

FINAL YEAR MBBS MEGA CLASS TEST 27<sup>th</sup> August, 2021

(MCQs of OBSTETRICS)

Total Marks: 50

Time allowed: 45 Min

Name: \_\_\_\_\_

Roll Number: \_\_\_\_\_

Q1. A Primigravida is admitted in labour ward with labour pains. She is in latent phase of labour & requests to get epidural analgesia. Which statement regarding epidural analgesia is not true?

- a. Advanced cervical dilation is a contraindication to epidural
- b. Coagulation disorder is a contraindication to an epidural
- c. Continue EFG (CTG) is necessary
- d. There is greater chance of instrumental delivery
- e. The 2<sup>nd</sup> stage of labour is prolonged

Ref TT221 Q2. A G3P2, presented in labour room with labour pains, she is in early active phase of labour. Which of the following analgesia is more effective during labour?

- a. Diamorphine
- b. Entonox
- c. Fentanyl
- d. Pethidine
- e. Xylocaine

TT 221. Q3. A primigravida at 10 weeks come to the antenatal clinic. You advise her some booking investigations. Which of the following is not included in infection screen in booking visit?

- a. Cytomegalovirus
- b. Hepatitis B
- c. HIV
- d. Rubella
- e. Syphilis

TT-19 Q4. A 29-years old, G2P1 at 12 weeks of gestation came in antenatal clinic. Her dating scan is to be done. Which parameter on ultrasonography will you measure to calculate gestational age?

- a. Abdominal Circumference (AC)
- b. Amniotic Fluid index (AFI)
- c. Crown Rump length (CRL)
- d. Femur length (FL)
- e. Head circumference (HC)

PT22 Q5. A G3 P2 A0, came in antenatal clinic for booking visit. She had history of GDM (gestational Diabetes mellitus) in her last pregnancy. At how many weeks of gestation will you advise her to start OGTT?

- a. 12-14 weeks
- b. 16-18 weeks
- c. 20-24 weeks
- d. 24-28 weeks
- e. 32-34 weeks

A primigravida presents with contractions 3/10 minutes. Cervix is at -3cm. You advise her to start labour at 4 hours & bishop score is next step.

- a. Caesarean
- b. Fetal monitoring
- c. Induction of labour
- d. External cephalopelvic version
- e. External fetal rotation

Q6. A G3 P1 A1, is in first stage of labour and you are assigned to monitor her progress of labour. How frequently will you auscultate fetal hearts?

- 23
- a. Every 15 minutes for 2 minutes after a contraction.
  - b. Every 15 minutes, for 1 minute after a contraction.
  - c. Every 30 minutes, For 1 minute after a contraction
  - d. Every 45 minutes for 1 minute after a contraction
  - e. Any time during or after contraction

207 Q7. A 28 - years, G4P3, presents in labour room complaining of labour pains. On abdominal examination she is having moderate contractions, 3 /10 minutes. On vaginal examination cervix is central, 2cm dilated, 2.5cm long & medium in consistency. Presenting part is at -2.

What is bishop score?

- a. 4
- b. 6
- c. 8
- d. 11
- e. 13

228 Q8. A G2P1 at 40+4 weeks of gestation, presents in antenatal ward. She had previous 1 C-section due to meconium - stained liquor. Now she wants to have induction of labour (IOL). What fact will you tell her about risk of induction with previous uterine scar?

- a. No additional risk associated with IOL
- b. Risk of scar rupture is 1 in 70
- c. Risk of scar rupture is 1 in 50
- d. Risk of scar rupture is 1 in 250
- e. Risk of scar rupture is 1 in 100

Q9. Fetal growth restriction is identified by asymmetry between head measurements (BPD, HC) and:

- a. AC
- b. AFI
- c. CRL
- d. FL
- e. HL

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TT-229

A primigravida presents in labour, ward in labour. On examination she has mild uterine contractions 3/10 minutes. On vaginal examination cervix is 5cm dilated, 1cm long, soft, central & vertex is at -3cm. You start augmentation with syntocinon & pains become strong, 3/10. You assess after 4 hours & bishop remains same as before despite adequate contractions.

What is next step to be taken?

