



QUIZ USING KAHOOT with solutions in bold

1. *The WHO guidelines on contraception were developed primarily based on:*
 - 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. *Which of the following conditions is strictly not compatible with the use of CHC?*
 - a. chronic headache
 - b. smoking and age >35 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 compared with nonusers
 - c. higher than 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 statement is correct for women with risk factors for VTE or medical conditions?
- POC typically do not induce or worsen migraine.**
 - CHC may be initiated in women aged >35 years who suffer from migraine without aura.
 - CHC are safe in obese women aged >35 years
 - POC are not safe in smokers and obese women.
9. Which statement is correct with regard to depression and contraception?
- Women with depression may use hormones in general.**
 - Amitriptyline increases progestin plasma levels.
 - Progestogen-only contraception has a positive impact on premenstrual negative moods.
 - It is unnecessary to consider potential effects 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 correct about POC?
- Counselling about bleeding irregularity is unnecessary.
 - The VTE risk is not elevated in implant users.**
 - Acne and weight gain occur in more than 20% of users.
 - Irregular/frequent bleeding rarely causes discontinuation.

13. *Which statement is correct about obesity?*
- Obesity has no impact on the efficacy of CHC.
 - Condoms are recommended in CHC new-starters for 10 days.**
 - WHO Class 1 obesity is defined as BMI 35– 39.9 kg/m².
 - 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/μL 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 correct?*
- The contraceptive action is mainly in the uterine cavity.**
 - They destroy embryos in the uterus.
 - Current PID or cervical infection is WHO MEC 2.
 - Should not be used in healthy adolescents.
18. *Which of these procedures before a copper-IUD or LNG-IUS insertion is recommended?*
- Blood pressure measurement

- b. Establishing body weight
 - c. Ultrasound and STI risk assessment**
 - d. A blood test in order to diagnose an anaemia
19. *When can a Cu-IUD/LNG-IUS be inserted on a regular basis?*
- a. From day 15 of the natural cycle onwards
 - b. During the first 21 days after a first or second trimester abortion
 - c. Immediately after medical abortion (in the first 5 days after mifepristone treatment)
 - d. 4-6 weeks after delivery**
20. *Which of the following statements is correct?*
- a. Daily release rate of the 52 mg LNG-IUS is 200 µg of LNG
 - b. It is not safe to perform MRI in a women with IUDs
 - c. Frequent bleeding is common in LNG-IUS users in a long-term.
 - d. LNG-IUS may be used for the treatment of hypermenorrhoea**
21. *Which statement is correct regarding the LNG-IUS?*
- a. The removal rate for pelvic pain is <2% within the initial 12 months
 - b. Hormonal side effect include increased libido and polydipsia
 - c. It may have a protective effect on cervical cancer
 - d. It is a contraceptive option for adolescents**
22. *Which of the following statements is incorrect?*
- a. Adolescents can start the POP immediately after emergency contraception with UPA.
 - b. Adolescents have high rates of PID when using IUDs.
 - c. Copper-IUDs increase the number of bleeding days.**
 - d. The risk of VTE is slightly increased in LNG-IUS users.
23. *The strongest predictor for regret after female sterilisation is:*
- a. being unmarried
 - b. age at sterilisation**
 - c. postpartum sterilisation
 - d. nulliparity

24. *Advantage of complete salpingectomy as compared with Filshie clip sterilisation is:*
- reduced risk of surgical complications
 - decreased operation time
 - higher rate of successful reversal
 - reduced ovarian cancer risk**
25. *The preferred method of postpartum sterilisation after vaginal delivery is:*
- partial salpingectomy**
 - distal fimbriectomy
 - total salpingectomy
 - Filshie clips
26. *An important cause of post vasectomy pain is:*
- haematoma formation
 - chronic congestive epididymitis**
 - sperm granuloma
 - infection
27. *Which statement is correct?*
- More than 50% of DMPA users will be amenorrhoeic after 3 months.
 - Vasectomy decreases risk for prostate cancer.
 - Bleeding irregularity can be treated with NSAIDs.**
 - POC increase 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 the 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.