

FINAL YEAR MBBS SEND UP 13th OCTOBER, 2022

(OBS MCQs)

Total Marks: 35

Time allowed: 1 Hrs.

Attempt all questions.

Q1. The recommended weight gain in a pregnant woman with a BMI (18.5-24.9kg/m²) :

- a) 10-15pound
- b) 15-20 pounds
- c) 25-35 pounds
- d) 30-40 pounds
- e) 40-50 pounds

Q2. In First trimester , dating scan will be performed between

- a) 4 to 6 weeks
- b) 8 to 12 weeks
- c) 11 to 13+6weeks
- d) 14 to 20+6 weeks
- e) 20 to 26 weeks

Q3. A 25 years old lady, she had uneventful pregnancy and her blood group is A negative. She had presented in active phase of labor and delivered a baby boy of 3 kg with APGAR 9/10. Baby develops jaundice within 1st 24hrs of birth .What is the probable diagnosis?

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

Q4. A G2P1+0 is at 18wks of gestation, presented with lower abdominal pain and vaginal spotting off and on from last 1 week. She had history of Inj Anti-D in her last pregnancy. Her blood group is B-negative. How many units of anti-D should be administered at this gestation?

- a) 200 IU
- b) 250 IU
- c) 350 IU
- d) 400 IU
- e) 500IU

Q5. A G3P2 is at 28 weeks of gestation. She gives history of good sized baby (4kg) with difficult deliveries. Which one of the following diagnostic test, you will advise to this patient?

- a) OGTT
- b) Glucose challenge test
- c) Random blood sugar
- d) HbA1c
- e) Fasting blood glucose

Q6. There is increased incidence of pre-eclampsia in patient with diabetes mellitus. Which one of the following drug has protective role in 1st trimester?

- a) Heparin
- b) LMWH
- c) Aspirin
- d) Warfarin
- e) Un-fractionated heparin

Q7. G4P3 at 30 weeks came in OPD for ANC with complains of fatigue and dysopnea. Her Hb is 8. MCHC, MHC, MCV are also at lower limit. What is the next appropriate investigation?

- a) Total Iron Binding Capacity(TIBC)
- b) Serum ferritin
- c) Hb electrophoresis
- d) Serum folate
- e) Vit B12

Q8. PG at 8 weeks of gestation is a known case of sickle cell trait. Her husband is tested and he is positive for sickle cell trait. What will be the chance of having a baby with sickle cell disease?

- a) 1 in 2
- b) 1 in 4
- c) 1 in 6
- d) 1 in 8
- e) 1 in 10

Q9. Incidence of Gestational Diabetes is

- a) 5-10%
- b) 10-15%
- c) 15-20%
- d) 20-25%
- e) 25-30%

Q10. Which of the following underlying mechanism is responsible for development of gestational diabetes.

- a) Decreased corticosteroid production
- b) Development of insulin resistance
- c) Decreased glomerular filtration of glucose
- d) Increase glucose consumption by the patient
- e) Increase prolactin production

Q11. Which of following is true regarding renal changes in pregnancy?

- a) GFR is reduced
- b) Renal blood flow is decreased
- c) Renal pelvis and ureter undergo dilatation
- d) Kidney size is decreased
- e) Serum urea and creatinine levels are decreased

Q12. In normal physiology in pregnancy regarding changes in maternal blood circulation, which statement is correct?

- a) Cardiac output rises from 4 to 6 liter during the first 10 wk of pregnancy
- b) B.P remains normal in pregnancy.
- c) Increase in pulse rate between 8- 16 beats / min indicates some pathology.
- d) Displaced apex beat indicates cardiomegaly.
- e) There is increase in renal blood flow leading to decrease GFR.

Q13. The total amount of gas in lungs at the end of maximum inspiration is called "total lung capacity" (TLC). It decreases in pregnancy by volume of:

- a) 100ml
- b) 200ml
- c) 300ml
- d) 400ml
- e) 500ml

Q14. Which one of the following hormone has maternal origin in fetal circulation?

- a) Insulin
- b) ACTH
- c) Progesterone
- d) TSH
- e) Estrogen

Q15. A 24 years old lady has done anomaly scan showed amniotic fluid index 2cm, enlarged thick walled bladder, with key hole sign urethra, bilateral hydronephrosis. What is most likely diagnosis?

- a) Posterior urethral valve
- b) Urethral atresia
- c) Bilateral ureterovesical reflux
- d) Pelvic kidney
- e) Renal agenesis

Q16. All breastfeeding women should advise to take vitamin D daily dosage according NICE guideline should be.

- a) 4 μ gram
- b) 6 μ gram
- c) 8 μ gram
- d) 10 μ gram
- e) 12 μ gram

Q17. If maternal BMI is more than 30; risk of macrosomia and shoulder dystocia increases up to:

- a) 3 to 5%
- b) 5 to 7%
- c) 7 to 14%
- d) 14 to 17%
- e) 20%

Q18. The uterine artery Doppler should be performed at which gestational age in high risk patient having history of IUGR baby in last pregnancy and having chronic hypertension

- a) 16-18 weeks
- b) 18-20 weeks
- c) 20-22 weeks
- d) 20-24 weeks
- e) 24-26 weeks

Q19. What is the incidence of fetal congenital heart disease in women born with cardiac anomaly?

- a) 3 to 10%
- b) 10 to 15%
- c) 20 to 35%
- d) 50 to 65%
- e) 70 to 80%

Q20. A 8 years old G₃P₂ at term presented in active stage of labour. She is a known case of mitral valve cardiac disease since childhood. What is preferred method of analgesia in labour of patients with heart disease?

