Тестовые задания по акушерству для студентов 4 курса ФИУ, обучающихся на английском языке

1. At pregnancy, the following physiological changes occur in the external genital organs:
1. the mucous membrane at the entry of vagina is cyanotic;
2. increased secretion of the sebaceous glands of vulva;
3. external genitals are loosened;
4. -all of the above.

2. Obstetric perineum is a region:
1. between posterior commisure and coccyx;
2. -between posterior commisure and anus;
3. between anus and coccyx;
4. from the lower edge of pubis (loin) up to anus;
5. from the lower edge of coccyx up to anus.

3. The major features of the structure of vagina are:
1. -the wall is covered by multilayered squamous epithelium;
2. -glands and submucous layer are absent in the mucous membrane;
3. contents of vagina is just the result of contraction of cervical glands, fallopian tubes, desquamated epithelial cells of vagina;
4. all are incorrect;
5. all are correct.

4. At pregnancy, the following physiological changes occur in vagina:
1. -the blood supply of the vaginal walls increases sharply;
2. -loosening of the vaginal walls;
3. -hyperplasia and a hypertrophy of muscular elements of vagina;
4. the pH in vagina is alkaline.

5. External genital organs include:
1. labia major;
2. labia minor;
3. major glands of vestibulum;
4. clitoris;
5. -all are incorrect.

6. The internal genital organs include:
1. uterus;
2. fallopian tubes;
3. ovaries;

4. vagina;
5. -all are incorrect.

7. The primary direction of the muscular fibres in the body of uterus is:
1. oblique;
2. circular;
3. obliquo-longitudinal;
4. -longitudinal;
5. none of the above.

8. The main direction of the muscular fibres in cervix is:
1. oblique;
2. -circular;
3. obliquo-longitudinal;
4. longitudinal;
5. none of the above.

9. Ovary is supported in the abdominal cavity by:
1. -ligamentum ovary propria;
2. -ligamentum latum of uteri;
3. -infundibulopelvic ligamentum;
4. ligamentum sacro-uterina;
5. all are correct.

10. What hormone is used as a marker for normal progressing pregnancy?
1. estradiol;
2. hypophyseal gonadotropin;
3. progesterone;
4. prolactin;
5. -chorionic gonadotropin.

11. Name the process which helps the embryon to create a contact with the body of mother (uterus).
1. gastrulation;
2. implantation;
3. histogenesis;
4. fertilization;
5. -placentation.

12. When does the embryonic period end and begin the fetal period of the intrauterine development?
1. at the end of the first month;
2. at the end of the second month;
3. -at the beginning of the third month;
4. at the end of the third month;
5. at the beginning of the fourth month.

13. The first trimester of pregnancy is named as a period of:
1. -organogenesis;
2. -placentation;
3. fetal;
4. fertilization;
5. implantation.

14. The probable sign for diagnosis of pregnancy is:
1. change of mood;
2. change of smell;
3. auscultation of fetal heart beats;
4. -enlarged uterus.

15. The positive sign of pregnancy is:
1. absence of menses;
2. increased size of uterus;
3. dyspeptic disturbances;
4. -presence of fetus in uterus;
5. abdominal enlargement.

16. Early diagnosis of pregnancy is made by.
1. change in basal temperature;
2. detection of HCG (human chorionic gonadotropin) in urine;
3. USG;
4. -all of the above.

17. Assumed date of labour can be known in all the given statements, except:
1. regular menstrual cycle;
2. continuation of pregnancy for 280 days;
3. ovulation occurs around the 14^{th} day of cycle;
4. -use of oral contraceptives before pregnancy;
5. conception occurred in the middle of cycle.

18. Most often a pregnant woman complains on:
1. gastrointestinal disorders;
2. pain in the lower abdomen;
3. -stop of menses;
4. bloody discharges from vagina;
5. all of the above.

19. Which among the following is not the common complication occurring in the first trimester of pregnancy?
1. threatened abortion (miscarriage);
2. early gestosis;
3. anaemia;
4. hypotonia;
5. -nephropathy.

20. During pregnancy, the predisposition to edema of the lower extremities is caused by:
1. decreased osmotic pressure in the blood plasma;
2. compression of the inferior vena cava by the pregnant uterus and the increase of the venous pressure in the lower extremities;
3. retension of sodium in the body;
4. increased secretion of aldosterone;
5. -all of the above.

21. Frequency of what pathology increases in the aged primapara?
1. breech presentation;
2. -weakness of labor strength;
3. detachment of normally placed placenta;
4. placenta prelying;
5. transverse position of fetus.

22. Most favourable sign for the prognosis of present pregnancy is the completion of the previous pregnancy by:
1. pathological labor with surgical delivery;
2. artificial abortion;
3. habitual miscarriage;
4. -normal labor;
5. all of the above.

23. Term of pregnancy and the date of labour cannot be defined by:
1. last menstruation;
2. first fetal movement;

3. -size of fetus;
4. USG data;
5. data obtained during the first attendance of the female consultation on the proposed pregnancy.

24. What is the estimated date of labour if the first day of the last menstruation is the 1st of May?
1. the 6th of February;
2. the 8th of August;
3. the 24th of April;
4. -the 8th of February;
5. the 3rd of October.

25. The reason of the premature labour may be:
1. rhesus conflict;
2. gestosis (toxicosis);
3. multiple pregnancy;
4. gestational pyelonephritis;
5. -all of the above.

26. In obstetrics, USG helps to determine:
1. position of placenta and its pathology;
2. condition of the fetus;
3. non progressive pregnancy;
4. anomaly of the development of the fetus;
5. -all are correct.

27. Amnioscopy helps to estimate:
1. quantity of amniotic fluid;
2. staining of amniotic fluid;
3. presence of flakes of vernix caseosa;
4. -all are correct;
5. all are incorrect.

28. In normal position of fetal parts, the head is located at the position of:
1. maximum flexion;
2. -moderate flexion;
3. moderate extension;
4. maximum extension.

29. Fetal position is:

1. relation of the fetal back to the sagittal plane;
2. relation of the fetal back to the frontal plane;
3. -relation of the fetal axis to the length of uterus;
4. interrelation of various parts of fetus.

