



# **OBGY TEST DISCUSSION**

Medsynapse by Dr. Nikita



1. Which filter is used in a colposcope?

(a) Black

(b) Red

~~(c) Green~~ / Blue. → To see vesels.

(d) Yellow



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2. A 17-year-old female presents with primary amenorrhea, but she gets abdominal pain every month. On examination, she has normal development of other secondary sexual characteristics, there is an abdominal lump present and on parting the labia a bluish bulge is noted. Considering the suspected diagnosis, what would be the appropriate management?

imperf hymen

CRYPTOMENORRHEA

hidden

imperf  
hymen

↓  
bluish  
bulge

↓  
cruciate  
incision

TUS:

↓

concoave

↓  
vaginoplasty

- (a) Excision of the septum
- (b) Extensive dissection and vaginoplasty
- ~~(c) Cruciate incision on the hymen~~
- (d) Hysterectomy



3. Immediately following vaginal delivery, the patient went into a state of **shock**. On abdominal examination, the **fundus of the uterus could not be felt** and per vaginal examination revealed **no obvious source of bleeding or clots**. What is the most probable diagnosis?

- (a) Amniotic fluid embolism → shock, hypotens<sup>n</sup>, hypoxia, coagulopathy, bleed, invers<sup>n</sup>
  - ~~(b) Uterine inversion~~ ✓ → reposit<sup>n</sup> fundus & placenta
  - (c) Uterine atony → PPH. → no blood
  - (d) Uterine prolapse → hemorrhagic
- neurogenic shock
- Do not remove placenta

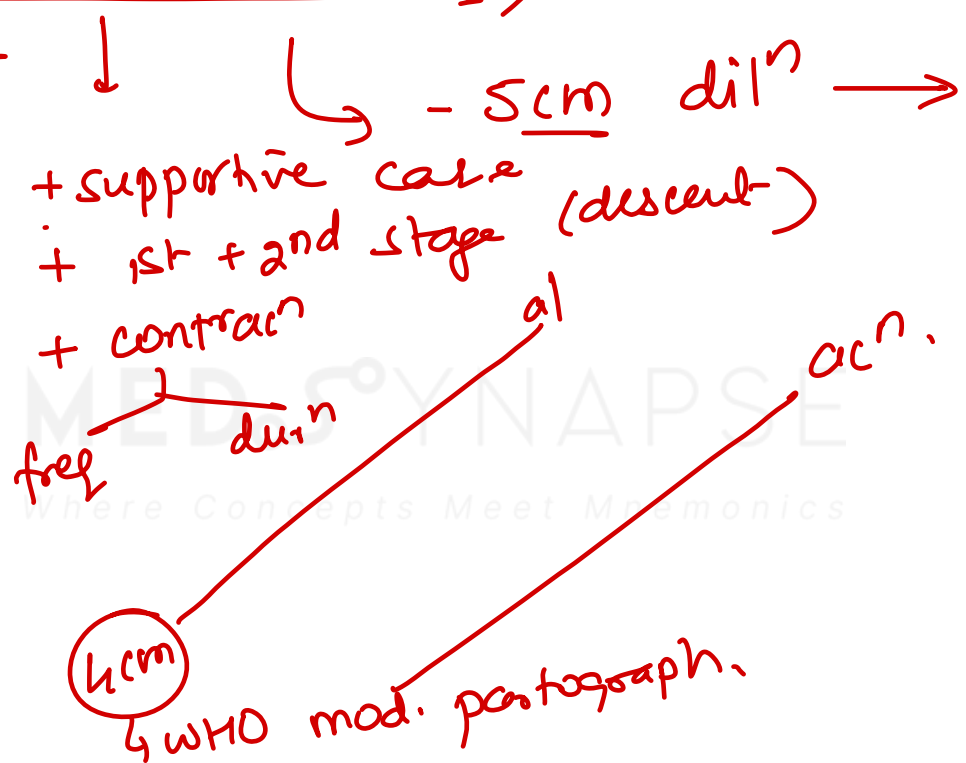




5. As per the WHO labour care guidelines, documentation of labour progression begins at

- (a) 4 cm of dilation
- (b) 6 cm of dilation
- (c) 8 cm of dilation
- (d) 5 cm of dilation ✓

*dilatation*





**WHO LABOUR CARE GUIDE**

Name: \_\_\_\_\_ Parity: \_\_\_\_\_ Labour onset: \_\_\_\_\_ Active labour diagnosis [Date]: \_\_\_\_\_

