

01. Which among the following is not a proven intervention to prevent haemorrhagic condition in obstetric care:
- a) Use of tocolysis in time
  - b) Blood transfusion , if severe haemorrhage
  - c) Skilled attendant at birth
  - d) Treating anaemia in pregnancy.
02. A 36-year-old morbidly obese female comes to OPD with Sonography report showing an intrauterine embryo of 09 mm length without cardiac activity. What advice will you give to patient:
- a) Repeat scan after 07 days.
  - b) Repeat scan after 14 days.
  - c) Termination of pregnancy.
  - d) Harmonal Support.
03. Sacroiliac joint is a what type of joint:
- a) Synovial joint
  - b) Ball and socket joint
  - c) Saddle joint
  - d) Hinge joint
04. What is the length of umbilical cord to say it is short:
- a) <30cms
  - b) <40cms
  - c) <45cms
  - d) <50cms
05. What is a high risk factor for pre-eclampsia indicating the need to start aspirin among these:
- a) Diabetes Mellitus type I/type II.
  - b) Age  $\geq$  40 years.
  - c) Body Mass Index (BMI)  $\geq$  35.
  - d) Nulliparity.
06. A 28 year old female gravida 2 Para 1<sup>+0</sup>, 33 weeks gestation comes with USG report showing estimated foetal weight (EFW) < 3<sup>rd</sup> centile and cerebroplacental ratio (CPR) <5<sup>th</sup> centile, AFI- 5cms, NST – Normal Next Course of Action should be:
- a) Immediate caesarean delivery.
  - b) Steroid coverage and delivery by Induction of Labour (IOL)
  - c) Steroid coverage, weekly monitoring and delivery at 37 weeks.
  - d) Delivery at 40 weeks.
07. Foetal tachycardia without accompanying decelerations may be caused by:
- a) Maternal fever.
  - b) Foetal hypothyroidism.
  - c) Post term foetus.
  - d) Narcotics given to the labouring woman.

08. Which of the following diagnostic techniques is of no value for the diagnosis of neural tube defects:
- a) Amniocentesis
  - b) Chorion villus sampling.
  - c) Maternal serum screening.
  - d) Ultrasonography.
09. The recommendation for genetic testing for structurally anomalous foetus at 17 weeks on amniotic fluid is:
- a) FISH and Karyotype.
  - b) Chromosomal microarray.
  - c) Karyotype is sufficient.
  - d) Store DNA.
10. Puerperal pyrexia has all these features except:
- a) Temperature of  $>38^{\circ}\text{C}$  or higher.
  - b) At least 2 episodes 6 hours apart.
  - c) One episode within first 24 hours of delivery.
  - d) Standard technique of taking oral temperature every 04 hourly should be followed.
11. According to international Federation of Gynaecology and Obstetrics (FIGO) staging of Gestational trophoblastic tumours, GTN extending to lungs with or without genital tract involvement belongs to:
- a) Stage 1.
  - b) Stage 2.
  - c) Stage 3.
  - d) Stage 4.
12. A 22 year old Primigravida presents with 40 days of Amenorrhea positive and BHCG of  $>1,000$  units. No gestational sac is seen in the uterus. What is the further management:
- a) Observation.
  - b) Repeat BHCG after 48 hours.
  - c) Repeat BHCG after 01 week.
  - d) Medical management.
13. A 33 year old  $G_3P_1$  presents at 06 weeks gestation by LMP, complaining of pelvic pain and nausea. Her BHCG is 3,000 mIU/ml and no intrauterine pregnancy is seen on USG. No adnexal masses or free fluid are visualized. What is the best management strategy:
- a) No intervention.
  - b) Surgical Therapy.
  - c) Methotrexate injection
  - d) Expectant management with 48 hours follow up.

**B**

**B**

**C**

**C**

**B**

**D**

14. A 26 year old primigravida with pregnancy induced hypertension (PIH) with Blood Pressure of 150/100 mm Hg at 32 weeks of gestation with no other complications, her BP is controlled on treatment. If there are no complications, the pregnancy should be terminated at:

- a) 42 completed weeks.
- b) 37 completed weeks.
- c) 32 completed weeks.
- d) 41 completed weeks.

