

SECOND YEAR THEORY EXAM– Aug 2014
PAPER III – MATERNAL & CHILD HEALTH
QP CODE: 434013

TIME: THREE HOURS

MAXIMUM MARKS: 100

INSTRUCTIONS

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios (**40 marks**).
- **Part B** will have Objective type EMQs (**Extended Matching Questions**)(**60 marks**).
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English Alphabets **A, B, C, D** and so on.

Example:
3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(v)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

- ❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

3(i)	A
3(ii)	F
3(iii)	
3(iv)	
3(v)	
3(vi)	

- ❖ Each option may be used more than once. Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. 33 year old Mrs Swagatha, a primigravida at 12 weeks gestational age has come to you for antenatal checkup. She has conceived after 7 years of marriage after taking treatment for infertility. [Total: 20 Marks]

- A. What is the minimum number of antenatal visits you would recommend for Mrs. Swagatha and mention how they are spaced? (4 Marks)**
- B. List all the high risk pregnancy conditions you would like to look for in her.(4Marks)**
- C. Mention all the baseline investigations you would do for her during this first antenatal visit. (4 Marks)**
- D. When you examine Mrs. Swagatha, the uterine size is about 16 to 18 weeks size. Mention 2 conditions in which uterus may measure too big for the gestational age and 2 conditions in which uterus may measure too small for the gestational age.(4 marks)**
- E. You plan to do some screening tests taking into consideration her age. What is the significance of nuchal translucency test by ultrasound and what is the best time to do this test. What is the optimal time to do the GTT (Glucose Tolerance Test) in her and mention any 2 indications for doing GTT in pregnancy? (4 Marks)**

2. You are a Family Physician working in a District Hospital. You are placed in charge of the neonatal ward as the Pediatrician in on leave. [Total 20 Marks]

- A. On your first day, you are called to be present for a Caesarean section and the baby did not cry at birth. Draw a flow chart and explain the steps in Basic newborn resuscitation. (8 Marks)**
- B. By the time you finished resuscitating the baby, you get a call from the nursery informing you that a neonate is seizing. Name 4 causes of Neonatal convulsions. (4 Marks)**
- C. Your next challenge is to care for a neonate of weight 1.4 Kg. Name 4 complications that a Low birth weight (LBW) baby can have. (4 Marks)**
- D. List and explain 4 General principles of management of Low birth weight baby. (4 Marks)**

PART – B

EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

THEME: CONTRACEPTION [QUESTIONS. 1(i)-1(vi)] (Total: 6 Marks)

From the options ‘A to H’ given below, choose the best answer for the questions 1(i) – 1(vi)

Options :

- | | |
|-----------------------------------|---------------------------------------|
| A. Cu-T | F. Acute liver disease |
| B. Oral contraceptive Pill | G. Pelvic inflammatory disease |
| C. Combined pill | H. Condom |
| D. Progestin only pill | |
| E. Coitus interruptus | |

Questions:

1. (i) This method of contraception provides protection against sexually transmitted diseases also
- 1.(ii) This is a natural method of contraception
1. (iii) Among the contraception, this method has the highest failure rate
- 1.(iv) Among the contraception, this method has the lowest failure rate
- 1.(v) Contraindication specific for hormone releasing Intra uterine contraceptive device(IUCD) is
- 1.(vi) Mrs. Mala delivered 4 months back and she is breastfeeding her infant. She requests for an Oral contraceptive pill (OCP).The best OCP for her would be

2: THEME: CONTRACEPTION [QUESTIONS 2(i)-2(vi)] (Total: 6 Marks)

From the options ‘A to J’ given below, choose the best answers for the questions ‘2(i) –2(vi)’:

Options :

- | | |
|--|---|
| A. Artificial method of contraception | F. 2 nd generation IUCD |
| B. 1 st generation IUCD* | G. 3 rd generation IUCD |
| C. Copper-T | H. Nausea, breast tenderness |
| D. Lower abdominal pain and ectopic pregnancy | I. Headache & diarrhea |
| E. Natural method of contraception | J. Fever, jaundice |

*IUCD – Intra Uterine Contraceptive device

Questions:

- 2.(i) Newly married Mala wants to use basal body temperature monitoring method as a method of contraception. This method of contraception is a
- 2.(ii) Mrs. Kala has come to you 6 weeks postpartum. After discussing with her, she has agreed for a Cu-T insertion. Which generation of IUCD does Cu-T belong to?
- 2.(iii) Mrs. Xavier came to you asking for contraception. After discussion, she requested for Progestasert, a progesterone containing IUCD. Which generation of IUCD does this belong to?
- 2.(iv) Mrs. Lakshmi came to you for contraceptive advice. You were discussing about various IUCDs to her. Which generation of IUCD does Lippe’s loop belong to?
- 2.(v) The contraceptive device used in the treatment of Abnormal Uterine Bleeding (AUB) is _____
- 2.(vi) Newly wed Lily wanted to postpone her pregnancy. You advise her to take OCPs (Oral Contraceptive Pills) .The common side-effects of OCP are

3. THEME: MENSTRUAL IRREGULARITIES -DEFINITIONS [QUESTIONS 3(i)-3(vi)] (Total: 6 Marks)

From the options ‘A to H’ given below, choose the best answers for the questions 3i – 3vi’:

Options :

- | | |
|----------------------|--------------------|
| A. Hypo menorrhoea | F. Polymenorrhoea |
| B. Oligomenorrhoea | G. Polymenorrhagia |
| C. Crypto menorrhoea | H. Metrorrhagia |
| D. Menorrhagia | |
| E. Menometrorrhagia | |

Questions:

- 3(i). Mrs. Rosy is having cyclical bleeding every 28 days which is excessive in amount. Mrs. Rosy has
- 3(ii). Mrs. Kanchana is having cyclical bleeding every 20 days which is excessive and she needs to change around 10 pads/day. Mrs. Kanchana has
- 3(iii). 14 year old Manju has been brought by her mother with the complaints of lower abdominal pain lasting for 3-5 days every 30-45 days. This has been associated with retention of urine twice .She has all these symptoms for the past 6 months. Manju may be having

- 3(iv). Mrs. Gomathy is having heavy periods which is irregular and occurs in between the regular menstrual cycles. Mrs. Gomathy is having
- 3(v). Ms. Reena is having cycles once in 28 days but lasts for 1-2 days only. Ms. Reena has
- 3(vi). Mrs. Banu is having very irregular cycles, which are acyclical also (do not follow a regular pattern).Mrs. Banu has

4. THEME: MENSTRUAL IRREGULARITIES - DIAGNOSIS [QUESTIONS 4i-4vi]

(Total: 6 Marks)

From the options 'A to M' given below , choose the best answers for the questions '4(i) –4(vi)':

Options :

- | | |
|--------------------------------|-----------------------------------|
| A. Ectopic pregnancy | H. Do thyroid function test |
| B. Carcinoma cervix | I. Estimate the bone age |
| C. Pelvic inflammatory disease | J. Do FSH&LH levels |
| D. Less than | K. Dysfunctional uterine bleeding |
| E. More than | L. Ovarian carcinoma |
| F. Endometrial carcinoma | M. Equal to |
| G. Bleeding disorder | |

Questions:

- 4(i). 15 year old Selvi has been brought with menorrhagia with abnormal bleeding and clotting time. The most likely diagnosis is
- 4(ii). 65 year old Mrs. Mary presented to you with bleeding PV. Pelvic examination showed a uniformly enlarged uterus. The most likely diagnosis is
- 4(iii). 32 year old Mrs. Rajathi presented to you with excessive periods with foul smelling discharge PV. Her previous menstrual period was 1 month ago, which was normal and lasted for 3 days. On examination, cervical motion was tender. The most likely diagnosis is
- 4(iv). Ms. Karthiga was brought to you for the investigation of delayed puberty. You suspect constitutional delay in her and ordered an X-ray to calculate her bone age. In constitutional delay, bone age isthan the chronological age.
- 4(v). 15 year old Ms. Malar has been brought to you since she has not attained menarche so far. The first step in the evaluation of amenorrhea with delayed puberty is to
- 4(vi). You are investigating, 17 year old Sophi for delayed puberty with amenorrhoea. Her bone age is normal. Which investigation will you do next?

