

OBSTETRICS & GYNAECOLOGY

PAPER-II

TIME: 3 HOURS
MAX. MARKS: 100

OBG/J/18/25/II

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 question(s) of Part A attempted in answer sheet(s) of part B or Vice versa shall not be evaluated.
- Answer sheets 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 sheets.
- 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.

Write short notes on:

PART A

1. a) Etiopathogenesis of Non-Immune Hydrops in fetus. 5+5
b) How will you manage a case of Non-Immune Hydrops at 26 weeks of pregnancy?
2. a) How will you date pregnancy? 5+5
b) How will you manage a pregnant woman past expected date of delivery?
3. A patient aged 39 years with triplet pregnancy reports to you at 6 weeks of gestation conceived after in-vitro fertilization. 4+2+4
a) What will be your salient points for counselling in this scenario in reference to antenatal management in first trimester and aneuploidy screening?
b) What are the complications of multiple pregnancies?
c) How will you monitor fetomaternal wellbeing in a pregnant woman with multiple pregnancy antenatally?
4. a) Cardiovascular changes during pregnancy. 4+2+4
b) What are the clinical indicators of heart disease in pregnancy?
c) How will you manage a case of severe mitral stenosis reported to you in second trimester of pregnancy?
5. a) What are the risk factors for prematurity? 2+4+4
b) Describe the complications of prematurity.
c) What are the interventions to minimize prematurity related complications?

OBSTETRICS & GYNAECOLOGY
PAPER-II

Please read carefully the important instructions mentioned on Page '1'

- Answers to questions of Part A and part B are to be strictly attempted in separate answer sheets and the main + supplementary answer sheets used for each part must be tagged separately.
- Answers to question(s) of Part A attempted in answer sheets of Part B or vice versa shall not be evaluated.

PART B

- | | | |
|-----|--|-------|
| 6. | a) What are the causes of cervical tear during delivery? | 3+4+3 |
| | b) How will you suspect and diagnose a case of cervical tear? | |
| | c) How will you manage such a case? | |
| 7. | a) What are the various modalities of intrapartum fetal surveillance in high risk pregnancy? | 5+5 |
| | b) Role of intrauterine resuscitation in cases of intrapartum fetal distress. | |
| 8. | a) What is the difference between augmentation and induction of labour? | 2+2+6 |
| | b) List the prerequisites of induction of labour. | |
| | c) Describe the various methods for induction of labour. | |
| 9. | a) Define Fetal Growth Restriction (FGR). | 2+2+6 |
| | b) What are the causes of FGR? | |
| | c) How will you diagnose and manage a case of fetal growth restriction at 28 weeks of gestation? | |
| 10. | An unbooked primigravida patient at 32 weeks pregnancy reports to the outpatient department with intra uterine fetal demise. | 2+2+6 |
| | a) What the causes intra uterine fetal demise in this patient? | |
| | b) What are the complications of intra uterine demise. | |
| | c) How will you manage this patient? | |
