**MRCOG Standard Setting Task**

**Attachment 1**

**Question 1**

A woman who is rhesus negative undergoes amniocentesis at 16 weeks.

What dose of anti D immunoglobulin should she receive immediately after the procedure?

A. 250 IU
B. 500IU
C. 1000IU
D. 1500IU
E. 2000IU

**Question 2**

You have just examined a 28-year-old primigravida in spontaneous labour. Examination findings are 0/5 palpable per abdomen, cervix is 7 cm dilated, cephalic presentation, -1 station, anterior fontanelle palpable with orbital ridges and nasal bridge felt anteriorly.

What is the presenting diameter of the fetus?

A. Mentovertical
B. Occipitofrontal
C. Submentobregmatic
D. Suboccipitobregmatic
E. Suboccipitofrontal

**Question 3**

A 21-year-old woman, who is known to have beta thalassemia major, attends the clinic for preconception counselling.

What is the most relevant initial pre-pregnancy investigation to predict maternal complications of pregnancy?

A. Cardiac MRI
B. Chest X-Ray
C. ECG
D. Echocardiogram
E. Pulmonary function tests

**Question 4**

A 34-year-old woman attends for her booking in her third pregnancy. She had a caesarean section in her first pregnancy 4 years ago and has had a successful vaginal birth after caesarean section (VBAC) 2 years ago. She has a BMI OF 26.

What is the best predictor for a successful VBAC?

A. BMI of less than 30
B. Less than 35 years old
C. Previous vaginal birth
D. Short inter-pregnancy interval
E. Spontaneous onset of labour

**Question 5**

You are asked to see a 21-year-old woman for preconceptual care. She was diagnosed with generalised tonic-clonic epilepsy four years ago. This is poorly controlled. She is currently on sodium valproate and levetiracetam.

What is the next step in her management?

A. Arrange MRI
B. Arrange an EEG
C. Commence aspirin 75 mg
D. Commence folic acid 5 mg
E. Review medication

**Question 6**

A 28-year-old woman attends the mental health antenatal clinic at 12 weeks for a booking assessment. This is her first baby.

Which condition gives her the highest risk of puerperal psychosis?

A. Anorexia nervosa
B. Bipolar affective disorder
C. Moderate depression
D. Obsessive compulsive disorder
E. Recurrent anxiety

**Question 7**

A woman has had a recent uncomplicated vaginal delivery but has developed a significant post-partum pyrexia and tachycardia. She is thought to be allergic to penicillin. You suspect puerperal sepsis and are keen to commence treatment prior to the investigations coming back.

What is the antibiotic regime of choice?

A. Cefuroxime
B. Clindamycin
C. Co-amoxiclav
D. Erythromycin
E. Metronidazole

**Question 8**

In order to help plan the capacity required for providing future maternity services you are asked to design a study to establish the incidence of vaginal birth following previous caesarean section. The study will require establishing the mode of delivery in women who have either had only vaginal delivery or have had a caesarean section in at least one previous pregnancy. You review the epidemiological study methods that may be appropriate for this type of study.

Which type of research study should you choose?

A. Case control
B. Cohort
C. Cross sectional
D. Ecological
E. Survey

**Question 9**

A woman has an instrumental delivery of a baby weighing 3950 g in her first pregnancy. A Grade 3C tear of the anal sphincter is identified. An appropriate overlapping repair using 3/0 PDS is performed. Prior to discharge, she asks about the long-term risk of faecal or flatal incontinence.

What percentage risk would you advise?

A. 10%
B. 20%
C. 30%
D. 40%
E. 50%

**Question 10**

A couple, both aged 32, wish to start a family. They have stopped using contraception and are having regular sexual intercourse.

How likely are they to conceive within one year?

A. 70-74%
B. 75-79%
C. 80-84%
D. 85-89%
E. 90-94%

### **Question 11**

You have been asked to obtain consent from a 32-year-old woman with cyclical pelvic pain for a diagnostic laparoscopy under general anaesthesia.

What would you advise her regarding the overall risk of a serious complication?

A. 1 in 50
B. 1 in 100
C. 1 in 250
D. 1 in 500
E. 1 in 1000

### **Question 12**

A 28-year-old woman undergoes extensive laparoscopic surgery in the lithotomy position. She presents after two days with unresolved right-sided foot drop and paraesthesia over the calf and dorsum of the right foot.

