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(University of choice)

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY (MMUST)

UNIVERSITY EXAMINATIONS

2023/2024 ACADEMIC YEAR

FOUTH YEAR, SECOND, TRIMESTER EXAMINATION

FOR THE DEGREE
OF
BACHELOR OF SCIENCE IN CLINICAL MEDICINE, SURGERY AND COMMUNITY HEALTH

COURSE CODE: **HCM 364**

COURSE TITLE: **REPRODUCTIVE HEALTH II**

DATE: **Wednesday 6th December 2023** **TIME:** **8:00am – 10:00am**

INSTRUCTION TO CANDIDATE

Answer all questions,

Section A : Multiple choice questions (MCQ) (20 Marks)
Section B : Short answer questions (SAQ) (40Marks)
Section C : Long answer questions (LAQ) (40Marks)

TIME: 3 HOURS

MMUST observes ZERO tolerance to examination cheating

This paper consists of 7 printed pages. Please turn over.

MCQS (20 MARKS)

1. True about puerperium EXCEPT;

   a. Lochia serosa is a brownish yellow discharge that occurs upto 3 to 4 days post delivery
   b. Vaginal rugosity is lost at delivery and returns by three weeks.
   c. Carunculae mytriformes are remants of the hymen
   d. Patients with rheumatoid arthritis will worsen after delivery

2. In family planning in puerperium, the following statement is FALSE;

   a. Lactatiional amenorrhea (LAM) is the recommended first line method
   b. Combine oral contraceptives can be used after 2 weeks.
   c. Depo provera injection can be given after 6 weeks.
   d. LAM is not recommended after 6 months post-delivery.

3. The following is not a type of incision made on the abdomen during caesarean section.

   a. Classical incision
   b. Pfannesteil incision
   c. Joel-Cohen incision
   d. Paramedian incision

4. The following is correct about descent.

   a. At 2/5- sinciput is felt, occiput just felt.
   b. At 4/4-sinciput felt, occiput easily felt.
   c. At 1/5- sinciput felt, occiput felt.
   d. At 3/5-sinciput high, occiput easily felt

5. Cord prolapse is when:

   a. The cord lies infront of the presenting part before membranes rupture.
   b. The cord lies in front of the fetus.
   c. The cord lies in front of the presenting part after the membranes have ruptured.
   d. The cord lies beside the fetus.

6. What is the immediate action after diagnosing cord prolapse?

   a. Confirm presenting part and if cord is pulsating and fetus is alive.
   b. Call theatre and alert them.
   c. Take fetal heart rate.
   d. Reassure the mother.

7. The following drugs are recommended for management of PPH except.

   a. Ergometrine
   b. Heat stable carbetocin
   c. Carboprost tromethamine
   d. Tranexamic acid

8. Refractory PPH refers to;

a. Bleeding that is controlled after instituition of 1st line treatment for PPH.
b. Bleeding that does not require invasive surgical procedures
c. Bleeding that occurs 24 hours following birth of baby.
d. Bleeding that cannot be controlled even after institution of 1st PPH treatment.

9. Which of the following maneuver is used to deliver the head in vaginal breech delivery?

a. Zavanelli maneuver
b. Mariceau-Smellie-Veit maneuver
c. Woods cock screw maneuver
d. Mariceau Veit maneuver

10. The following are salvage maneuvers in shoulder dystocia except

a. Fracturing of clavicle
b. Rubins maneuver
c. Zavanelli maneuver
d. Traction with a sling in the axilla of the posterior shoulder.

11. The following is the order of mechanism of labour

a. Engagement, internal rotation, descent, extension, external rotation
b. Engagement, descent, internal rotation, extension, external rotation
c. Engagement, internal rotation, extension, descent, external rotation
d. Engagement, internal rotation, descent, extension, external rotation,

12. The functions of corticosteroids given in preterm labour include the following EXCEPT?
a. Hasten lung maturity
b. Prevention of development of Necrotising enterocolitis in preterm neonates
c. Enhances the development of the notochord
d. Prevention of intracerebral hemorrhage during delivery

13. In multiple pregnancy, the following statement is FALSE

a. Monozygotic twins have the same genotype and phenotype
b. Conjoined or Siamese twins occur vue to fusion after 8 days
c. Craniopagus are Siamese twins fused at the skull
d. Division in two occurring before 72hours swill have dichorionic and diamniotic twins

