OBGY

1. A 34-year-old pregnant woman at 38 weeks gestation has opted for painless delivery Ten minutes after epidural administration, while lying in left lateral position she feels dizzy, light-headed, and nauseated while nurse is attaching CTG monitor. Her BP drops from 110/70 to 80/50 mmHg. The most likely cause is:

a. High level block

b. Inferior vena cava compression by gravid uterus

c. Reduced plasma volume in late pregnancy

d. Uteroplacental insufficiency

AORTO CAVAL syn
gravid uterus : supine
IVC

fetal distress

2. A 28-year-old G2P1L1 woman at 39 weeks presents for induction of labour. She had a previous LSCS. On examination: Bishop score = 3, No contractions with foetal heart rate normal. What is the best method for cervical ripening?

a. Vaginal misoprostol

b. Dinoprostone gel

c. Foley catheter insertion

d. High-dose oxytocin infusion

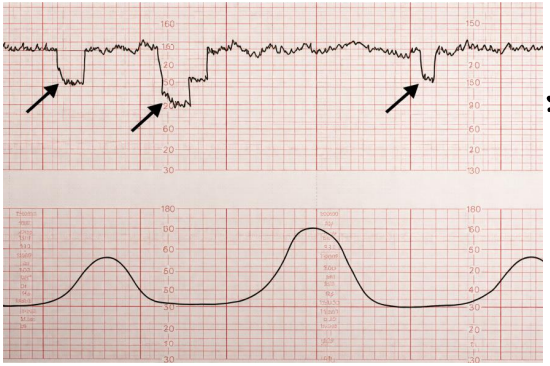
3. Which of the following is the best intervention for management of this CTG recording

a. Amnioinfusion

b. Perform ARM

c. Slow infusion rate of Pitocin

d. Urgent LSCS

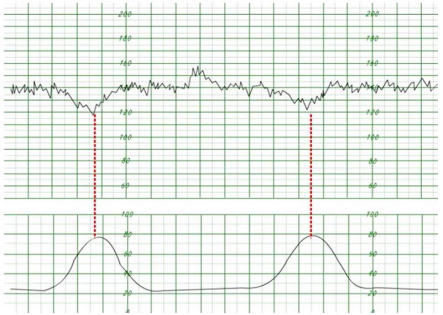
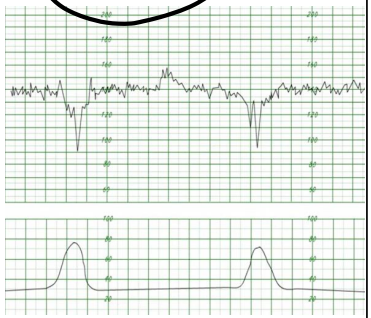
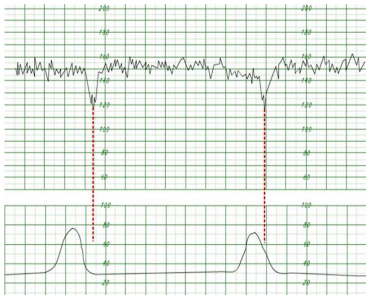


Oligohydramnios
* Variable decelerN

Variable decelerations caused by oligohydramnios since the cord has no fluid cushion

Amnioinfusion = Instil normal saline into uterine cavity via transcervical catheter

Restores fluid cushion around cord

Early deceleration	Variable deceleration	Late decelerations
		

Sinusoidal pattern

4. The following CTG tracing of fetal heart rate is shown in which of the following?

a. Vasa previa

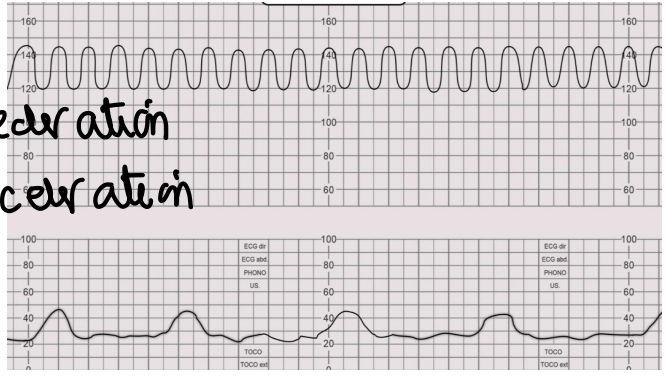
b. Cord around the neck variable deceleration

c. Fetal head compression early deceleration

d. Fetal scalp injection of lignocaine

↓

bradycardia



5. Fetal fibronectin test is primarily used for which of the following clinical purposes?

a. Confirming fetal lung maturity

b. Detecting premature rupture of membranes

c. Predicting risk of preterm labor

d. Screening for fetal aneuploidy

Cxal swab
fibronectin

6. A 25-year-old primigravida is having severe abdominal pain in lower abdomen since today morning followed by two episodes of vomiting and prostration. In ER she says she noted spotting in the morning followed by sudden onset prostration. BP = 80/60 mm Hg and vaginal mucosa is blanched white. Volume resuscitation is started. Which is next best step in management of this patient?

a. Culdocentesis

b. Methotrexate

c. Salpingectomy

d. Transvaginal scan

? Ruptured ectopic
TVS

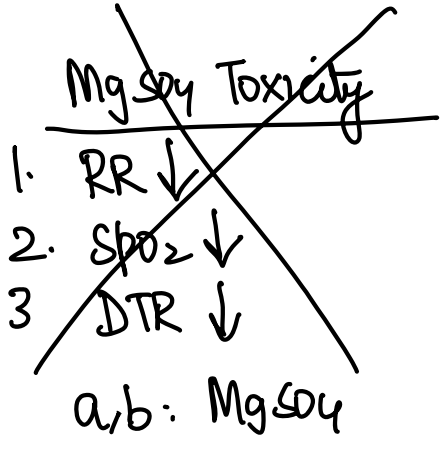
7. A 32-year-old primigravida woman with severe visual disturbances and headache is diagnosed with preeclampsia. She is receiving magnesium sulphate infusion and becomes very drowsy, her respiratory rate is 16/min, Spo2 is 95% at room air and deep tendon reflexes are brisk. What is the next best step?