Damage to which nerve is the most likely cause?

A. Common peroneal
B. Femoral
C. Ilio-inguinal
D. Lateral cutaneous of the thigh
E. Obturator

### **Question 13**

A 19-year-old woman was seen in the gynaecology clinic with a history of excessive growth of facial hair, needing to wax every 2-3 weeks. Her menstrual periods last 7-8 days every 24-35 days. There is no change in her voice. Her BMI is 28 kg/m2. Examination shows Ferriman-Gallwey grade 2-3 hirsutism over chest and abdomen. A pelvic ultrasound showed no abnormality. Her day two hormone tests showed LH level 7.4IU/L, FSH level 5.2IU/L, serum testosterone level 2.3nmol/l, SHBG 24 nmol/L.

What is the most likely diagnosis?

A. Adrenocorticotropic hormone (ACTH) tumour
B. Androgen producing ovarian tumour
C. Cushing syndrome
D. Idiopathic hirsuitism
E. Polycystic ovary syndrome

### **Question 14**

A 34-year-old woman complains of heavy periods. She is trying to get pregnant so you prescribe mefenamic acid for her, knowing it is very effective in reducing the blood flow.

What type of drug is this?

A. Cyclo-oxygenase inhibitor
B. Derivative of 17α-ethinyltestosterone
C. Gonadotropin releasing hormone agonist
D. Plasminogen activator inhibitor
E. Synthetic steroid hormone

**Question 15**

A 45-year-old woman with history of vulval itching and soreness for past two years attends the gynaecology clinic. She is a smoker. She gives a history of using high potency steroid ointment previously with no symptom relief. A biopsy in the clinic reports vulval intraepithelial neoplasia (VIN) 3. You counsel her for excision of the lesion.

What percentage of VIN ultimately have unrecognised invasion detected on excision?

A. 5%
B. 10%
C. 15%
D. 20%
E. 25%

### **Question 16**

A 55-year-old woman is due to come in for total abdominal hysterectomy and bilateral salpingo-oophorectomy for a large mucinous ovarian cyst. She takes sequential HRT for menopausal symptoms.

You discuss with her the risk of venous thromboembolism. How long prior to surgery should she stop HRT?

A. 2 weeks
B. 3 weeks
C. 4 weeks
D. 5 weeks
E. 6 weeks

### **Question 17**

A 22 year-old-woman presents to the early pregnancy unit with mild left iliac fossa pain. Examination is normal. She has a positive urine pregnancy test. Her serum human chorionic gonadotrophin (hCG) is 700 IU/L.

A transvaginal ultrasound scan reports:

‘Bulky anteverted uterus with a 2 mm cystic area centrally located within the endometrial cavity. Both ovaries have normal ultrasonic appearances. There are no adnexal masses or free fluid in the pelvis.’

What is the most appropriate management?

A. Diagnostic laparoscopy +/- proceed
B. Methotrexate therapy
C. Serum hCG (human chorionic gonadotrophin) measurement in 48 hours
D. Serum progesterone
E. Ultrasound scan in seven days

**Question 18**

A 70-year-old had noticed that her voice has deepened and she has increasing hair on her face over the last three years. Serum testosterone is elevated at 7.2 nmol/L and DHEAS (dehydroepiandrosterone) and urinary 17 ketosteroids are normal.

Which of the following is the most likely diagnosis?

1. Adrenal carcinoma
B. Congenital adrenal hyperplasia
C. Ovarian hyperthecosis
2. D. Polycystic ovary syndrome
E. Sertoli Leydig cell tumour

### **Question 19**

A 45-year-old woman underwent total abdominal hysterectomy for heavy menstrual bleeding. She has received treatment for CIN3 and is on annual smears. Hysterectomy specimen has reported no CIN.

What would be the management plan?

A. Continue annual smears
B. HPV testing
C. No follow up
D. Vault smear in 6 months
E. Vault smear in 12 months

### **Question 20**

A 30-year-old woman presents to the infertility clinic with primary infertility and dysmenorrhoea and is found on ultrasound to have a 6 cm endometrioma in the left ovary.

What is the most appropriate initial management?

A. Gonadotrophin releasing hormone agonist for six months
B. In-vitro fertilisation
C. Intrauterine insemination
D. Laparoscopic drainage of the endometrioma
E. Laparoscopic excision of the endometrioma