## MCH4

1. What is the	ne most common cause of anemia during pregnancy?	
a) Folate deficiency		
b) Vitamin B12 def	ficiency	
c) Iron deficiency		
d) Blood loss from	previous pregnancies	
Answer: c)		
2.	When is peak hemodilution observed during pregnancy?	
a) 16–20 weeks		
b) 24-26 weeks		
c) 30-34 weeks		
d) Postpartum		
Answer: b)		
3.	Which of the following is NOT a risk factor for anemia during pregnancy?	
a) Twin or multiple	pregnancies	
b) Smoking		
c) Low folate intak	e	
d) Adequate iron s	upplementation	
Answer: d)		
4.	What is the definition of anemia during the second trimester of pregnancy?	
a) Hemoglobin <10	0.0 g/dL	
b) Hemoglobin <10	0.5 g/dL	
c) Hemoglobin <11	1.0 g/dL	
d) Hemoglobin <12	2.0 g/dL	
Answer: b)		
5.	What percentage of reproductive-age females are estimated to be anemic globally?	
a) 20%		
b) 30%		
c) 40%		
d) 50%		
Answer: b)		
6.	What is the most common cause of megaloblastic anemia during pregnancy?	
a) Iron deficiency		
b) Folate deficienc	у	
c) Vitamin B12 def	iciency	

d) Hemorrhage	
Answer: b)	
7.	Which complication is NOT associated with anemia during pregnancy?
a) Placental abru	ption
b) Increased mat	ernal mortality
c) Preterm birth	
d) Decreased feta	al RBC production
Answer: d)	
8.	Which of the following is a major cause of urinary tract infections during pregnancy?
a) Hormonal chai	nges causing smooth muscle relaxation
b) Increased feta	I RBC production
c) Excess iron su	pplementation
d) Decreased ute	erine size
Answer: a)	
9.	When is screening for asymptomatic bacteriuria recommended?
a) 6–8 weeks	
b) 12-16 weeks	
c) 20-24 weeks	
d) 30-34 weeks	
Answer: b)	
10.	What is the global prevalence of gestational diabetes mellitus (GDM)?
a) 10%	
b) 17%	
c) 25%	
d) 35%	
Answer: b)	
11.	Which of the following is NOT a risk factor for GDM?
a) Previous GDM	l pregnancy
b) Pre-pregnancy	9 BMI ≥30
c) Older materna	l age (≥35 years)
d) Smoking durin	g pregnancy
Answer: d)	
12.	What is the most common fetal complication of GDM?
a) Type 1 diabete	es
b) Obesity	

c) Macı	rosomia	
d) Autis	m spectru	um disorder
Answei	:: c)	
	13.	What is the percentage risk of developing type 2 diabetes within 5–10 years after GDM?
a) 20%		
b) 30%		
c) 50%		
d) 70%		
Answei	r: c)	
	14.	What is the leading cause of maternal mortality worldwide?
a) Unsa	afe abortio	on
b) Seve	ere bleedi	ng
c) Com	plications	from delivery
d) Infec	tions	
Answei	r: b)	
	15.	Which of the following maternal mortality causes accounts for 75% of deaths?
a) Seve	ere bleedi	ng, infections, high blood pressure, delivery complications, unsafe abortion
b) Obst	ructed lab	por, infections, and diabetes
c) Hear	t disease	, severe bleeding, and preterm birth
d) Acci	dents, infe	ections, and delivery complications
Answei	r: a)	
	16.	What is the WHO's first priority in reducing maternal mortality?
a) Addr	essing ca	suses of morbidity
b) Stre	ngthening	health systems for data collection
c) Addr	essing ine	equalities in MCH service access
d) Ensı	uring post	partum care
Answei	r: c)	
	17.	How often does the WHO recommend postpartum evaluations?
a) Day	1, Day 7,	Day 14, and Six weeks
b) Day	3, Day 7,	Week 4, and Week 8
c) First	24 hours,	, Day 3, Day 7–14, and Six weeks
d) First	week, Se	econd week, Fourth week, and Eighth week
Answei	r: c)	
	18.	What percentage of maternal deaths occur in low and lower-middle-income countries?
a) 50%		

