

South Zone Yuva FOGSI Quiz- BSOG Round 17.2.19 KMC Auditorium

Theme: Emergency Obstetric Care

100 marks

Name:

Institution:

Mobile number:

Email id:

Welcome to the South Zone FOGSI Usha Krishna Quiz 2019 - BSOG Round!

50 questions are to be answered in 30 minutes. Tick the right answer. Scratching and overwriting will get a negative marking even if the final answer is right. Each correct answer gets 2 marks and a wrong one gets a negative marking of minus 1. The top 2 scorers will represent BSOG in South Zone Yuva FOGSI 2019 in Coimbatore between 29th-31st March 2019. The decision of the Quiz Master is final.

Happy Quizzing!!!

1. Multigravida, epidural in situ, just had a low forceps delivery of twin 1 for prolonged second stage. On abdominal palpation, twin 2 is oblique with head in RIF, FHR 80 bpm. Moderate PV bleeding seen. Best management is:

- a. LSCS
- b. ECV, ARM, Ventouse
- c. Internal podalic version, ARM, breech extraction
- d. Internal cephalic version, ARM, breech extraction
- e. ECV, ARM, encourage mother to push hard

2. The only stitch that may be used both pre-conceptionally and during pregnancy

- a. TACIC (Transabdominal cervico- isthmic-cerclage)
- b. Lash operation
- c. Mann cerclage
- d. Page wrapping technique

3. What is the commonest cause of prolonged first stage of labour?

- a. CPD
- b. Malposition
- c. Inefficient uterine action
- d. Malpresentation
- e. Pelvic abnormalities

4. Internal iliac artery ligation to control PPH is done _____ cm from the bifurcation of the common iliac artery

- a. 1-2cm
- b. 10cm
- c. 5-6 cm
- d. 3-4cm

5. Complication least seen in an outlet forceps delivery is

- a. Complete perineal tear
- b. Vulval hematoma
- c. Extension of episiotomy
- d. Cervical tear

6. The perforation site in craniotomy in a brow presentation of a dead fetus is

- a. Roof of orbit
- b. Parietal bone
- c. Frontal bone**
- d. Anterior fontanelle

7. For caesarean delivery, level of sensory block should be upto

- a. T4 dermatome**
- b. T6 dermatome
- c. T5 dermatome
- d. T3 dermatome

8. Diagnostic criteria for primary abdominal pregnancy

- a. Spiegelberg criteria
- b. Rubin's criteria
- c. Wrigley criteria
- d. Studdiford's criteria**

9. Acute loss of 10% of blood loss volume usually necessitates replacement with:

- a. IV Replacement fluids**
- b. Whole blood
- c. Packed RBC
- d. FFP

10. This incision has the least blood loss

- a. Pfannenstiel
- b. Myerscough
- c. Maylard's
- d. Joel-Cohen**

11. In women in whom Asthma worsened in pregnancy, increase in asthma symptoms were usually seen in the

- a. 1st trimester
- b. 2nd trimester
- c. 3rd trimester**
- d. In the puerperium

12. What complication can be seen when Indomethacin is used for tocolysis longer than 72 hours?

- a. Oligoamnios**
- b. Placental Abruption
- c. Neonatal necrotizing Enterocolitis
- d. Neonatal Intraventricular haemorrhage

13. Newborns delivered after placental abruptions are specifically at risk for

- a. HIE
- b. SIDS**
- c. NE
- d. ICH

14. Which congenital heart defect is associated most often with paradoxical embolism?

- a. Fallots tetralogy
- b. ASD**
- c. PDA
- d. Coarctation of Aorta

15. With regard to shoulder dystocia, which statement is true?

- a. 50% occurs in babies weighing less than 4 kgs**
- b. It occurs due to obstruction at the pelvic outlet
- c. It is definitely a preventable condition
- d. Lovset's method is used to deliver the shoulders

16. Which tocolytic drug has the strongest association with the development of pulmonary edema in obstetrical patients?

- a. Atosiban
- b. Terbutaline**
- c. Indomethacin
- d. Magnesium sulphate

17. A patient with mitral stenosis in labour is on a beta-blocker. What complication is the prophylactic beta-blocker trying to prevent in this patient?

