

Obstetrics / Gynecology Questions

- Identify the maternal changes that occur during pregnancy?
 - Cardiac output increases 10%
 - Systemic vascular resistance increases
 - Heart rate decreases
 - Maximum cardiac output occurs at 10 weeks gestation
 - None of the above
- Regarding pulmonary changes in pregnancy, identify the false statement
 - Tidal volume increases 30 – 40%
 - Respiratory rate remains unchanged
 - Residual volume decreases 20%
 - Total lung capacity increased 10%
 - None of the above
- Regarding renal changes in maternal physiology, all of the following are true EXCEPT
 - Increased GFR, creatinine clearance
 - Dilation of collecting system
 - No change in protein excretion
 - Increased incidence of asymptomatic bacteruria
 - Decrease in glucose excretion
- Physical changes in pregnancy include
 - Amenorrhea
 - Hegar's sign which is softening of the uterus and cervix
 - Chadwick's sign
 - Uterus enlarges
 - All of the above
- What is the normal total weight gain in pounds that should occur in pregnancy in a woman with a normal BMI?
 - None
 - 1 – 10
 - 11 – 24
 - 24 – 35
 - More than 45
- The first prenatal visit should encompass all of the following EXCEPT
 - CBC
 - u/a
 - Blood type and screen
 - Pap smear
 - Hep B surface Ag
 - All of the above should be checked
- In an uncomplicated pregnancy, identify the true statement regarding the frequency of prenatal visits
 - Every four weeks until 28 weeks
 - Every 2 weeks after that time until 36 weeks
 - Every week after 36 weeks
 - All of the above
 - None of the above
- Routine tests that may be offered during pregnancy include all of the following EXCEPT
 - Quad test screening (MFAFP, HCG, Estradiol inhibin)
 - Basic ultrasound at 16 – 20 weeks
 - Percutaneous blood sampling
 - Gestational DM screen between 24 – 28 weeks
 - All of the above
- Group B strep during pregnancy has been implicated to cause which of the following
 - Premature rupture of membranes
 - PTL
 - Chorioamnionitis
 - Neonatal sepsis
 - All of the above
- GBS screening and recommended treatment involves all of the following EXCEPT
 - Culture between 35 – 37 week gestation
 - Intrapartum treatment with blood culture
 - Antepartum treatment
 - Treatment with PCN
- GBS prophylaxis with intrapartum penicillin should occur when
 - No prior infant affected with GBS
 - No GBS in the urine
 - Delivering prior to 37 weeks gestation
 - All of the above
 - None of the above

12. GBS prophylaxis includes which of the following
- Ampicillin 2 gm load, then 1 gm q 4 hours
 - Penicillin 1 million units initial then followed by 2.5 million units q4h until delivery
 - Clindamycin 900 mg q8h and erythromycin 500 mg q6
 - All of the above are correct
 - None of the above are correct

For questions # 13 – 15 use the following responses

- Threatened AB
 - Incomplete AB
 - Complete AB
 - Missed AB
13. Bleeding, CX is closed. If cardiac activity present, 95% will continue beyond first trimester
14. Bleeding, SROM, with pain and cervical dilation and partial passage of POC
15. Pain and bleeding have ceased after passage of tissue. CX is closed
16. Concerning a molar pregnancy, identify the true statement
- 1st trimester bleeding does not occur
 - Size and dates correspond with each other
 - Hyperemesis is unusual
 - Symptoms of thyrotoxicosis may be present
 - HCG is lower than expected

17. Predisposing risk factors for an ectopic pregnancy include all of the following
- Prior PID
 - Prior ectopic
 - History of pelvic surgery
 - Infertility treatments
 - All of the above

For questions # 18 – 22 use the following responses

- Placenta previa
- Abruption placenta
- Post partum hemorrhage
- A and B above
- All of the above
- None of the above

18. Placenta completely or partially covers the internal os of the cervix
19. Painful bleeding
20. Bleeding is painless and bright red
21. May be associated with contractions
22. Maternal shock / coagulopathy
23. The management of placenta previa includes which of the following
- Serial vaginal exams
 - Hospitalization after the 2nd bleeding episode
 - Steroids if less than 34 weeks
 - Magnesium sulfate
 - None of the above
24. Risk factors for placenta previa include
- No prior C sections
 - No prior pregnancies
 - Advanced maternal age
 - Smoking
 - Alcohol
25. Regarding abruptio placenta, choose the correct statement
- Complicates about 10% of all pregnancies
 - Least common cause of intrapartum death
 - 15% perinatal mortality
 - Permanent neurological impairment is < 1%
 - Recurrence risk is approx. 5 – 15%
26. Abruptio placentae risk factors include all of the following EXCEPT
- Hypertension / preeclampsia
 - Maternal smoking
 - Multiparity
 - Cocaine induced
 - Trauma
 - All of the above

