

# CONCEPTION, ANTEPARTUM CARE AND FETAL SURVEILLANCE

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## CHAP-3 CONCEPTION

1. Which of the following conditions lead to early pregnancy loss:
- Chromosomal abnormalities
  - Fetal malformation
  - Incompetent cervical OS
  - Trauma
  - Exposure to video terminals
2. While evaluating a 30 years old woman for infertility, a bicornuate uterus was diagnosed. This lady may have additional congenital abnormality in which of the following system?
- Skeletal
  - Hematopoietic
  - Urinary
  - Central nervous
  - Tracheoesophageal
3. A 38 years old woman is seen for the evaluation of a swelling in her right vulva. She has also noted pain in this area introits while walking and during coitus. On examination, a mildly tender fluctuant mass was noticed just outside the ORS on the right side of vulva. What is the most likely diagnosis?
- Bartholin's Abscess
  - Lymphogranuloma venerum
  - Chancroid
  - Vulvar carcinoma
  - Herpes infection

4. The average length of umbilical cord is
- 55 cm
  - 40cm
  - 25 cm
  - 75cm
  - 100cm
5. A 38 year old woman is seen for the evaluation of a swelling in her right vulva. She has also noted pain in this area when walking and during coitus. On examination, a mildly tender fluctuant mass was noticed just outside the introitus in the right vulva. What is the most likely diagnosis?
- Bartholin's abscess
  - Lymphogranuloma venereum
  - Chancroid
  - Vulvar carcinoma
  - Herpes infection
6. Most common cause of amenorrhea in a young woman of reproductive age group is
- Polycystic ovaries
  - Pregnancy
  - Lactational amenorrhea
  - Progesterone injection
  - Stress
7. Failure of gut to re-enter the abdominal cavity results in the development of which of the following condition?
- Umbilical hernia
  - Volvulus
  - Gastroschisis
  - Omphalocele
  - Duodenal atresia
8. The maximum number of primordial follicles is reached at which gestational age?
- 10 weeks
  - 18 weeks
  - 30 weeks
  - 28 weeks
  - 20 weeks

9. Which of these drugs don't cross the placenta?
- a. Heparin
  - b. Warfarin
  - c. Tetracycline
  - d. Digoxin
  - e. Aspirin

10. The B-hCG curve in maternal serum in a normal pregnancy peaks at:
- a. 6 weeks of pregnancy
  - b. 8 weeks of pregnancy
  - c. 10 weeks of pregnancy
  - d. 14 weeks of pregnancy
  - e. 18 weeks of pregnancy

11. The level of beta-HCG peaks at
- a. 60-70 days
  - b. 20 weeks
  - c. 30 weeks
  - d. 34 weeks
  - e. At term

12. Mechanical stretching of the cervix produces increased uterine activity. This has been called the
- a. Moro-reflex
  - b. Fergnson reflex
  - c. Valsalva manocuvre
  - d. Hening prenrt reflex
  - e. Hoffmann's reflex

13. Primary germ cells originate in the
- a. Yolk sac
  - b. Dorsal mesoderm of the embryo
  - c. Mullerian system
  - d. None of the above
  - e. b+c

14. The placenta develops at the site of
- a. Decidua capsularis
  - b. Decidua basalis
  - c. Decidua vera
  - d. Any part of decidua
  - e. none

15. Which of the following is the uterine cause of abortion?
- a. Septate uterus
  - b. Bicornuate uterus
  - c. Unicornuate uterus

- d. All of the above
- e. None of the above

16. Macafee treatment in placenta praevia is indicated in which of the following?
- a. If pregnancy is less than 37 weeks, slight bleed and fetus alive
  - b. If the pregnancy is more than 37 weeks but to term
  - c. If the woman bleeds profusely
  - d. If the fetus is dead
  - e. none

17. Which is not true of decidua?
- a. It provides nidation to the embryo
  - b. It provides nutrition to the embryo
  - c. It prevents deep penetration by the trophoblast
  - d. It provides hormonal support
  - e. none

18. The placenta is fully formed at
- a. 8<sup>th</sup> week of pregnancy
  - b. 10<sup>th</sup> week
  - c. 12<sup>th</sup> week
  - d. 16<sup>th</sup> week
  - e. 20<sup>th</sup> week

19. Which of the following is secreted by decidua
- a. Prolactin
  - b. Prostaglandin
  - c. Relaxin
  - d. All of the above
  - e. None of the above.

20. The placenta at term contains
- a. 100 ml blood
  - b. 300 ml blood
  - c. 500 ml of blood
  - d. 750 ml
  - e. 1000ml

21. Which of the following is not secreted by placenta?
- a. HPL
  - b. HCG
  - c. Progesterone
  - d. Estrogen
  - e. Alpha-fetoprotein

22. The umbilical cord contains

- a. 2 arteries + one vein
- b. 2 arteries + two veins
- c. One artery + one vein
- d. One artery + two veins
- e. None

23. Which of the following does not cause an abortion?

- a. Submucous fibroid
- b. Asherman syndrome
- c. Bicornuate uterus
- d. Uterus didelphys
- e. None

24. Second trimester abortion is due to

- a. Syphilis
- b. Bacterial vaginosis
- c. Cervical incompetence
- d. Systemic lupus erythematosus (SLE)
- e. All of the above

25. The cervical incompetence is caused by

- a. Congenital weakness of the internal os
- b. Cervical tear during labour
- c. Vacuum extraction of the fetus before full dilatation of the cervix
- d. All of the above
- e. none

26. Which of the following is not the feature of incompetent os?

- a. Midtrimester abortion
- b. Premature rupture of membranes
- c. Painful abortion
- d. Cervical dilation of more than 20 mm at 20 weeks of pregnancy
- e. None

27. Threatened abortion can be mistaken for which of the following?

- a. Delayed period
- b. Dysfunctional uterine bleeding
- c. Ectopic pregnancy
- d. All of the above
- e. All of the above

28. Missed abortion is diagnosed by following?

- a. Negative pregnancy test
- b. Serum beta-HCG levels
- c. Ultrasound
- d. All of the above
- e. None

## CHAP 2 - ANTEPARTUM CARE AND FETAL SURVEILLANCE

7. Chorionic villous sampling is best done at:

- a. 8-9 weeks
- b. 12-14 weeks
- c. 18 weeks
- d. 20 weeks
- e. 32 weeks

2. A patient having 9 weeks pregnancy comes to OPD with severe vomiting, she vomits whatever she eats. She is dehydrated, losing weight and tongue is dry. She has been labeled as suffering from hyperemesis gravidarum. It occurs in increased frequency in following conditions except:

- a. Twin pregnancy
- b. Hydatidiform mole
- c. Primigravida
- d. Hyperthyroidism
- e. Pre-eclampsia

3. Measurement of the velocity of blood in which of the following fetal arteries gives an indication of the presence of fetal anaemia?

- a. Umbilical artery
- b. Femoral artery
- c. Middle cerebral artery
- d. Uterine artery
- e. Temporal artery

4. Naegele's rule estimates gestational age/expected date of delivery on which out of the following formulae?

- a. Add 7 days to LMP and count back 3 months
- b. Subtract 7 days from LMP and count back 3 months
- c. Add 21 days to LMP and count back 3 months
- d. Subtract 21 days from LMP and count back 3 months
- e. None of the above

5. What is the usual dose of folic acid recommended to reduce the risk of neural tube defects in the normal female population?

- a. 0.4 mg
- b. 4 mg
- c. 40 mg
- d. 400 mg
- e. 3 $\mu$ g

6. In the evaluation of 26 years old patient with 4 months history of amenorrhea, you order serum prolactin and  $\beta$ -hCG assay. The  $\beta$ -hCG test is positive and prolactin level is 100ng/ml (normal range is more than 25ng/ml in pregnant state). This requires which of the following?

- a. Routine obstetric care
- b. CT scan of sella turcica to rule out pituitary adenoma
- c. Repeat measurement of prolactin levels to see that it does not increase more than 300ng/ml
- d. Bromocriptine to suppress prolactin
- e. Evaluate for possible hypothyroidism

7. Regarding congenital heart disease

- a. Congenital heart disease the commonest malformation in children
- b. Is associated with increased risk of fetal growth restriction
- c. Trisomy (13) is the most common aneuploidy associated with congenital heart disease
- d. Is more common in women with hypertension
- e. The 4 chamber view of the fetal heart is a good screening test

8. At Ultrasound imaging, gestational sac can be visualized with a transvaginal ultrasound around at which one of the following gestational ages?

- a. 6 weeks
- b. 10 weeks
- c. 8 weeks
- d. 4.4-4.6 weeks
- e. 12 weeks

9. Antenatal booking investigations include all of the following except:

- a. Complete blood count
- b. Blood sugar

- c. Hepatitis screening
- d. Toxoplasmosis
- e. Thyroid function

10. The increase in blood volume in normal pregnancy is made up of:

- a. Plasma only.
- b. Erythrocytes only.
- c. More plasma than erythroblasts.
- d. More Erythrocytes than plasma.
- e. All of the above

11. During normal pregnancy, the renal glomerular filtrate rate (GFR) can increase as much as:

- a. 10%
- b. 25%
- c. 50%
- d. 75%
- e. 100%

12. Oral Glucose tolerance test:

- a. Is used as a screening test for diabetes
- b. Is considered to be a diagnostic test for gestational diabetes
- c. Is performed in a non-fasting state
- d. Should be avoided during pregnancy as it needs a loading dose of glucose
- e. 50 mg of glucose should be given to the patient

13. Which of the following is/are needed by women in increased amounts during pregnancy?

- a. Iron
- b. Folic acid
- c. Protein
- d. Calcium
- e. All of the above

14. Which of the following procedures allow the earliest retrieval of DNA for prenatal diagnosis in pregnancy?

- a. Fetoscopy.
- b. Amniocentesis.
- c. Chorionic Villi Sampling (CVS)
- d. Percutaneous Umbilical Blood Sampling (PUBS)
- e. Fetal biopsy

15. All these tests can be useful in management of Intrauterine fetal growth restriction (IUGR) except:

- Fetal kick chart
- Cardiotocography CTG non stress test
- Chorionic villous sampling
- Biophysical profile
- Umbilical cord Doppler waveforms

16. A female with Type 1 DM would like to know about the deficiency of vitamins in pregnancy that can be harmful. A deficiency of which vitamin can lead to teratogenic effects in the child?

- |               |                |
|---------------|----------------|
| a. Folic acid | b. Vitamin B12 |
| c. Thiamine   | d. Riboflavin  |
| e. Pyridoxine |                |

17. A 28-year-old pregnant lady presents with severe lower abdominal pain with excessive per vaginal bleeding at 34 weeks gestation. What should be the initial investigation of choice in this case?

- |                        |                  |
|------------------------|------------------|
| a. Coagulation profile |                  |
| b. Ultrasound abdomen  | c. CT pelvis     |
| d. D-dimer             | e. Kleiuber test |

18. Electronic fetal monitoring:

- Has high specificity but low sensitivity
- Has low specificity but high sensitivity
- Has low specificity & sensitivity
- Has high specificity & sensitivity
- Has moderate sensitivity & specificity

19. Regarding Fetal blood pH:

- Can only be measured postnatally
- Is not a reliable way of assessing fetal distress
- Is dangerous to perform & should not be done
- Of 6.9 is considered to be normal
- Can be measured during labor

20. The maximum amount of amniotic fluid is present at

- |             |             |             |
|-------------|-------------|-------------|
| a. 24 weeks | b. 36 weeks | c. 40 weeks |
| d. 42 weeks | e. 45 weeks |             |

21. Chorionic villous sampling is best done at

- 8-9 weeks
- 12-14 weeks
- 18 weeks
- 20 weeks
- 32 weeks

22. A woman is classified as null gravida if she has

- Never delivered a live born baby
- Had one miscarriage
- Never been pregnant
- Had only one pregnancy
- Is carrying a dead fetus

23. Vaginal examination is contra indicated in which of the following situation during frequency

- Carcinoma of the cervix
- Gonorhoea
- Cord prolapse
- Placenta praevia
- Actine phase of Iakon

### 3. PHYSIOLOGICAL CHANGE DURING PREG: CHAP 4

1. In normal physiological changes in pregnancy, all of the following are increased except:

- |                               |                      |
|-------------------------------|----------------------|
| a. Glomerular filtration rate | b. Stroke volume     |
| c. Peripheral resistance      |                      |
| d. Plasma volume              | e. White blood cells |

2. During normal pregnancy, a weight gain anticipated. The average weight gain approximately

- |              |              |             |
|--------------|--------------|-------------|
| a. 5-10 kg.  | b. 10-15 kg. | c. 15-20 kg |
| d. 20-30 kg. | e. 30-40 kg  |             |

3. The supine position is important during late pregnancy because it may cause all of the following except:

- Complete occlusion of the inferior vena cava
- A significant decrease in maternal ventilatory capacity
- Hypotension & syncope
- A significant reduction in renal blood flow & glomerular filtration
- Augmentation of the cardiovascular effects due to high conduction

4. The pregnant uterus at term without products of conception weighs
- 600 gm
  - 800 gm
  - 1000 gm
  - 1200 gm
  - 1400 gm

5. At what gestational age the uterus become too large to lie totally within the pelvis

- 10 weeks
- 12 weeks
- 14 weeks
- 16 weeks
- 6 weeks

6. Varicose veins in the legs during pregnancy

- Pressure of the gravid uterus
- Hormonal effect of progesterone
- Causes thrombophlebitis
- Causes Oedema of feet
- All of the above

#### 4. INFECTION DURING PREGNANCY CHAP 16

1. A primiparous woman with no previous infection with herpes zoster is 18 weeks pregnant. She had recent contact with a young 21 years old patient having widespread chicken pox. What is the most suitable management for the pregnant lady?

