

THE SUPERIOR COLLEGE, LAHORE

FINAL PROFESSIONAL MBBS ANNUAL EXAMINATION 2019

OBSTETRICS

Roll No. 14018

(SEQ's)

Time Allowed: 2 hours

Total Marks: 35

	Inst	ru	cti	on	S

- The SEQ's part is to be submitted within 2 hours, Extra time will not be given.
- Next 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.

year old primigravida has come for antenatal checkup at 10 w	eeks of ge	station. DILL (_ [
a) What are the aims of antenatal care?		sportaneous
b) What investigations you will carry out at booking visit?	02	about or pret
c) What complications do you anticipate in elderly primigravidas?	01	alenn, prolon
QZ.Mrs.B is admitted through emergency two hours after home delive	ry of her s	iveh child with
profuse vaginal bleeding. Her blood pressure is 90/60 mm of Hg and p	ulse 110/m	in She is of styck
conscious.	dise 110/11	conservito
a) What are the possible causes of post-partum haemorrhage?	02	momali
What investigations are required for further management?	02_	FFH
c) How will you manage her?	01	16
QS.A 28year old G4P3+0 with 89 weeks of pregnancy comes to labour	room with	labour pains
for 3 hours duration. She is 3 cm dilated when artificial rupture of men	brane is d	one. You see
grade 1 meconium. She has otherwise uncomplicated pregnancy with	all previous	vaginal
deliveries.	_	
a) What can you do to assess the fetus in labour?	01	
How will you manage this case?	04	

Q4. 30-year-old primigravida at 28 weeks comes to you in OPD with history of renal transplant 2 years ago. Her graft is functioning well and renal function tests are within normal range. On

abdominal examination, SFH=28 weeks. Longitudinal lie, cephalic presentation with	adequate			
liquor.				
What are the factors associated with better pregnancy outcome?	01			
b) How will you monitor these patients during pregnancy? c) What mode of delivery is considered safe? Variable is after the patients who have renained to the patients associated with pregnancy in patients who have renained to the patients associated with pregnancy outcome?				
c) What mode of delivery is considered safe? Van val is after	01			
d) What complications are associated with pregnancy in patients who have rena	I			
transplant? Ofcress Rend Ench. I UCR! Prock Implie TUD Prock - labour	02			
I UCA Prock Impor				
O5 A 26 year old primigravida presented at 24 weeks of section with a section of	haadaaba			
Q5.A 26 year old primigravida presented at 34 weeks of gestation with complaint of	neadache.			
On examination, her pulse is 90/min BP160/110 mmof Hg symphysiofundal height is urine analysis shows 3+ albumin.	34 cm			
a) What is your diagnosis? Preeclarpre 01 b) What investigations should be done? 02				
,				
c) How will you manage her? 02				
Q6.A 28 year old G3P2+0 with previous vaginal deliveries now presented at 12 weeks	showing			
Q6.A 28 year old G3P2+0 with previous vaginal deliveries now presented at 12 weeks twin pregnancy	Py3 NM			
a) What are the ultrasound features for the diagnosis of chorionicity at this gestation	on? 01			
b) What are the complications associated with monochorionic twins?	02			
c) What complications can occur in twin pregnancy during antenatal period?	02			
Q7.You are called to evaluate a young lady delivered 02 days ago whom the family de	escribes as			
(Depressed) She is physically normal & has a healthy baby boy.				
a) What are the psychiatric ailments in puerperium? b) How would you manage this case?	1 . \ca			
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b) How would you manage this case?				

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