the presence of a gas ring around the skull bones and the presence of gas burble in the cardiac cavities.
- b) The Spalding sign is described as the presence of: overlapping of the parietal bones and sharp angulations of the spine.
- c) The antiphospholipid antibody syndrome is an important cause of IFD.
- d) Coagulopathy is the most afraid complication during expecting management.
- e) Maternal death can be caused secondary to a toxemic invasion of the maternal general circulation.

1439.In intrauterine foetal demise

- a) The mother should be considered at high risk for PPH
- b) Clotting profile should be done on admission and at least 6 hourly during induction of labour, and after delivery
- c) If derangement of the coagulation factors, fresh frozen plasma should be given
- d) Labour should not be allowed in patient with previous caesarean section
- e) Autopsy examination should not be done to confirm the cause of the death

1440. The following are recommendations about the use of corticosteroids in preterm labour

- a) Should be used not only to help lung maturity if not reducing mortality and intraventricular haemorrhages
- b) Should not be used below 28 weeks
- c) Betamethasone is given 24 mg in 24 hourly
- d) The benefits appear after 12 hours
- e) Should be given only if delivery won't happen within the next 24 hours

1441. The following are absolute contraindications for tocolysis

- a) P-PROM
- b) Intrauterine foetal demise
- c) Non-reassuring foetal
- d) Chorioamnionitis
- e) Presence of phosphatidylglycerol in amniotic fluid

1442. About abortion

- a) Chromosomal abnormalities causing more than 90% of spontaneous abortions
- b) Is the second leading cause of maternal death in Mbarara
- c) History of previous abortion is not a risk factor
- d) Septic abortion is the commonest cause of maternal death among teenagers in Mbarara
- e) Haemorrhage is a complication

1443. About abortion

- a) Is any pregnant loss before 28 weeks
- b) Is any pregnant loss weighing less than 400g
- c) Is any pregnant loss below 20 WOA or weighing less than 500g
- d) a) and b) above
- e) None of the above

1444. The following are included between post-abortion care

- a) Emergency treatment for incomplete abortion.
- b) Emergency treatment to life-threatening complications
- c) Post-abortion family planning
- d) Nevirapine prophylaxis
- e) All of the above

1445. The following are always indications for elective caesarean section.

- a) Severe pre-eclampsia
- b) Two or more previous caesarean sections
- c) Cephalopelvic disproportion
- d) Conjoined twins
- e) Breech presentation

1446. About ruptured uterus

- a) Can be complete or incomplete
- b) Always implies there is foetal death
- c) Is a common morbidity and mortality cause in Mbarara district
- d) Can be prevented by improving primary care of health
- e) Is always an indication for obstetrical hysterectomy

1447. About PPH.

- a) Is an important cause of maternal death even in developed countries
- b) Usually due to a malpractice i.e. iatrogenic
- c) Retained placenta is a common cause

- d) Tears have no etiological importance
- e) Inverted uterus can be caused by excessive cord traction

1448.PPH management

- a) Always call for assistance
- b) Establish two peripheral lines
- c) Checking uterus contraction is not important
- d) Active 3rd stage's management can help in prevention
- e) Uterine artery embolization is not an option

1449.PPH.

- a) APH is a predisposing factor
- b) Uterine over distension can predispose
- c) Postdate is a risk factor
- d) Prolonged labour is a common cause
- e) Parity has importance

1450.The following are physiological changes during puerperium

- a) Maternal heart rate reduced by 10 to 15 beat/ min
- b) Endometrium is in a physiological state within the 15 days after delivery
- c) Increased water retention
- d) On the 3rd postpartum day, the uterus is 2 cm above the umbilicus
- e) Lochia disappears by the 7th postpartum day

1451.Malaria in pregnancy

- a) Coma, severe anaemia and convulsion, can be indicative of severe malaria
- b) Can be prevented by; using mosquito net, education, and fansidar administration 4 times during pregnancy
- c) Should be always treated with IV quinine
- d) Early diagnosis and treatment don't help in preventing complications
- e) Primegravidas are protected against hyperparasitaemia

1452.The following are 3rd generation progesterones

- a) Etonogestrel
- b) Gestodene.
- c) Mestranol.
- d) Norgestimate.
- e) Megestrol.

1453.The following are non-contraceptive benefits of COC's

- a) Protection against ectopic pregnancies
- b) Reduced risk of ovarian cancer
- c) Relief from menstrual disorders.
- d) Improvement in bone mineral density.
- e) Reduced risk of Rheumatoid arthritis.

1454.Combined oral contraceptives

- a) Suppress ovulation by diminishing the frequency of GnRH pulses and halting the luteinising hormone surge.
- b) Make the cervical mucus thick, scanty and less viscous.
- c) When administered correctly and constantly they confer a greater than 99% method effectiveness in preventing pregnancy.
- d) Alter tubal transport in favour of fertilization.
- e) Are indicated for the treatment of anovulatory DUB.

1455.The NUVA ring

- a) is an intrauterine ring.
- b) Contains the progesterone, ketodesogestrel.
- c) Is inserted after every 4 weeks.
- d) Contains ethinyl estradiol.
- e) Main side effect is breakthrough bleeding.

1456. The following are intrauterine contraceptive devices

- a) Copper T300A
- b) Mirena.
- c) Progestasert.
- d) NUVA ring.
- e) Organon.

1457. Concerning implantable contraceptives

- a) Norplant is a two-rod haexonorgestrel system
- b) Implanon is a single-rod implant that contains etonorgestrel acetate as the active hormone.
- c) Norplant II is a laevonorgestrel containing contraceptive that is effective for up to 5 years.
- d) Acute liver disease is an absolute contraindication to Norplant use.

1458. The following plasmodium species cause a relapse of malaria

- a) *P. falciparum*
- b) *P. ovale*
- c) *P. malaria*
- d) *P. vivax*
- e) *P. lugninate*

1459. Severe malaria in pregnancy

- a) Placental site specific antibodies prevent *P. falciparum* sequestration in the placenta in primigravidae.
- b) Immunosuppression, effected through high levels of cortisol in pregnancy, explains the increase in susceptibility to falciparum malaria in pregnancy.
- c) Most immune pregnant women remain asymptomatic even in the presence of heavy parasitaemia.
- d) Red cell sequestration starts in the placenta, in the sixth month of pregnancy.
- e) The relation between malaria and impaired foetal growth is mediated through anaemia and placental parasitisation.

1460. The following mechanisms explain the anaemia caused by malaria in pregnancy

- a) Haemolysis of parasitized red blood cells.
- b) Haemolysis of non-parasitized red blood cells.
- c) Sequestration of parasitized red blood cells.
- d) Dyserythropoiesis.
- e) Erythrophagocytosis.

1461. The following pathological lesions are caused by severe falciparum malaria

- a) Abundance of malarial pigment in the reticuloendothelial system.
- b) Oedematous brain with broad, flattened gyri.
- c) Presence of haemoglobin in the renal tubules.
- d) Kupffer cells are increased in size and number.
- e) Pericardial and endocardial petechiae.

1462. The following syndromes are associated with chronic malaria

- a) Nephritic syndrome.
- b) Nephrotic syndrome.

- c) Tropical splenomegaly syndrome.
- d) Burkitt's lymphoma syndrome.
- e) Pickwickian syndrome

1463. The following treatment regimens are currently recommended by MOH as for treatment of simple malaria in pregnancy

- a) Oral quinine
- b) Oral Chloroquine and Fansidar
- c) Coartem
- d) Artemether and Lumefantrine
- e) Parenteral chloroquine

1464. Bartholin's abscess

- a) Is the end result of acute Bartholinitis
- b) Common organisms found are Staphylococcus and Chlamydia.
- c) The Bartholin's gland duct gets blocked by fibrosis and the exudates pent up inside to produce abscess.
- d) Usually presents as a unilateral tender swelling beneath the posterior half of the labium minus
- e) Incision and curettage (I&C) is the treatment of choice.

1465. Bartholin's cyst

- a) May develop in the duct or gland.
- b) The content is usually hairy cheesy fluid.
- c) Is usually located on the anterior half of the labia majora.
- d) Incision of drainage is the treatment of choice.
- e) Marsupialization is the treatment of choice.

1466. The following are common causes of cyclic chronic pelvic pain

- a) Dysmenorrhoea.
- b) Ovarian remnant syndrome.
- c) Mittelschmerz.
- d) Retroverted uterus
- e) Pelvic congestion syndrome

1467. The following are contraindications for insertion of Cu T380A.

- a) Acute pelvic infection.
- b) Dysfunctional uterine bleeding.
- c) Suspected pregnancy.
- d) Prolapsed uterus.
- e) Severe dysmenorrhoea.

1468. The following are indications for removal of an IUCD

- a) Flaring up of salpingitis.
- b) Perforation of uterus.
- c) One year premenopause.
- d) Pregnancy occurring with the device in situ.
- e) Persistence intermenstrual bleeding.

1469. The following steroidal contraceptives contain progesterone

- a) NET-EN
- b) Cyclofen.
- c) Mesygyna
- d) Mirena.
- e) Organon.

1470. The following chemicals can be used for emergency contraception

- a) Premarin.
- b) Laevonorgestrel
- c) Mifepristone.
- d) Mirena.
- e) Cu T380A

1471. The following are ovarian causes of female infertility

- a) Stein-Leventhal syndrome.
- b) LUF syndrome.
- c) Resistant ovarian syndrome.
- d) Asherman's syndrome.
- e) Sheehan's syndrome.

1472. The following are true about Physiological changes during pregnancy.

- a) Uterus weight increased approximately 1 kg.
- b) Plasma volume increased more than erythrocyte volume.
- c) Cardiac silhouette elevated in chest X-ray.
- d) Systolic murmur present as consequence of Valvular damage.
- e) Abnormalities in concentration, attention and memory

1473. Cardiovascular changes during pregnancy include:

- a) Increased circulating volume up to 30 % over the preconception values.
- b) Increased circulating volume up to 45-50% over the preconception values.
- c) Electrical axis of the heart right deviated.
- d) Increased heart silhouette in x-rays.
- e) Diastolic murmur can be present up to 90 % of all pregnant woman

1474. Leopold's manoeuvres include

- a) Determination of SFH
- b) Pelvic palpation
- c) Lateral palpation
- d) Auscultation
- e) All the above

1475. Which of the following are true about foetal aptitude?

- a) Describes the relationship between the foetal and the pelvic inlet.
- b) Describes the relationship between foetal parts.
- c) Delivered is easy when aptitude is flexion
- d) Delivery is easy when aptitude is extension.
- e) Can change during labour.

1476. The following are true about position.

- a) Relates the denominator to the lower uterine segment.
- b) Relates the denominator to the maternal pelvic brim.
- c) POP is always an indication for c/section.
- d) LOA is a normal position.
- e) ROP is an abnormal position.

1477. The following are physiological changes during puerperium

- a) Maternal heart rate reduced by 10 to 15 beat/ min
- b) Endometrium is in a physiological state within the 15 days after delivery
- c) Increased water retention
- d) On the 3rd postpartum day, the uterus is 2 cm above the umbilicus
- e) Lochia disappears by the 7th postpartum day

1478. Haematological findings in Iron deficiency anaemia.

- a) Microcytic hyperchromic.
- b) Macrocytic hypochromic.
- c) Marked anisocytosis.
- d) The mean corpuscular value is low.
- e) Mean corpuscular haemoglobin is increased.

1479. Anatomy of the female genital tract.

- a) The uterine artery is a branch of the terminal part of the aorta.
- b) The uterine artery is a branch of the internal iliac artery.
- c) The uterine artery is the terminal branch of the internal femoral artery.
- d) The uterine artery is a branch of the obturator internus artery.
- e) None of the above.

1480. Which of the following are false and true

- a) POP can be corrected with obstetric forceps.
- b) Vacuum extraction has no role in ROP position.
- c) POP is frequently related to labour dystocias.
- d) Episiotomy should be offered to all mothers with ROA position.
- e) LOP position can be corrected spontaneously

1481. ANC

- a) Male partner involvement is encouraged
- b) IPT is given monthly in a PG
- c) IPT is given monthly in HIV
- d) Routine investigations include urinalysis, HIV screening, Hb, and FBC
- e) All the above

1482. About APH

- a) Is any bleeding from genital tract before 28 WOA
- b) Vasa praevia can be a cause.
- c) Placenta previa is more common than Abruptio placenta.
- d) Is a common cause of preterm delivery
- e) Is the commonest cause of maternal death in Mbarara

1483. About APH. Complete.

	Placenta previa.	Abruptio placenta.
a) Pain		
b) Signs of toxemia		
c) Uterine tone		
d) Foetal heart rate		
e) Bleeding.		

1. The following are true or false statements about abruptio placenta.

- a) Maternal conditions are always related to amount of PV bleeding.
- b) Is frequently related with low consumption of coagulating factors.
- c) Smoking has no role.
- d) AROM and induction is contraindicated.
- e) Is highly related to PPH

2. About APH.

- a) Kleihauer-Betke test can help to establish the differential.
- b) Placenta praevia type IIb is better delivery vaginally due to the lower risk for bleeding.
- c) Non obstetrical conditions don't need to be ruled out.
- d) Tocolytic drugs are indicated in APH before 34 weeks.
- e) History of PPH is a risk.

3. Antepartum haemorrhage.
 - a) Nitabush's bands rupture is the explanation for haemorrhage in placenta previa.
 - b) Uterus surgeries are risk factor for abruptio placenta.
 - c) C/ section always should be done.
 - d) Can predispose to PPH.
 - e) Tocolysis is contraindicated

4. Preterm delivery in pre eclampsia is indicated in:
 - a) Diastolic BP \geq 110 mmHg despite the adequate use of the appropriate antihypertensive agents.
 - b) Laboratory evidence of end-organ involvement despite good BP control.
 - c) Platelets count between 50000 and 100000/mm³ .
 - d) Elevated liver enzymes.
 - e) b) and c) are false.

5. Abruptio Placenta. Management
 - a) Mild abruptio needs emergency c/section independently of the gestational age.
 - b) Moderate abruptio at 32 WOA: Tocolytic for 24 hours waiting for steroids effects.
 - c) Abruptio, mother in shock, at 34 wks: Resuscitation, amniotomy and induction of labour with Misoprostol.
 - d) Severe abruptio, IUFD, with DIC: correction of DIC, Amniotomy and emergency c/section.
 - e) None of the entire above is true.

6. Abruptio placenta.
 - a) Fibrinogen degradation products and D-dimmer are always elevated.
 - b) Heparin is indicated during DIC management.
 - c) Is a common complication of severe pre-eclampsia
 - d) MgSO₄ can be used in chronic abruptio's management.
 - e) Amniotomy is contraindicated.

7. About placenta previa
 - a) IVF has no role in the aetiology
 - b) Vaginal examination should always be done under general anaesthesia
 - c) Kleihauer-Betke test helps in differentiating from circumvallate placenta
 - d) Always prevent the engagement of the presenting part
 - e) None of the above.

8. Placenta Previa management
 - a) Tocolytics are indicated in preterm management
 - b) Vaginal delivery should always be attempted if the mother is not severely affected
 - c) PPH should be anticipated
 - d) When mild bleeding at term, mother stable, labour should be awaited
 - e) All the above

9. About pre-eclampsia.
 - a) Commonly affecting primiparous or multiparous with new husband.
 - b) The incidence is around 40 % of pregnancy.
 - c) Impaired trophoblast invasion seems to be the most important factor in the pathogenesis.
 - d) Immunological factor are involved.
 - e) Vascular endothelial growth factors increased.

10. About eclampsia's management.
- Control of the fits.
 - Control the blood pressure.
 - Plan to immediate delivery.
 - Magnesium sulphate is the best to prevent fit recurrences.
 - Caesarean section is always indicated.
11. The following are common complications of eclampsia.
- Placenta praevia.
 - Abruptio placenta
 - Acute pulmonary oedema.
 - Disseminated intravascular coagulation.
 - Acute renal failure.
12. Physiopathology of pre-eclampsia.
- Prostacyclin level higher than thromboxane A₂.
 - Placental growth factor level is elevated.
 - Endothelin production elevated.
 - Trophoblastic invasion of the spiral arteries is complete.
 - None of the above.
13. All the following antihypertensive medications are considered safe for short term use in pregnancy.
- Captopril.
 - Methyldopa.
 - Hydralazine.
 - Nifedipine.
 - Labetalol.
14. MgSO₄.
- Act by blocking the release of acetylcholine at the neuro-muscular plaque.
 - Is a natural calcium antagonist.
 - Is given 10g 50% IV as initial dose.
 - Has no advantage over fenitoin in fit's prevention.
 - Produce oligo-anuria.
15. Hydralazine's use in pre-eclampsia.
- Is a central vasodilator.
 - Is given as IV bolus initially: 10mg slowly followed by 5mg every 30 min.
 - Can be use as infusion.
 - Is given 5mg IV hourly.
 - The last dose should be given when diastolic BP is 90 mmHg.
16. Which statements are true and false?
- Magnesium Sulphate is the drug of election to reduced B.P
 - Labetalol is not useful in the treatment of Pre-eclampsia.
 - Antihypertensive therapy in pre- eclampsia should be use when diastolic B.P is >105 to 110 mmHg.
 - Hydralazine is associated with significantly more maternal hypotension than other antihypertensive drugs.
 - Aldomet is the drug of election in pre-existing hypertension.
17. The most common presenting symptom of eclamptic patient is.
- Profuse vaginal bleeding.
 - Abdominal pain.

- c) Dyspareunia.
 - d) Convulsions.
 - e) Vomiting.
18. About hypertension during pregnancy.
- a) Chronic hypertension is more common in nuliparous.
 - b) Pre- eclampsia is hypertension plus oedema.
 - c) Pre- eclampsia is hypertension plus Proteinuria after 20 WOA.
 - d) Unclassified hypertension is hypertension in a patient with previous renal damage.
 - e) Is a common cause of admission in our hospital
19. The following favours MTCT of HIV
- a) High viral load
 - b) Type 1 HIV
 - c) High CD4 count
 - d) Sero conversion in pregnancy
 - e) HAART.
20. In PMTCT
- a) The primary means by which an infant can become infected with HIV is through sexual intercourse
 - b) The primary means by which an infant can become infected with HIV is through use of unsterilised instruments
 - c) The primary means by which an infant can become infected with HIV is through mother to child
 - d) Mixed feeding has no major effect on transmission if the infant has no oral sores.
 - e) All the above are true
21. National HIV prevention strategies include
- a) Primary Prevention of HIV and other STIs through ABC model
 - b) Premarital HIV screening
 - c) Pre -conception HIV screening
 - d) PMTCT in HIV positive pregnant mothers
 - e) All the above
22. About H.I.V infection. Mark T or F
- a) ART naïve means that the client is not on any ARV including History of taking NVP for PMTCT.
 - b) HIV is transmitted to the infant during breast feeding because HIV is present in breast milk and yet the babies gut cells are susceptible to HIV infection.
 - c) AZT 300mg twice daily starting at 36 WOG till delivery and for 1 week after delivery + AZT syrup 5mg/kg twice daily for 7 days given to the infant is the regimen of choice.
 - d) During labour and delivery the foetus may become infected as a result of maternal-foetus blood exchange during contractions or mucous membranes as a result of trauma or foetal swallowing of HIV containing blood or maternal secretions in the birth canal.
 - e) All the above.
23. In PMTCT.
- a) TRRD means an HIV positive mother has died.
 - b) TR means tested and results are reactive.
 - c) Nevirapine tablet is given to the mother as soon as labour is established
 - d) Lower rates of stillbirths have been reported in HIV positive mother.

- e) The entire above are false.
24. In relation with episiotomy.
- Is routinely performed on all HIV Positive prime gravid mothers in 2nd stage
 - Should only be repaired in cases of active bleeding
 - Must be performed after vacuum extraction
 - Can cause PPH
 - It is one of the components of modified obstetric practices of PMTCT.
25. Obstructed labour.
- Wilm's tumour is a cause
 - Partograph cannot detect.
 - Occurs only in Multigravidas
 - Bandl's ring may manifest.
 - Always delivery by caesarean section.
26. Complications of obstructed labour.
- Neonatal sepsis.
 - Death.
 - PPH
 - Rectovaginal fistula
 - All the above.
27. Prevention of obstructed labour.
- Use of partograph in labour.
 - Treatment of malaria
 - Use of TBS.
 - Good nutrition in childhood
 - Timely referrals.
28. Mode of delivery in obstructed labour.
- Symphiotomy is method of choice.
 - Forceps may be used.
 - Should be always by c/section.
 - Vaginal delivery is contraindicated.
 - Destructive operations always done.
29. Partograph in labour.
- Started at 3 cm cervical dilatation
 - Base line foetal heart rate 105- 160 beats/ min
 - Always deliver by caesarean section when patient reaches action line
 - Alert line means do caesarean section
 - Ruptured membranes cannot be done.
30. Components of essential obstetric care include.
- Parenteral antibiotics
 - Parenteral oxytocic drugs.
 - Use of anticonvulsants.
 - Manual removal of placenta.
 - Manual removal of retained products.
31. Comprehensive essential obstetric care includes:
- Availability of surgical services.
 - Availability of anaesthesia services.
 - Blood transfusion services.
 - Obstetrics skills not needed

- e) Traditional birth attendant with surgical skills.
32. Regarding neonatal resuscitation.
- Place infant on cool surface.
 - Dry the baby.
 - Leave on wet linen
 - Suction of nose is before the mouth.
 - Baby is placed with the neck slightly flexed.
33. Preterm premature rupture of the membranes.
- Infections are an important cause.
 - Is more common among smokers.
 - Cervical incompetence can be a cause.
 - Nitrazine test result can be affected by the presence of seminal fluid.
 - Hypoglycemia is a possible complication.
34. The following are complications of PPRM.
- Necrotizing enterocolitis.
 - Intraventricular haemorrhages.
 - Earlier ductus arteriosus closure.
 - Hypobilirubinaemia.
 - Thermal instability.
35. The following are recommendations about the use of corticosteroids in preterm labour.
- Should be used not only to help lung maturity if no reducing mortality and intraventricular Haemorrhages.
 - Should not be used below 28 weeks.
 - Betamethasone is given 24 mg in 24 hourly.
 - The benefits appear after 12 hour.
 - Should be given only if delivery won happened within the next 24 hours.
36. The following are absolute contraindications for tocolysis.
- PPROM.
 - Intrauterine foetal demise.
 - Nonreassuring foetal assessment.
 - Chorioamnionitis.
 - Presence of phosphatidylglycerol in amniotic fluid.
37. Infection control practices include
- Treat remote infection before elective operation
 - Wash incision site before performing antiseptic skin preparation
 - Prepare skin in a non concentric circle away from incision site
 - Keep pre operative stay as long as possible
 - Pre-operative hand and fore arm washing for one minute
38. In infection control, in order to prevent contamination of injection equipment
- Discard medications that are cracked or leaking
 - If possible, don't use single dose vials/ampoules
 - Discard any needle that has become contaminated
 - Each injection should be prepared in a clean area designated for it
 - All the above
39. Techniques used to reduce the risk of wound infection include
- Creation of dead space
 - Proper antisepsis

- c) Proper antibiotic use
 - d) Use of many spaces
 - e) Avoiding hypothermia
40. About Malaria in pregnancy.
- a) Can cause preterm deliveries.
 - b) Can lead to maternal death.
 - c) Anaemia is the commonest complication.
 - d) Can cause IUGR.
 - e) Renal failure can be a complication.
41. Malaria in pregnancy.
- a) Coma, severe anaemia and convulsion, can be indicative of severe malaria.
 - b) Can be prevented by; using mosquito net, education, and fansidar administration 4 times during pregnancy.
 - c) Should be always treated with IV quinine.
 - d) Early diagnosis and treatment don't help in preventing complications.
 - e) Primegravidas are protected against hyperparasitaemia.
42. The following *Plasmodium* species cause a relapse of malaria
- a) *P. falciparum*
 - b) *P. ovale*
 - c) *P. malaria*
 - d) *P. vivax*
 - e) *P. lugninate*
43. Severe malaria in pregnancy
- a) Placental site specific antibodies prevent *P. falciparum* sequestration in the placenta in primegravidae.
 - b) Immunosuppression, effected through high levels of cortisol in pregnancy, explains the increase in susceptibility to falciparum malaria in pregnancy.
 - c) Most immune pregnant women remain asymptomatic even in the presence of heavy parasitaemia.
 - d) Red cell sequestration starts in the placenta, in the sixth month of pregnancy.
 - e) The relation between malaria and impaired foetal growth is mediated through anaemia and placental parasitisation.
44. The following treatment regimens are currently recommended by MOH as for treatment of simple malaria in pregnancy
- a) Oral quinine
 - b) Oral chloroquine and Fansidar
 - c) Coartem
 - d) Artemether and Lumefantrine
 - e) Parenteral chloroquine.
45. The following pathological lesions are caused by severe falciparum malaria
- a) Abundance of malarial pigment in the reticuloendothelial system.
 - b) Oedematous brain with broad, flattened red gyri.
 - c) Presence of haemoglobin in the renal tubules.
 - d) Kupffer cells are increased in size and number.
 - e) Pericardial and endocardial petechiae
46. Malaria in pregnancy causes anaemia by the following mechanisms.
- a) Dyserythropoiesis
 - b) Phagocytosis.
 - c) Haemolysis of RBC.

- d) Bone marrow suppression.
 - e) Erythropoiesis
47. Indications of methotrexate in management of Ectopic pregnancy include
- a) hCG >10,000IU/L
 - b) Evidence of rupture
 - c) Heterotopic pregnancy
 - d) Ectopic pregnancy >4cm in greatest diameter
 - e) Hypotension.
48. In management of Ectopic pregnancy
- a) Laparotomy should be performed only after securing blood
 - b) Auto transfusion can be done in a chronic leaking Ectopic
 - c) Secure 2 intravenous lines with large bore cannula
 - d) Oxygen and warmth are supportive measures
 - e) The primary goal is to preserve fertility
49. Regarding Ectopic pregnancy
- a) Commonest site is the ampulla
 - b) Can be associated with sub fertility and PID
 - c) Location at the isthmus is the least dangerous
 - d) Previous operation involving the hand is a risk factor
 - e) Can occur at the ovary
50. Symptoms of pregnancy
- a) Quickening is experienced at about 18 WOA in a PG
 - b) Uterus may be palpable abdominally by 12 WOA
 - c) Lightening is the reduction in fundal height which occurs at 38-40 WOA
 - d) Urine HCG is positive as early as 10 days after fertilization
 - e) Bimanual palpation has no role in diagnosis.
51. Danger signs and symptoms of pregnancy.
- a) Severe headache.
 - b) Vaginal bleeding.
 - c) Abdominal discomfort.
 - d) Reduced foetal movements.
 - e) Loss of appetite.
52. The following are true or false, when the fundal height is smaller than the expected for gestational age.
- a) Congenital anomalies can be present.
 - b) Abnormal lie is a differential.
 - c) Menstrual error is the commonest cause.
 - d) Small for date.
 - e) Pregnancy associated with uterine fibroid.
53. A 18 year old presents with offensive PV discharge after sexual intercourse. What is the most likely diagnosis?
- a) Incomplete septic abortion
 - b) Puerperal sepsis
 - c) Vaginosis
 - d) Ectopic pregnancy
 - e) All the above.
54. For induction of labour Bishop scoring is very important. It includes.
- a) Cervical consistency.
 - b) Cervical position.

- c) Rupture of membranes.
- d) Cervical dilation.
- e) Cephalic presentation.

55. Induction of labour

- a) Is indicated in hypertensive disease
- b) A favourable cervix is long, hard and closed
- c) Oxytocin is given as a bolus
- d) Is contraindicated in cord prolapse
- e) Misoprostol is licensed for this purpose in Uganda

56. About labour.

- a) Is divided into two stages.
- b) Latent phase is considered since the uterine contractions are started until the moment the cervix reaches a dilatation of 5 cm.
- c) Active phase is considered from 4 cm to 10 cm.
- d) Second stage commencement is at 9 cm.
- e) Maximum slope is part of the second stage.

57. Partograph in labour.

- a) Satisfactory progress means that the plot of cervical dilatation remain on or at the left of the ALERT line.
- b) If the patient's partograph crossed the alert line immediate augmentation is needed.
- c) If the patient's partograph crosses the action line emergency c/section should be done.
- d) The longest normal time for latent phase in a multiparous woman is 20.1 hours.
- e) The longest normal time for second stage for a nulliparous woman is 1.1 h.

58. The following are factors related to dystocia.

- a) Maternal Age
- b) Gestational Diabetes.
- c) POP.
- d) Maternal exhaustion
- e) Macrosomic foetus

59. PPH.

- a) APH is a predisposing factor.
- b) Uterine over distension can predispose.
- c) Postdate is a risk factor.
- d) Prolonged labour is a common cause.
- e) Parity has importance.

60. About PPH

- a) Pregnancy acquired coagulopathies are the commonest cause of primary PPH.
- b) Prostaglandins have a role in the management.
- c) TAH may be done in case of intractable PPH.
- d) Placenta praevia and abruptio placenta are common causes.
- e) Medical management has no role.

61. In primary postpartum haemorrhage, management includes.

- a) Call for assistance.
- b) Bimanual compression of uterus.
- c) Use of magnesium sulphate.
- d) Use of ergometrine 10 mg IV for atonic uterus.
- e) Insert an indwelling urinary catheter.

62. Which of the following is true about abortion.
- PV bleeding is a late sign.
 - There is never associated fever.
 - An evacuation is carried out as a way of treatment in case of threatening abortion.
 - A patient can develop a bleeding disorder.
 - All the above.
63. Regarding incomplete abortion.
- Treatment is invariable by evacuation.
 - Male factor can be a causal factor.
 - Hospitalisation is always indicated.
 - All the above.
 - a) and c) above are true.
64. Habitual abortions
- Best define as 3 or more consecutive spontaneous losses of nonviable foetus.
 - Investigations should be done before another pregnancy occur.
 - Spontaneous abortion due to infections.
 - Incompetent cervix is a common cause.
 - Is also call missed abortion.
65. Indications for elective caesarean section:
- Successfully Repaired V.V.F.
 - Cord prolapse with a pulsatile cord.
 - Abruptio placentae with I.U.F.D.
 - Vasa praevia.
 - Two previous abdominal scar.
66. Immediate complications for caesarean section include:
- Severe haemorrhage.
 - Injure to neighbours organs.
 - Infections.
 - Haemorrhage.
 - Intestinal obstruction
67. The management of severe Malaria at 12 WOA includes the following:
- Use of Chloroquine and Fansidar.
 - Use of Coartem and Cotrimoxazole.
 - Intravenous Quinine and Anti pyretics.
 - Oxygen therapy in case of cerebral Hypoxia.
 - Renal dialysis.
68. The following are true in the management of multiple pregnancies
- They should be admitted at 36 weeks to reduce the incidence of neonatal complications
 - Active management of third stage always prevents post partum haemorrhage
 - Caesarean section is indicated if the second twin is a breech.
 - Triplet is indication of caesarean section
 - A and C above.
69. Multiple pregnancy
- Dizygotic twins are the product of 2 ova and 1 sperm.
 - There is greater than expected maternal weight loss.
 - Maternal anaemia may seem
 - Monozygotic twin are the result of the division of 2 ova
 - Paternal side is not a risk factor.

