

31. G2P1L1 at 36 weeks delivers a growth-restricted infant with cataracts, anemia, patent ductus arteriosus, and sensorineural deafness. She had a viral syndrome with rash in early pregnancy. What is the most likely causative agent?

- A. Parvovirus
- B. Rubella
- C. Rubella virus
- D. Toxoplasma gondii

32. What is true of vasectomy?

- A. Involves ligating the epididymis
- B. Involves ligating the vas efferentia
- C. Involves ligating the vas deferens
- D. Involves ligating the ampulla

33. For medical termination of pregnancy, written consent has to be obtained from?

- A. Female partner
- B. Male partner
- C. Both male and female partners
- D. Only verbal consent is sufficient

34. The major cause of the increased risk of morbidity & mortality among twin gestation is:

- A. Gestational diabetes.
- B. Placenta previa.
- C. Malpresentation.
- D. Preterm delivery

35. External cephalic version is to be offered to

- A. Occipito Anterior
- B. Occipito posterior
- C. Breech
- D. Face

36. The only indication of internal podalic version in modern day obstetrics is?

- A. Breech
- B. Occipito posterior
- C. Second twin transverse
- D. Deep transverse arrest

37. A primigravida in labor is fully dilated, fully effaced, vertex at +5 station. The junior resident detects fetal distress upto 90 beats per minute. The patient is exhausted and unable to bear down. What would be the most appropriate course of action?

- A. Wrigley outlet forceps application
- B. Piper forceps application
- C. Cesarean section
- D. Keilland forceps application

38. A primigravida at term was rushed in to the casualty. The relatives gave the history she had been having labor pains for the last two days at home and suddenly collapsed half an hour ago. She was extremely pale. Pulse was thin and thready and at 140 beats per minute. Bp was 70/50 mm of Hg. P/A examination revealed loss of uterine contour and maternal abdomen was full of fetal parts. There was bleeding PV. What is the most likely diagnosis?

- A. Abruptio
- B. Eclampsia
- C. Rupture Uterus
- D. Amniotic Fluid Embolism

39. Major Strategies under RCH care includes all EXCEPT ?

- A. Essential Obstetric Care
- B. Emergency Obstetric Care
- C. Strengthening Referral System
- D. Providing free education to children under 10 years

40. Cardiac Diseases contribute to a major proportion of maternal mortality in India. Which type of cardiac disease is most commonly involved?

- A. Congenital
- B. Cardiomyopathy
- C. Rheumatic
- D. Ischemic

21. Maternal Mortality Ratio is one of the most important indicators of Mother and Child Health of a country. What is the current MMR in India and to what level is it expected to be brought down to according to the NHM
- 167/100,000 and 100/100,000
  - 167/1000,000 and 100/1000,000
  - B) 216/100,000 and 100/100,000
  - D) 216/1000,000 and 100/1000,000
22. A 24 year old female, not using any method of contraception came to the family planning OPD with a history of unprotected intercourse 24 hrs ago. She wants to avoid pregnancy. Which of the following methods is NOT a suitable method for this patient to avoid conception
- Ulipristal Acetate
  - Intrauterine Contraceptive Device (IUCD)
  - Depo Medroxy Progensterone Acetate (DMPA)
  - Levonorgestrel containing pill LNG
23. All are indications of Induction of labour EXCEPT ?
- Primigravida at 38 weeks with decreased fetal movements
  - Primigravida at 38 weeks Gestational Diabetes mellitus (GDM) on Insulin
  - Primigravida at 38 weeks with Gestational Diabetes mellitus (GDM) controlled on diet
  - Primigravida at 38 weeks with Preclampsia
24. Induction of labour can be allowed in which obstetrical condition?
- Central Placenta Previa
  - Twin pregnancy with first twin breech
  - Previous one full term lower segment cesarean
  - Contracted pelvis
25. A primigravida at 10 weeks period of gestation came to the opd with spotting PV. PV examination revealed a 8 week sized uterus with closed OS. Ultrasound showed a Gestational sac of 30 mm with no fetal pole or yolk sac. What is the diagnosis?
- Missed abortion
  - Hydatidiform mole
  - Blighted ovum
  - Incomplete abortion
26. Which statement is true regarding vetouse application?
- Can be applied in preterm fetuses
  - Can be applied in a patient with heart disease
  - Can be applied at when head is at pelvic brim
  - Has to always be applied in a fully dilated cervix.
27. A 8 month pregnant woman presented to the casualty with persistent abdominal pain. And bleeding per vaginum. On examination, she was pale, her pulse rate was 120 beats per minute, BP - 90/50 mmHg. Uterus was tense and tender. All should be considered during management EXCEPT:
- Start Intravenous fluids and arrange blood and blood products
  - Antenatal corticosteroids and wait for fetal lung maturity
  - Pregnancy termination
  - All coagulation paramaters to be sent
28. A female fetus has fusion of the two mullerian ducts and complete failure of septal resorption. What would be the resulting anomaly?
- Uterine didelphys
  - Unicornuate uterus
  - Mullerian agenesis
  - Vaginal and cervical agenesis
29. Cervical sign which might be used for diagnosis of pregnancy is:
- Jacquemier's sign
  - Oviander's sign
  - Hegar's sign
  - Goodell's sign
30. A 30-year-old unbooked Primigravida with twin gestation at 25 weeks presents to labor room with painless vaginal bleeding. Which of the following is the most appropriate first step in the evaluation of vaginal bleeding in this patient?
- Vaginal examination to determine cervical dilatation
  - Urine culture to check for urinary tract infection
  - Ultrasound to check placental location
  - Lab test to evaluate for disseminated intravascular coagulopathy



