

MBBS Final Professional Examination 2007

OBSTETRICS

Model Papers (MCQs)

Total No. of MCQs 35
Max Marks 35

Each MCQ carry 01 mark
Time Allowed 45 minutes

MCQ.1 A 24 years old G₂P₁A₀ had last menstrual period 9 weeks ago. She presents with bleeding and passage of tissues pervaginum. Bleeding is associated with lower abdominal pain. The most likely diagnosis is:

- a) Threatened abortion.
- b) Inevitable abortion.
- c) Incomplete abortion.
- d) Twin pregnancy.
- e) Ectopic pregnancy.

Key: c

MCQ.2 Organogenesis is complete at:

- a) 2 weeks after ovulation.
- b) 6 weeks after ovulation.
- c) 8 weeks after ovulation.
- d) 18 weeks after ovulation.
- e) 20 weeks after ovulation.

Key: c

MCQ.3 35 years old woman who is now in her 5th pregnancy with 4 alive children presented in the antenatal clinic and in diagnosed as a case of anaemia. Cause of anaemia in her case is:

- a) Folate deficiency.
- b) Sickle cell anaemia.
- c) Iron deficiency.
- d) Pernicious anaemia.
- e) Thalassaemia.

Key: c

MCQ.4 23 years old primigravida presents to you at fourteen weeks of gestation. She is concerned about normality of fetus. At what time you will advice her detailed fetal anomaly scan:

- a) 22-24 weeks.
- b) 14-16 weeks.
- c) 18-22 weeks.
- d) 10-14 weeks.
- e) 24-28 weeks.

Key: c

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MCQ.5 19 years old primigravida comes in emergency at 32 weeks of gestation. She is complaining of blurring of vision, gross edema. On examination her B.P is 170/115 mm Hg. What is the most likely diagnosis:

- a) Hypertension.
- b) Renal disease.
- c) Eclampsia.
- d) Preeclampsia.
- e) Thyroid disease.

Key: d

MCQ.6 A 30 years old G₃P₂ at 28 weeks of gestation presents with severe pain in the right flank radiating to her groin. She also complaints of rigors and chills. Urine analysis reveals numerous pus cells. The most likely diagnosis is:

- a) Appendicitis.
- b) Pyelonephritis.
- c) Round ligament torsion.
- d) Meckel's diverticulum.
- e) Torsion of ovarian cyst.

Key: b

MCQ.7 Diabetic control is important before conception to reduce the incidence of:

- a) Maternal nephropathy.
- b) Diabetic ketoacidosis.
- c) Congenital anomalies.
- d) Maternal retinopathy.
- e) C-section.

Key: c

MCQ.8 The most common cause of heart disease in pregnant woman in Pakistan is:

- a) Congenital heart disease.
- b) Cardiomyopathy.
- c) Myocardial infarction.
- d) Cardiomegaly.
- e) Rheumatic heart disease.

Key: e

MCQ.9 A 30 years old G₅P₄ is admitted in labor room with H/O 32 weeks gestation, mild vaginal bleeding and abdominal pain. O/E her blood pressure 140/100 mm Hg, abdomen is tense, tender and hard. Fetal heart sounds are not audible. What is the most likely diagnosis:

- a) Placenta praevia.
- b) Abruptio placenta.
- c) Preterm labour.
- d) Urinary tract infection.
- e) Vasa praevia.

Key: b

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- MCQ.10** **A 25 years old P₂ comes to emergency, after home delivery with heavy bleeding per vaginum. After evaluation and emergency resuscitation she is diagnosed as a case of uterine atony. What is the appropriate medicine in the management of this case:**
- a) Oxytocin.
 - b) Salbutamol.
 - c) Beta blockers.
 - d) Magnesium sulphate.
 - e) Hydralazine.

Key: a

- MCQ.11** **18 years old P₁ presents in outpatient department ten days after delivery with tender hot painful swelling in right breast. She also complains of fever with rigors. What will be the most likely management:**
- a) Antibiotics.
 - b) Analgesics.
 - c) Incision & drainage.
 - d) Conservative management.
 - e) Lactation inhibition.

Key: c

- MCQ.12** **A G₂P₁ with previous cesarean section due to obstructed labour comes for first antenatal visit at 34 weeks of gestation. She is seeking advice for home delivery this time. What will be the most dangerous complication in her case if we allow her to deliver at home by untrained birth attendant:**
- a) Prolonged latent phase.
 - b) Arrest in second stage of labour.
 - c) Delayed progress in active phase of labour.
 - d) Rupture uterus.
 - e) Placental retention.

Key: d

- MCQ.13** **The common possible cause of oligohydramnions is:**
- a) Oesophageal atresia.
 - b) Placental haemangioma.
 - c) Renal agenesis.
 - d) Diabetes mellitus.
 - e) Rh incompatibility.

Key: c

- MCQ.14** **The most common side effect of tocolytics agent is:**
- a) Vaginal bleeding.
 - b) Abdominal pain.
 - c) Nausea, vomiting.
 - d) Palpitations.
 - e) Oliguria.

Key: d

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MCQ.15 What is the diameter of fetal skull that presents at vulva during normal labour:

- a) Suboccipitofrontal.
- b) Mentoverical.
- c) Suboccipitobregmatic.
- d) Occipitofrontal.
- e) Metoposterior.

Key: c

MCQ.16 Breech extraction in only indicated in:

- a) Retained second twin.
- b) Footling breech.
- c) Extended breech.
- d) Flexed breech.
- e) Breech in first twin.

