



**HOW TO PASS
THE UNDERGRADUATE
OBSTETRICS AND GYNAECOLOGY
EXAMINATION**

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2012

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UNIMAS



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How to Pass The Undergraduate Obstetrics and Gynaecology Examination



**Pusat Khidmat Maklumat Akademik
UNIVERSITI MALAYSIA SARAWAK**

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**Universiti Malaysia Sarawak
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Preface

This book is prepared for students of the Faculty of Medicine and Health Sciences (FMHS), Universiti Malaysia Sarawak (UNIMAS), but it can be useful for medical students studying elsewhere.

The questions are based on several standard text books, recommended for Obstetrics and Gynaecology (O & G). However most of the questions are based on the text from “Ten Teachers”.

Most medical universities including Universiti Malaysia Sarawak still use negative marking system for Multiple Choice Questions (MCQ). Therefore most medical students are extra cautious in answering MCQs. I hope students can answer confidently after studying questions and answers in this book. The MCQs in this book attempts to cover the whole area in Obstetrics and Gynaecology.

This book also includes some Best Answer Question (BAQ) and Objectively Structured Clinical Examination (OSCE) so that medical students can practice different types of questions for O & G Examination.

Anatomy, physiology and pathology questions which are related to Obstetrics and Gynaecology are also included in this book.

We hope that after learning from this book, the FMHS, UNIMAS medical students will have more confident in answering MCQ, BAQ and OSCE for Obstetrics and Gynaecological examination.

We are grateful to our colleagues who made helpful comments and encouraged us to publish this book for FMHS, UNIMAS medical students.

This book is prepared by following FMHS, UNIMAS lecturers who are teaching Obstetrics and Gynaecology for many years.

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My heartfelt thanks go to several people who helped in many ways from the start to the end. It will be hard to mention in words as their help are invaluable.

In the very first instance I would like to thank all our contributors who are expert in their respective fields and has devoted their valuable time towards producing this book.

I thank my lovely wife, who has supported this work by giving her valuable suggestion and encouragement at all times.

My sincere thanks go to our Tan Sir Datu Prof. Dr. Mohamad Taha b Arif (Dean of FMHS, UNIMAS), who has also given valuable suggestions.

I would like to acknowledge Dr. Haris Njoo Suharjono, Head of Department and Senior Consultant, Obstetrics and Gynaecology Department, Sarawak General Hospital and Dr. Kang Marcus, Head of Department and Specialist, Obstetrics and Gynaecology Department, Sibul General Hospital for their effort to edit, add new information and facts about "How to pass undergraduate Obstetrics and Gynaecology examination" and their useful comment is very much appreciated.

I also thank my colleagues at Obstetrics and Gynaecology Department (FMHS, UNIMAS), who has helped in preparing numerous questions on MCQ.

Lastly, but not the least I thank my medical students (FMHS, UNIMAS), without whom this work would have no relevance.

I also thank UNIMAS Publishers for accepting this work for the universiti publication.

Soe Lwin

Foreword

A book of questions is useful to students in many ways. It can be used to assess one's knowledge on what has been learned from textbooks, classrooms and bedside teaching. It is useful as a revision tool. It also provides an avenue for an examination trial which in the case of multiple choice questions means to develop the skill to pick the right statements and not be tempted to guess answers. The answers which are given after each question serve as a quick guide to choices made. However students are reminded that this book is not a textbook and it cannot be treated as such. References given at the end of the book indicates where students can refer to for a better understanding of the subject matter being tested.

I admit that it is not easy to put together many facts into a question. Thus I congratulate the authors for their courage to come up with this book for the benefits of students in their learning process.

Tan Sri Datu Prof Dr. Mohamad Taha Arif
Dean, Faculty of Medicine and Health Sciences
Universiti Malaysia, Sarawak.

Obstetrics MCQs

Obstetric History and Examination

With regard to pregnancy dating:

- (a) The cycle length is 30 days.
- (b) The LMP is reliable even if cycles are irregular.
- (c) The LMP can be used if pregnancy was due to a contraceptive pill failure.
- (d) Breastfeeding makes LMP dating inaccurate.
- (e) The EDD is calculated as LMP + 280 days.

Answers:

- (a) **False** : The cycle length is 28 days.
- (b) **False** : Cycles need to be regular and of normal length.
- (c) **False** : The contraceptive pill induces withdrawal bleeds and not a menstrual bleed.
- (d) **True** : The time of ovulation is unpredictable, even if the woman is menstruating while breastfeeding.
- (e) **True** : This is termed as Naegele's rule.

