April-2001

[KD 110] **Sub. Code : 2007**

M.D. DEGREE EXAMINATION.

(Revised Regulations)

Branch II — Obstetrics and Gynaecology

Part II

Paper I — OBSTETRICS INCLUDING NEONATOLOGY

Time : Three hours Maximum : 100 marks

Answer ALL questions.

1. A primi gravida presents with breech presentation at 34 weeks of pregnancy. How do you manage her pregnancy and labour? (25)

2. Discuss the management of IUGR. (25)

3. Write short notes on : (5 × 10 = 50)

   (a) Internal iliac artery ligation.

   (b) Induction of labour.

   (c) Management of shoulder dystocia.

   (d) Incompetent cervix.

   (e) Deep transverse arrest.

November-2001

[KE 110] **Sub. Code : 2007**

M.D. DEGREE EXAMINATION.

(Revised Regulations)

Branch II — Obstetrics and Gynaecology

Part II

Paper I — OBSTETRICS INCLUDING NEONATOLOGY

Time : Three hours Maximum : 100 marks

Answer ALL questions.

1. Describe the causes diagnosis and plan of management in a patient with occipitoposterior position baby during labour. (25)

2. Critically evaluate the various modes of management available to treat a case of eclampsia at 30 weeks of pregnancy. (25)

3. Short notes on : (5 × 10 = 50)

(a) Teratogenesis in diabetic pregnancy.

(b) Treatment of septic abortion.

(c) Acute anaemic crisis during delivery.

(d) Management of newborn of a uncontrolled diabetic mother.

(e) Role of Doppler in obstetrics.

March-2002

[KG 110] **Sub. Code : 2007**

M.D. DEGREE EXAMINATION.

(Revised Regulations)

Branch II — Obstetrics and Gynaecology

Part II

Paper I — OBSTETRICS INCLUDING NEONATOLOGY

Time : Three hours - Maximum : 100 marks

Answer ALL questions.

1. Discuss the modern management of pre eclampsia and eclampsia? (25)

2. How do you predict and prevent preterm labour? (25)

3. Write short notes on : (5 × 10 = 50)

   (a) HELLP Syndrome.

   (b) Amniocentesis.

   (c) Birth trauma.

   (d) Puerperal pyrexia.

   (e) Assessment of cephalo pelvic disproportion.

September-2002

[KH 110] **Code : 2007**

M.D. DEGREE EXAMINATION.

(Revised Regulations)

Branch II — *Obstetrics and Gynaecology*

Part II

Paper I — OBSTETRICS INCLUDING NEONATOLOGY

Time : Three hours Maximum : 100 marks

Answer ALL questions.

1. Discuss management of post term pregnancy. (25)

2. Discuss complications and management of "Neglected transverse lie". (25)

3. Write short notes on : (5 × 10 = 50)

   (a) Undiagnosed occipito posterior

   (b) Pregnancy with prolapse

   (c) Pudendal block

   (d) Neonatal syphilis

   (e) Indication for hormone replacement therapy.

April-2003

[KI 110] **Sub. Code : 2007**

M.D. DEGREE EXAMINATION.

(Revised Regulations)

Part II

Branch II — Obstetrics and Gynaecology

Paper I — OBSTETRICS INCLUDING NEONATOLOGY

Time : Three hours Maximum : 100 marks

Answer ALL questions.

1. How do you diagnose and manage a case of right occipito posterior position? (25)

2. How do you prevent and manage sepsis as a cause of maternal mortality? (25)

3. Short notes on : (5 × 10 = 50)

(a) Problems of repeat caesarean section

(b) Meconium aspiration syndrome

(c) Amniotic fluid

(d) Management of eclampsia

(e) Icterus gravis neonatorum .

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[KJ 110] **Sub. Code : 2007**

M.D. DEGREE EXAMINATION.

(Revised Regulations)

Part II

Branch II — Obstetrics and Gynaecology

Paper I — OBSTETRICS INCLUDING NEONATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

M.C.Q. must be answered **SEPARATELY** on the answer sheet provided as per the instructions on the first page of M.C.Q. Booklet.