30. Position is called as longitudinal, when the fetal axis is:
1. located under the right angle to the longitudinal axis of uterus;
2. located under the acute angle to the axis of uterus;
3. –coincides with the length of uterus;
4. located under obtuse (broad) angle to the axis of uterus.

31. Fetal presentation is the relation of:
1. head of fetus to its entry in the pelvis;
2. pelvic end to the entry in pelvis;
3. –most lower part of fetus to the entry in pelvis;
4. head of fetus to the fundus of uterus.

32. Head presentation of fetus in physiological labour is:
1. anterior head (cephalic) presentation;
2. -occipital presentation;
3. frontal presentation;
4. facial presentation.

33. The most common presentation of fetus is:
1. complete breech presentation;
2. breech with flexed legs (frank breech);
3. footling presentation;
4. -cephalic presentation;
5. transverse presentation.

34. Fetal position means:
1. –relation of the fetal back to the lateral walls of uterus;
2. relation of the fetal head to the entry in pelvis;
3. relation of the fetal axis to the length of uterus;
4. interrelation of various parts of uterus.

35. Kind of the fetal position is the relation between:
1. fetal back to the sagittal plane;
2. fetal head to the plane of entry in the small pelvis;
3. –fetal back to the anterior and posterior walls of uterus;
4. fetal axis to the length of uterus.

36. At the first position, the back of fetus is turned:
1. to the right;
2. to the fundus of the uterus;
3. -to the left;
4. to the entry in the small pelvis.

37. At the second position, the back of fetus is turned:
1. -to the right;
2. to the fundus of uterus;
3. to the left;
4. to the entry in the small pelvis.

38. When fetus is lying transversely, the position of fetus can be determined by the position of:
1. fetal back;
2. -fetal head;
3. small fetal parts;
4. pelvic end of the fetus;
5. cannot be determined.

39. Objective examination of the pregnant woman or woman in labor starts with:
1. palpation of the abdomen;
2. auscultation of the abdomen;
3. measurement of the pelvis;
4. -objective examination by systems;
5. all of the above.

40. By the first method of the external obstetric examination may be defined:
1. position of the fetus;
2. occipito-anterior or occipito-posterior vertex position;
3. –height of the uterine fundus;
4. prelying part of the fetus.

41. By the second method of the external obstetric examination may be defined:
1. prelying part of the fetus;
2. disposition of the fetal parts;
3. height of the uterine fundus;
4. -position of fetus;
5. head of fetus.

42. By third method of the external obstetric examination may be defined:
1. –prelying part of the fetus;
2. disposition of the fetal parts;
3. height of the uterine fundus;
4. position of fetus;
5. type of position.

43. By the fourth method of the external obstetric examination may be defined:
1. prelying part of the fetus;
2. position of the fetal parts;
3. height of the uterine fundus;
4. position of fetus;
5. –relation of the prelying part to the entry in the pelvis.

44. External obstetric examination at the second half of pregnancy includes all the following, except:
1. determination of location, position and size of fetus;
2. anatomic estimation of pelvis;
3. determination of the term of pregnancy;
4. -functional estimation of pelvis;
5. estimation of frequency and rhythm of the fetal heart beats.

45. Circumference of abdomen can be measured:
1. on the middle of the distance between umbilicus and xiphoid process;
2. –on the level of umbilicus;
3. randomly;
4. on two transverse fingers above umbilicus;
5. on three transverse fingers above umbilicus.

46. At a women of normal constitution, the lumbar rhombus has the following form:
1. triangular;
2. -geometrically correct rhombus;
3. correct quadrangular;
4. triangular, stretched in vertical direction;
5. quadrate (square form).

47. The method of instrumental examination used during pregnancy and at delivery is:

1. probing of the uterus;
2. -examination of the uterine cervix by speculum;
3. biopsy;
4. histerography;
5. hysteroscopy.

48. Vaginal examination is not used for:
1. determination of stage of opening of the uterine cervix;
2. estimation of integrity of the amniotic sac;
3. –estimation of condition of fetus;
4. determination of features of insertion of the fetal head;
5. estimation of the size of pelvis.

49. Diagonal conjugate can be defined:
1. on the external conjugate;
2. on the height of pubis symphysis;
3. on the lateral conjugate;
4. –on vaginal examination.

50. Diagonal conjugate is the distance between:
1. ischium tubercles;
2. iliac crests;
3. –lower edge of symphysis and promentorium;
4. major trochanters of femur bone;
5. umbilicus and xiphoid process.

51. Diagonal conjugate is equal to:
1. 31-32 cm;
2. -12-13 cm;
3. 12-15 cm;
4. 28-29 cm;
5. 9-12 cm.

52. True conjugate is the distance between:
1. the middle of the upper edge of pubis and promentorium;
2. –the maximum protruding point of symphysis and promentorium;
3. the lower edge of symphysis and protruding point of promentorium;
4. iliac crests;
5. umbilicus and xiphoid process.

53. True conjugate is equal to:
1. 13 cm;

2. -11 cm;
3. 10 cm;
4. 20 cm;
5. 9 cm.

54. The normal fetal heart rate per minute is:
1. 80-90 beats;
2. 100-110 beats;
3. -120-140 beats;
4. 100-200 beats;
5. 170-180 beats.

55. Where the fetal heart beats are the best heard in the 1st position of anterior type of occipital presentation?
1. on the right below umbilicus;
2. -on the left below umbilicus;
3. on the left above umbilicus;
4. on the left at the level of umbilicus;
5. in any point.

56. Which of the reasons can conduct to the decrease in amniotic fluid in pregnant women?
1. microcephalia;
2. –abnormalities of urinogenital tract of the fetus;
3. teratoma of sacrococcygeal region;
4. virus and bacterial infection.

57. The average duration of the first stage of labour in primigravidae is:
1. 3-5 h;
2. 6-9 h;
3. -10-14 h;
4. 15-18 h;
5. 19-24 h.

58. Unlike nephropathy, in arterial hypertensia the presence of the following symptoms is characteristic:
1. edema;
2. proteinuria;
3. oliguria;
4. all listed;
5. -none of the above.

