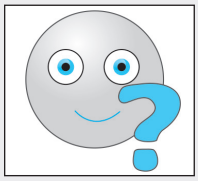
OBSTETRICS

Section A



Section B

Section A

1. OBSTETRICS ANATOMY INCLUDING PELVIS AND FETAL SKULL

OBSTETRICS ANATOMY INCLUDING PELVIS AND FETAL SKULL (QUESTIONS)

1. Most important diameter of pelvis during labour is: (DP PGMEE 2010)
a. Interspinous diameter of outlet
b. Oblique diameter of inlet
c. AP diameter of outlet
d. Intertubercular diameter
Ref: Dutta 7/e p90, 6/e p91

2. The most unfavourable prognosis is of: (MHPGM-CET 2010)
a. Mentoposterior position
b. Occipitoanterior position
c. Occipitoposterior position
d. Mentoanterior position
Ref: Textbook of Obstetrics DC Dutta, 7/e p389, 6/e 390, 577

3. Living ligature of the uterus is: (ORISSA 2000, MHPGM-CET 2010)
a. Endometrium
b. Middle layer of myometrium
c. Inner layer of myometrium
d. Parametrium
Ref: Dutta Obs 7/e p123, Shaw's Text book of Gynaecology 14/ e p6-7

4. Interspinous diameter:
a. 9 cm
b. 10 cm
c. 11 cm
d. 12 cm
Ref: Williams Obs. 22/e, p35; Dutta Obs. 7/e p90, 6/e, p91

5. Longest pelvic diameter:
a. Suboccipitofrontal
b. Submentovertical
c. Suboccipitobregmatic
d. Biparietal
Ref: Textbook of Obstetrics DC Dutta 7/e p85, 6/e p81

6. Face to pubis compression is most likely to occur in pelvis at:
a. Suboccipitobregmatic
b. Suboccipitomental
c. Submentobregmatic
d. All of the above
Ref: Dutta Obs 7/e p85, 86, 370

7. Lowermost portion of presenting fetal part at ischial spine means station_____
a. -1
b. 0
c. +1
d. None
Ref: Williams Obstetrics 23/e p392, 22nd/ Chapter 17

8. After how many days of ovulation embryo implantation occurs: (DNB 2008)
a. 3-5 days
b. 7-9 days
c. 10-12 days
d. 13-15 days *Ref: Dutta Obs 7/e p22, 6/e p23*

9. Asynclitism is diagnosed when: (AP 2012)
a. Sagittal suture is deflected from transverse diameter of pelvis
b. Face presents at the inlet
c. Head is deflexed
d. Sagittal suture is oblique in the pelvis
Ref: Dutta Obs 7/e p123

10. What is the type of pelvis if the inlet is triangular, side walls of the cavity are convergent and subpubic angle is narrow? (AP 2012)
a. Gynaecoid
b. Anthropoid
c. Android
d. Platypelloid *Ref: Dutta Obs 7/e p346*

11. Which is the largest diameter of foetal skull?
a. Submentobregmatic
b. Suboccipitofrontal
c. Occipitofrontal
d. Suboccipitobregmatic *Ref: Dutta Obs 7/e p85*

12. What is the normal bitemporal diameter? (AP 2010)
a. 7.5 cm
b. 8 cm
c. 8.5 cm
d. 9 cm *Ref: Dutta Obs 7/e p85*

13. Ovulation coincides with: (Delhi 2008)
a. High estrogen & high progesterone
b. LH surge
c. Low estrogen & high progesterone
d. Progesterone peak *Ref: Dutta 7/e p20, Shaw 14/e p27*

14. The smallest diameter of the true pelvis is:
a. Interspinous Diameter (AI 05)
b. Diagonal conjugate
c. True conjugate
d. Intertuberous diameter
Ref: Dutta Obs 7/e p90

15. Which is the most common type of female pelvis: (DNB 04; 03; PGI 85)
a. Gynaecoid
b. Anthropoid
c. Android
d. Platypelloid
Ref: Dutta Obs 7/e p345

Ans. **1.** a. Interspinous… **2.** a. Mentoposterior position **3.** b. Middle layer of… **4.** b. 10 cm
5. b. Submentovertical **6.** c. Submentobregmatic **7.** b. 0 **8.** b. 7-9 days
9. a. Sagittal suture… **10.** c. Android **11.** c. Occipito-frontal **12.** b. 8 cm
13. b. LH surge **14.** a. Interspinous Diameter… **15.** a. Gynaecoid

16. Female pelvis as compared to the male pelvis has all except: (PGI Dec 01)
a. Narrow sciatic notch
b. Shallow and wide symphysis pubis
c. Subpubic angle is acute
d. Light and graceful structure
e. Preauricular sulcus is larger *Ref: Reddy 27/e p56*

17. The shortest diameter of fetal head is: (AIIMS May 06)
a. Biparietal diameter
b. Suboccipitofrontal diameter
c. Occipitofrontal diameter
d. Bitemporal diameter *Ref: Dutta Obs 7/e p85*

18. Trophoblast give rise to: (PGI June 03)
a. Placenta
b. Chorion
c. Amnion
d. Decidua
e. Fetal limb
Ref: Dutta Obs 7/e, p24; I.B. Singh Embryology 8/e, p41, 61 – 62

19. The thickness of endometrium at the time of implantation is: (PGI June 99)
a. 3 – 4 mm
b. 20 – 30 mm
c. 15 – 20 mm
d. 30 – 40 mm
Ref: Dutta Obs 6/e p23; Leon Speroff 7/e p119

20. Oxygenated blood from placenta to heart in utero is carried by: (PGI June 97)
a. Umbilical vein
b. IVC
c. Ductus arteriosus
d. None of the above
Ref: I.B. Singh Embryology 8/e p233-234, Dutta Obs 7/e p43-44

21. Subpubic angle is: (UP 07)
a. <65
b. 65-75
c. 85
d. 110-120 *Ref: Dutta Obs 6/e p346*

22. In which of the following transmissions meiosis occurs: (AIIMS Nov 07)
a. Primary to secondary spermatocyte
b. Second spermatocyte to globular spermatid
c. Germ cells to spermatogonium
d. Spermatogonium to primary spermatocyte
Ref: Dutta Obs7/e p19; Human Embryology IB Singh 7/e p9, 13; Langman Embriology 10/e p25

23. Chromosomal number of primary spermatocyte is: (PGI Dec 99)
a. 44 XY
b. 22 XY
c. 22 XX
d. 46 XX *Ref: Dutta Obs 7/e p19; Embryology IB Singh 7/e p13*

24. Primary oocyte : (PGI June 02)
a. Is formed after single meiotic division
b. Maximum in number in 5 months old fetus
c. Is in prophase arrest
d. Also called as blastocyst *Ref: Dutta Obs 7/e p17*

25. True statement regarding oogenesis is/are: (PGI May 2010)
a. Primary occyte arrests in prophase of 1st meiotic division
b. Primary occyte arrests in prophase of 2nd meiotic division
c. Secondary oocyte arrests in metaphase of 1st meiotic division
d. Secondary oocyte arrest in metaphase of 2nd meiotic division
e. 1st polar body is extruded during 1st meiotic division of primary oocyte
Ref: Human embryology by IB singh 8/e p14-16, Duttaobs 7/e p17, Langman 6/e p10 - 11; Dutta Obs 7/e p17

26. In a young female of reproductive age with regular menstrual cycles of 28 days, ovulation occurs around 14th day of periods. When is the first polar body extruded? (AIIMS May 05)
a. 24 hrs prior to ovulation
b. Accompanied by ovulation
c. 48 hrs after the ovulation
d. At the time of fertilization *Ref: Dutta Obs 7/e p17-19*

27. The fetal blood is separated from syncytiotrophoblast with all except : (AI 08, UP 07)
a. Fetal blood capillary membrane
b. Mesenchyme of intervillous blood space
c. Cytotrophoblast
d. Decidua parietalis *Ref: Dutta Obs 7/e p34*

28. The finding of a single umbilical artery on examination of the umbilical cord after delivery is: (AIIMS Nov 09)
a. Insignificant
b. Occurs in 10% of newborns
c. An indicator of considerably increased incidence of major malformation of the fetus.
d. Equally common in newborn of diabetic and nondiabetic mothers *Ref: Dutta Obs 7/e p218*

29. Zygote reaches the uterine cavity as:
a. 32 celled (Kerala 03)
b. 16 celled
c. 8 celled
d. 2 celled *Ref: Dutta Obs. 7/e p22-27*

30. Commonest site of fertilization is: (DNB 04)
a. Isthmus
b. Ampulla
c. Infundibulum
d. Interstitial *Ref: Dutta Obs 7/e p21*

31. Shortest diameter is: (AI 91/DNB 02)
a. Diagonal conjugate
b. Obstetric conjugate
c. True conjugate
d. All are equal *Ref: Dutta Obs 7/e p88*

32. Longest diameter of fetal skull is: (DNB 04; BHU 97)
a. Biparietal
b. Bitemporal
c. Occipitotemporal
d. Submentovertical *Ref: Dutta Obs 7/e p85*

Ans. **16.** a and c **17.** d. Bitemporal diameter **18.** b and c **19.** a. 3 – 4 mm
20. a. Umbilical vein **21.** c. 85° **22.** a. Primary to secondary… **23.** a. 44 XY
24. b and c **25.** a, d and e **26.** b. Accompanied by… **27.** d. Decidua parietalis
28. c. An indicator of… **29.** b. 16 celled **30.** b. Ampulla **31.** b. Obstetric conjugate
32. d. Submentovertical

33. Maximum diameter of pelvic inlet is: (UP 00)
a. Transverse diameter
b. Diagonal conjugate
c. Obstetric conjugate
d. True conjugate
Ref: Dutta Obs 7/e p89

34. Suboccipitofrontal diameter is: (DNB 00)
a. 9.4 cm
b. 10 cm
c. 11.3 cm
d. 12 cm
e. 24 cm
Ref: Dutta Obs 7/e p85

35. To obtain true conjugate, the following factor should be subtracted from the diagonal conjugate: (DNB 00)
a. 0.5 cm
b. 1.2 cm
c. 2.5 cm
d. 3.0 cm
Ref: Dutta Obs 7/e p88

36. Diagonal conjugate is defined as the distance between: (UPSC 00)
a. Upper border of symphysis pubis and the sacral promontory
b. Lower border of symphysis pubis and the sacral promontory
c. Lower border of symphysis pubis and the third piece of sacrum
d. Lower border of symphysis pubis and tipof sacrum
Ref: Dutta Obs 7/e p88

37. The shortest diameter of fetal skull is: (UP 07)
a. Suboccipito frontal
b. Submentobregmatic
c. Mentovertical
d. Submentovertical
Ref: Dutta Obs 7/e p85

38. When the vertex is well flexed presentation is: (MAHE 07)
a. Cephalic
b. Vertex
c. Face
d. Brow
Ref: Dutta Obs 7/e p85

39. The number of vessels seen in the cut section of the umbilical cord are: (Karnataka 2008)
a. One
b. Four
c. Three
d. Two
Ref: Dutta 7/e p40

40. Syncytiotrophoblasts and cytotrophoblasts differentiate on what day after the fertilization? (MH 2008)
a. 6 days
b. 8 days
c. 10 days
d. 12 days
Ref: Williams 23/e p49; Dutta 7/e p27

41. Primordial follicles are developed completely with in: (Kolkata 2009)
a. 14 weeks
b. 8 weeks
c. 4 weeks
d. 28 weeks
Ref: Williams Obs 23/e p99

Ans. **33.** a. Transverse diameter **34.** b. 10 cm **35.** b. 1.2 cm **36.** b. Lower border of…
37. b. Sub mentobregmatic **38.** a. Cephalic **39.** c. Three **40.** b. 8 days
41. b. 8 weeks

2. PLACENTA AND ITS ABNORMALITIES

PLACENTA AND ITS ABNORMALITIES (QUESTIONS)

1. Placenta in which vessels separate before reaching margin is: (DNB 2009)
a. Circumvallate
b. Velamentous
c. Marginata
d. Battledore *Ref: Dutta 7/e p218, 6/e p219*

2. Late deceleration is due to: (DNB 2011)
a. Head compression
b. Cord compression
c. Abdominal compression
d. Placental insufficiency *Ref: Dutta Obs 7/e p612*

3. Placenta develops from: (DNB 2011)
a. Chorion frondosum
b. Decidua capsularis
c. Chorion
d. Amnion *Ref: Dutta 7/e p28, 6/e p28*

4. Cleavage of placental separation after birth of baby occurs through which layer? (AP 2012)
a. Superficial compact layer
b. Deepspongy layer
c. Nitabuch's layer
d. Basal layer
Ref: Dutta Obs 7/e p122

5. Dangerous placenta is: (AP 2011)
a. Placenta previa type III
b. Placenta previa type IV
c. Placenta previa type IIA
d. Placenta previa type IIB
Ref: Dutta 7/e p242; Dutta 8/e p244

6. Morbidly adherent placenta to the myometrium is due to lack of: (AP 2011)
a. Nitabuch fibrinoid layer
b. Decidua basalis
c. Penetration of villi into the muscle bundles
d. All of the above *Ref: Dutta 7/e p419; Dutta 6/e p420*

7. Placental hormone with highest carbohydrate content: (AP 2011)
a. hCG
b. Human pregnancy specific beta glycoprotein
c. HPL
d. Early pregnancy factor (EPF) *Ref: Willams 23/e p63*

8. Weight of placenta at term is:
a. 500 gms
b. 1000 gms
c. 1500 gms
d. 1200 gms *Ref: Dutta Obs 7/e p29*

9. By which day after fertilization, is placental circulation established: (UPSC 06)
a. 11th day
b. 13th day
c. 15th day
d. 17th day
Ref. Dutta Obs 7/e p28; Langman Embryology 9/e p81-82

10. Following hormones secreted by placenta exclusively: (PGI June 03)
a. hCG
b. Estrogen
c. HPL
d. PRL *Ref. Dutta Obs 7/e, p58; Williams Obs 23/e p62-63*

11. Which is not secreted by placenta? (Kerala 03)
a. HPL
b. hCG
c. Prolactin
d. Progesterone *Ref: Dutta Obs 7/e p58*

12. All of the following are true regarding Duncan placental separation except:
a. Most common method of placental separation
b. Maternal side of the placenta present at the vulva
c. Separation starts from the periphery
d. Blood escapes through vagina
Ref: Williams 23/e p147

Ans. **1.** b. Velmentous **2.** d. Placental insufficiency **3.** a. Chorion frondosum **4.** b. DeepSpongy layer
5. d. Placenta Previa… **6.** d. All the above **7.** a. hCG **8.** a. 500 gms
9. d. 17th day **10.** a and c **11.** c. Prolactin **12.** a. Most common…

3. PHYSIOLOGICAL CHANGES DURING PREGNANCY AND ENDOCRINOLOGY IN PREGNANCY

PHYSIOLOGICAL CHANGES DURING PREGNANCY AND ENDOCRINOLOGY IN PREGNANCY (QUESTIONS)

1. The source of hCG is: (DNB 2006)
a. Syncytiotrophoblast
b. Cytotrophoblast
c. Langhan's layer
d. Chorionic villi
Ref: Dutta Obs7/e p58

2. Blood flow in the intervillous space at term approximates: (DNB 2007)
a. 150 mL
b. 300 mL
c. 500 mL
d. 700 mL
Ref: Dutta Obs7/e p32

3. hCG is secreted by: (DNB 2008, AP 2012)
a. Trophoblast cells
b. Amniotic membrane
c. Fetal yolk sac
d. Hypothalamus
Ref: Dutta Obs7/e p58, Williams Obs23/e p192

4. Clotting factor decreased in pregnancy is:
a. VIII (DNB 2009, AP 2012)
b. X
c. XIII
d. Fibrinogen
Ref: Dutta Obs7/e p52, 6/e p52

5. Uterine blood flow at term is: (DNB 2010)
a. 50-75 mL/min
b. 150-200 mL/min
c. 350-400 mL/min
d. >500 mL/min
Ref: Dutta Obs7/e p54

6. Net weight gain in pregnancy is: (DNB 2011)
a. 1-5 kg
b. 2-7 kg
c. 10-12 kg
d. 12-17 kg
Ref: Dutta 7/e p50, 6/e p28

7. Detection of pulsations of the vaginal and uterine arteries in the vaginal fornices in early pregnancy is: (AP 2012)
a. Jacquemier's sign
b. Goodell's sign
c. Osiander's sign
d. Piskacek's sign
Ref: Dutta Obs7/e p65

8. Albumin to globulin ratio near term is: (AP 2011)
a. 1:2
b. 1:1
c. 2:1
d. 1.7:1
Ref: Dutta Obs7/e p52

9. Clotting factors increased in pregnancy except: (AP 2011)
a. Factor 2
b. Factor 7
c. Factor 10
d. Factor 11
Ref: Dutta 7/e p52; Dutta 6/e p52

10. In pregnancy, CVP: (AP 2011)
a. Rises
b. No change
c. Decreases
d. Doubles
Ref: Dutta 7/e p53; Dutta 6/e p53

11. The production rate of the following hormone near term, about 1g/day, is the greatest amount: (AP 2011)
a. Estradiol
b. Progesterone
c. hCG
d. hPL
Ref: Williams 23/e p65

12. The amniotic membrane is characterised by all except: (UP 06)
a. Provides maximum tensile strength
b. Highly vascular
c. It develops after 2 – 7 days of gestation
d. Foetal ectoderm
Ref: William 23/e p59-60

13. Weight gain in pregnancy is related to all except: (AI 2011/AIIMS May 2010)
a. Ethnicity
b. Smoking
c. Socioeconomic status
d. Preconceptional weight
Ref: Williams 22/e p213, 1012, Maternal Nutrition Kamini Rao p21-23, Hand book of obesity: Eitology and pathophysiology after 2/e p968

14. Which of the following is the least likely physiological change in pregnancy: (AIIMS Nov 06)
a. Increase in intravascular volume
b. Increase in cardiac output
c. Increase in stroke volume
d. Increase in peripheral vascular resistance
Ref: Dutta Obs 7/e p52-53; Fernando Arias 3/e p508-509

15. What are maternal physiological changes in pregnancy: [PGI June 03]
a. ↑ed cardiac output
b. ↑ed tidal volume
c. ↑ed vital capacity
d. ↓ed fibrinogen
e. ↓ed plasma protein concentration
Ref: Dutta Obs 7/e p52, 53, 56

Ans. **1.** a. Syncytiotrophoblast **2.** c. 500 ml **3.** a. Trophoblast cells **4.** c. XIII
5. d. >500 ml/min **6.** 10-12 kg **7.** c. Osiander's sign **8.** b. 1:1
9. d. Factor 11 **10.** b. No change **11.** d. hPL **12.** b. Highly vascular
13. b. Smoking **14.** d. Increase in peripheral… **15.** a, b and e

16. Physiological changes in pregnancy: (PGI June 09)
a. ↓residual volume
b. ↓GFR
c. ↓CO
d. ↓Haematocrit
Ref: Dutta Obs 7/e p51, 53, 55, 56; Williams Obs 23/e p121-122 see pulmonary function Ref. Dutta Obs 7/e p53

17. Which of the following cardiovascular change is abnormal in pregnancy: (PGI Dec 00)
a. Enlarged cardiac silhouette
b. Increased S1 split
c. Right axis deviation on ECG
d. Early diastolic murmur
e. HR increased by 10 to 15 per minute
Ref: Dutta Obs7/e p53

18. Which cardiovascular change is physiological in last trimester of pregnancy: (AIIMS Nov 01)
a. Middiastolic murmur
b. Occasional atrial fibrillation
c. Shift of apical impulse laterally and upwards in left 4th intercostal space
d. Cardiomegaly
Ref: Dutta Obs 7/e p53; Williams Obs 23/e p118 - 119, 960

19. All of the following changes are seen in pregnancy except: (AIIMS Nov 2011)
a. Increased stroke volume
b. Increased cardiac output
c. Increased intravascular volume
d. Increased peripheral vascular resistance
Ref: Duttaobs 7/e p-51-53

20. All of the following may be observed in a normal pregnancy except: (AI 03)
a. Fall in serum iron concentration
b. Increase in serum iron binding capacity
c. Increase in blood viscosity
d. Increase in blood oxygen carrying capacity
Ref: Dutta Obs 7/e p52, 261

21. Which of the following is increased in pregnancy:
a. Globulin (PGI Dec 01)
b. Fibrinogen
c. Uric acid
d. Leukocytes
e. Transferrin
Ref: Dutta Obs 7/e p52

22. True about various changes in pregnancy is/are: (PGI Dec 00)
a. Fibrinogen levels are increased
b. Uric acid levels are increased
c. Serum potassium is decreased
d. Sodium retention
Ref: Dutta Obs 7/e p52, 54; William Obs 23/e p114, 116-117; Fernando Arias 3/e p490

23. Physiological changes of pregnancy include:
a. Insulin levels increase (PGI June 02)
b. Increased BMR
c. Hypothyroidism
d. GH decreases
e. Blood volume decreases
Ref: Dutta Obs 7/e p51, 61, 62, 63

24. Insulin resistance in pregnancy is because of:
a. Human placental lactogen (PGI Dec 01)
b. Thyroid hormone
c. Progesterone
d. hCG
e. Estrogen *Ref: Dutta Obs 7/e p54*

25. Most common cause of decreased platelet count in pregnancy: (PGI June 00)
a. Immune
b. Incidental
c. Idiopathic
d. Infection
e. Benign gestational
Ref: Fernando Arias 3/e p475, Williams Obs 23/e p1093; Dutta 7/e p274

26. HCG is secreted by: (AIIMS May 06/PGI June 08)
a. Trophoblast cells
b. Amniotic membrane
c. Fetal yolk sac
d. Hypothalamus *Ref: Dutta Obs 7/e p58*

27. False statement regarding hCG is: (AI 01)
a. It is secreted by cytotrophoblast
b. It acts on same receptor as LH
c. It has luteotrophic action
d. It is a glycoprotein *Ref: Dutta Obs 7/e p58*

28. True about hCG: (PGI Nov 10)
a. α subunit is identical to LH, FSH and TSH
b. Causes involution of corpus luteum
c. Doubles in 7-10 days
d. Max. level seen at 60-70 days of gestation
e. Detected in serum and urine 8-9 days after ovulation
Ref: Dutta Obs 7/e p58, 59

29. In normal pregnancy, character of vagina is: (AI 02)
a. ↑ed pH
b. ↑ed number of lactobacilli
c. ↑ed glycogen content
d. ↑ed number of pathogenic bacteria
Ref: Williams Obs 23/e p111; Dutta Obs7/e p46

30. Which is not associated with increased risk of thromboembolism in a normal pregnancy: (AI 02)
a. ↑ed progesterone level
b. ↑ed production of clotting factors by liver
c. Change in blood viscosity
d. ↓ed antithrombin III
Ref: Williams 23/e p1013, 1014

Ans. **16.** a and d **17.** c and d **18.** c. Shift of apical impulse… **19.** d. Increased…
20. c. Increase in blood… **21.** a, b, d and e **22.** a, c and d **23.** a and b
24. a, c and e **25.** a and e **26.** a. Trophoblast cells **27.** a. It is secreted…
28. a and d **29.** b. Increased number of… **30.** d. ↓ed antithrombin III

31. All of the following statements are true except: (AI 01)
a. Oxytocin sensitivity is increased during delivery
b. Prostaglandins may be given for inducing abortion during IIIrd trimester
c. In lactating women genital, stimulation enhances oxytocin release
d. Oxytocin is used for inducing abortion in 1st trimester
Ref: Dutta Obs 7/e p498; Ganong 20/e p238

32. Hormone responsible for decidual reaction and Arias stella reaction in ectopic pregnancy is: (AIIMS June 00)
a. Estrogen
b. Progesterone
c. hCG
d. HPL
Ref: Dutta Obs 7/e p179, 180

33. True regarding changes during pregnancy: (PGI May 2010)
a. Hyperplasia of parathyroid
b. Hyperplasia of thyroid
c. Increased pigmentation
d. Decreased BMR
e. Increased insulin
Ref: Duttaobs 7/e p62 for a, b, d; p50 for c and 63 for e Williams, obs 23/e p128 for a, 127 for b, 111 for c and 113 for e

34. A prosthetic valve patient switches to heparin at what time during pregnancy:
a. 28 wks
b. 32 wks
c. 36 wks
d. Postpartum
Ref: Duta Obs 7/e p277

35. Schwangerschaft protein is the other name of: (APPG 2011)
a. hCG
b. Papp-1
c. Pregnancy specific beta1 glycoprotein
d. Activin
Ref: Internet Source

36. The following changes occur in urinary system in pregnancy except: (APPG 2011)
a. Increased GFR
b. Increased RBF
c. Hypertrophy of bladder musculature
d. Increased activity of ureters
Ref: Dutta 7/e p55-56

37. Net weight gain in pregnancy is: (DNB 00)
a. 11 lb
b. 24 lb
c. 36 lb
d. 42 lb
Ref: Dutta Obs 7/e p50

38. In pregnancy which is abnormal finding? (JIPMER 03)
a. Venous hum
b. Third beat sound
c. Diastolic murmur
d. Supraclavicular murmur
Ref: Dutta Obs 7/e p52, 276; Williams Obs 23/e p118-119

39. During pregnancy there is an increased respiratory sensitivity to carbon dioxide due to higher circulating levels of: (Karnataka 04)
a. Progesterone
b. Estrogen
c. Estriol
d. Prolactin
Ref: Dutta Obs 7/e p55

40. In pregnancy peak level of HCG occurs at: (UP 02; AI 89)
A. Early gestation
b. Mid gestation
c. Late gestation
d. Prelabour
Ref: Dutta Obs 7/e p59

41. In the early pregnancy, the doubling time of hCG concentrations in plasma is: (Delhi 02; DNB 91)
a. 12 hours
b. 48 hours
c. 72 hours
d. 96 hours
Ref: Dutta Obs 7/e p59

42. The peak level of chorionic gonadotropin in normal pregnancy occurs at: (DNB 00)
a. 30 – 40 days
b. 60 – 70 days
c. 10 – 20 days
d. 100 – 110 days
e. 120 – 140 days
Ref: Dutta Obs 7/e p59

43. Hormone which does not cross placenta: (MAHE 01)
a. Thyroxine
b. Estrogen
c. Insulin
d. None *Ref: Williams Obs 23/e p85-86*

44. Supine hypotension is characteristic of: (DNB 2008)
a. 1st trimester
b. 2nd trimester
c. 3rd trimester
d. Twin pregnancy *Ref: Dutta Obs 7/e p53*

45. In pregnancy all occurs except: (TN 2008)
a. Increased cardiac output
b. Decreased blood volume
c. Increased MCV
d. Increased glomerular flow *Ref: Dutta Obs 7/e p53, 55*

46. Which is the characteristic lesion of pregnancy: (AP 2008)
a. Vitiligo
b. Pemphigus
c. Tinea
d. Chloasma
Ref: Dutta Obs 7/e p50, Roxburgh 17/e p238, COGDT 10/e p379

Ans. **31.** d. Oxytocin is used… **32.** b. Progesterone **33.** a, b, c and e **34.** c. 36 wks
35. c. Pregnancy specific… **36.** d. Increased activity of… **37.** b. 24 lb **38.** d. Supra – clavicular murmur
39. a. Progesterone **40.** a. Early gestation **41.** b. 48 hours **42.** b. 60 – 70 days
43. d. None **44.** c. 3rd trimester of pregnancy **45.** b. Decreased blood… **46.** d.Chloasma

47. Surfactant appears in amniotic fluid at?

a. 20 weeks
b. 24 weeks
c. 28 weeks
d. 30 weeks *Ref: Dutta Obs 7/e p43*

48. Which of the following is correct for urinary system changes in pregnancy:

a. Renal blood flow decreased
b. GFR increased
c. Decreased creatinine clearance
d. Kidneys shrink by 1cm *Ref: Dutta 7/e p55*

Ans. **47.** b. 24 weeks **48.** b. GFR increased

4. DIAGNOSIS OF PREGNANCY AND ANTENATAL CARE

DIAGNOSIS OF PREGNANCY AND ANTENATAL CARE (QUESTIONS)

1. The second trimester screening protocol for detection of fetal aneuploidy called the "triple screen" includes the assessment of serum levels of all except: (DP PGMEE 2009)
a. Alpha-fetoprotein
b. Chorionic gonadotropin
c. Unconjugated estriol
d. Pregnancy associated plasma protein–A
Ref: Dutta 7/e p106, 6/e p107

2. The pathognomonic feature of abdominal pregnancy is: (DP PGMEE 2010)
a. Fetus appears lateral to lumbar spine on X-ray
b. Small uterus
c. Fetus easily palpable
d. Positive pregnancy test
Ref: Dutta 7/e p188, 6/e p191

3. Chadwick sign means: (MHPGM-CET 2006, 2010)
a. Bluish discoloration or dusky hue of the vestibule and anterior vaginal wall
b. Pulsations felt through lateral fornices
c. Softening of cervix
d. All of the above
Ref: Dutta, Obsetrics, 7/e p65, 6/e p65

4. All the definitive signs of pregnancy, except: (DNB 2005)
a. Amenorrhoea
b. Fetal movements
c. Fetal heart sounds
d. Fetal skeleton seen in X-ray
Ref: DC Dutta Obsretics 7/e p72

5. Age estimation…first trimester: (AP 2011)
a. Biparietal diameter
b. Crown-rumplength
c. Femoral length
d. Uterine fundal length *Ref: Dutta Obs7/e p646*

6. Pregnancy by ELISA first detected on: (AP 2011)
a. first day of missed cycle of 28 day duration
b. 2 days after missed period
c. 5 days before the first missed period
d. 8 days after conception *Ref: Dutta 7/e p67; Dutta 6/e p67*

7. Foetal breathing movements is seen earliest at: (Orissa 00)
a. 8 weeks
b. 11 weeks
c. 16 weeks
d. 24 weeks *Ref: Dutta Obs 7/e p43*

8. Best test for estimating hCG: (Al 2011)
a. Radio immunoassay
b. ELISA
c. Radio receptor assay
d. Bioassay *Ref: Dutta Obs 7/e p67*

9. Signs positive in early pregnancy are: (PGI Dec 00)
a. Hegar's sign
b. Palmer's sign
c. Goodell's sign
d. Osiander's sign
Ref: Dutta Obs 7/e p65-66

10. Hegar's sign of pregnancy is: (PGI June 97)
a. Uterine contraction
b. Bluish discoloration of vagina
c. Softening of isthmus
d. Quickening
Ref: Dutta Obs 7/e p65

11. Changes that are found in 2nd trimester of pregnancy: (PGI Dec 03)
a. Braxton-Hicks contraction
b. Show
c. Lightening
d. Quickening
e. Broad ligament pain *Ref: Dutta Obs 7/e p68-69*

12. Pregnancy is confirmed by: (PGI 04)
a. Morning sickness
b. Amenorrhea
c. Fetal heart activity
d. Fetal movement by examiner
e. Fetal sac in USG *Ref: Dutta Obs 7/e p72*

13. Best parameter for estimation of fetal age by ultrasound in 3rd trimester is: (AIIMS Nov 00)
a. Femur length
b. BPD
c. Abdominal circumference
d. Intraoccular distance
Ref: Rumack Diagnostic Ultrasound 2/e p1018-1021; USG in Obs and Gynae by Callen 4/e p208

14. Transvaginal USG can detect fetal cardiac activity in: (PGI June 03)
a. 6 weeks
b. 7 weeks
c. 8 weeks
d. 10 weeks
e. 11 weeks
Ref: Dutta Obs 7/e p646; USG in Obs and Gynae by Callen 4/e p120; William's 23/e p200, 350

15. Cardiac activity of fetus by transabdominal USG is seen earliest at what gestational age: (PGI Dec 00)
a. 5th week
b. 6th week
c. 8th week
d. 9th week *Ref: USG in Obs and Gynae by Callen 4/e p120*

Ans. **1.** d. Pregnancy… **2.** a. Fetus appears… **3.** a. Bluish discoloration… **4.** a. Amenorrhea
5. b. Crown-rumplength **6.** c. 5 days before **7.** b. 11 weeks **8.** a. Radio immunoassay
9. a, b, c and d **10.** c. Softening of isthmus **11.** a and d **12.** c, d and e
13. a. Femur length **14.** a. 6 weeks… **15.** c. 8th week

16. Earliest detection of pregnancy by ultrasound is by: (PGI June 00)
a. Gestational sac
b. Fetal node
c. FSH
d. Fetal skeleton *Ref: Williams 23/e p350*

17. In transvaginal ultrasound, earliest detection of gestation sac is by: (PGI June 00)
a. 21 days after ovulation
b. 21 days after implantation
c. 28 days post ovulation
d. 14 days after ovulation
Ref: USG in Obs and Gynae by Callen 4/e p114

18. An expectant mother feels quickening at: (PGI Dec 09)
a. 12-18 weeks
b. 16-20 weeks
c. 26 weeks
d. 24-28 weeks
e. 28-32 weeks *Ref: Dutta Obs 7/e p68: Reddy 27/e p434*

19. Kegels exercise should begin: (AIPG 2012)
a. Immediately after delivery
b. 3 weeks after delivery
c. Only after LSCS
d. During third trimester of pregnancy
Ref: Jeffcoates 7/e p286

20. Maximum teratogenecity occurs during:
a. First two weeks after conception
b. 3 – 8 weeks after conception
c. 8 – 12 weeks after conception
d. 13 – 20 weeks after conception
Ref: Dutta Obs7/e p41, 512

21. The softening of the uterus with lateral implantation is called as: (UP 07)
a. Chadwick's sign
b. Hegar's sign
c. Goodell's sign
d. Piskacek's sign *Ref: Dutta Obs 7/e p65*

22. In early pregnancy clinical signs of feeling the cervix and the body of bulky uterus separated because of softened isthmus at 6 - 10 weeks of gestation: (Orrisa R)
a. Goodell's sign
b. Chadwick's sign
c. Piskacek's sign
d. Hegar's sign *Ref: Dutta Obs 7/e p65*

23. Palmer's sign elicits: (Karnataka 99)
a. Intermittent uterine contractions
b. Softening of cervix
c. Pulsations in fornix
d. Compressibility of isthmus *Ref: Dutta Obs 7/e p65-66*

24. Hegar's sign can be elicited by: (DNB 00; AIIMS 87)
a. 8 weeks
b. 10 weeks
c. 12 weeks
d. 15 weeks *Ref: Dutta Obs 7/e p65*

25. In abdominal pregnancy, the pathognomonic sign is: (DNB 05)
a. Jacquemier
b. Chadwick
c. Piskacek
d. Weinberg

26. The most diagnostic sign of pregnancy is: (DNB 00)
a. Amenorrhea
b. Quickening
c. Fetal heart sounds
d. Distention of abdomen *Ref: Dutta Obs 7/e p72*

27. Ideal number of antenatal visits: (MAHE 07)
a. 12-14
b. 6-8
c. 7-9
d. 10-11 *Ref: Dutta Obs 7/e p99; Park 20/e p450*

28. Minimum number of antenatal visits: (MAHE 07)
a. 3
b. 1
c. 5
d. 6 *Ref: Park 20/e p450*

29. Daily caloric needs in pregnancy is about…..… kilo cal: (AIIMS 06)
a. 1000
b. 1500
c. 2500
d. 3500 *Ref: Dutta Obs 7/e p99*

30. Increased demand of following occurs in pregnancy except: (UP 01)
a. Folic acid
b. Iron
c. Vit B 12
d. Zinc
Ref: Dutta Obs 7/e p99; Park 19/e p506

31. Wied test is used to differentiate: (DNB 05)
a. Abortion from pregnancy
b. Perimenopause from pregnancy
c. Uterine tumor from pregnancy
d. Ectopic pregnancy from true pregnancy
Ref: Still searching

32. In pregnant female with anemia, iron supplement should be given for how many days for replenishment of iron stores even after correction of anemia: (MH 2008)
a. 2 months
b. 3 months
c. 6 months
d. Not necessary to do so *Ref: Dutta Obs 7/e p265*

33. Manual appreciation of fetal parts and fetal movement by examination is earliest possible at _____ weeks of gestation: (MH 2008)
a. 20
b. 24
c. 26
d. 28 *Ref: Dutta Obs 7/e p69*

Ans. **16.** a. Gestation sac **17.** d. 14 days after ovulation **18.** b. 16-20 weeks **19.** d. During third trimester…
20. b. 3 – 8 weeks after… **21.** d. Piskacek's sign **22.** d. Hegar's sign **23.** a. Intermittent uterine…
24. a. 8 weeks… **25.** d. Weinberg **26.** c. Foetal heart sounds **27.** a. 12-14
28. a. 3 **29.** c. 2500 **30.** c. Vit B 12 **31.** b. Perimenopause from…
32. b. 3 months **33.** a. 20

34 Expected date of delivery is calculated by all except: (UP 2008)

a. Nine calendar months plus 7 days
b. 280 days or 40 weeks
c. 266 days or 38 weeks
d. 10 lunar months *Ref: Dutta Obs 7/e p64*

35. Maximum permissible radiation dose in pregnancy is: (AIIMS 03)

a. 0.5 rad
b. 1.0 rad
c. 1.5 rad
d. 5.0 rad *Ref: Dutta Obs 7/e p651*

Ans. 34. c. 266 days or 38… **35.** d. 5.0 rad

5. FETUS

FETUS (QUESTIONS)

1. The formation of primordial follicles in human fetus is completed by: (Karnataka 04)
a. 4 weeks
b. 8 weeks
c. 13 weeks
d. 18 weeks

Ref: Williams Obs 23/e p9

2. Fetal stage starts at: (Jipmer 04)
a. 9 weeks
b. 3 weeks
c. 6 weeks
d. 12 weeks

Ref: Dutta Obs 7/e p41

3. Fetal hemopoiesis first occurs in: (MAHE 05)
a. Yolk sac
b. Liver
c. Spleen
d. Bone marrow

Ref: Williams Obs. 22/e p103 - 104; 23/e p91; Nelson 17/e p1599, Dutta Obs. 7/e p42

4. Urine formation in intrauterine life starts at: (Jipmer 04)
a. 3 months
b. 4 months
c. 5 months
d. 6 months

Ref: Dutta 7/e p43

5. Ligamentum teres is formed after: (COMED 06)
a. Obliteration of the umbilical vein
b. Obliteration of the ductus venosus
c. Obliteration of the ductus arteriosus
d. Obliteration of the hypogastric artery

Ref: Williams 23/e p90

6. During fetal life maximum growth is caused by:
a. Growth hormone (AI 99, UP 00)
b. Insulin
c. Cortisol
d. Thyroxine

Ref: Ghai 6/e p2, Dutta obs 7/e p42

7. With respect to fetal breathing movements, which of the following is not true?
a. May cause respiratory distress syndrome
b. Causes aspiration of amniotic fluid
c. Increased towards term
d. Helpin conditioning of respiratory muscles

Ref: Dutta Obs 7/e p43; Williams 23/e p97

Ans. **1.** d. 18 weeks **2.** a. 9 weeks **3.** a. Yolk sac **4.** a. 3 months
5. a. Obliteration of the… **6.** a and b **7.** a. May cause respiratory…

6. NORMAL LABOR

NORMAL LABOR (QUESTIONS)

1. After delivery of head, the delivery of the rest of the body can be hastened by: (MHPGM-CET 2010)
a. Moderate pressure on uterine fundus
b. Traction on fetus in the direction of the long axis of its body
c. Traction on the head
d. All of the above
Ref: William Obstetrics 23/ep396, 22nd/Chapter 17; p430

2. ACOG defines arrest of first stage of labor as completed latent phase with uterine contractions of strength > 200 mV without cervical changes for _____: (MHPGM-CET 2010)
a. 1 hour
b. 2 hours
c. 3 hours
d. 4 hours
Ref: William Obstetrics 23/e p465, 22nd/Chapter 22; p540

3. Internal rotation of the fetus occurs: (AP 2012)
a. At brim of the pelvis
b. As the head reaches the pelvic floor
c. At the outlet
d. During delivery of the head
Ref: Dutta Obs 7/e p125

4. Cardinal movements of labor are: (PGI 00)
a. Engagement → descent → flexion → internal rotation → extension → restitution → external rotation → expulsion
b. Engagement → flexion → descent → internal rotation → extension → expulsion
c. Engagement → flexion → descent → external rotation → expulsion
d. Engagement → extension → internal rotation → external rotation → expulsion
Ref: Dutta 7/e p127

5. Which cardinal movements occurs during labor: (PGI June 08)
a. Flexion
b. Extension
c. Internal rotation
d. Descent
e. Asynclitisms
Ref: Dutta Obs. 7/e p128

