WATHIM

GCC exam prep

PRACTICE PACK

DHA | Qatar DHP | Kuwait MOH | Oman OMSB

Obstetrics and Gynecology Exam Practice

Sample paper

The first 5 questions of Paper 1 with the answer sheet, key and every answer explained, after the guide that opens the full pack.

2026 edition · 661 questions · 3 papers

661	3	60 · 72m	70%
ORIGINAL QUESTIONS	FULL-LENGTH PAPERS	QUESTIONS · MINUTES A PAPER	OUR PRACTICE TARGET, NOT THE EXAM'S PASS RULE

Prepared by Wathim · wathim.com · info@wathim.com

Original practice material. Not the official question bank.

About this pack

Obstetrics and Gynecology Gulf Specialist Exam Practice Bank: Online Mocks and Printable Papers · read this before you start.

661	3	10	100%
ORIGINAL QUESTIONS	EXAM-LENGTH PAPERS	TOPICS COVERED	ANSWERED AND SOURCED

Every question here comes with its correct answer, the reasoning, and the law, standard or study guide it is drawn from, so you learn the rule and not just the letter. The mix: 149 easier, 355 standard and 157 harder questions, marked on each one.

- General obstetrics, labour and the puerperium 140
- General gynaecology and early pregnancy 105
- Maternal fetal medicine and high-risk pregnancy 85
- Gynaecological oncology 73
- Reproductive endocrinology and infertility 59
- Women's health, contraception and menopause 54
- Urogynaecology and pelvic floor 40
- Perioperative management 35
- Patient safety 35
- Professionalism and ethics 35

The exam you are sitting

DHA: DHA Specialist Obstetrics and Gynecology exam (Dubai)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
DHCC: DHCC Obstetrics and Gynecology exam (Dubai Healthcare City)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*
Qatar DHP: Qatar DHP qualifying exam, Obstetrics and Gynecology	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Kuwait MOH: Kuwait MOH Obstetrics and Gynecology exam (Prometric)	See the guide on wathim.com *Wathim guide, checked 2026-11-15*
Oman OMSB: Omani Examination for Obstetrics and Gynecology (OEOG)	See the guide on wathim.com *Wathim guide, checked 2026-11-20*

Practice papers, not the real length. Practice papers of 60 questions in 72 minutes, a pace of just over a minute a question. The Gulf specialist obstetrics and gynecology exams differ in length and scoring: the DHA Specialist Obstetrics and Gynecology exam (OBG5891) has 150 questions in 3 hours with a 60% pass score, the Qatar DHP qualifying exam 150 questions with 65%, the Kuwait MOH exam 150 questions in 170 minutes, and the Oman OEOG 100 questions in 2 hours 30 minutes with 65%. The 70% shown in the app and the printed papers is our own practice target, not any regulator's. The questions are original practice questions, not real or recalled exam questions.

What these questions are. Original practice questions written by Wathim to the exam's published topics and to the laws and standards it tests. They are not real, recalled or leaked exam items, and no official question bank is published for this exam. Practising with honest original questions is the safe and effective way to prepare.

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Topic coverage

Topic	Questions in this pack	Share
General obstetrics, labour and the puerperium	**140**	21%
General gynaecology and early pregnancy	**105**	16%
Maternal fetal medicine and high-risk pregnancy	**85**	13%
Gynaecological oncology	**73**	11%
Reproductive endocrinology and infertility	**59**	9%
Women's health, contraception and menopause	**54**	8%
Urogynaecology and pelvic floor	**40**	6%
Perioperative management	**35**	5%
Patient safety	**35**	5%
Professionalism and ethics	**35**	5%

Mark yourself

Score out of 60	Percentage	What it means
51-60	85-100%	Comfortably over the line. Keep the habit, sit the next paper cold.
42-50	70-83%	A pass, but a few questions either way decide it. Close your weakest topic first.
36-41	60-68%	Close. Read every answer you missed, then re-sit this paper in a week.
0-35	0-58%	A real gap. Work topic by topic before the next full paper.

