



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

Maximum marks: 40
40 MCQs; 1 mark each.

Time allowed: 40 minutes

(Obs Megx 2018)
Attempt all questions

1. A large SFH does not correspond with
 - a. A multiple pregnancy
 - b. Fibroid uterus
 - c. FGR
 - d. Macrosomia
 - e. Polyhydramnios

2. In pregnancy of <12 wks. of gestation anti-D immunoglobulin prophylaxis is Not required in the following conditions:
 - a. Ectopic pregnancy
 - b. Molar pregnancy
 - c. Therapeutic termination of pregnancy
 - d. Spontaneous miscarriage
 - e. Repeated uterine bleeding associated with abdominal pain

3. All are intrapartum maternal and neonatal complications associated with increased BMI in pregnancy except:
 - a. Difficulty with analgesia (epidural & spinal)
 - b. Cord prolapse
 - c. Difficulty with monitoring labor
 - d. Increased instrumental delivery
 - e. Increased caesarean section rate

4. According to NICE which of the following is NOT a high risk factor for developing pre-eclampsia?
 - a. Chronic kidney disease
 - b. SLE
 - c. Previous history of PIH
 - d. Thyroid disease
 - e. Chronic hypertension

5. A women attend OPD for booking visit having had previous history of GDM. The best option for her evaluation would be:
 - a. FBC
 - b. Quadruple test
 - c. OGTT (16-18wks)
 - d. Anomaly scan
 - e. Observe the pregnant woman



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6. Pulmonary surfactant reduces the surface tension at the air liquid interface of alveolus. Its production starts at:
 - a. 5-8 wks.
 - b. 10 wks.
 - c. 15 wks.
 - d. 20 wks.
 - e. 30 wks.

7. The chorionicity is best determined on first trimester ultrasound. In dichorionic twins Lambda sign can be seen at:
 - a. 5-6 wks.
 - b. 6-7 wks.
 - c. 7-8 wks.
 - d. 8-9 wks.
 - e. 9-10 wks.

8. Cordocentesis should be performed at what gestational age?
 - a. Around 7 weeks
 - b. Around 11 weeks
 - c. Around 15 weeks
 - d. Around 18 weeks
 - e. Around 20 weeks

9. Detection rate of quadruple test for diagnosis of Down's Syndrome is:
 - a. 40%
 - b. 50%
 - c. 60%
 - d. 70%
 - e. 80%

10. Which of the following statement is not true regarding obstetric cholestasis?
 - a. It affects 0.7% of pregnancies
 - b. It normally presents in 1st half of pregnancy
 - c. It is associated with abnormal LFT's
 - d. It has potential fetal risks
 - e. Patient presents with pruritis and sleep deprivation



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11. A primigravida at 8 weeks of gestation has Bicornuate uterus. Following are the risks associated with Bicornuate uterus except:
- Abnormal lie or presentation
 - Higher cesarean section rate
 - Intrauterine death
 - Miscarriage
 - Preterm labour
12. Gravida 2 Para 1 at 28 weeks of gestation presents with history of recurrent urinary tract infection. You have advised urine for culture and sensitivity. What is the most organism for UTI:
- Escherichia coli
 - Klebsiella
 - Proteus
 - Pseudomonas
 - Streptococci
13. All of the following are the risk factors for developing thromboembolic disease in pregnancy except:
- Cesarean section
 - Ectopic pregnancy
 - Multiple gestation
 - Pre-eclampsia
 - Prolong bed rest
14. What is the incidence of breech presentation at term:
- <1%
 - 1-2%
 - 3-4%
 - 5%
 - 7%
15. A Primi Gravida at 34 weeks presents with breech presentation. She wants normal delivery and counselled about external cephalic version (ECV). At what gestation ECV should be performed:
- At 34 weeks
 - At 35 weeks
 - Before 36 weeks
 - At 36 weeks
 - At or after 37 weeks