6. Duration of latent phase of labor is affected by: (PGI Dec 00)
a. Early use of conduction anesthesia and sedation
b. Unripe cervix
c. Hypertonic uterine contraction
d. Pre-eclampsia
Ref: Williams Obs 23/e p388

7. Prolonged latent phase is/are seen in: (PGI May 2010)
a. Placenta praevia
b. Unripe cervix
c. Abruptio placentae
d. Excessive sedation
e. Early epidural analgesia
Ref: Fernando Arias 3/e p376; Williams Obs 22/e p422, 23/e p386-388

8. A female at 37 weeks of gestation has mild labor pains for 10 hours and cervix is persistently 1 cm dilated but non effaced. What will be the next appropriate management: (AIIMS Nov 08, AI 2011)
a. Sedation and wait
b. Augmentation with oxytocin
c. Cesarean section
d. Amniotomy *Ref: Fernando Arias 3/e p376*

9. True labor pain includes all except: (PGI June 09)
a. Painful uterine contraction
b. Short vagina
c. Formation of the bag of waters
d. Progressive descent of presenting part
e. Cervical dilatation *Ref: Dutta Obs 7/e p116*

10. Sensitivity of uterine musculature: (AIIMS May 06)
a. Enhanced by progesterone
b. Enhanced by estrogen
c. Inhibited by estrogen
d. Enhanced by estrogen and inhibited by progesterone
Ref: Jeffcoate 8/e p62, 64, 7/e p68, 71

11. Which is not included in active management of III stage of labor? (AI 08)
a. Uterotonic within 1 minute of delivery
b. Immediate clamping, cutting and ligation of cord
c. General massage of uterus
d. Controlled cord traction *Ref: Dutta Obs 7/e p141*

12. Active management of third stage of labor includes all of the following except: (AIIMS May 2010)
a. Oxytocin injection
b. Ergometrine injection
c. Controlled cord traction
d. Gentle massage of uterus
Ref: Dutta Obs. 7/e p141-142; Sheila Balakrishnan 1/e p149; Management of labour by Arulkumaran; Penna amd Rao 2/e p196, Recent Advances in Obs and Gynae Vol 24 edited by William Dunlop, p93

Ans. **1.** a. All of the above **2.** b. 2 hour **3.** b. As the head reaches… **4.** a. Engagement → descent
5. All **6.** a and b **7.** b, d and e **8.** a. Sedation and wait
9. b. Short vagina **10.** d. Enhanced by estrogen… **11.** b. Immediate clamping… **12.** b. Ergometrine…

13. Pain in early labor is limited to dermatomes: (AIIMS Nov 09)
a. T10 – L1
b. S1 – S3
c. L4 – L5
d. L2 – L3

Ref: Dutta Obs 7/e p117

14. During active labor, cervical dilatation per hour in primi is: (UP 01)
a. 1.2 cms
b. 1.5 cms
c. 1.7 cms
d. 2 cms

Ref. Williams Obs. 22/e p422-423, 23/e p388-389

15. Latent phase of labor is followed by: (Delhi 04)
a. Accelerated phase
b. Phase of maximum slope
c. Deceleration phase
d. 2nd stage of labor

Ref: Williams 23/e p387, 388

16. What is the pressure inside uterus during second stage of labor: (MAHE 07)
a. 100-120 mm of Hg
b. 200-220 mm of Hg
c. 300 - 400 mm of Hg
d. 25 mm of Hg

Ref: Dutta Obs 7/e p117

17. Partogram is used to: (Comed 08)
a. Assess the fetal well-being in labor
b. Assess the condition of the baby at birth
c. Record the events of pregnancy
d. Assess the progress of labor

Ref: Dutta Obs 7/e p530, 531

18. The graph showing relationship between cervical dilatation and duration of labor is: (Kerala 03)
a. Partogram
b. Cervicograph
c. Growth curve
d. Dilatation chart

Ref: Dutta Obs 7/e p530

19. Normal partogram include the following except:
a. Cervical dilatation in X – axis (Karnataka 06)
b. Descent of head in Y – axis
c. Sigmoid shaped curve
d. Alert line followed 4 hours later by action line

Ref: Dutta Obs 7/e p530; Williams Obs 22/e p421 for 'c', 23/e p384]

20. Partogram helps in detecting: (DNB 00)
a. Abruptio placentae
b. Obstructed labor
c. Incoordinate uterine action
d. PPH

Ref: Dutta Obs 7/e p403

21. Engagement of fetal head is with reference to:
a. Biparietal diameter (Karnatka 06)
b. Bitemporal diameter
c. Occipitofrontal diameter
d. Suboccipitofrontal diameter

Ref: Dutta Obs 7/e p81

22. True labor differs from false labor by all except:
a. Absence of 'bag of waters' (UP 02)
b. Painful uterine contractions
c. Progressive effacement and dilatation of the cervix
d. Pain often felt in front of the abdomen or radiating towards the thighs

Ref: Dutta Obs 7/e p115

23. Pressure of normal uterine contractions is between 190-300 units. It will be expressed as: (MH 2008)
a. Montevideo units
b. Mm of Hg
c. Cm of water
d. Joules/kg

Ref: Williams Obs 23/e p437

24. Latent period in primigravida is: (AP 2008)
a. 2 hours
b. 6 to 8 hours
c. 10 to 12 hours
d. 14 to 16 hours

Ref. Dutta Obs 7/e p129, 130, Fernado Arias 3/e p376]

25. Fouth stage of labor i.e. observation of patient after delivery of placenta is defined as period of ___ after delivery: (MH 2008)
a. 1 hour
b. 2 hour
c. 3 hour
d. 4 hour

Ref: Dutta Obs 7/e , p117

26. Correct position of holding the baby immediately after the delivery, but before clamping the umbilical cord is: (MH 2008)
a. At the vaginal introitus
b. Below the vaginal introitus
c. At the level of abdominal wall in cesarean section
d. Depends on the length of umbilical cord

Ref: Dutta Obs 7/e p137

27. Second stage of labor is from: (MP 2008)
a. Onset of contraction to rupture of membranes
b. Onset of contractions to full dilatation
c. Rupture of membranes to delivery of fetus
d. Full dilatation to delivery of fetus

Ref: Dutta Obs 7/e p130

28. Partogram is a graphic record of: (MP 2008)
a. Fetal growth
b. Fetal well being
c. Labor
d. Involution

Ref. Dutta Obs 7/e p531

Ans. **13.** a. T10 – L1 **14.** a. 1.2 cms **15.** a. Accelerated phase **16.** a. 100-120 mm of Hg
17. d, Assess the… **18.** b. Cervicograph **19.** a. Cervical dilatation in… **20.** b. Obstructed labor
21. a. Biparietal diameter **22.** a. Absence of 'bag of water' **23.** a. Montevideo units **24.** b. 6 to 8 hours
25. a. 1 hour **26.** b. Below the vaginal introitus **27.** d. Full dilatation to… **28.** c. Labor

29. The engaging diameter in deflexed head is: (MP 2009)
a. Biparietal dimaeter
b. Occipitofrontal diameter
c. Suboccipitobregamatic diameter
d. Bitemporal diameter

Ref: Dutta Obs 7/e p85

30. Bag of membranes ruptures: (RJ 2009)
a. Before full dilatation of cervix
b. After full dilatation of cervix
c. After head is engaged
d. With excessive show

Ref: Dutta Obs 7/e p130

31. IV Ergotamine should be given: (UP 2008)
a. After the delivery of shoulder
b. During breech extraction
c. In twin pregnancy, first delivery of the child
d. During face presentation

Ref: Dutta Obs 7/e p502

32. What is not included in active management of third stage of labor: (Delhi 2008)
a. Early cord clamping
b. Uterine massage
c. Use of oxytocin
d. Controlled cord traction

Ref. Recent Advances in Obstetrics and Gynaecology, Vol 24 Edited by William DunlopP93

33. Second stage of labor starts from:
a. Full dilatation of cervix
b. Rupture of membrane
c. 3/5 dilatation of cervix
d. Crowing of head

Ref: Dutta 7/e p121

Ans. **29.** b. Occipitofrontal… **30.** b. After full dilatation of Cx **31.** a. After the delivery… **32.** a. Early cord clamping **33.** a. Full dilatation of…

7. INDUCTION OF LABOR AND TRIAL OF LABOR

INDUCTION OF LABOR AND TRIAL OF LABOR (QUESTIONS)

1. Which one of the following methods for induction of labor should not be used in patients with previous lower segment cesarean section: (Feb DP PGMEE 2009, UPSE 06)
a. Prostaglandin
b. Prostaglandin tablet
c. Stripping of the membrane
d. Oxytocin drip

Ref: Dutta Obs 7/e p524

2. Elements of the Bishop score used for assessment of inducibility include the following except: (MHPGM-CET 2010)
a. Station
b. Fetal movements
c. Cervical dilatation
d. Cervical position

(Ref: Textbook of Obstetrics DC Dutta, 7/e p523, 6/e 522

3. RU-486 is used in all of the following, except: (DNB 2006)
a. Postcoital contraception
b. Cervical ripening
c. Induction of labor
d. MTP

Ref: Shaw's 15/e p317

4. Critical obstetrics conjugate for trial of labour is: (DNB 2007, DNB 2003)
a. 8.5 cm
b. 9.0 cm
c. 9.5 cm
d. 10.0 cm

Ref: Williams Obs 23/e p471

5. Parameters assessed prior to induction of labor are all except:
a. Fetal gestation age
b. Fetal weight estimation
c. Fetal part palpable
d. Ensure fetal presentation and lie

Ref: Dutta 7/e p523

6. In Bishop score, all are included except: (AI 07)
a. Effacement of cervix
b. Dilatation of cervix
c. Station of head
d. Interspinal diameter

Ref: Dutta Obs 7/e p523

7. All of the following are used for induction of labor, except: (AIIMS May 04)
a. PG F2 α tablet
b. PG E1 tablet
c. PG E2 gel
d. Misoprostol

Ref: Dutta Obs 7/e p523

8. All of the following drugs are effective for cervical ripening during pregnancy except: (AI 04)
a. Prostaglandin E2
b. Oxytocin
c. Progesterone
d. Misoprostol

Ref: Dutta Obs 7/e p524; Fernando Arias 3/e p284-286; Williams Obs 22/e p537-539, 23/e p50

9. Induction at term is not done in: (AI 08)
a. Hypertension
b. DM
c. Heart disease
d. Renal disease

Ref: Dutta Obs 7/e p522

10. A lady with previous CS presents in labor. Trials of labor is contraindicated in: (AIIMS Nov 12)
a. Breech presentation
b. The fact of knowing that the previous CS was due to CPD
c. Previous classical CS
d. No previous vaginal delivery *Ref: Dutta Obs 7/e p330*

11. Contraindication of induction of labor: (Calcutta 00)
a. PIH
b. Bad obstetrical history
c. Diabetes
d. Heart disease

Ref: Dutta Obs 7/e p522; COGDT 10/e p209

12. Prostaglandin used for cervical ripening:
a. PG E1 (PGM CET 2003) (MH 2008)
b. PG E2
c. PG F2-α
d. Oral oxytocin

Ref: Dutta Obs 7/e p524

13. Induction of labor is done in all except: (Kolkata 2009)
a. Heart disease
b. Preeclampsia
c. Abruptio placenta hemorrhage
d. Chronic polyhydramnios *Ref. Dutta Obs 7/e p522*

Ans. **1.** b. Prostaglandin tablet **2.** b. Fetal movements **3.** c. Induction of labor **4.** b. 9.0 CM
5. c. Fetal part palpable **6.** d. Interspinal diameter **7.** a. PG F2 α tablet **8.** c. Progesterone
9. c. Heart disease **10.** c. Previous classical CS **11.** d. Heart disease **12.** b. PG E2
13. a. Heart disease

8. ABORTION AND MTP

ABORTION AND MTP (QUESTIONS)

1. For inducing therapeutic abortion, mifepristone is most effective when given within _____ days of pregnancy:
a. 120
b. 88
c. 72
d. 63

Ref: Textbook of Gynaecology 5/e p511, Dutta obstetrics 7/e p174, 6/e p175 and 550

2. Lady with abortus in uterus and dilated open os, is suggestive of:
a. Missed abortion
b. Threatened abortion
c. Complete abortion
d. Inevitable abortion

Ref: Dutta Obs 7/e p161-162

3. Mifepristone is used in: (DNB 2008)
a. Early medical abortion
b. Sarcoma botryoides
c. Molar pregnancy
d. Habitual abortion

Ref: Dutta Obs 7/e p174

4. M/C cause of spontaneous first trimester abortion is: (DNB 2009)
a. Uterine malformation
b. Chromosomal abberation
c. Infection
d. Genetic cause

Ref: Dutta Obs 7/e p159

5. MTP at 8 weeks is done by: (AP 2010)
a. Suction evacuation
b. Intramuscular oxytocin
c. Dilatation and curettage
d. Intrauterine prostaglandins

Ref: Dutta Obs 7/e p173, 174

6. Most common cause of first trimester abortion is: (AI 03)
a. Chromosomal abnormalities
b. Syphilis
c. Rhesus isoimmunization
d. Cervical incompetence

Ref: Dutta Obs 7/e p159-160; COGDT 10/e p259; Williams Obs 23/e p215

7. Spontaneous abortion in 1st trimester is caused by: (PGI June 00)
a. Trisomy 21
b. Monosomy
c. Trauma
d. Rh-incompatibility

Ref: Dutta Obs 7/e p160

8. Recurrent spontaneous abortions are seen in all except: (PGI June 03)
a. TORCH infection
b. Uterine pathology
c. Herpes infection
d. Balanced paternal translocation
e. None

Ref. Williams Obs 21/e p868, 23/e p224; Williams Gynae 1/e p144 - 149; Leon Speroff 7/e p1090

9. All of the folowing are known causes of recurrent abortion except: (AI 08)
a. TORCH infections
b. SLE
c. Rh incompatibility
d. Syphilis

Ref: 'Pre test' Obstetrics and Gynaecology 11/e p68

10. 26 years old lady with H/o recurrent abortion which of the following investigations you will do to confirm the diagnosis: (AIIMS Nov 06)
a. PT
b. BT
c. Anti Russel viper venom antibodies
d. Clot solubility test

Ref: Dutta Obs 7/e p343;

11. A woman with h/o recurrent abortions presents with isolated increase in APTT. Most likely cause is: (AIIMS May 07)
a. Lupus anticoagulant
b. Factor VII
c. Von Willebrand's disease
d. Hemophilia A

Ref: Dutta Obs 6/e p343; Fernando Arias 3/e p327; Leon Speroff 7/e p1082

12. All of the following are true about the lupus anticoagulants except: (Al 09)
a. Increase in APTT
b. Recurrent second trimester abortion in pregnant females
c. Can occur without other symptoms of antiphospholipid antibody syndrome
d. Severe life threatening hemorrhage

Ref: CMDT 2009 p735, Williams Obs 23/e p1151-1154

13. Recurrent abortion in Ist trimester, investigation of choice: (PGI Dec 06)
a. Karyotyping
b. SLE Ab
c. HIV
d. TORCH infection

Ref: Dutta Obs 7/e p167

Ans. **1.** d. 63 days **2.** d. Inevitable abortion **3.** a. Early medical abortion **4.** b. Chromosomal abberation **5.** a. Suction evacuation **6.** a. Chromosomal abnormalities **7.** a and b **8.** a and c **9.** a. TORCH infections **10.** c. Anti Russel viper venom… **11.** a. Lupus anticoagulant **12.** d. Severe life threatening… **13.** a. Karyotyping

14. In a case of recurrent spontaneous abortion, following investigation is unwanted: (AIIMS Nov 02)
a. Hysteroscopy
b. Testing antiphospholipid antibodies
c. Testing for TORCH infections
d. Thyroid function tests

Ref: Williams Obs 23/e p224

15. A lady presented to your clinic with a history of recurrent early pregnancy loss. What are the investigations to be ordered: (PGI Dec 09)
a. VDRL
b. Toxoplasma serology
c. Hemogram/blood grouping
d. Rubella screening
e. Blood Sugars

Ref: Novaks 14/e p1302, Leon Speroff 7/e p1090

16. Cervical incompetence is characterised by: (PGI JUne 03)
a. 1st trimester abortion
b. 2nd trimester abortion
c. Premature rupture of membrane
d. Cerclage operation done *Ref: Dutta Obs 7/e p168-169*

17. In cervical incompetence, cerclage operation done are: (PGI Dec 03)
A. Mc Donald operation
b. Shirodkar operation
c. Purandare's operation
d. Khanna's sling operation
e. Abdominal sling operation

Ref: Dutta Obs 7/e p170; Williams Obs 23/e p218 - 219

18. A gravida 3 female with h/o 2 previous 2nd trimester abortion presents at 22 weeks of gestation with funneling of cervix. Most appropriate management would be: (AIIMS Nov 07)
a. Administer dinoprostone and bed rest
b. Administer misoprostol and bed rest
c. Apply Fothergill stitch
d. Apply McDonald stitch *Ref: Dutta Obs 7/e p168-171*

19. A 28 years old female with a history of 8 weeks amenorrhoea complains of vaginal bleeding and lower abdominal pain. On USG examination there is gestational sac with absent fetal parts. The diagnosis is: (AIIMS May 01)
a. Ectopic pregnancy
b. Incarcerated abortion
c. Threatened abortion
d. Corpus luteum cyst *Ref: Dutta Obs 7/e p163*

20. Antiprogesterone compound RU-486 is effective for inducing abortion if the duration of pregnancy is: (AI 04)
a. 63 days
b. 72 days
c. 88 days
d. 120 days *Ref: Novak 14/e p298, Dutta Obs 7/e p174*

21. All of the following drugs have been used for medical abortion except: (AIIMS May 03)
a. Mifepristone
b. Misoprostol
c. Methotrexate
d. Atosiban

Ref: Dutta Obs 7/e p173

22. In extraamniotic 2nd trimester medicolegal termination of pregnancy, which of the following are ethacridine used: (PGI June 04)
a. Ethacridine lactate
b. Prostaglandin
c. Hypertonic saline
d. Glucose

Ref: Dutta Obs 7/e p173

23. According to MTP Act, 2 doctors opinion is required when pregnancy is: (PGI June 03)
a. 10 weeks
b. 6 weeks
c. > 12 weeks
d. > 20 weeks
e. 8 weeks

Ref: Dutta Obs 7/e p173; Reddy 26/e p368-369

24. For medical termination of pregnancy, consent should be obtained from? (AI 2012)
a. The male partner
b. The male as well as the female partner
c. The female partner
d. Consent is not required

Ref: Dutta Obs 7/e p173

25. Mifepristone is not used in: (Al 09)
a. Threatened abortion
b. Fibroid
c. Ectopic pregnancy
d. Molar pregnancy

Ref: Shaw's 15/e p317

26. Causes of 1st trimester abortion are all except: (DNB 01)
a. Rubella
b. Syphilis
c. Defective germplasm
d. Trauma
e. None

Ref: Dutta Obs 7/e p160; Fernando Arias 3/e p140

27. Abortion is defined as "expulsion of fetus" less than ..... gms: (MAHE 05)
a. 500
b. 800
c. 900
d. 1000

Ref: Dutta Obs 7/e p158

Ans. **14.** c. Testing for TORCH… **15.** c and e **16.** b, c and d **17.** a and b
18. d. Apply McDonald… **19.** b. Incarcerated… **20.** a. 63 days **21.** d. Atosiban
22. a. Ethacridine Lactate **23.** c. > 12 weeks **24.** c. The female partner **25.** a. Threatened abortion
26. e. None **27.** a. 500

28. Most common cause of abortion: (HPU 05)
a. Ovofetal factor
b. Maternal hypoxia
c. Uterine fibroid
d. Cervical incompetence
Ref: Dutta Obs 7/e p159-160

29. Internationally accepted definition of abortion is the expulsion of the products of conception: (Kerala 00)
a. Before 28th week of gestation or 1 kg weight of fetus
b. Before 24th week of gestation or 750 gms weight of fetus
c. Before 20 weeks of gestation or 750 gms weight of fetus
d. Before 20th week of gestation or 500 gms weight of foetus
e. None of the above statements is correct
Ref: Williams 23/e p215; Dutta Obs 7/e p158

30. Decidual casts bleeding per vaginum are suggestive of: (Manipal 04)
a. Inevitable abortion
b. Threatened abortion
c. Tubal abortion
d. None
Ref: Shaw's Gynae 15/e p272, 14/e p244

31. The MTP Act was passed in the year: (DNB 03)
a. 1971
b. 1976
c. 1982
d. 1988
Ref: Reddy 26/e p368-369, Dutta Obs 7/e p173

32. The method most suitable for MTP in 3rd month of pregnancy is: (Delhi 01)
a. Dilatation and curettage
b. Extra-amniotic ethacridine
c. Hysterectomy
d. Suction and evacuation
Ref: Shaw 13/e p221; Clinical Obstetrics by Mudaliar and Menon 10/e p406; Dutta Obs 7/e p174-175

33. Prostaglandins can be used for medical termination of pregnancy by all routes except: (UPSC 01)
a. Intravenous
b. Intramuscular
c. Extra-amniotic
d. Intra-amniotic
Ref: Dutta Obs 7/e p175

34. Following is used in Ist trimester MTP: (TN 02)
a. Mifepristone
b. Misoprostol
c. Mifepristone and misoprostol
d. Laminaria tent
Ref: Dutta Obs 7/e p174; Williams Gynae 1/e p151-152

35. All of the following are used in first trimester MTP except: (DNB 2008)
a. Dilatation and evacuation
b. RU-486
c. Suction and evacuation
d. Extra-amniotic ethacridine
Ref: Dutta Obs 7/e p173

36. MTP is not done in: (Delhi 2008)
a. Case of rape
b. Baby with congenital disease
c. Mother at risk
d. Family is poor
Ref: Dutta Obs 7/e p173

37. True about cervical incompetence is all except: (AP 2008)
a. 1st trimester abortion
b. Hegar's dilator can be passed in non pregnant state
c. History of trauma can precede
d. 2nd trimester abortion
Ref: Dutta Obs 7/e p168-169

38. Recurrent abortion seen in all except: (Kolkata 2009)
a. Syphilis
b. TORCH
c. Rh incompatibility
d. Chromosomal abnormality
Ref: Pretest Obs and Gynae, 11/e p68

39. Indications for termination of pregnancy includes:
a. Aortic stenosis
b. Eisenmenger's syndrome
c. Tricuspid stenosis
d. Severe mitral stenosis + NYHA grade II
e. NYHA grade 4 heart disease with history of decompensation in the previous pregnancy
Ref: Dutta 7/e p277

40. A 28 years old female presented with the history of recurrent abortions, pain in calves for 4 years. Patient is suffering from congenital deficiency of:
a. Protein C
b. Thrombin
c. Plasmin
d. Factor XIII *Ref: Dutta Obs 7/e p626, 627*

41. All of the following drugs have been used for medical abortion except:
a. Mifepristone
b. Misoprostol
c. Methotrexate
d. Atosiban *Ref: Dutta Obs 7/e p175, 6/e p177*

Ans. **28.** a. Ovofetal factor **29.** d. Before 20th week… **30.** c. Tubal abortion **31.** a. 1971
32. d. Suction and… **33.** a. Intravenous **34.** c and d **35.** d. Extra aminiotic ethacrydine
36. d. Family is poor **37.** 1st trimester abortion **38.** a. TORCH **39.** b and e
40. a. Protein C **41.** d. Atosiban

9. ECTOPIC PREGNANCY

ECTOPIC PREGNANCY (QUESTIONS)

1. The drug used for medical management of ectopic pregnancy is: (DP PGMEE 2009)
a. Methotrexate
b. Misoprostol
c. Mifepristone
d. Methyl ergometrine
Ref: Shaw's 15/e p276, 14/e p250-251, 13/e p273, Dutta 6/e p188-190

2. A primipara presented at 10 weeks of gestation with lower abdominal pain. On examination there was pallor and lower abdominal tenderness. What is the likely possibility? (DP PGMEE 2010)
a. Ruptured ectopic
b. Twisted ovarian cyst
c. Red degeneration
d. Acute appendicitis
Ref: Dutta 7/e p180-181, 6/e p184-185

3. Conservative treatments for tubal pregnancy include the following except: (MHPGM-CET 2010)
a. Salpingostomy
b. Salpingotomy
c. Salpingectomy
d. Resection and anastomosis
Ref: Textbook of Obstetrics DC Dutta, 7/e p186, 6/e p202

4. Diagnosis of ectopic pregnancy can be made with predicted β-hCG levels of more than:
a. 1000 m IU/mL
b. 1500 m IU/ mL
c. 2000 m IU/mL
d. 2500 m IU/ mL
Ref: William 23/e p244, 245

5. Commonest site of ectopic pregnancy is: (DNB 2006)
a. Uterus
b. Cervix
c. Abdomen
d. Tubes
Ref: Dutta Obs 7/e p177, Williams Obstretics 23/e p240

6. Commonest site of ectopic pregnancy is: (DNB 2007)
a. Isthmic
b. Ampulla
c. Intestitial
d. Infundibular
Ref: Dutta Obs 7/e p177, Williams Obstretics 23/e p240

7. Most valuable diagnostic test in a case of suspected ectopic pregnancy: (DNB 2008)
a. Serial β-hCG levels
b. Transvaginal USG
c. Prosgesterone measurement
d. Culdocentesis *Ref: Dutta Obs 7/e p182-183*

8. Highest risk of ectopic is with: (DNB 2011)
a. Progastasert
b. Tubectomy
c. Condoms
d. CuT
Ref: Shaws 14/e p240

9. All of the following are indications for medical management of unruptured tubal pregnancy, except: (AP 2012)
a. Serum human gonadotroph in < 2000 IU/L
b. Size of the mass 6 cm
c. Haemodynamically stable
d. No intra-abdominal hemorrhage
Ref: Dutta Obs 7/e p186

10. The hormone responsible for the decidual and Arias stella reaction of ectopic pregnancy is: (Kerala 01)
a. hCG
b. Progesterone
c. Estrogen
d. HPL
Ref: Dutta Obs 7/e p180

11. Medical treatment of ectopic pregnancy should be offered to those patients whose hCG level is less than: (Karnataka 2008)
a. 10,000 IU and the size of the mass is less than < 4 cms
b. 5,000 IU and the size of the mass is less than 5 cm
c. 7,500 IU and the size of the mass is less than 3 cm
d. 2,000 IU and the size of the mass is less than 3 cm
Ref: Leon Speroff 7/e p1290, Williams Obs 23/e p247

12. Basanti, a 28 yrs aged female with a history of 6 weeks of amenorrhea presents with pain in abdomen; USG shows fluid in pouch of Douglas. Aspiration yields dark color blood that fails to clot. Most probable diagnosis is: (AI 01)
a. Ruptured ovarian cyst
b. Ruptured ectopic pregnancy
c. Red degeneration of fibroid
d. Pelvic abscess
Ref: Dutta Obs 7/e p182; Williams Obs 22/e p258-259, 23/e p242-243

13. A young woman with six weeks amenorrhea presents with mass in abdomen. USG shows empty uterus. Diagnosis is:
a. Ovarian cyst (AI 01)
b. Ectopic pregnancy
c. Complete abortion
d. None of the above
Ref: Dutta Obs 7/e p182-183; Shaw 14/e p244-245

Ans. **1.** a. Methotrexate **2.** a. Ruptured ectopic **3.** c. Salpingectomy **4.** b. 1500m IU/ mL
5. d. Tubes **6.** b. Ampulla **7.** b. Transvaginal USG **8.** a. Progastasert
9. b. Size of the mass… **10.** b. Progesterone **11.** a. 10,000 IU and the size… **12.** b. Ruptured ectopic…
13. b. Ectopic pregnancy

14. A woman presents with amenorrhea of 2 months duration; lower abdominal pain, facial pallor, fainting and shock. Diagnosis is: (AI 01)
a. Ruptured ovarian cyst
b. Ruptured ectopic pregnancy
c. Threatened abortion
d. Septic abortion
Ref: Dutta Obs 7/e p182

15. Young lady presents with acute abdominal pain and history of 1½ months amenorrhoea, on USG examination there is collection of fluid in the pouch of Douglas and empty gestational sac. Diagnosis is: (AIIMS Nov 01)
a. Ectopic pregnancy
b. Pelvic hematocele
c. Threatened abortion
d. Twisted ovarian cyst
Ref: Dutta Obs 7/e p182-183

16. True about tubal pregnancy: (PGI Dec 09, June 09, 07)
a. Prior h/o tubal surgery
b. Prior tubal pregnancy
c. Prior h/o PID/Chlamydia infection
d. IUCD predisposes
e. OCP predisposes
Ref: Dutta Obs 7/e p178 ; Novak 14/e p605 - 608; Williams Obs 22/e p254, 23/e p239

17. Ectopic pregnancy is most commonly associated with: (PGI Dec 01)
a. Endometriosis
b. Congenital tubal anomalies
c. Tuberculosis
d. Tubal inflammatory diseases
e. Retroverted uterus
Ref: Dutta Obs 7/e p178; Shaw 14/e p239; Williams Obs 22/e p254, 23/e p239

18. In which part of fallopian tube ectopic pregnancy will have longest survival: (AIIMS Nov 01)
a. Isthmus
b. Ampulla
c. Cornua
d. Interstitium
Ref: Dutta Obs 7/e p183; CODGT 10/e p267

19. The cause of fetal death in ectopic pregnancy is postulated as: (AIIMS May 08)
a. Vascular accident
b. Nutritional adequacy
c. Endocrine insufficiency
d. Immune response to mother
Ref: Williams Gynae 1/e p158; Dutta Obs 7/e p179

20. Modern diagnostic aid to diagnose ectopic pregnancy: (PGI June 06)
a. hCG
b. Transvaginal USG
c. AFP
d. Gravindex
Ref: Dutta Obs 7/e p182-183

21. Miladevi is a diagnosed case of ectopic gestation, which of the following will be the most reliable indicator:
a. Arias stella reaction (AIIMS May 01)
b. Culdocentesis showing blood in the posterior cul-de-sac
c. Absence of the normal doubling of hCG levels
d. No gestational sac in USG
Ref: Dutta Obs 7/e p182-183; Leon Speroff 7/e p1280-1285; Novak 14/e p611; Williams Gynae p162-163

22. True about ectopic pregnancy: (PGI June 08)
a. Transvaginal USG-first imaging test of choice
b. Associated with decidual reaction
c. Doppler is of no significance
d. In ectopic, interstitial ring sign is seen
e. hCG level is sufficient for diagnosis
Ref: Dutta Obs 7/e p183; Shaw 14/e p247

23. About ectopic pregnancy true statements are:
a. Rising titre of HCG (PGI Dec 03)
b. Negative pregnancy test excludes the diagnosis
c. Common after tubal surgery
d. Seen in patients taking GnRH therapy
e. Common in patients taking OCP
Ref: Dutta Obs 7/e p178-182; Shaw 14/e p247 for 'b'; Leon Speroff 7/e p1278 for option 'e'

24. Drugs used for treatment of ectopic pregnancy are: (PGI June 03)
a. MTX
b. Actinomycin-D
c. HCG
d. RU-486
e. KCI
Ref: Dutta Obs 7/e p186

25. Which of the following drug is not used for medical management of ectopic pregnancy: (AIIMS Nov 03)
a. Potassium Chloride
b. Methotrexate
c. Actinomycin D
d. Misoprostol
Ref: Dutta Obs 7/e p186; Shaw 14/e p251, Jeffcoates 7/e p154

26. In which of the following conditions, the medical treatment of ectopic pregnancy is contraindicated: (AIIMS May 04)
a. Sac size is 3 cm
b. Blood in pelvis is 70 mL
c. Presence of fetal heart activity
d. Previous ectopic pregnancy
Ref: Dutta Obs 7/e p186; Leon Speroff 7/e p1287-1288; Novak 14/e p624; Williams Gynae 1/e p166

27. Indications of medical managemnt in ectopic pregnancy: (PGI June 07)
a. Presence of fetal heart activity
b. Size <4cms
c. Gestation <6weeks
d. α-hCG >1500
e. β-hCG <15000
Ref: Dutta Obs 7/e p186; Leon Speroff 7/e p1287-1288; Novak 14/e p624 Williams Gynae 1/e p166, Williams Obs 23/e p247

Ans. **14.** b. Ruptured ectopic… **15.** a. Ectopic pregnancy **16.** b, c and d **17.** d. Tubal inflammatory…
18. d. Interstitium **19.** a. Vascular accident **20.** b. Transvaginal USG **21.** d. No gestational…
22. a, b and d **23.** a, c and d **24.** a, b, d and e **25.** d. Misoprostol
26. c. Presence of… **27.** b. Size <4cms

28. A hemodynamically stable nulliparous patient with ectopic pregnancy has adnexal mass of 2.5 x 3 cms and β-hCG titer of 1500 mIU/mL. What modality of treatment is suitable for her: (AI 03)

a. Conservative management
b. Medical management
c. Laparoscopic surgery
d. Laparotomy

Ref: Dutta Obs 7/e p186; Novak 14/e p620-624; Williams Obs 22/e p261 - 265, 23/e 247-248

29. A female has history of 6 weeks amenorrhea, USG shows empty sac, serum β hCG 6500IU/L. What would be next management: (AIIMS Nov 08)

a. Medical management
b. Repeat hCG after 48 hrs
c. Repeat hCG after 1week
d. Surgical management

Ref: William Obs 23/e p244;Shaw's 15/e p276

30. A twenty years old woman has been brought to casualty with BP 70/40 mm Hg, pulse rate 120/min. and a positive urine pregnancy test. She should be managed by: (AIIMS Nov 02)

a. Immediate laparotomy
b. Laparoscopy
c. Culdocentesis
d. Resuscitation and medical management

Ref: Dutta Obs 7/e p184; Jeffcoates 7/e p152

31. In a nulliparous woman, the treatment of choice in ruptured ectopic pregnancy is: (PGI June 00)

a. Salpingectomy and end-to-end anastomosis
b. Salpingo-oophorectomy
c. Wait and watch
d. Linear salpingostomy

Ref: Dutta Obs 7/e p185-185

32. Management of unruptured tubal pregnancy includes: (PGI Nov 2010)

a. Methotrexate
b. Prostaglandins
c. Hysterectomy
d. Laparoscopic salpingostomy
e. Salpingectomy

Ref: Dutta Obs 7/e p185 – 186, jeffcoates 7/e p154

33. Not true about ectopic pregnancy: (PGI Nov 2010)

a. Previous ectopic is greatest risk
b. Pregesterone only pills doesn't increase risk
c. Increased risk with pelvic infections
d. Increased risk with IVF
e. IUCD use increases the risk

Ref: Dutta Obs 7/e p178, Williams obs 23/e p238 - 239

34. True statement regarding ectopic pregnancy: (PGI May 2010)

a. Pregnancy test positive
b. hCG levels should be >1000 mIU/mL for earliest detection of gestational sac by TVS
c. hCG levels should be <1000 mIU/mL for earliest detection of gestational sac by TVS
d. Methotrexate is used

Ref: Dutta Obs 7/e p182, 183, 186, 207, Williams Obs p242, 245

35. A female presents with 8 weeks amenorrhea with pain left lower abdomen. On USG, there was thick endometrium with mass in lateral adnexa. Most probable diagnosis: (AIIMS Nov 2012)

a. Ectopic pregnancy
b. Torsion of dermoid cyst
c. Tubo-ovarian mass
d. Hydrosalpinx

Ref: William's Obstetrics 23nrd p242,243 Dutta Obs 7/e p181

36. Test not useful in case of tubal pregnancy: (AIIMS Nov 2012)

a. Pelvic examination
b. USG
c. hCG
d. Hysterosalpingography

Ref: Dutta obs 7/e p181-183

37. Which one of the following casues the greatest risk of ecotpic pregnancy: (UPSC 07)

a. Pelvic inflamatory disease
b. IUD use
c. Previous ectopic pergnancy
d. Previous MTP

Ref: Williams obs 23/e p239

38. Highest risk of ectopic pregnancy is associated with: (Delhi 01)

a. Pelvic inflammatory disease
b. Tubal endometriosis
c. Intrauterine contraceptive device
D. Broad ligament tumours

Ref: Williams obs 23/e. 6/e p239; Dutta Obs 7/e p178

39. Commonest type of ectopic pregnancy with rupture is: (DNB 02, 04)

a. Isthmic
b. Ampulla
c. Interstitial
d. Infundibular

Ref: Dutta Obs 7/e p180

40. Ectopic pregnancy: most common feature is: (CUPGEE 01)

a. Abdominal pain
b. Amenorrhea
c. Fainting attack
d. Bleeding P.V.

