Q.P. Code: 326001 **Reg. no.: .....**

Third Professional MBBS Part II Degree Supplementary Examinations
October 2025
Obstetrics and Gynaecology
Paper I - Obstetrics and Social Obstetrics
(2019 Scheme)

Time: 3 Hours **Total Marks: 100**

- ***Answer all questions to the point neatly and legibly • Do not leave any blank pages between answers***
- ***Indicate the question number correctly for the answer in the margin space***
- ***Answer all parts of a single question together • Leave sufficient space between answers***
- ***Draw table/diagrams/flow charts wherever necessary***

1. Multiple Choice Questions **(20x1=20)**

The **MCQ** questions **(Q.No. i to Q.No. xx)** shall be answered **only in the OMR sheet provided at page No. 51** of the answer book (the inner portion of the back cover page (PART III)). Responses for MCQs marked in any other part/page of the answer book will not be valued. **For marking the correct responses use X mark only**

Question numbers i-v case scenario-based questions

A 36 year old Primigravida presents to your antenatal clinic with abdominal pain at 32 weeks gestation. Her PV examination reveals 2 cm dilatation.

i. Preterm labour is defined as regular contractions before _____ week of pregnancy:
a) 34 weeks b) 36 weeks c) 37 weeks d) 40 weeks

ii. Minimum cervical length at 20 weeks gestation to predict preterm labor is:
a) 20mm b) 25mm c) 30mm d) 35 mm

iii. All of the following are causes of preterm labour, **EXCEPT**:
a) PPROM b) Multiple pregnancy c) IUD d) Placental sulfatase deficiency

iv. Drug given for fetal neuro-protection is:
a) Inj. Magnesium sulfate c) Inj. Betamethasone
b) Inj.Dexamethason d) Inj. Terbutaline

v. Absolute contraindication for expectant management in preterm labour is:
a) Polyhydramnios c) Uterine malformations
b) Chorioamnionitis d) Pre eclampsia

Question numbers vi-x consist of two statements - Assertion (A) and Reason (R). Answer these questions by selecting the appropriate options given below.

a) Both A and R are correct, and R is the correct explanation of A
b) Both A and R are correct, and R is not the correct explanation of A
c) A is correct, R is incorrect
d) A is incorrect, R is correct

vi. **Assertion:** GTN (Gestational Trophoblastic Neoplasia) has got bad prognosis
Reason: Methotrexate is the drug of choice

vii. **Assertion:** Wernicke's encephalopathy is seen in hyperemesis gravidarum
Reason: Vitamin B1 levels are decreased in Hyperemesis gravidarum

viii. **Assertion:** Modified Bishop's score includes AFI and NST
Reason: Biophysical profile includes – AFI, NST, breathing movements, fetal movements and doppler

ix. **Assertion:** MCA-PSV >1.5 Mom requires cordocentesis in Rh negative pregnancy
Reason: MCA-PSV >1.5 Mom indicates fetal anemia

x. **Assertion:** Increased serum bile acids indicate obstetric cholestasis
Reason: Obstetric cholestasis is an indication for immediate termination

Question numbers xi-xv are multiple-response type questions. Read the statements & mark the answers appropriately.

xi. Acute fatty liver in pregnancy is diagnosed when:
1) Increase ALT, AST and Bilirubin 2) Hyperglycemia 3) 2nd half of pregnancy
4) Mimics HELLP syndrome
a) 1, 2, 3, 4 b) 1, 3, 4 c) 1, 2, 3 d) 1, 2

xii. Consider the following:
1) Normal FHR is 110-160 bpm
2) Normal dilatation of cervix in active phase is atleast 1cm/hour
3) Adequate contractions is 6/60 secs/10 mins
Which of the above findings is true?
a) 1 only b) 1 and 2 c) 1 and 3 d) 1, 2 and 3