14. The following are ways of providing warmth to an infant at birth EXCEPT?

a. Pre heating the room with electric heater
b. Kangaroo mother care
c. Covering with pre warmed linen
d. Bathing the infant with warm water

15. True about placenta previa except;

a. The fetus is alive most of the time
b. Cesarean section is indicated for type 2 anterior
c. Painless per vaginal bleeding
d. The fundal height is equal to the gestational age

16. Which of the following is not a characteristic of a pelvis favorable for SVD?

a. Sacral promontory cannot be felt
b. When the diagonal conjugate is 13cm
c. A curved and room ischial spine
d. When the obstetric conjugate is less than 10cm

17. Following the diagnosis of preterm labour at 32 weeks gestation

a. Dexamethasone has no role
b. Sympathomimetics are given to hasten lung maturity
c. Delivery should be delayed in the presence of IUGR
d. Magnesium sulphate can be used to knock off the contractions

18. A patient delivered 1 week ago. Examination today shows a fundal height of 20 weeks. She has foul smelling lochia loss and she has used 3 pads fully soaked with blood. About this patient;

a. Prolonged labour is a risk factor
b. Obstructed labour is unlikely cause
c. She has vesico-vaginal fistula
d. Gonorrhea is very likely.

19. Refractory PPH refers to;

a. Bleeding that is controlled after instituition of 1st line treatment for PPH.
b. Bleeding that does not require invasive surgical procedures
c. Bleeding that occurs 24 hours following birth of baby.
d. Bleeding that cannot be controlled even after institution of 1st PPH treatment.

20. A patient at 42 weeks requires induction. The following is TRUE

a. A Bishop's score of 6 is the most favorable.
b. Nipple stimulation works the same way as sexual intercourse in stimulation of labor.
c. Dilapan and lamicel will soften and dilate the cervix
d. Sublingual misoprostol 25mcg every 4 hours to a maximum of 4 doses.

SHORT ESSAY QUESTIONS (40 MARKS)

1. Briefly describe;

a. Indications of assisted vaginal delivery (3 marks)
b. Discuss at least 3 signs of failure of assisted vacuum delivery (3 marks)
c. Complications of Assisted Vacuum Delivery (4 marks)

2. In puerperium

a. Briefly describe the three psychiatric/psychological complications and their management (6 marks)
b. State at least four anatomical changes that occur to the reproductive organs in puerperium (4 marks)

3. In premature rupture of membranes (PROM);

a. State at least 4 differential diagnoses (2 marks)
b. State the three definitive ways of diagnosing of PROM (3 marks)
c. Briefly describe how you would manage a mother with premature rupture of membranes at 32 weeks gestation (5 marks)

4. A mother presents to your facility at 32 weeks gestation complaining of severe abdominal pain and dark red per vaginal bleeding. Reports to have fallen from a bodaboda;

a. What is the likely diagnosis? (1 mark)
b. How would you manage the mother? (3marks)
c. Briefly describe the pathophysiology of DIC that can occur in this patient (3 marks)
d. State at least 3 complications that might occur due to this condition. (3 marks)

LONG ESSAY QUESTIONS (40 MARKS)

1. in management of third stage of labour;

a. Briefly describe the components of active management of third stage of labor (AMSTL) (3 marks)
b. State four signs of placental separation in AMSTL (4 marks)
c. Briefly define placenta accreta, increta and percreta(3 marks)
d. Patient goes into labour and has prolonged second stage of labour. The nurse reports that there is incomplete restitution and a turtling sign. Describe how you will manage this patient. (10 marks)

2. While in labour ward, you are called to review a woman who is 8 cm dilated. The nurse on duty tells you that she suspects that the baby is in distress.

a. What is the normal fetal heart rate? (2 marks)
b. Apart from an abnormal fetal heart rate, describe briefly two other ways a non-reassuring fetal status can present (4 marks)
c. Manage the patient accordingly (4 marks)
d. While in postnatal ward, the nurse notes that the mother is having per vaginal bleeding and has changed 4 pads with an estimate of around 800ml blood loss. How will you manage this patient (10 marks)