

1. The thickness of endometrium at the time of implantation is :

a) 3 – 4 mm

b) 20 – 30 mm

c) 15 –20 mm

d) 30 – 40 mm

Correct Answer - A

Ans. is None/ a i.e. 3-4 mm

"The Endometrium is in the secretory phase corresponding to 20 - 21 days of cycle" at the time of implantation.

"After ovulation, the endometrium now demonstrates a combined reaction to estrogen and progesterone activity. Most impressive is that total endometrial height is fixed at roughly its preovulatory extent (5 -6 mm) despite continued availability of estrogen."

Reading the above text it is clear that endometrium is - 5 - 6 mm thick at the time of implantation, which is not given in the option. Still if you have to mark one answer option 'a' i.e. 3 - 4 mm being closest could be right.

Extra Edge

- Implantation occurs 7 - 9 days after ovulation°.
- In human, the blastocyst burrows in the uterine cavity till whole of it lies within the thickness of endometrium. This is called as interstitial implantation.
- After implantation of the embryo the uterine endometrium is called the decidua".

Decidua basalis - The part of decidua where the placenta is to be formed.

Decidua Capsularis - The part of the decidua that separates the

embryo from the uterine lumen. Decidua Parietalis - The part of the decidua lining rest of the uterine cavity.
At the end of pregnancy, the decidua is shed off along with placenta and membranes.

2. Zygote with zona pellucida reaches uterine cavity by :

a) 2 days

b) 4 days

c) 5 days

d) 6 days

Correct Answer - B
4 days

3. Ligamentum teres is formed after '':

a) Obliteration of the umbilical vein

b) Obliteration of the ductus venosus

c) Obliteration of the ductus arteriosus

d) Obliteration of the hypogastric artery

Correct Answer - A
Obliteration of the umbilical vein

4. The role of human placental lactogen is :

a) Stimulate milk production

b) Fetal breast development

c) Growth of fetus

d) Endocrine regulation

Correct Answer - C

Growth of fetus

- Functions :

a) Provide fetal nutrition by antagonizing the action of insulin in maternal circulation, breakdown of fats and proteins and transport of fatty acids and amino acids from maternal to fetal circulation.

b) Potent angiogenic, helps develop fetal vasculature.

c) Promotes growth of breast for lactation.

5. Commonest cause for puerperal sepsis is :

a) Streptococci

b) Anaerobes

c) Gonococci

d) Staphylococci

Correct Answer - A
Streptococci

6. The best method for inducing mid trimester abortion is :

a) Injection of Hypertonic Saline

b) Ethacrydine

c) Prostaglandins

d) D and C

Correct Answer - C

Prostaglandins

Mid trimester termination of pregnancy

A) Medical methods

i) Prostaglandins : misoprostol (PGE 1) with or without Mifepristone, gemeprost (PGE1), dinoprostone (PGE2), carboprost (PGE2)

ii) Oxytocin

7. Most common site of Implantation of tubal pregnancy is :

a) Interstitial portion of fallopian tube

b) Isthmus

c) Ampulla

d) Infundibulum

Correct Answer - C

Ampulla

- *Maximum propensity to rupture —> Isthmic ectopic pregnancy.*
- *Minimum propensity to rupture -3 Ampullary ectopic pregnancy.*

8. During which gestational age is peak serum HCG levels attained ?

a) 7-9 weeks

b) 11-13 weeks

c) 20 weeks

d) 25 weeks

Correct Answer - A

HCG rises progressively from conception. *Levels double on the average, every 30.9 hours* until values reach 6500 mIU/ml (6,500 IU/L) at approximately the eighth week after the last menstrual period (LMP).

After that the rate of rise becomes individualized, peaking between the 60th and 70th day (9 to 10 weeks) LMP.

HCG decreases slightly between the 12th and 16th week post LMP, and then remains constant until birth.

9. The uterine artery is a branch of which of the following?

a) Left common iliac artery

b) Internal iliac artery

c) Internal pudendal artery

d) Ovarian artery

Correct Answer - B

Uterine arteries arise from **internal iliac artery or hypogastric artery.**

It runs downwards and forwards along the lateral pelvic wall until the base of the broad ligament.

Note: During pregnancy the uterine arteries hypertrophy and their course is straightened.

Ref: Comp Textbook of Obstetrics and Gynecology, Sadhana Gupta, 2011, Page 18

10.

In which part of fallopian tube ectopic pregnancy will have longest survival?

a) Isthmus

b) Ampulla

c) Cornua

d) Interstitium

Correct Answer - D

Ans. D. Interstitium

If the implantation occurs in the antimesenteric border in the ampulla, the pregnancy may continue a little longer time.

Earliest interruption occurs in the isthmal implantation and pregnancy may continue upto 3-4 months in interstitial implantation.

Also know:

- Isthmic rupture usually occurs at 6-8 weeks, the ampullary one at 8-12 weeks and the interstitial one at about 4 months.

Ref: Textbook of Obstetrics by DC Dutta, 6th edition, Page 181.

11. What would be the type of presentation when the engaging diameter is mentovertical?

a) Face

b) Brow

c) Vertex

d) Breech

Correct Answer - B

In **brow presentation, the engaging diameter is mentovertical (14cm)**. Brow is the rarest variety of cephalic presentation where the presenting part is the brow and the attitude of the of the head is short of that degree of extension necessary to produce face presentation.

In **face presentation**, the presenting part is face, attitude of the fetus shows complete flexion of the limbs with extension of the spine. The commonest position is left mento anterior. **The engaging diameter of the head is submento bregmatic 9.5cm in fully extended head or submento vertical 11.5cm in partially extended head.**

Ref: Textbook of Obstetrics By D.C Dutta, 6th edn, page 392-3

12. Which of the following statements regarding fetal circulation is correct?

- a) The liver and heart of the fetus receive blood with very high oxygen saturation
- b) PO₂ of fetal blood leaving the placenta is slightly greater than maternal mixed venous PO₂
- c) The presence of fetal hemoglobin shifts the oxyhemoglobin dissociation to the right
- d) The foramen ovale closes during the third trimester unless the fetus has an atrial septal defect

Correct Answer - A

Since the liver is supplied by umbilical venous blood from the placenta, and the heart and head receive blood before it has mixed with significant amounts of desaturated blood, these important organs receive blood that is relatively high in saturated oxyhemoglobin.

The high rate of blood flow at the placenta and the significant resistance of the placenta to diffusion of oxygen result in blood in the umbilical vein that has a lower PO₂ (30 mm Hg) than the maternal mixed venous blood.

However, the left shift in fetal oxyhemoglobin concentration and the Bohr effect both act to increase the transport of oxygen to fetal tissues.

A number of significant differences in circulating patterns are present in the fetus.

The foramen ovale remains open until after birth and a significant portion of inferior vena cava flow is shunted through it to the left.

1/3 of blood enters directly from right atrium to left atrium (bypassing right ventricle) through foramen oval

The major portion of right ventricular output is shunted through the ductus arteriosus to the aorta, not the lungs.

The net effect of these shunts in the presence of high fetal pulmonary vascular resistance is very low fetal pulmonary blood flow.

At birth, these patterns normally are quickly changed to ex-utero patterns with high pulmonary perfusion.

Ref: Barrett K.E., Barman S.M., Boitano S., Brooks H.L. (2012). Chapter 33. Circulation through Special Regions. In K.E. Barrett, S.M. Barman, S. Boitano, H.L. Brooks (Eds), *Ganong's Review of Medical Physiology*, 24e.

13. Most common cause of secondary PPH is

:

a) Uterine inertia

b) Retained placenta

c) Episiotomy

d) Cervical tear

Correct Answer - B

Retained placenta

Secondary PPH

- Bleeding usually occurs between 8th to 14th day of delivery.
- Causes of late PPH :
 - Retained bits of cotyledon or membranes (M.C.)
 - Infection and separation of slough over a deep cervico - vaginal laceration.
 - Endometritis and subinvolution of the placental site.

14. The major contribution of the amniotic fluid after 20 weeks of gestation :

a) Ultrafiltrate and maternal plasma

b) Fetal urine

c) Fetal lung fluid

d) Fetal skin

Correct Answer - B

Ans. B. Fetal urine

- There are two primary sources of amniotic fluid: fetal urine and the lung liquid.
- After about 20 weeks, fetal urine makes up most of the fluid.

15.

Incidence of scar rupture in a subsequent pregnancy in case of Lower Segment Cesarean Section (LSCS) is:

a) 2%

b) 4%

c) 5%

d) 8%

Correct Answer - A

2%

- The risk of lower segment scar - rupture is low (0.2-1.5%) and even if it does occur, maternal death is much less and the perinatal mortality is about 1 in 8.

16. The characteristics of caput succedaneum include all of the following except :

a) Crosses midline

b) Crosses the suture line

c) It does not disappear within 2-3 days

d) It is a diffuse edematous swelling of the soft tissues of the scalp

Correct Answer - C

It does not disappear within 2-3 days

Location- subcutaneous plane

Clinical features-

Soften gradually and disappear within 2-3 days

Diffuse crosses suture line ill defined margin.

Not associated with prolonged jaundice

17. Hydrocephalus is best detected antenatally by :

a) X-ray abdomen

b) Amniocentesis

c) Clinical examination

d) Ultrasonography

Correct Answer - D

Ans. is d i.e. Ultrasonography

Hydrocephalus is a condition in which there is an abnormal increase in cerebrospinal fluid within the ventricular and subarachnoid spaces of brain.

"The prenatal diagnosis of hydrocephalus is usually made by demonstration of a dilated ventricular system in an ultrasound examination."

- Earliest and most accurate sonographic sign of hydrocephalus – Enlarged lateral ventricles.°
- The lateral ventricle is measured at the level of atrium.
- Normal transverse diameter of atrium is 7 mm ± 1 mm. (It remains constant during the second and third trimester)
- When diameter of atrium is >10 mm it is called as *Ventriculomegaly / Hydrocephalus*.

Other signs of hydrocephalus on USG :

- Dangling choroid plexuses.
- Thinning out of cerebral cortex.

Extra Edge :

- Friends, the terms ventriculomegaly and hydrocephalus are often used interchangeably but have slightly different meanings.

* *Ventriculomegaly* : The condition in which lateral ventricles of the

brain are filled with excessive fluid and enlarge.

* *Hydrocephalus* : There is ventriculomegaly along with an increase in the head circumference.

- Normal fetal head circumference at term ranges between 32 and 38 cms.

With hydrocephalus, the circumference exceeds 50 cms.

- Ventriculomegaly can also be caused by° :

* Spina bifida°

* Chromosomal abnormalities°

* Congenital infections like cytomegalovirus, toxoplasmosis, syphilis and influenza.°

- *Dandy walker syndrome* includes Hydrocephalus + Posterior fossa cyst°+ Defect in cerebellar vermis.

18. Subpubic angle is :

a) $<65^\circ$

b) $65-75^\circ$

c) 85°

d) $110-120^\circ$

Correct Answer - C
 85°

19. Rule of Hasse is used to determine :

a) The age of fetus

b) Height of an adult

c) Race of a person

d) Identification

Correct Answer - A

Ans. is a i.e. The age of fetus

Hasse's rule is employed in calculating the age of fetus by its length

- During the first five months of pregnancy, the length in cms is square of the age in months i.e. Length in cms = (Age in months)²
Age in **months** = $\sqrt{\text{Length in cms}}$
- During second five months of pregnancy, length in cms divided by 5 is the age in months. Length in cms
Age in months = $\frac{\text{Length in cms}}{5}$

20. Banana and lemon sign seen in which fetal anomalies :

a) Neural tube defect

b) Hydrops fetalis

c) Twins

d) IUD

Correct Answer - A

Ans. is a i.e. Neural tube defect

Signs of Spina bifida on Ultrasound

- Small biparietal diameter.
- Ventriculomegaly.
- Frontal bone scalloping or the so called *lemon sign*.
- Elongation and downward displacement of the cerebellum-the so called *banana sign*.
- Effacement or obliteration of the cisterna magna.

21. Indication of Acyclovir in pregnancy :

a) Disseminated herpes

b) Chicken-pox in first trimester

c) Prophylaxis in recurrent herpes

d) All of the above

Correct Answer - D
All of the above

22. Lovset manoeuvre is used in delivery of :

a) Head

b) Breech

c) Foot

d) Arms

Correct Answer - D

Arms

Lovset's maneuver

- Principle : Because of the curved birth canal, when the anterior shoulder remains above the symphysis pubis, the posterior shoulder will be below the sacral promontory. If the fetal trunk is rotated keeping the back anterior and maintaining a downward traction, the posterior shoulder will appear below the symphysis pubis.

23. Macrosomia is/are associated with:

a) Gestational diabetes mellitus

b) Maternal obesity

c) Hypothyroidism

d) A & B

Correct Answer - D

Ans. is a and b i.e. Gestational diabetes and Maternal obesity

Macrosomia is the term used to describe a large fetus.

The recommended definition is fetal (neonatal) weight exceeding two standard deviations or above 90th centile for the appropriate normal population.

According to ACOG : birth weight of > 4500gm is called as macrosomia.

In Indian context Birth weight of > 4000 gm is called as macrosomia.

24. Drug which is contraindicated before 2nd stage of labor is:
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a) Mifepristone

b) Oxytocin

c) Misoprostol

d) Ergometrine

Correct Answer - D

Ans. D: Ergometrine

Drugs used for medical method of induction of labour are:

- Mifepristone
- Oxytocin
- Misoprostol (Prostaglandins E1)

Ergometrine is contraindicated in pregnancy, 1st stage of labour, 2nd stage of labour before crowning of the head and in breech delivery prior to crowning.

25. Nuchal translucency in USG can be detected at _____ weeks of gestation.

a) 11-13 weeks

b) 18-20 weeks

c) 8-10 weeks

d) 20-22 weeks

Correct Answer - A

Ans. A. 11-13 weeks

Nuchal translucency is the normal fluid-filled subcutaneous space identified at the back of the fetal neck during the late first trimester and early second trimester (11.3-13.6 weeks).