- b) 60% c) 75% d) 95% Answer: d) 19. Which is NOT part of postnatal care? a) Physical monitoring b) Emotional support c) Treatment of fetal anemia d) Family planning advice Answer: c) 20. What is the leading contributor to anemia of pregnancy globally? a) Folate deficiency b) Iron deficiency c) Vitamin B12 deficiency d) Hemorrhage Answer: b) MCH<sub>5</sub> What is the most critical period for childhood development? 1. a) Adolescence b) Early childhood c) Middle childhood d) Prenatal stage Answer: b) 2. Which of the following is essential for optimal brain development in children? a) Only genetic factors b) Environmental stimulation and nutrition c) Lack of caregiver interaction d) Late interventions in adolescence Answer: b) 3. What is the primary goal of Well-Baby Clinic visits?
- a) Treat common childhood illnesses
- b) Monitor and support healthy child development
- c) Administer emergency medical care
- d) Focus on adolescent vaccinations

Answer: b)

	4.	How many visits are recommended during the neonatal period?
a)	) 2 visits	
b)	) 3 visits	
c)	) 4 visits	
d)	) 5 visits	
Α	nswer: b)	
	5.	At what ages are Well-Baby Clinic visits scheduled during infancy?
a)	) 0, 6, 12 months	S
b)	) 6, 10, 14 week	s, and 9 months
c)	) 6, 12, 18 month	ns
d)	) 1, 2, 3, 4 years	
Α	nswer: b)	
	6.	What is the definition of neonatal mortality?
a)	) Deaths betwee	n 0–12 months
b)	) Deaths within t	he first 7 days
c)	) Deaths within 2	28 days after birth
d)	) Deaths before	1 year
Α	nswer: c)	
	7.	What is the primary cause of delivery-related perinatal mortality?
a)	) Asphyxia	
b)	) Infections	
c)	) Uncontrolled hy	pertension
d)	) IUGR (Intraute	rine Growth Restriction)
Α	nswer: a)	
	8.	What is the weight classification for low birth weight (LBW)?
a)	) Less than 2000	) g
b)	) Less than 2500	) g
c)	) Between 2500-	-3000 g
d)	) Greater than 40	000 g
Α	nswer: b)	
	9.	Which maternal infection can cause congenital syphilis?
a)	) HIV	
b)	) Tetanus	
c)	) Syphilis	
d)	) Hepatitis B	

Answer: c)	
10.	What intervention is essential to reduce neonatal tetanus?
a) Zinc suppleme	ntation
b) Antiretroviral th	регару
c) Tetanus toxoid	immunization
d) Calcium supple	ementation
Answer: c)	
11.	What is the main effect of maternal zinc supplementation?
a) Reduces mate	rnal hypertension
b) Reduces prete	rm births
c) Prevents neura	al tube defects
d) Increases birth	weight
Answer: b)	
12.	What factor increases the risk of preterm birth and low birth weight?
a) Maternal folate	supplementation
b) Controlled diab	petes
c) Uncontrolled h	ypertension
d) Vaccinations d	uring pregnancy
Answer: c)	
13.	How much reduction in neonatal mortality is achieved with maternal tetanus toxoid vaccination?
a) 50%	
b) 70%	
c) 80%	
d) 94%	
Answer: d)	
14.	What is the WHO-recommended intervention to prevent hypertensive disorders in pregnancy?
a) Zinc suppleme	ntation
b) Calcium supple	ementation
c) Iron supplemen	ntation
d) Protein supple	mentation
Answer: b)	
15.	What is a major complication associated with maternal HIV infection?
a) Stillbirth	
b) Preterm birth	
c) Mother-to-child	transmission of HIV

Allower. by	MCH6
Answer: b)	ionichiadori
d) Calcium supp	
c) Zinc supplem	
<ul><li>a) Maternal vaco</li><li>b) Antiretroviral to</li></ul>	
	How is vertical transmission of HIV reduced during pregnancy?
Answer: b) 20.	How is vertical transmission of HIV raduced during prognancy?
d) Pre-eclampsia	d .
c) IUGR	
b) Asphyxia	
a) Sepsis	
19.	What causes perinatal mortality due to ruptured uterus and cord prolapse?
Answer: c)	What acres a main stal montality due to minimal interest and acres and acres are
d) Iron suppleme	entation
c) Folic acid sup	
b) Calcium supp	
a) Zinc supplem	
18.	What antenatal intervention reduces the risk of neural tube defects?
Answer: c)	
d) 70%	
c) 50%	
b) 21%	
a) 10%	
17.	What percentage of babies with congenital syphilis die before or shortly after birth?
Answer: a)	
d) Antibiotic trea	tment
c) Zinc supplem	
b) High iron inta	
,	y supplementation
16.	Which intervention is critical for reducing perinatal mortality in populations with food insecurity?
Answer: c)	
d) Low maternal	calcium levels

