МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ

УЧРЕЖДЕНИЕ ОБРАЗОВАНИЯ «ГОМЕЛЬСКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ

Кафедра акушерства и гинекологии

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ТЕСТОВЫЕ ЗАДАНИЯ ПО АКУШЕРСТВУ

Учебно-методическое пособие на английском языке для студентов 4 и 6 курсов лечебного факультета и факультета по подготовке специалистов для зарубежных стран медицинских вузов

TEST TASKS ON OBSTETRICS

Teaching workbook in English for 4 and 6th year students of the Faculty of General Medicine and the Faculty on preparation of experts for foreign countries of medical higher educational institutions

> Гомель ГомГМУ 2012

Рецензенты:

заведующий обсервационным акушерским отделением Гомельской областной клинической больницы *Т. И. Желобкова;* главный акушер-гинеколог Гомельского областного исполнительного комитета *Е. Н. Пашкевич*

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К 66 Тестовые задания по акушерству: учеб.-метод. пособие на английском языке для студентов 4 и 6 курсов лечебного факультета и факультета по подготовке специалистов для зарубежных стран медицинских вузов = Test tasks on obstetrics: teaching workbook in English for 4 and 6th year students of the Faculty of General Medicine and the Faculty on preparation of experts for foreign countries of medical higher educational institutions / И. А. Корбут, О. А. Теслова, Т. Н. Захаренкова — Гомель: ГомГМУ, 2012. — 44 с.

ISBN 978-985-506-484-9

Учебно-методическое пособие содержит тестовые задания по акушерству и ответы к ним.

Предназначено для студентов 4 и 6 курсов лечебного факультета и факультета по подготовке специалистов для зарубежных стран медицинских вузов.

Утверждено и рекомендовано к изданию Центральным учебным научнометодическим советом учреждения образования «Гомельский государственный медицинский университет» 5 марта 2012 г., протокол № 2.

> УДК 618.2 (076.1)=111 ББК 57.16 (2 Англ) я7

ISBN 978-985-506-484-9

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QUESTIONS

1. The pelvic inlet in the female can best be described as:

Variants of answer:

a) heart-shaped;

b) round;

c) oval;

d) rectangular.

2. The right ovarian artery is a branch of which artery:

Variants of answer:

a) Renal;

b) Aorta;

c) Superior mesenteric;

d) Hypogastric.

3. Oxytocin is primarily involved in labor and lactation. Which statement about oxytocin is false?

Variants of answer:

a) Oxytocin stimulates myometrial contractions in labor;

b) Oxytocin is involved in milk letdown;

c) Oxytocin is used to manage obstetrical hemorrhage;

d) Oxytocin single initiates labor.

4. During which of the following phase of the menstrual cycle is it ideal for implantation of a fertilized egg to occur?

Variants of answer:

a) Ischemic phase;

b) Menstrual phase;

c) Proliferative phase;

d) Secretory phase.

5. Elena a 33 year old Gestation-1 Parity-0 at 32 weeks of gestation is admitted to the Hospital with the diagnosis of gestosis. Which drugs can be administrated?

Variants of answer:

- a) Magnesium Sulfate, clonidine, spasmolytics, beta-blockers;
- b) Magnesium Sulfate, clonidine, spasmolytics, tocolytics;
- c) Magnesium Sulfate, clonidine, spasmolytics, mercurial diuretic;

d) Caffeine, clofeline, spasmolytics, tocolytics.

6. The truth about gestosis is:

Variants of answer:

a) "It usually appears anytime during the pregnancy";

b) "Its similar to cardio-vascular disease";

c) "Occurs during the 1st trimester";

d) "Occurs after the 20th weeks of gestation".

7. After several hours of $MgSO_4$ intravenous administration to patient, she should be observed for clinical manifestations of:

Variants of answer:

a) Hyperkalemia;

b) Hypoglycemia;

c) Hypermagnesemia;

d) Hypercalcemia.

8. Which of the following is prodromal symptom of seizures associated with pre-eclampsia?

Variants of answer:

a) Urine output of 15ml/hr;

b) Absence of deep tendon reflex;

c) Sudden increase in Blood Pressure;

d) Epigastric pain.

9. Which of the following may happen if the uterus becomes over stimulated by oxytocin during induction of labor?

Variants of answer:

- a) Weak contractions prolonged to more than 70 seconds;
- b) Titanic contractions prolonged for more than 90 seconds;
- c) Increased pain with bright red vaginal bleeding;

d) Increased restlessness.

10. Which of the following factors is the underlying cause of dystocia?

Variants of answer:

- a) Nutritional;
- b) Environmental;
- c) Mechanical;

d) Medical.

11. Which of the following is derived from mesoderm?

Variants of answer:

a) Lining of the gastrointestinal tract;

b) Liver;

c) Brain;d) Skeletal system.

12. The average length of the umbilical cord in human is:

Variants of answer: a) 25 cm; b) 55 cm; c) 85 cm; d) 105 cm;

d) 105 cm.

13. Urinary excretion of human chorionic gonadotrophin is maximal between which days of gestation?

Variants of answer:

a) 50–60; b) 40–50; c) 60–70; d) 30–40.

14. To determine the patients term of gestation/labor, which day of the menstrual period will you ask?

Variants of answer:

a) first;

b) last;

c) third;

d) second.

15. If last menses in woman is November 15, 2011, using the Naegle's rule what is her date of labor?

Variants of answer: a) August 22, 2012; b) August 18, 2012; c) July 22, 2012; d) February 22, 2012.

16. You counseled one of your clients who developed herpes genitalis concerning follow up care. Women who have developed the disease are at risk of developing:

Variants of answer:

a) Heart and central nerve system damage;

b) Cervical cancer;

c) Infant Pneumonia and eye infection;

d) Sterility.

17. Pregnant woman was admitted to the hospital with signs and symptoms of nephropathy. Because of the possibility of convulsive seizures, which of the following should the nurse have available at the client's bed side?

Variants of answer:

- a) Oxygen and nasopharyngeal suction;
- b) leather restraints;
- c) cardiac monitor;
- d) venous cutdown set.

18. Exposure of a woman pregnant of a female offspring to which of the following substance increases the risk of the offspring during reproductive years to cervical and uterine cancer:

Variants of answer:

a) steroids;

- b) thalidomides;
- c) diethylstilbestrol;
- d) tetracyclines.

19. Which plays an important role in the initiation of labor?

Variants of answer:
a) maternal adrenal cortex;
b) fetal adrenal cortex;
c) fetal adrenal medulla;
d) maternal adrenal medulla.

20. Which is not considered an uteroronic?

- Variants of answer:
- a) Prostaglandin;
- b) Endothelin-1;
- c) Oxytocin;
- d) Relaxin.

21. Which is a primary power of labor?

Variants of answer:

- a) uterine contractions;
- b) pushing of the mother;
- c) intrathoracic pressure;
- d) abdominal contraction.

22. The lower uterine segment is formed from the:

- a) cervix;
- b) is thmus and cervix;

c) body of the uterus;

d) isthmus.

23. Ripening of the cervix occurs during the:

Variants of answer:

- a) first stage;
- b) second stage;
- c) third stage;
- d) puerperium.