26. First line of treatment of mastitis in a lactating mother is-

a) Dicloxacillin

b) Cefazolin

c) Ceftriaxone

d) Ampicillin

Correct Answer - A

Ans. A. Dicloxacillin

- The beta lactamase-resistant penicillins have been recommended in the treatment of mastitis. These include cloxacillin, dicloxacillin, or flucloxacillin.
- Because penicillins are acidic, they are poorly concentrated in human milk, which is also acid.
- Therefore, cloxacillin and its congeners tend to treat cellulitis well, but they are less effective in eradicating adenitis, the most likely precursor of breast abscess.
- When patients are allergic to penicillins, cephalixin or clindamycin may be the alternative to erythromycin.
- Combination like co-amoxiclav should be avoided because of fear of inducing MRSA

27. Patient with recurrent abortion diagnosed to have antiphospholipid syndrome. What will be the treatment?

a) Aspirin only

b) Aspirin + Low molecular weight Heparin

c) Aspirin + Low molecular weight Heparin + Prednisolone

d) No Treatment

Correct Answer - B

Ans. B. Aspirin + Low molecular weight Heparin

- The recommended treatment for women with recurrent pregnancy loss associated with antiphospholipid syndrome includes combined Aspirin and Heparin therapy.
- In pregnant SLE patients with Antiphospholipid antibodies and prior fetal loss, treatment with heparin (standard or low –molecular-weight) plus low dose aspirin has been shown in prospective controlled trials to increase significantly the proportion of live births.
- Combined aspirin and heparin therapy has proven effectiveness and is the preferred treatment for women with recurrent pregnancy loss associated with antiphospholipid syndrome.

28. Human placenta is ?

a) Discoid

b) Hemochorial

c) Deciduate

d) All the above

Correct Answer - D

Ans. is 'd' i.e., All the above

The human placenta is :

- Discoid, because of its shape.
- Hemochorial, because of direct contact of the chorion with the maternal blood and Deciduate, because some maternal tissue is shed at parturition.

29. Twin pregnancy of the same age and sex rules out ?

a) Superfetation

b) Maternal twins

c) Superfecundation

d) None of the above

Correct Answer - A

Ans. is 'a' i.e., Superfetation

Superfetation

- It is the simultaneous occurrence of more than one stage of developing offspring in the same animal.
- In mammals, it manifests as the formation of an embryo from a different estrous cycle while another embryo or fetus is already present in the uterus.

30. All are true about uteroplacental circulation except

- a) Blood in the intervillous space is completely replaced 3 - 4 times per minute
- b) The villi depend on the maternal blood for their nutrition
- c) A mature placenta has 150 ml of blood in the villi system and 350 ml of blood in the intervillous space
- d) Intervillous blood flow at term is 500 - 600 ml per minute

Correct Answer - C

Answer- C. A mature placenta has 150 ml of blood in the villi system and 350 ml of blood in the intervillous space

A mature placenta has a volume of about 500 ml of blood; 350 ml being occupied in the villi system and 150 ml lying in the intervillous space.

Intervillous blood flow at term is around 500 - 600 ml per minute.

The blood in the intervillous space is completely replaced about 3 - 4 times per minute.

The villi depend on maternal circulation for nutrition, thus it is possible for the chorionic villi to survive for a varying period even after the fetus is dead.

31. Uterus is receptive for implantation for how many days after fertilization -

a) 6 days

b) 12 days

c) 6 weeks

d) 12 weeks

Correct Answer - D

Answer- D. 12 weeks

Superfetation is the fertilization of two ova released in two different menstrual cycles. The nidation and development of one fetus over another fetus is theoretically possible until the decidual space is obliterated by 12 weeks of pregnancy.

32. Number of stem villi at term in human placenta is

a) 60

b) 120

c) 240

d) 480

Correct Answer - A

Answer- A. 60

Functional subunit is called a lobule which is derived from a tertiary stem villi. About 60 stem villi persist in human placenta. Thus each cotyledon (total 15 - 29) contains 3 - 4 major stem villi. The villi are the functional unit of the placenta. The total villi surface, for exchange, approximately varies between 10 to 14 square metres. The fetal capillary system within the villi is almost 50 km long.

33. All are of value in modified Bishop score except

a) Dilatation

b) Effacement

c) Cervical length

d) Consistency

Correct Answer - B

Answer- B. Effacement

Bishop scoring system:

Score	Dilation (cm)	Position of cervix	Effacement (%)	Station (-3 to +3)	Cervical Consistency
0	Closed	Posterior	0-30	-3	Firm
1	1-2	Mid position	40-50	-2	Medium
2	3-4	Anterior	60-70	-1, 0	Soft
3	5-6	--	80	+1, +2	--

34. G2P1L1 female with 1 : 4 anti D titres at 28 weeks gestation, management is

a) MCA Doppler

b) Caesarean section

c) Induction of labour

d) Amniocentesis

Correct Answer - A

Answer- A. MCA Doppler

If Indirect Coomb's test is positive in an antenatal patient with Rh negative blood group, and antibody titres >1 : 16 or Ab level > 10 IU/ml

- 1. Serial MCA Doppler, every 1 - 2 weeks from 20 weeks
- 2. Serial ultrasonography every 2 - 3 weeks from 20 weeks

35. Patient with NTD, dose of folic acid in next pregnancy

a) 0.5 mg

b) 1 mg

c) 2 mg

d) 4 mg

Correct Answer - D

Answer- D. 4 mg

Folic acid supplementation 4 mg daily 1 month before conception to about 12 weeks of pregnancy.

36. Kallmans syndrome is associated with all of the following except

a) Amenorrhea

b) Excess stimulation of the HPO axis

c) Genetic mutation

d) Anosmia

Correct Answer - B

Answer- B. Excess stimulation of the HPO axis

When congenital GnRH deficiency is associated with anosmia or hyposmia (an absent or grossly impaired sense of smell), the disorder is known as Kallmann's syndrome.

Two genetic mutations associated with Kallman's Syndrome :

- 1. KAL gene - X - linked inheritance (Xp22.3) encoding anosmin - 1.
- 2. Gene encoding FGFR1 (Fibroblast growth factor - 1 receptor) - autosomal dominant form.
- Anosmin - 1 is a neural adhesion molecule that promotes migration of GnRH neurons and olfactory neurons, from the olfactory placode into the hypothalamus during embryonic development.

37. Hot flushes are experienced as a result of

a) Increased noradrenaline

b) Decreased estrogen

c) Increased noradrenaline and decreased estrogen

d) Increased noradrenaline and estrogen

Correct Answer - C

Answer- C. Increased noradrenaline and decreased estrogen

Hot flushes are caused by noradrenaline, which disturbs the thermoregulatory system. Oestrogen deficiency reduces hypothalamic endorphins, which release more norepinephrine and serotonin. This leads to inappropriate heat loss mechanism.

Other causes that can be associated with the symptom of hot flushes include: thyroid disease, epilepsy, pheochromocytoma, carcinoid syndromes, autoimmune disorders, mast cell disorders, insulinoma, pancreatic tumours and even leukemias.

38. Cephalic index is

a) BPD/OFD

b) BPD/HC

c) OFD/BPD

d) HC/FL

Correct Answer - A

Answer- A. BPD/OFD

Cephalic index = BPD / OFD (Biparietal diameter divided by the occipito - frontal diameter)

39. If the symphysiofundal height is 40 cm and the station of the head is at -1, weight of the fetus is approximately

a) 3 kg

b) 3.3 kg

c) 4 kg

d) 4.3 kg

Correct Answer - D

Answer- D. 4.3 kg

Johnson's Formula for estimation of fetal weight :

- Height of the uterus above the symphysis pubis in centimeters minus 12, if the vertex is at or above the level of ischial spines or minus 11, if the vertex is below the level of ischial spines - multiplied by 155 gives the weight in grams.
- Solution : $(40 - 12) \times 155 = 4340$ gms

40. In MRKH syndrome, which among the following is absent?

a) Vagina

b) Breast development

c) Pubic hair development

d) Testes

Correct Answer - D

Answer- D. Testes

MRKH syndrome is also known as MURCS syndrome (Mullerian agenesis, Renal aplasia and cervicothoracic somite dysplasia). MRKH (Mayer Rokitansky Kuster Hauser) syndrome has a karyotype of 46, XX. So the gonads present are ovaries in contrast to Androgen Insensitivity Syndrome where testes are present. The MRKH syndrome is characterized by congenital aplasia of the uterus and the upper part (2/3) of the vagina in women showing normal development of secondary sexual characteristics and a normal 46, XX karyotype.

41. What is the preferred treatment of complete prolapse in a female with completed family?

a) Sling surgery

b) Vaginal hysterectomy

c) Le Forte's repair

d) Pessary

Correct Answer - B

Answer- B. Vaginal hysterectomy

Vaginal hysterectomy is commonly performed for major degree uterine prolapse in a female with completed family.

42. Which of the following is not a probable sign of pregnancy

a) Jacquemier's sign

b) Dalrymple sign

c) Hegar's sign

d) Palmer's sign

Correct Answer - B

Answer- B. Dalrymple sign

Probable signs of pregnancy :

- Jacquemier's sign/Chadwick's sign
- Oslander's sign
- Goodell's sign
- Piskacek's sign
- Hegar's sign
- Palmer's sign
- Braxton-Hicks contraction
- External ballotment
- Abdominal enlargement
- Outlining the fetus

43. Polyspermy is inhibited by which ion ?

a) Ca

b) Na

c) K

d) Cl

Correct Answer - A

Ans, A. Ca

The calcium wave amplifies the local signal at the site of sperm-oocyte interaction and distributes it throughout the oocyte cytoplasm. The increase in calcium concentration is the signal that causes the oocyte to resume cell division, initiating the completion of meiosis II and setting of the developmental programme that leads to embryogenesis.

44. Which of the following is present in normal vagina?

a) *Trichomonas buccalis*

b) *Trichomonas hominis*

c) *Trichomonas vaginalis*

d) *Trichomonas bovis*

Correct Answer - C

Ans. C. *Trichomonas vaginalis*

45. Maximum amniotic fluid at ?

a) 32 weeks

b) 34 weeks

c) 36 weeks

d) 40 weeks

Correct Answer - C
Ans, C. 36 weeks

46. At 20 weeks of gestation amniotic fluid volume is ?

a) 200 ml

b) 400 ml

c) 600 ml

d) 800 ml

Correct Answer - B
Ans, B. 400 ml

47. Fertilized ovum reaches the uterus at what day of menstrual cycle?

a) 6th

b) 14th

c) 20th

d) 25th

Correct Answer - C

Ans, C. 20th

Implantation of the fertilized ovum occurs in the endometrium of the anterior or posterior wall of the body near the fundus on the 20th day of fertilization which corresponds to the 20th day of the regular menstrual cycle.

48.

Fertilization usually occurs in which part of fallopian tube?

a) Fimbrial end

b) Ampulla

c) Interstitium

d) Isthmus

Correct Answer - B

Ans. B. Ampulla

Fertilization is the process of fusion of the spermatozoon with the mature ovum.

It begins with sperm egg collision and ends with production of a mononucleated single cell called the zygote.

Its objectives are:

- .. To initiate the embryonic development of the egg and
- ?. To restore the chromosome number of the species.

Almost always, fertilization occurs in the ampullary part of the uterine tube.

49. Physiologic change in leukocyte numbers in pregnancy is

a) Neutrophilic leukocytosis

b) Lymphocytic leukocytosis

c) Neutropenia

d) Basophilic leukocytosis

Correct Answer - A

Ans. A. Neutrophilic leukocytosis

Physiological change observed in leukocyte numbers in pregnancy is neutrophilic leukocytosis.

It occurs to the tune of 8000/mm³ and may upto 20,000/ mm³ in labour.

The increase maybe due to the rise in levels of estrogen and cortisol.

50. Weight of uterus at term is ?

a) 400-500 gm

b) 600-700gm

c) 800-900 gm

d) 900-1000 gm

Correct Answer - D

Ans. D. 900-1000 gm

The uterus in the non-pregnant state weight is about 60 gm, with a cavity of 5 - 70 ml and measures about 7.5 cm in length.

At term it weighs about 900 - 1000 gm and measures 35 cm in length.

51. During pregnancy estrogen causes which of the following?

a) Growth of ducts of breasts

b) Growth of alveoli of breasts

c) Both a and b

d) None of the above

Correct Answer - C

Ans. C. Both a and b

The increased size of the breasts is evident in the early weeks of pregnancy.

The increase in size is due to hypertrophy and proliferation of the ducts and the alveoli.

Estrogen is responsible for the hypertrophy and proliferation of the ducts and alveoli while progesterone is only responsible for the hypertrophy and proliferation of the alveoli.

52. Maternal side layer of the placenta is called ?

a) Decidua basalis layer

b) Decidua capsularis layer

c) Decidua parietalis

d) Decidua spongiosa

Correct Answer - A

Ans., A. Decidua basalis layer

Decidua basalis (Decidual plate) is the part of endometrium related to embryonic pole of conceptus and forms the maternal part of placenta.

53. Which of the following is not a physiological change of pregnancy in urinary bladder?

a) Edematous mucosa

b) Increased frequency at 14 weeks

c) Stress incontinence

d) Pressure on bladder in late pregnancy

Correct Answer - B

Ans.B. Increased frequency at 14 weeks

Physiological changes in bladder in pregnancy

- Marked congestion and hypertrophy of the muscles and elastic tissues of the bladder wall.
- Edematous bladder mucosa in late pregnancy especially in primigravida.
- Increased frequency of micturition at 6 - 8 weeks which subsides by 12 weeks and reappears in late pregnancy due to pressure of the gravid uterus on bladder.
- Stress urinary incontinence in late pregnancy.

54. Urinary retention earliest in pregnancy is seen at ?

a) 10 weeks

b) 18 weeks

c) 22 weeks

d) 34 weeks

Correct Answer - A

Ans, A. 10 weeks

Urinary retention in pregnancy is rare

It is classically described in some women with retroverted uterus, which becomes impacted in the pelvis, usually seen earliest between 8 - 12 weeks of pregnancy and causes outflow obstruction.

55. Beta HCG is detected earliest by which day of conception?

a) 8 days

b) 15 days

c) 21 days

d) 30 days

Correct Answer - A

Ans, A. 8 days

hCG is a glycoprotein produced by the syncytiotrophoblast.

hCG-c is identical to the c subunit of LH, FSH, and TSH.

Its presence in the urine in early pregnancy is the basis of the various laboratory tests for pregnancy, and it can sometimes be detected in the urine as early as 14 d after conception and in serum as early as 8-9 days,

56. Doubling time of beta HCG in early pregnancy is ?

a) 24 hrs

b) 48 hrs

c) 72 hrs

d) 96 hrs

Correct Answer - B

Ans, B. 48 hrs

Beta hCG usually double about every 2 days (48 hours) during first four week of pregnancy.

As pregnancy progresses, doubling time becomes longer. By 6-7 weeks beta hCG levels may take as long as 3.5 days to double.

57. Tubal patency test in which phase of the menstrual cycle?

a) Menstrual

b) Preovulatory

c) Leuteal

d) Premenstrual

Correct Answer - B

Ans, B. Preovulatory

The testing of tubal patency and detecting tubal pathology are done in pre-ovulatory phase of the menstrual cycle.

