

<b>Subject: Mock License test</b>	
Multiple Choice Question (MCQ)	
Full Marks-      Time: minutes	
All question carry equal marks	
Roll No .....	Signature of invigilator.....
Name:	

**Practice test includes 121 questions:**

- 42 questions on complicated midwifery (35%) -- (complicated midwifery in the curriculum= 37%)
- 45 questions on normal midwifery (37%) -- (normal midwifery in the curriculum= 32%)
- 14 questions on family planning (11.5%) — (Family planning in the curriculum= 9%)
- 12 questions on basic science (10%) — (Basic science in the curriculum = 9%)
- 8 questions on communications (6%) — (Communications in the curriculum= 5%)

**Directions:** For the following multiple choice questions, please choose the one best answer

<b>Newborn (9)</b>			
<b>1.</b>	<b>A clinical feature of umbilical sepsis is*:</b>	<b>2.</b>	<b>A sign of fetal distress during labor is*:</b>
	a. Foul smelling umbilicus		a. FHR of 120 beat/minute
	b. no fever		b. Decelerations after contractions
	c. Healthy umbilical cord		c. Decelerations during contraction
	d. Clean and dry umbilicus		d. Clear liquor
<b>3.</b>	<b>A condition that is associated with fetal distress is*:</b>	<b>4.</b>	<b>An assessment of a baby just born finds: heart rate of 130/min, the baby grimaces when stimulated, her arms and legs are flaccid with some movement, she has irregular breathing, and her hands are slightly blue. APGAR score is*:</b>
	a. Placental insufficiency		a. 6
	b. Breech presentation		b. 7
	c. Upright position		c. 8
	d. Multiple pregnancy		d. 9
<b>5.</b>	<b>Following diseases can prevented by immunization:</b>	<b>6.</b>	<b>Which problems are associated with babies born with a cleft palate?*</b>
	a. Polio		a. blindness
	b. Heart attack		b. Difficulties with latch
	c. Malaria		c. Recurrent upper respiratory infections
	d. Snake bite		d. Hearing difficulty
<b>7.</b>	<b>Initial management of newborn includes all of the below <u>except</u>:</b>	<b>8.</b>	<b>An assessment of a baby just born finds: heart rate of 130/min, the baby is crying, her arms and legs are flexed, respiratory rate is 30/min, and the hands are slightly blue. APGAR score is:</b>
	a. Delayed cord clamping		a. 8
	b. Drying of the baby		b. 6
	c. Delayed breast feeding		c. 10
	d. Mother and baby skin to skin		d. 9
<b>9.</b>	<b>A benefit of skin to skin care for a baby includes:</b>		
	a. Increases baby's irritability		
	b. Increases voiding		
	c. Maintains baby's temperature		
	d. Lowers the baby's blood sugar levels		

<b>Communication (8)</b>					
<b>10</b>	<b>Active listening involves:</b>		<b>11.</b>	<b>The purpose of therapeutic communication is:</b>	
	a.	Not saying anything		a.	Get patients to do what we want them to do
	b.	Attentive nonverbal communication		b.	To tell them what to do
	c.	Verbal communication		c.	To provide quality care
	d.	Speaking clearly		d.	To get patients to understand why ANC is important.
<b>12.</b>	<b>Examples of communicating without words includes all of the following except:</b>		<b>13.</b>	<b>The following are barriers to communication:</b>	
	a.	Gestures		a.	asking questions
	b.	Body language		b.	Listening
	c.	Face to face conversations		c.	Information overload
	d.	Facial expressions		d.	Attention
<b>14.</b>	<b>If a client is unsure about which method to use, the provider should:</b>		<b>15.</b>	<b>Which are examples of open-ended questions?</b>	
	a.	Give her information about all of the methods and tell her to go home and think about it		a.	What do you know about the pill?
	b.	Tell the client which method you think is best for her		b.	Have you heard about the IUD?
	c.	Explore with the client about which method would fit best with her daily life, her present family life and her goals about having more children		c.	Do you know what depo provera is?
	d.	Don't mention any method that you think the client might not be able to use correctly		d.	Do you want to have more children?
<b>16.</b>	<b>The essential elements to document when creating a plan for a woman's care are:</b>		<b>17.</b>	<b>Making decisions about health care such as birth plans, contraception or menstrual regulation can be difficult and stressful. A midwife should help by:</b>	
	a.	Document her symptoms, your physical exam, your diagnosis and your plan for management		a.	Telling a woman what is best
	b.	Document her vital signs, and medication given		b.	Asking her what her husband wants
	c.	Document her diagnosis and medication ordered		c.	Asking open ended questions
	d.	Document your exam and your plan for management.		d.	Tell her to decide then tell you what she wants.