- Acyclovir PO
- Acyclovir IV +IVIG
- Acyclovir IV
- Reassure
- IVIG

2. Which of the following Infections does not cause an early abortion?

- Toxoplasmosis
- Cytomegalovirus
- Listeria tronocytogenes
- Syphilis
- all of the above

#### 5. NEONATOLOGY CHAP 18

1. You deliver an infant & at 1 minute it has no cry, flexed extremities, irregular respiration, bluish color & heart rate of 90. Which of the following will be the APGAR score of infant.
- 1
  - 3
  - 9
  - 5
  - 7

#### ANSWER KEYS

##### 1. CHAP 03 CONCEPTION

1.A	2.	3.A	4.A	5.A
6.B	7.C	8.E	9.	10.C
11.A	12.B	13.A	14.B	15.D
16.A	17.D	18.C	19.D	20.C
21.E	22.A	23.D	24.D	25.D
26.C	27.D	28.D		

##### 2. CH 02 ANTENATAL CARE & FETAL SURVILLANCE

1.B	2.E	3.A	4.A	5.A
6.A	7.A	8.A	9.E	10.C
11.C	12.B	13.E	14.C	15.C
16.A	17.B	18.B	19.E	20.B
21.A	22.C	23.D		

##### 3. CH 04 PHYSIOLOGICAL CHANGES DURING PREGNANCY

1.C	2.B	3.B	4.C
5.C	6.E		

##### 4. CH 16 INFECTION DURING PREGNANCY

- E
- D

##### 5. CH 18 NEONATOLOGY

- B

# LABOUR AND PUEPERIUM

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## LABOUR CHAP 13 PART 1

1. A 25-years-old, primigravida, with post date pregnancy came to you for bishop scoring & labor induction. On abdominal examination, she has engaged fetal head. On pelvic examination, the cervix is 4 cm dilated with 50% effacement. It is midway with soft consistency. The fetal head is at plus one station. Total bishop score of this lady is:  
 a. 07    b. 08    c. 10    d. 12    e. 13

## 2. Biophysical profile is used for

- a. Fetal maturity
- b. Fetal anomaly
- c. Placental abnormality
- d. Fetal well being
- e. Cordocentesis

## 3. Bishop score includes all the followings EXCEPT:

- a. Dilation of the cervix.
- b. Position of the cervix
- c. The presenting part of the fetus
- d. Length of the cervix.
- e. Consistency of the cervix

## 4. Bishop score comprises all of the following except

- a. Gestational age
- b. Cervical effacement
- c. Cervical dilation
- d. Consistency of the cervix
- e. Station of the head

5. An 18 years old, primigravida came to OPD with 41 weeks pregnancy. On examination her BP was. 160/100 mmHg with nil proteinuria. Her ultrasound report is normal. You want to induce her and have done her BISHOP score. The BISHOP score includes all the followings EXCEPT

- a. Dilation of the cervix
- b. Position of the cervix
- c. The presenting part of the fetus
- d. Length of the cervix
- e. Consistency of the cervix

## 6. Bishop score is used to predict

- a. Success of cesarean section
- b. Uterine contractions
- c. Success of induction of labour
- d. Descent of fetal head
- e. Success of instrumental delivery

## LABOUR : CHAP 13 PAR 2

### 1. The shortest distance between sacral promontory and symphysis pubis is called;

- a. Inter spinous diameter
- b. True conjugate
- c. Diagonal conjugate
- d. Obstetric conjugate
- e. Biparietal diameter

### 2. On pelvic examination of a patient in labour at 34 weeks gestation, patient is noted to be.6 cm dilated, completely effaced with fetal nose and palpable mouth. Chin is pointed towards left maternal hip. This is an example of which of the following?

- a. Transverse lie
- b. Menlo-transverse position presentation
- c. Occipito transverse position
- d. Brow
- e. Vertex presentation

### 3. Complete breech means:

- a. Flexion at hip joint and extension in knee joint

- b. Flexion at hip joint and flexion at knee joint
  - c. Extension at the hip joint
  - d. Flexion at knee joint and extension at the hip joint
  - e. Flexion of one leg at hip joint and extension of the other leg at the hip joint
4. Components of biophysical profile include all of the following, except:
- a. Fetal movement
  - b. Placental thickness
  - c. Fetal tone
  - d. Fetal breathing movement
  - e. Amniotic fluid volume assessment

5. A 25-year-old G1 P0 woman at 39 weeks gestation is in labor. The cervical examination reveals complete dilation and the fetal head at +1 station for 2 hours despite maternal pushing. Which of the following is the most likely etiology for this labor disorder?

- a. Fetal occiput posterior presentation
- b. Maternal pelvic inlet contraction
- c. Maternal diabetes mellitus with estimated fetal weight of 8 lb
- d. Maternal pelvic outlet contraction
- e. Polyhydramnios

6. Contra indications of induction of labor are

- a. Placenta praevia
- b. Transverse lie
- c. Previous classical C section
- d. Uterine cord prolapse
- e. All of the above

7. Vitamin K is administered to the newborn to prevent of the following

- a. Erythroblastosis
- b. Hemorrhagic disease of newborn
- c. Idiopathic thrombocytopenia
- d. Hemophilia
- e. Subdural hematoma

8. A primigravida came to A/N clinic for booking visit. The last menstrual period was June 30. The expected date of delivery (EDD) is approximately:

- a. April 23.
- b. April 7.
- c. March 23.
- d. March 28.
- e. March 7.

### LABOUR CHAP 13 PART 3

1. 23 years old PG at 38 weeks gestation delivered 7 Lbs baby vaginally. Upon delivery of placenta, there was noted to be an inverted uterus, which was successfully managed. Which of the following placental implantation sites would most likely predispose to an inverted uterus?

- a. Fundal
- b. Anterior
- c. Posterior
- d. Lateral
- e. Lower segment

2. You are working in gynae labour room as an officer and have been asked to deliver a primigravida patient, who is fully dilated since 4 hours with tight intiotus. The best time to give episiotomy is:

- a. At crowning
- b. When 2<sup>nd</sup> stage is prolonged
- c. When cervix is fully dilated
- d. At restitution of head
- e. At extension of head at delivery time

3. In relation to the mechanism of labour, which is not correct?

- a. Engagement is said to have occurred when widest part of the presenting part has passed the true pelvis
- b. Restitution occurs after external rotation
- c. Extension occurs after internal rotation
- d. Extension occurs at 'crowning'
- e. Descent of the fetal head is needed before internal rotation and extension can occur

4. In placenta previa, all are true except:
- Shock out of proportion of bleeding
  - Malpresentation
  - Head not engaged.
  - Painless bleeding
  - Unprovoked bleeding

5. A newly married young woman gives history of anencephalic baby in her family. She has read somewhere that this problem is due to folic acid deficiency. She wants to know what is the right time to take folic acid
- Only during first trimester
  - Only during 2<sup>nd</sup> trimester
  - Three months before conception and during first trimester
  - Only 3 months before conception
  - Through out pregnancy

6. A 25 year old Primigravida 39 weeks pregnant came to labor room with complaint of backache, lower abdominal pain and pressure perineum. On examination her Bp is 100/60mmHg, pulse is 72/min and have irregular uterine contractions. Per vaginal examination shows Os 2cm dilated, cervix is 50% effaced and vertex at -3. She is admitted and reassessed after 4hrs with same p/v findings. What is the most likely diagnosis?

- Malpresentation
- Prolonged first stage of labor
- Latent phase of labour
- Cephalopelvic disproportion
- Ineffective uterine contractions

7. A 30 years old G5p4, 36 weeks pregnant came to labor room with history of spontaneous rupture of membranes 30 minutes ago. On examination loop of cord was hanging out of vagina with palpable cord pulsations. Immediate management of umbilical cord prolapse include:

- Replacement of cord inside vagina
- Replacement of cord inside cervix
- Bladder emptying

- d. Keep patient in lithotomy position e. I/V Antibiotics

8. A 24 years old woman underwent a normal vaginal delivery of a term female baby. After delivery, the placenta does not deliver even after 30 minutes. Which of the following would be the next step for this patient?
- Initiate oxytocin
  - Wait for an additional 30 minutes
  - Hysterectomy
  - Attempt a manual removal of the placenta
  - Misoprostol intravaginally

9. You are working in labour room as medical officer and have been asked to deliver a primigravida patient who is fully dilated for the last 2 hrs with tight introtus. The best time to give episiotomy is:
- At crowning
  - When 2<sup>nd</sup> stage is prolonged
  - When cervix is fully dilated
  - At restitution of head
  - At extension of head at delivery time

10. An infant with breech presentation was delivered without assistance as far as the umbilicus. The rest of the body is manually assisted by the obstetrician. This is called:
- Version and extraction
  - Spontaneous breech delivery
  - Assisted breech delivery
  - Total breech extraction
  - Pipers of the after-coming head

11. The cervix of a 19-year-old G1P0 at 39 weeks gestation is noted to change from 2 to 3 cm over 4 hours. Which of the following is the most likely diagnosis?
- Normal labour
  - Prolonged latent phase
  - Protracted active phase
  - Arrest of active phase
  - Arrest of descent

12. 30-year-old G1P0 at 39 week gestation, who does not have an epidural catheter, is completely dilated, pushing for 2 hours at 0 station. Which of the following is the most likely diagnosis?

- a. Normal labor
- b. Prolonged latent phase
- c. Protracted active phase
- d. Arrest of active phase
- e. Arrest of descent

13. A 38-year-old G3P2 woman at 38 weeks gestation has changed her cervix from 6 to 8 cm over 3 hours. Which of the following is the most likely diagnosis?

- a. Normal labor
- b. Prolonged latent phase
- c. Protracted active phase
- d. Arrest of active phase
- e. Arrest of descent

14. A 25-year-old G1P0 woman at 39 weeks gestation is in labor. The cervical examination reveals complete dilation and the fetal head at +1 station for 2 hour despite maternal pushing. Which of the following is the most likely etiology for this labor disorder?

- a. Fetal occiput posterior presentation
- b. Maternal pelvic inlet contraction
- c. Maternal diabetes mellitus with estimated fetal weight of 8 lb
- d. Maternal pelvic outlet contraction
- e. Polyhydramnios

15. You are working in gynaec labour room as medical officer and have been asked to deliver a primigravida patient, who is fully dilated since 2 hours with tight intiotus. The best time to give episiotomy is

- a. At crowning
- b. When 2<sup>nd</sup> stage is prolonged
- c. When cervix is fully dilated
- d. At restitution of head
- e. At extension of head at delivery time

16. Normal duration of 2<sup>nd</sup> stage of labour in primigravida without epidural is:

- a. Up to 3 hours
- b. Up to 2 hours
- c. Less than 20 minutes
- d. Up to 5 hours
- e. None of them

17. Engagement is set to have occurred when portion of the presenting part has successfully crossed

- a. Midpelvic cavity
- b. Pelvic inlet
- c. Pelvic outlet
- d. Ischial spine
- e. None of them

18. The pain of the 2<sup>nd</sup> stage is transmitted through the pudendal nerve to the cord at the level of

- a. L1-L2
- b. T12-L4
- c. S2-S4
- d. L2-S2
- e. None of the above

19. Breech extraction is now only indicated in a 2<sup>nd</sup> twin when genital tract is already dilated; Breech presentation

- c. Transverse lie
- d. Shoulder presentation
- e. Both b and c

20. External cephalic version should be done at

- a. 30 weeks
- b. 34 weeks
- c. 37 weeks
- d. 40 weeks
- e. 32 weeks

21. The 2<sup>nd</sup> stage is said to be prolonged in multigravida when it lasts longer than

- a. 1 hour
- b. 2 hours
- c. 3 hours
- d. 4 hours
- e. 5 hours

22. In a cephalic presentation, which of the following fetal skull diameters is the most favorable for normal vaginal delivery?

- a. Sub-mento bregmatic
- b. Sub-occipito bregmatic
- c. Mento-vertical
- d. Occipito-frontal
- e. Biparietal diameter

23. While discussing with final year MBBS students "The Advantages of Episiotomy". Which of the following statements about episiotomy is false
- Episiotomy incisions are repaired anatomically in layers
  - Indications for episiotomy include avoiding an imminent perineal tear, the use of forceps, breech delivery and the delivery of premature infants
  - Median (midline) episiotomy is generally considered to be less painful than mediolateral episiotomy
  - Mediolateral or lateral episiotomy may be associated with more blood loss than median one
  - The earlier the episiotomy is done during delivery, generally the more beneficial it will be in speeding delivery

24. Mechanism of normal labour consists of the following events;

- Engagement, flexion, internal rotation, decent of fetal head, extension, external rotation and restitution
- Engagement, flexion, descent, internal rotation, extension, external rotation and expulsion
- Flexion, engagement, descent, internal rotation, extension and external rotation
- Descent, flexion, engagement, internal rotation, extension and external rotation
- Engagement, descent, flexion, internal rotation, extension, restitution and external rotation

25. Hyperextension of the fetal head is found in:

- Vertex presentation
- Face presentation
- Shoulder presentation
- Breach presentation
- Hydrocephalic baby

26. Stages of labor

- The first stage commences at the time of membrane rupture

- The cervix dilates at consistent rate of 3 cm per hour in the first
- The third stage end with the delivery of the placenta and membranes
- Forceps or ventouse may be useful in slow progress of the late 1<sup>st</sup> stage
- Syntometrine is a combination of oxytocin and Ergometrine which is used in the treatment of secondary postpartum haemorrhage (PPH)

27. All the following characteristics are applied to a pelvis favorable to vaginal delivery except:

- Sacral promontory can not be felt
- Obstetric conjugate is less than 10 cm
- Ischial spines are not prominent
- Subpubic arch accepts 2 fingers
- Intertuberous diameter accepts 4 knuckles on pelvic exam

28. Which of the following terms best describes the pelvic type of small posterior sagittal diameter, convergent sidewalls, prominent ischial spines and narrow pubic arch?