Ref: Dutta Obs 7/e p180-181

41. The most consistent sign in disturbed ectopic pregnancy is: (DNB 01)

a. Pain
b. Vaginal bleeding
c. Fainting
d. Vomiting

Ref: Dutta Obs 7/e p180-181

Ans. **28.** b. Medical… **29.** a. Medical management **30.** a. Immediate… **31.** a. Salpingectomy and…
32. a, and d **33.** a, c, d and e **34.** a, b and d **35.** a. Ectopic pregnancy
36. d. Hysterosalpin… **37.** c. Previous ectopic pergnancy **38.** a. Pelvic… **39.** a. Isthmic
40. a. Abdominal pain **41.** b. Vaginal bleeding

42. Best endometrial reaction in ectopic pregnancy is: (MP 00)
a. Arias stella reaction
b. Secretory phase
c. Decidual reaction without chorionic villi
d. Decidual reaction with chorionic villi

Ref: Dutta Obs 7/e p183, 6/e p186

43. What is the treatment of choice of unruptured tubal pergnancy with serum β-hCG titre 2000 IU/mL: (UPSC 07)
a. Single dose of methotrexate
b. Vairable dose of methotrexate
c. Expectant management
d. Laparoscopic salpingostomy *Ref: Dutta Obs 7/e p186*

44. A 32-year-old woman with two live children was brought to emergency with the history of missed period for 15 days, spotting since 7 days and pain abdomen since 6hrs. Her pulse was 120/min, pallor ++, systolic BP 80 mmHg. There was fullness and tenderness on per abdomen examination. Cu-T thread was seen through external os on P/S examination On P/V examination, cervical movements were tender, uterus was bulky and soft. There was fullness in pouch of Douglas. She is most likely suffering from: (UPSC 07)
a. Pelvic inflammatory disease
b. Missed abortion with infection
c. Ruptured ectopic pregnancy
d. Threatened abortion *Ref: Dutta Obs 7/e p180-181*

45. Most common site of ectopic pregnancy is ampulla because:
a. Fertilisation takes place here
b. It is the widest part
c. Chloroquine
d. It has less propulsive activity *Ref: Shaw's 15/e p266, 267*

Ans. **42.** c. Decidual reaction… **43.** a. Single dose of… **44.** c. Ruptured ectopic… **45.** a. Fertilisation…

10. TROPHOBLASTIC DISEASES INCLUDING CHORIOCARCINOMA

TROPHOBLASTIC DISEASES INCLUDING CHORIOCARCINOMA (QUESTIONS)

1. Which of the following endocrinological condition may be associated with hydatidiform mole? (Feb DP PGMEE 2009)
a. Hypothyroidism
b. Hyperthyroidism
c. Diabetes
d. Hyperprolactinemia
Ref: Shaw's 15/e p255

2. The treatment of choice for hydatiform mole with a uterine size of 28 weeks is: (DP PGMEE 2009)
a. Suction evacuation
b. Intra–amniotic saline followed by oxytocin
c. Evacuation by misoprostol and mifepristone
d. Methotrexate administration
Ref: Dutta 7/e p256 6/e p197-199

3. Commonest site of metastasis of choriocarcinoma is: (DNB 2007)
a. Liver
b. Lung
c. Brain
d. Cervical lymph nodes
Ref: Jeffcoates 8/e p155, 7/e p169; Shaw's 15/e p259

4. Karyotype of complete mole is: (DNB 2009)
a. 46 XX
b. 46 XXY
c. 69XXX
d. 69 XY
Ref: Dutta Obs 7/e p191, 6/e p201

5. Diagnostic factor for choriocarcinoma is: (DNB 2011)
a. Lung metastasis
b. Hypoplastic trophoblasts
c. hCG Levels less than 35,000 Miu/mL
d. None
Ref: Dutta Gynae 6/e p362, 363 Shaw 14/e p230

6. True about H. mole: (PGI Dec 03)
a. Complete mole seen in human only
b. Trophoblastic proliferation
c. Hydropic degeneration
d. Villus pattern absent
Ref: Dutta Obs 7/e p191

7. True about complete hydatidiform mole is: (PGI Dec 01)
a. Chromosome pattern is XX
b. It is of maternal origin
c. Enlarged ovarian cyst occurs
d. It is common in developed countries
e. Associated with preeclampsia
Ref: Shaw 15/e p253, 255, 14/e p227

8. Complete H. Mole are: (PGI June 03)
a. Triploid
b. Diploid
c. Increased β-hCG
d. 2% cases may convert to carcinoma
e. Chance of malignant conversion less than partial mole
Ref: Shaw's 15/e p253; Dutta Obs 7/e p191-194

9. False about partial mole (AI 10)
a. Caused by triploidy
b. Can be diagnosed very early by USG
c. Can present as missed abortion
d. Rarely causes persistent GTD
Ref: Williams Obs 23/e p258, 260, Novaks 14/e p1584, 1587

10. The highest incidence of gestational trophoblastic disease is in: (AI 05)
a. Australia
b. Asia
c. North America
d. Western Europe
Ref: Shaw's 15/e p251 14/e p226; De Vita 7/e p1360

11. Snow storm appearance on USG is seen in: (AI 01; PGI Dec 03)
a. Hydatidiform mole
b. Ectopic pregnancy
c. Anencephaly
d. None of the above
Ref: Dutta Obs 7/e p193; Shaw 15/e p255 14/e p230

12. True about H mole: (PGI June 08)
a. Always associated with raised uterine size for gestational age
b. Raised hCG
c. Hysterectomy in selected cases
d. Chemotherapy is the treatment of choice
e. Thyrotoxicosis rare
Ref: Dutta Obs 7/e p193 for a and b, 192 for e 195 for c and 196 for d; COGDT 10/e p889

13. Prophylactic chemotherapy is indicated after evacuation of H. Mole in all except: (AI 00)
a. Initial level of urine hCG is 40000 IU after 6 weeks of evacuation
b. Increase in hCG titre 24000 IU after 10 week of evacuation
c. Metastasis
d. Nulliparous lady
Ref: Shaw's 15/e p257; Dutta Obs 7/e p196

Ans. **1.** b. Hyperthyroidism **2.** a. Suction evacuation **3.** b. Lung **4.** a. 46 XX
5. c. hCG Levels less… **6.** b. Trophoblastic proliferation **7.** a, c and e **8.** b and c
9. d. Rarely causes… **10.** b. Asia **11.** a. Hydatidiform mole **12.** b, c and e
13. d. Nulliparous lady

14. Indication of methotrexate in molar pregnancy: (PGI June 09)
a. Fetal heart activity
b. Size <4 cm
c. β-hCG 4000 MIU/ml
d. Evidence of metastasis
e. Age 50 years
Ref: Dutta Obs 7/e p200, 196; COGDT 10/e p890; Shaw's 15/e p257, 14/e p231

15. A case of gestational trophoblastic neoplasia belongs to high risk group if disease develops after: (AI 03)
a. Hydatidiform mole
b. Full term pregnancy
c. Spontaneous abortion
d. Ectopic pregnancy
Ref: Shaw's 15/e p261

16. In a case of vesicular mole, all of following are high risk factors for the development of choriocarcinoma except: (AIIMS Nov 02)
a. Serum hCG levels > 100000 miu/ml
b. Uterus size larger than 16 week
c. Features of thyrotoxicosis
d. Presence of bilateral theca lutein cysts of ovary
Ref: Dutta Obs 7/e p194

17. Prognosis of gestational trophoblastic disease depends on all except: (AI 00)
a. Number of living children
b. Blood group
c. Parity
d. Previous hCG titre
Ref: Shaw's 15/e p261

18. Bad prognostic markers of choriocarcinoma treatment are: (PGI June 04)
a. Liver metastasis
b. Lung metastasis
c. Previous H. mole
d. High hCG titre
e. Chemotherapy started 12 months after pregnancy
Ref: COGDT 10/e p892-893; Novak 14/e p1593-1594

19. A case of gestational trophoblastic neoplasia is detectez to have lung metastasis. She should be staged as: (AIIMS May 04)
a. Stage – I
b. Stage – II
c. Stage – III
d. Stage – IV
Ref: Shaw's 15/e p261

20. Choriocarcinoma commonly metastasize to: (PGI June 06)
a. Brain
b. Lung
c. Vagina
d. Ovary
e. Cervix
Ref: Shaw 15/e p259, 14/e p233; Novak 14/e p1591-1592; Williams Obs 23/e p262

21. A 25-year-old female was diagnosed to have choriocarcinoma, management is: (PGI June 06)
a. Chemotherapy
b. Radiotherapy
c. Hysterectomy
d. Hysterectomy and then radiotherapy
Ref: Shaw's 15/e p260-262

22. 35-year-old female with choriocarcinoma treatment of choice is: (AIIMS June 00)
a. Dilatation and evacuation
b. Radiotherapy
c. Hysterectomy
d. Chemotherapy
Ref: Shaw's 15/e p260-262

23. Most common gestational trophoblastic disease following H. mole is: (AI 07)
a. Invasive mole
b. Choriocarcinoma
c. Placental site trophoblastic tumor
d. Placental nodule
Ref: Shaw's 15/e p253

24. Recurrence of gestational trophoblastic tumor can be associated with all except: (AI 10)
a. Enlarged uterus
b. Persistent lutein cysts in ovaries
c. Plateau of hCG
d. Sub urethral nodule
Ref: Recent advances is Obs and gynae edited by William dunlop& William ledger 24 volume

25. Snow storm appearance on USG is seen in: (PGI NOV 2010)
a. H. mole
b. Invasive mole
c. Twin pregnancy
d. Ectopic pregnancy
e. Choriocarcinoma
Ref: Dutta Obs 7/e p193, Ultrasound in Obs/Gynae Vol 1 by Eberhard Merz pg 68.

26. True about complete mole: (PGI NOV 2010)
a. Presence of fetal parts and cardiac activity
b. Normal uterine size (only in 15-20%)
c. Beta hCG doubling time is 7-10 days
d. Preeclampsia at <24 weeks
e. Per vaginal bleeding is commonest presentation
Ref: Dutta Obs 7/e P193 for b, c and e Shaw's 15/e p255 for d.

27. Molar pregnancy is diagnosed in: (Manipal 06)
a. I trimester
b. II trimester
c. III trimester
d. All of the above
Ref: Dutta Obs 7/e p192

Ans. **14.** d and e **15.** b. Full term pregnancy **16.** c. Features of… **17.** a. Number of living children
18. a, d and e **19.** a. Stage – III **20.** b and c **21.** a. Chemotherapy
22. d. Chemotherapy **23.** a. Invasive mole **24.** c. Plateau of hCG **25.** a. H. mole
26. b, d and e **27.** a. I trimester

28. Hydatidiform mole is characterized histologically by: (UP 06, 07)
a. Hyaline membrane degeneration
b. Hydropic degeneration of the villous stroma
c. Non proliferation of cytotrophoblast
d. Non proliferation of syncytiotrophoblast
Ref: Dutta Obs 7/e p191; Shaw's 15/e p252

29. All are true about gestational trophoblastic disease except: (DNB 02)
a. Complete mole genome is triploidy
b. Choriocarcinoma rarely follows full term pregnancy
c. Suction and curettage remove most of hydatidiform mole
d. Snow storm appearance on USG
Ref: Dutta Obs 7/e p191, 199, 195, 193

30. The following conditions are associated with molar pregnancy except: (UPSC 07)
a. Pregnancy induced hypertension
b. Thyrotoxicosis
c. Gestational diabetes
d. Hyperemesis gravidarum
Ref: Dutta Obs 7/e p192-193; Williams Obs 22/e p377, 23/e p260

31. Treatment of choice of 28 weeks size H mole in 40 years parous woman is: (UP 01)
a. Vacuum extraction
b. Hysterectomy
c. Hysterotomy
d. Vaginal delivery
Ref: Dutta Obs 7/e p195

32. The current imaging technique of choice for the diagnosis of hydatidiform mole is: (UPSC 07)
a. Computed tomography
b. Ultrasonography
c. Plain X-ray abdomen
d. Magnetic resonance imaging
Ref: Dutta Obs 7/e p193

33. Ultrasound of a 36 year of gravida reveals small grape-like cystic structures without the evidence of a developing embryo. A diagnosis of complete most likely reveal that the: (UPSC 07)
a. Genotype of the mole is a 46XXX and is completely paternal in origin
b. Genotype of the mole is triploid
c. hCG levels are markedly decreased
d. Serum levels of alpha-fetoprotein are elevated
Ref: Dutta Obs 7/e p198

34. Villous pattern is lost in: (TN 03)
a. Invasive mole
b. Tubal mole
c. Hydatidiform mole
d. Choriocarcinoma
Ref: Williams Obs 23/e p262; Shaw's 15/e p259

35. Gestational trophoblastic disease with jaundice, best drug is: (SGPGI 05)
a. Methotrexate
b. Adriamycin
c. Actinomycin-D
d. Cyclophosphamide
Ref: Shaw's 15/e p260-261, 14/e p232

36. Not a histological marker for choriocarcinoma: (TN 2008)
a. Vill
b. Cytotrophoblast
c. Syncytiotrophoblast
d. Bizarre nuclei
Ref: Shaw's 15/e p259, 14/e p234

37. Which one differentiates choriocarcinoma from invasive mole? (AP 2012)
a. Hemorrhage and necrosis
b. Absence of villi on histology
c. Presence of cannonball metastases
d. High Level of chorionic gonadotropins
Ref: Shaw's 15/e p259

38. Which one of the following statements is false regarding "partial hydatidiform mole" ? (AP 2010)
a. Chance of choriocarcinoma < 5%
b. Demonstrates diploid karyotype
c. May contain fetus
d. Has milder elevation of hCG
Ref: Shaw's 15/e p253

39. Partial mole is:
a. Haploid
b. Diploid
c. Triploid
d. Polyploid
Ref: Dutta Obs 7/e p198

40. Treatment of lutein cyst in hydatidiform mole is
a. Ovarian cystectomy
b. Ovariectomy
c. Suction evacuation
d. Ovariotomy
Ref: Dutta Obs 7/e p195-196, 6/e p198-199

Ans. **28.** b. Hydropic… **29.** a. Complete mole genome… **30.** c. Gestational diabetes **31.** b.Hysterectomy
32. b. Ultrasonography **33.** a. Genotype of the mole… **34.** d. Choriocarcinoma **35.** c. Actinomycin-D
36. a. Vill **37.** b. Absence of villi on histology **38.** b. Demonstrates… **39.** c. Triplod
40. c. Suction evacuation

11. ANTEPARTUM HEMORRHAGE

ANTEPARTUM HEMORRHAGE (QUESTIONS)

1. The risk factors for placental abruption include the following except: (DP PGMEE 2009)
a. History of placental abruption in previous previous pregnancy
b. Hypertension
c. Diabetes mellitus
d. Preterm rupture of membranes
Ref: Dutta 7/e p252-253, 6/e p254-260

2. Couvelaire uterus is present: (UP 07)
a. Placenta previa
b. Abruptio placenta
c. Vasa previa
d. All of the above
Ref: Dutta Obs 7/e p254

3. All are true about placenta previa except: (DNB 2010)
a. Bright red blood loss
b. Painless vaginal bleeding
c. Increased uterine tone
d. Malpresentations frequent.
Ref: Dutta Obs 7/e p246

4. DIC is common with: (DNB 2011)
a. Placenta previa
b. Abruptio placenta
c. Placenta accerta
d. Battledore placenta
Ref: Dutta Obs 7/e p254, 627

5. Placenta accreta is associated with: (PGI June 08)
a. Placenta previa in present pregnancy
b. Uterine scar
c. Multiple pregnancy
d. Multipara
e. Uterine malformation
Ref: Dutta Obs 7/e p419; Williams Obs 23/e p776-777; Munro Kerr's 10/e p432- 434

6. Placenta previa true are: (PGI Nov 07)
a. Incidence increases by two fold after LSCS
b. More common in primipara
c. Most common in developed countries
d. 1 per 1000 pregnancies
e. Most common cause of PPH
Ref: Fernando Arias 3/e p333-334; Dutta Obs 7/e p242-243

7. Regimen followed in expectant management of placenta previa: (AIIMS Nov 2010)
a. Liley's method
b. Crede's method
c. Macafee and Johnson regime
d. Brandt-Andrews Method
Ref: Dutta Obs 7/e p248

8. Expectant management of placenta previa includes all except: (Al 2011)
a. Anti D
b. Cervical cerclage
c. Blood transfusion
d. Steroids
Ref: Dutta Obs 7/e p248-249, Fernando Arias 3/e p341-342

9. A primigravida at 37 week of gestation reported to labour room with central placenta previa with heavy bleeding per vaginum. The fetal heart rate was normal at the time of examination. The best management option for her is: (AI 03)
a. Expectant management
b. Cesarean section
c. Induction and vaginal delivery
d. Induction and forceps delivery
Ref: Dutta Obs 7/e p249-250; Fernando Arias 3/e p337, 339

10. A lady with 37 weeks pregnancy, presented with bleeding per vagina. Investigation shows severe degree of placenta previa. The treatment is: (AI 01)
a. Immediate CS
b. Blood transfusion
c. Conservative
d. Medical induction of labour
Ref: Dutta Obs 7/e p249-250; Fernando Arias 3/e p337, 339

11. Conservative management is contraindicated in a case of placenta previa under the following situations, except: (AIIMS May 04)
a. Evidence of fetal distress
b. Fetal malformations
c. Mother in a hemodynamically stable condition
d. Women in labour
Ref: Dutta Obs 7/e p248-249; Fernando Arias 3/e p342

12. In placenta previa conservative treatment is not done in case of: (PGI June 06)
a. Active labour
b. Anencephaly
c. Dead baby
d. Severe placenta previa
e. Premature fetus
Ref: Dutta Obs 7/e p249

13. Termination of pregnancy in placenta previa is indicated in: (PGI Dec 03)
a. Active bleeding
b. Active labour
c. Gestational age > 34 weeks with live fetus
d. Fetal malformation
e. Unstable lie
Ref: Dutta Obs 7/e p249

Ans. **1.** c. Diabetes mellitus **2.** b. Abruptio placenta **3.** c. Increased uterine tone **4.** b. Abruptio placenta
5. d. Multipara **6.** a. Incidence increases… **7.** c. Macafee and Johnson… **8.** b. Cervical encirclage
9. b. Cesarean section **10.** a. Immediate CS **11.** c. Mother in a… **12.** a, b and c
13. a, b and d

14. All of the following are indications for termination of pregnancy in APH patient except: (AI 01)
a. 37 weeks
b. IUD
c. Transverse lie
d. Continuous bleeding
Ref: Dutta Obs 7/e p249

15. A 21 year old primigravida is admitted at 39 weeks gestation with painless antepartum hemorrhage. On examination uterus is soft non-tender and head engaged. The management for her would be: (AIIMS May 03)
a. Blood transfusion and sedatives
b. A speculum examination
c. Pelvic examination in OT
d. Tocolysis and sedatives
Ref: Dutta Obs 7/e p249

16. Savita is 32 weeks pregnant presents in causality and diagnosed as a case of APH. Vitals are unstable with BP 80/60 which of the following is next step in management: (AIIMS Nov 00)
a. Careful observation
b. Blood transfusion
c. Medical induction of labour
d. Immediate cesarean section
Ref: Dutta Obs 6/e p259; Fernando Arias 3/e p342, fig. 13.2

17. A 32 weeks pregnant women presents with mild uterine contraction and on examination her vitals are stable and placenta previa type III is present. Best management is: (AIIMS June 00)
a. Bed rest + Dexamethasone
b. Bed rest + Nifedipine and Dexamethasone
c. Bed rest + Sedation
d. Immediate caesarean section
Ref: Fernando Arias 3/e p341

18. Commonly used grading for abruption placenta: (AIIMS Nov 2010)
a. Page
b. Johnson
c. Macafee
d. Apt
Ref: Dutta's Obstetric haemorrhage: made easy, page 144-45

19. A primigravida presents to casualty at 32 weeks gestation with acute pain abdomen for 2 hours, vaginal bleeding and decreased fetal movements. She should be managed by: (AI 06; AIIMS Nov 04)
a. Immediate cesarean section
b. Immediate induction of labour
c. Tocolytic therapy
d. Magnesium sulphate therapy
Ref: Dutta Obs 7/e p257; COGDT 10/e p334; Williams Obs 22/e p517

20. A women at 8 months of pregnancy complains of abdominal pain and slight vaginal bleed. On examination the uterine size is above the expected date with absent fetal heart sounds. The diagnosis: (AIIMS May 01)
a. Hydramnios
b. Concealed hemorrhage
c. Active labour
d. Uterine rupture *Ref: Dutta Obs 7/e p255, 212-429*

21. A hypertensive pregnant woman at 34 weeks comes with history of pain in abdomen, bleeding per vaginum and loss of fetal movements. On examination the uterus is contracted with increased uterine tone. Fetal heart sounds are absent. The most likely diagnosis is: (AI 03)
a. Placenta previa
b. Hydramnios
c. Premature labour
d. Abruptio placenta *Ref: Dutta Obs 7/e p255*

22. Which of the following is true about vasa previa except? (AIIMS May 09)
a. Incidence is 1: 1500
b. Mortality rate of 20% with undiagnosed case
c. Associated with low lying placenta
d. Cesarean section is indicated
Ref: Williams Obs 23/e p583-584, High risk pregnancy" Fernando Arias 3/e p348, progress in Obs & Gynae- John studd vol- 17/e p- 209

23. All are the causes of antepartum hemorrhage (APH) except: (UP 06)
a. Placenta previa
b. Abruptio placenta
c. Circumvallate placenta
d. Battledore placenta
Ref: Dutta Obs 7/e p241, 216-217, 218; Text book of Obs by Sheila Balakrishnan, p155

24. Antepartum hemorrhage occurs after how many weeks: (TN 04)
a. 12 weeks
b. 18 weeks
c. 20 weeks
d. 28 weeks *Ref: Dutta Obs 7/e p241*

25. Causes of antepartum hemorrhage are all except: (TN 03)
a. Placenta previa
b. Atonic uterus
c. Abruptio placenta
d. Circumvallate placenta
Ref: Dutta Obs 7/e p241, 216-217

26. Placenta previa is characterized by all except: (UP 06)
a. Painless bleeding
b. Causeless bleeding
c. Recurrent bleeding
d. Presents after first trimester *Ref: Dutta Obs 7/e p243*

27 A positive "Stallworthy's sign" is suggestive of which of the following conditions: (Kerala 00)
a. Twin pregnancy
b. Breech presentation
c. Vesicular mole
d. Low lying placenta
e. Pregnancy induced hypertension
Ref: Dutta Obs 7/e p244

Ans. **14.** c. Transverse lie **15.** c. Pelvic examination in OT **16.** b. Blood transfusion **17.** b. Bed rest + Nifedipine…
18. a. Page **19.** b. Immediate induction… **20.** b. Concealed hemorrhag **21.** d. Abruptio placenta
22. b. Mortality rate… **23.** d. Battledore placenta **24.** d. 28 weeks **25.** b. Atonic uterus
26. d. Presents after… **27.** d. Low lying placenta

28. The placenta is anchored to the myometrium partially or completely without any intervening decidua is called: (UP 05)

a. Placenta accreta
b. Placenta increta
c. Placenta succenturiate
d. Placenta percreta

Ref: Williams Obs 23/e p776, Dutta Obs 7/e p419

29. Treatment of choice in placenta accreta: (UP 01)

a. Manual removal
b. Hysterotomy
c. Hysterectomy
d. Wait and watch

Ref: Williams Obs 23/e p832-833, Dutta Obs 7/e p420

30. Most deaths involving placenta previa result from: (JIPMER 00, UPSC 86)

a. Infection
b. Toxemia
c. Hemorrhage
d. Thrombophlebitis
e. Traumatic rupture of uterus

Ref: Dutta Obs 7/e p246

31. The best way to diagnose the degree of placenta previa is: (Karnataka 2009)

a. Transvaginal sonography
b. Double set-up examination
c. Observation during C.S.
d. Examination of placenta after delivery

Ref: Dutta Obs 7/e p244, 245

32. Abruption of placenta occurs in all except: (Karnataka 2009)

a. Smokers
b. Folic acid deficiency
c. Alcoholics
d. PIH

Ref: Dutta Obs 7/e p252-253

33. Which is not a common cause of placenta accreta? (AI 08/MP 09)

a. Previous LSCS
b. Previous currettage
c. Previous myomectomy
d. Previous placenta previa/abrupto placenta

Ref: Dutta Obs 7/e p419

34. Which of the following predisposes to placenta previa?

a. Primigravida
b. Singleton pregnancy
c. Diabetes mellitus
d. Past caesarean pregnancy

Ref: Dutta Obs 7/e p242

Ans. **28.** b. Placenta increta **29.** c. Hysterectomy **30.** c. Hemorrhage **31.** a. Trans vaginal sonography
32. c. Alcoholics **33.** d. Previous placenta **34.** d. Past caesarean pregnancy

12. POSTPARTUM HEMORRHAGE AND UTERINE INVERSION

POSTPARTUM HEMORRHAGE AND UTERINE INVERSION (QUESTIONS)

1. Drug used to decrease PPH is: (DNB 2005)
a. Oxytocin
b. Mathergine
c. Progesterone
d. Prostaglandins
Ref: Dutta Obs 7/e p141

2. Commonest cause of postpartum hemorrhage in multipara is: (DNB 2005)
a. Fibroid
b. Retained placenta
c. Uterine atony
d. Uterine perforation
Ref: Dutta Obs 7/e p410, 6/e p411

3. All of the following drugs are used in the management of postpartum hemorrhage except:
a. Ergometrine (DNB 2007, AI 2003, AIIMS May 2002)
b. Methergine
c. Prostaglandin
d. Mifeprestone
Ref: Dutta Obs 7/e p416

4. All are prophylactic for atonic PPH except: (AP 2011)
a. 125 microgram carboprost IM at delivery of anterior
b. Methergine IV at a delivery of anterior shoulder
c. controlled cord traction at delivery of anterior shoulder
d. 10 units Oxytocin within mins after delivery
Ref: Dutta 7/e p141, 416; Dutta 6/e p418

5. B-Lynch brace suture is applied for: (AP 2010)
a. Atonic uterus in PPH
b. cervix
c. Ovaries
d. Fallopian tube
Ref: Dutta Obs 7/e p417

6. The following complications during pregnancy increase the risk of postpartum hemorrhage (PPH) except: (AI 06)
a. Hypertension
b. Macrosomia
c. Twin pregnancy
d. Hydramnios
Ref: Dutta Obs 7/e p410-411

7. Which of the drug is not commonly used in PPH ? (AI 08)
a. Mifepristone
b. Misoprostol
c. Oxytocin
d. Ergotamine
Ref: Dutta Obs 7/e p415, 416; Williams Obs 22/e p827, 23/e p775; COGDT 10/e p481; Munro Kerr's 10/e p426-427

8. Massive PPH may warrant following interventions:
a. Hysterectomy (PGI Dec 09)
b. Thermal Endometrial ablation
c. Internal iliac A. ligation
d. Balloon tamponade
e. Uterine artery embolism *Ref: Dutta Obs 7/e p415-416*

9. B Lynch suture is applied on: (AI 03)
a. Cervix
b. Uterus
c. Fallopian tube
d. Ovaries *Ref: Dutta Obs 7/e p417*

10. True regarding PPH: (PGI Nov 07)
a. Type B lynch suture used
b. With new advances both atonic and traumatic PPH can be reduced
c. More common in multipara
d. Associated with polyhydramnios
e. Mifepristone used *Ref: Dutta Obs 7/e p411, 412, 417*

11. Minimum duration between onset of symptoms and death is seen in: (Al 09)
a. APH
b. PPH
c. Septicemia
d. Obstructed labor
Ref: Textbook of prenatal medicine by Kurjak and chervenak 2/e p1945

12. A patient went into shock immediately after normal delivery, likely cause: (AIIMS Nov2010)
a. Amniotic fluid embolism
b. PPH
c. Uterine inversion
d. Eclampsia *Ref: Dutta Obs 7/e p420, 421*

13. Common cause of death in inversion of uterus: (Jipmer 03)
a. Neurogenic shock
b. Hemorrhage
c. Pulmonary embolism
d. Infection
Ref: Williams Obs 23/e p780-781; Dutta Obs 7/e p420

14. Which one of the following is not an operation for uterine inversion: (UPSC 08)
a. O sullivan
b. Haultain
c. spincelli
d. Fentoni
Ref: Dutta Obs 7/e p421 for a and b, 6/e p422; Shaw's 15/e p349

15. A female presents with significant blood loss due to postpartum hemorrhage (PPH). What would be the shock index (HR/systolic BP)? (AIIMS Nov 12)
a. 0.9-05
b. 0.5-0.7
c. 0.9-1.1
d. 0.9-1.1
Ref: William dunlop Recent Advances 24/e p94

Ans. **1.** b. Mathergine **2.** c. Uterine atony **3.** d. Mifeprestone **4.** a. 125 microgram…
5. a. Atonic uterus in PPH **6.** a. Hypertension **7.** a. Mifepristone **8.** a, c, d and e
9. b. Uterus **10.** a, b, c and d **11.** b. PPH **12.** c. Uterine inversion
13. b. Hemorrhage **14.** d. Fentoni **15.** d. 0.9–1.1

16. Commonest cause of postpartum hemorrhage is: (UP 06/ RJ 09)
a. Atonic uterus
b. Traumatic
c. Combination of atonic and traumatic
d. Blood coagulation disorders
Ref: Dutta Obs 7/e p410

17. Most common cause of secondary PPH is: (Delhi 02)
a. Uterine inertia
b. Retained placenta
c. Episiotomy
d. Cervical tear *Ref: Dutta Obs 7/e p417*

18. A 30-year-old woman para 6 delivers vaginally following normal labour with spontaneous delivery of an intact placenta. Excessive bleeding continues, despite manual exploration, bimanual massage, intravenous oxytocin and administration of 0.2 mg methergin IV, which one of the following would be the next step in the management of this patient: (UPSC 00)
a. Packing the uterus
b. Immediate hysterectomy
c. Bilateral internal iliac ligation
d. Injection of PGF 2α
Ref: Dutta Obs 7/e p416

19. All are used in treatment for PPH except: (Manipal 06)
a. Oxytocin
b. Carboprost
c. Ergometrine
d. Ritodrine
Ref: Dutta Obs 7/e p415-6

20. Common cause of retained placenta: (JIPMER 03)
a. Atonic uterus
b. Constriction ring
c. Placenta accreta
d. Poor voluntary expulsive effort
Ref: Textbook of Obstetrics by Shiela Balakrishnan, p486; Dutta Obs 7/e p418

21. Complication of manual removal of placenta is/are: (MH 2008)
a. Subinvolution
b. Inversion of uterus
c. Incomplete removal of placents
d. All of the above *Ref: Dutta Obs 7/e p413*

22. Uterine artery embolisation is done by using: (TN 2008)
a. Thrombin
b. Polyvinyl alcohol
c. Vitamin K
d. Iodine

23. Which of the following is not used in postpartum hemorrhage: (Delhi 2008)
a. PGF2
b. PGE2
c. PGE1
d. Ergometrine *Ref: Dutta Obs 7/e p504-5*

Ans. **16.** a. Atonic uterus **17.** b. Retained placenta **18.** d. Injection of PGF 2α **19.** d. Ritodrine
20. a. Atonic uterus **21.** d. All of the above **22.** b. Polyvinyl alcohol **23.** b. PGE2

13. MULTIFETAL PREGNANCY

MULTIFETAL PREGNANCY (QUESTIONS)

1. The commonest complication of twin pregnancy delivery includes: (DP PGMEE 2010)
a. Interlocking
b. Abruptio placentae
c. Postpartum hemorrhage
d. Obstructed labour *Ref: Dutta 7/e p205, 6/e p208*

2. Which of the following is not a criterion for antenatal diagnosis of Twin-Twin transfusion syndrome? (MHPGM-CET 2010)
a. Oligohydramnios in donor fetus
b. Dichorionicity
c. Hemoglobin difference of >5 g/dL between the two fetuses
d. Weight difference of >20% between the two fetuses
Ref: Dutta Obs 7/e p206, 6/e p209; William's 22nd/Table 39-3; p929

3. The most common type of conjoined twins?
a. Craniophagus
b. Thoracophagus
c. Ischiophagus
d. Abdominophagus
Ref: Dutta Obs 6/e p203; Wiliams Obstetrics 22/e Fig39-70

4. Twin pregnancy predisposes to all except: (DNB 2005)
a. Hydramnios
b. Pregnancy induced hypertension
c. Malpresentation
d. Polycythemia *Ref: Dutta Obs 7/e p204*

5. Twin pregnancy predisposes to: (DNB 2007)
a. Hydramnios
b. Pregnancy induced hypertension
c. Malpresentation
d. All of the above *Ref: Dutta Obs 7/e p204*

6. Mc cause of perinatal mortality in twins: (DNB 2011)
a. Single fetal demise
b. Twin-twin transfusion syndrome
c. Prematurity
d. IUGR
Ref: Dutta 7/e p205, 6/e p209

7. Diamniotic-dichorionic twin will result if the fertilized egg divides: (AP 2012)
a. within 3 days
b. between 4th to 8th day
c. After 8th day
d. after 15th day
Ref: Dutta Obs 7/e p201

8. "Twin peak" sign is seen in: (AP 2010)
a. Dichorionic-diamniotic twins
b. Monochorionic monoamniotic twins
c. Discordant twins
d. Conjoined twins *Ref: Dutta Obs 7/e p203*

9. Which one of the following is an indication for vaginal delivery in twin pregnancy: (AP 2010)
a. First twin breech and Second twin vertex
b. First twin vertex and second twin breech
c. First twin vertex and second twin in transverse lie
d. First twin in transverse lie and second twin breech
Ref: Dutta Obs 7/e p207

10. If division of fertilized egg takes place in between 5 and 8 days. It would rise to which kind of twin pregnancy:
a. Monochorionic/monoamniotic
b. Monochorionic/diamniotic
c. Dichorionic/monoamniotic
d. Siamese twins
Ref: Dutta 7/e p200, 6/e p203

11. In modern era, the only indication for internal podalic version is:
a. Delivery of second baby of twins
b. Oblique lie
c. Transverse lie
d. Breech presentation *Ref: Dutta Obs 7/e p585, 6/e p584*

12. In case of twining true statement is: (Kolkata 2009)
a. After embryonic disc fusion, conjoint twin is formed
b. Incidence of monozygotic twin varies with race
c. Incidence of dizygotic twin is constant
d. The frequency of monozygosity and dizygosity is same.
Ref: Dutta Obs 7/e p200-202

13. According to Hellin's law chances of twins in pregnancy are: (PGI Dec 00)
a. 1 in 60
b. 1 in 70
c. 1 in 80
d. 1 in 90
e. 1 in 100 *Ref: Dutta Obs 7/e p202*

14. Most common type of twin pregnancy is: (PGI June 97, MP 08)
a. Vertex + transverse
b. Both vertex
c. Vertex + breech
d. Both breech *Ref: Dutta Obs 7/e p202-203*

15. Twin peak sign seen in: (PGI Dec 05)
a. Monochorionic diamniotic
b. Dichorionic monoamniotic
c. Conjoined twins
d. Diamniotic dichorionic
e. None of the above
Ref: Dutta Obs 7/e p203; Williams Obs 23/e p864- 865

Ans. **1.** c. Postpartum… **2.** b. Dichorionicity **3.** b. Thoracophagus **4.** d. Polycythemia
5. d. All of the above **6.** c. Prematurity **7.** a. within 3 days **8.** a. Dichorionic diamniotic twins
9. b and c **10.** b. Monochorionic/diamniotic **11.** a.Delivery of second… **12.** a. After embryonic…
13. c. 1 in 80 **14.** b. Both vertex **15.** d. Diamniotic…

16. To say twin discordance the differences in the two twins should be: (AIIMS May 02)
a. 15% with the larger twin as index
b. 15% with the smaller twin as index
c. 25% with the larger twin as index
d. 25% with the smaller twin as index
Ref: Dutta Obs 7/e p205; Williams Obs 23/e p876 - 877

17. Doppler USG in twins is used for: (PGI June 98)
A. Twin to twin transfusion
b. Conjoined twin
c. Diagnosis of twins
d. All of the above *Ref: Dutta Obs 7/e p204*

18. Correct statement about establishing the chorionicity in twin pregnancy is: (Al 10)
A. Same sex rule out dichorionicity
b. Twin peak in dichorionicity
c. Thick membrane is present in monochorionic
d. Best detected after 16 weeks
Ref: Dutta Obs 7/e p204, Williams Obs 23/ed p864, 865; Dutta Obs 7/e p200, 201, 203, 204

19. Vaginal delivery is allowed in all except: (AI09/AIIMS May 11)
a. Monochorionic monoamniotic twins
b. First twin cephalic and second breech
c. Extended breech
d. Mento anterior
Ref: Fernando Arias 3/e p314; Dutta Obs 7/e p210

20. True statement regarding twin delivery is: (Al 12)
a. First twin has more chances of asphyxia
b. Second twin has more chances of developing polycythemia
c. Second twin has more chances of developing hyaline membrane disease.
d. Increased mortality in first twin.
Ref: Fernando Arias 3/e p312, Dutta Obs 7/e p206

21. Blood chimerism is maintained by: (AI 2011)
a. Monochorinonic dizygotic twins
b. Dichorionic dizygotic twins
c. Vanishing twins
d. Singleton pregnancy
Ref: placental chimerism in early human pregnancy. India Journal of human genetics, year 2005 vol 11, Issue

22. Multiple pregnancies occur most commonly with:
a. T. Clomiphene (TN 03)
b. T. Clomiphene and dexamethasone
c. T. Dexamethasone
d. Pulsatile GnRH therapy *Ref: Dutta Obs 7/e p202*

23. Monochorionic monoamniotic twin occurs if division occurs: (JIPMER 02)
a. Before 24 hours
b. 1-4 days
c. 4-8 days
d. > 8 days *Ref: Dutta Obs 7/e p200*

24. If division of fertilized egg occurs at 4-8th day what kind of monozygotic twin pregnancy will it give rise to: (SGPGI 04)
a. Diamnionic dichroionic
b. Diamnionic monochorionic
c. Monoamnionic monochorionic
d. Conjoined twins *Ref: Dutta Obs 7/e p200*

25. In superfecundation which of the following is seen: (Jharkhand 03)
a. Fertilization of 2 ova released at same time, by sperms released at intercourse on 2 different occasions
b. Fertilization of 2 ova released at same time by sperms released at single intercourse
c. Both
d. None *Ref: Dutta Obs 7/e p202*

26. A double headed monster is known as a:
a. Diplopagus (SGPGI 04; UP 02)
b. Dicephalus
c. Craniopagus
d. Heteropagus *Ref: Munrokerr 10/e p11*

27. In an uncomplicated twin pregnancy normal delivery should be attempted in the following situation: (MAHE 07)
A. First baby – Vertex and second baby transverse lie
b. Both babies are breech presentation
c. First baby transverse lie and second longitudinal lie
d. First baby transverse lie and second frank breech
Ref: Dutta Obs 7/e p210, 6/e p211

28. The separation of normally situated placenta in a case of multiple pregnancy may be due to the following except: (Kerala 00)
a. Increased incidence of toxemia
b. Sudden escape of liquor following rupture of membranes
c. Deficiency of vitamin B12
d. Deficiency of folic acid
e. Sudden shrinkage of the uterus following delivery of the first baby *Ref: Dutta Obs 7/e p204*

29. Incidence of preterm delivery in twin pregnancy is: (MP2008)
a. 25%
b. 50%
c. 75%
d. 100% *Ref: Dutta Obs 7/e p204*

30. Important factor for discordant growth between twins is: (AP 2008)
a. Anemia
b. Twin-twin transfusion
c. Compression
d. All
Ref: Dutta Obs 7/e p205, Williams Obs 23/e p876-877

Ans. **16.** c. 25% with the larger **17.** d. All of the above **18.** b. Twin peak… **19.** a. Monochorionic…
20. b. Second twin has… **21.** a. Monochorinonic… **22.** d. Pulsatile GnRH therapy… **23.** d. > 8 days
24. b. Diamnionic... **25.** a. Fertilization of 2 ova… **26.** b. Dicephalus **27.** a. First baby
28. c. Deficiency of… **29.** b. 50% **30.** b. Twin to twin…

14. MEDICAL, SURGICAL AND GYNECOLOGICAL ILLNESS COMPLICATING PREGNANCY

MEDICAL, SURGICAL AND GYNECOLOGICAL ILLNESS... (QUESTIONS)

A. ANEMIA IN PREGNANCY

1. Which of the following tests is most sensitive for the detection of iron depletion in pregnancy? (AI 04; AIIMS Nov 05)
a. Serum iron
b. Serum ferritin
c. Serum transferrin
d. Serum iron binding capacity
Ref: Harrison 17/e p630; Fernando Arias 3/e p467

2. A 37 years multipara construction labourer has a blood picture showing hypochromic anisocytosis. This is most likely indicative of: (AI 04)
a. Iron deficiency
b. Folic acid deficiency
c. Malnutrition
d. Combined iron and folic acid deficiency
Ref: Dutta Obs 7/e p270

3. Most common cause of maternal anaemia in pregnancy: (PGI NOV 2010)
a. Acute blood loss
b. Iron deficiency state
c. GI blood loss
d. Hemolytic anaemia
e. Thalassemia
Ref. William's Obstetrics 2/e p1080; Dutta Obs 7/e 262; Park 20/e p556

4. Tablets supplied by government of india contain:
a. 60 mg elemental iron +500 mcg of folic acid
b. 200 mg elemental iron +1 mg of folic acid
c. 100 mg elemental iron +500 mcg of folic acid
d. 100 mg elemental iron +5 mg of folic acid
Ref: Park 21/e p594

5. Total amount of iron needed by the fetus during entire pregnancy is:
a. 500 mg
b. 1000 mg
c. 800 mg
d. 300 mg
Ref: Dutta Obs 7/e p55, Shiela Balakrishnan TB of Obstetrics 1/e p336

6. A pregnant female presents with fever. On lab investigation her Hb was decreased (7 mg%), TLC was normal and platelet count was also decreased. Peripheral smear shows fragmented RBCs. Which is least probable diagnosis? (AIIMS Nov 12)
a. DIC
b. TTP
c. HELLP syndrome
d. Evans syndrome

7. With oral iron therapy, rise in Hb% can be seen after: (MAHE 05)
a. 1 week
b. 3 weeks
c. 4 weeks
d. 6 weeks
Ref: Dutta Obs 7/e p266

8. Formula used for estimation of the total iron requirement is: (UP 05)
a. 4 x body weight (kg) x Hb deficit (g/dl)
b. 4.4 x body weight (kg) x Hb deficit (g/dl)
c. 0.3 x body weight (kg) x Hb deficit (g/dl)
d. 3.3 x body weight (kg) x Hb deficit (g/dl)
Ref: KDT 5/e p549

9. Which is the safest contraceptive method for a woman with sickle-cell anaemia ? (UPSC 06)
a. Intrauterine device
b. Low dose progesterone pill
c. Condom or diaphragm
d. Low dose oestrogen-progesterone
Ref: Dutta Obs 7/e p273

10. The following complications are likely to increase in a case of severe anemia during the pregnancy except: (Kerala 00)
a. Pre-eclampsia
b. Intercurrent infection
c. Heart failure
d. Preterm labour
e. Subinvolution
Ref: Dutta Obs 7/e p264

11. Not an indicator for blood transfusion: (TN 2008)
a. Severe anemia at 36 weeks
b. Moderate anemia at 24-30 weeks
c. Blood loss anemia
d. Refractory anemia
Ref: Dutta 7/e p267

B. HEART DISEASES IN PREGNANCY

12. Tocolytic of choice in heart disease is: (DNB 2010)
a. Alcohol
b. Atosiban
c. MgS04
d. Nifedipine
Ref: Obstretics Normal and Abmormal pregnancies, Gabbe Simpson 5/e p689 , Dew Hurst 6th Edn Page 295

Ans. **1.** b. Serum ferritin **2.** d. Combined iron and... **3.** b. Iron deficiency state **4.** c. 100 mg elemental iron...
5. d. 300 mg **6.** d. Evans syndrome **7.** b. 3 weeks **8.** b. 4.4 x body weight...
9. c. Condom or... **10.** e. Subinvolution **11.** b. Moderate anemia... **12.** c. MgS04

13. Heart disease with worst prognosis in Pregnancy is?
a. Aortic Stenosis
b. Pulmonary Hypertension
c. Uncorrected fallot
d. Marfan's syndrome with normal aorta
Ref: Dutta Obs 7/e p279, 280

14. Most common cardiac lesion seen in pregnancy:
a. Mitral regurgitation
b. Mitral stenosis
c. Tetralogy of fallots
d. Patent ductus arteriosus
Ref: Dutta 7/e p275, 6/e p277

15. In which of the following heart disease is maternal mortality during pregnancy found to be the highest?
a. Coarctation of aorta
b. Eisenmenger syndrome
c. AS
d. MS
Ref: Dutta 7/e p280