### Nutrition (4)

<b>18.</b>	<b>The purpose assessing a pregnant woman for quality nutrition is to support :</b>	<b>19.</b>	<b>A mother should introduce weaning food:</b>
	a. Treating PPH		a. After the baby is 6 months old
	b. Optimal fetal growth		b. Start after 2 years
	c. Development of obesity		c. Before the baby is 6 months old
	d. Malaria treatment		d. When the baby stops breastfeeding
<b>20.</b>	<b>Which foods are recommended for a woman with anemia:</b>	<b>21.</b>	<b>Supplementing with folic acid during pregnancy prevents which fetal problem?</b>
	a. Rice		a. Chronic heart disease
	b. Meat, egg		b. Gastritis
	c. fruit		c. Neutral tube defects
	d. water		d. Anemia

### Basic Science (12)

<b>22.</b>	<b>Oral hypoglycemic drugs include:</b>	<b>23.</b>	<b>Dis-infectants include:</b>
	a. iron		a. Talcum powder
	b. Insulin		b. Formaldehyde
	c. Glicazide		c. Soap
	d. Valsantan		d. Chlorine phenol
<b>24.</b>	<b>Hormones secreted from testis include all of the below <u>except</u>:</b>	<b>25.</b>	<b>Use of oral contraception immediately after birth is not recommended because it:</b>
	a. Testosterone		a. Increases milk supply
	b. Oestrogen		b. Can cause depression
	c. Oxytocin		c. It can be easily reversed
	d. Androterone		d. It increases risk of thrombosis
<b>26.</b>	<b>The benefit of hand washing includes:</b>	<b>27.</b>	<b>Normal blood composition includes:</b>
	a. Increased STD		a. Hormones
	b. Reduction of post-partum infections		b. RBC
	c. Increased risk of communicable diseases		c. Enzymes
	d. Increased nosocomial infections		d. bacteria
<b>28.</b>	<b>Principles of drug administration are all of these <u>except</u>:</b>	<b>29.</b>	<b>The muscle layer of uterus is-</b>
	a. Right patient		a. Pericardiam
	b. Right drugs		b. Perimetrium
	c. Right choice		c. Myocardium
	d. Right dose		d. Myometrium
<b>30.</b>	<b>An internal female genital organ is:</b>	<b>31.</b>	<b>Qualitative research commonly uses _____ to evaluate data.</b>
	a. Labia majora		a. numbers
	b. Fallopian tube		b. statistics
	c. Urethra		c. inferential statistics
	d. bladder		d. thematic analysis
<b>32.</b>	<b>To do any research you need:</b>	<b>33.</b>	<b>Indices of central tendency include:</b>
	a. to identify your research question		a. variance
	b. a random controlled trial		b. median
	c. a control group		c. standard deviation
	d. a test group		d. bimodal distribution