59. The excessive increase in body weight at a woman of second half of pregnancy, most likely it should be suspected:
1. large fetus;
2. toxicosis (preeclampsia);
3. increased volume of amniotic fluid;
4. multi pregnancy;
5. -all listed.

60. In diagnostics of prolonged pregnancy the following methods are helpful:
1. amnioscopy;
2. electrocardiogram and FCG of a fetus;
3. dynamics of measurement of an abdomen circle and height of the bottom of uterus;
4. colpocytology;
5. all listed above.

61. Amniscopy allows, generally, to estimate:
1. quantity of amniotic fluid;
2. colour of amniotic fluid;
3. presence of flakes of vernix caseosa;
4. -all listed;
5. nothing from the listed.

62. What method should be used in anaesthesia for amniocenthesis:
1. the general anaesthesia;
2. –local anaesthesia;
3. sacral blockade;
4. without anaesthesia and analgesic;
5. light analgesia.

63. The labour pain arises owing to:
1. irritation of the nervous terminations of uterus and patrimonial ways;
2. decrease of a threshold of pain sensitivity of the brain;
3. decreased production of endorphines;
4. -all listed;
5. nothing from the listed.

64. Pudendal anaesthesia is most often applied:
1. –at the second stage of premature labour;
2. at distructive operations of fetus;

3. at the extraction of fetus for the pelvic end;
4. at all listed;
5. nothing from the listed.

65. At the first stage of labour, all the listed preparations are applied for anaesthesia, except:
1. inhalation anasthetics;
2. the narcotics;
3. -oxitotics;
4. analgesics.

66. The indication for the appointment of anesthetics at the first stage of labour is:
1. opening of cervix to 4 cm;
2. weak contraction of uterus during labour ;
3. -discoordination of patrimonial activity;
4. absence of the fetal sac.

67. At the end of pregnancy of a primigravida women, cervix of uterus is normally:
1. extended;
2. -truncated (shortened);
3. smoothed partially;
4. smoothed completely;
5. kept.

68. For a mature cervix of uterus it is characteristic:
1. its disposition along the conductive axis of pelvis;
2. softening on all its length;
3. passability of the cervical channel for 1-1,5 fingers;
4. shortening of cervix to 1-1,5 cm;
5. -all the listed.

69. Name signs of the beginning of the first stage of labour:
1. efflux of amniotic fluid;
2. presence of "mature" uterine neck;
3. –occurrence of regular birth pangs ;
4. head insertion into the entrance of the minor pelvis.

70. The first stage of labour comes to an end always:
1. –by the full disclosure of the uterine cervix;
2. by occurrence of attempts;

3. by efflux of amniotic fluid;
4. in 6-8 hours from the beginning of regular birth pangs;
5. all listed.

71. In labour, at head prelying of a fetus, the following basal frequency of heart beats is considered to be normal:
1. -120-160 beats per minute;
2. 110-150 per minute;
3. 100-180 per minute;
4. more than 200 per minute.

72. Name signs of the beginning of the second period of labour:
1. presence of attempts;
2. efflux of amniotic fluid;
3. –full opening of the uterine os;
4. insertion of the fetus head.

73. Vaginal examination in labour is carried on purpose:
1. detection of the integrity of the uterine sac;
2. assessment of the degree of disclosure of the uterine cervix;
3. estimation of features of insertion of fetus head;
4. estimation of the sizes and condition of osteal pelvis;
5. -all listed above.

74. In what situation it is possible to speak about engagement of the fetus head into the entrance of the pelvic:
1. the head is in the pelvic cavity;
2. -bisparietal size of the head is in an entrance plane of small pelvis;
3. the prelaying part is at the level of sciatic axis;
4. arrow-like suture is in the cross-section size of the pelvis;
5. the fetus head is bent.

75. In what plane of the minor pelvis the internal rotation of the head takes place?
1. over an entrance to the pelvis;
2. in an entrance plane of the minor pelvic;
3. –in a plane of the wider part of the pelvic cavity;
4. in a plane of a narrow part of the pelvic cavity;
5. in a plane of the exit of the pelvis.

76. The major movements of a fetus during labour occur in certain sequence. What of the following sequences is correct?

1. descent, internal rotation, flexion;
2. engagement, flexion, descent;
3. engagement, internal rotation, descent;
4. –engagement, flexion, internal rotation, extension;
5. descent, flexion, engagement.

77. A leading point at the occipital prelying of a fetus is:
1. big fontanel;
2. -small fontanel;
3. the middle of the frontal suture;
4. the middle of the distance between big and small fontanel.

78. An indicator for the beginning of the second stage of labour is:
1. descending of a prelaying part into the minor pelvis;
2. attempts;
3. internal turn of a head;
4. –full disclosure of the uterine cervix;
5. baby birth.

79. In the 2nd period of labour the heart beats are supervised:
1. -after each attempt;
2. every 5 mines;
3. every 10 mines;
4. every 15 mines;
5. every 20 minute.

80. Vaginal examination in labour is made:
1. before labour stimulation;
2. at admission in a hospital;
3. at occurrence of bleeding discharges;
4. at efflux of amniotic fluid;
5. -all listed is true.

81. Conduction of labour in the second period of labour includes, mainly, the control:
1. -for the condition of woman and fetus;
2. -for the engagement and crowning of the prelaying part of the fetus;
3. –for the condition of fetoplacental circulation;
4. for the pressure in the antervillum space;
5. all answers are wrong.

82. The indication to the section perineum in labour is:

1. rupture threat of perineum;
2. a large fetus;
3. premature labour (a small fetus);
4. pelvic fetus prelying;
5. –all answers are correct.

83. Episiotomy is for the prevention of:
1. bad healing of perineum;
2. –rupture of muscles of perineum;
3. development of rectocele and cystocele;
4. contraction of musclus levator ani.

84. Indications to perineotomia:
1. high rigid perineum;
2. rupture threat of perineum;
3. premature labour;
4. acute hypoxia of a fetus;
5. -all listed is true.

85. For the prevention of bleeding in labour at a moment of crowning of the head, it is often applied:
1. promedol;
2. -methylergometrin;
3. pregnantol;
4. mammophizin;
5. quinine.

