

[LC 0213]

FEBRUARY 2013

SUBCODE: 4003

M.MED.FAMILY MEDICINE - FIRST YEAR
PAPER III – MATERNAL & CHILD HEALTH

Q.P. CODE : 434003

TIME: THREE HOURS

MAXIMUM MARKS: 100

INSTRUCTIONS

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 marks)**.
- **Part B** will have Objective type EMQs (**Extended Matching Questions**) **(60 marks)**.
 - ❖ This will have 10 sets of these questions.
 - ❖ Each set will have 6 questions.
 - ❖ Each question will carry 1 mark.
 - ❖ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

Answer : 3(i) - A

3(ii) - F

PART – A DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. Hemant, a 11 year old boy is brought with complaints of recurrent headaches for the past nine months. The headache is throbbing, severe, lasts 5-6 hours and is often associated with vomiting.

(5 x 4 = 20 marks)

- A. List the causes of acute headache in children. **(5 marks)**
- B. List causes of recurrent headache in children **(5 marks)**
- C. What is the probable diagnosis? How did you come to this conclusion? Explain **(5 marks)**
- D. What is the management in Hemant? **(5 marks)**

2. 28 year old Sumita has been on anti epileptics for past 18months. She is newly married and comes to you for counseling because she is planning a pregnancy.

(4 x 5 = 20 marks)

- A. What advise will you give regarding anti-epileptic therapy? **(5 marks)**
- B. Which are the preferred anti-epileptics in pregnancy and lactation? Write with dosages. **(5 marks)**
- C. What are the effects of pregnancy on the seizure disorder? List causes of seizure in pregnancy and postpartum. **(5 marks)**
- D. What drugs may be given to the patient pre-conceptionally and in the antenatal period to reduce complications. **(5 marks)**

PART – B EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

**1. THEME: DIARRHOEA IN CHILDREN PART 1 [QUESTIONS. 1(i)-1(vi)]
(TOTAL: 6 MARKS)**

From the options ‘A to Q’ given below, choose the best answer for the questions 1(i)–1(vi)

Options:

- | | |
|-----------------------|------------------------|
| A. Norwalk virus | J. 10 mg/kg/day |
| B. Giardiasis | K. Zinc oxide |
| C. Dysentery | L. Cotrimoxazole |
| D. Cryptosporidium | M. Rotavirus |
| E. Some dehydration | N. 25 mg/kg/day |
| F. Zinc sulphate | O. Pneumocystis carini |
| G. Metronidazole | P. 30 mg/kg/day |
| H. Severe dehydration | Q. No dehydration |
| I. Doxycycline | |

Questions:

2 Year old Meena is brought with loose stools for the past 3 days. The baby is crying each time while passing stools. Mother has observed blood and mucus in the stools and redness of the perianal region. .

- 1.(i) What is the likely diagnosis?
- 1.(ii) Choose the appropriate drug
- 1.(iii) What is the dose?
- 1.(iv) If this child is immunocompromised, what could be the causative organism?
- 1.(v) The treatment for perianal redness is

The baby looks active, eyes are normal, and drinks normally.

- 1.(vi) What is the degree of dehydration?

2. THEME: DIARRHOEA IN CHILDREN PART 2

[QUESTIONS 2(i) – 2(vi)] (TOTAL: 6 MARKS)

From the options 'A to S' given below, choose the best answer for the questions 2(i) -2(vi)

Options:

- | | |
|------------------------------|------------------------------|
| A. Norwalk virus | K. Zinc sulphate |
| B. Giardiasis | L. Ciprofloxacin 15mg/kg/day |
| C. Dysentery | M. Rotavirus |
| D. Cysticercosis | N. 10mg BD for 10 days |
| E. Some dehydration | O. 25 mg/kg/day for 5 days |
| F. Lactose intolerance | P. Vitamin A. |
| G. Metronidazole 25mg/kg/day | Q. 10 mg OD for 10 days |
| H. Severe dehydration | R. No dehydration |
| I. Cholera | S. 20 mg OD for 10 days |
| J. Doxycycline 6mg/kg/dose | |

Questions:

8 year old Subbu has frothy stools, post-prandial hurry and crampy abdominal pain with bloating.

2.(i) What is the diagnosis?

2.(ii) What is the treatment?

Vanaja, a four year old child is brought with vomiting and rice water stools and severe dehydration

2.(iii) What is the diagnosis?

2.(iv) What is the treatment?

5 month old Rani has viral diarrhea.

2.(v) Which is the only drug that has proven effect on reducing the duration and severity of her illness ?

2.(vi) What is the dose?

3. THEME: INCESSANT CRY [QUESTIONS 3(i) – 3(vi)] (TOTAL: 6 MARKS)

From the options ‘A to P ’given below, choose the best answer for the questions 3(i)– 3(vi)

Options:

- | | |
|----------------------------|------------------|
| A. Evening Colic | I. > 40/ min |
| B. Intussusception | J. Meningitis |
| C. Inguinal hernia | K. Otitis media |
| D. Wet napkin | L. Haemorrhage |
| E. Urinary tract infection | M. Metronidazole |
| F. > 50/min | N. Dicyclomine |
| G. Nalidixic acid | O. Multivitamin |
| H. > 60/min | P. Gentamicin |

Questions:

3.(i) Respiratory rate more than this is considered as tachypnea in a 6 month old child

3.(ii) This drug can cause incessant cry.

A mother brings her 3 month old baby because she has been screaming and crying mainly in the evening around 7pm for the past two weeks. The baby is otherwise well, active, alert, and gaining weight .

3.(iii) What is the probable diagnosis?

3.(iv) Which drug could be of some benefit in the above?

A 9 month old is brought because he is fussy, has fever, is and is pulling at the right ear.

3.(v) The probable diagnosis in the above is

An 18 month old is brought because it screams intermittently with legs drawn up, and has vomiting. A sausage like mass is felt in right quadrant.

3.(vi) The probable diagnosis.

4. THEME: SEIZURES IN CHILDREN

[QUESTIONS. 4 (i) – 4(vi)]

(TOTAL: 6 MARKS)

From the options ‘A to O’ given below, choose the best answer for the questions 4 (i) – 4(vi)

Options:

- | | |
|----------------------------|--------------------------------|
| A. Agitation | I. Syncope |
| B. Simple partial seizure | J. Night terrors |
| C. Lennox-Gastaut syndrome | K. Juvenile Myoclonic epilepsy |
| D. Seizure disorder | L. Absence seizures |
| E. Reflex anoxic seizure | M. Psychogenic seizures |
| F. West syndrome | N. Complex partial seizure |
| G. Epilepsy | O. Janz syndrome |
| H. Parasomnia | |

Questions:

What is the most probable diagnosis for the following?

4.(i) A 10 year old girl is brought because of poor academic performance . Her teacher says she is always day dreaming. The child’s mother has noticed that she often stares and blinks her eyes many times in a day.

4.(ii) A 2 year old has been having episodes of loss of consciousness. She becomes pale, floppy and falls to the ground. Some fine twitching movements are noticed. The whole thing lasts about 20 seconds and this usually happens whenever she hurts herself.

4.(iii) A 11 month old with developmental delay, infantile spasms and hypsarrhythmic EEG pattern

4.(iv) A 11 year old girl has been brought because she lost consciousness while standing in the school assembly. She was found to be pale and her palms and forehead were sweaty. But she quickly recovered and is now awake and alert.

4.(v) A 13 year old has been having sudden jerks of the muscles of his arms and legs early in the morning soon after waking up and it lasts for a minute.

4.(vi) A 16 year old is brought to the emergency with seizures. You find that there is flinging movements of all four limbs which seem to be increasing. Her eyes are tightly shut and there is no tongue biting or urinary incontinence.

5. THEME: INVESTIGATION OF THE FEBRILE CHILD [QUESTIONS. 5(i) – 5(vi)]

From the options ‘A to Q’ given below, choose the single best answer for the questions 5 (i) – 5(vi)

Options:

- | | |
|------------------------------|----------------------|
| A. Blood culture | J. Lumbar puncture |
| B. Urine culture | K. Throat swab |
| C. ESR | L. ECG |
| D. Total WBC count | M. ANA |
| E. Stool culture | N. X-ray of the limb |
| F. Chest x-ray | O. ALT/AST |
| G. Culture of joint aspirate | P. Platelets |
| H. CT brain | Q. MRI brain |
| I. EEG | |

Questions:

What is the most appropriate investigation for the following patients?

5.(i) A 4 year old girl is febrile and has been unwell for 8 hours. She complains of a headache and is drowsy but there are no neurological deficits.

5.(ii) A 3 month old child has high grade fever & cough for 3 days. He is tachypnoeic has nasal flaring and decreased breath sounds.

5.(iii) An 8 year old has developed a painful, swollen knee over the last day. On examination, there is a tender, warm effusion of the left knee. She also has a temperature of 102 F.

5.(iv) A 9 year old has fever, joint pain and swelling of the right knee joint. His mother reports that 4days ago the left elbow joint was swollen. Examination reveals a systolic heart murmur. Which blood investigation given in the options would you order for this patient?

5.(v) A 12 year old who has sickle cell disease presents with fever and pain of the left leg. Clinical examination reveals mild swelling, warmth and tenderness of the upper one third of the limb. Name a simple blood investigation you will do to confirm your clinical diagnosis:

5.(vi) A 5year old presents with high grade fever for 3 days, rash, body pain and bleeding from the gums on brushing.

6. THEME: DRUGS IN PSYCHIATRY [QUESTIONS. 6(i) – 6(vi)]

(TOTAL: 6 MARKS)

From the options 'A to J' given below, choose the best answer for the questions 6(i) – 6(vi)

Options:

- | | |
|------------------------------|-------------------------------|
| A. Tricyclic antidepressants | F. Promethazine hydrochloride |
| B. Haloperidol | G. Benzodiazepines |
| C. Olanzapine | H. Disulfiram |
| D. Risperidone | I. Carbamazepine |
| E. Fluoxetine | J. Acetaminophen |

Questions :

- 6.(i) A 55-year-old male was started on medication for depression. One morning he collapses as soon as he gets up from bed. Which drug could be responsible?
- 6.(ii) This newer antipsychotic's side effects include weight gain, elevated blood sugars and lipids. What could the drug be?
- 6.(iii) A 24-year-old male has developed akathisia after being started on anti psychotics. Treatment for him is
- 6.(iv) A 28-year-old male develops severe spasm of his neck muscles soon after he takes his medication. What is the treatment?
- 6.(v) Older antipsychotic which can be given as injectable for patients without marked agitation
- 6.(vi) Newer antipsychotic given for conditions without marked agitation

**7. THEME: MEDICALLY UNEXPLAINED SYMPTOMS [QUESTIONS. 7(i)- 7(vi)]
(TOTAL: 6 MARKS)**

From the options 'A to L' given below , choose the best answer for the questions 7(i) – 7(vi)

Options:

- | | |
|-----------------------------|------------------------|
| A. De javu | G. Hypochondriasis |
| B. Somatization disorder | H. Depression |
| C. Body dysmorphic disorder | I. Schizophrenia |
| D. Factitious disorder | J. Acute psychosis |
| E. Malingering | K. Bipolar disorder |
| F. Pain disorder | L. Conversion reaction |

Questions:

Choose the most appropriate diagnosis

7.(i) 26 year old Manisha complains of low back ache, for 2 years. She now has upper abdominal pain, bloating, nausea, headache and chest pain for past 4 months. There is no loss of weight. She has been investigated extensively and all investigations are normal.

7.(ii) 11 year old Atul complains of abdominal pain on most days in the morning before the school bus arrives. He is well the rest of the time at home.

7.(iii) 19 year old Hema feels her nose is grossly misshapen. She is very anxious and wants correctional surgery. You feel that Hema looks absolutely normal.

7.(iv) A 34year old male complains of fever for 2 months. He was caught dipping the thermometer into hot tea.

7.(v) A 32 year old unemployed male who has many stressors is brought by his wife as he has lost his speech for past 3 days. He has been heard talking in his sleep.

7.(vi)A 36 year old man presents to the clinic complaining of headaches for past 6 months. He wants a MRI brain because he is convinced he has brain tumor. There is nothing to suggest tumor from history and examination. His wife tells you secretly that he has already been extensively investigated.

8. THEME: FEVER IN CHILDREN [QUESTIONS. 8(i) – 8(vi)]

(TOTAL: 6 MARKS)

From the options ‘A to P’ given below, choose the best answer for the questions 8(i) – 8(vi)

Options:

- | | |
|-----------------------------------|---------------------------|
| A. Viral URI | I. Cloxacillin |
| B. Urinary tract infection | J. Crystalline penicillin |
| C. Very severe pneumonia | K. Azithromycin |
| D. Pneumonia | L. Ciprofloxacin |
| E. Admit and start IV antibiotics | M. Ceftazidime |
| F. Empyema | N. Otitis media |
| G. Severe pneumonia | O. Tonsillitis |
| H. Ectopic abscess | P. Pneumatocoele |

Questions:

8.(i) 8 month old Naveen is brought by his mother because he has been fussy and not eating well. On examination he is febrile, has a runny nose, mild cough and seems dull. Other systemic examination is normal. What is the likely diagnosis?

Ashwin a 15 month old has been having cough and fever for 3 days. His mother says he has been vomiting all his feeds since last night. On examination he has nasal flaring, lower chest wall indrawing and the respiratory rate is 68/minute.

8.(ii) What is the likely diagnosis?

8.(iii) What is the management?

8.(iv) After 3days of treatment the child continues to be febrile and there are absent breath sounds in the left infrascapular region. What is your diagnosis now?

Choose the preferred antibiotic for the following organisms causing pneumonia

8.(v) Staphylococcus aureus

8(vi). Mycoplasma

9. THEME: FEVER WITH RASHES PART I

[QUESTIONS. 9(i) – 9(vi)]

(TOTAL: 6 MARKS)

From the options ‘A to I’ given below , choose the best answer for the questions 9 (i) -9(vi)

Options

A. Macule

F. Vesicle

B. Papule

G. Bulla

C. Nodule

H. Petechiae

D. Plaque

I. Purpura

E. Pustule

Questions

9.(i) Chinnu has a lesion which is a circumscribed, elevated, clear fluid-containing lesion with a diameter of around 2 cm. What is the correct term for this description?

9.(ii) Sam has come with a solid, raised lesion which is 0.4 cm in diameter. What is the correct term for this description?

9.(iii). Banu has some non-palpable erythematous lesions which do not blanch on pressure and are less than 2 mm in diameter in the legs. What is the correct term for this description?