16. Signs of heart disease in pregnancy: (PGI June 03)
a. Diastolic murmur
b. Systolic murmur
c. Tachycardia
d. Dyspnea on exertion
e. Nervousness or syncope on exertion
Ref: Williams Obs 23/e p1019, 23/e p960, Dutta Obs 7/e p276

17. Which of the following features indicates the presence of heart disease in pregnancy and which is not seen in normal pregnancy? (AIIMS Nov 12)
a. Exertional dyspnea
b. Distended neck veins
c. Synstemic hypotension
d. Pedal edema
Ref: Williams Obs 22/e p1019, 23/e p960, Dutta Obs 7/e p276, 53

18. Maximum strain of parturient heart occurs during: (AIIMS Nov 07, 06)
a. At term
b. Immediate postpartum
c. Ist trimester
d. IInd trimester
Ref: Williams Obs 22/e p1018, 23/e p958-959; Dutta Obs 7/e p53

19. In a pregnant woman with heart disease, all of the following are to be done except: (AIIMS June 00; AI 02)
a. IV methergin after delivery
b. Prophylactic antibiotic
c. IV frusemide postpartum
d. Cut short 2nd stage of labour
Ref: Dutta Obs 7/e p278

20. In a patient with heart disease, which of the following should not be used to control PPH: (AIIMS Nov 07, AI 11)
a. Methyergometrine
b. Oxytocin
c. Misoprostol
d. Carboprost
Ref: Dutta Obs 7/e p278; Fernando Arias 3/e p511-512; Williams Obs 22/e p1021-1022, 23/e p962-963

21. In which of the following heart diseases is materanl mortality during pregnancy found to be the highest: (AIIMS Nov 07, 06)
a. Coarctation of aorta
b. Eisenmenger syndrome
c. AS
d. MS
Ref: Dutta Obs 7/e p279-280

22. Normal pregnancy can be continued in: (AIIMS May 09/AI 11)
a. Primary pulmonary hypertension
b. Wolf-Parkinson-White syndrome
c. Eisenmenger syndrome
d. Marfan syndfome with dilated aortic root
Ref: Williams Obs 23/e p970, 971, 975-976; Fernando Arias 3/e p507; Dutta Obs 7/e p276, 277

23. In which of the following heart diseases maternal mortality is found to be highest? (AIIMS May 06; May 07)
a. Eisenmenger's complex
b. Coarctation of aorta
c. Mitral stenosis
d. Aortic stenosis
Ref: Williams Obs 22/e p1028, 23/e p970; Dutta Obs 7/e p279, 280

24. Indications for caesarean section in pregnancy are all except: (AIIMS May 09)
a. Eisenmenger syndrome
b. Aortic stenosis
c. MR
d. Aortic regurgitation
Ref: Dutta Obs 7/e p278, High Risk pregnancy, Fernando arias 3/e p507, Williams Obs 23/e p970; Progress in Obs & gynae by studd 17/e p171

Ans. **13.** d. Pulmonary… **14.** b. Mitral stenosis **15.** b. Eisenmenger syndrome… **16.** a, d and e
17. b. Distended nec… **18.** b. Immediate… **19.** a. IV methergin after… **20.** a. Methyergometrine
21. b. Eisenmenger… **22.** b. Wolf-Parkinson… **23.** a. Eisenmenger's complex **24.** a. Eisenmenger syndrome

25. In heart patient the worst prognosis during pregnancy is seen in: (AIIMS June 00)
a. Mitral regurgitation
b. Mitral valve prolapse
c. Aortic stenosis
d. Pulmonary stenosis

Ref: Dutta Obs 7/e p279-280

26. Kalindi 25 years female admitted as a case of septic abortion with tricuspid valve endocarditis. Vegetation from the valve likely to affect is: (AIMS Nov 01)
a. Liver
b. Spleen
c. Brain
d. Lung

Ref: CMDT '07, p1447

27. True about is/are: (PGI June 06)
a. MS surgery better avoided in pregnancy
b. MR with PHT-definite indication for termination of pregnancy
c. Aortic stenosis in young age is due to Bicuspid valve
d. Isolated TR always due to infective endocarditis
e. MS with pressure gradient 10mm Hg-indication for surgery

Ref: Harrison 17/e p1472, 1473, 1479; Williams Obs 22/e p1023, 23/e p964-965; Sheila Balakrishnan p279

28. Worst prognosis is seen in pregnant women with cardiac lesion is: (UP 02; AI 94; AIIMS Dec 95; Karnataka 02)
a. Mitral stenosis
b. Co-arctation of aorta
c. Eisenmenger syndrome
d. Tetralogy of fallot's

Ref: Williams Obs 22/e p1040, 23/e p980 981; Fernando Arias 3/e p507; Dutta Obs 7/e p276

29. Pregnancy should be strongly discouraged in women with: (UPSC)
a. Mitral stenosis
b. ASD
c. VSD
d. Eisenmenger's syndrome

Ref: Dutta Obs 7/e p276-277; Fernando Arias 3/e p508]

30. In valvular heart disease complicating pregnancy the following statements are true except: (Kerala 00)
a. A closed mitral valvotomy can be carried out if symptoms of mitral stenosis are severe
b. Open heart surgery is associated with a reduction in fetal loss
c. Mitral regurgitation is usually well tolerated
d. A maternal mortality of 15% has been reported in women with critical aortic stenosis
e. It is mandatory to continue full anticoagulation in patients with mechanical valvular prosthesis

Ref: Williams 23/e p965 for a 965 for b 967 for c and a. 964 for e; Dutta Obs 7/e p279 for d

31. True statement regarding Heart disease in pregnancy: (UP 05)
a. Epidural anaesthesia is used
b. Cesarean section is preferred
c. Forceps is contraindicated
d. Ergometrine given *Ref: Dutta Obs 7/e p277-278*

32. Which type of delivery is safest in maternal heart disease? (Delhi 02)
a. Vaginal
b. Cesarean section
c. Outlet forceps
d. Mid-cavity forceps

Ref: Dutta Obs 7/e p278; COGDT 10/e p363

33. Which of the following is an absolute indication for caesarean section in pregnancy associated with heart disease? (AIIMS 00)
a. Pulmonary stenosis
b. Coarctation of aorta
c. Eisenmenger syndrome
d. Ebstein's anomaly

Ref: Dutta Obs 7/e p278

34. A para II poorly compensated cardiac patient has delivered 2 days back. You will advice her to: (UPSC 04)
a. Undergo sterilization (tubectomy) after 1 week
b. Undergo sterilization after 6 weeks
c. Suggest her husband to undergo vasectomy
d. Take oral contraceptive pills after 6 months

Ref: Dutta Obs 7/e p278

35. A 26-year-old pregnant woman has been detected to have a diastolic murmur in mitral area. Echocardiography reveals mitral valve orifice to be 0.8 cm2. The cause of her murmur is (Karnataka 2009)
a. Mild mitral stenosis
b. Severe mitral stenosis
c. Functional murmur
d. Transmitted murmur from the congenital heart disease of the foetus

Ref: Davidson's, 20/ep619; Dutta Obs 6/ep87, 309

36. A prosthetic valve patient switch to heparin at which time of pregnancy: (UP 02)
a. 28 weeks
b. 32 weeks
c. 36 weeks
d. Postpartum *Ref: Dutta Obs 7/e p; Williams Obs 23/e p964*

C. DIABETICS IN PREGNANCY

37. Which of the following is not associated with diabetes in pregnancy? (Feb DP PGMEE 2009)
a. Sacral agenesis of the foetus
b. Advanced placental grading
c. Baby weight > 3.5 kg
d. Hydramnios *Ref: Dutta Obs 7/e p284, 283*

Ans. **25.** c. Aortic stenosis **26.** d. Lung **27.** a, b and c **28.** c. Eisenmenger syndrome
29. d. Eisenmenger's… **30.** b. Open heart surgery… **31.** a. Epidural anaesthesia… **32.** c. Outlet forceps
33. b. Coarctation of aorta **34.** c. Suggest her husband… **35.** b. Severe mitral stenosis **36.** c. 36 weeks
37. b. Advanced placental grading

38. Most common congenital defect in diabetic mother (AP 2011)
a. Spina bifida
b. Caudal regression
c. VSD
d. Renal agencies

Ref: Dutta Obs 7/e p284, 6/e p287

39. Which of the following is not an indication for antiphospholipid antibody testing? (DP PGMEE 2010)
a. 3 or more consecutive first trimester pregnancy losses
b. Unexplained cerebrovascular accidents
c. Early onset sever preeclampsia
d. Gestational diabetes

Ref: Dutta 7/e p343, 6/e p343

40. Neurological defect pathogomonic of fetus of diabetic mothers is: (DNB 2011)
a. Caudal regression
b. Closed Neural tube defects
c. Spina Bifida
d. All of the above

Ref: Williams 23/e p114

41. As Per ACOG – 2001 criteria to diagnose "gestational diabetes" using GTT is plasma glucose at 2 hr more than _____mg/dL:
a. 180
b. 155
c. 140
d. 126

Ref: William's obstetrics 23/e p1108, 22nd/ Table 52 – 4

42. Children borne to Diabetic mothers can develop all except: (DNB 2009)
a. Macrosmia
b. Caudal regression
c. Hypercalcemia
d. CVS Defects

Ref:Dutta Obs 7/e p285

43. Screening test for gestational diabetes is: (DNB 2009)
a. GCT
b. Fasting blood sugar
c. HB1AC
d. Random blood sugar

Ref: Dutta Obs 7/e p282

44. Complication of diabetes in pregnancy includes al except:
a. Macrosomia
b. Shoulder dystocia
c. Hyperglycemia in newborn
d. IUGR
e. Caudal regression

Ref: utta Obs 7/e p284, 285

45. A pregnant diabetic on oral sulphonylureas therapy is shifted to insulin. All of the followings are true regarding this, except: (AI 01)
a. Oral hypoglycaemics cause PIH
b. Insulin does not cross placenta
c. Cross placenta and deplete foetal insulin
d. During pregnancy insulin requirement increases and cannot be met with sulphonylureas

Ref: Dutta Obs 6/e p288; Williams Obs 22/e p1182, 23/e p1119-1120; Fernando Arias 2/e p288

46. A lady with 12 wks of pregnancy having fasting blood glucose 170 mg/dl, the antidiabetic drug of choice is: (AIIMS May 01)
a. Insulin
b. Metformin
c. Glipizide
d. Glibenclamide

Ref: Dutta Obs 7/e p285

47. A lady with 8 wks pregnancy presented with random blood glucose of 177mg/dl. The treatment is: (AIIMS May 01)
a. Phenformin
b. Sulfonylurea
c. Insulin
d. Glipizide

Ref: Dutta Obs 7/e p285

48. True about diabetes in pergnancy are all except: (AIIMS May 08)
a. Glucose challenge test is done between 24-28 weeks
b. 50 gm of sugar is given for screening test
c. Insulin resistance improves with pregnancy
d. Diabetes control before conception is important to prevent malformation

Ref: Dutta 7/e p282 for option a, b, 283 for option c and 285 for option d; Fernando Arias 3/e p440, 442-443

49. Late hyperglycemia in pregnancy is associated with: (AIIMS Nov 06; May 06)
a. Macrosomia
b. IUGR
c. Postmaturity
d. Congenital malformation

Ref: Dutta Obs 7/e p284

50. A G2 P1+0+0 diabetic mother present at 32 weeks pregnancy, there is history of full term fetal demise in last pregnancy. Her vitals are stable, sugar is controlled and fetus is stable. Which among the following will be the most appropriate management ? (AIIMS Nov 00)
a. To induce at 38 weeks
b. To induce at 40 weeks
c. Cesarean section at 38 weeks
d. To wait for spontaneous delivery

Ref: COGDT 10/e p315; Fernando Arias 3/e p449

51. Glucose tolerance test is indicated in pregnancy becasue of: (PGI June 06, 03)
a. Big baby
b. Eclampsia
c. Previous GDM
d. H/O diabetes in maternal uncle

Ref: Williams 23/e p1107

Ans. **38.** c. VSD **39.** d. Gestational diabetes **40.** a. Caudal regression **41.** b. 155
42. c. Hypercalcemia **43.** a. GCT **44.** c. Hyperglycemia in… **45.** a. Oral hypoglycaemics…
46. a. Insulin **47.** c. Insulin **48.** c. Insulin resistance… **49.** a. Macrosomia
50. a. To induce at… **51.** a, c and d

52. Which of the following histories is not an indication to perform oral glucose tolerance test to diagnose gestational diabetes mellitus? (AIIMS Nov 2011)
a. Previous Eclampsia
b. Previous Congenital anomalies in the fetus
c. Previous Unexplained fetal loss
d. Polyhydramnios
Ref: Fernando Arias 3/e p442; Williams Obs 23/e p1107, Table 52 Dutta Obs 7/e p281

53. All are seen in gestational diabetes except: (AIIMS May 2010)
a. Previous macrosomic baby
b. Obesity
c. Malformations
d. Polyhydramnios *Ref:Dutta Obs 7/e p282*

54. The commonest congenital anomaly seen in pregnancy with diabetes mellitus is: (AIIMS May 03)
a. Multicystic kidneys
b. Oesophageal atresia
c. Neural tube defect
d. Duodenal atresia
Ref: Fernando Arias 3/e p454; COGDT 10/e p312; Sheila Balakrishnan p288; Wiilliams Obs 21/e p1369

55. Infants of diabetic mothers are likely to have the following cardiac anomaly: (AI 05)
a. Coarctation of aorta
b. Fallot's tetralogy
c. Ebstein's anomaly
d. Transposition of great arteries
Ref: Fernando Arias 3/e p454

56. Which of the following is seen in the infant of a diabetic mother: (AI 02)
a. Hyperkalemia
b. Hypercalcemia
c. Macrocytic anemia
d. Polycythemia
Ref: Dutta Obs 7/e p285

57. The effects of diabetic mother on infants is/are: (PGI June 09)
a. Brain enlargement as a part of macrosomia
b. Hyperglycemia in infant
c. First trimester abortion
d. Unexplained fetal death
e. Caudal regression
Ref: Dutta Obs 7/e p283, 284, 285; Sheila Balakrishnan p288, 291; Fernando Arias 3/e p445

58. A diabetic female at 40 wks of gestation delivered a baby by elective cesarean section. Soon after birth the baby developed respiratory distress. The diagnosis is: (AIIMS May 01)
a. Transient tachypnea of the new born
b. Congenital diaphragmatic hernia
c. Tracheo oesophageal fistula
d. Hyaline membrane disease
Ref: Ghai 6/e p166, 168; COGDT 10/e p316; Williams Obs 22/e p1178, 23/e p1116

59. True about diabetic mother is: (AIIMS Nov 01)
a. Hyperglycemia occurs in all infants of diabetic mothers
b. High incidence of congenital heart anomalies is common
c. Small baby
d. Beta agonist drugs are CI during delivery
Ref: Dutta Obs 7/e p285 for a 284-b and c 508 for d

60. True about diabetes in pregnancy: (PGI Dec 06)
a. Macrosomia
b. IUGR
c. Congenital anomalies
d. Oligohydramnios
e. Placenta previa *Ref: Dutta Obs 7/e p283-284*

61. Feature of diabetes mellitus in pregnancy: (PGI June 06)
a. Postdatism
b. Hydramnios
c. Neonatal hyperglycemia
d. congenital defect
e. PPH *Ref: Dutta Obs 7/e p283 – 284, 285*

62. In diabetes, which can occur in the fetus: (PGI Dec 01)
a. Pre-eclampsia
b. Polyhydramnios
c. Fetal anomalies
d. Abruptio placentae
Ref: Dutta Obs 7/e p284

63. True about congenital diseases in diabetes mellitus is all except: (AIIMS May 09)
a. Results due to free radical injury
b. 6-10% cases are associated with major congenital abnormality
c. 1-2% of newborns are associated with single umbilical artery
d. Insulin can be given
Ref: Dutta Obs 7/ep-218 for option c 284 for option a, Williams Obs 23/e p-1114

64. Most useful investigation in the first trimester to identify risk of fetal malformation in a fetus of a diabetic mother is: (AI 01)
a. Glycosylated Hb
b. Ultrasound
c. MSAFP
d. Amniocentesis
Ref: Dutta Obs 7/e p284; Fernando Arias 3/e p454; COGDT 10/e p312

65. Sulfonylurea is shifted to insulin in pregnant lady because: (UP 00)
a. Sulphonylurea causes PIH
b. Increases demands during pregnancy not compensated by sulfonyl urea alone
c. Insulin does not cross placenta
d. Sulfonylurea depletes insulin from fetus-beta cell of pancreas
Ref: Dutta Obs 6/e p288; William 22/e p1182

Ans. **52.** a. Previous Eclampsia **53.** c. Malformations **54.** c. Neural tube defect **55.** d. Transposition of great…
56. d. Polycythemia **57.** c, d and e **58.** a. Transient tachypnea… **59.** b and d
60. a and c **61.** b, d and e **62.** c. Fetal anomalies **63.** b. 6-10% cases are…
64. a. Glycosylated Hb **65.** c. Insulin does not cross placenta

66. Glucosuria during routine investigation of antenatal visit indicates that there is need for: (UPSC 01)
a. Gestational diabetes treatment
b. Dietary control
c. Insulin treatment
d. Glucose tolerance test *Ref: Dutta Obs 7/e p281*

67. In pregnancy amount of glucose used on GTT: (CMC 01)
a. 50 gm
b. 75 gm
c. 100 gm
d. 125 gm
Ref: Dutta Obs 7/e p282; Williams 22/e p1171, 23/e p1107

68. During first trimester of pregnancy risk of fetal malformation in a pregnant woman with insulin dependent diabetes is best predicted by: (Karn. 05)
a. Blood sugar values
b. Glycosylated haemoglobin levels
c. Serum alpha fetoprotein levels
d. Serum unconjugated estriol levels
Ref: Dutta Obs 7/e p284

69. The screening test for gestational diabetes mellitus that has highest sensitivity is:
a. Glycosylated Hb
b. Blood fructosamine
c. 50gms glucose challenge test
d. Random blood sugar
Ref: Dutta Obs 7/e p282; Fernando Arias 3/e p452

70. Commonest complication of diabetes, complicating pregnancy is: (UP 05)
a. VSD
b. ASD
c. Sacral agenesis
d. Anencephaly *Ref: Fernando Arias 3/e p454*

71. For antenatal fetal monitoring in a diabetic pregnancy all of the following are useful except: (Karn. 02)
a. Non-stress test
b. Biophysical profile
c. Doppler flow study
d. Fetal kick count
Ref: Fernando Arias 3/e p449; Dutta Obs 7/e p285

72. Which one of the following is not associated with diabetes in pregnancy? (UPSC 06)
a. Sacral agenesis of the fetus
b. Advanced placental grading
c. Baby weight > 3.5 kg
d. Hydramnios
Ref: Dutta Obs 7/e p283-285

73. All are true about gestational diabetes except: (UP 02)
a. Chances of recurrence in next pregnancy
b. One third cases become permanent
c. Congenital malformation is common
d. Insulin is treatment of choice
Ref: Dutta Obs 7/e p284-285; Fernando Arias 2/e p289

74. Gestational diabetes is usually diagnosed at: (TN 2008)
a. I trimester
b. II trimester and III trimester beginning
c. At time of delivery
d. Perinatal period *Ref: Dutta 7/e p281*

75. In diabetic pregnancy least common is: (AP 2007)
a. Caudal regression syndrome
b. Anencephaly
c. VSD
d. Spina bifida
Ref: Fernando Arias 3/e p454; COGDT 10/e p388

76. Most characteristic anomaly in infant of a diabetic mother: (AP 2008)
a. Caudal regression
b. VSD
c. Spina bifida
d. Anencephaly
Ref: Fernando Arias 3/e p454; Williams 23/e p1114

77. All of the following are associated with GDM except: (DNB 2008)
a. Previous H/O macrosomic baby
b. Oligohydraminos
c. Malformations
d. Infections
Ref: Dutta Gynae 7/e p283, 284, 6/e p451, 452, 458

D. THYROID AND OTHER ENDOCRINE PROBLEMS IN PREGNANCY

78. Drug of first choice for treatment of hyperthyroidism during pregnancy is: (AP 2012)
a. Propranolol
b. Carbimazole
c. Methimazole
d. Propylthiouracil *Ref: Dutta Obs 7/e p287*

79. Hypothyroidism in pregnancy is least likely associated with: (DNB 2008)
a. Recurrent abortions
b. Polyhydramnios
c. PIH
d. Preterm labour *Ref: Dutta Obs 7/e p288, 211, 212*

80. Hypothyroidism in pregnancy is least likely associated with: (AI 07)
a. Recurrent abortions
b. Polyhydramnios
c. PIH
d. Preterm labour *Ref: Dutta Obs 7/e p288, 6/e p290*

81. Hypothyroidism is associated with the following clinical problems, except: (UPSC 04)
a. Menorrhagia
b. Early abortions
c. Galactorrhoea
d. Thromboembolism
Ref: Dutta Obs 6/e p290; Harrison 17/e p2205; Shaws 14/e p269

Ans. **66.** d. Glucose tolerance… **67.** c. 100 gm **68.** b. Glycosylated… **69.** c. 50gms glucose challenge…
70. a. VSD **71.** c. Doppler flow study **72.** b. Advanced placental… **73.** c. Congenital malformation…
74. b. II trimester and III… **75.** a. Caudal regression… **76.** a. Caudal regression **77.** b. Oligohydraminos
78. d. Propylthiouracil **79.** b. Polyhydramnios **80.** b. Polyhydramnios **81.** d. Thromboembolism

82. Which of the following is not seen in a pregnant lady with hypothyroidism:
a. Puerperal depression
b. Neonatal thyrotoxicosis
c. Mental retardation
d. Congenital anomalies are seen
Ref: Dutta 7/e p288, 6/e p290, COGDT 10/e p388

83. The DOC for treatment of thyrol oxicosis during pregnancy is: (AI 09)
a. Carbimazole
b. Iodine therapy
c. Propylthiouracil
d. Methimazole
e. Hypertensive disorders in pregnancy
Ref: KDTripathi 4/e p260 Williams obs 23/e p-1130

E. HYPERTENSIVE DISORDERS IN PREGNANCY

84. In PIH an impending sign of eclampsia is: (Feb DP PGMEE 2009)
a. Visual disturbance
b. Wt. gain of 2 lb per week
c. Severe proteinuria
d. Pedal edema *Ref: Dutta Obs 7/e p224*

85. The drug of choice for prevention of seizues in a patient with severe preeclampsia is: (DP PGMEE 2009)
a. Phenytoin
b. Magnesium sulphate
c. Diazepam
d. Nifedipine *Ref: Dutta 7/e p234, 6/e p236, 508-509*

86. Most common type of Eclampsia is (AP 2010)
a. Intercurrent
b. Antepartum
c. Intrapartum
d. Postpartum *Ref: Dutta Obs 7/e p231, 232*

87. Supine hypotension is characteristic of: (DNB 2010)
a. First trimester of pregnancy
b. 2nd trimester of pregnancy
c. 3rd trimester of pregnancy
d. Twin pregnancy *Ref: Willliams Obs 23/e p120, 432, 452*

88. Preeclampsia is not predisposed by: (DNB 2010)
a. Molar pregnancy
b. Oligohydraminos
c. Diabetes
d. Multiple pregnancy *Ref: Dutta Obs 7/e p220*

89. A 27-year-old primigravida presents with pregnancy induced hypertension with blood pressure of 150/100 mm/Hg at 32 weeks of gestation with no other complications. Subsequently, her blood pressure is controlled on treatment. If there are no complications, the pregnancy should be best terminated at: (DP PGMEE 2010)
a. 40 completed weeks
b. 37 completed weeks
c. 35 completed weeks
d. 34 completed weeks *Ref: Dutta 7/e p229, 6/e p231*

90. Defenitive treatment of preeclampsia is: (DNB 2010)
a. Anti hypertensive
b. Anti epileptic
c. Magnesium sulphate
d. Delivery of fetus *Ref: Dutta Obs 7/e p229*

91. Risk factors for preeclampsia: (PGI 06)
a. Chronic hypertenstion
b. Obesity
c. Placental ischaemia
d. Multigravida
e. Antiphospholipid syndrome *Ref: Dutta Obs 7/e p220*

92. Risk factor for preeclampsia: (PGI 07)
a. Chronic hypertension
b. Smoking
c. Obesity
d. Multiparity
e. Placenta previa *Ref: Dutta Obs 7/e p220*

93. Risk factor for pre-eclampsia includes: (PGI May 2010)
a. Age >35yr
b. Obesity
c. Previous h/o preeclampsia
d. Multigravida
e. Antiphospholipid syndrome
Ref: Dutta Obs 6/e p220; Williams Obs 22/e p764 - 765, 23/e p708-709; COGDT 10/e p321

94. Which of the following seen in preeclampsia: (PGI 01)
a. Hypertension
b. Proteinuria
c. Convulsions
d. Pedal edema *Ref: Dutta Obs 7/e p220*

95. Indicator of severe pre-eclampsia: (PGI Dec 09)
a. IUGR
b. Diastolic BP>110 mm of Hg
c. Pulmonary Edema
d. Systolic BP> 160
e. Oliguria
Ref: Dutta Obs 7/e p224

96. All are prognostic indicators of pregnancy induced hypertension, EXCEPT: (AIIMS May 01)
a. Low platelets
b. Serum Na
c. Elevated liver enzymesm
d. Serum uric acid
Ref: Fernando Arias 3/e p417; Williams Obs 22/e p764, 23/e p707; COGDT 10/e p325

97. Most important factor in management of precclampsia: (PGI June 07)
a. Severtiy of hypertension
b. Proteinuria *Ref: Williams Obs 22/e p781, 23/e p728*

Ans. **82.** b. Neonatal… **83.** c. Propylthiouracil **84.** a and c **85.** b. Magnesium sulphate
86. b. Antepartum **87.** c. 3rd trimester of pregnancy **88.** b. Oligohydraminos **89.** b. 37 completed weeks
90. d. Delivery of fetus **91.** a, b, c and e **92.** a and c **93.** a, b, c and e
94. a and b **95.** a, b, c, d and e **96.** b. Serum Na **97.** a. Severtiy of…

98. All of the following may be used in pregnancy associated hypertension except: (AI 04)
a. Nifedipine
b. Captopril
c. Methyldopa
d. Hydralazine
Ref: Dutta Obs 7/e p228; Williams Obs 22/e p782, 23/e p731-732; KDT 5/e p517

99. Which of the following antihypertensives is not safe in pregnancy: (AIIMS Nov 05; May 05)
a. Clonidine
b. ACE inhibitors/Enalapril
c. a-Methyldopa
d. Amlodipine
Ref: Dutta Obs 7/e p228; Williams Obs 22/e p782, 23/e p731-732; KDT 5/e p517

100. Which is the Drug of Choice for Severe Preeclampsia? (AI 08)
a. Labetalol
b. Metaprolol
c. A-methyldopa
d. Nifidipine *Ref: Williams 23/e p740*

101. A 27 years primigravida presents with pregnancy induced hypertension with blood pressure of 150/ 100 mm of Hg at 32 weeks of gestation with no other complications. Subsequently, her blood pressure is controlled on treatment. If there are no complications, the pregnancy should be terminated at: (AIIMS May 06)
a. 40 completed weeks
b. 37 completed weeks
c. 35 completed weeks
d. 34 completed weeks
Ref: Dutta Obs 7/e p229; Fernando Arias 3/e p418 - 419, Bedside obs and gynae-Richa saxena 1/ep217

102. 30-year-old primi with 36 weeks of pregnancy with blood pressure 160/110 & urinary albumin is 3+ & platelet count 80000/mm3. What will be the management? (PGI June 09)
a. Betamethasone
b. MgSO4
c. Labetalol
d. Urgent LSCS
e. Labour induction *Ref: Dutta Obs 7/e p230*

103. A gravida 2 patient with previous LSCS comes at 37 weeks, has BP= 150/100 mm of hg. And on pervaginal examination, cervix is 50% effaced station-3, os is closed and pelvis is adequate. Protein uria is +1, Most appropriate step at the moment would be: (AIIMS Nov 2010)
a. Antihypertensive regime and wait for spontaneous labor
b. Wait and watch
c. Induce labour
d. Caesarean section
Ref: Fernando Arias 3/e p420-424, Flow chart 16-4 on p424, Williams Obs 23/e p729

104. A female of 36 weeks gestation presents with hypertension, blurring of vision and headache. Her blood pressure reading was 180/120 mm Hg and 174/110 mm Hg after 20 minutes. How will you manage the patient? (AIIMS Nov 12)
a. Admit the patient and observe
b. Admit the patient, start antihypertensives and continue pregnancy till term.
c. Admit the patient, start antihypertensives, MgSO4 and terminate the pregnancy
d. Admit oral antihypertensives and follow up in outpatient department. *Ref: Dutta Obs 7/e p230, 231*

105. All are true about pre eclampsia except: (AI 09)
a. Cerebral hemorrhage
b. Pulmonary edema
c. ARF
d. DVT *Ref: Femando Arias 3/e p429-431; COGDT 10/e p997*

106. Drug of choice of eclampsia
a. MgSo4
b. Phenobarbitone
c. Methyldopa
d. Clonazepam *Ref: Dutta Obs 7/e p234*

107. Which is not a feature of HELLP syndrome:
a. Thrombocytopenia (AIIMS Nov 2004)
b. Eosinophilia
c. Raised liver enzyme
d. Hemolytic anemia

108. Following are more common in multipara woman than primipara except: (DNB 01)
a. Anemia
b. Placenta previa
c. PIH
d. None of the above
e. Pregnancy in Rh negative women
Ref: Dutta Obs 7/e p264, 244, 222, 342

F. PREGNANCY IN RH NEGATIVE WOMEN

109. Anaemia of foetus in Rh isoimmunization can be estimated by all except (AP 2011)
a. USG of placenta
b. Increased middle cerebral artery blood flow/NST
c. Cordocentesis
d. Sinusoidal pattern in carditocography
Ref: Dutta 7/e p337; Dutta 6/e p337

110. The consequences of Rh incompatibility are not serious during first pregnancy because: (AI 04)
a. Antibodies are not able to cross placenta
b. Antibody titer is very low during primary immune response
c. IgG generated is ineffective against fetal red cells
d. Massive hemolysis is compensated by increased erythropoiesis *Ref: Dutta Obs 7/e p333*

111. At 28 weeks gestation, amniocentesis reveals a OD 450 of 0.20 which is at the top of third zone of the liley curve. The most appropriate management of such a case is: (AIIMS May 05, Nov 04)
a. Immediate delivery
b. Intrauterine transfusion
c. Repeat Amniocentesis after 1 week
d. Plasmapheresis
Ref: Dutta Obs 7/e p337; Fernando Arias 3/e p366-367

Ans. **98.** b. Captopril **99.** b. ACE inhibitors/Enalapril **100.** a. Labetalol **101.** b. 37 completed…
102. b, c, d and e **103.** c. Induce labour **104.** c. Admit the patient… **105.** d. DVT
106. a. MgSo4 **107.** b. Eosinophilia **108.** c. PIH **109.** a. USG of placenta
110. a. Antibodies are… **111.** b. Intrauterine delivery

112. Anti-D prophylaxis should be given in all of the following conditions except: (AI 04)
a. Medical abortion for 63 days pregnancy
b. Amniocentesis at 16 weeks
c. Intrauterine transfusion at 28 weeks
d. Manual removal of Placenta
Ref: Dutta Obs 7/e p344; Sheila Balakrishnan, p369

113. Indication of anti-D immunoglobulin is/are: (PGI Dec 03)
a. Vaginal bleeding
b. ECV
c. Mid trimester abortion
d. After amniocentesis
Ref: Dutta Obs 7/e p344 "key points"; Shiela Balakrishnan, p369

114. True about indications for prevention of Rh isoimmunization: (PGI June 02)
a. Given to the newborn within 72 hrs of birth
b. Required when baby is Rh+ and mother Rh
c. Can be helpful in ABO incompatibility
d. Can be given upto one month of age of baby
Ref: Dutta Obs 7/e p334; COGDT 10/e p284

115. Mother's blood grp is Rh-ve. Indirect Coomb's is +e. The following will be seen in baby: (PGI Dec 09)
a. Anemia
b. Abnormal umbilical artery waveform deceleration
c. Hydrops fetails
d. IUGR
e. Oligohydramnics *Ref: Dutta Obs 7/e p333-334*

116. Hydrops fetalis is caused by: (PGI June 08)
a. Parvovirus infection b. HZ virus infection
c. Down syndrome d. Toxoplasma
Ref: Dutta Obs 7/e p497; Williams Obs 22/e p674, 23/e p626-27; Fernando Arias 3/e p96

117. In non immune hydrops which of the following is NOT seen: (AIIMS 00)
a. Skin oedema b. Ascites
c. Large placenta d. Cardiomegaly
Ref: Williams 23/e p626, 621

118. How is fetal blood differentiated from maternal blood: (AIIMS Nov 2010)
a. Kleihauer test b. Apt test
c. Bubble test d. Lilly's test
Ref: Williams Obs 23/e p617, 618, Dutta Obs 22/e p247-248; Bedside Obs Gynae Richa Saxena p69

119. The test used to differentiate between maternal and fetal blood in a gives sample is: **(AIIMS MAY 12)**
a. Kleihauer-Betke test b. Apt test
c. Osmotic fragility test d. Bubbling test
Ref: Shiela Balakrishnan TB of obstetrics1/e p168

120. Immediate cord ligation is done in: (UP 03)
a. Pre-term babies b. Rh incompatibility
c. Both a and b d. None of the above
Ref. Dutta Obs 7/e p339, 458; Sheila Bala krishnan, p148

121. Rh-isoimmunization in pregnancy can cause all except: (UP 00)
a. Antepartum hemorrhage
b. Postpartum hemorrhage
c. Pregnancy induced hypertension
d. Oligohydramnios *Ref: Dutta Obs 7/e p334*

122. Most severely affected child in Rh-isoimmunisation patients: (SGPGI 05)
a. Rh negative mother with Rh positive in 2nd child
b. Rh positive mother with Rh negative in 2nd child
c. Rh positive mother with Rh negative in 1st child
d. Rh positive mother with Rh positive in 2nd child
Ref. Dutta Obs 7/e p332

123. Feto maternal transfusion is detected by: (UPSC 08)
a. Kleihauer test
b. Spectrophotometry
c. Benzidine test
d. None of the above *Ref: Dutta Obs 7/e p334*

124. The kleihauer test for detecting fetal erythrocytes is based on the fact that: (UPSC 07)
a. Adult erythrocytes are larger than those of foetus
b. hbA has higher O2 affinity than hbF
c. hbF is more resistant to acid elution
d. hbA takes erythromycin stain less than hbF
Ref: Sheila Balakrishnan Textbook of Obs 1/e p368; Fernando Arias 3/e p362, Dutta Obs 7/e 334]

125. The dose of anti D gamma globulin given after term delivery for a Rh negative mother and Rh positive baby is: (Kerala 00)
a. 50 micro gram
b. 200 micro gram
c. 300 micro gram
d. 100 micro gram
e. All of the above doses are incorrect
Ref: Dutta Obs 7/e p334

126. All are seen in non immune hydrops foetalis except: (MP 00)
a. Pericardial effusion
b. Large placenta
c. Skin edema
d. Ascites *Ref: Williams Obs 23/e p626*

127. Non-immune hydrops fetalis is due to all except:
a. Chromosome defect (UP 00; Jipmer 03)
b. Alpha thalassemia major
c. Parvo B – 19 virus
d. ABO incompatibility
Ref. Dutta Obs 7/e p497; Williams Obs 22/e p674, 23/e p627; Fernando Arias 3/e p96]

128. Nonimmune hydrops foetalis is seen in all except: (UP 00)
a. α-Thalassemia
b. Parvovirus-19
c. Rh-incompatibility
d. Chromosomal anomaly
Ref: Dutta Obs 7/e p497; Fernando Arias 3/e p96

129. In Erythroblastosis fetalis, the first child is spared because: (TN 2008)
a. Immune response in second exposure is fast
b. Sensitization of Rh-negative mothers by a Rhpositive fetus generally occurs at birth
c. Small amounts of fetal blood leak into the ma ternal circulation at the time of delivery
d. Mothers develop significant titers of anti-Rh ag glutinins during the postpartum period *Ref. Dutta Obs 7/e p333*

Ans. **112.** c. Intrauterine… **113.** a, b, c and d **114.** a, b and d **115.** a and c
116. a, b, c and d **117.** d. Cardiomegaly **118.** a. Kleihauer test **119.** a. Kleihauer-Betke test
120. c. Both a and b **121.** d. Oligohydramnios **122.** a. Rh negative mother… **123.** a. Kleihauer test
124. c. hbF is more… **125.** c. 300 micro gram **126.** a. Pericardial effusion **127.** d. ABO incompatibility
128. c. Rh-incompatibility **129.** b. Sensitization of Rh-negative…

G. LIVER DISEASES IN PREGNANCY

130. Intraheptaic cholestasis, ideal time for termination of pregnancy: (DNB 2008)
a. 28 weeks
b. 36 weeks
c. 38 weeks
d. 40 weeks *Ref: Dew Hurst 6/e p240*

131. Highest transmission of hepatits B from mother to fetus occurs if the mother is infected during
a. Ist trimester
b. IInd trimester
c. IIIrd trimester
d. At the time of implanation *Ref: Dutta Obs 7/e p289*

132. A 9 month old pregnant lady presents with jaundice and distension, pedal edema after delivering normal baby. Her clinical condition deteriorates with increasing abdominal distension and severe ascites. Her bilirubin is 5 mg/dl, S. alkaline phosphatase was 450u/L and ALT (345lu). There is tender hepatomegaly 6cm below costal margin and ascetic fluid show protein less than 2 mg% Diagnosis is:
a. Acute fatty liver of pregnancy
b. HELLP syndrome
c. Acute fulminant, liver failure
d. Budd chiari syndrome

133. Fulminant hepatitis is caused by
a. Hepatitis A
b. Hepatitis B
c. Hepatitis D
d. Hepatitis E

134. A pregnant woman developed idiopathic choletatic jaundice. The following condition is not associated: (AI 02)
a. Intense itching
b. SGOT, SGPT less than 60 IU
c. Serum bilirubin > 5 mg/dl
d. Markedly increased levels of alkaline phosphatise *Ref: Dutta Obs 7/e p289*

135. Best diagnostic test for cholestasis of pregnancy: (AI 11)
a. Serum bilirubin
b. Bile acid
c. Serum alkaline phosphatase
d. Serum transaminase *Ref: Williams 23/e p1064*

136. Regarding idiopathic cholestasis of pregnancy correct is:
a. Deep jaundice is present (PGI June 02)
b. Pruritus is the first symptom
c. Maximum incidence during III trimester
d. Increased liver transaminase
e. Hepatic necrosis present *Ref: Dutta Obs 7/e p289*

137. Cholestasis of pregnancy is characterized by: (PGI June 03)
a. Commonly occur in 1st trimester of pregnancy
b. Increased maternal mortality
c. Increased perinatal mortality
d. Recurrence in subsequent pregnancy
e. Generalised pruritis *Ref: Dutta Obs 7/e p289*

138. True statement regarding cholestasis in pregnancy:
a. Recurrs in subsequent pregnancy (PGI May 2010)
b. Ursodeoxyholic acid relieves pruritus
c. Mild jaundice occurs in majority of patients
d. Pruritus may precedes laboratory findings
e. Serum alkaline phosphatase is most sensitive indicator *Ref: Dutta Obs 7/e p289, 6/e 291*

139. Suganti Devi is 30 weeks pregnant with idiopathic cholestasis, is likely to present with following features except:
a. Serum bilirubin of 2 mg/dl (AIIMS Nov 00)
b. Serum alkaline phosphatase of 30 KAV
c. SGPT of 200 units
d. Prolongation of prothrombin time *Ref: Dutta Obs 7/e p289, 6/e 291; Robbin's 7/e p921; Williams Obs 23/e p1063-1064*

140. Intrahepatic cholestasis treatment in pregnancy is: (AI 10)
a. Cholestyramine
b. Ursodiol
c. Steroids
d. Antihistamines *Ref: Dutta Obs 7/e p289*

141. At what gestational age should be pregnancy with cholestasis of pregnancy be terminated. (AIIMS May 10)
a. 39 wks
b. 36 wks
c. 38 wks
d. 40 wks *Ref: COGDT 10/e p382; Williams Obs 23/e p1064-1065, Mgt of High Risk pregnancy, S.S Trivedi Manju puri p357*

142. True about fatty liver of pregnancy: (PGI June 01)
a. Common in third trimester
b. Microvesicular fatty changes
c. Lysosomal injury is the cause
d. Alcohol is the main cause
e. Recurrence is very common *Ref: Williams Obs 23/e p1065-1066; COGDT 10/e p382*

143. Highest transmission of hepatitis B from mother to fetus occurs if the mother is infected during: (AI 07)
a. Ist trimester
b. IInd trimester
c. IIIrd trimester
d. At the time of implantation *Ref: Dutta Obs 7/e p289*

144. A pregnant lady is diagnosed to be HBs Ag positive. Which of the following is the best way to prevent infection to the child: (AIIMS May 01)
a. Hepatitis vaccine to the child
b. Full course of Hepatitis B vaccine and immunoglobulin to the child
c. Hepatitis B immunoglobulin to the mother
d. Hepatitis B immunization to mother *Ref: Dutta Obs 7/e p290*

Ans. **130.** c. 38 weeks **131.** c. IIIrd trimester **132.** d. Budd chiari syndrome **133.** d. Hepatitis E
134. c. Serum bilirubin… **135.** b. Bile acid **136.** b, c and d **137.** c, d and e
138. a, c and c **139.** d. Prolongation of… **140.** b. Ursodiol **141.** c. 38 wks
142. a and b **143.** c. IIIrd trimester **144.** b. Full course…

145. Which of the following statements concerning hepatitis infection in pregnancy is true?: (AIIMS Nov 01)
a. Hepatitis B core antigen status is the most sensitive indicator of positive vertical transmission of disease
b. Hepatitis B is the most common form of hepatitis after blood transfusion
c. The proper treatment of infants born to infected mothers includes the administration of hepatitis B immune globulin as well as vaccine
d. Patients who develop chronic active hepatitis should undergo MTP
Ref: Dutta Obs 7/e p289, 290; Williams Obs 23/e p1069-1070; Fernando Arias 3/e p158.