24. In the second stage of labor, uterine contraction last:

Variants of answer:

- a) 20 seconds;
- b) 30 seconds;
- c) 60 seconds;
- d) 120 seconds.

25. The time between uterine contractions is:

Variants of answer:

- a) intensity;
- b) interval;
- c) duration;
- d) frequency.

26. In providing education to your clients, you should take into account the fact that the most effective method known to control the perinatal transmission is:

Variants of answer:

- a) Laboratory screening of pregnant woman;
- b) Prophylactic treatment of exposed person;
- c) Ongoing education about preventive behaviors;
- d) All listed above.

27. Midpelvic capacity may be precisely determined by:

Variants of answer:

- a) imaging studies;
- b) clinical measurement of the sidewall convergence;
- c) clinical measurement of the ischial spine prominence;
- d) sub pubic angel measurement.

28. The inanimate bone of the pelvis is not composed of the:

- a) sacrum;
- b) ilium;

c) Pubis;

d) Ischium.

29. Which does not refer to the transverse diameter of the pelvic outlet?

Variants of answer: a) Bi-ischial diameter;

b) Bi-spinous diameter;

c) Bi-tuberous diameter;

d) Intertuberous diameter.

30. The Antero-posterior diameter of the pelvic inlet where the fetus will likely most difficulty during labor is the:

Variants of answer:

a) Diagonal conjugate;

b) External conjugate;

c) conjugate Vera;

d) obstetric conjugate.

31. The true conjugate can be measured by subtracting _____ to the diagonal conjugate?

Variants of answer:

- a) 2.5–3 cm;
- b) 3.5–4 cm;
- c) 3–4 cm;
- d) 1.5 cm.

32. The most important muscle of the pelvic floor is the:

Variants of answer:

a) levator ani muscle;

- b) ischiocavernous;
- c) bulbocavernous;

d) pubococcygeous.

33. Which pelvic shape has the poorest prognosis for vaginal delivery?

- a) conjugate vera is 11 cm;
- b) conjugate vera is 10 cm;
- c) conjugate vera is 7 cm;

d) conjugate vera is 9 cm.

34. The two pubic bones meet anteriorly at the:

Variants of answer: a) symphysis pubis; b) coccyx; c) sacrococcygeal;

d) sacro-illiac joint.

35. In the second stage of labor, expulsion of the fetus from birth canal depends on which important factor?

Variants of answer:

a) Maternal bearing down;

b) Cervical dilatation;

c) Uterine contractions;

d) Adequate pelvic size.

36. In what presentation is the head in extreme flexion?

Variants of answer:

a) sinciput;

b) brow;

c) vertex;

d) face.

37. Because of the position of the fetus, an episiotomy has to be performed to enlarge the birth canal. Which of the following is false?

Variants of answer:

a) it is more difficult to repair episiotomy than laceration;

b) it is more painful episiotomy than laceration;

c) it involve a more blood loss episiotomy than laceration;

d) heals more faster laceration than episiotomy.

38. Supporting the perineum at the time of crowning will facilitate:

Variants of answer:

a) flexion of the fetal head;

b) external rotation;

c) extension of the fetal head;

d) expulsion.

39. The first moment of biomechanism of labor in anterio-occipital presentetion:

Variants of answer:

a) rotation;

b) engagement;

c) flexion;

d) extension.

40. Sudden gush of blood or lengthening of the cord after the delivery of infant may be symptom of:

- a) placenta acrreta;
- b) placental separation;

c) placental retention;

d) abruption placenta.

41. Which of the following is not true regarding the third stage of labor? Variants of answer:

a) Care should be taken in the administration of bolus of oxytocin because it can cause hypertension;

b) Signs of placental separation are lengthening of the cord, sudden gush of blood and sudden change in shape of the uterus;

c) It ranges from the time of expulsion of the fetus to the delivery of the placenta;

d) The placenta is delivered approximately 5–15 minutes after delivery of the baby.

42. *In the immediate postpartum period the action of methylegonovine is to: Variants of answer:*

a) cause sustained uterine contractions;

b) causes intermittent uterine contractions;

c) relaxes the uterus;

d) induces sleep so that the mother can rest after an exhausting labor.

43. Irina, a 38 year old multipara is admitted with a tentative diagnosis of femoral thrombophlebitis. The nurse assesses the patient with:

Variants of answer:

a) burning on urination;

b) leg pain;

c) abdominal pain;

d) increased lochial flow.

44. Fever, foul lochial discharge and subinvolution of the uterus are signs of:

Variants of answer:

a) puerperal psychosis;

b) puerperal sepsis;

c) postpartum hemorrhage;

d) hypertensive disorder.

45. Svetlana, a diabetic woman at 36 weeks gestation is scheduled for biophysical profile in order to:

Variants of answer:

a) ascertain correct gestational age;

b) determine fetal lung maturity;

c) determine fetal well being;

d) determine fetal size and obvious congenital anomaly.

46. Every visit, you obtain the pregnant woman's fundic height. At what age of gestation does the fundic height in cm strongly correlates with gestational age in weeks?

Variants of answer:

- a) 20–24;
- b) 18–24;
- c) 18–32;
- d) 12–38.

47. Which is not an indication of amniocentesis?

Variants of answer:

- a) previous pregnancy with chromosomal abnormal fetus;
- b) Down syndrome in siblings;
- c) pregnancies in women over 35 years old;
- d) at 8 weeks gestation for chromosomal study.

48. The definitive indication that a woman is in labor is:

Variants of answer:

- a) increasing abdominal pain;
- b) presence of regular or irregular contractions;
- c) progressive cervical change;
- d) vomiting.

49. The most ideal pelvis for childbirth is:

Variants of answer:

- a) Android;
- b) Anthropoid;
- c) Platypelloid;
- d) Gynecoid.

50. An important landmark of the pelvis that determines the distance of the descent of the head is known as:

- a) Linea terminalis;
- b) Sacrum;
- c) Ischial spines;
- d) Ischial tuberosities.

51. Dysfunctional labor may be caused by which of the following?

Variants of answer:

a) Excessive or too early analgesia administration;

b) Exhausted mother;

c) Overdistention of the uterus;

d) All of the above.

52. The most important nursing consideration in a postpartum woman with a hypotonic contraction is:

Variants of answer:

- a) Assessment for infection;
- b) Assessment for bleeding;
- c) Assessment for fetal heart rate;

d) Assessment for woman's coping mechanism.

53. Mrs. Ivanova is diagnosed with Placenta Previa. The main difference with the bleeding in placenta previa and abruption placenta is that placenta previa has:

Variants of answer:

- a) Painful bleeding;
- b) Rigid abdomen;
- c) Bright-red blood;
- d) Blood filled with clots.

54. In caring for a client diagnosed with placenta previa, the nurse should avoid which of the following?

Variants of answer:

- a) Inspecting the perineum;
- b) Test for fetal blood in mother's bloodstream;
- c) Performing a vaginal examination;
- d) All of the above.

55. For the nurse to distinguish that the bleeding of the patient is placenta previa or abruption placenta what should she ask the woman?

Variants of answer:

a) Whether there was accompanying pain;

b) What she has done for bleeding;

c) Estimation of blood loss;

d) All of the above.