Answer ALL questions.

Draw suitable diagrams wherever necessary.

Essays : (2 × 15 = 30)

1. Define postpartum haemorrhage. Write the causes, diagnosis and management of postpartum haemorrhage.

2. What is foetal growth retardation? Write the etiology diagnosis and management of foetal growth retardation. What are its antepartum and neonatal complications?

3. Short answers : (10 × 5 = 50)

(a) Retroverted gravid uterus.

(b) Outlet forceps.

(c) Partogram.

(d) Management of any one cause of jaundice in pregnancy.

(e) Non-stress tests.

(f) Prostaglandins.

(g) Non Hydrops fetalis.

(h) Hydrocephalus.

(i) APGAR score.

(j) Ext. cephalic version.

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[KK 110] **Sub. Code : 2007**

M.D. DEGREE EXAMINATION.

(Revised Regulations)

Part II

Branch II — Obstetrics and Gynaecology

Paper I — OBSTETRICS INCLUDING NEONATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

Draw suitable diagrams wherever necessary.

A. Write essays on : (2 × 15 = 30)

(1) Discuss the differential diagnosis and management of a multigravida presenting with antepartum haemorrhage at 34 weeks of gestation.

(2) Discuss the current concepts in the management of multiple pregnancy.

B. Write short notes on : (10 × 5 = 50)

(1) Fetal outcome in breech delivery

(2) Methods and risks of induction of labour

(3) Anencephaly

(4) Complications of pregnancy induced hypertension

(5) Prevention of puerperal sepsis

(6) Post maturity

(7) Jaundice in the new born

(8) Low birth weight baby

(9) Management of hydramnios

(10) External cephalic version.

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[KM 110] **Sub. Code : 2007**

M.D. DEGREE EXAMINATION.

(Revised Regulations)

Part II

Branch II — Obstetrics and Gynaecology

Paper I — OBSTETRICS INCLUDING NEONATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

Draw suitable diagrams wherever necessary.

I. Essays : (2 × 15 = 30)

(1) What are the clinical and radiological features of CPD due to contracted pelvis? How will you manage a case of borderline inlet contraction?

(2) A patient is brought to casualty with retained placenta. What are the causes and how will you manage the case?

II. Short answers : (10 × 5 = 50)

(a) Shoulder dystocia.

(b) Cephalohematoma.

(c) Epidural analgesia for labour.

(d) Suppression of lactation.

(e) Status eclampticus.

(f) Internal iliac artery ligation.

(g) Glucose challenge test in pregnancy.

(h) New born of a diabetic mother.

(i) Management of aftercoming head in breech delivery.

(j) Battledore placenta.

[KO 110] **Sub. Code : 2007**

M.D. DEGREE EXAMINATION.

Branch II — Obstetrics and Gynaecology

OBSTETRICS INCLUDING NEONATOLOGY

Time : Three hours **Maximum : 100 marks**

Theory : Two hours and forty minutes **Theory : 80 marks**

M.C.Q. : Twenty minutes **M.C.Q. : 20 marks**

Answer ALL questions.

Draw suitable diagrams wherever necessary.

I. Essay questions : (2 × 15 = 30)

(1) List the causes of acquired coagulopathy and treatment of each cause.

(2) Management of heart disease with pregnancy.

II. Short notes : (10 × 5 = 50)

(a) Amniotic fluid embolism

(b) Contraception in epileptic patient

(c) Breast milk suppression

(d) Medico legal aspect of obstetric practice

(e) Meconium aspiration syndrome in the newborn

(f) Oligohydramnios

(g) Treatment of puerperal venous thrombosis

(h) External features of IUGR baby

(i) Causes of secondary postpartum haemorrhage.

(j) Postpartum thyroiditis.

[KP 110] **Sub. Code : 2007**

M.D. DEGREE EXAMINATION.

(Revised Regulations)

Part II

Branch II — Obstetrics and Gynaecology

Paper I — OBSTETRICS INCLUDING NEONATOLOGY

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

Draw suitable diagrams wherever necessary.

