

Examination A

PAPER 2

MULTIPLE CHOICE QUESTIONS

- 1 Causes of oligohydramnios include:
 - a Bilateral renal agenesis
 - b Posterior urethral valves
 - c Post-term pregnancy
 - d Prolonged rupture of membranes
 - e Pre-eclampsia
- 2 Definitions.
 - a Primary amenorrhoea is failure to start menstruation by 15 years of age.
 - b Primary dysmenorrhoea is painful periods without identified organic pathology.
 - c Menorrhagia is defined as blood loss of more than 80 mL in a normal menstrual cycle.
 - d Secondary amenorrhoea is defined as absence of periods for more than three months other than when pregnant.
 - e Precocious puberty is defined as puberty occurring in girls under eight years and boys under nine years.
- 3 Common causes of neonatal jaundice within 24 hours after birth:
 - a Metabolic disease
 - b 'Breast-milk' jaundice
 - c Infection
 - d ABO incompatibility
 - e Glucose-6-phosphate dehydrogenase (G6PD) deficiency

- 4 Ovarian cancer.**
- a This is the third commonest cause of death from cancer in women.
 - b An elevated CA-125 has a specificity of around 80% for ovarian cancer.
 - c The UK Collaborative Trial of Ovarian Cancer Screening (UKCTOCS) has found that screening with annual transvaginal ultrasound is just as effective as serial serum CA-125.
 - d A risk of malignancy index (RMI) combines the CA-125 level, CT scan findings and menopausal status.
 - e Ovarian cysts are more common in postmenopausal than premenopausal women.
- 5 Complications of ECV include:**
- a Placental separation
 - b Dehiscence of uterine scar
 - c Precipitation of labour
 - d Rupture of membranes
 - e Cord entanglement
- 6 COCP.**
- a The risks usually outweigh the benefit if a patient is over 35 years of age and smokes <15 cigarettes a day.
 - b The risks usually outweigh the benefit if a patient is younger than 35 years of age and smokes >15 cigarettes a day.
 - c Factor V Leiden is known to be an absolute contra-indication.
 - d This may be used in patients with a family history of venous thromboembolism (VTE) aged <45 years.
 - e This may be used in a patient with a personal past history of breast carcinoma.
- 7 Bishop's score includes the following measurements:**
- a Station of presenting part relative to the iliac spines
 - b Position of presenting part
 - c Dilatation of cervix
 - d Effacement/length of cervix
 - e Consistency of amniotic fluid

- 8 Klinefelter's syndrome is associated with the following:
- a XXY
 - b Decreased libido
 - c Normal intelligence
 - d Tall stature
 - e Gynaecomastia
- 9 Epilepsy in pregnancy.
- a Folic acid should be given at a dose of 5 mg/day.
 - b Stillbirths and fetal loss are twice as likely in epileptic women not taking anti-epileptic medications.
 - c Oral vitamin K for the mother may be required pre-delivery.
 - d Seizures are more common around delivery.
 - e Showers rather than baths should be taken.
- 10 *Neisseria gonorrhoea*:
- a Is the third most common STD in the UK
 - b Is a Gram negative extracellular diplococcus
 - c Can affect the pharynx
 - d Is a cause of Reiter's syndrome
 - e Can be treated with intramuscular (IM) spectinomycin
- 11 Problems with breastfeeding.
- a Mastitis can be caused by *Staphylococcus aureus* or epidermidis and occasionally streptococcus.
 - b In mastitis, breast feeding should be stopped on the affected side.
 - c Breast abscesses always need to be drained surgically.
 - d Sore, dry and cracked skin on the nipple area may be an indication of candida.
 - e Both mother and baby need to be treated for candida if either one develops symptoms.