56. Continued bleeding may result to fetal distress. The nurse knows that the fetus is being compromised when she observed or note which of the following:

- a) Fetal tachycardia;
- b) Fetal bradycardia;

c) Fetal thrashing;

d) All of the above.

57. Antiphospholipid syndrome may cause adverse pregnancy outcome:

Variants of answer:

a) congenital heart block;

b) gestosis;

c) recurrent spontaneous abortion;

d) hydrops fetalis.

58. What marks the beginning of the active phase of the 1st stage of labor?

Variants of answer: a) 3–4 cm dilatation; b) 2 cm dilatation; c) 8 cm dilatation;

d) 10 cm dilatation.

59. In the active phase of the 1-st stage of labor, the cervix of nulliparous patient should dilate at least:

Variants of answer:

- a) 0,5 cm per hour;
- b) 0,35 cm per hour;
- c) 1,5 cm per hour;
- d) 2,5 cm per hour.

60. The narrowest diameter of true pelvis is:

Variants of answer:

a) The anterior-posterior diameter of the inlet;

b) The transverse diameter of the inlet;

- c) The oblique diameter of the inlet;
- d) The transverse diameter of the mid-pelvis.

61. Fetal lungs are mature:

Variants of answer:

- a) At term;
- b) At 16 weeks;
- c) At 22 weeks;
- d) At 28 weeks.

62. Surface tension-reducing substances produced by the fetal lung are:

- a) Polypeptides;
- b) Derivatives of arachidonic acid;

c) Polysaccharides;

d) Phospholipids.

63. Ductus arteriosus:

Variants of answer:

a) Allows the right ventricle to contribute to placental perfusion;

b) Delivered oxygenated blood to cephalic circulation;

c) Equilibrates pressure between ventricles;

d) Ensures equal work output by the right and left ventricles.

64. Fisiological blood loss at vaginal delivery is:

a) 0,1 % body weight;

b) 0,2 % body weight;

c) 0,5 % body weight;

d) 1,0 % body weight.

65. The most common cause of early postpartum hemorrhage is:

Variants of answer:

a) Unrecognized coagulopathy;

b) Uterine inversion;

c) Uterine atony;

d) Uterine rupture.

66. Important factors in galactopoiesis are:

Variants of answer:

a) Oxytocin and prolactine;

b) Oxytocin and estrogen;

c) Estrogen and progesterone;

d) Estrogene and cortisol.

67. Which of the following is the most reliable way to make a diagnosis of incompetent cervix:

Variants of answer:

a) History of painless premature dilatation of the cervix before 20 weeks' gestation;

b) Biopsy of the cervix;

c) Ease of passage of Hegar dilators;

d) Hysterosalpingogram.

68. Treatment of threatened abortion is:

Variants of answer:

a) Estrogene, progesterone, naloxone;

b) Bed rest, progesterone;

- c) Tocolysis, sedative;
- d) Sedative, laxative.

69. Doppler ultrasound is used to measure:

- a) Placental resistance;
- b) Blood flow velocity;
- c) Fetal hearing;
- d) Fetal tone.

70. Fetal weight is estimated using all of the following EXCEPT:

- Variants of answer:
- a) Biparietal diameter;
- b) Femur;
- c) Abdominal circumference;
- d) Chest circumference.

71. The most labor-intensive form of antepartum fetal testing is:

- Variants of answer:
- a) Non-stresss test;
- b) Fetal kick count;
- c) Oxytocin challenge test;
- d) "Modified" biophysical profile.

72. Which of the following indicates a pregnancy that is low risk for preterm birth:

Variants of answer:

- a) Prior history of preterm birth;
- b) Prior history of preterm rupture of membrane;
- c) Low serum alpha-fetoprotein at 16 weeks;
- d) Twins.

73. Beta-mimetic drugs do which of the following:

Variants of answer:

- a) Inhibit uterine activity by cyclic-AMP stimulation;
- b) Decrease glucose;
- c) Increase potassium;
- d) Tend to produce maternal hypertension.

74. The tocolytic agent with the most fetal risk at 34 weeks gestation is:

- a) Magnesium sulfate;
- b) Calcium channel blocker;

c) Ritodrine;

d) Indomethacin.

75. The most common cause of premature labor is:

Variants of answer:

a) Cervical incompetence;

b) Bicornuate uterus;

c) Smoking;

d) Premature rupture of membrane.

76. Complications of premature rupture of fetal membranes include all *EXCEPT*:

Variants of answer:

a) Fetal infection;

b) Preeclampsia;

c) Labor;

d) Prolapsed cord.

77. The patient with premature rupture of membranes needs all of the following exams EXCEPT:

Variants of answer:

- a) White blood cells count/C-reactive protein test;
- b) Temperature, igital cervical exams;
- c) Fetal heart rate monitor/ultrasound;
- d) Roll-over test.

78. Patients with chorioamnionitis need all of the following EXCEPT:

Variants of answer:

a) Intravenous antibiotics;

b) Discharge from the clinic;

c) Intravenous fluids;

d) Fetal heart rate monitor/ultrasound.

79. Intra-uterine growth retardation produces which of the following neonatal problems:

Variants of answer:

a) Anemia;

b) Hypercalcemia;

c) Respiratory distress;

d) Hypoglycemia.

80. Neonatal problems associated with intra-uterine growth retardation:

- a) Polycythemia;
- b) Hypercalcemia;

c) Hypoxia;

d) All of the above.

81. Problems related to the mother which can predispose the fetus to intra-uterine growth retardation include all of the following EXCEPT:

Variants of answer:

a) Rh-negative;

b) Smoking;

c) Hypertension;

d) Heroin addiction.

82. Infant risk from postdate pregnancy include:

Variants of answer:

a) Abruption placentae;

b) Hypoxia;

c) Intra-uterine growth retardation;

d) Anemia.

83. Monitoring the postdate pregnancy should include each of the following EXCEPT:

Variants of answer:

a) Maternal blood pressure;

b) Alpha-fetoprotein levels;

c) Vaginal exam;

d) Fetal heart rate.

84. The fetus in the postdate pregnancy can have problems with each of the following EXCEPT:

Variants of answer:

a) Meconium passage;

b) Macrosomia;

c) Polycystic kidneys;

d) Olygohydramnios.

85. Monoamniotic twins have:

Variants of answer: a) Low mortality after 30 weeks; b) Low amniotic fluid index;

c) Two separate placentas;

d) Two separate amniotic sacs.

86. The diagnosis of twins:

Variants of answer:a) Can generally be made clinically;b) Is made with ultrasound examination;

c) Is made with elevated estriol levels;

d) Is made with low glucose levels.

87. Twin pregnancies cause increased risk of the following EXCEPT:

Variants of answer:

a) Diabetes mellitus;

b) Premature birth;

c) Postpartum hemorrhage;

d) Hypertensive disorder.

88. Elevated level of alpha-fetoprotein in maternal blood at 16 weeks' gestation may suggest each of the following fetal problems EXCEPT:

Variants of answer:

a) Twins;

b) Neural tube defects;

c) Fetal maternal blood transfusion;

d) Polyhydramnios.