70. Multiple pregnancy
- All get PPH.
 - Most of them delivery boys.
 - Associated with high neonatal morbidity and mortality.
 - Twin to twin transfusion can occur.
 - High risk of pregnancy induced hypertension.
71. Dizygotic twinning.
- Is influenced by hereditary and parity.
 - Maternal age has no influence
 - Use of clomifen reduces the incidence
 - Results from fertilization of one ovum
 - Always result in twins of same sex.
72. All the following are increase in multiple gestation.
- Blood loss at delivery.
 - The evidence of congenital anomalies.
 - The evidence of cephalopelvic disproportion.
 - The incidence of placental abruption.
 - The incidence of malpresentation
73. The foetal heart rate during labour.
- Decreases with a contraction.
 - Increases with a contraction.
 - Shows no changes with a contraction.
 - Starts to recover a contraction stops.
 - All the above.
74. The dangers of vacuum extraction include.
- APH.
 - Ruptured uterus.
 - Intrauterine foetal death.
 - PPH.
 - Acute foetal distress.
75. Breastfeeding
- On average Ugandan women breastfeed their infants for 19 months
 - MTCT of HIV occurs post natally in breast feeding mother in 15-20 % of cases.
 - Replacement feeding is essential in PTCT.
 - Consolation breast feeding is a component of sudden cessation of breastfeeding
 - Mixed feeding may be practiced in PMTCT.
76. Recommendations for safer breastfeeding in the context of HIV include:
- Avoid infections during breastfeeding.
 - Seek immediate treatment for cracked nipples, infant mouth sores.
 - Mixed feeding.
 - a) and b) above are false.
 - All of the above.
77. About puerperium.
- The following 4 weeks after delivery.
 - At the 3rd postpartum day the uterus 2 cm above the umbilicus.
 - The lochia disappear at the 7th postpartum day.
 - Milk retention can cause puerperal infection.
 - Psychosis is not a possible complication

78. The following are true or false about puerperal infection.
- It is the infection of the genital tract of a woman while pregnant or after delivery.
 - The commonest site of infection is episiotomy wound.
 - Caesarean section has the greatest risk for infection.
 - Endometritis is the commonest infection.
 - None of the above.
79. About puerperal infection.
- Manual removal of the placenta is a predisposing factor.
 - Internal foetal monitoring has no role.
 - Prophylactic antibiotic can help to prevent it.
 - Poor socioeconomic condition and poor hygiene have an important role.
 - External cephalic version is a predisposing factor.
80. Objective of performing an episiotomy include.
- To prolong 2nd stage of labour.
 - Preserve integrity of pelvic floor.
 - Forestall uterine prolapse.
 - Save baby's brain from injury
 - It is a routine in every primigravida.
81. Features of a medio-lateral episiotomy include.
- Extensions are common.
 - Dyspareunia may be occasional.
 - Postoperative pain common.
 - More difficult to repair.
 - Blood loss is less compared to midline episiotomy.
82. Factors affect wound healing.
- Nutrition.
 - Infection.
 - Anaemia.
 - High concentrations of vitamin c.
 - None of above.
83. Risk factors for disseminated intravascular coagulation include:
- Abruptio placenta.
 - Pre-eclampsia/eclampsia.
 - Amniotic fluid embolism.
 - Use of hypertonic saline to induce labour.
 - None of the above.
84. Supportive care during labour and child birth includes
- Personal support from a person of her choice throughout labour and birth
 - Good communication and support by health workers
 - Procedures and findings need not to be explained to the mother
 - Discourage ambulation
 - Distress caused by pain cannot be managed by any other measure
85. Caesarean section.
- Most common mode of delivery in our service.
 - Is always indicated in previous caesarean section uterine scar.
 - Patients don't need to be prepared.
 - Is done in all cases of foetal distress.
 - Mother can start oral feeding after 6-8 hours.

86. IUFD
- Can occur secondary to infection
 - Coagulation profile is vital
 - A C/S delivery is always safe
 - PPH is a possible complication
 - Misoprostol can be used for induction of labour.
87. In intrauterine foetal demise
- The mother should be considered at high risk for PPH
 - Clotting profile should be done on admission and at least 6 hourly during induction of labour, and after delivery
 - If derangement of the coagulation factors, fresh frozen plasma should be given
 - Labour should not be allowed in patient with previous caesarean section
 - Autopsy examination should not be done to confirm the cause of the death
88. Complications of IUFD:
- Disseminated intra vascular coagulopathy.
 - HELLP syndrome.
 - Asherman's syndrome.
 - Septicaemia.
 - Supine hypotension syndrome.
89. Cardiovascular changes during pregnancy include:
- Increased circulating volume up to 60% over the preconception values.
 - Increased circulating volume up to 45-50% over the preconception values.
 - Electrical axis of the heart is deviated to the left.
 - Increased heart silhouette on x-rays.
 - Systolic murmur can be present up to 90% of all pregnant woman
90. Changes in coagulating system during pregnancy include:
- Reduction in platelets count.
 - Increased in fibrin-fibrinogen circulating complexes.
 - Increased platelets aggregation.
 - Increased circulating levels of all coagulating factors including XI and XIII.
 - None of the above
91. Malaria in pregnancy.
- Plasmodium vivax* causes cerebral malaria.
 - Plasmodium malariae* causes relapses.
 - Chondroitin sulphate A receptors protects primigravidas against severe malaria.
 - Primigravidas are most prone to hyperparasitaemia than grand multiparous.
 - All pregnant women require 3 doses of intermittent presumptive treatment.
92. Malaria in pregnancy causes anaemia by the following mechanisms.
- Dyserythropoiesis
 - Phagocytosis.
 - Haemolysis of RBC.
 - Bone marrow suppression.
 - Erythropoiesis.
93. Objective of performing an episiotomy include.
- To prolong 2nd stage of labour.
 - Preserve integrity of pelvic floor.
 - Forestall uterine prolapse.
 - Save baby's brain from injury
 - It is a routine in every primigravida.

94. Features of a medio-lateral episiotomy include.
- Extensions are common.
 - Dyspareunia may be occasional.
 - Postoperative pain common.
 - More difficult to repair.
 - Blood loss is less compared to midline episiotomy.
95. Regarding perineal tears:
- 1st degree: involves fourchet, perineal skin, vaginal mucosa, underlying fascia.
 - 2nd degree: involves skin, mucosa membranes, fascias, muscle of perineal body, but not the rectal sphincter.
 - 3rd degree: external through skin, mucosa membrane, perineal body, and involve anal sphincter.
 - 4th extend through rectal mucosa to expose lumen of the rectum.
 - All of the above.
96. Regarding episiotomy repair.
- Good lighting is not important.
 - Adequate analgesia prior to beginning of repair is not important.
 - Meticulous hemostasis is needed
 - Anatomical re-approximation is needed.
 - Use nylon 2/0 for vaginal mucosa.
97. Risk factors for Perinatal death include:
- Premature rupture of membranes.
 - Foetal hypoxia of unknown cause.
 - Chorioamnionitis.
 - Abruptio placenta.
 - Vasa previa.
98. Risk factors for disseminated intravascular coagulation include:
- Abruptio placenta.
 - Pre-eclampsia/eclampsia.
 - Amniotic fluid embolism.
 - Use of hypertonic saline to induce labour.
 - None of the above.
99. Multigravidas are at increased risk of:
- Postpartum haemorrhage.
 - Anaemia in pregnancy.
 - Ruptured uterus.
 - Severe malaria in pregnancy.
 - Maternal depletion syndrome.
100. Multiple pregnancy.
- Triplets are better delivered by caesarean section.
 - Induction of the labour is contraindicated.
 - There is high infant mortality and morbidity.
 - Cord prolapse may happen.
 - Risk factor for PPH.
101. About a denominator.
- An arbitrary selected point/part of the foetus.
 - In vertex presentation denominator is occiput.
 - In breech presentation the denominator is the anus.

- d) In shoulder presentation the denominator is the clavicle
- e) In brow presentation it is the nose.

102. The following are true about position.

- a) Relates the denominator to the lower uterine segment.
- b) Relates the denominator to the maternal pelvic brim.
- c) ROA is a normal position.
- d) LOA is a normal position.
- e) ROP is an abnormal position.

103. Immediate complications for caesarean section include:

- a) Severe haemorrhage.
- b) Injury to neighbouring organs.
- c) Infections.
- d) Reactional haemorrhage.
- e) Intestinal obstruction

104. Recommendations for elective caesarean section include

- a) Primigravida with breech presentation at 30 wks.
- b) Successfully repaired VVF.
- c) Severe pre-eclampsia.
- d) History of one previous caesarean section
- e) Multiple pregnancy

105. Caesarean section.

- a) Most common mode of delivery in our service.
- b) Is always indicated in patients with previous uterine scar.
- c) Patients don't need to be prepared.
- d) Is done in all cases of foetal distress.
- e) Mother can start oral feeding after 6-8 hours.

106. In complete breech.

- a) The hips are flexed
- b) The hips are extended.
- c) The knees are flexed.
- d) The feet are extended.
- e) It's the commonest type at term.

107. The following are associated with breech presentation.

- a) Polyhydramnios.
- b) Oligohydramnios.
- c) Multiple pregnancy
- d) Contracted pelvis.
- e) Low socio-economic status.

108. About breech presentation.

- a) Most are delivered by caesarean section.
- b) First stage of labour is quicker than cephalic presentation.
- c) Cord prolapse is not a risk.
- d) Forceps cannot be used for deliveries.
- e) Can be managed by a TBA

109. In spontaneous breech delivery.

- a) The arms are delivered with Loveset maneuver.
- b) The after coming head is delivered by Piper's forceps.
- c) The foetus is pulled with a pelvic traction.

- d) The birth attendant does not assist at any stage.
- e) Is not a common practice now

110. Obstructed labour.

- a) Occur only in primigravida
- b) Cystic hygroma is a cause
- c) Wilm's tumour is not a cause
- d) Cannot occur when using partograph.
- e) All of the above are false.

111. Complications of the obstructed.

- a) Neonatal sepsis.
- b) Foot drop.
- c) Rectovaginal fistula.
- d) PPH.
- e) Foetal demise.

112. Postpartum haemorrhage

- a) Prostaglandins helpful in its management
- b) May occur in subsequent pregnancies.
- c) Oxytocic drugs have no role in management.
- d) Very common in primigravidas.
- e) Is anticipated in mothers with APH.

113. PPH.

- a) Misoprostol (Cytotec) can be used to treat.
- b) Hysterectomy is one of the modes of treatment
- c) Can occur before labour.
- d) Foetal demise is a risk factor.
- e) Uterine atony is a common cause.

114. The following are common complications of eclampsia.

- a) Abruptio placenta.
- b) DIC.
- c) Meningitis.
- d) Cardiovascular accident.
- e) Cerebral Haemorrhages.

115. Classic sign and symptoms of complete uterine rupture include:

- a) Sudden onset of tearing abdominal pain.
- b) Cessation of uterine contractions.
- c) Absence of foetal heart.
- d) Recession of the presenting part
- e) All of the above.

116. Rupture uterus: surgical options.

- a) Total abdominal hysterectomy.
- b) Subtotal hysterectomy.
- c) Repair of rupture alone.
- d) Repair rupture and tubal ligation.
- e) Laparoscope.

117. Obstructed labour: mode of delivery.

- a) Should be always c/section.
- b) Vacuum extraction may be done.
- c) Forceps delivery is contraindicated.

- d) Symphysiotomy can be done.
- e) Destructive operation can be done.

118. Prevention of obstructed labour.

- a) Use of partograph in labour monitoring.
- b) Good nutrition in childhood.
- c) Development of appropriate and timely referrals.
- d) Treatment of malaria in pregnancy.
- e) Use of traditional birth attendant.

119. About Ectopic pregnancy.

- a) Laparoscopy has no role in diagnosis.
- b) Arias- Stella phenomenon reaction rules out possibility of Ectopic.
- c) Methotrexate use is recommended in ruptured tubal Ectopic.
- d) Does not occur in primigravida.
- e) May co-exist with a PID.

120. Predisposing factors to Ectopic pregnancy include:

- a) Fertilization of an unextruded ovum.
- b) Chronic salpingitis and recurrent PID.
- c) Congenital tubal anomalies like diverticulosis, atresia and accessory ostia.
- d) Exogenous hormone use.
- e) Previous tubal or pelvic surgeries.

121. Oral contraceptives.

- a) Can predispose to venous thromboembolism.
- b) Act primarily by inhibiting ovulation.
- c) May cause amenorrhea.
- d) Can predispose to ischemic heart disease.
- e) Can be used as emergency contraception.

122. Depo-Provera.

- a) Contains the progesterone levonorgestrel.
- b) Is a combined injectable contraceptive.
- c) Contains medroxyprogesterone acetate.
- d) Can cause breakthrough bleeding.
- e) Return to fertility is immediate after terminating its use.

123. Norplant.

- a) Is a progesterone-only contraceptive.
- b) Contains only 5 sub dermal implants.
- c) Is effective up to 6 years.
- d) Return to fertility is immediate after its removal.
- e) Can predispose to ischaemic heart disease

124. The female condom.

- a) Can be reused.
- b) Is made of latex.
- c) Is stronger than the male condom.
- d) Can be stored at variable temperature.
- e) Can be worn up to 8 hours before sexual intercourse.

125. The following can lead to male infertility.

- a) Excessive smoking.
- b) Morbid obesity.
- c) Orchidopexy.
- d) Vasectomy.

e) Oligospermia.

126. Implanon.

- a) Contains progesterone only.
- b) Is effective for up to 5 years.
- c) Is effective up to 3 years
- d) Return to fertility after its removal is immediate.
- e) Is inserted subcutaneously under the medial aspect of the arm.

127. The following are common complications of eclampsia.

- a) Placenta previa.
- b) Abruptio placenta
- c) Acute pulmonary oedema.
- d) Disseminated intravascular coagulation.
- e) Acute renal failure.

128. An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV –ve at birth. What will you do to prevent MTCT

- a) Breast feeding for only three months will protect the baby
- b) Since the baby is negative, Nevirapine is not necessary
- c) Replacement feeding with cow milk is the ideal
- d) Wet Nursing is a recognised option
- e) Condom use has no role in protecting this baby

129. The following statements are true about PMTCT

- a) The goal is to reduce MTCT by 25%
- b) The sero prevalence of HIV among pregnant women in Uganda is 13%
- c) PMTCT interventions reduce transmission of HIV to infants by 50%
- d) Breast feeding alone contributes 35% of MTCT
- e) Family planning is important

130. A G2P1+0 HIV positive mother comes to clinic. Which of the following will you consider

- a) Initiation of HAART even without medical eligibility
- b) CD4 count will not influence the decision to start ART
- c) 3TC, D4T, EFV is the combination of Choice
- d) 3TC, D4T, NVP is the combination of Choice
- e) Triomune is never given

131. Modified obstetric practices in PMTCT include the following

- a) Vaginal cleansing with clean water
- b) Administration of 2mg/kg of Nevirapine tablets to a baby after 72hrs of delivery
- c) An episiotomy may be performed when necessary
- d) Delivery must be conducted in hospital
- e) Elective C/S

132. About waste management

- a) Hospital, Blood banks and domiciliary make the largest source of Health care waste
- b) Yellow bin is for placenta and anatomical wastes
- c) Sharps constitute more than 1% of health care waste
- d) A) and b) are correct
- e) b), and c) are correct

133. During ANC, the following are important and improve out come of pregnancy and labour

- a) Routine weighing at every visit

- b) Routine pelvic assessment at 36 WOA
 - c) Routine discussion of place of delivery and mode of transport
 - d) Routine Hb estimation at every visit
 - e) Blood group determination at every visit
134. The following are true about infection prevention
- a) Hand washing, disinfection prophylactic antibiotics
 - b) Hand washing, prophylactic antibiotics, sterilization
 - c) Hand washing, use of protectives and equipment processing
 - d) Decontamination, cleaning of equipment and sterilization
 - e) None of the above
- The following are true about puerperal infection.
135. It is the infection of the genital tract of a woman while pregnant or after delivery.
- a) The commonest site of infection is episiotomy wound.
 - b) Caesarean section has the greatest risk for infection.
 - c) Endometritis is the commonest infection.
 - d) None of the above.
 - e) All the above
136. Among the commonest anaerobic causative organism for puerperal infection we can find the following except?
- a) *Klebsiella*.
 - b) *Peptococcus* species.
 - c) *Peptoestreptococcus*
 - d) *Bacteroides fragilis*.
 - e) *Proteus mirabilis*.
137. Which of the following are not among the risk factor for puerperal infection?
- a) Poor antiseptic technique.
 - b) Prolonged labour/ruptured membranes.
 - c) External cephalic version.
 - d) Forceps delivery.
 - e) Bacterial vaginosis.
138. A patient delivered at Mbarara Regional Referral Hospital develops a moderate endometritis. Which of the following are true in the patient management?
- a) Broad spectrum antibiotic combination and swab for culture and sensitivity in the 3rd day of treatment.
 - b) Swabs from the lochia, cervical canal, endometrial cavity and wait for the results to establish adequate antimicrobial treatment.
 - c) As we know the commonest causative micro-organism and its sensitivity we advise to start with x-pen, gentamicin.
 - d) Broad spectrum antibiotic should be started immediately and readjusted when the result is available.
 - e) None of the entire above is true.
139. The following are true about Physiological changes during pregnancy.
- a) Uterus weight increased approximately 1 kg.
 - b) Plasma volume increased more than erythrocyte volume.
 - c) Cardiac silhouette elevated in chest X-ray.
 - d) Systolic murmur present as consequence of valvular damage.
 - e) Abnormalities in concentration, attention and memory
140. Cardiovascular changes during pregnancy include:
- a) Increased circulating volume up to 30 % over the preconception values.
 - b) Increased circulating volume up to 45-50% over the preconception values.

- c) Electrical axis of the heart right deviated.
- d) Increased heart silhouette in x-rays.
- e) Diastolic murmur can be present up to 90 % of all pregnant woman

141. Leopold's manoeuvres include

- a) Determination of SFH
- b) Pelvic palpation
- c) Lateral palpation
- d) Auscultation
- e) All the above

142. Which of the following are true about foetal aptitude?

- a) Describes the relationship between the foetal and the pelvic inlet.
- b) Describes the relationship between foetal parts.
- c) Delivered is easy when aptitude is flexion
- d) Delivery is easy when aptitude is extension.
- e) Can change during labour.

143. The following are true about position.

- a) Relates the denominator to the lower uterine segment.
- b) Relates the denominator to the maternal pelvic brim.
- c) POP is always an indication for c/section.
- d) LOA is a normal position.
- e) ROP is an abnormal position.

144. The following are physiological changes during puerperium

- a) Maternal heart rate reduced by 10 to 15 beat/ min
- b) Endometrium is in a physiological state within the 15 days after delivery
- c) Increased water retention
- d) On the 3rd postpartum day, the uterus is 2 cm above the umbilicus
- e) Lochia disappears by the 7th postpartum day

145. Haematological findings in Iron deficiency anaemia.

- a) Microcytic hyperchromic.
- b) Macrocytic hypochromic.
- c) Marked anisocytosis.
- d) The mean corpuscular value is low.
- e) Mean corpuscular haemoglobin is increased.

146. Anatomy of the female genital tract.

- a) The uterine artery is a branch of the terminal part of the aorta.
- b) The uterine artery is a branch of the internal iliac artery.
- c) The uterine artery is the terminal branch of the internal femoral artery.
- d) The uterine artery is a branch of the obturator internus artery.
- e) None of the above.

147. Which of the following are false and true

- a) POP can be corrected with obstetric forceps.
- b) Vacuum extraction has no role in ROP position.
- c) POP is frequently related to labour dystocias.
- d) Episiotomy should be offered to all mothers with ROA position.
- e) LOP position can be corrected spontaneously

148. ANC

- a) Male partner involvement is encouraged
- b) IPT is given monthly in a PG
- c) IPT is given monthly in HIV

- d) Routine investigations include urinalysis, HIV screening, Hb, and FBC
- e) All the above

149. About APH

- a) Is any bleeding from genital tract before 28 WOA
- b) Vasa praevia can be a cause.
- c) Placenta previa is more common than Abruptio placenta.
- d) Is a common cause of preterm delivery
- e) Is the commonest cause of maternal death in Mbarara

150. The following are true or false statements about abruptio placenta.

- a) Maternal conditions are always related to amount of PV bleeding.
- b) Is frequently related with low consumption of coagulating factors.
- c) Smoking has no role.
- d) AROM and induction is contraindicated.
- e) Is highly related to PPH

151. About APH.

- a) Kleihauer-Betke test can help to establish the differential.
- b) Placenta praevia type IIb is better delivery vaginally due to the lower risk for bleeding.
- c) Non obstetrical conditions don't need to be ruled out.
- d) Tocolytic drugs are indicated in APH before 34 weeks.
- e) History of PPH is a risk.

152. Ante partum haemorrhage.

- a) Nitabush's bands rupture is the explanation for haemorrhage in placenta previa.
- b) Uterus surgeries are risk factor for abruptio placenta.
- c) C/ section always should be done.
- d) Can predispose to PPH.
- e) Tocolysis is contraindicated

153. Preterm delivery in pre eclampsia is indicated in:

- a) Diastolic BP \geq 110 mmHg despite the adequate use of the appropriate antihypertensive agents.
- b) Laboratory evidence of end-organ involvement despite good BP control.
- c) Platelets count between 50000 and 100000/mm³ .
- d) Elevated liver enzymes.
- e) b) and c) are false.

154. Abruptio Placenta. Management

- a) Mild abruptio needs emergency c/section independently of the gestational age.
- b) Moderate abruptio at 32 WOA: Tocolytic for 24 hours waiting for steroids effects.
- c) Abruptio, mother in shock, at 34 wks: Resuscitation, amniotomy and induction of labour with Misoprostol.
- d) Severe abruptio, IUFD, with DIC: correction of DIC, Amniotomy and emergency c/section.
- e) None of the entire above is true.

155. Abruptio placenta.

- a) Fibrinogen's degradation products and D-dimmer are always elevated.
- b) Heparin is indicated during DIC management.
- c) Is a common complication of severe pre-eclampsia
- d) MgSO₄ can be used in chronic abruptio's management.

- e) Amniotomy is contraindicated.
156. About placenta previa
- IVF has no role in the aetiology
 - Vaginal examination should always be done under general anaesthesia
 - Kleihauer-Betke test helps in differentiating from circumvallate placenta
 - Always prevent the engagement of the presenting part
 - None of the above.
157. Placenta Previa management
- Tocolytics are indicated in preterm management
 - Vaginal delivery should always be attempted if the mother is not severely affected
 - PPH should be anticipated
 - When mild bleeding at term, mother stable, labour should be awaited
 - All the above
158. About pre-eclampsia.
- Commonly affecting primiparous or multiparous with new husband.
 - The incidence is around 40 % of pregnancy.
 - Impaired trophoblast invasion seems to be the most important factor in the pathogenesis.
 - Immunological factors are involved.
 - Vascular endothelial growth factors increased.
159. About eclampsia's management.
- Control of the fits.
 - Control the blood pressure.
 - Plan to immediate delivery.
 - Magnesium sulphate is the best to prevent fit recurrences.
 - Caesarean section is always indicated.
160. The following are common complications of eclampsia.
- Placenta praevia.
 - Abruptio placenta
 - Acute pulmonary oedema.
 - Disseminated intravascular coagulation.
 - Acute renal failure.
161. Physiopathology of pre-eclampsia.
- Prostacyclin level higher than thromboxane A₂.
 - Placental growth factor level is elevated.
 - Endothelin production elevated.
 - Trophoblastic invasion of the spiral arteries is complete.
 - None of the above.
162. All the following antihypertensive medications are considered safe for short term use in pregnancy.
- Captopril.
 - Methyldopa.
 - Hydralazine.
 - Nifedipine.
 - Labetalol.
163. MgSO₄.
- Act by blocking the release of acetylcholine at the neuro-muscular plaque.

- b) Is a natural calcium antagonist.
- c) Is given 10 g 50% IV as initial dose.
- d) Has no advantage over phenytoin in fit's prevention.
- e) Produce oligo-anuria.

164. Hydralazine's use in pre-eclampsia.

- a) Is a central vasodilator.
- b) Is given as IV bolus initially: 10mg slowly followed by 5mg every 30 min.
- c) Can be use as infusion.
- d) Is given 5mg IV hourly.
- e) The last dose should be given when diastolic BP is 90 mmHg.

165. Which statements are true and false?

- a) Magnesium Sulphate is the drug of election to reduced B.P
- b) Labetalol is not useful in the treatment of Pre-eclampsia.
- c) Antihypertensive therapy in pre- eclampsia should be use when diastolic B.P is >105 to 110 mmHg.
- d) Hydralazine is associated with significantly more maternal hypotension than other antihypertensive drugs.
- e) Aldomet is the drug of election in pre-existing hypertension.

166. The most common presenting symptom of eclamptic patient is.

- a) Profuse vaginal bleeding.
- b) Abdominal pain.
- c) Dyspareunia.
- d) Convulsions.
- e) Vomiting.

167. About hypertension during pregnancy.

- a) Chronic hypertension is more common in nuliparous.
- b) Pre- eclampsia is hypertension plus oedema.
- c) Pre- eclampsia is hypertension plus Proteinuria after 20 WOA.
- d) Unclassified hypertension is hypertension in a patient with previous renal damage.
- e) Is a common cause of admission in our hospital

168. The following favours MTCT of HIV

- a) High viral load
- b) Type 1 HIV
- c) High CD4 count
- d) Sero conversion in pregnancy
- e) HAART.

169. In PMTCT

- a) The primary means by which an infant can become infected with HIV is through sexual intercourse
- b) The primary means by which an infant can become infected with HIV is through use of unsterilised instruments
- c) The primary means by which an infant can become infected with HIV is through mother to child
- d) Mixed feeding has no major effect on transmission if the infant has no oral sores
- e) All the above are true

170. National HIV prevention strategies include

- a) Primary Prevention of HIV and other STIs through ABC model

- b) Premarital HIV screening
- c) Pre -conception HIV screening
- d) PMTCT in HIV positive pregnant mothers
- e) All the above

171.About H.I.V infection

- a) ART naïve means that the client is not on any ARV including History of taking NVP for PMTCT.
- b) HIV is transmitted to the infant during breast feeding because HIV is present in breast milk and yet the babies gut cells are susceptible to HIV infection.
- c) AZT 300mg twice daily starting at 36 WOG till delivery and for I week after delivery + AZT syrup 5mg/kg twice daily for 7 days given to the infant is the regimen of choice.
- d) During labour and delivery the foetus may become infected as a result of maternal – foetus blood exchange during contractions or mucous membranes as a result of trauma or foetal swallowing of HIV containing blood or maternal secretions in the birth canal.
- e) All the above.

172.In PMTCT.

- a) TRRD means an HIV positive mother has died.
- b) TR means tested and results are reactive.
- c) Nevirapine tablet is given to the mother as soon as labour is established
- d) Lower rates of stillbirths have been reported in HIV positive mother.
- e) The entire above are false.

173.In relation with episiotomy.

- a) Is routinely performed on all HIV Positive prime gravid mothers in 2nd stage
- b) Should only be repaired in cases of active bleeding
- c) Must be performed after vacuum extraction
- d) Can cause PPH
- e) It is one of the components of modified obstetric practices of PMTCT.

174.Obstructed labour.

- a) Wilm's tumour is a cause
- b) Partograph cannot detect.
- c) Occurs only in Multigravidas
- d) Bandle's ring may manifest.
- e) Always delivery by caesarean section.

175.Complications of obstructed labour.

- a) Neonatal sepsis.
- b) Death.
- c) PPH
- d) Rectovaginal fistula
- e) All the above.

176.Prevention of obstructed labour.

- a) Use of partograph in labour.
- b) Treatment of malaria
- c) Use of TBS.
- d) Good nutrition in childhood
- e) Timely referrals.

177.Mode of delivery in obstructed labour.

- a) Symphysiotomy is method of choice.
- b) Forceps may be used.
- c) Should be always by c/section.
- d) Vaginal delivery is contraindicated.
- e) Destructive operations always done.

178. Partograph in labour.

- a) Started at 3 cm cervical dilatation
- b) Base line foetal heart rate 105- 160 beats/ min
- c) Always deliver by caesarean section when patient reaches action line
- d) Alert line means do caesarean section
- e) Ruptured membranes cannot be done.

179. Components of essential obstetric care include.

- a) Parenteral antibiotics
- b) Parenteral oxytocic drugs.
- c) Use of anticonvulsants.
- d) Manual removal of placenta.
- e) Manual removal of retained products.

180. Comprehensive essential obstetric care includes:

- a) Availability of surgical services.
- b) Availability of anaesthesia services.
- c) Blood transfusion services.
- d) Obstetrics skills not needed
- e) Traditional birth attendant with surgical skills.

181. Regarding neonatal resuscitation.

- a) Place infant on cool surface.
- b) Dry the baby.
- c) Leave on wet linen
- d) Suction of nose is before the mouth.
- e) Baby is placed with the neck slightly flexed.

182. Preterm premature rupture of the membranes.

- a) Infections are an important cause.
- b) Is more common among smokers.
- c) Cervical incompetence can be a cause.
- d) Nitrazine test result can be affected by the presence of seminal fluid.
- e) Hypoglycaemia is a possible complication.

183. The following are complications of PPRM.

- a) Necrotizing enterocolitis.
- b) Intraventricular haemorrhages.
- c) Earlier ductus arteriosus closure.
- d) Hypobilirubinaemia.
- e) Thermal instability.

184. The following are recommendations about the use of corticosteroids in preterm labour.

- a) Should be used not only to help lung maturity if no reducing mortality and intraventricular haemorrhages.
- b) Should not be used below 28 weeks.
- c) Betamethasone is given 24 mg in 24 hourly.
- d) The benefits appear after 12 hour.
- e) Should be given only if delivery won happened within the next 24 hours.

185. The following are absolute contraindications for tocolysis.
- PPROM.
 - Intrauterine foetal demise.
 - Nonreassuring foetal assessment.
 - Chorioamnionitis.
 - Presence of phosphatidylglycerol in amniotic fluid.
186. Infection control practices include
- Treat remote infection before elective operation
 - Wash incision site before performing antiseptic skin preparation
 - Prepare skin in a non concentric circle away from incision site
 - Keep pre operative stay as long as possible
 - Pre operative hand and fore arm washing for one minute
187. In infection control, in order to prevent contamination of injection equipment
- Discard medications that are cracked or leaking
 - If possible, don't use single dose vials/ampoules
 - Discard any needle that has become contaminated
 - Each injection should be prepared in a clean area designated for it
 - All the above
188. Techniques used to reduce the risk of wound infection include
- Creation of dead space
 - Proper antisepsis
 - Proper antibiotic use
 - Use of many spaces
 - Avoiding hypothermia
189. About Malaria in pregnancy.
- Can cause preterm deliveries.
 - Can lead to maternal death.
 - Anaemia is the commonest complication.
 - Can cause IUGR.
 - Renal failure can be a complication.
190. Malaria in pregnancy.
- Coma, severe anaemia and convulsion, can be indicative of severe malaria.
 - Can be prevented by; using mosquito net, education, and fansidar administration 4 times during pregnancy.
 - Should be always treated with IV quinine.
 - Early diagnosis and treatment don't help in preventing complications.
 - Primigravidas are protected against hyperparasitaemia.
191. The following plasmodium species cause a relapse of malaria
- P. falciparum*
 - P. ovale*
 - P. malaria*
 - P. vivax*
 - P. inguinale*
192. Severe malaria in pregnancy
- Placental site specific antibodies prevent *P. falciparum* sequestration in the placenta in primigravidae.
 - Immunosuppression, effected through high levels of cortisol in pregnancy, explains the increase in susceptibility to *falciparum* malaria in pregnancy.