**B**

15. A 30 Year old patient with G<sub>3</sub>P<sub>1</sub>L<sub>1</sub>A<sub>1</sub> came at 11 weeks of pregnancy. In her previous pregnancy, she had preterm delivery at 34 weeks in view of severe preeclampsia. What is the first step of treatment in this patient:

- a) Start on Aspirin 75mg.
- b) Uterine A.Doppler at 20 weeks.
- c) Plan for delivery at 37 weeks.
- d) Start on Labetalol.

**A**

16. Most common cause of Inherited Thrombophilia leading to recurrent Miscarriage is:

- a) Protein C deficiency.
- b) Protein S deficiency.
- c) Antithrombin III deficiency.
- d) Factor V Leiden mutation.

**D**

17. A pregnant woman was brought by her husband after fainting at home. He gave a history of her being clumsy and forgetful over the last few weeks. Investigation revealed high mean corpuscular volume (MCV) with hyper segmented neutrophils. How will you manage this patient:

- a) 100hgm of Intramuscular (IM) cobalamin.
- b) 1000hgm of Intramuscular (IM) cobalamin+ Folic acid.
- c) 400hgm of Folic acid.
- d) 500hgm of oral cyanocobalamin.

**B**

18. Conditions leading to haemolytic anaemia. Which one is true:

- a) Congenital Red Cell Abnormality.
- b) Antibodies directed against RED cell membrane protein.
- c) Can be due to primary disorder and sickle cell anaemia and hereditary spherocytosis
- d) Can be secondary to underlying conditions like SLE or preeclampsia.

**B**

19. For quantification of foeto maternal haemorrhage, which of the following test is not used:

- a) Kleihauer- Betke test.
- b) Acid elution test.
- c) Rosette test.
- d) Middle cerebral Artery- peak systolic velocity (MCA-PSV).

**D**

20. A 24 year old G<sub>2</sub>P<sub>1</sub> comes for her first prenatal visit at 13 weeks of gestation. The urine culture showed >10,000 Escherichia coli bacteria/ml of urine. The woman does not have any symptoms. Which of the following is the best course of action for this patient:

- a) Observation, no treatment required.
- b) Initiate antibiotic therapy Empirically.
- c) Initiate antibiotic therapy based on sensitivity.
- d) Initiate treatment when the patient develops symptoms.

**C**

21. Acute Renal failure may be encountered in the following complications of pregnancy, except:

- a) Eclampsia.
- b) Gestational Diabetes Mellitus.
- c) Severe Postpartum haemorrhage.
- d) Septic Abortion.

**B**

22. Thrombocytopenia is defined as platelet count:

- a)  $<150 \times 10^9/L$
- b)  $<100 \times 10^9/L$
- c)  $<50 \times 10^9/L$
- d)  $<75 \times 10^9/L$

**A**

23. A neonate with jaundice, petechiae, microcephalus and hepatosplenomegaly is most likely infected with which of the following:

- a) Neonatal herpes infection.
- b) Chlamydial infection.
- c) Neonatal CMV infection.
- d) Gonococcal infection.

**C**

24. Identify the wrong statement in regard to subcategories of preterm birth, based on gestational age:

- a) Extremely preterm (Less than 28 weeks).
- b) Very preterm (28 to less than 32 weeks).
- c) Moderate preterm ( 32-36 weeks).
- d) Late preterm (34-36 weeks).

**C**

25. A 34 year old pregnant woman at 39 weeks of gestation is admitted to the labour ward with a breech presentation. She is willing for vaginal breech delivery. What factors should be taken into consideration when deciding the appropriateness of vaginal breech delivery:

- a) Estimated foetal weight, parity, placental location and obstetrician experience in managing breech deliveries
- b) Maternal age, foetal gender, gestational age and previous birth experience.
- c) Rupture of membranes, body mass index (BMI) and the position of the babies feet.
- d) Presence of foetal anomalies, maternal occupation and family history of breech presentation.