5. THEME: ANTENATAL CARE [QUESTIONS 5i-5iv]

(Total: 6 Marks)

From the options 'A to N' given below, choose the best answers for the questions '5i – 5vi':

Options :

- | | |
|------------------------------|--|
| A. 32 years or above | I. Estimation of gestational age |
| B. 140cm | J. 35 years or above |
| C. 30 years or above | K. 150 cm |
| D. Folic acid | L. Detecting the structural anomalies in the baby |
| E. Pyridoxine | M. 3 doses of Inj.TT |
| F. 145cm | N. Estimation of AFI** |
| G. 2 doses of Inj.TT* | |
| H. 1 dose of Inj.TT | |

*Tetanus Toxoid

** Amniotic Fluid Index

Questions:

- 5(i).** Mrs. Saroja's antenatal record mentions that she is an elderly primi. Her age must be
- 5(ii).** Mrs. Andal's antenatal record mentions that she is a short statured primi. Her height must be less than
- 5(iii).** The drug that is prescribed before conception and in the first trimester has been shown to prevent the occurrence of neural tube defects is
- 5(iv).** Mrs. Kandammal was fully immunised with Inj.TT during her 1st pregnancy and she delivered 6 years ago. This is her 2nd pregnancy and she needs
- 5(v).** Ultrasound done at 10-14 weeks of gestation is useful in
- 5(vi).** Ultrasound done at 20 weeks of gestation is useful in

6. THEME: STI-CASUATIVE ORGANISM [QUESTIONS 6(i)-6(vi)]

(Total: 6 Marks)

From the options 'A to F' given below choose the best answers for the questions '6(i) – 6(vi)':

Options :

- | | |
|---|--|
| A. Bacteriodes species | E. Chlamydia trachomatis(L1-3 serovans) |
| B. Calymmatobacterium granulomatis | F. Ureaplasma urealyticum |
| C. Haemophilus ducreyi | |
| D. Treponema pallidum | |

Questions:

- 6(i).** Mr. Kumar has come to you with a painless ulcer over his penis for the past 2 weeks. Since the base of the ulcer was hard and cartilaginous, you diagnosed it to be syphilis. The causative organism of syphilis is
- 6(ii).** Mr. Rajan, a truck driver has come to you with painful ulcers on his penis of 3 weeks duration. You examine him and diagnose him to have Chancroid. Which is the causative organism?
- 6(iii).** Mr. Gopal presents to with left sided inguinal bubo. He also gives history that he had an ulcer over his penis last week which is healed now. You diagnose that he has Lymphogranuloma Venerum. The causative organism of Lymphogranuloma Venerum is
- 6(iv).** Mr. Karthi presented to you with a genital ulcer. The technician informs you that Donovan bodies are present in the swab from the ulcer and you diagnose him to have Donovanosis. Which is the causative organism?
- 6(v).** Mrs. Saroja presented to you with dysuria. You diagnose her to have non gonococcal urethritis. One of the common organism that causes this condition is
- 6(vi).** Mrs. Gladys presented to you with abnormal white discharge PV. You diagnose her to have bacterial vaginosis. One of the common organism that causes this condition is

7. THEME: STI-TREATMENT [QUESTIONS 7(i) -7(vi)]

(Total: 6 Marks)

From the options 'A to H' given below, choose the best answers for the questions '7i – 7vi':

Options :

- | | |
|--|--|
| A. Inj.benzathine penicillin 2.4 Million units IM | E. T.Acyclovir 400 mg tid X7-10days |
| B. T.Azithromycin 1 gm stat | F. T.Metronidazole 500mg bdX7 days |
| C. T.Doxycycline 100mg bdX21 days | G. Cryotherapy |
| D. T.Cefixime 400mg single dose | H. 5% permethrin |

Questions:

- 7(i).** You diagnose Mrs. Kalpana who presented to you with white discharge PV to have Gonorrhoea. The treatment of choice for Mrs. Kalpana is
- 7(ii).** Mrs. Guna presented to you with white discharge PV. You diagnose her to have Chlamydial infection. The treatment of choice for her is
- 7(iii).** You diagnose Mr. Sekar who presented to you with inguinal bubo to have Lymphogranuloma Venerum (LGV). The treatment of choice for him is

- 7(iv). You diagnose Mr. Vinod who presented to you with genital ulcer with vesicles to have Herpes simplex infection. The treatment of choice for him is
- 7(v). You diagnose Mr. Kandan who presented to you with painful penile ulcer to have Chancroid. The treatment of choice for this condition is
- 7(vi). Mr. Kasim who presented to you with painless penile ulcer has been diagnosed to have Syphilis. The treatment of choice for Mr. Kasim is