- a. Caesarean section
- b. FHR monitoring
- c. Instrumental vaginal delivery
- d. Wait for further 4 hours
- e. Wait for further 2 hours

Q:11. A Primigravida is in active phase of labour with cervix 6 cm dilated & vertex at -2. You find abnormal findings on CTG & plan for fetal blood samplings (FBS). The results of FBS is above 7.25. How frequent will you do FBS if abnormal CTG persists despite normal FBS value?

- a. Every 20 minutes
- b. Every 30 minutes - 60 minutes
- c. Every 90 minutes
- d. Every 2 hourly
- e. No need to repeat FBS

Q12. A G2P1, known hypertensive, at 38 - week gestation, is induced with Prostaglandin E2. Her progress of labour is smooth till her cervix is 7cm dilated & fully effaced. You reassess her after 3 hours & the bishop is the same despite adequate uterine contractions. What would be your diagnosis?

- a. Arrest in 2<sup>nd</sup> stage of labour
- b. Cervical dystocia
- c. Cephalopelvic disproportion
- d. Secondary arrest
- e. Primary arrest

Q13. For the assessment of gestational age CRL is used upto?

- a. 10+6 weeks
- b. 13+6 weeks
- c. 19+6 weeks
- d. 20+6 weeks
- e. 22+6 weeks

Q14. Antepartum haemorrhage is defined as bleeding after:

- a. 12 weeks
- b. 20 weeks
- c. 26 weeks
- d. 28 weeks
- e. 37 weeks

Q30. A primigravida presents at 10 weeks of gestation with Hb 8.4 g/dl. She is diagnosed as having ~~thalassemia minor~~. Electrophoresis of her husband reveals that he is a carrier of ~~thalassemia minor~~.  
What is the chance of her fetus to have Thalassemia major a

- a. 10%
- b. 25%
- c. 50%
- d. 75%
- e. 100%

Q31. A P3A2 visits the preconception clinic. She is a known diabetic for last 5 years & is taking oral hypoglycaemic agents. Which of the following statements is incorrect about her counselling?

- TT-163
- a. Fetal anomaly scan should be done at 20-22 weeks
  - b. Insulin dose should be reduced in 3<sup>rd</sup> trimester
  - c. Oral hypoglycaemic agents may be replaced by insulin
  - d. She should come for regular antenatal visits
  - e. She may develop pre-eclampsia

Q32. Most common organism causing puerperal pyrexia is?

- a. Bacteroides
- b. Staphylococcus
- c. Group B streptococcus
- d. Klebsiella
- e. E-coli

TT-281 Q33. A P4 woman delivered a male baby 7 days ago by a TBA. Now she has presented with fever of 102°F and foul-smelling vaginal discharge. USG reveals RPOCs. The next management plan will be

- a. Antibiotics and conservative management
- b. Immediate evacuation and curettage
- c. 24 hrs antibiotic cover followed by E&C
- d. Oxytocin infusion to expel RPOCs
- e. Hysterectomy

TT279 Q34. Recurrence risk of postnatal depression is?

- a. 5%
- b. 10%
- c. 25%
- d. 35%
- e. 50%

Q15. Surgery for spina bifida can be performed within:

- a. 24 hr
- b. 48 hr
- c. 72 hr
- d. 7 days
- e. 10 days

Q16. Which respiratory problem is more common in infants of insulin dependent diabetic mothers?

- a. Apnea
- b. Delayed cry
- c. Meconium aspiration syndrome
- d. Surfactant deficient lung disease
- e. Transient tachypnoea of newborn

Q17. Causes of neonatal jaundice include abnormalities of all except:

- a. Abnormal red cell morphology or enzymes
- b. Cephalhaematom
- c. Hyperthyroid
- d. Increased enterohepatic circulate
- e. Macrosomia

Q18. A 30-years female G3P2 is admitted for elective C-section at term due to transverse lie. While her stay she complaint of sudden gush of clear fluid from vagina. There is a risk of fetal demise due to?

- a. Abruption
- b. Amniotic fluid embolism
- c. Cord prolapse
- d. Hand prolapse
- e. Shoulder dystocia

Q19. A G2P1, un booked, at 34 week gestation, presents in emergency with complaint of 2 episodes of tonic clonic fits at home. Her BP is 190/120 mmHg. Urine sample shows presence of protein. While her ABC was being maintained, patient suddenly collapses. Most common cause of death in this condition is?