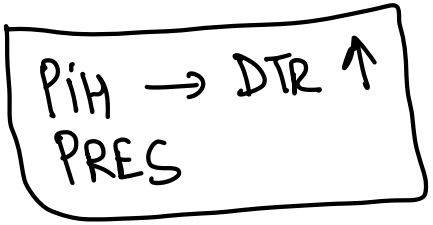
a. Reduce the infusion rate of magnesium sulfate

b. Give calcium gluconate IV

c. Plan urgent neuroimaging

d. Perform A.R.M





8. What is the loading dose of magnesium sulfate in the Pritchard regimen for eclampsia?

a. 4 g 20% , IV + 5 g , 50% in each buttock

b. 4 g 50% , IV + 5 g , 20% in each buttock

c. 4 g 20% , IV + 5 g , 20% in each buttock

d. 4 g 50% , IV + 5 g , 50% in each buttock

14g

Cal. gluconate

1. K ↑
2. Tetany
3. Mg++

9. Which of the following is correct about mechanism of normal labor?

a. Flexion- internal rotation- crowning-extension- restitution

b. Flexion- internal rotation- crowning-external rotation-restitution

c. Internal rotation- Flexion- crowning-external rotation-restitution

d. Internal rotation- Flexion - crowning-extension- restitution

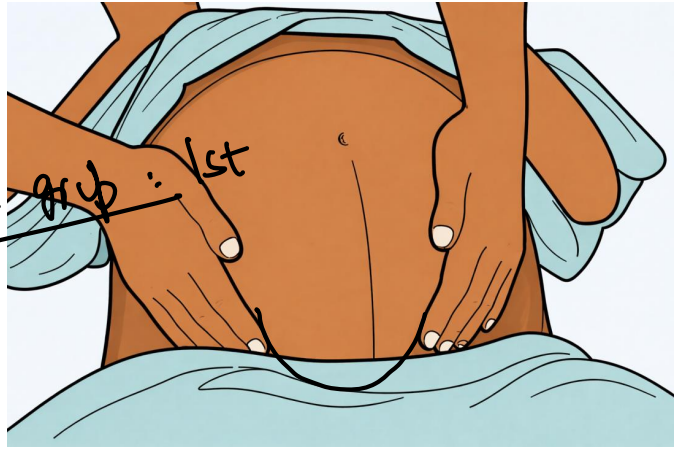
10. The following is correct about this obstetric grip is used for assessment of which of the following?

a. Attitude

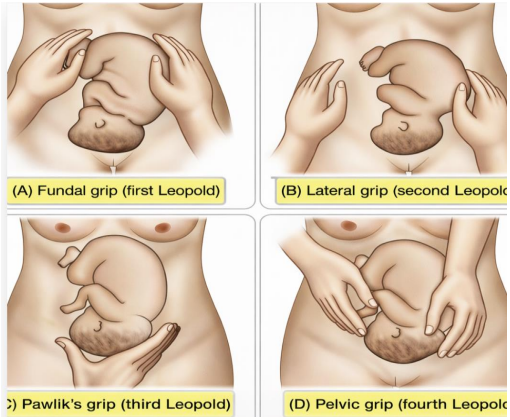
b. Liquor amount

c. Period of gestation

d. Fundal pole



Leopold	Alternative names	Examiner faces	Hands	Determines
1st	Fundal grip	Patient's face	Both	Fundal pole (head/ breech)/ POG
2nd	Lateral grip, umbilical grip	Patients face	Both	Back, position, liquor
3rd	Pawlik's grip, First pelvic grip	Patient's face	One	Engagement, presentation
4th	Second pelvic grip, deep pelvic grip	Patient's feet	Both	Attitude, descent, cephalic prominence



11. HCG is synthesized by synctiotrophoblast. Which of the following is not correct about it?

a. Most sensitive test to detect is Fluorescence immunoassay

b. Maximum levels are seen between 60-70 days of pregnancy

c. Disappears from maternal urine within 2 weeks following delivery

d. Increased levels are Hydatidiform mole

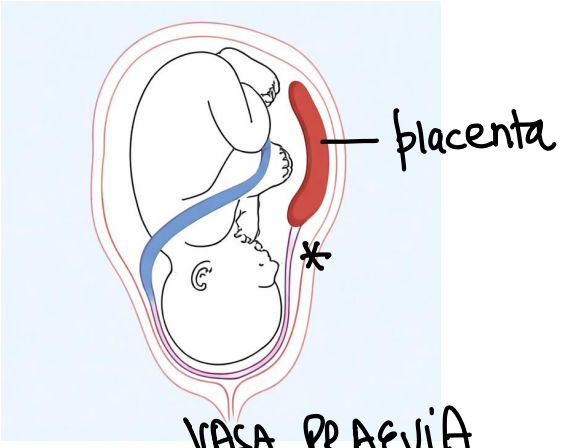
12. The following schematic represents which of the following conditions?

