

Total marks :30

Time allowed: 2 Hours

Q1. A Primigravida at 42 weeks of gestation presented for her antenatal visit. She complains of reduced fetal movements from last 24 hours. Fetal CTG indicated reduced variability. On examination liquor seems reduced. On vaginal examination her Cervix is 2cm in length, posterior, medium in consistency, cervical dilation is 1.5cm and vertex is at -2 station.

- A) Calculate the Bishop's score in this patient? (1)
- B) What are the immediate 4 indications for induction of labour in this patient? (1)
- C) What is the most appropriate pharmacological option available for induction of labour & augmentation in this patient? (2)
- D) How will you treat uterine hyper stimulation in this patient? (1)

Q2. G<sub>6</sub>P<sub>5</sub> at 32 weeks of gestation presents with generalized weakness & fatigue. She belongs to a poor socioeconomic status. She also complains of loss of appetite and frequent diarrhoea. She gives past history of repeated blood transfusions during her previous pregnancies. She has no proper birth spacing in her past history she went in to PPH immediately after delivery her current hb is 7g/dl.

- A) What is your most likely diagnosis diagnosis? (0.5)
- B) Identify 6 risk factors in this patient? (1.5)
- C) Name 2 investigations for definitive diagnosis in this patient? (1)
- D) How will you treat her? (2)

Q3. A G<sub>4</sub>P<sub>5</sub> at 36 weeks of gestation. On two consecutive ultrasounds fetal biometry is indicated to be at 32 weeks. She gives history of raised BP off and on. There is no proteinuria. Even before pregnancy she was not compliant with her medications;

- A) What is your likely diagnosis? (1)
- B) How will you manage this patient? (3)
- C) What are the tests for fetal wellbeing in this condition enumerate any two? (1)

Q4. G<sub>5</sub>P<sub>3</sub>A<sub>1</sub> (previous 3 c sections+ 1 surgical evacuation) at 34 weeks of gestation presented with painless moderate vaginal bleeding. Her BP was 80/60mmHg and pulse was 102 beats per minutes. She is feeling light headed, cold restless and in distress. Her ultrasound was carried out. Which showed placenta at the lower end completely covering the Os.

- A) What is your diagnosis? (1)
- B) What are two risk factors for this condition in this patient? (1)
- C) What are the warning signs in this case? (1)
- D) How will you manage this patient? (2)

Q5. 36 years old booked patient presents in labour room at 40 weeks. She is vitally stable & having infrequent weak & irregular uterine contractions. On examination baby is of average size with 1/5 head palpable, the cervix is soft, central and 2cm dilated with vertex at 0 station. Her pelvis is adequate. After 2 hours she is still 2 cm & after 4 hours still the same findings.

- A) What is your provisional diagnosis? (1)
- B) What will be the cause of this condition? (1)
- C) How will you manage her? (3)

Q6. P<sub>1</sub> at 3<sup>rd</sup> week postpartum presented with engorged breast and pain and her pulse was 130/min, temperature 102F. On examination the affected segment of the breast appears red and edematous. USG breast indicates a small collection under the affected area

- A) What is your probable diagnosis? (1)
- B) What is the causative organism for this condition? (1)
- C) How will you manage this patient? (3)