**Midwifery (72)**

<b>34.</b>	<b>A common cause of perineal lacerations in labour is:</b>	<b>35.</b>	<b>Other than screening a mother for complications, what is the <u>most</u> important thing ANC provides?</b>
a.	Small for gestation baby	a.	Nutritional status assessment
b.	Prolonged labour	b.	Smoking cessation support
c.	Fast birth of the baby's head	c.	Education
d.	Rigid perineum	d.	Vitamins
<b>36.</b>	<b>An example of a birth injury includes*:</b>	<b>37.</b>	<b>A woman has an increased risk of preterm labour when she*:</b>
a.	Spina bifida	a.	Has diabetes
b.	cleft palate	b.	Is pregnant with a baby in an abnormal presentation
c.	Hydrocephalus	c.	Smokes
d.	Cephalohaematoma	d.	Has a history of a low birth weight baby
<b>38.</b>	<b>A 34yo G7P6 presents at term in normal active labor. What is one thing you may be concerned about?</b>	<b>39.</b>	<b>Clinical features of polyhydramnios include*:</b>
a.	Incidence of abortion	a.	Feeling of tense abdomen
b.	Malpresentation	b.	Fetal parts are well defined
c.	More anxiety for child birth	c.	Post-dates pregnancy
d.	Congenital abnormalities	d.	Fetal head is well engaged in pelvis
<b>40.</b>	<b>Prior to doing a vacuum assisted vaginal birth it is recommended that*:</b>	<b>41.</b>	<b>A cause of postpartum infection includes*:</b>
a.	The bladder be emptied	a.	Good hand washing
b.	Contractions must be absent	b.	Urinary catheterization
c.	The mother is starting second stage	c.	Minimal vaginal examination
d.	Membranes must be intact	d.	Multiple fetuses
<b>42.</b>	<b>A woman presents to the hospital in active labor. She has a history of PPH. What should be done to help prevent PPH with this birth?:</b>	<b>43.</b>	<b>Criteria to administer MgSo4 include*:</b>
a.	Pitocin augmentation of labor	a.	Loss of patellar reflex
b.	Give blood to prevent anemia	b.	Diastolic pressure < 90 mm ofHg.
c.	Active management of 3 <sup>rd</sup> stage labour	c.	Respiratory rate >16/min.
d.	A cesarean section	d.	Diagnosis of mild preeclampsia
<b>44.</b>	<b>A common cause of maternal death in Bangladesh is*:</b>	<b>45.</b>	<b>An indication for a forceps delivery includes*:</b>
a.	Amniotic fluid embolism	a.	Fetal Distress
b.	Shoulder dystocia	b.	Placenta previa
c.	Hydramnios	c.	Intrauterine fetal growth retardation
d.	Post partum hemorrhage	d.	Severe preeclampsia
<b>46.</b>	<b>A precipitous labor is:</b>	<b>47.</b>	<b>With a shoulder dystoia, the first manoeuvre to use after increased maternal effort is*:</b>
a.	Is high risk	a.	Woodscrew
b.	When labour is less than 2 hours long	b.	Lovset
c.	When there is an abnormal presentation	c.	McRoberts
d.	Involves a slow expulsion of fetus	d.	Leopold

<b>48.</b>	<b>Factors related to placenta previa include*:</b>	<b>49.</b>	<b>One thing you should <u>not</u> do when managing a cord prolapse is*:</b>
	a. Previous history of placenta previa		a. Prepare for emergency delivery
	b. Primigravida		b. Relieve pressure on cord
	c. History of uterine surgery		c. Try to re-insert the cord
	d. Teenage pregnancy		d. Assess fetal heart rate every 5 minutes interval
<b>50.</b>	<b>A cause of teen age pregnancy is:</b>	<b>51.</b>	<b>A woman has an increased risk of uterine atony with:</b>
	a. early marriage		a. Multiparity
	b. Lack of knowledge about contraception		b. Post term pregnancy
	c. Family conflict		c. Placental abruption
	d. Malnutrition		d. Active management of 3 <sup>rd</sup> stage of labour
<b>52.</b>	<b>An indication for induction of labour includes*:</b>	<b>53.</b>	<b>Eclampsia is characterized by*:</b>
	a. Placenta previa		a. Hypotension
	b. Transverse fetal lie		b. Shock
	c. Fetal death		c. Hypoxia
	d. Prolapsed umbilical cord		d. Proteinuria
<b>54.</b>	<b>High risk pregnancy includes those with*:</b>	<b>55.</b>	<b>Basic emergency obstetrical care components, that every UHC should have, include:</b>
	a. Previous history of episiotomy		a. Oxytocics
	b. Twin pregnancy		b. Blood transfusion
	c. Occiput posterior fetal position		c. Caesarean section
	d. Hyperemesis gravidarum		d. Exclusive breastfeeding
<b>56.</b>	<b>Which are evidence based practices in normal labour?</b>	<b>57.</b>	<b>A common postnatal complication after cesarean section includes*:</b>
	a. Routine episiotomy		a. Mastitis
	b. Routine oxytocin augmentation		b. Blood incompatibility
	c. Complete bed rest		c. Breastfeeding difficulties
	d. Delayed cord clamping		d. Uterine rupture
<b>58.</b>	<b>When assessing for a possible ectopic pregnancy, you do not assess for*:</b>	<b>59.</b>	<b>The first priority assessing a PPH is*:</b>
	a. Threatened abortion		a. Assess for uterine atony
	b. Ovarian cyst		b. Refer the woman immediately
	c. Acute appendicitis		c. Assess a woman's BP
	d. Rupture uterus		d. Prepare patient for an emergency operation
<b>60.</b>	<b>A clinical feature of abruption placenta does NOT include*:</b>	<b>61.</b>	<b>A complication of multiple fetuses is*:</b>
	a. Abdominal tenderness		a. Ectopic pregnancy
	b. High temperature		b. Placenta previa
	c. Signs of shock		c. Oligohydramnios
	d. Hypertonic uterine contraction		d. Ruptured uterus
<b>62.</b>	<b>Causes of rupture uterus include*:</b>	<b>63.</b>	<b>The following are the components of labour:</b>
	a. Malpresentation		a. Inaccurate date
	b. Placenta previa		b. Mal-position

