**Model Question Paper**

**QP code: xxxxxx** **RegNo ….....**

**III Professional Part 2 MBBS degree R/S Examinations**

## Obstetrics and Gynaecology

## Paper 1 Obstetrics and social obstetrics

**Time: 3 hours** **Max Marks: 100**

**Instructions:**

- Answer all the questions to the point neatly and legibly
- Indicate the question number correctly for the answer in the margin space
- Answer all parts of a single question together
- Draw diagrams wherever necessary

**1. Multiple Choice Questions** **(1 x 20 = 20 Marks)**
**Question numbers (i-v) are case scenario-based questions**. Select the best answer

28-year-old second gravida attends the antenatal clinic at a period of amenorrhea of 35 weeks. She has a single fetus in breech presentation. Ultrasound scan confirms breech presentation. No other abnormalities are detected. Her pregnancy is otherwise uncomplicated.

i. Commonest cause of breech presentation

a. Prematurity b. Hydrocephalus

c. Placenta previa d. Polyhydramnios

ii. Best method to deliver arms in breech

a. lovsets method b. smellie veit

c. pinards d. forceps

iii. Most common type of breech presentation

a. frank breech b. complete breech

c. Footling d. knee

iv. ECV contraindicated in all except

a. placenta previa b. Twins

c. previous Cs d. transverse lie

v. On ECV fetal bradycardia occurred. the next course of action is

a. reversion to the original position immediately b. IPV

c. Cesarean section d. Induce the labour

**For Questions (vi-x), each of the questions given below have two statements marked as Assertion (A) and Reason (R). Select the best option from the choices given below**

a. Both A & R are correct, and R is correct explanation of A
b. Both A & R are correct, and R is not correct explanation of A
c. A is correct; R is incorrect
d. A is incorrect ; R is correct but cannot be taken as reasoning for A, as A itself is incorrect

vi. A - Magnesium sulfate is the preferred treatment for preventing and managing seizures in eclampsia.
R - Magnesium sulfate is a central nervous system depressant that stabilizes excitable membranes and reduces the risk of seizures in women with eclampsia.

vii. A - The success of TOLAC is influenced by various factors including the reason for the previous cesarean, type of uterine scar, and maternal characteristics.
R - Continuous fetal monitoring allows for early detection of signs such as non-reassuring fetal heart rate patterns, which may indicate uterine rupture during TOLAC.

viii. A - Early diagnosis of ectopic pregnancy is crucial to prevent complications.
R - Methotrexate can be used to treat ectopic pregnancy.

ix. A - Placenta previa can cause painless vaginal bleeding in the second or third trimester of pregnancy.
R - Diagnosis of placenta previa is typically confirmed by ultrasound imaging

x. A - Iron supplementation is a common treatment for anemia of pregnancy.
R - Iron supplements are often prescribed to pregnant individuals with anemia to replenish iron stores and improve hemoglobin levels.

**Question numbers (xi –xv) Read the statements & select the best option**

xi. Head of fetus is engaged
1. When the biparietal diameter as gone through the pelvic brim
2. Occiput is felt at the level of spine
3. 2/5 head is palpable per abdomen
4. 1/5 head is palpable

a. 1,2,&3 b. 2,3,&4 c. 3,4&1 d. 1,2&4

xii. Consider the following:

1. Reactive NST 2. Absence of deceleration

3. Sinusoidal pattern

Which of the above findings in an antepartum CTG indicate fetal well-being?

a. 1 and 2 only b. 2 and 3 only

c. 1 and 3 only

xiii. Aneuploidy in 1st trimester is detected by:

