



KISII UNIVERSITY
UNIVERSITY EXAMINATIONS

SPECIAL/SUPPLEMENTARY EXAMINATIONS
SECOND YEAR EXAMINATION FOR THE AWARD OF THE DEGREE OF
BACHELOR OF SCIENCE IN CLINICAL MEDICINE AND SURGERY
FIRST SEMESTER, 2021/2022
(JULY, 2022)

REPH E200: REPRODUCTIVE HEALTH III

STREAM: Y2 S1

TIME: 2 HOURS

DAY: TUESDAY, 3:00 – 5:00 P.M.

DATE: 26/07/2022

INSTRUCTIONS:

- 1. Do not write anything on this question paper.**
- 2. Answer Question ONE and any other TWO Questions.**

I. Part I : section A 6 short answer question all compulsory.

Section B. 3 long essay questions, answer any two.

II. Part II: Section A 15 multiple choice questions. choose one correct response

Section B. 15 multiple choice questions of the true / false type.

PART I SECTION A.

Attempt all question

Start each question on a new page.

Question 1

The whole essence of management of labor is to determine deviation from the normal at the earliest possible opportunity. During admission of a mother in labor,

- a) Briefly describe the important points you need to note [5mmarks]
- b) Briefly describe how you will do a vaginal examination and the important things to note. [5marks]

Question 2.

The partograph is an important tool in the management of labor. Answer the following with regard to the partograph.

- a) State four objectives of using the partograph. [2marks]
- b) State the function of a partograph at different levels of health care. [1marks]

- c) Outline the components of a partograph and what is monitored and how it is documented. [6marks]
- d) Briefly explain the management of labor using a partograph. [1mark]

Question 3.

.A 40 year old prime gravida, previously normotensive is admitted with at 16 weeks history of amenorrhoea with complaints of on and off per vaginal bleeding and history of passage of vesicles in blood. Her blood pressure was 180/110mmhg.The fundal height was 28/40.

- a) State the probable diagnosis [2marks]
- b) What are your differential diagnoses? [2marks]
- c) Discuss how you will manage the above patient [6marks]

Question 4

A 30 year old primigravida with a gestational age of 24 weeks is diagnosed with twin gestation at the training and referral hospital where you work.

- a) State at least 6 possible maternal complications [3marks]
- b) State at least 6 possible fetal complications [3marks]
- c) Briefly describe how you will manage her until delivery [4marks]

Question 5.

There are two possible ways of delivery, either vaginal delivery or caesarean section. Answer the following with regard to caesarean section.

- a) Indications for caesarean section. [4marks]
- b) Possible complications of caesarean section. [4marks]
- c) Post operative care. [2marks]

Question 6

A 30 year old Para 1+0 gravida 2 at gestational age of 34 weeks, presents to the maternity unit of your hospital with complaints of p.v drainage of a clear fluid. The drainage started as a gush of fluid while she was a sleep. She has no pains or any bleeding.

- a) What is the most likely diagnosis? [1mark]
- b) What are the differentials of the above condition? [1mark]
- c) State 6 possible causes of the above condition. [3marks]
- d) What possible dangers is she at risk of? [2marks]
- e) Briefly explain how you will manage her. [3marks]

SECTION B.

Answer any two of the following questions

Start each question on a new page.

Question 7.

Discuss pre-eclampsia. [20marks]

Question 8.

Write short notes on antepartum haemorrhage. [20marks]

Questions 9.

Discuss postpartum haemorrhage. [20marks]

PART II.

ANSWER ALL QUESTIONS.

PART II SECTION A.

CHOOSE THE MOST CORRECT ANSWER.

