National Board of Examinations

Question Paper Name :	DNB Obstetrics and Gynaecology Paper4
Subject Name :	DNB Obstetrics and Gynaecology Paper4
Creation Date :	2023-04-27 21:17:42
Duration :	180
Share Answer Key With Delivery Engine :	No
Actual Answer Key :	No

DNB Obstetrics and Gynaecology Paper4

Group Number :	1
Group Id :	327187592
Group Maximum Duration :	0
Group Minimum Duration :	180
Show Attended Group? :	No
Edit Attended Group? :	No
Group Marks :	100
Is this Group for Examiner? :	No
Examiner permission :	Cant View
Show Progress Bar? :	No

DNB Obstetrics and Gynaecology Paper4

Section Id :	327187595
Section Number :	1
Section type :	Offline

Mandatory or Optional :	Mandatory
Number of Questions to be attempted :	10
Section Marks :	100
Enable Mark as Answered Mark for Review and Clear Response :	Yes
Maximum Instruction Time :	0
Sub-Section Number :	1
Sub-Section Id :	327187599
Question Shuffling Allowed :	No
Is Section Default? :	null

Question Number : 1 Question Id : 3271875002 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

a) Discuss the advances in imaging modalities for gynecologic malignancies. [5]
b) HIFU. [5]

Question Number : 2 Question Id : 3271875003 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

a) What is preimplantation genetic testing? [5]

b) ICMR Guidelines for Surrogacy in India. [5]

Question Number : 3 Question Id : 3271875004 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

a) Discuss the management of Obstetrics anal sphincter injury syndrome (OASIS). [5]

Question Number : 4 Question Id : 3271875005 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

a) What is OHSS? Discuss its prevention and management. [5]

b) Describe the role of Assisted Reproductive Technology in unexplained infertility women. [5]

Question Number : 5 Question Id : 3271875006 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

a) What are the causes of recurrent pregnancy loss? [3]

b) Describe the management of a woman with history of recurrent pregnancy loss. [7]

Question Number : 6 Question Id : 3271875007 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

a) Pradhanmantri Surakshit Matritva Abhiyan. [5]

b) NACO new technical Guidelines for prevention of mother to child transmission of HIV. [5]

Question Number : 7 Question Id : 3271875008 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Robson's criteria for cesarean section. [5]
- b) Indications of TOLAC and monitoring of a case of previous LSCS in labour. [5]

Question Number : 8 Question Id : 3271875009 Question Type : SUBJECTIVE Consider As

Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0 Correct Marks : 10

a) Amniocentesis. [5]

b) Intrauterine transfusion. [5]

Question Number : 9 Question Id : 3271875010 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Immunisation during pregnancy. [5]
- b) Role of stem cell therapy. [5]

Question Number : 10 Question Id : 3271875011 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

a) Discuss the staging of twin-twin transfusion syndrome and management options. [5]

b) Ventriculomegaly in fetus - causes and management. [5]