89. In the pregnant women insulin:

Variants of answer:

a) Has less biologic activity;

b) Freely passes the placenta;

c) Has normal secretory patterns in response to glucose stimuli;

d) Does not alter placental metabolism.

90. The least common finding in the HELLP-syndrom is:

Variants of answer:

a) Hemolysis of red blood cells;

b) Abnormal liver function tests;

c) Glucosuria;

d) Low platelets.

91. Which of the following classes of antihypertensive drugs is absolutely contraindicated during pregnancy?

Variants of answer:

a) Non-specific beta-adrenergic blockers;

b) Post-synaptic alpha- adrenergic blockers;

c) Calcium channel blockers;

d) Angiotensin-converting enzyme inhibitors.

92. The time of greatest risk for obstetrical thromboembolic complications is:

Variants of answer:

a) First trimester;

b) Second trimester;

- c) Third trimester;
- d) Early puerperium.

93. The leading cause of acute renal failure in obstetric patients is:

Variants of answer:

- a) Preeclampsia/eclampsia;
- b) Portpartum hemorrhage;
- c) Abruptio placenta;
- d) Chronic pyelonephritis.

94. Which is NOT associated with intraamniotic infection:

Variants of answer:

- a) Bacteremia;
- b) Postpartum endomyometritis;
- c) Preterm delivery;
- d) Decreased oxytocin requirements for labor augmentation.

95. The maternal factor encountered most commonly in patients with placental abruption is:

Variants of answer:

- a) Hypertension;
- b) Cocaine ingestion;
- c) Maternal parity;
- d) Chronic pyelonephritis.

96. Choose the correct statement about the diagnosis of placental abruption:

Variants of answer:

- a) Hypotension and anemia is present in 90 % cases;
- b) An abnormal fetal lie is characteristic;
- c) External/internal hemorrhage, pain, fetal distress;
- d) Low glucose level.

97. Choose the correct statement about the placenta previa:

- a) Disseminated intravascular coagulation is associated;
- b) The diagnostic accuracy with ultrasound is about 95 %;
- c) Fetal death is usually associated;
- d) Internal bleeding is usually associated.

98. Which of the following is associated with brow presentation:

- a) Anencephaly;
- b) Cephalopelvic disproportion;

c) Nuchal cord;

d) Prematurity.

99. The cesarean birth delivery rate best to be approximately:

Variants of answer:

- a) 5 %;
- b) 10 %;
- c) 15 %;
- d) 50 %.

100. What is most common sign of uterine rupture:

- Variants of answer:
- a) Vaginal bleeding;
- b) Fetal distress;
- c) Gross hematuria;
- d) Recession of the fetal presenting part.

101. In a latent phase speed of disclosing cervix of uterus makes:

- Variants of answer:
- a) 1,5–2 cm/h;
- b) 0,2 cm/h;
- c) 0,35 cm/h;
- d) 1 cm/h.

102. Average duration of labors at primipara makes:

Variants of answer:

- a) 5–6 h;
- b) 7–8 h;
- c) 10–12 h;
- d) 18–20 h.

103. A first point on the head of a fetus at a occipitoposterior presentation is in a mid-pelvis:

Variants of answer:

- a) occipital [posterior] fontanel;
- b) anterior fontanel;
- c) midpoint distances between fontanels;
- d) Forehead.

104. The second moment of the biomechanism of labors at a occipitoposterior presentation is:

- a) head flexion;
- b) the maximal head flexion;

c) internal rotation of the head (by a nape retrad)

d) internal rotation of the head (by a nape anteriad).

105. Waterless (period) an interval at which it is significant the risk of development of infectious complications increases, makes:

Variants of answer:

- a) 6 h;
- b) 8 h;
- c) 10 h;
- d) 12 h.

106. At flat bag of waters, with the purpose of preventive maintenance of weakness of patrimonial forces in 1st the period of labors make:

Variants of answer:

- a) Introduction of uterotonics;
- b) Introduction of spasmolytics;

c) Amniotomia;

d) Introduction of means for granting bed rest.

107. Duration of the third period of labors makes:

Variants of answer:

- a) 10 min;
- b) 15 min;
- c) 30 min;
- d) 1 h.

108. Pathological blood loss in delivery makes:

Variants of answer:
a) 0,5 % of a body weight;
b) 0,8 % of a body weight;
c) < 0,8 % of a body weight;
d) 150-200 ml.

109. At absence of signs of a placental separation in 30 minutes after a birth of a fetus tactics will be:

- a) Application of techniques of placental allocation;
- b) curettage of a uterus;
- c) Manual separation and allocation of a placenta;
- d) Amputation of a uterus.

110. Early postpartum period lasts:

Variants of answer:

a) 1 h;

b) 2 h;

c) 5–6 h;

d) 5-6 days.

111. Preventive maintenance of a bleeding in third and the early postnatal period are all herein provided preparations, EXCEPT:

Variants of answer:

a) oxytocin;

- b) prostaglandins;
- c) methylergometrine;

d) spasmolytics.

112. What definition of miscarriage is correct:

Variants of answer:

a) Interruption of pregnancy from the moment of conception up to 37 weeks;

- b) Interruption of pregnancy in term up to 12 weeks;
- c) Interruption of pregnancy in term from 12 weeks up to 22 weeks;
- d) Interruption of pregnancy in term from 22 up to 37 weeks

113. Surgical treatment of cervical incompetence is contra-indicated at:

Variants of answer:

a) prolapsed of a bag of waters;

b) I–II degrees of cleanliness of a vagina;

c) twins;

d) Organic cervical incompetence.

114. For decreasing of arterial pressure at second stage of labor at women with gestosis it is rational to apply:

Variants of answer:

a) intravenous sulfate of magnesium;

b) intravenous hygronium, pentamin;

c) intramuscular papaverine, aminophylline;

d) intramuscular dimedrol.

115. Into a complex of urgent actions at amniotic fluid embolism does not enter:

Variants of answer:

a) Artificial ventilation;

- b) massive antibacterial therapy;
- c) Prevention of a disseminative intravascular coagulation syndrome;
- d) Struggle against a hypostasis.

116. At postnatal endometritis:

Variants of answer:

- a) The temperature usually remains normal;
- b) Subinvolution of the uterus is observed;
- c) lochia become serous;
- d) proteinuria occurs.

117. The first scheduled hospitalization of the pregnant woman with disease of cardio-vascular system it is indicated at...

Variants of answer:

- a) Term of pregnancy before 12 weeks;
- b) Deterioration of a general well-being;
- c) With obstetrical complications;
- d) Occurrence of heart failure.

118. At detection of Couvelaire uterus follows...

Variants of answer:

- a) Make hysterectomy;
- b) Make curettage;

c) Use uterotonics;

d) Use hemostatics.

119. To conditions for application of forceps NOT concern...

Variants of answer:

a) Alive fetus;

- b) Rupture of amniotic membrane;
- c) Site of the head of a fetus;
- d) Cephalopelvis disproportion.

120. The main condition for performance vaginal examination at pregnant women and with suspicion on placenta previa is...

Variants of answer:

- a) Preliminary survey cervix per speculum;
- b) Carrying out of examination under a narcosis;
- c) The monitor control of the fetus;
- d) examination in ready-made operation room.

