

Time: 1 hour 30 minutes

Total Marks: 35

1. A G2P1 at 24 weeks of gestation came in OPD with history of one home delivery. Her blood group was B negative and On USG there are signs of hemolytic disease of fetus & newborn (HDFN). (99)
- What are the antenatal signs of fetal anaemia? (1.5)
 - Write three key stages which causes HDFN in rhesus isoimmunization? (1.5)
 - How will you manage a sensitizing event in first trimester? (2)
2. 32-year-old Female G1P0, gestational age 37 weeks (Twins) by dates. She came with complaint of intermittent abdominal pain increasing in intensity. She conceived with ovulation induction. On vaginal examination she is 7 cms dilated and membranes are intact. Both fetal heart rates are reassuring. Twin 1 is cephalic and twin 2 is transverse. Deliver vaginally because 1st fetus is cephalic
- What will you do and why? (1.5)
 - What is the general intrapartum management in twin pregnancy? (2)
 - What are key causes of the raised fetal morbidity and mortality associated with multiple pregnancies? (1.5) (111)
3. A G4P2+1 at 37 weeks with previous two normal vaginal deliveries came in emergency with history of labour pains for 8 hours, suddenly labour pains slow down. On vaginal examination she is fully dilated and vertex at +1 station. CTG shows fetal bradycardia. You decided for operative vaginal delivery?
- What choices are available for operative vaginal delivery? (1)
 - Write down the maternal safety criteria for operative vaginal delivery. (4)
4. A 24 years old, G2P1A0, at 36 weeks of gestation presented in OPD with H/O abdominal discomfort and mild dyspnoea. On Examination Fundal height is 32 weeks and fetal parts are easily palpable. On USG AFI is 7cm. Oligohydramnios (1)
- What is your diagnosis? (1.5)
 - Give possible causes for this condition? (2) (89)
 - How will you manage? (2) (60-90)
5. A 22 years old, G4P3A0 came to L/R with H/O labour pains at term. Her first stage remained uneventful. During her second stage of labour, after delivery of head, the shoulder stuck. Shoulder dystocia?
- What is your diagnosis? (0.5)
 - What are the risk factors for this condition? (1) (266)
 - How will you manage her? (2.5)
 - write names of destructive procedures which can be performed? (1)

According to Dr. Shumaila diagnosis is "Arrest in second stage of labour" (211)

6. 33-year-old model came to antenatal clinic for the first time at 11 weeks' gestation. She was noted to be a smoker for last 8 yrs. She smokes a pack of cigarette in a day. She said she smokes to relieve stress.

- (16, 30, 88, 141)
- a) What are the effects of smoking on pregnancy? (2)
 - b) What is the pathophysiology of harm from smoking in pregnancy? (1.5)
 - c) What are the other problems, not specifically related to pregnancy, associated with smoking? (1.5)

7. A G5 P4 at 38 weeks of gestation came for antenatal check- up. On examination BP was 140/80mm Hg and abdominal examination suggested a breech presentation with sacrum not engaged. On ultrasonography, frank breech with estimated fetal weight 3.2 Kg and placenta was fundal. She was very anxious about mode of delivery.

(90)

- a) Mention two causes of breech presentation with justification? (2)
- b) What are the different options for management with pros and cons? (3)