Meiosis and mitosis:

- (a) Most human cells contain 46 autosomes.
- (b) Mature sperm contain 23 chromosomes.
- (c) Mitosis is a two-stage process.
- (d) Meiosis produces haploid eggs or sperm.
- (e) The sperm determines the sex of the child.

Answers:

- (a) **False** : Cells contain 46 chromosomes.
- (b) **True** : This is a haploid cell.
- (c) **False** : Meiosis is a two-stage process.
- (d) **True** : Meiosis produces haploid eggs or sperm.
- (e) **True** : The sperm may contain either an X-chromosome or a Y-chromosome, thereby determining the sex.

Maternal blood flow to the placenta:

- (a) At term, about 500 ml of blood flows through the placenta bed per minute.
- (b) Is affected by posture.
- (c) Is completely obstructed during the peak of strong contraction
- (d) Is increased in pre-eclampsia.
- (e) Is increased by inspiration of 10% oxygen.

Answers:

- (a) **True** :
- (b) **True** : The pressure of the uterus on the inferior vena cava in the supine position obstructs venous return to the heart (supine hypotension).
- (c) **True** : Venules in the myometrium are completely occluded by the surrounding muscle fibres.
- (d) **False** : This is an important component of the pathophysiology of pre-eclampsia.
- (e) **False** : There is some evidence that it may be decreased, but none that it is increased.

The uterus and cervix in pregnancy:

- (a) Uterine growth is by hypertrophy only.
- (b) The lower uterine segment forms at 20 weeks.
- (c) Infrequent painless contractions are termed "Braxton-Hicks" contractions.
- (d) Cervical ectropions is seen more frequently in pregnancy.
- (e) Prostaglandins are produced in the cervix.

Answers:

- (a) **False** : Hypertrophy and hyperplasia both contribute towards uterine growth in pregnancy.
- (b) **False** : The lower segment forms in the late second trimester usually starts to form at 28 weeks. It extends from the peritoneum of the uterovesical pouch superiorly to the internal cervical os inferiorly.
- (c) **True** : These contractions are painless and reflect the maturation of cellular gap junctions.
- (d) **True** : Due to cervical eversion as a result of high estrogen that stimulate cervical growth.
- (e) **True** : They are produced increasingly towards term.

Fetal size:

- (a) The average weight at term is 3.5 kg.
- (b) Size is increased in multiparous women.
- (c) Male infants are usually smaller than female infants.
- (d) Size is increased in heavier mothers.
- (e) Smoking 10 cigarettes a day decreases birth-weight by an average of 100g.

Answers:

- (a) **True** : The average weight is 3.5 kg at the end of 40 weeks.
- (b) **True** : Fetal weight usually increases with each pregnancy.
- (c) **False** : Male infants are approximately 60 g heavier.
- (d) **False** : Maternal height, not weight, is associated with fetal growth.
- (e) **False** : Smoking 10 cigarettes a day decreases fetal weight at term by 200 g.

In the fetal circulation:

- (a) Oxygenated blood travels along the umbilical arteries.
- (b) The fetal lungs are bypassed by means of the ductus venosus.
- (c) The foramen ovale connects the two atria.
- (d) Most of the blood that enters the left atrium flows into the right atrium.
- (e) The blood in the descending aorta is more desaturated than that in the ascending aorta.

Answers:

- (a) **False** : Deoxygenated blood is returned to the placenta via the umbilical arteries.
- (b) **False** : It is the ductus arteriosus.
- (c) **True** : Blood from the inferior vena cava passes through the foramen ovale.
- (d) **False** : Blood passes from the right to the left atrium.
- (e) **True** : Mixing with blood from ductus arteriosus causes lower oxygen saturation.

**Sound Imaging and Assessment of Fetal
Being**

The following ultrasonic measurements may be used to confirm gestation:

- (a) Crown-rump length.
- (b) Biparietal diameter.
- (c) Nuchal translucency.
- (d) Gestational sac volume.
- (e) Yolk sac volume.

Answers:

- (a) **True** : This is most accurate between 7 and 12 weeks.
- (b) **True** : This is the most appropriate measurement between 15 and 20 weeks.
- (c) **False** : Increased nuchal translucency is a predictor of possible Down's syndrome.
- (d) **True** : This is useful in very early pregnancy.
- (e) **False** : The yolk sac is too small and does not correlate well with gestational age.