- c) Most immune pregnant women remain asymptomatic even in the presence of heavy parasitaemia.
- d) Red cell sequestration starts in the placenta, in the sixth month of pregnancy.
- e) The relation between malaria and impaired foetal growth is mediated through anaemia and placental parasitisation.

193. The following treatment regimens are currently recommended by MOH as for treatment of simple malaria in pregnancy

- a) Oral quinine
- b) Oral Chloroquine and Fansidar
- c) Coartem
- d) Artemether and Lumefantrine
- e) Parenteral chloroquine.

194. The following pathological lesions are caused by severe falciparum malaria

- a) Abundance of malarial pigment in the reticuloendothelial system.
- b) Oedematous brain with broad, flattened red gyri.
- c) Presence of haemoglobin in the renal tubules.
- d) Kupffer cells are increased in size and number.
- e) Pericardial and endocardial petechiae

195. Malaria in pregnancy causes anaemia by the following mechanisms.

- a) Dyserythropoiesis
- b) Phagocytosis.
- c) Haemolysis of RBC.
- d) Bone marrow suppression.
- e) Erythropoiesis

196. Indications of methotrexate in management of Ectopic pregnancy include

- a) hCG >10,000 IU/L
- b) Evidence of rupture
- c) Heterotopic pregnancy
- d) Ectopic pregnancy >4cm in greatest diameter
- e) Hypotension.

197. In management of Ectopic pregnancy

- a) Laparotomy should be performed only after securing blood
- b) Autotransfusion can be done in a chronic leaking Ectopic
- c) Secure 2 intravenous lines with large bore cannula
- d) Oxygen and warmth are supportive measures
- e) The primary goal is to preserve fertility

198. Regarding Ectopic pregnancy

- a) Commonest site is the ampulla
- b) Can be associated with sub fertility and PID
- c) Location at the isthmus is the least dangerous
- d) Previous operation involving the hand is a risk factor
- e) Can occur at the ovary

199. Symptoms of pregnancy

- a) Quickening is experienced at about 18 WOA in a PG
- b) Uterus may be palpable abdominally by 12 WOA
- c) Lightening is the reduction in fundal height which occurs at 38-40 WOA
- d) Urine HCG is positive as early as 10 days after fertilization
- e) Bimanual palpation has no role in diagnosis.

200. Danger signs and symptoms of pregnancy.
- Severe headache.
 - Vaginal bleeding.
 - Abdominal discomfort.
 - Reduced foetal movements.
 - Loss of appetite.
201. The following are true or false, when the fundal height is smaller than the expected for gestational age.
- Congenital anomalies can be present.
 - Abnormal lie is a differential.
 - Menstrual error is the commonest cause.
 - Small for date.
 - Pregnancy associated with uterine fibroid.
202. An 18 year old presents with offensive PV discharge after sexual intercourse. What is the most likely diagnosis?
- Incomplete septic abortion
 - Puerperal sepsis
 - Vaginosis
 - Ectopic pregnancy
 - All the above.
203. For induction of labour Bishop scoring is very important. It includes.
- Cervical consistency.
 - Cervical position.
 - Rupture of membranes.
 - Cervical dilation.
 - Cephalic presentation.
204. Induction of labour
- Is indicated in hypertensive disease
 - A favourable cervix is long, hard and closed
 - Oxytocin is given as a bolus
 - Is contraindicated in cord prolapse
 - Misoprostol is licensed for this purpose in Uganda
205. About labour.
- Is divided into two stages.
 - Latent phase is considered since the uterine contractions are started until the moment the cervix reaches a dilatation of 5 cm.
 - Active phase is considered from 4 cm to 10 cm.
 - Second stage commencement is at 9 cm.
 - Maximum slope is part of the second stage.
206. Partograph in labour.
- Satisfactory progress means that the plot of cervical dilatation remain on or at the left of the ALERT line.
 - If the patient's partograph crossed the alert line immediate augmentation is needed.
 - If the patient's partograph crosses the action line emergency c/section should be done.
 - The longest normal time for latent phase in a multiparous woman is 20.1 hours.
 - The longest normal time for second stage for a nulliparous woman is 1.1 h.
207. The following are factors related to dystocia.

- a) Maternal Age
- b) Gestational Diabetes.
- c) POP.
- d) Maternal exhaustion
- e) Macrosomic foetus

208.PPH.

- a) APH is a predisposing factor.
- b) Uterine over distension can predispose.
- c) Postdate is a risk factor.
- d) Prolonged labour is a common cause.
- e) Parity has importance.

209.About PPH

- a) Pregnancy acquired coagulopathies are the commonest cause of primary PPH.
- b) Prostaglandins have a role in the management.
- c) TAH may be done in case of intractable PPH.
- d) Placenta praevia and abruptio placentae are common causes.
- e) Medical management has no role.

210.In primary postpartum haemorrhage, management includes.

- a) Call for assistance.
- b) Bimanual compression of uterus.
- c) Use of magnesium sulphate.
- d) Use of ergometrine 10 mg IV for atonic uterus.
- e) Insert an indwelling urinary catheter.

211.Which of the following is true about abortion?

- a) PV bleeding is a late sign.
- b) There is never associated fever.
- c) An evacuation is carried out as a way of treatment in case of threatening abortion.
- d) A patient can develop a bleeding disorder.
- e) All the above.

212.Regarding incomplete abortion.

- a) Treatment is invariable by evacuation.
- b) Male factor can be a causal factor.
- c) Hospitalisation is always indicated.
- d) All the above.
- e) a) and c) above are true.

213.Habitual abortions

- a) Best define as 3 or more consecutive spontaneous losses of nonviable foetus.
- b) Investigations should be done before another pregnancy occur.
- c) Spontaneous abortion due to infections.
- d) Incompetent cervix is a common cause.
- e) Is also call missed abortion.

214.Indications for elective caesarean section:

- a) Successfully Repaired VVF
- b) Cord prolapse with a pulsatile cord.
- c) Abruptio placentae with I.U.F.D.
- d) Vasa praevia.
- e) Two previous abdominal scar.

215.Immediate complications for caesarean section include:

- a) Severe haemorrhage.
- b) Injury to neighbouring organs.
- c) Infections.
- d) Haemorrhage.
- e) Intestinal obstruction

216. The management of severe Malaria at 12 WOA includes the following:

- a) Use of Chloroquine and Fansidar.
- b) Use of Coartem and Cotrimoxazole.
- c) Intravenous Quinine and Anti pyretics.
- d) Oxygen therapy in case of cerebral Hypoxia.
- e) Renal dialysis.

217. The following are true in the management of multiple pregnancies

- a) They should be admitted at 36 weeks to reduce the incidence of neonatal complications
- b) Active management of third stage always prevents post partum haemorrhage
- c) Caesarean section is indicated if the second twin is a breech.
- d) Triplet is indication of caesarean section
- e) A and C above.

218. Multiple pregnancy

- a) Dizygotic twins are the product of 2 ova and 1 sperm.
- b) There is greater than expected maternal weight loss.
- c) Maternal anaemia may seem
- d) Monozygotic twin are the result of the division of 2 ova
- e) Paternal side is not a risk factor.

219. Multiple pregnancy

- a) All get PPH.
- b) Most of them delivery boys.
- c) Associated with high neonatal morbidity and mortality.
- d) Twin to twin transfusion can occur.
- e) High risk of pregnancy induced hypertension.

220. Dizygotic twinning.

- a) Is influenced by hereditary and parity.
- b) Maternal age has no influence
- c) Use of clomifene reduces the incidence
- d) Results from fertilization of one ovum
- e) Always result in twins of same sex.

221. All the following are increase in multiple gestation.

- a) Blood loss at delivery.
- b) The evidence of congenital anomalies.
- c) The evidence of cephalopelvic disproportion.
- d) The incidence of placental abruption.
- e) The incidence of malpresentation

222. The foetal heart rate during labour.

- a) Decreases with a contraction.
- b) Increases with a contraction.
- c) Shows no changes with a contraction.
- d) Starts to recover a contraction stops.
- e) All the above.

223. The dangers of vacuum extraction include.

- a) APH.
- b) Ruptured uterus.
- c) Intrauterine foetal death.
- d) PPH.
- e) Acute foetal distress.

224. Breastfeeding

- a) On average Ugandan women breastfeed their infants for 19 months
- b) MTCT of HIV occurs post natively in breast feeding mother in 15-20 % of cases.
- c) Replacement feeding is essential in PTCT.
- d) Consolation breast feeding is a component of sudden cessation of breastfeeding
- e) Mixed feeding may be practiced in PMTCT.

225. Recommendations for safer breastfeeding in the context of HIV include:

- a) Avoid infections during breastfeeding.
- b) Seek immediate treatment for cracked nipples, infant mouth sores.
- c) Mixed feeding.
- d) a) and b) above are false.
- e) All of the above.

226. About puerperium.

- a) The following 4 weeks after delivery.
- b) At the 3rd postpartum day the uterus 2 cm above the umbilicus.
- c) The lochia disappear at the 7th postpartum day.
- d) Milk retention can cause puerperal infection.
- e) Psychosis is not a possible complication

227. The following are true or false about puerperal infection.

- a) It is the infection of the genital tract of a woman while pregnant or after delivery.
- b) The commonest site of infection is episiotomy wound.
- c) Caesarean section has the greatest risk for infection.
- d) Endometritis is the commonest infection.
- e) None of the above.

228. About puerperal infection.

- a) Manual removal of the placenta is a predisposing factor.
- b) Internal foetal monitoring has no role.
- c) Prophylactic antibiotic can help to prevent it.
- d) Poor socioeconomic condition and poor hygiene have an important role.
- e) External cephalic version is a predisposing factor.

229. Objective of performing an episiotomy include.

- a) To prolong 2nd stage of labour.
- b) Preserve integrity of pelvic floor.
- c) Forestall uterine prolapse.
- d) Save baby's brain from injury
- e) It is a routine in every primigravida.

230. Features of a medio-lateral episiotomy include.

- a) Extensions are common.
- b) Dyspareunia may be occasional.
- c) Postoperative pain common.
- d) More difficult to repair.
- e) Blood loss is less compared to midline episiotomy.

231. Factors affect wound healing.

- a) Nutrition.

- b) Infection.
- c) Anaemia.
- d) High concentrations of vitamin c.
- e) None of above.

232.Risk factors for disseminated intravascular coagulation include:

- a) Abruptio placenta.
- b) Pre-eclampsia/eclampsia.
- c) Amniotic fluid embolism.
- d) Use of hypertonic saline to induce labour.
- e) None of the above.

233.Supportive care during labour and child birth includes

- a) Personal support from a person of her choice throughout labour and birth
- b) Good communication and support by health workers
- c) Procedures and findings need not to be explained to the mother
- d) Discourage ambulation
- e) Distress caused by pain cannot be managed by any other measure

234.Caesarean section.

- a) Most common mode of delivery in our service.
- b) Is always indicated in previous caesarean section uterine scar.
- c) Patients don't need to be prepared.
- d) Is done in all cases of foetal distress.
- e) Mother can start oral feeding after 6-8 hours.

235.IUFD

- a) Can occur secondary to infection
- b) Coagulation profile is vital
- c) A C/S delivery is always safe
- d) PPH is a possible complication
- e) Misoprostol can be used for induction of labour.

236.In intra uterine foetal demise

- a) The mother should be considered at high risk for PPH
- b) Clotting profile should be done on admission and at least 6 hourly during induction of labour, and after delivery
- c) If derangement of the coagulation factors, fresh frozen plasma should be given
- d) Labour should not be allowed in patient with previous caesarean section
- e) Autopsy examination should not be done to confirm the cause of the death

237.Complications of IUFD

- a) Disseminated intra vascular coagulopathy.
- b) HELLP syndrome.
- c) Asherman's syndrome.
- d) Septicaemia.
- e) Supine hypotension syndrome.

238.Symptoms of pregnancy.

- a) Quickening is experienced at about 18 weeks in Multigravidas.
- b) The uterus may palpable abdominally by 12 wks.
- c) Lightening is the reduction in fundal length which occurs between 38-40 wks.
- d) Foetal heart can be heard using Pinard stethoscope at 24 wks.

239.Presumptive manifestation of pregnancy includes.

- a) Amenorrhea

- b) Nausea and vomiting presence of Montgomery tubercles.
 - c) Positive Golden sign.
 - d) Leucorrhoea.
240. Clinical parameter of gestational age.
- a) Quickening appreciated about 17 wks in multigravidas and 18 in primigravidas.
 - b) Foetal biparietal diameter accurate before 16 WOA.
 - c) Foetal heart tones may be heard at 20 wks by Pinard stethoscope.
 - d) Ossified foetal bone appears at 12 to 14 wks.
241. During embryonic development the trophoblast is.
- a) Endodermal in origin.
 - b) Mesodermal in origin.
 - c) Ectodermal in origin.
 - d) All of the above.
242. The following are true about the refocused antenatal care.
- a) There is reduced mother health worker time contact.
 - b) It is cheaper on the mothers.
 - c) The fewer attendances are will give heavier clinics as more mothers come on particular day.
 - d) There is less satisfaction to the mothers as they are seen less.
243. About post abortal care.
- a) Antibiotics cover to prevent infection.
 - b) Immediate post abortion family planning to avoid another pregnancy.
 - c) Connection to other reproductive health services.
 - d) All of the above.
244. HIV in pregnancy MTCT
- a) An ante partum haemorrhage is not obstetric factor for transmission.
 - b) Scalp blood sampling increase risk of transmission.
 - c) Mixed feeding decrease risk.
 - d) Episiotomy should not be used in HIV positive mothers.
245. The following situations and practice in lactating mothers increase the risk of MTCT of HIV.
- a) Mixed feeding.
 - b) Infections of the breast and the nipple.
 - c) When the baby has no sores in the mouth.
 - d) Unprotected sex in infected parents.
246. About cardiac disease in pregnancy.
- a) Breathless on washing cups and clothes with palpitations and chest pain: stage 3.
 - b) Breathless on washing cups and clothes with palpitations and chest pain at rest: stage 3.
 - c) Had no dyspnoea on running or palpitation or chest pain, but got congestive heart failure in early pregnancy due to PVO: stage 4.
 - d) None of the above.
247. Diabetic in pregnancy.
- a) Oral hypoglycaemic are recommended.
 - b) Nutritional counselling and exercise are not part of management.
 - c) Shoulder dystocia may occur during delivery.
 - d) Caesarean section is always the mode of delivery.

248. Multiple pregnancy.
- The mother should be admitted due to the associated ante partum complications.
 - The mother should be admitted due to the associated morbidity and mortality.
 - The mother need more frequent visits to reduce morbidity and mortality.
 - None of the above.
249. Assessment in IUGR.
- Uterine fundal length, maternal weight gain, and foetal quickening.
 - Abdominal circumference is the best parameter during follow up.
 - Oligo hydramnios is usually associated.
 - Femur length/abdominal circumference is the best us parameter.
250. About pre eclampsia.
- Diagnosis is done if: BP is 140/90 in two occasions 3 hours apart.
 - Low levels of calciuria may be present.
 - Low calcium intake is one of the most probable cause.
 - Is most common in elder and grand multiparous.
251. Ante partum haemorrhage (Placenta previa).
- All women with APH should be delivered by caesarean section.
 - Induction of labour can be done in class I and II.
 - Speculum examination can be done when the bleeding stop and the mother is stable.
 - Anticipate PPH.
252. During manual removal of the placenta.
- Give ergometrine /oxytocin prior to the procedure.
 - Give antibiotics 24 hour after the procedure and continue for 5 to 7 days.
 - Place one hand on the abdomen, press down and while applying traction on the cord.
 - All of the above.
253. Anaemia in malaria is cause by.
- Dyserythropoiesis.
 - Erytrophagocytosis.
 - Haemolysis of parasitized and not parasitized red blood cell.
 - Fever.
254. Malaria in pregnancy.
- Plasmodium vivax* causes cerebral malaria.
 - Plasmodium malarie* causes relapses.
 - Chondroitin sulphate A receptors Protect PG's against severe malaria.
 - Prime gravida are more prone to hyperparasitaemia than grand multiparous.
255. The following are risk factor for pre eclampsia.
- Primegravida.
 - History of genetic disorders.
 - Diabetes mellitus.
 - New husband.
256. About management of severe pre eclampsia.
- Severe pre eclampsia should be managed as out patient after control of the blood pressure.
 - Magnesium sulphate should be used in all cases routinely.
 - Methyldopa is the best option to treat the crisis.
 - Aspirin 80 mg daily may help in prevevnting pre eclampsia in patient at high risk.

257. About eclampsia pathophysiological explanation may be.
- The presence of amniotic embolization of the brain arteries.
 - Vasoconstriction of the brain arteries with subsequent ischemia, infarctions, oedema and peri vascular Haemorrhages.
 - Because the hypovolaemia in pre eclamptic patient causing cerebral hypoxia.
 - Because the hyper coagulability of the blood causing stroke and partial; infarctions.
258. About eclampsia.
- Difenyl hidantoine is the drug of choice.
 - Difenyl hidantoine can be used as secure alternative in the absent of magnesium sulphate.
 - Delivery is indicated only after complete stabilization of the patient.
 - Vaginal delivery is contraindicated.
259. The following are true about molar pregnancy.
- Elevated hCG levels more than 40000IU for the β fraction in serum.
 - Pelvic ultrasound assessment is needed.
 - TSH, T3 and T4 assessment.
 - Can be followed by a choriocarcinoma.
260. About gestational trophoblastic tumour .
- Stage I Resistant: combination therapy or hysterectomy adjunctive therapy, local resection and local infusion.
 - Stage II and III high risk Initial Tx. Second line combination therapy.
 - Stage III. Tumour extend to lung with known or unknown genital tract involvement.
 - May appear in 4% of all molar pregnancy.
261. Instrumental delivery.
- Is used to shortening prolonged first stage of labour.
 - Is contraindicated in multigravida.
 - Maternal pelvis should be adequate.
 - Can be used even in not fully dilated cervix.
262. PPH.
- Best ensure 2IV access lines 24 gauge size.
 - Surgery is always the best option.
 - Team work is mandatory.
 - Vaginal lacerations are the commonest cause.
263. During resuscitation of the new born.
- Start by Apgar scoring the baby.
 - Suck the mouth first as the baby has liquor in the mouth and the pharynx.
 - Intravenous line is mandatory as the new born may need Iv antibiotics.
 - All of the above.
264. Abruptio placentae.
- Can lead to DIC.
 - Can cause Couvelaire uterus.
 - Is associated with malaria.
 - No risk factor for PPH
265. Elective caesarean section.
- Should only be done in mother's request.

- b) Is mandatory in a mother with one previous caesarean section.
- c) Done for all TTR mothers.
- d) Can help in MTCT.

266. Habitual abortions

- a) Best defined as 3 or more consecutive spontaneous losses of nonviable foetus.
- b) Investigations should be done before another pregnancy occur.
- c) Spontaneous abortion due to infections.
- d) Incompetent cervix is a common cause.

267. Urge incontinence.

- a) Due to detrusor hypersensitivity.
- b) Due to detrusor hyper activity.
- c) Majority of cause is idiopathic.
- d) Amount of urine passed is small.

268. Myomectomy.

- a) Is treatment of choice for uterine fibroid in a 60 year old woman
- b) Is associated with operation heavy blood loss.
- c) Can be done using hysteroscopy.
- d) Can be done vaginally.

269. In urinary incontinence.

- a) The intra vesicle pressure is higher than intra urethral pressure.
- b) The intra urethral pressure is higher than intra vesicle pressure.
- c) There is lowered urethral pressure.
- d) There is descent of the bladder neck and proximal urethra such that enable retention of urine.

270. The following are common symptoms of uterine fibroids.

- a) Low abdominal mass.
- b) Low abdominal pain.
- c) Pressure
- d) Inter menstrual bleeding.

271. The following can be related with ectopic pregnancy.

- a) Previous tubal surgery.
- b) Peptic ulcer disease
- c) COC pills.
- d) Infertility.

272. Vasectomy.

- a) Leads to immediate sterility.
- b) Cause impotence.
- c) Involve ligation of efferentia.
- d) Is a female surgical sterilization technique.

273. The following are indication for D & C.

- a) Missed abortion.
- b) Ca endometrium.
- c) Endometritis
- d) DUB.

274. Premalignant lesion of the cervix.

- a) HPV sub typing allowing identify those women who will develop cervical cancer.

- b) Hysterectomy is indicated as treatment for all premalignant disease in the cervix.
- c) Combine oral contraceptive give protection.
- d) Male factor is not important in the pathogenesis.

275. Vaginal foaming tablets.

- a) Active ingredients is nonoxynolol 2 and ethanol
- b) Act by causing endometrial thinning.
- c) They prevent sexually transmitted infections.
- d) Is the elective method in adolescent.

276. The following are true about VVF

- a) Should be repaired at least 2 month after delivery.
- b) Surgical repair is the only mode of treatment
- c) Amenorrhea is a very common finding
- d) The commonest cause in Uganda is surgery.

277. About PID.

- a) Generalized abdominal pain.
- b) Vaginal discharge
- c) Vaginal examination will produce tenderness with cervical motion.
- d) Lower abdominal pain.

278. Norplant II.

- a) Contain 3 sub dermal implantable rods.
- b) Is effective up to 4 years.
- c) Contains Etonogestrel as active oestrogen.
- d) Can inhibit ovulation.

279. The following are indication for removal cervical cerclage.

- a) Rupture of the membranes.
- b) Haemorrhages
- c) Elevations of blood pressure.
- d) Uterine contractions.

280. The following are methods to diagnosis of ovulations.

- a) Endometrial biopsy
- b) Basal body temperature in the 1st half of the cycle.
- c) Observing ovulation by ultrasound.
- d) Vaginal cytology.

281. In cervical incompetence.

- a) Diagnosis is done usually after abortion occur.
- b) It is a habitual mid trimester abortion
- c) Rupture of membranes is not a feature.
- d) The only option of treatment is inserting a cerclage.

282. Micro invasive cervical of the cervix is

- a) Carcinoma in situ.
- b) An infiltrative process with distant metastasis.
- c) A microscopic infiltrative process without lymphatic invasion or metastasis.
- d) A process with distant microscopic metastasis but the basal membrane is intact.

283. The following are true about uterine fibroids.

- a) Is associated with cervical carcinoma.
- b) Can be associated with endometrial carcinoma
- c) Are frequently found in grand multiparous.

- d) Can degenerate easily to a malignancy.
284. About anatomy of the genital tract.
- Ovary is covered with peritoneum.
 - The ovarian arteries arise from the aorta just below the renal artery.
 - The vaginal artery is a branch of external iliac artery.
 - The uterine artery passes medially to reach the uterus at about the level of the fundus.
285. A patient known to have an ovarian tumour suddenly reports abdominal pain, vomiting and rapid pulse. The following are likely causes.
- Rupture of the tumour.
 - Sudden infection of the tumour.
 - Massive haemorrhage in the tumour.
 - All of the above.
286. Endometrial carcinoma.
- 95 % are not hormonal dependent.
 - The most common type is adenomyosarcoma.
 - Using COC doesn't offer protection.
 - Is not related with infertility.
287. The following are causes of secondary amenorrhoea.
- Polycystic ovarian syndrome.
 - Sheehan's syndrome
 - Ackerman's syndrome.
 - Hypoestrogenic state.
288. The following are true about puerperal infection.
- It is the infection of the genital tract of a woman while pregnant or after delivery.
 - The commonest site of infection is episiotomy wound.
 - Caesarean section has the greatest risk for infection.
 - Endometritis is the commonest infection.
 - None of the above.
289. Among the commonest anaerobes causative organisms for puerperal infection we can find the following except?
- Klebsiella*.
 - Peptococcus* species.
 - Peptoestreptococcus*
 - Bacteroides fragilis*.
 - Proteus mirabilis*.
290. Which of the following are not among the risk factors for puerperal infection?
- Poor antiseptic technique.
 - Prolonged labour/ruptured membranes.
 - External cephalic version.
 - Forceps delivery.
 - Bacterial vaginosis
291. A patient delivered at Mbarara Regional Referral Hospital develops a moderate endometritis. Which of the following are true in the patient management?
- Broad spectrum antibiotic combination and swab for culture and sensitivity in the 3rd day of treatment.
 - Swabs from the lochia, cervical canal, endometrial cavity and wait for the results to establish adequate antimicrobial treatment.

- c) As we know the commonest causative micro-organism and its sensitivity we advise to start with x-pen, gentamycine.
- d) Broad spectrum antibiotic should be started immediately and readjusted when the result is available.
- e) None of the entire above is true.

292. A 25 year old patient at 32 weeks of amenorrhoea was brought to maternity ward of MRRH. These are the clinical findings on the physical examination. Pale xxx, dehydrated, RP: 120/ min; BP 90/60 mmHg; delay in the capillary refilling time; bleeding by mouth. Abd: Fundal height 36 cm, tenderness, and uterus hard, no FHeart heard. Vaginally: scanty blood coming through the canal, reddish area around the ECO was noticed. Which among the following is the most likely diagnosis?

- a) Placental abruption.
- b) Placenta praevia type IV.
- c) Cervical carcinoma.
- d) Severe placental abruption with IUFD and CID.
- e) Vasa praevia with IUFD.

293. In relation with the above presented patient: Which of the following is true about her management?

- a) Establishing two peripheral lines, blood for FBC, clotting profile, blood transfusion and emergency c/section.
- b) Immediate induction of labour using a Foley catheter.
- c) General measures for all APH, AROM, correction of the DIC and emergency C/section.
- d) General measures for all APH, AROM, correction of the DIC and induction of labour.
- e) General measures for all APH, AROM, correction of the shock and DIC and induction of labour.

294. Physiopathology of pre-eclampsia.

- a) Prostacyclin level higher than thromboxane A₂.
- b) Placental growth factor level is elevated.
- c) Endothelin production elevated.
- d) Trophoblastic invasion of the spiral arteries is complete.
- e) None of the above

295. MgSO₄.

- a) Act by blocking the release of acetylcholine at the neuro-muscular plaque.
- b) Is a natural calcium antagonist.
- c) Is given 10 g 50% Iv as initial dose.
- d) Has no advantage over phenytoin in fit's prevention.
- e) Produce oligo-anuria

296. Hydralazine's use in pre-eclampsia.

- a) Is a central vasodilator.
- b) Is given as IV bolus initially: 10mg slowly followed by 5mg every 30 min.
- c) Can be use as infusion.
- d) Is given 5mg IV hourly.
- e) The last dose should be given when diastolic BP is 90 mmHg.

297. A comprehensive post abortal care includes.

- a) Post abortal counselling.
- b) Treatment of the complications.
- c) Family planning services.
- d) RCT.

e) All of the above.

298. Infection control practices include

- a) Treat remote infection before elective operation
- b) Wash incision site before performing antiseptic skin preparation
- c) Prepare skin in a non concentric circle away from incision site
- d) Keep pre operative stay as long as possible
- e) Pre operative hand and fore arm washing for one minute

299. In infection control, in order to prevent contamination of injection equipment

- a) Discard medications that are cracked or leaking
- b) If possible, don't use single dose vials/ampoules
- c) Discard any needle that has become contaminated
- d) Each injection should be prepared in a clean area designated for it
- e) All the above

300. Concerning wound classification

- a) Clean wound is made under ideal operating conditions with a break in sterile technique
- b) Clean contaminated wound; there is a minor break in sterile technique
- c) Contaminated wound; operations with major break in sterile technique and incisions encounter acute non purulent inflammation
- d) Dirty wound: there are no evident infectious foreign bodies or devitalised tissues
- e) All the above

301. Techniques used to reduce the risk of wound infection include

- a) Creation of dead space
- b) Proper antisepsis
- c) Proper antibiotic use
- d) Use of many spaces
- e) Avoiding hypothermia

302. Differential diagnosis of Ectopic pregnancy

- a) Bleeding corpus luteum
- b) Appendicitis
- c) Endometriosis
- d) Epigastric hernia
- e) Abortions

303. Indications of methotrexate in management of Ectopic pregnancy include

- a) hCG >10,000IU/L
- b) Evidence of rupture
- c) Heterotopic pregnancy
- d) Ectopic pregnancy >4cm in greatest diameter
- e) Hypotension

304. In management of Ectopic pregnancy

- a) Laparotomy should be performed only after securing blood
- b) Auto transfusion can be done in a chronic leaking Ectopic
- c) Secure 2 intravenous lines with large bore cannula
- d) Oxygen and warmth are supportive measures
- e) The primary goal is to preserve fertility

305. Regarding Ectopic pregnancy

- a) Commonest site is the ampulla
- b) Can be associated with sub fertility and PID
- c) Location at the isthmus is the least dangerous

- d) Previous operation involving the hand is a risk factor
- e) Can occur at the ovary

306. Criteria for diagnosis of ovarian pregnancy include

- a) Intact tube on the affected side
- b) Foetal sac occupying the position of the ovary
- c) Ovary must be connected to the uterus by the ovarian ligament
- d) Demonstrate ovarian tissue in the sac wall
- e) All the above

307. Supportive care during labour and child birth includes

- a) Personal support from a person of her choice throughout labour and birth
- b) Good communication and support by health workers
- c) Procedures and findings need not to be explained to the mother
- d) Discourage ambulation
- e) Distress caused by pain can't be managed by any other measure

308. Breastfeeding

- a) On average Ugandan women breastfeed their infants for 19 months
- b) MTCT of HIV occurs postnatally in breast feeding mother in 15-20 % of cases.
- c) Replacement feeding is essential in PTCT.
- d) Consolation breast feeding is a component of sudden cessation of breastfeeding
- e) Mixed feeding may be practiced in PMTCT.

309. The following factors affect MTCT.

- a) Smoking and alcohol
- b) Increased viral load.
- c) Increased CD4 count
- d) Urinary tract infection
- e) Prolonged labour

310. The following are modified obstetric practice except:

- a) Administration of Nevirapine in labour.
- b) Delayed rupture of membranes.
- c) Exclusive breast feeding.
- d) Avoidance of invasive procedure.
- e) Using electric suction

311. In PMTCT.

- a) TRRD means an HIV positive mother has died.
- b) TR means tested and results are reactive.
- c) Nevirapine tablet is given to the mother as soon as labour is established
- d) Lower rates of stillbirths have been reported in HIV positive mothers
- e) The entire above are false.

312. HIV in pregnancy.

- a) HIV causes Intrauterine foetal demise
- b) Dual family planning is not meant for an HIV positive couple
- c) *Pneumocystis carinii* Pneumonia is a common complication.
- d) Increased risk for malaria attack.
- e) Congenital malformation's risk increased.