(PTO)

xiii. Consider the following in face presentation:
1) Commonest position is Left Mento Anterior (LMA)
2) LMA is an indication for LSCS as vaginal delivery is not possible
3) Engaging diameter is Mento vertical
a) 1 only b) 1 and 2 c) 1 and 3 d) 1, 2 and 3

xiv. Maneuvers used in shoulder dystocia is/are:
1) Mc Robert's Maneuver 2) Rubin's Maneuver 3) Ritgen's Manuever
a) 1 only b) 1 and 2 c) 1 and 3 d) 1, 2 and 3

xv. Post term pregnancy is associated with:
1) Oligohydramnios 2) Macrosomia 3) Polycythemia
a) 1 only b) 1 and 2 c) 1 and 3 d) 1, 2 and 3

Question numbers xvi-xx are single-response type questions

xvi. Artificial rupture of membranes (ARM) is contraindicated in:
a) Intrauterine death(IUD) c) Polyhydramnios
b) Abruptio placenta d) Pre Eclampsia with severe features

xvii. Robson's Ten group classification system is used in documentation of indication for LSCS. Group 5 is:
a) All nulliparous breeches
b) All multiple pregnancies including previous Cesarean section
c) Previous LSCS > 37 weeks, single cephalic
d) Mal presentation excluding Breech

xviii. Drug of choice for Syphilis during pregnancy is:
a) Inj. Benzathine penicillin c) Inj. Linezolid
b) Inj. Ceftriaxone d) Inj. Amoxicillin and clavulanic acid

xix. Normal level of TSH during first trimester of pregnancy is:
a) <2.5 micro IU/ml b) <3 micro IU/ml c) <3.5 micro IU/ml d) <4 micro IU/ml

xx. Maximum deaths in heart disease during pregnancy occur in:
a) 3rd trimester b) 1st stage of labor c) 2nd stage of labor d) Immediate post partum

Long Essays: **(2x10=20)**

2. A 37 year old Primigravida presents to your OPD at 28 weeks gestation with increased blood glucose levels.
   a) What is the diagnosis.
   b) Describe the screening tests to detect this condition.
   c) Describe antepartum, intrapartum and postpartum complications of the above condition. (1+4+5)
3. A 40 year old G5P4 at 32 weeks gestation presents to your OPD with increased fetal movements. Examination reveals multiple fetal parts with distinct cephalic poles at lower abdomen.
   a) What is the type of presentation of twin pregnancy in the above case.
   b) Enumerate the etiology of multiple pregnancy.
   c) Describe the antepartum, intrapartum and postpartum complications of multiple pregnancy. (1+3+6)

Short Essays: **(6x6=36)**

4. A 19 year old primigravida presents to casualty with history of convulsions. What is the diagnosis and describe the lines of management.
5. A 17 year old primigravida presents to your OPD at 32 weeks gestation with bleeding PV, tense and tender abdomen with absent FHR. Describe staging of the above condition. What extra precaution will you take in managing her condition and what are the ethical principles to be followed
6. A 19 year old primigravida presents with excessive vomiting at 12 weeks gestation. Describe the complications and management of the above condition.
7. A 36 year old short primigravida presents to your labor room with pain abdomen for more than 18 hours duration. She is dehydrated and there is a distinct ring in the lower abdomen. Enumerate differences between Bandl's ring and Shroeder's ring.
8. A 24 year old third gravida with pervious 2 normal delivery, delivers in the labor room. Her 1st and 2nd stage were uneventful which was followed by >800ml blood loss and uterus is flabby. What is the diagnosis and describe the algorithm of management.
9. A Para 1 delivered 10 mins ago without any untoward events. Describe the management of normal puerperium.

Short Answers: **(6x4=24)**

10. MTP amendment act 2021.
11. Role of doppler in FGR.
12. Neonatal Jaundice.
13. Human chorionic gonadotrophin (HCG).
14. Non stress test(NST).
15. Cord prolapse.

****