51. The changes in cardiovascular system during pregnancy includes which of the following?
  - A. Cardiac output increases by 10 to 20%
  - B. Heart rate decreases by 10 beats per minute
  - C. RBC volume increases by 15 to 20%
  - D. Cardiac output reaches a peak by 24 weeks
52. The haematological findings in a patient with iron deficiency anaemia during pregnancy include which of the following?
  - A. Decreased serum Ferritin level
  - B. Increased Mean Corpuscular Volume (MCV)
  - C. Decreased Total Iron Binding Capacity (TIBC)
  - D. Increased Mean Corpuscular Hemoglobin Concentration (MCHC)
53. Which of these is an abnormal finding in pregnancy?
  - A. Dyspnoea
  - B. Pedal edema
  - C. Diastolic murmur
  - D. Ptyalism
54. What is the recommended daily allowance of Folic Acid during pregnancy?
  - A. 400 µg
  - B. 600 µg
  - C. 1 - 2 mg
  - D. 4 - 5 mg
55. Which of these statements regarding puerperium in an anaemic patient is **TRUE**?
  - A. Puerperal sepsis occurs in all
  - B. Decreased risk of developing venous thrombosis
  - C. Lactation failure may occur
  - D. Operative wounds heal well
56. What is the **MOST COMMON** cause of anaemia in pregnancy?
  - A. Thalassemia
  - B. Iron Deficiency Anaemia
  - C. Folic Acid deficiency
  - D. Sickle cell disease
57. Which of the following is a risk factor for impaired carbohydrate metabolism in pregnancy?
  - A. Family history of diabetes
  - B. Previous history of babies with IUGR
  - C. High serum levels of Antiphospholipid antibodies
  - D. Repeated mid trimester miscarriages
58. Which of the following statements defines gestational diabetes?
  - A. Diabetes first detected in pregnancy
  - B. Diabetes not requiring insulin during pregnancy
  - C. Glycosylated HbA1c level < 7, found early in pregnancy
  - D. Elevated blood sugar levels after 20 weeks of gestation
59. Which of these changes in glucose metabolism is **NOT OBSERVED** in pregnancy?
  - A. A tendency for fasting hypoglycaemia
  - B. Increase in postprandial glucose
  - C. Increased insulin resistance
  - D. Decreased insulin secretion in response to glucose
60. Neonatal complications observed in infants of mothers with gestational diabetes mellitus includes which of the following?
  - A. Hyperglycemia
  - B. Hypercalcemia
  - C. Hyperbilirubinemia
  - D. Post maturity
61. What is the first step in the management of a patient found to have impaired blood sugar levels in early pregnancy?
  - A. Immediate termination of pregnancy
  - B. Start her on insulin therapy
  - C. Start her on metformin
  - D. Advise Medical Nutrition Therapy
62. Which of the following is a reasonable explanation for Hydramnios in diabetic pregnancy?
  - A. Maternal endothelial leak caused by Hyperglycemia
  - B. Glucose reabsorption by the fetal glomerular collecting system
  - C. Osmotic gradient created by high glucose concentration in the amniotic fluid
  - D. Polycystic fetal kidneys