9.(iv). Shankar has multiple lesions which are circumscribed, elevated, clear fluid-containing lesions, the biggest of them is less than 0.5 cm in greatest diameter; What is the correct term for this description of an individual lesion ?

9.(v). Meena has come with a circumscribed area of dark brown lesion of 3cm diameter , with no skin elevation or depression in her forearm. What is the correct term for this description?

9.(vi). Suresh has a solid, raised lesion which is 2 cm in diameter, in the right arm. What is the correct term for this description?

10. THEME: FEVER WITH RASHES PART II [QUESTIONS. 10(i) – 10(vi)]

(TOTAL: 6 MARKS)

From the options 'A to I' given below , choose the best answer for the questions 10(i)-

10(vi)

Options

- | | |
|------------------------|-------------------------|
| A. Nikolsky sign | F. Roth spots |
| B. Erythema marginatum | G. Forschheimer's spots |
| C. Osler nodes | H. Erythema nodosum |
| D. Janeway lesions | I. Pastia's sign |
| E. Koplik spots | |

Questions

Subha, a 12 year old has come with low grade fever and pink macules and papules that developed on forehead and spread inferiorly and to extremities within one day .

10(i) She also has petechiae on soft palate. What are these petechiae called?

Manasseh, a 28 year old has come with fever, petechial rashes all over the body and splenomegaly. Cardiac examination shows a significant pan systolic murmur in the mitral area.

10(ii) He has irregular painless macules around 4 mm in diameter in the feet. What are these?

10(iii) He also has small purple tender nodules in the terminal phalanges of the fingers. What are these?

10(iv) Janani, a four year old girl, has come with fever, congestion of eyes and has clustered, white lesions on the buccal mucosa opposite the upper molars. What are these?

10(v) Raju who has scarlet fever has linear petechiae in antecubital and axillary folds . This sign is called

Anju, a seven year old child has come to casualty. She is dehydrated and toxic. There is easy peeling of skin wherever you touch her.

10(vi) What is this sign of easy peeling of skin called?

M.MED.FAMILYMEDICINE
FIRST YEAR THEORY EXAM– Aug 2013
PAPER III – MATERNAL & CHILD HEALTH

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- ✓ This will have 10 sets of these questions.
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 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. Below this, **some options** are given followed by some **questions**. The options are lettered using the English alphabets A, B, C, D and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedeconoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

- 3(i) What is the drug of choice for Acute Psychosis?
- 3(ii) What is the drug of choice for Bipolar illness?

PART – A
DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. 10 year old Ravi is brought to you with swelling all over the body for the past 2 days.

On examination, the child has anasarca. Blood pressure is 100 / 70 mm of hg.

(5 x 4 = 20 marks)

- A. Discuss the differential diagnoses of swelling all over the body for a child.
Ravi's urine is clear but frothy ; urine albumin is 4+. Serum cholesterol is 350 mg/dl.
- B. What is your diagnosis for Ravi now? How will you investigate him further?
- C. Discuss the pathophysiology of Ravi's condition.
- D. How will you manage him?
- E. Discuss the complications of this condition

2. 4 months old Sumathi is brought with complaints of fever and cough for the past three days and difficulty in breathing since yesterday. The mother is crying that the child is not taking anything orally.

On examination, the child is lethargic, respiratory rate is 72/ minute. There is nasal flaring and grunting. There are intercostal and subcostal retractions. **(4 x 5 = 20 marks)**

- A. Classify pneumonia in a child according to IMNCI guidelines.
- B. What is the classification of pneumonia for Sumathi? How did you come to this conclusion?
- C. How would you manage Sumathi if all the facilities of management are available in your hospital?
- D. Discuss the complications of pneumonia.

PART – B
EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME: DIARRHOEA IN CHILDREN [QUESTIONS. 1(i)-1(vi)]

(TOTAL: 6 MARKS)

From the options 'A to Q' given below, choose the best answer for the questions 1(i) – 1(vi)

Options :

- | | | | |
|----|----------------------------------|----|----------------------------|
| A. | Norwalk virus | I. | Cotrimoxazole |
| B. | Some dehydration | J. | Rotavirus |
| C. | Zinc sulphate 20 mg od x 10 days | K. | 750 ml in 4 hours |
| D. | Severe dehydration | L. | As much the baby wants |
| E. | Doxycycline | M. | Metronidazole 25 mg/kg/day |
| F. | Zinc sulphate 10 mg od x 10 days | N. | 300 ml |
| G. | Giardiasis | O. | 340 ml |
| H. | Shigella | P. | 700 ml in 2 ½ hours |
| | | Q. | 700 ml in 5 ½ hours |

Questions

18 months old Madhu was accompanied by the health worker with the complaints of watery loose stools since 5 days, and she not passed urine since last 12 hours. She has excessive vomiting and not tolerating ORS. Baby looks lethargic and the pulse is very feeble. The weight of the baby is 10 kg.

1(i) The amount of IV fluid that is required for her in the first 30 minutes is

1(ii) The amount of fluid required next is

After fluid correction, the child is drinking; she drinks quite eagerly. There is no vomiting. But eyes are sunken, and skin goes back slowly.

1(iii) The degree of dehydration is

1(iv) The amount of ORS that has to be given now is

1(v) The most common organism causing this illness is

1(vi) The drug which can make a difference in the duration and severity of this illness and its dose for Madhu.

2. THEME: TREATMENT OF DIARRHOEA IN CHILDREN [QUESTIONS 2(i) – 2(vi)] (TOTAL: 6 MARKS)

From the options 'A to P' given below, choose the best answer for the questions 2(i) -2(vi) Options:

- A. 20 mg OD for 10 days
- B. Zinc sulphate
- C. Metronidazole
- D. 750 ml in 4 hours
- E. Doxycycline
- F. 900 ml / 4 hours
- G. Cotrimoxazole
- H. As much as the baby wants
- I. 25 mg/kg/day for 5 days
- J. Vitamin A.
- K. 10 mg OD for 10 days
- L. 6 mg/kg/dose single dose for 3 days
- M. 10 mg/kg/day for 5 days
- N. 12 mg/kg/dose single dose for 3 days
- O. Combination of 8mg with 40 mg/day
- P. Combination of 24mg with 60 mg/day

Questions:

8 year old Subbu has come to you with frothy stools, post- prandial hurry and crampy abdominal pain with bloating.

2.(i) What is the drug of choice for Subbu

2.(ii) What is the dose?

Vanaja, a four year old child is brought with vomiting and rice water stools.

2.(iii) In addition to fluid correction, what is the drug of choice for Vanaja?

2.(iv) What is the dose?

10 month old Rani has blood in stool for a day and she cries while passing stool. .

2.(v) What is the drug of choice?

2.(vi) What is the dose?

3.THEME: FEVER

[QUESTIONS. 3(i) – 3(vi)]

(TOTAL: 6 MARKS)

From the options ‘A to I’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options

- A. L. monocytogenes
- B. N. meningitides
- C. H. influenzae
- D. Staphylococcus aureus
- E. Campylobacter
- F. Ampicillin + Cefotaxime
- G. Ceftriaxone
- H. Ciprofloxacin and gentamicin
- I. Imipenem and amikacin

Questions

20 days old Kala’s baby is diagnosed with acute bacterial meningitis.

3.(i)What is the common organism?

3.(ii) What is the first line of management ?

2 months old Manivannan is diagnosed with acute bacterial meningitis.

3.(iii) What is the common organism?

3.(iv) What is the first line of management ?

12 year old Suresh is diagnosed with acute bacterial meningitis.

3.(v) What is the common organism?

3.(vi) What is the first line of management ?

4.THEME: FEVER WITH RASH [QUESTIONS. 4(i) – 4(vi)] (TOTAL: 6 MARKS)

From the options ‘A to I’ given below, choose the best answer for the questions 4(i) – 4(vi)

Options

- A. Kawasaki disease
- B. Scarlet fever
- C. Erythema infectiosum
- D. Erythema multiforme
- E. Measles
- F. Staphylococcal Scalded Skin Syndrome
- G. Varicella
- H. Rubella
- I. Roseola

Questions

- 4.(i)** One year old Swetha is brought with high grade fever of 5 days duration, cough and rash over face and trunk of one day. On examination, child is slightly irritable with mild congestion of both eyes. Oral mucosa is normal except for mild congestion of the pharynx.
- 4.(ii)** 12 year old Mohan with history of fever with body ache and malaise for a week and a pruritic rash on the trunk of 3 days duration; On examination, he is febrile and has erythematous rash on trunk mainly back with multiple, vesicles and pustules on an erythematous base, pustules with central umbilication and crusted erosions.
- 4.(iii)** 7 year old Manish had two days of low grade fever and pharyngitis and today morning he has developed bright red erythema over the cheeks , which is edematous .
- 4.(iv)** Sekhar had sudden onset of fever associated with sore throat, headache, nausea, vomiting, abdominal pain, myalgias, and malaise and followed by erythematous patches below ear, chest and axilla and now it is disseminating to trunk and extremities
- 4.(v)** Mala , a 2 year old is brought to you with general malaise, fever, irritability for two days and now has developed diffuse erythematous rash and bullae which ruptures with easy peeling of skin. There is facial edema, and the child cries even it is touched.
- 4.(vi)** Abdullah, a six year old child is brought with fever for more than 8 days and with erythematous rash on hands and feet; morbilliform, scarlatiniform rash on trunk and perineum; hyperemic lips and cervical lymphadenopathy

5.THEME: DIABETES IN PREGNANCY [QUESTIONS. 5(i) – 5(vi)]

(TOTAL: 6 MARKS)

From the options ‘A to M’ given below, choose the best answer for the questions 5(i)–

5(vi)

Options

- | | |
|-------------------------------------|-------------------------|
| A. 24-28 weeks | H. less than 140 |
| B. Start on insulin | I. More than 100 |
| C. Start on metformin | J. 80-120 |
| D. Do GTT | K. 100-140 |
| E. Fasting and post prandial | L. 8 weeks |
| F. 16 weeks | M. 32 weeks |
| G. 36 weeks | |

Questions

Mala comes to you for antenatal checkup. Her mother is a diabetic.

5.(i) When do you want to screen for GDM?

5.(ii) You have done a 50 g glucose challenge test for her. The value is 152 mg/dl. what is the normal value ?

5.(iii) What is the next step?

28 year Yasmin has been a diabetic for 10 years and showed mild retinopathic changes before 5 months. now she is pregnant for 10 weeks.

5.(iv) When do you want to check her fundus again?

5.(v) The ideal time for induction of delivery in a diabetic

5.(vi) When Yasmin is at labour, what is the ideal glucose value do you want to maintain?

6.THEME: INCESSANT CRY – DIAGNOSIS (QUESTIONS. 6(i)-6(iv))

From the options 'A to J' given below , choose the best answer for the questions 6(i) - 6(vi):

Options :

- A. Evening colic
- B. Meningitis
- C. Urinary tract infection
- D. Loneliness/desire to be picked up or see the surroundings
- E. Bronchiolitis
- F. > 50/min
- G. > 60/min
- H. > 40/ min
- I. Erythromycin
- J. 3

Questions:

- 6(i).....is a common cause of incessant cry without major disease.
- 6(ii).10 months old baby with continuous projectile vomiting for 2days with bulging anterior fontanel?
- 6(iii). 4 month well fed infant crying in the evenings. What could be the cause?
- 6(iv). Incessant cry is defined as continuous crying forhours or more.
- 6(v). Respiratory rate more thanis considered as tachypnea in a 2 months old child
- 6(vi). Gastric irritation leading to incessant cry.....

7.THEME: SEIZURES IN CHILDREN

From the options A to L given below, select the best answer for the questions 7(i) – 7(vi)

Options :

- A. Forceps delivery
- B. Sleep deprivation
- C. Simple partial seizure
- D. Sodium valproate
- E. Simple febrile seizure
- F. Birth asphyxia
- G. Excessive play
- H. Complex partial seizure
- I. Clobazam
- J. Lumbar puncture
- K. CT Brain
- L. Atypical /complex febrile seizure

Questions:

7(i). This condition can lead to seizure in a child in later life.

7year old Mani was brought with tonic clonic seizures of his left upper limb which lasted for 5minutes with no loss of consciousness.

7(ii). What would be your diagnosis for Mani?

7(iii). The investigation of choice for Mani is.....

7(iv).This condition can precipitate seizure in a child who is a known epileptic.....

7(v).The drug of choice for Febrile seizure prophylaxis is

7(vi).10 month old Kasim is brought with focal seizure on day 3 of fever which lasted for 20 minutes.The type of seizure he has is.....

8.THEME: ASTHMA IN CHILDREN.

From the options A-L given below, select the best answer for the questions 8(i) – 8(vi)

Options :

- A. Spirometry
- B. Nebulised Beta 2 agonist
- C. Moderate persistent disease
- D. Asthma
- E. Not to play anymore.
- F. Low to medium dose glucocorticoid plus long acting inhaled beta 2 agonist
- G. To take beta 2 agonist before playing.
- H. Peakflowmetry
- I. Bronchiolitis
- J. Short acting beta 2 agonist as and when required.
- K. Mild intermittent disease.
- L. Intravenous steroids

Questions:

12 year old Kannan has been brought with the history of shortness of breath after playing football in the afternoon. He had similar episodes 4months and 8months back when he participated in the running competitions.

8.(i).What is the most likely diagnosis?

8.(ii).What simple test you can do in your clinic to diagnose this condition?

8.(iii).After doing the test ,what drug will you administer?

8.(iv).From the history,how will you classify his disease?

8.(v).What is/are the drug/s recommended at this stage?

8.(vi).What advice will you give the child and the parents?

9.THEME: DIABETES IN CHILDREN.

From the options 'A to L' given below, choose the best answer for the questions 9(i) - 9(vi):

Options :

- A. Diabetic ulcers
- B. Obese
- C. Type II Diabetes
- D. Glucometer RBS
- E. Destruction of islet cells in the pancreas
- F. Thin
- G. Type I Diabetes
- H. 3 Major meals per day and 3to 4 snacks
- I. Urine acetone
- J. Restrict carbohydrate and fat so that child will not put more weight.
- K. Ketoacidosis
- L. Insulin resistance with mild insulin deficiency.

Questions:

8year old Mala has been brought with history of increased thirst and urination and vomiting and on examination, she is dehydrated.

- 9.(i).**The first test you will do on her is.....
- 9.(ii).**What type of Diabetes does she have?
- 9.(iii).**This condition is associated with.....
- 9.(iv).**You expect this child to be.....
- 9.(v).**What diet advice will you give?
- 9.(vi).**This is one of the major complication of this condition.

