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THE SUPERIOR COLLEGE, LAHORE
Final PROFESSIONAL MBBS
SUPPLEMENTARY EXAMINATION 2018
OBSTETRICS
(SEQ'S)

Time Allowed: 2 HOURS

Roll No. 14141

Total Marks: 35

Instructions

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

Q.1 A primigravida at 36 weeks of gestation presented with ultrasound report showing breech presentation. She has heard about ECV, she wants to know regarding ECV:

- 90 obs)
- a) What is ECV and how it is performed? → P-91 T.T 2
 - b) What are the contra indications to perform ECV? Name 4. } P-92 T.T 1.5
 - c) What are risks of ECV? Name 4. } 1.5

Q.2 A lady G4P3, previous all 3 caesarean sections, is presented at 38-week gestation in labour room. She gave history of sudden severe pain at previous caesarean scar followed by profuse sweating and fainting with the pulse rate 110/minute, BP 90/60 mm of Hg. Fetal heart is absent.

- (260)
- a) What is the most likely underlying cause? placental abruption, ~~placental abruption~~ 1
 - b) How would you manage this emergency? → P 359 UHS 4

Q.3 G2P1 at 39 weeks presents in labour room with complaints of labour pains. On examination she is in active phase of labour. She wants to discuss with you different options of pain relief in labour.

- a) Enlist the different options of pain relief in labour. (220) P 220-221 T.T 2.5
- b) What are the complications of epidural analgesia. (397 UHS) 2.5

Q.4 A 25 years, P1 presents after three weeks of delivery with complaints of breaking into tears on and off for the last two days. She has lost interest in her diet and daily activities and does not take care of her child.

- a) What is your diagnosis? Psepartal psychosis (286)
- b) What will be your management plan? → 362 UHS (410 UHS) 4

Q.5 A G3P2 presents in the labour room at 39 weeks in active phase of labour with ruptured membranes. On P/V examination, cephalic presentation, draining clear liquor and is 5 cm dilated. On P/A examination she is having moderate uterine contractions 3/10 minutes.

- a) What are the ways of fetal assessment in normal labour? (207) 2.5
- b) What are the indications for continuous electronic fetal monitoring? 2.5

Q.6 A 35 years primigravida with BMI 40Kg/m 5 weeks gestation comes for her first booking visit in antenatal clinic.

- a) What are the maternal complications associated with increased BMI in pregnancy? (17) 17 T.T 2.5
- b) What fetal complications do you expect in her pregnancy? 17 T.T 2.5

Q.7 A 30 years old woman comes in OPD with a H/O Type 1 diabetes. She is taking insulin and no other regular medication and has report of HbA1C of 6.5mmol/ml. She wants to conceive for the first time.

- a) What advice will you give her regarding medications she should start prior to trying for pregnancy? P-150 T.T 2
- b) What important pregnancy complications should be discussed with her prior to starting a pregnancy? 152 T.T 2
- c) What should be the target of blood sugar before embarking on a pregnancy? 1

HbA1c $\leq 42\text{mmol/mol}$ without inducing hypoglycaemia