

95

Multiple
Choice
Questions

OBSTETRICS &
GYNAECOLOGY
FOR UNDERGRADUATES

PLUS

2

SAMPLE
TESTS

Salleha Khalid, Maizatul Azma Masri
Muhammad Shamsir Mohd Aris,
Nik Mohd Nasri Nik Ismail

95

Multiple
Choice
Questions



**OBSTETRICS &
GYNAECOLOGY**
FOR UNDERGRADUATES

Salleha Khalid
Maizatul Azma Masri
Muhammad Shamsir Mohd Aris
Nik Mohd Nasri Nik Ismail

USIM Publisher
Universiti Sains Islam Malaysia
Bandar Baru Nilai
Negeri Sembilan
2013

FIRST PUBLISHED 2013

© Universiti Sains Islam Malaysia

All rights reserved; no part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise without prior written permission from USIM publisher.

Published in Malaysia by:

USIM Publisher

UNIVERSITI SAINS ISLAM MALAYSIA

71800 Bandar Baru Nilai

Negeri Sembilan Darul Khusus

Tel: 06-798 8226/6081 | Faks: 06-798 6083

www.penerbit.usim.edu.my

info.penerbit@usim.edu.my

USIM Publisher is a member of the
Malaysian Scholarly Publishing Council (MAPIM)

Printed in Malaysia by:

CARD INFORMATION SDN. BHD

49, Jalan 31/10A

Taman Perindustrian IKS

Mukim Batu

68100, Kuala Lumpur

Tel : 03-61777909 | Faks : 03-61874008

cisb49@yahoo.com.my / iabsb@yahoo.com.my

National Library of Malaysia

Cataloguing-In-Publication-Data

95 multiple choice questions: obstetrics & gynaecology for
undergraduates / S. Khalid... [et al.]

Bibliography: p. 83

ISBN 978-967-440-010-1

1. Obstetrics. 2. Gynecology. I. S. Khalid.

618.076



Multiple
Choice
Questions

OBSTETRICS & GYNAECOLOGY

FOR UNDERGRADUATES

CONTENTS

PREFACE	vii
OBSTETRICS	9
Abnormal Lie/ Breech	9
Anaemia in Pregnancy	13
Anatomy	14
Diabetes in Pregnancy	17
Eclampsia	20
General Obstetrics	22
Heart Disease in Pregnancy	33
Induction of Labour	34
Instrumental Delivery	34
Intrapartum	35
Multiple Pregnancy	40
Physiology	42
Position & Presentation- Obstetrics	43
Postpartum	46
Post-partum Haemorrhage	47
Preterm Labour	49
GYNAECOLOGY	51
Anatomy & Physiology	51
Contraception	52
Early Pregnancy	55
Ectopic Pregnancy	56
General Gynaecology	58
Genetics	60
Gynae-oncology	62
Incontinence	68
Infertility	69
Menopause	70
Menstrual Disorder	71

Test MCQ Paper 1 – OBSTETRICS	75
Test MCQ Paper 2- GYNAECOLOGY	79
REFERENCES	83

TABLE OF FIGURES

Figure 1	Lovset and Mauriceau-Smellie-Veit maneuvers	10
Figure 2	External cephalic version	12
Figure 3	Differentiation of sex accessory structures in male and female human embryos.	15
Figure 4	Differences between female and male pelvis	16
Figure 5	USS picture in early pregnancy	22
Figure 6	Schematic diagram showing station of the presenting part	23
Figure 7	Schematic diagrams showing various positions during the second stage	24
Figure 8	Types of uterine incisions	28
Figure 9	Fetal blood sampling	36
Figure 10	(a) Normal shape of pregnant abdomen during labour, (b) Bandl's ring in the abdomen of a woman with obstructed labour	39
Figure 11	Diameters and measurements on an average fetal skull	44
Figure 12	Dilatation and curettage	54
Figure 13	Possible locations of ectopic pregnancy	57
Figure 14	Type of uterine fibroid	59
Figure 15	Staging of uterine cervix carcinoma according to FIGO	67

PREFACE

The MCQs of Undergraduate Obstetrics & Gynaecology for Undergraduates consists of a compilation of past years questions. A series of past years compilation is thought to be important for undergraduate students to further consolidate and understand basic knowledge in the field of Obstetrics & Gynaecology . This book is written with the intention to provide the opportunities for students to study real exam questions and to self-assess their chances in passing the exams. This will also allow students to experience the standards of questions that are expected during final exams. It is hoped that this book will encourage students to make ample preparation and equip themselves with the knowledge of undergraduate Obstetrics & Gynaecology.