10. THEME: DIABETES IN PREGNANCY [QUESTIONS. 10(i) – 10(vi)] (TOTAL:6 MARKS)

From the options 'A to M' given below, choose the best answer for the questions 10(i)– 10(vi)

Options

- | | |
|-------------------------|----------------------------|
| A. 24-28 weeks | H. Less than 155mg% |
| B. Glipizide | I. Less than 95mg% |
| C. Metformin | J. Less than 120mg% |
| D. Glibenclamide | K. Less than 140mg% |
| E. Insulin | L. 8 weeks |
| F. 16 weeks | M. 32 weeks |
| G. 36 weeks | |

Questions

24 year old Keerthana comes to you for antenatal checkup. Her mother is a diabetic.

10.(i)When do you want to screen for GDM?

10.(ii) You have done the oral glucose tolerance test(GTT). The 2hour value is 159 mg%.
What is the normal value?

10.(iii) In the management of this patient what should the target fasting blood sugar levels be?

10.(iv) Which is the preferred oral hypoglycemic drug in pregnancy?

28 year Yasmin has been a diabetic for 10 years and her fundus showed mild retinopathic changes 5 months ago. She is now 10 weeks pregnant.

10.(v) What drug should be used in the management of diabetes for this patient?

10.(vi) The ideal time for induction of delivery in a diabetic is

(LE 0214)

M.MED.FAMILY MEDICINE

Sub. Code: 4003

FIRST YEAR THEORY EXAM– FEB 2014

PAPER III – MATERNAL & CHILD HEALTH

Q.P. CODE: 434003

TIME: THREE HOURS

MAXIMUM MARKS: 100

INSTRUCTIONS

The paper will be for a total of **100 marks**.

Answer **all** the Questions.

The Paper has 2 parts – **Part A & Part B**.

Part A will be **descriptive type questions** based on case scenarios (**40 marks**).

Part B will have Objective type EMQs (**Extended Matching Questions**) (**60 marks**).

This will have 10 sets of these questions.

Each set will have 6 questions.

Each question will carry 1 mark.

Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:

3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)

From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

- 3(i) What is the drug of choice for Acute Psychosis?
- 3(ii) What is the drug of choice for Bipolar illness?

PART – A DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. 11months old Sumathi is brought by the mother with high fever for 5days duration, cough and rash over face and trunk for 1 day.
- A.** What are all the things will you ask in the history that will help you to arrive at the diagnosis. **(4)**
- B.** What are the characteristic features of the rash in the following conditions
- a. Measles **(2)**
- b. Chicken pox **(2)**
- C.** You have diagnosed this as Measles .How will you treat this child. **(4)**
- D.** Mother says that child was not given Measles vaccination.
- i. At what age the child should have received the measles vaccination? **(1)**
- ii. What type of vaccine is it? **(1)**
- iii. What is the dose? **(1)**
- iv. What is the route of administration? **(1)**
- E.** Define Macule, papule, Pustule and vesicle **(4)**
2. 7 year old Ranjan is brought to you with history of nocturnal increase in cough and shortness of breath for the past 5 days. He had similar attacks 4 months and 10 months ago. There is family history of asthma **20 (5 x 4)**

On examination you find that he has generalized wheeze.

- A.** Discuss the differential diagnoses for recurrent cough in a child.
- B.** What is your diagnosis for Raghu? How did you come to this conclusion?
- C.** Discuss the various grades of Raghu's condition. How will you grade Raghu?
- D.** How would you manage him?
- E.** Raghu's mother asks whether this condition will persist for the life time. What will you tell her?

PART – B
EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME: DIARRHOEA IN CHILDREN [QUESTIONS. 1(i)-1(vi)]

(TOTAL: 6 MARKS)

From the options ‘A to P’ given below, choose the best answer for the questions

1(i) – 1(vi)

Options :

- | | |
|------------------------------------|-------------------------------|
| A. Norwalk virus | I. Cotrimoxazole 10mg/kg/day |
| B. Some dehydration | J. Rotavirus |
| C. Zinc sulphate 20 mg od x10 days | K. 600 ml in 4 hours |
| D. Severe dehydration | L. As much the baby wants |
| E. Doxycycline | M. Metronidazole 25 mg/kg/day |
| F. Zinc sulphate 10 mg od x10 days | N. No dehydration |
| G. Giardiasis | O. 340 ml in 4hrs |
| H. Shigella | P. 700 ml in 2 ½ hours |

Questions

1 year old Mona is brought to the clinic with loose stools and vomiting for one day. Examination reveals a irritable baby with sunken eyes and normal pulse who drinks water eagerly when offered. The weight of the baby is 8 kg.

- 1(i) The degree of dehydration is
- 1(ii) The amount of ORS that has to be given is
- 1(iii) The most common organism causing this illness is
- 1(iv) The drug which can make a difference in the duration and severity of this illness and its dose is

3 year old Kala is brought with multiple episodes of loose stools which are associated with blood and mucus. There is also some abdominal pain, tenesmus and low grade fever.

- 1(v) What is the most likely causative organism?
- 1(vi) What is the treatment?

2. THEME: IMMUNIZATION [QUESTIONS. 2(i) – 2(vi)] (TOTAL: 6 MARKS)

From the options ‘A to H’ given below, choose the best answer for the questions

2(i) –2(vi)

Options

- | | |
|------------------------------|--------------------|
| A. Vaccinate as per schedule | E. MMR |
| B. Delay vaccine | F. Measles |
| C. Don't vaccinate | G. Hib |
| D. DTaP(acellular pertussis) | H. INH 10mg/kg/day |

Questions

- 2(i)** A three and half month old Mala's baby is brought to you for vaccination. He has mild fever and runny nose. What will be your advice regarding vaccination?
- 2(ii)** A baby who is due for 3rd dose of DPT has fever, respiratory rate of 66/min and chest retraction. What will be your advice regarding vaccination?
- 2(iii)** A infant is brought for routine vaccination at 14 weeks. Other than DPT and OPV, what other optional vaccine can he receive?
- 2(iv)** A 18 month old with cerebral palsy is brought for immunization. What will be your advice regarding vaccination?
- 2(v)** A baby who had persistent cry for 4hours after the last DPT vaccine is due for the next one - What will be your advice regarding vaccination?
- 2(vi)** An infant who is on Beclomethasone inhaler is due for MMR - What will be your advice regarding vaccination?

3.THEME: INCESSANT CRY – DIAGNOSIS (QUESTIONS. 3(i) - 3(vi))

(TOTAL: 6 MARKS)

From the options ‘A to K’ given below, choose the best answer for the questions

‘3(i) – 3(vi)

Options :

- | | |
|-----------------------------------|---------------------|
| A. Evening Colic | G. > 60/min |
| B. Intussusception | H. > 40/ min |
| C. Urinary tract infection | I. 2 |
| D. Wet napkin | J. 3 |
| E. Bronchiolitis | K. 4 |
| F. > 50/min | |

Questions:

3(i).....is a common cause of incessant cry without major disease.

3(ii) Child with “sausage” like mass in abdomen. What is your diagnosis?

3(iii) 4 month well fed infant crying in the evenings. What could be the cause?

3(iv) Incessant cry is defined as continuous crying forhours or more.

3(v) Respiratory rate more thanis considered as tachypnea in a 2 months old

Child

3(vi) Respiratory rate more thanis considered as tachypnea in a 10 months old

Child

4. THEME: TREATMENT IN INCESSANT CRY (QUESTIONS. 4(i)- 4(vi))

(TOTAL: 6 MARKS)

From the options 'A to H' given below, choose the best answer for the questions

4(i)-4(vi)

Options:

- A. Inj. Cefotaxime 50mg/Kg/dose Q6H
- B. Tab.Nitrofurantoin 5-7 mg/Kg/day Q6H
- C. Syp.Amoxycillin 50mg/Kg/day for 7-10 days
- D. Syp.Amoxycillin 100mg/Kg/day for 7-10 days
- E. Steam inhalation, Nebulised Salbutamol
- F. Soothing throat, Paracetamol for fever
- G. Docusate Sodium Ear drops 2 drops Q2H, then syringing.
- H. Gentamicin ear drops 2 drops Q8H

Questions:

What is the treatment for the following conditions?

- 4.(i) Otitis media
- 4.(ii) Ear wax
- 4.(iii) Bronchiolitis
- 4.(iv) Urinary tract infection
- 4.(v) Viral pharyngitis
- 4.(vi) Pyogenic meningitis

5.THEME: SEIZURES IN CHILDREN [QUESTIONS. 5(i) – 5(vi)]

(TOTAL:6 MARKS)

From the options ‘A to N’ given below, choose the best answer for the questions

5(i) –5(vi):

Options:

- A. Atypical febrile seizure
- B. Syncope
- C. Simple febrile seizure
- D. Anti epileptic drugs
- E. Seizure disorder
- F. Complex partial seizure
- G. 20-40mg/kg/day
- H. Breath holding spell
- I. Acute CNS infection
- J. 10-15mg/kg/day
- K. Avoiding triggers
- L. Diazepam
- M. 5-6mg/kg/day
- N. Clobazam

Questions:

10month old Prasanth is brought to your clinic with two episodes of seizure since morning. He has been febrile for the past 3 days and has also vomited several times. On examination he is drowsy, irritable and not sucking at the breast adequately.

- 5. (i) The clinical diagnosis is
- 5. (ii) The CSF examination turns out normal. The child is not drowsy and is taking feeds after one hour of observation. Now your diagnosis is
- 5. (iii) If this child develops recurrent febrile seizures and has delayed developmental milestones the next step in management would be

7 year old Bunty has had 3 episodes of generalized tonic clonic convulsions in the last 6 months. Episodes are during afebrile periods. His uncle has epilepsy.

- 5. (iv) What is the next step in treatment
- 5. (v) The dose of sodium valproate is

1 ½ year old Anju turns rigid and loses her consciousness transiently and occasionally turns blue following loud crying episodes

- 5. (vi) The treatment is

6. THEME: DIABETES IN PREGNANCY [QUESTIONS. 6(i) – 6(vi)]

(TOTAL:6 MARKS)

From the options ‘A to M’ given below, choose the best answer for the questions

6(i) – 6(vi)

Options:

- A. 24-28 weeks
- B. Glipizide
- C. Metformin
- D. Glibenclamide
- E. Insulin
- F. 16 weeks
- G. 36 weeks
- H. Less than 155mg%
- I. Less than 95mg%
- J. Less than 120mg%
- K. Less than 140mg%
- L. 8 weeks
- M. 32 weeks

Questions

30 year old Mrs.Sadhana comes to you for antenatal checkup. Her previous baby was weighing 4kg at birth.

- 6. (i) When do you want to screen for GDM?
- 6. (ii) You have done the oral glucose tolerance test(GTT). The 2hour value is 165 mg%. What is the normal value?
- 6. (iii) In the management of Mrs.Sadhana,what should the target fasting blood sugar levels be?
- 6. (iv) Which is the preferred oral hypoglycemic drug in pregnancy?

32 year old Mrs.Komala has been a diabetic for 12 years and her fundus showed mild retinopathic changes 4 months ago. She is now 12 weeks pregnant.

- 6. (v) What drug should be used in the management of diabetes for this patient?
- 6. (vi) The ideal time for induction of delivery in a diabetic is

7. THEME: INVESTIGATION OF THE FEBRILE CHILD [QUESTIONS.

7(i)–7(vi)] (TOTAL: 6 MARKS)

From the options ‘A to Q’ given below, choose the single best answer for the questions

7 (i) – 7(vi)

Options:

- | | | | |
|-----------|---------------------------|-----------|-------------------|
| A. | Blood culture | I. | EEG |
| B. | Urine culture | J. | Lumbar puncture |
| C. | ASO titre | K. | Throat swab |
| D. | Total WBC count | L. | ECG |
| E. | Stool culture | M. | ANA |
| F. | Chest x-ray | N. | X-ray of the limb |
| G. | Culture of joint aspirate | O. | ALT/AST |
| H. | CT brain | P. | Platelets |
| | | Q. | MRI brain |

Questions:

What is the most appropriate investigation for the following patients?

- 7. (i)** A 4 year old girl is febrile and has been unwell for 2 days. She complains of a headache and is drowsy but there are no neurological deficits.
- 7. (ii)** A 3 month old infant has high grade fever & cough for 3 days. He is tachypnoeic, has nasal flaring and decreased breath sounds.
- 7. (iii)** An 8 year old child has developed a painful, swollen knee over the last 1 day. On examination, there is a tender, warm effusion of the left knee. She also has a temperature of 102° F.
- 7. (iv)** A 9 year old has fever, joint pain and swelling of the right knee joint. His mother reports that 4days ago the left elbow joint was swollen. Examination reveals a systolic heart murmur. Which blood investigation given in the options would you order for this child?
- 7. (v)** A 12 year old who has sickle cell disease presents with fever and pain of the left leg. Clinical examination reveals mild swelling, warmth and tenderness of the upper one third of the limb. Name a simple blood investigation you will do to confirm your clinical diagnosis:
- 7. (vi)** A 5year old presents with high grade fever for 3 days, rash, body pain and bleeding from the gums on brushing.

8. THEME: ROUTE OF ADMINISTRATION OF VACCINES [QUESTIONS

8(i) – 8(vi)] (TOTAL 6 MARKS)

From the options 'A to D' given below, choose the best answer for the questions 8(i) – 8(vi)

- A. Intramuscular
- B. Subcutaneous
- C. Intradermal
- D. Oral

Questions:

8(i). BCG

8(ii).DPT

8(iii).Measles

8(iv).Live Polio vaccine

8(v).Hepatitis B

8(vi).Varicella

9. THEME: EDEMA IN CHILDREN [QUESTIONS. 9(i) – 9(vi)] (TOTAL: 6 MARKS)

From the options ‘A to O’ given below, choose the best answer for the questions

9(i) – 9(vi)

Options

- A. Kwashiorkor
- B. Pneumococcal vaccine
- C. Marasmus
- D. Indian childhood cirrhosis
- E. 52 weeks
- F. Nutritional rehabilitation
- G. Broad spectrum antibiotics
- H. Nephrotic syndrome
- I. 28 weeks
- J. Glomerulo nephritis
- K. Meningococcal vaccine
- L. Methotrexate
- M. Cyclophosphamide
- N. Steroids
- O. 36 weeks

Questions :

Bintu, a 20 months old baby is brought by her mother with complaints of swelling all over the body with apathetic and dull look .Her blood pressure is 80/50 mm of hg. She also has bitot's spots, angular stomatitis, glossitis and cheilitis. Bintu's younger brother is 7 months old; her father is a daily laborer in the fields and mother stays at home because she falls sick very often. Her urine albumin is 1+

9.(i) What is the most likely diagnosis for Bintu?