	c.	Overstimulation with oxytocin		c.	People
	d.	Post term pregnancy		d.	Power
<b>64.</b>	<b>Amniotic fluid stained with meconium is*:</b>		<b>65.</b>	<b>Active management of 3<sup>rd</sup> stage of labour includes:</b>	
	a.	a sign of fetal distress		a.	Immediate oxytocin
	b.	normal		b.	Control cord traction
	c.	seen usually with twin pregnancy		c.	Lengthening the cord
	d.	common with thyroid problems		d.	Positive pressure test
<b>66.</b>	<b>Non pharmacological pain control management during delivery includes:</b>		<b>67.</b>	<b>An effective position to help labor progress is:</b>	
	a.	Drugs		a.	Standing/walking
	b.	Massage		b.	Fowlers position
	c.	Eating		c.	Supine position
	d.	Shouting		d.	Kneeling position
<b>68.</b>	<b>What is one way you can know if a woman is coping with labor?</b>		<b>69.</b>	<b>After 8 hours of labour your patient is pushing. She has vulvar varicosities. The baby is crowning and the perineum is stretching more with each push. 1-2 cm of the fetal head are visible at the height of pushing. Fetal heart tones are 100 during the contraction and return rapidly to 132 immediately after the contraction*:</b>	
	a.	Ask her midwife		a.	You decide to cut a large medio-lateral episiotomy because of fetal distress.
	b.	Check her pulse rate		b.	You do not cut a medio-lateral episiotomy because you are concerned about blood loss as a result of her large vulvar varicosities.
	c.	Check fetal heart tones		c.	You cut a midline episiotomy to avoid severing her vulvar veins
	d.	Ask the patient		d.	You think she will have less perineal trauma without an episiotomy so you support the perineum with your gloved hands, you believe that the fetal heart tones are associated with fetal head compression.
<b>70.</b>	<b>Which is an important element for a satisfying labour for the woman:</b>		<b>71.</b>	<b>What do you tell a woman who tells you she has experienced intimate partner violence*?</b>	
	a.	The woman should have a support person present during labour		a.	It is part of what a woman must endure
	b.	The woman should get pitocin for a fast labor		b.	She must have done something wrong
	c.	The woman should have regular vaginal exams		c.	There are places where she can find support and you will give her information.
	d.	The woman should not make noise when pushing		d.	Don't talk about these things
<b>72.</b>	<b>A pregnant woman comes to the health center for her 3<sup>rd</sup> ANC visit. She is 32 weeks pregnant and she measures 40 cm. What should the midwife tell her?</b>		<b>73.</b>	<b>What is not associated with trauma to the perineum at birth from obstructed labor?</b>	
	a.	You suspect a breech and do an external cephalic version		a.	Fecal incontinence
	b.	She needs an ultrasound to determine why she is large		b.	Perineal pain

