

**Federal State Budgetary Educational Institution of Higher Education  
"North Ossetian State Medical Academy" of the  
Ministry of Health of the Russian Federation**

Department of Obstetrics and Gynecology No. 1

APPROVED

by the minutes of the meeting of the Central  
Coordinating Educational and Methodological  
Council of 4.12. 2020. № 2

**EVALUATION FUNDS FUND**

**PRACTICE OF DIAGNOSTIC PROFILE. PRACTICE OF OBSTETRIC AND  
DIAGNOSTIC PROFILE**

the main professional educational program of higher education is a specialty program in the  
specialty 31.05.01 Medical business (partially implemented in English), approved 25.12.2020

for students\_\_\_\_\_IV\_\_\_\_\_

specialty 31.05.01 Medical business (partially implemented in English)

Reviewed and approved at the meeting of the Department  
on 3.02.2021 (Protocol No. 7)

Head of the Department

Doctor of Medical Sciences, Professor



\_\_L.V. Tsallagova

Vladikavkaz 2021

## СТРУКТУРА ФОС

1. Титульный лист
2. Структура ФОС
3. Рецензия на ФОС
4. Паспорт оценочных средств
5. Комплект оценочных средств:
  - экзаменационный вопросы по практическим навыкам
  - тестовые задания (с титульным листом и оглавлением),
  - ситуационные задачи.

- 1. Title page**
- 2. The structure of the FOS**
- 3. Review of the FOS**
- 4. Passport of evaluation tools**
- 5. Set of assessment tools:**
  - questions to practical skills**
  - standards of test tasks (with title page and table of contents),**
  - exam tickets for the exam.**
  - situational tasks.**

**Паспорт фонда оценочных средств по производственной практике  
«Практика по получению профессиональных умений и опыта  
профессиональной деятельности (помощник врача) »**

<b>№п/п</b>	<b>Наименование контролируемого раздела(темы)дисциплины/ модуля</b>	<b>Код формируемой компетенции (этапа)</b>	<b>Наименование оценочного средства</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
1	<b>Практика по получению профессиональных умений и опыта профессиональной деятельности (помощник врача)</b> Practice in obtaining professional skills and professional experience (doctor's assistant)	ОПК-6 ОПК-8 ОПК-9 ПК-5 ПК-6 ПК-8 ПК-9	-экзаменационные билеты; -ситуационные задачи; -тестовый контроль

## **Экзаменационные вопросы практика**

1. Проба Вастена
2. Проба Цангейместера
3. Проба Мак-Клюра-Олдрича
4. Проба с сульфасалициловой кислотой
5. Определение патологической прибавки веса
6. Определение ассиметрии АД
7. Реанимационные мероприятия при преэклампсии
8. Реанимационные мероприятия при эклампсии
9. Операция наложения типичных акушерских щипцов
10. Операция наложения атипичных акушерских щипцов
11. Техника операции ретровезикального кесарева сечения
12. Диагностика разрывов шейки матки
13. Правила зашивания разрыва шейки матки
14. Правила проведения эпизиостомии
15. Определение симптома «ниши»
16. Техника декапитации
17. Техника краниотомии
18. Взятие мазка на флору
19. Биопсия эндометрия
20. Мазок на цитологию
21. Расширенная кольпоскопия
22. Техника биопсии шейки матки
23. Гормональные пробы
24. Пункция через задний свод влагалища
25. Раздельное выскабливание полости матки
26. Функциональные тесты
27. Техника искусственного аборта
28. Техника гистеросальпингографии
29. УЗИ в гинекологии
30. Предоперационная подготовка гинекологических больных
31. Техника консервативной миомэктомии
32. Техника радикальных операций при миоме матки

## Exam questions practice

1. Vasten test
2. Tsangeymester test
3. The McClure-Aldrich test
4. Sample with sulfasalicylic acid
5. Determination of pathological weight gain
6. Definition of blood pressure asymmetry
7. Resuscitation measures for preeclampsia
8. Resuscitation measures for eclampsia
9. Operation of applying typical obstetric forceps
10. The operation of applying atypical obstetric forceps
11. Technique of retrovesical cesarean section operation
12. Diagnosis of cervical ruptures
13. Rules for suturing a cervical rupture
14. Rules of episiotomy
15. Definition of the "niche" symptom
16. Decapitation technique
17. Craniotomy technique
18. Taking a smear on the flora
19. Endometrial biopsy
20. Smear for cytology
21. Extended colposcopy
22. Cervical biopsy technique
23. Hormonal tests
24. Puncture through the posterior arch of the vagina
25. Separate curettage of the uterine cavity
26. Functional tests
27. Artificial abortion technique
28. Hysterosalpingography technique
29. Ultrasound in gynecology
30. Preoperative preparation of gynecological patients
31. Conservative myomectomy technique
32. Technique of radical operations for uterine fibroids

**ЛД-21**  
**Federal State Budgetary Educational Institution of Higher Education**  
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**Standards of test tasks in practice**  
**in the discipline "Obstetrics and gynecology"**  
**of the main professional educational program of higher education - the specialty program in the**  
**specialty 31.05.01 Medical business,**  
**approved on 25.12.2020.**

**Vladikavkaz 2020**

## Оглавление

№	Наименование контролируемого раздела (темы) дисциплины/модуля	Количество тестов (всего)	Код формируемых компетенций	стр. с __ по __
1	2	3	4	5
<b>Вид контроля</b>	<b>Промежуточный</b>			
ТАт, ПрАт	Клиническая анатомия и физиология женских половых органов.	<b>20</b>	ПК-3	стр.13 стр. 39
ТАт, ПрАт	Физиология беременности.	<b>20</b>	ПК-3, ПК-5, ПК-25, ПК-26, ПК-27	стр. 13-15 , 24 стр. 40
ТАт, ПрАт	Изменения в организме женщины в течении беременности	<b>20</b>	ПК-3 ПК-5 ПК-15 ПК-16 ПК-18 ПК-25 ПК-26	стр.13-14, 19,22,24 стр. 40
ТАт, ПрАт	Физиология родов.	<b>20</b>	ПК-3, ОК-5	стр.13 стр.12 стр. 40
ТАт, ПрАт	Физиология послеродового периода и периода новорожденности.	<b>20</b>	ПК-3, ПК-23, ПК-24, ОК-5	стр.13,23,24 стр.12 стр. 40
ТАт, ПрАт	Адаптационный период новорожденных. Патология беременности.	<b>20</b>	ПК-5, ПК-6, ПК-9, ПК-13, ПК-15, ПК-16, ПК-17, ПК-18, ПК-19, ПК-20, ПК-21	стр.14-17,19-23  стр. 40
ТАт, ПрАт	Патология родов.	<b>20</b>	ПК-3, ПК-5, ПК-6, ПК-9, ПК-10, ПК-15, ПК-16,	стр.13,14-22,  стр. 40

			ПК-17, ПК-18, ПК-19, ПК-20, ПК-2	
ТАт, ПрАт	Родовой травматизм матери	<b>20</b>	ПК-3 ПК-5 ПК-6 ПК-10 ПК-15 ПК-17 ПК-19 ПК-20	стр. 13,14-22  стр. 40
ТАт, ПрАт	Патология послеродового периода.	<b>20</b>	ПК-3 ПК-5 ПК-6 ПК-10 ПК-15 ПК-17 ПК-19 ПК-20	стр. 13,14-22  стр. 40
ТАт, ПрАт	Физиология и патология периода новорожденности.	<b>20</b>	ПК-9, ПК-11, ПК-14, ПК-17, ПК-18, ПК-19, ПК-20, ПК-21	стр. 17-19, 20-23  стр. 40
ТАт, ПрАт	Оперативное акушерство.	<b>20</b>	ОК-5, ПК-3, ПК-11, ПК-20, ПК-21	стр.12, 13-19,22-23 стр. 41
ТАт, ПрАт	Воспалительные заболевания женских половых органов.	<b>20</b>	ПК-5, ПК-6, ПК-11, ПК-12, ПК-19, ПК-20.	стр.13-19, 22-23  стр. 41
ТАт, ПрАт	Нарушения менструального цикла.	<b>20</b>	ПК-5, ПК-17, ПК-18	стр. 14,20-22  стр. 41
ТАт, ПрАт	Кисты половых органов	<b>20</b>	ПК-1 ПК-3 ПК-5 ПК-6	стр.13-16. 18-20,23



			ПК-12 ПК-16 ПК-17 ПК-20	стр. 41
ТАт, ПрАт	Миома матки.	<b>20</b>	ПК-20	стр.20 стр. 41
ТАт, ПрАт	Эндометриоидные гетеротопии.	<b>20</b>	ПК-5, ПК-6.	стр. 14-16 стр. 41
ТАт, ПрАт	Предопухолевые и опухолевые заболевания половых органов	<b>20</b>	ПК-5, ПК-6. ПК-10, ПК-11, ПК-18	стр.14-16, 18,22  стр. 41
ТАт, ПрАт	Опухоли и опухолевидные образования яичников.	<b>20</b>	ПК-5, ПК-6, ПК-20, ПК-23, ПК-30	стр.14-16,22 стр. 41
ТАт, ПрАт	Трофобластическа я болезнь	<b>20</b>	ПК-5, ПК-6, ПК-20, ПК-23, ПК-30	стр.14-16, 22,25 стр. 41
ТАт, ПрАт	Нарушения развития половых органов.	<b>20</b>	ПК-5, ПК-6, ПК-19 ПК-20, ПК-23, ПК-30	стр.14-16, 22-23,25 стр. 41
ТАт, ПрАт	Неправильные положения половых органов	<b>20</b>	ПК-5, ПК-6, ПК-19 ПК-20, ПК-23, ПК-30	стр.14-16, 22-23,25 стр. 41
ТАт, ПрАт	Бесплодный брак и вопросы планирования семьи.	<b>20</b>	ПК-6, ПК-26, ПК-31	стр.16,24-25 стр. 41
ТАт, ПрАт	Типичные гинекологические операции	<b>20</b>	ПК-3 ПК-7 ПК-17 ПК-20 ПК-21	стр.13,17,20, 22-23 стр. 41
ТАт, ПрАт	Неотложные состояния в гинекологии.	<b>20</b>	ПК-20 ПК-18	стр.22-23, стр. 41
ТАт, ПрАт	Экзамен	<b>20</b>		стр. 41

**1. Adenomyosis is**

1. formation of dense nodes in the myometrium, surrounded by a capsule
2. uniform increase in the size of the uterus on the eve of menstruation
3. distribution of endometrioid elements in the thickness of the myometrium
4. hormone -dependent pathological process dependent on progesterone
5. distribution of endometrioid elements in parametry

**2. The ultrasound picture of adenomyosis is characterized by everything except**

1. has the shape of the nodes
2. a cellular structure the endometrium
3. indistinct border between the endometrium and myometrium
4. endometrial hypervascularization
5. sizes the uterus becomes much larger after menstruation

**3. Amenorrhea can be**

1. physiological
2. pathological
3. pharmacological information
4. functional
5. right 1),2),3)

**4. Risk factors development of atrophic vaginitis**

1. weight gain
2. long lactation period
3. postmenopausal period
4. diabetes mellitus
5. right 2),3)

**5. With bacterial vaginosis, it is noted**

1. reducing the number of lactobacilli
2. increased vaginal pH over 4.5
3. massive reproduction of Gardnerella
4. massive reproduction of obligate anaerobic bacteria
5. everything is correct

**6. Infertility is**

1. no pregnancy during one year of regular sexual activity without the use of any contraceptives
2. no pregnancy during one year of regular sexual activity with the use of any contraceptives
3. lack of pregnancy for one year of non-regular sexual activity without the use of any contraceptives
4. no pregnancy for one year, no regular sexual activity with the use of any contraceptives
5. no pregnancy during 6 months of regular sexual activity without using any contraceptives

**7. To diagnose an ectopic pregnancy , use**

1. Ultrasound examination
2. laparoscopy
3. hysteroscopy
4. right 2),3)
5. right 1),2)

**8. Subtotal hysterectomy of the uterus is**

1. removal of the uterine body without a cervix
2. removal of uterus, fallopian tubes, ovaries, and regional lymph nodes
3. removal of the uterine body together with the neck and appendages

4. removal of the cervix (without the body)
5. removal of fallopian tubes, ovaries, parametry

**9. Luteinizing hormone is synthesized in**

1. the ovaries
2. the hypothalamus
3. anterior pituitary gland
4. the adrenal glands
5. the thyroid gland

**10. Menorrhagia is**

1. excessive, prolonged menstruation (more than 7 days) at regular intervals (21-35 days)
2. excessive, prolonged menstruation (more than 7 days) at various intervals
3. excessive (more than 80 ml) and prolonged periods (more than 7 days) with extended interval
4. excessive, prolonged menstruation (more than 7 days) with an interval of less than 21 days
5. excessive, prolonged menstruation (more than 7 days) with an interval of more than 35 days

**11. Premenstrual syndrome is**

1. a symptom complex that occurs one to two weeks before menstruation and disappears within a week after it begins
2. a symptom complex that occurs immediately after menstruation and disappears with the onset of the next menstruation
3. a symptom complex that occurs during menstruation and continues throughout life
4. perimenopausal symptom complex
5. a symptom complex that occurs immediately after menstruation and disappears with the onset of phase II of the menstrual cycle

**12. Polycystic ovary syndrome (PCOS) is characterized by all but**

1. anovulation
2. of hypopituitarism
3. hyperandrogenism
4. lowering the FSH level
5. increases in LH levels

**13. Manipulation aimed at preventing the occurrence of pregnancy by violating the patency of the fallopian tube is called**

1. surgical sterilization
2. marsupialization
3. operation Storndorf
4. fimbrioplasty
5. salpingo-oophorectomy

**14. Chronic pelvic pain is a symptom of gynecological diseases such as**

1. endometriosis
2. primary algodismenorrhea
3. the syndrome Allen-Masters;
4. uterine fibroids
5. all the above

**15. Types of endometriosis depending on the location**

1. genital,
2. extragenital
3. peritoneal
4. visceral
5. right 1),2)

**16.** The inflammatory process in the endometrium can be caused by

1. a bacterial infection
2. a viral infection
3. fungal infection
4. parasitic fungal infection
5. all of the above

**17.** Drug therapy for premenstrual syndrome includes

1. seduxen, phenazepam
2. utrozhestan, dufaston in the second phase of the menstrual cycle
3. COOK
4. remains
5. all of the above is true

