OBSTETRICS AND GYNAECOLOGY

PAPER – II

OBG/D/15/25/II

Time : 3 hours

Max. Marks : 100

IMPORTANT INSTRUCTIONS

- This question paper consists of 10 questions divided into Part 'A' and Part 'B', each part containing 5 questions.
- Answers to questions of Part 'A' and Part 'B' are to be strictly attempted in separate answer sheet(s) and the main + supplementary answer sheet(s) used for each part must be tagged separately.
- Answers to questions of Part 'A' attempted in answer sheet(s) of Part 'B' or vice versa shall not be evaluated.
- Answer sheet(s) of Part 'A' and Part 'B' are not to be tagged together.
- Part 'A' and Part 'B' should be mentioned only on the covering page of the respective answer sheet(s).
- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

PART A

Write short notes on:

1.	b)	Diagnosis of unruptured tubal ectopic pregnancy. Expectant management for unruptured tubal ectopic pregnancy. Persistent trophoblastic activity following management of ectopic pregnancy.	4 3 3
2.	b)	Define perinatal mortality? How is it calculated? Enumerate causes of perinatal deaths. Outline the recommended evaluation procedures for a woman with still birth.	2 3 5
3.	b)	What are the fetal anatomical parameters to be evaluated in a second trimester fetal anomaly detection scan? Enumerate neural tube defects of fetus. How will you manage subsequent pregnancy with prior history of Neural tube defect fetus?	3 3 4
4.	b)	Screening protocols for Gestational Diabetes Mellitus (GDM). Role of oral hypoglycemic agents in the management of GDM. Management of diabetic ketoacidosis during pregnancy.	4 3 3
5.	b)	Causes of cervical insufficiency. Post operative management following circlage operation. Abdominal circlage operation.	3 4 3