



THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS ANNUAL EXAMINATION 2017

OBSTETRICS

SEQ'S

Roll No. _____

Time Allowed: 2 hours

Total Marks: 35

Instructions

- The SEQ's part is to be submitted within 2 hours. Extra time will not be given.
- Neat Hand Writing use of margin and marker for headlines will increase the presentation of your paper.
- Do not write your name or disclose your identity in anyway.

Q1. A 22 year old newly married lady has come for pre pregnancy advice as she is a known case of congenital heart disease.

- (155) (384 UHS) Repeat
- What issues in pre pregnancy counselling would you like to discuss? 01
 - Enumerate the risk factors which can lead to heart failure due to preexisting heart disease in pregnancy 02
 - What intrapartum care is required for this woman? → BP, ECG → 338 UHS 02

Q2. A primigravida at term is in 2nd stage of labour for last 2 hours. Pelvic findings are; os fully dilated. Vertex at +2 station right occipito-posterior position. Membranes absent. Fetal heart sounds normal. The patient is not cooperative in bearing down. You are adamant to deliver her vaginally. Repeat

- (393 UHS)
- How would you expedite her delivery? By giving epidural analgesia (local analgesic) 01
 - What are the fetal and maternal risks associated with these techniques. → complications of IOL 2+2

Q3. A P1+0 presents in emergency room with secondary PPH after delivery.

- (278)
- Define secondary PPH. → P-278 T.T 01
 - Enlist the important causes of 2ndary PPH → Retained products of placenta and endometrium 02
 - Outline the management of 2ndary PPH? 02

Q4. A 26 year old PG has come in labour room with labour pains for 6 hours, she is at 38 weeks gestation and no risk factor in pregnancy.

- (394 UHS) Repeat
- What will you do to confirm the labour? Partogram 1.5
 - What are the different methods of fetal assessment in labour? CTG, USG, Partogram 1.5
 - What is the significance of partogram? → 349 UHS 02

Q5. A 30 year old woman is found to be HIV positive at 14 weeks gestation.

- (185 T.T)
- Justify your antenatal care screening (185 T.T) 2.5
 - What specific steps will you take to avoid vertical transmission? 2.5

→ P-185 T.T

Please turn over

A

Healthy fetus with wrong ^{uter} size

(141)

Q6. A 30 year old woman with two previous uncomplicated pregnancies is referred to the antenatal clinic at 36 weeks gestation because the fundal height is thought to be small for dates.

(8 obs)

- a) What is the differential diagnosis? IUGR, oligohydramnia, constitutionally small fetus
- b) For your initial assessment, what investigations will you request? (317 UHS) I3 T-T 01
- c) If the fetal growth is suboptimal, how would you manage this case? (320 UHS) Q: 3 142 T-T 2.5

Q7. A G7P5+1 with previous uneventful vaginal deliveries, is in labour at 37 weeks gestation. The midwife ruptured her membranes to expedite the delivery. Soon after that, the CTG tracing shows variable deceleration. On examination, you can feel cord pulsations in the vagina.

- a) What is your diagnosis? 319 UHS 0.5
- b) Name 4 common risk factors to develop this condition. 265 T-T 02
- c) How would you manage her? 02

(265)

↳ Cord prolapse.

Avoid intercost