- a. Cerebral haemorrhia
- b. HELLP syndrome
- c. MgSO4 toxicity
- d. Pulmonary edema
- e. Pulmonary embolism

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- a. Coeliac disease
- b. Congenital diaphr
- c. Lactose intole
- d. Necrotizing
- e. Short b

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A woman delivered a baby at 31-week gestation of 1300gm. Baby developed feed intolerance, bile-stained gastric fluid, abdominal distention and blood-stained stool. What is your diagnosis?

- a. Coeliac disease
- b. Congenital diaphragmatic hernia
- c. Lactose intolerance
- d. Necrotizing enterocolitis
- e. Short bowel syndrome

T7321 Q21. A G4P3 at 38 weeks, presented in emergency in active phase of labour. On ultrasound placenta is posterior, mid segment. After artificial rupture of membranes, patient started having moderate fresh vaginal bleeding. What is your diagnosis?

- a. Bi-lobed placenta
- b. Circumvallate placenta
- c. Placenta accreta
- d. Placenta membranacea
- e. Vase previa

T7262 Q22. Postpartum haemorrhage is defined as blood loss?

- a. >300ml
- b. >500ml
- c. >1000ml
- d. >1500ml
- e. >2500ml

T7262 Q23. All are complications of eclampsia except:

- a. Acute tubular necrosis
- b. Abruptio
- c. Cerebral haemorrhage
- d. Deep venous thrombosis
- e. HELLP syndrome

T7264 Q24. Which one of the following immunosuppressants is contraindicated in pregnancy?

- a. Azathioprine
- b. Cyclosporin
- c. Prednisolone
- d. Interferon
- e. Tacrolimus

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Q35. A G3P2 known case of sickle cell disease comes at 32 weeks of gestation with dyspnea, inspiratory chest pain and tachycardia. Which one of the following investigations is gold standard diagnosis of pulmonary embolism?

- a. ABGs
- b. CXR
- c. D-dimmers
- d. ECG
- e. V/Q scan

Q36. A 28-year-old woman presents in OPD with amenorrhea of 5 weeks. She wants to confirm fetal cardiac activity on ultrasound. You counsel her that fetal cardiac activity is visualized at?

- a. 5 weeks
- b. 6 weeks
- c. 7 weeks
- d. 8 weeks
- e. 9 weeks

Q37. A 35-year-old lady presents in OPD at gestational amenorrhea of 12 weeks. On pelvic scan gestational sac is present but no fetal pole or sac is seen. What is your diagnosis?

- 1. Blighted ovum
- 2. Early pregnancy
- 3. Ectopic Pregnancy
- 4. Incomplete miscarriage
- 5. Missed miscarriage

Q38. Method for determining chorionicity on ultrasound in multiple pregnancy is by determining the twin peak sign or Lambda sign, done at?

- 1. 9-10 weeks of pregnancy
- 2. 12 weeks of pregnancy
- 3. 13 plus 6 weeks of pregnancy
- 4. 14 weeks of pregnancy
- 5. 15 weeks of pregnancy

Q39. A G2P1, presents in OPD at 34-week gestation. She is known diabetic with poorly controlled blood sugar. P/A examination: Symphysis-fundal height is large for dates. Obstetric ultrasound is done to assess the amount of liquor. Which ultrasound limit tells you that patient is having polyhydramnios?

- a. 15 cm
- b. 20 cm
- c. 25 cm
- d. 30 cm
- e. 35 cm

Q25. A primigravida having mitral stenosis is in active phase of labour. Which one of the following should not be done during the management?

- a. Active management of third stage with Ergometrine
- b. Active management of third stage of labour with Oxytocin
- c. Oxygen saturation & arterial BP monitoring
- d. Prophylactic antibiotics
- e. Restrict intravenous fluids

Q26. A 34-year-old woman visits at pre-pregnancy clinic with history of surgery for renal transplant 18 months ago. She inquires you about the best time to conceive which is

- a. After 6 months
- b. After 1 year
- c. After 2-3 years
- d. After 3-4 years
- e. After 5 years

Q27. Which of the following is the investigation of choice during pregnancy for detection of structural cardiac abnormalities?

- a. Doppler studies
- b. ECG
- c. Echocardiography
- d. Obstetric ultrasound
- e. Thallium scan

Q28. Which one of the following drugs can be used safely in an asthmatic pregnant patient?

