Maximum marks: 35 35 MCQs; 1 mark each.

Time allowed: 35 minutes

Attempt all questions

- 1. Post term pregnancy is defined as pregnancy that extends beyond:
- a. 34 weeks
- b. 36 weeks
- c. 37 weeks
- d. 40 weeks
- e. 42 weeks
- 2. Primigravida at 40 weeks of gestation comes to antenatal clinic for discussion of induction of labour. Which one of these is known as absolute contraindication for induction of labour.
- a. Mild preeclampsia
- b. Pre prom
- c. Post date pregnancy
- d. Gestational diabetes mellitus
- e. Severe fetal compromise
- 3. The percentage of pregnancy requiring induction of labour is:
- a. 10-15
- b. 20-25
- c. 30-45
- d. 50-65
- e. 70-85
- 4. G2P1 at 40 weeks of gestation was induced with prostaglandin E2 and is in active phase of labour with uterus contracting six times in 10 minutes. What is the drug of choice to control uterine hyperstimulation?
- a. MGSO4
- b. Hydralazine
- c. Betamethasone
- d. Dexamethasone
- e. Terbutaline (82 agonist)
- 5. A woman P2AO presents in outpatient clinic with complaint of ulcerated lesion on vulva and urinary retention. What is the most likely cause?
- a. Candida albicans
- b. Human Papilloma Virus
- c. Herpes Simplex Virus
- d. Syphillis
- e. Trichomonas vaginalis

CLASS TEST FINAL YEAR MBBS; APRIL, 20, 2018 OBS & GYNAE (MULTIPLE CHOICE QUESTIONS)

Maximum	marks:	35
35 MCQs;	1 mark	each.

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- 6. Risk factors for stress urinary incontinence are all of the following except:
- a. Birth weight 3 kg
- b. Forceps delivery
- c. Multiparity
- d. Prolonged labour
- e. Perineal trauma
- 7. A 40 years old patient, Para 5, presented with complaint of urinary leakage while coughing and sneezing. Which one of the following would be first line treatment?
- a. Burch colposuspension
- b. Conservative treatment in the form of fluid balance and pelvic floor exercise
- c. Medical treatment
- d. Tension free vaginal tape
- e. Sacral neuromodulation
- 8. A patient para 6 presented with history of frequency of urine, urgency and urge incontinence. Her urine complete is normal. What would be most probable diagnosis?
- a. Detrusor overactivity
- b. Stress incontinence
- c. Overflow incontinence
- d. Urinary tract infection
- e. Vesicovaginal fistula
- 9. Involuntary leakage of urine on effort, exertion, sneezing or coughing is called:
- a. Frequency
- b. Genuine stress incontinence
- c. Nocturnal enuresis
- d. Urge incontinence
- e. Urgency
- 10. Sensitizing events for rhesus disease are all of the following except
- a. Miscarriage
- b. Termination of pregnancy
- c. Ante partum haemorrhage
- d. Chorionic villus sampling
- a. Iron infusion



Ma	aximum	n	narks:	35
35	MCQs;	1	mark	each.

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- 11. A primigravida presented at 26 weeks of gestation, her blood group is B negative and her husband's blood group is B positive. When should we give her anti- D prophylaxis?
- a. 28-30 weeks
- b. 28-32 weeks
- c. 28-34 weeks
- d. 28-36 weeks
- e. 28-38 weeks
- 12. A G₃P₂A₀ presented with history of Antepartum haemorrhage in previous pregnancy now her indirect Coomb's test is positive. At which Anti-D level Haemolytic disease of fetus and Newborn is unlikely?
 - a. <4 IU/ml
 - b. <6 IU/ml
 - c. <8 IU/ml
 - d. <10 IU/ml
 - e. <12 IU/ml
- 13. Twin to twin transfusion syndrome is a complication cf:
- a. Monochorionic pregnancy
- b. Dichorionic pregnancy
- c. Triplet pregnancy
- d. Monoamniotic pregnancy
- e. Diamniotic pregnancy
- 14. In twin pregnancy incidence of dizygotic pregnancy is:
- a. 70%
- b. 75%
- c. 80%
- d. 82%
- e. 90%
- 15. A $G_3P_2A_0$ presents at 13 weeks of pregnancy in OPD. On ultrasound twin pregnancy is diagnosed. There is lambda sign on ultrasound, what does this sign indicate?
- a. Dichorionic pregnancy
- b. Monochorionic pregnancy
- c. Monoamniotic pregnancy
- d. Diamniotic pregnancy
- e. Triplet pregnancy

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Ma	aximum	marks:	35
35	MCQs;	1 mark	each.

Attem	pt all questions

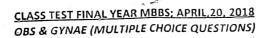
- 16. A pregnant lady presents in labour. She is $G_2P_1A_0$ with previous normal vaginal delivery. She is having twin pregnancy and now at 37 weeks of gestation. On scan there is diamniotic dichorionic pregnancy with cephalic presentation. Fetomaternal condition is fine. What is the best mode of delivery?
- a. Normal vaginal delivery
- b. Emergency lower segment cesarean section
- c. Elective lower segment cesarean section
- d. Forceps delivery
- e. Vacuum delivery
- 17. Multiple pregnancy is a high risk pregnancy. Fetuses are at increased risks of all of the following except:
- a. Fetal growth restriction
- b. Preterm delivery
- c. Miscarriages
- d. Increased perinatal mortality
- e. Postdate pregnancy
- 18. Perineal tear involves injury to the perineum. In third degree tear there is involvement of:
- a. Injury to perineal skin, muscles and external anal sphincter
- b. Injury to internal anal sphincter
- c. Only perineal skin and muscles
- d. Perineal skin and external anal sphincter
- e. Rectal mucosa is also involved
- 19. An episiotomy is a surgical incision of perineum during second stage of labour. Most common type of episiotomy is:
- a. Mediolateral
- b. Midline
- c. Lateral
- d. Transverse
- e. Horizontal
- 20. Uterine causes of hemorrhage do not include:
- a. Uterine atony
- b. Postpartum endometritis
- c. Uterine rupture
- d. Vasa praevia
- e. Uterine inversion



