

# Rajiv Gandhi University of Health Sciences, Karnataka

## Fellowship Examination – 16-Feb-2023

**[Time: 3 Hours]****[Max. Marks: 100]****HIGH RISK PREGNANCY - PAPER – I****QP Code: 4233**

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. Physiological changes in thyroid function in pregnancy. Formulate management protocol for a woman with 39 weeks of pregnancy and Graves' disease on Carbimazole
2. 28 year old low risk Primigravida in second stage of labor for 2 hours with normal progress of labor as per Partogram. Discuss mode of management in this case. Compare assisted vaginal delivery vs operative delivery for second stage arrest of labour
3. Overt diabetes mother underwent termination of pregnancy at 24 weeks of pregnancy due to uncontrolled blood sugars and repeated episodes of keto acidosis. She delivered a live baby, baby did not cry at birth. Baby is gasping with apnea, cyanosis and heart rate of 80 bpm. Elaborate on this neonatal resuscitation and support care for neonate
4. Postnatal woman comes on 4<sup>th</sup> postnatal day with fever. On examination, temperature is 101 degree F, breast engorgement with flat nipples. What are the causes of postpartum fever and how to proceed with this case?
5. What are the uses of magnesium sulphate in obstetrics? Discuss mechanism of action and role of magnesium sulphate in neonatal neuroprotection
6. What are the guidelines for safe radio imaging in obstetrics? Discuss the effects and safety of various radio imaging techniques in pregnancy
7. What are the causes of obstetric hemorrhage? Elaborate on the management of a case of G3P2L2, 37 weeks of gestation, low risk antenatal history, presented with APH in active labor with reassuring fetal heart. Antenatal USG showed fetus corresponding to gestational age, absent anomalies, placenta is fundoposterior
8. 25-year-old booked case of Primigravida without risk factors in active labor and progressing well as per Partogram and reassuring fetal heart rate. She complained of sudden onset breathlessness and collapsed. On examination, carotid pulse not felt and mother is not breathing. Discuss steps of resuscitation in this mother. Also discuss the role of peri-mortem caesarean section
9. P2L2 postpartum woman with uneventful intrapartum events at a tertiary centre, delivered 30 minutes back in labor ward, raised alarm as she had sudden onset breathlessness. On Examination patient was breathless and restless, not able to speak sentences. Heart rate is 110/min. BP-not recordable, SpO2-76% on room air. What are the causes of postpartum collapse? How do you manage a case of amniotic fluid embolism?
10. G2P1L1 at 34 weeks of pregnancy presents with intense pruritus of hands and legs. Examination revealed jaundice, scratch marks on legs. How do you investigate this pregnancy? Enlist the steps of management of cholestasis in pregnancy

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