- a. Beta blockers
- b. Corticosteroids
- c. Ergometrine
- d. Propranolol
- e. Prostaglandins F2@

Q29. A 33-year-old, G2P1 woman with sickle cell disease is more prone to develop following problems during pregnancy except for:

- a. Growth restricted baby
- b. Iron deficiency
- c. Preterm labour
- d. Pyelonephritis
- e. Pre-eclampsia

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Q46. A G5P2+2 presents in OPD at 29-week gestation with preterm labour pains. You counsel her regarding the risk of respiratory distress syndrome in baby & tell her that the lungs of fetus start forming pulmonary surfactant from?

- a. 24 weeks of pregnancy
- b. 26 weeks of pregnancy
- c. 28 weeks of pregnancy
- d. 30 weeks of pregnancy
- e. 32 weeks of pregnancy

Q47. A G2 P1, at 39 weeks, with previous spontaneous vaginal delivery, presents in OPD with her ultrasound report that shows liquor to be 800 ml. Her fetal movement is fine. What you will tell her?

- a. She needs an emergency section
- b. She needs an immediate induction of labour
- c. She just needs a cardiotocograph to check for fetal well being
- d. She needs to repeat her ultrasound after a week to see increase in liquor
- e. Tell her that it is normal for liquor to be reduced after 37 weeks.

Q48. A Primigravida just delivered a baby. Both baby & mother are stable. According to World Health Organization breast feeding should be started within:

- a. 1 hours of birth
- b. 2 hours of birth
- c. 3 hours of birth
- d. 4 hours of birth
- e. 5 hours of birth

Q49. A primigravida at 39 weeks with twin pregnancy is admitted in labour room. Her ultrasound scan shows first twin is breech and second twin is cephalic. What is the best mode of delivery?

- a. Assisted breech delivery
- b. External cephalic version
- c. Cesarean section
- d. Forcep delivery
- e. Vacuum delivery

Q50. A G4P3 at 37 weeks, twin gestation, presents fully dilated in labour room. After 10 minutes first twin delivered as cephalic, second twin is transverse. What is the next step for delivery of second twin?

- a. Assisted breech delivery
- b. Caesarean section
- c. External cephalic version
- d. Internal podalic version
- e. Vacuum extraction

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Q41. A 25 years old lady presents in OPD with history of two spontaneous mid-trimester losses & one preterm birth at 34 weeks. According to NICE guidelines in such cases cervical length assessment should be started from:

- a. 12 weeks
- b. 14 weeks
- c. 16 weeks
- d. 18 weeks
- e. 20 weeks

Q42. A PG at 36 weeks of pregnancy presents in labour room with complains of decreased fetal movements for the last 1 day. You advise her CTG which is normal. Normal CTG in a 30- minute trace shows increases in the baseline fetal heart rate of at least:

- a. 5 bpm, lasting for 10 seconds with one acceleration
- b. 5-10 bpm, lasting for 10 seconds, with two accelerations
- c. 10 bpm, lasting for 15 seconds, one acceleration
- d. 15 bpm, lasting for at least 15 seconds, with two or more accelerations
- e. 20-25 bpm, lasting for 45 seconds, with one acceleration

Q43. A 34-year-old, G2P1, presents in OPD at 16 -week gestation for antenatal check -up. She is known hypertensive & previously she had small for gestational age baby. The best way to predict her risk of developing IUGR in this pregnancy is?

- a. Perform fetal cerebral artery doppler ultrasound at 18 to 20 weeks
- b. Perform fetal umbilical artery doppler ultrasound at 20 to 22 weeks.
- c. Perform Uterine artery doppler ultrasound at 20 to 24 weeks
- d. Perform umbilical artery ultrasound at 20 to 24 weeks
- e. Perform umbilical artery ultrasound at 28 weeks

Q44. You are teaching final year students about fetal development. You tell them fetal circulation contains 2 umbilical arteries & 1 umbilical vein. Function of Umbilical arteries is to carry?

- a. Deoxygenated blood from baby to placenta
- b. Deoxygenated blood from mother to placenta
- c. Oxygenated blood from placenta to baby
- d. Oxygenated blood from baby to placenta
- e. Umbilical arteries carry both oxygenated & deoxygenated blood

Q45. Anemia in pregnancy is diagnosed when Haemoglobin is below:

- a. 9 g/dl
- b. 10 g/dl
- c. 11 g/dl
- d. 12 g/dl
- e. 13 g/dl