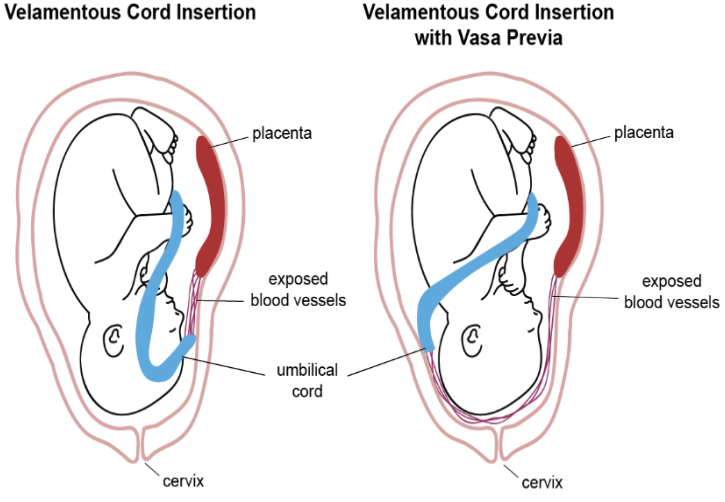
a. Placenta accreta

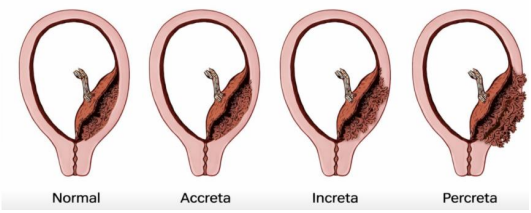
b. Velamentous placenta

c. Battledore placenta

d. Placenta succenturiate

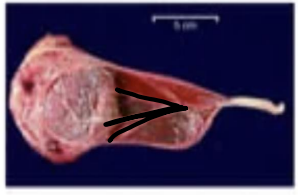






- **BATTLEDORE PLACENTA:** Umbilical cord is inserted at the margin of placenta.

- **VELAMENTOUS PLACENTA:** Umbilical cord is inserted into membranes at a varying distance from placenta.



13. A 25-year-old primigravida is detected with Amniotic fluid index of 3 cm on antenatal ultrasound at 32 weeks of gestation. Which of the following is not correct about this condition?

AFI ≤ 5
≤ 200ml

a. Uterus is smaller than period of amenorrhea ✓

b. Breech malpresentation is common ✓

c. FHR decelerations caused by cord compression can be relieved by amnio-infusion

d. Perform serial amniocentesis to relieve maternal distress

Polyhydramnios
* AFI > 25
* > 2L

* AFI < 5cm
oligo Hydramnios
< 200ml

lieved by amnio-infusion

AFi > 25cm
polyhydramnios
> 2L

14. Which of the following test is best for assessment of fetal lung maturity in a primigravida with pre-existing type 1 Diabetes mellitus?

a. L/S ratio > 2

b. Detectable Phosphatidylglycerol

c. Lamellar body count > 35000/ul

d. Foam index of >0.47

15. Which of the following changes during pregnancy is correct?

a. Pituitary enlargement occurs by 125% due to estrogen

b. Respiratory acidosis

c. HDL levels fall by 50%

d. Reduced minute ventilation

RR x TV

Dopamine ↓ PrL

16. Which of the following is a diagnostic sign included in the clinical criteria for acute pelvic inflammatory disease?

a. Chandlier sign

CERVICAL motion Tenderness

b. Osiander sign

c. Chadwick sign

d. Hegar sign

17. Which of the following components are not measured in manning score?

a. Fetal breathing movements ✓

b. Fetal movement count ✓

c. Fetal scalp pH

d. Amniotic fluid volume ✓

fetal Tone
NST

18. Which of the following findings on CTG indicates uteroplacental insufficiency?

a. Early deceleration

b. Late deceleration

c. Variable deceleration

d. Early acceleration

19. Which of the following parameters will help in assessment of fetal anemia in erythroblastosis case?

* viscosity ↓
* velocity ↑

a. Serial fetal MCA velocimetry

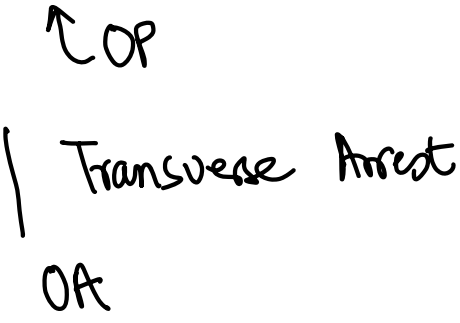
b. Reduced end diastolic flow in umbilical artery

c. Absent end diastolic flow in umbilical artery

d. Reversed flow in ductus venosus

20. Face to pubis delivery is more common with which of the following type of pelvis?

a. Anthropoid
b. Android
c. Platypelloid
d. Gynecoid



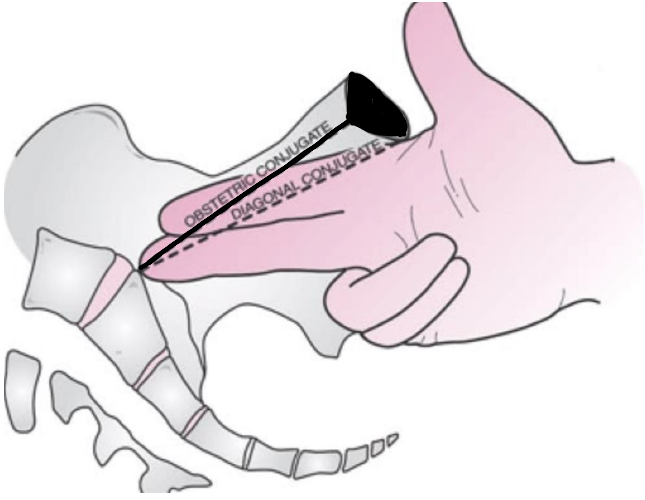
21. Which of the following diameters of pelvic inlet has shortest AP diameter?

