

POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO

MD (OBSTETRICS & GYNAECOLOGY) EXAMINATION – AUGUST 2026

Date:- 18th August 2026

Time:- 1.00 p.m. - 4.00 p.m.

Answer **all six (06)** questions.

Each question should be answered in a **separate book**.

The percentage shown for each subsection is intended only as a guide to the proportion of time that should be spent on that subsection.

Any clarification regarding the questions should be made within the first 30 minutes of the examination.

SHORT ANSWER QUESTIONS

1. Postpartum haemorrhage (PPH) remains a leading cause of maternal morbidity and mortality worldwide, with marked regional disparities. Failure to detect common risk factors, delays in recognition of PPH and delays in initiating effective treatment are major contributors to this difference including in Sri Lanka, where approximately 99% of births occur in hospital settings.

Outline the strategies that could further reduce maternal morbidity and mortality due to PPH in this context, integrating relevant national, regional, and global policies and considering health economic implications.

(100 marks)

2. Assisted Reproductive Technologies (ART) have expanded rapidly over the past three decades in Sri Lanka.

Critically analyse the problems encountered from unregulated Assisted Reproductive Technology treatment practices in clinical, ethical, legal, quality assurance and societal domains.

Discuss how a national regulatory framework could address these problems, specifying key regulatory elements and how they would mitigate the identified risks.

(100 marks)

Contd...../2-

STRUCTURED ESSAY QUESTIONS

3. A 28-year-old primigravida at 33 weeks gestation is reviewed at the multidisciplinary obstetric-cardiac clinic. She has rheumatic heart disease with moderate mitral stenosis (mitral valve area 1.2 cm²) and moderate pulmonary hypertension (pulmonary artery systolic pressure 50 mmHg). She remains New York Heart Association (NYHA) Class II and is receiving a beta-blocker and low-molecular-weight heparin (LMWH). Her antenatal care and delivery plan is discussed including post-partum contraception. She is uncertain as to whether she has completed her family.
 - 3.1. Describe the pathophysiological basis of the maternal and fetal risks associated with pregnancy in this patient. (40 marks)
 - 3.2. Discuss the factors you would consider when deciding on contraception for this woman. (40 marks)
 - 3.3. The patient decides to have a Copper Intrauterine Device (Cu-IUD) inserted 6 weeks after delivery.
Outline the precautions that should be taken before insertion, during insertion and after insertion. (20 marks)
4. A 20-year-old primigravida at 40 weeks of gestation, in spontaneous labour, is diagnosed with a prolonged second stage complicated by persistent occipito-transverse position of the fetal head.
 - 4.1. How would you assess suitability for assisted vaginal delivery in this clinical context? (20 marks)
 - 4.2. Enumerate the techniques available for rotational assisted vaginal birth in this setting. (10 marks)
 - 4.3. Discuss the factors that influence the choice of rotational assisted vaginal birth technique, analysing their relative merits and limitations in relation to safe practice. (35 marks)
 - 4.4. Outline the difficulties and complications of caesarean section at this stage and discuss how you would overcome these difficulties and minimize the complications. (35 marks)

Contd...../3-

5. A 60-year-old woman presents with urinary urgency and urge incontinence for six months duration.
 - 5.1. Outline the mechanisms responsible for maintenance of urinary continence in a female. (20 marks)
 - 5.2. Describe your clinical evaluation of the above 60-year-old woman, including relevant history and examination. (20 marks)
 - 5.3. Justify the investigations you would perform and outline the possible findings. (25 marks)
 - 5.4. Outline the management options available to her. (35 marks)

6. A 32-year-old woman with one 3-year-old living child, attends gynaecology clinic for follow up, six weeks after an emergency laparotomy for a torted right ovarian cyst.

The histology report is available:

Right ovary and fallopian tube

The specimen consists of a necrotic ovary and fallopian tube containing a partially cystic, partially solid tumour measuring 10 cm in diameter. The tumour is multilocular with thick septations. There is epithelial proliferation with complex branching architecture, and the cells exhibit mild nuclear atypia. There is no stromal invasion. The fallopian tube is necrotic but histologically normal.

Summary: Serous borderline tumour of the right ovary

- 6.1. What information in her history would you specifically look at to plan her management now that the tumour is known to be borderline? (20 marks)
- 6.2. What information from the hospital clinical records of the emergency admission is needed to help plan her management? (30 marks)
- 6.3. What is the next step in her management? (25 marks)
- 6.4. Outline the long-term management and prognosis for a borderline ovarian tumour. (25 marks)