313. Uganda PMTCT 2006/2010

- a) The goal is to reduce the MTCT rates in infants by 50%
- b) Basic regimen is for HC11 and involves single dose nevirapine
- c) AZT+3TC+EFV is the combination of choice in pregnancy

- d) 4dT+3TC+NVP is a combination of choice in anaemic pregnant mother with PCP
- e) Integrated Young infant feeding counselling is not emphasised

314. Modified obstetric practices in PMTCT include the following

- a) Vaginal cleansing with clean water
- b) Administration of 2mg/kg of NVP tablets to a baby after 72hrs of delivery
- c) An episiotomy may be performed when necessary
- d) Delivery must be conducted in hospital
- e) Elective C/S

315. Symptoms of pregnancy

- a) Quickening is experienced at about 18 WOA in a PG
- b) Uterus may be palpable abdominally by 12 WOA
- c) Lightening is the reduction in fundal height which occurs at 38-40 WOA
- d) Urine HCG is positive as early as 10 days after fertilization
- e) Bimanual palpation has no role in diagnosis

316. PPH

- a) Active management of 3rd stage of labour may prevent it
- b) Ruptured uterus is not a cause
- c) Sheehan's syndrome is a consequence
- d) Is an indirect cause of maternal mortality
- e) Endometritis is a cause of primary PPH

317. Refocused ANC

- a) There is reduced mother to health worker contact time
- b) Is cheaper for the mother
- c) Fewer attendances means heavier clinic days
- d) There is less satisfaction to the mother since they are seen less often
- e) All the above

318. Elective C/S

- a) Is done to all TRR mothers
- b) Is mandatory in a mother with previous C/S
- c) Can help in MTCT prevention
- d) Should be done on mothers request
- e) Pregnancy dating is not important

319. Induction of labour

- a) Is indicated in hypertensive disease
- b) A favourable cervix is long, hard and closed
- c) Oxytocin is given as a bolus
- d) Is contraindicated in cord prolapse
- e) Misoprostol is licensed for this purpose in Uganda

320. A 17 year old presents with offensive PV discharge. What is the most likely diagnosis?

- a) Incomplete septic abortion
- b) Puerperal sepsis
- c) Vaginosis
- d) Ectopic pregnancy
- e) All the above

321. ANC

- a) Male partner involvement is encouraged
- b) IPT is given monthly in a PG
- c) IPT is given monthly in HIV

- d) Routine investigations include urinalysis, HIV screening, Hb, and Full Blood Count
- e) All the above

322. Complications of C/S

- a) Obstetrical fistulae
- b) Obstetrical palsy
- c) If bladder damaged, repair it after 3 months
- d) Rupture of uterus may occur in subsequent pregnancies
- e) All the above

323. The following are true regarding PMTCT:

- a) ARV's are contraindicated in the first trimester of pregnancy.
- b) Assisted vaginal delivery reduces the risk of MTCT.
- c) Patients on HAART should receive Nevirapine tablet when in active labour.
- d) Close monitoring of the progress of labour using a partograph is recommended.
- e) Exclusive breastfeeding of the infant for six months then weaning is encouraged.

324. About PPH

- a) Pregnancy acquired coagulopathies are the commonest cause of primary PPH.
- b) Prostaglandins have a role in the management.
- c) TAH may be done in case of intractable PPH.
- d) Placenta praevia and abruptio placentae are common causes.
- e) Medical management has no role.

325. Drugs of choice in management of severe pre-Eclampsia include the following:

- a) Nifedipine.
- b) Magnesium Sulphate.
- c) Captopril.
- d) Hydralazine.
- e) Labetolol.

326. The major aims in management of eclampsia at 37 WOA include the following:

- a) Control blood pressure using furosemide and spironolactone.
- b) Promote lung maturity using intravenous steroids i.e. dexamethasone.
- c) Doing a bio-physical profile on ultrasound and a bishop score.
- d) Prevent convulsions using Magnesium Sulphate.
- e) Use of Labetolol instead of sublingual Nifedipine.

327. The management of severe Malaria at 12 WOA includes the following:

- a) Use of Chloroquine and Fansidar.
- b) Use of Coartem and Cotrimoxazole.
- c) Intravenous Quinine and Anti pyretics.
- d) Oxygen therapy in case of cerebral Hypoxia.
- e) Renal dialysis.

328. Obstetrical indications for hysterectomy include:

- a) Unrepairably ruptured uterus.
- b) Cancer of the cervix stage 1B.
- c) Secondary post partum haemorrhage.
- d) Cancer of the ovary.
- e) Gangrenous uteri in puerperium.

329. Ultra sound findings in IUFD:

- a) Positive Roberts sign.
- b) Negative Spalding sign.
- c) Decreased curvature of foetal spine.
- d) Oedema between foetal cranium and scalp.

- e) No air in the great vessels and the heart chamber.
330. Indications for induction of labour using prostaglandins:
- I.U.G.R.
 - Confirmed post datism.
 - Intra uterine foetal death.
 - Cardiac disease, New York heart classification one.
 - Caesarean section history with a big baby.
331. Indications for elective caesarean section:
- Successfully Repaired V.V.F.
 - Cord prolapse with a pulsatile cord.
 - Abruptio placentae with I.U.F.D.
 - Vasa praevia.
 - One previous C/section scar with a non recurrent indication history.
332. Puerperal Pyrexia:
- Orthostatic Pneumonia and thrombophlebitis can be a differential diagnosis.
 - Chorioamnionitis is a predisposing factor.
 - Body Temperature is above 37.4°C.
 - Anti-malarial have no role in its management.
 - Body temperature elevation is physiological.
333. Complications of IUFD:
- Disseminated intra vascular coagulopathy.
 - HELLP syndrome.
 - Asherman's syndrome.
 - Septicaemia.
 - Supine hypotension syndrome.
334. All the following are predisposing factors to puerperal sepsis except:
- Severe anaemia.
 - Premature rupture of membranes.
 - Prolonged and obstructed labour.
 - None of the above
 - All the above.
335. Regarding ectopic pregnancy:
- Commonest site of the implantation is the ovary.
 - Chronic salpingitis is a predisposing factor.
 - Management can be medical.
 - Laparoscopy is the investigation of choice
 - Urine hCG may be negative.
336. Preparation of a patient for surgery
- Informed consent is important
 - Patient has no right to refuse operation
 - Catheter insertion is mandatory for all patients for surgery
 - CXR is routine
 - CXR is important in patients above 50 years
337. The following statements are true about pre-eclampsia.
- Is among the commonest cause of maternal mortality in MRRH.
 - HELLP syndrome is a complication
 - Aspirin inhibit the synthesis of prostacyclin.
 - Thromboxane A₂ is a potent vasodilator
 - None of the entire above is true.

338. MgSO₄.

- a) Act by preventing the release of acetylcholine at neuromuscular plaque.
- b) Prevent the entry of calcium to the damaged endothelial cells.
- c) Stimulate the N-methyl-D-aspartate receptors.
- d) Toxicity appears with concentration of 8 to 10 meq/L.
- e) Pulmonary oedema is a common complication.

339. The following are true about the management of pre-eclampsia.

- a) Oral antihypertensive are indicated to all pre-eclamptic patients.
- b) Antihypertensive treatment for adult pre-eclamptic patient should be started with BP greater than 160/105 mmHg.
- c) Foetal lung maturity induction is not necessary because the effect of hypertension.
- d) Patient with severe pre-eclampsia should be induced as soon as hypertension has been controlled.
- e) None of the entire above is true.

340. About pre-eclampsia.

- a) Thromboxane A₂ is usually low.
- b) Long time using condom can play a role.
- c) Increased circulating forms like thyroxin kinase 1.
- d) Prostacycline is elevated.
- e) Vascular endothelium growth factor is elevated.

341. In pre-eclampsia.

- a) Methyldopa 3g/daily can be given as treatment during hypertensive crisis.
- b) Placenta previa is a complication.
- c) The drug of choice to manage severe pre-eclampsia is hydralazine
- d) MgSO₄ should be given to all patients with pre-eclampsia.
- e) All of the above.

342. About APH.

- a) Kleihauer-Betke test can help to establish the differential.
- b) Abortion is a common cause of APH.
- c) Non obstetrical conditions don't need to be rule out.
- d) Tocolytic drugs are indicated in APH before 34 weeks.
- e) History of PPH is a risk.

343. Ante partum haemorrhage.

- a) Nitabush's bands rupture is the explanation for haemorrhage in placenta previa.
- b) Uterus surgeries are risk factor for abruptio placenta.
- c) C/ section always should be done.
- d) Can predispose to PPH.
- e) Tocolysis is contraindicated.

344. A 25 year old patient at 32 weeks of amenorrhea was brought to maternity ward of MRRH. These are the clinical findings on the physical examination. Pale xxx, dehydrated, RP: 120/ min; BP 90/60 mmHg; delay in the capillary refilling time; bleeding by mouth. Abd: Fundal height 36 cm, tenderness, and uterus hard, no FHeart heard. Vaginally: scanty blood coming through the canal, reddish area around the cervix was noticed.

Which among the following is the most likely diagnosis?

- a) Placental abruption.
- b) Placenta praevia type IV.
- c) Cervical carcinoma.

- d) Severe placental abruption with IUFD and CID.
- e) Vasa praevia with IUFD.

345. Abruption placentae.

- a) Can lead to DIC.
- b) Can cause Couvelaire uterus.
- c) Is associated with malaria.
- d) No risk factor for PPH.
- e) Smoking is risk factors.

346. PPH.

- a) Best ensure 2IV access lines 24 gauge size.
- b) Surgery is always the best option.
- c) Team work is mandatory.
- d) Vaginal lacerations are the commonest cause.
- e) Ergometrin 10 mg IV is useful.

347. PPH.

- a) APH is a predisposing factor.
- b) Uterine over distension can predispose.
- c) Postdate is a risk factor.
- d) Prolonged labour is a common cause.
- e) Parity has importance.

348. The following favours MTCT of HIV

- a) High viral load
- b) Type 1 HIV
- c) High CD4 count
- d) Sero conversion in pregnancy
- e) HAART.

349. In PMTCT

- a) The primary means by which an infant can become infected with HIV is through sexual intercourse
- b) The primary means by which an infant can become infected with HIV is through use of unsterilised instruments
- c) The primary means by which an infant can become infected with HIV is through mother to child
- d) Mixed feeding has no major effect on transmission if the infant has no oral sores
- e) All the above are true

350. National HIV prevention strategies include

- a) Primary Prevention of HIV and other STIs through ABC model
- b) Premarital HIV screening
- c) Pre-conception HIV screening
- d) PMTCT in HIV positive pregnant mothers
- e) All the above

351. Which of the following ARVs is contraindicated in pregnancy?

- a) 3TC
- b) Efavirens
- c) DD4.
- d) Lamuvudine.
- e) None of the above.

352. Leopold's manoeuvres include

- a) Determination of SFH
- b) Pelvic palpation
- c) Lateral palpation
- d) Auscultation
- e) All the above.

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368. The following are true, when the fundal height is smaller than the expected for gestational age.

- a) Congenital anomalies can be present.
- b) Abnormal lie is a differential.
- c) Menstrual error is the commonest cause.
- d) Small for date.
- e) Pregnancy associated with uterine fibroid.

369. All the following are increase in multiple gestation.

- a) Blood loss at delivery.
- b) The evidence of congenital anomalies.
- c) The evidence of cephalopelvic disproportion.
- d) The incidence of placental abruption.
- e) The incidence of malpresentation.

370. Dizygotic twinning.

- a) Is influenced by hereditary and parity.
- b) Maternal age has no influence
- c) Use of clomifene reduces the incidence
- d) Results from fertilization of one ovum
- e) Always result in twins of same sex.

371. About labour.

- a) Is divided into two stages.
- b) Latent phase is considered since the uterine contractions are started until the moment the cervix reaches a dilatation of 5 cm.
- c) Active phase is considered from 4 cm to 10 cm.
- d) Second stage commencement is at 9 cm.
- e) Maximum slope is part of the second stage.

372. The following plasmodium species cause a relapse of malaria

- a) *P. falciparum*
- b) *P. ovale*
- c) *P. malaria*

- d) *P. vivax*
- e) *P. lugninate*

373. Severe malaria in pregnancy

- a) Placental site specific antibodies prevent *P. falciparum* sequestration in the placenta in primigravidae.
- b) Immunosuppression, effected through high levels of cortisol in pregnancy, explains the increase in susceptibility to *falciparum* malaria in pregnancy.
- c) Most immune pregnant women remain asymptomatic even in the presence of heavy parasitaemia.
- d) Red cell sequestration starts in the placenta, in the sixth month of pregnancy.
- e) The relation between malaria and impaired foetal growth is mediated through anaemia and placental parasitisation.

374. The following treatment regimens are currently recommended by MOH as for treatment of simple malaria in pregnancy

- a) Oral quinine
- b) Oral Chloroquine and Fansidar
- c) Coartem
- d) Artemether and Lumefantrine
- e) Parenteral chloroquine.

375. The following pathological lesions are caused by severe *falciparum* malaria

- a) Abundance of malarial pigment in the reticuloendothelial system.
- b) Oedematous brain with broad, flat red gyri.
- c) Presence of haemoglobin in the renal tubules.
- d) Kupffer cells are increased in size and number.
- e) Pericardial and endocardial petechiae

376. Classical c/section is:

- a) Vertical incision done in the upper uterine segment.
- b) Vertical incision made in the lower uterine segment.
- c) Vertical incision extended from the upper to the lower uterine segment.
- d) Transverse incision made in the lower uterine segment.
- e) None of the above.

377. Combined oral contraceptives

- a) Suppress ovulation by diminishing the frequency of GnRH pulses and halting the luteinising hormone surge.
- b) Make the cervical mucus thick, scanty and less viscous.
- c) When administered correctly and constantly they confer a greater than 99% method effectiveness in preventing pregnancy.
- d) Alter tubal transport in favour of fertilization.
- e) Are indicated for the treatment of anovulatory DUB.

378. The NUVA ring

- a) Is an intrauterine ring.
- b) Contains the progesterone, norgestimate.
- c) Is inserted after every 4 weeks.
- d) Contains ethinyl estradiol.
- e) Main side effect is breakthrough bleeding.

379. The following are intrauterine contraceptive devices

- a) Copper T300A
- b) Mirena.

- c) Progestasert.
- d) NUVA ring.
- e) Organon.

380.The following are contraindications for insertion of CU T380A.

- a) Acute pelvic infection.
- b) Dysfunctional uterine bleeding.
- c) Suspected pregnancy.
- d) Prolapsed uterus.
- e) Severe dysmenorrhea

381.Concerning implantable contraceptives

- a) Norplant is a two-rod haexonorgestrel system
- b) Implanon is a single-rod implant that contains etonorgestrel acetate as the active hormone.
- c) Norplant II is a laevonorgestrel containing contraceptive, which is effective for up to 5 years.
- d) Acute liver disease is an absolute contraindication to Norplant use.
- e) None of above is true.

382.The following are true of endometriosis

- a) It cannot occur in postmenopausal women as their endometrium is atrophic.
- b) It occurs in the reproductive age because of the presence of gonadotrophins.
- c) It can cause deep and superficial Dyspareunia.
- d) All the above.
- e) None of the above.

383.About endometriosis.

- a) GnRH effective 100% in cure patient.
- b) COC are also used and effective.
- c) Surgery has important role.
- d) Frequency is reduced with pregnancies.
- e) Only present among reproductive age women.

384.The most common site of endometriosis is

- a) The pouch of Douglas.
- b) The ovary
- c) The posterior surface of the uterus
- d) The broad ligament
- e) The pelvic peritoneum

385.The most frequent symptom of endometriosis

- a) Infertility
- b) Pain
- c) Backache
- d) Dyspareunia
- e) All the above

386.About pelvic inflammatory disease.

- a) Is a polymicrobial infection.
- b) Chlamydia causes Fitz-Hugh-Curtis syndrome.
- c) N. Gonorrhoea is the commonest causative agent of pelvic abscesses.
- d) B Fragilis is commonly involved.
- e) CA-125 commonly elevated.

387.About sub-clinical PID.

- a) Defined as the presence of neutrophils and plasma cells in the endometrial tissue.
- b) Commonly asymptomatic.
- c) Bacterial vaginosis is a risk factor.
- d) Plasma cell Endometritis is highly sensitive in diagnosing PID.
- e) Chlamydia and N Gonorrhoea are commonly associated

388.The following are sign of malignancy in ovarian masses.

- a) Solid masses are present.
- b) Giant cyst.
- c) Tumour present in both age extremes.
- d) Positive tumours marker.
- e) Thin septate.

389.Second look surgery.

- a) Always done by laparotomy.
- b) Only done for patients treated by radiotherapy.
- c) It is done for remnant tumour removal.
- d) Used in cervical carcinoma follow up.
- e) None of the above.

390.A 25 years old woman is operated upon because of bilateral ovarian tumours. The tumours do not obviously look malignant during laparotomy. What is the best procedure?

- a) Bilateral salpingoophorectomy.
- b) If possible, enucleation of the tumours (bilateral ovarian cystectomy) and request quick histological diagnosis and continue accordingly.
- c) Unilateral salpingooforectomy and if the tumour proved to be malignant, second look radical operation.
- d) Bilateral oophorectomy.
- e) Unilateral oophorectomy and meticulous inspection of the removed tissue by naked eye by pathologist and continue accordingly

391.A 30 year old patient presented to an infertility clinic c/o recurrent pregnancy loss. Which of the following factors would you investigate?

- a) Rubella infection.
- b) Fallopian tubes patency.
- c) Cervical competence.
- d) Antiphospholipid antibodies.
- e) Uterine congenital anomalies.

392.The following are methods to diagnosis of ovulations.

- a) Endometrial biopsy
- b) Basal body temperature in the 1st half of the cycle.
- c) Observing ovulation by ultrasound.
- d) Vaginal cytology.
- e) All of above

393.The most common cause of male factor infertility is.

- a) Cryptorchidism
- b) Testicular failure.
- c) Obstruction.
- d) Varicocele.
- e) Impotence.

394.Regarding cervical carcinoma staging.

- a) Impaired renal function is stage IIIb.
- b) Invasion of the upper third of the vagina is stage IIb.

- c) Metastasis to the liver is stage IVa.
- d) Carcinoma in situ is stage I.
- e) Carcinoma involved the mucosa of the bladder or rectum is stage IVb.

395. Cervical carcinoma.

- a) Squamous cell carcinoma most often present with an exophytic lesion.
- b) Adjuvant CRT has no shown benefits for the patients who undergo operations.
- c) Adeno-squamous carcinoma often present with exophytic lesions.
- d) A lesion extended to the lower third of the vagina is stage II_b.
- e) Palliative care has no role in early stages.

396. The following are true about cervical carcinoma.

- a) Most of the predisposing factors are related with sexual behavior.
- b) Is easily preventable and curable when early diagnosis is done.
- c) From stage 0 to II_b surgical treatment is possible with a high rate of cure.
- d) Cervical cytology is the best method to do screening, and the risk for advanced disease decreases when it is done at least once during the life.
- e) Advanced colposcopy can predict histological diagnosis.

397. About menopause.

- a) Perimenopause is the period which precedes menopause.
- b) It is defined as amenorrhoea, hypooestrogenemia and elevated luteinizing hormone.
- c) It is characterized by amenorrhoea, hypooestrogenemia and elevated levels of FSH.
- d) Osteoporosis is a long term complication.
- e) None of the above.

398. A woman on her 40th birthday presents at the gynaecology clinic complaining of irregular PV bleeding. The following are possible options.

- a) Perimenopause should be considered among the causes.
- b) Endometrial ablation by thermal balloon should be done immediately.
- c) Transvaginal ultrasound can be of help.
- d) Emergency D & C should be performed.
- e) HRT should be started immediately.

399. Pelvic Organ Prolapse.

- a) Commonly associated to collagen disease.
- b) Always treated surgically.
- c) Sims position commonly used for examination.
- d) Standing position is the best for enterocele diagnoses.
- e) All of the above.

400. Genital prolapse.

- a) When a pelvic organ slips down and protrudes outside of the vagina.
- b) Cystocele is when the anterior bladder wall slips down through the anterior vaginal wall.
- c) In a rectocele the rectum is prolapsed into the posterior vaginal wall.
- d) Always treated with surgery.
- e) Cannot be prevented

401. The following are true about VVF

- a) Should be repaired at least 2 months after delivery.
- b) Surgical repair is the only mode of treatment.
- c) Amenorrhoea is a very common finding.
- d) The commonest cause in Uganda is surgery.

- e) The diagnosis is from direct inspection of the anterior vaginal wall using a Sims' speculum.
402. Common findings in patients with adenocarcinoma of endometrium include all the following, except.
- Exogenous obesity.
 - Carbohydrate intolerance.
 - Hypertension.
 - History of anovulation.
 - History of multiple sexual partners.
403. According to the FIGO classification, endometrial carcinoma with evidence of positive peritoneal cytology would be classified as.
- Stage Ia.
 - Stage Ib.
 - Stage IIb.
 - Stage IIIa.
 - Stage IVa.
404. All the following are increased in multiple gestation except.
- Blood loss at delivery.
 - The evidence of congenital anomalies.
 - The evidence of cephalopelvic disproportion.
 - The incidence of placental abruption.
 - The incidence of malpresentation.
405. Combined OCPs contain.
- A synthetic oestrogen.
 - A progestin.
 - Both.
 - Neither.
406. All the following antihypertensive medications are considered safe for short-term use in pregnancy except.
- Captopril.
 - Methyldopa.
 - Hydralazine.
 - Nifedipine.
 - Labetalol.
407. The majority of ectopic pregnancies occurs in the.
- Ampullary tube.
 - Ovary.
 - Isthmic tube.
 - Cervix.
 - Fimbriae tube.
408. Risk factors for postpartum endometritis include all the following except.
- Prolonged labour.
 - Prolonged rupture of membranes.
 - Multiple vaginal exams.
 - Prolonged monitoring with intrauterine catheter.
 - Breast feeding.
409. The most common presenting symptom of an eclamptic patient is.
- Profuse vaginal bleeding.
 - Abdominal pain.

- c) Dyspareunia.
 - d) Convulsions.
 - e) Vomiting.
410. All the following factors affect wound healing except.
- a) Nutrition.
 - b) Infection.
 - c) Anaemia.
 - d) High concentrations of vitamin c.
 - e) None of above.
411. The following are true about Physiological changes during pregnancy.
- a) Uterus weight increased approximately 1 kg.
 - b) Plasma volume increased more than erythrocyte volume.
 - c) Cardiac silhouette elevated in chest X-ray.
 - d) Systolic murmur present as consequence of Valvular damage.
 - e) Abnormalities in concentration, attention and memory
412. Cardiovascular changes during pregnancy include:
- a) Increased circulating volume up to 30 % over the pre conceptual values.
 - b) Increased circulating volume up to 45-50% over the pre conceptual values.
 - c) Electrical axis of the heart right deviated.
 - d) Increased heart silhouette in x-rays.
 - e) Diastolic murmur can be present up to 90 % of all pregnant woman
413. Leopold's maneuvers include
- a) Determination of SFH
 - b) Pelvic palpation
 - c) Lateral palpation
 - d) Auscultation
 - e) All the above
414. Which of the following are true about foetal aptitude?
- a) Describes the relationship between the foetal and the pelvic inlet.
 - b) Describes the relationship between foetal parts.
 - c) Delivered is easy when aptitude is flexion
 - d) Delivery is easy when aptitude is extension.
 - e) Can change during labour.
415. The following are true about position.
- a) Relates the denominator to the lower uterine segment.
 - b) Relates the denominator to the maternal pelvic brim.
 - c) POP is always an indication for c/section.
 - d) LOA is a normal position.
 - e) ROP is an abnormal position.
416. The following are physiological changes during puerperium
- a) Maternal heart rate reduced by 10 to 15 beat/ min
 - b) Endometrium is in a physiological state within the 15 days after delivery
 - c) Increased water retention
 - d) On the 3rd postpartum day, the uterus is 2 cm above the umbilicus
 - e) Lochia disappears by the 7th postpartum day
417. Haematological findings in Iron deficiency anaemia.
- a) Microcytic hyperchromic.
 - b) Macrocytic hypochromic.
 - c) Market anisocytosis.

- d) The mean corpuscular value is low.
- e) Mean corpuscular haemoglobin is increased.

418. Anatomy of the female genital tract.

- a) The uterine artery is a branch of the terminal part of the aorta.
- b) The uterine artery is a branch of the internal iliac artery.
- c) The uterine artery is the terminal branch of the internal femoral artery.
- d) The uterine artery is a branch of the obturator internus artery.
- e) None of the above.

419. Which of the following are false?

- a) POP can be corrected with obstetric forceps.
- b) Vacuum extraction has no role in ROP position.
- c) POP is frequently related to labour dystocias.
- d) Episiotomy should be offered to all mothers with ROA position.
- e) LOP position can be corrected spontaneously

420. ANC

- a) Male partner involvement is encouraged
- b) IPT is given monthly in a PG
- c) IPT is given monthly in HIV
- d) Routine investigations include urinalysis, HIV screening, Hb, and FBC
- e) All the above

421. About APH.

- a) Is any bleeding from genital tract before 28 WOA
- b) Vasa praevia can be a cause.
- c) Placenta previa is more common than Abruptio placenta.
- d) Is a common cause of preterm delivery
- e) Is the commonest cause of maternal death in Mbarara

422. The following are true statements about abruptio placenta.

- a) Maternal conditions are always related to amount of PV bleeding.
- b) Is frequently related with low consumption of coagulating factors.
- c) Smoking has no role.
- d) AROM and induction is contraindicated.
- e) Is highly related to PPH

423. About APH.

- a) Kleihauer-Betke test can help to establish the differential.
- b) Placenta praevia type IIb is better delivery vaginally due to the lower risk for bleeding.
- c) Non obstetrical conditions don't need to be rule out.
- d) Tocolytic drugs are indicated in APH before 34 weeks.
- e) History of PPH is a risk.

424. Ante partum haemorrhage.

- a) Nitabush's bands rupture is the explanation for haemorrhage in placenta previa.
- b) Uterus surgeries are risk factor for abruptio placenta.
- c) C/ section always should be done.
- d) Can predispose to PPH.
- e) Tocolysis is contraindicated

425. Abruptio placenta management

- a) Mild abruptio needs emergency c/section independently of the gestational age.

- b) Moderate abruption at 32 WOA: Tocolytic for 24 hours waiting for steroids effects.
- c) Moderate abruption, mother in shock, at 34 wks: Resuscitation, amniotomy and induction of labour with Misoprostol.
- d) Severe abruption, IUFD, with DIC: correction of DIC, Amniotomy and emergency c/section.
- e) None of the entire above is true.

426. Abruptio placenta.

- a) Fibrinogen's degradation products and D-dimmer are always elevated.
- b) Heparin is indicated during DIC management.
- c) Is a common complication of severe pre-eclampsia.
- d) MgSO₄ can be used in chronic abruption's management.
- e) Amniotomy is contraindicated.

427. About placenta previa

- a) IVF has no role in the aetiology
- b) Vaginal examination should always be done under general anaesthesia
- c) Kleihauer-Betke test helps in differentiating from circumvallate placenta
- d) Always prevent the engagement of the presenting part
- e) None of the above.

428. Placenta Previa management

- a) Tocolytics are indicated in preterm management
- b) Vaginal delivery should always be attempted if the mother is not severely affected
- c) PPH should be anticipated
- d) When mild bleeding at term, mother stable, labour should be awaited
- e) All the above

429. About pre-eclampsia.

- a) Commonly affecting primiparous or multiparous with new husband.
- b) The incidence is around 40 % of pregnancy.
- c) Impaired trophoblast invasion seems to be the most important factor in the pathogenesis.
- d) Immunological factors are involved.
- e) Vascular endothelial growth factors increased.

430. About eclampsia's management.

- a) Control of the fits.
- b) Control the blood pressure.
- c) Plan to immediate delivery.
- d) Magnesium sulphate is the best to prevent fit recurrences.
- e) Caesarean section is always indicated.

431. The following are common complications of eclampsia.

- a) Placenta praevia.
- b) Abruptio placenta
- c) Acute pulmonary oedema.
- d) Disseminated intravascular coagulation.
- e) Acute renal failure.

432. Physiopathology of pre-eclampsia.

- a) Prostacyclin level higher than thromboxane A₂.
- b) Placental growth factor level is elevated.
- c) Endothelin production elevated.
- d) Trophoblastic invasion of the spiral arteries is complete.

- e) None of the above.
433. All the following antihypertensive medications are considered safe for short-term use in pregnancy except.
- Captopril.
 - Methyldopa.
 - Hydralazine.
 - Nifedipine.
 - Labetalol.
434. $MgSO_4$.
- Act by blocking the release of acetylcholine at the neuro-muscular plaque.
 - Is a natural calcium antagonist.
 - Is given 10 g 50% IV as initial dose.
 - Has no advantage over phenytoin in fit's prevention.
 - Produce oligo-anuria.
435. Hydralazine's use in pre-eclampsia.
- Is a central vasodilator.
 - Is given as IV bolus initially: 10mg slowly followed by 5mg every 30 min.
 - Can be used as infusion.
 - Is given 5mg IV hourly.
 - The last dose should be given when diastolic BP is 90 mmHg.
436. Which statements are true and false?
- Magnesium Sulfate is the drug of election to reduced B.P
 - Labetalol is not useful in the treatment of Pre-eclampsia.
 - Antihypertensive therapy in pre- eclampsia should be used when diastolic B.P is >105 to 110 mmHg.
 - Hydralazine is associated with significantly more maternal hypotension than other antihypertensive drugs.
 - Aldomet is the drug of election in Preexisting hypertension.
437. The most common presenting symptom of eclamptic patient is.
- Profuse vaginal bleeding.
 - Abdominal pain.
 - Dyspareunia.
 - Convulsions.
 - Vomiting.
438. About hypertension during pregnancy.
- Chronic hypertension is more common in nulliparous.
 - Pre- eclampsia is hypertension plus oedema.
 - Pre- eclampsia is hypertension plus Proteinuria after 20 WOA.
 - Unclassified hypertension is hypertension in a patient with previous renal damage.
 - Is a common cause of admission in our hospital.
439. The following favours MTCT of HIV
- High viral load
 - Type 1 HIV
 - High CD4 count
 - Sero conversion in pregnancy
 - HAART.

440. In PMTCT

- a) The primary means by which an infant can become infected with HIV is through sexual intercourse
- b) The primary means by which an infant can become infected with HIV is through use of unsterilised instruments
- c) The primary means by which an infant can become infected with HIV is through mother to child
- d) Mixed feeding has no major effect on transmission if the infant has no oral sores.
- e) All the above are true

441. National HIV prevention strategies include

- a) Primary Prevention of HIV and other STIs through ABC model
- b) Premarital HIV screening
- c) Pre -conception HIV screening
- d) PMTCT in HIV positive pregnant mothers
- e) All the above

442. About H.I.V infection. Mark T or F

- a) ART naïve means that the client is not on any ARV including History of taking NVP for PMTCT.
- b) HIV is transmitted to the infant during breast feeding because HIV is present in breast milk and yet the babies gut cells are susceptible to HIV infection.
- c) AZT 300mg twice daily starting at 36 WOG till delivery and for 1 week after delivery + AZT syrup 5mg/kg twice daily for 7 days given to the infant is the regimen of choice.
- d) During labour and delivery the foetus may become infected as a result of maternal – foetus blood exchange during contractions or mucous membranes as a result of trauma or foetal swallowing of HIV containing blood or maternal secretions in the birth canal.
- e) All the above.

443. In PMTCT.

- a) TRRD means an HIV positive mother has died.
- b) TR means tested and results are reactive.
- c) Nevirapine tablet is given to the mother as soon as labour is established
- d) Lower rates of stillbirths have been reported in HIV positive mother.
- e) The entire above are false.

444. In relation with episiotomy.

- a) Is routinely performed on all HIV Positive prime gravid mothers in 2nd stage
- b) Should only be repaired in cases of active bleeding
- c) Must be performed after vacuum extraction
- d) Can cause PPH
- e) It is one of the components of modified obstetric practices of PMTCT.