146. Which of the following types of viral hepatitis infection in pregnancy, the maternal mortality is the highest? (AIIMS May 06)
a. Hepatitis-A
b. Hepatitis -B
c. Hepatitis- C
d. Hepatitis –E
e. Renal disorders in pregnancy
Ref: Dutta Obs 7/e p290, 6/e p292; Robbin's 6/e p862

H. RENAL DISORDERS IN PREGNANCY

147. The most common association of renal failure in obstetrics is?
a. PIH
b. Sepsis
c. Abruptio placentae
d. HELLP syndrome
Ref. Williams Obstetrics. 23/e p1045, 22/e Chapter 48; p1255-1258; Table 48-6

148. Which of the following is not normally in urine of a pregnant woman in 3rd trimester: (AIIMS Nov 10)
a. Glucose
b. Fructose
c. Galactose
d. Lactose *Ref: Williams 23/e p124, Dutta Obs 6/e p281*

149. All of the following conditions are risk factor for urinary tract infections in pregnancy except: (AI 04)
a. Diabetes
b. Hypertension
c. Sickle cell anemia
d. Vesicoureteral reflux *Ref: Williams 23/e p1035*

150. Following antibiotics are safe to treat UTI in pregnancy: (PGI Dec 08)
a. Aminoglycosides
b. Penicillin
c. Cotrmoxazole
d. Ciprofloxacin
e. Cephalosporins
Ref: Dutta 6/e p297; CMDT 07 p800-801; COGDT 10/e p375

151. Asymptomatic UTI in pregnancy, true is: (PGI Dec 08)
a. Most are usually asymptomatic in pregnancy
b. If untreated, progresses to pyelonephritis
c. Early and prompt treatment prevents abnormali
d. Increase chance of premature infant
e. Increase risk of chronic renal lesion.
Ref: Williams Obs 23/e pg 1035-1036, COGD T, 10/e pg 374; Dutta Obs 7/e p299

152. Acute pyelonephritis in pregnancy all of the following are true except: (Manipal 06)
a. Left kidney is involved in 50% of patients
b. Most common isolate is E. coli
c. More common in later ½ of pregnancy
d. Responds to amino glycosides
Ref: Fernando Arias 3/e p491; Dutta Obs 7/e 298

153. Following renal disorder is associated with worst pregnancy outcome: (AIIMS May 03)
a. Systemic lupus erythrmatosus
b. IgA nephropathy
c. Autosomal dominant polycystic kidney disease
d. Scleroderma
Ref: Williams Obs 21/e p212; Fernando Arias 3/e p500-501

154. In pregnancy, the most common cause of transient-diabetes insipidus is: (AIIMS May 01)
a. Severe preeclampsia
b. Hydramnios
c. Multiple pregnancy
d. IUGR
e. Tuberculosis and Asthma in pregnancy
Ref: COGDT 10/e p395; CMDT 07, p1132

I. TUBERCULOSIS AND ASTHMA IN PREGNANCY

155. At what period does the tuberculosis flare up most commonly in a pregnant patient? (AI 06)
a. First trimester
b. Second trimester
c. Third trimester
d. Puerperium
Ref: Sheila Balakrishnan 1/e p386; Medical Disorders in Pregnancy and Update FOGSI, p107

156. A 6 week pregnant lady is diagnosed with sputum positive TB. Best management is: (AIIMS May 09 / AI 2011)
a. Wait for 2nd trimester to start ATT
b. Start category IATT in first trimester
c. Start category II ATT in first trimester
d. Start category III ATT in second trimester
Ref: Text book of obs Sheila Balakrishnan 1/e p387, Indian journal of tuberculosis

157. Anti tubercular drug contraindicated in pregnancy: (PGI June 05, Dec 01; AI 03)
a. Streptomycin
b. Refampicin
c. INH
d. Ethambutol
e. Pyrazinamide
f. Infections in pregnancy
Ref: Harrison 17/e p1018; Williams Obs 23/, p1006, 22/e p1065

Ans. **145.** c. The proper… **146.** d. Hepatitis –E **147.** a. PIH **148.** a. Glucose
149. b. Hypertension **150.** b, and e **151.** a, b, d and e **152.** a. Left kidney is…
153. d. Scleroderma **154.** a. Severe preeclampsia **155.** d. Puerperium **156.** b. Start category…
157. a. Streptomycin

J. INFECTIONS IN PREGNANCY

158. A multipara with 34 weeks pregnancy tachycardia, fever hepatosplenomegaly, pallor has: (Feb DP PGMEE 2009)
a. Malaria
b. Iron deficiency anemia
c. Physiological anemia
d. Megaloblastic anemia *Ref: Dutta Obs 7/e p296*

159. Common cause of "Sepsis syndrome" in obstetrics includes (MHPGM-CET 2010)
a. Antepartum pyelonephritis
b. Puerperal infection
c. Chorioamnionitis
d. All of the above
Ref: Williams 23/e p932

160. All of the following drugs are used for urinary tract infections in pregnancy except: (DNB 2007)
a. Nitrofurantoin
b. Ampicillin
c. Cephalosporin
d. Quinolones
Ref: Dutta Obs 7/e p298, 299

161. For the treatment of Toxoplasma infection during pregnancy, drug of choice is: (DNB 2007)
a. Sulphadiazine
b. Spiramycin
c. Pyrimethamine
d. Clindamycin
Ref: Dutta obs 7/e p297

162. Maximum transmission of HIV from mother to fetus occurs during which period (AP 2010)
a. Prenatal vertical transmission
b. Intrapartum during delivery
c. Postpartum during breast feeding
d. Equal in all stages
Ref: Dutta Obs 7/e p301

163. Malaria in pregnancy not causeds (NEET/Pattern Based)
a. HELLP syndrome
b. IUGR
c. IUFD
d. Preterm *Ref: Dutta 7/e p296*

164. Congenital infection in which fetus has minimal teratogenic risk is: (AI 08)
a. HIV
b. Rubella
c. Varicella
d. CMV *Ref: dutta Obs 6/e p300*

165. Most common cause of intrauterine infection: (AI 03)
a. Rubella
b. Toxoplasma
c. Hepatitis
d. Cytomegalovirus
Ref: Williams Obs 23/e p1216, 1217; Harrison 17/e p48

166. Which of the following perinatal infections has the highest risk of fetal infection in the first trimester: (AI 04)
a. Hepatitis B virus
b. Syphilis
c. Toxoplasmosis
d. Rubella *Ref: Dutta 7/e p300-d 297-c 294-b 289-a*

167. A pregnant lady had no complaints but mild cervical lymphadenophathy in first trimester. She was prescribed spiramycin but she was non-compliant. Baby was born with hydrocephalous and intracerebral calcification. Which of these is likely cause?: (AIIMS May 2010)
a. Toxoplasmosis
b. CMV
c. Cryptococcus
d. Rubella *Ref: Williams 23/e p1226; Dutta Obs 7/e p297*

168. Pregnant women in 1st trimester is given spiramycin that she does not stick to. Baby born with hydrocephalus infection was by: (AI 09)
a. HSV
b. Treponema pallidum
c. Toxoplasma
d. CMV *Ref: Williams Obs 23/e p1226, Dutta Obs 7/e p297*

169. The drug of choice in treatment of typhoid fever in pregnancy is: (AIIMS Nov 05)
a. Ampicillin
b. Chloramphenicol
c. Ciprofloxacin
d. Ceftriaxone
Ref: Williams 23/ep1225; Harrison 17/e p958-959

170. A female presents with leaking and meconum stained liquior at 32 weaks. She is infected with (AI 10)
a. CMV
b. Listeria
c. Toxoplasma
d. Herpes *Ref: Williams obs 23/ed pg-1224*

171. Chicken pox in Pregnancy A pregnant lady develops chicken pox. During which part of her pregnancy will it lead to highest chance of neonatal infection: (AIIMS May 02)
a. Last 5 days
b. 12-16 week
c. 8-12 week
d. 16-20 week *Ref: Williams 23/e p1211, 1212*

172. A pregnant lady acquires chicken pox 3 days prior to delivey. She delivers by normal vaginal route which of the following statements is true ? (AIIMS Nov 08/AIIMS May 2011)
a. Both mother and baby are safe
b. Give antiviral treatment to mother before delivery
c. Give antiviral treatment to baby
d. Baby will develop neoatal varicella syndrome
Ref: Fernando Arias 3/e p156; Williams Obs 23/e p1211-1212, CMDT 07 pg 799-800

Ans. **158.** a. Malaria **159.** d. All of the above **160.** d. Quinolones **161.** b. Spiramycin
162. b. Intrapartum… **163.** a. HELLP syndrome **164.** a. HIV **165.** d. Cytomegalovirus
166. d. Rubella **167.** a. Toxoplasmosis **168.** c. Toxoplasma **169.** d. Ceftriaxone
170. b. Listeria **171.** a. Last 5 days **172.** d. Baby will develop neoatal…

173. During pregnancy HIV transmission occurs mostly during: (AIIMS Nov 06)
a. Ist trimester
b. 2nd trimester
c. 3rd trimester
d. During labour
Ref: Williams 23/e p1248

174. Which drug is given to prevent HIV transmission from mother to child: (AIIMS Nov 06)
a. Nevirapine
b. Lamivudine
c. Stavudine
d. Abacavir
Ref: Dutta Obs 7/e p301; Williams 23/e p1251, 1252

175. Which drug is given to prevent HIV transmission from mother to child? (AIIMS Nov 2011)
a. Nevirapine
b. Lamivudine
c. Stavudine
d. Abacavir
Ref: Durra Obs 7/e p302; Williams 23/e p1251, 1252

176. Drugs Supplied by NACO For Prevention of Mother to Child transmission (PGI Dec 08)
a. Nevirapine
b. Zidovudine
c. Nevirapine + Zidovudine
d. Nevirapine + Zidovudine + 3tc
Ref: Parks PSM 20/e p373

177. For an HIV +ve pregnant woman true is:
a. CS elective will decrease transmission to baby
b. If she hasn't received prophylaxis, leave her alone for vaginal delivery
c. Vaginal delivery will decrease risk for baby
d. Start ART & continue throughout pregnancy ART is safe for gestation
Ref: Dutta Obs 7/e p302, 303

178. Baby doesn't need drugs (PGI Dec 09) Transmission of HIV from mother to child is prevented by all the following except: (AIIMS Nov 08)
a. Oral zidovudine to mother at 3rd trimester along with oral zidovudine to infant for 6 weeks
b. Vitamin A prophylaxis to mother
c. Vaginal delivery
d. Stopping breast feed
Ref: Dutta Obs 7/e p302-303; Williams 23/e p1252-1253

179. HIV Positive Primi Near Term, Advice Given is (PGI Dec 08)
a. Treatment should be started before labour
b. Avoid mixing of blood intrapartam
c. Vaginal delivery preferred
d. Ceaserian section would be decrease transmission of HIV to baby

180. All can be used to lower mother to child HIV spread except: (AI 10)
a. Elective CS
b. Omitting ergometrine
c. ART
d. Intrapartum nevirapine.
Ref: Williams 23/ep1252-1253; Dutta Obs 7/e p302-303

181. Regarding transmission of HIV to infant from infected HIV mother, which statement is/are true: (PGI May 2010)
a. Start zidovudine during labour.
b. 25% chance of vertical transmission
c. Avoid breast feeding
d. Vaccinate infant with OPV and MMR
e. Cesarean section cause less transmission
Ref: Duttaobs 7/e p301-301, Nelson 18/e p1430, 1431, 1441, Harrison 17/e p1146, Williamsobs 23/ep1252-1253

182. Which is not transmitted to the baby at delivery:
a. Toxoplasmosis (JIPMER 91)
b. Gonococcus
c. Herpes simplex type II
d. Hepatitis-B
Ref: Williams 23/e p1226-a 1239-b, 1242-c 1070-d

183. Maximum incidences of congenital malformation are seen during pregnancy with: (UP 00)
a. Toxoplasmosis
b. Rubella
c. Syphilis
d. CMV
Ref: Williams Obs 23/e p1214, Dutta Obs 7/e p300

184. Commonest intrauterine infection in pregnancy is: (UP 00)
a. Toxoplasmosis
b. CMV
c. Herpes
d. Rubella
Ref: Williams 23/e p1216, 1217, Dutta Obs 7/e p

185. During delivery, the risk of transmission of maternal infection to the foetus is the highest in:
a. Rubella (UPSC)
b. Cytomegalo virus
c. Herpes simplex virus
d. Human papilloma virus *Ref: Dutta Obs 7/e p301*

186. Large placenta is seen in all of the following except: (Kerala 01)
a. IUGR
b. Syphilis
c. CMV
d. Rubella
Ref: Dutta Obs 7/e p497; Williams Obs 22/e p674; Fernando Arias 3/e p95-96

187. Syphilis is transmitted in which week of pregnancy: (DNB 05)
a. 4th week
b. 8th week
c. 16th week
d. 28th week
Ref: Harrison 17/e p1042; Williams Obs 23/e p1236

Ans. **173.** d. During labour **174.** a. Nevirapine **175.** a. Nevirapine **176.** a. Nevirapine
177. a and d **178.** c. Vaginal delivery **179.** a, b and d **180.** b. Omitting ergometrine
181. a, b, c and e **182.** a. Toxoplasmosis **183.** b. Rubella **184.** b. CMV
185. c . Herpes simplex… **186.** a. IUGR **187.** c. 16th week

188. A mother is HbsAg positive and anti HBe Ag positive. Risk of transmission of hepatitis B in child is: (MAHE 05)
a. 20%
b. 50%
c. 0%
d. 90%
Ref: Fernando Arias 3/e p158

189. Transplacental transmission of toxoplasmosis occur maximally when: (APPGE 05)
a. Infection to mother occurs within 6 months before pregnancy
b. Infection to mother occurs beyond 6 months before pregnancy
c. In 1st trimester
d. In last trimester
Ref: Dutta Obs 7/e p297; Williams 23/e p1226

190. Cesarean section is preferred in: (APPG 06)
a. Toxoplasmosis
b. Herpes
c. CMV
d. Varicella zoster virus *Ref: Dutta Obs 7/e p301*

191. Pregnant lady presenting with IgG antibodies of rubella, means that: (AP 2007)
a. She is already immune to infection
b. Susceptible
c. She is infective
d. None *Ref: Dutta 7/e p300*

192. Zidovudine given for HIV in pregnancy because: (UP 04)
a. Decreases chance of vertical transmission
b. Decrease severity of infection
c. Decrease severity of infection in mother
d. Cause no benefit
e. Gynecological disorders in pregnancy
Ref: Dutta Obs 7/e p302

K. GYNECOLOGICAL DISORDERS IN PREGNANCY

193. Ovarian cyst in postpartum patient, treatment is: (AI 07)
a. Immediate removal
b. Removal after 2weeks
c. Removal after 6 weeks
d. Removal after 3 months
Ref: Dutta Obs 6/e p310, Dutta Obs 7/e p310

194. A female having 6 weeks amenorrhea presents with ovarian cyst. The proper management is: (AI 00)
a. Immediate ovariotomy
b. Ovariotomy at IInd trimester
c. Ovariotomy 24 hours after delivery
d. Ovariotomy with caesarean *Ref: Dutta Obs 7/e p310*

195. Which of the following ovarian tumour is most prone to undergo torsion during pregnancy? (AI 06)
a. Serous cystadenoma
b. Mucinous cystadenoma
c. Dermoid cyst
d. Theca lutein cyst
Ref: Novak 14/e p510; Dutta Obs 6/e p310

196. Which of the following tumors is not commonly known to increase size during in pregnancy ? (AI 06)
a. Glioma
b. Pituitary adenoma
c. Meningioma
d. Neurofibroma
Ref: Williams Obs 23/e p-1140 for option b and d for option d, 1255; COGDT 10/e p398, for option c and d

197. A pregnant woman with fibroid uterus develops acute pain in abdomen with low grade fever and mild leucocytosis at 28 weeks. The most likely diagnosis is: (AIIMS Nov 03)
a. Preterm labour
b. Torsion of fibroid
c. Red degeneration of fibroid
d. Infection in fibroid
Ref: Shaw 15/e p355, 14/e p318, 326; Dutta Obs 6/e p314, Fernando Arias 2/e p77

198. A pregnant woman presents with red degeneration of fibroid; Management is: (AI 01)
a. Myomectomy
b. Conservative
c. Hysterectomy
d. Termination of pregnancy
Ref: Shaw's 15/e p355; Dutta Obs 7/e p309

199. Treatment of Red degeneration of fibroid in pregnancy: (PGI 03)
a. Analgesics
b. Laparotomy
c. Termination of pregnancy
d. Removal at cesarean section
Ref: Shaw 14/e p326; Dutta Obs 7/e p309, 6/e p309; Jeffcoate 7/e p502

200. Which one of the following is the best drug of choice for treatment of bacterial vaginosis during pregnancy: (AIIMS May 04)
a. Clindamycin
b. Metronidazole
c. Erythromycin
d. Rivamycin
Ref: Shaw 15/e p131-132, 14/e p118; COGDT 10/e p601; Harrison 17/e p827

201. D/D of acute abdomen in pregnancy are all except: (PGI Nov 2010)
a. Cystitis
b. Threatened abortion
c. Cervical incompetence
d. Appendicitis
e. Ruptured ectopic
Ref: DuttaObs 7/e p305, Textbook of Obs-sheilaBalakrishnan- p397

Ans. **188.** a. 20% **189.** d. In last trimester **190.** b. Herpes **191.** a. She is already immune…
192. a. Decreases… **193.** a. Immediate removal **194.** b. Ovariotomy at IInd… **195.** c. Dermoid cyst
196. a. Glioma **197.** c. Red degeneration of… **198.** b. Conservative **199.** a. Analgesics
200. b. Metronidazole **201.** a, d and e

202. A patient at 8 weeks pregnancy is diagnosed to have dermoid cyst it should be removed at: (UP 02)
a. Immediately
b. At 14-16 weeks
c. Only when it undergoes torsion
d. At term along with LSCS
Ref: Dutta Obs 7/e p310, 6/e p310

203. Which of the following is associated with incarcerated retroverted gravid uterus? (Delhi 00)
a. Abortion
b. Anterior Sacculation
c. Urinary retention
d. All of the above *Ref: Dutta Obs 7/e p311-312; 6/e p311-312*

204. Which female genital malignancy is most common in pregnancy ? (UPSC 07)
a. Ovarina cancer
b. Vaginal vulvar cancer
c. Endometrial cancer
d. Cervical cancer *Ref: Williams Obs 23/e p1201*

205. With reference to syndromic approach in reproductive tract infections, consider the following statements: (UPSC 07)
a. Singel drug can be used for treatment
b. The diagnosis of exact disease is not relevant
c. The management is disease specific
d. This is an important part of family health Aware ness compaign

206. Procedure of choice in a woman with 12 weeks pregnancy and atypical pap smear is:
a. Cone biopsy
b. MTP with cone biopsy
c. Hysterectomy
d. Colposcopy
Ref: Dutta Obs 6/e p307; Novak 14/e p1437- 1438; management of high risk pregnancy SStrivedi,Manju puri 1/ep504-505

207. The dermoid cyst, diagnosed at 6 weeks of pregnancy, Best treatment modalities: (UP 2002, 2008)
a. Removal LSCS along with removal of cyst
b. Removal only when it undergoes torsion
c. Remove immediately
d. At 14-16 weeks of pregnancy
e. DIC in pregnancy, Amniotic fluid embolism shock
Ref: Dutta 7/e p310, 6/e p310

L. DIC IN PREGNANCY AND AMNIOTIC FLUID EMBOLISM SHOCK

208. All of the following can cause DIC during pregnancy except:
a. Diabetes mellitus (AIIMS May 05)
b. Amniotic fluid embolism
c. Intrauterine death
d. Abruptio placentae.
Ref: Dutta Obs 7/e p627, 6/e p628; COGDT 10/e p996,997; Harrison 17/e p729,

209. The following test may be abnormal in disseminated intravascular coagulation except: (AIIMS Nov 04)
a. Prothrombin
b. Activated partial thromboplastin time
c. D-timer levels
d. Clot solubility *Ref: Dutta Obs 7/e p628-629*

210. 26-year-old female suffers from PPH on her second postnatal day. Her APTT and PTT are prolonged while BT, PT and platelet counts are normal. Likely diagnosis is: (AIIMS Nov 01)
a. Acquired hemophilia
b. Lupus anticoagulant
c. DIC
d. Inherited congenital hemophilia.
Ref: Ghai 6/e p322-323; Harrison 16/e p342, 685

211. Risk of amniotic fluid embolism is greatest in: (Delhi 03)
a. First trimester of pregnancy
b. Second trimester of pregnancy
c. During labour
d. In puerperal period
e. Epilepsy in pregnancy
Ref: Dutta Obs 7/e p628; Williams 23/e p788-789

M. EPILEPSY IN PREGNANCY

212. Which of the following statements is incorrect in relation to pregnant women with epilepsy: (AI 05)
a. The rate of congenital malformation is increased in the offspring of women with epilepsy
b. Seizure frequency increases in approximately 70% of women
c. Breast feeding is safe with most anticonvulsants
d. Folic acid supplementation may reduce the risk of neural tube defect
Ref: Dutta Obs 7/e p291, 6/e p290; Harrison 17/e p2512; Sheila balakrishnana 1/e p393-394

213. Which vitamin deficiency is most commonly seen in a pregnant mother who is on phenytoin therapy for epilepsy: (AI 06)
a. Vitamin B6
b. Vitamin B12
c. Vitamin A
d. Folic acid *Ref: Dutta Obs 7/e p291*

214. A 26-year-old primigravida with juvenile myoclonic epilepsy comes to you at 4 months with concern regarding continuing sodium-valproate treatment. Your advice is: (AIIMS Nov 2011)
a. Add lamotrigine to sodium valproate
b. Taper sodium valproate and add lamotrigine
c. Switch on to carbamazepine
d. Continue sodium valproate with regular monitoring of serum levels
e. Disorders of Amniotic fluid volume
Ref: Williams obs 23/e p1166- 1167, Textbook of obs by Sheila Balakrishnan p, 394, Harrison 18/e p3266

Ans. **202.** b. At 14-16 weeks **203.** d. All of the above **204.** d. Cervical cancer **205.** d. This is an important…
206. d. Colposcopy **207.** d. At 14-16 weeks of… **208.** a. Diabetes mellitus **209.** d. Clot solubility
210. a. Acquired… **211.** c. During labour **212.** b. Seizure frequency… **213.** d. Folic acid
214. d . Continue sodium…

N. DISORDERS OF AMNIOTIC FLUID VOLUME

215. Amniocentesis is best diagnostic if done in ..... weeks: (Feb DP PGMEE 2009)
a. 8-10
b. 12-14
c. 16-18
d. 20-22 *Ref: Dutta Obs 7/e p651*

216. Phosphatidyl glycerol appears in amniotic fluid at: (DNB 2007)
a. 20 weeks
b. 28 weeks
c. 35 weeks
d. 38 weeks *Ref: Williams 23/e p606, 607*

217. Amount of amniotic fluid at 12 weeks of pregnancy is: (DNB 2007)
a. 50 ml
b. 100 ml
c. 200 ml
d. 400 ml
Ref: Dutta Obs 7/e p38; Willliam 23/e p490, 491

218. Polyhydramnios is not associated with: (DNB 2008)
a. Renal agenesis
b. Anencephaly
c. Open spina bifida
d. Tracheo esophageal fistula
Ref: Dutta Obs 7/e p211

219. Oligohydramnios is seen in: (DNB 2008)
a. Oesophageal atresia
b. Spina bifida
c. Cholangioma of placenta
d. Posterior Urethral valves
Ref: Dutta Obs 7/ep215, 5/e p231

220. Oligohydramnios is associated with all, except: (DNB 2009)
a. Sacral Agenesis
b. Polycystic kidney disease
c. Renal agenesis
d. Anal Atresia
Ref: Williams 23/e p496

221. Amniocentesis is done at weeks: (DNB 2011)
a. 10-12
b. 14-20
c. 20-25
d. 25-30
Ref: Dutta Obs 7/e p651

222. The pH of amniotic fluid is: (AIIMS Nov 01)
a. 6.8 to 6.9
b. 7.1 to 7.3
c. 7.4 to 7.6
d. 6.7 to 6.8
Ref: Dutta Obs 7/e p317; Williams 23/e p818

223. Surfactant appears in amniotic fluid at the gestational age of: (AIIMS Nov 01)
a. 20 weeks
b. 32 weeks
c. 36 weeks
d. 28 weeks
Ref: Datta 7/e p43

224. The amniotic fluid is in balance by: (PGI Dec 01)
a. Excretion by fetal kidneys
b. Maternal hemostasis
c. Fetal intestinal absorption
d. Fetal membrane absorption
e. Fetal sweating
Ref: Dutta Obs 7/e p37-38; Williams Obs 22/e p102,23/e p88-89; COGDT 10/e p184

225. Oligohydramnios is/are associated with: (PGI May 2010)
a. Neural tube defect
b. Renal agenesis
c. Postmature birth
d. Premature birth
Ref: Dutta Obs 7/e p215; Fernando Arias 2/e p321 - 322; Williams Obs 22/e p530 - 532, 23/e p495

226. Which of the following conditions is associated with polyhydramnios?: (AIIMS May 2010)
a. Posterior urethral valve
b. Cleft palate
c. Congenital diaphragmatic hernia
d. Bladder exostrophy *Ref: Dutta Obs 7/e p211*

227. A pregnant woman is found to have excessive accumulation of amniotic fluid. Such polyhydramnios is likely to be associated with all of the following conditions except: (AIIMS Nov 03; Nov 07)
a. Twinning
b. Microencephaly
c. Oesophageal atresia
d. Bilateral renal agenesis
Ref: Dutta Obs 7/e p215; Fernando Arias 2/e p3201; Williams obs 23/e p495, 496, ultrasound in obs and gynee by merz (2004)/11, 411

228. Causes of polyhydraminos include: (PGI Dec 01)
a. Diabetes mellitus
b. Preeclampsia
c. Esophageal atresia
d. Renal agenesis
e. Anencephaly *Ref: Dutta Obs 7/e p211-212*

229. Causes of hydramnios: (PGI June 04)
a. Anencephaly
b. Oesophageal atresia
c. Renal agenesis
d. Posterior urethral valve
e. Twins *Ref: Dutta Obs 7/e p211-212*

230. All are associated with hydramnios except: (PGI Dec 00)
a. Premature labour
b. Gestational diabetes
c. Renal agenesis
d. Increased amniotic fluid *Ref: Dutta Obs 7/e p211-212*

Ans. **215.** c. 16-18 **216.** c. 35 weeks **217.** a. 50 ml **218.** a. Renal agenesis
219. d. Posterior Urethral... **220.** b. Polycystic kidney disease **221.** b. 14-20 **222.** b. 7.1 to 7.3
223. d. 28 weeks **224.** a, b, c, d and e **225.** b. Renal agenesis **226.** b. Cleft palate
227. d. Bilateral renal... **228.** a, c and e **229.** a, b and e **230.** c. Renal agenesis

231. Indication of amnioinfusion is: (PGI Dec 06)
a. Oligohydramnios
b. Suspected renal anomalies
c. To facilitate labour
d. In case of fetal distress
Ref: Dutta Obs 7/e p614; Fernando Arias 3/e p94; Williams Obs 22/e p462, 23/e p432-433

232. A case of 35 week pregnancy with hydramnios and marked respiratory distress is best treated by: (AI 04)
a. Intravenous frusemide
b. Saline infusion
c. Amniocentesis
d. Artificial rupture of membranes
Ref: Dutta Obs 7/e p214; Williams Obs 22/e p529 - 530, 23/e p494-495

233. Amount of liquor is maximum at: (Delhi 04)
a. 32-34 weeks
b. 36-38 weeks
c. 34-36 weeks
d. 38-40 weeks
Ref: Dutta Obs 7/e p38,Williams Obs 22/ e p526, 23/e p494-495

234. Amniotic fluid at 38 weeks in normal pregnancy is: (UPSC 04)
a. 800 cc
b. 1100 cc
c. 1500 cc
d. 1800 cc
Ref: Dutta Obs 7/e p38; Williams Obs 22/e p526, 23/e p495

235. Amount of amniotic fluid at 12 weeks of pregnancy is: (DNB 05; PGI 86)
a. 50 mL
b. 100 mL
c. 200 mL
d. 400 mL
Ref: Dutta Obs 7/e p38

236. What is the pH range of amniotic fluid: (UPSC 06)
a. 5.5 - 6.0
b. 6.0 - 6.5
c. 6.5 - 7.0
d. 7.0 - 7.5
Ref: Dutta Obs 7/e p317

237. pH of amniotic fluid at later weeks of gestation: (TN 02)
a. 4.5
b. 6.5
c. 7
d. 7.2
Ref: Dutta Obs 7/e p317

238. The amniotic fluid is completely replaced in every:
a. 3 hours (Delhi 00)
b. 6 hours
c. 9 hours
d. 12 hours
Ref: Dutta Obs 7/e p38

239. The major contribution of the amniotic fluid after 20 weeks of gestation: (UP 06)
a. Ultrafiltrate and maternal plasma
b. Fetal urine
c. Fetal lung fluid
d. Fetal skin
Ref: Williams Obs 22/e p102, 23/e p88-89

240. Cause of oligohydramnios is: (UP 00; DNB 03, 04)
a. Oesophageal atresia
b. Duodenal atresia
c. Renal agenesis
d. Diabetes
Ref: Dutta Obs 7/e p215

241. Clinical signs of hydramnios can be demonstrated when fluid collection is more than: (Orissa R)
a. 1 ltr.
b. 2 ltr.
c. 3 ltr.
d. 4 ltr.
Ref: Dutta Obs 7/e p211

242. Causes of Hydramnios are all except: (Karn. 03)
a. Anencephaly
b. Oesophageal atresia
c. Posterior urethral value
d. Twins
Ref: Dutta Obs 7/e p211-212

243. Polyhydramnios is associated with all except:
a. Diabetes (UP 05; Delhi 04; AIIMS 87)
b. Open spina bifida
c. Multiple pregnancy
d. Renal agenesis
Ref: Dutta Obs 7/e p211-212

244. The percentage of water in liquor amnii is: (AP 2007)
a. 42%
b. 64%
c. 76%
d. 99%
Ref: Dutta Obs 7/e p39

245. Oligohydramnios is seen in all except: (Kolkata 2009)
a. Renal agenesis
b. Rh incompatibility
c. IUGR
d. Postmaturity
Ref: Dutta Obs 7/e p215

246. Amniotic fluid volume in polyhydramnios is more than?
a. 500 mL
b. 1000 mL
c. 1500 mL
d. 3:1
Ref: Dutta Obs 7/e p211

Ans. **231.** a, b and d **232.** c. Amniocentesis **233.** b. 36-38 weeks **234.** a. 800 cc
235. a. 50 ml **236.** d. 7.0 - 7.5 **237.** d. 7.2 **238.** a. 3 hours
239. b. Fetal urine **240.** c. Renal agenesis **241.** b. 2 ltr. **242.** c. Posterior urethral value
243. d. Renal agenesis **244.** d. 99% **245.** b. Rh incompatibility **246.** c. 1500 ml

247. Amniotic fluid volume is max at (NEET/Pattern Based)

a. 16
b. 20
c. 36
d. 42

Ref: Duta 7/e p38

248. How much the level of amniotic fluid volume at term? (NEET/Pattern Based)

a. 400 mL
b. 600 mL
c. 800 mL
d. 1000 mL

Ref: Dutta 7/e p38

249. Amniotic fluid index at 32 wks (NEET/Pattern Based)

a. 10
b. 15
c. 20
d. 25

Ref: Williams Obs 23/e p490, 491

Ans. 247. c. 36 **248.** c. 800 ml **249.** b. 15

15. PRETERM LABOR, PROM AND POSTDATED PREGNANCY

PRETERM LABOR, PROM AND POSTDATED PREGNANCY (QUESTIONS)

1. **Uterine height more than corresponding gestational age with complains of vomiting and pervaginal bleeding favors the diagnosis of?**
   a. H.mole
   b. Threatened abortion
   c. Placenta previa
   d. Abruptio placentae

   Ref: Dutta Obs 7/e p192-193

2. **Teenage pregnancy is associated with all except:** (AP 2007)
   a. Caesarean Section is more common
   b. Eclampsia more common
   c. Post dated pregnancy
   d. Maternal mortality rate

   Ref: Shiela Balakrishnan, 1/e p407

3. **All are tocolytics except:** (AI 08)
   a. Ritodrine
   b. Salbutamol
   c. Isoxsuprine
   d. Misoprostol

4. **All of the following are contraindications to tocolysis except:**
   a. Chorioamnionitis
   b. Fetal distress
   c. Anencephaly
   d. Placenta previa

   Ref. Dutta Obs 7/e p319

5. **Which one of the following test detects fetal skin cells?**
   a. Shake test (AP 2007)
   b. Nile blue sulphate test
   c. Litmus test
   d. All of the above *Ref: Dutta Obs 7/e p111*

6. **Risk of preterm delivery is increased if cervical length is:**
   a. 2.5 cm (AI 05)
   b. 3.0 cm
   c. 3.5 cm
   d. 4.0 cm

   Ref: Dutta Obs 7/e p314; Fernando Arias 3/e p229-230

7. **Cut-off value of cervical length at 24 weeks of gestation for prediction of preterm delivery is:** (AI 03)
   a. 0.5 cm
   b. 1.5 cm
   c. 2.5 cm
   d. 3.5 cm

8. **On TVS which of the following shape of cervix indicates preterm labour:** (AI 07)
   a. T
   b. Y
   c. U
   d. O

   Ref: USG in Obs and Gynae Callens 4/e p581-582; Donald School Textbook of USG in Obs p342; Fernando Aris 3/e p265

9. **In primi and in preterm Labour, all of the following can be used as tocolytic except:** (PGI Dec 08)
   a. Ritodrine
   b. MgSo4
   c. Dexamethasone
   d. Propranolol

   Ref: Dutta Obs 7/e p508

10. **A pregnant mother at 32 weeks gestation presents in preterm labour. Therapy with antenatal steroids to induce lung maturity in the fetus may be given in all of the following conditions except:** (AI 04)
    a. Prolonged rupture of membranes for more than 24 hours
    b. Pregnancy induced hypertension
    c. Diabetes mellitus
    d. Chorioamnionitis

    Ref: Dutta Obs 7/e p316

11. **A 32 year old female with a history of 2 mid-trimester abortions, comes now with 32 weeks of pregnancy and labour pains with Os dilated 2 cm. All are done, except:** (AI 00)
    a. Immediate circlage
    b. Betamethasone
    c. Antibiotics
    d. Tocolytics

    Ref: Dutta Obs 7/e p316; Fernando Arias 3/e p223-224, 227-228

12. **G3 with previous second trimester abortion presents with 22 week of gestation, abdominal pain, USG shows funneling of internal os. What is the ideal management?** (AIIMS Nov 07)
    a. Dinoprost and bed rest
    b. Misoprost and bed rest
    c. Fothergills stitch
    d. Mc Donald stitch

    Ref: Dutta Obs 7/e p171

13. **A woman at 32 weeks of pregnancy, presents with labour pains. On examination, her cervix is dilated and uterine contractions are felt. The management is:** (AI 00)
    a. Isoxsuprine hydrochloride
    b. Dilatation and evacuation
    c. Termination of pregnancy
    d. Wait and watch

    Ref: Dutta Obs 7/e p316-508; Fernando Arias 3/e p223-224, 227-228

Ans. **1.** a. H.mole **2.** c. Post dated pregnancy **3.** d. Misoprostol **4.** d. Placenta previa
5. b. Nile blue sulphate… **6.** a. 2.5 cm **7.** c. 2.5 cm **8.** c. U
9. c and d **10.** d. Chorioamnionitis **11.** a. Immediate circlage **12.** d. Mc Donald stitch
13. a. Isoxsuprine…

14. Drug given to reduce uterine contractions during preterm labour with least side effects: (AIIMS Nov 07)
a. Ritodrine
b. Nifidipine
c. Magnessium sulphate
d. Progesterone *Ref: Fernando Arias 3/e p224*

15. A lady presented with features of threatened abortion at 32 weeks of pregnancy. Which of the following statements with regard to antibiotic usage is not correct: (AIIMS May 2010)
a. Antibiotic prophylaxis even with unruptured membranes
b. Metronidazole if asymptomatic but significant bacterial vaginosis
c. Antibiotics if asymptomatic but significant bacteremia
d. Antibiotics for preterm premature rupture of membranes
Ref: Danforth'sobs and gynae 10/e p169, 170, 171,172, Williams obs 23/e p163, COGDT 10/e p281, 278, Fernando arians 3/e p234, 235

16. All are true about premature rupture of membrane (PROM) except: (PGI May 2010)
a. Amnioinfusion is done
b. Amoxiclav antiobiotic should be given
c. Aseptic cervical examination
d. Steroid is used
e. Preterm labour
Ref: Dutta'sobs 7/e p317-318, Williams obs 23/e p163, COGDT 10/e p281.