86. Volume of physiological blood loss in labour:
1. 100 - 150 ml;
2. -200 - 300 ml;
3. 300 - 400 ml;
4. 400 - 500 ml;
5. less than 100 ml.

87. Tactics of conducting the third stage of labour depends on:
1. –degree of the blood loss;
2. duration of labour;
3. –presence of signs of the afterbirth detachment;
4. conditions of the newborn;
5. duration of labour without amniotic fluid.

88. The major mechanisms of the afterbirth detachment and the

afterbirth discharging are:
1. the increase of the intrautrine pressure;
2. the decrease of the size of a uterus and the sizes of placentary platform;
3. retraction and contraction of myometrium;
4. -all listed above;
5. nothing from the listed.

89. Ways of removal of non-detached afterbirth from the uterus:
1. Abuladze's method;
2. pull for an umbilical cord;
3. method of Krede-Lazarevich;
4. –manual afterbirth detachment andafterbirth discharging.

90. Characteristic signs of the total tight attachment of placenta are:
1. pain in the abdomen;
2. bleeding;
3. height of standing of the uterine bottom above the navel after a child birth;
4. –absence of signs of afterbirth detachment.

91. The bleeding at the postpartum period is possible in all cases, except:
1. at thrombocytopenia;
2. at long (prolonged) labour;
3. at muli fetus and hydramnion;
4. –at labour in the back type of facial prelying.

92. Indications for the manual inspection of the uterus:
1. application of prostaglandins in labour;
2. long labour;
3. labour at pelvic prelying;
4. -labour in the presence of a scar on uterus after cesarean sections;
5. none of the above.

93. What is indicative during jointing of placenta?
1. manual afterbirth detachment;
2. introduction of contraction drugs;
3. curettage of cavity of uterus;
4. to put cold on the abdomen;
5. -extirpation or amputation of uterus.

94. The prolonged pregnancy is characterized?

1. oligoamnios;
2. increased basal tonus of uterus;
3. decreased excitement of myometrium;
4. decreased circumference of the abdomen;
5. –all the above are right.

95. To diagnose the prolonged pregnancy, it is necessary:
1. to do USG to confirm the position of fetus;
2. -to determine exact duration of pregnancy;
3. to measure the heart rate of fetus;
4. to determine the volume of amniotic fluid;
5. to carry out the stress contraction test.

96. Major symptoms of the overmaturity of fetus are:
1. dry skin;
2. absent of vernix caseosa;
3. narrow sutures and fontanels;
4. dense bones of skull;
5. –all is true;
6. all is false.

97. Indications for cesarean section during the prolonged pregnancy are:
1. pelvic prelying;
2. big size of fetus;
3. old age of women;
4. narrow pelvis;
5. all is false;
6. –ll is true.

98. The term “afterbirth period” usually means:
1. -first 2 months after labour;
2. period of the breast feeding of a newborn;
3. period of afterbirth amenorrhea;
4. all above.

99. The term “lochi” means:
1. the afterbirth secretion from uterus;
2. the wound secretion from the afterbirth uterus;
3. detachment of the decidual membrane;
4. -all of the above;
5. none of the above.

100. Management and care of women in the early afterbirth period implies the control of:
1. -arterial blood pressure, pulse, respiration;
2. -contraction of uterus;
3. –blood loss;
4. colpocytological examination;
5. all of the above.

101. In the early afterbirth period, the following changes occur in the genital system of women:
1. involution of uterus;
2. formation of the cervical canal of the uterine cervix;
3. regeneration of muscular tonus of the pelvic bottom;
4. retraction, contraction of uterus and thrombus formation of vessels of placental site;
5. -all is true;
6. all is false.

102. Healing of the placental site takes place due to:
1. destruction and rejection of fragments of the decidual membrane;
2. regeneration of endometrium from the fundal glands;
3. epithelization of endometrium;
4. formation of granulations from leukocytes;
5. -all of the above.

103. Joint stay of both mother and child in postpartum department furthers:
1. the decreased rate of purulent-septic diseases;
2. establishment of steady lactation;
3. formation of psychoemotional tie between mother and her child;
4. -all the above;
5. none.

104. What is predisposed to the blood loss in the early post-partum period:
1. weakness of labour activity;
2. increased volume of amniotic fluid;
3. multiple pregnancy;
4. large fetus;
5. -all the above.

105. What is necessary to undertake first of all in the starting blood loss in post-partum period:
1. manual detachment of placenta;
2. introduction of uterus contraction preparations;
3. examine of patrimonial ways;
4. -define signs of the placenta detachment;
5. ice on the lower abdomen.

106. Pathological blood loss in the early post-partum period demands:
1. press of aorta;
2. injection of drugs contracting the uterus;
3. manual examination of uterine cavity;
4. examine patrimonial ways;
5. -all the above.

107. During bleeding in the 3rd period of labour and presence of symptoms of the placental detachment it is necessary to:
1. make the detachment of the afterbirth by the outer approach;
2. inject the contracting drugs for uterus;
3. put ice on the lower abdomen;
4. –all of the above.

108. Most usual cause of the late postpartum bleeding is:
1. -disturbance in contraction of uterine muscles;
2. -hemostatic disturbances;
3. trophoblastic diseases;
4. retention of fragments of placental tissue in uterus;
5. none;
6. all.

109. Tactics of a doctor during hemorrhage in the 3rd period of labour in the absence of symptoms of placenta detachment:
1. to inject drugs causing the uterine contraction;
2. to use the Krade-Lazarevich's method;
3. to use Abuladze's method;
4. -to make the manual detachment of placenta and discharge of afterbirth;
5. to inject spasmolytics.

110. Most usual cause of bleeding in the early afterbirth period:
1. -hypotonus of uterus;
2. retention of fragments of the afterbirth tissue in uterus;
3. disturbance of blood coagulation system;

4. long period without amniotic fluid.

111. In diagnosis of the premature detachment of the normally located placenta, the most informative methods include:
1. external obstetrics examination;
2. vaginal examination;
3. -USG;
4. estimation of heart activity;
5. investigation of blood coagulation system.

112. Complicated form of the detachment of the normally located placenta can cause everything except?
1. intrauterine fetal death;
2. pallor of skin;
3. anemia;
4. -Rh-sensibilization.

