



THE SUPERIOR COLLEGE, LAHORE
Final PROFESSIONAL MBBS
SUPPLEMENTARY EXAMINATION 2019
OBSTETRICS
(SEQ's)

Time Allowed: 2 HOURS

Roll No. 12161
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 30 years, PG at 10 weeks comes in OPD for antenatal checkup. Her BP is 140/90mmHg & BMI is 35kg.

- a) What booking tests will you advise her? 19 1.5
- b) What general advice will you give her? 16 1.5
- c) What maternal risks is she exposed to in this pregnancy? 17 obs 2

✓ Q.2 A 28 years, G2P0+1 comes in OPD at 35 weeks of pregnancy. Ultrasound scan shows a single, breech fetus with amniotic fluid volume of 10cm. expected fetal weight is 3kg.

- a) How will you investigate her & assess the fetal wellbeing? 4 2.5
- b) How will you manage her & when & how will you deliver her? 2.5

✓ Q.3 A 30 years, G3P2, at 32 weeks gestation comes in OPD for antenatal checkup. On abdominal exam SFH is 28 cm longitudinal lie & cephalic presentation. Her USG scan shows a single, cephalic fetus of parameters of 32 weeks and AFI of 4cm.

- a) What is your provisional diagnosis? Normal labor - oligohydramnios 1
- b) Write four maternal & fetal causes of this condition. 89 2
- c) What are parameters of biophysical profile & how do you calculate it? 54 2

✓ Q.4 A 27 years, PG, known epileptic, comes at 34 weeks gestation in labour room with H/O fits for one hour. Her blood pressure is 120/80mmHg.

- a) What are other causes of seizures in pregnancy? 161 2
- b) What is the immediate management? 4 2
- c) What advice will you give her regarding breast feeding? 1

✓ Q.5 A 30 years, P1, who delivered a baby 14 days ago comes in OPD with H/O high grade fever of 102F, tachycardia 110/min & flu like symptoms. On examination right breast is red, hot & tender.

- a) What is the diagnosis? *Mastitis 291* 1
- b) What is the cause of this condition? *Mastitis 4* 2
- c) How will you manage her? *care sup feeding from affected side pumping syringe for milk* 2

Mastitis
Mus

✓ Q.6 A G3P2 presents in the labour room at 39 weeks in active phase of labour with ruptured membranes. On P/V examination: cervical os is 5 cm dilated, 50% effaced, vertex is at (-3) & draining clear liquor. On P/A examination: Lie is longitudinal with cephalic presentation & moderate uterine contractions of (3/10 mins.)

- a) What are the ways of fetal monitoring in normal labour? *207* 2.5
- b) How do you monitor progress of labour during intrapartum period. *partogram 4* 2.5

✓ Q.7 A 32 year old gravid 3 para 2 + 0 with previous 2 LSCS comes at 28 weeks of pregnancy with painless vaginal bleeding. Her pregnancy has been uneventful till now. Fetal movements are good

- a) What are the causes of painless vaginal bleeding? *Placenta accreta 261* 1
- b) What investigations will you carry out to confirm your diagnosis? *5* 2
- c) How will you manage her? *ABC approach by doctors & done* 2