17. A 35-year-old G2P1L1 presents to antenatal clinic at 35 weeks of pregnancy with C/O, leaking pervagina.
Sample of pooled liquid turned red litmus paper blue and ferning was present.The temperature of the patient is 102-F. What is the next step in management:
a. Administer betamethasone
b. Administer tocolytics
c. Administer antibiotics
d. Place a cervical cerclage.
Ref: Williams 23/e p819,fernando arias 3/e p197-198

18. Delayed labour occurs in: (PGI Dec 01)
a. Early use of epidural anesthesia with analgesia
b. Early use of analgesia
c. Unripened cervix
d. Preeclampsia
e. Use of sedative early in course of labour
Ref: Dutta Obs 7/e p401

19. A woman comes with postdated pregnancy at 42 weeks. The initial evaluation would be: (AIIMS May 01)
a. Induction of labour
b. Review of previous menstrual history
c. Cesarean section
d. USG *Ref: Dutta Obs 7/e p319*

20. All are risk factors for preterm delivery except: (MAHE 07)
a. Absence of fetal fibronectin at < 37 weeks
b. Previous history of preterm baby
c. Asymptomatic cervical dilatation
d. Chylamydial infection of genital tract
Ref: Dutta Obs 7/e p314-315

21. In postterm pregnancy, there is increased risk of all except: (Delhi 01)
a. Post-partum hemorrhage
b. Meconium aspiration syndrome
c. Intracranial hemorrhage
d. Placental insufficiency leading to fetal hypoxia
Ref: Dutta Obs 7/e p320

22. If a patient comes with complaints of post dated pregnancy what is the first thing that you will do: (JIPMER 00)
a. USG
b. NST
c. Review the menstrual history once more
d. X-ray abdomen *Ref: Dutta Obs 7/e p319*

23. Which of the following genital infections is associated with preterm labour ? (UPSC 08)
a. Human papilloma virus
b. Trichmonas vaginitis
c. Monilial vaginitis
d. Bacterial vaginosis *[Ref: Dutta Obs 7/e p314]*

24. Tocolytics are beneficial in preterm labour because: (MP2008)
a. They arrest preterm labour
b. They decrease prenatal mortality
c. They provide time for antenatal steroids
d. They prolong pregnancy to term
Ref: Dutta Obs 7/e p316

25. Risk factors for poor progress of labour include the following except: (MP 2008)
a. Meconium stained amniotic fluid
b. Premature rupture of membrane
c. Malpresentation
d. Big baby *Ref: Dutta Obs 7/e p401*

Ans. **14.** b. Nifidipine **15.** a. Antibiotic prophylaxis… **16.** a. Amnioinfusion is done **17.** c. Administer antibiotics
18. a, b, c and e **19.** b. Review of previous… **20.** a. Absence of fetal… **21.** a. Post-partum hemorrhage
22. c. Review the… **23.** d. Bacterial vaginosis **24.** c. They provide time for… **25.** a. Meconium stained…

16. INTRAUTERINE DEATH

INTRAUTERINE DEATH (QUESTIONS)

1. Intraterine death most likely results in?
a. Hypofibrinogenemia
b. Cervical tear
c. Sterility
d. All of the above
Ref: Textbook of Obstetrics D.C. Dutta 7/e p325, 6/e p344, 345

2. True about intrauterine fetal death (IUD): (PGI Dec 03)
a. Gas bubbles in great vessels
b. Halo's sign +ve
c. Overlapping of skull bone
d. Decreased amniotic fluid volume
Ref: Dutta Obs 7/e p324

3. USG sign of fetal death: (PGI June 01)
a. 'Halo' sign of head
b. Heart beat absent
c. Spalding sign
d. Hegar's sign
Ref: Dutta Obs 7/e p324; Sheila Balakrishnan p249; Reddy 26/e p378-379

4. The earliest and most conclusive sign of intrauterine fetal death is / sure sign of IUD is: (Delhi 99; AIIMS 87;DNB 00)
a. Spalding sign
b. Intrafetal gas in areas of great vessels and heart
c. Crowding of ribs
d. Hyperflexion of spine
Ref: Dutta Obs 7/e p324; Reddy 26/e p378 -379

5. IUFD cause all except: (MAHE 07)
a. PIH
b. DIC
c. Psychological upset
d. Infection
Ref: Dutta Obs 7/e p324-325

6. All the following are signs of intrauterine fetal death except: (Karnataka 2008)
a. Spalding's sign
b. Hegar's sign
c. Robert's sign
d. Halo sign
Ref: Dutta 7/e p324

Ans. **1.** a. Hypofibrinogenemia **2.** a, c and d **3.** b and c **4.** b. Intrafetal gas in areas… **5.** a. PIH **6.** b and d

17. MALPRESENTATIONS

MALPRESENTATIONS (QUESTIONS)

1. In intrauterine death with transverse lie, the following are treatment options, except: (Feb DP PGMEE 2009)
a. Decapitation
b. Evisceration
c. Craniotomy
d. Caesarean section

Ref: Dutta Obs 7/e p397

2. The following are contraindications to external cephalic version except: (DP PGMEE 2010)
a. Contracted pelvis
b. Ante-partum haemorrhage
c. Multiple pregnancy
d. Hydramnios

Ref: Dutta 7/e p380, 6/e p380

3. Loveset maneuver is useful for management of breech with: (MHPGM-CET 2010)
a. Extended legs
b. Flexed legs
c. Extended arm
d. Nuchal displacement of arm

Ref: Dutta, Obstetrics, 7/e p386, 6/e p387

4. Surgery for "entraped breech":
a. Kelly's operation
b. McDonnald's Operation
c. Kerr's operation
d. Duhrssen's operation

Ref: Dutta Obst 7/e p388, 6/e p387

5. Commonest type of presentation is: (DNB 2005)
a. Breech
b. Shoulder
c. Brow
d. Vertex

Ref: Dutta Obs 7/e p76

6. On per vaginal examination, anterior fontanelle and supra-orbital ridge is felt in the second stage of labour. The presentation is: (DNB 2007)
a. Brow presentation
b. Deflexed head
c. Flexed head
d. Face presentation

Ref: Dutta 7/e p392

7. In which of the following condition vaginal delivery is not done: (DNB 2008)
a. Big breech
b. Mento anterior
c. Mento posterior
d. All of the above

Ref: Dutta Obs 7/e p381

8. Internal podalic version is done for: (DNB 2009)
a. Transverse lie of first fetus
b. Transverse lie of second fetus
c. Breech
d. Footling

Ref: Dutta 7/e p585, 6/e p388

9. Percentage of breech presentation at term is: (DNB 2011)
a. 1
b. 3
c. 7
d. 10

Ref: Dutta 7/e p374, 6/e p 374

10. Least chance of cord prolapse are seen in: (DNB 2011)
a. Complete breech
b. Frank breech
c. Footling
d. Knee

Ref: Dutta Obs 7/e p398, 6/e p399

11. Most common breech presentation is: (DNB 2011)
a. Right sacro anterior
b. Right sacroposterior
c. Left sacroposterior
d. Left sacroanterior

Ref: Dutta 6/e p346

12. An abnormal attitude is illustrated by:
a. Breech presentation
b. Face presentation
c. Transverse position
d. Occiput posterior
e. Occiput anterior

Ref: Dutta Obs 7/e p76

13. External cephalic version is contraindicated in:
a. Primigravida
b. Flexed breech
c. Anemia
d. PIH

Ref: Dutta Obs 7/e p380

14. Most common cause of breech presentation is?
a. Prematurity
b. Contracted pelvis
c. Oligohydramnios
d. Placenta praevia

Ref: Dutta Obs 7/e p375

15. Deep transverse arrest is most commonly seen in: (AP 2007)
a. Android pelvis
b. Gynecoid pelvis
c. Flat pelvis
d. Anthropoid pelvis

Ref: Dutta Obs 7/e p365, 367

Ans. **1.** c. Craniotomy **2.** d. Hydramnios **3.** c. Extended arm **4.** d. Duhrssen's operation
5. d. Vertex **6.** a. Brow presentation **7.** d. All **8.** b. Transverse lie of second fetus
9. b. 3 **10.** b. Frank breech **11.** d. Left sacroanterior **12.** b. Face presentation
13. d. PIH **14.** a. Prematurity **15.** a. Android pelvis

16. Engaging diameter in brow presentation: (AP 2008)
a. Mento vertical
b. Mento bregmatic
c. Suboccipito bregmatic
d. None

Ref: Dutta Obs 7/e p392

17. The commonest cause of breech presentation is: (AIIMS May 03,AI 97)
a. Prematurity
b. Hydrocephalus
c. Placenta praevia
d. Polyhydramnios

Ref: Dutta Obs 7/e p375

18. All of the following are associated with breech presentation at normal full term pregnancy, except: (AI 02)
a. Placenta accretea
b. Fetal malformation
c. Uterine anomaly
d. Cornual implantation of placenta

Ref: Dutta Obs 7/e p375

19. Causes of breech presentation are: (PGI June 03)
a. Hydrocephalus
b. Oligohydramnios
c. Pelvic contracture
d. Placenta praevia

Ref: Dutta Obs 7/e p375

20. Techniques of delivery of after coming head in breech presentation: (PGI June 07)
a. Burns-Marshall method
b. Forceps delivery
c. Modified Mauriceau-Smellie-Veit technique
d. Lovset's maneuver

Ref: Dutta Obs 7/e p383-384

21. After coming head of breech will have difficulty in delivery in all of the following conditions except: (AIIMS No. 06, Nov 03, Nov 11)
a. Hydrocephalus
b. Placenta previa
c. Incomplete dilation of cervix
d. Extension of head

Ref: Williams Obs 22/e p579, 23/e p538; Dutta Obs 7/e p387

22. True about Frank Breech: (PGI Dec 02)
a. Thigh extended, leg extended
b. Thigh flexed, knee extended
c. Both are flexed
d. Budha's attitude
e. Common in primi

Ref: Dutta Obs 7/e p374-375

23. Breech presentation with hydrocephalus is managed by: (PGI June 02)
a. Cesarean section
b. Transabdominal decompression
c. PV decompression
d. Craniotomy of aftercoming head

Ref: Dutta Obs 7/e p407 586; Williams Obs 22/e p518, 23/e p480

24. A 30-year-old multigravida presented with transverse lie with hand prolapse in IInd stage of labour with dead fetus. The treatment is: (PGI June 03)
a. Classical cesarean section
b. LSCS
c. Craniotomy
d. Decapitation
e. Cleidotomy

Ref: Dutta Obs 7/e p397, 585-587, Munrokerr 100/e p134-135

25. The complication that can occur with internal podalic version for transverse lie is: (AIIMS Nov 07)
a. Uterine rupture
b. Uterine atony
c. Cervical laceration
d. Vaginal laceration

Ref: Munrokerrs 100/e p291-292

26. The commonest cause of occipito-posterior position of fetal head during labour is: (AIIMS May 03)
a. Maternal obesity
b. Deflexion of fetal head
c. Multiparity
d. Android pelvis

Ref: Dutta Obs 7/e p365

27. When in labor, a diagnosis of occipito posterior presentation is made. The most appropriate management would be: (AIIMS May 08/Nov 09)
a. Emergency CS
b. Wait and watch for progress of labor
c. Early rupture of membranes
d. Start oxytoicn drip

Ref: Dutta Obs 7/e p373 chart; Operative Obs and Gynae by Randhir Puri and Narendra Malhotra 1/e p173; Williams Obs 23/e p479

28. Causes of face presentation: (PGI Dec 03)
a. Anencephaly
b. Prematurity
c. Hydramnios
d. Contracted pelvis
e. Placenta previa

Ref: Dutta Obs 7/e p388

29. Which favor face presentation: (PGI Dec 09)
a. Anencephaly
b. Contracted pelvis
c. Placenta previa
d. Thyroid swelling
e. Bicornuate uterus

Ref: Dutta Obs 7/e p388

Ans. **16.** a. Mento vertical **17.** a. Prematurity **18.** a. Placenta accretea **19.** a, c and d
20. d. Lovset's maneuver **21.** b. Placenta previa **22.** b and e **23.** a, b, c and d
24. a and d **25.** a. Uterine rupture **26.** d. Android pelvis **27.** b. Wait and watch…
28. a, b and d **29.** a, b and d

30. On per vaginal examination, anterior fontanelle and supraobital ridge is felt in the second stage of labour. The presentation is: (AIIMS May 02)
a. Brow presentation
b. Deflexed head
c. Flexed head
d. Face presentation

Ref: Dutta Obs 7/e p392

31. Diameter of engagement in face presentation/diameter in face presentation: (PGI June 02, Dec 00, MP 08)
a. Mentovertical
b. Submentovertical
c. Suboccipitobregmatic
d. Submentobregmatic
e. Suboccipitovertical

Ref: Dutta Pbs 7/e p85

32. In brow presentation, presenting diameters is/are: [PGI June 03]
a. Submentovertical
b. Occipitofrontal
c. Mentovertical
d. Suboccipitobregmatic
e. Suboccipitofrontal

Ref: Dutta Obs 7/e p85

33. A multigravida with previous 2 normal deliveries presents with unstable lie of the fetus at 34 weeks gestation. What could be the most probable cause? (AIIMS Nov12)
a. Placenta previa
b. Oligohydramnios
c. Uterine anomaly
d. Pelvic tumour

Ref: Dutta Obs 7/e p397

34. Breech presentation is mostly mistaken for: (MAHE 07)
a. Face presentation
b. Brow
c. Shoulder
d. Vertex

[Ref: Dutta Obs 7/e p390]

35. For delivery of the after- coming head in breech presentation following forceps/methods are used except: (UP 07)
a. Wrigely's forceps
b. Kielland's foceps
c. Das's variety forceps
d. Mauriceau smellie, veit technique

Ref: Dutta Obs 7/e p384, 572-573

36. A case of 32 weeks of pregnancy with cornual placenta with breech presentation, treatment of choice is: (UP 01)
a. Wait & Watch
b. External cephalic version
c. Elective C.S.
d. Vaginal breech delivery

Ref: Dutta Obs 7/e p374

37. Fetal injury in breech extraction are all except: (UP 02)
a. Injury to liver
b. Injury to lung
c. Intracranial hemorrhage
d. Injury to adrenal gland

Ref: Dutta Obs 7/e p379

38. Frequency of breech presentation in pregnancy at term is: (Delhi 01)
a. 0.1%
b. 1%
c. 3%
d. 10%

Ref: Dutta Obs 7/e p374

39. A 25-year old G2P1A0 with history of previous vaginal breech delivery of a term, live baby comes with full term pregnancy with breech presentation. What is the best option? (UPSC 06)
a. Cesarean section
b. Assisted breech delivery
c. External cephalic version
d. Watchful expectancy

Ref: Dutta Obs 7/e p381

40. In a case of direct occipitoposterior position (Face to pubis delivery) most commonly encountered problem is: (Karnataka 02)
a. Intracranial injury
b. Cephalhematoma
c. Paraurethral tears
d. Complete perineal tears

Ref: Dutta Obs 7/e p370

41. A 20-year-old primigravida is admitted with-term pregnancy and labour pains. At 4.00 AM she goes into active labor. Membrance rupture during p/v exmination showing clear liquor. A repeat p/v examination after 4 hours of good uretine contractions reveals cervical dilataion of 5 cm. What should be the next step in management: (UPSC 07)
a. Reassess after 4 hours
b. Immediate cesarean section
c. Oxytocin drip
d. Reassess for occipitoposterior position and cephalopelvic disproportion

Ref: Dutta Obs 7/e p404, 371

42. Face to pubes delivery is possible with which cephalic presentation: (UPSC 07)
a. Mento-anterior
b. Mento-posterior
c. Occipito sacral
d. Brow presentation

Ref: Dutta Obs 7/e p368

Ans. **30.** a. Brow presentation **31.** b and d **32.** c. Mentovertical **33.** a. Placenta previa
34. a. Face presentation **35.** a. Wrigely's forceps **36.** a. Wait & Watch **37.** b. Injury to lung
38. c. 3% **39.** b. Assisted breech delivery **40.** d. Complete perineal tears **41.** d. Reassess…
42. c. Occipito sacral

43. All are treatment of deep transverse arrest except: (UP 99, 04)
a. Ventouse
b. Cesarean section
c. Manual rotation with outlet forceps
d. Craniotomy

Ref: Dutta Obs 7/e p372

44. In deep transverse arrest with adequate pelvis, best mode of delivery will be: (Delhi 03)
a. Ventouse
b. Keilland forceps
c. Manual rotation followed by forceps
d. Cesarean section

Ref: Dutta Obs 7/e p372

45. Deep transverse arrest is seen in all except: (Manipal 06)
a. Android pelvis
b. Epidural analgesia
c. Transverse lie
d. Uterine inertia

Ref: Dutta Obs 7/e p372, 373

46. A G2P1A0 presents with full-term pregnancy with tranverse lie in the first stage of labour. On examination, cervix is 5 cm dilated, membranes are intact and fetal heart sounds are regular. What would be the appropriate management in this case: (UPSC 07)
a. Wait for spontaneous evolution and expulsion
b. External cephalic version
c. Cesarean section

Ref: Dutta Obs 7/e p397

47. Treatment of transverse lie at labour is: (UP 06)
a. Artificial rupture of membrane
b. Oxytocin infusion
c. Cesarean section
d. Forceps delivery

Ref: Dutta Obs 7/e p397

48. Vaginal delivery is impossible in: (UP 01; Delhi 99, 96)
a. Persistent Mento-posterior presentation
b. Persistent occipito-posterior presentation
c. Mento-anterior presentation
d. Breech presentation

Ref: Dutta Obs 7/e p391

49. Most unfavourable presentation for vaginal delivery is / delivery not posslble per vaginum is:
a. Mento posterior (AI 95; UP 06; DNB 08)
b. Mento anterior
c. Occipito posterior
d. Deep transverse arrest

Ref: Dutta Obs 7/e p39

50. Which one of the following pairs of terminologies is not correctly matched? (UPSC 00)
a. Breech delivery– Burn Marshal tech
b. Neglected shoulder presentation – Bandle's ring or retraction ring
c. Retained placenta – True knot of cord
d. Reverse rotation to occipito sacral position – Face to pubic delivery

Ref: Dutta Obs 7/e p384 for a 395 for b 368 for d

51. Best treatment of cord prolapse is: (HPU 05)
a. Replace the cord in vagina
b. Cesarean section
c. Immediate vaginal delivery
d. None of the above

Ref: Dutta Obs 7/e p399

52. Most common cause of breech presentation:
a. Contracted pelvis (Karnataka 2008)
b. Hydramnios
c. Prematurity
d. Oligohydramnios

Ref: Dutta Obs, 7/e p375

53. Recurrent breech presentation is seen in: (MP 2009)
a. Multiparity
b. Hydraminos
c. Congenital uterine anomaly
d. Placenta previa

Ref: Dutta Obs, 7/e p375

54. Best management in mento-posterior presentation:
a. Vaginal delivery (UP 2008)
b. Forceps delivery
c. Manual rotation
d. Caesarean section

Ref: Dutta Obs, 7/e p391

Ans. **43.** d. Craniotomy **44.** a. Ventouse **45.** c. Transverse lie **46.** c. Cesarean section
47. c. Cesarean section **48.** a. Persistent **49.** a. Mento posterior **50.** c. Retained placenta…
51. b. Cesarean section **52.** c. Prematurity **53.** c. Congenital uterine… **54.** d. Caesarean section

18. CONTRACTED PELVIS

CONTRACTED PELVIS (QUESTIONS)

1. **The commonest cause of occipitoposterior position of fetal head during labor is:** (AIIMS May 03)
   a. Maternal obesity
   b. Multiparity
   c. Deflexion of fetal head
   d. Android pelvis

   Ref: Dutta Obs 7/e p365

2. **Antero-posterior diameter is less and transverse diameter is more in:** (Delhi 03)
   a. Gynecoid pelvis
   b. Anthropoid pelvis
   c. Android pelvis
   d. Platypelloid pelvis

   Ref: Dutta Obs 7/e p346

3. **Face-to–pubis delivery often occurs in:**
   a. Android pelvis (Delhi 03; AI 97)
   b. Platypelloid pelvis
   c. Anthropoid pelvis
   d. Gynecoid pelvis

   Ref: Dutta Obs 7/e p346

4. **Persistent occipitoposterior is common in:** (DNB 05)
   a. Android pelvis
   b. Anthropoid pelvis
   c. Gynecoid pelvis
   d. Platypelloid pelvis

   Ref: Dutta Obs 7/e p346

5. **Deep transverse arrest occurs in …… pelvis:**
   a. Gynecoid (AI 95/Karnataka 08)
   b. Platypelloid
   c. Android
   d. Mixed

   Ref: Dutta Obs 7/e p346, 365, 367

6. **Dystocia dystrophia syndrome:** (APPG 06)
   a. Android pelvis
   b. Platypelloid pelvis
   c. Anthropoid
   d. Gynecoid pelvis

   Ref: Dutta Obs 7/e p349

7. **Naegele's pelvis is:** (Manipal 06; AP 96; Karnataka 99)
   a. Triradiate pelvis
   b. One ala absent
   c. Two alae absent
   d. None

   Ref: Dutta Obs 7/e p347

8. **Shortest sacrocotyloid diameter causing narrowing of pelvis is a feature of which type of maternal pelvis:** (MH PGM CET 2006) (MH 2008)
   a. Android
   b. Gynecoid
   c. Platypelloid
   d. Anthropoid

   Ref: Dutta Obs 7/e p346

9. **Anthropoid pelvis false statement is:** (Kolkata 2009)
   a. AP diameter > transverse diameter
   b. Prominent ischial spine
   c. Subpubic angle wide
   d. Sacrosciatic notch is shallow and wide

   Ref: Dutta Obs 7/e, p346

Ans. **1.** d. Android pelvis **2.** d. Platypelloid pelvis **3.** c. Anthropoid pelvis **4.** b. Anthropoid pelvis
5. c. Android **6.** a. Android pelvis **7.** b. One ala absent **8.** c. Platypelloid
9. b. Prominent ischial…

19. OBSTRUCTED LABOR, DYSTOCIA AND RUPTURE UTERUS

OBSTRUCTED LABOR, DYSTOCIA AND RUPTURE UTERUS (QUESTIONS)

1. In Muller's maneuver to predict cephalopelvic disproportion (CPD): (MHPGM-CET 2010)
a. The vaginal finger is at ischial spine
b. The vaginal finger is at sacral promontory and thumb at the symphysis
c. The vaginal finger is at tip of sacrum
d. None of above
Ref: Dutta, Obstetrics, 7/e p353, 6/e p353

2. Bandl's ring is seen in which of the following conditions: (DNB 2007)
a. Premature labor
b. Precipitate labor
c. Obstructed labor
d. Injudicious use of oxytocic *Ref: Dutta Obstretics 7/e p362*

3. Bandl's ring is seen in which of the following conditions: (DNB 2010)
a. Undilated Cervix
b. Premature rupture of membranes
c. Obstructed labor
d. Injudicious use of oxytocic *Ref: Dutta Obstretics 7/e p362*

4. All are true about constriction ring except:
a. Also called Schroeder's ring
b. Can be caused by injudicious oxytocin use
c. Ring can be palpated per abdomen
d. Inhalation of amyl nitrate relaxes the ring
Ref. Dutta Obs 7/e p360

5. First maneuver to be done in case of shoulder dystocia is?
a. McRoberts
b. Wood's corkscrew
c. Lovset
d. Zavanelli *Ref: Dutta Obs 7/e p406*

6. A 27-year-old G1P0 woman at 39 weeks' gestation presents to the labor and delivery suite and progresses through the stages of labor normally. During delivery of the infant, the head initially progresses beyond the perineum and then retracts. Gentle traction does not facilitate delivery of the infant. Which of these options is the first step in the management:
a. Abduct mothers thigh and apply suprapubic pressure
b. Apply fundal pressure
c. Flex mothers thigh against her abdomen
d. Push infants head back into the uterus and do cesarean section
e. Do a symphiosotomy.

7. Indicators of impending uterine rupture during labor include all of the following except: (AI 06)
a. Fetal distress
b. Hematuria
c. Fresh bleeding per vaginum
d. Passage of meconium
Ref: Munrokerr's 10/e, p 444 - 447; Dutta Obs 7/e, p 328, Operative Obs and Gynae by Randhir Puri, Narendra Malhotra 1/e, p 203, COGDT 10/e, p 340

8. All are seen with scar dehiscence, except: (AIIMS Nov 01)
a. Maternal bradycardia
b. Fetal bradycardia
c. Vaginal bleeding
d. Hematuria
Ref: Dutta Obs 7/e p328; Operative Obs and Gynae, Randhir Puri and Narendra Malhotra 1/e p202-203

9. Blood in urine in a patient in labor is diagnostic of:
a. Impending scar rupture (AIIMS May 08)
b. Urethral injury
c. Obstructed labor
d. Cystitis
Ref: Dutta Obs 7/e p404

10. Hematuria during labor in previous LSCS is sign of:
a. Impending rupture of scar (AIIMS Nov 09)
b. Urethral trauma
c. Prolong labour
d. Sepsis *Ref: COGDT 10/e p340*

11. A woman comes with obstructed labor and is grossly dehydrated. Investigations reveal fetal demise. What will be the management? (AIIMS Nov 08)
a. Craniotomy
b. Decapitation
c. Cesarean section
d. Forceps extraction *Ref: Dutta Obs 7/e p405*

12. 30-year-old female comes with obstructed labor and is febrile and dehydrated with IUFD and cephalic presentation. Which is the best way to manage?
a. Craniotomy (AIIMS May 2011)
b. Decapitation
c. Cesarean section
d. Forceps extraction
Ref: Dutta 6/e p404, textbook of obs, Sheila balakrishnan p479

13. A multipara with previous LSCS comes at 38 weeks pregnancy in shock. Differential diagnosis includes:
a. Placenta previa (PGI June 06)
b. Abruptio placenta
c. Rupture uterus *Ref: Dutta Obs 7/e p618*

14. All are done in management of shoulder dystocia except: (AIIMS Nov 08, AI '10)
a. Fundal pressure
b. Mc Roberts manoeuvre
c. Suprapubic pressure
d. Woods manoeuvre *Ref: Dutta Obs 7/e p406*

Ans. **1.** a. The vaginal finger… **2.** c. Obstructed labor **3.** c. Obstructed labor **4.** c. Ring can be palpated…
5. a. McRoberts **6.** c. Flex mothers thigh against… **7.** d. Passage of meconium **8.** a. Maternal bradycardia
9. c. Obstructed labour **10.** a. Impending rupture of scar **11.** c. Cesarean section **12.** c. Cesarean section
13. a, b and c **14.** a. Fundal pressure

15. **Sudden hyperflexion of thigh over abdomen (Mc Roberts manoeuvre) which of the following nerve is commonly involved?** (AIIMS Nov 08)
    a. Common peroneal nerve
    b. Obturator nerve
    c. Lumbosacral trunk
    d. Lateral cutaneous nerve of thigh

    Ref: Dutta Obs 7/e p406

16. **Uterine rupture is least common with:** (Jipmer 02)
    a. LSCS
    b. Classical section
    c. Inverted T shaped incision
    d. T Shaped incision

    Ref: Williams Obs 22/e p611, 23/e p568-569, Dutta Obs 7/e p330

17. **All of the following are features of obstructed labor, except:** (DNB 01)
    a. Hot dry vagina
    b. Bandl's Ring
    c. Unruptured membranes present
    d. Tonic contracted uterus *Ref: Dutta Obs 7/e p362*

18. **Incidence of scar rupture in a pregnant lady with previous LSCS is:** (Jipmer 00)
    a. 0.2%
    b. 0.5%
    c. 0.7%
    d. 0.9%

    Ref: William Obs 23/e p569

19. **Bandl's ring on the uterus in labor suggests:** (MP 2009)
    a. Cervical dystocia
    b. Colicky uterus
    c. Hypertonic lower uterine segment
    d. Obstructed labour

    Ref: Dutta Obs 7/e p362

20. **Incidence of scar rupture in a subsequent pregnancy in case of lower segment cesarean section (LSCS) is:** (AP 2007)
    a. 2%
    b. 4%
    c. 5%
    d. 8%

    Ref: Williams Obs 23/e p569, Table 26-3

Ans. **15.** d. Lateral cutaneous… **16.** a. LSCS **17.** c. Unruptured membranes… **18.** a. 0.2%
19. d. Obstructed labour **20.** a. 2%

20. FETUS, NEWBORN AND IUGR

FETUS, NEWBORN AND IUGR (QUESTIONS)

1. Intrauterine assessment of fetal distress is indicated by all, except: (Feb DP PGMEE 2009)
a. Acceleration of 15/min
b. Deceleration of 30/min
c. Variable deceleration 5-25/min
d. Fetal HR < 80/min

Ref: Dutta Obs 7/e p610

2. Fetal tachycardia is defined as heart rate more than_____:
a. 140
b. 160
c. 180
d. 200

Ref: Williams Obs 22/e p35; Dutta Obs 7/e p609, 6/e p91

3. In biophysical profile, parameter to be affected last in a state of fetal compromise: (DNB 2007)
a. Liquor pocket
b. Breathing movement
c. Fetal tone
d. Gross body movement

4. All are true about fetal distress except: (DNB 2007)
a. pH>7.3
b. ↑HR (Fetal)
c. ↓HR (Fetal)
d. Meconium staing of liquor

Ref: Dutta 7/e p609, 612

5. Hydrops fetalis is associated with: (DNB 2010)
a. Parvovirus infection
b. Mycobacterium tuberculosis
c. Plasmodium infections
d. Hepatitis B

Ref: Dutta 7/e p497

6. True statement about symmetrical IUGR with respect to asymmetrical IUGR:
a. Worse prognosis
b. Neurological defects
c. Head larger than abdomen
d. Less common
e. Total number of cell is normal

Ref: Dutta Obs 7/e p461, 462

7. On Doppler studies, which is an ominous sign of IUGR?
a. Increase S/D ratio
b. Reverse diastolic flow
c. Diastolic notch
d. All of the above

Ref: Williams 23/e p851

8. Cortisol released just before birth does:
a. Increases uterine contraction
b. Causes ripening of cervix
c. Causes maturation of fetal lung
d. Decrease uterine contraction

Just before birth which of the following is responsible is baby for lung maturation:
a. Cortisol
b. Oxytosin
c. Progestrone
d. B-heG

Ref: Dutta Obs 6/e p315

9. CMV causes:
a. IUGR
b. Sepsis
c. Hydrocephalus
d. Thrombocytosis

Ref: Dutta 7/e p300

10. Fetal hemopoiesis first occurs in:
a. Yolk sac
b. Liver
c. Spleen
d. Bone marrow

Ref: Dutta Obs 7/e p42

11. Insulin is secreted by the fetal pancreas by:
a. 12th week
b. 32nd week
c. 28th week
d. 38th week

Ref: Dutta Obs 7/e p43

12. Fetal anemia leads to: (Kolkata 2009)
a. Early deceleration
b. Late deceleration
c. Variable deceleration
d. Sinusoidal pattern

Ref: Dutta Obs 7/e p612

13. Rule of hasse is used to determine: (AIIMS 03)
a. The age of fetus
b. Height of an adult
c. Race of a person
d. Identification

Ref: Reddy 26/e p74

14. Maturation index during pregnancy: (APPGE 04)
a. 0, 40, 50
b. 50, 40, 0
c. 0, 0, 100
d. 0, 95, 5

Ref: Dutta Gynae 4/e p105

15. All are the causes of intrauterine growth retardation except: (AI 05)
a. Anemia
b. Pregnancy induced hypertension
c. Maternal heart disease
d. Gestational diabetes

Ref: Dutta Obs 7/e p462

Ans. **1.** a. Acceleration… **2.** b. 160 **3.** c. Fetal tone **4.** a. pH>7.3
5. a. Parvovirus infection **6.** a and d **7.** b. Reverse diastolic flow **8.** c > a
9. a. IUGR **10.** a. Yolk sac **11.** a. 12th week **12.** d. Sinusoidal pattern
13. a. The age of fetus **14.** d. 0, 95, 5 **15.** d. Gestational diabetes

16. IUGR is seen in: (PGI Dec 02)
a. Rubella
b. Syphilis
c. CMV
d. Chicken pox
e. HPV
Ref: Dutta Obs 7/e p462 for a, c 294 for b. 6/e p287, 463-464 Fernando arias 3/e p110 for a, c, d. 140

17. IUGR is characterized by all except: (PGI June 01)
a. Polycythemia
b. Meconium aspiration syndrome
c. HMD
d. Hypocalcemia
Ref: COGDT 10/e p293; Dutta Obs 7/e p464.

18. IUGR can be detected by USG: (PGI Dec 05)
a. ↓ Fetal weight
b. ↓ BPD [less growth of BPD]
c. ↑ HC/AC
d. ↓ Head circumference
e. ↑ Amniotic fluid volume
Ref: Dutta Obs 7/e p463; Fernando Arias 2/e p307-309

19. A lady of 150 cm height with Hb of 11gm%, BP of 160/110 mm Hg and 12 kg gain during her pregnancy delivered an IUGR baby, the cause of this is: (PGI Dec 03)
a. Maternal infection
b. Short stature
c. HTN (hypertension)
d. ↑ Weight gain
e. ↓ Hb%
Ref: Dutta Obs 7/e p225

20. Birth weight of a baby can be increased by: (AIIMS May 07)
a. Cessation of smoking
b. Aspirin
c. Ca^{++} and vitamin D supplement
d. Bed rest
Ref: COGDT 10/e p293; Williams Obs 22/e p354,23/e p329

21. Difference between prematurity and IUGR is that premature baby has: (PGI June 08)
a. Sole creases all over feet
b. Breast nodule 2 mm's
c. Ear cartilage well formed - good elastic recoil
d. Skin glistening, thin
e. Poor muscle tone
Ref: Dutta Obs 7/e p457, 462, 447; Meharban Singh's Clinical Method 3/e p243

22. Hypoglycemia in new born is seen in: (PGI Dec 01)
a. IUGR
b. Mother with hypothyroidism
c. Rh incompatibility
d. Macrosomia
e. Hyperthyroidism
Ref: Dutta Obs 7/e p285, 464; Williams Obs 23/e p1131-1132; Ghai 6/e p177, 487; KDT 5/e p227

23. Intrauterine fetal distress is indicated by: (PGI June 04)
a. Acceleration of 15/min
b. Deceleration of 30/min
c. Variable deceleration 5-25/min
d. Fetal HR<80/min
e. Fetal HR 160-180/min
Ref: Williams Obs 22/e p461; 23/ep429-431, Dutta Obs 7/e p612

24. A pregnant lady with persistent late, variable deceleration with cervical dilatation of 6 cm shifted to OT for surgery. Which of the following is not done in management: (AIIMS May 01)
a. Supine position
b. O_2 inhalation
c. I.V. fluid
d. Subcutaneous terbutaline
Ref: Dutta Obs 7/e p61

25. Cephalhematoma: (AI 02)
a. Is caused by oedema of the subcutaneous layers of the scalp
b. Should be treated by aspiration
c. Most commonly lies over the occipital bone
b. Does not vary in tension with crying
Ref: Dutta Obs 7/e p483

26. Best ultrasonic parameter to detect IUGR is: (UP 02)
a. Abdominal circumference
b. Biparietal diameter
c. Femur length
d. Tibia length
Ref: Dutta Obs 7/e p463

27. Which of the following is true regarding IUGR (Delhi 02)
a. Asymmetrical IUGR: is far more common than symmetrical IUGR
b. Ponderal index is normal in symmetrical IUGR
c. Prognosis is better in asymmetrical IUGR than symmetrical IUGR
d. All of the above
Ref: Dutta Obs 7/e p461, 462, 463

28. In a case of intrauterine growth retardation, the most dependable method of determining fetal well being is: (SGPGI 05)
a. Ultrasonic fetal cephalometry
b. Contraction stress test (oxytocin challenge test)
c. Amniotic fluid triglyceride
d. Uteroplacental blood flow
Ref: Fernando Arias 3/e p122, Bedside Obs and Gynae Richa Saxena p192

29. A woman in her first pregnancy reports that she smokes one pack of cigarettes a day. An ultrasound is ordered in the thirty second week of the pregnancy to evaluate for which of the following: (Karn. 03)
a. Amniotic fluid volume
b. Fetal size
c. Fetal abnormalities
d. Fetal motion
Ref: Dutta Obs 7/e p462

Ans. **16.** e. HPV **17.** c. HMD **18.** a, b, c and d **19.** c. HTN
20. a. Cessation… **21.** b, d and e **22.** a and d **23.** b, c, d and e
24. a. Supine position **25.** b. Should be treated… **26.** a. Abdominal… **27.** d. All of the above
28. d. Uteroplacental… **29.** b. Fetal size

30. Hematoma of the sternomastoid muscle detected in a 16 days old infant requires: (AIIMS 02)
a. Immediate surgical evacuation
b. Surgical intervention within 2 weeks
c. Prophylactic antibiotic therapy
d. No immediate therapy

Ref: Dutta Obs 7/e p486

31. Which is abnormal in classic hemorrhagic disease of newborn? (UP 00)
a. Platelet count
b. Thrombin time
c. Fibrinogen level
d. APTT

Ref: Dutta Obs 7/e p480-481

32. Respiratory distress syndrome in the newborn is commonly associated with the following conditions except:
a. Diabetic pregnancy (UPSC 02)
b. Prematurity
c. Following an elective cesarean section
d. Intrauterine growth retardation

Ref: Dutta Obs 7/e p474

33. All are features of fetal distress except: (UP 02)
a. Meconium staining of the liquor amnii
b. Heart rate less than 100 beats per minute
c. Involuntary muscle movements
d. Fetal scalp blood pH 7.3

Ref: Dutta Obs 7/e p612, 609 610

34. Consider the following in a new born: (UPSC 08)
1. Heart rate of 110 beats per minute
2. Slow and irregular respiratory effort
3. Flaccid muscle tone
4. No reflex irritability
5. Blue colour

What is the Apgar score in this case?
a. 1
b. 3
c. 5.
d. 7

Ref: Dutta Obs 7/e p470

35. The umbilical cord stump of a newborn most frequently sloughs off at around: (Kerala 04)
a. Second day after delivery
b. Fifth day after delivery
c. 10th day after delivery
d. 15th day after delivery

Ref: Ghai 6/e p146

36. Glucocorticoids given to a case of Preterm Labour help in reducing all of the following neonatal complications except: (Karnataka 02)
a. Respiratory distress syndrome
b. Intraventricular hemorrhage
c. Necrotising enterocolitis
d. Bronchopulmonary dysplasia

Ref: Dutta Obs 7/e p316

37. Causes of physiological jaundice: (MAHE 05)
a. ↑ Hb-F destruction
b. ↓ Conversion of bilirubin to urobilinogen
c. Inadequate conjugation of bilirubin
d. All the above

Ref: Dutta Obs 7/e p477

38. Intrauterine growth restriction is defined as: (MP 2008)
a. There is oligohydramnios
b. The fetus weight less than 2.5 kg
c. Fetus fails to achieve growth potential
d. Duration of pregnancy more than 40 weeks

Ref: Dutta Obs 7/e p461

39. The best drug for treatment of IUGR is: (MP 2008)
a. Aspirin
b. Nitric oxide
c. Anti oxidants
d. None of the above

Ref: Williams Obs 23/e p852; Fernando Arias 3/e p127-128

40. Fetal tachycardia in labour can be due to all of the following except: (MP 2009)
a. Prematurity
b. Mild Hypoxia
c. Vagotonia
d. Paroxysmal supraventricular tachycardia

Ref: Dutta Obs 7/e p609

Ans. **30.** d. No immediate… **31.** b. Thrombin time **32.** d. Intrauterine growth **33.** d. Fetal scalp blood…
34. b. 3 **35.** c. 10th day after delivery **36.** d. Bronchopulmonary… **37.** d. All the above
38. c. Fetus fails to… **39.** d. None of the above **40.** d. Paroxysmal…

21. FETAL MALFORMATIONS

FETAL MALFORMATIONS (QUESTIONS)

1. Earliest fetal anomaly to be detected by USG: (DP PGMEE 2010)
a. Hydrocephalous
b. Anencephaly
c. Achondroplasia
d. Spina bifida
Ref: Dutta 7/e p408, 6/e p408-409, Fernando arias 3/e p64

2. Commonest congenital malformation in infants of woman with overt diabetes is: (DNB 2008)
a. Situs inversus
b. CNS defects
c. Renal agenesis
d. Caudal regression *Ref: Harrison, Nelson, Cecil, CMDT*

3. Fetal anticonvulsant syndrome comprises all of the following fetal malformations, except: (AP 2012)
a. Cardiac anomalies
b. Congenital cystic adenoid malformation
c. Craniofacial defects *Ref: Williams 23/e p318*

4. Periconceptional use of the following agent leads to reduced incidence of neural tube defects: (AIIMS May 03, UP 08)
a. Folic acid
b. Iron
c. Calcium
d. Vitamin A *Ref: Dutta Obs 7/e p409; COGDT 10/e p197*

5. Folic acid supplementation reduces the risk of:
a. Neural tube defect (PGI June 03)
b. Toxemia of pregnancy
c. Down's syndrome
d. Placenta previa
Ref: Dutta Obs 7/e p409; COGDT 10/e p197

6. Use of folic acid to prevent congenital malformation should be best initiated: (AIIMS Nov 03)
a. During 1st trimester of pregnancy
b. During 2nd trimester of pregnancy
c. During 3rd trimester of pregnancy
d. Before conception
Ref: Dutta Obs 7/e p409; COGDT 10/e p197

7. All of the following are true about anencephaly except:
a. Facial presentation (AIIMS June 00)
b. Increased alpha-fetoprotein
c. Enlarged adrenal gland
d. Polyhydramnios *Ref: Dutta Obs 7/e p408*

8. A women has had 2 previous anencephalic babies, risk of having a third one is: (AI 01)
a. 0%
b. 10%
c. 25%
d. 50% *Ref: Williams 23/e p288, Fernando Arias 3/e p53*

9. Which one of the following biochemical parameters is the most sensitive to detect open spina bifida? (AI 05)
a. Maternal serum alpha fetoprotein
b. Amniotic fluid alpha fetoprotein
c. Amniotic fluid acetyl cholinesterase
d. Amniotic fluid glucohexaminase

10. Open neural tube defects are best detected by increase in which of the following: (AI 2011)
a. Acetyl cholinesterase
b. Pseudo cholinesterase
c. AFP
d. hCG *Ref: Dutta obstetrics 6/e p107, 7/e p106 Danforth's Obstetrics and Gynecology 10/e p114*

11. Macrosomia is/are associated with: (PGI Nov 09)
a. Gestational diabetes mellitus
b. Maternal obesity
c. Hypothyroidism
d. Hyperbilirubinemia
e. Fetal goitre
Ref: Williams Obs 22/e p905, 23/e p854; Dutta Obs 7/e p405

12. Hydrocephalus is best detected antenately by:
a. X-ray abdomen (AIIMS June 00)
b. Amniocentesis
c. Clinical examination
d. Ultrasonography *Ref: Dutta Obs 7/e p406-407*

13. Which of the following is associated with hydrocephalus:
a. Diabetes mellitus (PGI Dec 01)
b. Pre-eclampsia
c. Abruptio placentae
d. Breech presentation
e. Spina bifida *Ref: Dutta Obs 7/e p284, 375, 407*

14. Preconceptional intake of which of the following results in decrease in incidence of neural tube defect:
a. Vitamin A (AIIMS May 08)
b. Folate
c. Vitamin E
d. Vitamin C *Ref: Dutta Obs 7/e p409; COGDT 10/e p197*

15. All are true about aneuploidy except: (AIIMS May 09)
a. 30% of trisomy 21 fetus die in utero
b. 80% of trisomy 18 fetus die in utero
c. Occurrence of aneuploidy has no relation with the progression of mother's age
d. The recurrence risk for nondysjunctional aneuploidy is 1% higher
Ref: Robbin's 7/e p172, 173, 174, Fernando Arias 3/e p34 for option d.