Obstetrics

ABNORMAL LIE/ BREECH

1. The following statements are true regarding breech delivery:
- A. Lovset's manoeuvre is employed for delivery of the head.
 - B. Breech extraction is less hazardous than assisted breech delivery.
 - C. Wrigley's forceps are best suited for delivery of the after-coming head.
 - D. The Mauriceau Smellie Veit technique is the delivery method of the after-coming head.
 - E. Fetal hypoxia is a common cause of death.

Answer: FFFT

Lovset's manoeuvre involves rotating the fetal body by holding the fetal pelvis. Thumbs will be on the sacrum and index fingers will be on the anterior iliac spine. Mauriceau Smellie Veit technique is a method of delivery of the after-coming head. In this method, two fingers are pressed over the maxilla to flex the head and delivery is accomplished by shoulder traction. Compared to Wrigley's, Neville Barnes forceps are best suited for delivery of after-coming head.



TEST MCQ PAPER 1 – OBSTETRICS

1. **The following statements about the neonate are true :**
 - A. An Apgar score of 7 at 5 minutes indicates a good neonate.
 - B. Continuous electrocardiography monitoring in labour is indicated during induction of labour.
 - C. Jaundice is a sign of neonatal septicaemia.
 - D. Maternal diabetes leads to respiratory distress syndrome in the neonate.

2. **Primary postpartum haemorrhage (PPH) :**
 - A. is prevented by ergometrine alone in routine practice.
 - B. is commonly due to trauma to the genital tract.
 - C. is more common in women with myotonic dystrophy.
 - D. is related to fetal weight.
 - E. causing maternal death is often due to delay in performing hysterectomy.

3. **The following statements are true regarding breech presentation and delivery:**
 - A. External cephalic version (ECV) reduces the risk of Caesarean section.
 - B. ECV is performed at 34 weeks gestation.
 - C. Breech extraction is the common method when delivered vaginally.
 - D. Hip joint dislocation is a known complication of breech vaginal delivery.
 - E. The fetus should be screened for a fetal abnormality.

4. **During labour ,**
 - A. the woman should spend most of the time on her back.
 - B. acetone should be tested in the urine.
 - C. pethidine injection is given 4 hourly for analgesia.
 - D. the woman can take nourishing fluids orally.
 - E. should not be given solid food.

5. **Epidural analgesia in labour**
 - A. is given when labour starts.
 - B. produces total pain relief.
 - C. decreases the bearing down effort of the woman.
 - D. depresses neonatal respiration.
 - E. is continued when the patient is taken for Caesarean section.

6. **Spontaneous rupture of the membranes at term :**
- A. means amniotomy at 40 weeks gestation.
 - B. results in increased rate of infection if labour is not undertaken after 24 hours.
 - C. needs antibiotic routinely.
 - D. can lead to cord prolapse.
 - E. is diagnosed by nitrazene swabs .
7. **The following statements relate to the puerperium:**
- A. By two weeks postpartum, the uterus will have returned to the true pelvis.
 - B. The blood discharge is initially known as lochia rubra.
 - C. Phlebothrombosis occurs within 2-3 days after delivery.
 - D. Urinary retention is a common problem.
 - E. Progestogens are used to suppress lactation.
8. **Abruptio placenta is associated with :**
- A. concealed uterine bleeding
 - B. pre-eclampsia
 - C. consumptive coagulopathy
 - D. multiparity
 - E. erythroblastosis fetalis
9. **Amniotic fluid embolism**
- A. usually occurs in the puerperium.
 - B. is fatal in more than 80% of cases.
 - C. is associated with increased level of fibrinogen degradation products.
 - D. is associated with the use of oxytocin.
 - E. is more common in the primigravida.
10. **The clinical features of second stage of labour include**
- A. sensation of bearing down.
 - B. the cervix is fully dilated.
 - C. severe backache radiating to the legs.
 - D. increase in blood flow through vagina.
 - E. strong irregular contractions of the uterus.
11. **Epidural anaesthesia is associated with**
- A. maternal hypotension.
 - B. meningitis.
 - C. severe respiratory paralysis.
 - D. incoordinate uterine contractions.
 - E. postpartum haemorrhage.

