

**MBBS III (Third) Professional Part-2 Examination  
2017-18****Course Code:** MBS403**Paper ID:** 0314109**Obstetric and Gynaecology - I****Time:** 2 Hours 10 Minutes**Max Marks:** 30**Note:** Attempt all questions. Draw proper diagrams to support your answer.**Part 'B'**

1. Define induction of labour. Discuss the indications and the methods of induction of labour at term. (7)
2. Classify Hypertensive disorders of pregnancy. Enumerate the signs and symptoms of imminent eclampsia and give its management. (7)

**Part 'C'**

3. Write short notes on the following: (4x4=16)
  - a) Bishop scoring.
  - b) Cervical tear
  - c) Resuscitation of new born.
  - d) Atonic post-partum haemorrhage

**MBBS III (Third) Professional Part-2 Examination 2017-18****Roll No.****Student's Signature****Student's Name****Invigilator's Signature****Course Code:** MBS403**Paper ID:** 0314109**Obstetric and Gynaecology - I****Part 'A'****Time:** 20 Minutes**Max Marks:** 10

- Note:** 1. Attempt all questions and return this part of the question paper to the invigilator after 20 Minutes.  
2. Please tick (✓) correct one only. Cutting, overwriting or any other marking are not allowed.  
3. For answering please use Ball- pen only.

- FirstRanker.com is choice
- Q.3 Cardiac activity of fetus by transabdominal USG is seen earliest at what gestational age:
- 5<sup>th</sup> week
  - 6<sup>th</sup> week
  - 8<sup>th</sup> week
  - 9<sup>th</sup> week
- Q.4 Daily caloric needs in pregnancy is about .....kilo:
- 1000
  - 1500
  - 2500
  - 3500
- Q.5 All of the following are indication for early clamping:
- Preterm delivery
  - Postdated pregnancy
  - Birth asphyxia
  - Maternal diabetes
- Q.6 In bishop score all are included except:
- Effacement of cervix
  - Dilation of cervix
  - Station of head
  - Interspinal diameter
- Q.7 Recurrent abortion is 1<sup>st</sup> trimester, investigation of choice:
- Karyotyping
  - SLE Ab
  - HIV
  - TORCH infection
- Q.8 Most common symptom present in undisturbed ectopic:
- Pain in lower abdomen
  - Amenorrhea
  - Bleeding P/V
  - Fainting attack
- Q.9 Both a and b
- Q.10 None of the above
- Q.17 The commonest cause of occipito-posterior position of fetal head during labour is:
- Maternal obesity
  - Deflexion of fetal head
  - Multiparity
  - Android pelvis
- Q.18 ECV is contraindicated in:
- Primi
  - Flexed breech
  - Anemia
  - PIH
- Q.19 Oxytocin is preferred over ergometrine in:
- Induction of labour
  - Prevention of PPH
  - Both
  - None
- Q.20 Cephalhematoma:
- Is caused by oedema of the subcutaneous layers of the scalp
  - Should be treated by aspiration
  - Most commonly lies over the occipital bone
  - Does not vary in tension with crying.

- Surgery
- Wait and Watch

www.FirstRanker.com is character www.FirstRanker.com

- Q.10 Painless bleeding
- Q.11 Causeless bleeding
- Q.12 Recurrent bleeding
- Q.13 Presents before second trimester
- P.T.O.
- Q.11 Treatment of post partum hemorrhage is all expect:
- < Oxytocin
  - Syntometrine
  - Oestrogen
  - Prostaglandins
- Q.12 According to Hellin's law chances of twins in pregnancy are
- 1 in 60
  - 1 in 70
  - 1 in 80
  - 1 in 90
  - 1 in 100
- Q.13 Most common cause of maternal anemia in pregnancy:
- Acute blood loss
  - Iron deficiency state
  - GI blood loss
  - Hemolytic anemia
  - Thalassemia
- Q.14 A 28 year old eclamptic women develop convulsion. The first measure to be done is:
- Give MgSO<sub>4</sub>
  - Sedation of patient
  - Immediate delivery
  - Care of airway
- Q.15 How is fetal blood differentiated from maternal blood:
- Kleihauer test
  - Apt test
  - Bubble test
  - Lily's test
- Q.16 Immediate cord ligation is done in:
- Pre-term babies
  - Rh-incompatibility