1. In which one of the following conditions will one get low levels of maternal serum alpha fetal proteins?
 - A. Open neural tube defects[NTDs]
 - B. Multiple pregnancy
 - C. Down's syndrome.
 - D. Anterior abdominal wall defects
2. Fetal lung maturity can best be assessed using:
 - A. Amniotic fluid culture
 - B. Bubble test.
 - C. Surfactant test.
 - D. Breathing movements at ultrasound.
3. The following tests are routinely done during antenatal follow-up except;
 - A. Blood group and Rhesus factor.
 - B. Random blood sugar.
 - C. Hepatitis B surface antigen.
 - D. HIV serology.
4. In brow presentation, the presenting diameter at the pelvis is;
 - A. Submento-bregmatic which is about 9.5cm.
 - B. Mento-bregmatic approximately 12cm.
 - C. Sub occipital-frontal which is approximately 10cm.
 - D. Mento-vertical approximately 13cm
5. The cardinal movements of labor occur in the following sequence:
 - A. Engagement, flexion, descent, internal rotation, external rotation, extension,
 - B. Extension, internal rotation, descent, flexion, engagement.
 - C. Engagement, descent, flexion, internal rotation, extension, external rotation.
 - D. Engagement, flexion, descent, internal rotation, extension, external rotation.
6. In the abdominal examination of a pregnant woman, Leopold's maneuver number 3;
 - A. Determines the presentation
 - B. Determines the fetal lie.
 - C. Determines engagement.
 - D. Determines the characteristic of the fetal poles.
7. In turner classification of breast development, turner 4 corresponds to;
 - A. Elevation of the papilla.
 - B. Formation of a secondary mound by the areola.
 - C. Breast budding.
 - D. Formation of a single contour of breast and areola.
8. Which of the following is not a result of fertilization?
 - A. Completion of the first meiotic division.
 - B. Restoration of the diploid number of chromosomes.
 - C. Variation of the human species.
 - D. Determination of chromosomal sex

9. Regarding placenta previa
 - A. Painless haemorrhage is the cardinal sign.
 - B. Placenta previa type III may be allowed to deliver vaginally.
 - C. The uterus is usually firm and tender.
 - D. Usually associated with coagulation disorder.
10. Induction of labor is contraindicated in:
 - A. Prolonged pregnancy.
 - B. Type III placenta previa.
 - C. Previous abdominal surgery.
 - D. Brow presentation.
11. In threatened abortion.
 - A. The cervix is open.
 - B. There is per vaginal bleeding.
 - C. Gestational age is may be 28 weeks.
 - D. Evacuation is strongly indicated.
12. Labor is said to be prolonged if:
 - A. First stage takes more than 8 hours.
 - B. The second stage takes 30 minutes.
 - C. The descent is 3/5 above pubic symphysis in a multiparous.
 - D. Membranes fail to rupture within 6 hours.
13. Regarding the management of a patient in obstetrics and gynecology:
 - A. Establishing a rapport with the patient is easier for a teenager than the older patient since they are freer.
 - B. A chaperone is unnecessary when a male doctor is accompanied by a female nurse.
 - C. A poor lit room is more conducive for physical examination than a well lit room for privacy purposes.
 - D. Consent for clinical examination is unnecessary.
14. In active management of third stage'
 - A. The uterotonic of choice is ergometrine
 - B. Involves administration of uterotonics with the delivery of the anterior shoulder.
 - C. Uterine massage and controlled cord traction are commenced as soon as the baby is delivered.
 - D. Is reserved for those at risk of postpartum haemorrhage.
15. The following are features of severe preeclampsia except:
 - A. Severe epigastric pain
 - B. Severe frontal headache.
 - C. Massive pedal edema.
 - D. Visual disturbance.

SECTION B

ANSWER TRUE OR FALSE TO EACH OF THE RESPONSES.

16. A 36 year old primigravida is at risk of the following conditions:
 - A. Anemia.
 - B. Preterm labor.
 - C. Pre-eclampsia/eclampsia

D. Diabetes mellitus.

E. Fetal congenital abnormalities.

17. The fetal biophysical profile (BPP) is a measure of fetal well being. Which of the following BPP score is correctly matched with its management option?

	BPP score	Management option.
A	4	Repeat BPP after 24 hours irrespective of gestational age.
B	6	If gestational age less than 36 weeks repeat BPP after 4 to 6 hours
C	2	Deliver regardless of the gestational age.
D	8	Deliver if gestational age more than 36 weeks. If gestational age less than 36 weeks repeat BPP after 24 hours.
E	10.	Repeat testing at weekly interval.

