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**Test task for diagnostic testing in the discipline:**

**OBSTETRICS, SEMESTER 9**

Code, direction of training	31.05.01 General Medicine
Orientation (profile)	General Medicine
Form of education	full-time
Developing department	Obstetrics, gynecology and perinatology
Graduating department	Internal Medicine

Verifiable competency	Assignment	Response options	Type of question difficulty
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 1. LARGE OBLIQUE SIZE OF THE FETAL HEAD IS EQUAL TO....	1. 13 cm 2. 10.5 cm 3. 9.5 cm 4. 11 cm	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 2. THE DISTANCE BETWEEN THE ANTERIOR CORNER OF THE MAJOR FONTANLINE OF THE FETAL HEAD AND THE SUBOCCIPITAL FOSSA IS...OBLIQUE SIZE	1. small 2. middle 3. big 4. vertical	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 3. THE PERINATAL PERIOD CONTINUES WITH	1. from 28 weeks of pregnancy to the 56th day after birth inclusive; 2. from 28 weeks of pregnancy to 7 days after birth inclusive; 3. from 20 weeks of pregnancy to 7 days after birth inclusive; 4. from 22 weeks of pregnancy to 7 days after birth inclusive; 5. from 12 weeks of pregnancy until the birth of the fetus	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 4. DIAGONAL CONJUGATE IS:	1. the distance between the jugular notch and the spinous process of the 7th cervical vertebra; 2. distance from the lower edge of the symphysis to the sacral promontory; 3. 1/10 of the circumference of the wrist joint, measured with a measuring tape; 4. distance from the middle of the upper edge of the symphysis to the sacral promontory	low

OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 5. THE CONCEPT OF THE BIRTH CAN INCLUDES:	1. uterus, vagina, pelvic floor muscles; 2. small pelvis; 3. bone pelvis, uterus, vagina, pelvic floor muscles; 4. body of the uterus, lower segment of the uterus, vagina; 5. uterus, pelvic floor muscles, parietal muscles of the pelvis	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 6. OCCIPITAL PRESENTATION, 2ND POSITION, POSTERIOR VIEW: THIS IS A SAGITAL SUME IN ..... OBLIQUE SIZE, SMALL FONTANLINE ON THE RIGHT POSTERIOR	1. right 2. lateral 3. left 4. direct	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 7. IN OCCIPITAL PRESENTATION, POSTERIOR VIEW, THE SAGITTAL SUME B IS LOCATED AT ... SIZE, THE SMALL FENTANEL IS ON THE RIGHT	1. right oblique 2. direct 3. transverse 4. left oblique	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 8. IN CAPITAL PRESENTATION IN THE POSTERIOR VIEW, THE SAGITAL SUTURE IS LOCATED IN A STRAIGHT DIMENSION, THE DORUM OF THE FETAL IS FACED...	1. left 2. anterior 3. right 4. posteriorly	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 9. PERINATAL MORTALITY INCLUDES INDICATORS:	1. intrapartum mortality; 2. antenatal mortality; 3. infant mortality; 4. early neonatal mortality; 5. maternal mortality	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 10. FORMULA FOR CALCULATING THE ESTIMATED FETAL WEIGHT ACCORDING TO ZHORDANIA	1. Circumference of the pregnant woman's abdomen (cm) x Height of the uterine fundus (cm); 2. Circumference of the pregnant woman's abdomen (cm) + Height of the uterine fundus (cm)/4 (if the fetus is premature 6) x 100; 3. (VDM - 11)x155; 4. (Pregnant woman's height (cm)+ Body weight (kg)+ Abdominal circumference (cm)+ Height of the uterine fundus (cm)) x 10	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 11. IN PELVIC PRESENTATION, 1ST POSITION, IN ANTERIOR VIEW, THE INTERTROCTRONICAL LINE IS	1. left 2. right 3. direct 4. transverse	medium

	LOCATED IN.... OBLIQUE SIZE, SACRUM LEFT ANTERIOR		
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 12. DURING OBSERVATION IN A WOMEN'S CONSULTATIONAL CENTER, A GENERAL URINE ANALYSIS STUDY FOR PREGNANT WOMEN IS CARRIED OUT:	1. 2 times a month; 2. 2 times a week; 3. 1 time per week; 4. for each outpatient appointment; 5. Once a month	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 13. THE FIRST TECHNIQUE OF LEOPOLD-LEVITSKY DETERMINES:	1. fetal presentation; 2. height of the uterine fundus; 3. view of the fetal position 4. fetal position; 5. fetal position	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 14. DUBIOUS SIGNS OF PREGNANCY INCLUDE:	1. palpation of parts of the fetus in the uterus, 2. auscultation of the fetal heartbeat; 3. change in appetite, nausea, 4. mood lability, 5. Pimentation of the white line of the abdomen; 6. enlarged uterus, increased hCG.	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 15. NORMAL SIZES OF THE PELVIS ARE:	1. 26-29-32-21 cm; 2. 24-27-29-20 cm; 3. 26-28-32-19 cm; 4. 25-28-31-20 cm; 5. 26-29-32-18 cm	medium