**18.** Indications for surgical treatment of adenomyosis are

1. presence of clinical symptoms
2. ineffectiveness of drug therapy during the treatment period 6 months
3. ultrasound data
4. nodular adenomyosis in combination with endometrial hyperplasia
5. right 2),4)

**19.** Secondary amenorrhea is

1. complete absence of menstruation for 6 months or more
2. complete absence of menstruation for a year or more
3. complete absence of menstruation during the previous life
4. absence of menstruation during pregnancy
5. absence of menstruation during lactation

**20.** Bacterial vaginosis is

1. violation of the vaginal microbiocenosis
2. violation of trophic epithelium of the vagina
3. atrophic colpitis
4. gardnerellez
5. candidiasis

**21.** The main clinical sign of a bartholinium gland abscess is

1. increased body temperature to 38-39 degrees C, chills
2. possible enlargement of inguinal lymph nodes on the affected side
3. the presence of fluctuating enlarged tense and painful formation in the gland area
4. enlarged inguinal lymph nodes on the contralateral side
5. everything is correct

**22.** The causes of female infertility include

1. idiopathic
2. anovulation
3. tubal infertility
4. endometriosis
5. all of the above is true

**23.** Microscopy of the vaginal smear can be used to assess the endocrine changes occurring in the body . To do this, you must take into account

1. the value of cell nuclei
2. degree of cell protoplasm coloration

3. belonging of cells to one or another layer of the vaginal epithelium
4. ratio of epithelial cells
5. all of the above

**24.** Hysteroscopy is indicated if there is a suspicion of

1. submucosal uterine fibroids
2. remnants of the fetal egg
3. pregnancy
4. abnormalities of uterine development
5. right 1),2),4)

**25.** For postcoital (contact) spotting associated with an endometrial polyp , apply

1. curettage of the uterine cavity
2. electrocoagulation of the polyp leg during hysteroscopy
3. 17-military industrial complex
4. buserelin
5. right 1),2)

**26.** Stages of premenstrual syndrome

1. compensated amount
2. subcompensated
3. decompensated
4. PMS is not divided into stages
5. right 1),2),3)

**27.** Risk factors for genital prolapse include:

1. rapid delivery
2. traumatic birth
3. anatomical features
4. pelvic surgery
5. all of the above

**28.** Endometriosis is a hormone -dependent pathological process that depends on

1. oestrogens
2. androgens
3. progesterone
4. glucocorticoids
5. right 1),3)

**29.** Functional diagnostics tests include

1. examination of cervical mucus
2. basal temperature measurement
3. colpocytology
4. definition of the "pupil" symptom»
5. everything is correct

**30 .** Predisposing factors for dysfunctional uterine bleeding at puberty are all, with the exception of

1. chronic and acute infectious diseases
2. hypovitaminosis
3. physical overload
4. mental injuries
5. childbirth

- 31.** The highest Perl index is found in
1. the "fertile window" method»
  2. barrier methods of contraception
  3. combined oral contraceptives
  4. contraceptive sponges
  5. sterilization

- 32.** The indication for laparoscopy is
1. infertility
  2. pain and / or unclear data from a clinical study of the pelvic organs
  3. malformations of the genitals
  4. endometriosis
  5. all of the above

- 33.** Leiomyoma of the uterus consists of
1. smooth muscle cells
  2. fibrotic stroma
  3. adipose tissue
  4. nerve fibers
  5. correct answers 1), 2)

- 34.** Advanced colposcopy is
1. examination of the cervical mucosa with the help of colposcope without the use of medications
  2. examination of the cervical mucosa through color filters
  3. examination of the cervical mucosa using various epithelial and vascular tests (3% R-R acetic acid, Lugol's district)
  4. examination of the cervical mucosa and cervical canal
  5. colposcopy under magnification of 160-280 times

- 35.** Contraindication to the appointment HRT is
1. vaginal bleeding of unknown origin
  2. acute severe liver disease
  3. acute deep vein thrombosis
  4. breast cancer (currently )
  5. all of the above

- 36.** Pathogenetic variants of cancer of the uterine body are
1. hormone dependent
  2. hormone-independent
  3. associated with HPV infection
  4. right 1),2)
  5. all of the above is true

- 37.** Genital prolapse is a form of
1. omission of the vaginal walls;
  2. prolapse of the vaginal walls
  3. uterine prolapse
  4. uterine prolapse
  5. all of the above

- 38.** The main symptoms are PCOS are
1. violation of the menstrual cycle
  2. obesity
  3. hirsutism
  4. secondary or primary infertility
  5. all of the above

- 39.** Most often trichomoniasis is affected by
1. vaginal mucosa
  2. fallopian tubes
  3. urethra
  4. the bladder

5. excretory ducts of the large glands of the vestibule

**40.** Acute trichomoniasis is

1. duration diseases up to 2 months old
2. duration diseases for more than 2 months
3. duration diseases up to 2 weeks old
4. duration diseases more than 2 weeks old
5. detection of Trichomonas without inflammation

**41.** The cause of secondary amenorrhea can be anything but

1. absence of a uterus
2. polycystic ovary syndrome
3. the syndrome Sheehan
4. the syndrome Asherman's
5. hyperprolactinoma

**42.** It is not a risk factor for infertility

1. under 35 years of age
2. excessive weight loss ( system dysfunction hypothalamus-pituitary gland-ovaries)
3. obesity
4. oligomenorrhea
5. amenorrhea

**43.** The causative agent of gonorrhea is

1. herpes simplex virus
2. Neisseria gonorrhoeae
3. Trichomonas vaginalis
4. parvovirus
5. Chlamydia trachomatis

**44.** "Blood-smearing in postmenopausal women» - this is

1. spotting from the genital tract that occurs 1 month after menopause
2. spotting from the genital tract that occurs more than a week later. 1 year after menopause
3. bleeding during HRT treatment
4. intermenstrual blood smearing
5. prolonged menstruation

**45.** Predisposing factors for dysfunctional uterine bleeding at puberty are all, with the exception of

1. chronic and acute infectious diseases
2. hypovitaminosis
3. physical overload
4. mental injuries
5. childbirth

**46.** System reservoirs of fungi of the genus Candida can be

1. skin
2. the vagina
3. The digestive tract
4. lungs
5. the vagina

**47.** The indication for laparoscopy is

1. infertility
2. pain and / or unclear data from a clinical study of the pelvic organs
3. malformations of the genitals
4. endometriosis
5. all of the above

**48.** Severity of menopausal syndrome (according to E. M. Vikhlyeva)

1. easy
2. average
3. heavy
4. extremely heavy
5. right 1),2),3)

**49.** Indications for conservative myomectomy are

1. a woman's desire to preserve her reproductive function in the presence of the necessary conditions
2. uterine fibroids up to 12 weeks of gestation
3. cervical location of the myomatous node
4. submucous-interstitial node
5. all of the above

**50.** Cancer of the uterine body is

1. malignant epithelial tumor originating from the endometrium
2. malignant epithelial tumor originating from the myometrium
3. malignant non-epithelial tumor
4. malignant tumor originating from the mesothelium
5. a benign tumor originating from the myometrium with a high risk of malignancy.

**51.** Examination of women with postcoital spotting includes:

1. inspection in the mirrors
2. advanced colposcopy
3. cytogram cervical canal and transformation zone
4. separate diagnostic curettage of the cervical canal and cavity uterus
5. all of the above is true

**52.** Risk factors for developing adenomyosis are

1. intrauterine interventions
2. caesarean section
3. multiple births
4. complicated abortions
5. all of the above

**53.** More often, atrophic vaginitis develops in women

1. in the reproductive period
2. in postmenopausal women
3. during puberty
4. during long-term lactation
5. during pregnancy

**54.** The most common complications of acute bartholinitis

1. the formation of cysts
2. the formation of abscess
3. acute lymphadenitis
4. bacterial-toxic shock
5. cellulitis soft tissues

**55.** Complications of pelvic inflammatory diseases include:



1. intra-abdominal abscess
2. pyosalpinx
3. peritonitis
4. forming adhesions
5. all of the above

**56.** When examining the cervix in speculum, cervical pregnancy is characterized by:

1. barrel-shaped the neck shape uterus
2. cyanosis of the vaginal part of the cervix uterus
3. eccentric location of the external pharynx
4. right 1),3)
5. everything is correct

**57.** Karyopyknotic the index is interest the ratio

1. eosinophilic surface cells of the vaginal epithelium to the total number of cells in the smear
2. surface cells of the vaginal epithelium with pycnotic nuclei to eosinophilic surface cells
3. basal cells of the vaginal epithelium to the total number of cells in the smear
4. parabasal cells of the vaginal epithelium to the total number of cells in the smear
5. surface cells of the vaginal epithelium with pycnotic nuclei to the total number of cells in the smear

**58.** Hysteroscopy is indicated if there is a suspicion of

1. submucosal uterine fibroids
2. remnants of the fetal egg
3. pregnancy
4. abnormalities of uterine development
5. right 1),2),4)

**59.** Medical tactics for contact spotting associated with the presence of a polyp of the cervical canal in a woman 20 years old

1. appointment of hemostatic therapy
2. Ultrasound examination uterine cavities, polyp removal, anti-inflammatory therapy
3. immediately perform a separate diagnostic curettage of the cervical canal and cavity uterus
4. conducting anti-inflammatory therapy
5. appointment of immunocorrecting therapy

**60.** Trichomonas vaginalis it represents

1. yeast -like mushrooms
2. microorganisms that combine it contains the following attributes: bacteria and viruses
3. flagellates
4. diplococcus
5. viruses

**61.** Laparoscopic types of sterilization

1. sterilization by electrocoagulation and excision section of the fallopian tube
2. sterilization by superimposition parentheses
3. method Pomeroy
4. operation Meigs
5. right 1),2),3)

**62.** Material for the diagnosis of chlamydia infection is taken from

1. the urethra
2. of the cervical canal
3. vaginas
4. the first portion of urine
5. right 1),2)

**63.** Medications for the treatment of endometriosis

1. gonadoliberin agonists
2. combined oral contraceptives
3. anti-gonadotropins
4. Progestogens
5. all of the above

**64.** The clinical picture of adenomyosis is characterized by everything except

1. asymptomatic of course
2. algodismenorrhea
3. pain during sexual contact
4. anemia
5. contact spotting

**65.** Most often in the development of bacterial vaginosis are involved

1. of Gardnerella
2. Mycoplasma
3. Ureaplasma
4. Trichomonas
5. right 1),2),3)

**66.** The causes of female infertility include

1. polycystic kidney disease
2. anovulation
3. tubal infertility
4. endometriosis
5. all of the above is true

**67.** The woman was diagnosed with a progressive tubal pregnancy at 8 weeks, and her condition is satisfactory. Tactics of the doctor

1. the operation can be performed as planned
2. perform an emergency operation
3. conservative treatment is possible
4. right 1),3)
5. there is no correct answer

**68.** Ways of transmission of papillomovirus infection

1. drip mode
2. lymphogenic
3. sexual
4. hematogenic
5. contact and household services

**69. Clinical signs of endometrial polyps**

1. spotting during menopause
  2. hypermenorrhea
  3. possibly asymptomatic course
  4. cramping pains in the lower abdomen
  5. true in
- 70. Omission of the anterior wall of the vagina containing the bladder is**

1. cystocele
2. urethrocele
3. rectocele
4. enterocele
5. bladder elongation

**71. To diagnose Trichomonas infection, use**

1. microscopy of native preparations
2. microscopy of stained preparations
3. bacteriological seeding of the material
4. PCR diagnostics
5. right 1),2),3)

**72. Medications used to treat chlamydia infection include:**

1. azithromycin
2. doxycycline
3. erythromycin
4. tetracycline
5. all of the above

**73. The spread of endometrioid tissue in the myometrium is**

1. adenomyosis
2. adenomatosis
3. adenositis
4. ascariasis
5. acanthosis

**74. Candles "ovestin" contain**

1. estriol
2. estradiol
3. progesterone
4. 17-hydroxyprogesterone
5. Corticosteroids

**75. The key cells are**

1. cells layered squamous epithelium, covered with a large number coccobacillary microflora
2. cells layered cylindrical of epithelium covered a large number of coccobacillary microflora
3. cells multilayered cylindrical epithelium covered with a large number of lactobacilli
4. Gardnerella plants
5. accumulation of lactobacilli

**76. The excretory duct of the Bartholin's gland opens**

1. at the base of the labia minora
2. in the groove between the lower thirds of the labia minora and labia majora
3. in the thickness of the posterior parts of the labia majora
4. in the groove between the lower third of the labia minora lips and hymen

5. there is no correct answer

**77. Methods of additional research in women with infertility**

1. hormone testing in different phases of the menstrual cycle
2. Ultrasound of the pelvic organs
3. the study the fallopian tubes
4. penetration test
5. all of the above is true

**78. Violation of ectopic pregnancy by the type of tubal abortion occurs with the following symptoms:**

1. during vaginal examination , enlargement and soreness of the appendages
2. pain in the lower abdomen and in the iliac region
3. scanty spotting from the genital tract
4. right 1),2)
5. everything is correct

**79. Dysfunctional uterine bleeding (DMK) is**

1. abnormal uterine bleeding no signs of organic genital or extragenital pathology
2. bleeding during pregnancy
3. bleeding in the postpartum period
4. bleeding associated with pathology of the blood coagulation system
5. all of the above

**80. Medications for HRT include**

1. preparations containing estrogens (monotherapy)
2. combination of estrogens with Progestogens, in various modes (cyclic or continuous)
3. combination of estrogens with androgens
4. monotherapy with Progestogens or androgens ( rarely used)
5. all of the above

**81. Natural methods of contraception include**

1. application of spermicides
2. definition of the fertility window
3. application of diaphragms and caps
4. use of contraceptive sponges
5. application of the NuvaRing vaginal ring

**82. The etiology of menorrhagia is**

1. fibroids
2. adenomyosis
3. inflammatory diseases of the pelvic organs
4. self-abortion during pregnancy short term
5. all of the above is true

**83. A sample with acetic acid allows you to evaluate**

1. vascular pattern
2. borders of atypical epithelium
3. condition of the glands
4. the presence of narodowych cysts
5. right 1),2),3)

**84. Etiology of postcoital spotting**

1. cervical ectropion and chronic cervicitis
2. inflammatory diseases of the cervix and vagina

3. pregnancy in case of placenta previa
4. cervical cancer
5. all of the above is true

