

1. A 29 years lady has had an uncomplicated pregnancy so far. She came to the hospital 2 hours ago after her membranes broke. The doctor on duty examined her. She has regular contractions. Per vaginal examination revealed 2 cm dilated cervix. Fetal signs are normal. What stage of labour is she in?

- a. Fourth stage
- b. Third stage
- c. Second stage
- d. First stage
- e. Latent stage

**first stage**

2. A 25 years, PG at 29 weeks comes in OPD with H/O of raised blood pressure & headache for 2 days. Her BP is 150/95mmHg. Her RFTs & LFTs are normal. Her urine C/E report shows no proteinuria. What is the most likely diagnosis?

- a. Chronic hypertension
- b. Chronic kidney disease
- c. Gestational hypertension
- d. HELLP syndrome
- e. Preeclampsia

**chronic HTN**

3. A term baby born to a 30 years woman of blood group A negative, develops severe jaundice within the first 24 hours of birth. Which of the following is the most likely diagnosis?

- a. Hereditary spherocytosis
- b. G6PD
- c. ABO incompatibility
- d. Rh incompatibility
- e. Physiological jaundice

**Rh incompatibility**

4. A 34 years lady came in emergency with labour like pains. She was G3P1+1 at 37 weeks and 5 days of gestation. She had one normal vaginal delivery. Now she is suffering from active primary genital herpes simplex virus infection with intact membranes and cervix is 7 cm dilated. What will be her mode of delivery?

- a. Assisted Vaginal delivery
- b. Caesarean section
- c. Instrumental delivery
- d. Artificial rupture of membrane & vaginal delivery
- e. Any of the above

**c section**

5. A 24 yrs old PG at 16 wks of gestation reports irritability, palpitations & difficulty in gaining weight. Her physical Examination is Normal except for Pulse of 104 beats/min. Lab studies reveal T<sub>4</sub> of 10.5g/dl and Serum free Thyroxine of 10ng/dl. What is the most likely diagnosis?

**hyperthyroidism**

- a. Thyroid Storm
- b. Hypothyroidism
- c. Depression
- d. Hyperthyroidism
- e. Gestational Diabetes

6. A primigravida at 41 weeks of gestation came in antenatal clinic. She has decrease fetal movement for 1 day. You planned induction of labour. Which of the following is a contraindication for induction of labour?

## placenta previa

- a. Prolonged pregnancy
- b. Placenta praevia
- c. IUGR
- d. Pre-eclampsia
- e. Pre-term rupture of the membranes

7. You received a multigravida in active labour in labour room. She was 5 cm dilated. Her CTG was reflecting Classical cord compression which can ultimately cause hypoxia. Which of the following change will be present in her CTG?

## Variable decelerations

- a. Reduce variability
- b. Variable decelerations
- c. Late decelerations
- d. Sinusoidal pattern
- e. Early decelerations

8. A 28 year primigravida at term came with complaint of labour pains for one day. Her CTG is reactive and on vaginal examination she is 2 cm for last 8 hours. Her diagnosis is prolonged latent phase of first stage of labour. Which of the following is the most common cause of this diagnosis?

- a. Cephalo-pelvic disproportion
- b. Malpresentation
- c. Malposition
- d. Inefficient uterine action
- e. Pelvic abnormalities

## Inefficient uterine contractions

9. A G3P2 at 39 weeks of gestation. She is in second stage of labour for the past two hours. Fetal head is at +1 station. In spite of effective uterine contractions, mother is unable to push as she is exhausted. What will be the next step in her management?

- a. Wait for another one hour.
- b. Give sedation to the mother.
- c. Shift her for emergency c-section.
- d. Instrumental delivery.
- e. Call the anaesthetist for regional anaesthesia.

## instrumental delivery

10. A 24 years old G3P2 presents to you at 32 weeks of gestation with preterm prelabour rupture of membranes for ten days. She is complaining of pain in lower abdomen, fever with rigors and chills and purulent vaginal discharge. Which of the following option is the best for her management?

**1st two preterm  
chances 6.5%**

**most common  
breech extraction =  
extended breech**

**diabetic mother = congenital anomalies**

**8cm dilated for last 6  
hours = obstructed  
labour**

**eating cheese =  
listeriosis**

- c. Herpes zoster
- d. Listeriosis
- e. Food poisoning

16. A G2P1 at 28 weeks of gestation came with complaint of mild vaginal bleeding for one week in the outpatient department. This is her second episode of bleeding. What will be your next step to manage her?

**observation**

- a. Vaginal examination to rule out labour
- b. Hospital admission and observation
- c. Twice Weekly antenatal visits
- d. Speculum examination and HVS
- e. Injection transamine in loading dose

17. You are asked to see a 21-year-old woman for preconceptual care. She was diagnosed with generalised tonic-clonic epilepsy four years ago. This is poorly controlled. She is currently on sodium valproate and levetiracetam. What is the next step in her management?

**review medication**

- a. Arrange MRI
- b. Arrange an EEG
- c. Commence aspirin 75 mg
- d. Commence folic acid 5 mg
- e. Review medication

18. A 34-year-old woman attends for her booking in her third pregnancy. She had a caesarean section in her first pregnancy 4 years ago and has had a successful vaginal birth after caesarean section (VBAC) 2 years ago. She has a BMI OF 26. What is the best predictor for a successful VBAC?