If performed in the post-ovulatory period, insufflation might disturb an implanted or fertilized ovum and may also cause pelvic endometriosis.

58. Following physiological changes are seen in vagina in pregnancy except ?

a) Jacquimiers sign

b) Increased length of anterior vaginal wall

c) pH acidic

d) Decreased number of navicular cells

Correct Answer - D

Ans, D. Decreased number of navicular cells

The vaginal walls become hypertrophied, edematous and more vascular.

Increased blood supply to venous plexus surrounding the walls gives bluish coloration of the mucosa (Jacquemier's sign).

The length of the anterior vaginal wall is increased.

The secretion of vagina becomes copious, thin and curdy white, due to marked exfoliated cells and bacteria.

The pH becomes acidic (3.5 - 6) due to more conversion of glycogen into lactic acid by lactobacillus acidophilus consequent on high estrogen level.

The acidic pH prevents multiplication of pathogenic organisms.

There is predominance of navicular cells in cluster and plenty of lactobacilli.

59. FHS can be usually heard by stethoscope at ?

a) 14 weeks

b) 18 weeks

c) 22 weeks

d) 26 weeks

Correct Answer - B

Ans, B. 18 weeks

Fetal heart sound (FHS) is most conclusive clinical sign of pregnancy. With an ordinary stethoscope it can be detected between 18 - 20 weeks of Pregnancy.

60. What is the fetoplacental relationship at 24 weeks of gestation?

a) 3

b) 4

c) 5

d) 6

Correct Answer - A

Ans, A. 3

The relationship between the fetal and placental weights can be studied by the so called fetoplacental relationship (fetal weight/placental weight ratio).

The fetoplacental relationship increases as the pregnancy advances.

61. Down syndrome is earliest diagnosed at ?

a) 8 - 10 weeks

b) 10 - 12 weeks

c) 12 - 14 weeks

d) 14 - 16 weeks

Correct Answer - B

Ans. B. 10 - 12 weeks

Earliest diagnosis of genetic defects can be done by use of chorionic villous sampling.

Chorionic villous sampling is carried out transcervically at 10 - 12 weeks and transabdominally from 10 weeks to term.

62. Chorionic villus biopsy is done earliest in which week of gestation ?

a) 9 weeks

b) 11 weeks

c) 13 weeks

d) 15 weeks

Correct Answer - B

Ans, B. 11 weeks

It is carried out transcervically between 7⁰ - 12 weeks and transabdominally from 10 weeks to term.

63. When is folic acid started in pregnancy ?

a) 4 weeks prior to conception

b) 8 weeks prior to conception

c) 4 weeks after conception

d) 8 weeks after conception

Correct Answer - A

Ans. A. 4 weeks prior to conception

Folic acid supplementation (4mg/day) is stated 4 weeks prior to conception and continued upto 12 weeks of pregnancy.

This can reduce the incidence of neural tube defects.

64. Term placenta weight to Baby weight ratio is ?

a) 1 : 3

b) 1 : 4

c) 1 : 5

d) 1 : 6

Correct Answer - D

Ans, D. 1 : 6

The term Placenta

- Placenta at term is a circular disc with a diameter of 15 - 20 cm.
- It has thickness of 3 cm at center and thins of towards the edges.
- It feels spongy and weighs about 500 gm.
- The ratio of placemat weight at term and the baby weight is 1:6.
- It occupies about 30% of the uterine wall.

65. First trimester diagnosis for anencephaly is by increased?

a) Alpha feto protein in maternal serum

b) Alpha feto protein in amniotic fluid

c) Beta HCG in maternal serum

d) Beta HCG in amniotic fluid

Correct Answer - B

Ans, B. Alpha feto protein in amniotic fluid

In the first half of the pregnancy the diagnosis of anencephaly is made by elevated alpha feto protein in amniotic fluid and confirmed by sonography.

66. Which of the following is true about EDD ?

a) Less than 10% of deliveries occur on EDD

b) Less than 20% of deliveries occur on EDD

c) 80% of the deliveries occur on EDD

d) 90% of the deliveries occur on EDD

Correct Answer - A

Ans, A. Less than 10% of deliveries occur on EDD

Fewer than 5% of all the pregnancies end on the expected date of delivery (EDD).

13% of the births occur preterm.

5 - 7% of the pregnancies are delivered post term.

Majority of the deliveries occur within 7 days of EDD.

67. a) Most common position of engagement in vertex presentation?

a) LOA

b) ROA

c) LOP

d) ROP

Correct Answer - A

Ans, A. LOA

Vertex occupying the left anterior quadrant of the pelvis is the commonest and is called left occipito -anterior position.

68. Which is the engaging diameter in occipitoposterior nresentation?

a) Suboccipito frontal

b) Mento vertical

c) Submentovertical

d) Bitrochanteric

Correct Answer - A

Ans, A. Suboccipito frontal

69. Which is the most common presentation in twin pregnancy?

a) Vertex - vertex

b) Vertex - breech

c) Breech - Breech

d) Vertex - Footling

Correct Answer - A

Ans. A. Vertex - vertex

70. Direct Occipitoposterior position is a favourable position in which type of pelvis ?

a) Anthropoid

b) Android pelvis

c) Gynaecoid

d) Mongoloid

Correct Answer - A

Ans, A. Anthropoid

Direct Occipitoposterior position is a favourable position in anthropoid type of pelvis.

71. Persistent OP position is most common in which pelvis?

a) Android

b) Gynaecoid

c) Anthropoid

d) Mixed

Correct Answer - A

Ans, A. Android

With android type of pelvis the occipitoPosterior position is common due to funnel shape of the pelvis.

72. Contraindication for induction of labour is all except?

a) Hypertensive disease of pregnancy

b) Heart disease of pregnancy

c) Pelvic tumor

d) Vasa previa

Correct Answer - A

Ans. A. Hypertensive disease of pregnancy

Hypertensive disease of pregnancy is an indication for induction of labour. Other three are contraindications.

73. Medical management of ectopic pregnancy has decreased success if ?

a) Gestational sac < 3cm

b) Duration of gestation < 5 weeks

c) Cardiac activity present

d) Beta HCG < 8000 IU/L

Correct Answer - C

Ans. C. Cardiac activity present

Medical management of an ectopic Pregnancy is done when :

- Patient is hemodynamically stable
- No evidence of acute intra abdominal bleeding
- Ready to comply with follow up care
- Serum beta HCG < 10,000 IU/L
- Absent embryonic heart activity
- Diameter of ectopic gestational mass less than 4 cm.

74. All are the prognostic factors of Boer-meisel system except -

a) Extent of adhesions

b) Thickness of tubal wall

c) Size of hydrosalpinx

d) Infecting organism

Correct Answer - D

Ans, D. Infecting organism

Boer-meisel system of prognostic classification for chronic pelvic inflammatory disease includes:

- Extent of adhesions
- Nature of adhesions flimsy or dense
- Size of hydrosalpinx
- Macroscopic condition of hydrosalpinx
- Thickness of tubal wall

75. Pregnant uterus will compress ureters at ?

a) Pelvic brim

b) Uterovesical junction

c) Trigone

d) Ureterovesical junction

Correct Answer - A

Ans, A. Pelvic brim

Ureters become atonic due to high progesterone level in pregnancy, Dilatation of the ureter above the pelvic brim with stasis is marked on the right side especially in the primigravidae.

It is due to deoxtrorotation of the uterus pressing the right ureter against the pelvic brim and also due to pressure by right ovarian vein, which crosses the right ureter at right angle.

76. Following is given to a patient with pre term labour except -

a) Glucocorticoids

b) Tocolytic drugs

c) Antibiotics

d) Beta blocker

Correct Answer - D

Ans. D. Beta blocker

Tocolytic drugs [Note: betamimetic and not beta blocker is a tocolytic]

77. Most common cause of tenth day post partum bleeding?

a) Retained bits of membrane

b) Infection

c) Endometritis

d) Blood coagulopathy

Correct Answer - A

Ans. A. Retained bits of membrane

Postpartum hemorrhage (PPH) is defined as blood loss of more than 500 ml following birth of baby.

78. A multigravida 4 kg fetus is in labour since 15 hours and has 5cm dilation of cervix for last 8 hours. What is the further management of this patient ?

a) Wait and watch

b) Amniotomy

c) Injection Oxytocin

d) Caesarian section

Correct Answer - D

Ans. D. Caesarian section

79. The treatment of choice for bartholin cyst is ?

a) Marsupilisation

b) Aspiration

c) Observe

d) Curettage and closure

Correct Answer - A

Ans. A. Marsupilisation

Bartholin's cyst

- Bartholin's cyst is formed when duct of bartholins gland is blocked either by inflammation or by inspissated secretion.
- It appears as a swelling on the inner side of the junction of the anterior two-thirds with the posterior one-third of the labium majus.
- A small cyst remains asymptomatic, but a larger one bulges across the vaginal introitus and causes dyspareunia, discomfort and may get infected when it needs excision or marsupialization

80. Gartner's cyst are seen at ?

a) Antero lateral vaginal wall

b) Antero - lateral cervix

c) Posterolateral vaginal wall

d) Posterolateral cervix

Correct Answer - A

Ans, A,'. Antero lateral vaginal wall

Gartners duct cyst arises from the remnants of the mesotephric duct and lies in the anterolateral aspect of vaginal wall.

81. Most common cause of death of baby in vasa previa is?

a) Infection

b) Maternal exanguination

c) Fetal exanguination

d) Both b and c

Correct Answer - C

Ans, C. Fetal exanguination

Vasa previa

- In it a leash of blood vessels happen to traverse through the membranes overlying the internal os, in front of presenting part.
- Rupture of membranes involving the overlying vessels leads to vaginal bleeding.
- As it is entirely fetal blood, this may result in fetal exanguination and even death.

82. Sheehan syndrome is ?

a) Pitutary adenoma

b) Pitutary necrosis

c) Adrenal necrosis

d) Adrenal adenoma

Correct Answer - B

Ans., B. Pitutary necrosis

Sheehan's syndrome is anterior pituitary necrosis following severe PPH, shock or severe infection.

83. Most common cause of menorrhagia in adolescents?

a) Thyroid disorder

b) Coagulation disorders

c) Leiomyomas

d) Polyps

Correct Answer - B

Ans, B. Coagulation disorders

In adolescent age group, abnormal uterine bleeding results from anovulation and coagulation defects at disproportionately higher rates compared with older reproductive-aged women

Coagulation disorders account for 20% of cases of menorrhagia in adolescents.

84. Not associated with endometrial hyperplasia ?

a) PCOD

b) Glucose intolerance

c) HRT

d) Unopposed exposure to progesterone

Correct Answer - D

Ans. D. Unopposed exposure to progesterone

Following are the causes of endometrial hyperplasia

- Follicular cysts of ovary
- PCOD
- Granulosa and theca cell tumors of ovary
- HRT
- Glucose intolerance
- Unopposed exposure to estrogen (endogenous or exogenous)

85. Following are the causes of maternal deaths in patients with hypertensive disorder of pregnancy except ?

a) Cardiac failure

b) ARDS

c) Chronic renal failure

d) Cerebral hemorrhage

Correct Answer - C

Ans. C. Chronic renal failure

Causes of maternal deaths in cases of hypertensive disorders of pregnancy are

- Cardiac failure
- Cerebral hemorrhage
- ARDS
- Puerperal sepsis
- Pulmonary edema
- Acute renal failure
- Pulmonary embolism
- Aspiration and/or septic pneumonia
- Cardio-pulmonary arrest
- Post-partum shock

86. Classical name of mid cycle abdominal pain with vaginal bleeding is called ?

a) Endometriosis

b) Mittelschmerz

c) Meteropathiahemorragica

d) Menometrorrhagia

Correct Answer - B

Ans. B. Mittelschmerz

Mittelschmerz is a mid-cycle pain, not lasting more than 12-24 hours, around ovulation. Pain is located in one of the iliac fossa and may be accompanied with vaginal bleeding.

87. Following is true about leuteoma of pregnancy ?

a) Usually bilateral

b) It is a benign self limiting condition

c) It consists of leutenized cells

d) All the above

Correct Answer - D

Ans. D. All the above

Leuteoma of Pregnancy

- It usually appears as bilateral, multinodular, solid masses in ovaries.
- It is characterized by replacement of normal ovarian parenchyma by solid proliferation of leutenized stromal cells under influence of human chorionic gonadotroPin.
- It is benign self-limiting condition and requires no treatment.

88. Clinical alarming sign of MgSO₄ toxicity is ?

a) Loss of knee jerk

b) Loss of superficial abdominal reflexes

c) Loss of pin prick sensation

d) Loss of proprioception

Correct Answer - A

Ans. A. Loss of knee jerk

89. False about MgSo4 is ?

a) Not used as antihypertensive

b) Its dose is different for eclampsia and preeclampsia

c) Deep tendon reflexes is monitored for toxicity

d) It acts as a membrane stabilizer and neuroprotector

Correct Answer - B

Ans. B. Its dose is different for eclampsia and preeclampsia

Dose of magnesium sulphate for management of pre-eclampsia and eclampsia is the same.

90. 18 weeks pregnancy of a lady, last two times history of midtrimester abortion, which was painless. What is the diagnosis ?

a) Incompetent os

b) Chromosomal abnormality

c) Bivalve uterus

d) Progesterone deficiency

Correct Answer - A

Ans. A. Incompetent os

Most common cause of second trimester pregnancy loss is cervical incompetence, in which patient presents with recurrent painless abortion.

91. Following are the features of true labour pain ?

a) Uterine contractions at regular intervals

b) Progressive effacement and dilation of cervix

c) Formation of bag of membranes

d) All the above

Correct Answer - D

Ans. D. All the above

Features of true labour Pains

- Uterine contractions at regular intervals
- Frequency of contractions increase gradually
- Intensity and duration of contractions increase progressively
- Associated with show
- Progressive effacement and dilation of cervix
- Descent of the presenting part
- Formation of bag of membranes
- Not relieved by enema and sedatives

92. HRT improves ?

a) Bone density

b) Demetia

c) Coronary artery disease

d) Endometrial cancer

Correct Answer - A

Ans, A. Bone density

Hormone replacement therapy improves bone density,

93. Most common risk factor for rupture of scarred uterus is

a) Use of oxytocin in labour

b) Grand multiparity

c) Forceps application

d) Obstructed labour

Correct Answer - A

Ans, A. Use of oxytocin in labour

The most common cause of rupture of scarred uterus is use of high doses of oxytocin for the augmentation of labour.

