

№	РО ООП	Компетенции	Вопросы и задания	Дисциплины	Примечание
1	<b>РО- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>1.</b> A 32-year-old G2P1 at 34 weeks presents with sudden painless vaginal bleeding. Uterus is soft, non-tender. Fetal heart rate normal. Cause of bleeding?</p> <p>A. Abruptio placentae  B. Placenta previa  C. Uterine rupture  D. Vasa previa</p>	Акушерство и гинекология	
2	<b>РО- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>2.</b> A 28-year-old woman in labor develops severe abdominal pain, fetal distress, and loss of uterine contour. She had previous C-section. Most likely diagnosis?</p> <p>A. Placenta previa  B. Uterine rupture  C. Obstructed labor  D. Atony</p>	Акушерство и гинекология	
3	<b>РО- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>3.</b> A woman with preeclampsia develops seizures. Immediate management?</p> <p>A. Diazepam  B. Magnesium sulfate  C. C-section immediately  D. Labetalol</p>	Акушерство и гинекология	
4	<b>РО- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>4.</b> After delivery, uterus is soft and boggy with heavy bleeding.</p>	Акушерство и гинекология	

			<p>Primary cause of shock?</p> <p>A. Septic shock</p> <p>B. Cardiogenic shock</p> <p>C. Hypovolemic shock</p> <p>D. Neurogenic shock</p>		
5	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p>1. Which of the following uterine body to cervix ratios is most consistent with a normal prepubertal girl?</p> <p>a) 1:1</p> <p>b) 2:1</p> <p>c) 1:2</p> <p>d) 3:1</p>	Акушерство и гинекология	
6	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p>2. A 35-year-old woman presents with a painless swelling in the inguinal area and labia majora. The swelling is present for several months and gradually increases in size. On examination, the swelling is soft and fluctuant. An ultrasound is ordered, which shows a fluid-filled sac extending into the labia majora. What is the most likely diagnosis for this patient's condition?</p> <p>a) Ovarian Cyst</p> <p>b) Hydrocele of the Canal of Nuck</p> <p>c) Inguinal Hernia</p> <p>d) Vulvar Hematoma</p>	Акушерство и гинекология	
7	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>A 34-year-old woman gives birth to a female baby at 38 weeks gestation. During the newborn exam, the pediatrician notes an enlarged clitoris. The mother had a normal pregnancy with no androgen exposure. 17-OH Progesterone levels</b></p>	Акушерство и гинекология	

			<p><b>are normal. What is the most likely cause and next step?</b></p> <p>a) Congenital adrenal hyperplasia; initiate hormone therapy immediately</p> <p>b) Fetal exposure to excessive androgens; perform full endocrine workup</p> <p>c) Idiopathic congenital clitoromegaly; recommend observation</p> <p>d) Clitoral duplication; refer to pediatric surgery</p>		
8	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>A 32-year-old woman presents for a check-up. A 4 cm cyst is found adjacent to the right ovary. The cyst has thin smooth walls and anechoic center. What is the most likely diagnosis and recommended management?</b></p> <p>a) Ovarian cyst; initiate oral contraceptive pills</p> <p>b) Paraovarian cyst; schedule surgical removal</p> <p>c) Paraovarian cyst; monitor with follow-up ultrasounds if asymptomatic</p> <p>d) Hydatid of Morgagni; immediate surgical removal</p>	Акушерство и гинекология	
9	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>A 25-year-old woman presents with recurrent first-trimester miscarriages. Pelvic ultrasound reveals a uterine anomaly. Which is most likely associated with her recurrent pregnancy loss?</b></p>	Акушерство и гинекология	