174. Deep transverse arrest is a variant of  
 A. Occipital posterior  
 B. Transverse lie  
 C. Mento-posterior  
 D. Brow
175. All of the following are methods of delivering after coming head of breech EXCEPT?  
 A. Burn Marshal's Technique  
 B. Ritgen maneuver  
 C. Malar flexion shoulder traction technique  
 D. Mid cavity forceps application
176. Specific antidote for magnesium sulphate toxicity is ?  
 A. Naloxone  
 B. Nalorphine  
 C. Calcium gluconate  
 D. Calcium sulphate
177. Ponderal index is  
 A. Head circumference and abdominal circumference ratio  
 B. Transverse cerebellar diameter and abdominal circumference ratio  
 C. Femur length and abdominal circumference ratio  
 D. Estimated fetal weight in gms divided by cube of crown heel length in centimeter
178. What is the most common mechanism of separation of placenta ?  
 A. Schultz  
 B. Mathew Duncan  
 C. Crede's manœuvre  
 D. Controlled cord traction
179. WHO Partogram should be plotted after the following cervical dilatation has been reached?  
 A. 1cm  
 B. 3cm  
 C. 2cm  
 D. 4cm
180. According to Friedman's labour curve, in active phase of labour dilatation of cervix occurs at rate of  
 A. 1cm/hr in primi  
 B. 0.5cm/hr in primi  
 C. 1cm/hr in multi  
 D. 1cm/hr in multi
181. In the first stage of labour, fetal heart rate should be auscultated every  
 A. 15 mins  
 B. 30 mins  
 C. 45 mins  
 D. 60 mins
182. The shortest diameter of fetal skull is ?  
 A. Biparietal diameter  
 B. Bitemporal diameter  
 C. Bimastoid diameter  
 D. Supersubparietal diameter
183. The conjugate which can be measured clinically is  
 A. Obstetric conjugate  
 B. Diagonal conjugate  
 C. Anatomical conjugate  
 D. Conjugate vera
184. Favourable bishop score is  
 A.  $\geq 3$   
 B.  $\geq 4$   
 C.  $\geq 5$   
 D.  $\geq 6$
185. The gold standard for cervical ripening is  
 A. PGE1  
 B. PGE2  
 C. PGF1  
 D. PGF2



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41. Milk let down is under the effect of the following hormone?
- Estrogen
  - Prolactin
  - Progesterone
  - Oxytocin
42. A patient who had a normal vaginal delivery with right mediolateral episiotomy (RMLE) 6 hours back complained of severe pain in the stitch line. It did not resolve despite analgesics. She is unable to pass urine due to the pain. Pulse rate is 120 beats per minute and she is looking pale. You found a 6 X 6 cm bluish swelling at the site of the episiotomy. Per vaginal examination revealed a large tender bulge in the right lateral vaginal wall. All of the following will be true EXCEPT?
- This is a vulval hematoma
  - You would want to check her haemoglobin level and also arrange blood.
  - Conservative management
  - Immediate drainage is warranted
43. Hypertensive disorders of pregnancy contribute to maternal and neonatal morbidity and mortality. Which of these parameters defines Hypertension in pregnancy?
- Systolic BP  $\geq 140$  mmHg and/or Diastolic BP  $\geq 90$  mmHg
  - Systolic BP  $\geq 130$  mmHg or Diastolic BP  $> 90$  mmHg
  - Systolic BP  $> 130$  mmHg and Diastolic BP  $> 90$  mmHg
  - Systolic BP  $> 140$  mmHg and Diastolic BP  $\geq 100$  mmHg
44. A 24 year old primigravida came for regular antenatal care at 36 weeks of gestation. Her Blood pressure was found to be 140/96 mmHg. Urinary protein was negative. What is the diagnosis?
- Pregnancy induced hypertension
  - Gestational hypertension
  - Severe pre eclampsia
  - Imminent eclampsia
45. Chronic hypertension in pregnancy is associated with a number of co-morbidities. Which of these co-morbidities is most frequently seen in pregnant women with chronic hypertension?
- Hypothyroidism
  - Pre gestational diabetes
  - Systemic Lupus Erythematosus (SLE)
  - Anti-phospholipid antibody syndrome
46. An indication for delivery between 26 – 34 weeks of gestation in a patient with severe pre eclampsia is which of the following?
- Reduced Diastolic flow in the Umbilical Artery Doppler
  - Amniotic Fluid Index  $> 9$  cm
  - Growth more than 10<sup>th</sup> centile
  - Persistent high BP despite anti-hypertensive therapy
47. Which is the optimal gestational age for termination of pregnancy in a case of non-severe pre eclampsia?
- 32 weeks
  - 34 weeks
  - 36 weeks
  - 38 weeks
48. What is TRUE about the management of a woman with cardiac disease in NYHA Class II?
- Therapeutic Termination of pregnancy
  - Cardiac evaluation and allow pregnancy to continue accordingly
  - Advise cardiac surgery
  - Advise intra uterine contraceptive device
49. Regarding a cardiac patient on anti-coagulant therapy during pregnancy, which of the following is INCORRECT?
- Unfractionated Heparin does not pose any risk of thrombocytopenia in the mother
  - Warfarin should be used till 36 weeks of pregnancy
  - Low Molecular weight heparin should be withdrawn 24 hours before surgery
  - There is a risk of embropathy with warfarin
50. Which of these is NOT AN INDICATION for Cesarean Section in a patient with heart disease?
- Aortopathy with aortic root  $> 4$  cm
  - Aortic aneurysm
  - Mild Aortic stenosis
  - Endocarditis necessitating valve replacement