

# National Board of Examinations

<b>Question Paper Name :</b>	DNB Obstetrics and Gynaecology Paper2
<b>Subject Name :</b>	DNB Obstetrics and Gynaecology Paper2
<b>Creation Date :</b>	2024-10-18 15:26:22
<b>Duration :</b>	180
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## DNB Obstetrics and Gynaecology Paper2

<b>Group Number :</b>	1
<b>Group Id :</b>	3271872770
<b>Group Maximum Duration :</b>	0
<b>Group Minimum Duration :</b>	180
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<b>Break time :</b>	0
<b>Group Marks :</b>	100

## DNB Obstetrics and Gynaecology Paper2

<b>Section Id :</b>	3271872773
<b>Section Number :</b>	1
<b>Section type :</b>	Offline
<b>Mandatory or Optional :</b>	Mandatory
<b>Number of Questions :</b>	10
<b>Number of Questions to be attempted :</b>	10
<b>Section Marks :</b>	100
<b>Maximum Instruction Time :</b>	0
<b>Sub-Section Number :</b>	1
<b>Sub-Section Id :</b>	3271872777
<b>Question Shuffling Allowed :</b>	No

**Question Number : 1 Question Id : 32718728984 Question Type : SUBJECTIVE Consider As Subjective : Yes**

**Correct Marks : 10**

Please write your answers in the answer booklet within the allotted pages as follows:-

Question Number	Answer to be attempted within	Question Number	Answer to be attempted within
Q. 1	Page 1-5	Q. 6	Page 26-30
Q. 2	Page 6-10	Q. 7	Page 31-35
Q. 3	Page 11-15	Q. 8	Page 36-40
Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

1. a) Discuss the diagnosis of unruptured ectopic pregnancy. [4]  
b) A 30-year-old G2P0+1 is 11 days overdue and asymptomatic. She has reported in your OPD with endometrial thickness 8 mm on trans-vaginal sonography and beta HCG 836 IU/L. Discuss her management. [6]

**Question Number : 2 Question Id : 32718728985 Question Type : SUBJECTIVE Consider As Subjective : Yes**

**Correct Marks : 10**

- a) Discuss the pathogenesis of Rh-isoimmunization. [4]  
b) A G3P1+1 whose blood group is B negative presents in your antenatal OPD at 26 weeks. She has never received any anti-D injection. Discuss her management. [6]

**Question Number : 3 Question Id : 32718728986 Question Type : SUBJECTIVE Consider As Subjective : Yes**

**Correct Marks : 10**

- a) Discuss the causes of recurrent abortions. [4]  
b) Discuss indications of cervical cerclage. [3]  
c) How will you manage cervical incompetence in a woman with history of previous 2 second trimester abortions? [3]

**Question Number : 4 Question Id : 32718728987 Question Type : SUBJECTIVE Consider As Subjective : Yes**

**Correct Marks : 10**

- a) Discuss the possible antepartum, intrapartum and postpartum complications in a 35 year old primigravida with a BMI of 36.8 kg/m<sup>2</sup>. [6]  
b) What additional precautions will you take in the postpartum period in this patient? [4]

**Question Number : 5 Question Id : 32718728988 Question Type : SUBJECTIVE Consider As Subjective : Yes**

**Correct Marks : 10**

- a) Discuss the medical methods of induction of labour. [4]  
b) How will you select a G2P1+0 at 38 weeks with previous LSCS done 4 years back for TOLAC? [6]

**Question Number : 6 Question Id : 32718728989 Question Type : SUBJECTIVE Consider As Subjective : Yes**

**Correct Marks : 10**

- a) Discuss the management of a 28-year-old primigravida at 33 weeks gestation with BP 150/110 mmHg. [6]
- b) What will you do to predict and prevent pre-eclampsia in the next pregnancy? [4]

**Question Number : 7 Question Id : 32718728990 Question Type : SUBJECTIVE Consider As Subjective : Yes**

**Correct Marks : 10**

- a) Discuss the causes of uterine subinvolution. [4]
- b) Briefly discuss the sepsis six care bundle. [6]

**Question Number : 8 Question Id : 32718728991 Question Type : SUBJECTIVE Consider As Subjective : Yes**

**Correct Marks : 10**

- a) Briefly discuss fetal surveillance in a primigravida admitted at 31 weeks gestation with fetal growth restriction. [6]
- b) How will you monitor and manage a small for gestational age neonate after delivery? [4]

**Question Number : 9 Question Id : 32718728992 Question Type : SUBJECTIVE Consider As Subjective : Yes**

**Correct Marks : 10**

- a) What is trial of forceps? [2]
- b) Discuss the causes and management of failed forceps delivery. [4]
- c) How will you diagnose and manage cephalhematoma in a neonate following instrumental vaginal delivery? [4]

**Question Number : 10 Question Id : 32718728993 Question Type : SUBJECTIVE Consider As Subjective : Yes**

**Correct Marks : 10**

- a) What is maternal collapse? [2]
- b) Discuss the important causes of maternal collapse in pregnancy. [3]
- c) Briefly outline management of maternal collapse in a G2P1+0 at 34 weeks gestation. [5]