			<ul style="list-style-type: none"> <li>a) Bicornuate uterus</li> <li>b) Septate uterus</li> <li>c) Didelphys uterus</li> <li>d) Unicornuate uterus</li> </ul>		
10	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>Which statements are TRUE regarding the fallopian tubes? Medial portion supplied by uterine artery, ligation of uterine artery does not cause ischemia, interstitial portion acts as sphincter, N. gonorrhoeae causes blockage at cornual end.</b></p> <ul style="list-style-type: none"> <li>a) 1, 2</li> <li>b) 1, 2, 3</li> <li>c) 2, 3, 4</li> <li>d) 3, 4</li> </ul>	Акушерство и гинекология	
11	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>A 28-year-old woman presents with a retroverted uterus. Which ligament, if weakened, most likely contributes to this condition?</b></p> <ul style="list-style-type: none"> <li>a) Uterosacral ligaments</li> <li>b) Round ligaments</li> <li>c) Broad ligaments</li> <li>d) Ovarian ligaments</li> </ul>	Акушерство и гинекология	
12	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>Which of the following is NOT a content of the broad ligament?</b></p> <ul style="list-style-type: none"> <li>a) Round ligament</li> <li>b) Ureter</li> <li>c) Suspensory ligament of the ovary</li> <li>d) Urethra</li> </ul>	Акушерство и гинекология	

13	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p>Select all true statements about labor analgesia: Painless labor: T8 block, Instrumental delivery: Pudendal nerve block, Pain early labor: T8-T10, Pain late labor: S2-S4</p> <p>a) 2, 4 b) 1, 4 c) 3, 4 d) 1, 3</p>	Акушерство и гинекология	
14	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p>A 45-year-old woman with cervical cancer. Which lymph nodes are first involved in spread?</p> <p>a) Superficial inguinal b) Para-aortic c) External iliac d) Paracervical</p>	Акушерство и гинекология	
15	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p>Which branch of the uterine artery primarily supplies the endometrium?</p> <p>a) Arcuate arteries b) Vaginal branch c) Spiral arteries d) Cervical branch</p>	Акушерство и гинекология	
16	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p>A 32-year-old woman presents with a tender, fluctuant mass near the posterior vestibule. Which structure is most likely affected?</p> <p>a) Bartholin gland b) Skene gland c) Urethral meatus d) Vaginal opening</p>	Акушерство и гинекология	

17	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>What distinguishes the anatomical internal os (IO) from the histological IO?</b></p> <p>a) Anatomical IO marks the transition between cervical and endometrial mucosa, histological IO marks uterine isthmus</p> <p>b) Anatomical IO separates uterine isthmus from corpus</p> <p>c) Anatomical IO is visible during hysteroscopy</p> <p>d) Anatomical IO aligns precisely with histological IO</p>	Акушерство и гинекология	
18	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>During a routine prenatal exam at 20 weeks, external cervix appears reddened but patient is asymptomatic. Most likely explanation?</b></p> <p>a) Cervical eversion</p> <p>b) Cervical polyp</p> <p>c) Cervical dysplasia</p> <p>d) Cervical stenosis</p>	Акушерство и гинекология	
19	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>A 30-year-old woman has a tender, fluctuant mass in the right inferior labia majora. Initial management?</b></p> <p>a) Oral antibiotics alone</p> <p>b) Aspiration with syringe</p> <p>c) Immediate surgical excision</p> <p>d) Incision and drainage with Word catheter</p>	Акушерство и гинекология	

20	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>Role of Döderlein bacilli in female reproductive system?</b></p> <p>a) Pathogenic bacteria  b) Involved in estrogen synthesis  c) Maintain acidic vaginal pH and protect against infection  d) Produce vaginal mucus</p>	Акушерство и гинекология	
21	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>Effect of estrogen on vaginal epithelium and flora?</b></p> <p>a) Prepubertal girls → high estrogen → thick epithelium &amp; ↑ lactobacilli  b) Postmenopausal → low estrogen → thin epithelium &amp; ↓ lactobacilli  c) Prepubertal girls → low estrogen → thick epithelium  d) Reproductive-age → high estrogen → thin epithelium</p>	Акушерство и гинекология	
22	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>6-year-old girl with primary amenorrhea, normal secondary sexual characteristics, shallow vaginal pouch 2 cm. Most likely diagnosis?</b></p> <p>a) Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome  b) Imperforate hymen  c) Transverse vaginal septum  d) Cervical stenosis</p>	Акушерство и гинекология	
23	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>13-year-old girl, cyclic pain, abdominal distension, bulging bluish membrane at introitus, large collection of fluid on ultrasound. Diagnosis?</b></p> <p>a) Imperforate hymen</p>	Акушерство и гинекология	