	c.	She is normal and schedule her for her 4 <sup>th</sup> visit		c.	Pain with sex
	d.	She is large for dates and comeback in a week.		d.	Cystocele
<b>74.</b>	<b>A woman just arrived in active labor, she has been in labor for 4 hours and is 5 cm dilated. You plot her first exam on the partograph:</b>		<b>75.</b>	<b>4 hours later the woman is 10cm dilated and beginning to push. You plot her exam on the partograph:</b>	
	a.	On the alert line at 5cm		a.	To the right of the alert line at 10cm.
	b.	Before the alert line at 5 cm.		b.	To the left of the alert line at 10cm
	c.	On the action line at 5 cm		c.	On the action line at 10cm.
	d.	Between the alert and action line at 5 cm		d.	On the alert line at 10cm.
<b>76.</b>	<b>When doing a vaginal exam, the "position" of the vertex (if presenting) refers to:</b>		<b>77.</b>	<b>A primagravid woman is in the second stage of labour and has been pushing for almost an hour with progress. Which ONE of the following interventions is the most appropriate for the client at this stage?</b>	
	a.	where the cervix is		a.	Encourage squatting position.
	b.	if the head is presenting		b.	Give pitocin IV
	c.	where the occiput is in relationship to the woman's pelvis.		c.	Call for vacuum assisted vaginal birth
	d.	fundal height		d.	Have patient lay back and use Mc Roberts position
<b>78.</b>	<b>A midwife is monitoring a patient who was admitted to the labor and delivery unit 5 hours ago. The midwife notes a cervical dilatation of 5cm. The contractions are occurring every 5 minutes and last between 50 and 55 seconds. The client is in which phase of labour?</b>		<b>79.</b>	<b>A midwife is monitoring a client with a cervical dilatation of 3 cm. The midwife determines that the client has contractions occurring every 3 minutes. Each contraction lasts for 50 seconds. The fetal heart rate is determined at 100 beats per minute. Which ONE of the following is a priority action of the midwife?*</b>	
	a.	Latent phase		a.	Encourage the client to push with every contraction and to rest in between contractions.
	b.	Active phase		b.	Document the findings as normal.
	c.	Transition phase		c.	Administer oxygen via face mask and consult.
	d.	Second stage of labour		d.	Call for a cesarean section
<b>80.</b>	<b>A 21-year-old patient comes to the antenatal clinic for pregnancy care. The patient informs the midwife that her last menstrual period was on August 28, 2013. Using Nagele's rule, the client's expected date of birth is on:</b>		<b>81.</b>	<b>A patient has just given vaginal birth to a 3.1 kg baby boy. A few minutes after delivery, the midwife observes lengthening of the umbilical cord and a gush of vaginal blood. This is a sign of:</b>	
	a.	June 4, 2014		a.	Hemorrhage.
	b.	May 21, 2014		b.	Placenta previa.
	c.	May 4, 2014		c.	Placental separation

	d	June 21, 2014		d.	Retained placental fragment.
<b>82.</b>	<b>Which of the following is a primary concern if the membranes rupture more than 24 hours before delivery?*</b>		<b>83.</b>	<b>When is it indicated to administer oxytocin in active labour?*</b>	
	a.	Infection		a.	When a woman is over 4cm dilated
	b.	Stillbirth		b.	When there has been no labor progress for 4 hours
	c.	Cerebral palsy		c.	When a woman begins pushing
	d.	Respiratory distress		d.	When a woman is tired
<b>84.</b>	<b>45 minutes after a normal vaginal birth, the midwife performs a postpartum check and finds the fundus soft and displaced to the side of the umbilicus and massages it firm. Lochia is normal moderate rubra. The one MOST appropriate action would be to:</b>		<b>85.</b>	<b>_____ inhibits the production of oxytocin.</b>	
	a.	check for clots		a.	Skin-to-skin contact
	b.	encourage/take the mother to urinate		b.	Oral or IV fluids
	c.	encourage breastfeeding		c.	Frequent position changes
	d.	administer oxytocin		d.	Fear
<b>86.</b>	<b>A midwife is receiving a client who gave birth an hour ago. Which of the following interventions is the priority action for the midwife during the immediate postpartum period?</b>		<b>87.</b>	<b>The partograph is <u>primarily</u> used as a means of identifying:</b>	
	a.	Obtain the patient's blood glucose level.		a.	shoulder dystocia
	b.	Palpate the fundus		b.	prolonged or obstructed labor
	c.	Order hemoglobin and hematocrit		c.	fetal distress
	d.	Assist with breastfeeding		d.	maternal fatigue
<b>88.</b>	<b>Which one of the following is a sign of active labor?</b>		<b>89.</b>	<b>The phrase "gravida 4, para 2" indicated which of the following prenatal histories?</b>	
	a.	Ambulation can stop contractions		a.	The woman has been pregnant 4 times and had 2 miscarriages.
	b.	Contractions are of low intensity and short duration		b.	The woman has been pregnant 4 times and had 2 live born children
	c.	Contractions occur every five minutes for at least one hour with cervical change.		c.	The woman has been pregnant 4 times and had 2 c-sections
	d.	Pain is located lower in the abdomen and radiates to the groin		d.	The woman has been pregnant 4 times and 2 spontaneous abortions.
<b>90.</b>	<b>The fetal heart rate should always be checked following rupture of the bag of waters in order to:</b>		<b>91.</b>	<b>The proper technique to monitor the intensity of a uterine contraction is:</b>	
	a.	Check if the fetus is suffering from head compression		a.	Place the palm of the hands on the abdomen and time the contraction
	b.	Determine if cord compression followed the rupture		b.	Place the finger tips lightly on the suprapubic area and time the contraction
	c.	Determine if there is utero-placental insufficiency		c.	Put the tip of the fingers lightly on the fundal area and try to indent the abdominal wall at the height of the contraction
	d.	Check if fetal presenting part has adequately descended following the rupture		d.	Put the palm of the hands on the fundal area and feel the contraction at the fundal area
<b>92.</b>	<b>To monitor the frequency of the uterine contraction during labor, the right technique is to time the contraction:</b>		<b>93.</b>	<b>The placenta should be delivered normally within _____ minutes after the delivery of the baby.</b>	