121. Uterine arteries...

- a) Depart from arteria femoralis;
- b) Depart from arteria iliaca interna;
- c) Depart from an aorta;
- d) Depart from renal arteries.

122. With the help of the third maneur of Leopold it is defined...

Variants of answer:

- a) attitude of a fetus;
- b) Position of a fetus;
- c) presentation of a fetus;
- d) Height of standing of a fundus of a uterus.

123. Prima- and multipara start to feel fetal movement according to...

- Variants of answer:
- a) 16 and 14 weeks;
- b) 18 and 16 weeks;
- c) 20 and 18 weeks;

d) 22 and 20 weeks.

124. Abuladze method is applied at...

Variants of answer:

- a) Absence signs of placental separation within 30 minutes;
- b) bleedings and absence of attributes of placental separation;
- c) attributes of placental separation for allocation of placenta;
- d) To delay of placental part in the uterus.

125. The most often reasons of a bleeding in the first trimester of pregnancy are...

Variants of answer:

- a) Cervical cancer, a polyp, varix dilatation;
- b) Placenta previa, placental abruption;

c) abortion;

d) Rupture of a uterus, low arrangement of a placenta.

126. If within 30 minutes there are no signs of placental separation, follows...

Variants of answer:

- a) begin manual placental separation for allocation of placenta;
- b) to take advantage ultrasonic diagnostics;
- c) to allocate placenta on Abuladze method;
- d) to make external massage of a uterus.

127. At maternal-fetal disproportion and alive fetus there are indications for...

- a) Application uterotonic therapies;
- b) Application of forceps;
- c) Make cesarean section;
- d) Make fetal destructive operations.

128. Secretory activity dairy glands is adjusted by...

- Variants of answer:
- a) Progesterone;
- b) Oxytocin;
- c) luteinizing hormone;
- d) prolactin.

129. The beginning of labors is...

Variants of answer:

a) Rupture of amniotic membrane;

- b) Promotion of a fetus on genital tracts;
- c) Uterine contractions with periodicity of 30 minutes;
- d) The regular contractions resulting in structural changes in cervix of a uterus.

130. At presence of classical Tsangemeister's triad pre-eclampsia can be diagnosed with...

Variants of answer:

- a) Retinal detachment;
- b) Blood pressure exceeding 190/110 mm;
- c) pain in epigastria;
- d) Losses of consciousness.

131. Which is WRONG for visual disturbances of preeclampsia?

Variants of answer:

- a) it is because of occipital region lesions
- b) if blindness does not resolve within a week, it will remain permanently
- c) it is because of retinal artery spasm that can resolve by magnesium sulfate;

d) it is because of retinal detachment that is most often unilateral.

132. Which DOES NOT happen in preeclampsia?

Variants of answer:

- a) reduced renal perfusion and fetal growth retardation;
- b) increased renin-angiotensin level;
- c) constant electrolyte concentration;
- d) increased microangiopathic hemolysis.

133. Tactics for pregnant women with progressing placental abruption and fetal death will consist in...

- a) Carrying out labor induction;
- b) Immediate delivery by cesarean section;
- c) Haemostatic therapy;
- d) Conducting vaginal delivery.

134. Differential diagnostics of a dense attachment and an increment of a placenta...

Variants of answer:

a) diagnose during operation of manual separation of a placenta;

- b) Carry out with Crede-Lasarevich method;
- c) It based on volume and time of the bleedings;
- d) signs of placental separation.

135. The relation of back of a fetus to a forward or back wall of a uterus is:

Variants of answer:

a) attitude;

b) type of position;

c) presentation;

d) Position.

136. The relation of back of a fetus to lateral walls of a uterus:

- Variants of answer:
- a) insertion;
- b) attitude;
- c) presentation;
- d) Position.

137. Distance between crests of iliac bones:

Variants of answer:

- a) 20–21 cm; b) 25–26 cm;
- c) 30–32 cm;
- d) 28–29 cm.

138. Distance between the top point of symphisis and supersacral fossa is:

- Variants of answer:
- a) 20–21 cm;
- b) 25–26 cm;
- c) 30–32 cm;
- d) 13,5 cm.

139. Which pelvic diameter is equal 20-21 cm:

- a) true conjugate;
- b) diagonal conjugate;
- c) external conjugate (Baudelocque's diameter);
- d) Lateral conjugate.

140. True conjugate:

Variants of answer: a) 9,5 cm; b) 10,5 cm; c) 11 cm; d) 12 cm.

141. Specify the sizes of a normal pelvis:

Variants of answer: a) 22–25–29–18–9 cm; b) 25–28–31–20–11 cm; c) 27–27–32–18–9 cm; d) 23–25–28–17–8 cm.

142. Biparietal size of the fetal head is:

Variants of answer:

- a) 9,5 cm;
- b) 10,5 cm;
- c) 11 cm;
- d) 12 cm.

143. Which is TRUE about puerpural changes?

Variants of answer:

- a) total number of uterine muscular cells is not reduced;
- b) vaginal rugae occur in the third month from delivery;
- c) uterine connective tissue won't change;
- d) uterine is re-epithelialized totally in the first week of pregnancy.

144. The big transverse size of the head of a fetus is a distance between: Variants of answer:

- a) Border hairy parts of a forehead and occipital tuber;
- b) The most remote points of a coronal suture;
- c) parietal tubers;
- d) Forward corner big fontanel and suboccipital fossa.

145. The vertical size of the head of a fetus is a distance between:

- a) bridge of nose and occipital tuber;
- b) middle of big fontanel and a hypoglossal bone;
- c) Forward corner of big fontanel and suboccipital fossa;
- d) parietal tubers.

146. The first moment of the mechanism of labors at anterior occipital presentation:

- Variants of answer:
- a) flexion the head;
- b) extension the head;
- c) Lowering of the head;
- d) The maximal flexion of the head.

147. The second moment of the mechanism of labors at anterior occipital presentation:

Variants of answer:

- a) flexion the head;
- b) extension the head;
- c) internal rotation of the head by a nape anteriad;
- d) The maximal flexion of the head.

148. A first point at a anterior occipital presentation is:

- Variants of answer:
- a) Big fontanel;
- b) small fontanel;
- c) Conditionally big fontanel;
- d) The middle of distance between big and small fontanels.

149. To what form of contracted pelvis there correspond its sizes (25–28–31–18):

- Variants of answer:
- a) Flat pelvis;
- b) rachitic flat pelvis;
- c) obliques pelvis;
- d) osteomalatic pelvis.

150. For infusional treatment of vomiting of pregnant use:

- Variants of answer:
- a) Albumin;
- b) Rheological solutions;
- c) Detoxifiers;
- d) all of the above.

151. Which symptom of toxicosis before 20 weeks of gestation:

- a) Presence of acetone in urine;
- b) Hypotonia;
- c) Headache;
- d) Subfebrile temperatures.

152. Pathogenetic mechanisms of gestosis are:

Variants of answer:

a) hypovolemia, infringements of microcirculation;

b) Chronic dissiminative intravascular coagulation of blood;

c) Changes albuminous and water-electrolytic balance;

d) all listed above.

153. For treatment of gestosis use all, EXCEPT:

Variants of answer:

a) The solutions improving microcirculation and rheological properties of blood;

b) Anticoagulants of direct action;

c) spasmolitics;

d) lidocaine.