445. Obstructed labour.

- a) Wilm's tumour is a cause
- b) Partograph cannot detect.
- c) Occurs only in Multigravidas
- d) Bandle's ring may manifest.
- e) Always delivery by caesarean section.

446. Complications of obstructed labour.

- a) Neonatal sepsis.

- b) Death.
- c) PPH
- d) Rectovaginal fistula
- e) All the above.

447.Prevention of obstructed labour.

- a) Use of partograph in labour.
- b) Treatment of malaria
- c) Use of TBS.
- d) Good nutrition in childhood
- e) Timely referrals.

448.Mode of delivery in obstructed labour.

- a) Symphysiotomy is method of choice.
- b) Forceps may be used.
- c) Should be always by c/section.
- d) Vaginal delivery is contraindicated.
- e) Destructive operations always done.

449.Partograph in labour.

- a) Started at 3 cm cervical dilatation
- b) Base line foetal heart rate 105- 160 beats/ min
- c) Always deliver by caesarean section when patient reaches action line
- d) Alert line means do caesarean section
- e) Ruptured membranes cannot be done.

450.Components of essential obstetric care include.

- a) Parenteral antibiotics
- b) Parenteral oxytocic drugs.
- c) Use of anticonvulsants.
- d) Manual removal of placenta.
- e) Manual removal of retained products.

451.Comprehensive essential obstetric care includes:

- a) Availability of surgical services.
- b) Availability of anaesthesia services.
- c) Blood transfusion services.
- d) Obstetrics skills not needed
- e) Traditional birth attendant with surgical skills.

452.Regarding neonatal resuscitation.

- a) Place infant on cool surface.
- b) Dry the baby.
- c) Leave on wet linen
- d) Suction of nose is before the mouth.
- e) Baby is placed with the neck slightly flexed.

453.Preterm premature rupture of the membranes.

- a) Infections are an important cause.
- b) Is more common among smokers.
- c) Cervical incompetence can be a cause.
- d) Nitrazine test result can be affected by the presence of seminal fluid.
- e) Hypoglycaemia is a possible complication.

454.The following are complications of PPRM.

- a) Necrotizing enterocolitis.

- b) Intraventricular haemorrhages.
- c) Earlier ductus arteriosus closure.
- d) Hypobilirubinaemia.
- e) Thermal instability.

455. The following are recommendations about the use of corticosteroids in preterm labour.

- a) Should be used not only to help lung maturity if no reducing mortality and intraventricular haemorrhages.
- b) Should not be used below 28 weeks.
- c) Betamethasone is given 24 mg in 24 hourly.
- d) The benefits appear after 12 hour.
- e) Should be given only if delivery won happened within the next 24 hours.

456. The following are absolute contraindications for tocolysis.

- a) PPRM.
- b) Intrauterine foetal demise.
- c) Nonreassuring foetal assessment.
- d) Chorioamnionitis.
- e) Presence of phosphatidylglycerol in amniotic fluid.

457. Infection control practices include

- a) Treat remote infection before elective operation
- b) Wash incision site before performing antiseptic skin preparation
- c) Prepare skin in a non concentric circle away from incision site
- d) Keep pre operative stay as long as possible
- e) Pre operative hand and fore arm washing for one minute

458. In infection control, in order to prevent contamination of injection equipment

- a) Discard medications that are cracked or leaking
- b) If possible, don't use single dose vials/ampoules
- c) Discard any needle that has become contaminated
- d) Each injection should be prepared in a clean area designated for it
- e) All the above

459. Techniques used to reduce the risk of wound infection include

- a) Creation of dead space
- b) Proper antisepsis
- c) Proper antibiotic use
- d) Use of many spaces
- e) Avoiding hypothermia

460. About Malaria in pregnancy.

- a) Can cause preterm deliveries.
- b) Can lead to maternal death.
- c) Anaemia is the commonest complication.
- d) Can cause IUGR.
- e) Renal failure can be a complication.

461. Malaria in pregnancy.

- a) Coma, severe anaemia and convulsion, can be indicative of severe malaria.
- b) Can be prevented by; using mosquito net, education, and fansidar administration 4 times during pregnancy.
- c) Should be always treated with IV quinine.
- d) Early diagnosis and treatment don't help in preventing complications.
- e) Primigravidas are protected against hyperparasitaemia.

462. The following plasmodium species cause a relapse of malaria
- P. falciparum*
 - P. ovale*
 - P. malaria*
 - P. vivax*
 - P. lugninate*
463. Severe malaria in pregnancy
- Placental site specific antibodies prevent *P. falciparum* sequestration in the placenta in primigravidae.
 - Immunosuppression, effected through high levels of cortisol in pregnancy, explains the increase in susceptibility to *falciparum* malaria in pregnancy.
 - Most immune pregnant women remain asymptomatic even in the presence of heavy parasitaemia.
 - Red cell sequestration starts in the placenta, in the sixth month of pregnancy.
 - The relation between malaria and impaired foetal growth is mediated through anaemia and placental parasitation.
464. The following treatment regimens are currently recommended by MOH as for treatment of simple malaria in pregnancy
- Oral quinine
 - Oral Chloroquine and Fansidar
 - Coartem
 - Artemether and Lumenfatrene
 - Parenteral chloroquine.
465. The following pathological lesions are caused by severe *falciparum* malaria
- Abundance of malarial pigment in the reticuloendothelial system.
 - Oedematous brain with broad, flattened red gyri.
 - Presence of haemoglobin in the renal tubules.
 - Kupffer cells are increased in size and number.
 - Pericardial and endocardial petechiae
466. Malaria in pregnancy causes anaemia by the following mechanisms.
- Dyserythropoiesis
 - Phagocytosis.
 - Haemolysis of RBC.
 - Bone marrow suppression.
 - Erythropoiesis
467. Indications of methotrexate in management of Ectopic pregnancy include
- HCG >10,000IU/L
 - Evidence of rupture
 - Heterotopic pregnancy
 - Ectopic pregnancy >4cm in greatest diameter
 - Hypotension.
468. In management of Ectopic pregnancy
- Laparotomy should be performed only after securing blood
 - Auto transfusion can be done in a chronic leaking Ectopic
 - Secure 2 intravenous lines with large bore cannula
 - Oxygen and warmth are supportive measures
 - The primary goal is to preserve fertility
469. Regarding Ectopic pregnancy

- a) Commonest site is the ampulla
- b) Can be associated with sub fertility and PID
- c) Location at the isthmus is the least dangerous
- d) Previous operation involving the hand is a risk factor
- e) Can occur at the ovary

470. Symptoms of pregnancy

- a) Quickening is experienced at about 18 WOA in a PG
- b) Uterus may be palpable abdominally by 12 WOA
- c) Lightening is the reduction in fundal height which occurs at 38-40 WOA
- d) Urine HCG is positive as early as 10 days after fertilization
- e) Bimanual palpation has no role in diagnosis.

471. Danger signs and symptoms of pregnancy.

- a) Severe headache.
- b) Vaginal bleeding.
- c) Abdominal discomfort.
- d) Reduced foetal movements.
- e) Loss of appetite.

472. The following are true, when the fundal height is smaller than the expected for gestational age.

- a) Congenital anomalies can be present.
- b) Abnormal lie is a differential.
- c) Menstrual error is the commonest cause.
- d) Small for date.
- e) Pregnancy associated with uterine fibroid.

473. An 18 year old presents with offensive PV discharge after sexual intercourse. What is the most likely diagnosis?

- a) Incomplete septic abortion
- b) Puerperal sepsis
- c) Vaginosis
- d) Ectopic pregnancy
- e) All the above.

474. For induction of labour Bishop scoring is very important. It includes.

- a) Cervical consistency.
- b) Cervical position.
- c) Rupture of membranes.
- d) Cervical dilation.
- e) Cephalic presentation.

475. Induction of labour

- a) Is indicated in hypertensive disease
- b) A favourable cervix is long, hard and closed
- c) Oxytocin is given as a bolus
- d) Is contraindicated in cord prolapse
- e) Misoprostol is licensed for this purpose in Uganda

476. About labour.

- a) Is divided into two stages.
- b) Latent phase is considered since the uterine contractions are started until the moment the cervix reaches a dilatation of 5 cm.
- c) Active phase is considered from 4 cm to 10 cm.
- d) Second stage commencement is at 9 cm.
- e) Maximum slope is part of the second stage.

477. Partograph in labour.

- a) Satisfactory progress means that the plot of cervical dilatation remain on or at the left of the ALERT line.
- b) If the patient's partograph crossed the alert line immediate augmentation is needed.
- c) If the patient's partograph crosses the action line emergency c/section should be done.
- d) The longest normal time for latent phase in a multiparous woman is 20.1 hours.
- e) The longest normal time for second stage for a nulliparous woman is 1.1 h.

478. The following are factors related to dystocia.

- a) Maternal Age
- b) Gestational Diabetes
- c) POP
- d) Maternal exhaustion
- e) Macrosomic foetus

479. PPH.

- a) APH is a predisposing factor.
- b) Uterine over distension can predispose.
- c) Postdate is a risk factor.
- d) Prolonged labour is a common cause.
- e) Parity has importance.

480. About PPH

- a) Pregnancy acquired coagulopathies are the commonest cause of primary PPH.
- b) Prostaglandins have a role in the management.
- c) TAH may be done in case of intractable PPH.
- d) Placenta praevia and abruptio placentae are common causes.
- e) Medical management has no role.

481. In primary postpartum haemorrhage, management includes.

- a) Call for assistance.
- b) Bimanual compression of uterus.
- c) Use of magnesium sulphate.
- d) Use of ergometrin 10 mg IV for atonic uterus.
- e) Insert an indwelling urinary catheter.

482. Which of the following is true about abortion?

- a) PV bleeding is a late sign.
- b) There is never associated fever.
- c) An evacuation is carried out as a way of treatment in case of threatening abortion.
- d) A patient can develop a bleeding disorder.
- e) All the above.

483. Regarding incomplete abortion.

- a) Treatment is invariable by evacuation.
- b) Male factor can be a causal factor.
- c) Hospitalisation is always indicated.
- d) All the above.
- e) a) and c) above are true.

484. Habitual abortions

- a) Best define as 3 or more consecutive spontaneous losses of nonviable foetus.
- b) Investigations should be done before another pregnancy occur.

- c) Spontaneous abortion due to infections.
- d) Incompetent cervix is a common cause.
- e) Is also call missed abortion.

485. Indications for elective caesarean section:

- a) Successfully Repaired V.V.F.
- b) Cord prolapse with a pulsatile cord.
- c) Abruptio placentae with I.U.F.D.
- d) Vasa praevia.
- e) Two previous abdominal scar.

486. Immediate complications for caesarean section include:

- a) Severe haemorrhage.
- b) Injure to neighbours organs.
- c) Infections.
- d) Haemorrhage.
- e) Intestinal obstruction

487. The management of severe Malaria at 12 WOA includes the following:

- a) Use of Chloroquine and Fansidar.
- b) Use of Coartem and Cotrimoxazole.
- c) Intravenous Quinine and Antipyretics.
- d) Oxygen therapy in case of cerebral Hypoxia.
- e) Renal dialysis.

488. The following are true in the management of multiple pregnancies

- a) They should be admitted at 36 weeks to reduce the incidence of neonatal complications
- b) Active management of third stage always prevents post partum haemorrhage
- c) Caesarean section is indicated if the second twin is a breech.
- d) Triplet is indication of caesarean section
- e) A and C above.

489. Multiple pregnancy

- a) Dizygotic twins are the product of 2 ova and 1 sperm.
- b) There is greater than expected maternal weight loss.
- c) Maternal anaemia may seem
- d) Monozygotic twin are the result of the division of 2 ova
- e) Paternal side is not a risk factor.

490. Multiple pregnancy

- a) All get PPH.
- b) Most of them delivery boys.
- c) Associated with high neonatal morbidity and mortality.
- d) Twin to twin transfusion can occur.
- e) High risk of pregnancy induced hypertension.

491. Dizygotic twinning.

- a) Is influenced by hereditary and parity.
- b) Maternal age has no influence
- c) Use of clomifen reduces the incidence
- d) Results from fertilization of one ovum
- e) Always result in twins of same sex.

492. Which of the following are increased in multiple gestation?

- a) Blood loss at delivery.

- b) The evidence of congenital anomalies.
 - c) The evidence of cephalopelvic disproportion.
 - d) The incidence of placental abruption.
 - e) The incidence of malpresentation
- 493.The foetal heart rate during labour.
- a) Decreases with a contraction.
 - b) Increases with a contraction.
 - c) Shows no changes with a contraction.
 - d) Starts to recover a contraction stops.
 - e) All the above.
- 494.The dangers of vacuum extraction include.
- a) APH.
 - b) Ruptured uterus.
 - c) Intrauterine foetal death.
 - d) PPH.
 - e) Acute foetal distress.
- 495.Breastfeeding
- a) On average Ugandan women breastfeed their infants for 19 months
 - b) MTCT of HIV occurs post natally in breast feeding mother in 15-20 % of cases.
 - c) Replacement feeding is essential in PTCT.
 - d) Consolation breast feeding is a component of sudden cessation of breastfeeding
 - e) Mixed feeding may be practiced in PMTCT.
- 496.Recommendations for safer breastfeeding in the context of HIV include:
- a) Avoid infections during breastfeeding.
 - b) Seek immediate treatment for cracked nipples, infant mouth sores.
 - c) Mixed feeding.
 - d) a) and b) above are false.
 - e) All of the above.
- 497.About puerperium.
- a) The following 4 weeks after delivery.
 - b) At the 3rd postpartum day the uterus 2 cm above the umbilicus.
 - c) The lochia disappear at the 7th postpartum day.
 - d) Milk retention can cause puerperal infection.
 - e) Psychosis is not a possible complication
- 498.The following are true or false about puerperal infection.
- a) It is the infection of the genital tract of a woman while pregnant or after delivery.
 - b) The commonest site of infection is episiotomy wound.
 - c) Caesarean section has the greatest risk for infection.
 - d) Endometritis is the commonest infection.
 - e) None of the above.
- 499.About puerperal infection.
- a) Manual removal of the placenta is a predisposing factor.
 - b) Internal foetal monitoring has no role.
 - c) Prophylactic antibiotic can help to prevent it.
 - d) Poor socioeconomic condition and poor hygiene have an important role.
 - e) External cephalic version is a predisposing factor.
- 500.Objective of performing an episiotomy include.
- a) To prolong 2nd stage of labour.
 - b) Preserve integrity of pelvic floor.

- c) Forestall uterine prolapse.
- d) Save baby's brain from injury
- e) It is a routine in every primigravida.

501. Features of a medio-lateral episiotomy include.

- a) Extensions are common.
- b) Dyspareunia may be occasional.
- c) Postoperative pain common.
- d) More difficult to repair.
- e) Blood loss is less compared to midline episiotomy.

502. Factors affect wound healing.

- a) Nutrition.
- b) Infection.
- c) Anaemia.
- d) High concentrations of vitamin c.
- e) None of above.

503. Risk factors for disseminated intravascular coagulation include:

- a) Abruptio placenta.
- b) Pre-eclampsia/eclampsia.
- c) Amniotic fluid embolism.
- d) Use of hypertonic saline to induce labour.
- e) None of the above.

504. Supportive care during labour and child birth includes

- a) Personal support from a person of her choice throughout labour and birth
- b) Good communication and support by health workers
- c) Procedures and findings need not to be explained to the mother
- d) Discourage ambulation
- e) Distress caused by pain cannot be managed by any other measure

505. Caesarean section.

- a) Most common mode of delivery in our service.
- b) Is always indicated in previous caesarean section uterine scar.
- c) Patients don't need to be prepared.
- d) Is done in all cases of foetal distress.
- e) Mother can start oral feeding after 6-8 hours.

506. IUFD

- a) Can occur secondary to infection
- b) Coagulation profile is vital
- c) A C/S delivery is always safe
- d) PPH is a possible complication
- e) Misoprostol can be used for induction of labour.

507. In intra uterine foetal demise

- a) The mother should be considered at high risk for PPH
- b) Clotting profile should be done on admission and at least 6 hourly during induction of labour, and after delivery
- c) If derangement of the coagulation factors, fresh frozen plasma should be given
- d) Labour should not be allowed in patient with previous caesarean section
- e) Autopsy examination should not be done to confirm the cause of the death

508. Complications of I.U.F.D:

- a) Disseminated intra vascular coagulopathy.
- b) HELLP syndrome.

- c) Asherman's syndrome.
- d) Septicaemia.
- e) Supine hypotension syndrome.

509.About APH.

- a) Is any bleeding from genital tract before 28 WOA.
- b) Vasa praevia can be a cause.
- c) Placenta previa is more common than Abruptio placenta.
- d) Is a common cause of preterm delivery.
- e) Is the commonest cause of maternal death in Mbarara.

510.About pre-eclampsia.

- a) Commonly affecting primiparous or multiparous with new husband.
- b) The incidence is around 40 % of pregnancy.
- c) Impaired trophoblast invasion seems to be the most important factor in the pathogenesis.
- d) Immunological factor are involved.
- e) Vascular endothelial growth factors increased.

511.About management of eclampsia

- a) Control of the fits.
- b) Control the blood pressure.
- c) Plan to immediate delivery.
- d) Magnesium sulphate is the best to prevent fit recurrences.
- e) Caesarean section is always indicated.

512.Which statements are true and false?

- a) Magnesium Sulfate is the drug of election to reduced B.P
- b) Labetalol is not useful in the treatment of Pre-eclampsia.
- c) Antihypertensive therapy in pre- eclampsia should be use when diastolic B.P is >105 to 110 mmHg.
- d) Hydralazine is associated with significantly more maternal hypotension than other antihypertensive drugs.
- e) Aldomet is the drug of election in Preexisting hypertension.

513.The most common presenting symptom of eclamptic patient is.

- a) Profuse vaginal bleeding.
- b) Abdominal pain.
- c) Dyspareunia.
- d) Convulsions.
- e) Vomiting.

514.About hypertension during pregnancy.

- a) Chronic hypertension is more common in nuliparous.
- b) Pre- eclampsia is hypertension plus oedema.
- c) Pre- eclampsia is hypertension plus Proteinuria after 20 WOA.
- d) Unclassified hypertension is hypertension in a patient with previous renal damage.
- e) Is a common cause of admission in our hospital.

515.Risk factors for postpartum endometritis include all the following except.

- a) Prolonged labour.
- b) Prolonged rupture of membranes.
- c) Multiple vaginal exams.
- d) Prolonged monitoring with intrauterine catheter.

e) Breast feeding

516. All the following factors affect wound healing except.

- a) Nutrition.
- b) Infection.
- c) Anaemia.
- d) High concentrations of vitamin c.
- e) None of above.

517. The following are true about puerperal infection.

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- b) The commonest site of infection is episiotomy wound.
- c) Caesarean section has the greatest risk for infection.
- d) Endometritis is the commonest infection.
- e) None of the above.

518. The following favours MTCT of HIV

- a) High viral load
- b) Type 1 HIV
- c) High CD4 count
- d) Sero conversion in pregnancy
- e) HAART.

519. In PMTCT

- a) The primary means by which an infant can become infected with HIV is through sexual intercourse
- b) The primary means by which an infant can become infected with HIV is through use of unsterilised instruments
- c) The primary means by which an infant can become infected with HIV is through mother to child
- d) Mixed feeding has no major effect on transmission if the infant has no oral sores
- e) All the above are true

520. National HIV prevention strategies include

- a) Primary Prevention of HIV and other STIs through ABC model
- b) Premarital HIV screening
- c) Preconception HIV screening
- d) PMTCT in HIV positive pregnant mothers
- e) All the above

521. About H.I.V infection

- a) ART naïve means that the client is not on any ARV including History of taking NVP for PMTCT.
- b) HIV is transmitted to the infant during breast feeding because HIV is present in breast milk and yet the babies gut cells are susceptible to HIV infection.
- c) AZT 300mg twice daily starting at 36 WOG till delivery and for 1 week after delivery + AZT syrup 5mg/kg twice daily for 7 days given to the infant is the regimen of choice.
- d) During labour and delivery the foetus may become infected as a result of maternal – foetus blood exchange during contractions or mucous membranes as a result of trauma or foetal swallowing of HIV containing blood or maternal secretions in the birth canal.
- e) All the above.

522. In PMTCT.

- a) TRRD means an HIV positive mother has died.
- b) TR means tested and results are reactive.
- c) Nevirapine tablet is given to the mother as soon as labour is established
- d) Lower rates of stillbirths have been reported in HIV positive mother.
- e) The entire above are false.

523. In relation with episiotomy.

- a) Is routinely performed on all HIV Positive prime gravid mothers in 2nd stage
- b) Should only be repaired in cases of active bleeding
- c) Must be performed after vacuum extraction
- d) Can cause PPH
- e) It is one of the components of modified obstetric practices of PMTCT.

524. Obstructed labour.

- a) Wilm's tumour is a cause
- b) Partograph cannot detect.
- c) Occurs only in Multigravidas
- d) Bandle's ring may manifest.
- e) Always delivery by caesarean section.

525. Complications of obstructed labour.

- a) Neonatal sepsis.
- b) Death.
- c) PPH
- d) Rectovaginal fistula
- e) All the above.

526. Prevention of obstructed labour.

- a) Use of partograph in labour.
- b) Treatment of malaria
- c) Use of TBS.
- d) Good nutrition in childhood
- e) Timely referrals.

527. Mode of delivery in obstructed labour.

- a) Symphysiotomy is method of choice.
- b) Forceps may be used.
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- b) Base line foetal heart rate 105- 160 beats/ min
- c) Always deliver by caesarean section when patient reaches action line
- d) Alert line means do caesarean section
- e) Ruptured membranes cannot be done.

529. Causes of Uterine rupture include.

- a) Obstructed labour.
- b) Previous caesarean section.
- c) Manual removal of placenta.
- d) Injudicious use of oxytocic drugs.
- e) Premature labour.

530. About Malaria in pregnancy.
- Can cause preterm deliveries.
 - Can lead to maternal death.
 - Anaemia is the commonest complication.
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- Commonest site is the ampulla
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 - Location at the isthmus is the least dangerous
 - Previous operation involving the hand is a risk factor
 - Can occur at the ovary
535. Criteria for diagnosis of ovarian pregnancy include
- Intact tube on the affected side
 - Foetal sac occupying the position of the ovary
 - Ovary must be connected to the uterus by the ovarian ligament
 - Demonstrate ovarian tissue in the sac wall
 - All the above.
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- Quickening is experienced at about 18 WOA in a PG
 - Uterus may be palpable abdominally by 12 WOA
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541. PPH.

- a) APH is a predisposing factor.
- b) Uterine over distension can predispose.
- c) Postdate is a risk factor.
- d) Prolonged labour is a common cause.
- e) Parity has importance.

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- a) Pregnancy acquired coagulopathies are the commonest cause of primary PPH.
- b) Prostaglandins have a role in the management.
- c) TAH may be done in case of intractable PPH.
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544. Which of the following is true about abortion?

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- b) There is never associated fever.
- c) An evacuation is carried out as a way of treatment in case of threatened abortion.
- d) A patient can develop a bleeding disorder.
- e) All the above.

545. Regarding incomplete abortion.

- a) Treatment is invariably by evacuation.
- b) Male factor can be a causal factor.
- c) Hospitalisation is always indicated.
- d) All the above.

e) a) and c) above are true.

546. Habitual abortions

- a) Best defined as 3 or more consecutive spontaneous losses of nonviable foetus.
- b) Investigations should be done before another pregnancy occur.
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- d) Vasa praevia.
- e) Two previous abdominal scar.

548. Immediate complications for caesarean section include:

- a) Severe haemorrhage.
- b) Injure to neighbours organs.
- c) Infections.
- d) Haemorrhage.
- e) Intestinal obstruction

549. The management of severe Malaria at 12 WOA includes the following:

- a) Use of Chloroquine and Fansidar.
- b) Use of Coartem and Cotrimoxazole.
- c) Intravenous Quinine and Anti pyretics.
- d) Oxygen therapy in case of cerebral Hypoxia.
- e) Renal dialysis.

550. The following are true in the management of multiple pregnancies

- a) They should be admitted at 36 weeks to reduce the incidence of neonatal complications
- b) Active management of third stage always prevents post partum haemorrhage
- c) Caesarean section is indicated if the second twin is a breech.
- d) Triplet is indication of caesarean section
- e) A and C above.

551. Classic signs and symptoms of complete uterine rupture include:

- a) Sudden onset of tearing abdominal pain.
- b) Cessation of uterine contractions.
- c) Absence of foetal heart.
- d) Recession of the presenting part
- e) All of the above.

552. About ruptured uterus

- a) Can be complete or incomplete
- b) Always implies there is foetal death
- c) Is a common morbidity and mortality cause in Mbarara district
- d) Can be prevented by improving primary care of health
- e) Is always an indication for obstetrical hysterectomy.

553. The following are associated with breech presentation.

- a) Polyhydramnios.
- b) Oligohydramnios.
- c) Multiple pregnancy.

- d) Contracted pelvis.
- e) Low socio-economic status.

554. About breech presentation.

- a) Most are delivered by caesarean section.
- b) First stage of labour is quicker than cephalic presentation.
- c) Cord prolapse is not a risk.
- d) Forceps cannot be used for delivery.
- e) Can be managed by a TBAS.

555. Anaemia during pregnancy.

- a) Physiologic anaemia in pregnancy, Hb less 11g/dl
- b) Physiologic anaemia is when the plasma volume increases higher than erythrocyte volume with a corresponding fall in Hb level
- c) The commonest cause is iron deficiency
- d) Malaria is not an important cause of anaemia in pregnancy in Africa
- e) Pregnant women with normal Hb don't need iron supplementation during pregnancy.

556. Objective of performing an episiotomy include.

- a) To prolong 2nd stage of labour.
- b) Preserve integrity of pelvic floor.
- c) Forestall uterine prolapse.
- d) Save baby's brain from injury
- e) It is a routine in every primigravida.

557. Features of a medio-lateral episiotomy include.

- a) Extensions are common.
- b) Dyspareunia may be occasional.
- c) Postoperative pain common.
- d) More difficult to repair.
- e) Blood loss is less compared to midline episiotomy.

558. The perineal body is made of the following muscles.

- a) Transverse perineal, Coccygeus, ischiocavernosus, levator ani, bulbo cavernosus.
- b) External anal sphincter, ischiocavernosus, bulbocavernosus, levator ani and transverse perini.
- c) Bulbo spongiosus, ischiocavernosus, transverse perineal, levator ani.
- d) Bulbospongiosus, transverse perini, anal sphincter, levator ani.
- e) None of the above.

559. About renal physiological changes during pregnancy, the following are true except:

- a) Glomerular Filtration Rate increases by 50%
- b) Renal plasma flow increases by 50%
- c) Oestrogens are responsible for the general ureteric relaxation
- d) There is decreased predisposition to Urinary tract infections
- e) There is increased creatinine clearance.

560. During the preconception period.

- a) Height measurement is very important.
- b) Administration of folic acid should be commenced
- c) Rh negative mothers should be given anti D immunoglobulin.
- d) Rh positive mothers should be given anti D immunoglobulin.
- e) The first dose of IPT should be commenced.

561. Incompetent cervix

- a) We commonly treat by cervical cerclage at 20 weeks of gestation
- b) Ultrasound scan before the procedure is not necessary
- c) The stitch is only removed after 37 completed weeks
- d) Cause may be congenital
- e) All the above

562.Regarding psychosocial problems in Ante Natal care.

- a) Chronic heavy alcohol ingestion has no effect on the baby.
- b) Smoking is implicated in low birth weight babies
- c) There is increases morbidity and mortality in babies born to teenage mothers.
- d) Domestic Violence should be adressed.
- e) Male involvement is never a challenge

563.Leopold's manoeuvres include

- a) Determination of Gestational Age
- b) Cervical examination
- c) Determination of presentation.
- d) Auscultation
- e) All the above.

564.Haematological findings in Iron deficiency anaemia.

- a) Microcytic hyperchromic.
- b) Macrocytic hypochromic.
- c) Marked anisocytosis.
- d) The mean corpuscular value is low.
- e) Mean corpuscular haemoglobin is increased

565.Conditions requiring folate supplementation in pregnancy include.

- a) Antepartum Haemorrhage
- b) Malaria
- c) Haemolytic anaemia
- d) Anaemia responding to iron therapy
- e) Multiple pregnancy

566.During the management of malaria:

- a) A negative blood slide means there is no malaria
- b) Quinine can be used in early pregnancy
- c) IV Quinine should be given in Normal saline since the mother is dehydrated
- d) All the above
- e) None of the above

567.Malaria in pregnancy.

- a) *Plasmodium vivax* causes cerebral malaria.
- b) *Plasmodium malarie* causes relapses.
- c) Chondroitin sulphate A receptors Protect PG's against severe malaria.
- d) Prime gravida are more prone to hyperparasitaemia than grand multiparous.
- e) None of the above

568.The following are indication for removal cervical cerclage.

- a) Rupture of the membranes.
- b) Haemorrhages
- c) Elevations of blood pressure.
- d) Uterine fibroid
- e) Uterine contractions.

569.Management of sickle cell crisis in pregnancy,

- a) Exchange transfusion has no role

- b) Opiate analgesics are not contraindicated.
 - c) Oxygen therapy is useful
 - d) Intra venous fluids should not be used in rehydration
 - e) Patient should be placed in intensive care unit.
570. The following are classified as a high risk pregnancy in Antenatal period
- a) A grand multigravida at term without complaints during her fourth ANC visit.
 - b) A Gravida 2 Para 1+0 with a singleton pregnancy and a previous history of multiple pregnancies.
 - c) A Gravida 3 para2+0 at term with 2 previous normal home deliveries.
 - d) A 16 year old prime Gravida at 32 weeks.
 - e) None of the above.
571. A Gravida 3 Para 1 +1 had her LNMP on 25/ 12/2009. The following statements are correct
- a) Her weeks of amenorrhoea on 19/05/2010 will be 23wks.
 - b) She would be a Para 2 + 1 if she lost her pregnancy today
 - c) Her EDD will be 1/09/2010.
 - d) Her EDD will be 1/10/2010.
 - e) She would be a Para 1 + 2 if she lost her pregnancy today
572. The following tests are routinely performed during ANC
- a) HIV serology
 - b) Sickling test
 - c) Hemoglobin level estimation
 - d) Urinalysis
 - e) Maternal serum Alpha foetal protein
573. In the refocused ANC
- a) Four visits are recommended
 - b) The objective of the second visit is to screen for abnormalities
 - c) The objective for the third visit is to screen for abnormalities
 - d) HIV is most recommended between 28-32 weeks as this is the best period to initiate Combivir for PMTCT
 - e) The first visit should ideally last 40minutes.
574. Habitual abortion
- a) Is defined as 3 or more consecutive losses of pregnancies before 28 weeks
 - b) Cervical stitch is always successful
 - c) Can be investigated before pregnancy
 - d) A and C
 - e) None of the above
575. About post-abortion care (PAC)
- a) Antibiotics cover to prevent infection
 - b) Immediate post abortion family planning to avoid another pregnancy
 - c) Connection to other reproductive health services
 - d) All of the above
 - e) None of the above
576. About Diabetic in pregnancy.
- a) Oral hypoglycaemic are recommended.
 - b) Nutritional counselling and exercise are not part of management.
 - c) Shoulder dystocia may occur during delivery.
 - d) Caesarean section is always the mode of delivery.
 - e) Patient with Pregestational Diabetic always need insulin treatment.