Ans. **1.** b. Anencephaly **2.** b. CNS defects **3.** b. Congenital cystic… **4.** a. Folic acid
5. a. Neural tube defect **6.** d. Before conception **7.** c. Enlarged adrenal gland **8.** b. 10%
9. c. Amniotic fluid… **10.** b. Pseudo cholinesterase… **11.** a. Gestational diabetes… **12.** d. Ultrasonography
13. a, d and e **14.** b. Folate **15.** c. Occurrence of aneuploidy…

22. DRUGS IN PREGNANCY AND HIGH RISK PREGNANCY

DRUGS IN PREGNANCY AND HIGH RISK PREGNANCY (QUESTIONS)

1. **All of the following may be used in pregnancy associated hypertension except:** (AP 2010)
   a. Nifedipine
   b. Captopril
   c. Methyldopa
   d. Hydralazine

   Ref: Dutta Obs 7/e p507

2. **Diethylstibestrol use causes:**
   a. Hepatic adenoma
   b. Ca cervix
   c. Ca breast
   d. Fibroid uterus

   Ref: Internet

3. **One of the following antihypertensive is not used in pregnancy:**
   a. Enalpril
   b. Methyldopa
   c. Hydralazine
   d. Nifedipine

   Ref: Dutta 7/e p507

4. **Which of the following drug is contraindicated in pregnancy and lactation?:** (AP 2008)
   a. Mebendazole
   b. Albendazole
   c. Metronidazole
   d. Ampicillin

   Ref: KDT 7/e p850-51

5. **Antimalarial(s) to be avoided in pregnancy:** (PGI June 01)
   a. Chloroquine
   b. Quinine
   c. Primaquine
   d. Anti-folates
   e. Tetracyclines

   Ref: Dutta Obs 6/e 295 - 296; Williams 23/e p1228

6. **Consequence of maternal use of cocaine is:** (AI 01)
   a. Hydrops
   b. Sacral agenesis
   c. Cerebral infarction
   d. Hypertrichosis

   Ref: Sheila Balakrishnan p696; Williams Obs 22/e p364, 23/e p326-327

7. **When heparin is given in pregnancy, which of the following is to be added?** (AI 08)
   a. Iron folic acid
   b. Copper
   c. Calcium
   d. Zinc

   Ref: Williams 23/e p1023

8. **A child born with multiple congenital defect including cleft palate, neural tube defect, atrial septal defect and microcephaly which of the following drug is used by mother during pregnancy:** (AIIMS June 00)
   a. Erythromycin
   b. Isotretinoin
   c. Ibuprofen
   d. Metronidazole

   Ref.:Willimas 23/e p324

9. **Vasopressor of choice in pregnancy is:** (AIIMS Nov 08)
   a. Ephedrine
   b. Phenylephrine
   c. Methoxamine
   d. Mephentermine

   Ref: COGDT 10/e p459

10. **The following drug can be given safely in pregnancy:** (AI 09)
    a. Propylthiouracil
    b. MTX
    c. Warfarin
    d. Tetracycline

    Ref: Dutta Obs 6/e p290, Dutta Obs 7/e p287, 913

11. **The use of the following drug during pregnancy can lead to mobius syndrome** (AI 12)
    a. Warfarin
    b. Phenytoin
    c. Mifepristone
    d. Misoprostol

    Ref: Katzung pharmacology 11/e p1029

12. **A lady having epileptic seizure with phenytoin therapy and became pregnant, Treatment is:** (UP 00)
    a. Terminate pregnancy and continue phenytoin
    b. Tapering to lowest level of phenytoin and continue pregnancy
    c. Replace phenytoin by carbamazepine
    d. Continue pregnancy with phenytoin therapy

    Ref. Dutta Obs 7/e p291, 6/e p298

13. **Use of valproate during pregnancy may cause:** (UP 01)
    a. Neural tube defect
    b. Hydantoin syndrome
    c. Respiratory depression
    d. Mental retardation

    Ref: Dutta Obs 7/e p291

14. **Drug C/I in pregnancy is:** (DNB 01)
    a. Chloroquine
    b. Primaquine
    c. Amodiaquine
    d. Quinine

    Ref: Williams 23/e p1228

Ans. **1.** b. Captopril **2.** a. Hepatic adenoma **3.** a. Enalpril **4.** a. Mebendazole
5. c and e **6.** c. Cerebral infarction **7.** c. Calcium **8.** b. Isotretinoin
9. a. Ephedrine **10.** a. Propylthiouracil **11.** d. Misoprostol **12.** b. Tapering to lowest level…
13. a. Neural tube defect **14.** b. Primaquine

15. Drug of choice in thyrotoxicosis in pregnancy is: (UP 02)
a. Carbimazole
b. Lugol's iodine
c. Propranolol
d. Radioactive iodine

Ref: Williams 23/e p1128; Dutta Obs 6/e p290

16. Smoking in pregnancy causes: (CUPGEE 00)
a. IUGR
b. PIH
c. APH
d. PPH

Ref: Dutta Obs 6/e p102 255; Williams Obs 23/e p180-181

17. The short retroviral regime administration in the peripartum period decreases the risk of vertical transmission by: (MAHE 05)
a. 30%
b. 50%
c. 65%
d. 75%

Ref: CMDT '07, p1362

18. Vaccine routinely given in pregnancy: (DNB 02)
a. Influenza
b. Oral polio
c. Tetanus
d. Rabies

Ref. Dutta Obs 7/e p100-101, 6/e p102

19. Abortifacient causing ototoxicity is: (TN 03)
a. Lead
b. Quinine
c. Mercury
d. Ergot

Ref: KDT 5/e p292, 743; Dhingra 3/e p44

20. High risk pregnancy are all except: (Delhi 2008)
a. ABO incompatibility
b. Rh isoimmunisation
c. Twin pregnancy
d. Third pregnancy

Ref: Dutta 7/e p631-632

21. All drugs can be given to a mother with lupus, who is on 35th week of gestation except: (AI 09/ AIIMS May 10)
a. Chloroquine
b. Methotrexate
c. Sulphadiazine/sulphsalazine
d. Prednisolone

Ref: Williams Obs 23/e p1150; Harrison 17/e p2083

22. Comprehensive emergency obstetric care does not include: (AIIMS May 07)
a. Manual removal of placenta
b. Hysterectomy
c. Blood transfusion
d. Cesarean section

23. Obesity in pregnancy causes all of the following complications except: (Manipal 06)
a. Abnormal uterine action
b. Fetal neural tube defect
c. Precipitate labour
d. Venous thrombosis

Ref: Dutta Obs 7/e p343, 6/e p344; Williams obs 23/e p951-952

24. MC cause of maternal mortality is: (Delhi 2008)
a. Post-partum hemorrhage
b. Abortion
c. Sepsis
d. Obstruction

Ref: Dutta Obs 7/e p603

25. Side effects of magnesium sulfate includes: (PGI Dec 08)
a. Hypotension
b. Anuria
c. Coma
d. Pulmonary Edema

Ref: Dutta Obs 7/e p508, 509

26. Earliest sign of Mg toxicity: (Al 2011)
a. Depression of deep tendon reflexes
b. Respiratory depression
c. Cardiac arrest
d. Anuria

Ref: Willaims 23/e p739

27. A 24-year-old woman with 36 weeks of pregnancy, suddenly complains of headache and blurring of vision. Her B.P. is 170/110 mm of Hg. Urinary albumin is +++ and fundus examination shows areas of retinal hemorrhage. The line of further management would be: (UPSC 00)
a. Conservative treatment
b. Anticonvulsive therapy
c. Induction of labour
d. Cesarean delivery

Ref: Dutta Obs 7/e p230

28. Consider the following statements. The requisites for giving magnesium sulphate in the treatment of eclampsia include: (UPSC 06)
1. More than five fits
2. Patient not being in labour
3. Availability of calcium gluconate by the side of the patient
4. Presence of knee jerk

a. 1 and 2 only
b. 3 and 4 only
c. 1, 2 and 3
d. 2, 3 and 4

Ref: Dutta Obs 7/e p234, 235, 506, 6/e p236, 237

29. Magnesium sulphate is given to a pregnant lady with PIH, which of the following drug is contraindicated in this condition: (UP 02)
a. Nifedipine
b. Hydralazine
c. Methyldopa
d. Labetalol

Ref: Dutta Obs 7/e p508

Ans. **15.** a. Carbimazole **16.** a and c **17.** c. 65% **18.** c. Tetanus
19. b. Quinine **20.** d. Third pregnancy **21.** a. Chloroquine **22.** b. Hysterectomy
23. c. Precipitate labour **24.** a. Post-partum… **25.** a, b and d **26.** a. Depression of deep…
27. b. Anticonvulsive… **28.** b. 3 and 4 only **29.** a. Nifedipine

30. In a patient on Magnesium sulphate therapy, usually at what level the patellar (knee) reflex disappears: (MH 2008)
a. 6-8 mEq/L
b. 10-12 mEq/L
c. 12-14 mEq/L
d. > 15 mEq/L

Ref William's Obs 23/e p738; High Risk Pregnancy, Fernando Arias 3/e p421

31. Which of the following is not given in pregnancy induced hypertension?: (Delhi 2008)
a. ACE inhibitor
b. Calcium channel blocker
c. a-methyl dopa
d. Hydralazine *Ref: Dutta Obs 7/e p228, 506-507*

32. All of the following are known side effects with the use of tocolytic therapy except: (AIIMS May 03)
a. Tachycardia
b. Hypotension
c. Hyperglycemia
d. Fever

Ref: Dutta Obs 7/e p508

33. The drug that inhibits uterine contractility and cause pulmonary edema is: (AIIMS May 01)
a. Ritodrine
b. Nifedipine
c. Indomethacin
d. Atosiban *Ref. Dutta Obs 7/e p508*

Ans. **30.** b. 10-12 mEq/L **31.** a. ACE inhibitor **32.** d. Fever **33.** a. Ritodrine

23. DIAGNOSIS IN OBSTETRICS

DIAGNOSIS IN OBSTETRICS (QUESTIONS)

1. Chorionic villi biopsy is not done before 9 weeks because of: (Feb DP PGMEE 2009)
a. Abortion
b. Feto-maternal risk of hemorrhage
c. Limb malformation
d. Too little material

Ref: Dutta Obs 7/e p107

2. Nile blue sulphatase test in amniotic fluid is for: (DNB 2008)
a. Lung maturity
b. Kidney maturity
c. Liver maturity
d. Skin maturity

Ref: Dutta Obs 7/e p111

3. During ultrasonography, foetal abdominal circumference is measured in the reference plane (AP 2012)
a. Of stomach
b. Of kidney
c. Where the umbilical vein is perpendicular to the spine
d. Of liver and spleen

Ref: Williams 23/e p353

4. Foetal red cells are detected in maternal circulation by: (AP 2012)
a. Amniocentesis
b. Indirect coombs' test
c. Chorion villus sampling
d. Kleihauer-Betke test

Ref: Dutta Obs 7/e p334

5. Age of gestation when ovaries and testis are first distinguishable: (Comed 07)
a. 4 weeks
b. 8 weeks
c. 12 weeks
d. 16 weeks

Ref: Williams Obs 22/e p112, 23/e p99, 101

6. Ultrasound can detect CVS /cardiac activity at: (UP 00)
a. 5-6 weeks
b. 6-7 weeks
c. 7-8 weeks
d. 8-10 weeks

Ref: Dutta Obs p7/e p645; Callen 4/e p120, Williams Obs 23/e p200

7. 2nd trimester USG is/are done for detection of:
a. Sex determination
b. No. of fetus
c. Amniocentesis
d. Gestational age estimation
e. Congenital defect

Ref: Dutta Obs 7/e p646, 647

8. Gestational sac first detected in USG at:
a. 4-6 weeks
b. 11-13 weeks
c. 16 weeks
d. 20 weeks

Ref: Dutta Obs 7/e p646

9. Safe in pregnancy: (AP 2007)
a. CT
b. MRI
c. Amniography
d. X-Ray

Ref: Dutta Obs 7/e p650; 6/e p642

10. All of the following are biochemical markers included for triple test except: (AIIMS May 05, 03)
a. Alfa feto protein [AFP]
b. Human chorionic gonadotropin [HCG]
c. Human placental lactogen [HPL]
d. Unconjugated oestriol

Ref: Dutta Obs 7/e p107

11. Fetal blood cells in mother is diagnosed by: (TN 2008)
a. Direct Coomb's
b. Indirect Coomb's
c. Amniocentesis
d. Placental sampling

Ref: Dutta Obs, 7/e p335

12. Appropriate material for antenatal diagnosis of genetic disorders includes all of the following except: (AIIMS May 06)
a. Fetal blood
b. Amniotic fluid
c. Chorionic villi
d. Maternal urine

Ref: Dutta Obs 7/e p106 - 107

13. Karyotyping of fetus can be done through all of the following invasive methods except: (AIIMS Nov 2011)
a. Amniocentesis
b. Cordocentesis
c. Chorionic villous sampling
d. Fetal skin biopsy

Ref:Williams 23/e p299-301

14. Prenatal diagnosis at 16 weeks of pregnancy can be performed using all of the following, except: (AI 06)
a. Amniotic fluid
b. Maternal blood
c. Chorionic villi
d. Fetal blood

Ref: Dutta Obs 7/e p106 - 107

Ans. **1.** c. Limb malformation **2.** a. Lung maturity **3.** c. where the umbilical… **4.** d. Kleihauer-Betke test
5. b. 8 weeks **6.** b. 6-7 weeks **7.** a, b, c, d and e **8.** a. 4-6 weeks
9. b. MRI **10.** c. Human placental… **11.** b. Indirect Coomb's **12.** d. Maternal urine
13. None on Fetal skin… **14.** d. Fetal blood

15. In which of the following conditions would maternal serum α-fetoprotein values be the highest: (AIIMS Nov 05)
a. Down's syndrome
b. Omphalocele
c. Gastroschisis
d. Spina bifida occulta
Ref: Williams Obs 23/e p289 - 290; Fernando Arias 3/e p83-84; USG in Obs & Gynae by Callen 4/e p28

16. Screening by using maternal serum alpha fetoproteins helps to detect all of the following except: (AI 04)
a. Neural tube defects
b. Duodenal atresia
c. Talipes equinovarus
d. Omphalocele
Ref: Williams Obs 23/e p291; Fernando Arias 3/e p54

17. Increased AFP level is seen in: (AIIMS Nov 07)
a. Down syndrome
b. Molar pregnancy
c. Overestimated gestational age
d. Congenital nephrotic syndrome
Ref: Williams Obs 23/e p291

18. Alpha-Fetoprotien concentration in serum is elevated in:
a. Hepatoma (PGI Dec 08)
b. Hepatoblastoma
c. Endodermal sinus tumor
d. Cirrhosis
e. Chromosomal trisomy
Ref: Williams Obs 23/e p291

19. About AFP true are all except: (PGI June 08)
a. MSAFP detected 16-18 weeks of gestation
b. Diabetic patients have increased AFP level
c. MSAFP is unrelated to period of gestation
d. Highest fetal level is seen around 13 weeks of gestation
e. Increased in down syndrome
Ref: Wiliiams 23/e p289-291; Dutta Obs 7/e p106; Fernando Arias 3/e p454 for option 'b', p40 for option c

20. Regarding alpha feto-protein true statement is:
a. Major source in fetal life is yolk sac (AIIMS May 08)
b. Commonly increased in wilms tumour
c. Maximum level at 20th week
d. Half life 5-7 days
Ref: Wiliams 23/e p288, ; Dutta Obs 7/e p106

21. ↓ed maternal serum α-FP is seen in: (PGI June 03; Dec 97)
a. Multiple pregnancy
b. Trisomy 21
c. Open neural tube defect
d. IUD
Ref: Dutta Obs 7/e p106

22. ↓ HCG level seen in: (PGI 04)
a. Down syndrome
b. DM
c. Multiple pregnancy
d. Ectopic pregnancy
e. Oesophageal atresia
Ref: Williams Obs 23/e p63-64

23. Raised beta-HCG levels are seen in: (PGI June 01)
a. DM
b. Preeclampsia
c. Ectopic pregnancy
d. Rh. Incompatibility
e. Down syndrome
Ref: Williams Obs 23/e p64, Dutta Obs 7/e p59

24. Monitoring of b-HCG is useful in management of: (PGI Dec 08)
a. H.mole
b. Choriocarcinoma
c. Ectopic Pregnancy
d. Endodermal Sinus Tumor
Ref: Shaw 15/e p256, 260, 274, 14/ e p231; 235, 380; Dutta obs 7/e pg 59.

25. Amniotic fluid contains acetyl cholinesterase enzyme. What is the diagnosis? (AIIMS May 07, Nov 06,)
a. Open spina bifida
b. Gastroschisis
c. Omphalocele
d. Osteogenesis imperfecta
Ref: Dutta Obs 7/e p106; Fernando Arias 2/e p36

26. Which of the following tests on maternal serum is most useful in distinguishing between open neural tube defects and ventral wall defects in a fetus? (AI 04)
a. Carcinoembryogenic antigen
b. Sphingomyelin
c. Alpha-feto protein
d. Pseudocholinesterase
Ref: Dutta Obs 7/e p106

27. The best time to do chorionic villous sampling is:
a. Between 6-8 weeks (AIIMS May 05)
b. Between 7-9 weeks
c. Between 9-11 weeks
d. Between 11-13 weeks

28. Which of the following tests on maternal serum is most useful in distinguishing between open neural tube defects and ventral wall defects in a fetus? (AI 04)
a. Carcinoembryogenic antigen
b. Sphingomyelin
c. Alpha-feto protein
d. Pseudocholinesterase
Ref: Harrison 17/e p409; Williams Obs 22/e p329, 23/e 300, Dutta Obs 7/e p107

29. Transabdominal CVS can be done in: (AIIMS May 09)
a. 7-9 weeks
b. 11-13 weeks
c. 9-11 weeks
d. 13-15 weeks
Ref: Williams 23/e p300

Ans. **15.** c. Gastroschisis **16.** c. Talipes equinovarus **17.** c. Overestimated… **18.** a, c and d
19. b, c and e **20.** a. Major source in fetal… **21.** b. Trisomy 21 **22.** d. Ectopic pregnancy
23. d and e **24.** a, b and c **25.** a. Open spina bifida **26.** d. Pseudocholinesterase
27. d. Between… **28.** d. Pseudocholinesterase **29.** b. 11-13 weeks

30. Chorionic villous sampling done before 10 weeks may result in: (AIIMS May 02)
a. Fetal loss
b. Fetomaternal hemorrhage
c. Oromandibular limb defects
d. Sufficient material not obtained
Ref: Williams Obs 21/e p990; 22/ep330 ,23/e p300; Dutta Obs 7/e p107

31. DNA analysis of chorionic villus/amniocentesis is not likely to detect: (AI 01)
a. Taysach's disease
b. Hemophilia A
c. Sickle cell disease
d. Duchenne muscular dystrophy
Ref: Shiela Balakrishnan, p607

32. Chorionic villous sampling is done in all except: (AI 08)
a. Phenylketonuria
b. Down's syndrome
c. Neural tube defect
d. Thalassemia/ Sickle cell anemia
Ref: Williams 23/e p283-291

33. True about chorionic villi biopsy: (PGI June 08)
a. Strongly associated with fascio mandibular defects
b. Done in 10-12 weeks
c. Rh immunoglobulin prophylaxis is not necessary
d. Done to diagnose genetic disorders
Ref: Dutta Obs 7/e p107

34. About amniocentesis true is following except: (PGI June 00)
a. It carries risk of miscarriage
b. Always done as a blind procedure
c. Done between 10-18 weeks
d. Chromosomal abnormality can be detected
Ref: Dutta Obs 7/e p647-648

35. Amniocentesis done at: (PGI Dec 09)
a. 14-18 wks
b. 16-20 wks
c. 20-24 wks
d. 24-28 wks
e. >34 wks
Ref: Dutta Obs 7/e p647; Fernando Arias 3/e p46-47; COGDT 10/e p107; Williams Obs 23/e p299-300

36. At what level of b-HCG is it that normal pregnancy can be earliest detected by TVS: (Trans vaginal USG): (PGI Dec 06)
a. 500 IU/ml
b. 1000 IU/ml
c. 1500 IU/ml
d. 2000 IU/ml
e. 2500 IU/ml
Ref: Dutta Obs 7/e p646

37. Early date for detection of fetal heart: (PGI June 06)
a. 6.0-6.5 week
b. 6.5-7 week
c. 7.1-7.5 week
d. 8 week
Ref: Dutta Obs 7/e p646

38. What is the finding seen earliest in USG: (PGI Dec 05)
a. Yolk sac
b. Fetal heart
c. Chorion
d. Placenta
e. Embryo
Ref: Dutta Obs 7/e p646

39. Pseudogestational sac seen in ultrasonography of: (PGI Dec 05)
a. Missed abortion
b. Ectopic gestation
c. Complete abortion
d. Hematometra
Ref: Williams Obs 23/e p243

40. For maturity estimation, amniotic fluid cells are stained with: (Delhi 04)
a. Nile blue sulphate
b. Methylene blue
c. Mucicarmine
d. Sudan black
Ref: Dutta Obs 7/e p111

41. Earliest detectable congenital malformation by USG is: (AIIMS Nov 08)
a. Anencephaly
b. Spina bifida
c. Meningocoele
d. Cystic hygroma
Ref: Williams Obs 23/e p354, 356

42. All of the following are ultrasonographic fetal growth parameters except: (AI 04)
a. Biparietal diameter
b. Head circumference
c. Transcerebeller diameter
d. Femur length
Ref: Williams Obs 23/e p352; Dutta Obs 7/e p463

43. What are the findings in USG, which suggests incompetent os: (PGI Dec 05)
a. Cervical length
b. External os
c. Internal os
d. Funneling of amniotic sac
e. AP length of cervix
Ref: Dutta Obs 7/e p169; Williams Obs 23/e p218 - 220

Ans. **30.** c. Oromandibular… **31.** a. Taysach's disease **32.** c. Neural tube defect **33.** b and d
34. b. Always done as a… **35.** b. 16-20 wks **36.** b. 1000 IU/ml **37.** a. 6.0-6.5 week
38. a. Yolk sac **39.** b. Ectopic gestation **40.** a. Nile blue sulphate **41.** a. Anencephaly
42. c. Transcerebeller… **43.** a, c and d

44. A drop in fetal heart rate that typically last less than 2 minutes and usually associated with umbilical cord compression is called: (AIIMS May 03)
a. Early deceleration
b. Late deceleration
c. Variable deceleration
d. Prolonged deceleration

Ref: Dutta Obs 7/e p612

45. With reference to fetal heart rate, a non stress test is considered reactive when: (AIIMS Nov 03)
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

Ref: Dutta Obs 7/e p108-109; Williams Obs 23/e p338; Fernando Arias 3/e p17-18

46. 36 weeks pregnant diabetic female with NST non reactive. What should be done next? (AIIMS May 2011)
a. Induction of labour
b. CS
c. Do NST after 1hr
d. Proceed to biophysical profile

Ref: Dutta Obs 7/e p108-109

47. In a non-diabetic high risk pregnancy the ideal time for non stress test monitoring is: (AIIMS May 01)
a. 48 hrs
b. 72 hrs
c. 96 hrs
d. 24 hrs

Ref: Williams Obs 23/e p339; Dutta Obs 7/e p109

48. All of the following are components of manning score/ Biophysical score except: (AIIMS May 06, Nov 00)
a. Non stress test
b. Oxytocin challenge test
c. Fetal body movement
d. Respiratory activity of child

Ref: Dutta Obs 7/e p109

49. Manning score includes/ Biophysical score includes: (PGI Dec 09, Dec 01)
a. Fetal movements
b. Respiratory movements
c. Placental localization
d. Uterine artery wave form
e. Fetal heart rate accelerations

Ref: Williams 23/e p339 - 340; Dutta Obs 7/e p109

50. Which of the following is not an indication for antiphospholipid antibody testing: (AI 04)
a. Three or more consecutive first trimester pregnancy losses
b. Unexplained cerebrovascular accidents
c. Early onset severe preeclampsia
d. Gestational Diabetes

Ref: Dutta Obs 7/e p343; Fernando Arias 2/e p61 -62; Leon Speroff 7/e p1082; Williams 23/e p1153

51. Banana and lemon sign seen in which fetal anomalies: (PGI June 05)
a. Neural tube defect
b. Hydrops fetalis
c. Twins
d. IUD
e. Down syndrome

Ref: Williams Obs 23/e p354-355

52. Estimation of maternal serum alpha-fetoprotein helps in diagnosis of all except: (Delhi 01)
a. Tracheoesophageal fistula
b. Spina bifida
c. Fetal hepatitis
d. Anencephaly

Ref: Williams Obs 23/e p291,Dutta Obs 7/e p106

53. Alpha fetoprotein is decreased in:
a. Anencephaly (DNB 02)
b. Anterior abdominal wall defects
c. Renal anomalies
d. Down's syndrome

Ref: Williams Obs 23/e p291; Dutta Obs 7/e p106

54. Antenatal screening is done using the following except: (TN 03)
a. Cord blood
b. Amniotic fluid
c. Chorionic villi
d. Peripheral lymphocytes

Ref: Dutta Obs 7/e p106-107

55. All of the following disorders can be diagnosed antenatally except: (SGPGI 05)
a. Hemophilia
b. Thalassemia
c. Sickle cell anemia
d. Pernicious anaemia

Ref: Dutta Obs 7/e p106-107; Williams Obs 23/e p276-277

56. In pregnancy with increased MSAFP which of the following should be done: (Delhi 04)
a. Repeat measurement of MSAFP at later date
b. USG
c. Amniocentesis
d. Termination of pregnancy

Ref: Fernando Arias 2/e p35 - 36; 3/e p54, Dutta Obs 7/e p106

57. Diagnostic serum markers in Down's syndrome are all except: (MAHE 01)
a. Free oestriol
b. Alpha feto protein
c. HCG
d. Progesterone

Ref: Dutta Obs 7/e p106

Ans. **44.** c. Variable deceleration **45.** a. Two fetal heart… **46.** d. Proceed to… **47.** b. 72 hrs
48. b. Oxytocin… **49.** a, b, and e **50.** d. Gestational Diabetes **51.** a. Neural tube defect
52. c. Fetal hepatitis **53.** d. Down's syndrome **54.** d. Peripheral… **55.** d. Pernicious anaemia
56. b. USG **57.** d. Progesterone

58. External genitalia earliest diagnosed by USG by: (J & K 01)
a. 10 weeks
b. 14 weeks
c. 16 weeks
d. 18 weeks

Ref: Dutta Obs 7/e p41

59. Earliest ultrasound sign of pregnancy in a transabdominal ultrasound scan is: (Karn. 03)
a. Visible gestational sac
b. Apparent embryonic structures
c. Fundal endometrial thickening
d. Identifiable cardiac movements

Ref: Dutta Obs 7/e p646

60. Variable decelerations on electronic fetal monitoring in a woman who is in labour indicates: (COMED 06)
a. Congenital heart disease
b. Compression of head
c. Administration of sympathomimetic drugs to the mother
d. Umbilical cord compression

Ref: Dutta Obs 7/e p612

61. Which of the following explanations is not an explanation for decreased variability of the fetal heart tracing: (Karn. 03)
a. Fetal "sleep state"
b. Prematurity
c. Barbiturate ingestion
d. Fetal stimulation

Ref: Dutta Obs 6/e p611

62. Lecithin Sphingomyelin ratio in amniotic fluid is used to assess the maturity of: (Delhi 01; DNB 05)
a. Fetal liver
b. Fetal lung
c. Placenta
d. Fetal kidney

Ref: Dutta Obs 7/e p111

63. Fetal blood pH less than what indicated abnormality: (DNB 01)
a. 7.2
b. 7.4
c. 7.1
d. None

Ref: Dutta Obs 7/e p612

64. Open Neural tube defect is best diagnosed by: (SGPGI 05)
a. USG
b. Maternal serum alpha fetoprotein
c. X-ray
d. Amniotic fluid acetycholinesterase

Ref: Dutta Obs 7/e p106

65. On doppler the most omnious sign indicating fetal compromise is: (UPSC 07)
a. ↑ pulsatality index in umblical art
b. ↑ S/D blood flow ratio
c. ↑ Cerebral artery flow
d. Absent diastolic flow

Ref: Dutta Obs 7/e p649

66. Increased acidosis and hypoxaemia is seen in: (UP 05)
a. Normal Doppler wave form
b. Increased fetal diastolic flow in the middle cerebral artery with absent diastolic flow in the aorta
c. Presence of the 'notch' in the uterine artery
d. Absent umbilical artery

Ref: Williams Obs 23/e p363, 364; Dutta Obs 7/e p645

67. Doppler ultrasonography in IUGR & Preeclampsia shows notch in which artery: (Manipal 06)
a. Umbilical artery
b. Uterine artery
c. Internal iliac artery
d. Vitiline artery

Ref: Dutta Obs 7/e p227

68. All are included in manning score except: (MP 00)
a. Breathing
b. Non stress test
c. Movement
d. Vibroacoustic recording

Ref: Dutta Obs 7/e p110

69. Single umbilical artery is associated with all of the following except: (UPSC 00)
a. Polyhydramnios
b. Advanced maternal age
c. Fetal growth retardation
d. Increased incidence of fetal malformation

Ref: Dutta Obs 7/e p218

70. 26-year-old female suffers from PPH on her second postnatal day. Her APTT and PTT are prolonged while BT, PT and platelet counts are normal. Likely diagnosis is:
a. Acquired hemophilia (AIIMS Nov 01)
b. Lupus anticoagulant
c. DIC
d. Inherited congenital haemophilia

Ref: Ghai 6/e p322-323; Harrison 16/e p342, 685

71. A woman presents with amenorrhea of 6 weeks duration and lump in the right iliac fossa. Investigation of choice is:
a. USG abdomen (AI 01)
b. Laparoscopy
c. CT scan
d. Shielded X-ray

72. Uterine delineation is best done by: (Delhi 2008)
a. TVS
b. CT
c. MRI
d. Saline infusion ultrasound

Ans. **58.** a. 10 weeks **59.** c. Fundal endometrial… **60.** d. Umbilical cord… **61.** d. Fetal stimulation
62. b. Fetal lung **63.** a. 7.2 **64.** d. Amniotic fluid… **65.** d. Absent diastolic flow
66. b. Increased fetal… **67.** b. Uterine artery **68.** d. Vibroacoustic… **69.** b. Advanced maternal age
70. a. Acquired hemophilia **71.** a. USG abdomen **72.** d. Saline infusion…

24. PHARMACOTHERAPEUTICS

PHARMACOTHERAPEUTICS (QUESTIONS)

1. Half-life of IV oxytocin? (MHPGM-CET 2010)
a. 1 minute
b. 3 minutes
c. 7 minutes
d. 9 minutes
Ref: Dutta Obs 7/e p498

2. Which drug is given to prevent HIV transmission from mother to child: (DNB 2008)
a. Nevirapine
b. Lamivudine
c. Stavudine
d. Abacavir *Ref: Dutta Obs 7/e p302*

3. Not a tocolytic is: (DNB 2010)
a. Ritodrine
b. Atosiban
c. Prostaglandins
d. Dexamethasone *Ref: Dutta Obs 7/e p508*

4. Treatment of choice for genital warts in pregnancy is: (DNB 2010)
a. Salicyclic acid with lactic acid solution
b. Imiquimod
c. Podophylotoxin
d. Cryotherapy
Ref: shaws 15/e p138, 139, 14/e p125

5. Vaccine contraindicated in pregnancy is: (DNB 2010)
a. Diptheria
b. Hepatitis-B
c. MMR
d. Rabies
Ref: Williams Obstretics 23/e p1213

6. The treatment of choice for postnatal depression is: (AP 2012)
a. Progestogen therapy
b. Imipramine therapy
c. Fluoxetine therapy
d. Haloperidol therapy *Ref: Dutta Obs 7/e p443*

7. Drug used to delay uterine contractions in labor: (AP 2011)
a. Oxytocin
b. Prostaglandins
c. Hyoscine
d. Salbutamol
Ref: Dutta Obs 7/e p508; Williams 23/e p823

8. Which one is uterine relaxant?
a. Diazoxide
b. Aspirin
c. Methyldopa
d. Prostaglandin

9. All statement(s) is/are about use of magnesium sulphate except:
a. Therapeutic level is 4-7 mEq/L
b. Used in spinal anaesthesia
c. Used in seizure prophylaxis
d. Decrease neuromuscular blockage
e. Used in Pre-emptive analgesia *Ref: Dutta 7/e p509*

10. Oral hypoglycemic safely given in pregnancy is?
a. Metformin
b. Glimepride
c. Sitagliptin
d. Pioglitazone *Ref: Williams 23/e p1111*

11. The recommended dose of prophylactic anti D after term delivery is:
a. 100 µgm
b. 200 µgm
c. 300 µgm
d. 400 µgm
Ref: D.C. Dutta's Textbook of Obstetrics, 7/e p334

12. Antenatal corticosteroids to reduce neonatal respiratory distress syndrome is most effective: (MP 2008)
a. When given between 28 and 34 weeks
b. When given every week
c. When given within 48 hours of delivery
d. When given less than 28 weeks
Ref: Dutta Obs 7/e p316, COGDT, 10/e p275

13. In a lady of 32 weeks pregnancy injection dexamethasone is to given to prevent: (AI 07)
a. Respiratory distress syndrome
b. Neonatal convulsions
c. Neonatal jaundice
d. Cerebral palsy
Ref: Williams Obs 23/e p821; Dutta Obs 7/e p316

14. Antiepileptic which is not associated with congenital malformation when used in pregnant women? (AI 07)
a. Phenytoin
b. Phenobarbitone
c. Carbamazepine
d. Valproate

15. Use of prostaglandins: (PGI Dec 06)
a. Missed abortion
b. IInd trimester abortion
c. Ectopic pregnancy
d. PPH2. *Ref: Dutta Obs 7/e p504*

16. Misoprostol has been found to be effective in all of the following except: (AI 05)
a. Missed abortion
b. Induction of labour
c. Menorrhagia
d. Prevention of post-partum hemorrhage (PPH)
Ref: Dutta Obs 7/e p504-505

Ans. **1.** b. 3 minutes **2.** a. Nevirapine **3.** c. Prostaglandins **4.** d. Cryotherapy
5. c. MMR **6.** c. Fluoxetine therapy **7.** d. Salbutamol **8.** a. Diazoxide
9. d. Decrease… **10.** a. Metformin **11.** c. 300 µgm **12.** a. When given...
13. a. Respiratory… **14.** b. Phenobarbitone **15.** a, b and c **16.** c. Menorrhagia

17. True about misoprostol? (PGI Dec 09)
a. PGE2
b. 1st trimester abortion
c. Used in PPH
d. Rectally given
e. Needs refrigeration

Ref: Dutta Obs 7/e p504-505; Sheila Balakrishnan, p688, Shaw 14/e p222

18. Use of one of the following vaccinations is absolutely contraindicated in pregnancy: (AI 05)
a. Hepatitis-B
b. Cholera
c. Rabies
d. Yellow fever

Ref: Williams Obs 23/e p208 Table 8-10; Sheila Balakrishnan p696-697

19. Half life (biological) of oxytocin: (J & K 01)
a. 2-3 min
b. 3-4 min
c. 5-6 min
d. 7-8 min

Ref: Dutta Obs 7/e p498

20. Oxytocin is superior to ergometrine in: (UP 04; PGI 97)
a. Preventing PPH
b. Inducing labour
c. Expulsion of hydatiform
d. Prophylaxis against excessive haemorrhage following delivery

Ref: Dutta 7/e p503

21. Oxytocin sensitivity test is used to assess the: (UPSC 07)
a. Foetal well-being
b. Period for gestation
c. Cervical ripening
d. Uterine response for induction

Ref: Dutta Obs 7/e p501

22. All are true about oxytocin except: (MAHE 07)
a. Cause regular uterine contraction
b. Octapeptide
c. Promotes develoment of lobules of breast
d. Has ADH- like action

Ref: KDT 5/e p503-499

23. Oxytocin-induced myometrial contractions are inhibited by all of the following except: (Comed 07)
a. Ergometrine
b. Terbutaline
c. Magnesium
d. Halothane

Ref: Dutta Obs 7/e p508; KDT 6/e p372

24. Paracervical block relieves pain from all but one of the following:
a. Pain from dilatation of the cervix
b. Uterine pain
c. Relives pain from the lower third of vagina and episiotomy can be performed
d. Relieve pain from the upper third of vagina

Ref: Dutta 7/e p517-518; William 23/e p450

25. Which one of the following methods for induction of labour should not be used in patient with previous lower segment cesarean section? (UPSC 06)
a. Prostaglandin gel
b. Prostaglandin tablet
c. Stripping of the membrane
d. Oxytocin drip

Ref: Williams Obs 23/e p503

26. Which one is uterine relaxant? (RJ 2009)
a. Diazoxide
b. Aspirin
c. Methyldopa
d. Prostaglandin

Ref: Fernando Arias 3/e p227

27. Contraindication of carboprost: (Kolkata 2009)
a. Asthma
b. Post partum hemorrhage
c. Ectopic pregnancy
d. Glaucoma

28. DOC for syphilis in pregnancy: (AIPG2012)
a. Erythromycin
b. Azithromycin
c. Penicillin
d. Cephalosporin/ceftriaxone

Ref: Williams 23/e p1238; Dutta Obs 7/e p295

29. Best drug for management of eclampsia: (AIIMS Nov 2010)
a. $MgSO_4$
b. Lytic cocktail regime
c. Phenytoin
d. Diazepam

Ref: Dutta Obs 7/e p235

30. True about MgSO4: (PGI May 2010)
a. Tocolytic
b. Used in management of eclampsia
c. Cause neonatal respiratory depression (only in very high dose)

Ref: Dutta Obs 7/e p234, Fernando arias 3/e p420-421, Williams obs 23/e p738-739

31. Antihypertensive, which can be given to pregnant women is: (DNB 01)
a. Nifedipine
b. Captopril
c. Both
d. None

Ref: Dutta Obs 7/e p506, 507; Williams 22/e p782; KDT 6/e p517

Ans. **17.** b., c and d **18.** d. Yellow fever **19.** b. 3-4 min **20.** b. Inducing labour
21. a. Foetal well-being **22.** c. Promotes develoment… **23.** a. Ergometrine **24.** c. Relives pain from…
25. b. Prostaglandin tablet **26.** a. Diazoxide **27.** a. Asthma **28.** c. Penicillin
29. a. $MgSO_4$ **30.** a, b and c **31.** a. Nifedipine

32. Drug, which can be used in pregnancy with eclampsia at 32 weeks of gestation is: (Jipmer 03)

a. Enalapril
b. Losartan potassium
c. Hydralazine
d. Frusemide

Ref: Dutta Obs 7/e p235

33. Best tocolytic in a cardiac patient is:

a. Atosiban
b. Isoxsuprine
c. Nifedipine
d. MgSO4

Ref: Textbook of obstetrics Shiela Balakrishnan 1/e p231

Ans. **32.** c. Hydralazine **33.** a. Atosbian

25. OPERATIVE OBSTETRICS

OPERATIVE OBSTETRICS (QUESTIONS)

1. A woman delivers a 9 lb infant with a midline episiotomy and suffers a third degree tear. Inspection shows which of the following structures is intact: (Feb DP PGMEE 2009)
a. Anal sphincter
b. Perineal body
c. Perineal muscle
d. Rectal mucosa

Ref: Dutta Obs 7/e p422

2. The estimated risk of uterine rupture is a woman with a previous lower segment uncomplicated caesarean section is approximately: (DP PGMEE 2009)
a. 0.5-2%
b. 4-6%
c. 8-10%
d. 14-16%

Ref: Dutta 7/e p426, 6/e p427-432

3. In Cervical tear repair, the first stitch is placed_____
a. At the angle
b. Above the angle
c. Below the angle
d. Any where

Ref: Dutta Obs 7/e p424

4. Classical caesarean section is done for: (DNB 2010)
a. Small fibroid in upper segment
b. Severe degree of placenta previa
c. Previous caesarean
d. Failed trial of labour

Ref: Dutta Obs 7/e p590

5. Classical caesarean section is not indicated in (AP 2010)
a. Carcinoma cervix
b. Cervical fibroid
c. Previously repaired VVF
d. Previous classical cesarean section

Ref: Dutta Obs 7/e p590

6. Absolute indication to caesarean section
a. Previous uterine scar
b. Transverse lie
c. Breech
d. Vaginal atresia

Ref: Dutta Obs 7/e p590

7. Contraindication of emergency hysterectomy in PPH:
a. DM
b. Hypertension
c. DIC
d. All

8. What is the risk of scar rupture in LSCS?
a. 1-2%
b. 2-5%
c. 4-9%
d. >10%

Ref: Dutta Obs 7/e p327

9. Most common complication which can occur with next pregnancy when female had previous cesarion section:
a. Placenta accreta
b. Placenta previa
c. Abrutio placenta
d. Placenta increta

Ref: Dutta Obstetrics 6/e p243-244, 252-253; Williams Obstetrics 23/e p663

10. Classical cesarean section causes scar rupture in:
a. 1-2%
b. 4-5%
c. 8-10%
d. 11-12%

Ref: Dutta Obs 7/e p327

11. Advantages of medium episiotomy over mediolateral episiotomy are all except:
a. Less blood loss
b. Easy repair
c. Extension of the incision in easy
d. Muscle are not cut

Ref: Dutta 7/e p569

12. Forceps delivery is done in all except:
a. Deep transverse arrest
b. After coming head
c. Brow presentation
d. Maternal heart disease

Ref: Dutta OBS 7/e p372, 384, 392, 574, 6/e p372

13. ECV is contraindicated in: (AI 07, RJ 08)
a. Primi
b. Flexed breech
c. Anemia
d. PIH

Ref. Dutta Obs 7/e p380, Williams Obs 23/e p540

14. Ventouse in 2nd stage of labour is contraindicated in:
a. Persistent occipito-posterior position (AI 00)
b. Heart disease
c. Uterine inertia
d. Preterm labour *Ref: Dutta Obs 7/e p580*

15. Contraindication of Vacuum Extraction: (PGI June 04)
a. Prematurity
b. Brow presentation
c. Fetal distress
d. Floating head
e. Undilated cervix

Ref: Dutta Obs 7/e p580; COGDT 10/e p466-467, Williams Obs 23/e p523

Ans. **1.** d. Rectal mucosa **2.** a. 0.5-2% **3.** b. Above the angle **4.** b. Severe degree of…
5. d. Previous classical… **6.** d. Vaginal atresia **7.** c. DIC **8.** a. 1-2%
9. b. Placenta Previa **10.** b. 4-5% **11.** c. Extension of the… **12.** c. Brow presentation
13. d. PIH **14.** d. Preterm labour **15.** a, b, d and e

16. Which statements is true regarding VENTOUSE (Vaccum Extractor): (AIIMS May 03)
a. Minor scalp abrasions and subgaleal hematomas in new born are more frequent than forceps
b. Can be applied when foetal head is above the level of ischial spine
c. Maternal trauma is more frequent than forceps
d. Cannot be used when fetal head is not fully rotated.