			b) Microperforate hymen c) Cribriform hymen d) Septate hymen		
24	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<b>Normal pregnancy changes EXCEPT:</b> a) Continuous murmur over tricuspid area b) Third heart sound S3 c) Fixed split S2 d) Left axis deviation on ECG	Акушерство и гинекология	
25	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<b>30-year-old primigravida at 24 weeks, dark line on abdomen, dark facial patches, pinkish lines on thighs. Most likely explanation?</b> a) Linea Nigra, Chloasma (Melasma), Striae Gravidarum b) PUPPP c) Pemphigoid gestationis d) Atopic eruption	Акушерство и гинекология	
26	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<b>26-year-old woman in first trimester with breast tenderness and swelling. Most characteristic breast change in pregnancy?</b> a) Decreased areola pigmentation b) Development of Montgomery's tubercles	Акушерство и гинекология	

			<p>c) Decreased breast size d) Loss of breast sensitivity</p>		
27	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>During pregnancy, increased fetal calcium demand (~30 g). Maternal adaptation?</b> a) ↑ cortisol b) ↑ thyroid-binding globulin c) ↓ PTH d) ↑ intestinal calcium absorption via calcitriol</p>	Акушерство и гинекология	
28	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>28-year-old at 32 weeks, occasional rectal bleeding, ALP double non-pregnant levels, ALT/AST normal, bile acids normal. Explanation?</b> a) Physiological changes of pregnancy b) Acute fatty liver c) Intrahepatic cholestasis of pregnancy d) Viral hepatitis</p>	Акушерство и гинекология	
29	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>28-year-old at 32 weeks, urinary frequency. Which physiological change is responsible?</b> a) ↓ GFR b) ↑ renal blood flow c) ↓ bladder capacity d) ↑ ureteral tone</p>	Акушерство и гинекология	
30	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>Which hormone peaks around ovulation to trigger LH surge?</b> a) FSH b) Estrogen</p>	Акушерство и гинекология	

			<p>c) Progesterone d) Prolactin</p>		
31	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>A 30-year-old woman presents with cyclical pelvic pain and dysmenorrhea. Ultrasound shows ovarian endometrioma. Most likely pathophysiology?</b></p> <p>a) Retrograde menstruation b) Primary ovarian failure c) Congenital uterine anomaly d) Hormone-producing tumor</p>	Акушерство и гинекология	
32	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>Which structure passes through the inguinal canal in females?</b></p> <p>a) Round ligament of uterus b) Ureter c) Ovarian artery d) Fallopian tube</p>	Акушерство и гинекология	
33	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>Which is the most common site of ectopic pregnancy?</b></p> <p>a) Cervix b) Ampulla of fallopian tube c) Ovary d) Abdominal cavity</p> <p><b>Answer: B</b></p>	Акушерство и гинекология	
34	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>Most accurate method to assess fetal growth in the second trimester?</b></p> <p>a) Symphysis-fundal height b) Ultrasound biometric measurements c) Maternal weight gain d) Abdominal circumference</p>	Акушерство и гинекология	