113. Premature detachment of the normally located placenta is complicated by:
1. appearance of Couvelaire uterus;
2. intranatal fetal death;
3. development of DIC (disseminated intravascular coagulation) syndrome;
4. hemmorhagic shock;
5. –all of the above.

114. The major reason of the premature detachment of the normally located placenta is:
1. trauma of the abdomen;
2. -gestosis;
3. prolonged pregnancy;
4. hydramnion, multi pregnancy;
5. short umbilical cord.

115. For the clinical picture of premature detachment of the normally located placenta is not characteristic:
1. abdominal pain;
2. -absent abdominal pain;
3. hemorrhagic shock;
4. change in the heart beat of fetus;
5. change in shape of uterus.

116. Most usual cause of the detachment of the normally located placenta is:
1. powerful hit on abdomen;
2. powerful birth pangs;
3. -late gestation;
4. short umbilical cord;
5. early efflux of the amniotic fluid.

117. For the prelying of placenta the following positions are characteristic:
1. on the anterior wall at the bottom;
2. on the bottom of uterus;
3. on the posterior wall of uterus;
4. -partial or total covering of the internal os;
5. at the lower segment of uterus.

118. The prelying of placents is the pathology at which placenta is located:
1. at the body of uterus;
2. at the lower segmentl;
3. -at the lower segment of uterus, partial or total covering of the internal os;
4. on the posterior wall of uterus;
5. on the bottom of uterus.

119. In the prelying of placenta, bleeding is usually appeared at the term of pregnancy of:
1. 8-12 weeks;
2. 16- 20 weeks;
3. 22- 24 weeks;
4. -28 – 32 weeks;
5. 36 – 40 weeks.

120. The most characteristic clinical sign of the prelying of placental is:
1. chronic intrauterine hypoxia of fetus;
2. decreased Hb levels and RBCs in the blood;
3. repeted bloody discharges from genital organs;
4. -arterial hypotension;
5. threat of abortion.

121. The prelying of placenta should be differentiated with:

1. torsion of the pedicle of cystoma ovari;
2. rupture of uterus;
3. necrosis of myomatous nodule;
4. strangulation of myomatous uterus in the small pelvis;
5. -none of above.

122. Characteristic features of bleedings in the prelying of placenta include:
1. sudden occurrence of bleeding;
2. their repeatability;
3. anemization of a pregnant woman;
4. all are wrong;
5. -all are right.

123. In what cases the vaginal investigation is indicative in suspicion of the placenta prelying?
1. at the term of 27 weeks on admission in the hospital;
2. after admission in hospital and stop of bleeding;
3. before the localizing of placenta with USG;
4. -only for selection of the method of delivery.

124. Clinical symptom of the placenta prelying:
1. pains in the lower abdomen;
2. changes in the heart beat of fetus;
3. changes in the form of uterus;
4. –bleeding of different intensity;
5. efflux of amniotic fluid.

125. The most characteristic features of preeclampsia include:
1. proteinuria;
2. high blood pressure;
3. subjective complaints: headache, eye sight disturbances;
4. -all of the above.

126. Eclampsia can be differentiated with:
1. epilepsy;
2. hypertension;
3. brain tumours;
4. stroke;
5. -all above listed.

127. The manifestations of the late gestosis include:

1. -oedema;
2. -proteinuria;
3. hyperglycemia;
4. hyperinsulinemia;
5. all answers are wrong.

128. Complications of eclampsia:
1. neurologic complications;
2. fetal death;
3. pulmonary oedema;
4. premature detachment of the normally located placenta;
5. -all listed above.

129. The possible cause of death in eclampsia is:
1. cardiac arrest during convulsions;
2. pulmonary oedema;
3. stroke, coma;
4. –all listed above.

130. The most typical cause of maternal death in eclampsia is:
1. renal-hepatic insufficiency;
2. -stroke;
3. lung oedema;
4. infection.

131. The optimal variant for delivery in severe preeclampsia is:
1. application of obstetrical forcepses;
2. self supporting delivery;
3. -cesarean section;
4. vacuum-extraction of fetus;
5. fetus destructing operation.

132. Anatomically narrow pelvis is considered to be any pelvis which in comparison with normal:
1. all the sizes are reduced by 0,5-1 cm;
2. at least one size is reduced by 0,5-1 cm;
3. all the sizes are reduced by 1,5-2 cm;
4. –at least one size is reduced by 1,5-2 cm;
5. all answers are not true.

133. Generally and equally narrowed (justo minor) pelvis is characterized by:

1. shortening only of the direct size of entry to the small pelvis;
2. –equal decrease of all sizes of the small pelvis;
3. lengthening of the sacrum;
4. all listed are correct.

134. Characteristic for the biomechanism of labour in generally and equally narrowed (justo minor) pelvis is:
1. acynclytic insertion;
2. placing of the sagittal suture at the transverse size;
3. extension of the head is in the entry to the small pelvis;
4. –maximum flexion of the head.

135. Simple flat pelvis is haracterized by:
1. -the decrease of all direct sizes of the cavity of the small pelvis;
2. increase in height of the pelvis;
3. the decrease of the transverse size of the sacrolumbal rhombus;
4. all listed is true;
5. nothing from the listed.

136. Clinically narrow pelvis is:
1. one of the forms of anatomically narrow pelvis;
2. absence of ascending of the head of the fetus due to weakness of labour activity;
3. non-compliance of the head of the fetus and pelvis of the mother, revealed during pregnancy;
4. all listed above;
5. –nothing from the above listed.

137. For evenly narrowed pelvis is characteristic:
1. the normal form;
2. thin bones;
3. uniform reduction of all sizes;
4. sharp subpubical corner;
5. –all listed is true.

138. For the treatment of discoordination of the labour activity, as a rule, are used:
1. promedol;
2. morphine;
3. tocolytics;
4. spasmolytics;
5. -all listed above.

139. Discoordinated labour activity is characterised by:
1. irregularbirth pangs;
2. various intensity ofbirth pangs;
3. painful birth pangs;
4. poor dynamics of the opening of the uterine cervix;
5. -all listed above.

140. For the course of rapid labor the most typical is:
1. raised body temperature;
2. nausea, vomiting;
3. dry tongue, tachycardia;
4. all listed above;
5. –nothing from the above listed.