Key: a

MCQ.17 Cardiac output is highest in:

- a) 1st trimester.
- b) 2nd trimester.
- c) 3rd trimester.
- d) During labour.
- e) During delivery.

Key: e

MCQ.18 The pathological retraction ring of Bandle is associated with:

- a) Preterm labour.
- b) Obstructed labour.
- c) Precipitate labour.
- d) Abruptio placenta.
- e) Chorioamnionitis.

Key: b

MCQ.19 What percentage of Polyhydramnios is associated with congenital malformations:

- a) Less than 1%.
- b) 5-10%.
- c) 20-30%.
- d) 50-60%.
- e) 90-100%.

Key: c

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- MCQ.20** **A 24 years old G₃P₂ presents to you at 32 weeks of gestation with preterm prelabour rupture of membranes for ten days. She is complaining of pain in lower abdomen, fever with rigors and chills and purulent vaginal discharge. What is her diagnosis:**
- a) Pyrexia of unknown origin.
 - b) Puerperal pyrexia.
 - c) Preterm labour.
 - d) Chorioamnionitis.
 - e) Antepartum haemorrhage.

Key: d

- MCQ.21** **A 23 years old primigravida comes in labour room for induction of labour. Cervix is closed and 3 cm long. Which of the following medicine will be given to her for cervical ripening?**
- a) Methergin.
 - b) Salbutamol.
 - c) Prostaglandin E₂.
 - d) Paracetamol.
 - e) Methyldopa.

Key: c

- MCQ.22** **Preterm labour is defined as spontaneous onset of painful regular uterine contractions at any time prior to:**
- a) A stage of fetal viability.
 - b) The second stage of labour.
 - c) The 32nd week of gestation.
 - d) The 37th week of gestation.
 - e) The 40th week of gestation.

Key: d

- MCQ.23** **Duration of latent phase in a multigravida is:**
- a) 1-2 hours.
 - b) 2-4 hours.
 - c) 4-6 hours.
 - d) 6-8 hours.
 - e) 8-10 hours.

Key: c

- MCQ.24** **After the delivery of fetus, placenta should be removed by:**
- a) Fundal pressure.
 - b) D & C.
 - c) Brandt-Andrews method.
 - d) Manual removal.
 - e) C-section.

Key: c

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MCQ.25 Vaginal examination is contraindicated in pregnancy in which situation:

- a) Carcinoma of cervix.
- b) Gonorrhoea.
- c) Prolapsed cord.
- d) Placenta previa.
- e) Active labour.

Key: d

MCQ.26 A primipara presents one week after delivery. She is tearful, has spells of cry and lack of appetite and sleep. What is the most likely diagnosis:

- a) Anaemia.
- b) Post-natal depression.
- c) Schizophrenia.
- d) Maniac disorders.
- e) High grade fever.

Key: b

MCQ.27 Of the following methods, the safest, most precise and simplest for placental localization is:

- a) Auscultation.
- b) Ultrasonography.
- c) Radioisotope study.
- d) Abdominal palpation.
- e) Soft tissue radiography.

Key: b

MCQ.28 Which of the following test is used in screening for Down's syndrome:

- a) Ca 125.
- b) Carcino embryonic antigen "CAE".
- c) Triple screening including β HCG, AFP, serum estriol.
- d) FSH, LH.
- e) Thyroid hormone.

Key: c

MCQ.29 Perinatal mortality rate is defined as:

- a) Number of perinatal deaths per thousand live births and still births.
- b) Deaths in the first week after birth.
- c) All still births plus deaths in the first week after birth.
- d) Deaths from age 7 days the 27 completed days of life.
- e) Deaths in first week after birth.

Key: a

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- MCQ.30** **A primigravida is in second stage of labour for the past two hours. Fetal head is at +1 station. In spite of effective uterine contractions, mother is unable to push as she is exhausted. What will be the next step in her management:**
- a) Wait for another one hour.
 - b) Give sedation to the mother.
 - c) Shift her for emergency section.
 - d) Instrumental delivery.
 - e) Call the anaesthetist for regional anaesthesia.

Key: d

- MCQ.31** **Maximum normal time for second stage of labour in primigravida without anaesthesia is about:**
- a) 20 minutes.
 - b) 60 minutes.
 - c) 120 minutes.
 - d) 240 minutes.
 - e) There is no normal maximum.

Key: c

- MCQ.32** **Crowning is best defined as:**
- a) When the greatest diameter of fetal head comes through vulva.
 - b) When presenting part reaches the pelvic floor.
 - c) When the perineum bulges in front of fetal head.
 - d) When fetal head is visible at vulva.
 - e) When head is delivered.

Key: c

- MCQ.33** **Total bishops score is:**
- a) 10.
 - b) 8.
 - c) 6.
 - d) 4.
 - e) 13.

Key: e

- MCQ.34** **Pregnancy induced hypertension is diagnosed when:**
- a) Hypertension is encountered after 20 weeks of gestation.
 - b) Hypertension gets worse in first week of pregnancy.
 - c) Hypertension is not controlled with aldomet.
 - d) Hypertension gives rise to left ventricular failure.
 - e) Blood urea & creatine levels in blood are abnormal.

Key: a

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- MCQ.35** **Thyrotoxicosis in pregnancy is treated with:**
- a) Partial thyroidectomy in first trimester.
 - b) Radioiodine ablation of thyroid gland.
 - c) With neomercazole.
 - d) Surgery on thyroid gland in 3rd trimester.
 - e) With iodine drops and β -blockers.

Key: c