35	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>Which contraceptive method has the highest efficacy in typical use?</b></p> <p>a) Male condom b) Oral contraceptive pills c) Copper IUD d) Hormonal IUD</p>	Акушерство и гинекология	
36	<b>PO- 5</b>	ПК-2, ПК-3, ПК-4.	<p><b>A 28-year-old presents with heavy menstrual bleeding for 6 months. Ultrasound shows a hypoechoic mass in the myometrium. Most likely diagnosis?</b></p> <p>a) Adenomyosis b) Leiomyoma (fibroid) c) Endometrial polyp d) Endometrial hyperplasia</p>	Акушерство и гинекология	
37	<b>PO- 7, PO- 8, PO-11</b>	ПК-13, ПК-14, ПК-16, ПК-27	<p><b>Which part of the uterus is most involved in implantation?</b></p> <p>a) Endometrium b) Myometrium c) Perimetrium d) Cervix</p>	Акушерство и гинекология	
38	<b>PO- 7, PO- 8, PO-11</b>	ПК-13, ПК-14, ПК-16, ПК-27	<p><b>Most common benign ovarian tumor in reproductive-age women?</b></p> <p>a) Serous cystadenoma b) Mucinous cystadenoma c) Teratoma d) Granulosa cell tumor</p>	Акушерство и гинекология	

39	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>Most common cause of secondary amenorrhea in reproductive-aged women?</b></p> <p>a) Pregnancy b) PCOS c) Hypothalamic amenorrhea d) Thyroid disorder</p>	Акушерство и гинекология	
40	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>Which is the most common type of ovarian carcinoma?</b></p> <p>a) Serous carcinoma b) Mucinous carcinoma c) Endometrioid carcinoma d) Clear cell carcinoma</p>	Акушерство и гинекология	
41	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>Which virus is strongly associated with cervical cancer?</b></p> <p>a) HSV b) HPV c) CMV d) EBV</p>	Акушерство и гинекология	
42	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>A 26-year-old woman presents with infertility. Hysterosalpingography shows blockage of distal fallopian tubes. Most likely cause?</b></p> <p>a) PID b) Endometriosis c) Fibroids d) Congenital absence</p>	Акушерство и гинекология	
43	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>Most common site for vulvar carcinoma?</b></p>	Акушерство и гинекология	

			<ul style="list-style-type: none"> <li>a) Labia majora</li> <li>b) Labia minora</li> <li>c) Clitoris</li> <li>d) Vestibule</li> </ul>		
44	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>Which of the following is TRUE about the ovarian cycle?</b></p> <ul style="list-style-type: none"> <li>a) Follicular phase dominated by progesterone</li> <li>b) Luteal phase dominated by estrogen</li> <li>c) Ovulation triggered by LH surge</li> <li>d) FSH peak occurs after ovulation</li> </ul>	Акушерство и гинекология	
45	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>A 32-year-old woman presents with urinary incontinence when coughing. Most likely type?</b></p> <ul style="list-style-type: none"> <li>a) Stress incontinence</li> <li>b) Urge incontinence</li> <li>c) Overflow incontinence</li> <li>d) Functional incontinence</li> </ul>	Акушерство и гинекология	
46	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>Most common congenital anomaly of the female reproductive tract?</b></p> <ul style="list-style-type: none"> <li>a) Bicornuate uterus</li> <li>b) Septate uterus</li> <li>c) Didelphys uterus</li> <li>d) Unicornuate uterus</li> </ul>	Акушерство и гинекология	
47	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>Which ligament connects ovary to lateral pelvic wall?</b></p> <ul style="list-style-type: none"> <li>a) Broad ligament</li> <li>b) Suspensory ligament of ovary</li> </ul>	Акушерство и гинекология	

			<p>c) Round ligament d) Ovarian ligament <b>Answer: B</b></p>		
48	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>Which ovarian tumor secretes estrogen and may cause precocious puberty?</b> a) Granulosa cell tumor b) Sertoli-Leydig tumor c) Dysgerminoma d) Fibroma</p>	Акушерство и гинекология	
49	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<p><b>Which hormone is primarily responsible for maintaining pregnancy in the first trimester?</b> a) LH b) Progesterone c) Estrogen d) HCG</p>	Акушерство и гинекология	
50	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>Most common cause of postmenopausal bleeding?</b> a) Endometrial cancer b) Cervical polyp c) Atrophic vaginitis d) Endometriosis</p>	Акушерство и гинекология	
51	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>Which phase of menstrual cycle has peak progesterone secretion?</b> a) Follicular b) Ovulatory c) Luteal d) Menstrual</p>	Акушерство и гинекология	