141. The most important consequences of wide application of cesarean sections:
1. decrease in maternal death rate;
2. decrease in maternal pathologies;
3. –decrease in perinatal death rates;
4. decreased blood loss.

142. The cesarean section is indicated:
1. in insufficiency of blood circulation II B - III stages;
2. in septic endocarditis;
3. in acute heart failure at labour;
4. -in all listed;
5. nothing from the listed.

143. The cesarean section should be performed in a planned manner (absolute indication) if the following takes place:
1. infertility in the anamnesis;
2. birth of injured children or stillborn in the anamnesis;
3. chronic fetal hypoxia;
4. multiple myoma of the uterus;
5. scar on the uterus;
6. –all answers are wrong.

144. The cesarean section is the relative indication in all cases, except:
1. one cesarean section in the anamnesis;
2. fetal hypoxia;
3. -umbilical cord prolapse;

4. premature detachment of placenta;
5. presence of a dead fetus.

145. Indications to cesarean sections, as a rule, are taken into account with the following factors:
1. age of the woman;
2. pregnancy term;
3. the anatomic sizes of the pelvis;
4. the obstetrical-gynecologic anamnesis;
5. -all answers are correct.

146. Advantages of cesarean sections at the lower segment of a uterus do not include:
1. a cut in the functional less active and less vascularized zone;
2. conformity of direction of the cut on a uterus to a direction of the basic layers of the myometrium;
3. –wound healing on the uterus by full regeneration.

147. The most frequent technique of cesarean sections is:
1. corporal cesarean section;
2. extraperitoneal cesarean section;
3. isthmic-corporal cesarean section;
4. –a cesarean section in the lower segment (cross-section);
5. vaginal cesarean section.

148. In modern obstetrics the following technique of cesarean sections is not used:
1. classical (corporal) caesarean section;
2. a cesarean section in the lower segment of a uterus;
3. extraperitoneal caesarean section;
4. –intraligamental cesarean section;
5. vaginal cesarean section.

149. Choose the basic complication of a classical cut of the uterus in cesarean section:
1. –rupture of scar tissue in the following pregnancies and deliveries;
2. formation of postoperative commissure;
3. poor healing of wounds on the uterus;
4. more extended damage of vessels of the uterus.

150. A risk factor of inconsistency of a scar on the uterus after cesarean sections is:

1. performance of cesarean sections at premature labour;
2. the complicated course of the postoperative period;
3. corporal cesarean section;
4. an interval between cesarean sections less than 2 years;
5. -all listed above.

151. Quality of a postoperative scar on the uterus after cesarean sections basically depends on:

1. the choice of technique of operation;
2. technics of suturing of a section on the uterus;
3. the cleanliness degree of vaginal dab before operation;
4. the conduction and course of the postoperative period;
5. -all answers are correct.

152. Rules of introduction of spoons of obstetrical forceps are the following:

1. the left spoon held by the right hand and enter into the right half of pelvis of mother;
2. the right spoon held by the left hand and enter into the left half of pelvis of mother;
3. all listed are true;
4. -all listed are wrong.

153. What condition does not allow perform operation using obstetrical forceps?

1. alive fetus;
2. –opening of the uterine cervix by 4 cm;
3. absence of amnion;
4. head in large part of the pelvic cavity.

154. While applying the exit obstetrical forceps, spoons should lie on the fetal head:

1. in the right slanting size;
2. –in the transverse size;
3. in the direct size;
4. all listed above.

155. In case of head inclination, obstetrical forceps traction should be:

1. periodically rotational;
2. periodically rocking;
3. periodically in the form of jerks;
4. all listed above;

5. –nothing from the listed.

156. Placing obstetrical forceps is contraindicated in case of:
1. dead fetus;
2. anatomically and clinically narrow pelvis;
3. incomplete opening of uterine cervix;
4. threaten uterine rupture;
5. –all listed above.

157. The main functions of placenta are:
1. respiratory;
2. alimentary;
3. excretory;
4. hormonal;
5. -all listed above.

158. Formation of feto-placental system, as a rule ends at:
1. -16 weeks of pregnancy;
2. 20 weeks of pregnancy;
3. 24 weeks of pregnancy;
4. 28 weeks of pregnancy;
5. 32 weeks of pregnancy.

159. Name the correct characteristics of the umbilical cord:
1. -the umbilical cord is formed from the allantois;
2. –there are 2 arteries in the umbilical cord;
3. there are 2 veins in the umbilical cord;
4. lymphatic vessels go through the umbilical cord;
5. diameter of the umbilical cord is 12 cm.

160. Name the correct characteristics of the amniotic fluid:
1. normal quantity is 4 liters;
2. amniotic fluid is pink in color;
3. -by its composition, amniotic fluid may be used for estimation of the condition of the fetus;
4. amniotic fluid exerts high pressure on the fetus;
5. -by the end of pregnancy, there is relative decrease of the quantity of amniotic fluid.

161. Name the correct characteristics of the placenta:
1. normal weight of placenta is 1200g;
2. -main mass of placenta consists of branched chorion;

3. –in placenta chorionic gonadotropin is formed;
4. normally placenta is attached to the internal fauces of the uterine cervix;
5. in placenta erythrocytes are formed.

162. Which objective investigations are compulsory for pregnant women?

1. -measurement of blood pressure;
2. -determination of particularity of body constitution;
3. measurement of thorax circumference;
4. -condition of mammary glands;
5. examination of fundus of eye;
6. urinary Zimnitski's test.

163. Which information helps to determine intrauterine fetal position?

1. -determination of ratio of fetal back to longitudinal axis of uterus;
2. place of the attachment of placenta;
3. fundal height of uterus;
4. -place in which the fetal heart sounds are heard;
5. -disposition of small parts of fetus.

164. Indications for vaginal examinations in women in labor are:

1. -life-threatening asphyxia of the fetus;
2. nephropathy of pregnant woman;
3. -bloody discharges from genitalia;
4. albuminuria;
5. –starting or ending of stimulation of labor;
6. starting of post-natal period.