- 12** Causes of menorrhagia are:
- a Hypothyroidism
 - b Diabetes mellitus
 - c Endometriosis
 - d PCOS
 - e Intrauterine contraceptive device (IUCD)
- 13** Concerning twin to twin transfusion.
- a This usually occurs in dizygous twin pregnancies.
 - b This requires arterio-venous fistula between the twins.
 - c In utero the donor twin becomes anaemic while the recipient twin is polycythaemic.
 - d Post delivery, the donor twin usually requires the most attention.
 - e Hydrops may occur in the recipient twin.
- 14** Prevention of UTI in women:
- a Increasing fluid intake
 - b Complete bladder emptying
 - c Passing urine less often (i.e. 'holding on')
 - d Not to use lubricants during sexual intercourse
 - e Washing the genital area 'back to front'
- 15** With regards to postpartum haemorrhage (PPH)
- a Retained placenta is the most common cause.
 - b Oxytocin given with delivery of the anterior shoulder and controlled cord traction to deliver the placenta decreases the risk.
 - c Asherman's syndrome is a rare complication.
 - d Placental examination is important as a vessel in the membrane leading to nothing suggests a succinate lobe or retained placenta.
 - e Putting the baby to breast stimulates oxytocin production.

- 16** Infertility may be caused by:
- a Impotence
 - b Endometriosis
 - c Anovulation
 - d Retrograde ejaculation
 - e Tubal patency problems
- 17** Concerning placenta praevia.
- a Patients with placenta praevia should not be given thromboprophylaxis, for deep vein thrombosis (DVT) prevention, as there is a risk of bleeding.
 - b Anti-D is not required for Rhesus negative women with Rhesus positive partners who have uterine bleeds.
 - c Corticosteroids should be used if pre-term labour or delivery.
 - d As per definition, pain is never associated with bleeding.
 - e Transverse lie of the fetus occurs in approximately 40% of patients.
- 18** Regarding TOP.
- a Around 200 000 procedures are undertaken in the UK annually.
 - b Genital tract infection occurs in up to 5% of TOP cases.
 - c The risk of failure in first trimester surgical TOP is around 2 in 1000.
 - d At least one-third of British women will have a TOP by the age of 45 years.
 - e Women should be offered a follow-up appointment within a week after the TOP.
- 19** Components of the biophysical profile include:
- a Amniotic fluid index
 - b Fetal breathing movements
 - c Gross body movements
 - d Fetal tone
 - e Reactive fetal heart rate

- 20** Bartholin's duct cyst:
- a Is treated by marsupialisation
 - b May occur as a result of *N. gonorrhoea* infection
 - c Is more common in postmenopausal women
 - d May become a painful abscess
 - e Appears as a swelling on the inner aspect of the anterior end of the labium majus
- 21** Causes of large-for-dates babies include:
- a Inaccurate dating of last menstrual period
 - b Smoking
 - c Post-mature fetus
 - d Soto's syndrome
 - e Familial
- 22** Effects of HRT:
- a High-density lipoprotein is increased
 - b Low-density lipoprotein is increased
 - c Triglycerides are decreased
 - d Platelet count is increased
 - e Creatinine level is decreased
- 23** Thyroid disease in pregnancy.
- a Women with pre-existing hypothyroidism will usually need to have their thyroxine dosage increased in pregnancy.
 - b Maternal hyperthyroidism causes macrosomia.
 - c 'Block and replace' regimes are a safe option in pregnancy.
 - d Carbimazole does not cross the placenta.
 - e Breast feeding is contraindicated in patients using propylthiouracil.
- 24** Fraser guidelines.
- a These apply to young adults under the age of 18.
 - b The young adult must understand the medical advice being given.

- c The doctor must ensure the patient understands the risks of not having any contraception.
 - d This applies if the health professional is not able to persuade the young adult to inform their parent(s).
 - e The young adult would come to no harm without the contraception.
- 25** Regarding maternal mortality in the UK, according to the most recent Confidential Enquiry into Maternal and Child Health:
- a The maternal mortality rate is 10 per 100 000 live births
 - b >50% of the women who died were overweight or obese
 - c Epilepsy was the commonest cause of indirect deaths
 - d Most of the women who died after 24 weeks gestation delivered by Caesarean section
 - e Over 10% of the women who died from any cause declared that they were suffering from domestic violence
- 26** The normal menstrual cycle.
- a Ovulation occurs at about day 18 of a 28-day cycle.
 - b Mittelschmerz is the term for mid-cycle pain caused by the rupturing follicle.
 - c The maturing follicle is termed a Graafian follicle.
 - d The corpus luteum starts degenerating four days prior to menses if pregnancy is not apparent.
 - e During the fifth month of intrauterine life the primordial follicles in the female fetus reach their maximum number.
- 27** Parvovirus:
- a In pregnancy can cause fetal hydrops
 - b Is suspected if the cardiotocograph shows a sinusoidal baseline
 - c Is also known as erythema infantecolium
 - d Is infectious 14 days before the rash appears
 - e Affects around 1 in 200 pregnancies