577. Neonatal complications of poorly controlled diabetes in pregnancy include,
- Polycythaemia
 - Hypocalcaemia
 - Hypomagnesaemia
 - Hypoglycaemia
 - Respiratory distress syndrome
578. Pre term labour may be present in all the following conditions except,
- Multiple pregnancies
 - Antepartum Haemorrhage
 - Cervical incompetence.
 - Obstetric ultrasonography
 - Uterine abnormalities
579. The following are associated with preterm birth
- Infection with *Plasmodium falciparum*
 - Infection with *Gardnerella Vaginalis*
 - Infection with *Cryptococcus neoformans*
 - Long term medication with steroids
 - All of the above
580. Preterm labour and PPRM
- Rupture of membranes is not associated with ascending infection.
 - Pre term labour accounts for about 10% of perinatal mortality
 - Most of pre term labour is due to unknown reasons.
 - Best mode of delivery in case of chorioamnionitis is by caesarean section.
 - Pulmonary hypoplasia and skeletal deformities may be seen due to oligohydromnious.
581. Diagnosis of PROM,
- Vaginal examination should not be done.
 - Abdominal palpation is important.
 - Amniotic fluid will have vernix caseosa and a characteristic smell.
 - Nitrazine test has no role.
 - A sterile speculum exam is performed to observe the cervix for amniotic fluid leakage.
582. Tocolysis,
- Should never be done in obstructed labour.
 - It can be done to allow time for administration of steroid therapy.
 - Intravenous ritodrine will have no effect on carbohydrate metabolism in a diabetic mother.
 - Is contra indicated in mothers with chorioamnionitis
 - Can be done in presence of APH since vasodilation caused may not potentiate bleeding.
583. The following have been associated with bacteriuria in pregnancy:
- Pre-term birth
 - Low birth weight
 - Perinatal mortality
 - Abortions
 - Diabetes Mellitus
584. About management of severe pre Eclampsia
- Severe pre Eclampsia should be managed as out patient after control of the blood pressure

- b) Magnesium sulphate should be used in all cases
- c) Methyldopa is the best option to treat the crisis
- d) Aspirin 80 mg daily may help preventing pre Eclampsia in patient at high risk
- e) All the above

585. About eclampsia

- a) Phenobarbital is the drug of choice
- b) Valium can be used as secure alternative in the absent of magnesium sulphate
- c) Delivery is indicated only after complete stabilization of the patient
- d) Vaginal delivery is contraindicated
- e) All the above.

586. HELLP Syndrome,

- a) Affects 4 to 12% of those with pre eclampsia & eclampsia
- b) Incidence of recurrence in subsequent pregnancies is 20%
- c) Stabilisation of coagulation is key in the management.
- d) Main liver enzyme particularly elevated is Alkaline phosphatase
- e) Acute renal failure and Disseminated intra vascular coagulation are not related complications.

587. MgSO₄.

- a) Act by preventing the release of acetylcholine at neuromuscular plaque.
- b) Prevent the entry of calcium to the damaged endothelial cells.
- c) Stimulate the N-methyl-D-aspartate receptors.
- d) Toxicity appears with concentration of 8 to 10 meq/L.
- e) Pulmonary oedema is a common complication.

588. Bishop's score of the cervix involves all the following except,

- a) Station of the presenting part in relation to the Ischial spines
- b) Length of the cervix in metres
- c) Position of cervix that is posterior, anterior or central.
- d) Cervical dilatation
- e) consistency of the cervix

589. The following are foetal indications for induction of labour.

- a) Pre eclampsia
- b) Severe systemic lupus erythematosus
- c) Hydrops foetalis
- d) Intra uterine growth restriction
- e) Placenta praevia

590. The following are true about the risk factors for prolonged pregnancy except:

- a) Foetal anencephaly
- b) Foetal adrenal hypoplasia
- c) X-linked placental sulfatase deficiency
- d) Previous prolonged pregnancy
- e) Macrosomia

591. About prolonged pregnancy, the following complications may occur

- a) Birth asphyxia
- b) Meconium aspiration syndrome
- c) Prolonged labour
- d) Polyhydramnios due to prolonged period of placental production of amniotic fluid beyond 42 weeks
- e) Foetal distress is not a complication before onset of labour.

592. Post Term pregnancy
- Any pregnancy in the 42nd week
 - It is a High Risk Pregnancy
 - Pregnancy of 42 completed weeks or more
 - Delivery should be expedited in cases of severe oligohydraminos
 - Should always be managed expectantly until spontaneous onset of labour
593. About induction of labour and prolonged pregnancy.
- Routine induction of labour after 41weeks reduces the incidence of foetal distress and caesarean section.
 - Prostaglandins are not useful in ripening of the cervix.
 - Uterine hyperstimulation and failed induction are potential risks.
 - Can be done in a mother with grade four placenta praevia
 - Always results in caesarean section
594. The following are clinical features of a post mature new born
- Low set rigid ears
 - Unusual low level of alertness
 - Wrinkled peeling skin especially on the palmer surface
 - Open eyes, with a facial appearance of a "worried old man"
 - All the above
595. Antepartum Haemorrhage (APH)
- Previous APH does not predispose to APH in future pregnancies.
 - Recurrent pain free bleeding with an abnormal lie means Vasa Praevia.
 - Incidence of placenta praevia is 15% of all pregnancies.
 - Immediate management involves delivery of the baby.
 - Can never co exist with severe pre-eclampsia
596. Placenta Previa management
- Tocolytics are indicated in preterm management
 - Vaginal delivery should always be attempted if the mother is not severely affected
 - PPH should be anticipated
 - When mild bleeding at term, mother stable, labour should be awaited
 - All the above.
597. Normal labour.
- Episiotomy is used only if needed
 - The second stage of labour may be managed passively
 - The shape of the maternal pelvis will not affect the progress of labour
 - Lengthening of the umbilical cord is a sign of failed placental separation.
 - A gush of blood vaginally in the third a sign of ruptured uterus.
598. About labour.
- Is divided into two stages.
 - Latent phase is considered since the uterine contractions are started until the moment the cervix reaches a dilatation of 5 cm.
 - Active phase is considered from 4 cm to 10 cm.
 - Second stage commencement is at 9 cm.
 - Maximum slope is part of the second stage
599. The most common cause of uterine rupture includes
- Previous traumatizing operations or manipulations such as myomectomy
 - Excessive or inappropriate uterine stimulation with oxytocin
 - Separation of a previous caesarean hysterotomy scar
 - Only A and C

e) All the above

600. The following signs and symptoms are most commonly associated with uterine rupture
- a) Massive vaginal bleeding
 - b) Woody hard abdomen due to peritoneal irritation from free blood in the peritoneal cavity
 - c) Shock
 - d) Intra uterine foetal death
 - e) All the above

601. The following are true about the management for a ruptured uterus
- a) Aggressive intravenous fluid resuscitation
 - b) Emergency exploratory Laparotomy
 - c) Emergency Abdominal Ultrasound to estimate amount of blood in the peritoneal cavity and assess foetal viability
 - d) Whole blood is most recommended when blood transfusion is indicated
 - e) Packed cells is most recommended when blood transfusion is indicated

602. The following incision poses the greatest risk of uterine rupture
- a) Lower segment uterine transverse incision
 - b) Lower segment uterine vertical incision
 - c) Classical uterine incision
 - d) Cherney incision
 - e) Only C and D

603. Mother to child transmission HIV.
- a) May occur as early as the time of ovulation
 - b) May occur in utero across the placenta
 - c) Occurs in 10-20% during post natal period
 - d) During labour/delivery in 60-70% of cases occur
 - e) During labour/delivery in 10-15 % of cases occur

604. About Breastfeeding
- a) On average Ugandan women breastfeed their infants for 19 months
 - b) MTCT of HIV occurs post natively in breast feeding mother in 10-20 % of cases.
 - c) Replacement feeding is essential in PMTCT
 - d) HIV positive mothers are not encouraged to breast feed for 6 months
 - e) Mixed feeding may be practiced in PMTCT

605. The following are modified obstetric practice except:
- a) Administration of single dose Nevirapine in labour.
 - b) Delayed rupture of membranes.
 - c) Exclusive breast feeding.
 - d) Avoidance of invasive procedures.
 - e) Using electric suction.

606. In PMTCT
- a) TRRD means an HIV positive mother has died.
 - b) TR means tested and results are reactive.
 - c) Nevirapine tablet is given to the mother as soon as labour is established.
 - d) Lower rates of stillbirths have been reported in HIV positive mother.
 - e) The entire above are false.

607. HIV in pregnancy
- a) Increased risk of intrauterine foetal demise.

- b) Absolute CD4 count can be reduced.
 - c) *Pneumocystis carinii* pneumonia is a common complication.
 - d) Increased risk for malaria attack.
 - e) Congenital malformation's risk increased.
608. An HIV +ve mother delivers a healthy baby. PCR confirms that this baby is HIV -ve at birth. What will you do to prevent MTCT
- a) Breast feeding for only three months will protect the baby
 - b) Since the baby is negative, Nevirapine is not necessary
 - c) Replacement feeding with cow milk is the ideal
 - d) Wet Nursing is a recognised option
 - e) Condom use has no role in protecting this baby
609. The following statements are true about PMTCT
- a) The sero prevalence of HIV among pregnant women in Mbarara region is 6.8%
 - b) The sero prevalence of HIV among pregnant women in Uganda is 13%
 - c) PMTCT interventions reduce transmission of HIV to infants by 50%
 - d) Breast feeding alone contributes 35% of MTCT
 - e) Family planning is important
610. A G2P1+0 HIV positive mother comes to clinic. Which of the following will you consider
- a) Initiation of HAART even without medical eligibility
 - b) CD4 count will not influence the decision to start ART
 - c) 3TC, D4T, EFV is the combination of Choice
 - d) 3TC, D4T, NVP is the combination of Choice
 - e) Triomune is never given
611. About waste management
- a) Hospital, Blood banks and domiciliary make the largest source of Health care waste
 - b) Yellow bin is for placenta and anatomical wastes
 - c) Sharps constitute more than 1% of health care waste
 - d) and b) are correct
 - e) b), and c) are correct
612. Modified obstetric practices in PMTCT include the following
- a) Vaginal cleansing with clean water
 - b) Administration of 2mg/kg of Nevirapine tablets to a baby after 72hrs of delivery
 - c) An episiotomy may be performed when necessary
 - d) Delivery must be conducted in hospital
 - e) Elective C/S
613. During ANC, the following are important and help out cone of pregnancy and labour
- a) Routine weighing at every visit
 - b) Routine pelvic assessment at 36 WOA
 - c) Routine discussion of place of delivery and mode of transport
 - d) Routine Hb estimation at every visit
 - e) a), b) and c) above
614. The following are true about infection prevention
- a) Hand washing, disinfection prophylactic antibiotics
 - b) Hand washing, prophylactic antibiotics, sterilization
 - c) Hand washing, use of protectives and equipment processing
 - d) Decontamination, cleaning of equipment and sterilization
 - e) All the above

615. A gravida 1 Para 0+1 mother presents with vaginal bleeding at 40 WOA. The following is the best
- No digital V/E, ultrasound and wait for spontaneous labour
 - No vaginal exam, ultrasound, examination under anaesthesia
 - The cause may be a heavy show
 - No digital exam, Hb estimation, Blood grouping and cross matching, prepare for C/S
 - a) and c) above
616. A prime gravid mother is in labour, the partograph reaches the action line. The appropriate action is
- The mother has obstructed labour, deliver by C/S immediately
 - The mother has prolonged labour, rehydrate and augment with oxytocin 2.5 IU in 5% dextrose
 - The mother has prolonged labour, rehydrate and deliver by Emergency C/S immediately
 - Something is wrong. Reassess the partograph, labour and decide on the cause
 - The mother and the baby are distressed, turn her on the left side, give IV fluids and oxygen and inform consultant
617. The best time to listen to the foetal heart in labour is
- Before a contraction
 - During a contraction
 - After a contraction
 - b) and c) above
 - None of the above
618. Symptoms of pregnancy
- Quickening is experienced at about 18 WOA in a PG
 - Uterus may be palpable abdominally by 12 WOA
 - Lightening is the reduction in fundal height which occurs b/n 38-40 WOA
 - Urine HCG is positive as early as 10 days after fertilization
 - Bimanual palpation has no role in diagnosis
619. PPH
- Active mgt of 3rd stage of labour may prevent it
 - Ruptured uterus is not a cause
 - Sheehan's syndrome is a consequence
 - Is an indirect cause of maternal mortality
 - Endometritis is a cause of primary PPH
620. Refocused ANC
- There is reduced mother to health worker contact time
 - Is cheaper for the mother
 - Fewer attendances means heavier clinic days
 - There is less satisfaction to the mother since they are seen less often
 - All the above
621. Elective C/S
- Is done to all TRR mothers
 - Is mandatory in a mother with previous C/S
 - Can help in MTCT prevention
 - Should be done on mother's request
 - Pregnancy dating is not important
622. Induction of labour

- a) Is indicated in hypertensive disease
- b) A favourable cervix is long, hard and closed
- c) Oxytocin is given as a bolus
- d) Is contraindicated in cord prolapse
- e) Misoprostol is licensed for this purpose in Uganda

623.A 17 year old presents with offensive PV discharge. What is the most likely diagnosis

- a) Incomplete septic abortion
- b) Puerperal sepsis
- c) Vaginosis
- d) Ectopic pregnancy
- e) All the above

624.ANC

- a) male partner involvement is encouraged
- b) IPT is given monthly in a PG
- c) IPT is given monthly in HIV
- d) Routine investigations include urinalysis, HIV screening, Hb, and Full Blood Count
- e) All the above

625.Complications of C/S

- a) Obstetrics fistulae
- b) Obstetric palsy
- c) If bladder damaged, repair it after 3 months
- d) Rupture of uterus may occur in subsequent pregnancies
- e) All the above

626.About pregnancy induced hypertension

- a) Eclampsia may occur after delivery
- b) Eclampsia may follow criminal abortion
- c) Severe pre eclampsia may be complicated oliguria
- d) Spinal anaesthesia is contraindicated
- e) Pulmonary oedema is a known complication

627.A gravida 3 Para 2+0 presents to labour ward with PV bleeding at term, associated with colicky abdominal pain. What is the most likely possibility

- a) Labour pains with heavy show
- b) Abruptio placenta
- c) Ruptured uterus
- d) Ectopic pregnancy
- e) Cancer of the cervix

628.The following are common physiological changes during pregnancy.

- a) Uterus at term weighing 1.1 kg.
- b) Protein metabolism increased around 1000g.
- c) Fat storage is greater during mid pregnancy.
- d) Physiological anaemia in pregnancy.
- e) Abnormalities in concentration, attention and memory

629.Objective of performing an episiotomy includes.

- a) To prolong 2nd stage of labour.
- b) Preserve integrity of pelvic floor.
- c) Forestall uterine prolapse.
- d) Save baby's brain from injury
- e) It is a routine in every prime gravida.

630.Features of a medio-lateral episiotomy include.

- a) Extensions are common.
- b) Dyspareunia may be occasional.
- c) Postoperative pain common.
- d) More difficult to repair.
- e) Blood loss is less compared to midline episiotomy.

631. Risk factors for perineal extension following episiotomy:

- a) 2nd stage arrest.
- b) Vacuum extraction.
- c) Small baby.
- d) Persistent occiput posterior.
- e) Nulliparity.

632. Regarding perineal tears:

- a) 1st degree: involves fourchet, perineal skin, vaginal mucosa, underlying fascia.
- b) 2nd degree: involves skin, mucosa membranes, fascias, muscle of perineal body, but not the rectal sphincter.
- c) 3rd degree: external through skin, mucosa membrane, perineal body, and involve anal sphincter.
- d) 4th extend through rectal mucosa to expose lumen of the rectum.
- e) All of the above.

633. Regarding episiotomy repair.

- a) Good lighting is not important.
- b) Adequate analgesia prior to beginning of repair is not important.
- c) Meticulous haemostasis is needed
- d) Anatomical re-approximation is needed.
- e) Use nylon 2/0 for vaginal mucosa.

634. Episiotomy.

- a) All primigravida should get
- b) Is contraindicated in HIV positive mothers
- c) May lead to puerperal sepsis.
- d) Should be done without anaesthesia.
- e) Don't require mother's consent.

635. Multigravidas are at risk of:

- a) Postpartum haemorrhage.
- b) Anaemia in pregnancy.
- c) Ruptured uterus.
- d) Severe malaria in pregnancy.
- e) Maternal depletion syndrome.

636. Multiple pregnancy

- a) Triplets are better delivered by caesarean section.
- b) Induction of labour is contraindicated.
- c) There is high infant mortality and morbidity.
- d) Cord prolapse may happen.
- e) Risk factor for PPH.

637. Primigravidas are at risk of.

- a) Severe malaria in pregnancy.
- b) Pre-eclampsia/ eclampsia.
- c) Precipitate labour
- d) Maternal depletion syndrome.

e) Obstetric fistula.

638. Pregnancy and its physiology

- a) Stretching of the muscle cell in the uterus is due to placental lactogen
- b) In the uterus, there is an increase in fibrous tissue mainly in the internal layer
- c) The uterus capacity is increased from 10mls to 2L
- d) At 14 weeks the uterus maintains the pear shape
- e) All the above

639. About preterm labour/delivery

- a) Despite co existing factors, adolescence remains a high risk factor for preterm labour
- b) Single women are at higher risk
- c) Placenta previa is the commonest foetal factor inducing premature delivery
- d) Cyclo oxygenase 2 has no role in the pathogenesis
- e) None of the above

640. Pre term labour management

- a) Betamimetic drugs are indicated in patients with hyperthyroidism
- b) Cyclooxygenase is inhibited by indomethacin
- c) Hydration and bed rest is highly effective in uterine activity inhibition
- d) The only benefit provided by steroids in premature babies is acceleration of foetal lung maturity
- e) Pre delivery administration of steroids can be replaced by post natal administration of surfactant

641. The following are among potentially effective interventions to reduce the incidence of preterm deliveries

- a) Smoking cessation
- b) Adequate diagnosis and management of asymptomatic bacteraemia
- c) Treatment of bacteria Vaginosis
- d) None of the above

642. About placenta previa

- a) IVF has no role in the aetiology
- b) Vaginal examination should always be done under general anaesthesia
- c) Kleihauer-Betke test helps in differentiating from circumvallate placenta
- d) Always prevent the engagement of the presenting part
- e) None of the above

643. Placenta Previa management

- a) Tocolytics are indicated in preterm management
- b) Vaginal delivery should always be attempted if the mother is not severely affected
- c) PPH should be anticipated
- d) When mild bleeding at term, mother stable, labour should be awaited
- e) All the above

644. Abruptio placenta

- a) DIC is the commonest complication
- b) Amniotic fluid embolism should not occur
- c) Couvelaire uterus is always an indication for hysterectomy
- d) Trauma is the commonest cause in Uganda
- e) Amniotomy is only done when induction is indicated

645. About pre eclampsia

- a) Proteinuria is considered when a random sample show 30mg/ml
- b) Urine dipstick is indicated twice per week during conservative management

- c) Severe pre eclampsia is a contraindication for labour induction
- d) Doppler velocimetry can be done for foetal wellbeing assessment
- e) None of the above

646. Which of the following is the best choice for severe pre eclampsia

- a) Short acting nifedipine
- b) Lobetolol injection
- c) Apresolin injection
- d) Nitroglycerin injection
- e) Sodium nitropruside

647. Which of the following are false?

- a) POP can be corrected with obstetric forceps.
- b) Vacuum extraction has no role in ROP position.
- c) POP is frequently related to labour dystocias.
- d) Episiotomy should be offered to all mothers with ROA position.
- e) LOP position can be corrected spontaneously.

648. Immediate complications for caesarean section include:

- a) Severe haemorrhage.
- b) Injure to neighbours organs.
- c) Infections.
- d) Haemorrhage.
- e) Intestinal obstruction

649. Recommendations for elective caesarean section include

- a) Primegravida with breech presentation at 30 wks in labour.
- b) Successful repaired VVF.
- c) Severe pre- eclampsia Bishop's score below 6.
- d) One previous caesarean section history.
- e) Multi foetal pregnancy (triplet).

650. Caesarean section.

- a) Most common mode of delivery in our service.
- b) Is always indicated in previous caesarean section uterine scar.
- c) Mother can start oral feeding after 6-8 hours.
- d) Patients don't need to be prepared.
- e) Is done in all cases of foetal distress.

651. The following are associated with breech presentation.

- a) Polyhydramnios.
- b) Oligohydramnios.
- c) Multiple pregnancy
- d) Contracted pelvis.
- e) Low socio-economic status.

652. About breech presentation.

- a) Most are delivered by caesarean section.
- b) First stage of labour is quicker than cephalic presentation.
- c) Cord prolapse is not a risk.
- d) Forceps cannot be used for delivery.
- e) Can be managed by a TBAS.

653. Obstructed labour.

- a) Occurs only in prime gravida.
- b) Cystic hygroma is a cause.
- c) Wilm's tumour is not a cause.

- d) Cannot occur when using partograph.
- e) All of the above are false.

654. Postpartum haemorrhage.

- a) Prostaglandins are helpful in its management.
- b) May occur in subsequent pregnancies.
- c) Oxytocic drugs have no role in management.
- d) Very common in primigravida.
- e) Is anticipated in mothers with APH.

655. PPH.

- a) Misoprostol (Cytotec) can be used to treat it.
- b) Hysterectomy is one of the treatment modalities in uncontrolled haemorrhage.
- c) Can occur before labour.
- d) Foetal demise is a risk factor.
- e) Uterine atony is a common cause.

656. The following are common complications of eclampsia.

- a) Abruptio placentae.
- b) Foetal distress.
- c) Meningitis.
- d) Cardiovascular accident.
- e) Increased rate of caesarean section deliveries.

657. Classic signs and symptoms of complete uterine rupture include:

- a) Sudden onset of tearing abdominal pain.
- b) Cessation of uterine contractions.
- c) Absence of foetal heart.
- d) Recession of the presenting part.
- e) All of the above.

658. The following are common physiological changes during pregnancy.

- a) Uterus at term has increased weight 500 times.
- b) Protein metabolism increased around 1000g.
- c) Fat storage is greater during 3rd trimester.
- d) Hb level below 110 g/l in up to 6% of all pregnant women.
- e) Abnormalities in concentration, attention and memory.

659. Cardiovascular changes during pregnancy include:

- a) Increased circulating volume up to 30% over the pre-conceptual values.
- b) Increased circulating volume up to 45-50% over the pre-conceptual values.
- c) Electrical axis of the heart right deviated.
- d) Increased heart silhouette in x-rays.
- e) Diastolic murmur can be present up to 90% of all pregnant women.

660. Changes in coagulating system during pregnancy include:

- a) Reduction in platelet count.
- b) Decreased in fibrin-fibrinogen circulating complexes.
- c) Increased platelet aggregation.
- d) Increased circulating levels of all coagulating factors excepting XI and XIII.
- e) None of the above.

661. Malaria in pregnancy.

- a) *Plasmodium vivax* causes cerebral malaria.
- b) *Plasmodium malariae* causes relapses.

- c) Chondroitin sulphate A receptors protects primigravidas against severe malaria.
- d) grand multiparous are most prone to hyper parasitaemia than primigravidas
- e) All pregnant women require 3 doses of intermittent presumptive treatment.

662. Malaria in pregnancy causes anaemia by the following mechanisms.

- a) Dyserythropoiesis
- b) Phagocytosis.
- c) Haemolysis of RBC.
- d) Bone marrow suppression.
- e) Erythropoiesis.

663. All the following antihypertensive medication are considered safe for short term use in pregnancy except.

- a) Captopril.
- b) Methyldopa.
- c) Hydralazine.
- d) Nifedipine.
- e) Labetalol.

664. The majority of ectopic pregnancies occurs in the.

- a) Ampullary tube.
- b) Ovary.
- c) Isthmic tube.
- d) Cervix.
- e) Fimbriae tube.

665. Risk factors for postpartum endometritis include all the following except

- a) Prolonged labour.
- b) Prolonged rupture of membranes.
- c) Multiple vaginal exams.
- d) Prolonged monitoring with intrauterine catheter.
- e) Breast feeding.

666. The most common presenting symptom of eclamptic patient is.

- a) Profuse vaginal bleeding.
- b) Abdominal pain.
- c) Dyspareunia.
- d) Convulsions.
- e) Vomiting.

667. All the following factors affect wound healing except.

- a) Nutrition.
- b) Infection.
- c) Anaemia.
- d) High concentrations of vitamin c.
- e) None of above.

668. Objective of performing an episiotomy include.

- a) To prolong 2nd stage of labour.
- b) Preserve integrity of pelvic floor.
- c) Forestall uterine prolapse.
- d) Save baby's brain from injury
- e) It is a routine in every primigravida.

669. Features of a medio-lateral episiotomy include.

- a) Extensions are common.

- b) Dyspareunia may be occasional.
- c) Postoperative pain common.
- d) More difficult to repair.
- e) Blood loss is less compared to midline episiotomy.

670. Risk factors for perineal extension following episiotomy:

- a) 2nd stage arrest.
- b) Vacuum extraction.
- c) Small baby.
- d) Persistent occipital posterior.
- e) Nulliparity.

671. Regarding perineal tears:

- a) 1st degree: involves fourchet, perineal skin, vaginal mucosa, underlying fascia.
- b) 2nd degree: involves skin, mucosa membranes, fascias, muscle of perineal body, but not the rectal sphincter.
- c) 3rd degree: external through skin, mucosa membrane, perineal body, and involve anal sphincter.
- d) 4th extend through rectal mucosa to expose lumen of the rectum.
- e) All of the above.

672. PPH

- a) Active management of 3rd stage of labour may prevent it
- b) Ruptured uterus is not a cause
- c) Sheehan's syndrome is a consequence
- d) Is an indirect cause of maternal mortality
- e) Endometritis is a cause of primary PPH.

673. Pre term labour management

- a) Betamimetic drugs are indicated in patients with hyperthyroidism
- b) Cyclo oxygenase is inhibited by indomethacin
- c) Hydration and bed rest is highly effective in uterine activity inhibition
- d) The only benefit provided by steroids in premature babies is acceleration of foetal lung maturity
- e) Pre delivery administration of steroids can be replaced by post natal administration of surfactant.

674. The following are among potentially effective interventions to reduce the incidence of preterm deliveries

- a) Smoking cessation
- b) Adequate diagnosis and management of asymptomatic bacteraemia
- c) Treatment of bacterial vaginosis.
- d) Good Alimentation.
- e) None of the above

675. About placenta previa

- a) IVF has no role in the aetiology
- b) Vaginal examination should always be done under general anaesthesia
- c) Kleihauer-Betke test helps in differentiating from circumvallate placenta
- d) Always prevent the engagement of the presenting part
- e) None of the above.

676. Placenta Previa management

- a) Tocolytics are indicated in preterm management
- b) Vaginal delivery should always be attempted if the mother is not severely affected

- c) PPH should be anticipated
- d) When mild bleeding at term, mother stable, labour should be awaited
- e) All the above

677. Abruptio placenta

- a) DIC is the commonest complication
- b) Amniotic fluid embolism should not occur
- c) Couvelaire uterus is always an indication for hysterectomy
- d) Trauma is the commonest cause in Uganda
- e) Amniotomy is only done when induction is indicated

678. Risk factors for perinatal death include:

- a) Premature rupture of membranes.
- b) Foetal hypoxia of unknown cause.
- c) Chorioamnionitis.
- d) Abruptio placenta.
- e) Vasa praevia.

679. Risk factors for disseminated intravascular coagulation include:

- a) Abruptio placenta.
- b) Pre-eclampsia/eclampsia.
- c) Amniotic fluid embolism.
- d) Use of hypertonic saline to induce labour.
- e) None of the above.

680. Multigravidas are at risk of:

- a) Postpartum haemorrhage.
- b) Anaemia in pregnancy.
- c) Ruptured uterus.
- d) Severe malaria in pregnancy.
- e) Maternal depletion syndrome.

681. Multi foetal pregnancy.

- a) Triplets are better delivered by caesarean section.
- b) Induction of the labour is contraindicated.
- c) Risk for locked twins is always present.
- d) Cord prolapse may happen.
- e) All the above.

682. Risk factor for PPH.

- a) Severe malaria in pregnancy.
- b) Pre-eclampsia/ eclampsia.
- c) Precipitate labour.
- d) Multiparity.
- e) Prolonged labour.

683. Immediate complications for caesarean section include:

- a) Severe haemorrhage.
- b) Injure to neighbours organs.
- c) Infections.
- d) Haemorrhage.
- e) Intestinal obstruction

684. Recommendations for elective caesarean section include

- a) Primegravida with breech presentation at 30 wks in labour.
- b) Successful repaired VVF.
- c) Severe pre- eclampsia Bishop's score below 6.

- d) One previous caesarean section history.
- e) Multifoetal pregnancy (triplet).

685. The following are true about puerperal infection.

- a) It is the infection of the genital tract of a woman while pregnant or after delivery.
- b) The commonest site of infection is episiotomy wound.
- c) Caesarean section has the greatest risk for infection.
- d) Endometritis is the commonest infection.
- e) None of the above.

686. The following are associated with breech presentation.

- a) Polyhydramnios.
- b) Oligohydramnios.
- c) Multiple pregnancy
- d) Contracted pelvis.
- e) Low socio-economic status.

687. Which of the following are not among the risk factor for puerperal infection?

- a) Poor antiseptic technique.
- b) Prolonged labour/ruptured membranes.
- c) External cephalic version.
- d) Forceps delivery.
- e) Bacterial vaginosis

688. Obstructed labour.

- a) Occurs only in prime gravida.
- b) Cystic hygroma is a cause.
- c) Wilm's tumour is not a cause.
- d) Cannot occur when using partograph.
- e) All of the above are false.

689. About foetal lie.

- a) Relate foetal long axis to maternal long axis.
- b) Relate foetal long axis to uterine long axis.
- c) Can be established with ultrasound scan.
- d) 1st Leopold's manoeuvre is used to identify it.
- e) Transverse lie needing augmentation.

690. Which of the following are true about foetal aptitude?

- a) Describes the relationship between the foetal and the pelvic inlet.
- b) Describes the relationship between foetal parts.
- c) Delivered is easy when aptitude is flexion
- d) Delivery is easy when aptitude is extension.
- e) Can change during labour.

691. The following are true about position.

- a) Relates the denominator to the lower uterine segment.
- b) Relates the denominator to the maternal pelvic brim.
- c) POP is always an indication for c/section.
- d) LOA is a normal position.
- e) ROP is an abnormal position.

692. Which of the following are false?

- a) POP can be corrected with obstetric forceps.
- b) Vacuum extraction has no role in ROP position.
- c) POP is frequently related to labour dystocias.

- d) Episiotomy should be offered to all mothers with ROA position.
- e) LOP position can be corrected spontaneously.

693. Recommendations for elective caesarean section include

- a) Most common mode of delivery in our service.
- b) Is always indicated in previous caesarean section uterine scar.
- c) Patients don't need to be prepared.
- d) Is done in all cases of foetal distress.
- e) Mother can start oral feeding after 6-8 hours.

694. About breech presentation.

- a) Most are delivered by caesarean section.
- b) First stage of labour is quicker than cephalic presentation.
- c) Cord prolapse is not a risk.
- d) Forceps cannot be used for deliveries.
- e) Can be managed by a TBS.

