OBSTETRICS AND GYNAECOLOGY
PAPER – II

Time : 3 hours
Max. Marks : 100

IMPORTANT INSTRUCTIONS

- This question paper consists of 10 questions divided into Part ‘A’ and Part ‘B’, each part containing 5 questions.
- Answers to questions of Part ‘A’ and Part ‘B’ are to be strictly attempted in separate answer sheet(s) and the main + supplementary answer sheet(s) used for each part must be tagged separately.
- Answers to questions of Part ‘A’ attempted in answer sheet(s) of Part ‘B’ or vice versa shall not be evaluated.
- Answer sheet(s) of Part ‘A’ and Part ‘B’ are not to be tagged together.
- Part ‘A’ and Part ‘B’ should be mentioned only on the covering page of the respective answer sheet(s).
- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

PART A

Write short notes on:

1. a) Diagnosis of unruptured tubal ectopic pregnancy.  
   b) Expectant management for unruptured tubal ectopic pregnancy.  
   c) Persistent trophoblastic activity following management of ectopic pregnancy.

2. a) Define perinatal mortality? How is it calculated?  
   b) Enumerate causes of perinatal deaths.  
   c) Outline the recommended evaluation procedures for a woman with still birth.

3. a) What are the fetal anatomical parameters to be evaluated in a second trimester fetal anomaly detection scan?  
   b) Enumerate neural tube defects of fetus.  
   c) How will you manage subsequent pregnancy with prior history of Neural tube defect fetus?

4. a) Screening protocols for Gestational Diabetes Mellitus (GDM).  
   b) Role of oral hypoglycemic agents in the management of GDM.  
   c) Management of diabetic ketoacidosis during pregnancy.

5. a) Causes of cervical insufficiency.  
   b) Post operative management following circlage operation.  
   c) Abdominal circlage operation.

P.T.O.