**previous VBAC**

- a. BMI of less than 30
- b. Less than 35 years old
- c. Previous vaginal birth
- d. Short inter-pregnancy interval
- e. Spontaneous onset of labour

19. You have just examined a 28-year-old primigravida in spontaneous labour. Examination findings are head is 0/5 palpable per abdomen, cervix is 7 cm dilated, cephalic presentation, -1 station, anterior fontanelle palpable with orbital ridges and nasal bridge felt anteriorly. What is the presenting diameter of the fetus?

**mentovertical**

- a. Mentovertical
- b. Occipitofrontal
- c. Submentobregmatic
- d. Suboccipitobregmatic
- e. Suboccipitofrontal

20. A 39-year-old G 2 P1 presents at 38 weeks' gestation with a BP 174/112 mmHg and 2+ proteinuria. You proceed with induction of labor. Your primary aim in lowering her BP is to prevent which of the following complications?

**eclampsia**

- a. Seizures (eclampsia)

- b. Renal failure
- c. Pulmonary edema
- d. Preterm labour
- e. Stroke

21. How do circulating TSH levels change during pregnancy?

**decrease then increase**

- a. Increased
- b. Decreased
- c. Remain unchanged
- d. Increase then decrease
- e. Decrease then increase

22. In hypothyroid patients well controlled on thyroid hormone replacement, how often should thyroid function tests be performed during pregnancy?

**each trimester**

- a. At start of pregnancy & in last month
- b. Every week
- c. Every month
- d. Each trimester
- e. Once in nine months, no need to check repeatedly

23. All of the following pregnancy/neonatal complications are associated with maternal cigarette smoking except one. Which one?

**Pre-eclampsia**

- a. Low birthweight
- b. Sudden infant death syndrome
- c. Preterm labour
- d. Pre-eclampsia
- e. Preterm premature rupture of membranes

24. Which of the following maternal cardiac lesions is associated with a pregnancy-associated maternal mortality rate of 50% or more?

**marfan syndrome**

- a. Surgically corrected tetralogy of fallot
- b. Ventricular septal defect (VSD)
- c. Marfan syndrome with an aortic root diameter of 5 cm
- d. Previous myocardial infarction
- e. Prosthetic heart valve

25. In monozygous twin pregnancy, what type of chorionicity results when the blastocyst divides between days 9 and 12 post-conception?

**mono mono**

- a. Conjoined twins
- b. Monochorionic/monoamniotic placentation
- c. Dichorionic/diamniotic placentation
- d. Monochorionic/diamniotic placentation

26. A 28-year-old G4P2+1 at 31 weeks' gestation presents to your office complaining of leakage of clear fluid from the vagina. She denies abdominal pain or vaginal bleeding. On sterile speculum exam, you confirm the presence of amniotic fluid and the cervix appears closed. On USG baby is breech. Which of the following represents the most appropriate management option?

- a. Discharge home with a follow-up visit in clinic in 24-48 hours
- b. Discharge home only if the ultrasound examination shows a normal amniotic fluid volume
- c. Admission for augmentation of labor
- d. Admission for cesarean section for breech presentation
- e. Admission for antibiotics and antenatal corticosteroids

27. Regarding breech presentation all of the following statements are true except

- a. Breech extraction is the common method when delivered vaginally
- b. External cephalic version reduces the risk of c-section
- c. ECV is performed at 37 weeks
- d. Hip joint dislocation is a known complication of breech vaginal delivery
- e. The fetus should be screened for a fetal abnormality

28. A 26 year old patient, primigravida was admitted in labour room at 37 weeks of gestation. She has history of vaginal bleeding and pain in abdomen. This was the first time she had bleed and on physical examination the following findings were reported: appearance well hydrated; RP: 88/ min; BP: 126/86 mm\hg; Abd: F/H 36 cm, cephalic, FHR: 146/min. on vaginal examination cervix is 3 cm dilated, fully effaced and membranes intact.

Which of the following is the best option of management?

- a. Digital vaginal examination to confirm diagnosis under general anaesthesia and C/section if confirm.
- b. AROM and augmentation of labour.
- c. Conservative management due to the good maternal conditions.
- d. Emergency c/section.
- e. All of the above are right.

29. After teaching a pregnant woman how to count fetal movements, the nurse determines that the teaching was successful when the patient states which of the following?

- a. "I'll do the count every day on morning for one hour and then rushed for work."
- b. "I'll do the count once a week on a morning that I'm not rushed for work."
- c. "I'll sit comfortably in a recliner or lie on my side when I do the counts."
- d. "I won't expect more than three movements to happen in an hour."
- e. "I'll do the counts while I'm sitting and watching my son's basketball game."

30. A pregnant patient is seen in the OPD for a regular prenatal visit. She is 36 weeks pregnant and tells that she is experiencing irregular contractions. The nurse determines that the patient is experiencing Braxton Hicks contractions. Based on this finding, what action is appropriate?