Not any regulator's pass rule: each Gulf regulator scores its own exam in its own way. The bands mark against our own 70% practice target: 42 of 60.

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How to use it

1. **Sit Paper 1 cold, in one block**
   60 questions in 72 minutes, no notes, on the answer sheet. A paper done in pieces tells you what you know; one done in a block tells you what you would score.

2. **Mark it by topic, not just by total**
   Count your misses against the topic chips beside each question. The total says whether you would pass today; the topics say what to do tomorrow.

3. **Read every answer, including the ones you got right**
   If you cannot say why the other three options are wrong, you guessed well rather than knew.

4. **Spend a week on your two weakest topics**
   Work from the source named under each answer you missed, not a general read-through.

5. **Sit the next paper a week later**
   Compare topic scores, not just totals. A flat total can hide two topics moving in opposite directions.

6. **Keep the revision bank for the last few days**
   481 questions no paper uses, with answers beside them, and the night-before list, for a final pass before the exam.

What is in the download

5 PDFs, each with its own cover, named **Wathim - Obstetrics and Gynecology Exam Practice - *part*.pdf**. Print only the paper you are about to sit.

Start here	This guide: the exam, topic coverage, how to mark yourself and how to use the pack
Paper 1	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 2	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Paper 3	60 questions · 72 minutes · answer sheet, key, every answer explained, and the score bands
Revision bank	481 more questions by topic, with the answer under each, and the night-before list of the hardest questions

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Answer sheet

Paper 1 of 3. Shade one letter per question, then mark it against the key at the end of the paper.

Name _____ Date _____ Score / 5

1 (A) (B) (C) (D) 2 (A) (B) (C) (D) 3 (A) (B) (C) (D) 4 (A) (B) (C) (D) 5 (A) (B) (C) (D)

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OBSTETRICS AND GYNECOLOGY EXAM PRACTICE

Paper 1 of 3: first 5 questions

5 of **60** questions
sample

Choose the single best answer. Answers and reasoning follow.

Q1 General obstetrics, labour and the puerperium EASY

A 28-year-old woman at 10 weeks of gestation is found to be non-immune to rubella at her booking visit. What is the correct plan?

A. Give MMR vaccine now and advise her to avoid conception for one month
B. Advise avoiding infectious contacts and give MMR vaccine after delivery
C. Give rubella-specific immunoglobulin now as prophylaxis
D. Repeat rubella IgG at 20 weeks and vaccinate only if still non-immune

Q2 General obstetrics, labour and the puerperium EASY

Which is the strongest recognised risk factor for shoulder dystocia?

A. A previous shoulder dystocia
B. Maternal obesity with a body mass index above 35 kg/m2
C. Prolonged pregnancy
D. Epidural analgesia

Q3 General obstetrics, labour and the puerperium STANDARD

A woman with one previous lower segment caesarean section chooses a trial of labour and requests epidural analgesia. What is the correct advice?

A. Epidural analgesia is contraindicated because it hides rupture
B. Epidural analgesia is acceptable and does not mask uterine rupture
C. Epidural analgesia reduces the chance of successful vaginal birth to under 20 percent
D. Epidural analgesia is acceptable only if oxytocin is avoided

Q4 General obstetrics, labour and the puerperium STANDARD

An uncomplicated elective repeat caesarean section is being timed. What is the best-supported statement about timing?

A. Delivery at or after 39 weeks reduces neonatal respiratory morbidity compared with earlier delivery
B. Delivery at 37 weeks is safest because it avoids labour and its risks
C. Timing has no effect on neonatal respiratory morbidity
D. Delivery before 38 weeks reduces stillbirth risk in all uncomplicated cases

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Q5 General obstetrics, labour and the puerperium HARD

A woman at 18 weeks was in close indoor contact with a child with chickenpox three days ago. She has no history of the disease and her varicella IgG is negative. What is the most appropriate management?