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24. A patient, Para2, vaccinated for rubella after her delivery, now for how long she should be advised to use contraception?
- 1 month
 - 2 months
 - 4 months
 - 6 months
 - 8 months
25. Individuals with chicken pox are infective for how many hours prior to the appearance of rash?
- 12 hours
 - 24 hours
 - 36 hours
 - 48 hours
 - 56 hours
26. Which of the following species of malarial parasite has worst prognosis in pregnancy?
- Plasmodium falciparum
 - Plasmodium vivax
 - Plasmodium malaria
 - Plasmodium knowlesi
27. Primigravida at 14 weeks of gestation presented with history of high grade fever along with rigors & chills and severe body aches and pain. On examination her temperature is 104° F and no rash seen. What will be most probable diagnosis?
- Malaria
 - Listeriosis
 - Syphilis
 - Cytomegalovirus
 - Chicken pox
28. Primi Gravida came at 41 weeks of gestation with history of primary genital herpes two weeks back. What will be your management plan?
- Elective cesarean section
 - Emergency caesarean section
 - Induction of labour
 - Sweeping of membranes
 - Wait for one more week



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29. The ischial spines are located in the mid pelvis and denote station as :
- +1
 - 1
 - 2
 - 3
 - Zero
30. A primi gravida came in active phase of labour. She is 3cm dilated and cervix is soft, central and cervical length is 0.5 cm, presenting part is at -2. What would be her bishop score?
- 4
 - 6
 - 8
 - 10
 - 12
31. A Gravida 3 Para 2 presents at 37 weeks of gestation with severe lower abdominal pain associated with mild vaginal bleeding. She is a known hypertensive. On examination abdomen is tense and tender. On CTG there is fetal distress. On vaginal examination Os is closed and cervix is soft and posterior. What is the best management plan?
- Immediately do her lower segment C-Section
 - Plan induction of labour
 - Elective C-Section after steroid cover
 - Continue conservative management
 - Transfuse blood
32. Eclampsia is an obstetrical emergency associated with fetal and maternal morbidity and mortality. First line drug used to control fits when eclampsia occurs is:
- Magnesium sulphate
 - Injection diazepam
 - Phenytoin
 - Methyl dopa
 - Carbamazepine



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33. A pregnant lady was admitted in hospital in labour. She deliver a baby girl. Two hours after delivery she suddenly complains of chest pain, shortness of breath, nausea and vomiting. She is restless. What is most probable diagnosis?
- Amniotic fluid embolism
 - Post partum hemorrhage
 - Post partum eclampsia
 - Encephalopathy
 - Disseminated intravascular coagulopathy
34. A patient has been admitted in labour ward. She is in active phase of labour suddenly there is spontaneous rupture of membranes associated with fetal distress. On vaginal examination, you feel umbilical cord in vagina. Diagnosis of cord prolapse is made. What is the next most important step?
- Emergency lower segment C-Section
 - Steroid cover & then do lower segment C-Section
 - Expedite her delivery
 - Watch for progress of labour
 - Conservative management
35. Treatment of venous thromboembolism in pregnancy is:
- Low molecular weight heparin
 - Warfarin
 - Thrombolytic therapy
 - Thoracotomy
 - Surgical embolectomy
36. Down's Syndrome is most common syndrome in neonate and it is also known as:
- Trisomy 13
 - Trisomy 15
 - Trisomy 18
 - Trisomy 21
 - Trisomy 22
37. Perinatal death is defined as:
- Still birth after 24 weeks or death within 7 days of birth
 - Still birth after 22 weeks or death within 10 days of birth
 - Still birth after 26 weeks or death within 12 days of birth
 - Still birth after 20 weeks or death within 14 days of birth
 - Still birth after 14 weeks or death within 17 days of birth



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38. Primigravida known hyperthyroid patient who was non-compliant with her medicine, presents in emergency with excessive sweating, pyrexia, tachycardia, atrial fibrillation, hypertension, hyperglycemia and cardiac failure. How will you treat this patient?
- Propyl thiouracil
 - Corticosteroids
 - Beta blockers
 - A+B
 - All of the above
39. The characteristic kidney lesion associated with pre-eclampsia is:
- Elevation of liver enzymes
 - Glomeruloendotheliosis
 - Protein urea
 - Pelvicacyl disease
 - Subendothelial fibrin deposition
40. Gravida 2 Para 1 Abortion 0 at 20 weeks of gestation came for routine antenatal visit. On examination a thyroid swelling is noticed. What test are indicated to diagnose thyroid disease in this patient?
- Free T4, Free T3
 - Thyroid stimulating hormone (TSH)
 - Total T4, T3
 - Free T4, T3, TSH
 - Total T4, T3, TSH