	a.	From the beginning of one contraction to the end of the same contraction		a.	5 minutes
	b.	From the beginning of one contraction to the beginning of the next contraction		b.	45 minutes
	c.	From the end of one contraction to the beginning of the next contraction		c.	30 minutes
	d.	From the deceleration of one contraction to the peak of the next contraction		d.	60 minutes
<b>94.</b>	<b>A danger signs in pregnancy includes*:</b>		<b>95.</b>	<b>Lower abdominal pain in early pregnancy is <u>not</u> common with*:</b>	
	a.	severe headache		a.	Infections such as STI or urinary tract infection
	b.	light-headedness		b.	Life threatening ectopic pregnancy
	c.	nausea and vomiting		c.	Normal muscular skeletal pain
	d.	back pain		d.	Placenta previa
<b>96.</b>	<b>A 24-year-old G2P1A0 at 9 wks EGA presents with bleeding, passage of tissue in her vagina and lower abdominal pain. The <u>most likely</u> diagnosis is*:</b>		<b>97.</b>	<b>A 19-year-old primagravida presents at 36 weeks complaining of blurred vision, oedema and BP 170/115. The most likely diagnosis is*:</b>	
	a.	Threatened abortion		a.	Hypertension
	b.	incomplete abortion		b.	thyroid disease
	c.	twin pregnancy		c.	preeclampsia
	d.	ectopic pregnancy		d.	eclampsia
<b>98.</b>	<b>A 30-year-old G5P4 at 34 weeks presents with mild vaginal bleeding, abdominal pain and BP of 100/50. Her abdomen is tense, tender and hard. No foetal heart tones are audible. The most likely diagnosis is*:</b>		<b>99.</b>	<b>A 25-year-old G2P2 presents after delivering at home with heavy vaginal bleeding. An initial evaluation diagnoses her with uterine atony. What is the best medication to use*:</b>	
	a.	Abruptio placenta		a.	Salbutamol
	b.	Placenta previa		b.	Hydralazine
	c.	Preterm labor		c.	Magnesium sulphate
	d.	Urinary tract infection		d.	Oxytocin
<b>100.</b>	<b>A 25-year-old G2P1 with previous cesarean section for obstructed labor presents for her initial antenatal visit at 34 weeks. She wants advise for a home delivery. What is the most dangerous complication in her care if she delivered at home by untrained birth attendant?*</b>		<b>101.</b>	<b>A breech birth is indicated with what presentation:</b>	
	a.	Prolonged labor		a.	Footling breech
	b.	Arrest in second stage		b.	Frank breech
	c.	Ruptured uterus		c.	Kneeling breech
	d.	Placental retention		d.	Breech in first twin