9.(ii) How will you treat her?

Mamta, a 2 year old has come with complaints of swelling all over the body. Her blood pressure is 80/50 mm of hg. Her urine albumin is 3+ (repeated twice). Her serum albumin is 2.5 gm%and serum cholesterol is 312 mg%

9.(iii)What is the diagnosis

9.(iv)What is the first line of management

9.(v) If she is responding to the treatment, what is the duration of treatment .

3 year old Selvi has steroid dependent Nephrotic syndrome.

9.(vi) Which is the next recommended drug for Selvi?

10. THEME: TREATMENT FOR DIARRHOEA IN CHILDREN [QUESTIONS 10(i) – 10(vi)]

(TOTAL: 6 MARKS)

From the options 'A to K' given below, choose the best answer for the questions 2(i) – 2(vi)

Options:

- | | |
|--|--------------------------|
| A. 50 to 100ml of fluid after each loose stool. | F. ORS. |
| B. No dehydration. | G. 180 microdrops/min. |
| C. 60 microdrops/min. | H. 750 ml over 4 hours . |
| D. Some dehydration. | I. Ringer lactate. |
| E. 180ml over 1 hour and 420 ml over next 5 hours. | J. 450 ml over 4 hours. |
| | K. Severe dehydration |

10 (i). 7months old Sneha has been brought with history of loose stools and vomiting for the past 2 days.On examination,she is unconscious and not able to drink.The degree of dehydration is

10 (ii). She weighs 6kg.The amount of fluid she requires is

10 (iii). The ideal fluid for Sneha is

10 (iv). 1.5year old Ravichand has been brought with history of loose stools and vomiting for the past 2 days.On examination,he is alert and active and he drinks normally.The degree of dehydration is

10 (v). He is weighing 10kg.The fluid he requires

10 (vi). A child needs to be given 180ml of IV fluid over 60minutes.The drip rate would be

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M.MED.FAMILY MEDICINE
FIRST YEAR THEORY EXAM- AUGUST 2014
PAPER III – MATERNAL & CHILD HEALTH

Sub Code: 4003

Q.P. CODE: 434003

TIME: THREE HOURS

MAXIMUM MARKS: 100

INSTRUCTIONS

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 marks)**
- **Part B** will have Objective type EMQs (**Extended Matching Questions**) **(60 marks)**
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:
3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?
3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

| | |
|--------|--|
| 3(i) | |
| 3(ii) | |
| 3(iii) | |
| 3(iv) | |
| 3(v) | |
| 3(vi) | |

❖ Each option may be used more than once. Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. Mrs. Mala a primigravida has come to you at 14 weeks of gestation for the first time for Antenatal Checkup. **(4X5=20 Marks)**

- A. Discuss any 4 uses of documentation of antenatal care. **(4 marks)**
- B. Name any 4 risk factors, which if you find in Mrs. Mala, you would call it a high risk pregnancy. **(4 marks)**
- C. What baseline investigations would you do for Mrs. Mala on this 1st antenatal visit. **(4 marks)**
- D. Mrs. Mala comes again to you at 24 weeks of gestation for her 2nd antenatal visit. You reviewed her investigations done during the 1st antenatal visit and found that she is Rh negative. While questioning, she tells that her husband is Rh positive. How will you manage her now? **(4 marks)**
- E. Name 2 tests that you would suggest during this 2nd antenatal visit. **(4 marks)**

2. Priya's Baby, born by home delivery, is brought to you on the 3rd neonatal day with some minor feeding problems. You as a Family Physician use that opportunity to screen the neonate. With regard to Neonatal Screening, answer the following questions:

(Total 20 Marks)

- A. Discuss the importance and benefits of Neonatal Screening **(5 marks)**
- B. Discuss the existing Neonatal Screening Program in India **(5 marks)**
- C. Discuss in brief, the following 2 conditions and explain the consequences if these conditions are not screened for. And explain how you will do screening for these conditions for Priya's Baby?
 - 1. Congenital Hypothyroidism **(5 marks)**
 - 2. Congenital Hearing Loss **(5 marks)**

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. THEME: VOMITING IN PREGNANCY [QUESTIONS. 1(i)-1(vi)] **(Total: 6 Marks)**

From the options 'A to N' given below, choose the best answer for the questions 1(i)-1(vi)

Options :

- A. 5% Dextrose
- B. High levels of HCG, oestrogen, progesterone
- C. Blood urea
- D. 50ml/kg over 6 hours
- E. Molar and twin pregnancies
- F. Urine for ketone
- G. 70ml/kg over 6 hours
- H. 70ml/kg over 8 hours
- I. Normal saline

- J. Ringer lactate
- K. Normal pregnancy
- L. High levels of prolactin

- M. Low levels of Prolactin
- N. Gestational Diabetes

Questions:

Mrs. Sharada, a primigravida comes to you with complaints of severe vomiting.

1(i). The physiological cause for vomiting in pregnancy is

As you take further history you find that she vomits 10 to 15 times a day and is unable to eat anything. On examination, she looks dehydrated and her Blood Pressure is 100/60 mmHg, pulse 96/min.

1(ii). You suspect that this could be Hyperemesis gravidarum. This is one of the symptoms of:

1(iii). What test will you order which will help you in determining the management for Mrs. Sharada?

1(iv). She has moderate dehydration. The amount of fluid correction she needs is:

1(v). The fluid recommended for correction of dehydration in Mrs. Sharada is

1(vi). The intravenous fluid, which is not usually used for the correction of dehydration but is used in the management of hyperemesis gravidarum is

2. THEME: DIABETES COMPLICATING PREGNENCY [QUESTIONS 2(i) – 2(vi)]

(Total: 6 Marks)

From the options 'A to E' given below, choose the best answer for questions 2(i)–2(vi)

Options :

- A. She has overt diabetes in pregnancy
- B. She has gestational diabetes
- C. Normal value of 75 gm oral glucose tolerance test in pregnancy
- D. Abnormal value of 75 gm oral glucose tolerance test in pregnancy
- E. She does not have gestational diabetes

Questions:

2(i). Mrs. Lakshmi, a 2nd gravida at 20 weeks gestation, brings you the result of her fasting blood sugar. It is 90 mg%. What is your conclusion?

2(ii). You review Mrs. Shantanu's blood reports who is pregnant with her 3rd child and find that her fasting blood sugar which is 100mg%. What is your conclusion?

2(iii). Mrs. Anbu who is pregnant has done her 75 gm glucose tolerancetest(GTT).Her fasting sugar is 95 mg%. What do you infer?

2(iv). 32 year old Gravida 2, Para 1, Living 1, Mrs. Bharathi,at 18 weeks of gestation has taken her 75 gm glucose tolerancere test(GTT).Her 2 hour blood sugar value is 160 mg%. What do you infer?

2(iv). Mrs. Chandra, one of your antenatal patients, has taken her 75 gm glucose tolerance test(GTT). Her 1 hour blood sugar value is 160mg mg%. What is your inference?

2(vi). 16 weeks pregnant Mrs. Devi, with a family history of Diabetes, has done her fasting blood sugar. It is 130mg%. What is your conclusion?

3. THEME: STAGES&PHASES OF LABOUR [QUESTIONS 3(i) – 3(vi)] (Total 6 Marks)

From the options 'A to F' given below, choose the best answer for questions 3(i) – 3(vi)

Options :

- | | |
|---|---|
| A. Latent 1 st stage of Labour | D. Active 1st stage of Labour |
| B. Early 2 nd stage of Labour | E. Late 2 nd stage of Labour |
| C. False labour | F. 3rd stage of Labour |

Questions:

You are posted in the labour room and Mrs. Subbulakshmi comes to you with lower abdomen pain at 40 weeks gestation. You examine her abdomen and do a Per-Vaginal exam on her:

- 3(i) If her cervix is 6 cm dilated and there is fetal descent, she is in
- 3(ii) If her cervix is not dilated and there is no fetal descent, she is in
- 3(iii) If her cervix is fully dilated and she has urge to push, she is in
- 3(iv) If her cervix is 3 cm dilated and there is no fetal descent, she is in
- 3(v) If she has delivered but the placenta is not yet expelled, she is in
- 3(vi) Her cervix is fully dilated and there is no urge to push, she is in

4. THEME: FEVER DURING POSTPARTUM PERIOD [QUESTIONS 4(i) – 4(vi)] (Total 6 Marks)

From the options 'A to J' given below, choose the best answer for the questions 4(i) – 4(vi)

Options :

- | | |
|-------------------|--------------------------|
| A. Metritis | F. Acute pyelonephritis |
| B. Pelvic abscess | G. Deep vein thrombosis |
| C. Breast abscess | H. Uncomplicated malaria |
| D. Mastitis | I. Complicated Malaria |
| E. Cystitis | J. Peritonit |

Questions:

4(i). Today is the 13th postpartum day for Mrs. Alice. She presented with right sided breast pain. On examination, she has a reddened wedge shaped area on the right breast, which is also warm and tender to touch Mrs. Alice has

4(ii). Today is the 7th postpartum day for Mrs. Bhuvana. She has spiking fever despite antibiotics. On examination she has calf muscle tenderness. Mrs. Bhuvana has

4(iii). Today is the 4th postpartum day for Mrs. Chandra. She has fever with chills with lower abdominal pain. On examination she has purulent foul smelling lochia and tender uterus. Mrs. Chandra has

4(iv). Mrs. Devi is in her postnatal period. She has fever with chills with increased frequency and urgency of micturition. On examination, she has suprapubic pain and tenderness and there is no loin pain/tenderness. Mrs. Devi has

4(v). Today is the 14th postpartum day for Mrs. Evangeline. She has fever and on examination she has a fluctuating swelling in the left breast draining pus. Mrs. Evangeline has

4(vi). Mrs. Fatima is in her postpartum period. She has fever with chills and rigors, headache and muscle/joint pain. On examination, she is conscious, oriented, vital signs are stable and she has an enlarged spleen. Mrs. Fatima has

5. THEME: ANTEPARTUM PROBLEMS-VAGINAL BLEEDING

[QUESTIONS 5(i) – 5(vi)]

(Total: 6 Marks)

From the options 'A to J' given below, choose the best answer for the questions 5(i) – 5(vi)

Options :

- | | |
|---------------------------------------|---|
| A. Inevitable abortion | G. Delayed menstrual period |
| B. First 22 weeks of pregnancy | H. Threatened abortion |
| C. First 16 weeks of pregnancy | I. Referring the patient immediately |
| D. Taking a detailed history | J. First 18 weeks of pregnancy |
| E. Ruptured ectopic pregnancy | |
| F. Stabilising the patient | |

Questions:

5(i) By definition, vaginal bleeding in early pregnancy is the bleeding that occurs during this period of pregnancy

5(ii) The priority in managing a patient who presents with vaginal bleeding in early pregnancy who is in shock is

5(iii) Mrs. Selvi presented to you with history of bleeding PV since that morning. When you took the history, she told you that her period was overdue by 7 days. On examination her vitals were stable and per speculum showed bleeding PV and there was no abdominal tenderness or guarding. The most likely diagnosis is

5(iv) Mrs. Reena presents with lower abdominal pain with bleeding PV following 8 weeks of amenorrhea. Per speculam examination showed blood in the vagina. Uterus was corresponding to date and cervical os was closed. The diagnosis is

5(v) Mrs. Seetha presented to a Family Physician with the history of syncopal episodes since morning. She had her last full periods 6 weeks ago and then 2 weeks ago she had some spotting per vaginum. But she has started having bleeding PV since this morning. On examination, she was pale, her pulse was 116/min, BP was 90/70. Per-speculum examination showed blood in the vagina and the cervical os was closed. Cervical Excitation test was positive. The most likely diagnosis is

5(vi) Mrs. Radhika presents with lower abdominal pain with bleeding PV following 12 weeks of amenorrhea. Per-speculum examination showed blood in the vagina and the cervical os was open. Gentle per-vaginal examination showed that her uterine size was around 8-10 weeks. The diagnosis is

6. THEME: NEONATAL MORTALITY [QUESTIONS 6(i) – 6(vi)] (Total: 6 Marks)

From the options 'A to O' given below, choose the best answer for the questions 6(i) – 6(vi)

Options :

- A. 35/1000 live births
- B. Death during first 7 days of life
- C. 37 weeks
- D. Prematurity and low birth weight, birth asphyxia and infections
- E. Sarnat & Sarnat classification
- F. $\frac{\text{Number of neonatal deaths} \times 1000}{\text{Total number of live births}}$
- G. $\frac{\text{Number of neonatal deaths} \times 1000}{\text{Total number of births}}$
- H. 20 /1000 live births
- I. 5-minute Apgar score
- J. Neonatal jaundice, neonatal convulsions and birth asphyxia
- K. Death during first 28 days of life
- L. 35 weeks
- M. 38 weeks
- N. 40 weeks
- O. 1-minute Apgar score

Questions:

6(i) The present neonatal mortality in India is

6(ii) The major causes that contribute to neonatal death in India are

6(iii) Neonatal death is defined as:

6(iv) You just conducted a normal delivery for Mrs. Neera. Her newborn baby's Apgar score is 7 at 1 minute and 8 at 5 minutes. Which is a valid predictor of neonatal mortality?

6(v) Mrs. Rani had obstructed labour and her newborn baby did not cry at birth. A tool that may help to predict the long-term outcomes in a baby with perinatal asphyxia is:

6(vi) A baby is said to be term when his/her gestation age is more than

7. THEME: BREAST FEEDING [QUESTIONS 7(i) – 7(vi)] (Total: 6 Marks)

From the options ‘A to P’ given below, choose the best answer for the questions 7(i) – 7(vi)

Options :

- A.** 4 months
- B.** Lying position
- C.** NG feeds
- D.** 6 months
- E.** Football hold position
- F.** 2 months
- G.** Direct breast feeds and paladai feeds
- H.** Clock-work feeding
- I.** 2 weeks
- J.** Sitting position
- K.** On-demand feeding
- L.** Cradle-hold position
- M.** Cross-cradle hold position
- N.** 4 weeks
- O.** Only Spoon feeds
- P.** Only Direct breast feeds

Questions

- 7(i). You are giving health education to Mrs. Angel about breastfeeding. The position to be avoided while breastfeeding the baby is
- 7(ii). Mrs. Kanchana's newborn baby is weighing 1.7 kg. You plan to start the baby on breast milk. Which route of feeding will you plan to use for this baby?
- 7(iii). Mrs. Selvi has a 3 month old baby. She is asking you about the time when she can start weaning food for the baby. The ideal time to start weaning food is
- 7(iv). Unfortunately Mrs. Shanthi died during labour. You have counseled the grandmother to give cow's milk in 2:1 dilution to her baby. When will you advise her to start the baby on full strength cow's milk?
- 7(v). Mrs. Latha's baby is a Preterm baby. She is asking you, how frequently she should feed her baby. You will recommend her this type of feeding:
- 7(vi). Mrs. Ratna's baby is a 3.2 Kg Term baby. She is asking you, how frequently she should feed her baby. You will recommend her this type of feeding:

8. THEME: IMMUNISATION-PROPERTIES OF VACCINE [QUESTIONS 8(i) – 8(vi)] (Total: 6 Marks)

From the options 'A and B' given below, choose the best answer for the questions 8(i)-(vi).