Ruptured membranes [Date]: \_\_\_\_\_ Time: \_\_\_\_\_ Risk factors: \_\_\_\_\_

		Time														
		1	2	3	4	5	6	7	8	9	10	11	12	1	2	3
		ALERT ← ACTIVE FIRST STAGE → ← SECOND STAGE →														
SUPPORTIVE CARE	Companion	N														
	Pain relief	N														
	Oral fluid	N														
	Posture	SP														
BABY	Bioplane Flex	<T10, >T60														
	FHR deceleration	L														
	Amniotic fluid	M+++ , B														
	Fetal position	D, T														
	Caput	+++														
WOMAN	Moulding	+++														
	Pulse	<60, >120														
	Systemic BP	<80, >140														
	Diastolic BP	>90														
	Temperature °C	<35.0, >37.5														
LABOUR PROGRESS	Urine	P+, A++														
	Contraction per 10 min	<7, >5														
	Duration of contractions	<20, >60														
	Cervix [Plot X]	10 9 > 2h 8 ≈ 2.5h 7 ≈ 3h 6 ≈ 3.5h 5 ≈ 4h														
	Descent [Plot Y]	5 4 3 2 1 0														
MEDICATION	Oxytocin (IU, drops/min)															
	Medicine															
	IV fluids															
SHARED DECISION-MAKING	ASSESSMENT															
	PLAN															
INITIALS																

In active first stage, plot 'X' to record cervical dilatation. Alert triggered when lag time for current cervical dilatation is exceeded with no progress. In second stage, insert 'P' to indicate when pushing begins.

INSTRUCTIONS: CIRCLE ANY OBSERVATION MEETING THE CRITERIA IN THE 'ALERT' COLUMN, ALERT THE SENIOR MIDWIFE OR DOCTOR AND RECORD THE ASSESSMENT AND ACTION TAKEN IF LABOUR EXTENDS BEYOND 12H. PLEASE CONTINUE ON A NEW LABOUR CARE GUIDE.

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6. Which of the following is not included in the active management of third stage of labor to prevent post partum haemorrhage (PPH)? (AMTSL)

(a) Uterotonic within 1 minute of delivery → ⊕ contracts.

(b) Delayed clamping, cutting and ligation of cord

(c) Gentle massage of uterus → of PPH +, ⊕ apny

(d) Controlled cord traction → Brandt Andrew

→ early clamping → ① preterm - asphyxia  
② Rh -ve.



7. As per the **Medical Termination of Pregnancy (Amendment) Bill, 2021**, which of the following statement is **incorrect** regarding the induction of MTP?

- (a) Opinion of **two providers** is required for termination of **>20-24 weeks** pregnancy of **20-24 weeks**
- (b) Upper gestational limit is **not applicable in case of substantial foetal abnormalities**
- (c) Upper limit for termination of pregnancy is 24 weeks in case of contraception failure
- (d) Misoprostol is best administered by mucosal route than oral route

upto 20 → 1

>20 → 2  
-24

>24 → special  
(Medical Board)

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↳ social

→ x upto 20 weeks

1st trimester  
↳ POOR

• vaginal  
• SL

S/E → aciditis



8. A 25-year-old G2A1 at 18 weeks of gestation came with complaints of leaking PV for the past 4 hours. On examination, membranes are ruptured and uterine contractions present. Which of the following sonographic findings is indicative of cervical incompetence in this patient → 2nd Trim RPL painless ↪ U shape

(a) Short cervix <25 mm and funelling of internal os >1cm

(b) Short cervix >25 mm and funelling of internal os <1cm

(c) Short cervix <35 mm and funelling of internal os <1cm

(d) Short cervix >35mm and funelling of internal os >1cm

Rx → encirclage at 12-14wks.  
proph. McDonald's  
dilatator 6-8 shindker  
o Nonpreg → Hegar dilatator



9. Which among the following structures forms the level one support according to DeLancey's levels of support of genital organs?

- (a) Arcus tendinous fascia
- (b) Superficial transverse perineal muscle
- (c) Uterosacral ligament
- (d) External anal sphincter muscles

level 1 → uterosacral lig.