1. According to WHO, what age group defines adolescence?

A. 8-16 years
B. 10-19 years
C. 12-21 years
D. 9-18 years
Answer: B. 10-19 years
2. What is the focus of early adolescence (10-13 years)?
A. Emotional separation from parents
B. Growth and pubertal changes
C. Career decisions
D. Improved cognitive processes
Answer: B. Growth and pubertal changes
3. When does peak height velocity (PHV) typically occur for boys?
A. 10-11 years
B. 11-12 years
C. 13-15 years
D. 17-19 years
Answer: C. 13-15 years
4. When does peak height velocity (PHV) typically occur for girls?
A. 8-9 years
B. 11-12 years
C. 14-16 years
D. 17-19 years
Answer: B. 11-12 years
5. Which brain region matures last during adolescence?
A. Hippocampus
B. Prefrontal cortex
C. Amygdala

6. What percentage of adolescents were insufficiently physically active in 2016?

D. Cerebellum

Answer: B. Prefrontal cortex

A. 51%
B. 67%
C. 75%
D. 81%
Answer: D. 81%
7. What is anticipatory socialization?
A. Learning rights and obligations for future roles
B. Emotional bonding with parents
C. Building physical strength
D. Reducing peer pressure
Answer: A. Learning rights and obligations for future roles
8. Which of the following is a major public health challenge among adolescents?
A. Obesity
B. Anemia
C. Substance use
D. All of the above
Answer: D. All of the above
9. What is the leading nutritional deficiency associated with adolescent morbidity?
A. Vitamin A deficiency
B. lodine deficiency
C. Iron deficiency anemia
D. Protein deficiency
Answer: C. Iron deficiency anemia
10. What influences the timing of peak height velocity?
A. Genetics and nutrition
B. Environment only
C. Emotional stability
D. Peer pressure
Answer: A. Genetics and nutrition
11. Which of the following factors contribute to mental health issues in adolescents?

A. Exposure to violence
B. Poverty and stigma
C. Living in fragile settings
D. All of the above
Answer: D. All of the above
12. How does recreational screen time affect adolescents?
A. Improves sleep
B. Leads to disturbed sleep and physical inactivity
C. Reduces obesity risk
D. Enhances mental health
Answer: B. Leads to disturbed sleep and physical inactivity
13. In which WHO region is adolescent obesity most prevalent?
A. Southeast Asia
B. Europe
C. The Americas
D. Africa
Answer: C. The Americas
14. What are the consequences of alcohol and drug use in adolescence?
A. Behavioral and academic problems
B. Increased social standing
C. Improved neurocognitive function
D. Physical fitness
Answer: A. Behavioral and academic problems
15. What percentage of adolescents globally were estimated to be current drinkers in 2016?
A. 10%
B. 20%
C. 25%
D. 30%
Answer: C. 25%
16. What is peer socialization?

A. Aligning behavior with peer norms to gain acceptance
B. Bonding exclusively with family members
C. Choosing social norms independently
D. None of the above
Answer: A. Aligning behavior with peer norms to gain acceptance
17. What proportion of adolescent girls in 21 countries are anaemic?
A. 10%
B. 25%
C. 33%
D. 50%
Answer: C. 33%
18. Why are adolescents more susceptible to peer pressure?
A. To gain social status and avoid exclusion
B. Due to hormonal imbalances
C. They rely on parents for approval
D. They are physically weaker
Answer: A. To gain social status and avoid exclusion
19. What percentage of adolescents worldwide are living with HIV (2022)?
A. 1 million
B. 1.7 million
C. 2.5 million
D. 3 million
Answer: B. 1.7 million
20. What is the most common micronutrient deficiency in adolescents?
A. Calcium
B. Vitamin D
C. Iron
D. Zinc
Answer: C. Iron