154. Vaginal delivery it is allowable at:

Variants of answer:

a) nephropathy;

b) gestational edema;

c) preeclampsia in case of presence of conditions for immediate extraction of a fetus;

d) all listed above truly.

155. The attack of eclampsia can develop:

Variants of answer:

- a) During labors;
- b) During pregnancy;

c) The early postnatal period;

d) in any of the listed above periods.

156. Indications to artificial ventilation of lungs in gestosis are:

Variants of answer:

a) eclamptic status;

b) acute respiratory insufficiency;

c) hepatorenal insufficiency;

d) all listed above truly.

157. An early attribute of gestosis is:

- a) Asymmetry of arterial pressure;
- b) Nycturia;
- c) Thrombocytopenia;
- d) all listed above.

158. Specify optimum tactics at eclampsy during pregnancy:

Variants of answer:

- a) Complex intensive therapy in intensive care unit;
- b) Complex intensive therapy with the subsequent labor induction;
- c) Emergent cesarean section;
- d) Labor induction and vaginal delivery.

159. That distinguishes pre-eclampsia from severe nephropathy: Variants of answer:

variants of answer:

- a) Level of a hypertensia;
- b) Expressiveness of oedema;
- c) Degree of proteinuria;
- d) onset of cerebral symptoms.

160. From what term of pregnancy increases the requirement of pregnant in iron:

Variants of answer:

- a) From 8 till 12-th weeks;
- b) From 16 till 20-th week;
- c) From 12 till 16-th week;
- d) From 20 till 24-th week.

161. During pregnancy the iron acting with food:

Variants of answer:

- a) Use at formation of a placenta;
- b) Postpone in a muscle of a uterus;
- c) Use for producing of additional hemoglobin;
- d) All listed above truly.

162. The risk group if gestational diabetes form all the following patients *EXCEPT*:

Variants of answer:

- a) Pregnant women with glucouria;
- b) Macrosomia of fetus in the anamnesis;
- c) pregnant with gestosis;
- d) Women with obesity.

163. Name the most often complication of pregnancy at a diabetes:

- a) gestosis;
- b) miscarriage;
- c) Abnormalities of a fetus;
- d) Macrosomia of fetus.

164. The indication to cesarean section at a diabetes is:

Variants of answer:

- a) Labile diabetes with ketoacidosis;
- b) Progressing fetal hypoxia;
- c) Severe gestosis;
- d) all listed above.

165. The basic clinical symptom of cholestatic hepatosis is:

- Variants of answer:
- a) Loss of appetite;
- b) Jaundice;
- c) skin itch;
- d) dyspepsia.

166. Specify possible pathogenetic mechanisms of antenatal infection in a fetus: *Variants of answer:*

- a) transplacental;
- b) Ascending;
- c) transmural;
- d) all listed above.

167. Clinical symptoms of an intra-uterine infection depend from:

Variants of answer:

- a) Term of pregnancy at which infection has taken place;
- b) Ways of infection;
- c) Kind of the activator;
- d) all the listed above factors.

168. *Teratogenic action at infection in early terms of pregnancy render: Variants of answer:*

- a) Cytomegalovirus;
- b) Virus of a herpes simplex II type;
- c) Varicella-zoster virus;
- d) all the listed above viruses.

169. Method of indirect diagnostics of an intra-uterine infection is:

- a) Chorion-biopsy;
- b) Amniotic fluids' test;
- c) Fetal blood tests;
- d) Identification the infection from vagina of the pregnant woman

170. The fetal alcohol syndrome includes all, EXCEPT:

Variants of answer:

- a) Neurodevelopmental defects;
- b) Intra-uterine growth retardation of a fetus;
- c) Tendency to macrosomia of fetus;
- d) dysmorphosis an obverse skull.

171. A principal cause of acute placental insufficiency is:

Variants of answer:

- a) Threatened preterm labor;
- b) Professional health hazard;
- c) Genital infantilism;
- d) Placental abruption.

172. The basic role in development of chronic fetoplacentar insufficiency act:

Variants of answer:

a) Gestosis;

- b) Diseases of cardiovascular system at the pregnant woman;
- c) Diseases of kidneys at the pregnant woman;

d) all listed above.

173. Risk factors of chronic placental insufficiency is:

Variants of answer:

- a) Smoking and alcoholism of pregnant woman;
- b) Chronic specific and nonspecific infections;
- c) Miscarriage;
- d) all listed above factors.

174. With the purpose of diagnostics of fetal intra-uterine growth retardation, definition of its form and a degree of weight use following fetometric parameters:

Variants of answer:

- a) Biparietal diameter of fetal head;
- b) Length of a hip of a fetus;
- c) Abdominal circumference;
- d) All listed above parameters.

175. Therapy of placental insufficiency includes:

- a) Vasodilating and spasmolitics;
- b) Rheological fluids;
- c) Infusion therapy (plasma);
- d) all listed above.

176. To straight (fetal) methods of diagnostics congenital fetal anomalies carry all herein provided, EXCEPT:

Variants of answer:

a) cordocentesis;

b) chorion biopsy and fetal skin biopsy;

c) detection of estriol in blood and urine of the pregnant woman;

d) Ultrasound scanning.

177. Tasks of the first screening ultrasonic research are:

Variants of answer:

a) Specification of term of pregnancy;

b) Definition of rough fetal developmental anomalies;

c) Definition of localization of a placenta;

d) all listed above.

178. The basic purpose of carrying out antenatal cardiotocography is: *Variants of answer:*

a) Diagnostics of fetal arrhythmia;

- b) estimation and definition of a fetal distress;
- c) Definition of myometrial contractive activity;
- d) Estimation of a biophysical structure of fetus.

179. Amniocentesis can use to make a researches:

Variants of answer:

- a) Hormonal;
- b) Cytologic;
- c) Genetic;
- d) All listed above.

180. What hormones are synthesized by fetoplacental system:

- Variants of answer:
- a) Estriol;
- b) Placental lactogen;
- c) Alpha-fetoprotein;
- d) All listed above.

181. Complications of amniocentesis are all listed, EXCEPT:

- a) Premature birth;
- b) Wounds of vessels of a fetus and umbilical cord;
- c) chorioamnionit;
- d) formation of congenital developmental anomalies of a fetus.

182. Vaginal examination in labors is done with the purpose:

Variants of answer:

- a) Definitions of a degree of cervix dilatation;
- b) Definitions of features inclination the fetal head;
- c) Estimations of the sizes and conditions of a true pelvis;
- d) All listed above.

183. Indications to perineotomya:

Variants of answer:

- a) Threatened perineal rupture;
- b) Premature birth;
- c) Acute fetal hypoxia;
- d) All listed above.

184. For anesthesia of labors use:

Variants of answer:

- a) Narcotic analgetics;
- b) Non-narcotic analgetics;
- c) epidural anesthesia;
- d) all the listed above methods.

185. At discoordinated labor activity it is observed:

Variants of answer:

- a) Different rhythm of uterine segments contractions;
- b) Dystocia of the cervix uterus;
- c) Hypertonic lower segment;
- d) All listed above.