**A**

26. Obstetric forceps can be used for which of the following options:
- a) Face presentation.
  - b) Face to pubis presentation.
- B**
27. Which of the following statements is true for the performance of tubal ligation in a 32-year-old married woman:
- a) Consent of the patient alone is sufficient.
  - b) Consent of the patient and her husband is necessary.
  - c) Consent of the husband alone is sufficient, if the couple has more than three children.
  - d) Consent of the husband alone is sufficient.
- B**
28. A pregnant woman presents with obstructed labour and is grossly dehydrated. Investigation reveals foetal demise. What will be the management:
- a) Craniotomy.
  - b) Decapitation.
  - c) Caesarean section.
  - d) Forceps extraction.
- C**
29. At what gestation period, placenta Accreta Spectrum can be screened on MRI:
- a) 12 to 18 weeks gestation.
  - b) 20 to 22 weeks gestation.
  - c) 28-32 weeks gestation.
  - d) 36-40 weeks gestation.
- C**
30. A woman diagnosed with GDM is in preterm labour. Which of the following tocolytics is avoided:
- a) Atosiban.
  - b) Nifedipine.
  - c) Ritodrine.
  - d) Magnesium sulphate.
- C**
31. Which doppler should be used for surveillance and timing of delivery in a preterm small for gestational age (SGA) foetus with an abnormal umbilical artery doppler:
- a) Cardiotocography (CTG)
  - b) Middle cerebral Artery Doppler (MCA)
  - c) Uterine Artery Doppler.
  - d) Ductus venosus Doppler.
- D**
32. Epidural Analgesia during labour is contraindicated in women with:
- a) Cardiac condition that lead to a fixed cardiac output.
  - b) Untreated streptococcal pneumonia.
  - c) Coagulopathy.
  - d) Multiple sclerosis.
- C**

33. The dominant follicle grows at a rate of :  
a) 0.5-2 mm/day.  
b) 2-3 mm/day.  
c) 3-4 mm/day.  
d) 4-5 mm/day.
34. The best predictive value for ovarian reserve (OR) is:  
a) Antral follicle count.  
b) AMH.  
c) Both a and b.  
d) Ovarian biopsy.
35. The best management of endometrioma through laparoscopy is:  
a) Drainage of endometrioma.  
b) Cystectomy.  
c) Aspiration.  
d) CO<sub>2</sub> Laser excision.
36. Which of the following is the single most sensitive marker for biochemical hyperandrogenism:  
a) Free testosterone.  
b) Total testosterone.  
c) DHEA  
d) DHEA-S  
e) Androstenedione.
37. Which of the following conditions is at an increased risk due to elevated oestrogen levels in PCOS:  
a) Hirsutism  
b) Metabolic syndrome.  
c) Obstructive sleep apnoea.  
d) Endometrial cancer.  
e) Dyslipidemia.
38. Aromatase Inhibitors act by:  
a) Block oestrogen production centrally as well as periphery.  
b) Block oestrogen production centrally only.  
c) Oestrogen production peripherally only.  
d) None of the above.
39. What time of the menstrual cycle is the most ideal for histological detection of genital TB:  
a) 2-3 post menstrually.  
b) 2-3 days pre menstrually.  
c) 9-10 days post menstrually.  
d) 9-10 days pre menstrually.

40. Which portion of the endometrium is most likely to show tubercles in genital tuberculosis:
- a) Fundus.
  - b) Anterior wall.
  - c) Cornu.
  - d) Posterior wall.
- C**
41. In the initial evaluation of male factor infertility, when should another semen analysis be obtained, if the first one shows abnormal results.
- a) After at least 1 week.
  - b) After at least 2 weeks.
  - c) After at least 3 weeks.
  - d) After at least 4 weeks.
- D**
42. All of the following are precautions taken during semen preparation to reduce sperm DNA damage, except:
- a) Slow dilution of samples, especially cryopreserved samples.
  - b) Gradual changes in temperature and tests performed at 37°C.
  - c) Mandatory use of centrifugation at high speed to segregate sperms.
  - d) Controlled exposure to potential toxic material.
- C**
43. The European Society of Human Reproduction and Embryology (ESHRE) preimplantation genetic diagnosis (PGD) consortium described recurrent implantation failure (RIF) as failure to achieve objective evidence of pregnancy after:
- a) Transfer of 3 top quality embryos (TQE'S)
  - b) Transfer of  $\geq 10$  embryos in multiple transfers.
  - c) Transfer of  $\geq 2$  embryos by a senior fertility specialist.
  - d) Both a and b.
- D**
44. OHVIRA (obstructed hemivagina and ipsilateral renal anomaly) syndrome in unilateral obstructed hemivagina and ipsilateral renal agenesis is associated with:
- a) Unicornuate uterus.
  - b) Bicornuate uterus.
  - c) Septate uterus.
  - d) Uterus didelphys.
- D**
45. Which of the following measure helps in minimum blood loss during laparoscopic myomectomy:
- a) The use of intravenous vasopressin.
  - b) The use of unidirectional and bidirectional barbed suture.
  - c) The use of intravenous tranexamic acid.
  - d) The use of intravenous ascorbic acid.
- B**
46. The treatment of idiopathic central precocious puberty is:
- a) Long acting GnRH agonists.
  - b) Short acting GnRH agonists.
  - c) GnRH agonist.
  - d) None of the above.
- A**