Options:

- A. Live vaccine
- B. Inactivated vaccine

Questions

You are called to talk to a group of Family Medicine residents on vaccines. You plan to give a quiz on the properties of vaccines. Write the answers for the following questions you have compiled for the quiz:

8. (i) This type of vaccine stimulates a weaker immune response and takes several additional doses or booster doses to maintain a person's immunity
8. (ii) This type of vaccine cannot be used in people with weakened immune system
8. (iii) This type of vaccine is more stable
8. (iv) This type of vaccine is more safer than the other vaccine
8. (v) This type of vaccine needs to be refrigerated to stay potent
- 8.(vi) This type of vaccine could revert to a virulent for

9. THEME: ROUTE OF ADMINISTRATION OF VACCINE [QUESTIONS 9(i) – 9(vi)] (Total: 6 Marks)

From the options 'A and D' given below, choose the best answer for the questions 9(i)-9(vi)

Options:

- A. Oral
- B. Intramuscular(IM)
- C. Subcutaneous(SC)
- D. Intradermal(ID)

Questions:

What is the route of administration of the following vaccines?

- 9(i).** Mrs. Ruby has brought her son for Hepatitis B vaccination. The route of administration of this vaccine is
- 9(ii).** Mr. Sankar has come to you asking for Yellow fever vaccine as he is going to Sudan next month. The route of administration of this vaccine is
- 9(iii).** Mrs. Bhuvana has brought her infant for Rotavirus vaccine. The route of administration of this vaccine is
- 9(iv).** One of the pilot immunization programs in the new health system in Timor-Leste is planning to use the Inactivated Polio vaccine (IPV). The route of administration of this vaccine is
- 9(v).** Mrs. Malathy has brought her 2 days old son for BCG vaccine. The route of administration of this vaccine is
- 9(vi).** Aarthy a 10 months old infant has been brought by her parents for Measles vaccine. The route by which you will give this vaccine is

10. THEME: DEVELOPMENTAL DELAY[QUESTIONS 10(i) –10(vi)] (Total: 6 Marks)

For the developmental milestones given in 10(i)-10(vi), choose the age at which they are usually attained from the option given from A to J

Options

- | | |
|-------------|--------------|
| A. 1 month | F. 13 months |
| B. 2 months | G. 2 years |
| C. 4 months | H. 3 years |
| D. 6 months | I. 4 years |
| E. 9 months | J. 5 years |

Questions

- 10(i)** Sankar has been brought for an upper respiratory infection to you by his mother. You notice that he descends stairs on his own and his mother says he can do this for the past few days. Sankar's developmental age is
- 10(ii)** Mrs. Shalini has brought her daughter for vaccination. On routine checking of the milestone, you find that the baby's eyes follow objects to midline. The baby's age is:
- 10(iii)** Ganesan's mother tells you that for the past 1 week he started walking on his own. Ganesan's likely age is:

10(iv) You wanted to assess the age of toddler Gokul. When you asked his mother she said, he started riding the tricycle recently. Gokul's age is likely to be around:

10(v) Gomathy was brought to you for the assessment of developmental delay. You notice that Gomathy has Pincer grasp. Gomathy's developmental age is likely to be around:

10(vi) Roshinihas been brought for immunization. You notice that she rolls over supine to prone. Roshini's age is approximately:

FIRST YEAR THEORY EXAM– FEBRUARY 2015

PAPER III – MATERNAL & CHILD HEALTH

QP CODE: 434003

Time: Three hours

Maximum marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 marks)**.
- **Part B** will have Objective type EMQs (**Extended Matching Questions**) **(60 marks)**.
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:
3. THEME–COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6Marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedeconoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?
 3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

| | |
|--------|--|
| 3(i) | |
| 3(ii) | |
| 3(iii) | |
| 3(iv) | |
| 3(v) | |
| 3(vi) | |

❖ Each option may be used more than once. Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. 20 year old Mrs. Sundari, a primigravida has come to you at 12 weeks of gestation. Clinically she looks anemic to you. **(Total 20 Marks)**
- A. Describe 4 effects of anemia on the mother and 4 effects on the foetus. **(4 Marks)**
 - B. Describe the clinical features of anaemia in pregnancy. **(4 Marks)**
 - C. List the lab investigations you will do to confirm anaemia in pregnancy? **(4 Marks)**
 - D. What is the dose of elemental iron required per day for the treatment of iron deficiency anaemia in pregnancy? What is the dose of elemental iron/day for supplementation recommended by the Ministry of Health, Govt. of India and how long should it be given? **(3 Marks)**
 - E. Name 2 indications for parenteral iron therapy and 3 indications for blood transfusion during pregnancy. **(5 Marks)**
2. Answer the following questions regarding the new born Problems. **(Total 20 Marks)**
- A. Mrs. Suganthi has brought her 5 days old newborn baby with vomiting. Name any 4 “Red flags” in any newborn baby. **(4 Marks)**
 - B. Mrs. Saroja has brought her 3 day old daughter with bleeding per vaginum since that morning which was small in amounts. **(4 Marks)**
 - i. Is it normal or abnormal?
 - ii. What is the cause for the bleeding?
 - iii. If the bleeding is heavy what will you think of?
 - iv. How will you treat it?
 - C. Mrs. Kala has brought her 15 day old boy baby with vomiting. **(4 Marks)**
 - i. When is vomiting significant in a newborn?
 - ii. Name 3 pathological causes of vomiting in the newborn/infant.
 - D. Mrs. Shanthi has brought her 10 days old baby with white patch in the mouth. **(4 Marks)**
 - i. What is the common diagnosis?
 - ii. What is the causative organism?
 - iii. How will you confirm it clinically?
 - iv. What is the treatment for the condition?
 - E. Mrs. Rajakumari has brought her 25 days old newborn who has been crying incessantly for the past 3 hours. **(4 Marks)**
 - i. Enumerate 4 causes of incessant cry without major disease.
 - ii. Enumerate 4 causes of incessant cry with major disease/infection.

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. THEME: ANTENATAL CARE [QUESTIONS. 1(i)-1(vi)] (Total: 6 Marks)
From the options 'A to O' given below, choose the best answer for the questions 1(i)-1(vi)

Options :

- | | |
|---------------------------|----------------------------------|
| A. 4 | I. False |
| B. True | J. A General practitioner |
| C. An Obstetrician | K. 3 |
| D. 5 | L. Neural tube defects |
| E. Down's syndrome | M. 6-10 weeks |
| F. 8-12 weeks | N. 28-32 weeks |
| G. 24-28 weeks | O. Cardiac abnormalities |
| H. 26-30 weeks | |

Questions:

Mrs Nisha is 23 year old primigravida who had her pregnancy recently confirmed with a pregcolour test. As of now, she has no risk factors.

- 1(i).** The minimum number of recommended antenatal visits for Nisha who has a low risk pregnancy are
- 1(ii).** The preferred time for Nisha to go for her 1st antenatal visit is between
- 1(iii).** The preferred time for Nisha to go for her 2nd antenatal visit is between
- 1(iv).** According to the Medical Council of India regulations, only an Obstetrician can give antenatal care. Is this statement true or false?
- 1(v).** Mrs. Sharada has conceived after 10 years of pregnancy after treatment for infertility. High risk pregnancies should ideally be followed up and managed by
- 1(vi).** Folic acid supplementation before conception and during the 1st trimester reduces the risk of

2. THEME: ANTEPARTUM PROBLEMS [QUESTIONS 2(i) – 2(vi)] (Total: 6 Marks)
From the options 'A to M' given below, choose the best answer for questions 2(i)–2(vi)

Options :

- | | |
|---|--------------------------------------|
| A. Folic acid | H. Ruptured ectopic pregnancy |
| B. Inevitable abortion | I. Stabilise the patient |
| C. H ₂ receptor blocker | J. Delayed menstrual period |
| D. Pyridoxine | K. Threatened abortion |
| E. First 22 weeks of pregnancy | L. First 8 weeks of pregnancy |
| F. First 16 weeks of pregnancy | M. Refer the patient |
| G. Take a detailed history | |

Questions:

2(i). Mrs. Hema is 6 weeks pregnant and she comes to you with vomiting more than 10 times a day. She looks a bit dehydrated. What drug would you prescribe for Hyperemesis gravidarum?

2(ii). Mrs. Pushpa is a Gravida 2 Para 1 who is at her 24th week of gestation. She complains that she has a lot of heart burns during this pregnancy. The drug you would recommend for the treatment of GERD in pregnancy is

Mrs Shiny a primigravida who is 8 weeks pregnant, comes to you with mild bleeding per vaginum

2(iii). By definition, vaginal bleeding in early pregnancy is the bleeding that occurs during this period:

2(iv). If Mrs. Shiny presents with heavy vaginal bleeding and is in shock, the first thing you would do in managing her is:

2(iv). Mrs. Lakshmi presented to a Family Physician with history of syncope for the past 3 hours. On examination, she was pale, her pulse was 116/min, and BP was 90/70 mm Hg. When asked about LMP, she was not sure and told that she started having bleeding since this morning. The most likely diagnosis is

2(vi). Mrs. Radha presented to you with lower abdominal pain with bleeding PV following 8 weeks of amenorrhoea. Per speculam examination showed blood in the vagina. Uterus was corresponding to date and cervical os was closed. The diagnosis is

3. THEME: HYPERTENSIVE DISORDERS IN PREGNANCY [QUESTIONS 3(i) – 3(vi)]

(Total: 6 Marks)

From the options ‘A to F’ given below, choose the best answer for questions 3(i) – 3(vi)

Options :

- | | |
|--------------------------------|--|
| A. Eclampsia | D. Preeclampsia on Chronic hypertension |
| B. HELLP syndrome | E. Pregnancy induced hypertension |
| C. Chronic hypertension | F. Preeclampsia |

Questions:

3(i). Mrs. Yogeswari has been on regular antenatal check up with you. At 22 weeks of gestation, her BP was 144/92 mm Hg. In the previous visits, her BP had been less than 135/85 mm. Hg. You checked her urine for albumin, which was nil. What is the most likely diagnosis?

3(ii). Mrs. Malathy is 24 weeks pregnant and presents to you with Hematuria. Her BP is 150/96 mm Hg. The results of some of her investigations are: Hb 9g%, SGPT is 800IU/L, platelet count is 60,000/cu. mm. She most likely has

3(iii). Mrs. Gomathy is 30 week pregnant. She was brought convulsing into your OPD. Her BP was 146/94 mm.Hg and her urine albumin was 2+. What is your diagnosis for Mrs. Gomathy?

3(iv). Mrs. Stella had regular antenatal check up with you. At 22 weeks of gestation, her BP was 144/92 mm Hg. In the previous visits, her BP had always been less than 135/85 mm. Hg. You checked her urine for albumin which was 2+. Mrs. Stella most likely has:

3(v). 35 year old Mrs. Glory has conceived after 10 years of marriage and she is a known hypertensive for the past 4 years. Now she is 26 weeks pregnant. Her BP is 150/95 mm Hg. Her urine albumin is 3+. What do you think she has?

3(vi). When Mrs. Thangam came to you at 14 weeks of gestation, her BP was 145/95 mm. Hg. She did well on treatment and delivered normally at term. You followed her in the postpartum period also. At 4 months postpartum, her BP was 142/92 mm.Hg. What diagnosis is most likely in Mrs. Thangam?

**4. THEME: MANAGEMENT OF POSTPARTUM FEVER [QUESTIONS 4(i) – 4(vi)]
(Total 6 Marks)**

From the options ‘A to J’ given below, choose the best answer for the questions 4(i)–4(vi)

Options :

- | | |
|---|---|
| A. Give IV broad spectrum IV antibiotics | F. Perform a laparotomy and drain the pus |
| B. Keep the woman nil per oral, insert NG tube, start IV fluid, give first dose of antibiotics | G. Refer her for a subtotal hysterectomy |
| C. Drain the pus through cul-de- sac | H. Refer her for a hysterotomy and washing of the uterus |
| D. Give hematinics and dietary supplements | I. Give her a blood transfusion |
| E. Wait and watch | J. Give Iron injections |

Questions:

You are practicing in a town with facilities for expert assistance in the city, very close by. You have managed Mrs. Shanthi for metritis.

4(i). The management of Metritis is:

4(ii). Fever still persists after 72 hours of antibiotics. The next line of management is

4(iii). If Mrs. Shanthi in the above scenario has a necrotic uterus, the line of management is

4(iv). You also find that Mrs. Shanthi’s Hb is 9.5gm%. How would you manage that?

4(v). Mrs. Andal is in her postpartum period. She has high fever and lower abdominal pain and you diagnose her to have pelvic abscess by doing an ultrasound abdomen. If you are in a place where there is facility for admission and where referral is not possible, the next line of management would be

4(vi). Mrs. Lakshmi developed high fever in her postpartum period and on examination showed all the features of a general peritonitis. Treatment of general peritonitis during postpartum period is:

5. THEME: CONTRACEPTION [QUESTIONS 5(i) – 5(vi)] (Total: 6 Marks)
From the options 'A to K' given below, choose the best answer for the questions 5(i) – 5(vi)

Options:

- | | |
|--|---|
| A. Fertility awareness method | H. Prolactin secreted during breastfeeding prevents implantation |
| B. Breastfeeding | I. Oxytocin secreted during breastfeeding prevents implantation |
| C. Barrier method | J. Condom use by husband |
| D. Withdrawal method | K. Female condom |
| E. Prolactin secreted during breastfeeding inhibits ovulation | |
| F. Oxytonin secreted during breastfeeding inhibits ovulation | |
| G. Copper-T insertion | |

Questions:

5(i). Mrs. Rajathi has decided to use lactational amenorrhoea method as a method of contraception for the first 6 postpartum months. The efficacy of this method is around

5(ii). Mrs. Gayatri is using basal body temperature monitoring method as a method of contraception. This is a

5(iii). Mrs. Sudha, a lactating mother, is asking for a natural method of contraception. This is one of the natural method of contraception that she can use:

5(iv). The basis behind the lactational amenorrhoea method is

5(v). Mrs. Afiza is a Para 2 Living 2, delivered her 2nd baby normally 8 weeks ago. She tells you that they want 3 children and wants a spacing of 3 years before her next pregnancy. What contraception method will you advise?