- 12. Diabetes mellitus in pregnancy is associated with**
- A. high risk for fetal trauma.
 - B. high incidence of urinary tract infection.
 - C. insulin demand is increased following delivery.
 - D. fetal size is dependent upon good control of blood sugar.
 - E. increased incidence of polyhydramnios.
- 13. Post term pregnancy is associated with**
- A. anencephaly.
 - B. previous post-term pregnancy.
 - C. meconium aspiration.
 - D. breech presentation.
 - E. placental sulphatase deficiency.
- 14. Oligohydramnios is associated with**
- A. pulmonary hypoplasia.
 - B. club foot.
 - C. imperforate anus.
 - D. cord compression.
 - E. rhesus incompatibility.
- 15. Sudden postpartum shock without excessive vaginal blood loss is caused by**
- A. laceration of the cervix.
 - B. rupture of the uterus.
 - C. amniotic fluid embolism.
 - D. broad ligament haematoma.
 - E. inversion of the uterus.
- 16. Bacteriuria in pregnancy**
- A. occurs in 5-10% of pregnant women.
 - B. predisposes to acute pyelonephritis.
 - C. is more common in primigravid patients.
 - D. should be treated with antibiotics.
 - E. is normally associated with proteinuria.
- 17. The following are recognised complications of IUGR :**
- A. hypoglycaemia.
 - B. meconium aspiration.
 - C. respiratory distress syndrome.
 - D. intraventricular haemorrhage.
 - E. poor temperature control.

18. Down's syndrome is characterised by

- A. autosomal recessive inheritance.
- B. ostium secundum atrial septal defect.
- C. prognathism.
- D. trisomy 12.
- E. high maternal age.

19. Amniotic fluid

- A. is bacteriocidal.
- B. has a turnover of 24 hrs.
- C. is a nutrient.
- D. is increased in fetal nephrosis.
- E. prevents dessication.

20. The following statements are true regarding abnormal labour :

- A. Labour and delivery before 36 weeks gestation are abnormal.
- B. Prolonged latent phase at 38 weeks is treated by oxytocin.
- C. Primary dysfunctional labour is treated by oxytocin.
- D. Secondary arrest of labour means the cervix is not dilating at 1cm/hour.
- E. Pre-term labour can be diagnosed by the partogram.

ANSWERS TO OBSTETRICS MCQ

- | | |
|------------|------------|
| 1. FTFTT | 11. TTTFF |
| 2. FFTTT | 12. TTF TT |
| 3. TFFTT | 13. TTTFT |
| 4. FTFTT | 14. TTF TF |
| 5. TTTFT | 15. FTTTT |
| 6. FTFTT | 16. TTF TF |
| 7. TTF TF | 17. TTF FT |
| 8. TTTTF | 18. FFF FT |
| 9. FTTTF | 19. TTF FT |
| 10. TTF TF | 20. TTF FF |

TEST MCQ PAPER 2- GYNAECOLOGY

1. **The following statements are true regarding endometrial carcinoma :**
 - A. The incidence is increased after menopause.
 - B. There is increased risk with the use of combined hormone replacement therapy.
 - C. The cervix is not involved .
 - D. Adenomatous carcinoma is the usual type.
 - E. Myometrial involvement does not occur.

2. **Atrophic vaginitis :**
 - A. occurs only after the menopause.
 - B. is usually symptomatic.
 - C. can be confirmed by vaginal cytology.
 - D. is treated by local steroids.
 - E. is a recognised cause of postmenopausal bleeding.

3. **Progesterone only contraceptive**
 - A. is taken both orally and parenterally.
 - B. suppresses lactation.
 - C. acts by suppressing ovulation.
 - D. causes regular menstrual bleeding.
 - E. is effective as emergency contraception.

4. **Clomiphene citrate (Clomid) used in treatment of infertility**
 - A. is associated with ovarian cyst formation.
 - B. increases the risk of fetal malformation.
 - C. causes vasomotor symptoms as a side effect.
 - D. causes breast discomfort.
 - E. is prescribed in a starting dose of 500 mg daily for ten days.

5. **Ectopic pregnancy :**
 - A. has a higher incidence in women with copper intrauterine contraceptive devices.
 - B. cannot be diagnosed by the ultrasound.
 - C. is treated by laparoscopic salpingostomy.
 - D. is excluded by a negative serum β -HCG.
 - E. has a recurrence rate of 15% after conservative surgery.

- 6. In hormone replacement therapy (HRT) for postmenopausal women :**
- A. combined HRT is given after total abdominal hysterectomy .
 - B. norethisterone is one of the progestogen used.
 - C. conjugated equine oestrogen is also known as premarin.
 - D. the risk of colon cancer is increased.
 - E. oestrogen only is an acceptable therapy.
- 7. Cervical carcinoma**
- A. is usually adenocarcinoma.
 - B. cervical intraepithelial neoplasia II is equivalent to severe dysplasia.
 - C. presents with post-coital bleeding.
 - D. stage IIb is treated by Wertheim's hysterectomy.
 - E. does not respond well to radiotherapy.
- 8. Causes of postmenopausal bleeding include**
- A. endometrial carcinoma.
 - B. ovarian carcinoma.
 - C. cervical carcinoma.
 - D. hormone replacement therapy.
 - E. atrophic vaginitis.
- 9. Ovarian malignancy**
- A. can be serous or mucinous cystadenoma.
 - B. is related to high parity.
 - C. is also due to secondary cause.
 - D. is treated by radiotherapy.
 - E. usually spreads widely at the time of diagnosis.
- 10. Primary amenorrhoea can be due to**
- A. Intersex.
 - B. vaginal atresia.
 - C. anorexia nervosa.
 - D. cervical stenosis.
 - E. Klinefelter's syndrome.
- 11. The common sites for ectopic pregnancy include**
- A. ampulla of the Fallopian tube (FT).
 - B. ovary.
 - C. abdominal cavity.
 - D. isthmus of FT.
 - E. fimbrial end of FT.