- a. Hypertension
- b. Mural thrombus formation
- c. Tachycardia leading to pulmonary edema**
- d. Left ventricular hypertrophy and dilatation

18. The following cardiac conditions can cause sudden death except

- a. MVP with ventricular fibrillation
- b. Aortic Stenosis
- c. Hypertrophic Cardiomyopathy with Arrhythmia
- d. Aortic Incompetence**

19. Most common cause for fetal death in monoamniotic twins is

- a. Umbilical cord entanglement**
- b. Congenital anomalies
- c. Preterm birth
- d. Twin-twin transfusion syndrome

20. Direct causes of Maternal Mortality are all except:

- a. Haemorrhage
- b. Anaemia**
- c. Eclampsia
- d. Infections
- e. Obstructed Labour

21. All of the following are complications of beta-mimetics for tocolysis except:

- a. Hypokalaemia
- b. Hyperglycaemia
- c. Chest pain
- d. Hyponatraemia**

22. WHO recommends a minimum of four ANC visits. Pick the incorrect one

- a. First visit: On confirmation of pregnancy
- b. Second visit: 20-28 weeks
- c. Third visit: 34-36 weeks
- d. Fourth visit: after delivery**

Fourth visit: Before expected date of delivery or when the pregnant woman feels she needs to consult health worker

23. The following are all EmOC Indicators except one:

- a. There should be at least one Comprehensive EmOC Facility for every 500,000 population
 - b. At least 25% of all births in the community should take place in the EmOC Facilities**
 - c. 100% of women with obstetric complications should be treated in the EmOC Facilities
 - d. C.S should be a minimum of 5% and a maximum of 15% of all births
- Only 15%

24. Key EmOC Officials from FOGSI are all of the following except one

- a. Dr Sadhana Desai
- b. Dr Sadhana Gupta**
- c. Dr Narendra Malhotra
- d. Dr Prakash Bhatt

25. A woman delivers a severely macerated fetus and placenta. PV bleeding is within normal limits. Platelets - 50,000, HCT 38%. Most appropriate management is:

- a. Observe for bleeding**
- b. Give fibrinogen
- c. Give platelets
- d. Give fresh whole blood
- e. Give heparin

26. Which blood vessel is frequently encountered when a Pfannenstiel skin incision is made during a Caesarean?

- a. Hypogastric artery

b. Inferior Epigastric artery

c. Superficial Epigastric vessels

d. Perforating vessels

27. During a postpartum Hysterectomy for intractable PPH, a clamp is placed on the uterine artery near its entry into the uterus. What is the relationship of the ureter to the uterine artery at this point?

a. Ureter is 2 cms medial to the uterine artery

b. Ureter is 2 cms medial to the uterine artery and crosses under it

c. Ureter is 2 cms lateral to the cervix and crosses over the uterine artery

d. Ureter is 2 cms lateral to the cervix and crosses under the uterine artery

28. The mobility of which joint aids in the delivery of the obstructed shoulder in a case of a shoulder dystocia?

a. Sacroiliac

b. Sacrococcygeal

c. Pubic Symphysis

d. All of the above

29. A 32 year old multigravida comes at 8 weeks gestation with a blood pressure of 140/105 mmHg and a serum creatinine of 1mg%. Which test might you consider next?