94. Invaluable tool in the diagnosis of chronic pelvic pain is ?

a) Endometrial biopsy

b) Ultrasound

c) Laparoscopy

d) Colposcopy

Correct Answer - C

Ans, C. Laparoscopy

Laproscopy is an invaluable diagnostic tool in the investigation of chronic pelvic pain.

95. Most common site of ectopic pregnancy is ?

a) Ovary

b) Fallopian tube

c) Peritoneum

d) Cervix

Correct Answer - B

Ans. B. Fallopian tube

96. Least common site of ectopic pregnancy in fallopian tubes is ?

a) Interstitium

b) Ampulla

c) Infundibulum

d) Isthmus

Correct Answer - A

Ans, A. Interstitium

Most common site for ectopic pregnancy fallopian tubes,

97. Criteria for Puerperal pyrexia is temperature ?

a) 100.4 degrees F on two separate occasions

b) 101 degrees F on two separate occasions

c) 100.4 degrees F on three separate occasions

d) 101 degrees F on three separate occasions

Correct Answer - A

Ans, A. 100.4 degrees F on two separate occasions

Puerperal pyrexia

- A rise of temperature reaching 100.4 degrees F (38 degrees C) or more (measured orally) on two separate occasions at 24 hours apart (excluding first 24 hours) within first 10 days following delivery is called puerperal pyrexia.

98. Investigation of choice for diagnosis of PID is ?

a) Laparoscopy

b) Colposcopy

c) Hysteroscopy

d) Ultrasonography

Correct Answer - A

Ans, A. Laparoscopy

Laparoscopy is considered the investigation of choice for the diagnosis of pelvic inflammatory disease.

99. Which drug is preferred for the treatment of 21 hydroxylase deficient female fetus to prevent genital virilization?

a) Maternal cortisol

b) Maternal dexamethasone

c) Maternal hydrocortisone

d) Maternal methylprednisolone

Correct Answer - B

Ans, b. Maternal dexamethasone

Fetus is at risk of CAH maternal dexamethasone therapy can suppress the fetal HPA axis and prevent genital virilization in affected female fetus.

100. Spielberg criteria is used for ?

a) Ovarian pregnancy

b) Ovarian malignancy

c) Cervical pregnancy

d) Cervical malignancy

Correct Answer - A

Ans, A. Ovarian pregnancy

101. Main factor responsible for increased perinatal mortality in twin pregnancy is ?

a) Prematurity

b) IUGR

c) Polyhydramnios

d) Uterine rupture

Correct Answer - A
Ans, A. Prematurity

102. Cryptomenorrhoea is a feature of ?

a) Vaginal atresia

b) Turner syndrome

c) Empty sella syndrome

d) Gonadal agenesis

Correct Answer - A

Ans, A. Vaginal atresia

103. . Which of the following antiepileptic drug is associated with causing congenital heart disease in fetus?

a) Barbiturates

b) Valproate

c) Carbamazepine

d) Phenytoin

Correct Answer - A

Ans. A. Barbiturates

104. Engagement of head in labour means ?

- a) Smallest horizontal plane of the presenting part has crossed the pelvic brim
- b) Greatest horizontal plane of the presenting part has crossed the pelvic brim
- c) Smallest horizontal plane of the presenting part has crossed the pelvic outlet
- d) Greatest horizontal plane of the presenting part has crossed the pelvic outlet

Correct Answer - B

Ans. B. Greatest horizontal plane of the presenting part has crossed the pelvic brim

When the greatest horizontal plane of the presenting part has passed the plane of pelvic brim the presenting part is said to be engaged.

105. USG of 28 weeks gestation showing oligohydramnios is likely to be due to ?

a) Gastrointestinal obstruction

b) Renal pathway obstruction

c) Anencephaly

d) Neuromuscular disorder

Correct Answer - B

Ans, B. Renal pathway obstruction

Urinarytract obstruction is an important cause of oligohydramnios.

106. Anovulatory DUB is due to ?

a) Absence of progesterone

b) Excess of estrogen

c) Hypothalamic pituitary defect

d) High progesterone

Correct Answer - A

Ans. A. Absence of progesterone

No progesterone is produced when ovulation does not occur, and thus proliferative endometrium persists.

At the tissue level, persistent proliferative endometrium is often associated with stromal breakdown, decreased spiral arteriole density, and increased dilated and unstable venous capillaries.

At the cellular level, the availability of arachidonic acid is reduced, and prostaglandin production is impaired.

For these reasons, bleeding associated with anovulation is thought to result from changes in endometrial vascular structure and in prostaglandin concentration, and from an increased endometrial responsiveness to vasodilating prostaglandins.

107. In carcinoma cervix surgery to retain conception is done in which stage ?

a) 1B1

b) 1B2

c) 2A

d) 2B

Correct Answer - A

Ans. A. 1B1

Concepts is retained upto term only in stage I A1.

In other stages, hysterectomy is done with fetus left in situ (if it is not viable); or delivery of fetus by classic cesarean hysterectomy followed by radiation (if fetus is viable).

108. Bishop scoring is done for ?

a) Exchange transfusion in newborn

b) Induction of labour

c) Ventilation of Newborn

d) Gestation of Newborn

Correct Answer - B

Ans. B. Induction of labour

Bishop score, also Bishop's score, also known as cervix score is a pre-labor scoring system to assist in predicting whether induction of labor will be required.

109. Teratozoospermia refers to?

a) Absence of semen

b) Absence of sperm

c) All dead sperms in ejaculate

d) Morphologically defective sperms

Correct Answer - D

Ans. D. Morphologically defective sperms

110. Bispinous diameter in anatomic outlet ?

a) 10.5 cm

b) 11 cm

c) 11.5 cm

d) 12 cm

Correct Answer - B

Ans. B. 11 cm

Anatomical outlet

Antero-posterior (13 cm)

- Distance between lower border of symphysis pubis to the tip of coccyx.

Transverse diameter (bispinous- 11 cm)

- Distance between the inner borders of ischialtuberosties

Posterior sagittal diameter (8.5 cm)

- Distance between sacrococcygeal joint and anterior margin of anus.

111. Most suitable type of pelvis in female ?

a) Gynaecoid

b) Android

c) Anthropoid

d) Platypelloid

Correct Answer - A

Ans. A. Gynaecoid

Gynaecoid pelvis round in shape & is most spacious.

112. Which pelvis is associated with DTA ?

a) Android

b) Antrhropoid

c) Platypelloid

d) Gynaecoid

Correct Answer - A

Ans. A. Android

113. In obstructive labor most important parameter is?

a) Diameter of pelvic inlet

b) Diameter of pelvic outlet

c) Biparietal diameter

d) Bitemporal diameter

Correct Answer - B

Ans. B. Diameter of pelvic outlet

The narrowest diameter for the fetus to pass through is pelvic outlet.

114. Maximum diameter that passed through maternal pelvis ?

a) Suboccipital bregmatic

b) Biparietal

c) Suboccipital frontal

d) Occipito frontal

Correct Answer - B

Ans, B. Biparietal

Occipitofrontal is large diameter and deflexed head may complicate as deep transverse arrest and obstructed labour.

In case of spacious gynaecoid and anthropoid pelvis it ends up in face to pubis delivery.

Mento-vertical is the largest diameter but it cannot pass through the maternal pelvis.

115. Semen examination can be done ?

a) Immediately in semi solid form

b) After liquefaction

c) Within 15-30 minutes of liquefaction

d) 1 1/2 - 2 hr irrespective of liquefaction

Correct Answer - D

Ans. D. 1 1/2 - 2 hr irrespective of liquefaction

Semen analysis

- Best specimen obtained by masturbation
- 3-5 days of abstinence is best, not more than that
- Specimen should be examined within 1 1/2 - 2hr
- Liquefaction usually completes within 15-20 min and if delayed it indicates prostatic dysfunction. Thus during semen analysis timing of liquefaction is important but timing of analysis is not set according to liquefaction.

116. Lithotomy position increases vaginal opening by how many cm -

a) 1cm

b) 2cm

c) 3cm

d) 4cm

Correct Answer - B

Ans. B. 2cm

In dorsal lithotomy position, the antero-posterior diameter of the outlet may be increased to 1.5-2 cm.

Furthermore, the coccyx is pushed back while the head descends down to the perineum.

117. Endometrial biopsy is usually done at ?

a) Just before menstruation

b) 10-12 days after menstruation

c) Just after menstruation

d) At the time of ovulation

Correct Answer - A

Ans. A. Just before menstruation

118. Oligomenorrhoea means ?

a) Cycle < 20 days

b) Cycle more than 45 days

c) Cycle more than 28 days

d) Cycle more than 35 days

Correct Answer - D

Ans. D. Cycle more than 35 days

119. Magnification obtained by colposcopy is ?

a) 1-2 times

b) 5-6 times

c) 15-25 times

d) 10-20 times

Correct Answer - D

Ans. D. 10-20 times

Colposcope provides a magnification of 10-20 times.

Colpomicroscope provides a magnification 100-300 times.

120. On which day LH & FSH should be measured ?

a) 1-3rd day

b) 7th day

c) 14th day

d) 10th day

Correct Answer - A

Ans. A. 1-3rd day

Level of the hormone FSH, LH and estradiol are measured on day 3 in infertility workup.

An elevated FSH level on day 3 is an indication of poor ovarian reserve.

Hormonal assessment FSH/LH developing follicle produces estrogen which signals the hypothalamus to increase or reduce the amount of FSH produced by the pituitary gland. When good follicles are not developing estrogen levels are lower and more FSH is produced.

This leads to higher level of FSH on day 3.

Day 3 FSH fertility test is not the only parameter used to assess ovarian reserve.

121. Best parameter for estimation of fetal age by ultrasound in 3rd trimester is ?

a) Femur length

b) BPD

c) Abdominal circumference

d) Intraocular distance

Correct Answer - A

Ans. A. Femur length

Best parameters for estimation of fetal age by ultrasound

- 1st trimester – Crown Rump length (CRL)
- 2nd trimester - Corrected biparietal diameter (cBPD) or head circumference (HC)
- 3d trimester - Head circumference and femur length
- Overall - Crown rump length

122. Commonest variety of compound presentation is ?

a) Head with hand

b) Head with foot

c) Head with both foot

d) Head, hand & foot

Correct Answer - A

Ans. A. Head with hand

When a cephalic presentation is complicated by the presence of a hand or a foot or both alongside the head or presence of one or both hands by the side of the breech it is called compound presentation.

Commonest variety of compound presentation - Head with hand

Rarest variety of compound presentation - Head with hand and foot both.

123. Hegar sign?

a) Uterine contraction

b) Quickening

c) Bluish discoloration of vagina

d) Softening of isthmus

Correct Answer - D

Ans. D. Softening of isthmus

Hegars sign

- Present in 2/3 of cases.
 - Demonstrated in 6-10 week
- Signs is based on the fact that:**
1. Upper part of the body of the uterus is enlarged by growing fetus.
 2. Lower part of the body is empty and extremely soft (just above the cervix)
 3. Cervix comparatively firm.
- Because of variation in consistent on bimanual examination (two fingers in anterior fornix and the abdominal fingers behind the uterus) the abdominal and vaginal fingers seem to oppose below the body of the uterus.

124. Pregnant women going for long journey & prolonged sitting is associated with danger of ?

a) Thromboembolism

b) Seat belt compression

c) Preterm labor

d) Bleeding

Correct Answer - A

Ans. A. Thromboembolism

Prolonged sitting in car or aeroplane is avoided due to venous stasis or thromboembolism.

125. Head of baby is removed in breech delivery by which maneuver ?

a) Lovsets maneuver

b) Pinards maneuver

c) Prague

d) Burn Marshall method

Correct Answer - D

Ans. D. Burn Marshall method

126. Prague maneuver is used for ?

a) After coming head in breech

b) Deep transverse assest

c) Extraction of extended arms

d) External cephalic version

Correct Answer - A

Ans. A. After coming head in breech

Sometimes the head rotates posteriorly so, that the face is behind the pubis.

Delivery in this position is difficult and 'Prague maneuver' may be tried.

127.

Trial of labour in previous caesarian section can be done in ?

a) Placenta previa type III

b) Previous two classical caesarian section

c) Suspected CPD

d) Previous caesarian section with adequate pelvis

Correct Answer - D

Ans. D. Previous caesarian section with adequate pelvis

Adequate pelvis is an indication of trial of labour.

Other three options are contraindications.

128. Hematoma during labour is not due to ?

a) Improper haemostasis

b) Extension of cervical laceration

c) Rupture of paravaginal venous plexus

d) Obliteration of dead space while suturing vaginal wall

Correct Answer - D

Ans. D. Obliteration of dead space while suturing vaginal wall

Failure of obliteration of dead space causes hematoma (not obliteration of dead space).

129. Treatment of jaundice in third trimester ?

a) Termination of pregnancy

b) Termination at 42 weeks

c) Termination at 38 weeks

d) Wait for spontaneous labour

Correct Answer - C

Ans, C. Termination at 38 weeks

In patients of intrahepatic cholestasis of pregnancy there is increased perinatal mortality.

Hence fetal surveillance is done with biweekly NST.

Conventional antepartum testing does not predict fetal mortality as there is sudden death in cholestasis due to acute hypoxia.

Hence delivery is recommended at 37-38 weeks.

In those patients with jaundice with S bilirubin > 1.8 mg%, termination of pregnancy should be done at 36 weeks.

130. Rate of turnover of amniotic fluid is ?

a) 500 cc/h

b) 1L/hr

c) 1500 cc/h

d) 2L/h

Correct Answer - A

Ans. A. 500 cc/h

Specific gravity of Amniotic fluid: 1.008 to 1.010

Osmolality: 250 mosm/L

Completely replaced in 3 hours.

Rate of amniotic fluid turn over is 500cc/hr.

131. Maximum amount of amniotic fluid is seen at how many weeks ?

a) 16

b) 30

c) 12

d) 38-40

Correct Answer - D

Ans. D. 38-40

132. Uterus post pregnancy becomes a pelvic organ in?

a) 4 weeks

b) 6 weeks

c) 12 weeks

d) 2 week

Correct Answer - D

Ans, D. 2 week

By the end of 2 weeks - uterus is a pelvic organ.

By the md of 6 week - uterus returns almost to its normal size (pre pregnant size).

133. Assisted head delivery is done in ?

a) Brow presentation

b) Face presentation

c) Persistent occipito posterior position

d) Twin presentation 1522. % of

Correct Answer - C

Ans. C. Persistent occipito posterior position

Occipito posterior positions

- "In practice about 5-10% of women admitted in labour with cephalic presentations present with occipito-posterior presentations.
- Given time and patience, many of these will rotate and get corrected to occipito-anterior position and deliver normally.