2 → levator ani

urog. diaph. 3 → perineum  
← deep. perineal body



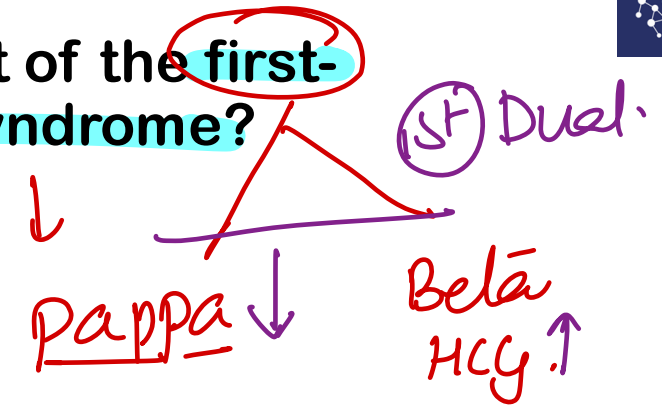
10. Which of the following is evaluated as a part of the first-trimester aneuploidy screening test for Down syndrome?

(a) Unconjugated estradiol  $UE_3$

(b) Alpha-fetoprotein

(c) Inhibin A allowed in quadruple

(d) PAPP-A, Beta HCG



$H_i$  is high

HCG, inhibin

◦ Triple - quad } 2nd Trim.

◦ AFP → ↓.

◦ Edward → everything decreased.



11. A pregnant lady at 35 weeks of gestation underwent a pulmonary function test. Which of the following parameter is expected to be increased compared to her pre-pregnant levels?

(a) Total lung capacity

(b) Vital capacity

(c) Tidal volume

(d) Expiratory reserve volume

MOTI ↑  
↓

- Minute O<sub>2</sub>
- Tidal v
- iC

unchanged:  
VC  
RR  
RV

• coag factors ↑ except f. 11, 13





13. All are correct regarding the device shown here except:



vacuum CI  
forceps ✓

Piper's  
① preterm.  
② face / after coming head.

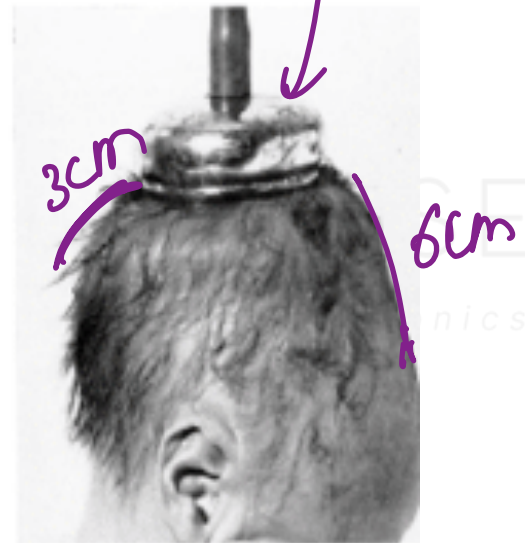
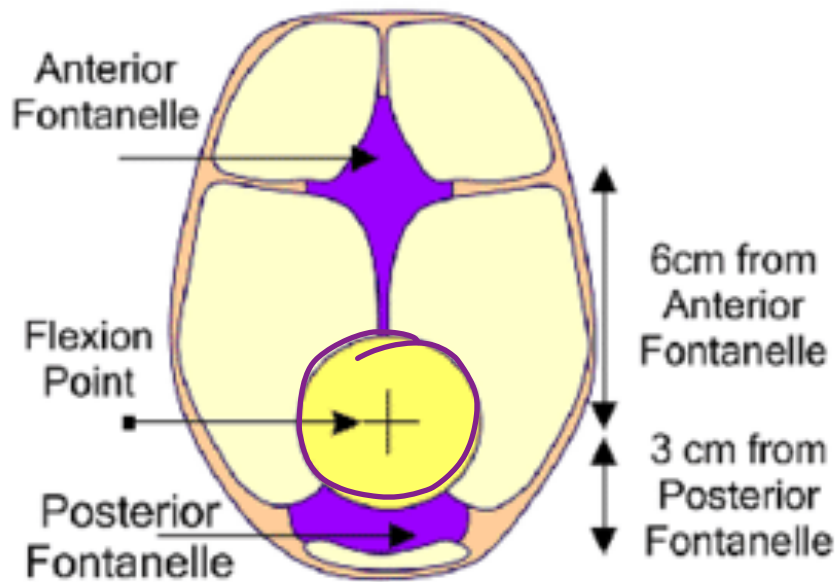
+ 6 cm post to ant-front-  
- CPD → Both vacuum / forceps  
CI.  
→ Do LSCS. ✓

- A. ✓ Placed 6 cm anterior to posterior fontanelle
- B. ✓ Should generate effective vacuum of 0.8 kg/cm<sup>2</sup>
- C. ✓ Traction at right angles to the cup
- D. ✓ Traction is released in between uterine contractions



# A: Cup Placement

*flex<sup>n</sup> point*





14. Rh negative G2P1 has an antibody titer of 4 IU/ml (IAT 1:4) at 8 weeks. Her husband is homozygous Rhesus positive. What is the next step in the management?