**85.** Complications of adenomyosis are characterized by all but

1. anemia
2. pain syndrome
3. dysuric phenomena
4. PCOS
5. menstrual cycle disorders

**86.** Hysteroscopy - this is

1. examination of the cervical canal and uterine cavity walls using optical systems (fiber-optic hysteroscope)
2. examination of the cervical canal using optical systems (fiber-optic hysteroscope)
3. inspection of the cavity walls uterus using optical systems (fiber-optic hysteroscope)
4. ultrasound examination using a vaginal sensor
5. all of the above

**87.** A hysterectomy is

1. removal of the uterine body (without the neck)
2. removal of the uterine body, fallopian tubes and ovaries
3. removal of the uterine body together with the neck
4. removal of the cervix (without the body)
5. removal of the uterus with appendages and regional lymph nodes

**88.** Juvenile bleeding is characterized by

1. anovulation with follicle persistence
2. anovulation with follicle atresia
3. insufficiency luteal phase
4. persistence of the yellow body
5. all of the above

**89.** Chlamydia trachomatis is a

1. flagellates
2. microorganisms that combine it contains the following attributes: bacteria and viruses
3. yeast -like mushrooms
4. diplococcus
5. the virus

**90.** Pain localized below the line connecting awns of the iliac bones and navel, as a rule, indicate diseases

1. of the intestines
2. your kidneys
3. internal genitalia
4. spleens
5. retroperitoneal lymph nodes

**91.** Hormone -dependent pathological process characterized by the formation of ectopic foci of functioning endometrial tissue (glands, stroma)

1. endometriosis
2. endometritis
3. endometrial cancer
4. adenomyosis
5. right 1),4)

**92.** Extragenital endometriosis is characterized by a lesion

1. of the bladder
2. of the intestines
3. postoperative scar on the anterior abdominal wall
4. your kidneys
5. all of the above

**93.** According to the form of growth , leiomyomas are divided into

1. submucous diseases
2. subserous ones
3. interstitial spaces
4. mixed services
5. all of the above

**94.** Patients with a bartholinus gland cyst should be advised to

1. treatment in the acute stage of the inflammatory process
2. surgical treatment – peeling of the bartholinium gland cyst in remission
3. marsupial
4. antibacterial therapy
5. right 2),3)

**95.** Auxiliary methods of reproduction include

1. intrauterine device insemination
2. in vitro fertilization (IVF)
3. sperm injection into the cytoplasm eggs (ICSI)
4. transfer of gametes to the fallopian tube (GIFT)
5. all of the above is true

**96.** An ectopic pregnancy is a pregnancy in which

1. the neck uterus
2. fallopian tube
3. the ovary
4. the isthmus uterus
5. outside the uterine cavity

**97.** Karyopyknotic the index is interest the ratio

1. eosinophilic surface cells of the vaginal epithelium to the total number of cells in the smear
2. surface cells of the vaginal epithelium with pycnotic nuclei to eosinophilic surface cells
3. basal cells of the vaginal epithelium to the total number of cells in the smear
4. parabasal cells of the vaginal epithelium to the total number of cells in the smear
5. surface cells of the vaginal epithelium with pycnotic nuclei to the total number of cells in the smear

**98.** The main forms of premenstrual syndrome

1. neuropsychiatric system
2. cephalgic
3. krizova
4. edematous
5. all of the above is true

**99.** First-line drugs in the treatment of trichomoniasis

1. metronidazole preparations
2. fluoroquinolones
3. penicillins
4. macrolides
5. tetracyclines

**100.** Women who are most susceptible to endometriosis include

1. girls under 12 years old
2. girls puberty period
3. women of reproductive age with a history of complicated childbirth and abortions
4. perimenopausal women
5. postmenopausal women

**101.** Surgical treatment for tubal infertility does not apply

1. salpingolysis
2. conservative myomectomy
3. restoration of pipe patency
4. re-anastomosis
5. salpingotomy

**102.** Treatment for PID does not include

1. antibiotics
2. analgesics
3. infusion therapy
4. cytostatics
5. all of the above

**103.** Tactics of pregnancy management in women with cervical pregnancy

1. curettage of the cervix
2. extirpation uterus
3. cervical tamponade
4. supravaginal amputation uterus
5. curettage of the neck and cavity uterus

**104.** The Operation Of Wertheim does not include in itself

1. removal of the cervix
2. deleting a parameter
3. removal of the bladder
4. removal of appendages
5. removal of regional lymph nodes

**105.** Follicle -stimulating hormone is synthesized in

1. the ovaries
2. the hypothalamus
3. anterior pituitary gland
4. the adrenal glands
5. the thyroid gland

**106.** The ovaries produce

1. progesterone
2. androgens
3. prolactin
4. estrogens
5. right 1),2),4)

**107.** The causes of female infertility can be

1. resistant ovarian syndrome
2. fibroids (mechanical obstacle)
3. the syndrome Asherman's
4. pathology of the cervical canal
5. all of the above is true

**108.** The most common pathway for the spread of pelvic inflammatory diseases

1. ascending path
2. by length
3. hematogenic
4. lymphogenic
5. childbirth, instrumental interventions

**109.** Cervical pregnancy is characterized by everything except

1. asymmetrical cervix
2. location of the fallopian pharynx in the center of the lower pole of the extended cervix
3. eccentric location of the fallopian pharynx
4. delayed menstruation
5. cervical enlargement

**110.** After ovulation , a preovulatory follicle is formed at the site of the preovulatory follicle.

1. yellow body
2. antral follicle
3. primordial follicle
4. preantral follicle
5. none of the above

**111.** Risk factors for anemia include

1. reduced iron intake in the body
2. violation of iron absorption processes associated with gastrointestinal diseases
3. frequent bleeding with placenta previa
4. multiple pregnancy pregnancy
5. all of the above

**112.** Prevention of iron deficiency anemia is indicated for the following pregnant women

1. in populations where iron deficiency is high, a common problem of the population
2. with heavy and prolonged menstruation preceding pregnancy
3. for pregnancies that follow each other with with a short break
4. for multiple pregnancies
5. all of the above

**113.** To confirm intrauterine fetal death , the following is used:

1. ECG
2. Ultrasound of the mother's heart and blood vessels
3. Fetal ultrasound and DPM
4. General blood test
5. biochemical parameters of blood

**114.** Frequency of visits to the antenatal clinic in the third trimester of physiological pregnancy

1. 1 time per week
2. 2 times a month
3. 3 times a month
4. up to 28 weeks 1 time a month, 28-36 weeks 2 times a month, after 36 weeks every 7 days
5. at the request of the patient

**115.** The concept of " fetal Biophysical profile" includes

1. assessment of respiratory movements
2. assessment of fetal motor activity and tone
3. assessment of the degree of placental maturity
4. rating quantity amniotic fluid



5. everything is correct

**116.** To prevent bleeding in the subsequent and early postpartum periods, enter

1. oxytocin 5 UNITS in 400 ml of isotonic solution of sodium chloride intravenously drip
2. aminocaproic acid acid, 100 ml intravenously drip
3. refortan, 400 ml intravenous drip
4. ascorbic acid 5% acid 5 ml intravenously
5. dicynone, 4.0 ml intramuscular

**117.** Preeclampsia is divided into

1. "clean»
2. simple ones
3. combined services
4. complex ones
5. right 1),3)

**118.** For combined forms of preeclampsia , everything is true, except

1. they develop against the background of extragenital pathology
2. early start
3. more than heavy equipment
4. presence of symptoms of a previous disease
5. they're starting, as a rule, after 36-37 weeks of pregnancy

**119.** In the treatment of eclampsia used

1. promedol
2. diphenhydramine
3. verapamil
4. sibazon
5. all of the above is true

**120.** When the interaction of RH(positive) fetal red blood cells with RH-antibodies of the mother occurs

1. hemolysis
2. hydropic degeneration
3. hypertrophy
4. necrosis
5. all of the above

**121.** If uterine hypertonus occurs during labor stimulation, it is necessary to

1. take a break from the infusion for 40 minutes
2. stop the infusion and allow the delivery to proceed naturally
3. stop the infusion, introduce beta mimetics, assess the obstetric situation and adjust the tactics of labor management after the mother and fetus return to normal
4. change your medication
5. right 1),4)

**122.** Indications for cesarean section on the part of the mother are

1. anatomically narrow pelvis of III and IV degrees
2. complete placental presentation
3. eclampsia
4. failure of the uterine scar
5. all of the above is true

**123.** Cardiotocography is

1. a method for assessing the condition of the fetus based on the analysis of its electrocardiogram
2. a method for assessing the state of the fetus based on the analysis of the variability of its heart rate at rest, movement, under conditions of uterine activity, as well as the impact of environmental factors.
3. graphic representation of bioelectric activity head office fetal brain

4. hemodynamic assessment method fetoplacental complex
5. method evaluation geometricheskih indicators

**124.** The classification of polyhydramnios includes

1. acute
2. chronic
3. compensated amount
4. subcompensated
5. right 1),2)

**125.** When inserted on the face , the head erupts in the size of

1. small oblique size
2. medium oblique
3. vertical size
4. big oblique
5. straight size

**126.** Indications for termination of pregnancy on the background of epilepsy are

1. intractable epilepsy with frequent seizures
2. status course of epilepsy
3. a disease with rare seizures
4. unstable drug-induced remission
5. right 1),2),4)

**127.** Indications for evaluating the biophysical profile of the fetus include

1. deviations in the volume of amniotic fluid
2. history of perinatal losses
3. complicated course of this pregnancy
4. violation of the function of the Feto-placental complex
5. everything is correct

**128.** Duration of the active phase of labor

1. 5-6 hours
2. 1-2 hour's
3. 3-4 hours
4. 7 o'clock
5. 40 minutes

**129.** Premature discharge of amniotic fluid occurs

1. before opening of the uterus 6-7 cm
2. to the start of the regular labor
3. until the cervix is fully opened
4. before the woman in labor is admitted to the hospital
5. there is no correct answer

**130.** Features of managing childbirth through the natural birth canal in preeclampsia are

1. early opening of the fetal bladder
2. carrying out vacuum extraction of the fetus
3. conducting step-by-step adequate anesthesia
4. stimulation of labor activity should be at least 3 hours
5. right 1),3)

**131.** Ultrasound examination of the fetoplacental complex in RH-immunized women shows

1. polyhydramnios
2. fetal hepatosplenomegaly

3. hydropericardium, ascites, fetal hydrothorax
4. hypertrophy and thickening of the placenta
5. all of the above

**132. Therapeutic tactics for HIV infection in pregnant women**

1. termination of pregnancy at any time if the infection occurred before 12 weeks
2. output treatment tactics present a certain difficulty, since there are no reliable diagnostic methods to prove infection
3. if the mother is infected, it is necessary to hospitalize in the infectious diseases Department
4. zidovudine 100 mg orally 5 times a day starting from the 14th week and continuing during labor as a permanent therapy
5. resolving the issue of termination of pregnancy by consultation, only if the deadline is less than 20 days weeks

**133. If the gestation period is more than 12 weeks. artificial termination of pregnancy is performed**

1. for medical reasons
2. at the request of the woman
3. for social reasons
4. by permission of the regional Ministry of health
5. right 1),3)

**134. Emergency indications for caesarean section during childbirth are**

1. clinically narrow pelvis
2. loss of a pulsating loop of the umbilical cord with incomplete opening of the neck uterus
3. premature discharge of amniotic fluid and lack of effect from labor stimulation
4. anomalies of labor activity in the absence of an effect from drug correction
5. all of the above is true

**135. Polyhydramnios – the amount of amniotic fluid exceeds**

1. 1500 ml
2. 1000 ml
3. 1300 ml
4. 1800 ml
5. 2000 ml

**136. Habitual miscarriage - this is**

1. spontaneous termination of pregnancy once or more
2. spontaneous termination of pregnancy two or more times once in a row
3. spontaneous termination of pregnancy three or more once in a row
4. spontaneous termination of pregnancy four or more times once in a row
5. spontaneous termination of pregnancy five or more once in a row

**137. The etiological factors for the development of postpartum hyperthermia include all, with the exception of**

1. infections of the female genital organs
2. urinary tract infections
3. respiratory tract infections
4. pelvic varicose veins
5. mastitis

**138. For a postponed pregnancy , it is typical**

1. gestational age 42 weeks or more
2. the newborn has signs of over-maturity
3. there are macroscopic changes in the placenta
4. gestation period of 40 weeks or more
5. right 1),2),3)

**139.** Early postpartum bleeding - this is

1. bleeding that occurs in the first hour of the postpartum period
2. bleeding that occurs in the first 2 hours of the postpartum period
3. bleeding that occurs in the first 3 hours of the postpartum period
4. bleeding that occurs in the first week of the postpartum period
5. bleeding that occurs in the first month of the postpartum period

**140.** Placental previa is

1. location of the placenta in the lower uterine segment
2. location of the placenta in the lower uterine segment, completely blocking the internal pharynx
3. location of the placenta in the lower uterine segment, partially overlapping the internal pharynx
4. location of the placenta in the lower uterine segment, partially or completely blocking the internal pharynx
5. location of the placenta in the area of the uterine floor, tubal corners

**141.** Clinical signs of placental abruption more than one third of its area are

1. pain syndrome – severe, persistent pain
2. violation of hemodynamics – drop in blood PRESSURE, pallor of the skin
3. changing the consistency and configuration of the uterus
4. always heavy bleeding from the genital tract
5. right 1),2),3)

**142.** Cause of the breakup the uterus is

1. mechanical obstruction of fetal birth
2. insolvent the scar on the uterus after incomplete healing
3. multiple pregnancy pregnancy
4. violent factor in delivery operations
5. right 1),2),4)

**143.** Mild preeclampsia is usually characterized by the following symptoms, except

1. the presence of edema
2. rapid weight gain
3. oliguria
4. the absense pathological changes in urine tests
5. inadequate diuresis

**144.** Ultrasound examination of the fetoplacental complex in RH-immunized women shows

1. polyhydramnios
2. fetal hepatosplenomegaly
3. hydropericardium, ascites, fetal hydrothorax
4. hypertrophy and thickening of the placenta
5. all of the above

**145.** Artificial termination of pregnancy - this is

1. removing an undeveloped pregnancy
2. termination of pregnancy by caesarean section cross sections when the fetus reaches morphofunctional maturity
3. termination of pregnancy in a medical facility
4. termination of pregnancy by taking medications, or by surgery
5. 5pregnancy termination at the woman's request