27. Sign and symptoms of abruptio placenta are
- Absence of uterine contractions
 - Absence of uterine tenderness
 - Painful vaginal bleeding
 - Absence of coagulopathy
 - No fetal distress

28. Concerning the diagnosis of abruption
- It is made on clinical grounds
 - Ultrasound usually diagnostic
 - One need not rule out placenta previa or uterine rupture
 - All of the above
 - None of the above
29. Management of placental abruption includes all of the following
- Continuous fetal monitoring
 - Pitocin
 - Amniotomy
 - C-section
 - All of the above
30. Risk factors for postpartum hemorrhage includes all of the following
- Uterine atony
 - Grand multiparity
 - Uterine overdistention
 - Chorioamnionitis
 - Magnesium sulfate
 - All of the above are true
31. Preeclampsia includes all of the following EXCEPT
- High blood pressure
 - Protein in the urine
 - Seizure
 - All of the above
 - None of the above
32. Eclampsia includes all of the following
- High blood pressure
 - Protein in the urine
 - Seizure
 - End organ involvement
 - All of the above
33. Risk factors for preeclampsia or eclampsia include all of the following EXCEPT
- Genetics – Fam x
 - African American women
 - Advanced maternal age
 - First pregnancy
 - Chronic hypertension or diabetes
 - None of the above
34. Concerning the management of preeclampsia and eclampsia, identify the true statement
- IF > 37 weeks gestational age one should deliver the patient
 - MgSO₄ for seizure prophylaxis
 - Both of the above
 - None of the above
35. Regarding the treatment of hyperemesis as an outpatient
- Dietary adjustments are helpful
 - Vit B6
 - Doxylamine 12.5 mg po tid
 - All of the above
 - None of the above
36. Regarding treatment of hyperemesis as an inpatient
- IV hydration
 - Phenergan
 - Compazine
 - Reglan and Zofran
 - All of the above
37. Risk factors for pre term labor are all of the following EXCEPT
- Low socioeconomic status
 - White race
 - Smoking
 - Trauma
 - Polyhydramnios
38. Signs and symptoms of pre term labor include all of the following
- Cramping
 - Pelvic pressure
 - Back pain
 - Spotting / Bleeding
 - Feeling something is wrong
 - All of the above

39. The diagnosis of rupture of membranes includes all of the following
- Ultrasound for fluid volume
 - Sterile speculum exam
 - Nitrazine positive on sterile speculum exam
 - Pooling of amniotic fluid
 - All of the above
40. Concerning urinary tract infections in pregnancy
- 30% of reproductive age women have it
 - If untreated in pregnancy up to 80% will develop UTI
 - Screen at SECOND prenatal visit
 - Nitrofurantoin should not be used after 36 wks of pregnancy due to hemolytic anemia
 - All of the above
41. Regarding isoimmunization – administer RhoGAM for all of the following EXCEPT
- All abortion
 - Ectopic pregnancies
 - 20 week gestations
 - Trauma
 - Invasive procedures
 - Any bleeding during pregnancy in an RH negative patient
42. Concerning menopause and bone loss, identify the false statement
- Maximum bone mass by age 35
 - By age 50, generalized bone loss is 5% a year
 - By age 80, there is 30 – 50% bone loss
 - All of the above
43. Concerning estrogen replacement to prevent osteoporosis
- Significant reduction in bone loss if initiated at time of ovarian function loss
 - Decrease the risk of vertebral and other osteoporotic fractures 34%
 - Dose of 0.45 mg is adequate
 - All of the above
 - None of the above
44. Bisphosphonates
- Inhibit osteoclasts to promote bone density
 - Fosamax has data to support fracture reduction of hip and spine
 - Side effects are primarily esophageal related
 - All of the above
 - None of the above
45. Raloxifene, marketed as EVISTA
- Is a nonsteroidal benzothiphene indicate for the prevention of osteoporosis by inhibiting osteoclast function
 - When used for 12 months, 0.5% increased in lumbar and hip bone mineral density
 - Has an effect on breast tissue
 - Has an effect on endometrial tissue
 - None of the above
46. FORTEO, for patients dx with osteoporosis and one prior hip fracture
- Dose is 20 micrograms SQ QD in thigh
 - Increases risk of osteosarcoma
 - Both of the above
 - None of the above
47. Concerning genitourinary atrophy, identify the correct statement
- Vagina is thickened and not pale
 - Decreased vaginitis
 - Decreased incidence of prolapse
 - Least common vulvar symptom is pruritus
 - Increased rate of bacteruria 7 – 10%
48. Estrogen therapy risks include
- Endometrial carcinoma
 - Cholelithiasis
 - Strokes
 - PE
 - All of the above