18. True or False

A. The fetal heart rate decelerates with fetal movements.

B. In a fetus at risk of uteroplacental insufficiency, the fetal heart rate shows decelerations long after a contraction has stopped.

C. In an infarcted placenta, Doppler studies of umbilical artery will show high blood flow.

D. During Doppler studies of the umbilical artery, a low diastolic component indicates high placental perfusion.

E. In a normal fetus, the head circumference to abdominal ratio is approximately 1.0

19. Concerning focused antenatal care;

A. The Hb is checked in each return visit.

B. The woman is seen every 4 weeks from 20weeks gestation.

C. The first visit should be after 20weeks.

D. The blood pressure and weight is checked with each return visit.

E. In a normal pregnancy the maximum number of return visits is 5.

20. Concerning the female pelvis:

A. The transverse diameter of the pelvic inlet is 10.5 to 12cm

B. The anteroposterior diameter of the outlet is smaller than the transverse diameter of the outlet.

C. In the midcavity the transverse diameter is bigger than the anteroposterior diameter.

D. The anteroposterior diameter of the midcavity is approximately 12cm.

E. The anteroposterior diameter of the pelvic outlet is approximately 11cm.

22. With regard to breech presentation;

A. In frank breech, the fetal knees and hips are flexed.

B. In complete breech, the fetal hips are extended and knees flexed.

C. In complete breech, both the fetal knees and hips are flexed.

D. In footling breech, the fetal knees and hip are both extended.

E. Cord prolapse is more likely in frank breech.

23. In the management of a mother in labor;

A. Contractions are assessed every quarter hourly.

B. A vaginal examination is done every 2 hours.

C. Fetal heart rate is checked every 30 minutes during the first stage and every 15 minutes during the second stage.

D. Fetal blood pressure is checked every 4 hours.

E. Thin and dark green staining of meconium is a marker of potential fetal compromise.

24. The following are evidence of maternal distress except

A. Anxious look with sunken eyes

- B. Acetone smell in breath
- C. Rising PR of 100/minute or more.
- D. Hot and wet vagina
- E. Scanty strong colored urine.

25. When used in pregnancy, the following drugs have the stated toxicity in the fetus.

	Drug.	Toxicity.
A	Levofloxacin.	Hepatotoxicity.
B	Azithromycin.	Tooth discoloration and dysplasia.
C	Chloramphenicol	Gray baby syndrome.
D	Flucloxacillin.	Bone marrow suppression.
E	Doxycycline.	Impaired cartilage growth.

26. Infants of diabetic mothers are at an increased risk of

- A. Perinatal death.
- B. Intra uterine growth retardation.
- C. Hyperglycaemia.
- D. Hyperkalaemia.
- E. Congenital anomalies.

27. The following are highly suggestive of abruption placentae.

- A. Visible per vaginal haemorrhage.
- B. An irritable tender and tense uterus.
- C. Absence of uterine contractions.
- D. Absence of hypovolemic shock.
- E. Evidence of fetal compromise.

28. Post partum haemorrhage;

- A. Is a common sequelae of prolonged labor.
- B. May follow precipitate labor.
- C. May cause coagulation disorder.
- D. Is often due to retained placental tissue.
- E. When it occurs on the 3rd day post delivery is often due to cervical tears.

29. In rhesus isoimmunization.

- A. Cord blood is taken for indirect coombs test.
- B. Cord blood is taken for direct coombs test.
- C. The problem can be diagnosed from maternal hemoglobin.
- D. At birth maternal blood is taken for bilirubin levels.
- E. Anti-D immunoglobulin should be given within 72 hours of birth irrespective of the baby's blood group.

30. Regarding deep venous thrombosis in pregnancy;

- A. At delivery the antidote for heparin, vitamin K should be available.
- B. Warfarin can safely be given during the third trimester.
- C. Cellulite is a differential diagnosis.
- D. Anticoagulant therapy may be stopped immediately after delivery.
- E. The efficacy of heparin therapy is assessed using INR.