**146.** Indications for cesarean section on the part of the fetus are

1. transverse and stable oblique position of the fetus after amniotic fluid outpouring
2. conjoined twins
3. presentation or loss of pulsating loops of the umbilical cord in the absence of conditions for immediate delivery through the natural birth canal
4. extensor inserts of the fetal head -frontal, anterior type of facial, posterior parietal, high straight standing of the swept seam
5. all of the above is true

**147.** Complications that occur during childbirth in a pregnant woman with polyhydramnios

1. weakness labor activity
2. detachment placentas
3. falling out of the umbilical cord loops
4. loss of small parts of the fetus
5. all of the above

**148.** A complication of polyhydramnios is

1. incorrect presentation of the fetus
2. premature detachment of the normally located placenta
3. falling out of the umbilical cord loops
4. postpartum conditions bleeding issues
5. all of the above is true

**149.** Risk factors for multiple pregnancies include

1. heredity (multiple pregnancy pregnancy relatives of spouses)
2. in vitro fertilization
3. use of hormonal contraceptives
4. ovulation stimulation
5. all of the above is true

**150.** For a threatened miscarriage , everything is true except

1. connection of the fetal egg with the uterus is preserved or disrupted only in a small area
2. value uterus corresponds to the duration of pregnancy
3. the cervical canal is closed
4. copious bloody discharge from the genital tract
5. weak aching pains in the lower abdomen

**151.** Post-term pregnancy complications before, during, and after delivery

1. premature or early discharge of amniotic fluid, labor abnormalities
2. bleeding in the postpartum and early postpartum periods
3. intrauterine fetal hypoxia, birth trauma
4. meconial aspiration syndrome, intrauterine fetal death
5. all of the above is true

**152.** In the postpartum period of lochia

1. bloody ones
2. serous-succulent
3. sukrovichnye
4. stop 2 hours after delivery
5. bloody, from 3-4 days serous-sukrovichnye, to 10 days light, and at 5-6 weeks stop

**153.** The low location of the placenta is indicated when

1. the edge of the placenta reaches the inner pharynx
2. the placenta completely covers the internal pharynx
3. fetal membranes and placental tissue are found behind the inner pharynx
4. the edge of the placenta is closer than 5 cm from the inner pharynx
5. the edge of the placenta is more than 7 cm from the inner pharynx

**154.** Risk factors for premature placental abruption include:

1. polyhydramnios
2. multiple pregnancy pregnancy
3. preeclampsia
4. violation of the blood coagulation system
5. all of the above is true

**155.** Preterm birth is

1. termination of pregnancy from conception to 37 weeks
2. termination of pregnancy from 18 weeks to 39 weeks
3. termination of pregnancy from 25 weeks to 37 weeks
4. termination of pregnancy from 22 weeks to 37 weeks
5. termination of pregnancy from 28 weeks to 37 weeks

**156.** Characteristic signs septic the shocks are

1. drop in blood pressure without previous blood loss
2. bradycardia
3. high fever with frequent chills, followed by a sharp drop in body temperature
4. polyuria
5. right 1),3)

**157.** Risk factors for developing preeclampsia are

1. preeclampsia during pregnancy previous pregnancies
2. multiple pregnancy pregnancy
3. women under 17 and over 30 years of age
4. presence of extragenital pathology (diabetes mellitus, autoimmune diseases, renal pathology)
5. all of the above is true

**158.** Doctor's tactics when symptoms of preeclampsia appear at 38 weeks of pregnancy

1. amniotomy, labor stimulation by enzaprost
2. amniotomy, birth stimulation with oxytocin
3. preparation birth canal preparation for delivery, delivery in 2-3 days
4. urgent delivery through the natural birth canal under epidural anesthesia
5. urgent delivery by caesarean section cross-sections on the background of preeclampsia therapy

**159.** Clinical signs of multiple pregnancies are

1. increase in the size of the uterus compared to the expected gestational age
2. two or more points listening to the fetal heartbeat and zone "silences" between them
3. detection of three or more large parts of the fetus during external obstetric examination
4. detection of many small parts of the fetus during external obstetric examination
5. all of the above is true

**160.** In what presentation in the biomechanism of labor is the hyoid bone the point of fixation

1. anterior head presentation

2. frontal presentation
3. facial presentation
4. anterior view of occipital presentation
5. posterior view of occipital presentation

**161.** Mixed gluteal presentation of the fetus is characterized by all of the above, except

1. at the entrance to the pelvis are the buttocks and one or both fetal legs
2. the legs are bent at the hip joints
3. the legs are bent at the knee joints
4. one leg can be unbent at the knee joint and extended along the torso
5. one leg can be flexed at the hip and knee joint

**162.** Diagnosis of placental previa consists of

1. data on complaints and medical history
2. external and internal obstetric examination
3. Ultrasound, Doppler imaging
4. x-ray examination
5. right 1),2),3)

**163.** In case of premature detachment of the normally located placenta , it is contraindicated to prescribe

1. Riboxin
2. giniprала
3. dicynone
4. drotaverina
5. ascorbic acid

**164.** A complete rupture of the uterus is characterized by

1. transfer of the fetus to the abdominal cavity
2. stopping the fetal heartbeat
3. palpation of parts of the fetus through the abdominal wall is possible
4. next to the fetus , the uterus that has deviated to the side is palpated
5. everything is correct

**165.** Moderate vomiting is characterized by all but

1. vomiting up to 6-10 times a day
2. loss body weight exceeds 3 kg for 1-1.5 weeks
3. loss body weight up to 8-10 kg or more
4. low-grade temperature
5. humidity level skin and mucous membranes normal; Blood PRESSURE is slightly lowered

**166.** Entrance gate of infection in the postpartum period

1. cracked nipples
2. placental area
3. abrasions and cracks of the vulva and vagina
4. cervical ruptures
5. all of the above

**167.** Weakness of labor activity is most characteristic

1. pain contractions
2. difficulty urinating
3. difficult palpation of the presenting part of the fetus
4. all of the above

5. none of the above

**168.** A symptom that manifests itself as a cystic drift

1. bleeding from the genital tract
2. discrepancy between the size of the uterus and the duration of pregnancy
3. absence of fetal parts according to ultrasound data
4. expressed by an increase in the level of HCG
5. indomitable vomiting

**169.** Indications for manual monitoring of the uterine cavity

1. afterbirth defect
2. suspected uterine rupture
3. slowing of uterine involution
4. right 1),2)
5. everything is correct

**170.** In obstetrics , routine ultrasound is performed during pregnancy

1. 11-14 weeks
2. 22-24weeks
3. 30-32 weeks
4. 15-17 weeks
5. right 1),2),3)

**171.** Traction during the imposition of obstetric procedures tongs are carried out

1. in a straight line
2. up
3. along the wired axis of the pelvis in accordance with the biomechanism of labor, depending on the level of the head location
4. down
5. from side to side

**172.** Principles of management of pregnant women with arterial hypertension

1. 3- fold hospital admission
2. work and rest mode
3. physical therapy procedures
4. medicinal products
5. all of the above

**173.** Diseases that occur with high blood pressure

1. kidney diseases
2. diseases of the heart, large arterial vessels
3. endocrine diseases
4. CNS lesions
5. all of the above

**174.** In the first trimester of physiological pregnancy , the frequency of visits to a women's consultation is

1. 1 time per week
2. 2 times a month
3. 1 time per month
4. 3 times a month
5. as directed by your doctor

**175.** Average duration of the exile period in repeat births

1. 30 minutes
2. 15-30 minutes
3. 1.5 hours



4. 45-60 minutes
5. 10-15 minutes

**176.** The leading links in the pathogenesis of preeclampsia are all but

1. generalized vasospasm
2. hypervolemia
3. changes in rheological and coagulation properties of blood
4. disorders of microcirculation and water-salt metabolism
5. hypoperfusion of tissues, ischemic and necrotic changes in the tissues of vital organs with impaired function

**177.** Criteria for discontinuation of magnesium therapy in preeclampsia after delivery are

1. no signs of increased excitability Central nervous system (hyperreflexia, hypertonus, convulsive readiness)
2. normalization Blood PRESSURE (diastolic Blood PRESSURE is less than 90 mm Hg.)
3. normalization of diuresis (more than 50 ml per hour)
4. elimination of hypocoagulation
5. right 1),2),3)

**178.** The method of transmission of cytomegalovirus infection is

1. contact and household way
2. airborne pathway
3. parenteral, vertical (transplacental), horizontal (in labor)
4. sex the way
5. all of the above is true

**179.** Termination of pregnancy for medical reasons is performed when the pregnancy period is up to

1. 36 weeks
2. 22 weeks
3. regardless from the period of pregnancy
4. 37 weeks
5. 28 weeks

**180.** Anaesthetic aid for caesarean section

1. endotracheal anesthesia
2. regional anesthesia
3. local anesthesia
4. Rausch-anesthesia
5. right 1),2)

**181.** Slowing your heart rate is called

1. basal frequency
2. the amplitude basal rhythm variability
3. acceleration
4. deceleration
5. basal rate variability rate

**182.** Features of the course of labor in multiple pregnancies

1. often untimely (early or premature) discharge of amniotic fluid is observed

2. weakness labor activity (weakness of contractions, attempts)
3. premature detachment of the normally located placenta after the birth of the first fetus
4. most births occur prematurely
5. all of the above is true

**183.** To treat an incomplete abortion, it is necessary to conduct

1. uterine curettage
2. antibacterial therapy
3. hemostatic therapy
4. antispasmodic therapy
5. right 1),2),3)

**184.** The main reasons for the high straight standing of the swept seam are

1. changing the shape of the pelvis (cross the narrowed pelvis)
2. change in the shape of the fetal head (pronounced brachycephaly )
3. heavy degree of preeclampsia
4. complete placental presentation
5. right 1),2)

**185.** During external obstetric examination in the case of a transverse position of the fetus , determine

1. cross-oval shape of the uterus
2. the height of the uterine floor standing is lower than the corresponding gestational age
3. in the lateral parts of the uterus , large parts are found
4. absence of the present part
5. all of the above is true

**186.** By the time of occurrence , postpartum bleeding is divided into

1. earlier
2. deferred action
3. later
4. temporary
5. right 1),3)

**187.** The doctor's tactics for bleeding that occurs on the second day after delivery, associated with a delay in the placental lobe, will include all but

1. performing an ultrasound scan
2. manual the control cavity uterus
3. curettage of the postpartum uterus
4. appointment of uterotonic agents
5. implementation of infusion and transfusion therapy

**188.** Non-insulin -dependent diabetes mellitus - this is

1. type I diabetes mellitus
2. type 2 diabetes mellitus
3. gestational diabetes mellitus
4. diabetes insipidus
5. latent diabetes mellitus

**189.** Hemoglobin level in patients with mild anemia

1. 120-110 g per liter
2. 110-100 g per liter

3. 100-91 g per liter
4. right 1),2)
5. right 2),3)

**190.** Average duration of the exile period in primiparous women

1. 30 minutes
2. 15-30 minutes
3. 1.5 hours
4. 45-60 minutes
5. 10-15 minutes

**191.** Preeclampsia therapy is aimed at

1. creating a therapeutic and protective regime
2. elimination of vascular spasm and lowering blood PRESSURE
3. improvement of rheological properties of blood and normalization of the hemostatic system
4. maintaining the function of vital organs
5. all of the above is true

**192.** Management of pregnant women with primary rubella infection

1. termination of pregnancy at any time, if the infection occurred before 12 weeks
2. presents a certain difficulty because there are no reliable diagnostic methods to prove infection
3. immediate admission to the infectious diseases Department
4. antibacterial therapy
5. consultations on termination of pregnancy are required only if the deadline is more than 30 weeks

**193.** Drug for terminating pregnancy by drug method

1. mifepreston
2. enzaprost
3. oxytocin
4. the main
5. right 2),3)
- 6.

**194.** A complication of polyhydramnios is

1. incorrect presentation of the fetus
2. premature detachment of the normally located placenta+
3. falling out of the umbilical cord loops
4. postpartum conditions bleeding issues
5. all of the above is true

**195.** For a spontaneous miscarriage that has begun, everything is true , except

1. sizes the uterus corresponds to the gestational age
2. neck the uterus is preserved or slightly shortened, the cervical canal is closed or slightly slightly opened
3. minor or moderate spotting from the genital tract
4. the pain subsides or stops completely
5. the fetal egg is partially detached, but it is located in the uterine cavity

**196.** The leading point in the biomechanism of labor during frontal insertion is

1. large spring
2. mid distances between the large and small Fontanelle
3. center of the forehead (middle of the frontal suture)
4. nose root
5. the chin

197. The transverse position of the fetus is a clinical situation in which

1. the fetal axis intersects the uterine axis at an acute angle, and large parts of the fetus are located above the iliac crest
2. the fetal axis crosses the uterine axis at an acute angle, and the lower large part of the fetus is located in one of the iliac cavities of the large pelvis
3. the fetal axis intersects the uterine axis at right angles, and large parts of the fetus are located above the iliac crest
4. the fetal axis crosses the uterine axis at a right angle, and the lower large part of the fetus is located in one of the iliac cavities of the large pelvis
5. the fetal axis coincides with the axis of the uterus, and the lower large part of the fetus is located in one of the iliac cavities of the large pelvis

198. During external obstetric examination , in the case of a transverse position of the fetus , determine

1. cross-oval shape of the uterus
2. the height of the uterine floor standing is lower than the corresponding gestational age
3. in the lateral parts of the uterus , large parts are found
4. absence of the present part
5. all of the above is true

199. Predisposing factors for the development of postpartum infections are

1. blood loss in childbirth
2. exhaustion
3. anemia
4. chronic diseases
5. all of the above

200. An amnioscopy performed against the background of a long-term pregnancy reveals the following:

1. reducing the number of amniotic fluid
2. reduced transparency of amniotic fluid
3. change in the color of amniotic fluid (cloudy or green)
4. no flakes of cheese-like grease
5. all of the above is true

201. Causes of bleeding in the postpartum period include:

1. severe preeclampsia, hypertension
2. functional disability uterus (overextension of the uterus due to polyhydramnios, large fetus, multiple pregnancies)
3. anatomical inferiority uterine malformations , uterine scarring, multiple abortions)
4. anomalies of labor activity
5. all of the above is true