1. Nuchal translucency 2. MSAFP level

3. PAPP-A 4. Unconjugated estriol 5. beta HCG

a. 1,2&5 b. 1,3, &5 c. 3,4&5 d. 1,4&5

xiv. Placenta accreta commonly associated with

1. Placenta previa 2. Uterine scar

3. Multiple pregnancy 4. Multipara 5. Uterine malformations

a. 1,2,&5 b. 1,2,&4 c. 3,4&5 d. 1&2

xv. True regarding PPH

1. Type B Lynch suture used
2. With new advances both atonic and traumatic PPH can be reduced
3. More common in multipara
4. Associated with polyhydramnios
5. Mifepristone used

a. 1,2,3&4 b. 1&3 c.1,3&4 d. 1,3,&5

**Question numbers (xvi-xx) select the best option.**

xvi. Estrogen and progesterone in first two months of pregnancy are produced by:

a. Fetal ovaries b. Fetal adrenal

c. Placenta d. Corpus luteum

xvii. A case of 35-week pregnancy with hydramnios and marked respiratory distress is best treated by:

a. Intravenous frusemide b. Saline infusion

c. Amniocentesis d. Artificial rupture of membranes

xviii. Ligamentum teres is formed after:

a. Obliteration of the umbilical vein b. Obliteration of the ductus venous

c. Obliteration of the ductus arteriosus d. Obliteration of the hypogastric artery

xix. (iv) Daily caloric needs in pregnancy are about....

a. 1000Kcal b. 2500Kcal

c. 1500Kcal d. 3500Kcal

xx. Hegar's sign of pregnancy is:

a. Uterine contraction b. Bluish discoloration of vagina

c. Softening of isthmus d. Quickening

**Long Essays** **(10 x 2=20 Marks)**

2. Primi gravida at 39 weeks of gestation came to labour room with c/o labour pains on abdominal examination contractions were palpable every 3 minutes lasting for 30 seconds. On pelvic examination the cervix was soft mid position 2cm long and 2 cm dilated membranes present; vertex at brim pelvic shape was abnormal.

a. What are the four types of pelvis and give a brief description of each 4 marks

b. What are the points taken in calculating bishop score 2 marks

c. Monitor this patient , mention components of partogram 4 marks

3. A Primi gravida 35 years at 32 weeks of gestation presents to the labor room with complaints of bleeding P/V. On examination her PR 80/ mt BP 130/80 mm of Hg, obstetric examination showed that she had 32 weeks pregnancy cephalic presentation with head mobile.not tense/ tender . USG showed placenta edge 1.2 cm away from internal os

a. Diagnosis 1 mark
b. How will you monitor and manage this patient 4 marks
c. Role of antenatal corticosteroids 3 marks
d. Other causes of APH 2 marks

**Short Essays** **(6 x 6 = 36 marks)**

4. A 28 year old primigravida with critical mitral stenosis presents to the OPD with shortness of breath at 8 weeks of gestation. What is the possible line of management and how will you counsel her
5. A 34 year old G2P1l1 presents to the OPD with polyhydramnios .her blood sugar was fasting 146 and post prandial 243.her GTT was apparently normal and she was not diabetic in the previous pregnancy. How will you counsel and manage this pregnancy
6. 19 year old primi presents to the casualty with BP 140/94 and right hypochondrial pain and nausea. She was normotensive previously and O/E she has icterus and pedal oedema. What is your provisional diagnosis. How will you confirm the diagnosis. How did you counsel and manage this patient

7. A 28 year old G3P2L2 previous 2 vaginal delivery LCB 1 year at 32 weeks of gestation. Correct dates O/E in the OPD Pallor present, pedal edema present P/A uterus 26-28 weeks FH good. How will you further investigate the patient and plan of treatment
8. 38 year old primigravida presents to the OPD with amenorrhea and hyperemesis. USG reveals twin gestational sac. How will counsel and plan the management of this patient
9. Evaluate 32-year-old postnatal woman with fever. Differential diagnosis and management

**Short Answers** **(4 x 6 = 24 marks)**

10. Management of Rh isoimmunized pregnancy
11. Parenteral iron therapy
12. What are the medical implications of the MTP act?
13. Active management of third stage of labour
14. Screening of Diabetes in pregnancy
15. Components of biophysical profile

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