



## QUIZ USING KAHOOT

1. *The WHO guidelines on contraception were developed primarily based on the following:*
  - a. Gathering consensus from opinions of experts
  - b. Developing recommendations from rigid review of the evidence
  - c. Compiling guideline statements from various country standards
  - d. Desk review of successful country practices
  
2. *The purpose of the WHO Medical Eligibility Criteria for contraceptive use guideline is to provide:*
  - a. information on the safety of contraceptives for health conditions
  - b. a manual that applies the recommendations from other WHO guidelines
  - c. educational modules based on the WHO guidelines on contraception
  - d. guidance for how to use contraceptive methods safely and effectively
  
3. *The purpose of the WHO Selected practice recommendations for contraceptive use is to provide:*
  - a. information on the safety of contraceptives for health conditions
  - b. a manual that applies the recommendations from other WHO guidelines
  - c. educational modules based on the WHO guidelines on contraception
  - d. guidance for how to use contraceptive methods safely and effectively
  
4. *The risk to develop breast cancer in BRCA 1 mutation carriers is around:*
  - a. 10-20%
  - b. 50-70%
  - c. 90%
  - d. Is only elevated for CHC users
  
5. *The following conditions is strictly not compatible with the use of CHC*
  - a. chronic headache
  - b. smoking and age > 45 years
  - c. depression
  - d. obesity in adolescents
  
6. *The risk for VTE in healthy users of a second generation COC (LNG) is:*
  - a. 4-6/100 000 women
  - b. six fold increased compared with nonusers
  - c. similar like the risk for the transdermal patch
  - d. 5-7/10 000 women

7. *For the prescription of CHC the family history for VTE:*
- Is not relevant.
  - Is positive if a first degree relative <50 years is affected.
  - Does not have a major influence on VTE risk.
  - Increases the VTE risk 80 fold, if it is positive.
8. *Which item is wrong for women with risk factors for VTE or medical conditions?*
- POC typically induce or can worsen migraine
  - Age > 35 years is an arterial risk factor
  - Obese women aged >35 years should not use CHC
  - Obese women and smokers can safely use POC and IUDs
9. *Which item is wrong with regard to depression and contraception?*
- Women with depression should not use hormones in general.
  - Amitriptyline decreases progestin plasma levels.
  - Some CHC have a positive impact on premenstrual negative moods.
  - Consider potential effect on mood before prescribing POC.
10. *Which statement is correct for COC with 3. generation progestin?*
- After VTE with those, use COC with natural estrogens.
  - VTE risk is lower with CVR and CTP.
  - After VTE you can advise POC or IUD.
  - Third generation progestins are LNG and DRSP.
11. *Which statement is correct*
- The CTP can be applied to the breast.
  - Estrogen exposure with CTP and CVR is the same.
  - The POP can be used if VTE family history is positive.
  - The implant typically induces acne (> 25 %).
12. *Which statement is wrong about POC*
- Counselling about bleeding irregularity is mandatory
  - The VTE risk is elevated only in implant users
  - Acne and weight gain occur in around 10-20 % of users
  - Irregular/ frequent bleeding often causes discontinuation

13. *Which statement is wrong about obesity ?*
- Obesity may impact the efficacy of CHC
  - Condoms are recommended in CHC newstarters for 10 days
  - WHO Class 1 obesity is defined as BMI 30– 34.9 kg/m<sup>2</sup>
  - The patch is highly effective in women weighting > 90 kg.
14. *What is the best contraceptive choice for a 15 year old adolescent with anorexia and amenorrhoea?*
- condom
  - DMPA
  - counseling on LARC or CHC
  - no method necessary (amenorrhoea)
15. *HIV-positive women with CD4 count > 200 cells/ $\mu$ L can use for contraception:*
- combined hormonal contraception
  - intrauterine contraception
  - progestogen implants
  - all of the previously mentioned methods
16. *Which of the following drugs doesn't reduce the efficacy of hormonal contraception?*
- carbamazepine
  - diazepam
  - rifampicin
  - St. John's wort (*Hypericum perforatum*)
17. *Which statement about copper IUDs is wrong?*
- The contraceptive action is mainly in the uterine cavity
  - They destroy embryos in the uterus.
  - Current PID or cervical infection is WHO MEC 4
  - Can be safely used in healthy adolescents
18. *Which of these procedures before a copper-IUD or LNG-IUS insertion is not recommended?*
- gynaecological examination
  - a transvaginal ultrasound
  - STI risk assessment
  - a blood test in order to diagnose an anaemia

19. *When can an Cu-IUD/LNG-IUS not be inserted*
- up to day 7 of the natural cycle
  - immediately or within 12 days after a first or second trimester abortion
  - After confirmation of complete medical abortion (5–9 days after mifepristone treatment)
  - 1-3 weeks after delivery
20. Which of the following statements is wrong?
- Daily release rate of the 52 mg LNG-IUS is 20 µg of LNG.
  - It is safe to perform MRI in a women with IUDs.
  - Frequent bleeding is common in LNG-IUS users in a long-term.
  - LNG-IUS may be useful in women with hypermenorrhoea.
21. *Which statement is wrong regarding the LNG-IUS?*
- Removal rate for pelvic pain is > 5 % within initial 12 months
  - Hormonal side effect include acne, nausea, depression
  - May have a protective effect on cervical cancer.
  - Is a contraceptive option for adolescents.
22. *Which of the following statements is wrong?*
- Adolescents can safely use intrauterine contraception.
  - Adolescents have high rates of PID when using IUDs.
  - Copper-IUDs increase the number of bleeding days.
  - The risk of VTE is not increased in LNG-IUS users.
23. *The strongest predictor for regret after female sterilisation is:*
- being unmarried
  - age at sterilisation
  - postpartum sterilisation
  - nulliparity



24. *Advantage of Essure hysteroscopic sterilisation as compared with laparoscopic is:*
- It is 99% successful at first attempt.
  - It is immediately effective.
  - Rate of successful reversal is higher.
  - Pelvic adhesions are no problem.
25. *The preferred method of postpartum sterilisation is:*
- partial salpingectomy
  - distal fimbriectomy
  - total salpingectomy
  - filshie clips
26. *An important cause of persistent post vasectomy pain is:*
- haematoma formation
  - recanalization
  - sperm granuloma
  - infection
27. *Which statement is wrong ?*
- More than 45% of DMPA users will be amenorrhoeic after 1 year
  - Vasectomy decreases risk for prostate cancer
  - Bleeding irregularity can be treated with NSAID
  - POC decrease dysmenorrhoea
28. *If a client is unsure about which method to use, the provider should:*
- Tell the client which method you think is best for her.
  - inform about all methods and allow time to reflect
  - Explore which method would best fit her goals,situation
  - Not mention methods the client might not use correctly.
29. *Which is the best way to counteract a rumor about a family planning method?*
- Tell the client that the rumor is very silly.
  - Ignore it because it is just a rumor.
  - Tell client that people who believe in this are stupid.
  - Explain that the rumor is not true and why it is not true.



30. *Which of the following statements is true for informed choice?*
- a. It is only necessary to decide about sterilization.
  - b. It is based on the information available from the internet.
  - c. Clients can choose a method from an array of FP options.
  - d. The provider decides after informing the client about the method.



QUIZ USING KAHOOT with solutions in bold

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