134. % of women delivering on their EDD is ?

a) 25%

b) 50%

c) 4%

d) 15%

Correct Answer - C

Ans. C. 4%

Based on the Noegeles fomulalabour starts approximately on: -

- Expected date – 4%

135. Inner cell mass differentiates into ?

a) Chorion

b) Trophoectoderm

c) Embryo

d) All of the above

Correct Answer - C

ANs. C. Embryo

Blastocyst enlarges & the zonapellucida undergoes lysis , this is called zona hatching.

The cells on the outer side become trohoectoderm which differentiates into chorion.

The cells on the inner side form inner cell mass which differentiates into embrvo.

136. Embryo is called "fetus" after how many weeks post fertilization/conception ?

a) 6

b) 8

c) 10

d) 12

Correct Answer - B

Ans. B. 8

Embryonic period begins at 3rd week following ovulation/fertilization & extends upto 8 weeks post conception (10 weeks from LMP).

Fetal period begins after 8 weeks post conception (10 weeks from LMP) & ends in delivery.

137. Utero-placental circulation is established days after fertilization ?

a) 5

b) 10

c) 15

d) 20

Correct Answer - B

Ans. B. 10

The uteroPlacental circulation is established 9-10 days after fertilization.

Fetoplacental circulation is established 21 days post fertilization.

138. Pregnancy is contraindicated in all of the following except -

a) Primary Pulmonary Hypertension

b) Eisenmenger's syndrome

c) Marfan's with aortic root dilation

d) WPW syndrome

Correct Answer - D

Ans, D. WPW syndrome

139. Which heart disease has the worst prognosis/maximum mortality in pregnancy?

a) MS

b) AS

c) PDA

d) Eisenmenger's syndrome

Correct Answer - D

Ans. D. Eisenmenger's syndrome

140. Ovarian cycle can be correlated with all except ?

a) Endometrial sampling

b) Vaginal cytology

c) Blood hormonal levels

d) Estrous cycle

Correct Answer - D

Ans. D. Estrous cycle

Estrous cycle does not occur in human beings.

141. Endometrial biopsy to detect ovulation is done on which day of the menstrual cycle ?

a) Day 8-9

b) Day 13-15

c) Day 21-23

d) Day 3-5

Correct Answer - C

Ans. C. Day 21-23

Endometrial Biopsy : Rarely done now a days for the purpose of detecting ovulation.

142. The uterine blood flow at term is -

a) 50 mL/min

b) 100-150 mL/min

c) 350-375 mL/min

d) 500-750 mL/min

Correct Answer - D

Ans. D. 500-750 mL/min

Uteroplacental blood flow increases progressively during pregnancy and ranges from 500-800 mL/min at term.

143. Godell's sign is ?

a) Dusky hue of the vestibule

b) Softening of the cervix

c) Increased pulsations felt through the lateral fornices

d) Regular and rhythmic contractions during bimanual examination

Correct Answer - B

Ans. B. Softening of the cervix

144. In fetus, insulin production begin at weeks of gestation -

a) 4-6

b) 8-12

c) 14-18

d) 24-28

Correct Answer - B

Ans. B. 8-12

Reaching 8 to 10 weeks into development, the pancreas starts producing insulin, glucagon, somatostatin, and pancreatic polypeptide.

145. Limb bud appear at what weeks of gestation?

a) 3

b) 4

c) 6

d) 9

Correct Answer - B

Ans. B. 4

The upper extremity is first discretely visible as a bulge or limb bud that develops on the ventrolateral wall of the embryo on day 26 (4-mm crown-to-rump length).

**146. Features of non severe/mild pre
eclampsia are all except -**

a) Diastolic BP <100 mm Hg

b) Systolic BP < 160 mm Hg

c) Mild IUGR

d) No premonitory symptoms

Correct Answer - C
Ans., C. Mild IUGR

147. FERNING is due to ?

a) Estrogen & sodium chloride

b) Progesterone & sodium chloride

c) HCG

d) All of the above

Correct Answer - A

Ans, A, Estrogen & sodium chloride

Cervical mucus is relatively rich in sodium chloride when estrogen (but not progesterone) is being produced.

148. Second wave of trophoblastic invasion occurs at weeks of gestation?

a) 8-11

b) 10-12

c) 12-15

d) 16-20

Correct Answer - C

Ans, C. 12-15

The timing of the development of the uteroplacental vessels has been described in waves, or stages, over the course of gestation. The first wave occurs before 12 weeks post-fertilization and consists of invasion and modification of the spiral arteries of the decidua. Between 12 and 16 weeks post-fertilization, the second wave occurs. This involves invasion of the intramyometrial parts of the spiral arteries, converting narrow lumen, muscular spiral arteries into dilated, low-resistance uteroplacental vessels.

149. Abstinence period before semen analysis is ?

a) 1-2 days

b) 3-5 days

c) 5-7 days

d) 7-9 days

Correct Answer - B

Ans. B. 3-5 days

The ideal specimen for examination is after 3-5 days of abstinence.

**150. Engaging diameter in face presentation
is -**

a) Suboccipitobregmatic

b) Mentoverical

c) Submentobregmatic

d) Occipitofrontal

Correct Answer - C
ANs, C. Submentobregmatic

151. Least likely to cause dysmenorrhea -

a) Endometriosis

b) Adenomyosis

c) Uterine polyp

d) Cervical polyp

Correct Answer - D

Ans, D. Cervical polyp

152. LH surge is due to ?

a) Progesterone

b) Estrogen

c) AMH

d) All of the above

Correct Answer - B

Ans, B. Estrogen

3-4 days before the ovulation, estrogen level crosses a certain limit (threshold level).

153. Menopause is defined as ?

- a) Presence of hot flushes
- b) Cessation of menses for 1 year
- c) Cessation of menses for 6 months
- d) Cessation of menses for 2 years

Correct Answer - B

Ans, B. Cessation of menses for 1 year

Menopause is defined as the permanent cessation of menses for 1 year and is physiologically correlated with the decline in estrogen secretion resulting from the loss of follicular/ovarian function.

154. Symptoms of menopause are all except ?

a) Hot flushes

b) Night sweats

c) Decrease libido

d) Intermittent hypotension

Correct Answer - D

Ans, D. Intermittent hypotension

Hot flushes

- The classic symptom associated with estrogen deficiency is the hot flash, also known as hot flush
- This symptom is described as 'recurrent, transient periods of flushing, sweating and a sensation of heat, often accompanied by palpitations, feeling of anxiety and sometimes followed by chills'.

155. MENOPAUSE is diagnosed by ?

a) Estradiol <20 pg/ml

b) Progesterone <40 ng/dl

c) FSH>40 IU/L

d) LH > 20 IU/L

Correct Answer - C

Ans, C. FSH>40 IU/L

As per the American Association of clinical Endocrinologists, the diagnosis of menopause is confirmed by FSH levels >40 IU/L.

156. The velocity of sperm is ?

a) 1-2 cm/hr

b) 2-4 cm/min

c) 1-4 mm/min

d) 1-4 mm/hr

Correct Answer - C

Ans. C. 1-4 mm/min

The velocity of a sperm in fluid medium is usually 1-4 mm/min.

This allows the sperm to move towards an ovum in order to fertilize it.

157. After ejaculation semen liquefies in ?

a) 10 minutes

b) 30 minutes

c) 75 minutes

d) 120 minutes

Correct Answer - B

Ans. B. 30 minutes

Following ejaculation, the semen forms a gel which provides protection for the sperm from the acidic environment of the vagina. The gel liquefies within 20-30 minutes by enzymes from the prostate gland.

158. During pregnancy, true statement about CVS is ?

a) Cardiac output decreases

b) Right axis deviation

c) Increase in left ventricular end diastolic diameter

d) All of the above

Correct Answer - C

Ans, C. Increase in left ventricular end diastolic diameter

2D echo: Increase in left ventricular end diastolic diameter.

Increase in left and right atrial diameters.

159. MC site of implantation is ?

a) Fallopian tube amullary part

b) Fallopian tube isthmus

c) Fundus of uterus

d) Cornu of uterus

Correct Answer - C

Ans, C. Fundus of uterus

Implantation occurs in the endometrium on the anterior or posterior wall of the body near the fundus on the sixth day following fertilization (corresponding to the 20th day of the menstrual cycle).

160. Alpha subunit of hCG is similar to ?

a) FSH

b) LH

c) TSH

d) All of the above

Correct Answer - D

Ans, D. All of the above

Human chorionic Gonadotropin (hcG) is structurally related to three other glycoprotein hormones LH, FSH, and TSH.

161. Placental hormone with highest carbohydrate content is -

a) HCG

b) Human pregnancy specific beta glycoprotein

c) HPL

d) Relaxin

Correct Answer - A

Ans, A. HCG

HCG has the highest carbohydrate content of any human hormone-30%.

162. The pelvic inlet usually is considered to be contracted if its shortest anteroposterior diameter is less than -

a) 12 cm

b) 10 cm

c) 8 cm

d) 14 cm

Correct Answer - B

Ans. B. 10 cm

The pelvic inlet usually is considered to be contracted if its shortest anteroposterior diameter is less than 10 cm or if the greatest transverse diameter is less than 12 cm

163. Azoospermia with normal FSH would indicate ?

a) Hypothalamic failure

b) Testicular failure

c) Obstruction of vas defrens

d) All of the above

Correct Answer - C

Ans, C, Obstruction of vas defrens

164. Causes of male infertility ?

a) Idiopathic

b) Varicocele

c) Yq 11 micro deletion

d) All of the above

Correct Answer - D

Ans, D. All of the above

165. Fetal thyroid gland is able to synthesize hormones by weeks of gestation ?

a) 6-7

b) 7-8

c) 10-12

d) 12-14

Correct Answer - C

Ans, C. 10-12

Fetal thyroid gland is able to synthesize hormones by 10-12 weeks of gestation.

166. Poor prognosis in first trimester USG is ?

a) No fetal pole at 5 weeks

b) No cardiac activity at 5 weeks

c) No gestational sac at 4 weeks

d) No cardiac activity at 8 weeks of gestation

Correct Answer - D

Ans, D. No cardiac activity at 8 weeks of gestation

Absence of embryo with heartbeat 22 weeks after a scan that showed a gestational sac without a yolk sac

167. All are true about post partum depression except -

a) Symptoms resolve in 10-12 days

b) Affects both sexes

c) SSRIs are effective

d) None of the above

Correct Answer - A

Ans, A. Symptoms resolve in 10-12 days

168. Nerve injured in McRoberts maneuver is ?

a) Lumbosacral trunk

b) Obturator nerve

c) Femoral nerve

d) Pudendal nerve

Correct Answer - C

Ans, C. Femoral nerve

McRoberts maneuver is to be done in cases of shoulder dystocia. When the maternal thighs are markedly flexed and abducted, pressure from the overlying inguinal ligament may lead to femoral nerve injury.

169. Most conclusive clinical sign of pregnancy is ?

a) Uterine enlargement

b) Cervical softening

c) Amenorrhea

d) Fetal heart sound auscultation

Correct Answer - D

Ans. D. Fetal heart sound auscultation

FHS auscultation is the most conclusive clinical sign of pregnancy.

170. CRL when cardiac activity can be detected earliest by TVS -

a) 1-4mm

b) 1 cm

c) 6-7mm

d) 2-4 cm

Correct Answer - A

Ans, A. 1-4mm

Fetal heart beat can be detected as early as just under 6 weeks gestation on good quality, high frequency transvaginalultrasound, as a crown rump length (CRL) of as little as 1-2 mm.

171. Kamla, 30 years old, P2L2 with 3.2 x 4.1 cm fibroid uterus, complains of menorrhagia and is on symptomatic treatment since 6 months. The patient refuses surgery. Next line of management is ?

a) GnRH analogs

b) Danazol

c) Myomectomy

d) Uterine artery embolization

Correct Answer - D

Ans, D. Uterine artery embolization

UAE can be used as a therapy for symptomatic patients who refuse or want to avoid surgery.

After embolization, there is 60-65% decrease in size of fibroids over a period of 6-9 months, and so the patient's symptoms may decrease or disappear.

If the patient is still symptomatic after 1 year, then surgery should be considered.

172. Living ligature of the uterus is ?

a) Endometrium

b) Middle layer of myometrium

c) Inner layer of myometrium

d) Parametrium

Correct Answer - B

Ans, B. Middle layer of myometrium

Middle crisscross fibres act as living ligature during involution of the uterus and prevent blood loss.

173. In partograms recommended by 'WHO' the distance between the alert and action lines is ?

a) 1 hour

b) 2 hours

c) 4 hours

d) 5 hours

Correct Answer - C

Ans. C. 4 hours

The concept of alert line' and 'action line' was introduced by Philpott and Castle in 1972.

The action line can be placed at 2 – 4 hours interval to the right and parallel to alert line.

In partograms recommended by 'WHO' the distance between the alert and action lines is 4 hours.

174. Surgical excision of corpus luteum before weeks of gestation, results in miscarriage

a) 6-7

b) 9-11

c) 11-12

d) 12-14

Correct Answer - A

Ans, A, 6-7

Surgical excision of corpus luteum (luteectomy) before 7 weeks of gestation, uniformly precipitated an abrupt decrease in serum progesterone concentration followed by miscarriage

175. Factors responsible for development of OHSS include ?

a) Histamine

b) Cytokines

c) Vascular Endothelial Growth Factor

d) All of the above

Correct Answer - D

Ans, D. All of the above

VEGF is considered to be the most important.

176. MVA syringe is used for ?

a) First trimester MTP

b) 2nd trimester MTP

c) Vacuum delivery

d) All of the above

Correct Answer - A

Ans, A, First trimester MTP

Manual vacuum aspiration (MVA) is a safe and effective method of abortion that involves evacuation of the uterine contents by the use of a hand-held plastic aspirator.

It is appropriate for treatment of incomplete abortion for uterine sizes up to 12 weeks from the last menstrual period (including miscarriage, spontaneous abortion and removal of retained products from an induced abortion), first-trimester MTP and endometrial biopsy.

177. Dührssen incision is taken on -

a) Fallopian tube

b) Ovary

c) Incompletely dilated cervix

d) Fully dilated cervix

Correct Answer - C

Ans, C, Incompletely dilated cervix

Occasionally especially with small preterm fetuses, the incompletely dilated cervix will not allow vaginal delivery of the after-coming head of the breech.

In such cases, Dührssen incisions are usually necessary (cut the cervix at 10 and 2 o'clock positions).

