

MBBS III (Third) Professional Part-2 Examination 2019-20

Course Code: MBS403 Paper ID: 03119404

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'

- Enumerate absolute indications of Caeserean Section. How 1. will you manage a case of 25 yr old 2nd gravida with Previous Caeserean Section at 36 wks of pregnancy? (3+4)
- A woman presented to you with 7 months amonorrhoea with breathlessness, swelling over body, easy fatiguability.
 What are differential diagnosis? How will you manage

Part 'C'

Write short notes on the following:

(4x4=16)

- Screening of Diabetes in pregnancy Maternal Mortality in India b)
- Fetal Monitoring in labour. c)
- Active management of 3rd Stage of Labour

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Roll No.	Student's Name
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Student's Signature	Invigilator's Signature
.60	

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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.
 - Please tick (√) correct one only. Cutting, overwriting or any other marking are not allowed.
 - 3. For answering please use Ball- pen only.



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Firs Frankter' pubesic delivery occurs in which position:

- Occipito posterior
- b) Mentoanterior
- c) Mentoposterior
- Brow presentation d)
- Indicators of impending uterine rupture during labour include all of the following
- except: Fetal distress

 - Haematuria b)
 - Fresh bleeding per vagina c)
 - d) Passage of meconium
- A woman with 20 weeks of pregnancy presents with bleeding per vaginum. On speculum examination, the os is open but no 0.4 products have come, the diagnosis is:
 - a) Missed abortion
 - Incomplete abortion b)
 - Inevitable abortion c)
 - d) Complete abortion
- 0.5 Most important diameter of pelvis during labour is:
 - Interspinous diameter of outlet a)
 - Oblique diameter of inlet b)
 - c) AP diameter of outlet
 - d) Intertubercular diameter of outlet
- On TVS, which of the following shape of 0.6 cervix indicates preterm labour:

 - b) v
 - c) U
 - 0 d)
- Rupture of membranes Q.7 is said to be premature when it occurs at:
 - 38 wks of pregnancy
 - b) 32 wks of pregnancy
 - c) Prior to first stage of labour
 - d) 2nd stage of labour
- 0.8 Beta-Hcg level, is it that normal pregnancy can be earliest detected by TVS:
- Q.15 Most common manifestation of Ectopic pregnancy is:
 - a) Vomiting
 - Bleeding b)
 - c) Pain abdomen
 - d) Shock
- Q.16 Regimen followed in Expectant Management of Placenta praevia is: a) Liley's method

 - b) Crede's method
 - c) McAfee & Johnson's regime
 - d) Brandt's Andrew method
- Q.17 Most common type of twin pregnancy:
 - Vertex + transverse Vertex + Breech a)
 - b)
 - Both Vertex c)
 - d) Both Breech
- not a complication Q.18 Which is Incompatibility:
 - a) APH
 - b) PPH
 - Oligohydramnios c)
 - d) PIH
- Which of the followinghaematological criteria 0.19remains unchanged in pregnancy:
 - Blood Volume
 - b) TIBC
 - c) MCHC
 - d) Serum Ferritin
- All of the following may be used in Pregnancy Induced Hypertension except:
 - a) Nifedipine
 - b)
 - Captopril Methyldopa c) Hydralazine

- leads to decreased incidence of NTD a) www.FirstRanker.com www.FirstRanker.com

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- Calcium c)
- d) Vit.A

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Folic acid

- PTO
- Q.10 Which cardiovascular change is physiological in last trimester of pregnancy:
 - Mid diastolic murmur
 - b) Occassional Atrial fibrillation
 - Shift of apical impulse laterally & upwards in left 4 ICS c)

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- d) Cardiomegaly
- Q.11 Anti Progesterone component, RU486 is effective for inducing abortions, if duration of pregnancy is:
 - a) 63 days
 - b) 72 days
 - 88 days c)
 - d) 120 days
- Q.12 Macrosomia in diabetic fetuses is the result of:
 - Maternal hyperglycaemia a)
 - b) Fetal hyperglycaemia
 - Fetal hyperinsulinemia c)
 - d) Maternal hyperinsulinemia
- Q.13 Commonest congenital malformation seen in pregnancy with Diabetes Mellitus is:
 - Neural Tube defect
 - b) Sacral agenesis
 - Hydrocephalus c)

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- d) Oesophageal atresia
- Q.14 A woman develops chickenpox at 8 wks gestation. What is the best method to exclude fetal varicella syndrome:
 - Perform amniocentesis at 15 wks& a) test for VZV DNA in amniotic fluid
 - Perform an Ultrasound scan at 20 wks
 - Perform an USG Scan immediately
 - Perform CVS & test for VZV DNA