Normal cardiotocograms (CTGs):

- (a) The baseline at term is usually 120-160 beats/minute.
- (b) The short-term variability is 5 - 25 beats/minute.
- (c) An acceleration is a baseline increase of 15 beats/minute for 15 seconds.
- (d) A reactive trace would have one acceleration in 20 minutes.
- (e) The tocograph trace indicates the strength of contractions.

Answers:

- (a) **False** : The normal baseline is 110-160 beats/minute.
- (b) **True** : This is also known as baseline variability.
- (c) **True** :
- (d) **False** : To be classified as 'reactive', a trace requires two accelerations in 20 minutes.
- (e) **False** : Tocography shows the frequency but not the strength of contractions.

Biophysical profile:

- (a) Is a reflection of fetal well-being assessed by Doppler.
- (b) Is scored out of 12.
- (c) Amniotic fluid volume is one of the variables included.
- (d) The presence of breathing movements is a poor sign.
- (e) Has a lower false-negative rate for fetal hypoxaemia than CTGs.

Answers:

- (a) **False** : The biophysical profile is assessed by ultrasound and CTG.
- (b) **False** : It is normally scored out of 10 (five variables scored 0 to 2).
- (c) **True** :
- (d) **False** : Breathing movements may take 30 minutes to manifest and are physiological.
- (e) **True** : However, the test has not been taken up widely as it is more difficult to implement.

Smoking in pregnancy is associated with:

- (a) Low birth weight.
- (b) Placenta praevia.
- (c) Increased likelihood of childhood respiratory disease.
- (d) Decreased incidence of breastfeeding.
- (e) Increased likelihood of pre-eclampsia.

Answers:

- (a) **True** : Average birth weight is 200g less in smokers.
- (b) **False** : It is associated with abruption of placenta.
- (c) **True** : Most women continue to smoke after delivery.
- (d) **True** : Smokers are less likely to breastfeed.
- (e) **False** : This may occur less frequently in smokers.

In iron deficiency anaemia in pregnancy:

- (a) The mean corpuscular haemoglobin content (MCH) and the mean corpuscular haemoglobin concentration (MCHC) are both low.
- (b) The mean corpuscular volume (MCV) is raised.
- (c) Blood transfusion is indicated if haemoglobin levels fall to below 9.0g/dl.
- (d) Usually occur in low socio-economic group.
- (e) There is an increased risk of pre-eclampsia.

Answers:

- (a) **True** : In beta-thalassaemia, the MCH is low but the MCHC is normal.
- (b) **False** : The MCV is low, with hypochromasia.
- (c) **False** : Blood transfusion is used if there is insufficient time for iron therapy to work.
- (d) **True** : Inadequate dietary iron is the usual cause.
- (e) **False** : There is no relationship between anaemia and pre-eclampsia.

Symptoms and signs of the onset of labour include:

- (a) Braxton-Hicks contractions.
- (b) Backache.
- (c) Shortening of the cervix.
- (d) Passing of blood and mucus discharge.
- (e) Spinnbarkeit.

Answers:

- (a) **False** These may be felt throughout pregnancy as painless, irregular contractions.
- (b) **False**
- (c) **True** : This is the earliest change in the latent phase of labour.
- (d) **True** : Passing of blood and mucus discharge "show" is the one of the symptoms.
- (e) **False** : This is a change in the cervical mucus seen at ovulation.

The second stage of labour:

- (a) Causes a transient bradycardia with contractions which are of little significance.
- (b) Is os fully dilated until delivery of the baby.
- (c) Ends with placental separation.
- (d) Starts with pushing.
- (e) Is shorter in multiparae.

Answers:

- (a) **True** : There are often decelerations due to head compression.
- (b) **True** :
- (c) **False** : It ends with delivery of the fetus.
- (d) **False** : It commences at full dilatation.
- (e) **True** : The second stage may be only a few minutes in multiparae.

Obstructed labour:

- (a) Develops before full dilatation of the cervix.
- (b) Should not be predicted before the onset of labour.
- (c) Is more common in developed countries.
- (d) Is inevitable in a term fetus with persistent mento-posterior position.
- (e) Shouldn't use often to overcome by means of craniotomy if the fetus is dead.