695. The following are true about severe pre eclampsia management.

- a) Methyldopa is the treatment of choice during conservative management.
- b) Toxaemic profile done weekly during conservative management.
- c) IGR, HELLP syndrome, CID, visual disturbances aren't among the aggravating sign for pre eclampsia.
- d) MgSO₄ given for eclampsia prevention always IV.
- e) All patient delivered by c/section.

696. Obstructed labour.

- a) Occur only in primigravida.
- b) Cystic hygroma is a cause.
- c) Wilm's tumour is not a cause.
- d) Cannot be occurs when using partograph.
- e) All of the above are false.

697. The following are common complications of eclampsia.

- a) Abruptio placenta.
- b) Foetal distress.
- c) Meningitis.
- d) Cardiovascular accident.
- e) Increased rate of c/section deliveries.

698. Classic sign and symptoms of complete uterine rupture include:

- a) Sudden onset of tearing abdominal pain.
- b) Cessation of uterine contractions.
- c) Absent of foetal heart.
- d) Recession of the presenting part
- e) All of the above

699. Rupture uterus surgical options.

- a) Total abdominal hysterectomy.
- b) Subtotal hysterectomy.
- c) Repair of rupture alone.
- d) Repair rupture and tubal ligation.
- e) Laparoscope.

700. About Ectopic pregnancy.

- a) Laparoscopy has not role in diagnosis.

- b) Arias-Stella phenomenon reaction rules out possibility of Ectopic.
- c) Methotrexate use is recommended in ruptured tubal Ectopic.
- d) Does not occur in primegravidas.
- e) May co-exist with a PID.

701. Predisposing factors to ectopic pregnancy include:

- a) Fertilization of an unextruded ovum.
- b) Chronic salpingitis and recurrent PID.
- c) Congenital tubal anomalies like diverticulosis, atresia and accessory ostia.
- d) Exogenous hormone use.
- e) Previous tubal or pelvic surgeries.

702. A family planning provider should be sure that a FP client is not pregnant if:

- a) Client has not sexual intercourse since the last normal menses.
- b) Correctly and consistently using a reliable method of contraception.
- c) Client is within the first 7 days after normal menses.
- d) Is within 4 weeks postpartum for non-lactating women
- e) Is fully breastfeeding

703. Oral contraceptives.

- a) Can predispose to venous thromboembolism.
- b) Act primarily by inhibiting ovulation.
- c) May cause amenorrhea.
- d) Can predispose to ischemic heart disease.
- e) Can be used as emergency contraception.

704. The following are examples of third generation progesterone.

- a) Misoprostol.
- b) Gestodene.
- c) Desogestrol.
- d) Norgestimate.
- e) Mestranol.

705. Depo-Provera.

- a) Contains the progesterone levonorgestrel.
- b) Is a combine injectable contraceptive.
- c) Contains medroxyprogesterone acetate.
- d) Can cause breakthrough bleeding.
- e) Return to fertility is immediate after terminating its use.

706. The following can lead to male infertility.

- a) Excessive smoking.
- b) Morbid obesity.
- c) Orchidopexy.
- d) Vasectomy.
- e) Oligospermia.

707. Norplant II.

- a) Contains progesterone only.
- b) Is effective for up to 5 years.
- c) Return to fertility after its removal is immediate.
- d) Is inserted subcutaneously under the medial aspect of the arm.
- e) Can predispose to thromboembolism.

708. The following are 3rd generation progesterones

- a) Etonogestrel
- b) Gestodene.

- c) Mestranol.
- d) Norgestimate.
- e) Megestrol.

709. The following are non-contraceptive benefits of COC's

- a) Protection against ectopic pregnancies
- b) Reduced risk of ovarian cancer
- c) Relief from menstrual disorders.
- d) Improvement in bone mineral density.
- e) Reduced risk of Rheumatoid arthritis.

710. Combined oral contraceptives

- a) Suppress ovulation by diminishing the frequency of GnRH pulses and halting the luteinising hormone surge.
- b) Make the cervical mucus thick, scanty and less viscous.
- c) When administered correctly and constantly they confer a greater than 99% method effectiveness in preventing pregnancy.
- d) Alter tubal transport in favour of fertilization.
- e) Are indicated for the treatment of anovulatory DUB.

711. The NUVA ring

- a) Is an intrauterine ring
- b) Contains the progesterone, ketodesogestrel
- c) Is inserted after every 4 weeks
- d) Contains ethinyl estradiol
- e) Main side effect is breakthrough bleeding

712. The following are intrauterine contraceptive devices

- a) Copper T300A
- b) Mirena.
- c) Progestasert.
- d) NUVA ring.
- e) Organon.

713. Concerning implantable contraceptives

- a) Norplant is a two-rod haexonorgestrel system
- b) Implanon is a single-rod implant that contains etonorgestrel acetate as the active hormone.
- c) Norplant II is a laevonorgestrel containing contraceptive that is effective for up to 5 years.
- d) Acute liver disease is an absolute contraindication to Norplant use.

714. The following plasmodium species cause a relapse of malaria

- a) *P. falciparum*
- b) *P. ovale*
- c) *P. malaria*
- d) *P. vivax*
- e) *P. lugninate*

715. Severe malaria in pregnancy

- a) Placental site specific antibodies prevent *P. falciparum* sequestration in the placenta in primigravida.
- b) Immunosuppression effected through high levels of cortisol in pregnancy, explains the increase in susceptibility to *falciparum* malaria in pregnancy.
- c) Most immune pregnant women remain asymptomatic even in the presence of heavy parasitaemia.

- d) Red cell sequestration starts in the placenta, in the sixth month of pregnancy.
- e) The relation between malaria and impaired foetal growth is mediated through anaemia and placental parasitisation.

716. The following mechanisms explain the anaemia caused by malaria in pregnancy

- a) Haemolysis of parasitized red blood cells.
- b) Haemolysis of non-parasitized red blood cells.
- c) Sequestration of parasitized red blood cells.
- d) Dyserythropoiesis.
- e) Erythrophagocytosis.

717. The following pathological lesions are caused by severe falciparum malaria

- a) Abundance of malarial pigment in the reticuloendothelial system.
- b) Oedematous brain with broad, flattened red gyri.
- c) Presence of haemoglobin in the renal tubules.
- d) Kupffer cells are increased in size and number.
- e) Pericardial and endocardial petechiae

718. The following syndromes are associated with chronic malaria

- a) Nephritic syndrome.
- b) Nephrotic syndrome.
- c) Tropical splenomegaly syndrome.
- d) Burkitt's Lymphoma syndrome.
- e) Pickwickian syndrome

719. The following treatment regimens are currently recommended by MOH as for treatment of simple malaria in pregnancy

- a) Oral quinine
- b) Oral Chloroquine and Fansidar
- c) Coartem
- d) Artemether and Lumefantrine
- e) Parenteral chloroquine

720. Bartholin's abscess

- a) Is the end result of acute Bartholinitis
- b) Common organisms found are Staphylococcus and Chlamydia.
- c) The Bartholin's gland duct gets blocked by fibrosis and the exudates pent up inside to produce abscess.
- d) Usually presents as a unilateral tender swelling beneath the posterior half of the labium minus
- e) Incision and curettage (I&C) is the treatment of choice.

721. Bartholin's cyst

- a) May develop in the duct or gland.
- b) The content is usually glairy cheesy fluid.
- c) Is usually located on the anterior half of the labia majora.
- d) Incision and drainage is the treatment of choice.
- e) Marsupialization is the treatment of choice.

722. The following are common causes of cyclic chronic pelvic pain

- a) Dysmenorrhoea.
- b) Ovarian remnant syndrome.
- c) Mittelschmerz.
- d) Retroverted uterus
- e) Pelvic congestion syndrome

723. The following are contraindications for insertion of CU T380A.
- Acute pelvic infection.
 - Dysfunctional uterine bleeding.
 - Suspected pregnancy.
 - Prolapsed uterus.
 - Severe dysmenorrhea.
724. The following are indications for removal of an IUCD
- Flaring up of salpingitis.
 - Perforation of uterus.
 - One year premenopause.
 - Pregnancy occurring with the device in situ.
 - Persistence intermenstrual bleeding.
725. The following steroidal contraceptives contain progesterone
- NET-EN
 - Cyclofen.
 - Mesygyna
 - Mirena.
 - Organon.
726. The following chemicals can be used for emergency contraception
- Premarin.
 - Laevonorgestrel
 - Mifepristone.
 - Mirena.
 - CUT380A
727. The following are ovarian causes of female infertility
- Stein-Leventhal syndrome.
 - LUF syndrome.
 - Resistant ovarian syndrome.
 - Asherman's syndrome.
 - Sheehan's syndrome.
728. The following statements are true about pre-eclampsia.
- Is among the commonest cause of maternal mortality in MRRH.
 - SFLT-1 prevents the correct differentiation and invasion of the trophoblast.
 - Aspirin inhibits the synthesis of prostacyclin.
 - Thromboxane A₂ is a potent vasodilator.
 - None of the entire above is true.
729. MgSO₄.
- Act by preventing the release of acetylcholine at neuromuscular plaque.
 - Prevent the entry of calcium to the damaged endothelial cells.
 - Stimulate the N-methyl-D-aspartate receptors.
 - Toxicity appears with concentration of 8 to 10 meq/L.
 - Pulmonary oedema is a common complication.
730. APH.
- Abortion is a common cause of APH.
 - In patient with placenta praevia type II ARON should be done followed by labour induction.
 - In a patient with chronic abruptio placenta aspirin should be given 6 hourly to protect placental blood flow.
 - FHR absence in a severe abruptio always means IUFD.

- e) Severe abruption with IUFD and DIC should be delivered immediately by emergency C/section.
731. How does MgSO₄ act in controlling and preventing eclamptic fit?
- Decreasing the release of acetylcholine at the neuromuscular plaque.
 - Acting as physiological calcium antagonist.
 - Blocking excitatory amino-acid receptors.
 - All of the above.
 - a) and b) above.
732. The following are true statements about abruptio placentae.
- Maternal conditions are always related to amount of PV bleeding.
 - Is frequently related with low consumption of coagulating factors.
 - Smoking has no role.
 - ARM and induction is contraindicated.
 - Is highly related to PPH.
733. HIV in pregnancy.
- Most of the transmission to the baby occurs during post partum.
 - Breastfeeding is contraindicated.
 - ARVs are not important.
 - Nevirapine alone is no longer used in Uganda for prophylaxis.
 - Elective C/section is helpful in decrease the MTCT.
734. In PPH.
- Blood transfusion is always required.
 - Blood transfusion may not be required.
 - Bleeding is from the uterus.
 - a) and c) above.
 - All of the above.
735. Analgesia during labour.
- Pudendal nerve block is not recommended.
 - Is not recommended in active labour.
 - Is commonly practiced.
 - Narcotics are commonly used in MUTH.
 - Companion support in labour has shown to help.
736. Maternal changes in puerperium.
- Return to normality is 2 weeks after delivery.
 - Return to normal 20 weeks after delivery.
 - Return to normal 42 weeks after delivery.
 - Return to normal 32 days after delivery.
 - None of the above
737. Physiological management of 3rd stage of labour
- Oxytocin 10IU IM is given on the anterior thigh
 - Controlled cord traction is done
 - No intervention is done
 - Practiced by midwives and TBAs in the village
 - Associated with PPH
738. Symptoms of pregnancy.
- Quickening is experienced at about 18 weeks in multigravida.
 - The uterus may palpable abdominally by 12 wks.
 - Lightening is the reduction in fundal length which occurs between 38-40 wks.
 - Foetal heart can be heard using Pinard stethoscope at 24 wks.

739. Presumptive manifestation of pregnancy includes.
- Amenorrhoea
 - Nausea and vomiting presence of Montgomery tubercles.
 - Positive Golden sign.
 - Leucorrhoea.
740. Clinical parameter of gestational age.
- Quickening appreciated about 17 wks in multigravidas and 18 in primigravidas.
 - Foetal biparietal diameter accurate before 16 WOA.
 - Foetal heart tones may be heard at 20 wks by Pinard stethoscope.
 - Ossified foetal bone appears at 12 to 14 wks.
741. During embryonic development the trophoblast is.
- Endodermal in origin.
 - Mesodermal in origin.
 - Ectodermal in origin.
 - All of the above.
742. The following are true about the refocused antenatal care.
- There is reduced mother health worker time contact.
 - It is cheaper on the mothers.
 - The fewer attendances are will give heavier clinics as more mothers come on particular day.
 - There is less satisfaction to the mothers as they are seen less.
743. About post-abortion care.
- Antibiotics cover to prevent infection.
 - Immediate post abortion family planning to avoid another pregnancy.
 - Connection to other reproductive health services.
 - All of the above.
744. HIV in pregnancy MTCT
- An ante partum haemorrhage is not obstetric factor for transmission.
 - Scalp blood sampling increase risk of transmission.
 - Mixed feeding decrease risk.
 - Episiotomy should not be used in HIV positive mothers.
745. The following situations and practice in lactating mothers increase the risk of MTCT of HIV.
- Mixed feeding.
 - Infections of the breast and the nipple.
 - When the baby has no sores in the mouth.
 - Unprotected sex in infected parents.
746. About cardiac disease in pregnancy.
- Breathless on washing cups and clothes with palpitations and chest pain: stage 3.
 - Breathless on washing cups and clothes with palpitations and chest pain at rest: stage 3.
 - Had no dyspnoea on running or palpitation or chest pain, but got congestive heart failure in early pregnancy due to PVO: stage 4.
 - None of the above.
747. Diabetic in pregnancy.
- Oral hypoglycaemic are recommended.
 - Nutritional counselling and exercise are not part of management.
 - Shoulder dystocia may occur during delivery.

d) Caesarean section is always the mode of delivery.

748. Multiple pregnancy.

- a) The mother should be admitted due to the associated ante partum complications.
- b) The mother should be admitted due to the associated morbidity and mortality.
- c) The mother need more frequent visits to reduce morbidity and mortality.
- d) None of the above.

749. Assessment in IUGR.

- a) Uterine fundal length, maternal weight gain, and foetal quickening.
- b) Abdominal circumference is the best parameter during follow up.
- c) Oligo hydramnios is usually associated.
- d) Femur length/abdominal circumference is the best us parameter.

750. About pre eclampsia.

- a) Diagnosis is done if: BP is 140/90 in two occasions 3 hours apart.
- b) Low levels of calciuria may be present.
- c) Low calcium intake is one of the most probable cause.
- d) Is most common in elder and grand multiparous.

751. Ante partum haemorrhage (Placenta previa).

- a) All women with APH should be delivered by caesarean section.
- b) Induction of labour can be done in class I and II.
- c) Speculum examination can be done when the bleeding stop and the mother is stable.
- d) Anticipate PPH.

752. During manual removal of the placenta.

- a) Give ergometrine /oxytocin prior to the procedure.
- b) Give antibiotics 24 hour after the procedure and continue for 5 to 7 days.
- c) Place one hand on the abdomen, press down and while applying traction on the cord.
- d) All of the above.

753. Anaemia in malaria is cause by.

- a) Dyserythropoiesis.
- b) Erythrophagocytosis.
- c) Haemolysis of parasitized and not parasitized red blood cell.
- d) Fever.

754. Malaria in pregnancy.

- a) *Plasmodium vivax* causes cerebral malaria.
- b) *Plasmodium malariae* causes relapses.
- c) Chondroitin sulphate A receptors Protect PG's against severe malaria.
- d) Prime gravida are more prone to hyperparasitaemia than grand multiparous.

755. The following are risk factor for pre eclampsia.

- a) Primegravida.
- b) History of genetic disorders.
- c) Diabetes mellitus.
- d) New husband.

756. About management of severe pre eclampsia.

- a) Severe pre eclampsia should be managed as out patient after control of the blood pressure.
- b) Magnesium sulphate should be used in all cases routinely.

- c) Methyldopa is the best option to treat the crisis.
- d) Aspirin 80 mg daily may help in preventing pre-eclampsia in patient at high risk.

757. About eclampsia pathophysiological explanation may be.

- a) The presence of amniotic embolization of the brain arteries.
- b) Vasoconstriction of the brain arteries with subsequent ischemia, infarctions, oedema and perivascular haemorrhages.
- c) Because the hypovolaemia in pre eclamptic patient causing cerebral hypoxia.
- d) Because the hypercoagulability of the blood causing stroke and partial; infarctions.

758. About eclampsia.

- a) Difenyl hidantoine is the drug of choice.
- b) Difenyl hidantoine can be used as secure alternative in the absent of magnesium sulphate.
- c) Delivery is indicated only after complete stabilization of the patient.
- d) Vaginal delivery is contraindicated.

759. The following are true about molar pregnancy.

- a) Elevated hCG levels more than 40000IU for the β fraction in serum.
- b) Pelvic ultrasound assessment is needed.
- c) TSH, T3 and T4 assessment.
- d) Can be followed by a choriocarcinoma.

760. About gestational trophoblastic tumour

- a) Stage I Resistant: combination therapy or hysterectomy adjunctive therapy, local resection and local infusion.
- b) Stage II and III high risk Initial Tx. Second line combination therapy.
- c) Stage III. Tumour extends to lung with known or unknown genital tract involvement.
- d) May appear in 4% of all molar pregnancy.

761. Instrumental delivery.

- a) Is used to shortening prolonged first stage of labour.
- b) Is contraindicated in multigravida.
- c) Maternal pelvis should be adequate.
- d) Can be used even in not fully dilated cervix.

762. PPH.

- a) Best ensure 2IV access lines 24 gauge size.
- b) Surgery is always the best option.
- c) Team work is mandatory.
- d) Vaginal lacerations are the commonest cause.

763. During resuscitation of the new born.

- a) Start by Apgar scoring the baby.
- b) Suck the mouth first as the baby has liquor in the mouth and the pharynx.
- c) Intravenous line is mandatory as the new born may need Iv antibiotics.
- d) All of the above.

764. Abruptio placenta

- a) Can lead to DIC.
- b) Can cause Couvelaire uterus.
- c) Is associated with malaria.
- d) No risk factor for PPH

765. Elective caesarean section.

- a) Should only be done in mother's request.
- b) Is mandatory in a mother with one previous caesarean section.
- c) Done for all TTR mothers.
- d) Can help in MTCT.

766. Habitual abortions

- a) Best define as 3 or more consecutive spontaneous losses of nonviable foetus.
- b) Investigations should be done before another pregnancy occur.
- c) Spontaneous abortion due to infections.
- d) Incompetent cervix is a common cause.

767. Urge incontinence.

- a) Due to detrusor hypersensitivity.
- b) Due to detrusor hyper activity.
- c) Majority of cause is idiopathic.
- d) Amount of urine passed is small.

768. Myomectomy.

- a) Is treatment of choice for uterine fibroid in a 60 year old woman
- b) Is associated with operation heavy blood loss.
- c) Can be done using hysteroscope.
- d) Can be done vaginally.

769. In urinary incontinence.

- a) The intra vesicle pressure is higher than intra urethral pressure.
- b) The intra urethral pressure is higher than intra vesicle pressure.
- c) There is lowered urethral pressure.
- d) There is descent of the bladder neck and proximal urethra such that enable retention of urine.

770. The following are common symptoms of uterine fibroids.

- a) Low abdominal mass.
- b) Low abdominal pain.
- c) Pressure
- d) Inter menstrual bleeding.

771. The following can be related with ectopic pregnancy.

- a) Previous tubal surgery.
- b) Peptic ulcer disease
- c) COC pills.
- d) Infertility.

772. Vasectomy.

- a) Leads to immediate sterility.
- b) Cause impotence.
- c) Involve ligation of efferentia.
- d) Is a female surgical sterilization technique.

773. The following are indication for D & C.

- a) Missed abortion.
- b) Ca. endometrium.
- c) Endometritis
- d) DUB.

774. Pre malignant lesion of the cervix.

- a) HPV subtyping allowing identify those women who will develop cervical cancer.
- b) Hysterectomy is indicated as treatment for all premalignant disease in the cervix.
- c) Combine oral contraceptive give protection.
- d) Male factor is not important in the pathogenesis.

775. Vaginal foaming tablets.

- a) Active ingredients is nonoxynolol 2 and ethanol
- b) Act by causing endometrial thinning.
- c) They prevent sexually transmitted infections.
- d) Is the elective method in adolescent.

776. The following are true about VVF

- a) Should be repaired at least 2 month after delivery.
- b) Surgical repair is the only mode of treatment
- c) Amenorrhea is a very common finding
- d) The commonest cause in Uganda is surgery.

777. About PID.

- a) Generalized abdominal pain.
- b) Vaginal discharge
- c) Vaginal examination will produce tenderness with cervical motion.
- d) Lower abdominal pain.

778. Norplant II.

- a) Contain 3 sub dermal implantable rods.
- b) Is effective up to 4 years.
- c) Contains Etonogestrel as active oestrogen.
- d) Can inhibit ovulation.

779. The following are indication for removal cervical cerclage.

- a) Rupture of the membranes.
- b) Haemorrhages
- c) Elevations of blood pressure.
- d) Uterine contractions.

780. The following are methods to diagnosis of ovulations.

- a) Endometrial biopsy
- b) Basal body temperature in the 1st half of the cycle.
- c) Observing ovulation by ultrasound.
- d) Vaginal cytology.

781. In cervical incompetence.

- a) Diagnosis is done usually after abortion occur.
- b) It is a habitual mid trimester abortion
- c) Rupture of membranes is not a feature.
- d) The only option of treatment is inserting a cerette.

782. Micro invasive cervical of the cervixis.

- a) Carcinoma in situ.
- b) An infiltrative process with distant metastasis.
- c) A microscopic infiltrative process without lymphatic invasion or metastasis.
- d) A process with distant microscopic metastasis but the basal membrane is intact.

783. The following are true about uterine fibroids.

- a) Is associated with cervical carcinoma.
- b) Can be associated with endometrial carcinoma

- c) Are frequently found in grand multiparous.
- d) Can degenerate easily to a malignancy.

784. About anatomy of the genital tract.

- a) Ovary is covered with peritoneum.
- b) The ovarian arteries arise from the aorta just below the renal artery.
- c) The vaginal artery is a branch of external iliac artery.
- d) The uterine artery passes medially to reach the uterus at about the level of the fundus.

785. A patient known to have an ovarian tumour suddenly reports abdominal pain, vomiting and rapid pulse. The following are likely causes.

- a) Rupture of the tumour.
- b) Sudden infection of the tumour.
- c) Massive haemorrhage in the tumour.
- d) All of the above.

786. Endometrial carcinoma.

- a) 95 % are not hormonal dependent.
- b) The most common type is adenomyosarcoma.
- c) Using COC doesn't offer protection.
- d) Is not related with infertility.

787. The following are causes of secondary amenorrhoea.

- a) Polycystic ovarian syndrome.
- b) Sheehan's syndrome
- c) Ackerman's syndrome.
- d) Hypo oestrogenic state.

788. The following are true about physiological changes during pregnancy.

- a) Uterus weight increased approximately 1 kg.
- b) Plasma volume increased more than erythrocyte volume.
- c) Cardiac silhouette elevated in chest X-ray.
- d) Systolic murmur present as consequence of valvular damage.
- e) Increased water retention.

789. Regarding physiology during pregnancy.

- a) Iron metabolism is increased in around 1g.
- b) Ca demands are diminished.
- c) Placental lactogen causes insulin resistant effect.
- d) Memory abnormality can be reported.
- e) Contact lens intolerance due to oedema.

790. Anaemia during pregnancy.

- a) Is physiologic anaemia in pregnancy when Hb level is lower than 11 mg/dl
- b) Is physiologic anaemia when the plasma volume increase is higher than erythrocyte volume and there is present a fall in Hb level.
- c) The commonest cause is iron deficiency.
- d) Malaria is not an important cause of anaemia in pregnancy in Africa.
- e) Pregnant women with normal Hb level don't need iron supplementation during pregnancy.

791. About hypertension during pregnancy.

- a) Chronic hypertension is more common in nulliparous.
- b) Pre-eclampsia is hypertension plus oedema.
- c) Pre-eclampsia is hypertension plus proteinuria after 20 WOA.

- d) Unclassified hypertension is hypertension in a patient with previous renal damage.
- e) Is a common cause of admission in our hospital?

792. About pre-eclampsia.

- a) Commonly affecting primiparous or multiparous with new husband.
- b) In vitro fertilization is not a risk factor.
- c) Impaired trophoblast invasion and differentiation seems to be the most important factor in the pathogenesis.
- d) Immunological factors are involved.
- e) Hydralazine is the choice to treat the crisis.

793. About eclampsia management.

- a) Control of the fits.
- b) Control the blood pressure.
- c) Plan to immediate delivery.
- d) Magnesium sulphate is the best to prevent fit recurrences.
- e) Caesarean section is always indicated.

794. About APH.

- a) Is any bleeding from genital tract before 28 WOA.
- b) Is any vaginal bleeding during the second half of pregnancy.
- c) Placenta previa is more common than Abruptio placenta.
- d) Is a common cause of preterm delivery.
- e) Is the commonest cause of maternal death in Mbarara.

795. Mother to child transmission.

- a) May occur as early as the time of the ovulation.
- b) In uterus across the membranes.
- c) In uterus across the placenta.
- d) During labour/delivery in 60-70% of cases.
- e) During labour/delivery in 10-15 % of cases.

796. Breastfeeding

- a) On average Ugandan women breastfeed their infants for 19 months
- b) MTCT of HIV occurs post natally in breast feeding mother in 15-20 % of cases.
- c) Replacement feeding is essential in PTCT.
- d) Consolation breast feeding is a component of sudden cessation of breast feeding in HIV positive mothers.
- e) Mixed feeding may be practiced in PMTCT.

797. The following factors affect the MTCT.

- a) Smoking and alcohol
- b) Increased viral load.
- c) Increased CD4 count
- d) Urinary tract infection
- e) Prolonged labour.

798. The following are modified obstetric practice except:

- a) Administration of Nevirapine in labour.
- b) Delayed rupture of membranes.
- c) Exclusive breast feeding.
- d) Avoidance of invasive procedure.
- e) Using electric suction

799. In PMTCT.

- a) TRRD means an HIV positive mother has died.
- b) TR means tested and results are reactive.
- c) Nevirapine tablet is given to the mother as soon as labour is established
- d) Lower rates of stillbirths have been reported in HIV positive mother.
- e) The entire above are false.

800.HIV in pregnancy.

- a) Intrauterine foetal demise had been reported.
- b) Global counting of CD4 can be reduced.
- c) *Pneumocystis carinii* Pneumonia is a common complication.
- d) Increased risk for malaria attack.
- e) Congenital malformation's risk increased.

801.Multiple pregnancy

- a) Dizygotic twins are the product of 2 ova and 1 sperm.
- b) There is greater than expected maternal weight loss.
- c) Maternal anaemia may seem
- d) Monozygotic twin are the result of the division of 2 ova
- e) Paternal side is not a risk factor.

802.Multiple pregnancy

- a) All get PPH.
- b) Most of them delivery boys.
- c) Associated with high neonatal morbidity and mortality.
- d) Twin to twin transfusion can occur.
- e) High risk of pregnancy induced hypertension.

803.Dizygotic twinning.

- a) Is influenced by hereditary and parity.
- b) Maternal age has no influence
- c) Use of clomifen reduces the incidence
- d) Results from fertilization of one ovum
- e) Always result in twins of same sex.

804.Obstructed labour.

- a) Wilm's tumour is a cause
- b) Partograph cannot detect.
- c) Occurs only in Multigravidas
- d) Bandle's ring may manifest.
- e) Always delivery by caesarean section.

805.Complications of obstructed labour.

- a) Neonatal sepsis.
- b) Death.
- c) PPH
- d) Rectovaginal fistula
- e) All the above.

806.Prevention of obstructed labour.

- a) Use of partograph in labour.
- b) Treatment of malaria
- c) Use of TBS.
- d) Good nutrition in childhood
- e) Timely referrals.

807.Mode of delivery in obstructed labour.

- a) Symphysiotomy is method of choice.
- b) Forceps may be used.
- c) Should be always by c/section.
- d) Vaginal delivery is contraindicated.
- e) Destructive operations always done.

808. Partograph in labour.

- a) Started at 3 cm cervical dilatation
- b) Base line foetal heart rate 110- 160 beats/ min
- c) Always deliver by caesarean section when patient reaches action line
- d) Alert line means do caesarean section
- e) Ruptured membranes cannot be done.

809. Ruptured uterus; surgical options.

- a) Laparoscope.
- b) C/section.
- c) Total abdominal hysterectomy.
- d) Repair of uterus site alone.
- e) Repair of rupture and tubal ligation.

810. Ruptured uterus (management).

- a) Taken for operation immediately on arrival.
- b) Resuscitation should be done.
- c) Patients do not consent.
- d) Antibiotics not necessary.
- e) Live baby may be delivered.

811. Caesarean section.

- a) Elective caesarean section can done for cord prolapse
- b) Is the only mode of management for cord prolapse.
- c) May be done under local anaesthesia.
- d) Patient may take orally after 8 hours.
- e) Deep venous thrombosis is likely to occur.

812. About Ectopic pregnancy.

- a) PID is the commonest cause.
- b) Congenital anomalies have no role.
- c) Intrauterine device is a predisposing factor.
- d) Always is outside of the uterus.
- e) Can be diagnosed by ultrasound.

813. Ectopic pregnancy.

- a) Conservative management is not possible.
- b) Conservative surgery is an option of treatment.
- c) After surgery the risk is increased.
- d) Abdominal Ectopic sometimes is diagnosed in the moment of surgery.
- e) Cervical Ectopic can be an indication of total abdominal hysterectomy.

814. About Ectopic pregnancy localization.

- a) The commonest localization is the tube.
- b) Ampullar localization is the commonest in the tube.
- c) Abdominal Ectopic pregnancy is always primary.
- d) Cervical Ectopic can be secondary.
- e) Interstitial Ectopic is commonly seen.

815. About normal labour.

- a) Is started when cervix is 3 cm dilated.
- b) Normally are considered in 3 stages.
- c) The 3rd stage is started after placental delivery.
- d) Second stage starting with the engagement of the presenting part and ending with delivery.
- e) Second stage usually lasting proxy 30 min.

816. Preterm labour predisposing factor.

- a) Cervical incompetence.
- b) Previous preterm delivery.
- c) Divorced mother.
- d) Changed partner during pregnancy or even before this.
- e) Social-economic disadvantages.

817. About preterm labour, conservative management is contraindicated in:

- a) Severe or multiple congenital anomalies are present.
- b) Premature rupture of the membranes.
- c) Chorioamnionitis.
- d) Lung maturity is present.
- e) APH is present.

818. Preterm premature rupture of the membranes.

- a) Infections are an important cause.
- b) Is more common among smokers.
- c) Cervical incompetence can be a cause.
- d) Nitrazine test result can be affected by the presence of seminal fluid.
- e) Hypoglycaemia is a possible complication.

819. The following are complications of PPRM.

- a) Necrotizing enterocolitis.
- b) Intraventricular haemorrhages.
- c) Earlier ductus arteriosus closure.
- d) Hypobilirubinaemia.
- e) Thermal instability.

820. The following are recommendations about the use of corticosteroids in preterm labour.

- a) Should be used not only to help lung maturity if no reducing mortality and intraventricular Haemorrhages.
- b) Should not be used below 28 weeks.
- c) Betamethasone is given 24 mg in 24 hourly.
- d) The benefits appear after 12 hour.
- e) Should be given only if delivery won happened within the next 24 hours.

