

**Time: Three Hours****Max. Marks: 100****OBSTETRICS AND GYNAECOLOGY – PAPER – I (RS-4)****QP CODE: 1042****(QP Contains two pages)**Your answers should be specific to the questions asked  
Draw neat, labeled diagrams wherever necessary**LONG ESSAYS****2 x 10 = 20 Marks**

1. A 23-year-old G<sub>2</sub>P<sub>1</sub>L<sub>1</sub> has come with history of severe growth restriction at 34 weeks of gestation.
  - a) Define fetal growth restriction and describe the types of FGR.
  - b) Enumerate the causes fetal growth restriction.
  - c) What preventive measures can be taken before and during future pregnancies?
  - d) How would you monitor this woman during pregnancy?
2. A 30-year-old G<sub>3</sub>P<sub>2</sub> was admitted at 39 weeks of gestation with labour pains. Her hemoglobin was 7g/dl.
  - a) How would you manage her during labour?
  - b) What complications should one anticipate in such a case?

**SHORT ESSAYS****8 x 5 = 40 Marks**

3. Discuss Pathogenesis of pre-eclampsia.
4. Describe the expectant management of **PLACENTA PREVIA**.
5. Enumerate the causes of miscarriage.
6. Describe management of HIV infection in pregnancy.
7. Outline the steps of management of PPH.
8. What criteria should be fulfilled for medical management of an ectopic pregnancy?
9. Define preterm labour and enumerate its causes and risk factors.
10. What are the causes of prolonged pregnancy?

**SHORT ANSWERS****10 x 3 = 30 Marks**

11. What are the complications of Eclampsia?
12. Describe Indirect Coomb's test.
13. What are discordant twins?
14. What are the degrees of perineal tear?
15. Describe diagonal conjugate and its significance.
16. What are the complications of obstructed labour?
17. How is the diagnosis of transverse lie made?
18. List the complications of hyperemesis gravidarum.
19. What is the chemotherapy regimen for low risk non-metastatic GTN?
20. Define Couvelaire uterus.

## Multiple Choice Questions

10 x 1 = 10 Marks

- 21 i) Which of these is not true of mifepristone?  
A. RU-486  
B. Progesterone agonist  
C. Softens the cervix  
D. Sensitises uterus to misoprostol
- 21 ii) In amniotic fluid embolism, which factor is increased?  
A. Thromboplastin  
B. Fibrinogen  
C. Platelet  
D. Clotting factor
- 21 iii) Which of these measures is **NOT** beneficial in reducing maternal mortality?  
A. Active management of the third stage of labour  
B. Presence of a trained birth attendant  
C. Strengthening first referral units  
D. Providing emergency obstetric care only at tertiary care centres
- 21 iv) Which of the following is a drug used for tocolysis prior to External cephalic version?  
A. Salbutamol  
B. Terbutaline  
C. Nifedipine  
D. Atosiban
- 21 v) The first symptom of Sheehan syndrome is  
A. Failure of lactation  
B. Subinvolution of uterus  
C. Loss of axillary and pubic hair  
D. Cold intolerance
- 22 i) Which of the following is not the risk factor for uterine rupture during labour?  
A. Previous myomectomy  
B. Previous cesarean  
C. Prematurity  
D. Obstructed labour
- 22 ii) In which of the following conditions is trial of labour not allowed?  
A. Minor degree of CPD  
B. Small gynaecoid pelvis  
C. Platypelloid pelvis  
D. Postdated pregnancy
- 22 iii) The Marshall- Burns method is used in the delivery of the  
A. After coming head  
B. Shoulder  
C. Nuchal arm  
D. Leg
- 22 iv) Which of the following is the commonest heart disease complicating pregnancy?  
A. Mitral stenosis  
B. Mitral regurgitation  
C. Aortic stenosis  
D. Aortic regurgitation
- 22 v) Which of the following does not cause Rh-isoimmunization in an Rh-negative woman?  
A. Antepartum hemorrhage  
B. External cephalic version  
C. Postdated pregnancy  
D. Advanced maternal age

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