### **OBSTETRICS, SEMESTER 10**

Code, direction of training	31.05.01 Medicine
Orientation (profile)	Medicine
Form of education	full-time
Developing department	Obstetrics, gynecology and perinatology
Graduating department	Internal Medicine

<b>Verifiable competency</b>	<b>Assignment</b>	<b>Response options</b>	<b>Type of question difficulty</b>
OC-1 OPC- 6 PC- 6 6 PC- 8	<i>Please indicate one correct answer</i> 1. A POSSIBLE SIGN OF DOWN SYNDROME IS THICKENING OF THE NECK FOLD AT 13 WEEKS MORE THAN:	1. 3 mm; 2.4 mm; 3. 1 mm; 4.5 mm; 5.2mm	low

OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate one correct answer</i> 2. LACTOSTASIS IS CHARACTERISTIC:	1. significant uniform engorgement of the mammary glands; 2. increased body temperature with chills; 3. moderate engorgement of the mammary glands; 4. free milk separation	low
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate one correct answer</i> 3. CLINICAL SIGNS OF MASTITIS:	1. violation of milk outflow; 2. local hyperemia and infiltration; 3. chopping both mammary glands; 4. hyperemia of both mammary glands	low
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate one correct answer</i> 4. WHICH TECHNIQUE OF CESAREAN SECTION IS THE MOST COMMON:	1. caesarean section in the lower uterine segment; 2. corporal caesarean section; 3. Caesarean section according to Stark; 4. extraperitoneal cesarean section; 5. vaginal cesarean section	low
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate all correct answers</i> 5. THE MOST COMMON CAUSES OF BLEEDING IN THE FIRST TRIMESTER OF PREGNANCY INCLUDE:	1. uterine rupture; 2. interrupted ectopic pregnancy; 3. threatening and incipient miscarriage; 4. placenta previa; 5. Vaginal varicose veins	low
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate one correct answer</i> 6. OPTIMAL TACTICS OF A DOCTOR IN THE CONDITIONS OF WOMEN'S CONSULTATION IN PROGRESSIVE TUBAL PREGNANCY:	1. emergency hospitalization in the civil defense; 2. issue a sick leave certificate and schedule an appearance in 2 days; 3. puncture of the abdominal cavity through the posterior vaginal fornix under the control of an ultrasound probe; 4. emergency hospitalization in the maternity ward; 5. examination using functional diagnostic tests	medium
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate one correct answer</i> 7. BASIC DIAGNOSTIC METHOD FOR EVALUATING THE EFFECTIVENESS OF TREATMENT OF TROPHOBASTIC DISEASE:	1. computed tomography; 2. hysteroscopy with separate diagnostic curettage; 3. laparoscopy; 4. dynamic transvaginal echography; 5. determination of the titer of human chorionic gonadotropin in blood serum and urine over time	medium
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate one correct answer</i> 8. THE TERM "ISOIMMUNIZATION" MEANS:	1. suppression of immunity; 2. decreased reactivity of the body; 3. constant state of immunity; 4. formation of antibodies; 5. stimulation of immunity	medium

OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate all correct answers</i> 9. THE MOST COMMON CAUSES OF BLEEDING AT THE END OF PREGNANCY INCLUDE:	1. uterine rupture; 2. hydatidiform mole; 3. placenta previa; 4. beginning miscarriage; 5. premature detachment of a normally located placenta	medium
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate one correct answer</i> 10. PROLONGED UTERINE HYPERTONUS IS MOST CHARACTERISTIC FOR:	1. premature detachment of a normally located placenta; 2. placenta previa; 3. threatening spontaneous miscarriage; 4. hydatidiform mole; 5. cervical pregnancy	medium
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate all correct answers</i> 11. THE RISK GROUP FOR DEVELOPMENT OF PYELONEPHRITIS IN PREGNANT INCLUDES:	1. with asymptomatic bacteriuria more than 10 thousand/ml; 2. with urolithiasis; 3. with a history of pyelonephritis; 4. with early preeclampsia; 5. with arterial hypertension.	high
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate one correct answer</i> 12. NORMALLY THE SHOCK INDEX IS EQUAL	1. 1.3; 2. 1.8; 3. 0.8; 4. 0.3	high
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate one correct answer</i> 13. SHOCK INDEX IS AN RATIO:	1. DBP/PS; 2. SBP/PS; 3. PS/DBP; 4. PS/SBP	high
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate one correct answer</i> 14. REGULAR MASSAGE OF THE UTERUS AFTER CHILDREN REDUCES THE CHANCE OF HYPOTONIC BLEEDING	1. True 2. False	high
OC-1 OPC- 6 PC- 6 PC- 8	<i>Please indicate one correct answer</i> 15. THE FIRST LINE DRUG OF HYPOTENSIVE THERAPY IN PREGNANCY IS:	1. Methyldopa; 2. Verapamil; 3. Metoprolol; 4. Enalapril; 5. Nifedipine	high

### **OBSTETRICS, SEMESTER 11**

Code, direction of training	31.05.01 General Medicine
Orientation (profile)	General Medicine
Form of education	full-time
Developing department	Obstetrics, gynecology and perinatology
Graduating department	Internal Medicine