- 28** Which **THREE** of the following are the UK centres for gestational trophoblastic disease?
- a Southampton General Hospital
 - b Western Park Hospital, Sheffield
 - c Charing Cross Hospital, London
 - d St Georges Hospital, London
 - e Ninewells Hospital, Dundee
- 29** Induction of labour (IOL).
- a This is usually less painful than spontaneous labour.
 - b This results in a higher incidence of assisted delivery.
 - c This results in a higher incidence of emergency Caesarean section.
 - d Around 1 in 10 deliveries in the UK are induced.
 - e Epidural analgesia is less likely to be employed.
- 30** Which of the following methods are used for home ovulation testing?
- a Detecting the surge in LH
 - b Detecting the rise in progesterone on day 21 of 28 day cycle
 - c Body temperature on waking before activity
 - d Detection of 'fern-like' pattern in saliva by microscopy
 - e Rise in FSH levels in urine
- 31** Signs and symptoms associated with pre-eclampsia include:
- a Severe headache
 - b Flaccid limbs
 - c Lower abdominal pain
 - d Visual disturbances
 - e Nausea and vomiting
- 32** Risk factors for ectopic pregnancy include:
- a Depo-provera®
 - b Age

- c Caucasian race
 - d Mini-pill
 - e Pelvic inflammatory disease
- 33** Group-B streptococcus (GBS) carriage in pregnancy.
- a Routine screening for GBS is recommended.
 - b Post-natal prophylactic antibiotics are not routinely recommended for low risk infants.
 - c Early onset disease (EOGBSD) occurs within seven days and is less common than late onset.
 - d EOGBSD tends to present as meningitis or a focal infection.
 - e Intrapartum antibiotics should be used at the onset of labour and ideally within two to four hours of delivery.
- 34** Infection with BV:
- a Is the commonest cause of abnormal vaginal discharge in women of childbearing age
 - b Is diagnosed using Amsel's criteria
 - c In pregnancy is associated with late miscarriage
 - d In pregnancy is associated with preterm rupture of membranes
 - e In pregnancy is associated with preterm delivery
- 35** Human Papilloma Virus (HPV) immunisation in the UK.
- a This has been part of the national immunisation programme since 2006.
 - b Girls aged 10 years are targeted.
 - c Two doses over six months are required for immunisation.
 - d Being immunised will not exempt women from cervical smears.
 - e There is no national catch up programme.

- 36** NICE guidelines for diabetes in pregnancy, March 2008.
- a Do not 'hand over' a baby born to a diabetic mother for community care for at least 48 hours post delivery.
 - b Admit to a neonatal unit a baby who is born before 34 weeks.
 - c It is recommended to feed the baby within one hour of delivery.
 - d Baby's blood glucose should be measured one hour post delivery.
 - e Metformin and glibenclamide can safely be used in breastfeeding mothers.
- 37** Turner's syndrome is associated with the following:
- a XXY
 - b Tall stature
 - c Wide carrying-angles
 - d Webbed neck
 - e Right heart defects
- 38** Skin lesions in a newborn.
- a Capillary haemangiomas are present usually after birth and grow larger before they disappear.
 - b Port-wine stains are dark and grow with the child.
 - c Cavernous haemangiomas are pale pink patches which fade with time.
 - d Sturge-Weber syndrome may be associated with port-wine stains in the facial nerve.
 - e Mongolian blue spots are blue patches on the buttocks.
- 39** Wilson and Jungner criteria for screening include the following:
- a The condition sought should be an important health problem
 - b The method used to select those for screening should be reliable
 - c Facilities for diagnosis should be available
 - d There should be a suitable test or examination
 - e There should be an agreed policy on whom to treat as patients

40 Obstetric cholestasis.

- a Family history may imply a genetic connection with HLA-B8.
- b Itching, especially on the palms of the hands and soles of the feet, is a common sign.
- c Liver function tests are usually more than three times the normal value.
- d Ursodeoxycholic acid is licensed for use in pregnancy.
- e Women should not be allowed to use the Mirena® IUS post delivery.