			<b>Answer:C</b>		
52	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>Which test is most sensitive for detecting ovarian cancer?</b></p> <p>a) CA-125 b) Transvaginal ultrasound c) Pelvic X-ray d) MRI</p>	Акушерство и гинекология	
53	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>Which condition is characterized by endometrial tissue outside uterus causing pain and infertility?</b></p> <p>a) Adenomyosis b) Endometriosis c) Fibroids d) Polycystic ovary syndrome</p>	Акушерство и гинекология	
54	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>Which contraceptive method protects against sexually transmitted infections?</b></p> <p>a) Oral contraceptive pills b) Male condoms c) Copper IUD d) Hormonal IUD</p>	Акушерство и гинекология	
55	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>A 28-year-old pregnant woman presents for her first prenatal visit. Her LMP was February 15, 2024. Estimated delivery date (EDD)?</b></p> <p>a) November 22, 2024 b) November 15, 2024 c) November 8, 2024 d) November 1, 2024</p>	Акушерство и гинекология	

56	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>Mechanism of placental separation where fetal side delivers first (shiny fetal side)?</b></p> <p>a) Schultz  b) Mathews-Duncan  c) Brandt-Andrews  d) None of the above</p>	Акушерство и гинекология	
57	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>CTG shows variable decelerations, “V” or “W” shaped. Most likely cause?</b></p> <p>a) Fetal hypoxia  b) Umbilical cord compression  c) Fetal head compression  d) Uteroplacental insufficiency</p>	Акушерство и гинекология	
58	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>Non-reassuring CTG with smooth, undulating waveform, 3–5 cycles/min, amplitude 5–15 bpm. Pattern?</b></p> <p>a) Acceleration  b) Saltatory  c) Sinusoidal  d) Variable deceleration</p>	Акушерство и гинекология	
59	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>Early decelerations on CTG correspond to:</b></p> <p>a) Fetal hypoxia  b) Umbilical cord compression  c) Fetal head compression  d) Uteroplacental insufficiency</p>	Акушерство и гинекология	

60	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>Pregnant woman with gestational hypertension. Fetal growth normal, concern for fetal well-being. Next step?</b></p> <p>a) Fetal echocardiogram  b) Monitor fetal movements daily  c) Doppler of middle cerebral artery  d) Non-Stress Test (NST)</p>	Акушерство и гинекология	
61	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>BPP: fetal breathing 1×30s, gross movements 3, tone 0, AFI 2 cm, NST reactive. Management?</b></p> <p>a) Immediate induction  b) Repeat BPP in 24 hours  c) Continue routine care  d) Admit for continuous monitoring</p>	Акушерство и гинекология	
62	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>AFI 27 cm, 34 weeks gestation. Incorrect statement?</b></p> <p>a) Severe if vertical pocket 16 cm  b) Anencephaly aetiology  c) Can cause PROM  d) Indomethacin cannot be used</p>	Акушерство и гинекология	
63	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<p><b>36 weeks gestation, deepest vertical pocket 1.5 cm, decreased fetal movements. Diagnosis?</b></p> <p>a) Polyhydramnios  b) Oligohydramnios  c) Normal AF volume  d) Preterm labour</p>	Акушерство и гинекология	

64	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<b>NST does NOT evaluate:</b> a) Beat-to-beat variability b) Fetal movements c) Contraction frequency d) Accelerations	Акушерство и гинекология	
65	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<b>4th stage of labour false statement:</b> a) Observation 1 hour b) Ensure health of mother & baby c) Mother can be sent to ward if vitals stable d) None of the above	Акушерство и гинекология	
66	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<b>First stage of labour false statement:</b> a) Dilatation precedes effacement b) Contraction intervals decrease c) Upper segment contracts, lower dilates d) Maternal HR & SBP increase	Акушерство и гинекология	
67	<b>PO- 5, PO- 7, ...</b>	ПК-3, ПК-4, ПК-11, ПК-12.	<b>Placenta expression with hand pushing clamp downward &amp; backward. Name?</b> a) Crede maneuver b) Modified Brandt-Andrews c) Schultze method d) Duncan method	Акушерство и гинекология	
68	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<b>Not an indication for early cord clamping:</b> a) Rh-incompatibility b) Asphyxiated baby c) Diabetic mother d) Hypertensive mother	Акушерство и гинекология	