- Android
- Gynecoid
- Anthropoid
- Platypelloid
- Mixed

29. A head of level (one fifth) indicates:

- Indicates that one fifth of the head is below the pelvic brim
- Indicates that the head is engaged
- Indicated that forceps may not be used
- Indicates that head is at the level of the ischial spine
- Always occur in a term brow presentation

30. In a vertex presentation, the position is determined by the relationship of what fetal part to the Mother's pelvis:

- Mentum
- Sacrum
- Acromian
- Occiput
- Sinciput

**31. Signs of Placental separation after delivery**

include:

- a. Bleeding
- b. Changes of uterine shape from discoid to globular
- c. Lengthening of the umbilical cord
- d. Presentation of the placenta at the cervical
- e. All of the above

**32. The persistence of which of the following is usually incompatible with spontaneous delivery at term:**

- a. Occiput left posterior
- b. Menturn posterior
- c. Mentum anterior
- d. Oucciput anterior
- e. Sacrum posterior

**33. An unstable lie is related to all of the following except:**

- |                     |                      |
|---------------------|----------------------|
| a. Prematurity      | b. Grand multiparity |
| c. Placenta previa  | d. Fundal fibroid    |
| e. Cervical fibroid |                      |

**34. Methods of determining fetal presentation & position include:**

- a. Cullen's-sign
- b. Leopold's maneuver
- c. Mauriceau-Smelli-Veit maneuver
- d. Carful history taking
- e. All of the above

**35. A patient sustained a laceration of the perineum during delivery, it involved the muscles of Perineal body but not the anal sphincter. Such a laceration would be classified as:**

- a. First degree
- b. Second degree
- c. Third degree
- d. Forth degree
- e. Fifth degree

**36. Which of the following is NOT a characteristic of normal labor?**

- a. Progressive cervical dilation.
- b. Increasing intensity of contractions
- c. Uterine relaxation between contractions
- d. Moderate bleeding
- e. Moderate pain

**37. An absolute contraindication for vaginal delivery is:**

- a. Footling breech presentation
- b. Hyperextension of the head
- c. Prolonged latent phase of labor
- d. A large fetus with estimated fetal weight
- e. Previous pregnancy loss

**38. The following are possible causes of breech presentation except:**

- a. Prematurity
- b. Sub-serous fundal fibroid
- c. Multiple pregnancies
- d. Placenta Previa
- e. Bicornuate uterus

**39. Which of the following would be the next step after a 30-minute third stage of labor?**

- a. Initiate oxytocin
- b. Wait an additional 30 minutes
- c. Hysterectomy
- d. Attempt a manual extraction of the placenta
- e. Estrogen intravaginally

**40. A 31 years old G2 P1 woman at 39 weeks gestation complains of painful uterine contractions that are occurring every 3 to 4 min. Her cervix changed only from 1cm dilation to 2cm dilation in 3 hours. Which one of the following management plans is most appropriate?**

- a. Cesarean delivery
- b. Intravenous Oxytocin
- c. Observation
- d. Fetal scalp pH monitor
- e. Intranasal gonadotropin therapy

41. In pregnant women with rupture of membranes, cesarean section is abandoned when the duration since rupture of membranes exceeds which of the following?

- a. 2 hours
- b. 4 hours
- c. 12 hours
- d. 24 hours
- e. No limit

42. The cervix of a 19-year-old G1 PO at 39 weeks gestation is noted to change from 2 to 3 cm over 4 hours. Which of the following is the most likely diagnosis?

- a. Normal labor
- b. Prolonged latent phase
- c. Protracted active phase
- d. Arrest of active phase
- e. Arrest of descent

43. A 30-year-old G1 PO at 39 week gestation, who does not have an epidural catheter, is completely dilated, pushing for 2 hours at 0 station. Which of the following is the most likely diagnosis?

- a. Normal labor
- b. Prolonged latent phase
- c. Protracted active phase
- d. Arrest of active phase
- e. Arrest of descent

44. Reactive "non-stress test" (NST) means

- a. Rise in FHR by 15 beats on two occasions and lasting for 15 seconds with each fetal movement
- b. Rise in FHR by 5 beats on 3 occasions and lasting 15 seconds
- c. FHR rises by 15 beats on atleast one occasion in 20 minutes observation
- d. FHR rises by 20 beats on atleast three occasions in 20 minutes observation
- e. None of the above

45. A primigravida presents in advanced labor with occipito-posterior presentation. Fetal heart is absent. The cervix is fully dilated. The head is at the

level of ischial spines. How will you deliver this woman?

- a. Caesarean section
- b. Craniotomy if vaginal delivery is possible
- c. Forceps delivery
- d. Ventouse delivery
- e. Normal vaginal delivery trial only

46. In presence of contracted pelvis, which of the following fetal complications does not occur if vaginal delivery is allowed?

- a. Cord prolapsed
- b. Excessive moulding
- c. Intracranial haemorrhage
- d. Cephalhaematoma
- e. None of the above

47. On vaginal examination vertex is about 1 cm above maternal ischial spine. What is the station?

- a. -2 station
- b. -1 station
- c. 0 station
- d. +1 station
- e. +2 station

48. Most common position of fetus in maternal pelvis

- a. Occipito anterior
- b. Occipito posterior
- c. Occipito transverse
- d. Sacro anterior
- e. Sacro posterior

49. Features of Gynaecoid pelvis include all the following EXCEPT

- a. Good sacral curve
- b. Prominent spines
- c. Straight pelvic side walls
- d. Wide slightly oval inlet
- e. Wide sub public arch

50. Presenting diameter of head in normal labour is

- a. Biparietal diameter
- b. Mento vertical
- c. Occipito frontal
- d. Sub occipito bregmatic
- e. Sub occipito frontal

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51. A face presentation may be caused by all the following conditions EXCEPT

- a. Anencephaly
- b. Contracted pelvic inlet
- c. Cord entanglement around the neck
- d. Cystic hygroma
- e. Sacrococcygeal teratoma

52. The maternal pelvis with transverse diameter less than antero-posterior diameter at pelvic inlet, with high angle of inclination, divergent side wall with high incidence of occipitoposterior position is classified as

- a. Android pelvis
- b. Anthropoid pelvis
- c. Flat pelvis
- d. Gynaecoid pelvis
- e. Platypelloid pelvis

53. Which of the following defines frank breech?

- a. Flexion of hip & extension of knee
- b. Extension of hip & flexion of knee
- c. Flexion of hip & flexion of knee
- d. Extension of hip & extension of knee
- e. None of the above

54. What is the average bi-parietal diameter of term neonate

- a. 8.5 cm
- b. 9 cm
- c. 9.5 cm
- d. 10 cm
- e. 13 cm

55. In the presence of certain contractions, what cervical dilation reliably represents the onset of active labour?

- a. 0-2 cm
- b. 3-5 cm
- c. 4-6 cm
- d. 6-7 cm
- e. 7-10 cm

56. What is the station at which fetal head is visible at introitus

- a. +1
- b. +2
- c. +3
- d. +5
- e. Zero

57. The following diameter of fetal head presents in face presentation

- a. Mento vertical
- b. Occipito frontal

- c. Submento bregmatic
- d. Submento vertical
- e. Suboccipito frontal

58. Relationship between a predetermined point on presenting part of the fetus and the maternal pelvis is called

- a. Attitude
- b. Lie
- c. Position
- d. Presentation
- e. Station

59. Average blood loss in vaginal delivery is

- a. < 100 ml
- b. App 500 ml
- c. App 1000 ml
- d. App 250 ml
- e. App 750 ml

60. The pathologic retraction ring of band's is most commonly associated with which of the following

- a. Preterm labour
- b. Obstructed labour
- c. Multiple gestation
- d. Utérine fibroids
- e. Precipitate labour

61. Type of breech where fetal hips are flexed and knees are extended is called

- a. Frank breech
- b. Complete breech
- c. Footling breech
- d. Stuck after coming head

62. Crowning is best defined as

- a. When the greatest diameter of the fetal head comes through the vulva
- b. When the presenting part reaches the pelvic floor
- c. When the perineum bulges in front of the fetal head
- d. When the fetal head is first visible through the vulva
- e. When the head is delivered

63. A primigravida came from periphery in obstructed labour. On examination she is Dehydrated and exhausted. Pelvic examination revealed deep arrest of the head Transversely. Which of the following pelvises is mostly associated with this condition?

- a. Anthropoid
- b. Android
- c. Gynaecoid
- d. Platypelloid
- e. None of the above

LABOUR AND PUEPERIUM

64. A multigravida with full term pregnancy came in active labour, on pelvic examination she has malpresentation. Fetal head seems to be hyperextended. Which presentation will be most probably there

- a. Breech presentation
- b. Face presentation
- c. Hydrocephalic baby
- d. Shoulder presentation
- e. Vertex presentation

65. The head is said to be engaged when

- a. Head is 5/5<sup>th</sup> probable
- b. Head is 3/5<sup>th</sup> probable
- c. Head is 2/5<sup>th</sup> probable
- d. Head is deflexed
- e. There is anterio A synostosis

66. The uterine contractions become painful when the uterine pressure rises to

- a. 20 mm Hg
- b. 25 mm Hg
- c. 50 mm Hg
- d. 100 mm Hg
- e. 150 mm Hg

67. Lower uterine segment in labour stretches to

- a. 5 cm
- b. 7 cm
- c. 10 cm
- d. 12 cm
- e. 15 cm

68. Which type of pelvis causes occipitoposterior (OP) presentation

- a. Android pelvis.
- b. Anthropoid pelvis
- c. Ricketic pelvis
- d. Platypelloid pelvis
- e. (a) and (b)

69. Precipitate labour causes which of the following maternal complications?

- a. Trauma to the genital tract
- b. Postpartum haemorrhage
- c. Acute inversion of uterus
- d. Amniotic fluid embolism
- e. All of the above

70. Induction of labour is indicated in all of the following except

- a. Postmaturity
- b. Diabetes
- c. Pregnancy-induced hypertension (PIH)
- d. Cardiac disease
- e. all of the above

71. In diabetes induction of labour is indicated because of which of the following complications?

- a. Intrauterine fetal death
- b. Macrosomia
- c. Ketosis near term
- d. Associated monilial infection
- e. microsomia

72. During the first stage of labour cervical dilatation is hastened by which of the following?

- a. Drotaverine
- b. Progesterone
- c. Estrogen
- d. HCG
- e. All

73. A primigravida is in advanced labour. Vaginal examination palpates the anterior fontanelle in the left anterior quadrant. Which is this presentation?

- a. Left occipitoposterior
- b. Right occipitoposterior
- c. Brow presentation
- d. Left occipitoanterior
- e. None

74. High perinatal loss in breech presentation is due to

- a. Intracranial injury
- b. Fetal asphyxia
- c. Cord prolapse
- d. Cord compression
- e. All of the above

75. Trial of labour is indicated in which of the following?

- a. Borderline cephalopelvic disproportion
- b. Postdated pregnancy
- c. Breech delivery
- d. All of the above
- e. None

76. Surfactant is produced by which of the following?

- a. Type I pneumocytes in the lungs
- b. Type II pneumocytes in the lungs
- c. Bronchial lining
- d. Fetal liver
- e. All of the above

## 2. PUEARIUM CHAP 17

1. Postpartum, the decidua becomes necrotic and is normally cast off within five to six days as:

- a. Decidual cast
- b. Placental remnants
- c. Lochia
- d. Carunculae myrtiforms
- e. None of the above

2. The most common complication of breast feeding is:

- a. Amenorrhea
- b. Pregnancy
- c. Excessive weight loss
- d. Puerperal mastitis
- e. Breast abscess

3. Oxytocin in the puerperium is associated with:

- a. Involution of the uterus
- b. Initiation of lactation
- c. Resumption of menses
- d. Sub-involution of the uterus
- e. Post partum mastitis

4. A 29-year-old woman had just delivered a still born vaginally, following a major placental abruption. Choose the single most likely predisposing factor for developing PPH in this lady?

- a. Retained product
- b. DIC
- c. Fibroid uterus
- d. Uterine infection
- e. Large placental site

5. Which of the following is the most common time period for development of postpartum mastitis?

- a. 2-3 days postpartum
- b. 3-7 days postpartum
- c. 1-2 weeks postpartum
- d. 3-4 weeks postpartum
- e. 4-6 weeks postpartum

6. A 27 years old woman, gravida 2, para 2, comes to the physician to have her staples removed after an elective repeat cesarean delivery with BTL. Her pregnancy course was uncomplicated. She states that she is doing well except that since the delivery she has noticed some episodes of sadness and

tearfulness. She is eating and sleeping normally and has no strange thoughts or thoughts of hurting herself or others. Physical examination is within normal limits, which of the following is the most likely diagnosis?

- a. Maternity blues
- b. Postpartum depression
- c. Postpartum mania
- d. Postpartum psychosis
- e. Post sterilization depression

7. The normal duration of puerperum is

- a. 3 weeks
- b. 5 weeks
- c. 6 weeks
- d. 8 weeks

8. A 40 years old woman presents on the fifth day after a normal vaginal delivery. Her husband has brought her to accident and emergency, after he noticed an abrupt change in her behaviour. He describes her as confused, restless and is expressing thoughts of self-harm. Choose the SINGLE most appropriate answer from The following options:

- a. Baby blues
- b. Schizophrenia
- c. Postnatal depression
- d. Puerperal psychosis
- e. Depression

9. Death of a woman while pregnant, or within 42 days of termination of pregnancy, from any cause related to, or aggravated by, the pregnancy or its management, but not from accidental or incidental death. The most appropriate answer is:

- a. Maternal death
- b. Maternal mortality rate
- c. Indirect maternal death
- d. Perinatal mortality
- e. None of the above

10. The Important microorganism causing mastitis

- a. E coli
- b. Anaerobes
- c. Staphylococcus aureus
- d. Pseudomonas aeruginosa
- e. Treponema pallidum

11. Which of the following is the most common cause of septic shock in pregnancy?

- a. Fibroadenoma
- b. Mastitis
- c. Pelvic inflammatory disease
- d. Pyelonephritis
- e. Wound infection

**3. CHAP 15 (OPERATIVE INTER IN OBS)**

1. Induction of labour is indicated in fulminating PIH because of which of the following complications?

- a. Eclampsia
- b. Cerebrovascular accident
- c. Intrauterine fetal death
- d. All of the above
- e. None

2. What advise will you give to a patient with major degree placenta previa at term regarding mode of delivery?

- a. Caesarian section
- b. Trial of labour
- c. Normal vaginal delivery
- d. Normal vaginal delivery with episiotomy
- e. Instrumental delivery

3. A 28 year old Primigravida 39 weeks pregnant came to labor room with labor pains and p/v leaking. On examination her Bp is 110/60mmHg, pulse is 72/min and have regular uterine contractions. Per vaginal examination shows Os 7cm dilated, cervix is 80% effaced and vertex at -2. She is admitted and reassessed after 2 hrs when she complaint of pressure perineum and was fully dilated. She delivered male baby of 4kg. Midwife observed increased bleeding from episiotomy and called duty doctor. On examination episiotomy was involving vaginal mucosa, perineal muscles only, anal sphincter was not involved. What is the degree of that perineal tear?

