



UGANDA NURSES AND MIDWIVES EXAMINATIONS BOARD

Gynaecology II & Reproductive Health II – Paper Code: DNE 212 (Diploma Extension)

December 2022
Duration: 3 Hours

SECTION A: OBJECTIVE QUESTIONS

20 Marks

1. An ovarian tumour which has contents of sebaceous material like hair is known as

- (a) Dermoid cyst. ✓**
- (b) Mucinous cyst.
- (c) Brenes tumour.
- (d) Degenerative tumour.

Dermoid cysts (mature cystic teratomas) originate from germ cells and can contain mature tissue like hair, sebum, bone, and teeth.

2. Which of the following is NOT a complication of uterine fibroids?

- (a) Degeneration.
- (b) Necrosis.
- (c) Torsion.
- (d) Endometriosis. ✓**

Endometriosis is a distinct pathological condition (endometrial tissue outside the uterus), not a direct complication arising from a fibroid.

3. The commonest benign solid tumour in females is the

- (a) cyst.
- (b) fibroids. ✓**
- (c) dermatoid cyst.
- (d) breast lump.

Uterine fibroids (leiomyomas) are the most common benign solid pelvic tumors found in women of reproductive age.

4. Third degree uterine prolapse is also known as

- (a) procidentia. ✓**
- (b) uterine inversion.
- (c) 3rd degree prolapse.
- (d) uterine incompetence.

Procidentia is the clinical term for complete (third-degree) uterine prolapse where the entire uterus protrudes outside the vaginal introitus.

5. A pregnant woman who is newly diagnosed with a large cystic ovarian tumour is likely to encounter

- (a) torsion. ✓**
- (b) haemorrhage.
- (c) degeneration.
- (d) rupture.

The enlarging gravid uterus pushes ovarian cysts out of the pelvis, significantly increasing their mobility and the risk of torsion (twisting).

6. A gestational trophoblastic malformation characterised by a presence of vesicles is called a mole.

- (a) carneous.
- (b) hydatid form. ✓**
- (c) tubal.
- (d) vascular.

A Hydatidiform mole is characterized by swollen, fluid-filled chorionic villi that resemble grape-like vesicles.

7. Which of the following is a characteristic of a cervical polyp?

- (a) Attached with a broad pedicle.
- (b) They are pale and round or elongated.
- (c) Common in post-menopausal women.

(d) More common in pre-menopausal. ✓

Cervical polyps typically affect multigravid women in their reproductive years (pre-menopausal). They are usually cherry-red and narrow-stalked (pedunculated).

8. Which of the following factors increases the risk for candidiasis in a susceptible woman?

- (a) Anaemia.
- (b) Nulli parity.

(c) Use of broad-spectrum antibiotics. ✓

- (d) Use of spermicidal jelly.

Broad-spectrum antibiotics destroy the normal protective vaginal flora (Lactobacilli), allowing opportunistic Candida (yeast) to overgrow.

9. Which of the following is a risk factor for gonorrhoea?

- (a) Married.

(b) Age < 25 years. ✓

- (c) High social-economic status.
- (d) Lack of prenatal care.

Note: The printed exam had a typo reading "Age > 35 years". Young, sexually active populations (age < 25) are at the highest statistical risk for STIs like gonorrhea.

10. Which of the following contraceptive methods is most commonly used by women in Uganda?

- (a) Female sterilisation.
- (b) Intra-uterine device.

(c) Implant. ✓

- (d) Oral contraceptives.

According to UDHS data, if injectables (Depo) are not an option, implants are the next most heavily utilized long-acting reversible contraceptive in Uganda.

11. The average incubation period for primary herpes virus infection is days.

(a) 3-6. ✓

- (b) 14-21.
- (c) 28-40.
- (d) 100-120.

Genital herpes (HSV-2) typically has an incubation period of 2 to 12 days, making 3-6 days the correct average range among the options.

12. Pelvic inflammatory disease may result from all the following except;

- (a) sexual intercourse.

(b) recent abdominal surgery. ✓

- (c) child birth.
- (d) termination of pregnancy.

PID is an ascending infection from the vagina/cervix. Abdominal surgery can cause generalized peritonitis, but not classic Pelvic Inflammatory Disease.

13. Which of the following is the most common bacterial sexually transmitted infection in women?

- (a) Gonorrhoea.
- (b) Herpes simplex virus infection.
- (c) Chancroid.

(d) Chlamydia infection. ✓

Correction to student paper: Chlamydia trachomatis is globally the most prevalent bacterial STI. (Herpes is a virus).

14. How is the HIV transmission risk affected by breastfeeding?

- (a) Increased. ✓**
- (b) Decreased.
- (c) Unaffected.
- (d) Unknown.

Without ART intervention, breastfeeding significantly increases the postnatal risk of Mother-to-Child Transmission (MTCT) of HIV.

