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**The Presbyterian University of East Africa**

**School: HEALTH SCIENCES**

**Program: DIPLOMA**

**Semester: FINAL QUALIFYING EXAM**

**Course Code: MRH 333**

**Course Title: REPRODUCTIVE HEALTH II**

**Date: 19TH MARCH 2013**

**Campus KIKUYU**

**Instructions:**

* Mobile phones are not allowed in the examination room
* Time allowed is **3 Hours**
* Read the instructions carefully
* Answer **ALL** questionson theexamination answer book provided
* Omissions of or wrong numbering of examination papers, questions or parts of the questions will result in 10% deduction of the marks scored from the relevant part
1. In tubal ectopic pregnancy:-
2. Usually presents after 12 weeks of gestation
3. Patients may present in shock
4. Is more common in IUCD users
5. Ultrasound is usually diagnostic
6. The endometrium is not prepared for implantation
7. Hormones from the anterior pituitary:-
8. Prolactine
9. ADH
10. Progesterone
11. Oxytocine
12. GH
13. In hydatidform mole pregnancy:-
14. Pregnancy test is negative
15. Hyperemesis gravidarum is common
16. Invasive does not occur
17. There is a sense of fetal movements
18. Ultasonography is diagnostic
19. Monilia vaginitis:-
20. Is uncommon in pregnant women
21. Is common in HIV positive patients
22. Is rare in diabetic patients
23. Is treated with metronidazole
24. Can lead to PID
25. Uterine fibroids may be associated with:-
26. Relative infertility
27. Malpresentation of the fetus
28. Oligomenorrhoea
29. Recurrent miscarriages
30. Obstructed labour
31. In incomplete abortion:-
32. The cervix is usually closed
33. Broad spectrum antibiotic is the definitive treatment
34. The uterus is usually not contracting
35. MVA is done to evacuate the uterus
36. Post abortal contraceptives is usually recommended
37. Warfarin:-
38. Is safely given throughout pregnancy
39. The anti-dote is vitamin K injection
40. Does not pass through the placenta barrier
41. Takes 4 hours to start working once given
42. May cause nasal hypoplasia and ophthalmic abnormalities in the fetus
43. Vesico vaginal fistula (VVF):-
44. Can occur as a sequelae of carcinoma of the cervix
45. Usually occur in young primi-paras
46. May be iatrogenic
47. Commonest cause is obstructed labour
48. May be secondary to certain STI’s
49. Multiparity is associated with:-
50. A.P.H
51. P.P.H
52. P.E.T
53. P.I.D
54. Twin pregnancy
55. In a mother with rhesus negative blood group:-
56. The baby may be jaundiced
57. All pregnancies may be uneventful
58. The first baby is at risk most
59. Hydrops fetalis is a feature
60. The second baby is more at risk than the third one
61. During pueperium:-
62. The combined oral contraceptive pills can be used safely
63. Family planning should not be started
64. The mother is advised to remain in bed
65. Projesterone only containing pills are recommended
66. PV bleeding is a good prognosis sign
67. Cord prolapse:-
68. The mother is at most risk
69. It is common in transverse lie
70. Knee chest position may save the fetus
71. The prognosis of the fetus is worse in cephalic presentation than others
72. It is an obstetric emergency irrespective of the fate of the fetus
73. Oxytocine use is contra-indicated in:-
74. Ineffective uterine contractions
75. Fetal distress
76. Placenta abruption
77. Intrauterine fetal death
78. A previous laparatomy scar
79. Anaemia in pregnancy:-
80. May be caused by multiple factores
81. Malaria is one of the commonest causes
82. Peripheral blood film is necessary to know the cause of the anaemia
83. Is a cause of interuterine fetal demise
84. 2nd stage of labour should be assisted
85. Risk factors for DVT:-
86. Advanced maternal age
87. Hypocoagulability
88. Maternal obesity
89. High parity
90. Previous history of DVT
91. Fetal distress:-
92. Patients should lie on left lateral position
93. Liquor is usually clear
94. Fetal heart rate is irregular
95. Should be operated irrespective of cervical dilatation
96. Cord accidents may be a cause
97. Regarding focused antenatal care:
98. Four visits are recommended
99. Traditional birth attendants are encouraged
100. Per-vaginal bleeding is a danger sign
101. The husband is not involved
102. T.T is not given
103. During puerperium :
104. Combined oral contraceptives can be used safely
105. Family planning should not be started
106. The mother is advised to remain in bed
107. Breast feeding is not recommended until after 48 hours
108. Lochia rubra is present up to 5 days
109. Post maturity :
110. Is prolongation of pregnancy beyond 40 weeks gestation?
111. Has no adverse effect on the fetus
112. Ultrasonography done at this stage gives accurate information on maturity
113. May lead to CPD
114. Once diagnosed, induction of labour should be done immediately
115. In habitual abortion due to cervical incompetence:
116. Mac Donald’s stitch should be inserted in the first trimester
117. Pelvic scan is not necessary to confirm the diagnosis
118. Abortions are associated with pain and drainage of liquor
119. The stitch is left in situ even if they have premature labour
120. Evaluating other causes of abortion is not important
121. The following are associated with cancer of the ovary
122. Per-vaginal bleeding
123. Ascites
124. Pelvic mass reaching the diaphragm
125. Bilateral abdominal mass
126. Pleural effusion
127. A patient with ectopic pregnancy
128. Always gives a history of amenorrhea
129. Could be treated on out patients basis
130. The pregnancy may be found in the intestine
131. The pregnancy may be found in the cervix
132. It is an emergency to be operated immediately
133. Retained products of conceptions may lead to
134. PV bleeding
135. Disseminated intravenous coagulopathy
136. Sepsis
137. Endometriosis
138. Perforations of the uterus
139. The following factors DO NOT increase the risk of uterine rupture
140. High parity
141. Hydrocephalus in the fetus
142. Maternal contracted pelvis
143. One previous scar
144. PET and eclampsia
145. Concerning fetal distress
146. Can occur when the mother is in labour
147. May be diagnosed before labour
148. Can be caused by placental infarcts
149. Always managed by caesarian section
150. Meconium stained liquor in labour is diagnostic
151. Concerning normal true labour
152. Irregular sequences of uterine contractions occur
153. Progressively strong and frequent uterine contractions occur
154. Effacement and dilatation of the cervix comes late during labour
155. Usually goes beyond 14 hours
156. The cervix usually dilates at the rate of 2 cm/hour
157. The following should be avoided in a patient with A.P.H at term in the words or outpatient department.
	1. Sterile speculum exams
	2. Digital vaginal exam
	3. Obstetric ultrasound
	4. Intravenous infusion with Hartman’s solution
	5. Blood for grouping and cross matching
158. Depo provera
159. May increase menstrual flow
160. May be used in diabetic mothers
161. Return to fertility is immediately
162. Reduces libido
163. Decrease the risks of endometrial cancer
164. The following are components of post abortion care(PAC)
165. Patients must be on haematinics
166. Post abortion counseling and family planning services
167. Rebuking the patient for the immoral act done
168. Linkage of the patient with other reproductive health services
169. MVA is indicated at 18 weeks gestation
170. In a patients with diabetic mellitus in pregnancy
171. The fetus may suddenly die in uterus
172. The diabetes may not have existed before pregnancy
173. The fetal outcome depends on the control of diabetes
174. Intravenous glucose should not be given to the baby once born
175. Babies are invariably bigger than normal