*x* K critical. *or* RR

Baby → Rh +ve

A Assess middle cerebral artery blood flow from 18 weeks

B Assess the amniotic fluid bilirubin levels at 18 weeks

*x* no need → always Rh +ve ∵ father homozyg +ve.

~~C~~ Determine the fetal Rhesus status by analyzing cell-free fetal DNA present in the maternal blood at 8 weeks

~~D~~ Repeat the antibody titer in 4 weeks

Routine  
anti-D is given  
at 28 wks.  
300ug

critical titer → 1:16

Then check  
for fetal anemia

or 72 hrs  
of delivery  
if -ve

wombs. MCA PSV > 1.5 mom.



# 15. Concentration of MgSO4 in the treatment of eclampsia in meq/L:

A7-10

B10-15

C2-4

**D4-7**

↓ Toxicity  
• DTR ↓ → fixt signs  
• urine ↓  
• resp depress<sup>n</sup>

4-5-5  
iv im im

Pritchard  
4gm iv slowly →  
5g R butt  
10gm im.  
5gm L butt



16. A 18-year old girl presented to the gynecology OPD with amenorrhoea . On examination she was found to have Tranner's Stage V breasts and no pubic and axillary hairs . Ultrasound revealed absent uterus . What is the likely diagnosis

- A Androgen insensitivity
- B Turner's syndrome
- C Cryptomenorrhoea
- D Mayer rokitansky kuster hauser syndrome

46XY

Absent uterus, 1° amenorrhoea

AUSPicious

AM  
MRKH

AIS

pubic hair abstr

46XX

confirmatory → karyotype



17. A lady underwent vaginal hysterectomy for carcinoma cervix. Following the surgery, after her urethral catheter was removed, she complained of urinary incontinence. On examination she had normal voiding as well as continuous incontinence. Diagnosis?

A Ureterovaginal fistula

B Vesicovaginal fistula

C Urethrovaginal fistula

D Vesicouterine fistula

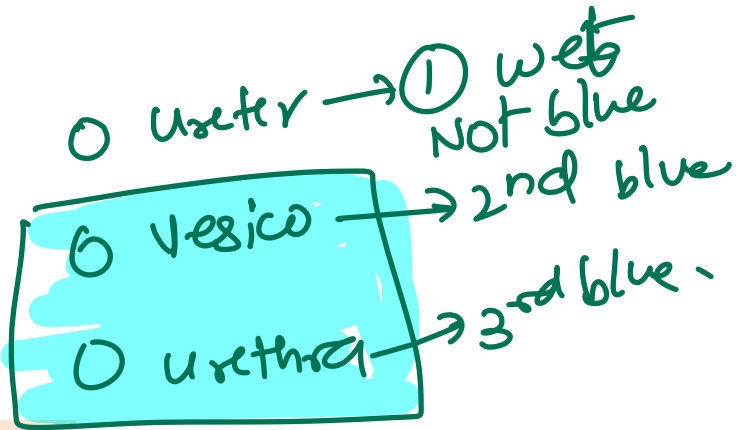
① + cont incont

NO ② void.



VVF m/c/c obstructed labour

3 swab test →





18. Anticipated preterm delivery . Dose of dexamethasone given to mother is

- A 12 mg 12 hourly 2 doses (24)
- ~~B 12 mg 24 hourly 4 doses (48)~~
- ~~C 6 mg 24 hourly 2 doses (12)~~
- D 6 mg 12 hourly 4 doses (24)

Dexa      Total      Beta      Total ~~doses~~

24mg                              48 hrs.

Dexa                              Beta

4 doses                              2 doses.

D-4                              B-2

6x4                              12x2.



19. A G6+0+0 Lady with h/o recurrent early abortions comes to you with a missed abortion at 12 weeks. Which of the following test is not warranted

A Lupus anticoagulant

B Anticardiolipin ab

C DRL of father and mother

D Fetal karyotype

APLA

infectious

uterine mass

syphilis

Kawowitz

law

genetic

APLA →

RPL +

hypercoagulable

DVT



20. Which of these is not a noncontraceptive use of levonorgestrel IUD

A Endometriosis ✓

~~B~~ Premenstrual Tension ✗

C Complex endometrial hyperplasia ✓

D Contraception .