a. Diagonal conjugate

b. True conjugate

c. Obstetric conjugate

d. Bispinous diameter


OBSTETRIC CONJUGATE
DIAGONAL CONJUGATE

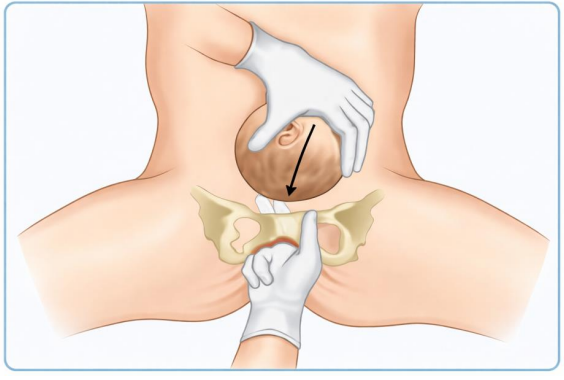
22. Which of the following is correct about the maneuver shown?

a. Diagnosis of head engagement

b. Diagnosis of Cephalo-pelvic disproportion

c. Diagnosis of non-rotation of head

d. Diagnosis of attitude



MUNRO KERR

23. Most common compound presentation is which of the following?

a. Cephalic presentation with prolapse of hand

b. Breech presentation with footling presentation

c. Cephalic presentation with prolapse of shoulder

d. Breech presentation with presentation of legs

24. Which of the following is not a sign of placental separation?

a. Schroeder sign

b. Kustner sign

c. Permanent lengthening of cord

d. Effacement of cervix

25. Leading cause of inversion of uterus is?

a. Excessive cord traction with fundal attachment of placenta

b. Excessive fundal massage

c. Excessive dose of oxytocin and misoprostol

d. Delayed cord clamping with excess dose of oxytocin at delivery of anterior shoulder

26. You are inspecting a perineal tear which shows laceration of posterior vaginal wall with perineal body excluding the anal sphincter. This corresponds to _____ perineal tear?

a. First degree

b. Second degree

c. Third degree

d. Fourth degree

PPH

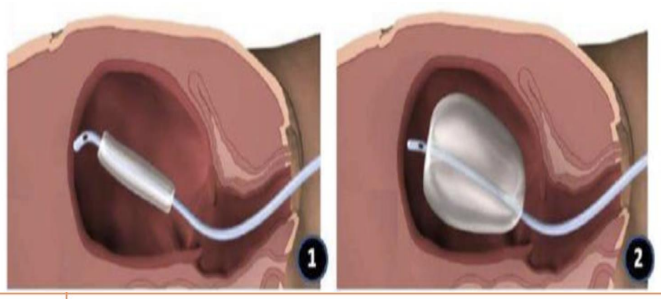
27. A 26-year-old G2P1 woman delivers vaginally after an uncomplicated labor. Ten minutes postpartum, she develops heavy vaginal bleeding and develops pallor, pulse =128/min and BP 90/60 mm Hg. Her uterus is boggy on palpation. Management is started with uterine massage, IV oxytocin infusion, misoprostol per rectum. Despite these measures, she continues to bleed profusely. Two large-bore IV lines and fluids are running. What is the next best step in management of this patient?

a. Proceed to hysterectomy

b. Start tranexamic acid infusion

c. Perform internal iliac artery ligation

d. Insert Bakri balloon



MOTIVE

Postpartum interventions to prevent postpartum haemorrhage	**7.** The use of a quality-assured uterotonic is recommended for the prevention of postpartum haemorrhage during the third stage of labour for all births. To effectively prevent postpartum haemorrhage, only ***one*** of the following uterotonics should be used: oxytocin, carbetocin and misoprostol, as outlined in the specific recommendations below: **7.1** Oxytocin (10 IU, intramuscularly/intravenously) is recommended for the prevention of postpartum haemorrhage for all births. **7.2** Carbetocin (100 µg, intramuscularly/intravenously) is recommended for the prevention of postpartum haemorrhage for all births; the heat-stable carbetocin formulation is recommended in settings where cold chain cannot be guaranteed. **7.3** Misoprostol (either 400 µg or 600 µg, orally) is recommended for the prevention of postpartum haemorrhage for all births. **Updated**

9. Uterotonic options that are not recommended for the prevention of postpartum haemorrhage include ergometrine/methylergometrine, fixed-dose combination of oxytocin and ergometrine, and injectable prostaglandins, as outlined in the specific recommendations below:

- **9.1** Ergometrine/methylergometrine is not recommended for the prevention of postpartum haemorrhage.
- **9.2** Fixed-dose combination of oxytocin and ergometrine (5 IU/500 µg, intramuscularly) is not recommended for the prevention of postpartum haemorrhage.
- **9.3** Injectable prostaglandins (carboprost or sulprostone) are not recommended for the prevention of postpartum haemorrhage.

