



# THE SUPERIOR COLLEGE, LAHORE

FINAL YEAR MBBS

SUPPLEMENTARY EXAMINATION 2020

**OBSTETRICS**

Roll No. -----

**(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 G4P3+0 at 36 weeks of gestation comes in OPD for antenatal check-up. She gives history of some heart problems in her last pregnancy. She has echocardiography with 65% ejection fraction and mild pulmonary hypertension.

- a) What is class 3 functional capacity of the heart according to NYHA? (1)
- b) At what gestation should a cardiac patient have echocardiography? (1)
- c) What symptoms and signs will you specially check in each antenatal visit? (2)
- d) Write down four risk factors for development of cardiac failure in pregnancy? (1)

2. 28 yrs, G3P2 at 39 weeks of gestation comes to labour ward with history of labour pains. The partograph shows slow progress of labour and augmentation with oxytocin is started. At 8 cms dilatation of cervix vaginal examination is done and the head is found to be completely extended. You decide for an emergency caesarean section while the mother is stable and CTG is reactive.

- a) What is the presentation in this situation? (1.5)
- b) What are the possible causes of said position of head? (1.5)
- c) Why have you decided to perform a C-Section? (2)

3. A 36-year-old G5P2+2 is admitted to labour ward. She has gestational amenorrhea of 30 weeks and has 2 painful uterine contractions in 10 minutes. Bimanual examination shows her cervix to be long and closed. She has had two prior spontaneous preterm deliveries at 28-31 weeks' gestation and is very concerned that this pregnancy too will end prematurely.

- a) Define preterm labour? Is this patient in preterm labour? (1.5)
- b) What are the causes of preterm delivery? (2)
- c). What tests are available to screen this patient for preterm labour? (1.5)

4. A G2P1 comes for a routine antenatal check-up. On investigating, her blood group is found to be A negative and her husband's blood group is O positive. Her anti (D) antibodies level are 36 IU at 28 weeks of gestation.

- a) What investigation will determine the severity of the disease on the fetus? (1.5)
- b) How will you monitor this patient? (1)
- c) If the investigation shows abnormality, what are the treatment options? (1.5)
- d) What factors will decide the antenatal intervention or the time of delivery? (1)

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5. A G2P1 with HIV has started combined antiretroviral therapy since the 28<sup>th</sup> week of gestation. She comes at 36 weeks of gestation with ruptured membranes. Her viral load is greater than 400 copies/ml.

- a) What is the most appropriate mode of delivery? (1)
- b) How can vertical transmission to the baby be prevented? (2)
- c) By using preventive measures, how much can the vertical transmission be reduced (incidence)? (1)
- d) When should the PCR be carried out in neonate to diagnose the infection? (1)

6. A known diabetic, G5P4 at 39 weeks of gestation presents in labor ward with history of decreased fetal movement for two days. She has one previous caesarean section due to fetal distress, 11 months ago. She has been induced with PGE2 4 hours ago. Suddenly CTG shows fetal bradycardia and patient goes into hypotension. On vaginal examination you are unable to palpate the presenting part.

- a) What is your likely diagnosis? (1)
- b) What risk factors in the history are associated with this condition? (1)
- c) How do you manage an impacted head at C-Section? (1)
- d) What are the treatment options? (2)

7. A 34-year-old parous woman at 36 weeks has not felt fetal movement for one day. According to her, her fetal movement has been becoming less frequent over the last 7 days. She has two normal deliveries previously at term with average fetal weight. She is a booked case and has normal anomalies scan at 20 weeks.

- a) What are the causes for decreased fetal movement? (2)
- b) What investigations would be most helpful and why? (1)
- c) What treatment options are appropriate? (2)