5(vi). Mrs. X is a sex worker who has come to you requesting for a contraception. The best contraception for her would be

6.THEME: NEONATAL SCREENING [QUESTIONS 6(i)–6(vi)] (Total:6 Marks)
From the options 'A to K' given below, choose the best answer for the questions 6(i) – 6(vi)

Options:

- A.** Echocardiography
- B.** Before 24 hours of birth
- C.** After first 24 hours of birth
- D.** Pulse oximetry
- E.** ANM
- F.** Team at District hospital
- G.** Measuring metabolites and enzyme activity in whole blood samples
- H.** ASHA worker
- I.** Block health team
- J.** After 7 days of life
- K.** Physical examination

Questions:

Mrs. Chitra Devi delivered a baby at the district hospital. Her neighbor Mrs. Sowmya had a normal home delivery. Answer the following questions regarding screening of these neonates

- 6(i). Most newborn screening can be done by using
- 6(ii). Newborns are screened for congenital heart defects using
- 6(iii). The ideal timing in Indian set up to collect blood sample for neonatal screening would be
- 6(iv). Congenital cataract is to be detected and managed by
- 6(v). Developmental dysplasia of the hip is to be picked up by
- 6(vi). Community based newborn screening (age 0-6 weeks) for birth defects will be done by

7. THEME: NEONATAL RESUSCITATION [QUESTIONS 7(i) – 7(vi)]

(Total: 6 Marks)

From the options ‘A to F’ given below, choose the best answer for the questions 7(i) – 7(vi)

Options :

- | | |
|---|--|
| A. Primary apnea | E. Warm, clear airway if necessary, dry, stimulate |
| B. Clear airway, SPO ₂ monitoring, consider CPAP | F. Consider intubation, chest compression, coordinate with PPV |
| C. PPV, SPO ₂ monitoring | |
| D. Secondary apnea | |

Questions

7.(i) Malathy’s newborn baby has hypoxia. After sometime, there was a fall in both his heart rate and blood pressure. He has

You are resuscitating Gomathy’s newborn baby:

7.(ii) When you counted his heart rate, it was 80/min. The next step you will follow is:

7. (iii) After 2 minutes, his Heart rate was 50/min. What will you do now?

You were called for neonatal resuscitation.

7. (iv) When you counted the heart rate, it was 110/min but the newborn was having labored breathing with persistent cyanosis. What will you do now?

7. (v) After sometime, the heart rate was 120/min and there was no labored breathing or persistent cyanosis. What will you do now?

7. (vi) Maria’s newborn baby has hypoxia. He has labored breathing followed by gasping. He has

8. THEME: BREAST FEEDING [QUESTIONS 8(i) – 8(vi)] (Total: 6 Marks)
From the options 'A and R' given below, choose the best answer for the questions 8(i)-8(vi).

Options:

- | | |
|---------------------------------|-------------------------|
| A. Giving Hepatitis B | J. 4 months |
| B. Within 2 hours of delivery | K. Cataract |
| C. Proteus | L. Lying position |
| D. Giving colostrum | M. Helicobacter pylori |
| E. Thyroid problems | N. Coronary disease |
| F. 6 months | O. Renal diseases |
| G. Lactobacillus bifidus | P. 3 months |
| H. Within ½ an hour of delivery | Q. Giving Polio vaccine |
| I. Sitting position | R. Giving BCG vaccine |

Questions

- 8.(i) Mrs. Murshida delivered her first baby recently and wants your advice on when she can start weaning food. What is your recommendation?
- 8.(ii) The bacteria which prevents the growth of other harmful bacteria in the gut is
- 8.(iii) Mrs. Sophia breastfed her son for 2 years. The incidence of *this* illness is reduced in later life in a breastfed infant.
- 8.(iv) Mrs. Rukhsna delivered a baby normally just now. The ideal time to start breast feeding after delivery is
- 8.(v) The best position to breast feed a baby is
- 8.(vi) is called the 1st immunization of the baby

9. THEME: TETANUS TOXOID AND MEASLES VACCINES [QUESTIONS 9(i) – 9(vi)] (Total: 6 Marks)

From the options 'A and M' given below, choose the best answer for the questions 9(i)-9(vi)

Options:

- | | |
|-----------------------------------|----------------------------|
| A. 0.5 ml | I. 1 ml |
| B. Vaccine with inactivated toxin | J. Intravenous (IV) |
| C. Subcutaneous(SC) | K. 1 ml |
| D. Intradermal(ID) | L. 0.3 ml |
| E. Killed vaccine | M. Live attenuated vaccine |
| F. Live vaccine | |
| G. 0.1 ml | |
| H. Intramuscular(IM) | |

Questions:

Mrs. Shwetha has brought her son for Measles vaccination

- 9(i). What type of vaccine is the Measles vaccine?
- 9(ii). The dose of Measles vaccine is
- 9(iii). The route of administration of Measles vaccine is

Mr. Shekar had a fall and got some abrasions on his knees. He has come to you for TT injection.

- 9(iv). What type of vaccine is the Inj. Tetanus Toxoid?
- 9(v). The dose of Inj. Tetanus Toxoid is
- 9(vi). The route of administration of Inj. TT is

10. THEME: DEVELOPMENTAL DELAY [QUESTIONS 10(i) –10(vi)] (Total: 6 marks)
For the developmental milestones given in 10(i)-10(vi), choose the age at which they are usually attained from the option given from ‘A to J’

Options

- | | |
|-------------|--------------|
| A. 1 month | F. 12 months |
| B. 2 months | G. 2 years |
| C. 4 months | H. 3 years |
| D. 6 months | I. 4 years |
| E. 9 months | J. 5 years |

Questions

10(i). Sankar has been brought for an upper respiratory infection to you by his mother. You notice that he imitates your mannerism and activities. Sankar’s developmental age is likely to be:

10(ii). Mrs. Shalini has brought her daughter for vaccination. You notice that she is playing peek-a-boo with her mother. The baby’s age is:

10(iii). You are watching a group of children playing in the park. You notice that Gobi understands taking turns and waits in the queue. Gobi’s age must be atleast

10(iv). In a marriage party you wanted to play with your friend’s son. You notice that he has stranger anxiety. His age is most likely to be

10(v). Mrs. Karuna tells you that her daughter is having nightmares and monster fears. Her most likely age is

10(vi) You notice that Mrs. Kalpana’s son has separation anxiety. His most likely age is

M.MED.FAMILY MEDICINE
FIRST YEAR THEORY EXAM– AUGUST 2015
PAPER III – MATERNAL & CHILD HEALTH
Q.P. Code: 434003

TIME: THREE HOURS

MAXIMUM: 100 MARKS

INSTRUCTIONS

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios (**40 marks**).
- **Part B** will have Objective type EMQs (**Extended Matching Questions**)(**60 marks**).
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:

3. THEME -COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) - 3(vi)] (6marks)
From the options 'A to H' given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A.** Inj. Haloperidol
- B.** Amitriptyline + counseling
- C.** Tab. Chlorpromazine
- D.** Tab. Trihexyphenidyl
- E.** Tab. Diazepam
- F.** Tab. Lithium
- G.** Inj. Fluphenazine deconate
- H.** Tab. Risperidone

Questions: What is your treatment option in the following cases?

- 3(i) What is the drug of choice for Acute Psychosis?
- 3(ii) What is the drug of choice for Bipolar illness?

PART – A
DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. 25 years old Mrs. Deepa, a primigravida, presents to the outpatient clinic at 30 weeks of gestation. On examination her BP is 150/110 mmHg **(TOTAL 20 Marks)**

- A. What are the types of hypertensive disorders in pregnancy **(4 Marks)**
- B. Name 3 antihypertensives that can be used in pregnancy and the dosage **(3 Marks)**
- C. List any four risk factors for pre-eclampsia **(2 Marks)**
- D. After 4 weeks of management her BP is 180/110 and urine protein of 3+ on dipstick. What are the 3 main complications that can occur? **(3 Marks)**
- E. Indications for Magnesium Sulphate in pre-eclampsia. **(3 Marks)**
- F. List the features of Magnesium Sulphate toxicity and name the antidote for this toxicity **(5 Marks)**

2. Mrs. Suganthi has brought her 1 week old baby because her baby had a screening for congenital heart disease in another hospital on the second day of life and the screen was positive. The child is taking feeds well and active. There is no cyanosis or any significant murmur. **(TOTAL 20 Marks)**

- A. What is the basis of neonatal screening according to Wilson and Jungner classic criteria? **(3 Marks)**
- B. What is the Optimal Timing and Method of Sampling for neonatal screening? **(3 Marks)**
- C. What are the Conditions screened under Rashtriya Bal Swasthya Karyakram? **(3 Marks)**
- D. What are the principles of neonatal screening for congenital heart diseases? **(4 Marks)**
- E. Discuss the algorithm for congenital heart disease screen suggested by American Academy of Pediatrics. **(7 Marks)**

PART – B
EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME: BLEEDING IN PREGNANCY [QUESTIONS. 1(i)-1(vi)]
(TOTAL: 6 MARKS)

From the options 'A to L' given below, choose the best answer for the questions

1(i) – 1(vi)

Options :

- | | |
|-------------------------------|-------------------------------|
| A. Threatened abortion | G. Inevitable abortion |
| B. Ectopic pregnancy | H. Abruptio placenta |
| C. Placenta praevia | I. Complete abortion |
| D. Incomplete abortion | J. Normal labour |
| E. Molar pregnancy | K. Delayed period |
| F. Uterine rupture | L. Preterm labour |

Questions: Mark the most likely diagnosis for the following patients:

- 1(i).** Mrs. Radha presents with severe abdominal pain and vaginal bleeding. Her LMP was 40 days ago and on vaginal examination the cervix is closed with a tender adnexal mass.
- 1(ii).** Mrs. Prema, a primigravida at 16 weeks of pregnancy, presents with lower abdominal pain and bleeding and passing of tissues through vagina. On examination the uterus is larger than her gestational age and the fetal parts are not felt.
- 1(iii).** Mrs. Preetha, a primigravida at 12 weeks of gestation, presents with abdominal pain and bleeding per vagina. On examination the uterus corresponds to dates with mild tenderness. The cervix is dilated.
- 1(iv).** Mrs. Geetha, a primigravida at 10 weeks of gestation presents with heavy bleeding and passing of some tissues. She also has associated lower abdominal pain. On vaginal examination, products seen at the os and the cervix to dilated. The uterine size is smaller than gestational age.
- 1(v).** Mrs. Latha, a third gravida with previous 2 caesarean sections, presents at 37 weeks with severe abdominal pain since 6 hours, which has become better for the past one hour. On examination, patient is in shock with abdominal tenderness and superficial fetal parts.
- 1(vi).** Mrs. Sita, a second gravida at 35 weeks and 5 days of gestation presents with intermittent abdominal pain and mild bleeding. On examination, uterus is corresponding to gestational age and fetal heart is good. Vaginal examination shows 3 cm dilated cervix and bulging bag of membranes.

2.THEME: OBSTETRIC DEFINITIONS [QUESTIONS 2(i) – 2(vi)]

(TOTAL: 6 MARKS)

From the options ‘A to N’ given below, choose the best answer for questions 2(i)–2(vi)

Options :

- | | |
|--|---|
| A. G ₄ P ₂ L ₁ A ₂ | H. G ₃ P ₂ L ₂ |
| B. Multipara | I. Gravida |
| C. G ₂ P ₁ L ₂ | J. Primigravida |
| D. Abortion | K. G ₃ P ₂ L ₁ A ₂ |
| E. Nullipara | L. Nulligravida |
| F. G ₄ P ₂ L ₁ D ₁ A ₁ | M. Grand multipara |
| G. Elderly primigravida | N. G ₂ P ₁ L ₁ |

Questions:

- 2(i).** Mrs Uma has had an abortion at 11 weeks of gestation 3 months ago and at present she is not pregnant.
- 2(ii).** Mrs. Usha is 12 weeks pregnant. She has one live child, one abortion at 16 weeks of gestation and a baby was born at 29 weeks of gestation and died two days after birth. What is her obstetric score?
- 2(iii).** Thirty six year old Mrs, Asha is not pregnant and has had no pregnancies or abortions in the past.
- 2(iv).** Mrs. Dutta is 36 weeks pregnant. She has one live child and a still born child at 31 weeks of gestation.
- 2(v).** Mrs, Geetha a 27 year old woman is 22 weeks pregnant. Her first pregnancy was a twin gestation and both children are fine. What is her obstetric score?
- 2(vi).** Mrs. Sita a 29 year is pregnant for the first time.