Updated

10. In settings where multiple uterotonic options are available, oxytocin (10 IU, intramuscularly/intravenously) is the recommended uterotonic agent of choice for the prevention of postpartum haemorrhage for all births.

Updated

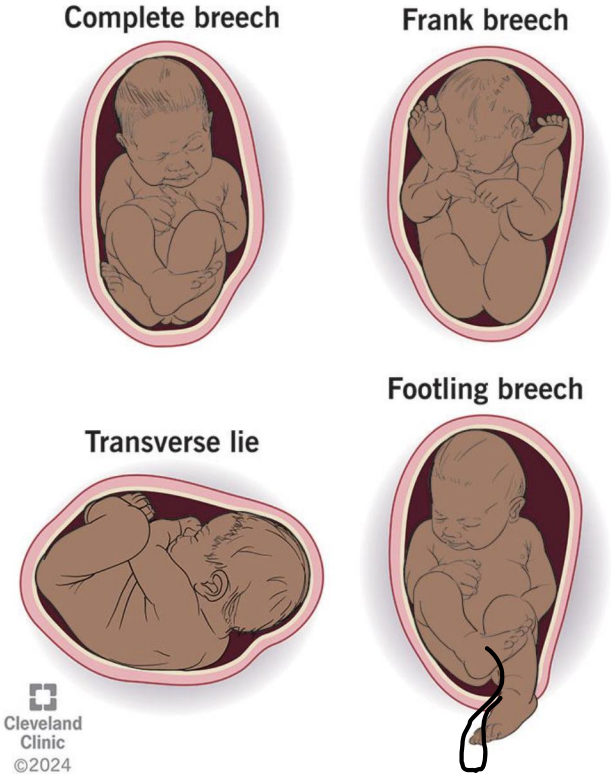
28. In Breech presentation the highest risk of cord prolapse is with which position?

a. Footling presentation

b. Breech with extended legs

c. Frank Breech

d. Star gazer position


Complete breech
Frank breech
Footling breech
Transverse lie
Cleveland Clinic
©2024

29. Which of the following maneuvers is used for delivery of after coming head of breech

a. Burns Marshall

b. Lovset

c. Pinard

d. Duncan ‘s method

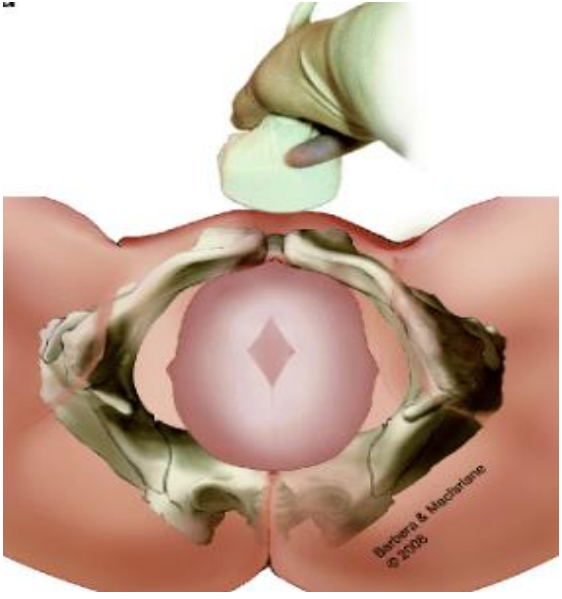
30. Which of the following is not correct about occipito-posterior position?

a. Common in anthropoid pelvis ✓

b. Deep transverse arrest can occur ±

c. FHR heard in flanks ✓

d. MC cause of early engagement of head in primigravida


Barbera & Macfarlane
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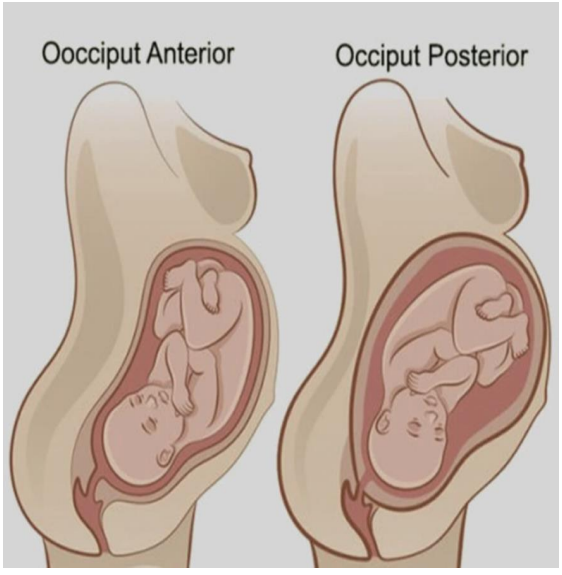
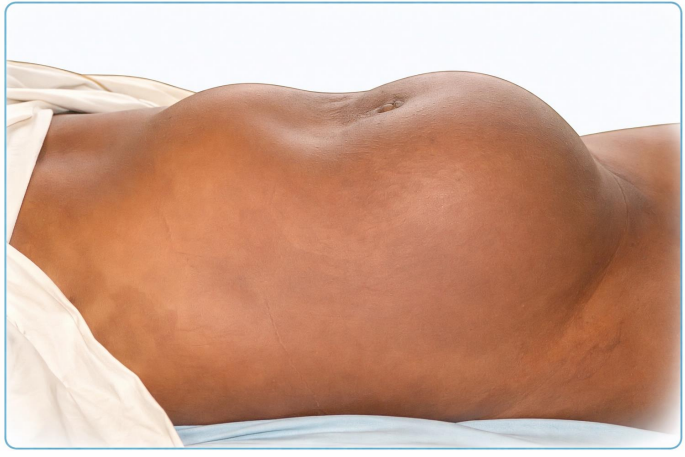
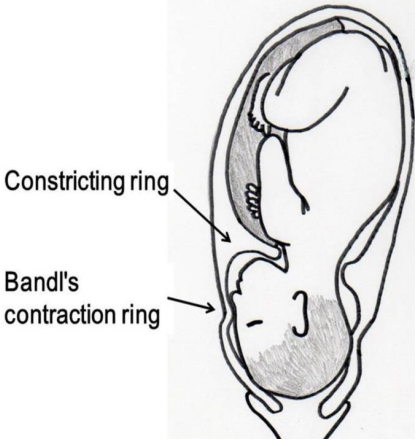