- a. First degree perineal tear
- b. Third degree perineal tear
- c. Fourth degree perineal tear
- d. Second degree perineal tear
- e. Fifth degree perineal tear

4. You have been called for instrumental delivery of primigravida, who is referred from periphery & is in labour for the last 12 hours. While doing her vacuum delivery, the placenta is said to be retained if it is not delivered **WITHIN**:

- a. 10 minutes
- b. 20 minutes
- c. 30 minutes
- d. 40 minutes
- e. 50 minutes

5. A 35 years old para 4 has been brought to emergency with history of delivery at home 1 hour back followed by heavy bleeding per vagina. On examination, there is large vaginal tear involving vaginal and perineal skin, perineal muscles and external anal sphincter. This tear is classified as

- a. First degree vaginal tear
- b. Second degree vaginal tear
- c. Third degree vaginal tear
- d. Fourth degree vaginal tear
- e. Rectovaginal fistula

6. It is not acceptable to use a ventouse if?

- a. The position of the head is unknown
- b. Mother is obese
- c. Pre-eclampsia
- d. Mild degree of caput
- e. Maternal exhaustion

7. Main contraindication of epidural analgesia is

- a. Prolonged labour
- b. Multiple gestation
- c. Coagulation disorder
- d. Maternal hypertensive disorder
- e. High risk of operative intervention.

8. Which of the following is most likely responsible for perineal pain 5 hours after an uneventful delivery?

- a. Constipation
- b. Urinary retention
- c. Fournier's gangrene
- d. Paravaginal hematoma
- e. Gonorrhea

9. Which of the following is contraindication for delivery using vacuum extraction?

- a. Face presentation
- b. Second twins in vertex presentation
- c. Post term pregnancy
- d. Occipito-transverse position
- e. Chorioamnionitis

10. A fetus presents as a breech presentation and delivered without assistance as far as the umbilicus. The remainder of the body is manually assisted by the obstetrician. This is called

- a. Version and extraction
- b. Spontaneous breech delivery
- c. Assisted breech delivery
- d. Total breech extraction
- e. Pipers of the after-coming head

11. Face presentation

- a. All cases must be delivered by C-section
- b. Alt cases can be delivered vaginally
- c. The presenting diameter is occipitofrontal
- d. The fetal head is hyperflexed
- e. Mentoposterior position must be delivered by C-section

12. Vacuum extraction (ventouse):

- a. Causes more maternal birth canal injuries than the forceps
- b. Can be used when the cervix is 7 cm dilated
- c. Can be applied when the vertex is minus 2 station
- d. Can cause Cephalohematoma to the baby
- e. Can be used in face presentation

13. Hydrocephalic fetus with vertex presentation is delivered by

- a. C section
- b. Craniotomy during labour
- c. Induce at 38 weeks.
- d. Internal podalic, version and deflation of the aftercoming head
- e. None

14. Episiotomy does all of the following except

- a. Shortens the second stage
- b. Prevents perineal tear
- c. Prevents prolapse of the genital tract
- d. Avoids head injury in a preterm baby
- e. None

15. Which of the following neonatal morbidities is not related to forceps delivery?

- a. Fractured skull
- b. Sepsis
- c. Nerve palsies
- d. Cephalohematoma
- e. Convulsion

16. Immediate complications of C-section include the following except:

- a. Complications of anesthesia
- b. Bladder injury
- c. Thromboembolism
- d. Colon injury
- e. Hemorrhage

17. The following are always indications for Caesarean Section

- a. Hydrocephalus
- b. Abruptio placenta
- c. Preterm Labor/
- d. Active primary genital herpes
- e. Severe pre-eclampsia

18. Which of the following is not a basic component of an obstetric forceps?

- a. Blade
- b. Handle
- c. Lack
- d. Stem
- e. Shank

19. The following are absolute indication for C-section except:

- a. Face presentation
- b. Shoulder presentation
- c. Cervical cancer
- d. Fibroids in the lower uterine segment
- e. Previous classical C-section

LABOUR AND Puerperium

20. A 33-year-old woman at 37 weeks gestation, confirmed by first trimester sonography, presents with moderately severe vaginal bleeding. She is noted on sonography to have a placenta previa. Which of the following is the best management for this patient?

- a. Induction of labor
- b. Tocolysis of labor
- c. Cesarean delivery
- d. Expectant management
- e. Intrauterine transfusion

21. Features of Keilland's forceps when compared to Simpson's mid cavity forceps include

- a. Absent cephalic curve
- b. English lock
- c. Exaggerated pelvic curve
- d. Heavier weight
- e. Occipital knob

22. A 30 years old primigravida with full term pregnancy, is brought to labour room with history of leaking P/V & labour pains since one hour. On pelvic examination, she is 4 cm dilated with absent membranes. The umbilical cord is lying in vagina with pulsation in it. She needs to be delivered by

- a. Augmentation of labour
- b. Classical C-Section
- c. Elective C-section
- d. Emergency C-section
- e. Scheduled C-Section

23. A primigravida is in labor and an episiotomy to be cut. Compared with a mid line episiotomy, all are the advantages of medio-lateral episiotomy, EXCEPT

- a. Ease of repair
- b. Fewer break downs
- c. Lower blood loss
- d. Less dyspareunia
- e. Extension of the incision

24. A patient was suffered from L.Roan to post natal ward. Her case sheet showed that she had 2<sup>nd</sup> degree perineal tear. This means that injury was

- a. Vagina + anal mucosa
- b. Vaginal mucosa + perirectal mucosa
- c. Vaginal + rectal mucosa
- d. External anal sphincter
- e. Internal anal sphincter

25. Rupture of the uterus is least likely with which of the following?

- a. Syntocinon drip
- b. Previous myomectomy scar
- c. Uterineoplasty
- d. Cornual implantation of the fallopian tube
- e. None

26. Ventouse extraction is not successful in which of the following?

- a. Eclamptic woman
- b. Under epidural block
- c. Excess caput
- d. All of the above
- e. None of the above

27. Early sign of LSC scar rupture is.

- a. Maternal tachycardia
- b. Acute abdominal pain
- c. Vaginal bleeding
- d. Haematuria
- e. None

4. OBST - E.R (CHAP 14)

1. A 19 years old PG (primigravida) at term, not in labour, has the sudden onset of continuous lower abdominal pain, P/V bleeding, rapid pulse, no fetal heart tones, low BP, a tender and tense uterus, the most likely diagnosis is

- a. Abruptio placenta
- b. Praevia
- c. Fluid embolism
- d. Simple hypotensive syndrome
- e. False labour

2. A primigravida, 36 weeks pregnant, presents with type four placenta previa and a grossly malformed fetus. The condition of the woman is stable. Which of the following is the appropriate treatment

- a. Artificial rupture of membranes
- b. Caesarian Section
- c. Conservative management at term
- d. Induction of labour
- e. Spontaneous vaginal delivery

3. A 27-year-old Primigravida woman at 39 weeks' gestation comes to the labor and delivery ward with a gush of fluid and regular contractions. On examination, the membranes are ruptured, uterus contracting every 2 minutes, and her cervix is dilated to 4 cm. The fetal heart rate tracing is in 140 and reactive, over the following 4 hours she progresses to 9 cm dilation. Over the past hour, the fetal heart rate has increased from a baseline of 140 to a baseline of 160. Furthermore, on CTG moderate to severe late decelerations are seen with each contraction. The decision is made to proceed with cesarean delivery. Which of the following is the reason for the cesarean delivery and the preoperative diagnosis?

- a. Fetal acidemia
- b. Macrosomia
- c. Fetal hypoxic encephalopathy
- d. Low neonatal APGAR scores
- e. Non-reassuring fetal heart rate tracing

4. A 39 year old woman, gravida 3, para 2, at term comes to labor and delivery ward complaining of a gush of fluid. Examination shows moderate p/v leaking, ultrasound reveals that the fetus is in vertex presentation. The fetal heart rate is in the 120s and reactive. After a few hours, with no contractions present, oxytocin is started. Three hours later, the tocodynamometer shows the patient to be having contractions every minute and lasting for approximately 1 minute with almost no rest in between contractions. The fetal heart rate changes

from 120s to 100s. Sterile vaginal examination shows that the cervix is 6 cm dilated. Which of the following is the most appropriate immediate action in the management?

- a. Discontinue oxytocin
- b. Start magnesium sulfate
- c. Perform forceps assisted vaginal delivery
- d. Perform vacuum assisted vaginal delivery
- e. Perform cesarean delivery

5. A female of 28 years of age, 34 weeks pregnant, comes to labour room with painless heavy vaginal bleeding. She gives history of small vaginal bleeding off and on during last 2 months. On examination, abdomen is soft with high presenting part and normal fetal heart sounds. Which of the following is the most probable diagnosis?

- a. Placenta previa
- b. Abruptio placenta
- c. Placenta accrete
- d. Vnsaprevia
- e. Uterine rupture

6. Which of the following is a useful maneuver for shoulder dystocia?

- a. Internal podalic version
- b. Suprapubic pressure
- c. Fundal pressure
- d. Intentional fracture of fetal Humerus
- e. Delivery of anterior arm

7. A 29 years old G2P1 at 28 week of gestation complains of intermittent uterine contractions and dilated up to 2 cm with 80% effacement. PTL is diagnosed. An obstetrician reviews the record and notes that the patient should not have tocolytic therapy. Which one of the following is contra indication to tocolysis?

- a. Suspected placental abruption
- b. Recent laparotomy
- c. Fibroid uterus
- d. Group B streptococcal bacturia
- e. Previous C/Section

8. While teaching post-partum haemorrhage to the final year MBBS students, all of the following are included in PPH definition except
- Estimated blood loss of 2500 ml
  - Transfusion of 01 unit of blood
  - Treatment of coagulopathy (FPP, Cryoprecipitate, Platelets)
  - Any amount of blood loss that causes a major physiological change e.g. a fall in blood pressure
  - Excessive bleeding (>500ml at NVD & 1000 ml at C/S) from genital tract from the time of delivery of the baby till the completion of puerperium i.e., 42 days after delivery

9. You receive an emergency call from labor room that in a G3P2 patient, the baby head has been delivered but shoulders are stuck & "turtle sign" is positive. The following maneuvers can be applied to overcome this emergency situation EXCEPT:

- Loveset's maneuver
- Mcrobert's maneuver
- Rubin maneuver
- Woods screw maneuver
- Zavanelli manouvre

10. A 33 year old woman at 37 weeks gestation confirmed by early sonogram presents with moderate to severe vaginal bleeding. Sonogram revealed placenta previa. Which of the following is the best management for her?

- Induction of labor
- Give tocolytic drugs
- Caesarean section
- Expectant management
- Artificial rupture of the membrane

11. Umbilical cord prolapse is most likely with which of the following?

- Transverse lie
- Face presentation
- Frank breech presentation
- Complete breech presentation
- Oblique lie

12. Which of the following is the most common etiology for postpartum hemorrhage in light of a well-contracted uterus?

- Retained placenta
- Genital tract laceration
- Uterine atony
- Coagulopathy
- Endometrial ulceration

13. Which of the following is the most common cause of postpartum hemorrhage after a cesarean delivery?

- Uterine atony
- Uterine laceration
- Coagulopathy
- Uterine inversion
- Retained placenta

14. A G5P4 diabetic patient with term pregnancy is in 2<sup>nd</sup> stage of labour since 1 hour and 20 minutes. While doing instrumental delivery, the head of baby is out and shoulders are stuck. Your immediate first step will be

- Lovesets maneuver
- Mcroberts maneuver
- Supra pubic pressure
- Syphysisotomy
- Woods screw maneuver

15. A 38-year-old woman, 10 days postpartum presents to the GP with history of passing blood clots per vagina since yesterday. Exam: BP=90/40mmhg, pulse=110bpm, temp=38°C, uterus tender on palpation and fundus 2cm above umbilicus, blood clots++. Choose the single most likely diagnosis?

- Abruptio of placenta 2<sup>nd</sup> to pre-eclampsia
- Concealed hemorrhage
- Primary PPH
- Secondary PPH
- Retained placenta

16. Which of the following is a risk factor for shoulder dystocia?

- Maternal gestational diabetes
- Fetal hydrocephaly
- Fetal prematurity
- Precipitous (fast) labor
- None of the above

17. Which of the following maneuvers is useful when encountering shoulder dystocia?

- a. Internal podalic version
- b. Suprapubic pressure
- c. Fundal pressure
- d. Intentional fracture of the fetal humerus
- e. Delivery of the anterior arm

18. Which of the following is the most significant risk factor for abruptio placentae?

- a. Prior cesarean delivery
- b. Breech presentation
- c. Trauma
- d. Marijuana use
- e. Placenta accreta

19. An 18-year-old woman who had undergone a previous low-transverse cesarean delivery is admitted for active labor. During labor, an intrauterine pressure catheter displays normal uterine contractions every 3 min with intensity up to 60 mm Hg. Fetal bradycardia ensues. Which of the following statements is most accurate?

- a. The normal intrauterine pressure catheter display makes uterine rupture unlikely
- b. The most common sign of uterine rupture is a fetal heart rate abnormality
- c. If the patient has a uterine rupture, the practitioner should wait to see whether the heart tones return to decide on route of delivery
- d. The intrauterine pressure catheter has been found to be helpful in preventing uterine rupture
- e. None of the above

20. Umbilical cord prolapse is most likely with which of the following?

- a. Transverse lie
- b. Face presentation
- c. Frank breech presentation
- d. Complete breech presentation
- e. Oblique lie

21. Which of the following maneuvers improves oxygenation to the placenta?

- a. Lateral position
- b. Epidural anesthesia
- c. Morphine sulfate
- d. Intravenous oxytocin
- e. General anesthesia

22. Which of the following is the most common cause of postpartum hemorrhage after a cesarean delivery?

- a. Uterine atony
- b. Uterine laceration
- c. Coagulopathy
- d. Retained placenta

23. Which of the following is the most common etiology for postpartum hemorrhage in light of a well- contracted uterus?

- a. Retained placenta
- b. Genital tract laceration
- c. Uterine atony
- d. Coagulopathy
- e. Endometrial ulceration

24. Which of the following is the most common cause of post partum haemorrhage after a caesarean delivery?

- a. Coagulopathy
- b. Retained placenta
- c. Uterine atony
- d. Uterine inversion
- e. Uterine laceration

25. A 29 weeks pregnant lady having intramural fibroid complains of focal abdominal pain and tenderness at the site of uterine fibroid. What is most probable cause of pain?