178. A 27-year-old female with placenta previa had severe bleeding. What is the most likely outcome post delivery?

a) Galactorrhea

b) Diabetes

c) Absence of menstrual cycle

d) Cushing syndrome

Correct Answer - C

Ans. c. Absence of menstrual cycle

Sheehan syndrome, also known as postpartum hypopituitarism or postpartum pituitary necrosis, is hypopituitarism caused by necrosis due to blood loss and hypovolemic shock during and after childbirth. Most common initial symptoms of Sheehan syndrome are agalactorrhea (absence of lactation) under difficulties with lactation. Many women also report amenorrhea or oligomenorrhea after delivery.

179. Woman has 100 ml blood loss every 30 days. This is called as ?

a) Menorrhagia

b) Polymenorrhea

c) Hypomenorrhea

d) Normal menses

Correct Answer - A

Ans. A. Menorrhagia

Normal blood loss during menses is around 35 ml (20-80 ml)

Blood loss more than 80 ml is menorrhagia

180. Menometrorrhagia is ?

a) Heavy periods

b) Intermenstrual bleeding

c) Heavy & irregular bleeding

d) Uterine bleeding occurring at regular intervals of less than 21 days

Correct Answer - C

Ans. C. Heavy & irregular bleeding

181. Prevalence of breech presentation at full term is ?

a) 10%

b) 6-7%

c) 3-4%

d) 1-2%

Correct Answer - C

Ans. C. 3-4%

182. The shortest conjugate is ?

a) True conjugate

b) Obstetric conjugate

c) Diagonal conjugate

d) Anatomical conjugate

Correct Answer - B

Ans. B. Obstetric conjugate

Obstetric conjugate (10 cm)

Distance between midpoint of sacral Promontory to the prominent bony projection in the midline on inner surface of symphysis pubis.

183. Shortest transverse diameter is ?

a) BPD

b) Bitemporal diameter

c) Bimastoid diameter

d) All are equal in length

Correct Answer - C

Ans. C. Bimastoid diameter

Bimastoid diameter = 7.5 cm

Occipitofrontal diameter → 11.5 cm

184. With reference to fetal heart rate, a nonstress test is considered reactive when?

a) Two fetal heart rate accelerations are noted in 20 minutes

b) One fetal heart rate acceleration is noted in 20 minutes

c) Two fetal heart rate accelerations are noted in 10 minutes

d) Three fetal heart rate accelerations are noted in 30 minutes

Correct Answer - A

Ans. A. Two fetal heart rate accelerations are noted in 20 minutes

Reactive (Reassuring) NST

Two or more accelerations of > 15 beats/minute above the baseline, lasting for > 75 seconds are present in 20-40 minutes observation period.

185. Variable deceleration is seen in ?

a) Head compression

b) Uteroplacental insufficiency

c) Cord compression

d) None of the above

Correct Answer - C

Ans, C. Cord compression

Variable decelerations are due to cord compression
(oligohydramnios in labor)

186. Modified BIOPHYSICAL PROFILE is ?

a) NST + FETAL TONE

b) FETAL TONE + AFI

c) NST + AFI

d) NST+ FETAL TONE + AFI

Correct Answer - C

Ans, C. NST + AFI

Modified BPP = NST & AFI

BPP has 5 components

187. If fetus is having hypoxia, which of the BPP parameter will be affected last ?

a) Fetal tone

b) Fetal breathing movement

c) Fetal movements

d) NST

Correct Answer - A

Ans. A. Fetal tone

First activity to appear, Fetal Tone at about 7.5-8.5 weeks, is also presumably the last activity to disappear with progressively worsening hypoxia.

188. Test used to detect genetic abnormality in embryo, before transferring it to the uterus in IVF is ?

a) Embryo cell biopsy

b) CVS

c) ICSI

d) All of the above

Correct Answer - A

Ans, A. Embryo cell biopsy

PGD, involves removing a cell from an IVF embryo to test it for a specific genetic condition (cystic fibrosis' for example) before transferring the embryo to the uterus.

189. In IVF, embryos are transferred back to uterine cavity at cells stage ?

a) 2

b) 2-4

c) 4-8

d) 8-16

Correct Answer - C

Ans, C. 4-8

Typically embryos are transferred at the cleavage stage (Day 2 or 3 after oocyte retrieval).

Day three embryos are called cleavage stage embryos and have approximately 4 - 8 cells.

190. Azoospermic patient can be a father of a child, by which of the following?

a) IUI

b) ZIFT

c) ICSI

d) Not possible & counsel regarding adoption

Correct Answer - C

Ans. C. ICSI

PESA= percutaneous epididymal sperm aspiration

MESA= microscopic epididymal sperm aspiration

TESA= testicular sperm aspiration

TESE= testicular sperm extraction (testicular biopsy)

191. A primigravida with 36 weeks of pregnancy is in labor with 3 cm dilatation and minimal uterine contraction. On rupture of membranes, fresh bleeding is noted with late fetal deceleration up to 50 beats/min. The patient was taken for LSCS but fetus could not be saved. No abruptio or placenta previa was seen. The likely diagnosis is ?

a) Placenta previa

b) Revealed abruptio

c) Circumvallate placenta

d) Vasa previa

Correct Answer - D

Ans. D. Vasa previa

Vasa previa (1:2500) is a rare condition in which fetal blood vessels are in front of the presenting part and cross the cervix.

The condition has a high fetal mortality rate (50-95%). This is attributed to rapid fetal exsanguination, resulting from the vessels tearing when the cervix dilates, membrane rupture.

192. All are components of Active Management of the Third Stage of Labor except ?

a) Uterotonic agent within 1 minute of birth

b) Massage of uterus before control cord traction

c) Control cord traction

d) None of the above

Correct Answer - B

Ans. B. Massage of uterus before control cord traction

Administer a uterotonic drug at the delivery of the anterior shoulder or afterwards, within one minute of the baby's birth.

Before performing AMTSL, gently palpate the woman's abdomen to rule out the presence of another baby. At this point, do not massage the uterus.

Perform controlled cord traction

Massage the uterus immediately

193. With which of the following events, the fetomaternal haemorrhage risk is the least ?

a) Amniocentesis

b) Cordocentesis

c) Chorionic villus sampling

d) Abruptio

Correct Answer - D

Ans. D. Abruptio

194. Infertility is defined as ?

- a) Inability to conceive after 1 year of regular unprotected intercourse
- b) Inability to conceive after 1 year of marriage
- c) Inability to conceive after 2 years of marriage
- d) Inability to conceive in spite of 2 years of regular unprotected intercourse

Correct Answer - A

ANS. A. Inability to conceive after 1 year of regular unprotected intercourse

Infertility is defined as an inability to conceive in spite of 1 year of regular unprotected intercourse

195. Cord prolapse is least likely with -

a) Transverse lie

b) Footling breech

c) Oligohydroamnios

d) Floating head

Correct Answer - C

Ans. C. Oligohydroamnios

Cord prolapse has been defined as the descent of the umbilical cord through the cervix alongside (occult) or past the presenting part (overt) in the vagina or outside the vulva in the presence of ruptured membranes

196. Ideal time to do Glucose challenge test in pregnancy is ?

a) 12-16 weeks

b) 20-24 weeks

c) 24-28 weeks

d) 30-34 weeks

Correct Answer - C

Ans. C. 24-28 weeks

O'sullivan Blood Sugar Screening Test (Glucose Challenge Test)

The ideal time to do this test is 24-28 weeks of gestation (as insulin resistance in pregnancy is maximum at 28 weeks of gestation)

197. After IUFD, when does the mother develop DIC -

a) 48 hours

b) 1-2 weeks

c) 3-4 weeks

d) 6 weeks

Correct Answer - C

Ans. C. 3-4 weeks

Thromboplastin from the dead fetus can enter the maternal system and cause DIC.

This only happens when the dead fetus is retained inside for 3-4 weeks.

198. Folic acid required in first trimester of normal pregnancy -

a) 100 microgram

b) 400-500 microgram

c) 4 mg

d) 5 mg

Correct Answer - B

Ans, B, 400-500 microgram

Some NTDs are associated with a specific mutation in the methylene tetrahydrofolatereductase gene, the adverse effects of which can be largely overcome by periconceptual folic acid supplementation.

More than half of NTDs could be prevented with daily intake of 400 microgram of folic acid throughout the periconceptual period.

A woman with a prior pregnancy complicated by a neural tube defect can reduce the 23% recurrence risk by more than 70% if she takes 4 mg of folic acid for the month before conception and for the first trimester of pregnancy.

199. A 30-year-old is 14 weeks pregnant. She had two painless deliveries at 16 weeks earlier. Next line of management is ?

a) Cervical encerclage

b) Evaluation for diabetes mellitus and thyroid disorders

c) Cervical length assessment

d) Tocolytics

Correct Answer - C

Ans, C. Cervical length assessment

The patient had two painless abortions at 16 weeks in the past, so mostly it is a case of incompetent os.

Next line of management in these patients is frequent cervical length assessment: clinically or by USG.

The patient is evaluated more frequently and if the cervix is short (less than 2.5cm) than cervical encerclage has to be done.

Cervical encerclage is the surgery of choice for incompetent os, but the surgery itself can lead to complications such as uterine contractions, abortions, and PROM.

So the surgery is only to be done if it is indicated.

200. Upper two -third anterior vaginal wall prolapse is ?

a) Cystocele

b) Urethrocele

c) Rectocele

d) Enterocele

Correct Answer - A
Ans. A. Cystocele

201. Earliest sign after IUFD is ?

a) Overlapping of skull bones

b) Hyperflexion of spine

c) Gas in great vessel

d) Over crowding of ribs

Correct Answer - C

Ans. C. Gas in great vessel

Robert sign (gas in great vessels) - 12hrs after death.

202. True about Gartners cyst is ?

a) Retention cyst in remnants of Wolffian duct

b) Arises from mullerian duct

c) Commonly arises from cervix

d) Impulse on coughing

Correct Answer - A

Ans, A. Retention cyst in remnants of Wolffian duct

203. If the anal sphincter is injured, it is which degree of Perineal Tear ?

a) First

b) Second

c) Third

d) Fourth

Correct Answer - C

Ans, C. Third

Perineal Tears are classified into four categories

- First-degree tear: laceration is limited to the fourchette and superficial perineal skin or vaginal mucosa.
- Second-degree tear: laceration extends beyond fourchette, perineal skin and vaginal mucosa to perineal muscles and fascia, but not the anal sphincter.
- Third-degree tear: fourchette, perineal skin, vaginal mucosa, muscles, and anal sphincter are torn

204. If the rectal mucosa is injured, it is which degree of Perineal Tear ?

a) First

b) Second

c) Third

d) Fourth

Correct Answer - D

Ans, D. Fourth

Rectal mucosal tear is fourth degree tear.

205. Cryptomenorrhea occurs in ?

a) Fibroids

b) PCOS

c) Imperforate hymen

d) All of the above

Correct Answer - C

Ans, C. Imperforate hymen

Congenital

- Imperforate hymen: It is due to failure of disintegration of the central cells of Mullerian eminence that project into urogenital sinus
- Transverse vaginal septum
- Atresia of vagina, cervix.

206. Best indicator for ovarian reserve is ?

a) AMH

b) LH/FSH ratio

c) FSH

d) Estradiol

Correct Answer - A

Ans. A. AMH

AMH blood levels are thought to reflect the size of the remaining egg supply or "ovarian reserve"

207. HPL has activity similar to which hormone ?

a) Oxytocin

b) Growth hormone

c) Insulin

d) All of the above

Correct Answer - B

Ans. B. Growth hormone

Human placenta lactogen (hPL) was named so, because of its potent lactogenic & growth hormone like bioactivity as well as immunochemical resemblance to human growth hormone'

208. Which of the following is not a soft tissue marker of Down syndrome on USG ?

a) Increase NT

b) Absent nasal bone

c) Exomphalos

d) Polydactyly

Correct Answer - D
Ans. D. Polydactyly

209. In a case of recurrent spontaneous abortion the following investigation is unwanted ?

a) Hysteroscopy

b) Testing for antiphospholipid antibodies

c) Testing for TORCH infections

d) Thyroid function tests

Correct Answer - C

Ans. C. Testing for TORCH infections

Testing for TORCH infections is now thought to be unwarranted.

210. Dilatation & evacuation is done for all except ?

a) Inevitable abortion

b) Incomplete abortion

c) Threatened abortion

d) None of the above

Correct Answer - C

Ans. C. Threatened abortion

Inevitable abortion means the process of expulsion of products of conception has become irreversible. The expulsion of products of conception has not occurred but it is bound to happen and nothing can be done to stop this process.

When the entire products are not expelled, part of it is left inside the uterine cavity, it is called incomplete abortion.

211. WHO normal Hb value for a non pregnant adult female is ?

a) 10 gm/dl

b) 11 gm /dl

c) 12 gm/dl

d) 13 gm/dl

Correct Answer - C

Ans. C. 12 gm/dl

212. Outcomes of occipito posterior position?

a) Deep transverse arrest

b) Occipito sacral arrest

c) Face to pubis delivery

d) All of the above

Correct Answer - D

Ans, D. All of the above

213. RMP can perform MTP in first trimester if he has assisted in MTPs -

a) 5

b) 15

c) 25

d) 50

Correct Answer - C

Ans, C. 25

A registered medical practitioner shall have one or more of the following experience or training in gynecology and obstetrics namely =

- If he has assisted a registered medical practitioner in the performance of twenty-five cases of medical termination of pregnancy of which at least five have been performed independently,

214. Crying of fetus in utero is called as ?

a) Vagitus uterinus

b) First cry

c) Utero vaginalis

d) Vagitus vagina

Correct Answer - A

Ans, A. Vagitus uterinus

215. True about cephalhematoma is :

- a) Crosses the suture lines
- b) Always present at birth
- c) Ventouse delivery is a risk factor
- d) All of the above

Correct Answer - C

Ans. C. Ventouse delivery is a risk factor

The usual causes of a cephalohematoma are a prolonged second stage of labor or instrumental delivery, particularly ventouse.

216. All are causes of anovulatory amenorrhoea except?

a) PCOD

b) Hyperprolactemia

c) Gonadal dysgenesis

d) Drugs

Correct Answer - C

Ans. C. Gonadal dysgenesis

Causes of anovulatory amenorrhea

- PCOD
- Hyperprolactinaemia
- Weight loss, stress, exercise
- Drugs
- Chest wall stimulation

217. What is false about post menopausal state ?

a) Low LH

b) Low estrogen

c) High FSH

d) High androgen

Correct Answer - A

Ans. A. Low LH

Hormonal changes in post-menoPausal state

- FSH level is increased
- Oestrogen level is decreased & most of it is synthesised peripherally by conversion of androgen to oestrogen
- Androgen level is slightly increased

218. In a postmenopausal female, which hormone increases?

a) FSH

b) Estrogen

c) GH

d) None of the above

Correct Answer - A

Ans, A. FSH

219. Role of lactobacilli in vaginal secretions

a) To maintain alkaline pH

b) To maintain acidic pH

c) Nutrition

d) None

Correct Answer - B

Ans., B. To maintain acidic pH

The importance of Doderlein's bacillus is that its presence is associated with production of lactic acid contained in the vagina and this acidity inhibits the growth of other organisms."