202. Complications of postpartum hemorrhage are

1. hemorrhagic shock, DIC-syndrome
2. multiple organ failure
3. the syndrome Sheehan
4. fatal outcome
5. all of the above is true

203. Predisposing factors of placental previa

1. the who already had children

2. uterine fibroids
3. genital infantilism
4. multiple abortions
5. all of the above is true

204. The Clinical manifestations of premature placental abruption depend on the following factors:

1. placental abruption areas
2. speeds bleeding issues
3. reactions of a woman's body to blood loss
4. values blood loss
5. all of the above is true

205. The Shock index is

1. the ratio of the pulse rate to the value of systolic blood PRESSURE
2. the ratio of the pulse rate to the value of diastolic blood PRESSURE
3. ratio of pulse rate to respiratory rate
4. value ratio systolic pressure Blood PRESSURE to pulse rate
5. none of the above

206. An Objective examination of a pregnant woman or a woman in labor begins with:

1. palpation of the abdomen
2. abdominal auscultation
3. pelvic circumference measurements
4. objective survey by systems

207. Fetal Position - this is:

1. ratio of the fetal dorsum to the sagittal plane
2. the ratio of the fetal back to the frontal plane
3. the ratio of the fetal axis to the length of the uterus
4. relationship of different parts of the fetus

208. The correct membership is when:

1. the head it is unbent, the arms are crossed on the chest, the legs are bent at the knees and hip joints, the torso is bent
2. the head bent, handles crossed on the chest, legs bent at the knees and hip joints, torso bent
3. the head bent, spine is unfolded, the handle crossed on the chest, legs bent at the knees and hip joints, torso bent
4. the head bent, handles crossed on the chest, legs flexed at the hip and knee joints

209. The correct position of the fetus is considered to be:

1. longitudinal direction
2. oblique
3. cross-section with the fetal head facing to the left
4. cross-section with the fetal head facing to the right

210. The position of the fetus in the transverse position is determined by the location of:

1. backrests
2. heads
3. small parts
4. pelvic the end

211. Fetal Presentation is an attitude:

1. fetal heads to the entrance of the pelvis

2. from the pelvic end of the fetus to the entrance to the small pelvis
3. the lowest lying part of the fetus to the entrance to the pelvis
4. fetal heads to the bottom of the uterus

212 The first method of external obstetric examination is determined by:

1. fetal position
2. type of fruit
3. height of standing of the uterine floor
4. present part

213. The circumference of the abdomen is measured by:

1. in the middle of the distance between the navel and the xiphoid process
2. at the navel level
3. 3 transverse fingers below the navel
4. 2 transverse fingers above the navel

214. The true conjugate — this is the distance between:

1. the middle of the upper edge of the pubic joint and the Cape
2. the most protruding points of the symphysis and the Cape
3. the lower edge of the symphysis and the protruding point of the Cape
4. crests of the iliac bones

215. A Reliable sign of pregnancy is:

1. lack of menstruation
2. increasing the size of the uterus
3. dyspeptic disorders
4. the presence of a fetus in the uterus
5. belly enlargement

216. The severity of toxicity The 1st half of pregnancy is characterized by:

1. loss of body weight
2. acetonuria
3. a low-grade fever
4. with a headache
5. lower abdominal pain

217. When assessing the condition of a newborn , it is not taken into account:

1. heartbeat
2. breathing
3. pupil condition
4. muscle tone
5. skin color

218. the most characteristic feature of preeclampsia is:

1. swelling of the lower legs
2. albuminuria
3. subjective complaints
4. development in the second half of pregnancy

219. Classification of preeclampsia includes:

1. nephropathy

2. preeclampsia
3. eclampsia
4. dropsy pregnant women
5. all of the above

220. signs of eclampsia are:

1. hypertension
2. albuminuria and edema
3. diarrhea
4. convulsions and coma

221. the Diagonal conjugate is the distance between:

1. the lower edge of the symphysis and the Cape
2. sciatic the hill
3. crests of the iliac bones
4. large femoral skewers

222. the True conjugate is (cm):

1. 11
2. 13
3. 9
4. 20

223. External obstetric examination in the 2nd half of pregnancy does not involve::

1. position, position, and size definitions of the fetus
2. anatomical assessment of the pelvis
3. determining the duration of pregnancy
4. functional assessment of the pelvis
5. evaluation of fetal heart rate and rhythm

224. A Characteristic feature of total tight attachment of the placenta is:

1. abdominal pain
2. bleeding
3. the height of the uterine floor standing above the navel level after the birth of the fetus
4. no signs of placental separation

225. Premature detachment of a normally located placenta is complicated:

1. formation uterine Cavalera
2. intra-Natal fetal death
3. development DIC-syndrome
4. hemorrhagic shock
5. all of the above

226. If there is bleeding in the 3rd stage of labor and there are signs of placental separation, it is necessary to:

1. perform an external uterine massage
2. manual placental separation
3. highlight the afterbirth with external techniques
4. enter reducing the uterus means
5. put ice on the lower abdomen

227. Principles of combating hemorrhagic stroke shock in midwifery include:

1. local hemostasis
2. fight against clotting disorders blood
3. infusion and transfusion therapy
4. prevention kidney failure
5. all of the above

228. Methods of separating an undispersed placenta from the uterus include::

1. method Abuladze
2. pulling the umbilical cord
3. method Krede-Lazarevich
4. manual separation and selection of the placenta

229. To assess the condition of the fetus , the following methods are used::

1. auscultation
2. cardiotocography
3. ultrasound examination
4. all of the above

230. Ultrasound examination in obstetrics allows you to determine:

1. location of the placenta and its pathology
2. fetal condition
3. developing pregnancy
4. fetal genetic diseases
5. all of the above

231. It is not a Sign of developed labor activity.:

1. outpouring of water
2. increasing abdominal pain
3. increasing frequency of contractions
4. shortening and opening of the cervix
5. pain in the suprapubic and lumbar areas

232. A Hormone that is not produced by the placenta is:

1. estrogen
2. progesterone
3. HG
4. FSH
5. all of the above

233. The reason for an abortion may be:

1. infection
2. cervical insufficiency
3. injury
4. ionizing radiation
5. all of the above

234. Placental Previa can be assumed in the following cases::

1. prenatal outpouring of water
2. if the presenting part of the fetus is not clear on palpation
3. inconsistencies the height of standing bottom of the uterus to the term of pregnancy
4. blood discharge from the genital tract
5. acute abdominal pain

235. The Most common cause of premature detachment of a normally located placenta is:

1. preeclampsia



2. injury belly button
3. rescheduling pregnancy
4. polyhydramnios, multiple pregnancies
5. short umbilical cord

236. Bleeding during placenta previa is characterized by:

1. suddenness of occurrence
2. repeatability
3. painless
4. various the intensity
5. all of the above

237. The most common cause of placental previa is:

1. abnormalities of uterine development
2. inflammatory processes of the genitals
3. uterine fibroids
4. endometriosis
5. abortions

238. The beginning of an abortion is characterized by:

1. lower abdominal pain
2. bloody discharge
3. signs of softening and shortening of the cervix
4. departure of elements of the fetal egg
5. changing the size of the uterus

239. Discoordinated labor activity is characterized by:

1. irregular contractions
2. contractions of varying intensity
3. painful contractions
4. poor dynamics of cervical dilatation
5. all of the above

240. The Occurrence of clinical narrow pelvis promotes:

1. large fruit
2. postponed pregnancy
3. incorrect insertion of the head
4. all of the above

241. The Most common form of postpartum infection is:

1. mastitis
2. thrombophlebitis
3. endometritis
4. septic shock
5. peritonitis

242. There is no criterion for the severity of preeclampsia :

1. duration diseases
2. presence of concomitant somatic diseases
3. quantity amniotic fluid
4. inefficiency ongoing therapy
5. growth retardation syndrome of the fetus

243. A Sign of a clinical discrepancy between the fetal head and the mother's pelvis is:

1. a positive sign of Vasten
2. delay urination

3. edema of the cervix and external genitalia
4. no translational movement of the head with good labor activity
5. all of the above

244. In the treatment of postpartum endometritis are not used:

1. antibiotics
2. aspiration of the contents of the uterine cavity
3. infusion therapy
4. estrogen-progestin drugs

245. An Indication for urgent delivery in severe forms of preeclampsia is:

1. prolonged course and inefficiency therapies
2. oliguria
3. growth retardation syndrome of the fetus
4. polyuria
5. head pain

246. Factors predisposing to preeclampsia are:

1. kidney diseases
2. multiple pregnancy pregnancy
3. endocrine pathology
4. hypertensive disease
5. all of the above listed

247. Differential diagnosis of eclampsia is performed:

1. with epilepsy
2. with hysteria
3. with a hypertensive crisis
4. with meningitis
5. with all of the above

248. The Most common method of cesarean section (CS) is:

1. corporate CS
2. extraperitoneal CS
3. Isthmian-corporate (longitudinal section) CS
4. CS in the lower uterine segment (cross -section)
5. vaginal CS

249. What applies to generalized postpartum septic diseases?

1. Bacterial-toxic shock.
2. Diffuse peritonitis.
3. Sepsis.
4. Progressive pelvic thrombophlebitis.
5. Parameters.

250. Which pelvis is called a simple flat one?

1. Pelvis, which has a true conjugate reduced size.
2. Pelvis, which reduces the direct output size.
3. The pelvis, straight dimensions which are reduced in all planes.
4. A pelvis whose transverse dimensions are reduced in all planes.
5. Pelvis, for which the straight plane size is reduced the narrow part.

251. Did you first describe a Typical triad of symptoms in late preeclampsia ?

1. Recruiters.
2. Bandal.
3. Zangemeister.

4. Vasten.
5. Spasokukotsky.

252. Specify the most common form of narrow pelvis:

1. Android version.
2. Generally evenly narrowed.
3. Flat rachitic.
4. Spondylolytic.
5. Skewed.

253. Preeclampsia is characterized by all the following signs except:

1. Increased blood PRESSURE.
2. Drooling.
3. Proteinuria.
4. Edema of the lower extremities.
5. Pathological weight gain bodies.

254. Miscarriage ...

1. Termination of pregnancy from conception to 37 weeks.
2. Typical for primeval pregnancies.
3. It is more often observed in the second trimester of pregnancy.
4. Does not require treatment outside of pregnancy

255. Infusion therapy for severe forms of preeclampsia involves::

1. reduction of hypovolemia
2. improvement of rheological properties of blood
3. 260. normalization of microcirculation in vital organs
4. treatment of fetal hypoxia
5. all of the above

256. With endometritis does not occur:

1. subinvolution of the uterus
2. pain on palpation
3. sukrovichnye-purulent selection
4. serous-mucosal discharge
5. decreased uterine tone

257. The Development of a complete uterine rupture is usually accompanied by:

1. termination of labor activity
2. disappearance of fetal heartbeat, reduction of pain
3. premature discharge of amniotic fluid
4. development of weakness, dizziness, nausea
5. all of the above.

258. Lactostasis is characterized by:

1. significant breast engorgement
2. moderate breast engorgement
3. temperature body weight 40 gr., chills
4. free milk compartment
5. increased blood pressure

259. Development of an old scar tear:

1. accompanied by pronounced pain syndrome
2. often diagnosed after childbirth
3. it is manifested by a violation of the fetal condition

4. true 2, 3, 5
5. it proceeds without heavy bleeding.

260. Reason for the breakup of the uterus during pregnancy:

1. clinically narrow pelvis
2. anatomically narrow pelvis
3. large fruit
4. failure of the uterine scar

261. How does the vascular wall permeability change in preeclampsia?

1. Increases dramatically.
2. Increases slightly.
3. Slightly reduced.
4. It doesn't change.
5. Sharply decreases.

262. What size is the insertion of the fetal head during facial presentation?

1. Small oblique
2. Vertical
3. Big oblique
4. Direct
5. Medium oblique

263. What is the leading factor in the etiology of abortion in early pregnancy (up to 6 weeks)?

1. Chromosomal abnormalities
2. Placental insufficiency
3. Isthmic-cervical insufficiency
4. Infectious diseases
5. Stress

264. What is the most severe symptom of early preeclampsia in pregnant women?

1. Tachycardia.
2. High acetonuria.
3. Reduced daily diuresis.
4. Dry of the skin.
5. Bacteriuria.

265. The Creation of a therapeutic and protective regime for the treatment of preeclampsia was first proposed:

1. Zangemeister.
2. Zovianov.
3. Stroganov.
4. Lazarevich.
5. Piskachek.

266. Which pelvis is called generally equidistant?

1. The pelvis, all sizes which are reduced uniformly.
2. A pelvis with all straight dimensions reduced evenly.
3. Pelvis, where all dimensions of the input plane are reduced uniformly.
4. Pelvis, which has all the dimensions of the plane outputs are reduced evenly.
5. A pelvis in which all transverse dimensions are reduced evenly.

267. Specify the dimensions of the transversely constricted pelvis:

1. 25,28,30,20
2. 23,25,28,20
3. 23,25,28,18
4. 27,28,30,18
5. 25,28,30,18

268. Indications for early delivery in preeclampsia are all but:

1. Increasing fetal hypoxia.
2. Fetal developmental delay syndrome .
3. Polyhydramnios.
4. Heavy a form of preeclampsia.
5. Lack of effect from intensive care.

269. What picture of the fundus most corresponds to the severe form of preeclampsia?

1. Detachment the retina.
2. Arterial spasm and dilated veins.
3. Small-point hemorrhages, arterial spasm, retinal edema.
4. Violation of color perception.
5. The lack of changes.

270. For the treatment of trichomoniasis in pregnant women, you can use:

1. Metronidazole derivatives after 20 weeks. pregnancy.
2. Local treatment with osarsol.
3. Local drug treatment "Klion-D»
4. Correctly A and B.
5. All of the above.