Answers:

- (a) **False** : In some cases, labour proceeds to full dilatation, and the fetal head is then unable to descend through the pelvis.
- (b) **True** : Prediction is rarely possible.
- (c) **False** : The mean pelvic size is smaller in non-developed countries.
- (d) **True** : Delivery is only possible if rotation to the mento-anterior position occurs.
- (e) **True** : In extreme circumstances can be overcome by means of craniotomy if the fetus has a non-viable hydrocephalus.

Syntocinon augmentation of labour:

- (a) Is more often required in multiparous patients.
- (b) May aggravate fetal distress.
- (c) May cause a prolonged hypertonic uterine contraction
- (d) May have to be increased as labour progress.
- (e) May cause or aggravate neonatal jaundice.

Answers:

- (a) **False** : Hypotonic inertia is more common in primiparous women.
- (b) **True** : Uterine contractions always obstruct placental blood flow. They become stronger with syntocinon, and the recovery phase between contractions is shortened.
- (c) **True** : This causes fetal distress, and may cause uterine rupture.
- (d) **False** : Labour is a self-perpetuating process, and the dose may have to be maintained if contractions are satisfactory.
- (e) **True** : This may be due in part to the antidiuretic effect of oxytocin causing red cells to swell and become less distensible. Such cells are more rapidly removed from the circulation.

Prior to engagement of the fetal head:

- (a) The head usually enters the pelvis in an occipito-transverse position.
- (b) A trial of forceps may be carried out provided that the vertex has passed the plane of the pelvic inlet.
- (c) Three-fifths or more of the head are palpable abdominally.
- (d) Induction of labour should not be performed.
- (e) Spontaneous labour is unlikely to start.

Answers:

- (a) **True** : This is the usual position at engagement.
- (b) **False**: Only if the head is 1/5 palpable or not palpable 0/5.
- (c) **True** :
- (d) **False**: Provided that the head is stable over the brim of the pelvis, induction with prostaglandins may be attempted.
- (e) **False**: In 60% of multiparous cases and 40% of primiparous cases, the head does not engage prior to labour.

The occipito-posterior position:

- (a) Is an example of a malpresentation.
- (b) Usually turns to deliver as the occipito-anterior position.
- (c) May proceed to secondary dysfunctional labour.
- (d) Is associated with a prolonged first stage.
- (e) Is associated with a prolonged second stage.

Answers:

- (a) **False** : It is a malposition. Breech and face are examples of malpresentations.
- (b) **True** : This happens in about 80% of cases.
- (c) **False** : This occurs when rotation of the occiput is arrested in the transverse position and cause deep transverse arrest.
- (d) **True** : The head tends to be deflexed in the sub-occipito frontal (10cm) diameter.
- (e) **True** : Rotation takes place in the late first and second stages.

The Puerperium

Puerperal sepsis due to Haemolytic Streptococcus (group A):

- (a) May cause rigors.
- (b) Is the commonest cause of maternal mortality.
- (c) Is likely to be caused by exogenous infection.
- (d) Haemoglobinuria is usual.
- (e) Is treated with tetracycline.

Answers:

- (a) **True** : It is not infrequently associated with rigors.
- (b) **False** : It is now an infrequent cause of maternal mortality in the UK.
- (c) **True** : The source of infection is likely to be from attendants.
- (d) **False** : This occurs in clostridial infection.
- (e) **False** : Penicillin is the treatment of choice.

Breastfeeding has the following advantages over bottle-feeding:

- (a) Human milk contains more protein.
- (b) Human milk contains more carbohydrate.
- (c) There is a lower incidence of juvenile diabetes in breastfed infants.
- (d) There is a lower incidence of atopic conditions in breastfed infants.
- (e) It needs to be given less frequently.

Answers:

- (a) **False** : There is too much protein in cow's milk.
- (b) **True** :
- (c) **True** :
- (d) **True** : Cow's milk protein provides a powerful antigenic stimulus.
- (e) **False** : Bottle feeds may be given less frequently because larger volumes can be given.

Pre-Eclampsia and Growth Restriction

There is an increased risk of developing pre-eclampsia with:

- (a) Increasing maternal age.
- (b) High parity.
- (c) Hydatidiform mole.
- (d) Smoking.
- (e) Diabetes.

Answers:

- (a) **True** : It is more common in women over 35 years of age.
- (b) **False** : It is more common in primigravid women.
- (c) **True** : The hypertension is severe and it often starts as early as 16-20 weeks.
- (d) **False** : This may occur less frequently in smokers.
- (e) **True** : This is assumed to be due to diabetic vascular disease.