Doderlein's bacillus is the only organism which will grow at the pH of 4-4.5 (normal pH of vagina).

220. Hegar sign all are true except ?

a) Bimanual palpation method

b) Difficult in obese

c) Can be done at 14 weeks

d) Present in 2/3rd of cases

Correct Answer - C

Ans. C. Can be done at 14 weeks

Hegar's sign: Present in 2/3rd of cases. Demonstrated between 6-10 weeks, a little earlier in multipara. This sign is based on the 2 facts (1) upper part of the body of uterus is enlarged by growing uterus and lower part is empty and soft and cervix is comparatively firm. Therefore on bimanual examination (2 fingers in the anterior fornix and abdominal fingers behind the uterus), abdominal and vaginal fingers seem to appose below the body of the uterus.

221. Hegar sign is seen in how many weeks ?

a) 6-10 weeks

b) 10-14 weeks

c) 14-18 weeks

d) 18-22 weeks

Correct Answer - A
Ans. A. 6-10 weeks

222. Palmer sign is related to ?

- a) Contraction of uterus
- b) Dusky hue of ant vaginal wall
- c) Bluish discolouration of ant vaginal wall
- d) Increased pulsations felt through lateral fornix

Correct Answer - A

Ans, A, Contraction of uterus

Palmer sign:-regular and rhythmic contractions can be elicited during bimanual examination as early as 4-8 weeks.

223. New born can be given breast milk after how much time following normal delivery?

a) Half hour

b) 1 hours

c) 2 hours

d) 3 hours

Correct Answer - A

Ans A. Half hour

A healthy baby is put to the breast immediately or at most % to 1 hr following normal delivery.

Following caesarean sections a period of 4-6 hours may be sufficient for the mother to feed her baby.

224. 4 month amenorrhoea with increased FSH, LH & decreased estrogen in a 35 yrs old?

a) Premature menopause

b) Menopause

c) Late menopause

d) Perimenopause

Correct Answer - A

Ans, A. Premature menopause

Premature menopause is defined as ovarian failure occurring 2 SD in years before the mean menopausal age in a population.

It is clinically defined as secondary amenorrhea for at least 3 months with raised FSH level, raised FSH:LH ratio & low E2 level in a women under 40 yrs of age."

**225. 35 yr old with 4 months amenorrhea with increased FSH, decreased estrogen.
What is the diagnosis?**

a) Premature ovarian failure

b) PCOD

c) Pituitary failure

d) Hypothalamic failure

Correct Answer - A

Ans. A. Premature ovarian failure

It is a case of premature menopause (premature ovarian failure)

226. Contraction stress test false is ?

a) Oxytocin not used

b) Invasive method

c) Detects fetal well being

d) Negative test is associated with good fetal outcome

Correct Answer - A

Ans, A. Oxytocin not used

Contraction stress test (CST) (syn : Oxytocin challenge test):

- It is an invasive test to assess fetal respiratory well being during pregnancy.
- It detects alteration in FHR in response to uterine contraction induced by oxytocin indicating hypoxia.

Interpretations

- Negative test indicated good outcome

227. NST, what is seen except?

a) Variability

b) Acceleration

c) Time period

d) Oxytocin

Correct Answer - D

Ans, D. Oxytocin

The non-stress test (NST) measures fetal heart rate, which is monitored with an external transducer for at least 20 minutes. During fetal movement, tracing is observed for heart rate acceleration.

Test is positive if two or more fetal heart rate accelerations occurs in 20 minute period.

228. Menstrual regulation effective upto ?

a) 14 days

b) 21 days

c) 4weeks

d) 6 weeks

Correct Answer - A

Ans, A. 14 days

Menstrual regulation (Induction/Aspiration)

Aspiration of endometrial cavity within 14 days of missed period in a woman with previous normal cycle.

Done as an OPD procedure.

Helps to detect failed abortion, molar pregnancy or ectopic Pregnancy.

Contraindicated in advanced pregnancy & in presence of local pelvic inflammation.

229. pH of vagina in pregnant woman is usually ?

a) 4.0

b) 4.5

c) 5

d) >5

Correct Answer - A

Ans. A. 4.0

The vaginal acidity is due to lactic acid.

The normal pH in the healthy women of the child bearing age group is 4.5

230. Vaginal pH before puberty is?

a) 7

b) 6

c) 4.5

d) 5

Correct Answer - A

Ans. A. 7

231. Decidual reaction is due to which hormone ?

a) Progesterone

b) Estrogen

c) LH

d) FSH

Correct Answer - A

Ans. A. Progesterone

Increased structural & secretory activity of the endometrium that brought about in response to progesterone following implantation is known as Decidual reaction".

232. Inhibin levels are checked on which day of menstrual cycle ?

a) Day 3

b) Day 4

c) Day 5

d) Day 6

Correct Answer - A

Ans. A. Day 3

Ovarian reserve test is designed to assess both the number of immature eggs in the ovaries and their quality, which gives an indication of woman's potential fertility.

It works by detecting the levels of three female hormones, using a blood sample taken on day three of menstrual cycle:

1. Follicle stimulating hormone (FSH)
2. Anti-mullerian hormone (AMH)
3. Inhibin-B

233. Best test for ovulation ?

a) Serum estrogen

b) Serum progesterone

c) Both

d) None

Correct Answer - B

Ans. B. Serum progesterone

Plasma concentration of progesterone rises after ovulation & reaches peak of 15 ng/ml at mid luteal phase & then declines as the corpus luteum degenerates".

234. Cardiac output increases maximum at which week?

a) 26-28wks

b) 30-32 wks

c) 32-34 wks

d) 34-36 wks

Correct Answer - C

Ans. C. 32-34 wks

Cardiac output:

- Starts to increase from 5th week of pregnancy, reaches its peak 40-50% at about 30-34 weeks.

235. In pregnancy plasma volume increased maximum at what gestational age?

a) 10 wks

b) 20 wks

c) 25 wks

d) 30 wks

Correct Answer - D

Ans, D. 30 wks

Plasma volume is increased. Starting to increase at 6 weeks & reaching max upto 50% at 30 weeks. Total plasma volume increases to the extent of 1.25 litres.

236. 5 month pregnant female, which of the following is true?

a) 50% have soft systolic murmur

b) Cardiac output is reduced

c) Systemic vascular resistance is increased

d) Increase in CVP

Correct Answer - A

Ans. A. 50% have soft systolic murmur

Anatomical changes during pregnancy

- Heart is pushed upwards & outward. Apex beat is shifted in 4th intercostals space.
- A systolic murmur can be heard in apical or pulmonary area.
- Mammary murmur is a continuous hissing murmur audible over tricuspid area in left 2nd & 3rd intercostals space.
- ECG shows left axis deviation. 53 and rarely 54 can be heard.

237. Spinnbarkeit is maximum shown at which phase?

a) Menstrual phase

b) Ovulatory

c) Post ovulatory

d) Pre follicular

Correct Answer - B

Ans. B. Ovulatory

Spinnbarkeit test (Thread test or Fern test)

- A specimen of cervical mucus when seen under low power microscope, shows a characteristic fern formation.
- Done to see the estrogenic activity in ovulatory phase of menstrual cycle.

238. Rarest presentation is?

a) Cephalic

b) Breech

c) Shoulder

d) Vertex

Correct Answer - C

Ans. C. Shoulder

239. Fertile period of female is measured by ?

a) LH

b) FSH

c) Estrogen

d) Oxytocin

Correct Answer - A

Ans, A. LH

"LH surge from the anterior pituitary gland occurs 24 hours prior to ovulation. Radioimmunoassays of the morning sample of urine & blood gives results in 3 hours. Not only does the LH surge help in predicting ovulation, but the approximate time of ovulation can be gauged & coitus around this time can improve the chances of conception."

240. External version is done after?

a) 34 weeks

b) 36 weeks

c) 38 weeks

d) 40 weeks

Correct Answer - B

Ans. B. 36 weeks

The maneuver is carried out after 36 weeks in labour-delivery complex."

241. Least common presentation of twins ?

a) Both vertex

b) Both breech

c) Both transverse

d) First vertex and 2nd transverse

Correct Answer - C

Ans. C.Both transverse

Lie - Presentation in twin pregnancy:

- The most common lie in the fetuses is longitudinal (90%).
- The combination of presentation of fetuses are:**
- Both vertex (50%)
- First breech second vertex (10%)
- First vertex and second transverse (rare)
- First vertex and second breech (30o/o)
- Both breech (10%)
- Both transverse (rarest).

242.

Presenting part in transverse lie ?

a) Shoulder

b) Face

c) Vertex

d) Brow

Correct Answer - A

Ans. A. Shoulder

'When the long axis of the fetus lies perpendicular o the maternal spine or centralised uterine axis, it is called transverse lie.

But more commonly, fetal axis lies oblique to the maternal spine & is then called oblique lie. In either of the conditions shoulder usually presents over the cervical opening during labour & both are collectively called shoulder presentations."

243. Severely anaemic pregnant patient in cardiac failure. Choice of transfusion?

a) Platelets

b) Packed cells

c) Whole blood

d) Exchange transfusion

Correct Answer - B
Ans. B. Packed cells

244. Hydrops fetalis is due to ?

a) Rh mismatch

b) Hyperproteinemia

c) Placental hypoplasia

d) All of the above

Correct Answer - A

Ans. A. Rh mismatch

245. Caput succedaneum indicates that fetus was alive till ?

a) Immediately after birth

b) Till 2-3 days after birth

c) 2-3 weeks after birth

d) 2-3 months after birth

Correct Answer - A

Ans. A. Immediately after birth

CaPut succedaneum

- Formation of swelling due to stagnation of fluid in the layers of scalp beneath the girdle of contact.
- Boggy diffuse swelling, not limited to midline.
- Disappears spontaneously within 24 hours.
- Usually occurs after rupture of membranes.

246. Caput succedaneum is said to occur in baby?

a) Within 24 hrs

b) 2-3 days

c) 2-3 weeks

d) 2-3 months

Correct Answer - A

Ans. A. Within 24 hrs

247. For uterine prolapse in pregnancy, Ring pessary can be inserted upto ?

a) 12 weeks

b) 14 weeks

c) 16weeks

d) 18 weeks

Correct Answer - D

Ans. D. 18 weeks

Pessary treatment for ProlaPse

- It does not cure the prolapse, only gives symptomatic relief by stretching the hiatus genitalis, thus preventing the uterine & vaginal descent.

Indications of PessarY

- EarlyY Pregnancy - uPto 18 weeks
- PuerPerium
- Patients absolutely unfit for surgery
- Patients unwilling for operation
- While waiting for surgery
- Additional benefits like improvement of urinary symptoms

248. Not a method for delivery of after-coming head of breech ?

a) Forceps method

b) Burns and Marshall method

c) Malar flexion and shoulder traction

d) Half hand method

Correct Answer - D

Ans. D. Half hand method

Methods of delivery of aftercoming head are

- Burns - Marshall method
- ForcePs delivery
- Malar flexion and shoulder traction (modified Mauriceau-Smellie-Veit technique)

249. Investigation of choice in post menopausal bleeding?

a) PAP smear

b) Laproscopy

c) Fractional curettage

d) Ultrasound

Correct Answer - C

Ans., C. Fractional curettage

250. Preferred IUD for menorrhagea ?

a) NOVA T

b) Cu IUD

c) Mirena

d) Gyne fix

Correct Answer - C

Ans. C. Mirena

251. Preferred treatment for menorrhagea in reproductive age group?

a) NOVA T

b) Cu IUD

c) OCPs

d) Hysterectomy

Correct Answer - C

Ans. C. OCPs

252. Drug not used commonly for menorrhagea ?

a) Methergin

b) Clomiphene

c) GnRH

d) NSAIDS

Correct Answer - A
Ans. A. Methergin

253. Drug causing abruption placenta ?

a) Methadone

b) Cocaine

c) Amphetamine

d) Fluoxetine

Correct Answer - B

Ans. B. Cocaine

254.

Classical C section indicated in ?

a) CA Cervix

b) Central placenta praevia

c) Failed induction

d) Fetal distress

Correct Answer - A

Ans. A. CA Cervix

255. Definitive indication of LSCS ?

a) Mento ant

b) Contracted pelvis

c) Occipito posterior

d) Vertex

Correct Answer - B

Ans, B. Contracted pelvis

256. After delivery upto which week is known as puerperium?

a) 2 weeks

b) 4 weeks

c) 6 weeks

d) 8 weeks

Correct Answer - C

Ans. C. 6 weeks

- Immediate puerperium: 24 h
- Early puerperium: upto 1 week
- Remote puerperium: upto 6 weeks

257. Which of these steps is followed first for the management of shoulder dystocia after McRoberts maneuver?

a) Sharp flexion of hip joints towards abdomen

b) Supra pubic pressure

c) 90 degree rotation of posterior shoulder

d) Emergency c-section

Correct Answer - B

Ans. B. Supra pubic pressure

Applying a gentle suprapubic pressure is the first step in management of shoulder dystocia after McRoberts maneuver.

Mnemonic “HELPERR” as a guide for treating shoulder dystocia:

- “H” stands for help
- “E” stands for evaluate for episiotomy.
- “L” stands for legs (pull your legs toward your stomach McRoberts maneuver)
- “P” stands for suprapubic pressure
- “E” stands for enter maneuvers (internal rotation of baby’s shoulders)
- “R” stands for remove the posterior arm from the birth canal.
- “R” stands for roll the patient.

258. Peripartum cardiomyopathy occurs at-

a) Within 7 days

b) Within 6 weeks

c) Within 24 months

d) Within 5 months

Correct Answer - D

Ans. D. Within 5 months

PPCM is a structural heart muscle disease that **occurs** in women either at the end of pregnancy or up to five months after giving birth.

Pearson's diagnostic criteria for peripartum cardiomyopathy:

- Development of cardiac failure in the last month of pregnancy or within 5 months after delivery
- Absence of an identifiable cause for the cardiac failure
- Absence of recognizable heart disease prior to the last month of pregnancy, and
- Left ventricular systolic dysfunction demonstrated by classic echocardiographic criteria, such as depressed ejection fraction or fractional shortening along with a dilated left ventricle.

