

C. There are clinically significant benefits over the pills containing synthetic oestrogen.

D. This is a triphasic pill.

E. While taking Qlaira if the pills are missed, the same pills rules apply as other combined oral contraceptive pills.

11- You have to counsel a 28-year-old woman for an appropriate method of contraception. She had a complete molar pregnancy which was evacuated last week. What is the correct advice you can give her:

A. Barrier contraceptives have a low failure rate.

B. Barrier methods provide the added advantage of preventing sexually transmitted infections.

C. Combined oral contraceptive pills are absolutely contraindicated for her.

D. Combined oral contraceptive pills can be started if hCG levels show a decreasing trend.

E. Intrauterine devices should not be used till hCG levels are normal.

12- Mrs X is a 35-year-old woman who is a known case of congenital heart disease with a single ventricular physiology and on regular follow-up with the cardiologist. She is stable in regard to her cardiac condition and wants an intrauterine contraceptive device (IUCD) inserted. Her cardiologist has given his consent for the same after reviewing her case. Which of the following is appropriate regarding the arrangements for the IUCD insertion in this case?

A. Her own GP can do it in his clinic.

B. It does not matter where the IUCD is inserted as long as someone experienced does it.

C. It should be done in the hospital setting with involvement of the cardiologist.

D. The main concern here is to prevent any infection.

E. Women with cardiac disease should not be encourage to use the IUCD.

13- Which of the following statements is appropriate for contraceptive advice to women with inflammatory bowel disease?

A. Condoms are the preferred method in women who are on medication for IBD as its efficacy cannot be affected by them.

B. Laparoscopic sterilisation is an appropriate method of contraception for women with IBD who have had previous pelvic or abdominal surgery.

C. Women can be informed that there is a causal association between combined oral contraception (COC) use and onset or exacerbation of IBD so it is best avoided.

D. Women should be advised that the efficacy of oral contraception is unlikely to be reduced by large bowel disease but may be reduced in women with Crohn's disease who have small bowel disease and malabsorption.

E. Women using combined hormonal contraception do not need any additional contraception while taking antibiotic courses.