



**MEGA TEST FINAL YEAR MBBS; July 21, 2017**

**Obstetrics (Multiple Choice Questions)**

Maximum marks: 35

Time allowed: 45 minutes

35 MCQs; 1 marks each.

Attempt all questions

Q1. Progress in labour is measured by:

- a)  The dilatation of the cervix.
- b)  The frequency of uterine contractions.
- c)  The force of uterine contractions.
- d)  The type of presenting part.
- e)  The length of time since rupture of the membranes

Q2; A PG at 36 weeks of gestation wants painless delivery. You will counsel that most reliable mean of pain relief during labour is

- a)  Inhalational analgesia
- b)  Opiates
- c)  TENS
- d)  Epidural analgesia
- e)  None of above

Q3. Bishop Score comprises of the following except

- a)  Gestational age
- b)  Cervical effacement
- c)  Cervical dilatation
- d)  Consistency of cervix
- e)  Station of fetal head

Q4; A PG at 41 weeks gestation, is admitted in labour ward for induction of labour. Cervix is closed and 2.5 cm long. Which of the following will be used for cervical ripening

- a)  Salbutamol
- b)  Prostaglandin E2
- c)  Prostaglandin F2alpha
- d)  Methergin
- e)  Oxytocin

Q5; Pain during first stage of labour is transmitted through

- a)  T10 only
- b)  S2, 3, 4
- c)  T11, T12, L1
- d)  S4, 5
- e)  S1

Q18. Hypertensive disorders in pregnancy may present as follows except

- a) Preeclampsia
- b) Gestational hypertension
- c) Chronic hypertension
- d) Eclampsia
- e) Thyroid dysfunctions

Q19; Maternal mortality rate in Pakistan is around

- a) 350-550 per 1000 live births
- b) 350-550 per 10000 live births
- c) 350-550 per 100,000 live births
- d) 350-550 per 10,000 women of reproductive age
- e) 10 per 100,000 live births

Q20. The contraindication for the application of Ventouse cup is

- a) Fetal macrosomia
- b) Fetal growth restriction
- c) Fetal malposition
- d) Face presentation
- e) Post maturity

Q21; which of the following investigations is not included in the diagnostic work up of puerperal pyrexia

- a) Chest X-ray
- b) Urine C/E & Culture sensitivity
- c) Pelvic USG
- d) Laparoscopy
- e) High vaginal swab

Q22; A G6P5 with previous history of shoulder dystocia is in 2<sup>nd</sup> stage of labour. You've given episiotomy since the head is delivered but the shoulders are impacted. All of the following maneuvers are employed to overcome shoulder dystocia except

- a) McRobert's maneuver
- b) Wood screw maneuver
- c) Loveset's maneuver
- d) Zavanelli's maneuver
- e) Delivery of posterior shoulder

Q23. In twin delivery:

- a) The first twin is at greater risk than the second
- b) Cephalic-cephalic is the most common.
- c) Labour usually occurs post-term.
- d) Labour is extended.
- e) There is no risk of postpartum haemorrhage.

Q24; A multigravida at 10 weeks gestation presents with report of glycosylated hemoglobin of 9%. Her counselling at this stage should definitely highlight the risk of the following

- a) Congenital anomalies
- b) Macrosomia
- c) Polyhydramnios
- d) Shoulder dystocia
- e) Still birth

Q25; A PG at 36 weeks gestation, presents in emergency room with history of fits. On examination, her blood pressure is 170/110 mm of Hg with 2+ proteinuria. The preferred antihypertensive for her is following

- a) ACE Inhibitors (captopril)
- b) Furosemide (Lasix)
- c) Hydralazine
- d) Methyldopa
- e) Syntometrine

Q26; which of the following is not a prerequisite for instrumental vaginal delivery

- a) The position of head must be known
- b) The head must be palpable abdominally
- c) The cervix must be fully dilated
- d) The bladder should be empty
- e) The head should be at or below the level of ischial spines

Q27; what is the most common cause of prolonged first stage of labour

- a) Cephalo-pelvic disproportion (CPD)
- b) Malpresentation
- c) Malposition
- d) Inefficient uterine contractions
- e) Pelvic bone deformity

Q28; A caesarean section in which the abdominal wall is opened with supra pubic transverse incision and the lower segment of uterus is also incised transversely to deliver the baby is called

- a) Lower segment caesarean section
- b) Upper segment caesarean section
- c) Mid segment caesarean section
- d) Classical caesarean section
- e) Caesarean hysterectomy

Q29. In 3<sup>rd</sup> degree perineal tear

- a) Only mucosa of vagina is involved
- b) Muscle & mucosa of vagina is involved
- c) Rectum is damaged
- d) Anal sphincter is damaged
- e) Intestine is damaged

Q30. The presenting diameter of brow presentation is

- a) Sub-occipitobregmatic
- b) Mento-vertical
- c) Occipito-frontal diameter
- d) Sub-mentobregmatic
- e) Biparietal diameter

Q31. With regard to the obstetric history:

- a) Pregnancy is dated from conception.
- b) Parity is the total number of pregnancies regardless of how they ended.
- c) It is recommended that woman should not be seen on her own during entire care.
- d) A family history of diabetes should trigger increased antenatal surveillance.
- e) The last menstrual period (LMP) is reliable even if the cycle is irregular.

Q32; A G7P6 has come with antepartum hemorrhage at 36 weeks of gestation in the middle of night. She is attended by a 1<sup>st</sup> resident in emergency room. Which of the following feature will suggest placental abruption as a cause of APH

- a) Lie often abnormal & unengaged fetal head
- b) Severe abdominal tenderness
- c) Bleeding profuse & painless
- d) Low lying placenta
- e) Doppler USG

Q33; when a pregnant woman needs to be delivered early. Steroids are administered to the mother if the gestational age is

- a) <34 weeks
- b) >34 weeks
- c) <36 weeks
- d) <35 weeks
- e) < 37 weeks

Q34. Postpartum vaginal discharge containing blood, mucus and placental tissue is called

- a) Show
- b) Liquor
- c) Lochia
- d) Postpartum hemorrhage
- e) Antepartum hemorrhage

Q35; A 36 years old P4 delivered five days back by LSCS for obstructed labour. She has presented in emergency with history of breathlessness since one hour along with chest pain, redness and swelling of right calf. What is your most probable diagnosis?

- a) Pneumothorax
- b) Ischemic heart disease
- c) Pulmonary embolism
- d) Pulmonary edema
- e) Amniotic fluid embolism