69	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<b>First-line uterotonic for normal labour:</b> a) Oxytocin b) Misoprostol c) Dinoprostone d) Ergot alkaloids	Акушерство и гинекология	
70	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<b>Not part of AMTSL:</b> a) Uterotonic administration b) Delayed cord clamping c) Uterine massage d) Uterine tone assessment	Акушерство и гинекология	
71	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<b>Third-degree perineal tear 24h post-delivery. Next step?</b> a) Immediate repair ✓ b) Delay repair 3 months c) Pain management only d) Follow-up in 6 weeks	Акушерство и гинекология	
72	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<b>Perineal tear involving internal &amp; external anal sphincters:</b> a) First b) Second c) Third d) Fourth	Акушерство и гинекология	
73	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<b>True statement about episiotomy repair:</b> a) Absorbable sutures used in perineal muscle layer b) Muscle sutured with tension c) Vaginal mucosa sutured from base d) Hemostasis after sutures	Акушерство и гинекология	

74	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<p><b>Most commonly performed type of episiotomy (second stage):</b></p> <p>a) Lateral b) J-shaped c) Median d) Mediolateral</p>	Акушерство и гинекология	
75	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<p><b>During mediolateral episiotomy, which structures are not cut?</b></p> <p>a) Posterior vaginal wall b) Bulbospongiosus c) Levator ani d) Ischiocavernosus</p>	Акушерство и гинекология	
76	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<p><b>Event in second stage of labor:</b></p> <p>a) Bearing down b) Onset of cervical dilation c) Separation of placenta d) Blood-stained mucus show</p>	Акушерство и гинекология	
77	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<p><b>Face presentation, left mento-anterior, engaging diameter:</b></p> <p>a) Fully extended, Submentovertical 11.5 cm b) Partially extended, Submentobregmatic 9.5 cm c) Fully extended, Submentobregmatic 9.5 cm d) Engagement not possible</p>	Акушерство и гинекология	
78	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<p><b>Persistent transverse lie, spontaneous vaginal delivery?</b></p> <p>a) Full-term neonate</p>	Акушерство и гинекология	

			<ul style="list-style-type: none"> <li>b) Bandl ring formation</li> <li>c) Turns to cephalic</li> <li>d) Turtle sign</li> </ul>		
79	<b>PO- 5.</b>	ПК-2, ПК-3, ПК-4.	<p><b>Absolute contraindication to external cephalic version:</b></p> <ul style="list-style-type: none"> <li>a) Fetal growth restriction</li> <li>b) Oligohydramnios</li> <li>c) Ruptured membranes</li> <li>d) Placenta previa</li> </ul>	Акушерство и гинекология	
80	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p><b>ECV unsuccessful, next step:</b></p> <ul style="list-style-type: none"> <li>a) Induction of labour</li> <li>b) Schedule elective C-section at 39 weeks</li> <li>c) Retry ECV</li> <li>d) Wait for spontaneous labour</li> </ul>	Акушерство и гинекология	
81	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p>Immediate cause of death in massive obstetric hemorrhage:</p> <ul style="list-style-type: none"> <li>A. Cardiogenic shock</li> <li>B. Hypovolemic shock</li> <li>C. Neurogenic shock</li> <li>D. Septic shock</li> </ul>	Акушерство и гинекология	
82	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p>Most common ovarian torsion symptom:</p> <ul style="list-style-type: none"> <li>A. Gradual pain</li> <li>B. Sudden severe pain</li> <li>C. Fever</li> <li>D. Bleeding</li> </ul>	Акушерство и гинекология	
83	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p>Cervical dilation complete at:</p> <ul style="list-style-type: none"> <li>A. 8 cm</li> <li>B. 9 cm</li> </ul>	Акушерство и гинекология	

