

III Professional MBBS Part II Degree Regular/Supplementary Examinations
May 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 written in the space provided for answering MCQ questions 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

Question numbers i-v case scenario-based questions

A 26 year old G₃A₂ woman attends antenatal clinic. Her previous miscarriage were at 18 weeks gestation, which was spontaneous painless abortions.

- i. Most probable cause for her previous abortions is
 - a) Chromosomal anomaly
 - b) APLA syndrome
 - c) Cervical Incompetence
 - d) Pre eclampsia
- ii. Cervical incompetence is suspected when length of cervix by USG at 18 weeks is
 - a) More than 5 cms
 - b) Equal to 4 cms
 - c) Less than 2.5 cms
 - d) More than 3.5 cms
- iii. Treatment for Cervical Incompetence are all except
 - a) Mac Donald's cerclage
 - b) Shirodkar's cerclage
 - c) Wurm's stitch
 - d) Fothergills procedure
- iv. Contra indications for Cerclage is
 - a) Bulging membranes
 - b) Cervical length < 1 cms
 - c) Live fetus
 - d) Ruptured membranes
- v. Causes for Incompetent cervix are all except
 - a) Previous cervical dilatation
 - b) Infections
 - c) Cervical amputation
 - d) Congenital

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

- vi. **Assertion (A):** All pregnant women in India should be screened for gestational diabetes in the first visit
Reason (R): Indian women have high risk for gestational diabetes
 - a) Both A & R are correct and R is correct explanation of A
 - b) Both A & R are correct and R is not correct explanation of A
 - c) A is correct, R is incorrect
 - d) A is incorrect, R is correct
- vii. **Assertion (A):** Iron tablets are preferably administered before food or in between meals.
Reason (R): Iron tablets cause gastric irritation
 - a) Both A & R are correct and R is correct explanation of A
 - b) Both A & R are correct and R is not correct explanation of A
 - c) A is correct, R is incorrect
 - d) A is incorrect, R is correct
- viii. **Assertion (A):** Suboccipito bregmatic diameter is the engaging diameter in vertex presentation.
Reason (R): LOA is the commonest position in cephalic presentation
 - a) Both A & R are correct and R is correct explanation of A
 - b) Both A & R are correct and R is not correct explanation of A
 - c) A is correct, R is incorrect
 - d) A is incorrect, R is correct
- ix. **Assertion (A):** Oxytocin 10unit IM is given to prevent blood loss in 3rd stage of labor.
Reason (R): Carbetocin can be given after administration of Oxytocin if there is postpartum haemorrhage.
 - a) Both A & R are correct and R is correct explanation of A
 - b) Both A & R are correct and R is not correct explanation of A
 - c) A is correct, R is incorrect
 - d) A is incorrect, R is correct
- x. **Assertion (A):** Normal weight gain in pregnancy after 1st trimester is 2 to 2.5kgs/month.
Reason (R): Weight gain of more than 2kgs/week should be monitored.
 - a) Both A & R are correct and R is correct explanation of A
 - b) Both A & R are correct and R is not correct explanation of A
 - c) A is correct, R is incorrect
 - d) A is incorrect, R is correct

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

- xi. Features of Fetal Growth Restriction

1) Fundal height less than period of amenorrhea	2) Oligohydramnios		
3) Abdominal circumference is best predictor	4) NST is always nonreactive		
a) 1, 2 and 4	b) 1, 2 and 3	c) 1, 3 and 4	d) 2, 3 and 4
- xii. Placenta previa

1) Placenta is situated in lower segment	2) It is diagnosed by USG		
3) Bleeding is always associated with pain	4) Type II posterior is major degree		
a) 1, 2 and 3	b) 1, 3 and 4	c) 1, 2 and 4	d) 2, 3 and 4

xiii. In Puerperal sepsis

1) PROM is one of the cause 2) Temperature less than 100.4 degrees
3) Lactational failure is common 4) Mastitis can be a causative factor
a) 1, 2 and 3 b) 1 and 3 c) 1 and 2 d) 1 and 4

xiv. Downs screening can be done by

1) Nuchal translucency 2) NIPT 3) Double marker 4) High MSAFP
a) 1, 2 and 4 b) 2 and 4 c) 2, 3 and 4 d) 1, 2 and 3

xv. Factors favourable for vaginal breech delivery

1) Complete breech 2) Frank breech 3) Previous vaginal delivery 4) Fetal weight more than 4kgs
a) 1, 2 and 4 b) 1 and 2 c) 2 and 3 d) 2 and 4

Question numbers xvi-xx are single-response type questions

xvi. Function of oxytocin in lactation is

a) Breast development c) Milk ejection
b) Milk production d) Inhibition of prolactin release

xvii. Following are the risk factors for postpartum haemorrhage **EXCEPT**

a) Macrosomia b) Gestational Hypertension c) Twins d) Hydramnios

xviii. Treatment in non severe preeclampsia are all **EXCEPT**

a) Labetalol b) Calcium channel blockers c) Diuretics d) Adequate rest

xix. Which of the following is **NOT** a Parenteral iron preparation

a) Iron Sucrose b) Ferric Carboxy Maltose c) Iron Dextran d) Ferric Carboxy Sucrose

xx. A pregnant women G2P1L1 with term live fetus presenting with spontaneous rupture of membranes.

Cervix is 6 cm dilated; the fetal head is 0 station and felt a pulsating structure on P/V and diagnosed as cord prolapse. How will you manage

a) Push the umbilical cord up and perform an emergency cesarean section
b) Push the umbilical cord up and perform and immediate delivery by ventouse or forceps.
c) Accelerate the labour and vaginal delivery
d) Push the umbilical cord and wait for normal delivery

Long Essays:

(2x10=20)

2. A 24 year old Primi at 12 weeks of gestation attends antenatal OP. This is her first visit.

a) Discuss the initial assessment of this mother.
b) What are the investigations to be done at this time.
c) Advice and counseling for follow up.

(4+2+4)

3. G2A1 at 26 weeks gestation has a OGTT (DIPSI) report of 204mg/dl.

a) What nutritional advice will you give to the mother.
b) What are the medications used for GDM.
c) Mention the complications of GDM.

(4+3+3)

Short Essays:

(6x6=36)

4. 20 year primi 36 weeks pregnancy comes to casualty with pain abdomen and bleeding PV since 1 hour. On examination BP is 150/100mm of Hg. Uterus is 36 weeks size, tender, FHR is 110/minute. What is the most probable diagnosis and how will you manage this case.

5. A 30 year old woman G₂P₁L₁ with 37 weeks of pregnancy, previous normal delivery of 3kg baby, presents with breech presentation.

a) Briefly describe how you will counsel this patient, mentioning the ethical principles while doing it.
b) What are the management options in this pregnancy.

6. A woman who delivered one day back is now complaining of decreased breast secretion.

a) What are the possible reasons for this.
b) How will you manage this situation.

7. Discuss the clinical application of first trimester and second trimester USG in pregnancy.

8. A 20 year old Primigravida 10 weeks of gestations presents with severe vomiting and tiredness. What is your diagnosis, how will you evaluate and manage this case.

9. A woman had a normal vaginal delivery of a 2.8 kg baby 30 minutes ago. The placenta is not yet delivered.

a) How long will you wait for expulsion of placenta.
b) What are the signs of placental separation.
c) What are the methods of delivery of placenta.

Short Answers:

(6x4=24)

10. Screening of Preeclampsia.

11. Bishop's score.

12. Classification of placenta previa.

13. Role of prostaglandins in Obstetrics.

14. Features of reassuring NST.

15. Zuspan regimen.