271. The hyoid bone is the point of fixation in childbirth when...

1. anterior view of the occipital insertion
2. frontal insertion
3. facial insertion anterocephalic insertion posterior view of occipital insertion
4. front -head insertion
5. rear view of the occipital insertion

272. Prevention bleeding in the 3rd and early postpartum periods....

1. subcutaneous administration of 1 ml of mammophysin at the end of the 1st period of labor
2. i/m administration of 1 ml of oxytocin at the end of the 2nd period of labor
3. intravenous administration of 1 ml of methylergometrine at the time of head eruption
4. i/m administration of 1 ml of methylergometrine during head delivery
5. I/m the introduction of 1 ml hypotonia after the birth fruit

273. In order to reduce blood pressure during pregnancy, In the 2nd stage of labor in women in labor with preeclampsia , it is rational to use

1. IV magnesium sulfate
2. magnesia therapy for To Brovkin
3. IV arfonad, hygronium, pentamine
4. I / m Dibazol, papaverine, eufillin
5. I/m gangleron, halidorum, dimebolin

274. Complete restoration of the endometrial structure after childbirth takes place at...

1. 10-15 day
2. 2-3 weeks
3. 4-5 weeks
4. 6-8 weeks
5. 8-10 by week

275. The woman in labor is in labor about 10 hours. No water was spilled. Suddenly, the woman in labor turned pale, vomiting appeared, severe bursting abdominal pain, the uterus took an asymmetric shape, dense, and the fetal heartbeat was muffled. During vaginal examination: the opening of the cervix is complete, the fetal bladder is intact, tense, the head lying in the pelvic cavity. Your tactics:

1. immediately start a caesarean section operation
2. open the fetal bladder and apply obstetric procedures. forceps
3. open the fetal bladder
4. to hold treatment of acute hypoxia of the fetus
5. perform labor stimulation

276. Repeated Pregnancy with a gestational age 32 weeks was admitted to the Department of pregnancy pathology. Transverse position of the fetus. Complaints of pulling pains in the lower abdomen. The uterus is excitable. Fetal heartbeat is clear, rhythmic, up to 140 BPM During vaginal examination: the cervix is slightly shortened, the cervical canal passes the tip of the finger, the presenting part is not determined. Obstetric tactics:

1. caesarean section
2. external rotation of the fetus
3. measures aimed at preserving pregnancy
4. labor stimulation followed by external-internal rotation of the fetus and extraction
5. amniotomy

277. The Most common cause of spontaneous abortion at an early stage:

1. RH-factor incompatibility
2. lifting the severity of the injury
3. chromosomal abnormalities
4. infections
5. isthmocervical insufficiency

278. Primary weakness of labor activity is characterized by:

1. having regular contractions
2. painful contractions
3. insufficient promotion of the present part
4. insufficient dynamics of cervical dilatation
5. delayed discharge of amniotic fluid

279. The Most common cause of jaundice of newborns on the 2nd-3rd day:

1. incompatibility of blood types
2. physiological jaundice
3. septicemia
4. syphilis
5. medicinal products

280. The development of gestational pyelonephritis is not affected:

1. infection of the body
2. changing the hormonal balance
3. pressure of the uterus and varicose veins on the ureter
4. vesicoureteral reflux
5. early toxicosis

281. Principles of combating hemorrhagic stroke shock in midwifery include:

1. local hemostasis
2. fight against clotting disorders blood
3. infusion and transfusion therapy
4. prevention kidney failure
5. all of the above

282. The Smallest size of the pelvis is...

1. Direct size of the pelvic entrance plane
2. Straight plane size narrow part pelvic cavities
3. Transverse dimension of the plane narrow part pelvic cavities
4. Transverse size of the exit from the cavity pelvic floor
5. Oblique dimensions of the pelvic entrance plane

283. A Special feature of the biomechanism of labor during anterocephalic insertion is...

1. enhanced head flexion at the entrance to the small pelvis
2. transition of the fetus to the front view
3. eruption of the head with a circle corresponding to the straight size
4. birth of the head in flexion
5. formation of a generic tumor in the area of the large fontanel

284. First-and second -time pregnancies begin to feel fetal movements, respectively , from the moment of birth....

1. 16 and 18 weeks
2. 18 and 16 weeks
3. 20 and 18 weeks
4. 22 and 20 weeks
5. 24 and 22 weeks

285. Eufillin in the treatment of pregnant women with severe forms of preeclampsia is used in a dose of...

1. 1 ml of 2.4 % solution intramuscularly 1-2 times a day
2. 0.15 g 3-4 times a day, inside
3. 10 ml of 2.4 % solution intravenously 1-2 times a day
4. 1 ml of 2.4 % solution intramuscularly 3-4 times a day
5. 10 ml of 2.4 % solution intramuscularly 1-2 times a day

286. If a Cuveler's uterus is detected, you should...

1. perform a dressing vessels of the uterus according to the method of Tsitsishvili
2. perform supravaginal amputation or extirpation of the uterus
3. enter reducing the uterus means
4. to produce curettage of the cavity walls curette uterus
5. in case of massive bleeding , remove the uterus, and in the absence of bleeding , apply uterotonic and hemostatic agents.

287. If during After 30 minutes, there are no signs of placental separation, you should...

1. proceed to the operation of manual separation of the placenta and allocation of the placenta
2. use ultrasound diagnostics
3. apply the Crede-Lazarevic technique
4. to allocate the last method Abuladze
5. perform an external uterine massage

288. The First planned hospitalization of a pregnant woman with a cardiovascular disease is indicated if:...

1. gestational age up to 12 weeks
2. deterioration of the condition
3. joining obstetric pathology
4. gestational age 28-32 weeks

5. if signs of insufficiency appear blood circulation system

289. Miscarriage...

1. this is the termination of pregnancy in the period from conception to 37 weeks
2. includes all cases antenatal and intranatal fetal death
3. typical for primeval pregnancies
4. it is more often observed in the second trimester of pregnancy
5. does not require treatment outside of pregnancy

290. A Reliable sign of pregnancy is:

1. lack of menstruation
2. increasing the size of the uterus
3. dyspeptic disorders
4. the presence of a fetus in the uterus
5. belly enlargement

291. Methods of separating an undispersed placenta from the uterus include:

1. method Abuladze
2. pulling the umbilical cord
3. method Krede-Lazarevich
4. manual separation and selection of the placenta

292. to assess the condition of the fetus , the following methods are used::

1. auscultation
2. cardiotocography
3. ultrasound examination
4. all of the above

293. In a properly built woman, the lumbar rhombus is shaped like:

1. geometrically a regular rhombus
2. the triangle
3. an irregular quadrilateral
4. a quadrilateral drawn in the vertical direction

294. Fetal Head presentation during physiological labor:

1. anterior-cephalic
2. occipital
3. frontal
4. face value

295. Pregnant At the age of 26, she was admitted to the maternity hospital with receding amniotic fluid and primary weakness of labor, for which oxytocin stimulation was performed. After 10 minutes from the beginning of the attempts , the fetal heartbeat changed, it became rare (100-90 beats / min), deaf and arrhythmic. On examination: the opening of the cervix is complete, the fetal head is in the narrow part of the pelvic cavity. Arrow-shaped suture in the right oblique size, small fontanel anteriorly. Your tactics:

1. apply midwifery checks forceps
2. caesarean section
3. conduct preventive maintenance the onset of fetal asphyxia
4. vacuum extraction
5. a craniotomy

296. Infusion therapy for severe forms of preeclampsia involves::

1. reduction of hypovolemia
2. improvement of rheological properties of blood
3. normalization of microcirculation in vital organs



4. treatment of fetal hypoxia
5. all of the above

297. After completing the internal rotation of the head...

1. swept the seam is installed in the transverse size of the entrance to the small pelvis
2. swept the seam is set in a straight size exit from the small pelvis
3. the back of the head is always facing forward
4. always follow the extension
5. flexion and extension always follow

298. The Beginning of labor should be considered as...

1. amniotic fluid discharge
2. promotion of the fetus through the birth canal
3. the appearance of contractions with frequency 15-20 minutes
4. the insertion of the head
5. the appearance of regular contractions that lead to structural changes in the cervix

299. The Abuladze Method is used when...

1. no signs of placental separation within 2 hours
2. no signs of placental separation within 30 minutes
3. the appearance of bleeding and the absence of signs of placental separation
4. the presence of signs of separation of the placenta for the allocation of the placenta
5. the delay placental lobe divisions

300. What is called premature discharge of amniotic fluid?

1. outpouring of water with the onset of labor.
2. outpouring of water at opening of the cervix by 4-5 cm.
3. outpouring of water before labor begins.
4. effusion of water with full or almost complete opening of the cervix.
5. discharge of water after full opening of the cervix.

301. Specify the mechanism of opening the cervix in primiparous women:

1. smoothing and opening of the cervix occurs simultaneously.
2. the external pharynx opens, the neck is smoothed, the internal pharynx opens.
3. the inner one opens, the neck is smoothed, the external pharynx opens.
4. all locations are correct.
5. all locations are incorrect.

302. What method of delivery is indicated for an anatomically narrow pelvis of the 2nd degree of narrowing and a dead fetus?

1. midwifery services forceps.
2. a caesarean section.
3. sub -destructive operation.
4. vacuum extraction of the fetus.
5. it is acceptable to use all the specified delivery operations.

303. Specify the most common form of narrow pelvis:

1. Android version.
2. generally evenly narrowed.
3. ploskorakhitichekiy.
4. spondylolisthetic.

5. skewed.

304. How does the protein content in blood plasma change quantitatively in preeclampsia?

1. it's going up.
2. it decreases.
3. it doesn't change.
4. possible any changes.
5. all provisions are incorrect.

305. In the presence of the classical Zangemeister triad, the diagnosis of preeclampsia can be made by identifying:

1. unevenness the caliber of retinal vessels.
2. Blood PRESSURE exceeding 190/110 mm Hg.
3. complaints of epigastric pain.
4. protein in the urine over 3.3 g / l
5. loss of consciousness.

306. The circumference of the abdomen is measured by:

1. in the middle of the distance between the navel and the xiphoid process
2. at the navel level
3. 3 transverse fingers below the navel
4. 2 transverse fingers above the navel

307. What size is the birth of the head in the anterior view of the occipital presentation:

1. big oblique
2. small oblique
3. medium oblique
4. direct

308. The Leading point in occipital presentation is:

1. small fontanel
2. large spring
3. middle of the frontal suture
4. the chin

309. The Second period of labor begins from the moment of birth.:

1. full disclosure of the cervix
2. the beginning of attempts
3. eruption of parietal tubercles
4. amniotic fluid outpouring

310. Indicate the sign of placental separation in the 3rd stage of labor:

1. cramping pains.
2. absence retraction of the umbilical cord during pressure above the womb.
3. bleeding from the external genitalia.
4. the bottom of the uterus is above the navel.
5. dense, contracted uterus.

311. What is the maximum allowable blood loss in childbirth?

1. 0.8% of the pregnant woman's body weight.
2. 1.0% of the pregnant woman's body weight.
3. 0.5% of the pregnant woman's body weight.
4. – up to 250 ml
5. – more than 400 ml

312. What is syncleticea the insertion of the head?

1. swept the suture is located closer to the pubic joint.
2. swept the seam is located closer to the Cape.
3. swept suture at the same distance from the pubic joint and the sacral point.
4. swept seam in the straight size of the entrance, back of the head to the sacrum.
5. swept seam in the straight size of the entrance, occiput to the pubic joint.

313. What is the pelvis belongs to flat rachitic?

1. which reduces the straight dimensions of all planes.
2. which has all straight dimensions reduced and increased cross sections.
3. for which the straight plane size is reduced exit.
4. where the direct input size is reduced, but the others are not changed or increased.
5. which reduces the transverse size of the exit planes.

314. A Reliable sign of pregnancy is:

1. lack of menstruation
2. increasing the size of the uterus
3. dyspeptic disorders
4. the presence of a fetus in the uterus
5. belly enlargement

315. what can be the options for the position of the fetus in the uterus

1. longitudinal direction
2. cross-section
3. oblique
4. all of the above

316. The second method of obstetric palpation is determined by

1. fetal presentation
2. fetal position
3. fetal position, type, position
4. height of standing of the uterine floor

317. In the 2nd stage of labor , the fetal heartbeat is monitored

1. after every attempt
2. every 15 minutes
3. every 10 minutes
4. every 5 minutes

318. The Tactics of managing the third period of labor depends on

1. from the quantity amniotic fluid
2. from the duration of labor
3. from the presence of signs of placental separation
4. from the condition of the newborn
5. from the duration of the waterless interval

319. Specify the attribute Kustner-Chukalov with separated placenta:

1. when inhaling deeply , the umbilical cord does not retract into the birth canal.
2. when pressing the edge of the palm over the womb, the umbilical cord does not retract.
3. changes in the shape and height of the uterine floor standing.
4. lengthening of the umbilical cord segment by 10-12 cm
5. the appearance of an urge to try.

320. Specify the attribute Shredder for separated placenta:

1. when inhaling deeply , the umbilical cord does not retract into the birth canal.

2. changes in the shape and height of the uterine floor standing.
3. when pressing the edge of the palm over the womb, the umbilical cord does not retract.
4. lengthening of the umbilical cord segment by 10-12 cm
5. the appearance of an urge to try.

321. For the first time described a Typical triad of symptoms in preeclampsia :

1. Bundle.
2. Recruiters.
3. Zangemeister.
4. Vasten.
5. Spasokukotsky.

322. Management Tactics of pregnant women with progressive premature detachment of the normally located placenta and antenatal fetal death are as follows::

1. conduct for labor induction
2. immediate delivery by caesarean section
3. the appointment of hemostatic therapy, with significant external bleeding- caesarean section
4. conducting labor through the natural birth canal
5. immediate delivery with the help of fruit -destroying operation

323. Endometritis does not occur:

1. subinvolution of the uterus
2. pain on palpation
3. sukrovichnye-purulent selection
4. serous-mucosal discharge
5. decreased uterine tone.

324. The Development of complete uterine rupture is usually accompanied by:

1. termination of labor activity
2. disappearance of fetal heartbeat reduction of pain
3. premature discharge of amniotic fluid
4. development of weakness, dizziness, nausea
5. all the answers are correct.

325. For the operation of superimposing the output obstetric parameters: tongs require the following conditions:

1. full opening of the cervix uterus
2. live the fruit
3. absence of a fetal bladder
4. the head the fetus is located with a swept seam in the straight size of the entrance plane
5. correct 1,23
6. all answers are correct.

326. Symptoms of threatened uterine rupture are:

1. hypertonus of the uterus
2. high quality standing of the contract ring
3. lower segment soreness on palpation
4. attempts at high pressure standing head of the fetus.
5. all answers are correct.