3.THEME: PREGNANCY RELATED COMPLICATIONS [QUESTIONS 3(i) – 3(vi)]

(TOTAL: 6 MARKS)

From the options ‘A to N’ given below, choose the best answer for questions 3(i)–3(vi)

Options:

- | | |
|----------------------------------|--|
| A. Anxiety | H. Constipation |
| B. Gestational diabetes | I. Pregnancy induced Hypertension |
| C. Hyperemesis gravidarum | J. Pre-eclampsia |
| D. Oligohydramnios | K. Marfan’s syndrome |
| E. Missed abortion | L. Down syndrome |
| F. Threatened abortion | M. Turner’s syndrome |
| G. Ectopic pregnancy | N. Edwards’s syndrome |

Questions:

- 3(i).** Mrs. Xavier, a 20 year old primigravida presents with complaints of minimal painless vaginal bleeding for 2 days after 3 months of amenorrhea. What is the possible diagnosis?
- 3(ii).** MrsLatha has a twin pregnancy. One of the common complication that she may experience in the first trimestercould be
- 3(iii).** Mrs. Ramola, a primigravida, has come to you at 24 weeks of pregnancy for a routine antenatal checkup. Her blood pressure is 140/ 90 mm of hg. There is no pedal edema and the urine albumin is normal. What is your clinical diagnosis putting all these findings together?
- 3(iv).** Mrs. Sarita, a 32 year old third gravida with previous 2 normal deliveries, presents to your outpatient clinic at 32 weeks gestation for a routine antenatal checkup. On examination, her BP is 130/80mm Hg. The symphysiofundal height is above 90th percentile. What would you want to rule out in?
- 3(v).** MrsSunithaa 22 year old primigravida comes to you for her second antenatal checkup. Her first antenatal checkup 1month ago was normal. Now, she is in her 32nd week of gestationand her symphysio-fundal height (SFH) is 28 cm. What could be a possible cause?
- 3(vi).** 38 year old Mrs. Lakshmi, a primigravida, who has conceived after a prolonged infertility treatment, has brought to you her reports. The results are as follows:
Nuchal translucency at 14 weeks is 3.2 mm
Maternal alpha feto protein and unconjugated estriol is low
Human chorionic gonadotrophin is high.
Your impression based on the reports is the baby may have:

4. THEME: MEDICAL DISEASES COMPLICATING PREGNANCY [QUESTIONS 4(i) – 4(vi)] (TOTAL: 6 MARKS)

From the options ‘A to Q’ given below, choose the best answer for questions 4(i)–4(vi)

Options :

- | | |
|---|--|
| A. Hyperthyroidism | J. Diabetes Mellitus complicating pregnancy |
| B. Gestational Diabetes | K. Valvular heart disease |
| C. Hypertension complicating pregnancy | L. TORCH infection |
| D. Eclampsia | M. Pregestational diabetes |
| E. Malaria | N. Pancreatitis |
| F. Hepatitis | O. Adrenal insufficiency |
| G. Increased risk of pre eclampsia | P. Cholestasis |
| H. Cholecystitis | Q. HIV infection |
| I. Hypothyroidism | |

Questions:

- 4(i). 23 year old Mrs. Muniyamma, gravida 4 para 3 living 3, presented at 22 weeks gestation with complaints of lassitude and weakness. She was found to be pale on examination, with a grade 2 systolic murmur on cardiac auscultation and a 20 week size gravid uterus. Hemoglobin estimation at the local laboratory was reported to be 7.2 gm/dl. What is the reason for a systolic murmur?
- 4(ii). MrsSunaina, a 20 year old primigravida at 22 weeks gestation presents with a Fasting blood sugar of 140 mg/dl and a post prandial sugars of 220 mg/dl. What would you suspect?
- 4(iii). Mrs. Taruna, a primigravida at 30 weeks gestation is on carbimazole. She is being treated for:
- 4(iv). MrsSunanda is in her 20th week of gestation and she presents to you with intense pruritis. She is mildly icteric and investigations show slightly elevated liver enzymes. What is the possible diagnosis
- 4(v). PMTCT program is available for which infection in pregnancy?
- 4(vi). This parasitic infection complicating pregnancy can cause anemia and preterm labour in the mother and IUGR and congenital infection in the baby.

5. THEME: STAGES&PHASES OF LABOUR[QUESTIONS 5(i) – 5(vi)] (6 MARKS)

From the options ‘A to F’ given below, choose the best answer for questions 5(i) – 5(vi)

Options :

- | | |
|---|---|
| A. Latent 1 st stage of Labour | D. Active 1st stage of Labour |
| B. Early 2 nd stage of Labour | E. Late 2 nd stage of Labour |
| C. False labour | F. 3rd stage of Labour |

Questions:

Mrs. Satya, a primigravida at 40 weeks gestation is brought to the labour room with lower abdomen pain. You examine her abdomen and do a Per-Vaginal exam on her:

- 5(i).If her cervix is 6 cm dilated and there is fetal descent,she is in
- 5(ii).If her cervix is not dilated and there is no fetal descent, she is in
- 5(iii).If her cervix is 3 cm dilated and there is no fetal descent, she is in
- 5(iv).If her cervix is fully dilated and she has urge to push, she is in
- 5(v).If her cervix is fully dilated but there is no urge to push, she is in
- 5(vi).If she delivers the baby immediately but the placenta is not yet expelled,she is in

6. THEME: NEONATAL PROBLEMS [QUESTIONS 6(i) – 6(vi)] (TOTAL: 6MARKS)

From the options 'A to I' given below, choose the best answer for the questions 6(i) – 6(vi)

Options :

- | | |
|------------------------------------|---|
| A. Bilirubin encephalopathy | F. Hypoxic ischemic encephalopathy |
| B. Meningitis | G. Pyridoxine deficiency |
| C. Intracranial bleeding | H. Drug induced seizures |
| D. Hypocalcaemia | I. Inborn error of metabolism |
| E. Hypoglycemia | |

Questions: Choose the possible cause of the Neonatal seizures described in the following scenarios

6(i). 24 hours old Baby of Meenais having seizures. Baby was delivered by caesarian section, indication being cephalopelvic disproportion. The baby's birth weight is 3.9 kg. Mrs.Meena was diagnosed to have gestational diabetes during her pregnancy but she was not regular in her follow-up.

6(ii). 3 day old baby of Geetha is having seizures. The baby was taking feeds well till he had seizures. He was delivered by LSCS -indication being preeclampsia and non-progress of labor. His birth weight is 3.0 kg. The baby is not looking septic; and his blood sugars are normal.

6 (iii). 2 day old Baby of Heera delivered at home is brought today with history of seizures from today morning. The child did not feed well form yesterday afternoon. On examination, the child is term baby, present weight is 2.8 kg (birth weight not known) He is looking lethargic, hypothermic, sick looking and has an irritable cry. On examination, his anterior fontanelle is bulging.

6(iv). 8 hours old Asha's baby has had a seizure just now. Mrs. Asha was admitted in the second stage of labor after a prolonged period of labor at home. The baby was delivered by forceps and needed resuscitation for 3 minutes. Apgar at 1 minute was 4/10 and at 5 minutes was 8/10.

6(v). 4 day old Kala's baby was delivered normally in the hospital. His birth weight is 2.2 and he is a term IUGR baby. He was taking feeds well and active but today morning he had an episode of seizures. He looks very pale and the anterior fontanelle is bulging.

6(vi). 4 day old Devi's baby is brought with history of irritable cry, twisting movements and staring look for the past 12 hours. The baby was delivered at home by a local Dai. There were no problems during delivery. On examination, child is looking very icteric and the present weight is 2 kg. The records the family brought with them show that the mother's blood group is B negative.

**7. THEME: DEVELOPMENTAL DELAY [QUESTIONS 7(i) – 7(vi)]
(TOTAL: 6 MARKS)**

From the options ‘A to I’ given below, choose the best answer for the questions 7(i) – 7(vi)

Options :

- | | |
|-------------------------------------|--|
| A. Spastic quadriplegia | F. Specific Learning Disability |
| B. Spastic diplegia | G. Hypotonic cerebral palsy |
| C. Spastic hemiplegia | H. Autism Spectrum Disorders |
| D. Dyskinetic cerebral palsy | I. Attention Deficit Hyperactivity disorder |
| E. Ataxic cerebral palsy | |

Questions: What is your provisional clinical diagnosis for the following scenarios?

7. **(i).** 5 years old Farhan seems to be an intelligent child; but he shows puzzling discrepancy between intelligence and written language; he is slow to learn the connection between letters and sounds and confuses basic words (e.g. Run, eat, want) while reading, while speaking.
7. **(ii).** 1 year old Janet practically never looks or smiles in response to a social approach, though she smiles spontaneously. She also smiles at her toys when she is playing. She screams or resists when being cuddled and stiffens when held; ignores even familiar faces. There is no response to call of own name even now.
7. **(iii).** 3 year old Naveen is brought by his mother saying that he has not started to walk yet. On examination, child has generalized hypertonia and exaggerated deep tendon reflexes and child is exhibiting athetotic movements like flaying of fingers, overflow movements, and facial grimacing. His IQ is normal.
7. **(iv).** 4 year old Helen is brought by her mother saying that she is not walking properly. On examination, child has hypertonia and exaggerated deep tendon reflexes in the lower limbs. The upper limbs are normal. Her IQ is more than that is expected for her age.
7. **(v).** 18 months old Goutham is brought by his mother saying that he is not using his right sided limbs properly. On examination, child has hypertonia and exaggerated deep tendon reflexes in the right sided limbs. His developmental assessment shows that his milestones are slightly delayed for his age.
7. **(vi).** 5 year old John is brought by his parents with many concerns - Excessive and inappropriate running or climbing, persistent over activity not modulated by request or context; difficulty being quiet; often blurting out answers before the question is complete; failing to wait for turn groups games; not listening to the whatever that is being told; losing things like pencils, erasers frequently and making careless errors in school lessons.

8. THEME: BREAST FEEDING [QUESTIONS 8(i) – 8(vi)] (TOTAL: 6 MARKS)

From the options 'A and T' given below, choose the best answer for the questions 8(i)-8(vi).

Options:

- | | |
|---------------------------------|-------------------------------|
| A. 8 months | K. Osteoporosis |
| B. Within 2 hours of delivery | L. Endometrial carcinoma |
| C. Ig A | M. Ig M |
| D. 6 months | N. 3 months |
| E. Within ½ an hour of delivery | O. IgE |
| F. Sitting position | P. Prone position |
| G. 4 months | Q. Lateral position |
| H. IgG | R. 5 months |
| I. Within 1 hour of delivery | S. Within 6 hours of delivery |
| J. Supine position | T. After 24 hours of delivery |

Questions

- 8(i).** The immunoglobulin in breast milk that gives protection against respiratory and GI tract is
- 8(ii).** You are giving health education to a group of antenatal women. One of them asked you “when can I start breast feeding my infant if I have a normal delivery?” The answer is
- 8(iii).** Mrs Sunny wants to know what the best position is for her to breast feed her infant. The answer is
- 8(iv).** Mrs. Sonia is breastfeeding her infant. The incidence of this illness is reduced in a woman who breast feeds her child.
- 8(v).** Mrs. Malathi has brought her infant for 1st dose of DPT/OPV. She is asking you, “How long should I give exclusive breast feeding?” The answer is upto
- 8(vi).** 2 months old Mrs. Sangeetha’s baby is brought with an ear infection. This is one of the complications of feeding the baby in this position.

9. THEME: TYPES OF VACCINES [QUESTIONS 9(i) – 9(vi)]

(TOTAL: 6 MARKS)

From the options 'A and F' given below, choose the best answer for the questions 9(i)-9(vi)

Options:

- | | |
|------------------------|----------------------------|
| A. Subunit vaccine | D. Live attenuated vaccine |
| B. Toxoid | E. Live vaccine |
| C. Inactivated vaccine | F. Immunoglobulin |

Questions:

The nursing student posted in your unit is asking you about the group of vaccines mentioned above to which the following vaccines belong. Please write down your answers.

- 9(i). Vaccine against Diphtheria is a
- 9(ii). Acellular pertussis vaccine is a
- 9(iii). OPV is a
- 9(iv). Whole cellular pertussis vaccine is a
- 9(v). Rotavirus is a

- 9(vi). Hepatitis B vaccine is a

10.THEME: NORMAL/ABNORMALITY IN A NEWBORN [QUESTIONS 10(i) – 10(vi)] (TOTAL: 6 MARKS)

For the conditions of the newborn given in 10(i)-10(vi), choose the best option between A and B

Options

- A. Normal
- B. Abnormal

Questions

10(i). Mrs. Yesodha had delivered a term male baby normally 18 hours ago in your clinic. She wanted to go home. On examination, the baby had jaundice. This is

Mrs. Kanagi delivered a term male baby 4 hours ago. You went to see if both the mother and baby are fine.

- 10 (ii).** You counted the respiratory rate of the newborn. It was 44/minute. This is
- 10 (iii).** The heart rate of the above infant was 110/ minute. This is
- 10 (iv).** You measured the head circumference of this newborn on the 2nd day and it was 35 cm. This is
- 10 (v).** On examination, you found that the newborn has a squint. This is
- 10 (vi)**Youalso find that the baby has a cloudy cornea. This is _____

FIRST YEAR THEORY EXAM– FEBRUARY 2016

PAPER III – MATERNAL & CHILD HEALTH

QP CODE: 434003

Time: Three hours

Maximum marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios (**40 Marks**).
- **Part B** will have Objective type EMQs (**Extended Matching Questions**) (**60 Marks**).
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:
3. THEME–COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6Marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedeconoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

- 3(i) What is the drug of choice for Acute Psychosis?
- 3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

| | |
|--------|--|
| 3(i) | |
| 3(ii) | |
| 3(iii) | |
| 3(iv) | |
| 3(v) | |
| 3(vi) | |

❖ Each option may be used more than once. Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. You are the PHC Medical officer and you are in charge of the labour room. The following are some of the patients who were brought to you in labour. Answer the questions below regarding each of these patients: **(Total 20 Marks)**

A. 28 years old Mrs. Renganayaki has come to the labour room at 38⁺⁴ weeks gestation in the 2nd stage of labour. This is her second pregnancy. Her first child was delivered by a caesarian section 18 months ago. How will you manage her? **(5 Marks)**

B. 30 year old Mrs. Kundal was admitted in the labour room at 39 weeks gestation and she is getting contractions every 3 minutes lasting for 45 seconds. The nurse told you that she is having a high fever with 103° F. What are the common causes and clinical features of the intrapartum fever and how will you manage them? **(5 Marks)**

C. Mrs. Grace, a primigravida got admitted today morning. Your ANM was monitoring her and told you about the progression of labour. You have decided to augment the labour using oxytocin. Explain i) how you will augment labour using oxytocin. ii) What precautions you will take before augmenting labour with oxytocin and iii) how will you monitor Mrs. Grace and the fetus once you start oxytocin? **(5 Marks)**

D. You got a call from the nurse saying that Mrs. Rosy, a primigravida, who is admitted in the labour room has fetal distress.

1. List the features of fetal distress. **(2 Marks)**

2. You did a per vaginal examination. Mention how you will manage Mrs. Rosy if the following were her PV findings. **(3 Marks)**

a) If the cord is felt below the Vertex (Cord prolapse)

b) If the cervix was fully dilated and the fetal head was 0/5 above symphysis pubis and head was at 0 station and liquor was meconium stained.

c) If cervix was 5 cm dilated, head was 2/5 palpable above symphysis pubis and head was at -1 station and the liquor was meconium stained.

2. Answer the following questions on vaccination. **(Total 20 Marks)**

A. Mrs. Saroja had a home delivery 7 days ago. Her newborn baby has received no vaccines so far and has been brought for vaccination. Baby has no other problems. You told Mrs. Saroja that you will give BCG vaccine for the baby. The nursing student posted with you is asking the following questions. Kindly answer them. **(4 Marks)**

1. What type of vaccine is it?

2. What is the ideal time to give the vaccine?

3. What is the dosage?

4. What is the route of administration?

B. Mrs. Saroja asked you about the next vaccine her baby need to have. You told her to come for DPT vaccine. Answer her questions about DPT vaccine: **(4 Marks)**

1. What type of vaccine is it?
2. What is the recommended schedule for this vaccine?
3. What is the dose of the vaccine?
4. What is the route of administration?