47. Hyperprolactinaemia does not present as:  
a) Secondary Amenorrhoea.  
b) Primary Amenorrhoea.  
c) Precocious puberty.  
d) Delayed puberty.
48. Recurrent vulvovaginal candidiasis is defined as:  
a) Four or more episodes in a year.  
b) Five or more episodes in a year.  
c) When it recurs within 3 months of treatment.  
d) When it recurs within 6 months of treatment.
49. All are second generation endometrial ablation techniques, except:  
a) Microwave endometrial ablation.  
b) Thermal balloon ablation.  
c) Hydrothermal ablation.  
d) Roller Ball ablation.
50. Which of the following is a posterior sling surgery:  
a) Purandare's sling surgery.  
b) Khanna's Sling Surgery.  
c) Joshi's sling surgery.  
d) Both a and c.
51. Plication of uterosacral ligament and fixation to vaginal vault is called:  
a) Mc Call's culdoplasty.  
b) Moschowitz operation.  
c) Halban method.  
d) None of the above.
52. Osteitis is a complication of which of the following operations of UV Prolapse:  
a) Purandare's sling.  
b) Khanna's sling.  
c) Le Fort colpocleisis.  
d) Fothergill repair.
53. The principle of Burch colposuspension is:  
a) To attach the paravaginal fascia to the pectineal ligament.  
b) To attach the bladder neck to the pectineal line.  
c) To attach the bladder neck to the pectineal ligament.  
d) To attach the paravaginal fascia to the pectineal line.
54. The failure rate of OCP'S in the first year of correct and consistent use is:  
a) 0.5%  
b) 1.5%  
c) 0.3%  
d) 1.0%



55. Micronized progesterone used in hormone replacement therapy in comparison to synthetic progesterone:
- a) Have a better thromboembolic safety profile.
  - b) have a better cardiovascular safety profile.
  - c) Pose a higher risk of breast cancer.
  - d) Does not protect endometrium from mitogenic effect of estrogens.
- B
- 
56. The most sensitive imaging examination for depicting metastasis to the retroperitoneal lymph nodes in invasive cervical carcinoma is:
- a) PET
  - b) MRI
  - c) Integrated PET/CT
  - d) CT Scan.
- C
- 
57. How much is the percentage of risk of breast cancer in women in BRCA 1 or BRCA 2 Mutation:
- a) 30% - 40%
  - b) 5% - 10%
  - c) 56% - 87%
  - d) 40% - 50%
- C
- 
58. Most important tumour marker in Granulosa cell tumours is:
- a) CA- 125
  - b) Inhibin.
  - c) CA- 19.9
  - d) Carcino embryonic antigen.
- B
- 
59. What is the role of poly (ADP-ribose) polymerase (PARP) inhibitors in carcinoma of ovary:
- a) It targets defective DNA repair.
  - b) It is used in maintenance therapy.
  - c) It is used in platinum sensitive relapsed cases.
  - d) All of the above.
- D
- 
60. Office Hysteroscopy is defined as:
- i) 2.7 mm scope.
  - ii) No need of OT.
  - iii) Outer sheath of 5-5.5mm.
- which is correct**
- a) i, ii and iii
  - b) i and ii
  - c) i and iii
  - d) ii and iii
- B