<b>102.</b>	A 24-year-old G3P2 presents at 32-weeks gestation with preterm prelabor rupture of membranes for ten days. She is complaining of pain in the lower abdomen, fever and purulent vaginal discharge. Her diagnosis is*:	<b>103.</b>	Vaginal examination is contraindicated in pregnancy during which situation?*
a.	Preterm labor	a.	Carcinoma of cervix
b.	antepartum hemorrhage	b.	prolapsed cord
c.	pyrexia of unknown origin	c.	placenta previa
d.	chorioamnionitis	d.	gonorrhoea
<b>104.</b>	A primigravida is in second stage of labor for over 2 hours. The fetal head is +2. Despite strong effective uterine contractions, the mother is exhausted and unable to push. The fetal heart tones are 140. What is the <u>best</u> next step in her management?*	<b>105.</b>	Which of the following symptoms in late pregnancy is most concerning?*
a.	Wait another hour	a.	vomiting
b.	Consult and arrange for an emergency caesarean section	b.	heartburn
c.	give her a sedation so she can rest	c.	visual disturbances
d.	Consult and plan for vacuum extraction (assisted instrumental delivery)	d.	mild edema

### Family Planning/GYN (14)

<b>106.</b>	Emergency contraception helps prevent pregnancy if taken within _____ after unprotected sexual intercourse.	<b>107.</b>	Which of the following is true about contraception:
a.	5 days	a.	The paragard copper T IUD uses progesterone to prevent pregnancy
b.	24 hours	b.	Smokers are at high risk for clots when using depo provera
c.	12 days	c.	IUDs and Depo Provera can be used safely by women who are breastfeeding
d.	7 days	d.	The pill protects you from STIs.
<b>108.</b>	Missing a period <u>cannot</u> be caused by:	<b>109.</b>	An advantage of using Depo provera as birth control is that:
a.	Using progesterone for birth control	a.	It can be reversed quickly if you want to get pregnant
b.	Thyroid disease	b.	You can use is discreetly, without others knowing.
c.	Being pregnant	c.	It uses no hormones so it is safe
d.	Having stress	d.	It does not change your monthly menstrual cycle.
<b>110.</b>	All of the below about menstrual regulation is true <u>except</u> :	<b>111.</b>	What do you say to a client to assure them of confidentiality?

	a.	It can be done with a pills		a.	That you will not tell anyone else what the client shares with you, including her husband, or about her health records.
	b.	It requires a spouse's permission		b.	That her record will be kept along with other client's records in the record room.
	c.	It can be done with manual vacuum aspiration		c.	That only the staff will see her health records.
	d.	Post MR contraception should always be given		d.	It is best to not discuss it.
<b>112.</b>	<b>What do male condoms offer that other forms of birth control do not?</b>		<b>113.</b>	<b>Which stage of the menstrual cycle remains fairly constant regardless of the regularity of a woman's cycle?</b>	
	a.	Least chance of failure		a.	menstruation
	b.	Best protection from STDs		b.	proliferation
	c.	Cheapest to use		c.	luteal
	d.	Controlled by women		d.	follicular
<b>114.</b>	<b>An example of a progesterone only birth control, that works by making your body think you are pregnant, is:</b>		<b>115.</b>	<b>Which of these methods is natural family planning form of birth control?</b>	
	a.	Depoprovera		a.	Having sex on day 14 of your menstrual cycle.
	b.	Copper T IUD		b.	Oral Pill
	c.	Regular oral pill		c.	Copper-T
	d.	Condom		d.	Having sex during your infertile times based on tracking the menstrual cycle on a calendar
<b>116.</b>	<b>What is a possible complication of menstrual regulation?</b>		<b>117.</b>	<b>Birth control pills can cause which common side effect?</b>	
	a.	Incomplete MR		a.	Heavier bleeding with period.
	b.	Ovarian cysts		b.	Cramping with menses
	c.	Less abdominal pain		c.	Pregnancy
	d.	Fibroid uterus		d.	Headaches
<b>118.</b>	<b>Which of these are permanent methods of Family Planning?</b>		<b>119.</b>	<b>Normal use of a copper T-IUD in a monogamous relationship has been identified as causing:</b>	
	a.	Tubal sterilization		a.	Irregular menses
	b.	Norplant		b.	Pelvic inflammatory disease
	c.	Inj: Depo-Provera		c.	Very effective birth control
	d.	Copper T		d.	Less tubal pregnancies

**Post-partum (2)**

<b>120.</b>	<b>Breastfeeding should begin:</b>	<b>121.</b>	<b>A primipara presents one week after birth. She is tearful, has crying spells, and lack of appetite. Her most likely diagnosis is:</b>
	a. Immediately after birth		a. Anaemia
	b. After the baby cries		b. Post-natal depression
	c. When the mother's milk comes in		c. schizophrenia
	d. Within the first hour after birth		d. Sepsis