327. The Main condition for performing a vaginal examination in pregnant women and women in labor with suspected placenta previa is:

1. preliminary examination of the cervix of the uterus in the mirrors
2. compliance with the rules of asepsis
3. conducting the study under anesthesia

4. monitor monitoring of the fetus, adequate anesthesia
5. conducting research in a deployed operating room

328. The most common cause of placental previa is:

1. abnormalities of uterine development
2. inflammatory processes of the genitals
3. uterine fibroids
4. endometriosis
5. abortions

329. If there is bleeding in the third stage of labor and there are signs of placental separation, it is necessary to:

1. perform an external uterine massage
2. manual placental separation
3. highlight the afterbirth with external techniques
4. enter reducing the uterus means

330. The Most common cause of premature detachment of a normally located placenta is:

1. preeclampsia
2. injury belly button
3. rescheduling pregnancy
4. polyhydramnios, multiple pregnancies
5. short umbilical cord

331. In the absence of signs of placental separation and bleeding , manual placental separation and placenta extraction should be started in a few days.:

1. 2 hours
2. 1.5 hours
3. 1 hour
4. 30 mins
5. 15 mins

332. Which method of delivery should be considered correct when the fetus is in a transverse position:

1. caesarean section
2. external rotation of the fetus
3. classic midwifery twist
4. amniotomy

333. Lactostasis is characterized by:

1. significant breast engorgement
2. moderate breast engorgement
3. temperature body temperature 40°, chills
4. free milk compartment
5. increased blood pressure.

334. In the treatment of postpartum endometritis are not used:

1. antibiotics
2. aspiration of the contents of the uterine cavity
3. infusion therapy
4. estrogen-gestagennye drugs.

335. Cause of uterine rupture during pregnancy:

1. clinically narrow pelvis
2. anatomically narrow pelvis
3. large fruit
4. failure of the uterine scar.

336. If a Kuweler's uterus is detected, you should...

1. perform a dressing vessels of the uterus according to the method of Tsitsishvili
2. perform supravaginal amputation or extirpation of the uterus
3. enter reducing the uterus means
4. to produce curettage of the cavity walls curette uterus
5. in case of massive bleeding , remove the uterus, and in the absence of bleeding , apply uterotonic and hemostatic agents.

337. The most common cause of placental abruption in a normally located placenta is:

1. severe contractions
2. punch in the stomach
3. preeclampsia
4. short umbilical cord
5. premature discharge of water

338. What should be done in the first stage of labor with partial placenta previa and the presence of bleeding?

1. open the fetal bladder
  2. enter alperenler
  3. tampon the vagina
  4. perform a caesarean section
  5. perform blood transfusion
339. the Most common cause of fever 3-4 days after delivery:

1. Urinary tract infection
2. endometritis
3. mastitis
4. thrombophlebitis
5. none of the above.

340. When the perineum is torn I degree stitches are applied:

1. on the vaginal mucosa
2. on the perineal muscles
3. on the skin of the perineum
4. right 1 and 3
5. all of the above.

## **Situational task № 1**

Primiparous, 24 years old. Within a few days - headache, feeling unwell. Before that, during pregnancy, I felt healthy.

Examination: edema of the lower extremities and the anterior abdominal wall. Boiling urine produces a large flocculent sediment. Blood pressure 180 \ 100 mm Hg

External examination: breech presentation, contractions in 4-5 minutes, fetal heartbeat on the left above the navel, 140 per minute. Pelvis sizes: 25-28-31-20 cm.

Vaginal examination: the opening is complete, the fetal bladder is intact, the left leg is palpated on the left and in front. The posterior surface of the womb and the sacral cavity are free. During the production of vaginal examination, the first seizure occurred, lasting 3-4 minutes, with loss of consciousness.

Questions:

- 1) Assess the state of the mother upon admission.
- 2) What is the period of labor?
- 3) What is evidenced by the presence of a fetal bladder at the moment of labor?
- 4) The reason for the addiction?
- 5) What to do?

## **Situational task № 2**

A woman in labor was delivered to the maternity hospital, gestational age 38-39 weeks, with good labor, which began 6 hours ago. Upon receipt of a complaint of a headache, pain in the epigastric region and a veil in front of the eyes. Swollen face, lower extremities edematous. Temperature 37 C. Pulse - 84 per minute, rhythmic, tense. BP - 185 \ 110 mm Hg Soon after admission, attempts began. Pelvis: 24-27-30-

18.5. The position of the fetus is longitudinal, the fetal head is in the pelvic cavity, the fetal heartbeat is on the left, below the navel, 134 per minute, rhythmic, attempts for 30-35 seconds, after 3-4 minutes.

When trying to perform a vaginal examination, a seizure occurred, accompanied by convulsions and loss of consciousness.

Vaginal examination data: the opening of the pharynx is complete, the fetal bladder is intact, the head is in the wide part of the pelvic cavity, the sagittal suture is in the right oblique size, the small fontanel is left and in front.

Questions:

- 1) Diagnosis on admission?
- 2) Could the seizure have been avoided?
- 3) Assess the mother's pelvis.
- 4) Are there conditions for delivery?
- 5) Method of delivery?

### Situational task № 3

Primiparous, 22 years old, was admitted at 1 o'clock. Full-term pregnancy. The contractions began the day before at 20 o'clock, the waters poured out 4 hours ago. Temperature at admission - 36.5 C, contractions of medium strength, after 2-3 minutes. Height - 140 cm, pelvis size: 20-23-26-16. The diagonal conjugate is 8 cm, the abdominal circumference is 98 cm. The head is presented above the entrance to the small pelvis. Fetal heartbeat 130 per minute. Light waters are leaking.



Questions:

- 1) Assess the condition of the woman in labor?
- 2) What is the shape of the pelvis and the degree of its narrowing?
- 3) What is the true conjugate?
- 4) What to do?

#### Situational task № 4

Primiparous 29 years old, was admitted to the maternity hospital with good contractions for 35-40 seconds after 3-5 minutes.

On examination, slight swelling of the legs, abdominal wall. BLOOD - 135 \ 90 mm Hg Pelvis: 25-28-31-20. The abdominal circumference is 112 cm. The fetal position is longitudinal, the heartbeat is 140 per minute, muffled, on the left below the navel. The presenting part is not clearly defined.

Upon admission, water departed in abundant quantities.

On vaginal examination: the opening of the pharynx is complete, there is no fetal bladder, there is a head that has sunk to the bottom of the small pelvis, a sagittal suture in the straight size of the exit of the pelvis, a small fontanel in front. After 8 minutes, a fetus was born, weighing 2680 g, 47 cm long.

After the birth of the first fetus, the second fetus was found, in a transverse position, with the head located on the left. The fetal heartbeat at the level of the navel, 138 per minute, rhythmic.

Questions:

- 1) What complication is revealed during examination?
- 2) What is the period of labor according to vaginal examination?
- 3) The sequence of actions of the obstetrician when a second fetus is found?
- 4) Possible complications of the 3rd period in this case?

5) Maintaining 3 stages of labor.

#### Situational task № 5

Primiparous 24 years old, was admitted to childbirth. Full-term pregnancy. The contractions started 25 hours ago. The amniotic fluid was poured out 2 hours before the onset of labor.

Upon admission: the condition is satisfactory, the woman is tired, the pulse is 104 per minute, the rhythmic blood pressure is 110/60 mm Hg. Temperature - 38.5 C. Pus-like discharge from the vagina with an unpleasant odor. External dimensions of the pelvis: 25-26-30-17. Contractions in 6-7 minutes, 25-30 seconds each, weak. The head is a small segment at the entrance to the pelvis. The fetal heartbeat is not audible.

Vaginal examination: the cervix is smoothed, the opening is 8 cm, the diagonal conjugate is 10 cm.

#### Questions:

- 1) How to assess generic activity?
- 2) What complication did labor start with?
- 3) The reason for pus-like vaginal discharge, fever?
- 4) The shape and degree of narrowing of the pelvis?
- 5) What to do?

#### Situational task № 6

Primiparous 23 years old. Full-term pregnancy. The birth lasted 14 hours. A

fetus weighing 4000 g was born. Immediately after the birth of the child, bleeding began in the form of a stream of scarlet blood. The afterbirth is separated and allocated according to Krede-Lazarevich.

On examination: the placenta is intact, the membranes are all. The uterus contracted well, but the bleeding did not stop.

Questions:

- 1) What is the period of labor?
- 2) What is the cause of the bleeding?
- 3) What to do to find out the source of bleeding?
- 4) What is the reason for the allocation of the placenta according to Krede-Lazarevich?
- 5) How to stop bleeding?

#### Situational task № 7

Woman in labor 25 years old. Childbirth is third. The first birth was without complications, the weight of the child was 2500 g. The child died six months later. At the second birth, due to the lateral position of the fetus, a rotation was made and a dead fetus weighing 3000 g was removed.

The contractions began 8 hours ago, the waters receded 4 hours ago. On admission, the body temperature is 36.7 C, the pulse is 84 per minute. Contractions after 4-5 minutes for 30-40 seconds of medium strength. The height of the woman in labor is 148 cm. The size of the pelvis is 23-25-29-18, the diagonal conjugate is 11 cm. The circumference of the abdomen is 110 cm. The position of the fetus is longitudinal, 2nd position. Fetal heartbeat - 140 per minute. Vasten's sign is positive. The head is

pressed against the entrance to the basin.

On vaginal examination: the pharynx opening is complete, the sagittal suture is in the right oblique size, the small fontanelle is on the left, anteriorly. The configuration of the bones of the skull is expressed.

Questions:

- 1) What is the period of labor?
- 2) Is spontaneous childbirth possible? Why?
- 3) What is the shape of the pelvis? The degree of constriction?
- 4) What to do?

#### Situational task № 8

A 34-year-old primary pregnant woman, was admitted to the maternity hospital with drained water and weak contractions that began 1 hour ago. From the anamnesis: menstruation from 17 years old, established after six months, for 5-7 days, were abundant and painful. This delivery (urgent) lasted 24 hours. In 25 minutes after the birth of the child, bloody discharge appeared, reaching 250-300 ml.

On examination: the uterus is deviated to the right, its bottom is at the level of the navel. There are signs of separation of the placenta. The general condition of the woman in labor is satisfactory. Pulse 88 per minute. AD-120 \ 70 mm Hg

Questions:

- 1) What is the period of labor?
- 2) What complication can you think about given the duration of labor?
- 3) Give an estimate of blood loss.
- 4) What does the anamnesis indicate?

## 5) What to do?

### Situational task № 9

A 35-year-old woman who was re-pregnant was admitted for childbirth. The first pregnancy ended with an abortion at the 3rd month of pregnancy. The second birth was long, 36 hours. The 2500 g fetus died on the second day after birth. This pregnancy is the third. Was in consultation 8 times. Pelvis sizes: 25-26-30-17. Contractions are short, 20-25 seconds after 6-8 minutes. The waters left 26 hours ago, at home. The fetal head is pressed against the entrance to the small pelvis. Vasten's sign is positive. The fetal heartbeat is muffled, 80 per minute, sometimes not audible. The urine is deflated by a catheter and contains an admixture of blood.

On vaginal examination: the cervix is completely open, its edges are swollen. The fetal head is pressed against the entrance to the small pelvis. There is a large generic tumor on the head. The cape is reached. Diagonal conjugate - 10.5 cm.

#### Questions:

- 1) What is the shape and degree of the narrowing of the pelvis?
- 2) What is the danger of an anhydrous interval equal to 26 hours?
- 3) What does the positive sign of Vasten indicate?
- 4) Assess the condition of the fetus.
- 5) Was the management of the antenatal clinic correct by the doctor?
- 6) What to do :?

### Situational task № 10

Third birth. A woman has 2% protein in her urine. Edema, AD-180- \ 100 mm Hg 8 hours have passed since the onset of labor. The water did not leave. The head is located in the wide part of the pelvic cavity. The opening of the pharynx is complete. Suddenly the woman in labor turned pale, vomiting and severe bursting pains in the lower abdomen appeared. Pulse - 100 per minute, soft. The uterus has taken an asymmetric shape due to the protrusion of its left corner, palpation of the uterus is painful. The fetal heartbeat is deaf, 90 per minute, arrhythmic. There is no external bleeding.

Questions:

- 1) What is the period of labor?
- 2) What happened?
- 3) What is the cause of the complication?
- 4) Assess the condition of the fetus.
- 5) What to do?

Situational task № 11

A 38-year-old woman in labor, was admitted to the hospital on 25.02. at 12 a.m. Fifth pregnancy. Fifth childbirth. All pregnancies proceeded without complications and ended in normal urgent labor. Last menstruation 16.05. First fetal movement 9.10. The contractions began on 25.02. at 6 am. When a contraction arrives for 25-30 seconds, after 3-5 minutes.

Examination: pelvis 26-29-31-20. The abdominal circumference is 110 cm. The abdominal wall is flabby. The position of the fetus is transverse, the head is on the right, the fetal heartbeat is 134 per minute, rhythmic, along the midline at the level of

the navel. At 14 o'clock, during the examination, the waters broke.

A vaginal examination was performed: the cervix was smoothed, the opening of the pharynx was complete, there was no fetal bladder. The presenting part is not specified.

Questions:

- 1) Determine the due date (date) of delivery.
- 2) Assess the pelvis.
- 3) What did the antenatal clinic doctor have to do?
- 4) Is the fetus positioned correctly?
- 5) What to do?

Situational task № 12

Primiparous 25 years old, was admitted to the maternity ward with regular contractions. Within two weeks, swelling of the lower extremities. Labor activity began 6 hours ago, a headache appeared. BLOOD - 170 \ 100-160 \ 90 mm Hg Full-term pregnancy. The position of the fetus is longitudinal. The head is a small segment at the entrance to the pelvis. The fetal heartbeat is clear, rhythmic, 140 per minute, on the left below the navel. Contractions in 5-6 minutes for 35-40 seconds, regular. No water was poured out. 10 minutes ago, there were sharp pains in the lower abdomen, the uterus became asymmetric, painful on palpation. In the area of the right corner of the uterus, a protrusion is determined, bloody discharge appeared from the genitals. The fetal heartbeat became muffled, 160 per minute.

Questions:

- 1) What are the complications of this pregnancy?
- 2) What pathology arose with the onset of labor?

- 3) What happened in childbirth?
- 4) Assess the condition of the fetus?
- 5) What to do?

#### Situational task № 13

Multiparous woman. History of 4 induced abortions, the last 2 years ago was complicated by metroendometritis. This pregnancy ended with the birth of a living full-term baby weighing 3900 g. 10 minutes after the birth of the fetus, moderate amount of bloody discharge appeared from the vagina. There are no signs of complete separation of the placenta. Total blood loss 300 ml. The bleeding continues.