259. Nerve mostly compressed in pregnancy puerperium:

a) Radial nerve

b) Median nerve

c) Femoral nerve

d) Facial nerve

Correct Answer - C

Ans C. Femoral nerve

The most common postpartum nerve injury is foot drop due to injury to the peroneal nerve and injury to the lateral femoral cutaneous nerve.

Obstetricians may consider frequent position changes in labor, avoidance of prolonged hip flexion, and shortening the pushing time by allowing for passive descent of the fetus before pushing begins as means of avoiding lateral femoral cutaneous nerve injury.

260. In pregnancy which of the following level is altered mostly:

a) Total T3

b) Free T3

c) Free T4

d) TSH

Correct Answer - A

Ans A. Total T3

Total T3 levels are altered throughout pregnancy.

Hormones during pregnancy:

Increased

Growth Hormone

Prolactin

Total T3, Total T4

Aldosterone

Testosterone, Androstenedione
and cortisol

Insulin (due to insulin resistance)

Estrogen

Progesterone

Total T3 and total T4 increase due to stimulation of thyroid tissue by hCG during the early period of gestation. But there is no change in free T3 and T4 due to increase in TBG.

This leads to transient fall in TSH during an early weeks of gestation.

Decreased

Luteinizing hormone

Follicle-stimulating
hormone

Di-Hydro

EpiAndroSterone

Unchanged

ADH

Free

T3, Free T4

The level of TSH reaches normal level during second and third trimester.

261. What is meant by Superfecundation?

- a) Fertilization of two or more ova in one intercourse
- b) Fertilization of two or more ova in different intercourses in same menstrual cycle
- c) Fertilization of ova and then it's division
- d) Fertilization of second ovum first being implanted

Correct Answer - B

Ans. B. Fertilization of two or more ova in different intercourses in same menstrual cycle

Superfecundation is the fertilization of two or more ova from the same cycle by sperm from separate acts of sexual intercourse, which can lead to twin babies from two separate biological fathers. The term superfecundation is derived from fecund, meaning the ability to produce offspring.

262. Acute fatty liver commonly seen in pregnancy at-

a) 3rd trimester

b) 1st trimester

c) Immediate postpartum

d) Intrapartum

Correct Answer - A

Ans. A. 3rd trimester

Acute fatty liver of pregnancy (AFLP) is a rare, potentially fatal complication that occurs in the third trimester or early postpartum period.

Acute fatty liver of pregnancy is more commonly associated with:

- Male fetus
- First pregnancy
- Maternal obesity

It is due to defect in the long-chain-3-hydroxyacyl-CoA-dehydrogenase pathway.

It is uncommon in subsequent pregnancies.

263. Fetal heart starts contracting at-

a) 10-12 days

b) 10-12 weeks

c) 3-5 weeks

d) 3- 5 month

Correct Answer - C

Ans. C 3-5 weeks

The fetal heart starts contracting at approximately 23 days of gestation.

264. Which of the following is correct regarding placenta?

a) Placental artery provides nutrients through umbilical cord to baby

b) Placenta has Wharton's jelly

c) Placenta has 2 veins and 1 artery

d) Estrogen is secreted by placenta

Correct Answer - B

Ans. B. Placenta has Wharton's jelly

The umbilical cord is a structure that provides vascular flow between the fetus and the placenta.

It contains two arteries and one vein, which are surrounded and supported by gelatinous tissue known as Wharton's jelly.

265.

Anesthesia of choice for cesarean section in severe pre-eclampsia :

a) Spinal

b) GA

c) Epidural

d) Spinal+epidural

Correct Answer - C

Ans. C. Epidural

Continuous Epidural Anesthesia is the first choice for patients with preeclampsia during labour, Vaginal delivery and cesarean section. Preeclampsia patients have a risk of severe airway edema , which makes intubation difficult

Continuous Epidural Anesthesia can improve uteroplacental perfusion and also decrease catecholamine secretions.

266. Which of the following is not a high-risk pregnancy?

a) Previous history of manual removal of placenta

b) Anemia

c) Diabetes

d) Obesity

Correct Answer - A

Ans. A. Previous history of manual removal of placenta

High Risk Pregnancy is seen in :

Cardiovascular and renal factors:

- Moderate to severe preeclampsia
- Chronic hypertension
- Severe heart failure (class II-IV, NYHA classification)
- Moderate to severe renal disorders

Metabolic disorders:

- Obesity
- Insulin-dependent diabetes
- Previous endocrine ablation

Obstetric history:

- Fetal exchange transfusion because of Rh incompatibility
- Stillbirth
- Late abortion (16–20 wk)
- Post-term pregnancy (> 42 wk)
- Preterm newborn (< 37 wk and < 2500 g)
- Intrauterine growth restriction (weight < 10th percentile for estimated gestational age)
- Polyhydramnios
- Multifetal pregnancy

- Previous brachial plexus injury
- Abnormal fetal position
- Other disorders:
 - Abnormal cervical cytologic findings
 - Sickle cell disease
 - Severe anemia
 - Thrombophilia
 - Autoimmune disorders
- Anatomic abnormalities:
 - Uterine malformation
 - Insufficient (incompetent) cervix
- Exposure to teratogens:
 - Group B streptococcal infections
 - Smoking > 10 cigarettes/day (associated with premature rupture of membranes)
- Current pregnancy complications:
 - Preterm labor at < 37 Wks
 - Preterm premature rupture of membranes
 - Moderate to severe preeclampsia
 - Polyhydramnios (hydramnios) or oligohydramnios
 - Post-term (> 42 wk)
 - Uterine rupture
 - Placenta previa
 - Abruptio placentae
 - Chorioamnionitis
 - Prolapsed cord
 - Fetal bradycardia for >30 min
 - Fetal tachycardia for >30 min
 - Fetal weight < 2.5 kg
 - Fetal weight > 4 kg
 - Fetal acidosis pH ≤7

267. Which of the following is not used in preeclampsia?

a) Methyldopa

b) Atenolol

c) Labetalol

d) Hydralazine

Correct Answer - B

Ans. B. Atenolol

Choice of anti-hypertensives in pregnancy

- PIH / pre-eclampsia / severe pre-eclampsia : Labetalol
- Acute Hypertension/Hypertension crisis : IV labetalol > Nifedipine > Hydralazine
- Chronic Hypertension in pregnancy : Labetalol > Methyl dopa.

268. Postmenopausal women 1st line of drug for osteoporosis is-

a) OCP

b) Bisphosphonates

c) Raloxifene

d) Strontium

Correct Answer - B

Ans. is. B. Bisphosphonates

First line of management of osteoporosis – Bisphosphonates females.

Alendronate, etidronate, pamidronate, and Ibandronate are bisphosphonates which inhibit bone resorption, and are very effective for both osteoporosis prevention and treatment.

Uses:

- First line drugs for treating postmenopausal osteoporosis
- Paget's disease
- Osteolytic bone metastasis.

Raloxifene: It is a selective estrogen receptor modulator which is also useful in management of osteoporosis but it is a hormonal preparation.

269. A 36-week old pregnant lady with previous twin delivery. What is the Ovarian score?

a) G2P1

b) G2P2

c) G3P2

d) G3P3

Correct Answer - A

ANS. A.G2P1

Gravida includes all confirmed pregnancies. Each pregnancy is only counted one time, even if the pregnancy was multiple gestations, such as twins or triplets

Parity reflects the total number of births after 20 weeks, not the total number of infants born.

Ref.OBS Dutta 8th ed Page no. 107

**270. DCDA twins, 38wks, first twin breech
mother has BP 140/96, 1+ proteinuria
what's the management**

a) Immediate LSCS

b) Induction at 40 weeks

c) Immediate induction and delivery

d) Induction if signs of preeclampsia

Correct Answer - A

ANS. A. Immediate LSCS

CASE DISCUSSION:

- The patient has mild preeclampsia with BP 140 / 96, so TOP is 37 weeks.
- This patient is 38 weeks so immediate termination of pregnancy is required.
- The first twin is breech so the mode of delivery is LSCS hence the answer is A.

INDICATIONS OF CESAREAN SECTION:

The indications are broadly divided into:

Obstetric

- Placenta previa
- **Preeclampsia**
- Previous cesarean section
- Cord prolapse of the first baby
- Abnormal uterine contractions
- Contracted pelvis.

For twins:

- Both the fetuses or even the first fetus with noncephalic (breech or

transverse) presentation

- Twins with complications: IUGR, conjoined twins
- Monoamniotic twins
- Monochorionic twins with TTTS
- The collision of both the heads at brim preventing engagement of either head.

Ref.OBS Dutta 8th ed Page no. 244

**271. A 32-year-old woman complains of amenorrhea since the delivery of a baby 15 months previously, despite the fact that she did not breastfeed her baby. The delivery was complicated by excessive hemorrhage that required a transfusion of 2.5 liters of blood. She has also been fatigued and has gained an additional 4.5Kg since the baby was born. Laboratory data show the following:
Serum LH < 1 IU/L (normal, 4-24 IU/L)
Serum estradiol 5 pg/mL (normal, 20 - 100 pg/mL)
Serum TSH 0.1 mU/L (normal, 0.5 - 5 mU/L)
Serum GH 3 ng/mL (normal, < 5 ng/mL)
Serum ACTH 28 pg/mL (normal, 10 - 50 pg/mL)
Serum prolactin 2 ng/mL (normal, Injection of 500 µg of TRH failed to produce the expected rise in both serum TSH and prolactin. Which of the following diagnoses most likely explains the findings in this patient?**

a) Hashimoto's thyroiditis

b) Isolated gonadotropin deficiency

b) Isolated gonadotropin deficiency

c) Primary amenorrhea

d) Sheehan's syndrome

Correct Answer - D

Ans. D. Sheehan's syndrome

Sheehan's syndrome

- It is hypopituitarism due to ischemic damage to the pituitary resulting from excessive hemorrhage during parturition.
- The pituitary is enlarged during pregnancy; it is more metabolically active, and more susceptible to hypoxemia.
- Furthermore, the blood vessels in the pituitary may be more susceptible to vasospasm because of the high estrogen.
- In about 30% of women who hemorrhage excessively during parturition, some degree of hypopituitarism eventually becomes manifest.
- The symptoms depend on how much of the pituitary is damaged and what cell types are destroyed. The patient described above exhibited persistent amenorrhea after the delivery of her infant.
- This is due to the destruction of pituitary gonadotrophs and diminished secretion of gonadotropins (LH).
- There also appears to have been significant destruction of lactotrophs since TRH injection failed to induce an increase in prolactin.
- Had the women attempted to breastfeed her infant, a failure to lactate mostly likely would have occurred.
- This case is also characterized by secondary hypothyroidism.
- The low TSH and failure to respond to TRH injection are confirmatory.
- Corticotrophs appear to have been spared since plasma ACTH is normal.
- It is not clear whether somatotrophs were damaged.
- Further testing would be needed to see if GH reserve is diminished.

Ref. William Obs. ed. 24th page no.798, 1163
Dutta Gynaecology 6th ed. Page no. 465

272. A 7 weeks pregnant lady has 1 accidental exposure to x-ray. Which of the following should be done?

a) Continue pregnancy

b) Terminate pregnancy

c) Chromosome analysis

d) Pre invasive diagnostic testing

Correct Answer - A

Ans. A. Continue pregnancy

Exposure to X-ray has a very low range of rad so in given case scenario Pregnancy will be continued.

Exposure >15 rad during the second and third trimester or >5 rad in the first trimester needs patient counseling. Elective termination of pregnancy may be considered.

Ref. OBS Dutta 8th edition Page no. 740

William's Obs 24th edition Page no. 931 Table no 46-5

273. In Modern obstetrics, for sensitized Rh-negative mother what should be done to evaluate the condition of the mother?

a) MCA doppler peak systolic volume

b) Fetal blood

c) Amniocentesis

d) Biophysical profile

Correct Answer - A

Ans. A. MCA doppler peak systolic volume

Doppler ultrasound: Serial Doppler study of the middle cerebral artery (MCA)-peak systolic velocity (PSV) is the mainstay to assess fetal anemia. A value >1.5 multiples of the median (MOMs) for the corresponding gestational age, predicts moderate to severe fetal anemia.

This value (between 24 weeks and 35 weeks of gestation), is an indication for cordocentesis and fetal transfusion

Most centers have replaced serial amniocentesis with serial MCA Doppler studies.

Ref. OBstetrics Dutta ed. 8th pg. 391

274. A patient delivered at home with a complete perineal tear came to the hospital after 2 weeks. What management will you prefer?

a) Immediate repair

b) Repair 3 weeks post-delivery

c) Repair 6 weeks post-delivery

d) Repair 3 months post-delivery

Correct Answer - D

Ans. D. Repair 3 months post-delivery

The recent tears should be repaired immediately following the delivery of the placenta. This reduces the chance of infection and minimizes blood loss.

In cases of delay beyond 24 hours, the repair is to be withheld.

Antibiotics should be started to prevent infection.

The **complete tear should be repaired after 3 months** if delayed beyond 24 hours.

In case of any doubt to the grade 3rd-degree tear, it is advisable to classify to a higher degree rather than a lower degree.

Ref.Obs Dutta 24th edition Page no. 490

275. All are used for postcoital contraception except-

a) CuT

b) Ru 486

c) High dose estrogen

d) Danazol

Correct Answer - D

Ans. D. Danazol

EMERGENCY CONTRACEPTIVES:

Drug	Dose	PREGNANCY RATE
Levonorgestrel	0.75 mg stat and after 12 hours	0-1
Ethinyl estradiol 50 µg + norgestrel 0.25 mg	2 tab stat and 2 after 12 hours	0-2
Ethinyl estradiol	2.5 mg Bd × 5 days	0-0.6
Mifepristone	100 mg single dose	0-0.6
Copper IUDs (Gold standard)	Insertion within 5 days	0-0.1
(RU 486/Mifepristone) (ulipristal acetate)	30 mg PO	0-1

Ref: DUTTA GYNAECOLOGY ED. 6TH PAGE NO. 492

276. 33 yr old female with heavy menstrual bleeding for 6 months comes to the gynaecology OPD. On examination, no abnormality was seen. USG also appeared normal. The patient was tried to be managed on non-hormonal treatment but it failed. What will be the next management step?

a) Hormonal therapy

b) Endometrial sampling

c) Hysterectomy

d) Hysterectomy

Correct Answer - B

Ans. B. Endometrial sampling

Before starting Hormonal therapy endometrial sampling is done as if hormonal therapy precedes sampling the sampling results will be altered.

As already mentioned in question the USG and clinical examination show no abnormality hence the diagnosis can't be made on that so for diagnosis we need to do endometrial sampling and see the hormonal pattern. Then we can proceed with hormonal therapy.

Ref. Dutta Gynaecology ed. 6th page no. 120