↓  
causes  
endometrial  
atrophy

precocious puberty Rx →  
GnRh analogues  
continuous



21. A 45yr old patient presented with complaints of pain in abdomen and menorrhagia. Endometrial biopsy was normal and sonogram of uterus showed diffusely enlarged uterus with no adnexal mass. What is the diagnosis:

A Adenomyosis

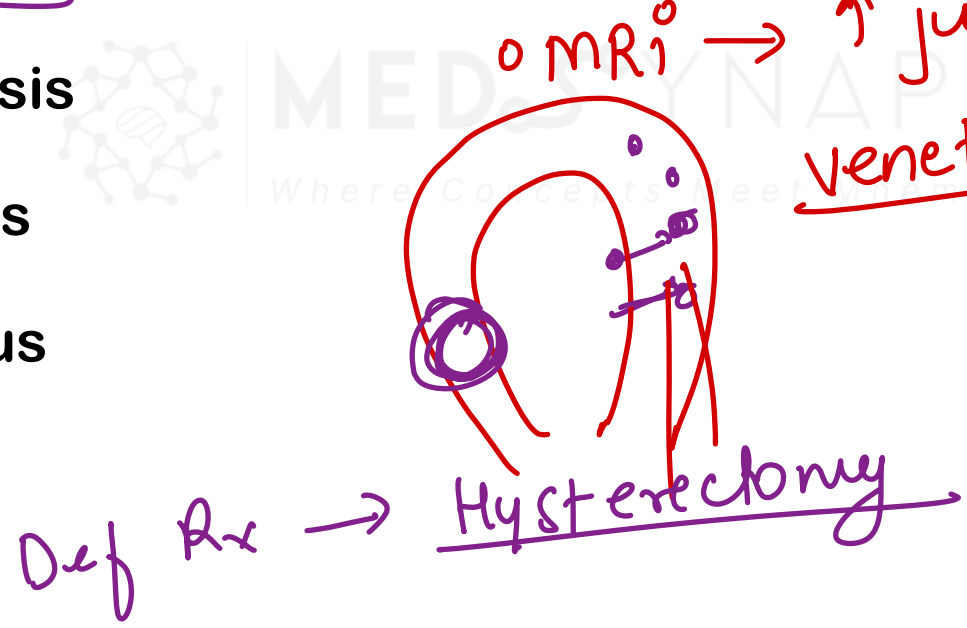
40's → menorrhagia  
dysmenorrhea.

↓  
but not more > 10-12 wks.  
↑ junctional zone > 12mm.  
Venetian blind sign

B Endometriosis

C Endometritis

D Fibroid uterus





22. A 38 week **primigravida** presented to the labor room with **minimal labor pains** and contraction. On examination, the cervix is **2 cm dilated** and **50% effaced**. The heart rate of the patient is 86/min and blood pressure is **126/76 mm Hg**. What should be done next?

→ latent phase

~~A~~ Give oxytocin to augment labor ~~X~~

active

B Observe the patient and wait for increase in uterine contractions

~~C~~ Sedate the patient by and give Phenergan to decrease labor pains

~~D~~ Induce labor by artificial rupture of membranes ~~X~~

↳ to ⊖ early nontimely bearing down



23. Bart test will include testing for

~~A~~HCG, <sup>urine</sup>~~Urine~~ estriol, AFP

~~B~~Maternal uric acid, urine estriol, PA

~~C~~LDH, HCG, AFP

~~D~~HCG, ~~Inhibin~~, urine estriol

= Triple test  
↓  
Inhibin is inhibited

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## 24. Pre-requisites for identifying and approaching nuchal translucency is/are?

