

OM
hardup



14/03/20

SEND UP FINAL YEAR
FINAL MBBS: 2019
OBSTETRICS (MCQs)

Time allowed: 45 minutes

Maximum marks: 15
15 MCQs, 1 mark each.

Attempt all questions

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

2. A woman presented at 3rd week postpartum with the complaints of red hot and engorged right breast with pussy discharge. Her temperature is 101 F. The most likely infecting organism:
 - a. Aerobic streptococcus
 - b. Anaerobic streptococcus
 - c. E. coli
 - d. Proteus
 - e. Staphylococcus

3. A primigravida presented with labor pains. The instrumental delivery was planned, which one of the following is true regarding instrumental delivery?
 - a. Can be used at 7 cm dilated cervix
 - b. Is contraindicated in multiparida
 - c. Maternal pelvis should be adequate
 - d. The bladder should be full
 - e. To shorten first stage of normal labor

4. Primigravida at 37 weeks was brought to labor ward with 170/110 blood pressure and seizures. What is not true regarding her management?
 - a. Administer magnesium sulphate to prevent recurrent seizures
 - b. Attempt to stop the seizure by administering intravenous-hydralazine
 - c. Maintain adequate oxygenation
 - d. Monitor fetal heart rate
 - e. To focus on airway, breathing and circulation

5. Three days after normal vaginal delivery in a previously normal woman complained of crying, loss of appetite, difficulty in sleeping and feeling of low esteem. She has such feelings for a week and then gradually disappeared. Which of the following best describes her symptoms?

- a. Bipolar disorder
- b. Manic depression
- c. Maternity Blues
- d. Puerperal Psychosis
- e. Schizoid affective disorder

6. In cephalic presentation, the position is determined by the relationship of what fetal part to the mother's pelvis?

- a. Frontal
- b. Mentum
- c. Occiput
- d. Sacrum
- e. Sinciput

7. Twenty-eight years, primigravida at 39 weeks wanted to discuss about induction of labor. Which of the following is contraindication for induction of labor?

- a. Diabetes mellitus
- b. Fetal growth restriction
- c. Intrauterine fetal death
- d. Placenta previa
- e. Preeclampsia

8. Mrs. R at 40 weeks of pregnancy is in active labor. She wanted to have active management of 3rd stage of labor. Active management of 3rd stage of labor 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

9. "Vault" of skull is 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

10. Which of the following is most common congenital anomaly seen in fetuses of epileptic mothers on anti-epileptic drugs?

- a. Cardiac anomalies
- b. Gastroschisis
- c. Neural tube defects
- d. Omphalocele
- e. Renal defect

11. A primigravida at 36 weeks wants painless delivery. You will counsel that most reliable mean of pain relief during labor is

- a. Epidural analgesia
- b. Inhalational analgesia
- c. NSAIDS
- d. Opiates
- e. TENS

12. 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

13. A non-booked G3P2 unsure of dates, comes to emergency with complaint of labor pain off & on. We will label preterm labor 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. 42 weeks

14. A primigravida at 38+2 weeks of gestation is admitted in labor ward for the last six hours. Primary arrest in the active phase of first stage of labor 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

15. In a busy labor ward a staff comes to you to inform that in a G4P3 labouring patient fetal heart rate deteriorating on CTG after spontaneous rupture of membranes. What needs 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

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

17. 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. Glomerulo-endotheliosis
- b. Glomerulonephritis
- c. Hydronephrosis
- d. Pyelonephritis
- e. Renal calculus

18. In fetal circulation, umbilical arteries contain:

- a. Both oxygenated blood & deoxygenated blood
- b. Deoxygenated blood

deoxygenated blood
Deoxygenated blood

Amniotic fluid is initially secreted by:

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

20. Physiological changes in pregnancy include which of the following?

- a. Increase of blood volume by 100%
- b. Increase in hemoglobin \downarrow
- c. White blood cell increase
- d. Cardiac output 40% decrease \downarrow
- e. Peripheral resistance 50% increase \downarrow

21. Which of the following is statement is most suitable for antenatal visit according to gestation?

- a. The anomaly scan is performed at 25 weeks.
- b. All women are recommended to have a 25- and 29-week review.
- c. At 28 weeks, the fundal height is measured. FBC and antibodies are checked. A GTT is performed in women with risk factors.
- d. In late pregnancy, pelvic examination is routinely appropriate to ensure favorable presentation.
- e. Booking is best performed by 7 weeks.

