

**OBSTETRICS**

**(SEQ's)**

Time Allowed: 2 hours

Total Marks: 35

**Instructions**

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

1. A 26-year-old PG presents in labour ward at 32 weeks of gestation with the complaint of abdominal pain associated with uterine contractions. Her booking scan shows single pregnancy. Her anomaly scan is normal; however, she is a smoker.

- Preterm Labour*
- a) What is the likely differential diagnosis? [1]
  - b) What clinical examination will you perform to confirm your diagnosis? [1.5]
  - c) What investigations would be helpful and why? [1.5]
  - d) How will you manage the patient? [1]

2. A primigravida known diabetic visits antenatal clinic for a booking at 8 weeks of gestation. She wants to know about the course of her disease during her pregnancy.

- a) What important pregnancy complications should be discussed with her? [1.5]
- b) What steps can be taken to improve the pregnancy outcome? [2]
- c) What postnatal advice will you give her including the exclusion of type 2 DM? [1.5]

3. 21 years P1 has assisted vaginal delivery due to prolonged second stage of labour 12 days ago. She has come with a history of episodes of heavy fresh bleeding with clots off and on since her delivery. She feels unwell. On examination, she has a fever and abdominal examination shows mild suprapubic tenderness with 16 weeks size uterus. The discharged notes show complete delivery of placenta but give no comments on membranes.

- Secondary PPV*
- a) What is your likely diagnosis? [1]
  - b) What are the factors in the history supporting your diagnosis? [2]
  - c) How will you proceed for treatment? [2]

4. A G2P1 has developed chickenpox at 37+4 weeks of gestation. She has single fetus with cephalic presentation but no pregnancy related complaint.

- a) What is the best measure to prevent the neonatal infection? [1]
- b) If this woman goes into labour after 3 days, what is the best method to protect the neonate? [1]
- c) What precautions should the patient take? [1]
- d) What would be your management if this patient develops shingles? [1]
- e) What is the treatment option for the patient who acquires chickenpox? [1]

5. A 30 year old woman, G3P2, delivers a 4 kg baby at term following a prolonged second stage. She was started on intravenous syntocinon but was stopped due to hyper stimulation of uterus. The baby is delivered in direct occipito-posterior position. The placenta is delivered 15 minutes later using cord traction. After the placenta is delivered, a firm pale mass is noted in the lower vagina. There is also moderate vaginal bleeding. The patient suddenly develops shortness of breath. Her pulse is 65/min, blood pressure is 65/40 mm Hg. During abdominal examination the uterus is not palpated. The administration of intravenous saline does not improve her symptoms.

a) What is the likely diagnosis?

Uterine Inversion

[1]

b) What are the risk factors for it in her history?

[2]

c) How will you treat this condition?

[2]

6. 30-year-old nulliparous woman who was diagnosed with mitral valve disease wants to embark on twin pregnancy. She frequently suffers from urinary infections. She is hypertensive and her BMI is 35. Her Haemoglobin is 9.5gms/dl. She comes to a pre pregnancy clinic for counselling.

a) What issues you will discuss in her pre pregnancy counselling?

[2]

b) What are the risk factors in her for the development of heart failure in pregnancy?

[1.5]

c) What is the aim of treatment in mitral stenosis?

[1.5]

7. A 28-yr. married for 6 years conceives spontaneously. She has 4 children and this is an unplanned pregnancy. She has consanguineous marriage and is not taking folic acid. She has an anomaly scan at 20 weeks. The ultrasound shows that the fetus has an abnormal head shape, the cerebellum is described as banana shaped and a myelomeningocele is identified in the lumbar region. The fetus also has bilateral talipes.

a) What is the most likely diagnosis and what will you do?

[1.5]

b) What are the main problems encountered with this condition?

[2]

c) What three options does she have?

[1.5]

Neural tube defect

(Practice exercise at the end

of chapter

"prenatal diagnosis