165. Which changes are characteristics for normal pregnancy?

1. thickening of sacro-iliac joints;
2. -increase of body mass by 300g a week in the second half of pregnancy;
3. expressed edema in lower extremities;
4. –divergence of the pubic rami to the sides by 0,3-0,5cm;
5. depigmentation of linea alba of the abdomen.

166. Which changes can occur during normal pregnancy?

1. -unstable arterial pressure;
2. leucopenia;
3. -increase in ESR (erythrocyte sedimentation rate) till 20-25 mm an hour;

4. decrease of erythrocytes count;
5. thrombocytopenia;
6. -increase in oxygen saturation of the blood.

167. Changes in cardiovascular system, which are characteristics for normal pregnancy:

1. –increase in circulating blood volume;
2. leucopenia;
3. edema of lower extremities;
4. –increase in ascularization of uterus;
5. increase in quantity of fibrinogen;
6. –increase of blood oxygenation.

168. Which changes in a woman, caused by pregnancy, are reversible?

1. -presence of choriogonin hormone;
2. striae gravidum;
3. -lactation;
4. acromegaly;
5. -pigmentation.

169. What signs are characteristic for 40-week pregnancy?

1. -abdominal circumference of 100cm;
2. albuminuria;
3. –height of standing of uterus above pubis is 36 cm;
4. umbilical extrusion;
5. bloody discharges from genitalia.

170. Indicate the characteristics for the 1st type of occipito-anterial position:

1. fetal heart beats are heard on the right;
2. -minor fontanel is determined from the left and the front;
3. minor fontanel is determined from the left and the back;
4. –back of the fetus is turned to the front and the left;
5. back of the fetus is turned to the uterine fundus.

171. Importance of sutures and fontanels on the head of fetus:

1. determination of size of head of fetus;
2. -determination of configuration of head of fetus;
3. -determination of type of occipital position;
4. determination of occipito-frontal size of fetus;
5. -determination of synclitism and asynclitism insertion of fetal head.

172. Name the main point and the point of fixation during labor in occipito-anterial position:

1. chin;
2. the middle of frontal suture;
3. -minor fontanel;
4. major fontanel;
5. -sub-occipital fossa;
6. upper jaw.

173. Clinical signs of severe acute hypoxia of fetus do not include:

1. fetal heart rate of 90-100 beats per minute;
2. –fetal heart rate of 120-140 beats per minute;
3. muffled fetal heart beats;
4. fetal heart rate of 160-190 beats per minute;
5. arrhythmia.

174. Green color of amniotic fluid indicates:

1. –chronic hypoxia of fetus;
2. acute hypoxia of fetus;
3. antenatal death of fetus;
4. hemolytic disease of fetus;
5. disturbance of metabolism of amniotic fluid.

175. Brown color of amniotic fluid indicates:

1. chronic hypoxia of fetus;
2. acute hypoxia of fetus;
3. -antenatal death of fetus;
4. hemolytic disease of fetus;
5. disturbance of metabolism of amniotic fluid.

176. Placenta is permeable to:

1. alcohol;
2. morphine;
3. penicillin, Streptomycin;
4. ether;
5. -all listed above.

177. Velocity of penetration of medicines through placenta depends on all listed, except:

1. molecular mass of preparation;
2. solubility of medicine in lipids;
3. degree of binding of medical substance with blood proteins;

4. size of molecule of preparation;
5. -mass of fetus.

178. Minimal height of a viable fetus is:
1. 30cm;
2. -32cm;
3. 35cm;
4. 50cm.

179. Minimal weight of a viable fetus is:
1. -500g;
2. 600g;
3. 800g;
4. 1000g.

180. In Republic of Belarus, criterion for a viable fetus (newborn) is a term of pregnancy:
1. 20 weeks;
2. -22 weeks;
3. 26 weeks;
4. 28 weeks.

181. Signs of maturity of a newborn are:
1. mass/ height coefficient;
2. disposition of umbilical ring;
3. condition of external genitalia;
4. quantity of vernix caseosa;
5. –all listed are correct.

182. Duration of perinatal period is:
1. from conception till delivery;
2. the first 7 days after birth;
3. -since the 22nd week of intra-uterine development including 7 days after birth;
4. since the 22nd week of intra-uterine development including 10 days after birth;
5. since the 24th week of pregnancy till the 7th day after birth.

183. Most often causes of death of premature newborns are:
1. developmental anomalies;
2. hemolytic disease of newborns;
3. –respiratory distress syndrome;

4. jaundice of newborns;
5. infections.

184. On the Apgar scale, mild degree of asphyxia is:
1. 8 points;
2. -7 points;
3. 6-5 points;
4. 4 and less points.

185. Low marks on Apgar scale (3 and 5 points on the 1st and the 5th minute respectively) can be in all listed clinical situations except:
1. prematurity;
2. detachment of placenta;
3. extremely intensive labor;
4. infections in fetus;
5. –arterial hypertension in mother.

186. Causes of fetal respiratory distress syndrome are:
1. CNS trauma due to labor;
2. developmental defects of heart;
3. developmental defects of diaphragm;
4. intra-uterine infections;
5. –all listed above;
6. none from the listed.

187. Characteristics of recent course of postnatal infection are:
1. polyethiological;
2. often caused by pathogenic flora;
3. light clinical features;
4. high resistance to antibacterial therapy;
5. –all listed above.

188. What corresponds to the first stage of infection according to the Sazonov-Bartels' classification of postnatal purrulo-septic infections?
1. lactation mastitis;
2. -infection in the area of the postnatal wound;
3. infection is outside the wound's area, but within the small pelvis;
4. infection is outside the small pelvis, near generalization;
5. generalised infection.

189. What corresponds to the second stage of infection according to the Sazonov-Bartels' classification of postnatal purrulo-septic infections?

1. infection in the area of postnatal wound;
2. –infection is outside wound's area, but within the small pelvis;
3. infection is outside the small pelvis, near generalization;
4. eneralized infection.

190. What corresponds to the third stage of infection according to the Sazonov-Bartels' classification of postnatal purrulo-septic infections?

1. infection in the area of postnatal wound;
2. infection is outside wound's area, but within the small pelvis;
3. associated with the lactation mastitis;
4. –infection is outside the small pelvis, near generalization;
5. eneralized infection.