#### Questions:

- 1) What is your diagnosis?
- 2) What is the suspected cause of this complication?
- 3) Rate the blood loss.
- 4) What to do?
- 5) What kind of pain relief is required?



### Situational task № 14

Woman in labor, 29 years old, fourth birth. Pelvis: 26-28-31-20. The delivery is urgent, it lasts 7 hours. Was admitted with bleeding. Pulse - 100 per minute, medium filling, pallor of the skin and mucous membranes. Contractions of medium strength, for 30-40 seconds after 3-4 minutes, the head is presented above the entrance to the small pelvis. The opening of the cervix is 5 cm. Loose tissue is palpable from the side, the fetal membranes are determined in the remaining areas. There are many blood clots in the vagina. The fetal heartbeat is clear to the left of the midline, 132 per minute.

#### Questions:

- 1) What causes bleeding?
- 2) Assess the condition of the woman in labor.
- 3) Assess the condition of the fetus.
- 4) What to do immediately?
- 5) Method of delivery?

### Situational task № 15

Re-pregnant, 30 years old, was admitted to the maternity ward with contractions of medium strength for 40-45 seconds after 2-3 minutes. The water did not leave. This third pregnancy, the second childbirth. The first childbirth took place five years ago and proceeded without complications. The second pregnancy ended with an induced abortion due to rheumatic mitral heart disease. At the end of this pregnancy, shortness of breath and palpitations appeared, she was treated on an outpatient basis.

On examination: pale skin, shortness of breath. The pulse is 100 per minute. HELL - 100 \ 60 mm Hg Attempts appeared. The head is in the pelvic cavity. The waters poured out upon examination, light. The size of the pelvis: 25-28-30-20.

Vaginal examination revealed: full opening of the pharynx, the head in the pelvic cavity, sagittal suture in the right oblique size, the small fontanelle on the left anteriorly, the sciatic spines are not reached. The posterior surface of the pubic articulation is occupied by the head.

Questions:

- 1) What is the period of labor?
- 2) In what part of the small pelvis is the head located?
- 3) Assess the condition of the woman in labor.
- 4) What is the danger to the mother?
- 5) Obstetric tactics?

#### Situational task № 16

Multiparous was delivered by ambulance with severe bleeding. The fourth pregnancy, the first two ended in artificial miscarriages. The third ended in urgent childbirth with a living child, in childbirth, manual separation of the placenta. Pregnancy 39 weeks, the last two months there were minor bleeding. Labor activity appeared two hours ago, contractions in 3-5 minutes for 30-40 seconds. The general condition of the woman in labor is satisfactory. Pulse - 88 per minute. BP - 110 \ 65 mm Hg The position of the fetus is longitudinal, the head is above the entrance to the small pelvis. Fetal heartbeat - 136 per minute. Profuse bloody discharge. No water was poured out.

Vaginal examination: the cervix is somewhat shortened, the cervical canal is passable for 2-2.5 fingers, soft tissue is found everywhere under the finger. After the study, the bleeding increased significantly.

Questions:

- 1) What is your diagnosis?
- 2) The reason for placenta previa in this case?
- 3) What is the immediate cause of bleeding?
- 4) What to do?
- 5) Was it possible to diagnose this pathology before childbirth?

#### Situational task № 17

A 21-year-old first-pregnant woman was admitted to the maternity hospital. Contractions began 12 hours before admission, attempts - 3 hours ago. The waters departed 4 hours before admission. Temperature - 36.5 C. Pulse - 76 per minute.

When an external examination of a woman in labor, attention is drawn to the brachycephalic shape of the head and the curvature of the lower extremities. Pelvis sizes: 27-27-32-17. The position of the fetus is longitudinal, 2nd position. The head is presented at the entrance to the small pelvis. Fetal heartbeat - 120 per minute, rhythmic.

Vaginal examination: the cervix is smoothed, the opening of the pharynx is complete. The fetal head is a small segment at the entrance to the pelvis. Sagittal suture in transverse size, closer to the cape, small fontanel on the right, large on the left. Diagonal conjugate 10 cm, strong attempts after 3-4 minutes.

Questions:

- 1) What is your diagnosis?

- 2) Is everything safe on the part of the fetus and the mother?
- 3) What to do?

#### Situational task № 18

Re-pregnant 39 years old. Was admitted for acute abdominal pain and minor bleeding from the vagina that arose an hour ago. Fifth pregnancy. The previous four births were uneventful. The last birth was 5 years ago. In the last two weeks of pregnancy, there were swelling in the legs. BLOOD -170 \ 100 mm Hg Protein in the urine.

Research data: temperature - 36 C. Pulse - 100 per minute. The uterus is irregular in shape, tense when palpating, painful. The position of the fetus cannot be determined due to the tension of the uterus. Heart sounds of the fetus are not heard, from the vagina - bloody discharge. The pharynx of the uterus is closed, the head is determined through the fornix. The patient is pale, restless, rushing about. Complains of headache, sometimes faints. Pulse - 100 per minute, small, soft.

#### Questions:

- 1) What complication of pregnancy has occurred?
- 2) What are the reasons for the complication?
- 3) What is the danger to the mother?
- 4) What is the condition of the fetus?
- 5) What to do?

#### Situational task № 19

At 8 o'clock, a 28-year-old woman in labor with good contractions was admitted

to the obstetric department. The second pregnancy, the first childbirth, came on time. The first pregnancy was 3 years ago, and ended with an induced abortion at the 11th week of pregnancy. The post-abortion period proceeded with an elevated temperature of up to 39.5 C, and was discharged home three weeks later. Pelvis: 24-27-30-19. The fetal position is longitudinal, head presentation. At 12 o'clock, a live full-term baby was born, 15 minutes after the discharge of the placenta, severe bleeding began, up to 500 ml were released. Blood. The woman turned pale, pulse - 100 per minute, soft, rhythmic. The fundus of the uterus is at the level of the navel, its consistency is soft.

Questions:

- 1) What is your diagnosis?
- 2) What to do?
- 3) What is the cause of the bleeding?
- 4) What complication has arisen after the abortion?

Situational task № 20

The woman in labor was admitted to the maternity hospital with frequent contractions. The waters left 3 hours ago. Delivery is urgent, third. Contractions in 5-7 minutes for 20-25 seconds, medium strength.

On examination: pelvis 25-28-30-20. The position of the fetus is longitudinal. The presenting part is large, soft, pressed against the entrance to the small pelvis. Fetal heartbeat -138 per minute, clear, on the left at the level of the navel. Water leaking with an admixture of meconium. After 4 hours, the fetal heartbeat is -100-110 per minute, deaf, at times arrhythmic.

Vaginal examination: the opening of the pharynx is complete, the buttocks are at

the bottom of the pelvis, the intertrochanteric line is in a straight size, meconium is excreted.

Questions:

- 1) Diagnosis on admission?
- 2) Assess the condition of the fetus after 4 hours?
- 3) Assessment of the mother's pelvis.
- 4) Are there conditions for rapid delivery through the vaginal birth canal?
- 5) Method of delivery?

#### Situational task № 1

The patient, 32 years old, was admitted to the hospital due to sharp pains in the lower abdomen, chills, high temperature up to 39 C. From the anamnesis: the last menstruation began 7 days ago on time, continues in the form of a daub. There were 3 pregnancies. Childbirth-1, abortion-2, second abortion with complications 2 months ago.

She fell ill suddenly; last night, pains in the lower abdomen appeared, more to the right, radiating to the right leg and accompanied by increased bloody discharge from the genital tract, there was chills, nausea, vomiting, the temperature rose to 39 C. In the morning, the patient's condition worsened and she was taken to the hospital.

Correct physique, satisfactory nutrition, the skin of the face is hyperemic, the tongue is dry, coated with a white coating. The pharynx is not hyperemic. PS - 110

beats in 1 min., Satisfactory properties, blood pressure - 110 \ 80 mm Hg. On the part of the heart and lungs, no abnormalities were found. The abdomen participates in the act of breathing, palpation reveals severe pain in the n / a. Abdomen, more on the right. Shchetkin's symptom in the n / sections is positive, there is a slight stiffness of the muscles of the anterior abdominal wall in the area of the most pronounced pain. S. Pasternatsky negative. The chair was.

Vaginal examination was performed under acidic oxygen anesthesia (due to severe pain on palpation of the anterior abdominal wall). The external genitals are developed correctly, the uterus is hypertrophied, there is an ectropion. A small amount of dark blood is secreted from the external pharynx. The uterus is deviated to the left, mobile, N - consistency. To the right and behind it, a formation is palpable, with a dense capsule measuring 10 by 12 cm. The left appendages are enlarged, of a soft consistency. The posterior fornix does not bulge.

Questions:

1. What diseases can we talk about?
2. The presence or absence of what symptoms of subjective or objective status, contributing to the correct diagnosis, it is necessary to clarify?
3. What additional studies should be carried out for the purpose of differential diagnosis?
4. What kind of specialists do you consider necessary to involve as consultants.
5. Treatment of the disease, the most likely from your point of view.

Situational task number 2

A 46-year-old patient was admitted to the hospital in connection with complaints of severe pain in the lower abdomen, nausea, single vomiting, an increase in body temperature to 39.5 C. Menstrual function is not impaired. 12th day of the menstrual cycle. She has a history of two urgent births and three medical abortions without complications. For the last 12 years he has been using IUD for contraception. She fell

ill 10 days ago, when nagging pains in the lower abdomen appeared, radiating into the rectum, the body temperature rose to 37, 5 C. I did not go to the doctor, she was treated on her own without effect. Due to a sharp deterioration in health, she was taken to the hospital by an ambulance team. On examination, the state of moderate severity, pulse 120 / min, blood pressure 120 \ 80 mm. rt. Art. Tongue dry, coated with white bloom. The abdomen is swollen, sharply painful in all parts, dullness of the percussion sound is determined in the right and left lateral canals, the Shchetkin-Blumberg symptom is sharply positive. Vaginal examination: the cervix is eroded, IUD threads are visible; in the small pelvis, a sharply painful conglomerate is palpable, with a total size of 12-14-18 cm; it is not possible to palpate the uterus and appendages separately; the posterior fornix of the vagina overhangs, sharply painful; discharge from the genital tract is pus-like.

Questions:

1. What is the most probable diagnosis?
2. Medical tactics and scope of surgery?
3. What are the main directions of etiotropic and pathogenetic therapy in the postoperative period?

Situational task № 3.

A 25-year-old female patient consulted an antenatal clinic with complaints of rare, scanty menstruation, lack of pregnancy for 5 years, general malaise. Menses from 17 years of age, irregular, delayed up to 20-25 days, scanty. Sexual life from the age of 20, in marriage, was not protected from pregnancy. History of frequent acute respiratory viral infections, repeated pneumonia, exudative pleurisy. On examination: a patient of the correct constitution, low nutrition, pale skin, body temperature 37C, pulse



78 per minute, rhythmic; the abdomen is soft, painless. At vaginal examination: the uterus is reduced in size, limited mobility, painful; on both sides of the uterus, formations of a dense consistency of irregular shape are determined, measuring 5/6 and 7/5 cm, sensitive to palpation; vaults are deep, free.

Questions:

1. What is the most probable diagnosis?
2. What research methods can clarify the diagnosis for you?
3. What are the possible causes of reproductive dysfunction in this patient?

Situational task № 4

A 28-year-old patient complains of pulling pains in the lower abdomen, aggravated before and during menstruation, no pregnancy for 5 years. Considers himself sick for about 3 years. A history of one spontaneous miscarriage at a gestational age of 5-6 weeks. At the age of 20, she was operated on for a ruptured ovarian cyst, and the right ovary was resected. The patient does not know the results of the histological examination of the removed tissue. On vaginal examination: the cervix is not eroded, the uterus is in anteflexion, has limited mobility, of normal size, painless; to the right and posterior to the uterus, a tumor-like formation of 8/8 cm in size is palpable, of a tight-elastic consistency, inactive, adhered to the posterolateral surface of the uterus, moderately painful; the left appendages are not enlarged; discharge from the genital tract, mucous membranes.

Questions:

1. What is the most likely diagnosis?
2. What additional examination is advisable to carry out this patient to clarify the diagnosis?
3. What is the optimal treatment strategy?

### Situational task № 5.

A 45-year-old patient complains of profuse painful menstruation, "smearing" spotting from the genital tract before and after menstruation. Considers herself sick for 2 years, she did not seek medical help. History of one urgent delivery, three honey. an abortion, the last of which was performed 2 years ago, was complicated by a hematometer, in connection with which the hematometers were evacuated, and the control curettage of the uterine cavity was performed; later metroendometritis developed. On examination: the skin is pale pink, the pulse is 72 in 1 min, the blood pressure is 125/80 mm Hg, the hemoglobin level of peripheral blood is 100 g / l. Vaginal examination: the external genital organs and the vagina are unremarkable, the cervix is cylindrical, not eroded; the uterus in retroflexion, enlarged to a size corresponding to 8-9 weeks of gestation, dense, with limited mobility; the appendages on both sides are not determined, the parameters are free, the mucous discharge is light.

#### Questions:

1. What is the most probable diagnosis?
2. Determine the type of menstrual dysfunction in this patient?
3. On what days of the menstrual cycle is it most advisable to perform hysterosalpingography of this patient?
4. The most likely results of a histological examination of the endometrium (curettage was performed on the 25th day of the menstrual cycle)?

### Situational task № 6.

A 20-year-old patient was admitted to the hospital with complaints of sharp pains in the lower abdomen, radiating to the rectum, chills, nausea, single vomiting, fever up to 38.5 C, diarrhea up to 3 times a day. Menstrual function is not disturbed, sex life is irregular, with frequent changes of sexual partners. History of one honey. abortion without complications. She fell ill acutely on the 5th day of the menstrual cycle, when the above symptoms appeared. On examination: general condition of moderate severity, pulse 110-120 per minute, blood pressure 125/70 mm Hg, tongue dry, coated with white bloom; the abdomen is moderately distended, sharply painful in the hypogastric region, where the positive Shchetkin-Blumberg symptom is determined. Vaginal examination: cervix with symptoms of endocervicitis; the body of the uterus and appendages cannot be palpated due to a sharp tension in the muscles of the anterior abdominal wall; the posterior fornix of the vagina overhangs, sharply painful.

Questions:

1. In what diseases is the clinical picture described above possible?
2. What features of the history and clinical picture of the disease indicate the presence of gynecological pathology?
3. What research methods will help you to clarify the diagnosis?