15. Health promotion on adolescent sexual health can best be achieved through

- (a) providing guidelines by the ministry of health.
- (b) counselling youth on safe practices. ✓**
- (c) linking services to social marketing.
- (d) offering freedom of choice on services offered.

Direct youth-friendly counseling and peer education are the most effective means to achieve behavioral change in adolescents.

16. While inserting an IUD, which of the following is paramount?

- (a) Infection prevention technique. ✓**
- (b) Not to cut the loop.
- (c) Treatment of breast condition.
- (d) Use of the inserter.

Strict aseptic/infection prevention technique is paramount during IUD insertion to avoid introducing bacteria into the sterile uterine cavity, which could cause PID.

17. Which of the following is a risk factor for developing cancer of the cervix?

- (a) Alcohol consumption.
- (b) Smoking.
- (c) Sexually transmitted diseases. ✓**
- (d) Induced abortion.

Infection with high-risk strains of the Human Papillomavirus (HPV), an STI, is the primary causative risk factor for cervical cancer.

18. Adolescents are defined as people between the ages of

- (a) 13-19.
- (b) 10-19.
- (c) 10-24. ✓**
- (d) 9-20.

The World Health Organization (WHO) formally defines 'adolescents' as individuals between the ages of 10 and 19 years. *(Note: WHO defines "Youth" as 15-24, but strictly adolescent is 10-19. Marked according to WHO standard, student marked 10-24 which is "Young people")* Let's accept standard 10-19. Wait, student circled (b) 10-19. OK! Correct is **(b) 10-19**.

19. The method of natural family planning which encourages mother to breast feed exclusively for 6 months is

- (a) amenorrhoea.
- (b) standard days.
- (c) billings's ovulation.
- (d) lactational amenorrhoea. ✓**

The Lactational Amenorrhea Method (LAM) relies on exclusive breastfeeding for up to 6 months to suppress ovulation.

20. Standard days method of natural family planning can only be used by women with cycles.

- (a) short.
- (b) long.
- (c) average. ✓**
- (d) irregular.

The Standard Days Method is only effective for women with "average" or regular menstrual cycles lasting exactly between 26 and 32 days.

SECTION A: FILL IN THE BLANK SPACES

10 Marks

21. Menorrhagia commonly occurs in women with fibroids.

→ **SUBMUCOSAL**

22. Pelvic floor exercises that straighten the pubococcygeus muscles are called...
→ **KEGEL EXERCISES**
23. Syndromic management of STIs is encouraged in health facilities that lack...
→ **LABORATORY FACILITIES / DIAGNOSTICS**
24. Absence of menstrual flow due to atresia of the hymen is called...
→ **CRYPTOMENORRHEA (or Imperforate Hymen)**
25. The pathological variant of missed abortion of a fetus less than 12 weeks is called...
→ **CARNEOUS MOLE (or Blighted Ovum)**
26. People or populations that are prone to disease conditions are termed as...
→ **VULNERABLE (or High-Risk)**
27. Clusters of small painful vesicles on the corners of the mouth are caused by a virus called...
→ **HERPES SIMPLEX VIRUS (HSV-1)**
28. Sexual intercourse that occurs between relatives is referred to as...
→ **INCEST**
29. Painful sexual intercourse is referred to as...
→ **DYSPAREUNIA**
30. The immunisable sexually transmitted infection is called...
→ **HUMAN PAPILLOMAVIRUS (HPV) / HEPATITIS B**

SECTION B: SHORT ESSAY QUESTIONS

10 Marks

Q31: Adolescent Reproductive Health (5 Marks)

State five (5) reasons why adolescents need reproductive health services:

1. High vulnerability to STIs, including HIV/AIDS, due to unprotected sex.
2. To prevent high rates of teenage pregnancies and early marriages.
3. To prevent unsafe abortions and associated maternal morbidity/mortality.
4. To provide accurate information to dispel sexual myths and misconceptions.
5. To receive psychosocial counselling regarding rapid physical/pubertal changes.

Q32: Threatened Abortion (5 Marks)

Outline five (5) clinical presentations of threatened abortion:

1. Patient presents with a history of amenorrhea (positive pregnancy test).
2. Mild, painless or slightly painful vaginal bleeding/spotting.
3. Mild, dull lower abdominal cramping or backache.
4. On vaginal examination, the cervical os is completely closed.
5. Uterine size strictly corresponds to the calculated gestational age.

SECTION C: LONG ESSAY QUESTIONS

60 Marks

Q33: Comprehensive Abortion Care (20 Marks)

(a) Define comprehensive abortion care (2 marks):

The provision of safe, high-quality, woman-centered abortion services. It includes the management of incomplete abortion/post-abortion care (PAC), safe induced abortion (where legally permitted), and post-abortion family planning.

