Seat No:		Enrollment No:
	PARUL UNIVERSITY	
	FACILITY OF MEDICINE	

Year: 3 (Part-2)

Subject Code: 19100405

Subject Name: Obstetrics and Gynaecology-I

M.B.B.S EXAMINATION April 2021 Date: 24/04/2021

Time: 10:00 am to 12:00 pm

Total Marks:40

### Instructions:

1. Attempt each section in different answer sheet.

2. Write answers' legibly and to the point

- 3. Draw diagrams and flow chart wherever necessary.
- 4. Section-A will be collected in 15 Minutes.

## SECTION - A

Multiple Choice Questions (MCQs) On a separate paper Q.1 (10 MCQs of 1 marks each) Attached

(10)

- 1. Occipitoposterior position and DTA is more common in
  - a. Anthropoid pelvis,
  - b. Platypelloid pelvis,
  - c. Android pelvis
  - d. Gynaecoid pelvis.
- 2. Smallest diameter in maternal pelvis is
  - a. Obstetric conjugate,
  - b. Posterior sagital diameter,
  - c. Inter ischial spinous diameter,
  - d. Transverse diameter of outlet.
- 3. Identify the wrong option of the following as per Govt. of India (Min of Health) in ANC for women.
  - To take 100 mg elemental iron and 500 micro Gm folic acid. a.
  - To take for 100 days b.
  - To start supplementation from 16 weeks of pregnancy.
  - d. Tab Ferrous sulphate and folic acid are supplied free of cost.
- Biophysical profile does not include
  - a. Fetal heart rate
  - Fetal breathing
  - Fetal movement
  - d. Fetal weight
- 5. The following statement is true for combinedoral contraceptive pill
  - a. They decrease the risk of ovarian cancer.
  - b. They are contra indicated in parous women with endometriosis.
  - c. They are contraindicated in young nulliparous women.
  - They improve lactation.

- 6. The following drugs can be used for management of aymptomatic bacteruria in pregnancy
  - a. Dexamethasone,
  - b. Ulipristal,
  - c. Amoxycillin,
  - d. Doxycycline,
- 7. Which of the following is not true postulate of pre-eclampsia
  - a. Commonly affecting multiparous patient,
  - b. Chronic hypertension, renal disease, low socio-economic status is a risk factor,
  - c. Earlier onset in the presence of antiphospholipid syndrome.
  - d. Haemolysis may occur.
- 8. Active management of third stage of labour include
  - a. Monitoring vital parameters frequently.
  - b. Controlled cord traction to deliver the placenta with counter traction on contracted uterus,
  - c. To apply balloon tampnade to help involution of the uterus.
  - d. Encourage for pelvic floor exercise (Kegel Exercise).
- 9. Anemia in pregnancy the following is true
  - a. Cardiac output falls in pregnancy with anemia,
  - b. Ferric salt is better absorbed than ferrous salt.
  - c. Severe anemia renders women vulnerable to puerperal sepsis.
  - d. Iron absorption predominantly takes place at ascending colon,
- 10. Regarding breech presentation the following is true
  - a. Incidence of breech presentation at term is 15%,
  - b. Incidence of feotal congenital anomaly in breech presentation is higher than in cephalic presentation.
  - c. The chance of frank breech for spontaneous conversion to vertex is higher than complete
  - d. Usually primigravida with breech presentation at term are delivered vaginally.

#### SECTION - B

WRITE LONG NOTE ON (Any ONE out of TWO) Q.2 1×7 mark (07)A 32 years old G3P2 had spontaneous vaginal delivery and following the delivery of placenta had excessive vaginal bleeding. On abdominal examination the uterus was soft and flabby. What is the diagnosis? How will you manage this condition and how it could have been prevented?

## OR

A 21 years old primigravida at 39 weeks of pregnancy with oedema legs was brought to hospital with history of convulsions at home. Discuss the differential diagnosis. Elaborate principles and management of a case of eclampsia.

Q.3 Write Short Notes On: (Any TWO out of THREE)

2×4 mark (08)

- 1. Deep transverse arrest.
- 2. Rupture uterus
- **IUGR** 3.

# SECTION - C

Q.4 Write Short Notes On: (ANY THREE) 3×3 mark (09)

- 1. Non stress test
- 2. Partograph
- 3. **Episiotomy**
- 4. Breech presentation
- 5. Rh isoimmunization
- Write Short Notes On: (ANY TWO) Q.5

2×3 mark (06)Down syndrome

- 2. Fetal reduction in multiple pregnancy
- 3. Medical method of MTP
- 4. **GDM**

1.