Verifiable competency	Assignment	Response options	Type of question difficulty
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 1. SECONDARY WEAKNESS OF LABOR:	1. may be a manifestation of a clinically narrow pelvis; 2. diagnosed at the end of the first stage of labor; 3. manifested by the absence of an increase in the dynamics of opening of the uterine pharynx; 4. require the use of tocolytics; 5. occurs predominantly in primiparous women	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 2. PRIMARY WEAKNESS OF LABOR:	1. accompanied by delayed rupture of amniotic fluid; 2. often combined with premature rupture of amniotic fluid; 3. can be diagnosed already in the first two hours from the onset of labor; 4. occurs mainly in primiparous women; 5. diagnosed in the first stage of labor	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 3. HELLP SYNDROME IS CHARACTERISTIC:	1. hyperlipidemia; 2. hemolysis; 3. thrombocytopenia; 4. hypoglycemia; 5. increased transaminases	low
OC-1 OPC- 6 PC-6 PC- 8	<i>Write down the correct answer</i> 4. PERMEABILITY OF THE VASCULAR WALL IN PRE-ECLAMPSIA:		low
OC-1 OPC- 6 PC-6 PC- 8	<i>Write down the correct answer</i> 5. AVERAGE DAILY DOSE OF METHYLDOPA FOR MODERATE PRE-ECLAMPSIA IS:		low
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 6. DETERMINE NORMAL GLYCEMIA VALUES IN PREGNANT WOMEN:	1. glucose <6.1 mmol/l; 2. glucose <5.5 mmol/l; 3. glucose < 5.1 mmol/l; 4. glucose <7.0 mmol/l	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 7. ACCORDING TO CLASSIFICATION, VERY EARLY PREMATURE BIRTH IS	1. childbirth from 22 to 28 weeks (27 weeks 6 days inclusive); 2. childbirth from 34 to 36 weeks and 6 days; 3. childbirth from 28 to 30 weeks and 6 days; 4. childbirth from 31 to 33 weeks and 6 days; 5. childbirth from 12 to 28 weeks (27 weeks 6 days inclusive)}	medium

OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate one correct answer</i> 8. WHAT SHOULD BE THE DOSAGE AND FREQUENCY OF TAKEN IRON PREPARATIONS IN PREGNANT WOMEN WITH ANEMIA?	1. prescribe 100 mg/day (in terms of elemental iron) 2 times a day; 2. prescribe 100 mg/day (in terms of elemental iron) 3 times a day; 3. Prescribe 60 mg/day (in terms of elemental iron) 3 times a day.	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Write down the correct answer</i> 9. CALCULATE THE TRUE CONJUGATE IF THE DIAGONAL CONJUGATE IS 11.5 CM, SOLOVIEV'S INDEX IS 15 CM, THE OUTER CONJUGATE IS 18 CM, _____ IN CM _____		medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 10. THE SECOND STAGE OF THE POSTPARTUM SEPTIC PROCESS INCLUDES EVERYTHING EXCEPT	1. pelvioperitonitis; 2. adnexitis; 3. pelvic thrombophlebitis; 4. puerperal ulcer; 5. parametritis	medium
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 11. WHICH OF THE FOLLOWING ARE EFFECTS OF INCREASED LEVELS OF OESTROGEN IN THE FOLLICULAR PHASE OF THE MENSTRUAL CYCLE?	a) Hair thinning b) Thickening of cervical mucus c) Thinning of cervical mucus d) Thickening of the endometrium	high
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 12. WHICH ONE OF THE FOLLOWING IS THE PRIMARY SOURCE OF PROGESTERONE IN THE LATER STAGES OF PREGNANCY	a) Fetus b) Endometrium c) Corpus Luteum d) Placenta	high
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 13. WHICH OF THE FOLLOWING STATEMENTS ARE TRUE ABOUT MENSTRUATION	a) In a normal 28 day menstrual cycle you would expect menstruation to last approximately 3-5 days b) During menstruation the entire endometrium is shed c) During menstruation only the functional layer of the endometrium is shed, with the basal layer remaining intact d) Absence of menstruation always indicates an active pregnancy	high
OC-1 OPC- 6 PC-6 PC- 8	<i>Please indicate all correct answers</i> 14. WHICH OF THE FOLLOWING ARE FUNCTIONS OF PROGESTERONE	a) Inhibition of oestrogen production b) Stimulation of oestrogen production c) Initiation of the secretory phase of the endometrium	high

		<p>d) Increase in basal body temperature</p> <p>e) Inhibition of LH &amp; FSH production</p>	
<p>OC-1 OPC- 6 PC-6 PC- 8</p>	<p><i>Please indicate all correct answers</i></p> <p>15. WHICH OF THE FOLLOWING ARE FUNCTIONS OF LUTEINIZING HORMONE (LH)</p>	<p>a) Formation &amp; maintenance of the Corpus Luteum</p> <p>b) Thinning of the Graafian follicles membrane</p> <p>c) Stimulation of follicle development</p> <p>d) Stimulation of GnRH production</p>	<p>high</p>