- a. Abruptio placenta
- b. Cystic degeneration of fibroid
- c. Red degeneration of fibroid
- d. Septic degeneration
- e. Torsion of fibroid

26. Following are the maneuvers for the delivery baby with shoulder dystocia EXCEPT

- a. Mauriceau maneuver
- b. Mc- Robert's maneuver
- c. Rubin's maneuver
- d. Wood's maneuver
- e. Zavanellie maneuver

27. Which is the most common cause of PPH

- a. Atonic uterus
- b. Cervical tear
- c. Adherent placenta
- d. Coagulation failure
- e. Oxytocin infusion

LABOUR AND PUEPERIUM

28. What is the most common side effect of epidural anesthesia?
- Maternal Hypertension
  - Maternal hypotension
  - CNS stimulation
  - Ineffective block

29. Which of the following is maternal risk factor for shoulder dystocia?
- Multiparity
  - Obesity
  - Young age
  - Advanced age
  - HTN

30. What is laceration involving skin, mucosa, perineal body and sphincter & rectal mucosa called?
- 1<sup>st</sup> degree tear
  - 2<sup>nd</sup> degree tear
  - 3<sup>rd</sup> degree tear
  - 4<sup>th</sup> degree tear
  - Procidentia

31. Fetal risks of acute partum hemorrhage are
- Pre term delivery and prematurity
  - Intra uterine fetal death
  - Fetal growth restriction
  - All of the above
  - None of the above

32. The most common cause of PPH (Post Partum Haemorrhage) is
- Uterine laceration
  - Uterine atony
  - Cervical tear
  - Retained placenta
  - Vaginal lacerations

33. Spontaneous inversion of the uterus occurs in,
- Precipitate labour
  - Magnesium sulphate drip
  - Fundal insertion of the placenta
  - All of the above
  - None of the above

ANSWER KEYS

1. LABOUR

1.A	2.A	3.B	4.A	5.C	6.C
7.A	8.A	9.A	10.C	11.A	12.E
13.C	14.A	15.A	16.B	17.B	18.C
19.A	20.C	21.A	22.B	23.E	24.E
25.B	26.C	27.B	28.A	29.B	30.D
31.E	32.B	33.D	34.B	35.B	36.D
37.A	38.B	39.D	40.D	41.E	42.A
43.E	44.A	45.B	46.D	47.B	48.A
49.B	50.D	51.E	52.B	53.A	54.C
55.B	56.C	57.C	58.C	59.B	60.B
61.A	62.A	63.B	64.B	65.C	66.B
67.D	68.E	69.E	70.D	71.A	72.A
73.B	74.	75.A	76.B		

2. PUEPERIUM

1.C	2.D	3.A	4.B	5.D	6.A
7.C	8.C	9.B	10.C	11.D	

3. CH 15 OPERATIVE INTER IN OBS

1.D	2.A	3.D	4.C	5.C	6.A
7.C	8.B	9.A	10.C	11.E	12.D
13.B	14.A	15.B	16.C	17.D	18.D
19.S	20.C	21.E	22.D	23.E	24.B
25.B	26.D	27.A			

4. CH 14 OBS ER

1.A	2.B	3.C	4.E	5.A	6.B
7.A	8.B	9.A	10.C	11.A	12.B
13.A	14.B	15.D	16.A	17.C	18.C
19.B	20.A	21.A	22.A	23.B	24.C
25.C	26.A	27.A	28.B	29.B	30.D
31.D	32.B	33.D			

# OBSTETRICS PROBLEMS

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## CHAP 11- MEDICAL DISEASE COMPLICATING PREGNANCY

1. A 26 years G3P2 with 32 weeks period of gestation has come to you with generalized pruritis mostly on sole and palms, dark coloured urine and pale stools. On examination, there is no rash and patient is not jaundiced. Her laboratory investigations shows deranged transaminases and bile acids. What is the most likely diagnosis?

- a. Acute hepatitis
- b. Autoimmune hepatitis
- c. Hellp syndrome
- d. Cholestasis of pregnancy
- e. Shock syndrome

2. Progesterone in pregnancy causes relaxation of the smooth muscle of

- a. The GI tract
- b. The uterus
- c. blood vessels
- d. The ureters
- e. All of the above

3. The Arius Stella reaction may be seen with all except:

- a. Ectopic pregnancy
- b. Birth control pills
- c. Abortion
- d. Trophoblastic disease
- e. Normal Pregnancy

4. A 37 years old woman in her second pregnancy had delivered a live male baby. She has no past medical history of note. Ten minutes after delivery she complains of a sudden onset of severe headache that is associated with vomiting. She after this, she losses consciousness and is unresponsive to any stimuli, which is the most likely diagnosis?

- a. Simple fainting
- b. Hypoglycemia
- c. Subarachnoid hemorrhage
- d. Epileptic fit
- e. None of the above

5. The risk for development of fetal macrosomia increased in the following except:

- a. Primiparity
- b. Diabetes with pregnancy
- c. Post-term pregnancy
- d. Prior macrosomic infants
- e. Maternal obesity

6. A 27-year-old woman presents at 33 weeks first pregnancy. She is complaining of general itching, worse on the palm of her hands and her feet. Abdominal examination is unremarkable. Blood investigations reveal that she has increased bile acids. Choose the SINGLE most appropriate treatment from the following list of options.

- a. Calcium supplements
- b. Oral labetolol
- c. Ritodrine
- d. Ursodeoxycholic acid
- e. Erythromycin

7. Gravida 5, para 4 lady with 10 weeks of pregnancy has had an anencephalic baby 2 years back. Which of the following, if deficient during pregnancy, can lead to the above mentioned problem

a. Folic acid    b. Iron    c. Vitamin D  
 d. Calcium    e. Zinc

8. The following renal changes are typical of normal pregnancy except:

- a. Increased GFR  
 b. Decreased excretion of folate  
 c. Increased excretion of glucose  
 d. Ureteric dilatation  
 e. Increased excretion of urate

9. A 34 year old G3p2, 33 weeks pregnant came to OPD with history of headache, epigastric pain. On examination, her BP is 160/100 mmHg, pulse is 84/min, urine albumin is +2. She is admitted for observation and prescribed antihypertensive drugs. Which of the following antihypertensive is contraindicated in preeclampsia?

- a. Labetolol    b. Nifedipine  
 c. Angiotensin converting enzyme inhibitor  
 d. Hydralazine    e. Methyl dopa

10. A 30 years old G6p4, 32 weeks pregnant came to OPD with history of shortness of breath, and easy fatigability. On examination BP is 100/60 mmHg, pulse is 100/min and pale looking. The doctor asked for some investigations. Which of the following is most sensitive test to detect iron depletion in pregnancy?

- a. Serum Iron level  
 b. Serum transferrin level  
 c. Serum Ferritin Level  
 d. Blood Hb Level  
 e. Serum erythropoietin level

11. A 34 year old woman is noted to have significant uterine bleeding after a vaginal delivery, complicated by severe placental abruption. She is

noted to be bleeding from multiple venipuncture sites. Which of the following is the best therapy?

a. Immediate hysterectomy  
 b. Packing of uterus  
 c. Hypogastric artery ligation  
 d. Ligation utero-ovarian ligament  
 e. Correction of coagulopathy

12. 28 years old PG at 20 weeks of gestation is being seen for prenatal care. O/E, BP is 100/60, HR is 80/min, temperature is normal. Her Hb is 9.5 gm/dl with increased HbA2 levels. What is the likely diagnosis?

- a. Beta thalassemia Major  
 b. Beta thalassemia minor  
 c. Hereditary spherocytosis  
 d. Iron defi deficiency anemia  
 e. B12 deficiency anemia

13. An 18-years-old, primigravida, with 30 weeks pregnancy came to OPD with swelling of feet. O/E, her BP is 140/90 mmHg, pulse is 90/minute with bilateral edema feet. She needs which type of antenatal care?

- a. Community based care  
 b. Customized antenatal clinics  
 c. Day care  
 d. Hospital based care  
 e. Shared care

14. How will you write obstetrical history of a 30 weeks pregnant lady having history of laparotomy for ectopic pregnancy, one miscarriage at 12 weeks, one twin pregnancy (one alive and other still birth) at 28 weeks gestation and one full term live birth?

- a. G4 P33+1+1+0  
 b. G5 P21+2+2+2  
 c. G5 P22+1+0+2  
 d. G5 P31+2+2+2  
 e. G6 P23+2+1+1

15. A 26-years-old, G3P2 with 32 weeks pregnancy has come to you with generalized pruritis mostly on sole & palma, dark coloured urine & pale stools. O/E there is no rash & patient is not jaundiced. Her laboratory investigations show deranged transaminases & bile acids. The most likely diagnosis is:

- a. Acute hepatitis
- b. Autoimmune hepatitis
- c. HELLP syndrome
- d. Obstetric cholestasis of pregnancy
- e. Toxic shock syndrome

16. A 22-years-old primigravida, with 20 weeks pregnancy has been brought with history of generalized tonic clonic seizures associated with tongue biting & urinary incontinence. She has been diagnosed as epileptic & was started on antiepileptic drug. She has been brought back after 02 weeks of treatment with SLE like rash, lymphadenopathy & peripheral neuropathy. Which of the following drugs is responsible for these side effects?

- a. Carbamazepine
- b. Lamotrigine
- c. Phenobarbitol
- d. Phenytoin
- e. Primidone

17. A 20-years-old primigravida with 32 weeks pregnancy, married to her first cousin, while investigating for anemia, was diagnosed as thalassemia carrier. You are counseling her about the inheritance of thalassemia. If her husband is also a carrier, all of the following are true EXCEPT

- a. Only one in eighth chance of having a normal baby
- b. If the partner carries sickle cell trait, beta thalassemia trait, there is one in four risk of having a child with major hemoglobinopathy
- c. All babies will be carriers
- d. Half of the children will be carrier
- e. Only one in eighth chance of having a baby with thalassemia major

18. A young Para 2, postnatal 30 days, has been brought to emergency with sudden onset of high

grade fever & generalized body aches, vomiting & diarrhoea. O/E, she has diffuse body rash with blanching erythema & BP of 90/60 mmHg. Laboratory investigations show leucocytosis, thrombocytopenia & raised serum bilirubin, liver enzymes & creatinine phosphokinase. The most likely cause for these manifestations is:

- a. Acute hepatitis
- b. HELLP syndrome
- c. Measles
- d. Thrombocytopenic purpura
- e. Toxic shock syndrome

19. Likely contributory mechanism of the anticonvulsant action of Magnesium sulphate includes all of following EXCEPT:

- a. Neuronal Ca-channel blockade
- b. Peripheral neuromuscular blockade
- c. Reversal of cerebral arterial vasoconstriction
- d. Inhibition of platelet aggregation
- e. Release of endothelial prostacyclin

20. A Rh negative woman with a history of stillborn at 38/52 due to hemolytic diseases, her husband's genotype is CDE/cde. In her current pregnancy which of the following statements is CORRECT?

- a. 100% of her babies will be Rh positive
- b. Immunoglobulin should not be given regardless of baby's Rh status
- c. Immunoglobulin should be given regardless of baby's Rh status
- d. There is 50% chance that her baby will be Rh negative
- e. By history alone, she should not be allowed to go after 36/52

21. A 33-year-old woman with a microadenoma of the pituitary gland becomes pregnant. When she reaches 28 weeks gestation, she complains of headaches and visual disturbances. Which of the following is the best therapy?

- a. Craniotomy and pituitary resection

- b. Tamoxifen therapy
- c. Oral bromocriptine therapy
- d. Expectant management
- e. Lumbar puncture

22. Which of the following is the complication of magnesium sulphate drug?

- a. Central nervous system depression
- b. Respiratory depression
- c. Renal failure
- d. All of the above
- e. None of the above

23. Which of the following is the method of inducing labour in a woman with cardiac disease?

- a. ARM + escalating dose of syntocinon drip
- b. Caesarean section
- c. Prostaglandin
- d. Laminaria tent
- e. none

24. Which is the safe anaesthetic in a woman with cardiac disease?

- a. General anaesthesia
- b. Epidural anaesthesia
- c. Spinal anaesthesia
- d. None of the above
- e. B+C

25. Which of the following hormones is not diabetogenic?

- a. Oestrogen
- b. Progesterone
- c. Human placental lactogen
- d. Prolactin
- e. none

26. A 28-year-old woman recently underwent C-section delivery. Which of the following is the most appropriate method for preventing the development of deep venous thrombosis?

- a. Unfractionated heparin intravenous infusion
- b. Bed rest
- c. Early ambulation
- d. Depomedroxyprogesterone acetate (Depo-Provera)
- e. All of the above

27. A 20 years old primigravida, at 6 weeks gestation, presents in antenatal clinic with the history of vegetarian diet & eats only food of plant origin. She does not eat dairy products either (eggs, milk etc). In which of the following nutrients she will not be deficient?

- a. Calcium
- b. Calories
- c. Folic acid
- d. Vitamin B12
- e. Zinc

28. A 28-years-old G1 presents to your clinic at 8 weeks of gestation with history of diabetes since age of 14 years. She uses insulin and denies any complications of diabetes. Which of the following is the most common birth defect associated with diabetes?

- a. Anencephaly
- b. Encephalocele
- c. Meningomyelocele
- d. Sacral agenesis
- e. Ventricular septal defect

29. A primigravida came at 8 weeks pregnancy and wants to have U/S examination: At this gestation, which one of the following ultrasonic measurements is most useful?

- a. Abdominal circumference
- b. Biparietal diameter
- c. Crown rump length
- d. Femur length
- e. Placental site

30. In which of the following conditions would consumptive coagulopathy most likely be seen?

- a. Placental abruption
- b. Placenta previa
- c. Gestational diabetes
- d. Multifetal gestation
- e. Gestational trophoblastic disease

31. A 35 years old G5P4 having 33 weeks pregnancy and a fibroid of 6X6cm. She presented with severe pain. What should be the treatment option in this case?

- a. Emergency cesarean section
- b. Myomectomy
- c. Cesarean section followed by Hysterectomy
- d. Conservative management
- e. Termination of pregnancy

32. A 28 years old G1 presents to your OPD at 8 weeks gestation with the history of diabetes since the age of 14 years. She uses insulin and denies any complications of diabetes. Which of the following is the most common birth defect associated with diabetes?