I. Essay questions :

(1) Diagnosis and management of multiple pregnancy. (20)

(2) List and discuss the causes of sudden post partum collapse. (15)

(3) Role of destructive operation in modern obstetrics. (15)

II. Short notes : (6 × 5 = 30)

(a) Preconceptional counselling.

(b) Caesarean for dead baby.

(c) Investigations for IUGR baby.

(d) Thalassaemia in pregnancy.

(e) Jaundice in pregnancy.

(f) Management of the baby born to syphitic woman.

[KQ 107] **Sub. Code : 2007**

M.D. DEGREE EXAMINATION.

Branch II — Obstetrics And Gynaecology

OBSTETRICS INCLUDING NEONATOLOGY

Common to

Part II — Paper I — (Old/New/Revised Regulations)

(Candidates admitted from 1988–89 onwards)

and

Paper II (for candidates admitted from 2004–2005 onwards)

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes — Theory : 80 marks

M.C.Q. : Twenty minutes — M.C.Q. : 20 marks

Answer ALL questions.

Draw suitable diagrams wherever necessary.

I. Essay Questions :

1. Describe the carbohydrate metabolism in pregnancy. Discuss the management of diabetic pregnancy and labour. (20)

2. Discuss the problem of drug usage in pregnancy. Mention the effects in foetal development and congenital abnormalities. (15)

3. Evaluate the role of instrumental deliveries in present obstetric practice. (15)

II. Short notes : (6 × 5 = 30)

(a) Placental types

(b) Cervical incompetence

(c) Lactation

(d) Foetal circulation

(e) Anticoagulants in pregnancy

(f) Malaria in pregnancy.

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[KR 109] **Sub. Code : 2006**

M.D. DEGREE EXAMINATION.

Branch II — Obstetrics and Gynaecology

OBSTETRICS INCLUDING NEONATOLOGY

Common to

Part II — Paper I — (Old/New/Revised Regulations)

(Candidates admitted from 1988-89 onwards)

and

Paper II (for candidates admitted from 2004-2005 onwards)

Time : Three hours Maximum : 100 marks

Theory : Two hours and forty minutes Theory : 80 marks

M.C.Q. : Twenty minutes M.C.Q. : 20 marks

Answer ALL questions.

I. Essay questions :

(1) 24 yr old Primigravida had come to OPD with history of 8 months amenorrhoea and complaints of odema feet, puffiness of face 15 days, B.P. 160/100 mm of Hg. Uterus – 28 wks, FH good. Discuss the management till delivery. (20)

(2) Discuss the management of Macrosomic foetus during antenatal, intrapartum and post natal period. (15)

(3) 28 yr old gr II para I term with placenta previa type - I has come in active labour, with head at o station, ARM done, pt.had fresh bleeding in spurts and drop in foetal heart, no evidence of RPC. What is the diagnosis, how will you confirm and discuss the management? (15)

II. Short notes : (6 × 5 = 30)

(a) Management of labour in Twins 1st cephalic, 2nd transverse lie with dorsum posterior.

(b) Cephalhaematoma.

(c) Post partum fits D.D. and Investigations.

(d) Secondary arrest of labour.

(e) Dysmature baby

(f) Intra uterine transfusion.

MARCH 2008

[KS 109] **Sub. Code : 2006**

M.D. DEGREE EXAMINATION.

Branch II — Obstetrics and Gynaecology

OBSTETRICS INCLUDING NEONATOLOGY

Common to

Part II – Paper I — (Old/New/Revised Regulations)

(Candidates admitted upto 2003–2004)

and

Paper II (For candidates admitted from 2004–2005 onwards)

Q. P. Code : 202006

Time : Three hours Maximum : 100 marks

Answer ALL questions.

I. Long Essay : (2 × 20 = 40)

1. Safe motherhood.
2. An antenatal mother from rural area, Primi with full term attends labour room in active labour with over distension of uterus. How do you manage at different levels of health care system?