8. THEME: VAGINAL DISCHARGE [QUESTIONS 8(i)-8(vi)] (Total: 6 Marks)

From the options 'A to H' given below, choose the best answers for the questions '8(i)-8(vi):

Options :

- | | |
|--------------------------|-----------------------------|
| A. Normal cervix | E. Vaginal candidiasis |
| B. Fibroid in the cervix | F. Bacterial Vaginosis |
| C. Trichomoniasis | G. Vaginitis |
| D. Cervicitis | H. Normal vaginal discharge |

Questions:

- 8(i). Mrs. Alagammal has intense itching with a cheesy curdy white discharge. The most likely diagnosis is
- 8(ii). On vaginal examination, the cervix of Mrs. Bhagat, who presented with vaginal discharge, looks pink, round and smooth. Mrs. Bhagat has
- 8(iii). 18 year old college student Ms. Kavitha came to you with vaginal discharge. On examination she has thin odourless mucus discharge. Ms. Kavitha has
- 8(iv). Mrs. Saroja came with history of purulent vaginal discharge with deep dyspareunia. The most likely diagnosis is
- 8(v). Mrs. Palaniammal presented with vaginal discharge .On examination, she has frothy greenish yellow discharge. The most likely diagnosis is
- 8(vi). Mrs. Lydia came with vaginal discharge. On examination, she has foul smelling, grey discharge with fishy odour. The most likely diagnosis is

9.-THEME: ANTENATAL CARE [QUESTIONS 9(i)-9(vi)] (Total: 6 Marks)

From the options 'A to L' given below, choose the best answers for the questions 9(i)-9(vi):

Options:

- | | |
|-------------------|----------------------|
| A. No | G. 6-8 kg |
| B. Decreased | H. Yes |
| C. Iron injection | I. 10-12 kg |
| D. I trimester | J. Blood transfusion |
| E. 16-20 weeks | K. II trimester |
| F. Increased | L. 24-28 weeks |

Questions:

- 9(i).** Rohini an antenatal woman was told by her grandmother not to eat well since if she and the baby put on more weight, the labour would be difficult. Rohini is asking you the average weight gain during a normal pregnancy. The right answer is
- 9(ii).** Mrs. Kokila an antenatal woman was told by a doctor to have ultrasound done at least once in every 2 months to check the normal fetal growth. Since you are the famous GP in that area, she has come to you for a second opinion. Does she need ultrasound at this frequency?
- 9(iii).** You diagnosed Parvathy to have hypothyroidism 5 years back and she is on regular treatment with you and her hypothyroidism is well under control. She got married 6 months ago and now is pregnant and has come for antenatal checkup. The dose of eltroxin needs to be _____ for Mrs. Parvathy during pregnancy.
- 9(iv).** Mrs. Kala presents to you at 38 weeks of gestation for the 1st time. She is very pale and her Hb is 6gm%. Mrs. Kala needs
- 9(v).** Mrs. Roshini has missed her periods and has done a urine pregnancy test in a lab which is positive. Since you are the Family Physician in that area, she has come to you for the antenatal care. She is not sure of her dates. The ideal time to do ultrasound to estimate the gestational age would be in the _____
- 9(vi).** Mrs. Sita is a 2nd gravida come to you for antenatal care. Since her first child has a cleft lip, she is anxious and requesting an ultrasound. The ideal time to do ultrasound to rule out structural anomaly is _____

10. THEME: NEWBORN CARE [QUESTIONS 10(i)-10(vi)]

From the options 'A to I' given below, choose the best answers for the questions 10(i)-10(vi)

Options:

- | | |
|---------------------|----------------------------|
| A. Cephalhaematoma | D. Edward syndrome |
| B. Erythema toxicum | E. Serious condition |
| C. Down's syndrome | F. Physiological condition |

- G. Non serious condition
- H. Pathological condition

I. Klinefelters Syndrome

Questions:

- 10(i). Mrs. Gomathy's 3 day old baby is having jaundice. This baby has a _____
- 10(ii). Mrs. Selvi delivered 24 hours back. Her baby is having jaundice. This baby may have a _____
- 10(iii). Erythema toxicum which is a skin rash is a _____ seen in the newborn babies.
- 10(iv). This is one of the causes for jaundice in a newborn
- 10(v). Mrs. Gladys's 2 day old baby has subconjunctival haemorrhage. This is a _____ in a newborn.
- 10(vi). Downward slant of eyes in the newborn is suggestive of _____
