

1. Multigravida at 10 weeks of gestation present with report of glycosylated hemoglobin of 9%, her counselling at this stage should definitely Highlight the risk of the following:
 - a. Congenital abnormalities
 - b. Macrosomia
 - c. polyhydramnios
 - d. shoulder dystocia
 - e. stillbirth

2. 25 years 31 women sustained a fourth degree perineal following a difficult vaginal delivery what advice would you up at her with regard to subsequent delivery:
 - a. avoiding prolonged first stage of labour
 - b. forcep delivery to shorten the second stage of labour
 - c. analgesia and ventouse delivery
 - d. elective cesarean section
 - e. Prophylactic episiotomy

3. the cardiovascular system of mother undergoes immense physiological changes during pregnancy which of the following parameters does not change in pregnancy:
 - a. cardiac output
 - b. heart rate
 - c. stroke volume
 - d. systemic vascular resistance
 - e. Central venous pressure

4. gravatar was delivered by outlet forceps for a nonreactive ctg. following delivery a 3b perineal tear was diagnosed what is 3b injury:
 - a. Both external and internal sphincter torn
 - b. Perennial muscles are torn
 - c. <50% of external anal sphincter is torn
 - d. 50% external anal sphincter thickness is torn
 - e. rectal mucosa is torn

5. A 28 years old in her first pregnancy has delivered normally and has had early IU units of Oxytocin and control cord traction applied. the Placenta has not delivered yet. How long would you call it a prolonged third stage of labour:
 - a. 10 minutes
 - b. 20 minutes
 - c. 30 minutes
 - d. 50 minutes
 - e. 60 minutes

6. a woman at 28 weeks of gestation has been in contact with her neighbour developed pox 2 days ago. she is unclear about a previous history of chicken pox. in childhood and visits to practitioner. what is the most appropriate nextstep
 - a. administer varicella-zoster immunoglobulin
 - b. Administer varicella-zoster vaccine
 - c. Administer varicella vaccine
 - d. reassuring and discharge in the absence of a rash
 - e. test her booking bloods for IgG antibodies to varicella

7. you are attending the teaching session on labour Management by what mechanism is the head delivered in a face delivery
 - a. Extension
 - b. Restitution
 - c. external rotation
 - d. Flexion
 - e. internal rotation

8. the best time to do chorionic villus sampling in between
 - a. 6 - 8 weeks
 - b. 7 to 9 weeks
 - c. 9 to 10 weeks
 - d. 11 to 13 weeks
 - e. from 20 weeks

9. the use of Folic acid to prevent congenital formation should be best initiated:
 - a. during first trimester
 - b. During second trimester
 - c. during third trimester
 - d. before conception
 - e. before pregnancy

10. The difference between true and late labour is dad into labour
 - a. the bag of membranes is absent
 - b. more pain is felt by the patient
 - c. there is progressive dilation of cervix
 - d. Heavier
 - e. there is decreased fetal movement

11. Which of the following is not known to be teratogenic
 - a. Alcohol
 - b. Methyldopa
 - c. Warfarin
 - d. Aminoglycoside
 - e. valproic acid

12. to cover the chance of silent fetomaternal in Primigravida who has RH negative blood group at which direction we should administer anti D prophylactically:
- 24 and 32 weeks
 - 28 and 34 weeks
 - 30 and 36 weeks
 - after delivery
 - 14 and 38 weeks
13. pregnancy twin twin transfusion syndrome commonly develops at:
- first trimester
 - second trimester
 - third trimester
 - soon after conception
 - At term
14. disseminated intravascular coagulopathy in pregnancy is caused by the following except:
- Prolonged labour
 - Sepsis
 - Preeclampsia
 - intrauterine fetal death
 - hellp syndrome
15. G3 P2 2 at 38 weeks present in active stage of labour. the partogram indicates the normal pattern of labour progress. 5 CM cervical dilation, she develop spontaneous rupture of membrane followed by fresh bout of vagina bleeding and instantly her ongoing status shows a sudden deep deceleration Ab 220 beats per minute what is the most probable diagnosis
- Vasa previa
 - cord prolapse
 - hand prolapse
16. What is the most common cause of postpartum hemorrhage comes in your mind:
- uterine rupture
 - retained placenta
 - tears
 - bleeding disorder
 - Atony

17. primi gravida at 36 weeks gestation was to have painless delivery you counsel her. The most reliable means of pain relief during labour is:
- Entonox
 - Pethidine
 - epidural analgesia
 - Pudendal block
 - TENS
18. maternal mortality rate in Pakistan is around
- 350 - 550 per 1000 live births
 - 350 - 550 per 100,00 live births
 - 350 - 550 per 100,000 live births
 - 350 - 550 per 100,000 Women of reproductive age
 - 12 per 100,000
19. commonest cause of perinatal mortality are
- congenital malformation
 - lugar
 - Sepsis
 - Macrosomia
 - intrapartum related Deaths
20. 29 year old woman G2 P1 at 38 weeks gestation comes to the labour ward with frequent painful uterine contractions. her investigation was significant for urine culture that colony forming units/ml of group B streptococcal which of the following medications should be used to treat her during labour and delivery?
- betamethasone
 - Folic acid
21. which of the following are the drugs used to induce labour
- labetalol and methyldopa
 - Methergin and syntocinon
 - nitrogen oxide and entonox
 - ringer lactate and enema
 - Misoprostol and oxytocin
22. at 36 weeks gestation where would you expect to find uterine fundus:
- Umbilicus
 - Symphysis pubis
 - Xiphisternum
 - Halfway between umbilicus and symphysis pubis
 - Halfway between umbilicus and Xiphisternum

23. which of the following statement describe the active phase of first stage of labour correctly:
- starts when regular painful contraction begin and ends when the cervix is fully effaced And dilated to 5cm
 - onset of painful contraction to full effacement of the cervix. the membranes are still intact
 - onset of painful contractions till membranes are ruptured
 - onset of painful contractions till the delivery of baby
 - starts when the effaced cervix is 4 cm dilated and and when the cervix is fully dilated at 10cm
24. which of the following does a “membrane sweep” involve
- rupture of membrane
 - significant bleeding
 - use of finger to separate the amniotic membrane from the placenta
 - release of prostaglandins
 - to localise placenta
25. which period of gestation does the first trimester represent
- 1 - 13 weeks
 - 1 - 12 weeks
 - 1 - 10 weeks
 - 1 - 11 weeks
 - 1 - 12 weeks
26. which of the following drugs improve prognosis in UGR
- Aspirin
 - Heparin
 - amino acid
 - calcium supplements
 - multivitamin
27. at 38 weeks Gestation, starts bleeding per vagina. on Ultrasound examination there is dead foetus with grade four placenta previa, how will you manage this patient
- syntocinon drip and svd
 - await spontaneous vaginal delivery
 - induction of labour with prostaglandin E2
 - repeat USG after one week
 - cesarean delivery

28. which drug is contraindicated during lactation
- Lithium
 - Warfarin
 - Erythromycin
 - Metformin
 - Oxytocin
29. Bishop score includes all except
- station of fetal head
 - gestational age
 - cervical dilation
 - cervical effacement
 - position of the cervix
30. Amino infusion has following effects:
- dilute meconium
 - prolonged pregnancy to term
 - prevent cord compression
 - prevent amniotic band and Limb deformity
 - infection