

**HIGH RISK PREGNANCY & PERINATOLOGY****THEORY PAPER****Time : 3 hours****Max. Marks : 100****Attempt all questions in order.****Each question carries 10 marks.****Write short notes on:**

1. Critically discuss the diagnosis and management of Symmetrical IUGR versus - Asymmetrical IUGR. 10
2. A 26-year-old primigravida, at 16 weeks of gestation has come to you for advice. She gives history of contact with a case of chicken pox. Outline management of this case. 10
3. a) Sub clinical hypothyroidism during pregnancy. 5+5  
b) Non-immune hydrops at 28 weeks of gestation.
4. a) Management of pregnant women with short cervical length (<2.5 cm) at 19 weeks of gestation. 5+5  
b) Strategies you will adopt to decrease incidence of Caesarean Section in your hospital.
5. Critically discuss management of pregnant woman with: 5+5  
a) USG diagnosis of Congenital Pulmonary Airway Malformation (CPAM) at 22 weeks of gestation.  
b) Raised levels of maternal serum  $\alpha$ -Fetoprotein with anterior abdominal wall defect in fetus at 16 weeks of pregnancy.
6. a) Seizures in newborn. 4+3+3  
b) Jaundice in newborn after 48 hours of delivery.  
c) Vaccination to newborn at birth and up to 6 weeks after birth.
7. a) Post-partum care including contraception of women who has just delivered. She gives history of Cerebral venous thrombosis following delivery 2 year back. 5+5  
b) Shoulder dystocia – How will you manage?
8. Outline the management protocol for 28-year-old G<sub>2</sub>P<sub>1</sub>L<sub>1</sub> with 30 weeks of pregnancy, admitted to ward with Hb-8 gm% and thrombocytopenia (platelet count of 30,000 per mm<sup>3</sup>). 10
9. Discuss aetiology and diagnosis of cardiomyopathy during pregnancy. Management protocol for acute cardiogenic shock due to cardiomyopathy. 10
10. a) NIPT (Non-invasive Pre-natal Test). 4+6  
b) Audit in Obstetrics.

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