

Final year MBBS
Obstetrics (Multiple choice Questions)

1. In face presentation which of the following diameter is presented in pelvis
 - a. Mento-occipital
 - b. mento-vertical
 - c. Occipito frontal
 - d. Submento-bregmatic
 - e. suboccipito frontal

2. Mrs Hania delivered vaginally 1 week back the decidua in postpartum period becomes necrotic and is normally cast of within 3 to 4 days, as which of the following
 - a. Lochia albicans
 - b. Lochia rubra
 - c. Lochia Serosa
 - d. placental remnants

3. a woman in 3rd week of Postpartum complaints of Red Fort and engorged right breast with with pus discharge. temperature is 101 Fahrenheit. the most likely affecting organism is:
 - a. aerobic Streptococcus
 - b. anaerobic Streptococcus
 - c. E coli
 - d. Proteus
 - e. staphylococcus

4. 25 years primigravida is in labour and cervix is fully dilated primigravida dilated for over 3 hours without epidural the instrumental Delivery was planned. which one of the following is true regarding instrumental delivery:
 - a. can be used even in 8 cm dilated cervix

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OBSTETRICS (MULTIPLE CHOICE QUESTIONS)

Maximum marks: 35

35 MCQs; 01 marks each

Time allowed: 45 Minutes

Attempt all questions

5. Primigravida at 37 weeks was brought to labour ward with 170/110 blood pressure and seizures. What is not the appropriate measure?
- Administer magnesium sulphate to prevent recurrent seizures
 - Attempt to stop the seizure by administering intravenous-hydralazine
 - Maintain adequate oxygenation
 - Monitor fetal heart rate
 - To focus on airway, breathing and circulation.
6. Three days after normal vaginal delivery in a previously normal woman, complained of crying, loss of appetite, difficulty in sleeping and feeling of low self-esteem. She has such feelings for a week and then gradually disappeared. Which of the following best describes her symptoms?
- Bipolar disorder
 - Manic depression
 - Maternity Blues
 - Puerperal Psychosis
 - Schizoid affective disorder
7. In cephalic presentation, the position is determined by the relationship of what fetal part to the mother's pelvis?
- Frontal
 - Mentum
 - Occiput
 - Sacrum
 - Siniput

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8. G5P4 came to antenatal clinic at 36 weeks. She had all spontaneous vaginal deliveries. The relationship of fetal parts to one another and the body of the fetus is determined by which of the following?

- a. Attitude of the fetus
- b. Lie of the fetus
- c. Mentovertical
- d. Position of the fetus
- e. Presentation of the fetus

9. G2P1 at 30 weeks of pregnancy came to high risk clinic. She is known diabetic. Which one of the following is not a complication of maternal diabetes mellitus?

- a. Hypertension
- b. Hypotension
- c. Nephropathy
- d. Neuropathy
- e. Retinopathy

10. Thirty-six years, with history of type I diabetes at 28 weeks of pregnancy has mild retinopathy. The risk of pre-eclampsia in diabetic woman with underlying microvascular disease is increased:

- a. 2 folds
- b. 3 folds
- c. 5 folds
- d. 7 folds
- e. 10 folds

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11. Twelve weeks pregnant primigravida has a history of migraine. She wanted to know about migraine in pregnancy. Migraine in pregnancy often:
- a. Deteriorate
 - b. Improves
 - c. No change
 - d. Recovers
 - e. Worsens
12. Twenty-eight years, woman at 39 weeks of pregnancy wanted to discuss about induction of labour. Which of the following is contraindication of induction of labour?
- a. Diabetes mellitus
 - b. Fetal growth restriction
 - c. Intrauterine death
 - d. Placenta previa
 - e. Preeclampsia
13. Sequence of normal mechanism of labour is:
- a. Descent → Flexion → internal rotation → Engagement → restitution → extension → external rotation
 - b. Flexion → internal rotation → extension → engagement → descent → restitution → external rotation
 - c. Engagement → descent → Flexion → internal rotation → extension → restitution → external rotation
 - d. Engagement → Flexion → descent → internal rotation → extension → restitution → external rotation
 - e. Extension → internal rotation → engagement → descent → restitution → Flexion → external rotation

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14. Mrs. R at 40 weeks of pregnancy is in active labour. She wanted to have active management of 3rd stage of labour. Active management of 3rd stage of labour includes:
- a. Injection oxytocin 10 IU Intramuscular at delivery of anterior shoulder
 - b. Injection oxytocin 10 IU Intramuscular before delivery of head
 - c. Injection oxytocin 20 IU Intramuscular at delivery of anterior shoulder
 - d. Late clamping and cutting of umbilical cord
 - e. Uncontrolled cord traction
15. Signs of placental separation doesn't include:
- a. Gush of blood from placental bed
 - b. Lengthening of umbilical cord
 - c. Rising of uterine fundus above umbilicus
 - d. Shortening of umbilical cord
 - e. Uterine contraction resulting in globular feel on palpation
16. "Vault" of skull composed of:
- a. Frontal bones only
 - b. Frontal bones + temporal bones
 - c. Parietal bones only
 - d. Parietal bones + parts of occipital bones
 - e. Parietal bones + parts of occipital, frontal and temporal bones
17. Which of the following is not fetal risk of maternal cardiac disease?
- a. Fetal growth restriction
 - b. Iatrogenic prematurity
 - c. Macrosomia
 - d. Maternal cyanosis (fetal hypoxia)
 - e. Recurrence (congenital heart disease)