- a. Anencephaly
- b. Encephalocele
- c. Meningomyelocele
- d. Sacral agenesis
- e. Ventricular septal defect

**33. Neural tube defects**

- a. The ultrasound finding of a banana shaped cerebellum is a marker of spina bifida
- b. The recurrent risk if one sibling has been affected is 1:25
- c. Pre-conceptional folic acid (300 $\mu$ g/day) reduces the risk of recurrence
- d. Anti-epileptic drugs are not associated with neural tube defects
- e. Anencephaly the vault of skull and cerebral cortex are not absent

34. In pregnancy with mitral stenosis patients are exposed to complications, the commonest complication is

- a. Mitral valve prolapse due to increase cardiac output
- b. Pulmonary hypertension due to increase pulmonary resistance

- c. Pulmonary edema due to increase left arterial pressure
- d. Aortic dissection due to increase peripheral resistance
- e. Congestive cardiac failure due to increase right arterial pressure

35. A 30 years old primigravida in her first trimester has come to OPD for her antenatal check up. Her mother had DVT and died because of pulmonary embolism. Her sister had DVT while she was pregnant. On investigation this young patient has protein C deficiency. You will start heparinization;

- a. 20-24 weeks
- b. After 28 weeks
- c. 30-32 weeks
- d. 16-18 weeks
- e. 12-14 weeks

36. Infants at risk of developing symptomatic hypoglycemia are

- a. Healthy term babies
- b. Birth weight 2.5-3.5 kg
- c. Breast fed babies
- d. Infants born through assisted breech delivery
- e. Infants of diabetic mothers

37. A pregnant lady came with pain in her calf muscle with local rise in temperature to the antenatal clinic. What treatment should be started

- a. Aspirin
- b. LMWH
- c. Paracetamol
- d. Cocodamol
- e. Aspirin and heparin

38. Medical termination of pregnancy (MTP) in the 1<sup>st</sup> trimester is indicated in a cardiac disease in all except

- a. Atrial fibrillation
- b. Eisenmenger syndrome
- c. Congestive cardiac failure
- d. Grade II cardiac disease
- e. none

39. Maximum risk of Rh<sub>s</sub> isoimmunisation occurs

- a. During abortion
- b. Amniocentesis
- c. 36 weeks
- d. 3<sup>rd</sup> stage of labour
- e. All of the above

40. Which of the following is a known complication of diabetes in pregnancy?

- a. Increases the incidence of congenital abnormalities
- b. Development of pregnancy induced hypertension
- c. Development of oligohydramnios
- d. Development of retinopathy
- e. Jaundice

41. In which of the following conditions would consumptive coagulopathy most likely be seen?

- a. Placental abruption
- b. Placenta previa
- c. Gestational diabetes
- d. Multifetal gestation
- e. Gestational trophoblastic disease

42. A 33-year-old woman with a microadenoma of the pituitary gland becomes pregnant. When she reaches 28 weeks gestation, she complains of headaches and visual disturbances. Which of the following is the best therapy?

- a. Craniotomy and pituitary resection
- b. Tamoxifen therapy
- c. Oral bromocriptine therapy
- d. Expectant management
- e. Lumbar puncture

43. A 28-year-old woman recently underwent cesarean delivery. Which of the following is the most appropriate method for preventing the development of deep venous thrombosis?

- a. Unfractionated heparin intravenous infusion
- b. Bed rest
- c. Early ambulation
- d. Depomedroxyprogesterone acetate (Depo-Provera)
- e. All of the above

44. A 24-year-old woman delivered vaginally at term approximately 2 months previously. She was in good health until 1 week ago, when she began to complain of nervousness, tremulousness and feeling warm. TSH level is 0.01 mIU/L. Which of the following is the most likely diagnosis?

- a. Grave's disease
- b. Destructive lymphocytic thyrotoxicosis
- c. Multinodular thyrotoxicosis
- d. Autonomous thyroid adenoma
- e. Pheochromocytoma

45. A decreased maternal serum  $\alpha$ -fetoprotein level usually is seen in which of the following circumstances?

- a. Twin pregnancy
- b. Fetal anencephaly
- c. Down's syndrome
- d. Fetal omphalocele
- e. Fetal-maternal hemorrhage

46. A 22-year-old woman who underwent cesarean delivery has persistent fever of 102°F despite triple antibiotic therapy (ampicillin, gentamicin, and clindamycin). Urinalysis, wound, breasts, and uterine fundus are normal on examination. CT scan of the pelvis is suggestive of septic pelvic thrombophlebitis. Which of the following is the best therapy for this condition?

- a. Continued triple antibiotic therapy
- b. Discontinue antibiotic therapy and initiate intravenous heparin
- c. Continue antibiotic therapy and begin intravenous heparin
- d. Surgical embolectomy
- e. Streptokinase therapy

47. Periconceptual folic acid supplementation helps to prevent the following pregnancy complications

- a. Fetal cleft lip and palate
- b. Fetal neural tube defects
- c. Fetal growth retardation
- d. Placental abruption
- e. Pregnancy induced hypertension

39. Maximum risk of Rh<sub>+</sub> isoimmunisation occurs during  
 a. Abortion  
 b. Amniocentesis  
 c. 36 weeks  
 d. 3<sup>rd</sup> stage of labour  
 e. all of the above

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- d. Placental abruption
- e. Pregnancy induced hypertension

48. In the average obstetrical patient, which of the following accounts for the largest weight gain over pre pregnancy weight?

- a. Amniotic fluid
- b. Weight of the fetus
- c. Breast growth
- d. Fluid volume
- e. Uterine growth

49. Insulin requirement of pregnant diabetic women are greatest during

- a. First half of pregnancy
- b. Immediate post partum period
- c. Labour and delivery
- d. Second half of pregnancy
- e. The weeks following delivery

50. Which of the following material haematological disorders may result in fetal or neonatal bleeding

- a. Acute leukemia
- b. Aplastic anemia
- c. Auto immune thrombocytopenic purpura
- d. Severe iron deficiency anemia
- e. Von Willebrand's disease

51. Neural tube defects occur due to deficiency of

- a. Iron
- b. Folic acid
- c. Vitamin B12
- d. Calcium
- e. Magnesium

52. A G4P3 came with 24 weeks gestation to Gynae OPD. She wants to know about her status regarding blood sugar. Which one of the following will be the best screening test for Gestational diabetes?

- a. Blood sugar series
- b. Fasting blood sugar
- c. Glucose challenge test
- d. Glucose tolerance test.
- e. Random blood sugar

53. Students of final year MBBS are sitting for group discussion on anti d prophylaxis. Which one of the following is the correct one.

- a. Is contra-indicated during pregnancy if the woman is Rhesus negative

- b. Should be given to all Rhesus negative women amniocentesis
- c. Should be given to all Rhesus positive women who give birth to Rhesus. Negative babies.
- d. Should be given to all sensitized Rhesus negative women after delivery
- e. Should be given to all woman who's babies are Rhesus negative

54. A G3 P2 came to labour pain with 36 weeks pregnancy and right upper quadrant pain. On examination her BP is 160/110. Urine albumin is + and platelet count is 100,000/cmm. HB is 9 gm/dl. What of the following could be the most possible cause for this pain?

- a. Cholecystitis
- b. Gastric ulcer
- c. Oesophagitis
- d. Pancreatitis
- e. Tension of the liver capsule

55. A RH negative woman with a history of still at 38/52 due to Hemolytic diseases. Her husband genotype CDE/cde. In her current pregnancy which of the following statements is correct

- a. 100% of her babies will be Rh positive.
- b. By history alone, she should not be allowed to after 36/52.
- c. Immunoglobulin should be given regardless of baby's Rh status
- d. Immunoglobulin should not be given regardless of baby's Rh status
- e. There is 50% chance that her baby will be Rh negative.

56. A 34 years old G5, P4 with 34 weeks pregnancy have HB A1C of 7.5. She was found to have 34 normal pregnancy with polyhydramnios on Ultrasound. What could be the most probable of polyhydramnios in this case?

- A: Oesophageal atresia of fetus
- b. Neural tube defects/hydrocephalus
- c. Diabetes

57. A primigravida comes to Gynae OPD with 10 weeks pregnancy. She visited a General practitioner who advised her to take folic acid. She is concerned to know the role of folic acid in pregnancy

- a. It prevents cardiac defects
- b. It prevents urinary tract infections
- c. It prevents congenital liver disease
- d. It prevents neural tube defects
- e. It prevents diaphragmatic defects

58. Which of the following biochemical premature is the most sensitive to detect spine .....

- a. Maternal serum & -fete protein
- b. Amniotic a fetc protein
- c. Serum estradial d. HCG
- e. Serum progesterinic

59. The most common cause of iron deficiency anaemia in pregnancy is

- a. Nutritional b. Hookworm infestation
- c. Malaria d. Urinary tract infection
- e. All of the above

60. The most risky period during pregnancy in a woman with cardiac lesion is

- a. 1<sup>st</sup> trimester b. 2<sup>nd</sup> trimester
- c. 32-34 weeks d. 38 weeks
- e. 40 weeks

61. A woman with a cardiac disease presents with cardiac failure at 16 weeks. Which of the following is the correct treatment?

- a. Conservative medical therapy
- b. Emergency cardiac surgery
- c. MTP (surgical)
- d. Mifepristone
- e. misoprostol

62. Which of the following carries the highest perinatal mortality?

- a. Cyanotic heart disease
- b. Hypertensive heart disease
- c. Coarctation of aorta

- d. Mitral valvular disease
- e. All of the above

#### HAP 14- OBST\_EMERGENCY

1. While managing a patient of placental abruption, which of the following life threatening complication must be kept in mind, not usually seen in placenta previa?

- a. Disseminated intravascular coagulopathy
- b. Haemorrhage
- c. Shock
- d. Renal failure
- e. Preterm birth

2. A 39 years old woman, gravida 2, para 1, at 30 weeks gestation comes to the physician for a prenatal visit. The patient's due date was determined from a 7 week ultrasound. Her prenatal course atal course has been unremarkable. She has no complaints of contractions, loss of fluid, or bleeding from the vagina, and her baby is moving well. Examination demonstrates a fundal height of 27 centimeters which is the same measurement as was determined 4 weeks ago with fetal heart rate of 150/min. This patient's fundal height measurement is most suggestive of which of the following?

- a. Inaccurate estimated date of delivery (due date)
- b. Premature labor
- c. Intrauterine growth restriction
- d. Twin gestation
- e. Pregnancy with fibroid

3. Primary postpartum hemorrhage is:

- a. Prevented by ergometrine alone in routine practice
- b. Commonly due to trauma to genital tract
- c. Often related to fetal weight
- d. More commonly due to uterine atony
- e. Related to PIH

4. Which of the following is a risk factor for shoulder dystocia?

- a. Maternal diabetes
- b. Fetal hydrocephalus
- c. Fetal prematurity
- d. Normal labour
- e. Breech presentation

5. An 18 years old woman is noted to have a marginal placenta previa on an ultrasound at 24 weeks gestation. Which of the following is the most appropriate management?

- a. Schedule cesarean delivery at 38 weeks
- b. Schedule an amniocentesis at 36 weeks & delivery by C-section if the fetal lung is mature
- c. Reassess placental position at 33-34 weeks
- d. Recommend termination of pregnancy
- e. Reassess placental position digitally by vaginal examination 32-34 weeks

6. A pre-eclamptic patient has just delivered and has a soft uterus with moderate bleeding. Examination reveals no laceration. Out of the options below, the BEST medication choice for this patient is:

- a. 0.2 mg IV ergometrine
- b. 0.5 mg oral ergometrine
- c. 5 units of oral oxytocin
- d. 0.5 mg IM ergometrine
- e. 20 units Oxytocin in a 500ml of 5% Dextrose water, given IV

7. A 24-year-old G2P1 woman at 39 weeks gestation presents with painful uterine contractions. She also complains of dark, vaginal blood mixed with some mucus. Which of the following describes the most likely etiology of her bleeding?

- a. Placenta previa
- b. Placenta abruption
- c. Bloody show
- d. Vasa previa
- e. Cervical laceration

8. A 31 years old G2P1 woman at 39 weeks gestation complains of painful uterine contractions that are occurring every 3 to 4 min. Her cervix has changed only from 1cm dilation to 2cm dilation over 3 hours. Which one of the following management plans is most appropriate?

- a. Cesarean Delivery
- b. Intravenous oxytocin

- c. Observation
- d. Fetal scalp pH monitoring
- e. Intranasal gonadotropin therapy

9. A 24 yr old lady presents in gynae clinic with the history of 9 weeks gestation & bright red vaginal bleeding +uterine cramps. Pelvic examination was not diagnostic. The most appropriate next step is to:

- a. Advise complete bed rest
- b. Begin progesterone treatment
- c. Obtain a pelvic ultrasound scan
- d. Obtain a quantitative serum & hCG level
- e. Perform colposcopy

10. A 28 year old primigravida at term comes to the labor room with a gush of fluid and regular contractions. Her prenatal course was remarkable for her being Rh negative and antibody negative. Her husband is Rh positive. After normal spontaneous vaginal delivery, the placenta does not deliver spontaneously and a manual removal is required. To determine the correct amount of anti-D immune globulin, which of the following shall be taken as reference

- a. Complete blood count
- b. Kleihauer-Betke test
- c. Liver function tests
- d. Prothrombin time
- e. Serum potassium

11. In normal biophysical profile, the largest pocket of amniotic fluid should not be more than

a. 8 cm	b. 25 cm	c. 30 cm
d. 35 cm	e. 1 cm	

12. Which of the following placental implantation sites would most likely predispose to an inverted uterus?

- a. Fundal
- b. Anterior
- c. Posterior
- d. Lateral
- e. Lower segment

13. A 24-year-old G2 P1 woman at 39 weeks gestation presents with painful uterine contractions. She also complains of dark, vaginal blood mixed with some mucus. Which of the following describes the most likely etiology of her bleeding?

- a. Placenta previa
- b. Placenta abruption
- c. Bloody show
- d. Vasa previa
- e. Cervical laceration

14. A 22-year-old G1 PO woman at 34 weeks gestation presents with moderate vaginal bleeding and no uterine contractions. Which of the following sequences of examinations is most appropriate?