Ooccíput Anterior
Occiput Posterior

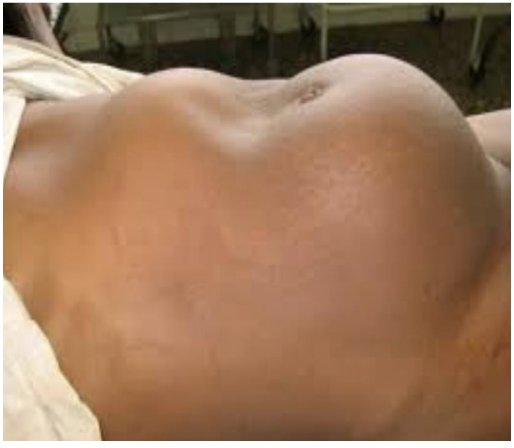
BANDL RING

31. A 25 years old primigravida develops the following condition during delivery. CTG shows fetal heart rate of zero and the fetus is declared dead. Which is correct about management of this condition

a. Elective CS
b. Emergency CS
c. Decapitation of fetus and extraction
d. Oxytocin drip and wait for active labor to expel the fetus




Constricting ring
Bandl's
contraction ring



32. Which tocolytic agent is used in preterm labor acts by blocking oxytocin receptors

a. Atosiban

b. Isoxsuprine

c. Magnesium sulphate

d. Nifedipine

33. The leading chromosomal abnormality leading to abortion is?

a. Trisomy 16 100%.

b. Trisomy 21

c. Trisomy 18

d. Trisomy 13

34. Which color of escaping liquor alerts you to possible requirement of LSCS

a. Dark brown

b. Green

c. Golden

d. Saffron

MSL

35. Which is correct about molding

a. Crosses suture line Caput

b. Occurs in normal delivery due to compression of engaging diameter of head

c. Occurs due to stagnation of fluid in layers of scalp below girdle of contact Caput

d. Occurs in cephalopelvic disproportion and changes in bi-mastoid diameter of fetal skull

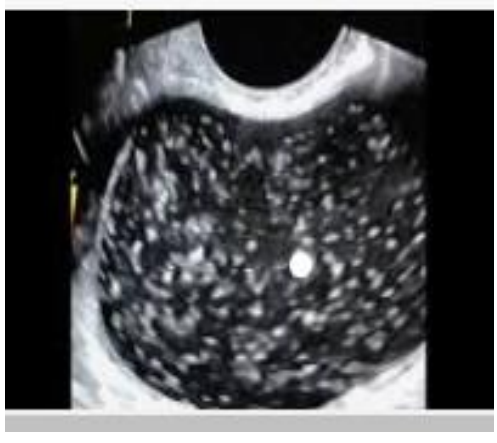
36. A-35-year-old G4P3A0L3 lady with 12 weeks of amenorrhea presents with vaginal bleeding and has noticed some grape like vesicles expelled per vaginum with lower abdominal discomfort. On pelvic examination uterus is enlarged more than period of gestation and feels doughy. Cervix is favorable and FHS is not heard. Sonography report is shown below. Which is best management of this case?

a. Suction evacuation

b. Hysterectomy

c. Hysterotomy

d. Methotrexate



Mdx pregnancy

Snow storm appn

37. Morcellation is done for management of which of the following

a. Serous cystadenocarcinoma

b. Ca endometrium type I

c. Ca endometrium type II

d. Fibroids

Estrogen dependent
" independent
] malignant Tumors

38. Which of the following conditions in a pregnant lady will have least risk of maternal mortality?

a. Coarctation of aorta HTN

b. Mitral stenosis with Dyspnoea grade IV

c. Uncorrected Fallot's tetralogy SpO2↓

d. Bioprosthetic valve

39. A 30-year-old primigravida lady has developed leakage per vaginum for last 24 hours at 32 weeks of gestation. Which complication can develop in the mother?

a. Amniotic fluid embolism

b. Complete abortion

c. Chorioamniotis

d. Respiratory distress syndrome

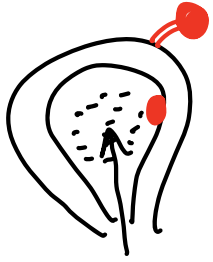
40. A 34-year-old nulliparous woman is having anemia. Menstrual history has irregular cycles with heavy bleeding. TVS and color doppler shows multiple fibroids in an enlarged uterus. All are true about this condition except?

a. Centre of fibroid is least vascular and is likely to degenerate

b. Cervical fibroids can kink the ureter ✓

c. Mifepristone is effective to reduce fibroid size and menorrhagia ✓

d. Subserous pendunculated fibroid is best diagnosed with Saline infusion sonography



