

**Final Year MBBS Examination**  
**III MBBS Part 2 Obstetrics & Gynecology 1**  
**(New)**

**Time: 3 hours**

**Date: 15-04-2024**

**Max Marks: 100**

1. Answer to the points.
2. Figure to the right indicates marks.
3. Use separate answer books for each section.
4. Draw diagrams wherever necessary.
5. Write legibly.

**Section 1**

**1. Write in detail (Any one out of two)  $1 \times 10 = 10$  marks**

**a)**

- i. Define Antenatal care. (02 marks)
  - ii. What is the schedule of antenatal care recommended by WHO?
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- iii. What is the aim of antenatal care? (03 marks)  
(05 marks)

**b)**

- i. Define Maternal Mortality.  
ii. What are the causes of maternal mortality? (02 marks)  
(03 marks)  
iii. Describe the actions taken for Safe Motherhood. (05 marks)

## **2. Case based scenario/Applied Short Notes (Any two out of three)**

**a) A primigravida at 37 weeks of gestation attended G & O emergency with H/O one convulsion. On examination, she was unconscious, BP-180/110 mmHg, and pedal edema present. 2x 6=12 marks**

- i. What is the provisional diagnosis?  
ii. Outline the immediate management. (02 marks)  
(02 marks)  
iii. What is the definitive management of this patient?

**b) A second gravida, post (02 marks)**

caesarian pregnancy at 38 weeks, with one living issue, presents with lower abdominal pain, dysuria and mild a bleeding per vagina. On examination, she has moderate pallor, BP 90/60 mm Hg, Pulse rate- 120/minute, tenderness over previous scar and fetal bradycardia.

i. What is your provisional diagnosis? (02 marks)

ii. How to resuscitate the patient?

iii. What is the definitive (02 marks) management of this case? (02 marks)

c) A 25 years old primigravida at 34 weeks C/O leakage of watery discharge per vagina.

i. What is your diagnosis?

ii. What are the causes of (02 marks) this condition? (02 marks)

iii. What are the maternal and fetal complications? (02 marks)

**3. Write Short Notes (Any three**

**out of four) 3x6=18 marks**

- a) Functions of Placenta.
- b) Episiotomy.
- c) Active Management of 3rd. Stage of Labor (AMTSL).
- d) Bishop's score.

**4. Answer only in 2-3 sentences  
(Any five out of six) 5x2=10 marks**

- a) Landmarks of Pelvic inlet.
- b) Define Puerperium.
- c) Cephalic hematoma.
- d) True labor pain.
- e) PPIUCD.
- f) Perinatal mortality.

**Section 2**

**5. Write in detail (Any one out of two) 1x10=10 marks**

a)

- i. What is twin pregnancy?
- ii. How the zygosity of (02 marks)  
twin pregnancy is determined?

iii. What are the maternal (03 marks)  
and fetal complications of twin  
pregnancy? (05 marks)

**b)**

i. Define Molar pregnancy.

ii. What is the clinical (02 marks)  
presentation of molar pregnancy  
case? (03 marks)

iii. Describe the management of this  
case. (05 marks)

## **6. Case based scenario/Applied Short Notes (Any two out of three)**

**a) A 26 years old 2x6=12 marks**  
woman, G2P1A0L1, at 30 weeks of  
gestation presented to OPD with fasting  
blood sugar report of 130 mg%. She  
was euglycaemic before pregnancy.

i. What is the provisional diagnosis?

ii. How will you confirm (02 marks)  
your diagnosis? (02 marks)

iii. What is the management of this  
case? (02 marks)

b) A 23 years old 3rd gravida at 32 weeks of gestation attended GOPD with complaints of profound weakness and breathless. On examination, she had moderate pallor and pedal edema.

- i. What is your diagnosis?
- ii. What is the commonest (02 marks) cause of this condition? (02 marks)
- iii. How will you manage the case?

c) (02 marks)

- i. Define Post Partum Haemorrhage (PPH). (02 marks)
- ii. What are the different types of PPH? (02 marks)
- iii. Describe in short the management of atonic PPH. (02 marks)

## **7. Write Short Notes (Any three out of four) 3x6=18 marks**

- a) PPTCT Counseling.
- b) Breast Feeding.
- c) Puerperal sepsis.
- d) Partograph.

## **8. Answer only in 2-3 sentences (Any five out of six) 5x2=10 marks**

- a) External Cephalic version.**
- b) Deep transverse arrest.**
- c) Vulval hematoma.**
- d) Causes of Oligohydramnios.**
- e) Outlet forceps.**
- f) Neonatal jaundice.**

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