## **OBSTETRICS AND GYNAECOLOGY**

## PAPER - II

OBG /D/13/25/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 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**

	What are the bankins of breast feeding to the mother and new born /	
1.	Enumerate the causes of hydrops fetalis. Describe its pathophysiology. How would you manage a Rh-negative pregnant woman diagnosed with hydrops fetalis at 32 weeks of pregnancy?	3+3+4
2.	What are the risk factors for prediction of shoulder dystocia? What are the possible maternal and fetal complications of shoulder dystocia? Discuss the management of shoulder dystocia.	2+3+5
3.	A primigravida is diagnosed with severe anemia (Hb 3 gm/dl) at 36 weeks of gestation. Enumerate various maternal and fetal complications of severe anemia. How will you investigate and manage her?	2+4+4
4.	Enumerate the causes of convulsions during pregnancy. How does epilepsy affect pregnancy? Outline the principles of management of epilepsy during pregnancy.	3+3+4
5.	What are the prerequisites of Vaginal Birth After Caesarean (VBAC)? How will you counsel a patient to participate for VBAC? How would you monitor a patient of previous Caesarean Section during labor?	3+3+4