49. Concerning hormone replacement therapy (HRT)
- Use should be limited to the treatment of acute menopausal symptoms
 - Treatment limited to no more than 5.4 years
 - Both of the above
 - None of the above
50. Management of ASC – US includes
- Repeat Pap smears 2 xs at 4 – 6 month intervals. If ASC – US or progression occurs need to do a colposcopy
 - HPV DNA testing for high risk types only. If HPV (+) do colposcopy
 - If HPV (-) repeat pap smear in 12 months
 - All of the above
 - None of the above
51. Treatment for bacterial vaginosis
- Flagyl 500 mg po bid is DOC
 - Clindamycin cream 2% is alternative therapy
 - Both of the above
 - None of the above
52. Concerning trichomoniasis
- Vaginal secretions are copious
 - Vaginal secretions are homogenous
 - pH > 4.5
 - Grey color
 - Malodorous
 - All of the above
53. Candidiasis physical exam findings include
- Non erythematous vulva
 - Non edematous
 - Excoriation
 - All of the above
 - None of the above
54. CDC recommended intravaginal formulations for candida include
- Diflucan
 - Clotrimazole
 - Miconazole
 - Butoconazole
 - All of the above
55. Treatment for chlamydia includes
- Doxycycline 100 mg PO bid x 7d is a primary therapy
 - Azithromycin 1 gm PO one dose is an alternative therapy
 - Ofloxan 300 mg PO bid x 7 d as a primary therapy
 - Erythromycin 500 mg PO qid x 7 d as a primary therapy
 - Sulfisoxazole 500 mg PO qid x 10 d as a primary therapy
56. Gonorrhea
- Results show gram negative diplococci
 - Therapy is ceftriaxone 125 mg IM x 1 dose or Cefixime, Cipó Floxin or ofloxacin
 - Use a regimen effective against possible coinfection with C trachomatis as well
 - All of the above
 - None of the above
57. Syphilis – primary stage
- Painful ulcerated lesion
 - Flat borders
 - Indurated border
 - Vesicles
 - None of the above
58. Treatment for syphilis is
- Benzathine penicillin G 2.4 million units IM x 1 dose
 - Doxycycline 500 mg PO qid x 1 wk
 - Tetracycline 500 mg PO qid x 1 wk
 - Erythromycin 500 mg PO qid x 1 wk
 - Any of the above
59. Treatment of syphilis in a pregnant patient allergic to penicillin
- Use any of the alternative therapies
 - Desensitize the patient from penicillin and then treat with penicillin
 - Both of the above
 - None of the above

60. Genital herpes
- Incubation period 14 days
 - Clinical stage 21 – 32 days
 - Symptoms include genital pain and vesicles
 - All of the above
 - None of the above
61. Pelvic inflammatory disease (PID)
- Lower abdominal tenderness
 - Adnexal tenderness
 - Cervical motion tenderness
 - All of the above
 - None of the above
62. Serous cystadenoma
- 20% of all benign ovarian tumors
 - Common in patients > 60
 - Sizes usually less than 4 cm
 - Solid portions of tumor are not suggestive of malignancy
 - Not bilateral
63. Follicular cysts
- Result during ovulation
 - Usually single – may occur on either side
 - Average size 1.0 cm
 - Rarely produces symptoms
 - Spontaneous regression is rare
64. Corpus luteum cysts
- Is separate from ovary
 - Not filled with blood
 - Spontaneous regression within 8 weeks
 - Usually symptomatic
 - Hemoperitoneum does not occur
65. Mucinous cystadenoma
- Bilateral in almost 50% of patients
 - Usually malignant
 - Age group most affected > 65 years old
 - All of the above
 - None of the above
66. Germ cell tumors
- Almost always malignant
 - Bilateral in almost all cases
 - Treatment is observations as it will self reabsorb spontaneously
 - Peak incidence is ages 20 – 40 years old
 - None of the above
67. Ovarian torsion
- Most common in pregnancy and in children
 - Untwisting the pedicle is unsafe – must be surgically explored
 - Usually left > right side
 - All of the above
 - None of the above
68. Concerning endometriosis, identify the false statement
- Dysuria is not a symptom
 - “Powder burn lesion” present
 - Danazol results in increased mid cycle LH surge
 - Symptoms may include infertility
 - All of the above
69. Breast cancer and prognosis true statements are
- Axillary nodal status is the least important prognostic factor
 - Higher recurrence rates with E2 positive receptor
 - DNA ploidy is predictive (aneuploid is better)
 - Risk factors are increased with age and obesity
 - All of the above

1. d
2. d
3. e
4. e
5. d
6. f
7. d
8. e
9. e
10. c
11. c
12. a, c
13. a
14. b
15. c
16. d
17. e
18. a
19. b
20. a, c
21. d
22. e
23. c, d
24. c
25. c, e
26. f
27. c
28. a
29. e
30. f
31. c
32. c
33. f
34. c
35. d
36. e
37. b
38. f
39. e
40. c
41. c
42. b
43. d
44. b, c
45. a
46. c
47. e
48. e
49. c
50. d
51. c

52. f
53. c
54. e
55. a
56. d
57. c
58. a
59. b
60. c
61. d
62. a
63. d
64. c
65. e
66. d
67. a
68. d
69. d