

END UP EXAMINATION  
FINAL PROFESSIONAL PAPER  
FINAL YEAR MBBS: 2018

OBSTETRICS (SHORT ESSAY QUESTIONS)

Maximum marks: 35  
07 SEQs; 5 marks each.

Attempt all questions

OBSTETRICS

2 clamps  
Meningitis  
trace-occurring lines  
subcutaneous cellulitis  
Toxoplasmosis  
Thrombotic Thrombocytopenic

Time allowed: 2 hours  
Drug & Alcohol  
o/c over done  
netabolic disorder

1. Twenty-three years, primigravida at 28 weeks presented in her first pregnancy with painful uterine contractions. Labour was confirmed.

- (313 321)
- What are the important issues you will explain to the family antenatally? RDS, IVH, intra-ventricular hemorrhage
  - What will you do to prevent hypothermia at birth in this preterm baby? 522-1.1 Radiant warmer/Inub
  - What are the clinical features of necrotizing enterocolitis and what investigations will confirm it? High gastric X-ray abdomen 2  
distended bowel  
Abdominal distension  
High gastric residuals  
Blood stained stool  
while aspirate gastric fluid  
Feed intolerance

2. A 30-years, G2P1 known epileptic came in emergency with gestational amenorrhea of 32 weeks and H/O of seizures for one day. Her B.P is 120/80 mmHg.

- (160)
- What is the differential diagnosis of convulsions in pregnancy? 161 T. T
  - What investigation will you advise? sodium valproate, carbamazepine, phenytoin
  - What treatment will you give? 160
  - What are the side effects of anti-epileptic drugs? 161  
Neonatal tube defect, facial cleft, cardiac defect
  - What pre-pregnancy counseling will you advise for next pregnancy? 165 - 160  
Folic acid, Monotherapy

3. A 29-year, gravida 4 para 3 + 0, at 35 weeks gestation comes in labour room with abdominal pain and per vaginal bleeding for 1 hour. On examination she is pale looking, pulse 106/min, BP is 160/100 mmHg, SFH= 36cm, abdomen is tense and tender.

- (260)
- What is the most probable diagnosis? Placental abruption 260 T.T 355 AT UHS
  - What are the risk factors for this condition? 1 - 260
  - What investigations will you advise? CTG, Ultrasound
  - What is the treatment plan? 262
  - Name the common maternal and fetal complications of this condition. 1

Maternal complications: DIC, Hypovolemia, Renal shock  
 Fetal complications: Premature birth, Low birth weight, FGR



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4. Mrs. KA, 41 years, at 9 weeks attends antenatal clinic. She is in her sixth pregnancy. She had four term normal deliveries. Her last delivery was by caesarean section for cord prolapse. Her blood pressure is 145/95 and BMI is 39.

a) Identify the risk factors in her? | 334 UHS 1.5

b) What are the booking tests in pregnancy? | P-19 T.T (134) 1

c) What are high risk factors for developing pre-eclampsia? | 0.5 1.5

d) What will be mode of delivery? | Delivered as soon as possible 1  
1st try for normal vaginal delivery if not possible emergency caesarean

5. A 27-year-old woman primigravida, at term, has been in labour for 12 hours and fully dilated for over 3 hours. The fetal vertex is in the right occiput posterior position, at +1 station, and moulded. There have been mild late decelerations for the last 30 minutes.

a) What are management options for delay in second stage of labour in laboring women? | 218 T.T 2

b) What are the risk factors for fetal compromise in labour? | 349 UHS 2

c) What is the purpose of partogram? | 208 T.T 1

6. Thirty-three years G6P5 with twin gestation presented in labour at term. She had normal spontaneous vaginal delivery of twins at 37-weeks' gestation after augmentation of labour with oxytocin. One and half an hour after delivery of placenta patient starts bleeding per vaginum.

a) What is the most likely diagnosis? | PPH (262) 1

b) What are the risk factors for obstetric haemorrhage in her case? | 355 UHS 2

c) What are the risk factors of placental abruption? | 260 (260) 2

7. A 25 years with congenital heart disease appeared in clinic for pre-pregnancy counseling. She has been married for 6 months and wants to conceive.

a) What issues will you discuss in pregnancy counseling? | 155 T.T (155, 157) 2.5

b) What are the risk factors for development of heart failure in pregnancy? | 157 T.T 2.