186. Indications to cesarean section at breech presentation are all herein provided clinical situations, EXCEPT:

Variants of answer:

- a) Age of nullipara more than 30 years;
- b) Anatomically contracted pelvis;
- c) Incomplete breech presentation;
- d) Malformations of fetus.

187. What symptom is the leader in diagnostics of clinically contracted pelvis:

- a) Maternal-fetal disproportion, positive Vasten sign;
- b) Lymphostasis of external genitals;
- c) Delay of urination;
- d) Abdominal pain.

188. What technique of cesarean sections is the most widespread:

Variants of answer:

a) Classical cesarean section;

- b) cesarean section in the lower segment of a uterus;
- c) extraperitoneal cesarean section;
- d) vaginal cesarean section.

189. Cesarean sections should be related to risk factors of occurrence of septic complications:

Variants of answer:

- a) Infection of urinary tracts;
- b) Premature rupture of amniotic membrane;
- c) Big blood lose during operation;
- d) All listed above factors.

190. At threatened rupture of a uterus all operations are contraindicated, EXCEPT:

Variants of answer:

- a) Imposing forceps;
- b) craniotomy;
- c) cesarean sections;

d) Episiotomy.

191. Imposing forceps are contra-indicated at:

Variants of answer:

- a) Anatomically and clinically contracted pelvis;
- b) Incomplete dilatation of cervix;
- c) Threatened rupture of a uterus;
- d) All listed above clinical situations.

192. Subinvolution of a uterus after labors can be caused:

Variants of answer:

- a) Development of inflammatory process;
- b) Delay of parts of a placenta in a uterus;
- c) Weakness of contractive activity;
- d) All listed above truly.

193. When we have to apply the child at mother's mammary glands:

- a) Directly after labors;
- b) in the first 2 h after labors;
- c) Through 12 h after labors;
- d) Right after the beginnings of a lactation.

194. The joint rooming of mother and the child in postnatal unit promotes:

Variants of answer:

a) To decrease in frequency of septic diseases;

b) Lactation;

c) Formation psycho-emotional communications of mother and her child; d) all listed above.

d) all listed above.

195. Lactation is promoted by all herein provided factors, EXCEPT: Variants of answer:

- a) Decrease in a level of estrogens and progesterone in blood;
- b) Early applying of the child to a breast;
- c) Increases of a prolactine level in blood;
- d) voluminous drink.

196. Prevention and treatment of nipple crack are all listed, EXCEPT:

Variants of answer:

- a) Physical methods of influence;
- b) Air baths;
- c) Hormonal pills;
- d) Antiseptics.

197. For first breath of newborn it is necessary all factors, EXCEPT:

Variants of answer:

- a) Mature nervous system;
- b) Sufficient maturity of lungs;
- c) Hemodynamic changes;
- d) Polycythemia.

198. Physiological body weight loss in healthy term newborn makes:

Variants of answer:
a) More than 10 %;
b) from 3 up to 10 %;
c) 6 %;
d) No more than 1 %.

199. The reasons of early spontaneous abortion are all diseases, EXCEPT:

- a) Hypoplasia a uterus;
- b) Infections;
- c) Cervical incompetence;
- d) Chromosomal anomalies of an embryo.

200. Placental abruption most frequently occurs at:

Variants of answer:

a) Gestosis;

- b) Inflammatory changes of endometrium;
- c) allergic infectious vasculitis;
- d) Immunological conflict between mother and a fetus.

201. Clinical signs of the placental abruption:

Variants of answer:

- a) Painful syndrome;
- b) Acute fetal hypoxia;
- c) Disseminative intravascular coagulation syndrom;

d) all listed above.

202. The condition of an intra-uterine fetus at placental abruption depends on:

Variants of answer:

a) The areas of an exfoliating part of a placenta;

b) Speed of abruption;

- c) Morpho-functional conditions of a placenta;
- d) all listed above.

203. The most typical clinical symptom of placenta previa is:

Variants of answer:

a) Chronic intra-uterine fetal hypoxia;

b) Decrease in a level of hemoglobin and reduction of red blood cells amount in blood;

c) repeated bleedings from genital tracts;

d) Arterial hypotension.

204. Placental abruption can occur:

Variants of answer:

a) In the preliminary period;

b) In the first period of labors;

c) In the second period of labors;

d) All above it is true.

205. A priority of intravenous infusion at massive blood loss and hemorrhagic shock in labors is:

Variants of answer:

a) Correction of water-electrolytic balance;

b) Compensation of red blood cells volume;

- c) Replacement of circulating blood volume and restoration of microcirculation;
- d) Correction of albuminous balance.

206. The most often reason of a late postnatal bleeding is:

Variants of answer:

- a) Infringement in contractive abilities of a muscle of a uterus;
- b) Infringements in system of a hemostasis;
- c) Delay in a uterus placentary segments and birth membranes;
- d) Trophoblastic tumor.

207. Anterio-occipital presentation:

Variants of answer:

- a) sagittal suture in the transverse size, small fontanel at the left;
- b) sagittal suture in the transverse size, small fontanel on the right;
- c) sagittal suture in the right oblique size, small fontanel anteriad;
- d) sagittal suture in the right oblique size, small fontanel retrad.

208. Sagittal suture in the direct size, back of the fetus it is inverted retrad: Variants of answer:

- a) First position, anterior kind;
- b) Head presentation, anterior kind;
- c) second position, posterior kind;
- d) Head presentation, posterior kind.

209. Which organism is THE LEAST responsible in puerpural infection?

Variants of answer:

- a) peptostreptococcus;
- b) enterococcus;
- c) staphylococcus;
- d) mycoplasma.

210. Which is WRONG about face presentation?

Variants of answer:

- a) This is a rare presentation above inlet;
- b) Brow presentation most of the time changes to face presentation;
- c) Decent mechanism is completely different from vertex presentation;
- d) Delivery is possible if mentum appears beneath the symphysis.

211. Which is WRONG about misoprostol?

Variants of answer:

- a) It is a synthetic PG E1;
- b) It is used for peptic ulcer;
- c) It is used for contraception;
- d) Its dose is 100 mcg intra cervical for labor induction.

212. What is the accepted screening test for diagnosis of pregnancyinducted hypertension?

- a) Rollover test;
- b) Level of hemoglobin;

- c) White blood cells count;
- d) Bicycle ergometry.

213. A woman 35 years old (pregnancy-4, labor -3) presents with Couvelaire uterus in cesarean section. When is hysterectomy indicated?

Variants of answer:

- a) presence of hematoma in the broad ligament;
- b) presence of hematoma in mesosalpinx;
- c) atony retractable to treatment;
- d) presence of blood in abdominal cavity.

214. Which is the most common reason of disseminative intravascular coagulation in Obstetrics?

Variants of answer:

- a) Intrauterine growth retardation;
- b) Abruption of placenta;
- c) Hypertension;
- d) Allergy.

215. Which is WRONG in abruption?

Variants of answer:

- a) It is more likely in pregnant with myopia;
- b) Fibroma is one of the causes;
- c) Multipara is in group of risk;
- d) Gestosis can be predisposing factor.