- a) Oral analgesics
- b) Continuous epidural analgesia
- c) Spinal analgesia
- d) Paracervical block
- e) Psychological support.

Q21. A primigravida delivered via forceps delivery. She has damage to the perineal skin, muscle, and external anal sphincter is less than 50%. What is the grade of perineal tear?

- a) Second degree
- b) Third degree 3a
- c) Third degree 3b
- d) Third degree 3c
- e) Fourth degree

Q22. Primigravida is in the second stage of labor for the past 2 hrs without epidural analgesia. The fetal head is at +1 station, in spite of effective good uterine contraction; mother is unable to push as she is exhausted. The fetal heart rate is 100bpm. What will be the next step in her management?

- a) Wait for another 1 hour
- b) Give sedation to the mother
- c) Shift her for emergency C-section
- d) Instrumental delivery
- e) Increase dose of oxytocin

Q23. G₂P₁+0 at GA 38 weeks presented in labour ward with labour pains. On examination she is fully dilated with head in occipito-posterior position. How will you deliver baby in this position?

- a) Ventouse
- b) Outlet forceps
- c) Keilland s forceps
- d) Piper forceps
- e) Fetal scalp electrode

Q24. 22 year old P2 on her zero post natal day after vaginal delivery after induction of labour due to severe pre-eclampsia. during labour she require hydralazine to control her blood pressure. She is given Magnesium Sulphate for seizure prophylaxis. Her blood pressure was 155/100mmHg, pulse 92 bpm, respiratory rate 24 /min and is afebrile. She has adequate urine output of 40 ml/hr. On examination she is oriented to time place and person but her speech is slurred. She has good movements of her extremities but her deep tendon reflexes were absent. Which of the following is the most likely cause of her symptoms?

- a) Adverse reaction to hydralazine
- b) Hypertensive stroke
- c) Transient ischemic attack
- d) Magnesium sulphate toxicity
- e) Venous thrombosis

Q25. The most common cause of death in patients with Eclampsia

- a) Cerebral hemorrhage
- b) Pulmonary edema
- c) Amniotic fluid embolism
- d) Pulmonary embolism
- e) Respiratory distress

Q26. A 29 year old G₂P₁ A0 at 40 week in active labour, her cervix is 5cm dilated, completely effaced and vertex is high, suddenly spontaneous rupture of membranes occurs and fetal heart rate starts is up to 80bpm. What is your diagnosis?

- a) Placental abruption
- b) Cord prolapse
- c) Uterine hyperstimulation
- d) Uterine atony
- e) Uterine rupture

Q27. A P2+0 at 4th Post op day after Emergency lower segment caesarian section due to fetal distress. Her BMI 35Kg/m². She is immobile and complaint of right leg pain with calf tenderness positive. What will be most appropriate investigation for her diagnosis?

- a) Compression duplex scans of lower limbs
- b) X-ray of lower limb
- c) Coagulation profile
- d) Venography
- e) MRI of leg.

Q28. A multigravida woman is in labour with breech presentation. After the delivery of body, arms of the baby are found in extended position. The maneuver used to facilitate the delivery of these arms is:

- a) Mauriceau-smellie-veit maneuver
- b) Zavanelli maneuver
- c) Pinard maneuver
- d) Lovset maneuver
- e) Pajot's maneuvers

Q29. The incidence of breech presentation at term is:

- a) 1-2%
- b) 3-4%
- c) 10-15%
- d) 15-20%
- e) 50-60%

Q30. A 25 year old P5+0 came after home delivery with massive primary PPH. Uterotonics failed to respond and her exploratory laparotomy was done to control hemorrhage. Which is most appropriate surgical and first option for her?

- a) B Lynch
- b) Caeserian hysterectomy
- c) Unilateral uterine artery ligation
- d) Bilateral uterine artery ligation
- e) Internal iliac arteries ligation

Q31. A G2P1 has presented at 38 weeks with moderate uterine contractions. She had spontaneous rupture of membranes followed by mild & fresh vaginal bleeding. There is sudden severe bradycardia but no cord prolapse. The abdomen is soft & vaginal bleeding is less than equal to 20ml. The most likely explanation for this presentation is

- a) Vasa previa
- b) Cervical ectopy
- c) Placenta previa
- d) Placental abruption
- e) Vaginal Varicosities

Q32. The most common organism causing maternal death due to sepsis is

- a) Klebsiella
- b) Gardnerella vaginalis
- c) Enterococci
- d) Group A streptococcal infection
- e) E-Coli

Q33) A 19 years old PG at term presents to labour room with irregular uterine to labour room with irregular uterine contractions 12 hrs prior to arrival. Her pregnancy is uncomplicated vaginal exam reveals cervical dilatation 3cm, cervix 2cm long soft, posterior, vertex at -3. What is the bishop score?

- a) 3
- b) 5
- c) 6
- d) 7
- e) 8

Q.34) A 39 year old G2P1 is presented in transverse lie at 38 weeks of gestation in labour. An obstetrical ultrasound show placenta is in fundal region. She has 5×5 cm lower uterine segment fibroid. What will be mode of delivery in this patient:

- a) Emergency Caesarean section
- b) Offer her external cephalic version
- c) Offer her internal cephalic version
- d) Caesarean section at term
- e) Induced with Oxytocin infusion

Q35. A pregnant women at 38 weeks came with scan report shows polyhydrominos AFI(28cm) with double bubble sign on left side of abdomen. Her doppler measurements are normal in range. What is most likely diagnosis?

- a) Duodenal atresia
- b) Oesophageal atresia
- c) Omphalocele
- d) Gastrochisis
- e) Intestinal obstruction