

Rajiv Gandhi University of Health Sciences, Karnataka

Fellowship Examination – 18-Feb-2025

[Time: 3 Hours]**[Max. Marks: 100]****HIGH RISK PREGNANCY - PAPER – II****QP Code: 4234**

Your answers should be specific to the questions asked

Draw neat labeled diagrams wherever necessary

Answer All The Questions**10 X 10 = 100 Marks**

1. Critically evaluate the pros and cons of the new MTP act
2. G4P2L1A1 with 13 weeks of pregnancy with a history of 1 MTP for increased NT, 1 perinatal death due to cardiac complications associated with Trisomy 21 and 1 alive healthy baby. She presents with missed abortion. Formulate a management plan for her
3. You need to compare the efficacy of a new tocolytic agent X with Nifedipine in preterm labor management. Discuss how you will design this study
4. G2P1L1 with previous caesarean delivery done 4 years ago for transverse lie is currently in the 32nd week of her gestation. She is keen on having a vaginal delivery. How do you counsel her regarding the success, failure and complications of TOLAC?
5. 36-year-old G3P2L2 with last delivery 10 years back presents to the OPD at 34 weeks of gestation with MCDA twin with EFW of 1st baby being 1.9 kg and 2nd baby 1 kg. Discuss on the surveillance, timing and route of delivery for her
6. Discuss on
 - a) Use of steroid in obstetrics
 - b) BP measurement and interpretation in pregnancy
7. Primigravida in 2nd stage of labour presents to the labour ward with a CTG showing repetitive variable deceleration and the obstetrician conducts low forceps delivery, find three tight loops of cord around the neck of the baby. Apgar at 1 minute is 4. How will you proceed?
8. What are the modifications made in the WHO partograph? Critically justify the changes made in the Partograph compared to the old one
9. What are the ways by which you can optimize the outcome in cases of placenta accreta spectrum?
10. Discuss the advantages and disadvantages of conservative management vs delivering 32 weeks pregnancy with PPRM

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