Antenatal management of an asymmetrically small fetus should include:

- (a) Ultrasound examination to measure growth.
- (b) Maternal scoring of fetal movements.
- (c) Serial measurement of plasma oestradiol or human placental lactogen (HPL).
- (d) Cardiotocography.
- (e) Fetal scalp sampling.

Answers:

- (a) **True** : A fall-off in growth rate may prompt delivery.
- (b) **True** : A reduction in fetal movements may indicate fetal hypoxia.
- (c) **False**: Placental hormones are now known to be an insensitive test of fetal well-being.
- (d) **True** : This is the most popular method of fetal assessment.
- (e) **False**: This can only be done in labour.

Neural-tube defects:

- (a) Occur because of a poor pre conceptual maternal diet.
- (b) The majority of these defects occur at the cranial end of the spine.
- (c) The prognosis for spina bifida depends on the spinal level of the lesion.
- (d) With a previous affected sibling, the recurrence risk is 1%.
- (e) A supplement of 4000µg folic acid daily significantly reduces the risk of recurrence.

Answers:

- (a) **False** : There are environmental, genetic, pharmacological and geographical aetiologies.
- (b) **True** : Around 70-80% of neural-tube defects are anencephaly or encephaloceles.
- (c) **True** : The spinal level and number of segments involved determine the prognosis.
- (d) **False** : The recurrence risk will be as high as 5%.
- (e) **True** : A daily supplement of 4 mg is required to reduce recurrence.

In twin delivery:

- (a) The first twin is at greater risk than the second.
- (b) Labour occurs before term.
- (c) Epidural analgesia is best avoided.
- (d) There is an increased risk of postpartum haemorrhage.
- (e) The commonest fetal presentations is one twin cephalic and, one twin transverse.

Answers:

- (a) **False** : Fetal mortality and morbidity are greater in the second twin.
- (b) **True** : Over-distension of the uterus leads to pre-term labour.
- (c) **False** : Epidural analgesia is ideal, in preparation for any second-stage difficulties.
- (d) **True** : The larger placental site and uterine over-distension are aetiological factors.
- (e) **False** : The commonest presentation is cephalic-cephalic (45%).

The following may cause intrauterine death of the fetus:

- (a) Diabetes mellitus.
- (b) Respiratory distress syndrome (RDS).
- (c) Hydrops fetalis.
- (d) Urinary tract infection.
- (e) Syphilis.

Answers:

- (a) **True** : Poorly controlled diabetes may lead to sudden fetal death.
- (b) **False** : This is a cause of neonatal death.
- (c) **True** : Hydrops fetalis, whatever the cause, may lead to fetal death.
- (d) **False** : This only causes intra-uterine growth restriction.
- (e) **True** : Untreated syphilis is one of the rare causes.

Polyhydramnios is associated with the following:

- (a) Chorioangioma of the placenta.
- (b) Maternal diabetes.
- (c) Hydatidiform mole.
- (d) Hydrops fetalis.
- (e) Intrauterine growth restriction of the fetus.

Answers:

- (a) **True** : This is a rare fetal cause.
- (b) **True** : This is likely if the diabetes is poorly controlled, and it is due to fetal polyuria.
- (c) **False** : The uterus is filled with molar tissue.
- (d) **True** : This is often the case in severe rhesus iso-immunization.
- (e) **False** : It is often associated with oligohydramnios.

The following predispose to deep venous thrombosis:

- (a) Caesarean section.
- (b) Antenatal bed rest.
- (c) Breastfeeding.
- (d) Varicose veins.
- (e) Pelvic infection.

Answers:

- (a) **True** : Abdominal delivery considerably increases the risk of thrombo-embolism.
- (b) **True** : If other risk factors are present (e.g. age, obesity), anticoagulants should be considered.
- (c) **False**: Suppression of lactation with oestrogen predisposes to thrombosis.
- (d) **False**: Varicose veins increase the risk of superficial thrombophlebitis.
- (e) **True** : This applies to postpartum infection in maternity patients.

The following may cause congenital anomaly of the fetus:

- (a) Cytomegalovirus.
- (b) Varicella.
- (c) Hepatitis B.
- (d) Herpes.
- (e) Bacteria vaginosis.