II. Short notes : (10 × 6 = 60)

1. Resuscitation of a newborn baby.
2. Interspinous diameter of maternal pelvis.
3. HELLP syndrome.
4. Causes for white discharge in a pregnant woman and its management.
5. Still birth.
6. Post partum convulsions.
7. Birth trauma.
8. III° perineal tear.
9. Care of a newborn child of a HIV +ve woman.
10. VBAC (Vaginal Birth After Caesarean Section).

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September 2008

[KT 109] **Sub. Code: 2006**

M.D. DEGREE EXAMINATION

BRANCH II –OBSTETRICS AND GYNAECOLOGY

OBSTETRICS INCLUDING NEONATOLOGY

Common to

Part II – Paper I – (Old/New/Revised Regulations)
(Candidates admitted upto 2003-04 onwards)
and
Paper II – (For candidates admitted from 2004-05 onwards)

Q.P. Code : 202006

Time : Three hours **Maximum : 100 marks**

Draw suitable diagram wherever necessary.
Answer ALL questions.

I. Essay questions : **(2 X 20 = 40)**

1. Describe Diagnosis and management of occipitoposterior position.
2. Discuss the current concepts of diagnosis and management of pregnancy induced hypertension.

II. Write short notes on : **(10 X 6 = 60)**

1. Diagnosis and management of Acute inversion of uterus.
2. Convulsions in new born.
3. Least pelvic dimension and its significance in obstetrics.
4. Various methods use to deliver after coming head in breech presentation.
5. Prophylactic forceps.
6. Management of twin pregnancy in labour.
7. Apgar score.
8. Current technic of clinical assessment of foetal growth.
9. Antiphospholipid antibodies and its adverse pregnancy outcome.
10. Describe clinical methods to asses CPD.

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March 2009

[KU 109] **Sub. Code: 2006**

M.D. DEGREE EXAMINATION

Branch II – OBSTETRICS AND GYNAECOLOGY
Common to
Part II – Paper I – (Candidates admitted upto 2003-04 onwards) and
Paper II – (For candidates admitted from 2004-05 onwards)

OBSTETRICS INCLUDING NEONATOLOGY
Q.P. Code : 202006

Time : Three hours **Maximum : 100 marks**

Draw suitable diagram wherever necessary.
Answer ALL questions.

I. Essay questions : **(2 x 20 = 40)**

1. Classify heart disease complicating pregnancy. How do you diagnosis and manage a case of rheumatic heart disease complicating pregnancy?

2. Discuss the problems of vaginal birth after cesarean section and how do you conduct the delivery?

II. Write short notes on : **(10 x 6 = 60)**

1. Diagnosis and management of acute inversion of uterus.
2. Prophylactic forceps.
3. Management of HELLP syndrome.
4. Asphyxia neonatorum.
5. Evaluate methods of delivery of after coming head in breech presentation.
6. APGAR score.
7. Discuss clinical methods to assess CPD.
8. Role of Doppler in obstetrics.
9. Neonatal jaundice.
10. Indications and advantages of surgical methods of induction of labour.

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September 2009

[KV 109] **Sub. Code: 2006**

M.D. DEGREE EXAMINATION

Branch II – OBSTETRICS AND GYNAECOLOGY
Common to
Part II – Paper I – (Candidates admitted upto 2003-04 onwards) and
Paper II – (For candidates admitted from 2004-05 onwards)

OBSTETRICS INCLUDING NEONATOLOGY
Q.P. Code : 202006

Time : Three hours **Maximum : 100 marks**

Draw suitable diagram wherever necessary.
Answer ALL questions.

I. Essay questions : **(2 x 20 = 40)**

1. Antenatal importance and approach to a patient in teaching institute.

2. Discuss the management of Eclampsia complicating pregnancy at 34 weeks gestation.

II. Write short notes on : **(10 x 6 = 60)**

1. Meconium aspiration syndrome.
2. Deep transverse arrest.
3. Baby friendly hospital.
4. Erythroblastosis foetalis.
5. Biophysical profile.
6. Active management of third stage of labour.
7. Couvelaire uterus.
8. Management of premature baby of 1.8 kg.
9. Vacuum delivery.
10. Hyperemesis gravidarum.

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