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Attempt all questions

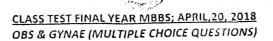
- 21. A patient presents to you in OPD. She has history of vaginal delivery at home one year ago. She had fourth degree perineal tear that was repaired. Now she is concerned about mode of delivery in her next pregnancy. What is the best option for her?
- a. Again, trial of normal delivery
- b. Elective lower segment caesarean section
- c. Emergency lower segment caesarean section
- d. Forceps delivery
- e. Vacuum delivery
- 22. A primigravida delivered by caesarean section, at the end of procedure, clots are passed and uterus is poorly contracted. The patient is already receiving oxytocin infusion and is hypertensive. What would be your next pharmacological option?
- a. 5-10 units IV/IM oxytocin
- b. Syntometrine (ergometrine+syntocinon)
- c. 800-1000 microgram rectal Misoprostol
- d. Repeat ergometrine500 microgram IV/IM slowly
- e. Carboprost0.25mg IM repeated intervals not less than 15 min
- 23. A recently delivered patient has moderate amount of postpartum haemorrhage, after all initial measures and uterotonics patient is still bleeding, and next step would be:
- a. Repeat ergometrine 500 microgram IM or slow IV push.
- b. Bimanual compression of the uterus
- c. Fluid replacement
- d. Debrief staff and family member
- e. Transfer to operation theatre for surgical intervention
- 24. G2P1 known smoker presents at 37 wks of gestation with sudden onset of sharp continuous abdominal pain, shock and tender uterus without vaginal bleeding. She is not in labor. What is the most likely diagnosis in this patient?
- a. Amniotic fluid embolism
- b. Chorioamnionitis
- c. Placental abruption
- d. Red degeneration of fibroid
- e. Rupture of uterus



Maximum marks	: 35
35 MCQs; 1 mark	c each.

Attempt a	ll questions

- 25. Warning signs of placenta praevia does not include:
- a. Low lying placenta at 20 wks. Of gestation
- b. Maternal collapse
- c. Feeling cold
- d. Restlessness
- e. Painful vaginal bleeding
- 26. A 40 year old lady PSAO presents in gynae OPD with complaint of heavy painful menstrual periods. She is pain free for rest of the month. On examination uterus is bulky, mobile and fornix clear. What is your probable diagnosis?
- a. Adenomyosis
- b. DUB
- c. Endometriosis
- d. Endometrial hyperplasia
- e. Fibroid uterus
- 27. 38 years old lady P4 came with history of menorrhagia associated with pain. Investigation of choice for diagnosis of adenomyosis is:
- a. CT scan
- b. Hysterosalpingogram
- c. MRI
- d. Pelvic ultrasound
- e. TVS
- 28. 28 years of age school teacher, nulliparous, married for 5 years came in OPD with complaint of inability to conceive, dysmenorrhea, dyspareunia and lower abdominal pain. What is your most probable diagnosis?
- a. Adenomyosis
- b. Endometriosis
- c. Ovarian cyst
- d. PCOD
- e. PID



Maximum	marks:	35
35 MCOs	1 mark	each

Attempt all questions	
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- 29. Incidence of infertility association with endometriosis is:
- a. 10-15 %
- b. 15-20%
- c. 20-25%
- d. 25-30%
- e. 30-40%
- 30. G4P3A0 came in OPD at 14 weeks of gestation with history of previous, painless preterm deliveries with no alive issue. What would be the best management step for this patient in this pregnancy?
- a. Complete bed rest
- b. Hospital admission throughout the pregnancy
- c. Hematinic
- d. Prophylactic Cervical cerclage
- e. Regular antenatal visits
- 31. Fetal fibronectin is a glycoprotein is an indicator of preterm delivery. At what gestation it is present in cervico vaginal fluid?
- a. 10-22 weeks
- b. 20-30 weeks
- c. 22-36 weeks
- d. 26-36 weeks
- e. 30-36 weeks
- 32. What is the gold standard investigation for diagnosis of endometriosis?
- a. CA-125
- b. C- reactive protein
- c. Laparoscopy
- d. MRI
- e. TVS
- 33. G2POA1 at 7 weeks of gestation with uterine didelphys. Pregnancy loss occurs with this anomaly in:
- a. 1st trimester only
- b. 2nd trimester only
- c. 3rd trimester only
- ਰੇ. 1st & 2nd trimester
- a. 2nd & 3rd trimester

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Attempt a	lavestions

- 34. Which class of white cells are preferentially depleted in HIV?
- a. CD4 ·
- b. CD8
- c. CD16
- d. CD25
- e. CD65
- 35. A 26 year old nursery worker attends antenatal clinic complaining of reduced feta movements at 28 weeks of gestation. She has history of contact with slapped cheek syndrome six week ago.

 Ultrasound shows fetal ascites. Most likely cause is?
- a. Parvo virus
- b. Varicella zoster
- c. HIV
- d. Herpes simplex
- e. syphilis