- 12. During the menstrual cycle,**
- A. ovulation coincides with menstruation.
 - B. the secretory phase of the cycle is of constant length.
 - C. anovular cycles are characteristically painless.
 - D. menstrual blood loss is 100ml on average.
 - E. libido is maximal at the time of ovulation.
- 13. The following endoscopic techniques are appropriate to the conditions :**
- A. Colposcopy and carcinoma of the endometrium.
 - B. Culdoscopy and sterilization.
 - C. Laparoscopy and in-vitro fertilization.
 - D. Hysteroscopy and endometrial polyps.
 - E. Cystoscopy and staging of carcinoma of the cervix.
- 14. In threatened abortion at 15 weeks gestation in a nulliparous patient ,**
- A. pain is characteristic.
 - B. the internal os is often open.
 - C. fainting is characteristic.
 - D. an ultrasound scan can demonstrate viability.
 - E. absence of fetal movements suggests non-viability.
- 15. In ectopic pregnancy , the following are characteristics :**
- A. less than 10 weeks amenorrhoea.
 - B. abdominal pain occurring before vaginal bleeding.
 - C. shoulder-tip pain.
 - D. passage of decidual cast.
 - E. negative pregnancy test.
- 16. The following are characteristics of hydatidiform mole :**
- A. vaginal bleeding.
 - B. uterus larger than dates.
 - C. passage of vesicles vaginally.
 - D. snow-storm appearance on ultrasound examination.
 - E. raised serum human placental lactogen levels.
- 17. The following statements are true regarding spontaneous abortions :**
- A. Threatened abortion often becomes septic.
 - B. Complete abortion is commoner than incomplete abortion.
 - C. Inevitable abortion terminates as carneous mole.
 - D. Oxytocin is given if bleeding is heavy.
 - E. Sepsis is treated by antibiotics and subsequent evacuation.

18. Third degree uterine prolapsed

- A. is termed procidentia.
- B. involves inversion of the uterus.
- C. usually results from a deficient perineum.
- D. is characteristically associated with stress incontinence.
- E. is treated by abdominal hysterectomy.

19. Fibromyomata

- A. are composed of striated muscles.
- B. are very vascular.
- C. have a true capsule.
- D. frequently have calcium deposits.
- E. occur in the uterine cervix.

20. Characteristic symptoms of endometriosis include :

- A. Dysmenorrhea.
- B. superficial dyspareunia.
- C. amenorrhoea.
- D. pre-menstrual tension.
- E. Infertility.

ANSWERS TO GYNAECOLOGY MCQ

- | | |
|-----------|-----------|
| 1. TFFTF | 11. TFFTT |
| 2. FFTFT | 12. FTTFF |
| 3. TFTFT | 13. FTTTT |
| 4. TFTTF | 14. FFFTF |
| 5. FFTTT | 15. TTTTF |
| 6. FTTFT | 16. TTTTF |
| 7. FTTFE | 17. FFFFT |
| 8. TTTTT | 18. TFFFF |
| 9. FFTFT | 19. FFFFT |
| 10. TTTFF | 20. TFFFT |

References

- Brian A. Magowan, Philip Owen, James Drife. 2009. *Clinical Obstetrics and Gynaecology*. United Kingdom: Elsevier Health Sciences UK.
- DG, Mutch. 2009. "The New FIGO staging system for cancers of the vulva, cervix, endometrium, and sarcomas." *Gynecol Oncol* , 2009: 115:325-328.
- Edwin Malcolm Symonds, Ian M. Symonds. 2004. *Essential obstetrics and gynaecology*. Churchill Livingstone.
- Glasier, Anna, and Ailsa Gebbie.2008. *Handbook of Family Planning and Reproductive Healthcare, 5th Edition*. United Kingdom: Elsevier Health Sciences, United Kingdom.



95

Multiple Choice Questions

OBSTETRICS & GYNAECOLOGY FOR UNDERGRADUATES

This book consists of a compilation of past years multiple choice questions for Undergraduate Obstetrics & Gynaecology. Along with the answers given, each question will have a concise illustration and clear explanation for the answer given. With this, it is hoped that this book will further clarify and consolidate student's understanding in Undergraduate Obstetrics & Gynaecology.