41. Which is not a component of Meig syndrome

FIBROMA
THECOMA

a. Ascites ✓

b. Left sided Pleural effusion

c. Brenner tumour of ovary ✓

d. Spontaneous resolution of ascites and pleural effusion on tumour resection ✓

42. Which of the following is responsible for development of Pseudomyxoma peritonei?

a. Mucinous cyst adenoma

b. Peritoneal deposits from Serous cystadenocarcinoma

c. Drop down metastasis from stomach cancer to ovary KRUKENBURG

d. Theca lutein cysts

43. A 28-year-old lady presents with complaints of progressive dyspareunia and infertility. Bimanual examination reveals nodularity of utero-sacral ligaments and nodularity of pouch of Douglas with fixed retroverted uterus. Per speculum examination shows bluish spots on posterior fornix of vagina. Which of the following is the first differential diagnosis of this patient?

a. Chronic PID

b. Endometriosis

c. Adenomyosis

d. Cancer of endometrium

44. HPV triage strategy includes:

a. Pap smear, HPV DNA PCR and colposcopy

b. Pap smear, Cervicography and visual inspection with acetic acid

c. Pap smear, cervicography and colposcopy

d. Pap smear, Schiller test and Endocervical curettage

45. A 60-year-old woman with T2DM and Hypertension has presented with ulcer on vulva of 3 cm that she has been neglecting for last 4 months. Because of bad smell from ulcer and groin swelling she has come to your tertiary care hospital. You have advised biopsy which shows is to be Squamous cell cancer. MRI pelvis shows enlarged inguinofemoral nodes with extension of growth to lower 1/3 vagina. According to FIGO staging of carcinoma of vulva she is stage?

a. I

b. II

c. III

d. IV

I	Tumor confirmed to vulva, nodes negative
II	Tumor any size with extensive to lower urethra / lower vagina /anus, nodes negative
III	Any T with positive inguinofemoral nodes
IV	Upper urethral vaginal involvement OR bladder/rectal mucosa OR fixed nodes OR distant mets

46. A 26-year-old lady with metallic prosthetic mitral valve is getting married next month. She is visiting your clinic with her fiancé today and seeks advise about tablets of anticoagulant she is using as they plan to start a family as early as possible. The strip of tablets she shows you from her purse is warfarin at dose of 0.5 mg per day. What is correct advice you would give her?

a. Discontinue warfarin and start LMWH

b. Continue warfarin and use barrier method

c. Continue warfarin and use Progestin only pills

d. Discontinue warfarin and start digoxin

47. Which of the following is not seen in infant born to lady with Gestational diabetes mellitus?

a. Hypoglycemia

b. Macrosmia

c. Hypocalcemia

d. Sacral agenesis

48. A 30-year-old primigravida is having Hb= 9 gm% in second trimester with MCV of 110fl. What is next best step?

a. Start parenteral iron supplementation

b. Give Blood transfusion 2 units and then put on oral iron for remaining weeks

c. Start Folic acid and B12 tablets

d. Give oral iron only and monitor Hb after 4 weeks

49. Which is not correct about the use of device shown?

Rocket endocervical brush

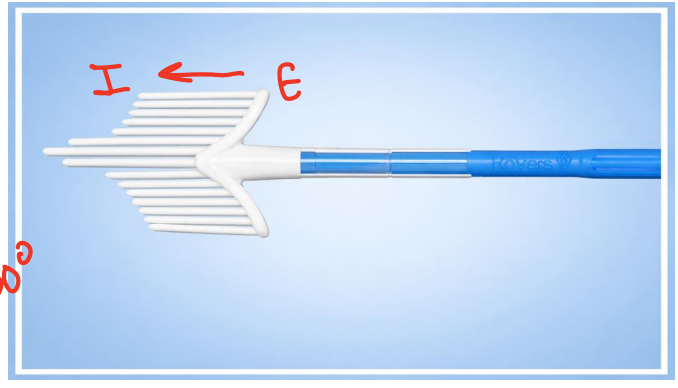
a. Clean mucus from ectocervix with dry swab ✓

b. Insert into external os till few bristles are seen ✓

c. Rotate 360 degrees

90–180°

d. Rinse into LBC vial ✓



50. Which of the following methods of prenatal diagnosis has the highest fetal loss?

a. Culdocentesis

b. Amniocentesis 16 wk

c. Cordocentesis 18–20 wk

d. Chorionic villi sampling 10–12 wks least

51. Which of the following is *not* correct about management of epileptic lady on valproate who has delivered a perfectly healthy 3 kg girl baby in labour room of your hospital?

a. Start breast feeding within 1st hour of birth

b. Administer 1 mg vitamin K1 to neonate

c. Check her pads for PPH

d. Stop valproate and start Levetiracetam

52. Which is correct about Robert sign in case of IUFD?

a. Appearance of gas shadows

b. Hyperflexion of spine

c. Irregular overlapping of cranial bones

d. Crowding of ribs

53. Precipitate labour is present when?

a. Combined duration of first and second stage of labour is less than 3 hours

b. Combined duration of first and second stage of labour is less than 6 hours

c. Combined duration of second and third stage of labour is less than 3 hours

d. Combined duration of second and third stage of labour is less than 3 hours

54. Which is the rarest variety of cephalic presentation?

a. Brow

b. Breech

c. Face

d. Vertex

55. A 35-year-old multigravida develops post-partum haemorrhage. Oxytocin drip was started by nurse. On examination by you her uterus is hard and contracted and cervical tear is noted at 6º clock position. Which is the best management for this case?