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18. A gravida 2, para 1 abortion 0 came to OPD with history of congenital heart disease. She is at 37 weeks of gestation. Which of the following will be most appropriate management plan?
- a. Caesarean Section
 - b. Induction of labour with prostaglandin
 - c. Induction of labour with misoprostol
 - d. Watch for spontaneous onset of labour
 - e. None of above
19. Which of the following is most common congenital anomaly seen in fetuses of epileptic mothers on anti-epileptic drugs?
- a. Cardiac anomalies
 - b. Gastrochisis
 - c. Neuoral tube defects
 - d. Omphalocele
 - e. Renal defect
20. A PG at 36 weeks of gestation wants painless delivery. You will counsel that most reliable mean of pain relief during labour is
- a) Epidural analgesia
 - b) Inhalational analgesia
 - c) NSAIDS
 - d) Opiates
 - e) TENS
21. Which of the following is not included in Bishop Score?
- a) Cervical dilatation
 - b) Cervical effacement
 - c) Consistency of cervix
 - d) Gestational age
 - e) Station of fetal head

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22. A non-booked, G3P2 unsure of dates, comes to emergency with complaint of labour pains off & on. We will label preterm labour as spontaneous onset of regular painful uterine contractions at any time prior to
- a) 24 weeks
 - b) 34 weeks
 - c) 37 weeks
 - d) 40 weeks
 - e) The 2nd stage of labour
23. A primigravida in labour ward in second stage of labour for last two hours. On examination no mechanical problem is suspected. CTG is reassuring. The most appropriate action for this patient is:
- a. Deliver by immediate C-section
 - b. Fetal blood sampling
 - c. Further wait for one hour ✓
 - d. Instrumental vaginal delivery ✓
 - e. Rehydration and oxytocin infusion
24. A primigravida at 38+2 weeks of gestation is admitted in labour ward for the last six hours. Primary arrest in the active phase of first stage of labour is suspected. Most common cause of this poor progress is:
- a. Breech presentation
 - b. Cephalopelvic disproportion
 - c. Inefficient uterine contraction
 - d. Malposition
 - e. Pelvic tumor



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25. Maternal and fetal morbidity increases when second stage of labour lasts for:
- a. More than half an hour
 - b. More than one hour
 - c. More than two hours
 - d. More than three hours
 - e. More than four hours
26. In a busy labour ward a staff comes to you to inform that in a gravida 4 para 3 labouring patient fetal heart rate are deteriorating on CTG after spontaneous rupture of membranes. What need to be excluded by a prompt vaginal examination in this patient?
- a. Cephalopelvic disproportion
 - b. Cord prolapse
 - c. Fetal head compression
 - d. Meconium aspiration syndrome
 - e. Vasa previa
27. A gravida 4 para 3, just delivered a baby. A junior doctor has delivered placenta and membrane and immediately after delivery she notices a fleshy swelling at the introitus. The possibilities are:
- a. Cervical tear
 - b. Perineal tear
 - c. Placental lobe
 - d. Uterine inversion
 - e. Urethral tear

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28. Mrs. Is G3P2 is at 32 weeks with triplet pregnancy:

The percentage of multiple birth delivering before 37 weeks:

- a. 26%
- b. 36%
- c. 46%
- d. 56%
- e. 66%

29. Pregnancy is a hypercoagulable state due to increase in

- a. Anti thrombin III
- b. Cardiac output
- c. Factor 8, 9, 10
- d. Protein C and protein S
- e. Tissue plasminogen activator

30. Mrs. D in her 5th pregnancy has a BMI of 36. Which of the following is not a risk factor for DVT?

- a. Hyperthyroidism
- b. Lupus anticoagulation
- c. Maternal weight over 80 kg
- d. Operative delivery
- e. Smoking

31. PG at 34 weeks of gestation has complaint of raised blood pressure and proteins in urine.What is the characteristic renal lesion specific for her disease?

- a. Glomeruloendotheliosis
- b. Glomerulonephritis
- c. Hydronephrosis
- d. Pyelonephritis
- e. Renal calculus

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32. G4P3A0 at 32 weeks of gestation presented in emergency with history of raised blood pressure associated with jaundice and pallor. Laboratory findings confirmed the diagnosis as HELLP syndrome. What is the percentage of fetal loss associated with HELLP syndrome?

- a. 40%
- b. 50%
- c. 60%
- d. 70%
- e. 80%

33. In fetal circulation umbilical arteries contains:

- a. Both oxygenated blood & deoxygenated blood
- b. Carbonated blood
- c. Deoxygenated blood
- d. Nitrogenated blood
- e. Oxygenated blood

34. The amniotic fluid is initially secreted by:

- a. Amnion
- b. Chorion
- c. Fetal brain
- d. Fetal kidneys
- e. Fetal skin

35. G4P3A0 is at 32wks of gestation. She has history of two previous preterm births. What is the approximate risk of preterm in this gestation?

- a. 10%
- b. 20%
- c. 30%
- d. 40%
- e. 50%