216. Which is WRONG about prolonged gestation?

Variants of answer:

- a) placental apoptosis increases from 41–42 weeks gestation;
- b) umbilical cord erythropoietin increases from 41 weeks;
- c) Late deceleration is the most common finding in prolonged gestational age;
- d) lack of vernix causes skin changes of post maturity.

217. In which group of patients MgSO4 is contraindicated?

Variants of answer:

- a) Type I diabetes;
- b) asthma;
- c) hyperthyroidism;

d) myasthenia gravis.

218. Which combination therapy to stop labor pain is safe?

- a) Magnesium sulfare + indomethacin;
- b) Magnesium sulfare + terbutalin;

- c) ritodrin+ nifedipin;
- d) Magnesium sulfare + nifedipin.

219. Which is WRONG?

Variants of answer:

- a) chorionic plate of placenta is part of placenta;
- b) prenatal mortality is more in circumvallate placenta;
- c) uterine infection is the main cause of circumvallate placenta;
- d) circumvallate placenta accompanies congenital abnormality.

220. Which pattern is a sign of fetal distress in a 42 week pregnant woman?

Variants of answer:

- a) prolonged deceleration;
- b) saltatory pattern;
- c) variable deceleration;
- d) late deceleration.

221. Immediately after delivery of baby with hemolitical disease, the nurse should remember to:

Variants of answer:

a) delay clamping of the cord to provide the newborn with more blood;

b) cut immediately after birth of the baby;

c) administer rhesus-immunoglobulin to the newborn immediately on the third stage of labor;

d) place the newborn in an isolate for phototherapy.

222. The fetal monitoring strip shows fetal heart rate deceleration occurring about 30 seconds after each contraction begins; the fetal heart rate returns to baseline after the contraction is over. This type of deceleration is caused by:

Variants of answer:

a) Fetal head compression;

- b) Umbilical cord compression;
- c) Utero-placental insufficiency;

d) Cardiac anomalies.

223. Which of the following may happen if the uterus becomes over stimulated by oxytocin during induction of labor?

- a) Weak contractions prolonged to more than 70 seconds;
- b) Titanic contractions prolonged for more than 90 seconds;
- c) Increased pain with bright red vaginal bleeding;
- d) Increased restlessness.

224. In the second stage of labor ,you notice a persistent fetal heart rate bradycardia of 110 bpm. What is your management?

Variants of answer:

a) left lateral position, nasal oxygen, 1000 cc serum, fetal monitoring;

b) detecting fetal blood PH;

c) after 40 minutes intervention is needed;

d) it is a normal event in this stage . No further step is needed.

225. What is the fetal heart rate pattern in a fetus with placental insufficiency?

Variants of answer:

a) late deceleration and loss of variability occurring concomitantly;

b) first late deceleration and then loss of variability;

c) first loss of variability and then late deceleration;

d) first accentuated variability and then late deceleration.

226. Which is WRONG about fetal heart rate deceleration?

Variants of answer:

a) maternal hypertesion can cause chronic placental dysfunction and late deceleration;

b) early deceleration of 20 beats per minute of baseline shows fetal hypoxia and acidemia;

c) increased afterload can activate chemoreceptors and cause late deceleration;

d) early deceleration of 20 beats per minute of baseline does not show fetal hypoxia and acidemia.

227. Which <u>can not</u> reduce fetal respiratory effort?

Variants of answer:

a) hypoxia;

b) preterm labor;

c) maternal feeding;

d) at night (circadian effect).

228. Which is WRONG in breech delivery mechanism?

Variants of answer:

a) anterior hip has a more rapid decent than posterior hip;

b) anterior hip is beneath the symphysis pubis and intertrochanteric diameter rotates around a 45 degree axis;

c) if posterior hip is beneath the symphysis pubis it has to go through 225 degree axis rotation;

d) for sacrum anterior or posterior position, the axis of rotation is around 45 degrees.

ANSWERS

N⁰	Правильный	N⁰	Правильный	N⁰	Правильный	N⁰	Правильный
вопроса	ответ	вопроса	ответ	вопроса	ответ	вопроса	ответ
1	c	42	a	83	b	124	с
2	b	43	b	84	с	125	с
3	d	44	b	85	a	126	a
4	d	45	с	86	b	127	С
5	a	46	с	87	a	128	d
6	d	47	d	88	d	129	d
7	с	48	с	89	a	130	С
8	d	49	d	90	с	131	b
9	b	50	с	91	d	132	b
10	с	51	d	92	d	133	b
11	d	52	b	93	a	134	a
12	b	53	с	94	d	135	b
13	с	54	с	95	a	136	d
14	а	55	а	96	с	137	d
15	а	56	d	97	b	138	a
16	b	57	c	98	b	139	c
17	a	58	a	99	с	140	с
18	с	59	с	100	b	141	b
19	b	60	d	101	с	142	a
20	d	61	а	102	с	143	a
21	а	62	d	103	с	144	с
22	b	63	а	104	с	145	b
23	а	64	с	105	d	146	а
24	с	65	с	106	с	147	с
25	b	66	а	107	с	148	b
26	d	67	а	108	b	149	a
27	а	68	b	109	с	150	d
28	а	69	b	110	b	151	с
29	b	70	d	111	d	152	d
30	d	71	с	112	a	153	d
31	d	72	с	113	a	154	d
32	а	73	а	114	b	155	d
33	с	74	d	115	b	156	d
34	а	75	d	116	b	157	d
35	а	76	b	117	a	158	с
36	с	77	с	118	а	159	d
37	d	78	b	119	d	160	b
38	с	79	d	120	d	161	d
39	с	80	d	121	b	162	с
40	b	81	a	122	с	163	d
41	a	82	b	123	с	164	d

N⁰	Правильный	N⁰	Правильный	$\mathbb{N}_{\mathbb{Q}}$	Правильный	N⁰	Правильный
вопроса	ответ	вопроса	ответ	вопроса	ответ	вопроса	ответ
165	с	181	d	197	d	213	с
166	d	182	d	198	b	214	b
167	d	183	d	199	с	215	а
168	d	184	d	200	а	216	с
169	d	185	d	201	d	217	d
170	с	186	d	202	d	218	b
171	d	187	а	203	с	219	с
172	d	188	b	204	d	220	а
173	d	189	d	205	с	221	b
174	d	190	с	206	с	222	с
175	d	191	d	207	с	223	b
176	с	192	d	208	d	224	d
177	d	193	b	209	d	225	b
178	b	194	d	210	с	226	b
179	d	195	d	211	d	227	с
180	d	196	с	212	а	228	с

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Учебное издание

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ТЕСТОВЫЕ ЗАДАНИЯ ПО АКУШЕРСТВУ (на английском языке)

Учебно-методическое пособие на английском языке для студентов 4 и 6 курсов лечебного факультета и факультета по подготовке специалистов для зарубежных стран медицинских вузов

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Подписано в печать 14.09.2012. Формат 60×84¹/₁₆. Бумага офсетная 80 г/м². Гарнитура «Таймс». Усл. печ. л. 2,56. Уч.-изд. л. 2,80. Тираж 70 экз. Заказ 288.

Издатель и полиграфическое исполнение Учреждение образования «Гомельский государственный медицинский университет» ЛИ № 02330/0549419 от 08.04.2009. Ул. Ланге, 5, 246000, Гомель.