a. Hysterectomy

b. Ligation of uterine artery

c. Bimanual compression

d. Exploration of cervix and hemostatic sutures

ATONIC UTERUS

56. Correct about oviduct? fallopian Tube

a. Sensitive to handling

b. Lined by parametrium

c. Normal position is anteverted and anteflexed

UTERUS

d. Produces primary oocyte every 14th day of cycle

OVARY

57. Which is correct about Braxton Hicks contraction?

a. Lead to cervical dilatation

b. Lead to cervical effacement

c. Painless irregular contractions felt by mother during gestation

d. Painful irregular contractions felt by mother during gestation

58. Rapid weight gain of > 0.5Kg per week in 25-year-old primigarvida with sonography showing single viable fetus of 24 weeks gestation is suggestive of?

a. Intrauterine growth retardation

b. Intrauterine death

c. Pre-eclampsia

d. Multiple gestation

59. Which of the following parameter does not rise in pregnancy?

a. Fibrinogen

b. ESR

c. Globulin

d. Platelet count

60. Most conclusive clinical sign of pregnancy?

a. Uterus palpable upto umbilicus

b. Braxton hick contractions

c. Uterine souffle

d. Fetal heart sounds

61. Which diameter engages in face presentation?

a. Sub-occipito-bregmatic

b. Sub-occipito-frontal

c. Mento-vertical BROW

d. Submento-vertical

62. Not present in quad screen?

a. MSAFP

b. uE3

c. Inhibin B

d. hcG

63. False about transverse lie:

a. Shoulder presentation ✓

b. External cephalic version done before 35 weeks POG

c. Grid iron feel on p/v examination ✓

d. Perform Cesarean section if ECV fails ✓

64. Which of the following is not an effect of pregnancy on fibroids?

a. Red degeneration
b. Torsion
c. Increase in size
d. Infection

65. Which of the following is not used in PCOD?

a. Human -chorionic Gonadotrophin ✓

b. Spironolactone — Estrogen +

c. Clomiphene — ⊕ ovulation

d. Leuprolide

66. Which is correct about invasive cervical cancer?

a. Exhibits trans-celomic spread

b. Leading cause of death is due to mets to lungs

c. Vaginal pool aspiration has diagnostic yield higher than cervical scraping

d. It is an AIDS defining illness

DIRECT spread : Cx/al cancer → Ca ovary

URAEMIA : URETER #

1. KS
2. PCNSL
3. Invasive Cx/al cancer

67. A 26-year-old sex worker presents with purulent urethral discharge. What is the best test for diagnosis?

gonorrhea

a. N.A.A.T urine PCR

b. Urine culture

c. Gram stain urethral discharge

d. VDRL

68. A 26-year-old primigravida is having extensive itching in vulva with thick curdy white plaques seen in vaginal wall on Per speculum examination. Management is?

a. Secnidazole vaginal pessary

b. Clindamycin vaginal pessary

c. Single dose ceftriaxone

d. Clotrimazole vaginal pessary

69. Oophoritis is seen with?

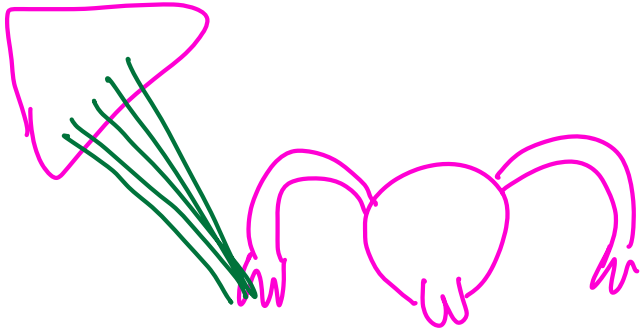
a. Mumps

b. Fitz Hugh Curtis syndrome

c. Measles

d. PCOS

Chlamydia: PERI-HEPATITIS



70. Reservoir of Chylamydia infection?

a. Ectocervix

b. Endocervix

c. Fallopian tube

d. Ovary

71. Not a cause of contact bleeding?

a. Carcinoma cervix

b. Mucous polyp of cervix

c. Subserous fibroid

d. Cervical endometriosis

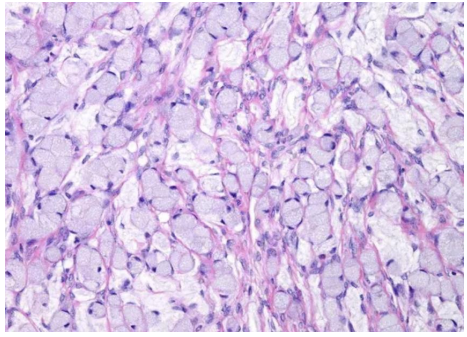
72. The following histology slide is seen which ovarian tumor

a. Fibroma

b. Serous cystadenoma

c. Granulosa cell tumour

d. Krukenberg tumour



Signet cell

73. Triad of adnexal mass, post-menopausal bleeding and watery discharge P/V is seen in?

a. Ovarian tumours

b. Fallopian tube cancer

c. Cervical cancer

d. P.I.D

74. Burch colpo-suspension is used for management of?

a. Uterine prolapse

b. Vesicovaginal fistula

c. Stress incontinence

d. Procidentia

75. Three swab (Tampon) test is used of diagnosis of?

a. Uterine prolapse

b. Vesicovaginal fistula

c. Stress incontinence

d. Procidentia

THANK YOU