- a. Speculum examination, ultrasound examination, digital examination
- b. Ultrasound examination, digital examination, speculum examination
- c. Digital examination, ultrasound examination, speculum examination
- d. Ultrasound examination, speculum examination, digital examination
- e. Ultrasound examination only

15. An 18-year-old woman is noted to have a marginal placenta previa on ultrasound examination at 22 weeks gestation. Which of the following is the most appropriate management?

- a. Reassess placental position at 32 weeks
- b. Recommend termination of pregnancy
- c. Schedule cesarean delivery at 39 weeks
- d. Schedule an amniocentesis at 36 weeks and deliver by cesarean section if the fetal lungs are mature
- e. Schedule a magnetic resonance imaging (MRI) examination at 35 weeks to assess for possible percreta involving the bladder

16. Which of the following is a risk factor of placenta previa?

- a. Prior salpingitis
- b. Hypertension

- c. Multiple gestation
- d. Polyhydramnios
- e. All of the above

17. A 33-year-old G2 P1 woman at 39 weeks gestation in active labor is noted to have a 1-min episode of bradycardia in the 100 bpm range on the external fetal heart rate tracing, which has not resolved. Her cervix is closed. Which of the following is the best initial step in management of this patient?

- a. Fetal scalp pH assessment
- b. Emergency cesarean delivery
- c. Intravenous atropine
- d. Intravenous terbutaline
- e. Assess maternal pulse

18. Which of the following is a criterion for severe preeclampsia?

- a. Elevated uric acid levels
- b. 5 g of proteinuria excreted in a 24-hour period
- c. 4+ pedal edema
- d. Platelet count of 105,000/mm<sup>3</sup>
- e. All of the above

19. A 30-year-old G2 P1 woman at 28 weeks gestation with preterm premature rupture of membranes is suspected of having intra-amniotic infection based on fetal tachycardia. The maternal temperature is normal. Which of the following is the most accurate method for confirming intra-amniotic infection?

- a. Serum maternal leukocyte count
- b. Speculum examination of the vaginal discharge
- c. Amniotic fluid Gram stain by amniocentesis
- d. Palpation of the maternal uterus
- e. Height of oral temperature

20. A 34 weeks pregnant lady with confirmed preterm prelabour rupture of membranes has normal, alive, cephalic fetus on ultra sound. What action you will advise next?

- a. Blood complete examination
- b. C-reactive protein
- c. Erythrocyte sedimentation rate
- d. High vaginal swab
- e. Urine R/E

21. Which of the following is a risk factor of placenta praevia

- a. Hypertension
- b. Multiple gestation
- c. Pelvic inflammatory disease
- d. Polyhydramnios
- e. None of the above

22. A patient of 30 weeks gestation (by early ultrasound scan) is found to have a uterus of 34 weeks size. The findings may be explained by all the following conditions EXCEPT

- a. Macrosomic fetus
- b. Multi fetal pregnancy
- c. Placenta previa
- d. Polyhydramnios
- e. Uterine fibroid

23. Which of the following drugs is not effective in controlling PPH

- a. Methergin
- b. Syntocinon
- c. Misoprostol
- d. Drotaverine
- e. Prostaglandin F2a

24. A 38 weeks pregnant patient becomes faint while lying supine on your examination table. Using your knowledge of normal maternal physiology, which of the following would you employ immediately.

- a. Blood transfusion.
- b. Haemaccel
- c. I.V Saline solution
- d. Oxygen by face mask
- e. Turning the patient on her side

25. Regarding premature rupture of the membrane which of the following is the correct definition

- a. Rupture of membranes before the onset of labor.

- b. Rupture of membranes before fetal lung maturity.
- c. Rupture of membranes before term.
- d. Rupture of membranes before 28 weeks gestation.
- e. All the above

26. A primigravida in her 1<sup>st</sup> pregnancy reported to antenatal clinic at 28 weeks of gestation. Her two elder sisters have delivered all the babies with C-section. She is very much afraid of operative delivery. She wishes to have normal vaginal delivery. You told her different absolute and relative indications for C-sections. Which of the following is the absolute indication for elective C-section.

- a. Antepartum hemorrhage.
- b. Fetal distress.
- c. Placenta previa totalis.
- d. Previous CS.
- e. Twin pregnancy.

27. A pregnant woman with 34 weeks pregnancy presents with a placenta praevia of a major degree and fetus is malformed. Which of the following will be the best management?

- a. Caesarian section
- b. Forceps delivery in the second stage to accelerate delivery.
- c. Induce with PG E2
- d. Oxytocin drip
- e. Rupture of membrane

28. A 25 years old lady just delivered a male alive baby of 3.7 kg. She went into PPH. Placenta is completely out. No genital tear is found. No history of coagulation disorder is present. Uterus is not contracted.

- Best option for her management is
- a. 0.5 mg oral ergometrine and uterine massage
  - b. 5 units oral syntocinon and uterine massage
  - c. Intra-venous progesterone
  - d. Uterine massage
  - e. Uterine massage with 40 units syntocinon in 500 ml 0.9% NS to be given intravenously

- a. Blood complete examination
- b. C-reactive protein
- c. Erythrocyte sedimentation rate
- d. High vaginal swab
- e. Urine R/E

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- c. Intra-venous progesterone
- d. Uterine massage
- e. Uterine massage with 40 units syntocinon in 500 ml D5 % NS to be given intravenously

29. A 33 years old woman at 37 weeks gestation confirmed by early sonogram presents with moderate to severe vaginal bleeding, and is note by sonogram to have placenta previa, which of the following is the best management for her.

a. Artificial rupture of the membrane

b. Caesarean section

c. Expectant management

d. Give tocolytic drugs

e. Induction of labor

30. To calytics used in preterm labour are

a. Riodine and salbutamol

b. Warfarin

c. Oxytocin + PGE2

d. Aspirin

e. Tricyclic anti depressant

31. Recognoized causes of intra uterine death of fetus all EXCEPT

a. Maternal Hypertension

b. Domiphene citrate

c. Infectious

d. Cord accident

e. Chromosomal abnormalities

32. Placenta previa is more likely to be found in a pregnancy associated with

a. Previous mawdi general of placenta

b. Pyometra

c. Previous C section

d. Pre eclampsie

e. Helep syndrome

33. Convulsive uterus is a condition seen in

a. Placenta praevia

b. Abruptio

c. Vas previa

d. Marginal placenta

e. Fibrid uterus

34. Which is the immediate treatment in eclampsia?

- a. Sedation and control of fits
- b. Control blood pressure
- c. Immediate caesarean delivery
- d. Immediate Induction of labour
- e. All of the above

35. Maternal death in eclampsia is due to all except

a. Pulmonary oedema

b. Cardiac failure

c. Cerebral haemorrhage

d. Coagulation failure and bleeding

e. None

36. Eclamptic fits are controlled by which of the following drugs?

a. Magnesura sulphate

b. Phenytoin sodium

c. Largaetil, Phenergan

d. All of the above

e. none

37. Which is true of vasa praevia?

a. Causes antepartum haemorrhage

b. It is a common cause of PPH

c. It causes maternal bleeding

d. All of the above

e. None

38. Uterine fibroid in pregnancy causes all of the following complications except

a. Abortion

b. Red degeneration

c. Retention of urine

d. Preterm labour

e. Adherent placenta

39. Fetal bleeding in vasa praevia can be identified by which of the following?

a. Singer test

b. Kleihauer test

c. Coombs test

d. all of the above

e. None of the above

**CHAP 16\_INFECTION**

**1. Considering human immunodeficiency virus:**

Which statement is not correct?

- a. It is a retrovirus
- b. The antibody test may take 1 month to become positive after exposure
- c. The vertical transmission rate is approximately 15 per cent
- d. Stopping breast feeding is not an effective way of preventing vertical transmission
- e. With intervention, the vertical transmission rate can be reduced to 1-3 percent

**2. A 22 year old G2p0+1, 8 weeks pregnant came to OPD with history of high grade fever, chills, flu like illness and rashes. She is worried as she came to know that all infections in early pregnancy causes congenital abnormalities. Early maternal infection of which of following causes deafness, cardiac abnormalities, eyes problem, and mental retardation?**

- a. Parvovirus
- b. Herpes simplex virus
- c. Syphilis
- d. Rubella
- e. Toxoplasmosis

**3. 26 years old staff nurse, G3P2 with 12 weeks pregnancy, while working in medical ward got accidental prick from hepatitis B positive case. She has come to you for post exposure prophylaxis. The best prophylaxis for her is**

- a. Hepatitis B vaccine only
- b. Hepatitis B vaccine & Immunoglobulins
- c. Immunoglobulin's only
- d. Lamivudine
- e. No vaccination

**4. Mrs. Memoona is an epidemiologist & is planning to visit chloroquine resistant, malaria endemic area. She is 24 weeks pregnant. The most appropriate anti-malarial drug for her is:**

- a. Artemisinins
- b. Chloroquine
- c. Clindamycin
- d. Mefloquine
- e. Quinine

**5. A 32-years-old G5 delivers a stillborn fetus at 34 weeks. The placenta is noted to be much larger than normal. The fetus appeared hydropic and had petechiae over much of the skin. What is the most likely causative agent?**

- a. Herpes simplex
- b: Parvovirus
- c. Rubella virus
- d. Treponema pallidum
- e. Varicella zoster

**6. Which of the following maternal infections most strongly predisposes fetus to anomalies of the eye, ear, heart & brain?**

- a. Hepatitis C virus
- b. Brucellosis
- c. Rubella
- d. Epstein-Barr virus
- e. Human Papillomavirus

**7. Hypoplasia & yellow discoloration of the primary teeth has occurred in infants whose pregnant mothers were treated with drug:**

- a. Sulphonaudes
- b. Penicillin
- c. Streptomycin
- d. Dihydrostreptomycin
- e. Tetracycline

**8. Which of the following vaccines is generally indicated in a 16-year-old female?**

- a. Tetanus booster
- b. Hepatitis C
- c. Mumps
- d. Influenza
- e. None of the above

9. In each of the following clinical situations, which of the following etiologies of fetal anemia is due to a bone marrow process?
- Rh disease
  - Fifth disease
  - Anti-Duffy antibodies
  - HELLP (hemolysis elevated liver enzymes, low platelets) syndrome
  - Immune thrombocytopenia purpura

10. A 28-year-old parous woman at 16 weeks gestation is noted to have a positive Chlamydia assay of the endocervix. She is asymptomatic. Which of the following is an acceptable treatment?
- Intramuscular azithromycin
  - Intramuscular ceftriaxone
  - Oral amoxicillin
  - Oral diprofloxacin
  - Oral doxycycline

11. You have diagnosed a healthy 24 years female patient with uncomplicated acute UTI which of the following is likely organism for this patient's infection?
- Chlamydia
  - Pseudomonal
  - Klebsiella
  - E.coli
  - Candida albicans

12. Regarding rubella vaccination, choose the correct answer:
- It's a live attenuated virus.
  - It's a toxoid.
  - Pregnancy should be avoided for one year after the vaccination.
  - Should be given in pregnancy in non-immune mother.
  - Should be given to all pregnant mothers in the 1<sup>st</sup> antenatal visit

13. A young lady G 4, P3 presented with 36 weeks pregnancy and severe itching in vulva and vagina

associated with vaginal discharge. She was diagnosed to have candidiasis. What was the nature of her discharge?

- Thick curdy
- Thin curdy
- Thin yellowish
- Thick yellowish
- Thick creamy

14. Malaria causes which of the following? S
- Iron deficiency anaemia
  - Folic acid anaemia
  - Haemolytic anaemia
  - None of the above
  - A+C

15. Which of the following congenital anomalies occurs with rubella infection between 6-9 weeks gestation?
- Cardiac anomaly
  - Deafness
  - Microcephaly
  - Blindness
  - GI anomalies

16. Jaundice of the newborn is due to all except
- Physiological jaundice
  - Rh isoimmunization
  - Syphilis
  - Drugs
  - Umbilical cord sepsis

#### HYPERTENSIVE E.R: CHAP 12

1. A primigravida 20 years old, presents at 32 weeks gestation with blood pressure of 150/100 mmHg, has oedema feet and ++ albuminuria. The most likely diagnosis is:
- Eclampsia
  - Imminent eclampsia
  - Chronic hypertension
  - Pregnancy induced hypertension
  - Pre-eclampsia

2. 33 years old PG at 29 weeks of gestation is admitted to the hospital with BP of 160/110 mmHg, platelet count is 60000/microlitre and elevated LFTs. Which of the following is best management plan?

- a. MgSO<sub>4</sub> and induction of labour.
- b. Oral antihypertensive therapy
- c. Platelet transfusion
- d. 1/V immunoglobulin e.
- e. Expectant management

3. All of the following anti-hypertensives are considered safe for short term use in pregnancy

EXCEPT

- a. Captopril
- b. Methyldopa
- c. Hydralazine
- d. Nifedipine
- e. Labetalol

4. A primigravida with 34 weeks pregnancy presented in antenatal clinic with BP of 160/100 mmHg. A blood pressure of more than 140/90 mmHg on two separate occasions with proteinuria is called

- a. Gestational hypertension
- b. Eclampsia
- c. Gestational hypertension with superimposed pre-eclampsia
- d. Pre-eclampsia
- e. HELLP syndrome

5. 18 years old, PG with term pregnancy came to emergency with history of fits at home. On examination, her BP was 180/120 mmHg with proteinuria of +++. Her lab investigations show Hb 8gm/dl, SGPT 120 IU/L & Platelet count of 80,000/cmm. This patient is suffering from

- a. Androgen insensitivity syndrome
- b. Asherman's syndrome
- c. HELLP syndrome
- d. Mandelson's syndrome
- e. Porter syndrome

6. A primigravida presents in the antenatal clinic at 30 weeks gestation with the history of generalized swelling and headache for 3 days. On examination, her blood pressure was high i.e., 140/90 mmHg. The obstetrician decided to prescribe antihypertensive medication. Which of the following would be the most appropriate drug for her at this gestation?

- a. Diazoxide
- b. Hydralazine
- c. Labetalol
- d. Methyldopa
- e. Nifedipine

7. A 32-year-old woman of 39 weeks gestation attends the antenatal day unit feeling very unwell with sudden onset of epigastric pain associated with nausea and vomiting. Her temperature is 36.7°C. On Exam: she is found to have RUQ tenderness. Her blood results show mild anemia, low platelets, elevated liver enzymes and hemolysis. What is the most likely diagnosis?

