**OP CODE: 1042** 

## Rajiv Gandhi University of Health Sciences, Karnataka

MBBS Phase - III (PART II) (CBME) Degree Examination - 06-Mar-2024

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  $2 \times 10 = 20 \text{ Marks}$ 

- A 32 year old primigravida presents at 10 weeks of gestation for antenatal booking. On investigations, she is found to be Rh-negative.
  - a) The woman's husband is found to be Rh-positive. Discuss the measures to prevent Rh isoimmunization during antenatal period and labour.
  - b) What measures should be taken to prevent Rh-isoimmunisation?
- A 30 year old G3P2 presents to the antenatal clinic at 6 weeks of gestation. Her first 2. trimester scan shows two gestational sacs.
  - a) What is the diagnosis? What further history you would like to elicit?
  - b) What further information you would like to obtain from the first trimester USG?
  - c) What are the unique complications associated with monozygotic twins?
  - d) What are the other maternal and fetal complications associated with multiple pregnancy?

SHORT ESSAYS 8 x 5 = 40 Marks

- Define Intrauterine Growth Restriction (IUGR). What are the factors that contribute to IUGR? 3.
- 4. Describe the symptoms and signs of placenta previa. Compare this condition with abruptio placenta.
- 5. Discuss the various options for postpartum contraception.
- Discuss the diagnosis and management of Preterm PROM 6.
- 7. Define gestation diabetes and discuss its management during pregnancy
- 8. Classify the hypertensive disorders of pregnancy. Discuss the risk factors for pre-eclampsia.
- Discuss the various types of uterine dysfunction? Enumerate the complications of precipitate 9. labour.
- Discuss the causes and complications for Neonatal Jaundice 10.

SHORT ANSWERS 10 x 3 = 30 Marks

- 11. Describe the types of Breech presentations
- 12. Enumerate indications for LSCS

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- 13. Explain NYHA classification of heart decease during pregnancy
- 14. Enumerate causes for shoulder dystocia.
- 15. Describe the usage of Pritchards regimen
- 16. Describe grades of perineal tear
- 17. Describe the methods of placental separation
- 18. List the antenatal investigations given to a woman presenting at 10 weeks of gestation
- List the effects of iron deficiency anemia on the mother 19.
- 20. List the criteria to be fulfilled before forceps application.



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Multiple Choice Questions 10 x 1 = 10 Marks	
21 i)	The following have been associated with asymptomatic bacteriuria <b>EXCEPT</b> A. Preterm labour  B. Intra uterine growth retardation  C. Urinary tract abnormality  D. Macrosomia
21 ii)	The dimension of obstetrical perineum is about
21 iii)	Methotrexate therapy in unruptured ectopic pregnancy can be given in which of the following conditions.  A. Breast Feeding B. Significant anemia C. Tubal diameter <4cm without cardiac activity D. Hepatic and Renal dysfunction
21 iv)	The labour is said to be prolonged when the combined duration of the first and second stage is more than the arbitrary time limit of
21 v)	Burns-Marshall method is used in
22 i)	Shock Index (SI) is used as a valuable guide in monitoring and general management of a woman with
22 ii)	Centchroman (SAHELI) contain
22 iii)	In a woman undergoing TOLAC, all are risk factors for Scar rupture <b>EXCEPT</b> A. Prior Classical cesarean delivery B. More than 2 prior caesarean delivery C. Induced labour D. Prior vaginal delivery
22 iv)	Newborn has a cord pH of 6.8. All are true <b>EXCEPT</b> A. This is normal B. This is classified as birth asphyxia C. Neonate may require resuscitation D. Neonate may require NICU admission
22	Decomposed Dags of Folia said to avoyant Neural tubal defect

22 v) Recommended Dose of Folic acid to prevent Neural tubal defect ......

A. 5mg

B. 10mg

C. 2 mg D. 15mg

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