Answers:

- (a) **True** : It causes microcephaly, blindness and developmental delay.
- (b) **True** : It may cause hypoplastic limbs, skin scarring and CNS abnormalities.
- (c) **False** : It may cause neonatal infection.
- (d) **True** : There is a rare syndrome that causes micro-ophthalmia and microcephaly.
- (e) **False** : It can cause preterm labour.

Cholestasis in pregnancy:

- (a) Characteristically presents with pruritus and a maculopapular rash.
- (b) Presents in the late third trimester.
- (c) Is treated by the use of ursodeoxycholic acid (UDCA)
- (d) Delivery is normally indicated at 38 weeks in view of the fetal risks.
- (e) Maternal oral vitamin K is usually prescribed.

Answers:

- (a) **False** : There is no rash in cholestasis (except excoriation).
- (b) **True** : It usually presents in the late third trimester.
- (c) **False** : UDCA provides symptomatic relief only.
- (d) **True** : In view of the risk of unexplained stillbirth.
- (e) **True** : Vitamin K is thought to reduce the risk of postpartum haemorrhage.

Second-trimester miscarriage:

- (a) Is typically painless.
- (b) Occurs between 12 and 22 weeks gestation.
- (c) Can be associated with rupture of membranes.
- (d) Is diagnosed after exclusion of infection, haemorrhage and multiple pregnancy.
- (e) Antibiotic prophylaxis is given in all cases.

Answers:

- (a) **False** : Backache, contractions and vaginal bleeding are typical.
- (b) **True** : After 22 weeks, the same symptoms/signs would be termed preterm labour.
- (c) **True** : Rupture of membranes may be the presenting symptom.
- (d) **False** : These are presumed aetiological factors.
- (e) **False** : Antibiotics are only used if there is strong evidence of infection.

The following are contraindications to intravenous beta-adrenergic stimulant therapy:

- (a) Preterm labour.
- (b) Fetal distress in labour.
- (c) Heart disease.
- (d) Asthma.
- (e) Insulin-dependent diabetes.

Answers:

- (a) **False** : This is the primary indication for this therapy.
- (b) **False** : This therapy may be useful in certain situations. eg. hyperstimulation.
- (c) **True** : It can cause tachycardia.
- (d) **False** : This is an indication for beta-adrenergic stimulant therapy. Cardiac disease, especially aortic and mitral stenosis, is a C/I.
- (e) **True** : The insulin requirement increases about five-fold on this treatment.

Operative Intervention in Obstetrics

Episiotomy:

- (a) Allows widening of the birth canal.
- (b) Can be midline or mediolateral in site.
- (c) Midline episiotomy bleeds less, is easier to repair and heals more quickly.
- (d) Must be performed for instrumental delivery.
- (e) Involvement of the anal sphincter is classified as third degree.

Answers:

- (a) **False**: Episiotomy widens the vulval outlet only.
- (b) **True** : Mediolateral episiotomies are preferred in the UK.
- (c) **True** : However, it is more likely to extend to involve the anal sphincter.
- (d) **False**: This is relative indications only.
- (e) **True** :

Postpartum haemorrhage:

- (a) Is defined as a blood loss of 1 L.
- (b) Is less likely if oxytocics are administered routinely in the third stage of labour.
- (c) Is primary if it occurs within the first 12 hours of delivery.
- (d) Is common after both placenta praevia and abruption placenta.
- (e) May require manual removal of the placenta.

Answers:

- (a) **False**: Blood loss of >500 ml is the definition.
- (b) **True**: This has been confirmed by several randomized trials.
- (c) **False**: Secondary postpartum haemorrhage occurs after 24 hours.
- (d) **True**: This is due to poor contraction of the placental bed and consumptive coagulopathy.
- (e) **True**: If bleeding continues and the placenta remains undelivered.

Psychiatric disease in pregnancy:

- (a) Psychosocial factors are important in the aetiology of 'baby blues'.
- (b) Schizophrenics should be maintained on their usual medication.
- (c) Lithium is usually stopped in pregnancy and during breastfeeding.
- (d) Puerperal psychosis occurs after 3% of deliveries.
- (e) The risk of recurrence of major postnatal depression is 1:10.

Answers:

- (a) **True**: Biological factors are important in the aetiology of severe illness.
- (b) **True**: Neuroleptics are safe in pregnancy and when breastfeeding.
- (c) **True**: Close monitoring of the mental state in pregnancy is required.
- (d) **False**: The prevalence is about 0.2%.
- (e) **False**: The recurrence risk is as high as 1:2 to 1:3.