(b) State eight (8) reasons why comprehensive abortion should be practiced in Uganda today (8 marks):

- Reduces maternal mortality caused by unsafe backstreet abortions.
- Prevents severe complications like sepsis and uterine perforation.
- Provides immediate post-abortion contraception to prevent recurrence.
- Offers psychosocial counselling to traumatized women.
- Helps screen and treat concurrent STIs/HIV.
- Reduces financial strain on the healthcare system managing severe complications.
- Supports victims of sexual and gender-based violence (e.g., incest/rape).
- Promotes women's reproductive rights and bodily autonomy.

(c) Describe five (5) challenges of implementing comprehensive abortion care (10 marks):

1. **Restrictive Laws:** The legal framework in Uganda criminalizes induced abortion except to save the mother's life.
2. **Stigma:** Strong religious, social, and cultural opposition creates fear among patients and providers.
3. **Conscientious Objection:** Negative attitudes from healthcare workers who refuse to offer post-abortion care on moral grounds.
4. **Skill Deficits:** Inadequate training of lower-level providers in safe evacuation methods like MVA or Medical Abortion.
5. **Supply Chain Issues:** Frequent stock-outs of essential PAC commodities (Misoprostol, Manual Vacuum Aspiration kits) in rural facilities.

Q34: Syndromic Management of STIs (20 Marks)

(a) Define the term syndromic management of STIs (2 marks):

A scientific approach to STI management that bases the diagnosis and treatment on a group of clinical signs and symptoms (a syndrome) rather than relying on laboratory test results, utilizing standardized flowcharts to guide care.

(b) State six (6) advantages of using the syndromic management of STIs (6 marks):

- Patient is treated immediately at the first visit.
- No expensive laboratory equipment or tests are required.
- Treats all major organisms causing the syndrome at once.
- Highly cost-effective for resource-limited settings.
- Can be easily taught to lower-level health workers.
- Standardized algorithms improve the quality of care.

(c) Describe the four (4) syndromes managed under syndromic approaches to STIs (12 marks):

1. **Urethral Discharge Syndrome:** Affects males, primarily caused by Gonorrhea and Chlamydia. Presents with dysuria and pus/clear discharge from the penis. Treated with broad-spectrum antibiotics covering both.
2. **Vaginal Discharge Syndrome:** Affects females, caused by Trichomonas, Bacterial Vaginosis, Candida, or Cervicitis (Gonorrhea/Chlamydia). Presents with abnormal, foul-smelling discharge and vulvar itching.
3. **Genital Ulcer Disease (GUD) Syndrome:** Caused by Syphilis, Chancroid, or Genital Herpes. Presents with single or multiple sores/ulcers on the genitalia, often accompanied by swollen inguinal lymph nodes.
4. **Lower Abdominal Pain (PID) Syndrome:** Caused by ascending cervical infections. Presents with severe pelvic pain, fever, vaginal discharge, and cervical motion tenderness on examination.

Q35: Uterine Fibroids (20 Marks)

(a) Define a fibroid (2 marks):

A fibroid (leiomyoma) is a common, benign, solid, smooth muscle tumor originating from the myometrium of the uterus, often stimulated by the hormone estrogen.

(b) Outline six (6) secondary changes occurring in fibroids (6 marks):

- Hyaline degeneration (most common).
- Cystic degeneration.
- Red (carneous) degeneration (common in pregnancy).
- Calcareous (calcification) degeneration (post-menopausal).
- Fatty degeneration.
- Sarcomatous (malignant) change (rare).

(c) Describe twelve (12) specific interventions in the post-operative management for a patient who has undergone a myomectomy for the first 12 hours (12 marks):

- Receive the patient from the theater and assess airway/responsiveness.
- Nurse in a lateral/recovery position to prevent aspiration of vomit.
- Monitor vital signs (BP, Pulse, RR, SpO2) every 15–30 minutes.
- Check the abdominal dressing regularly for signs of excessive bleeding.
- Assess vaginal bleeding (lochia) by frequently checking sanitary pads.
- Maintain strict IV fluid administration to prevent hypovolemia.
- Administer prescribed strong analgesics (e.g., IV/IM Pethidine) for pain.
- Monitor urine output via Foley catheter to rule out bladder/ureter injury.
- Administer prescribed prophylactic IV antibiotics to prevent pelvic sepsis.
- Keep the patient strictly Nil Per Os (NPO) until bowel sounds return.
- Provide warm blankets to manage post-anesthesia shivering/hypothermia.
- Observe for early signs of hemorrhagic shock (pallor, tachycardia).

References & Verification Data

1. **Uganda Clinical Guidelines (UCG):** Confirms the 4 major syndromes in the Syndromic Management of STIs algorithm.
2. **WHO Reproductive Health Guidelines:** Validates LAM duration (6 months) and Standard Days method parameters (26–32 day cycles).
3. **Obstetrics & Gynaecology Pathology:** Clarified Q13 (Chlamydia is the most common bacterial STI, correcting student's Gonorrhoea answer) and Q25 (Carneous Mole as the pathological variant of missed abortion < 12 weeks).
4. **UDHS Data:** Corroborated that Implants (and Injectables) are the leading modern contraceptive methods used by Ugandan women.



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