22. A G4P3 woman is seen at 41-week gestation. Her blood pressure has consistently been 140/90 mmHg for the last 3 weeks; her booking blood pressure was 100/60 mmHg. How will you manage her?

- a. Deliver by caesarean section
- b. Induction of labor
- c. Manage as outpatient
- d. Renal ultrasound
- e. Admit with feto-maternal monitoring

PTO

23. A woman who is Rh⁺ negative undergoes amniocentesis at 16 weeks. What dose of anti D immunoglobulin should she receive immediately after the procedure?
- a. 250 IU
 - b. 500 IU
 - c. 1000 IU
 - d. 1500 IU
 - e. 2000 IU
24. Mrs R S was delivered by C-section due to prolonged 2nd stage of labour one week ago. Now she presented with fever, chills and lower abdominal pain without any urinary symptoms. On examination her BP is 110/70, pulse is 116/min, temperature is 39.5° C lower abdominal tenderness and foul-smelling lochia. Which of the following treatment option is best for her?
- a. Give antibiotic and send her home.
 - b. Do USG if normal give her oral antibiotics.
 - c. Admit her and start broad spectrum I/V antibiotics.
 - d. Wait for culture result, give paracetamol and send her home.
 - e. Give her vaginal antibacterial cream
25. A 28-year primigravida 40 weeks presented in labor. On examination cervix is 9 cm dilated, cephalic presentation, anterior fontanelle palpable with orbital ridges and nasal bridge felt anteriorly. What is the presenting diameter of the fetus to make diagnosis?
- a. Mento-vertical
 - b. Occipitofrontal
 - c. Submentobregmatic
 - d. Suboccipitobregmatic
 - e. Suboccipitofrontal
26. Division of separate zygotes before day 3 leads to which type of twins?
- a. Monochorionic diamniotic
 - b. Conjoined twins
 - c. Monochorionic Monoamniotic
 - d. Dichorionic Diamniotic
 - e. Dichorionic monoamniotic

...delivery can be accomplished in about which percentage of those patients who have had a previous caesarian section:

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

??

28. A 25-year primigravida with 8 weeks missed abortion, what would the ultrasound report reveal?

- a. Thickened endometrium with no gestation sac
- b. A gestational sac in right adnexa
- c. Empty gestational sac
- d. An intact gestational sac with fetal heart motion
- e. An intact gestational sac with no fetal heart motion

29. A woman came to OPD for routine Antenatal visit at 36 weeks. On examination, her SFH is of 32cm. Which investigation will be of use in this patient?

- a. Biophysical profile
- b. CTG
- c. MCA Doppler
- d. Transvaginal cervical Length
- e. Serial Ultrasound scan for Fetal Growth

30. A New born baby delivered few minutes ago is having difficulty in breathing. Most of the breathing difficulties are overcome by correct positioning of airway. Good positioning is.

- a. Extension of neck
- b. Flexion of neck
- c. Neutral Position of neck
- d. Sniffing the morning air position
- e. None of the above

31. A 26 Years Primigravida came to OPD when she was 2 months overdue of her menses. When will you advise her Ultrasound to date the pregnancy.

- a. 8 to 12 Weeks
- b. 9 to 10 Weeks
- c. 10 to 11 Weeks
- d. 11+3 to 13+6 Weeks
- e. 14 to 16 Weeks