821. The following are absolute contraindications for tocolysis.

- a) PROM.
- b) Intrauterine foetal demise.
- c) Nonreassuring foetal assessment.
- d) Chorioamnionitis.
- e) Presence of phosphatidylglycerol in amniotic fluid.

822. About abortion.

- a) Chromosome's abnormalities causing more than 90 % of spontaneous abortions.
- b) Is the second leading cause of maternal death in Mbarara.
- c) History of previous abortion is not a risk factor.

- d) Septic abortion is the commonest cause of maternal death among teenager in Mbarara.
- e) Haemorrhage is a complication.

823.About abortion.

- a) Is any pregnant loss before 28 weeks.
- b) Is any pregnant loss weighing less than 400g.
- c) Is any pregnant loss below 20 woa or weighing less than 500g.
- d) a) and b) above.
- e) None of the above.

824.The following are included between post abortal care.

- a) Emergency treatment for incomplete abortion.
- b) Emergency treatment to life threatening complications.
- c) Post abortion family planning.
- d) Nevirapine prophylaxis.
- e) All of the above.

825.The following are always indications for elective caesarean section.

- a) Severe pre-eclampsia.
- b) Two or more previous caesarean section.
- c) Cephalopelvic disproportion.
- d) Conjoined twins.
- e) Breech presentation.

826.The following are complication for caesarean section.

- a) Deep venous thrombosis.
- b) Disseminated intravascular coagulation.
- c) Amniotic fluid embolism.
- d) Puerperal infection.
- e) Neighbouring organ lesion

827.About ruptured uterus.

- a) Can be complete or incomplete.
- b) Always implied foetal death.
- c) Is a common morbidity and mortality cause in Mbarara district.
- d) Can be prevented by improving primary care of health.
- e) Is always an indication for obstetrical hysterectomy.

828.About PPH.

- a) Is an important cause of maternal death even in developed countries.
- b) Usually due to a malpractice (iatrogenic).
- c) Retained placenta is a common cause.
- d) Tears have no ethiological importance.
- e) Inverted uterus can be cause by excessive cord traction.

829.PPH management.

- a) Always call for assistance.
- b) Establish two peripheral lines.
- c) Checking uterus contraction is not important.
- d) Active 3rd stage's management can help in prevention.
- e) Uterine artery embolization is not an option.

830.PPH.

- a) APH is a predisposing factor.
- b) Uterine over distension can predispose.

- c) Postdate is a risk factor.
- d) Prolonged labour is a common cause.
- e) Parity has importance.

831. About puerperium.

- a) The following 4 weeks after delivery.
- b) At the 3rd postpartum day the uterus 2 cm above the umbilicus.
- c) The lochia disappear at the 7th postpartum day.
- d) Milk retention can cause puerperal infection.
- e) Psychosis is not a possible complication.

832. The following are physiological changes during puerperium.

- a) Maternal heart rate reduced in proxy 10 to 15 beat/ min.
- b) Endometrium is in a physiological state within the 15 days after delivery.
- c) Increased water retention.
- d) Oedema reabsorption.
- e) Foul smelling vaginal discharge.

833. About puerperal infection.

- a) Manual removal of the placenta is a predisposing factor.
- b) Internal foetal monitoring has no role.
- c) Prophylactic antibiotic can help to prevent it.
- d) Poor socioeconomic condition and poor hygiene have an important role.
- e) External cephalic version is a predisposing factor.

834. About Malaria in pregnancy.

- a) Can cause preterm deliveries.
- b) Can lead to maternal death.
- c) Anaemia is the commonest complication.
- d) Can cause IUGR.
- e) Renal failure can be a complication.

835. Malaria in pregnancy.

- a) Coma, severe anaemia and convulsion, can be indicative of severe malaria.
- b) Can be prevented by; using mosquito net, education, and fansidar administration 4 times during pregnancy.
- c) Should be always treated with IV quinine.
- d) Early diagnosis and treatment don't help in preventing complications.
- e) Primegravidas are protected against hyperparasitaemia.

836. The following factors affect wound healing.

- a) Steroid therapy
- b) Proper apposition of layers.
- c) Immune status.
- d) Infection.
- e) Cancer.

837. The following are true about puerperal infection.

- a) It is the infection of the genital tract of a woman while pregnant or after delivery.
- b) The commonest site of infection is episiotomy wound.
- c) Caesarean section has the greatest risk for infection.
- d) Endometritis is the commonest infection.
- e) None of the above.

838. Among the commonest anaerobes causative organism for puerperal infection we can find the following except?

- a) *Klebsiella*.

- b) *Peptococcus* species.
- c) *Peptoestreptococcus*
- d) *Bacteroides fragilis*.
- e) *Proteus mirabilis*.

839. Which of the following are not among the risk factor for puerperal infection?

- a) Poor antiseptic technique.
- b) Prolonged labour/ruptured membranes.
- c) External cephalic version.
- d) Forceps delivery.
- e) Bacterial vaginosis

840. A patient delivered at Mbarara Regional Referral Hospital develops a moderate endometritis. Which of the following are true in the patient management?

- a) Broad spectrum antibiotic combination and swab for culture and sensitivity in the 3rd day of treatment.
- b) Swabs from the lochia, cervical canal, endometrial cavity and wait for the results to establish adequate antimicrobial treatment.
- c) As we know the commonest causative micro-organism and its sensitivity we advise to start with x-pen, gentamycine.
- d) Broad spectrum antibiotic should be started immediately and readjusted when the result is available.
- e) None of the entire above is true.

841. A 25 year old patient at 32 weeks of amenorrhea was brought to maternity ward of MRRH. These are the clinical findings on the physical examination. Pale xxx, dehydrated, RP: 120/min; BP 90/60 mmHg; delay in the capillary refilling time; bleeding by mouth. Abd: Fundal height 36 cm, tenderness, and uterus hard, no FHeart heard. Vaginally: scanty blood coming through the canal, reddish area around the ECO was noticed. Which among the following is the most likely diagnosis?

- a) Placental abruption.
- b) Placenta praevia type IV.
- c) Cervical carcinoma.
- d) Severe placental abruption with IUFD and CID.
- e) Vasa praevia with IUFD.

842. In relation with the above presented patient: Which of the following is true about her management?

- a) Establishing two peripheral lines, blood for FBC, clotting profile, blood transfusion and emergency c/section.
- b) Immediate induction of labour using a Foley catheter.
- c) General measures for all APH, AROM, correction of the DIC and emergency C/section.
- d) General measures for all APH, AROM, correction of the DIC and induction of labour.
- e) General measures for all APH, AROM, correction of the shock and DIC and induction of labour.

843. Physiopathology of pre-eclampsia.

- a) Prostacycline level higher than thromboxane A₂.
- b) Placental growth factor level is elevated.
- c) Endothelin production elevated.
- d) Trophoblastic invasion of the spiral arteries is complete.
- e) None of the above

844. MgSO₄.

- a) Act by blocking the release of acetylcholine at the neuro-muscular plaque.
- b) Is a natural calcium antagonist.
- c) Is given 10 g 50% Iv as initial dose.
- d) Has no advantage over fenitoin in fit's prevention.
- e) Produce oligo-anuria

845. Hydralazine's use in pre-eclampsia.

- a) Is a central vasodilator.
- b) Is given as IV bolus initially: 10mg slowly followed by 5mg every 30 min.
- c) Can be use as infusion.
- d) Is given 5mg IV hourly.
- e) The last dose should be given when diastolic BP is 90 mmHg.

846. A comprehensive post abortal care includes.

- a) Post abortal counselling.
- b) Treatment of the complications.
- c) Family planning services.
- d) RCT.
- e) All of the above.

847. Infection control practices include

- a) Treat remote infection before elective operation
- b) Wash incision site before performing antiseptic skin preparation
- c) Prepare skin in a non concentric circle away from incision site
- d) Keep pre operative stay as long as possible
- e) Pre operative hand and fore arm washing for one minute

848. In infection control, in order to prevent contamination of injection equipment

- a) Discard medications that are cracked or leaking
- b) If possible, don't use single dose vials/ampoules
- c) Discard any needle that has become contaminated
- d) Each injection should be prepared in a clean area designated for it
- e) All the above

849. Concerning wound classification

- a) Clean wound is made under ideal operating conditions with a break in sterile technique
- b) Clean contaminated wound; there is a minor break in sterile technique
- c) Contaminated wound; operations with major break in sterile technique and incisions encounter acute non purulent inflammation
- d) Dirty wound: there are no evident infectious foreign bodies or devitalised tissues
- e) All the above

850. Techniques used to reduce the risk of wound infection include

- a) Creation of dead space
- b) Proper antisepsis
- c) Proper antibiotic use
- d) Use of many spaces
- e) Avoiding hypothermia

851. Differential diagnosis of Ectopic pregnancy

- a) Bleeding corpus luteum
- b) Appendicitis
- c) Endometriosis
- d) Epigastric hernia
- e) Abortions

852. Indications of methotrexate in management of Ectopic pregnancy include
- HCG >10,000IU/L
 - Evidence of rupture
 - Heterotopic pregnancy
 - Ectopic pregnancy >4cm in greatest diameter
 - Hypotension
853. In management of Ectopic pregnancy
- Laparotomy should be performed only after securing blood
 - Auto transfusion can be done in a chronic leaking Ectopic
 - Secure 2 intravenous lines with large bore cannula
 - Oxygen and warmth are supportive measures
 - The primary goal is to preserve fertility
854. Regarding Ectopic pregnancy
- Commonest site is the ampulla
 - Can be associated with sub fertility and PID
 - Location at the isthmus is the least dangerous
 - Previous operation involving the hand is a risk factor
 - Can occur at the ovary
855. Criteria for diagnosis of ovarian pregnancy include
- Intact tube on the affected side
 - Foetal sac occupying the position of the ovary
 - Ovary must be connected to the uterus by the ovarian ligament
 - Demonstrate ovarian tissue in the sac wall
 - All the above
856. Supportive care during labour and child birth includes
- Personal support from a person of her choice throughout labour and birth
 - Good communication and support by health workers
 - Procedures and findings need not to be explained to the mother
 - Discourage ambulation
 - Distress caused by pain cannot be managed by any other measure
857. Breastfeeding
- On average Ugandan women breastfeed their infants for 19 months
 - MTCT of HIV occurs post natally in breast feeding mother in 15-20 % of cases.
 - Replacement feeding is essential in PTCT.
 - Consolation breast feeding is a component of sudden cessation of breastfeeding
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- b) TR means tested and results are reactive.
- c) Nevirapine tablet is given to the mother as soon as labour is established
- d) Lower rates of stillbirths have been reported in HIV positive mothers
- e) The entire above are false.

861. HIV in pregnancy.

- a) HIV causes Intrauterine foetal demise
- b) Dual family planning is not meant for an HIV positive couple
- c) *Pneumocystis carinii* pneumonia is a common complication.
- d) Increased risk for malaria attack.
- e) Congenital malformation's risk increased.

862. Uganda PMTCT 2006/2010

- a) The goal is to reduce the MTCT rates in infants by 50%
- b) Basic regimen is for HC11 and involves single dose nevirapine
- c) AZT+3TC+EFV is the combination of choice in pregnancy
- d) 4dT+3TC+NVP is a combination of choice in anaemic pregnant mother with PCP
- e) Integrated Young infant feeding counselling is not emphasised

863. Modified obstetric practices in PMTCT include the following

- a) Vaginal cleansing with clean water
- b) Administration of 2mg/kg of NVP tablets to a baby after 72hrs of delivery
- c) An episiotomy may be performed when necessary
- d) Delivery must be conducted in hospital
- e) Elective C/S

864. Symptoms of pregnancy

- a) Quickening is experienced at about 18 WOA in a PG
- b) Uterus may be palpable abdominally by 12 WOA
- c) Lightening is the reduction in fundal height which occurs at 38-40 WOA
- d) Urine HCG is positive as early as 10 days after fertilization
- e) Bimanual palpation has no role in diagnosis

865. PPH

- a) Active management of 3rd stage of labour may prevent it
- b) Ruptured uterus is not a cause
- c) Sheehan's syndrome is a consequence
- d) Is an indirect cause of maternal mortality
- e) Endometritis is a cause of primary PPH

866. Refocused ANC

- a) There is reduced mother to health worker contact time
- b) Is cheaper for the mother
- c) Fewer attendances means heavier clinic days
- d) There is less satisfaction to the mother since they are seen less often
- e) All the above

867. Elective C/S

- a) Is done to all TRR mothers
- b) Is mandatory in a mother with previous C/S
- c) Can help in MTCT prevention
- d) Should be done on mothers request
- e) Pregnancy dating is not important

868. Induction of labour

- a) Is indicated in hypertensive disease
- b) A favourable cervix is long, hard and closed
- c) Oxytocin is given as a bolus
- d) Is contraindicated in cord prolapse
- e) Misoprostol is licensed for this purpose in Uganda

869. A 17 year old presents with offensive PV discharge. What is the most likely diagnosis?

- a) Incomplete septic abortion
- b) Puerperal sepsis
- c) Vaginosis
- d) Ectopic pregnancy
- e) All the above

870. ANC

- a) Male partner involvement is encouraged
- b) IPT is given monthly in a PG
- c) IPT is given monthly in HIV
- d) Routine investigations include urinalysis, HIV screening, Hb, and Full Blood Count
- e) All the above

871. Complications of C/S

- a) Obstetrical fistulae
- b) Obstetrical palsy
- c) If bladder damaged, repair it after 3 months
- d) Rupture of uterus may occur in subsequent pregnancies
- e) All the above

872. The following are true regarding PMTCT:

- a) ARV's are contraindicated in the first trimester of pregnancy.
- b) Assisted vaginal delivery reduces the risk of MTCT.
- c) Patients on HAART should receive Nevirapine tablet when in active labour.
- d) Close monitoring of the progress of labour using a partograph is recommended.
- e) Exclusive breastfeeding of the infant for six months then weaning is encouraged.

873. About PPH

- a) Pregnancy acquired coagulopathies are the commonest cause of primary PPH.
- b) Prostaglandins have a role in the management.
- c) TAH may be done in case of intractable PPH.
- d) Placenta praevia and abruptio placentae are common causes.
- e) Medical management has no role.

874. Drugs of choice in management of severe pre-Eclampsia include the following:

- a) Nifedipine.
- b) Magnesium Sulphate.
- c) Captopril.
- d) Hydralazine.
- e) Labetalol.

875. The major aims in management of eclampsia at 37 WOA include the following:

- a) Control blood pressure using frusemide and spironolactone.
- b) Promote lung maturity using intravenous steroids i.e. dexamethasone.
- c) Doing a bio-physical profile on ultrasound and a bishop score.
- d) Prevent convulsions using Magnesium Sulphate.
- e) Use of Labetolol instead of sublingual Nifedipine.

876. The management of severe Malaria at 12 WOA includes the following:

- a) Use of Chloroquine and Fansidar.
- b) Use of Coartem and Cotrimoxazole.
- c) Intravenous Quinine and Anti pyretics.
- d) Oxygen therapy in case of cerebral Hypoxia.
- e) Renal dialysis.

877.Obstetrics indications for hysterectomy include:

- a) Irreparably ruptured uterus.
- b) Cancer of the cervix stage 1B.
- c) Secondary post partum haemorrhage.
- d) Cancer of the ovary.
- e) Gangrenous uteri in puerperium.

878.Ultra sound findings in IUFD:

- a) Positive Roberts sign.
- b) Negative Spalding sign.
- c) Decreased curvature of foetal spine.
- d) Oedema between foetal cranium and scalp.
- e) No air in the great vessels and the heart chamber.

879.Indications for induction of labour using prostaglandins:

- a) I.U.G.R.
- b) Confirmed post datism.
- c) Intra uterine foetal death.
- d) Cardiac disease, New York heart classification one.
- e) Caesarean section history with a big baby.

880.Indications for elective caesarean section:

- a) Successfully Repaired V.V.F.
- b) Cord prolapse with a pulsatile cord.
- c) Abruptio placentae with I.U.F.D.
- d) Vasa praevia.
- e) One previous C/section scar with a non recurrent indication history.

881.Puerperal Pyrexia:

- a) Orthostatic Pneumonia and thrombophlebitis can be a differential diagnosis.
- b) Chorioamnionitis is a predisposing factor.
- c) Body Temperature is above 37.4°C.
- d) Anti-malarial have no role in its management.
- e) Body temperature elevation is physiological.

882.Complications of IUFD:

- a) Disseminated intra vascular coagulopathy.
- b) HELLP syndrome.
- c) Asherman's syndrome.
- d) Septicaemia.
- e) Supine hypotension syndrome.

883.All the following are predisposing factors to puerperal sepsis except:

- a) Severe anaemia.
- b) Premature rupture of membranes.
- c) Prolonged and obstructed labour.
- d) None of the above
- e) All the above.

884.Regarding ectopic pregnancy:

- a) Commonest site of the implantation is the ovary.

- b) Chronic salpingitis is a predisposing factor.
- c) Management can be medical.
- d) Laparoscopy is the investigation of choice
- e) Urine hCG may be negative.

885. Preparation of a patient for surgery

- a) Informed consent is important
- b) Patient has no right to refuse operation
- c) Catheter insertion is mandatory for all patients for surgery
- d) CXR is routine
- e) CXR is important in patients above 50 years

886. The following statements are true about pre-eclampsia.

- a) Is among the commonest cause of maternal mortality in MRRH.
- b) HELLP syndrome is a complication
- c) Aspirin inhibits the synthesis of prostacyclin.
- d) Thromboxane A₂ is a potent vasodilator
- e) None of the entire above is true.

887. MgSO₄.

- a) Act by preventing the release of acetylcholine at neuromuscular plaque.
- b) Prevent the entry of calcium to the damaged endothelial cells.
- c) Stimulate the N-methyl-D-aspartate receptors.
- d) Toxicity appears with concentration of 8 to 10 meq/L.
- e) Pulmonary oedema is a common complication.

888. The following are true about the management of pre-eclampsia.

- a) Oral antihypertensives are indicated to all pre-eclamptic patients.
- b) Antihypertensive treatment for adult pre-eclamptic patient should be started with BP greater than 160/105 mmHg.
- c) Foetal lung maturity induction is not necessary because the effect of hypertension.
- d) Patient with severe pre-eclampsia should be induced as soon as hypertension has been controlled.
- e) None of the entire above is true.

889. About pre-eclampsia.

- a) Thromboxane A₂ is usually low.
- b) Long time using condom can play a role.
- c) Increased circulating forms like thyroxine kinase 1.
- d) Prostacyclin is elevated.
- e) Vascular endothelium growth factor is elevated.

890. In pre-eclampsia.

- a) Methyldopa 3g/daily can be given as treatment during hypertensive crisis.
- b) Placenta previa is a complication.
- c) The drug of choice to manage severe pre-eclampsia is hydralazine
- d) MgSO₄ should be given to all patients with pre-eclampsia.
- e) All of the above.

891. About APH.

- a) Kleihauer-Betke test can help to establish the differential.
- b) Abortion is a common cause of APH.
- c) Non obstetrical conditions don't need to be ruled out.
- d) Tocolytic drugs are indicated in APH before 34 weeks.
- e) History of PPH is a risk.

892. Antepartum haemorrhage.

- a) Nitabush's bands rupture is the explanation for haemorrhage in placenta previa.
- b) Uterus surgeries are risk factor for abruptio placenta.
- c) C/ section always should be done.
- d) Can predispose to PPH.
- e) Tocolysis is contraindicated.

893. A 25 year old patient at 32 weeks of amenorrhoea was brought to maternity ward of MRRH. These are the clinical findings on the physical examination. Pale xxx, dehydrated, RP: 120/ min; BP 90/60 mmHg; delay in the capillary refilling time; bleeding by mouth. Abd: Fundal height 36 cm, tenderness, and uterus hard, no FHeart heard. Vaginally: scanty blood coming through the canal, reddish area around the ECO was noticed. Which among the following is the most likely diagnosis?

- a) Placental abruption.
- b) Placenta praevia type IV.
- c) Cervical carcinoma.
- d) Severe placental abruption with IUFD and CID.
- e) Vasa praevia with IUFD.

894. Abruptio placenta

- a) Can lead to DIC.
- b) Can cause Couvelaire uterus.
- c) Is associated with malaria.
- d) No risk factor for PPH.
- e) Smoking is risk factors.

895. PPH.

- a) Best ensure 2IV access lines 24 gauge size.
- b) Surgery is always the best option.
- c) Team work is mandatory.
- d) Vaginal lacerations are the commonest cause.
- e) Ergometrin 10 mg IV is useful.

896. PPH.

- a) APH is a predisposing factor.
- b) Uterine over distension can predispose.
- c) Postdate is a risk factor.
- d) Prolonged labour is a common cause.
- e) Parity has importance.

897. The following favours MTCT of HIV

- a) High viral load
- b) Type 1 HIV
- c) High CD4 count
- d) Sero conversion in pregnancy
- e) HAART.

898. In PMTCT

- a) The primary means by which an infant can become infected with HIV is through sexual intercourse
- b) The primary means by which an infant can become infected with HIV is through use of unsterilised instruments
- c) The primary means by which an infant can become infected with HIV is through mother to child

- d) Mixed feeding has no major effect on transmission if the infant has no oral sores
- e) All the above are true

899. National HIV prevention strategies include

- a) Primary Prevention of HIV and other STIs through ABC model
- b) Premarital HIV screening
- c) Pre -conception HIV screening
- d) PMTCT in HIV positive pregnant mothers
- e) All the above

900. Which of the following ARVs is contraindicated in pregnancy?

- a) 3TC
- b) Efavirens.
- c) DD4.
- d) Lamivudine.
- e) None of the above.

901. Leopold's manoeuvres include

- a) Determination of SFH
- b) Pelvic palpation
- c) Lateral palpation
- d) Auscultation
- e) All the above.

902. The following are true, when the fundal height is smaller than the expected for gestational age.

- a) Congenital anomalies can be present.
- b) Abnormal lie is a differential.
- c) Menstrual error is the commonest cause.
- d) Small for date.
- e) Pregnancy associated with uterine fibroid.

903. All the following are increase in multiple gestation.

- a) Blood loss at delivery.
- b) The evidence of congenital anomalies.
- c) The evidence of cephalopelvic disproportion.
- d) The incidence of placental abruption.
- e) The incidence of malpresentation.

904. Dizygotic twinning.

- a) Is influenced by hereditary and parity.
- b) Maternal age has no influence
- c) Use of clomifen reduces the incidence
- d) Results from fertilization of one ovum
- e) Always result in twins of same sex.

905. About labour.

- a) Is divided into two stages.
- b) Latent phase is considered since the uterine contractions are started until the moment the cervix reaches a dilatation of 5 cm.
- c) Active phase is considered from 4 cm to 10 cm.
- d) Second stage commencement is at 9 cm.
- e) Maximum slope is part of the second stage.

906. The following plasmodium species cause a relapse of malaria

- a) *P. falciparum*

- b) *P. ovale*
- c) *P. malaria*
- d) *P. vivax*
- e) *P. lugnate*

907. Severe malaria in pregnancy

- a) Placental site specific antibodies prevent *P. falciparum* sequestration in the placenta in primigravidae.
- b) Immunosuppression, effected through high levels of cortisol in pregnancy, explains the increase in susceptibility to *falciparum* malaria in pregnancy.
- c) Most immune pregnant women remain asymptomatic even in the presence of heavy parasitaemia.
- d) Red cell sequestration starts in the placenta, in the sixth month of pregnancy.
- e) The relation between malaria and impaired foetal growth is mediated through anaemia and placental parasitation.

908. The following treatment regimens are currently recommended by MOH as for treatment of simple malaria in pregnancy

- a) Oral quinine
- b) Oral chloroquine and Fansidar
- c) Coartem
- d) Artemether and Lumefantrine
- e) Parenteral chloroquine.

909. The following pathological lesions are caused by severe *falciparum* malaria

- a) Abundance of malarial pigment in the reticuloendothelial system.
- b) Oedematous brain with broad, flattened red gyri.
- c) Presence of haemoglobin in the renal tubules.
- d) Kupffer cells are increased in size and number.
- e) Pericardial and endocardial petechiae

910. Classical c/section is:

- a) Vertical incision done in the upper uterine segment.
- b) Vertical incision made in the lower uterine segment.
- c) Vertical incision extended from the upper to the lower uterine segment.
- d) Transverse incision made in the lower uterine segment.
- e) None of the above.

911. Combined oral contraceptives

- a) Suppress ovulation by diminishing the frequency of GnRH pulses and halting the luteinizing hormone surge.
- b) Make the cervical mucus thick, scanty and less viscous.
- c) When administered correctly and constantly they confer a greater than 99% method effectiveness in preventing pregnancy.
- d) Alter tubal transport in favour of fertilization.
- e) Are indicated for the treatment of anovulatory DUB.

912. The NUVA ring

- a) Is an intrauterine ring.
- b) Contains the progesterone, ketodesogestrel.
- c) Is inserted after every 4 weeks.
- d) Contains ethinyl estradiol.
- e) Main side effect is breakthrough bleeding.

913. The following are intrauterine contraceptive devices

- a) Copper T300A

- b) Mirena.
- c) Progestasert.
- d) NUVA ring.
- e) Organon.

914. The following are contraindications for insertion of CU T380A.

- a) Acute pelvic infection.
- b) Dysfunctional uterine bleeding.
- c) Suspected pregnancy.
- d) Prolapsed uterus.
- e) Severe dysmenorrhea

915. Concerning implantable contraceptives

- a) Norplant is a two-rod haexonorgestrel system
- b) Implanon is a single-rod implant that contains etonorgestrel acetate as the active hormone.
- c) Norplant II is a laevonorgestrel containing contraceptive, which is effective for up to 5 years.
- d) Acute liver disease is an absolute contraindication to Norplant use.
- e) None of above is true.

916. The following are true of endometriosis

- a) It cannot occur in postmenopausal women as their endometrium is atrophic.
- b) It occurs in the reproductive age because of the presence of gonadotrophins.
- c) It can cause deep and superficial dyspareunia.
- d) All the above.
- e) None of the above.

917. About endometriosis.

- a) GnRH effective 100% in cure patient.
- b) COC are also used and effective.
- c) Surgery has important role.
- d) Frequency is reduced with pregnancies.
- e) Only present among reproductive age women.

918. The most common site of endometriosis is

- a) The pouch of Douglas.
- b) The ovary
- c) The posterior surface of the uterus
- d) The broad ligament
- e) The pelvic peritoneum

919. The most frequent symptom of endometriosis

- a) Infertility
- b) Pain
- c) Backache
- d) Dyspareunia
- e) All the above

920. About pelvic inflammatory disease.

- a) Is a polymicrobial infection.
- b) *Chlamydia* causes Fitz-Hugh Curtis syndrome.
- c) *N. gonorrhoea* is the commonest causative agent of pelvic abscesses.
- d) *B fragilis* is commonly involved.
- e) CA-125 commonly elevated.

921. About sub clinical PID.
- Defined as the presence of neutrophils and plasma cells in the endometrial tissue.
 - Commonly asymptomatic.
 - Bacterial vaginosis is a risk factor.
 - Plasma cell Endometritis is highly sensitive in diagnosing PID.
 - Chlamydia and N Gonorrhoea are commonly associated.
922. The following are sign of malignancy in ovarian masses.
- Solid masses are present.
 - Giant cyst.
 - Tumour present in both age extremes.
 - Positive tumours marker.
 - Thin septae.
923. Second look surgery.
- Always done by laparotomy.
 - Only done for patients treated by radiotherapy.
 - It is done for remnant tumour removal.
 - Used in cervical carcinoma follow up.
 - None of the above.
924. A 25 years old woman is operated upon because of bilateral ovarian tumours. The tumours do not obviously look malignant during laparotomy. What is the best procedure?
- Bilateral salpingo-oophorectomy.
 - If possible, enucleation of the tumours (bilateral ovarian cystectomy) and request quick histological diagnosis and continue accordingly.
 - Unilateral salpingo-oophorectomy and if the tumour proved to be malignant, second look radical operation.
 - Bilateral oophorectomy.
 - Unilateral oophorectomy and meticulous inspection of the removed tissue by naked eye by pathologist and continue accordingly.
925. A 30 year old patient presented to an infertility clinic c/o recurrent pregnancy loss. Which of the following factors would you investigate?
- Rubella infection.
 - Fallopian tubes patency.
 - Cervical competence.
 - Antiphospholipid antibodies.
 - Uterine congenital anomalies.
926. The following are methods to diagnosis of ovulations.
- Endometrial biopsy
 - Basal body temperature in the 1st half of the cycle.
 - Observing ovulation by ultrasound.
 - Vaginal cytology.
 - All of above
927. The most common cause of male factor infertility is.
- Cryptorchidism
 - Testicular failure.
 - Obstruction.
 - Varicocele.
 - Impotence.
928. Regarding cervical carcinoma staging.

- a) Impaired renal function is stage IIIb.
- b) Invasion of the upper third of the vagina is stage IIb.
- c) Metastasis to the liver is stage IVa.
- d) Carcinoma in situ is stage I.
- e) Carcinoma involved the mucosa of the bladder or rectum is stage IVb.

929. Cervical carcinoma.

- a) Squamous cell carcinoma most often present with an exophytic lesion.
- b) Adjuvant CRT has no shown benefits for the patients who undergo operations.
- c) Adeno-squamous carcinoma often present with exophytic lesions.
- d) A lesion extended to the lower third of the vagina is stage II_b.
- e) Palliative care has no role in early stages.

930. The following are true about cervical carcinoma.

- a) Most of the predisposing factors are related with sexual behavior.
- b) Is easily preventable and curable when early diagnosis is done.
- c) From stage 0 to II b surgical treatment is possible with a high rate of cure.
- d) Cervical cytology is the best method to do screening, and the risk for advanced disease decreases when it is done at least once during the life.
- e) Advanced colposcopy can predict histological diagnosis.

931. About menopause.

- a) Perimenopause is the period which precedes menopause.
- b) It is defined as amenorrhoea, hypooestrogenemia and elevated luteinizing hormone.
- c) It is characterized by amenorrhoea, hypooestrogenemia and elevated levels of FSH.
- d) Osteoporosis is a long term complication.
- e) None of the above.

932. A woman on her 40th birthday presents at the gynaecology clinic

- a) Complaining of irregular PV bleeding. The following are possible options.
- b) Perimenopause should be considered among the causes.
- c) Endometrial ablation by thermal balloon should be done immediately.
- d) Transvaginal ultrasound can be of help.
- e) Emergency D & C should be performed.
- f) HRT should be started immediately.

933. Pelvic Organ Prolapse.

- a) Commonly associated to collagen disease.
- b) Always treated surgically.
- c) Sims position commonly used for examination.
- d) Standing position is the best for enterocele diagnoses.
- e) All of the above.

934. Genital prolapse.

- a) When a pelvic organ slips down and protrudes outside of the vagina.
- b) Cystocele is when the anterior bladder wall slips down through the anterior vaginal wall.
- c) In a rectocele the rectum is prolapsed into the posterior vaginal wall.
- d) Always treated with surgery.
- e) Cannot be prevented

935. The following are true about VVF

- a) Should be repaired at least 2 months after delivery.
- b) Surgical repair is the only mode of treatment.

- c) Amenorrhea is a very common finding.
- d) The commonest cause in Uganda is surgery.
- e) The diagnosis is from direct inspection of the anterior vaginal wall using a Sims' speculum.