a. Kidney ultrasound

b. 75 gms glucose challenge test

c. 24 hour total urine protein

d. Serum anti- DS DNA

30. About Flexion Point in Vacuum delivery, all are correct except

a. 2cm anterior to the posterior fontanelle along the sagittal suture

b. promotes flexion

c. limits asynclitism

d. optimal diameters = least amount of force

31. Following are the Signal Functions of EmOC. Pick the incorrect one

a. Administer Parenteral Antibiotics

b. Administer parenteral Anticonvulsants for Severe Preeclampsia and Eclampsia

c. Perform assisted vaginal delivery

- d. Perform assisted Breech delivery**
- e. Perform Manual Removal of placenta

32. In women with term breech pregnancy, Planned caesarean section offers advantage compared with planned vaginal breech delivery by a:

- a. Large reduction in perinatal mortality
- b. Small reduction in perinatal mortality**
- c. Large reduction in maternal mortality
- d. Small reduction in maternal mortality

33. The classic triad of Vasa Previa include all of the following except one

- a. Rupture of membranes
- b. Painless vaginal bleeding
- c. Fetal Bradycardia

d. Fetal Tachycardia

34. The immediate post-delivery presentation of AFE is characterised by:

- a. Bronchospasm, cardiac arrest and convulsions
- b. Severe sweating, tachycardia and hypotension

c. Hypoxia, profound hypotension and coagulopathy

- d. Convulsions, apnoea and cardiac arrest

35. Regarding peripartum cardiomyopathy all are true except:

- a. It is a diagnosis of exclusion
- b. It is characterised by left ventricular systolic dysfunction
- c. It is cardiac failure in the last month of pregnancy and within five months of delivery

d. It causes ischaemia of the myocardium

36. The pathophysiology of AFE is explained by

- a. Embolization of amniotic debris and pulmonary infarcts.
- b. Hypovolemic shock

c. Systemic inflammatory response

- d. Cerebral hypoxia

37. Fill in the blank

It is estimated that, if untreated, death occurs on an average in

- a. 2 hours from PPH

- b.. Hours from APH
- c. 2 days from Obstructed labour
- d. 6 days from Infection

12 hours

38. Antibiotic of choice in PPROM according to ORACLE 1 study?

a. Co-Amoxycylav

b. Erythromycin

c. Clindamycin

d. All of the above

Nice Guidelines- Erythromycin is the antibiotic of choice. Co-Amoxycylav is contraindicated

39. 24 hour maximum dose of IV labetalol in acute hypertensive emergencies in pregnancy is

a. 220 –300 mg

b. 400- 500mg

c. 1200mg

d. 80 -100mg

40. There are 4 accepted positions for Breast feeding. Fill in the one left out

a. Cradle position

b. Reverse Cradle position

c..... position

d. lying down position

Football

41. BEmOC (Basic emergency obstetric care) involves all the following except

a. Emergency caesarean section

b. Assisted vaginal delivery

c. Magnesium sulphate for severe Pre-eclampsia-eclampsia

d. Use of oxytocics in PPH

Ref: GOI guidelines

42. Following is not true regarding HELLP syndrome

a. Majority present with signs and symptoms of liver compromise

b. Associated with abnormal haptoglobin levels

c. More common in severe Pre-eclampsia

d. Steroids have been shown to improve the outcome

43. Regarding Magnesium Sulphate for Neuroprotection, all are true except

a. Consider between 30-33weeks6 days of gestation

b. 4gms IV over 15 minutes followed by 1gm per hour till better or 24 hours, whichever is sooner

c. To be given to women in established or planned Preterm within 24 hours

d. 4 gms to be repeated IV if pains recur

44. Decode the following Acronyms 2 marks each

a. ALARM.. **Advances in Labour and Risk Management**

b. AMDD.. **Averting Maternal Death and Disability**

c. CEmONC...**Comprehensive Emergency Obstetric and Neonatal Care**

d. SAMM ... **Severe Acute Maternal Morbidity**

e. EOC **Essential Obstetric Care**

f. UNFPA...) **United Nations Population Fund (formerly United Nations Fund for Population Activities**

g. USAID... **United States Agency for International Development**