191. What corresponds to the fourth stage of infection according to the Sazonov-Bartels' classification of postnatal purrulo-septic infections?

1. infection in the area of postnatal wound;
2. infection is outside wound's area, but within the small pelvis;
3. infection is outside the small pelvis;
4. infection outside the small pelvis, near generalization;
5. -generalised infection.

192. Causes of the rupture of vagina during labor include:

1. infantilism;
2. prompt duration of labor;
3. large fetal head;
4. incorrect presentations of the fetal head;
5. -all of the above.

193. Perineal rupture of the second degree is not accompanied by the rupture of:

1. superficial muscles of the perineum;
2. perineal skin;
3. musculus levator ani;
4. -uterine cervix;
5. vaginal walls.

194. Which of the following are used for the prophylaxis of suppuration and distension of perineal sutures during rupture of the first and the second degrees?

1. potassium permanganate [local];
2. laser rays on the area of sutures;
3. measures on prevention of defecation during 4-5 days;
4. ultraviolet rays on the area of sutures;
5. -all of the above.

195. The most informative for the diagnosis of the beginning of uterus rupture during labor is:

1. pain in the area of the lower segment of uterus;
2. bloody vaginal discharges;
3. rough labor activity;
4. high standing of the contraction ring;
5. -all of the above.

196. Causes of the rupture of uterus during labor can be:

1. large fetus;
2. narrow pelvis;
3. incorrect insertion of the head;
4. overdose of oxytocin;
5. –all of the above.

197. Methods for the treatment of complete rupture of uterus:

1. adequate anesthesiological manipulation;
2. operation;
3. infusion-transfusion therapy adequate to the blood loss;
4. correction of disturbance of hemocoagulation;
5. -all answers are right.

198. Which of the following are the main clinical features of complete rupture of uterus?

1. shock;
2. blood loss;
3. abdominal pain;
4. stop of labour activity;
5. -all of the above.

199. The main criterion for viviparity are:

1. fetal mass of 1000 g and more;
2. length of fetus of 35 cm and more;
3. -presence of heartbeats;
4. –presence of unaided breathing;
5. pregnancy duration of 28 weeks and more.

200. Which signs are characteristics of early gestosis?

1. -sialorrhea;
2. -loss of body weight;
3. pain in the epigastric region;
4. latent edema;
5. -dehydration;
6. -skin dryness.

Ответы к тестовым заданиям по акушерству

1	*4*	**42**	*1*	**83**	*2*
2	*2*	**43**	*5*	**84**	*5*
3	*1,2*	**44**	*4*	**85**	*2*
4	*1,2,3*	**45**	*2*	**86**	*2*
5	*5*	**46**	*2*	**87**	*1,3*
6	*5*	**47**	*2*	**88**	*4*
7	*4*	**48**	*3*	**89**	*4*
8	*2*	**49**	*4*	**90**	*4*
9	*1,2,3*	**50**	*3*	**91**	*4*
10	*5*	**51**	*2*	**92**	*4*
11	*5*	**52**	*2*	**93**	*5*
12	*3*	**53**	*2*	**94**	*5*
13	*1,2*	**54**	*3*	**95**	*2*
14	*4*	**55**	*2*	**96**	*5*
15	*4*	**56**	*2*	**97**	*6*
16	*4*	**57**	*3*	**98**	*1*
17	*4*	**58**	*5*	**99**	*4*
18	*3*	**59**	*5*	**100**	*1,2,3*
19	*5*	**60**	*5*	**101**	*5*
20	*5*	**61**	*4*	**102**	*5*
21	*2*	**62**	*2*	**103**	*4*
22	*4*	**63**	*4*	**104**	*5*
23	*3*	**64**	*1*	**105**	*4*
24	*4*	**65**	*3*	**106**	*5*
25	*5*	**66**	*3*	**107**	*4*
26	*5*	**67**	*2*	**108**	*1,2*
27	*4*	**68**	*5*	**109**	*4*
28	*2*	**69**	*3*	**110**	*1*
29	*3*	**70**	*1*	**111**	*3*
30	*3*	**71**	*1*	**112**	*4*
31	*3*	**72**	*3*	**113**	*5*
32	*2*	**73**	*5*	**114**	*2*
33	*4*	**74**	*2*	**115**	*2*
34	*1*	**75**	*3*	**116**	*3*
35	*3*	**76**	*4*	**117**	*4*
36	*3*	**77**	*2*	**118**	*3*
37	*1*	**78**	*4*	**119**	*4*
38	*2*	**79**	*1*	**120**	*4*
39	*4*	**80**	*5*	**121**	*5*
40	*3*	**81**	*1,2,3*	**122**	*5*
41	*4*	**82**	*5*	**123**	*4*
124	*4*	**164**	*1,3,5*		
125	*4*	**165**	*2,4*		
126	*5*	**166**	*1,3,6*		
127	*1,2*	**167**	*1,4,6*		

128	*5*	**168**	*1,3,5*
129	*4*	**169**	*1,3*
130	*2*	**170**	*2,4*
131	*3*	**171**	*2,3,5*
132	*4*	**172**	*3,5*
133	*2*	**173**	*2*
134	*4*	**174**	*1*
135	*1*	**175**	*3*
136	*5*	**176**	*5*
137	*5*	**177**	*5*
138	*5*	**178**	*2*
139	*5*	**179**	*1*
140	*5*	**180**	*2*
141	*3*	**181**	*5*
142	*4*	**182**	*3*
143	*6*	**183**	*3*
144	*3*	**184**	*2*
145	*5*	**185**	*5*
146	*3*	**186**	*5*
147	*4*	**187**	*5*
148	*4*	**188**	*2*
149	*1*	**189**	*2*
150	*5*	**190**	*4*
151	*5*	**191**	*5*
152	*4*	**192**	*5*
153	*2*	**193**	*4*
154	*2*	**194**	*5*
155	*5*	**195**	*5*
156	*5*	**196**	*5*
157	*5*	**197**	*5*
158	*1*	**198**	*5*
159	*1,2*	**199**	*2,4*
160	*3,5*	**200**	*1,2,5,6*
161	*2,3*		
162	*1,2,4*		
163	*1,4,5*		