- a. Acute fatty liver of pregnancy
- b. Acute pyelonephritis
- c. Cholecystitis
- d. HELLP syndrome
- e. Acute hepatitis

8. A 24-year-old lady who is 37 week pregnant was brought to the casualty. Her husband says that a few hours ago she complaint of headache, visual disturbance and abdominal pain. On arrival at the casualty she has a fit. What is the next appropriate management for this patient?

- a. 4gm MgSO<sub>4</sub> in 100ml 0.9% Normal Saline in 5 minutes
- b. 2gm MgSO<sub>4</sub> IV bolus
- c. 2gm MgSO<sub>4</sub> in 500ml NS in 1 hour
- d. 4gm MgSO<sub>4</sub> IV bolus
- e. 10mg diazepam in 500ml 0.9% NS in 1 hour

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- c. Platelet transfusion
- d. 1/V immunoglobulin e.
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- d. Methyldopa
- e. Nifedipine

7. A 32-year-old woman of 39 weeks gestation attends the antenatal day unit feeling very unwell with sudden onset of epigastric pain associated with nausea and vomiting. Her temperature is 36.7°C. On Exam: she is found to have RUQ tenderness. Her blood results show mild anemia, low platelets, elevated liver enzymes and hemolysis. What is the most likely diagnosis?

- a. Acute fatty liver of pregnancy
- b. Acute pyelonephritis
- c. Cholecystitis
- d. HELLP syndrome
- e. Acute hepatitis

8. A 24-year-old lady who is 37 week pregnant was brought to the casualty. Her husband says that a few hours ago she complained of headache, visual disturbance and abdominal pain. On arrival at the casualty she has a fit. What is the next appropriate management for this patient?

- a. 4gm MgSO<sub>4</sub> in 100ml 0.9% Normal Saline in 5 minutes
- b. 2gm MgSO<sub>4</sub> IV bolus
- c. 2gm MgSO<sub>4</sub> in 500ml NS in 1 hour
- d. 4gm MgSO<sub>4</sub> IV bolus
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10. An 18 years old, primigravida, came to emergency with 36 weeks amenorrhea, headache & pain, epigastrium. On examination her BP was 170/110 mmHg with proteinuria of +2. The best prophylactic anticonvulsant for her is

- a. Diazepam
- b. MGSO 4
- c. Pantathol
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## MIX

1. The following physiological measurements are increased in normal healthy pregnancy except:

- a. Pulse rate
- b. Cardiac output
- c. Serum colloid osmotic pressure
- d. GFR
- e. PCO<sub>2</sub>

2. Most common symptom associated with adenomyosis is:

- a. Infertility
- b. Menorrhagia
- c. Haematometra
- d. Dyspareunia
- e. Metrorrhagia

3. A 35 years old primigravida came for antenatal checkup. Her height is 4 feet 2 inches. Her X-ray

pelvimetry report shows "high assimilated pelvis". The term "high assimilated pelvis" means:

- a. High assimilation pelvis is the one with sixth sacral vertebrae
- b. The first sacral vertebrae is separate & behaves as a 6<sup>th</sup> lumbar vertebrae
- c. The maternal pelvis has narrow outlet
- d. The maternal pelvis is android type
- e. This is normal pelvis of anthropoid type

4. A 14 weeks pregnant woman had complete abortion. Which one of the following options is true regarding complete abortion?

- a. Uterus is usually bigger than date
- b. Cervical OS is opened with tissue inside the cervix
- c. Need to have evacuation of the uterus
- d. After complete abortion there is minimal or no pain and minimal or no bleeding
- e. Follow up with B-hCG for one year

5. Which of the following options improves oxygenation to the placenta?

- a. Lateral position
- b. Epidural anesthesia
- c. Morphine sulfate
- d. Intravenous oxytocin
- e. General anesthesia

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7. A primigravida presents in advanced labor with occipito-posterior presentation. Fetal heart is absent. The cervix is fully dilated. The head is at the level of ischial spines. How will you deliver this woman?

- a. Caesarean section
- b. Craniotomy if vaginal delivery is possible
- c. Forceps delivery
- d. Ventouse delivery
- e. Normal vaginal delivery trial only

8. A 25 years old primigravida is having 12 weeks pregnancy. She is unable to pass urine from last 14 hours. On examination, her bladder is palpable suprapublically. What could be the most probable cause for her retention?

- a. Fibroid uterus with pregnancy
- b. Ovarian tumor with pregnancy
- c. Ectopic pregnancy
- d. Retroverted gravid uterus
- e. Hydatidiform mole

9. A primigravida in 8 weeks pregnancy and wants to have ultrasound examination. At this gestation which one of the following ultrasound measurement is most useful

- a. Abdominal circumference
- b. Biparietal diameter
- c. Crown rump length
- d. Femur length
- e. Placental site

10. 29 years old primigravida is 20 weeks pregnant with twins. On routine ultrasonography for fetal anatomy, she is found to be carrying two boys. In this case, which of the following statements about her twins is true?

- a. Twins are monozygotic since both are males
- b. If division of these twins occurred after formation of embryonic disc, the twins will be conjoined
- c. If Ultrasound showed two separate placentae, the twins must be dizygotic

d. If they have two separate placentae, the twins cannot be monozygotic

e. She has higher incidence of monozygotic twins as she is primigravida

11. Pregnant lady with polyhydramnios, the cause could be:

- a. Fetus with oesophageal-atresia
- b. Fetus with polycystic kidney disease
- c. Fetal growth restriction
- d. Hyperprolactinaemia during pregnancy
- e. Patient is taking anti epileptic drugs

12. All the following are possible causes of Polyhydramnios, EXCEPT:

- a. Diabetes
- b. Multiple pregnancies
- c. Fetus with hydrops fetalis
- d. Fetus with duodenal atresia or neural tube defect
- e. IUGR

13. Using your knowledge of normal maternal physiology, which of the following would employ 38 weeks pregnant patient become faint while supine on you: examination table?

- a. Blood transfusion
- b. Turning the patient on her side
- c. Oxygen by face mask.
- d. I.V saline solution
- e. IV Hypertonic

14. A 25-year-old patient had an LSCS 24 hours ago for fetal distress. She now complains of intermittent vaginal bleeding. Observations: O2 sat=98% in air, BP=124/82mmHg, pulse=84bpm, temperature=37.8°C. The midwife tells you that she had a retained placenta, which required manual removal in the OT. Choose the most appropriate section complication in this case?

- a. Retained POC
- b. Aspiration pneumonitis
- c. Endometritis
- d. Uterine rupture
- e. DIC

15. A 17-year-old woman has swollen, non-tender cheeks and malodorous breath and dental caries. Which of the following is the most likely etiology?
- Acute mumps infection
  - Bulimia
  - Anorexia nervosa
  - Parotid gland infections.
  - Esophageal reflux

16. A woman with 8 weeks amenorrhoea develops vaginal bleeding, ultrasound shows an empty uterus. The possible diagnosis is
- Delayed period
  - Meiropathia haemorrhagica
  - Petopic pregnancy
  - Persistent corpus luteum
  - All of the above

17. The most frequently encountered anemia during pregnancy is
- Anemia of chronic disease
  - Folate deficiency anemia
  - Haemolytic anemia
  - Iron deficiency anemia
  - None of the above

18. Which is the complication of missed abortion
- Coagulation failure
  - Uterine rupture
  - Formation of lithopedion
  - Cardiac failure
  - None of the above

19. What is baseline fetal bradycardia?
- <90bpm
  - <100bpm
  - <110bpm
  - <120bpm
  - <130bpm
20. What is the most common cause of indirect maternal mortality
- Hemorrhage
  - Congenital cardiac disease
  - Infection
  - Hypertension
  - Amniotic fluid embolism

21. A 33 years old, G5 P4, came to emergency with 36 weeks amenorrhoea, headache, blurring of vision & finitus. On examination her BP was 170/110 mmHg with proteinuria of +2. The best anti-hypertensive for her is
- Injection frusemide
  - Injection hydralazine
  - Injection labetalol
  - Injection methyldopa
  - Injection Sodium nitroprusside

22. A G5 P4 came with 32 weeks of gestation with the complaints of dysnoea, and pain Abdomen. Examination showed moderate hydramnios, she is worried and wants to know the cause. Which of the following causes of polyhydramnios is more common
- Anencephaly.
  - Diabetes.
  - Hydrops fetalis.
  - Idiopathic.
  - Twin pregnancy.

23. If delivery occurs unexpectedly while the patient is on Heparin and excessive bleeding occurs, what is the appropriate initial intervention?
- Administration of tranexamic acid.
  - Administration of protamine sulphate
  - Administration of vitamin K
  - Infusion of fresh frozen plasma
  - Ligation of the hypogastric arteries

24. Regarding Anticoagulants in pregnancy, which of the following Laboratory parameters should be maintained at a level of 1.5 to 2.5 times baseline value?
- Anti Xa assay
  - Bleeding time.
  - Partial thromboplastin time.
  - Prothrombin time.
  - Thrombin time.

25. Fetal intrauterine growth restriction can be predicted by

- a. Maternal BP control
- b. Maternal Hb % estimation
- c. Maternal blood group
- d. Fetal biophysical profile
- e. Umbilical artery Doppler study

26. During pregnancy lot of hormones are released by placenta. Which particular hormone can create insulin resistance in pregnancy?

- a. Estrogen
- b. Progesterone
- c. HPL
- d. Pregnancy associated proteins
- e. Thyroxine

27. G8 P6 presented with 34 weeks pregnancy and polyhydramnios. Amniotic fluid index is measured to detect polyhydramnios. If it is

- a. AFI more than 25 cm
- b. AFI more than 18 cm
- c. AFI more 15 cm
- d. AFI less than 19 cm
- e. AFI less than 18 cm

28. Which of the following is most likely to cause sinusoidal heart rate pattern

- a. Placenta praevia
- b. Placental abruption
- c. Maternal anaemia
- d. RH-ISO immunization
- e. IUGR

29. A 35 years old G4, P3 at 38 weeks gestation presented with sudden loss of fetal movement which investigation would you like to do to assess well being

- a. Kech chart
- b. Fetuscopy
- c. Ultrasound
- d. Doppler USG
- e. CTG

30. Diabetes is complicated by which of the following?

- a. Macrosomia
- b. Unexplained stillbirth
- c. Hydramnios
- d. Malformed fetus
- e. All of the above

31. A pregnant woman develops glycosuria at 20 weeks pregnancy. The probable cause is

- a. Renal glycosuria
- b. Alimentary glycosuria
- c. Gestational diabetes
- d. All of the above
- e. none

32. Which of the following statements is wrong regarding hydrops fetalis?

- a. Fetus appears oedematous
- b. Liver is enlarged
- c. Ascites is present
- d. Fetus is deeply jaundiced
- e. All of the above

33. Hydramnios is caused by which of the following

- a. Placental angioma
- b. Fetal malformations
- c. Multiple pregnancy
- d. chorioangioma
- e. All of the above

34. Dexamethasone administered to the mother preterm labour causes all of the following except

- a. It prevents respiratory distress syndrome in the new-born
- b. Prevents intracranial haemorrhage
- c. Prevents necrotising enterocolitis
- d. Prolongs pregnancy
- e. none

35. A primigravida 32 weeks' pregnant presents with type III placenta praevia and profuse vaginal bleeding. The management is  
 a. ARM + syntocinon drip  
 b. Conservative with blood transfusion  
 c. Sedation and observe  
 d. Caesarean section  
 e. None

36. The most common cause of anaemia in pregnancy is \_\_\_\_\_ of the following?

- a. Folic acid deficiency  
 b. Iron deficiency anaemia  
c. Nutritional deficiency anaemia  
 d. Haemoglobinopathies  
 e. all of the above

37. How long does parenteral iron take to show improvement?

- a. One week      b. Two weeks      c. 4-8 weeks  
 d. 12 weeks      e. 20 weeks

38. Thalassaemia in the fetus is diagnosed by which of the following

- a. Ultrasound      b. Fetoscope  
c. Chorionic villus sampling  
 d. mothers blood      e. None of the above

39. A diabetic woman shows a high level of Hb1 Ac

- a. 12 weeks gestation. What is the possible pregnancy complication?  
 b. mortality rate increases  
c. Fetal malformation can occur  
 d. Increased risk of PIH  
 e. All of the above  
 f. None of the above

40. Kernicterus is characterised by all of the following except

- a. Convulsions      b. Spasticity  
 c. Jaundice      d. Intracranial haemorrhage  
 e. Mental retardation

180. Which of the placental factors cause hydramnios?

- a. Placenta circumvallate      b. Succenturiata placenta  
 c. Chorioangioma      d. All of the above  
 e. None

#### ANSWER KEYS

##### 1. CHAP 11- MEDICAL DISEASE COMPLICATING PREGNANCY

1.D	2.E	3.B	4.C	5.A	6.D
7.A	8.B	9.C	10.C	11.B	12.B
13.C	14.D	15.D	16.D	17.C	18.E
19.D	20.D	21.C	22.D	23.A	24.A
25.D	26.C	27.C	28.D	29.C	30.A
31.D	32.D	33.C	34.C	35.C	36.E
37.B	38.D	39.D	40.A	41.A	42.C
43.C	44.B	45.C	46.C	47.C	48.B
49.D	50.C	51.B	52.C	53.B	54.E
55.E	56.C	57.D	58.A	59.A	60.C
61.A	62.A				

##### 2. CHAP 14-OBS EMERGENCY

1.A	2.C	3.D	4.A	5.C	6.E
7.C	8.D	9.A	10.B	11.B	12.A
13.C	14.D	15.A	16.C	17.E	18.B
19.C	20.D	21.B	22.C	23.D	24.E
25.A	26.C	27.A	28.E	29.B	30.A
31.B	32.C	33.B	34.B	35.D	36.D
37.A	38.E	39.A			

##### 3.. CHAP 16-INFECTION

1.D	2.D	3.B	4.D	5.E	6.C
7.E	8.A	9.B	10.C	11.D	12.A
13.A	14.B	15.E	16.C		

##### 4. CHAP 12-HYPERTENSIVE EMERGENCY

1.E	2.A	3.A	4.D	5.C
6.D	7.D	8.A	9.A	10.B