A Fetus should be in mid-sagittal plane ✓

B Checked between 11-13 weeks ✓

~~C~~ Neck of fetus/baby should be extended ✗

~~D~~ Callipers should be applied at the outer border of nuchal space ✗

E Amnion should be visible separately ✓

↑ NT > 3mm  
↳ next  
Karyotyping  
confirm

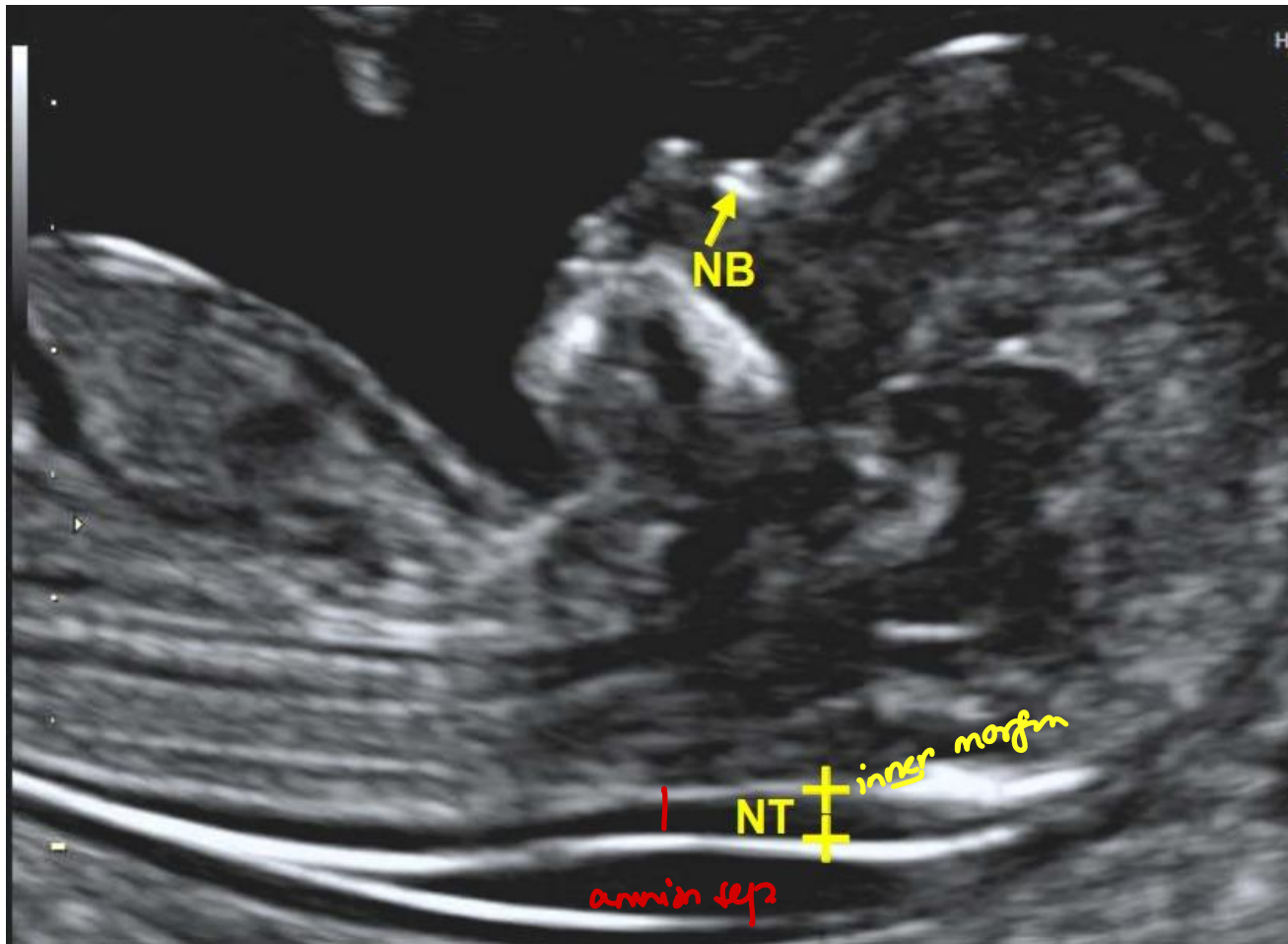
neutral

x inner



- a) B, C, D
- b) B, E
- c) A, B, D
- d) A, B, E

NF = Nuchal fold thickness  
2nd trim (anomaly  
↓  
18-20wts)  
axial



11-13 wks:

mid sag  
no flex<sup>n</sup>/exten<sup>n</sup>.

Medsynapse by Dr. Nikita



25. On per vaginal examination anterior fontanel and Supraorbital Ridge is Felt in the second stage of labour .The presentation is

(Brow)

engaging diam -  $\frac{BMV \text{ longest}}{\text{mento-vertebral}} \text{ 14cm}$

A. Brow

B. flexed head

C. deflexed head

D. face



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Brow

- Brow- anterior fontanelles to supraorbital ridges
- In brow presentation all the structures from the orbital ridges to the anterior fontanelle are present at the pelvis