Ref: Dutta Obs 7/e p581, 573

17. True about vaccum extraction of fetus: (PGI May 2010)
a. Can be used in non dilated cervix
b. Can be used in incompletely dilated cervix
c. Used in face presentation
d. Applied 3 cm posterior to anterior fontanelle
e. Applied 3 cm anterior to posterior fontanelle

Ref: Duttaobs 7/e p580-581, Williamsobs 23/e p552-524, John hopkins manual of obs and gynae 4/ep84

18. True about instrumental vaginal delivery: (AI 02)
a. Full cervical dilatation is the only pre-requisite
b. Forceps are used in all cases of breech delivery
c. Forceps may be used if ventouse fails
d. Ventouse cannot be used in rotational occipitotransverse/posterior delivery

Ref. Dutta Obs 7/e p575; COGDT 10/e p468

19. Outlet forceps: means: (PGI Dec 09)
a. Head at station "0"
b. Full cervical dilatation
c. Rupture of membrane
d. Rotation > 45

20. In the criteria for outlet forceps application all are incorrect except: (AIIMS Nov 2011)
a. Fetus should be in vertex presentation or face with mento anterior
b. Sagittal suture should be less than 15 degrees from anterio posterior plane
c. There should be no caput succedaneum
d. Head should be at Zero station

Ref: Dutta obs 7/e p573,575, Williams 23/e p513

21. Forceps should NOT be used in: (UP 01)
a. Twin delivery
b. Hydrocephalus
c. Post maturity
d. After coming head of breech

Ref: Dutta Obs 7/e p575

22. All of the following statements are true for episiotomies except: (AI 02)
a. Allows widening of birth canal
b. Can be either midline or mediolateral
c. Involvement of anal sphincter is classified 3rd - 4th degree perineal tear
d. Midline episiotomies bleed less, are easier to repair and heal more quickly

Ref: Dutta Obs 7/e p568, 569; Dewhurst 6/e p307

23. An absolute indication for LSCS in case of a Heart disease is: (AIIMS Nov 00)
a. Co-arctation of aorta
b. Eisenmenger syndrome
c. Ebsteins anomaly
d. Pulmonary stenosis

Ref: Dutta Obs 7/e p278

24. Indication of classical cesarean section: (PGI Dec 03)
a. Ca cervix
b. Kyphoscoliosis
c. Previous 2 LSCS
d. HSV infection
e. Contracted pelvis

Ref: Dutta Obs 7/e p590-591; Williams Obs 22/e p597-598, 23/e p555

25. Which of the following is not a Contraindication of vaginal delivery after previous Caesarean? (AI 08)
a. Previous classical C/S
b. No history of vaginal delivery in the past
c. Breech presentation in previous pregnancy
d. Puerperial infection in previous pregnancy

Ref. Williams Obs 22/e p610 - 613, 23/e p567-571; Mudaliar 9/e p449

26. In a woman having a previous history of caesarean section all of the following are indications VBAC, except:
a. Occipito posterior position (AIIMS May 01)
b. Fetal distress
c. Breech presentation
d. Mid pelvic contraction

Ref: Williams Obs 22/e p610 - 613, 23/e p567, Bedside Obs/Gynae by Richa Saxena 1/e p122

27. All of the following are true regarding forceps and vacuum delivery except: (AIIMS Nov 12)
a. Vacuum requires more clinical skills than forceps
b. Vaccum is preferred more in HIV patients than forceps.
c. Forceps is more associated with fetal facial injury
d. Vacuum has more chance of formation of cephalhaemoatoma

Ref: Dutta obs7/e p579,581

28. Induction of labor by amniotomy can lead to the following complications: (PGI Nov 07)
a. Cord prolapse
b. Abruptio placenta
c. Rupture uterus
d. Infection

Ref: Dutta Obs 7/e p525; Williams Obs 23/e p508

29. Zavenelli's manoeuver done in: (PGI Dec 06)
a. Shoulder dystocia
b. Deep transverse arrest
c. Retained placenta
d. Face presentation

Ref: Dutta Obs 7/e p406

Ans. **16.** a. Minor scalp… **17.** d. Applied 3 cm… **18.** b. Forceps are used… **19.** b. Full cervical dilatation
20. a. Fetus should be… **21.** b. Hydrocephalus **22.** d. Midline episiotomies… **23.** a. Co-arctation of aorta
24. a and e **25.** c. Breech presentation in… **26.** d. Mid pelvic contraction **27.** a. Vacuum requires…
28. a, b and d **29.** a. Shoulder dystocia

30. Ventouse extraction is done in all except: (Delhi 00)
a. Deep transverse arrest
b. After-coming head of breech
c. Delay in first stage due to uterine inertia
d. Delay in descent of high head in case of second baby of twins

Ref: Dutta Obs 7/e p372, 580

31. Absolute indication of classical cesarean section is:
a. Carcinoma cervix (Delhi 00)
b. Breech presentation
c. Transverse lie
d. Placenta previa

Ref: Dutta Obs 7/e p590

32. In face presentation, outlet forceps delivery can be accomplished successfully in all of the following positions except: (Delhi 00)
a. Right mento-anterior
b. Persistent mento-posterior
c. Left mento-anterior
d. Direct anterior

Ref: Dutta Obs 7/e p391

33. Which of the following obstetric forceps facilitates correction of asynclitism of head: (Delhi 02)
a. Long curved obstetric forceps
b. Short curved obstetric forceps
c. Keilland's forceps
d. Piper's forceps *Ref: Dutta Obs 7/e p578-579*

34. Ventouse is contraindicated in all except: (DNB 01)
a. Fetal distress
b. Face presentation
c. Transverse lie
d. Anemia *Ref: Dutta Obs 7/e p580*

35. During suction evacuation in MTP the negative pressure of suction should be: (UPSC-2004)
a. 100 to 200 mm Hg
b. 200 to 300 mm Hg
c. 400 to 600 mm Hg
d. 700 to 900 mm Hg

Ref: Dutta Obs 7/e p566

36. While doing cesarean section, the lower segment of the uterus is physically identified by: (UPSC 00)
a. Loose attachment of visceral peritoneum
b. Dilated venous sinuses
c. Deflection of uterine artery towards upper segment
d. Thinness of its wall as compared to the upper segment

Ref: Dutta Obs 7/e p592

37. Classical cesarean section is not indicated in:
a. Lower segment-dense adhesions (Kerala 03)
b. Carcinoma Cx
c. Fibroid uterus
d. Central placenta previa

Ref: Dutta Obs 7/e p590

38. Ventouse application, the prerequisite is: (APPGE 04)
a. Full dilatation of cervix
b. Station +2
c. Premature
d. Head engaged

Ref. Dutta Obs 7/e p580-581

39. A case of central placenta previa with anencephaly fetus should be delivered by: (SGPGI 05)
a. Cesarean section
b. Induction of labour
c. Hall breech extraction
d. Application of Willet's forceps

Ref: Dutta Obs 7/e p249, 250

40. What is the graphical record of cervical dilatation in centimeters against duration of labour in hours called ? (UPSC 06)
a. Partogram
b. Pictogram
c. Hysterograph
d. Amniograph *Ref: Dutta Obs 7/e p129, 531*

41. Contraindications to ventouse delivery include all of the following except: (COMED 06)
a. Fetal coagulopathies
b. Extreme prematurity
c. Mento transverse position
d. Occipito transverse position

Ref: Dutta Obs 7/e p580

42. Trial of labour is contraindicated in all of the following except: (APPG 06)
a. Primigravida
b. Heart disease
c. Cesarean section
d. PIH

Ref: Dutta Obs 7/e p355

43. Head engaged and reached the pelvic floor. The treatment indicated in this obstetric situation is: (AP 2007)
a. Outlet forceps
b. High forceps
c. Mid forceps
d. Low forceps *Ref: Dutta 7/e p573*

44. In modern era, the only indication for Internal podalic version is: (AP 2007)
a. Delivery of second baby of twins
b. Oblique lie
c. Transverse lie
d. Breech presentation

[Ref: Dutta 7/e p585, Williams Obs 23/e p542

45. External cephalic version is contraindicated in all except: (AP 2008)
a. Breech
b. Twins
c. Placenta previa
d. Previous LSCS

Ref: Dutta 7/e p380, Williams Obs 23/e p540

Ans. **30.** b. After-coming head… **31.** a. Carcinoma cervix **32.** b. Persistent… **33.** c. Keilland's forceps
34. d. Anemia **35.** c. 400 to 600 mm Hg **36.** a. Loose attachment of… **37.** c. Fibroid uterus
38. a, b and d **39.** a. Cesarean section **40.** a. Partogram **41.** d. Occipito transverse…
42. a. Primigravida **43.** a. Outlet forceps **44.** a. Delivery of Second… **45.** a. Breech

46. C/I of vaginal delivery (Kolkata 2009)
a. Central placenta previa with dead fetus
b. Previous cesarean section for CPD
c. Cord prolapse in 2nd stage of labor
d. Transverse lie of 2nd fetus
Ref. Dutta Obs 7/e p249 for a, 330 for b, 400 for c and 208 for d, Bedside Obs & Gynae Richa Saxena, p122

47. Vaginal dselivery is contraindicated in: (JIPMER 03)
a. Central placenta praevia
b. Previous LSCS
c. Eclampsia
d. Antepartum haemorrhage
Ref. Dutta Obs 7/e p250, 329, 236

48. Complete perineal tear is common in: (UPSC 02)
a. Face to pubes delivery
b. Breech delivery
c. Internal podalic version
d. Manual removal of placenta
Ref: Dutta Obs 7/e p422, 6/e p423

Ans. **46.** a. Central placenta… **47.** a. Central placenta praevia **48.** a. Face to pubes delivery

26. DOWN SYNDROME

DOWN SYNDROME (QUESTIONS)

1. Alpha fetoprotein is decreased in: (DNB 2006)
a. Anencephaly
b. Anterior abdominal wall defects
c. Renal anomalies
d. Down's syndrome
Ref: Dutta Obs 7/e p493

2. AFP is increased in all except: (DNB 2011)
a. Open neural tube defects
b. Twin pregnancy
c. Down's syndrome
d. IUD
Ref: Dutta Obs 7/e p106

3. Which one is least likely to be present in Down's syndrome? (AP 2012)
a. Hypoplasia of middle phalanx of 5th finger
b. Endocardial cushion defects
c. Gastrointestinal atresias
d. Renal anomalies
Ref: Aria's 3/e p33

4. In Down syndrome defect is due to?
a. Trisomy 18
b. Trisomy 21
c. Trisomy 5
d. Trisomy 1
Ref: Dutta Obs 7/e p494

5. The risk of mongolism in a mother at the age 20 years is 1: 000, what should be this ratio when she is 45 yeas old: (UPSC 07)
a. 1 : 6000
b. 1 : 3000
c. 1 : 1040
d. 1 : 50
e. None
Ref: Dutta Obs 7/e p494

6. Kamlesh, a 2 year old girl, has Down's syndrome. Her karyotype is 21/21 translocation. What is the risk of recurrence in subsequent pregnancies if the father is a balanced translocation carrier: (AI 02; AIIMS June 00)
a. 100%
b. 50%
c. 25%
d. 0%
Ref: Fernando Arias 3/e p34

7. Nuchal translucency at 14 weeks is suggestive of: (AI 07)
a. Down's syndrome
b. Oesophageal atresia
c. Trisomy 18
d. Foregut duplication cyst
Ref: Dutta Obs 7/e p646

8. The best way of diagnosing Trisomy-21 during second trimester of pregnancy is: (AI 06)
a. Triple marker estimation
b. Nuchal skin fold thickness measurement
c. Chorionic villus sampling
d. Amniocentesis
Ref: Dutta Obs 7/e p106

9. Mr. and Mrs. Annadural have a 2 month old baby suffering with down's syndrome. Karyotype of Mrs. Annadural shows translocation variety of Down syndrome. Which of the following investigation will you advise to the parents before the next pregnancy? (AI 04)
a. Triple test
b. a-fetoprotein
c. Karyotyping
d. b-human chorionic gonadotropin [hCG]
Ref: Williams 23/e p267-269; Fernando Arias 3/e p34

10. Which of the following is the investigation of choice in a pregnant lady at 18 weeks of pregnancy with past history of delivering a baby with Down's syndrome: (AI 04)
a. Triple screen test
b. Amniocentesis
c. Chorionic villous biopsy
d. Ultrasonography
Ref: Williams 7/e p296

11. A pregnant female, 38 years old, had a child with Down's syndrome. How do you assess the risk of Down's syndrome in the present pregnancy: (AIIMS May 01, June 00)
a. Material alpha-feto protein
b. Material HCG
c. USG
d. Chorionic villous biopsy
Ref: Fernando Arias 3/e p27, Dutta 7/e p108, 494.

12. A 32-year-old woman is 9 weeks pregnant and has a 10 year old Down's syndrome child. What test would you recommend for the mother so that she can know about her chances of getting a Down's syndrome baby is this present pregnancy. How will you assure the mother about the chances of Down's syndrome in the present pregnancy? (AIIMS Nov 10)
a. Blood test
b. USG
c. Chorionic villus sampling
d. Assure her there is no chance since she is less than 35 years of age
Ref: Fernando Arias 3/e p38-40, Williams obs 23/e p300, 296

13. Which of the following feature on second trimester ultrasound is not a marker of Down's syndrome: (AI 03)
a. Single umbilical artery
b. Choroid plexus cyst
c. Diaphragmatic hernia
d. Duodenal atresia
Ref: Ultrasound of Fetal Synd. by Benacerraf 1/e p404-405, 413; USG in Obs & Gyane by Callen 4/e p44; Williams Obs 23/e p295

Ans. **1.** d. Down's syndrome **2.** c. Down's syndrome **3.** d. Renal anomalies **4.** b. Trisomy 21
5. e. None **6.** a. 100% **7.** a. Down's syndrome **8.** d. Amniocentesis
9. c. Karyotyping **10.** b. Amniocentesis **11.** d. Chorionic villous biopsy **12.** c. Chorionic villus sampling
13. b. Choroid plexus cyst

27. PUERPERIUM AND ITS ABNORMALITIES

PUERPERIUM AND ITS ABNORMALITIES (QUESTIONS)

1. High prolactin is associated with: (DNB 2008)
a. High FSH
b. Elevated estradiol
c. Elevated testosterone
d. Increased libido
Ref: Dutta Gynae 6/e p460, 461

2. The iron content in 100 gm of breast milk is: (UP 06)
a. 1 mg
b. 10 mg
c. 50 mg
d. 100 mg
Ref: Net search

3. The hormone responsible for lactation is: (UP 06)
a. Prolactin
b. FSH
c. LH
d. Progesterone
Ref: Dutta Obs 7/e p148

4. A and B subunits are not seen in: (KERALA 03)
a. FSH
b. HCG
c. Prolactin
d. Insulin
Ref: Dutta Obs 7/e p58

5. Postpartum decidual secretions present are referred to as: (MAHE 05)
a. Lochia
b. Bleeding per vaginum
c. Vasa-previa
d. Decidua-capsualris
Ref: Dutta Obs 7/e p146

6. Initiation of lactation is affected by: (PGI Dec 01)
a. Oxytocin
b. Prolactin
c. HPL
d. Thyroid hormone
e. Progesterone
Ref: COGDT 10/e p238 239, Dutta 7/e p148-149-63

7. Decrease lactation seen in: (PGI Dec 03)
a. Maternal anxiety
b. Antibiotic therapy
c. Cracked nipple
d. Breast abscess
e. Bromocriptine therapy
Ref: Dutta Obs 7/e p439

8. Contraindication to breast milk feeding: (PGI June 01)
a. Mother is sputum negative
b. Bromocriptine therapy for mother
c. Heavy breast engorgement
d. Ca Breast
e. Mother on domperidone
Ref: COGDT 10/e p242; Williams Obs 22/e p702, 23/e p652

9. Contraindications for breast feeding are all except: (PGI June 00)
a. Hepatitis – B infection of mother
b. Lithium treatment of mother
c. Acute bacterial mastitis
d. Tetracycline treatment of mother
Ref: COGDT 10/e p242; Williams Obs 22/e p702, p704, 23/e p652-654

10. About colostrum true statements are: (PGI 03)
a. Secreted after 10 days of childbirth
b. Rich in immunoglobulin
c. Contains more protein
d. Contains less fat
e. Daily secretion is about 10 ml/day
Ref: Dutta Obs 7/e p148; Ghai 6/e p150; COGDT 10/e p240;

11. Which of the following is more correct about breast infection during lactation? (AI 08)
a. Due to bacteria from Infant's GIT.
b. Mastitis does not affect the child
c. E.coli is the only organism
d. Can lead to abscess and I & D may be required
Ref: Dutta Obs, 7/e p439; William Obs, 22/e p703, 23/e p653; COGDT 10/e p245

12. Puerperium last for: (UP 06)
a. 2 weeks
b. 4 weeks
c. 6 weeks
d. 8 weeks
Ref: Dutta Obs 7/e p144

13. Pulse rate in puerperium: (Kerala 03)
a. Increases
b. Decreases
c. Normal
d. Variable
Ref: Dutta Obs 7/e p146

14. All are signs of recent delivery: (MAHE 07)
a. Colostrum
b. Carunculae myrtiformis
c. Lochia
d. All of the above
Ref: Dutta Obs 7/e p146

15. Following delivery, uterus becomes a pelvic organ after: (UPSC 07)
a. 2 weeks
b. 4 weeks
c. 6 weeks
d. 8 weeks
Ref: Dutta Obs 7/e p145

Ans. **1.** b. Elevated estradiol **2.** d. 100 mg **3.** a. Prolactin **4.** c. Prolactin
5. a. Lochia **6.** a, b and e **7.** a, c, d and e **8.** b and d
9. a, c and d **10.** b, c and d **11.** d. Can lead to abscess… **12.** c. 6 weeks
13. c. Normal **14.** d. All of the above **15.** a. 2 weeks

16. The uterus becomes pelvic organ after delivery in: (DNB 04)
a. 10 to 12 days
b. 12 to 14 days
c. 14 to 16 days
d. 16 to 18 days
e. 18 to 20 days

Ref: Dutta Obs 7/e p145

17. Involution of uterus takes – weeks: (Delhi 05)
a. 4
b. 6
c. 12
d. 20

Ref: Dutta Obs 7/e p145

18. Lochia rubra is seen up to: (Orissa 04)
a. 5 days
b. 10 days
c. 15 days
d. 20 days

Ref: Dutta Obs 7/e p146

19. In puerperium the lochia seen p/v is in which of the following sequences: (UPSC 06)
a. Lochia alba-Lochia serosa-Lochia rubra
b. Lochia serosa-Lochia rubra-Lochia alba
c. Lochia alba-Lochia rubra-Lochia serosa
d. Lochia rubra-Lochia serosa- Lochia alba

Ref: Dutta Obs 7/e p146

20. Acute puerperal mastitis. Most common organism is
a. Staphylococcus aureus (Kolkat 2009)
b. Streptococcus pyogenes
c. Streptococcus pneumonia
d. None

Ref: Willliams obs 23/e p653, COGDT 10/e p245

21. In a post partum patient the blood volumes becomes normal after non pregnant state in: (UP 05)
a. 2 weeks
b. 4 weeks
c. 6 weeks
d. 10 weeks

Ref: Dutta Obs 7/e p147

22. Without breast feeding the first menstrual flow usually begins – weeks after delivery: (DNB 00)
a. 2-4 weeks
b. 4-6 weeks
c. 6-8 weeks
d. 8-10 weeks
e. More than 10 weeks

Ref: Dutta Obs 7/e p147; COGDT 10/e p222-223, fig 12-1

23. The most common site of puerperal infection is:
a. Episiotomy wound (JIPMER 02)
b. Placental site
c. Vaginal laceration
d. Cervical laceration

Ref: Williams Obs 22/e p714, 23/e p663, Dutta Obs 7/e p433

24. The cause of 'postpartum blues' is: (UPSC 04)
a. Decreased estrogen
b. Decreased progesterone
c. Increased prolactin
d. Decreased estrogen and progesterone

Ref: Dutta Obs 7/e p442, 443; COGDT 10/e p1020

25. Galactokinesis means: (JIPMER 04)
a. Sustaining lactation
b. Secretion of milk
c. Ejection of milk
d. Synthesis of milk

Ref: Dutta Obs 7/e p149

26. The following drugs can be used to suppress lactation, except: (UPSC 04)
a. Cabergoline
b. Pyridoxine
c. High dose estrogens
d. Metoclopramide

Ref: Dutta Obs 7/e p149

27. Puerperial pyrexia is fever for 24 hour or more after child birth if temperature is more than (degree F):
a. 99
b. 99.5
c. 100
d. 100.4

Ref: Dutta 7/e p432

28. Most common cause of perpueral sepsis?
a. Streptococcus
b. Gonorrohea
c. Staphylococcus
d. Pneumococcus

Ref: Dutta Obstetrics 7/e p433, 6/e p434; Williams Obstetrics 23/e p663

29. The hormone responsible for lactation is:
a. Prolactin
b. FSH
c. LH
d. Progesterone

Ref: Dutta Obs 7/e p63

Ans. **16.** b. 12 to 14 days **17.** b. 6 **18.** a. 5 days **19.** d. Lochia rubra-Lochia…
20. a. Staphylococcus… **21.** a. 2 weeks **22.** c. 6-8 weeks **23.** b. Placental site
24. d. Decreased… **25.** c. Ejection of milk **26.** d. Metoclopramide **27.** d. 100.4
28. a. Streptococcus **29.** a. Prolactin

28. MISCELLANEOUS

MISCELLANEOUS (QUESTIONS)

1. Feto-maternal transfusion is detected by:
a. Kleihauer test (Feb DP PGMEE 2009)
b. Spectrophotometry
c. Benzidine test
d. Colorimetry *Ref: Dutta Obs 7/e p334*

2. Normal biophysical profile (Manning Score) is:
a. 8-10 (MHPGM-CET 2010)
b. 6-8
c. 4-6
d. 3-4 *Ref: Dutta, Obstetrics, 7/e p109, 6/e p109, 464*

3. Allowing the cord blood passage to fetus before clamping the umbilical cord shouldbe avoided to prevent (MHPGM-CET 2010)
a. Maternal alloimmunization
b. Prematurity
c. Growth retardation of fetus
d. All of the above
Ref: Dutta Obs 7/e p138; William Obstetrics 22nd/Chapter 17; p431. 663

4. Most common cause of rupture uterus? (MHPGM-CET 2007, 2010)
a. Separation of previous caesarean scar
b. Internal version
c. Excess dosage of oxytocin
d. Complicated manual removal of placenta
Ref: Dutta, Obstetrics, 7/e p426, 6/e p460

5. HCG is a tumor marker for: (DNB 2006)
a. Gestational Trophoblastic Neoplasia
b. Colon carcinoma
c. Serous cystadenoma
d. Teratoma
Ref: Shaw's 15/e p256, Williams Obstretics 23/e p261

6. Burn Marshall technique is used to deliver the: (DNB 2007)
a. Placenta
b. Leg
c. After coming head
d. Head
Ref: Dutta Obs 7/e p383

7. Litzmann's obliquity: (DNB 2007)
a. Anterior asynclitism
b. Posterior asynclitism
c. Breech presentation
d. Transverse lie

8. Most common tumor in pregnancy is: (DNB 2009)
a. Sex cord tumor
b. Epithelial cell tumor
c. Dysgerminoma
d. Dermoid
Ref: Dutta 7/e p310

9. Length of Umblical cord is: (DNB 2009)
a. 10-30 cms
b. 30-100cms
c. 100-250 cms
d. 250-400 cms
Ref: Dutta Obs 7/e p40

10. Total iron requirement in pregnancy is: (DNB 2011)
a. 500 mg
b. 1000mg
c. 1500mg
d. 2000mg
Ref: Dutta Obs 7/e p55, 6/e p55

11. Schwangershaft protein is other name for: (AP 2011)
a. Pregnancy-specific glycoprotein (PSBG)
b. Human chorionic somatomammotrophin
c. Early pregnancy factor
d. Growth factors
Ref: Dutta 7/e p60; Dutta 5/e p59

12. Motile spermatozoa found on a wet mount of vaginal secretions are indicative of intercourse within the past:
a. 6 hours (Karn. 03)
b. 12 hours
c. 24 hours
d. 48 hours
Ref: Dutta Obs 7/e p21

13. Short structured primigravida has height less than:
a. 140 cm (MAHE 07)
b. 145 cm
c. 150 cm
d. 135 cm
Ref: Dutta Obs 7/e p97

14. Anti phospholipid syndrome (APS) is associated with all of the following except: (AI 08/AIIMS May 11)
a. Pancytopenia
b. Recurrent abortions
c. Venous thrombosis
d. Pulmonary hypertension
Ref: Williams 23/e p1152

15. Which is not component of TORCH?
a. Toxoplasmosis
b. Herpes
c. Rubeola
d. Chalmydia

16. Variable deceleration indicate 5 cm NST:
a. Cord compression
b. Fetal hypoxia
c. Head compression
d. Normal
Ref: Dutta Obs 7/e p612

Ans. **1.** a. Kleihauer test **2.** b. 6–8 **3.** a. Maternal alloimmunization **4.** a. Separation of previous…
5. a. Gestational… **6.** c. After coming head **7.** b. Posterior asynclitism **8.** d. Dermoid
9. b. 30-100cms **10.** b. 1000mg **11.** a. Pregnancy-specific… **12.** c. 24 hours
13. a. 140 cm **14.** a. Pancytopenia **15.** c. Rubeola **16.** a. Cord compression

17. 3rd degree genital prolapse in early (first trimester) of pregnancy is managed by?
a. Ring pesssary
b. Fothergill's repair
c. Le fort's repair
d. Right transvaginal sacrospinous colpopexy
Ref: Dutta Obs 7/e p313

18. Energy requirement in a pregnant lady doing moderate work is?
a. 2250 mcg/day
b. 2580 kcal/day
c. 2850 kcal/day
d. 3200 kcal/day
Ref: Dutta Obs 7/e p99

19. RDA of iodine in pregnancy is?
a. 200 mcg/day
b. 220 mcg/day
c. 240 mcg/day
d. 260 mcg/day
Ref: Dutta Obs 7/e p99

20. Breast fed baby is protected from some GI infection due o presence of what in mother milk:
a. Vitamin D
b. Long chain omega-3 fatty acids
c. IgE
d. IgA
Ref: Dutta 7/e p449

21. Differential diagnosis of Hyperemesis gravidarum:
a. Gastritis (PGI Dec 03)
b. U.T.I
c. Toxaemia of pregnancy
d. Reflux oesophagitis
Ref: Dutta Obs 6/e p154-155; Current Diagnosis and Treatment of Gastroenterology 2/e p180-181]

22. A woman in second trimester was found to have over distended uterus. Common causes include: (PGI June 06)
a. Wrong date
b. Hydramnios
c. Distended bladder
d. Twins
e. Fibromyoma
Ref: Williams 23/e p866, Dutta Obs 6/e p78

23. After 28 weeks of gestation true is/are: (PGI June 06)
a. Viable
b. > 1000 gm
c. Lecithin/Sphingomyelin ratio >2
d. Type II pneumocytes present
e. Phosphatidyl glycerol present
Ref:. Dutta Obs 7/e p111 for c, and e p41 for a

24. Test tube baby is produced by: (PGI Dec 05)
a. Sperm and ovum are directly implanted into fallopian tube
b. Sperm and ovum are fertilized in test tube and implanted
c. Fetus is grown in test tube
d. Only sperm is transferred
Ref: Internet search

25. Which of the following is not associated with chorioamnionitis: (AIIMS Nov 03)
a. Preterm labour
b. Endometritis
c. Abruptio placentae
d. Placenta accrete
Ref: Williams 23/e p581 COGDT 10/e p280; Fernando Arias 3/e p198

26. Perinatal mortality, MC cause: (AP 2008)
a. Birth Asphyxia
b. Intra uterine infection
c. Birth injury
d. Anemia *Ref: Dutta Obs 7/e p605*

27. Obesity in pregnancy causes all of the following complication except: (Manipal 06)
a. Abnormal uterine action
b. Fetal neural tube defect
c. Precipitate labour
d. Venous thrombosis
Ref: Dutta Obs 7/e p343-344, 6/e p344

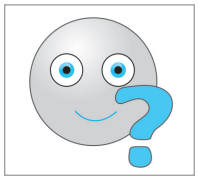
28. Improvident mother is: (AMU 05)
a. Mother having three children & lost one
b. Mother having three children & lost two
c. Mother with all children lost
d. Mother giving birth to quadruples
Ref: Internet

29. What is the appropriate advice to a mother with previous history of delivering a child with Congenital Adrenal Hyperplasia ? (AI 08)
a. Start prednisolone after CVS
b. To start steroids before conception
c. To start as soon as pregnancy is confirmed
d. To start after
e. USG sex determination
Ref: Williams 23/e p303

30. MMR is expressed in: (PGI June 05)
a. Per 1000 live birth
b. Per 10000 live birth
c. Per 1 lac live birth
d. Per 10 lac live birth *Ref: Dutta Obs 7/e p702*

31. A primigravida at 37th weeks of gestation with loss of engagement, 1 cm effacement of cervix and 10 uterine contractions per hour. She is hemodynamically stable and not in distress. What is the management. (AI 2011)
a. Sedate the patient and wait
b. LSCS
c. Amniotomy
d. Induction with membrane rupture

Ans. **17.** a. Ring pesssary **18.** b. 2580 kcal/day **19.** a. 200 mcg/day **20.** d. IgA
21. a and d **22.** a, b, c, d and e **23.** b and d **24.** b. Sperm and ovum…
25. d. Placenta accrete **26.** a. Birth Asphyxia **27.** c. Precipitate labour **28.** c. Mother with all
29. c. To start as soon… **30.** c. Per 1 lac live birth **31.** a. Sedate the patient...



Section B

PRACTICE QUESTIONS

(Comprising of Questions from Recent Exams and NEET Pattern Questions)

OBSTETRICS
Practice Questions

1. Till what time of pregnancy uterus remains a pelvic organ? (NEET Pattern Question)
a. 8 weeks
b. 12 weeks
c. 16 weeks
d. 20 weeks

Ref: Dutta Obs 7/e p65, 6/e p145

2. Glycosylated haemoglobin in a normal pregnant lady should be less than: (NEET Pattern Question)
a. 4%
b. 5%
c. 6%
d. 7%

Ref: Dutta 7/e p284

3. What happens to aldosterone level in pregnancy? (NEET Pattern Question)
a. Increases
b. Decreases
c. Remains unchanged
d. Fluctuates

Ref: Williams Obs 23/e p129

4. Vaginal pH is lowest during: (NEET Pattern Question)
a. Ovulation
b. Menstruation
c. Pregnancy
d. Puerperium

Ref: Shaw's 15/e p129

5. Most accurate and safest method to diagnose viable pregnancy at 6 weeks: (NEET Pattern Question)
a. Doppler for fetal cardiac activity
b. USG for fetal cardiac activity
c. Urinary Beta-hCG determination
d. PV examination to check uterus size of 6 weeks

Ref: Dutta Obs 7/e p646

6. Single best parameter to assess fetal wellbeing is? (NEET Pattern Question)
a. Femur length
b. Head circumference
c. Abdominal circumference
d. Amniotic fluid volume

Ref: Williams 23/e p850

7. In pregnancy, calculation of EDD (Expected date of delivery) considers: (NEET Pattern Question)
a. First day of last menstruation period
b. Last day of last menstruation period
c. Mid time of last menstrual period
d. Day of coitus

Ref: Dutta 7/e p96

8. Percentage of woman who deliver on the expected date of delivery: (NEET Pattern Question)
a. 4%
b. 15%
c. 35%
d. 70%

Ref: Dutta OBS 7/e p113

9. Lanuago hair appeas at: (UP07)
a. 4 Months
b. 5 months
c. 6 months
d. 7 months

Ref. Dutta Obs. 7/e p43

10. Intrahepatic cholestasis, ideal time for termination of pregnancy: (NEET Pattern Question)
a. 32 weeks
b. 34 weeks
c. 36 weeks
d. 38 weeks

Ref: Williams Obs 7/e p1065

11. Normal size of CBD on USG in pregnancy: (NEET Pattern Question)
a. 2-4 mm
b. 6-9 mm
c. 10-15 mm
d. 15-20 mm

12. Preterm delivery is delivery before the gestational age of: (NEET Pattern Question)
a. 36 weeks completed
b. 37 weeks completed
c. 38 weeks completed
d. 40 weeks completed

Ref: Dutta 7/e p315

13. Post term pregnancy is called when pregnancy continues beyond? (NEET Pattern Question)
a. 37 weeks
b. 41 weeks
c. 42 weeks
d. 35 weeks

Ref: Dutta Obs 7/e p318

14. Diagnosis of pregnancy by TVS is at: (NEET Pattern Question)
a. 4 week
b. 5 week
c. 6 week
d. 8 week

Ref: Dutta Obs 7/e p646

15. Embryo is called till what week? (NEET Pattern Question)
a. 3 weeks
b. 5 weeks
c. 8 weeks
d. 10 weeks

Ref: Dutta Obs 7/e 282

16. Caput succedaneum indicates till what time fetus was alive? (NEET Pattern Question)
a. 2-3 days
b. 2 weeks
c. 4 weeks
d. 3 weeks

Ref: Dutta Obs 7/e p86

Ans. **1.** b. 12 weeks **2.** c. 6% **3.** a. Increases **4.** c. Pregnancy
5. b. USG for fetal... **6.** d. Amniotic fluid… **7.** a. First day of last… **8.** a. 4%
9. a. 4 Months **10.** d. 38 weeks **11.** a. 2-4 mm **12.** b. 37 weeks completed
13. c. 42 weeks **14.** b. 5 week **15.** c. 8 weeks **16.** a. 2-3 days

17. Most common cause for maternal mortality is: (NEET Pattern Question)
a. Infection
b. Obstructed labour
c. Hemorrhage
d. Anemia

Ref: Dutta 7/e p603

18. Most common PG is used to prevent PPH: (NEET Pattern Question)
a. PGE1
b. PGE2
c. PGF2 alfa
d. None of the above

Ref: Dutta Obs 7/e p505

19. Among all which one complication specifically is seen in monozygotic monochrionic twins delivery? (NEET Pattern Question)
a. Prematurity
b. IUGR
c. PROM
d. Twin-twin transfusion syndrome

Ref: Dutta Obs 7/e p206

20. Early amniocentesis done at what week? (NEET Pattern Question)
a. 8 to 10 week
b. 10 to 12 week
c. 12 to 14 week
d. 14 to 16 week

Ref: Dutta 7/e p652

21. Amniocentesis is done at what week: (NEET Pattern Question)
a. 10
b. 12
c. 14
d. 18

Ref: Dutta Obs 7/e p651

22. How much glucose is use in glucose challenge test? (NEET Pattern Question)
a. 25 gm
b. 50 gm
c. 75 gm
d. 100 gm

Ref: Dutta Obs 7/e p282

23. Most definite test for PROM? (NEET Pattern Question)
a. Nitrazine
b. Fern test
c. Amino-dye test
d. AFP

Ref: Williams 23/e p392

24. Climbing up is seen as which presentation? (NEET Pattern Question)
a. Face
b. Breech
c. Brow
d. Occipito-posterior

Ref: Dutta 7/e p383

25. What is the commonest cause of breech presentation? (NEET Pattern Question)
a. Fetal demise
b. Fetal macrosomia
c. Anencephaly
d. Prematurity

26. The anticoagulant of choice in pregnancy: (NEET Pattern Question)
a. Warfarin
b. Heparin
c. Dicumarol
d. Phenindione

Ref: Dutta Obs 7/e p277

27. In hyperemesis gravidarum, which vit. deficiency is seen? (NEET Pattern Question)
a. Vit. B_6
b. Vit. B_{12}
c. Vit. C
d. Vit. K

Ref: Dutta 7/e p155

28. Delayed clamping of cord gives how much iron to neonate? (NEET Pattern Question)
a. 30 mg
b. 40 mg
c. 50 mg
d. 60 mg

Ref: Williasm 23/e p397

29. Percentage of institutional deliveries according to $NFHS_3$: (NEET Pattern Question)
a. 20%
b. 40%
c. 60%
d. 80%

30. MC infection likely to be transmitted during parturition: (NEET Pattern Question)
a. Rubella
b. HBV
c. CMV
d. Herpes

Ref: Williams 23/e p1242

31. Postpartum epithelium growth of uterus is completed in: (NEET Pattern Question)
a. 1 weeks
b. 2 weeks
c. 3 weeks
d. 4 weeks

Ref: Dutta 7/e p145

32. Elderly primgravida is above the age of: (NEET Pattern Question)
a. 30 years
b. 35 years
c. 37 years
d. 45 years

Ref: Dutta obs 7/e p94

Ans.
17. c. Haemorrhage **18.** c. PGF2 alfa **19.** d. Twin-twin transfusion… **20.** c. 12 to 14 week
21. c. 14 **22.** b. 50 gm **23.** c. Amino-dye test **24.** b. Breech
25. d. Prematurity **26.** b. Heparin **27.** a. Vit. B_6 **28.** c. 50 mg
29. b. 40% **30.** d. Herpes **31.** c. 3 weeks **32.** a. 30 years