			<p>C. 10 cm D. 7 cm</p>		
84	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p>TORCH causes: A. Congenital anomalies B. Fibroid C. PCOS D. PID</p>	Акушерство и гинекология	
85	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p>Oligohydramnios associated with: A. Renal agenesis B. Diabetes C. Twins D. Rh</p>	Акушерство и гинекология	
86	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p>Most common cause of maternal death in PPH: A. Atony B. Sepsis C. Embolism D. MI</p>	Акушерство и гинекология	
87	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p>Gestational diabetes complication: A. Macrosomia B. IUGR C. Anemia D. Oligohydramnios</p>	Акушерство и гинекология	
88	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	<p>Twin pregnancy common complication: A. Polyhydramnios B. Preeclampsia C. Preterm labor D. All</p>	Акушерство и гинекология	

89	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	Bishop score <5 indicates: A. Ready cervix B. Unfavorable cervix C. Active labor D. Rupture	Акушерство и гинекология	
90	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	Severe anemia in fibroid due to: A. Menorrhagia B. Infection C. Rupture D. Malignancy	Акушерство и гинекология	
91	<b>PO- 7, PO- 8, PO-11</b>	ПК-12, ПК-13, ПК-14, ПК-16, ПК-27	Risk factor for ectopic pregnancy: A. PID B. ОСР C. Multiparity D. Breastfeeding	Акушерство и гинекология	
92	<b>PO- 7, PO- 8, PO-11</b>	ПК-13, ПК-14, ПК-16, ПК-27	Most common benign breast tumor: A. Fibroadenoma B. Cancer C. Abscess D. Mastitis	Акушерство и гинекология	
93	<b>PO- 7, PO- 8, PO-11</b>	ПК-13, ПК-14, ПК-16, ПК-27	Vaginal candidiasis discharge is: A. Fishy B. Green C. Thick white D. Bloody	Акушерство и гинекология	
94	<b>PO- 7, PO- 8, PO-11</b>	ПК-13, ПК-14, ПК-16, ПК-27	Postcoital bleeding suggests: A. Cervical lesion B. PCOS	Акушерство и гинекология	

			C. Pregnancy D. Fibroid		
95	<b>PO- 7, PO- 8, PO-11</b>	ПК-13, ПК-14, ПК-16, ПК-27	Most common cause of secondary amenorrhea: A. Pregnancy B. Tumor C. Fibroid D. PID	Акушерство и гинекология	
96	<b>PO- 7, PO- 8, PO-11</b>	ПК-13, ПК-14, ПК-16, ПК-27	Ruptured ovarian cyst leads to: A. Septic shock B. Hypovolemic shock C. Cardiogenic shock D. Neurogenic shock	Акушерство и гинекология	
97	<b>PO- 7, PO- 8, PO-11</b>	ПК-13, ПК-14, ПК-16, ПК-27	Painful menstruation due to prostaglandins. Diagnosis? A. Primary dysmenorrhea B. Fibroid C. PCOS D. PID	Акушерство и гинекология	
98	<b>PO- 7, PO- 8, PO-11</b>	ПК-13, ПК-14, ПК-16, ПК-27	Primary amenorrhea + webbed neck + short stature. Diagnosis? A. Turner syndrome B. PCOS C. Pregnancy D. Asherman	Акушерство и гинекология	
99	<b>PO- 7, PO- 8, PO-11</b>	ПК-13, ПК-14, ПК-16, ПК-27	Elevated CA-125 suggests: A. Cervical cancer B. Ovarian cancer C. Breast cancer	Акушерство и гинекология	

			D. Fibroid		
100	<b>PO- 7, PO- 8, PO-11</b>	ПК-13, ПК-14, ПК-16, ПК-27		Акушерство и гинекология	