A Live attenuated varicella vaccine now, with a booster later

B Oral aciclovir 800 mg five times daily for 14 days starting today

C Varicella-zoster immunoglobulin within 10 days of exposure

D Reassurance only, with advice to report any rash or fever promptly

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Answer key at a glance

Mark your sheet and count your score first. Then read every answer below, including the ones you got right: a lucky guess looks the same as knowledge on the sheet.

1	**B**	2	**A**	3	**B**	4	**A**	5	**C**

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Paper 1 of 3: answers and reasoning

Why the answer is right, why the others are not, and where the rule comes from.

Q1 Answer: **B Advise avoiding infectious contacts and give MMR vaccine after delivery**

Rubella vaccine is a live attenuated vaccine and is not given during pregnancy, so the plan is to avoid contact with anyone who has a rash illness and to vaccinate in the postpartum period, before discharge. Vaccinating now exposes the fetus to a live virus. Immunoglobulin is not reliable in preventing infection and is not used as routine prophylaxis. Repeating serology does not change the result, because immunity does not appear spontaneously in a non-immune woman, and delaying postpartum vaccination leaves her unprotected in the next pregnancy.

Source: Williams Obstetrics; CDC and RCOG guidance on rubella in pregnancy

Q2 Answer: **A A previous shoulder dystocia**

A previous shoulder dystocia carries a recurrence risk many times higher than that of a woman with no history and is the strongest single risk factor, so a history prompts counselling and planning of delivery. Maternal obesity, prolonged pregnancy and diabetes all increase the risk through larger birth weight, but each is a weaker predictor. Epidural analgesia may prolong the second stage, but evidence of an independent effect is poor. None of these factors predicts well enough to prevent most cases.

Source: RCOG Green-top Guideline on shoulder dystocia

Q3 Answer: **B Epidural analgesia is acceptable and does not mask uterine rupture**

Epidural analgesia can be used safely in a trial of labour after caesarean; rupture is detected mainly by abnormal fetal heart rate patterns, bleeding and loss of progress, and breakthrough pain may still occur. It is not a contraindication. Success rates with epidural remain similar to those without, so the claim of a success rate under 20 percent is false. Whether oxytocin is used has no bearing on whether an epidural is appropriate.

Source: Williams Obstetrics; ACOG guidance on vaginal birth after caesarean

Q4 Answer: **A Delivery at or after 39 weeks reduces neonatal respiratory morbidity compared with earlier delivery**

Elective caesarean before labour at 37 or 38 weeks increases transient tachypnoea of the newborn and respiratory distress compared with 39 weeks, because lung fluid clearance is helped by labour and lungs are less mature, so 39 weeks is the standard for uncomplicated cases. Delivery at 37 weeks therefore carries more respiratory morbidity. Timing does influence respiratory outcome. Routine earlier delivery to avoid stillbirth has no support in uncomplicated pregnancy.

Source: Williams Obstetrics

Q5 Answer: **C Varicella-zoster immunoglobulin within 10 days of exposure**

A non-immune pregnant woman with significant exposure should receive varicella-zoster immunoglobulin as soon as possible and ideally within 10 days of contact, to attenuate maternal disease and reduce the risk of varicella pneumonia. The vaccine is a live attenuated vaccine and is contraindicated in pregnancy. Aciclovir given three days after contact is not the recommended prevention, since any antiviral use is considered later in the incubation period. Reassurance alone leaves a non-immune woman unprotected.

Source: RCOG Green-top Guideline on chickenpox in pregnancy

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What the full pack contains

This sample is a slice of Paper 1. The full pack is:

Start here	The guide at the front of this sample, in full
3 full papers	60 questions · 72 minutes each, with answer sheet, key, every answer explained and the score bands
Revision bank	481 more questions by topic with the answer under each, and the night-before list
Total	661 original questions, every one answered and sourced

Get the full pack at **wathim.com/practice/obstetrics-gynecology-practice**

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