C. 10 year old Sumathi has been brought with dog bite. You gave wound care and categorized the wound as Category III bite. She never had any rabies vaccine before. i) What is the post exposure prophylaxis you will give Sumathi apart from wound care? Mention the doses also. ii) If it were a Category II bite, what post exposure prophylaxis will you give? **(4 Marks)**

D. Your nursing student had the following doubt about passive immunization. Kindly clarify her doubts. **(4 Marks)**

1. What is passive immunization?
2. What are its characteristics?
3. To whom is it useful?
4. Name the 3 passive immunization agents available.

E. Name 4 adverse reactions that can follow immunization, the vaccine that can cause them and their management. **(4 Marks)**

PART – B

EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. THEME: BLEEDING IN PREGNANCY [QUESTIONS. 1(i)-1(vi)] (Total: 6 Marks)
From the options 'A to L' given below, choose the best answer for the questions 1(i) – 1(vi)

Options:

- | | |
|-------------------------------|-------------------------------|
| A. Threatened abortion | G. Inevitable abortion |
| B. Ectopic pregnancy | H. Abruptio placenta |
| C. Placenta praevia | I. Complete abortion |
| D. Incomplete abortion | J. Normal labour |
| E. Molar pregnancy | K. Delayed period |
| F. Uterine rupture | L. Preterm labour |

Questions: Mark the most likely diagnosis for the following patients:

1(i). Mrs. Leela who is 10 week pregnant has come with bleeding PV. Speculum examination showed bleeding. Her uterus corresponds to 14 weeks and her cervix is dilated. The most likely diagnosis is

- 1(ii).** Mrs. Radika is 12 week pregnant and has come with bleeding PV with clots. Uterus is around 8 week size and soft. Speculum examination shows a closed cervix. The diagnosis is
- 1(iii).** Mrs. Balan who is 12 week pregnant has come with bleeding PV. Uterus is corresponding to dates and cervix was dilated. The diagnosis is
- 1(iv).** Mrs. Dutta who is 14 weeks pregnant came with bleeding PV. Uterus is corresponding to dates and soft. On speculum examination you notice bleeding from a closed cervix. The diagnosis is
- 1(v).** Mrs. Fatima who is 12 week pregnant has come with bleeding PV. Her uterus is 9 week size and soft, speculum examination showed bleeding from cervix and cervical os is open. The diagnosis is
- 1(vi).** Mrs. Geeta has missed her period 1 month ago and today came with bleeding PV. On examination, uterus was not enlarged. She had tender adnexal mass on the left side and the fornix was tender. The most likely diagnosis is

2. THEME: OBSTETRIC DEFINITIONS [QUESTIONS 2(i) – 2(vi)] (6 Marks)
From the options 'A to J' given below, choose the best answer for questions 2(i)–2(vi)

Options:

- | | |
|---|---|
| A. G ₃ P ₀ L ₀ A ₂ | F. Grand Multigravida |
| B. G ₂ P ₁ L ₀ A ₁ | G. G ₂ P ₀ L ₀ A ₁ |
| C. Nullipara | H. G ₃ P ₂ L ₂ A ₀ |
| D. G ₃ P ₁ L ₂ A ₁ | I. Nulligravida |
| E. G ₃ P ₁ L ₀ A ₁ | J. Grand multipara |

Questions:

- 2(i).** Mrs. Yesodha is married for 1 year. 6 months ago she had an abortion. Her obstetric score is
- 2(ii).** Mrs. Mumtaj has come for ANC. She delivered twin girls during her first pregnancy. She had an abortion 9 months ago. This is her third pregnancy. Her obstetric score is
- 2(iii).** Mrs. Xavier has come for ANC. She had an intrauterine death (IUD) at 32 weeks during her 1st pregnancy. 8 months ago she had an abortion and now she has conceived again. What is her obstetric score?
- 2(iv).** Mrs. Suresh has come for ANC. During her first pregnancy she had an abortion at 20 weeks. Her obstetric score is
- 2(v).** Mrs. Anil has come for ANC. This is her third pregnancy and her first 2 children are alive and healthy. Her obstetric score is
- 2(vi).** Mrs. Rani is married for 2 years. She has never conceived. She is a

3. THEME: POSTNATAL PROBLEMS [QUESTIONS 3(i) – 3(vi)] (6 Marks)
From the options 'A to P' given below, choose the best answer for questions 3(i)–3(vi)

Options:

- | | |
|---|--|
| A. Primary postpartum hemorrhage | I. Acute pyelonephritis |
| B. 7 gm/dl | J. 9 gm/dl |
| C. Deep vein thrombosis | K. Tertiary postpartum hemorrhage |
| D. Cystitis | L. Intravenous ceftriaxone |
| E. Oral amoxicillin | M. Limb Claudication |
| F. Cellulitis of the lower limbs | N. Calcium deficiency |
| G. Secondary postpartum hemorrhage | O. Oral metronidazole |
| H. 5 gm/ dl | P. Intravenous Amikacin |

Questions:

- 3(i).** Mrs. Subedha presents with excessive bleeding PV after 72 hours of delivery. She has
- 3(ii).** Mrs. Elizabeth is in her postpartum period. Her bleeding is stopped but she is looking pale. The Hb level below which you will transfuse her with blood is
- 3(iii).** Mrs. Ranjitham is has fever in her postpartum period. She has spiking fever despite antibiotics and she has calf muscle tenderness. The most likely diagnosis is
- 3(iv).** Mrs. Kothi has fever and lower abdominal pain during her postpartum period. On examination, she has suprapubic tenderness. The most likely diagnosis is

Mrs. Murugan has high fever, nausea and vomiting during her postpartum period. On examination she has right loin tenderness.

- 3(v).** The most likely diagnosis is
- 3(vi).** The treatment of choice for Mrs. Murugan is

4. THEME: MEDICAL DISEASES IN PREGNANCY [QUESTIONS 4(i) – 4(vi)] (Total: 6 Marks)

From the options 'A to N' given below, choose the best answer for questions 4(i)–4(vi)

Options:

- | | |
|--------------------------------|---|
| A. 92 mg/dl | H. Continued at the same dose |
| B. Increased | I. Intrauterine growth retardation |
| C. Folic acid | J. Ferrous sulphate |
| D. Carbimazole | K. 28 Kg/m ² |
| E. 96 mg/dl | L. Macrosomia |
| F. 30 Kg/m ² | M. Stopped |
| G. Decreased | N. Propylthiouracil |

Questions:

Mrs. Lubna, a primigravida comes to you for antenatal checkup .

- 4(i). You have done the fasting blood sugar for Mrs. Lubna. The fasting blood sugar level above which you label her as having gestational diabetes (GDM) is
- 4(ii). One of the risk factors for Mrs. Lubna to have GDM is BMI more than
- 4(iii). The drug you will give Mrs. Lubna to prevent the development of neural tube defect is
- 4(iv). Mrs. Saroja who is under your care has gestational diabetes. One of the important complications her baby can develop if her blood sugars are not well controlled is
- 4(v). Mrs. Kannammal, a known case of thyrotoxicosis is pregnant and has come for antenatal care to you. The drug you will avoid in her during her 1st trimester is
- 4(vi). Mrs. Gopal, a known case of hypothyroid on eltroxine is pregnant and has come to you for antenatal checkup. The dose of eltroxine for her must be

5. THEME: CONTRACEPTION [QUESTIONS 5(i) – 5(vi)]

(6 Marks)

From the options ‘A to G’ given below, choose the best answer for questions 5(i) – 5(vi)

Options:

- | | |
|-------------------------------------|--------------------------------------|
| A. Increase | E. Progestin only pill |
| B. Combined Oral contraceptive pill | F. Intrauterine contraceptive device |
| C. Estrogen only pill | G. Decrease |
| D. Tubectomy | |

Questions:

- 5(i). Mrs. Kanchana is on amitriptyline for her depression. She is requesting oral contraceptive pill (OCP). OCP will _____ the effect of amitriptyline.
- 5(ii). Mrs. Lakshmi is on clofibrate for her hyperlipidemia. She is requesting OCP for contraception. OCP will _____ the effect of clofibrate.
- 5(iii). Mrs. Yesodha is on Rifampicin for her TB pleural effusion. She is requesting for OCP. Rifampicin will _____ the effect of OCP.
- 5(iv). Mrs. Malathi delivered 2 months ago and she is breast feeding her infant. The OCP of choice for her is
- 5(v). Newly married Mrs. Osler is requesting for a contraception. The ideal contraception for her would be
- 5(vi). Mrs. Saroja who delivered her 1st child 6 weeks ago has come for contraception. She is requesting for a temporary contraception. The ideal contraception for her would be

6. THEME: NEONATAL SCREENING [QUESTIONS 6(i) – 6(vi)] (Total: 6 Marks)
From the options ‘A to L’ given below, choose the best answer for questions 6(i) – 6(vi)

Options:

- | | |
|--|--|
| A. Hypothyroidism | F. Estimation of total and direct bilirubin |
| B. 6 months | G. Puloximetry |
| C. Auditory brainstem response audiometry | H. 12 months |
| D. Semi quantitative florescent screening | I. TSH estimation |
| E. Phenylketonuria | J. Anti-thyroid antibody |
| | K. Otoacoustic emission |
| | L. Echocardiogram |

Questions:

You are examining the newborn of Mrs. Yesodha. The baby has large fontanelles and wide sutures, macroglossia, with umbilical hernia.

- 6(i).** The most likely problem the newborn has is
- 6(ii).** The investigation you will do for this baby is
- 6(iii).** Auditory stimulation before what age is critical for the development of speech and language.
- 6(iv).** While screening a neonate for hearing, which screening tool has the additional advantage of identifying neonates with auditory neuropathy?
- 6(v).** Which screening tool is recommended for screening a neonate for congenital heart disease?
- 6(vi).** The screening tool used to detect Glucose 6 Dehydrogenase Deficiency is

7. THEME: NEONATAL RESUSCITATION [QUESTIONS 7(i) – 7(vi)] (Total: 6 Marks)
From the options ‘A to K’ given below, choose the best answer for the questions 7(i) – 7(vi)

Options:

- | | |
|---|-------------------------------------|
| A. 1 minute | G. Intubation of the newborn |
| B. Initiate positive pressure ventilation | H. 6/10 |
| C. 8/10 | I. 3 minutes |
| D. Dry the baby and stimulate | J. 5 minutes |
| E. Consider intubation and chest compression | K. 10/10 |
| F. Administration of positive pressure ventilation and chest compression | |

Questions

- 7(i).** If you are a person called for resuscitating the newborn, you must be well equipped in

- 7(ii). When you went for neonatal resuscitation, the following were the features of the baby. Baby was crying, Heart rate was 120/ minute, baby was fully flexed and had grimace and peripheral cyanosis. What is the APGAR score?
- 7(iii). The time allowed for completing the initial steps in the neonatal resuscitation is approximately
- 7(iv). You were called for a neonatal resuscitation. When you counted the heart rate, it was 70/ min. What will you do?
- 7(v). After sometime, the heart rate was 50 /min. What will you do now?
- 7(vi). During another occasion, when you went for neonatal resuscitation, the baby was crying vigorously and the tone was good. What will you do now?

8. THEME: BREASTFEEDING [QUESTIONS 8(i) – 8(vi)] (Total: 6 Marks)
From the options ‘A and L’ given below, choose the best answer for questions 8(i)-8(vi).

Options:

- | | |
|-----------------------|-------------------------------|
| A. 1 year | G. Lactobacillus bifidus |
| B. Uterine malignancy | H. 2 years |
| C. Ovarian malignancy | I. Escherichia Coli |
| D. Colostrum | J. Increase |
| E. Decrease | K. Giving Hepatitis B vaccine |
| F. True | L. False |

Questions

- 8(i). The maximum time till when breast feeding can be continued for a child is
- 8(ii). One of the factors in the breast milk helps in the growth of this bacterium in the gut, which is useful for digestion.
- 8(iii). The risk of this cancer is reduced in a woman who breast feeds her infant.
- 8(iv). This is called the “The first immunization” of the baby.
- 8(v). For a baby who has been given colostrum, the level of bilirubin in his/her body will
- 8(vi). An exclusively breastfed infant needs extra water. This statement is

9. THEME: NEONATAL PROBLEMS [9(i) – 9(vi)] (Total: 6 Marks)
From the options ‘A and I’ given below, choose the best answer for questions 9(i)-9(vi)

Options:

- | | |
|------------------------------|--------------------------------------|
| A. Normal | F. Pyloric stenosis |
| B. Abnormal | G. Cotton |
| C. Jaundice on Day 3 of life | H. Regurgitation of milk after feeds |
| D. Bilious vomiting | I. Intestinal obstruc |
| E. Nylon | |

Questions:

- 9(i). 36 hours old Sumathi’s baby has not passed urine. This is

- 9(ii).** The same baby has not passed meconium yet. This is
- 9(iii).** This is one of the “Red flags” in the newborn.
- 9(iv).** Mrs. Koyal’s baby is having nappy rash. The nappy you would recommend for her must be made up of
- 9(v).** You are teaching the Medical students about vomiting in the Newborn. One of the dangerous causes of vomiting in the newborn is
- 9(vi).** Mrs. Kalpana’s newborn baby is having bilious vomiting. The commonest cause of bilious vomiting in the newborn is

10. THEME: DEVELOPMENTAL DELAY [QUESTIONS 10(i) –10(vi)] (Total: 6 Marks)
For the developmental milestones given in 10(i)-10(vi), choose the age at which they are usually attained from the option given from A to J

Options

- | | |
|--------------------|---------------------|
| A. 1 month | F. 13 months |
| B. 2 months | G. 2 years |
| C. 4 months | H. 3 years |
| D. 6 months | I. 4 years |
| E. 9 months | J. 5 years |

Questions

- 10 (i).** You notice that Arun can draw and copy a square. The normal age at which children attain this milestone is
- 10 (ii).** You notice that Kiruba can walk backwards. The minimum developmental age of kiruba is
- 10 (iii).** You did a developmental assessment on Shalini. You noticed that Shalini can roll over from supine to prone position. The minimum developmental age of Shalini is
- 10 (iv).** You notice that your nephew Suresh can unbutton his shirt himself. The minimum age of Suresh is
- 10 (v).** Sangeetha was brought to you since she had diarrhea. You noticed that she can walk without support. Her age is around
- 10 (vi)** Mrs. Kokila brought her infant to you since she had an upper respiratory infection. You did a developmental assessment on her. Her eyes were following objects to midline. The minimum age of Mrs. Kokila’s daughter is

FIRST YEAR THEORY EXAM – AUGUST 2016
PAPER III – MATERNAL & CHILD HEALTH

QP .CODE: 434003

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 Marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios **(40 Marks)**.
- **Part B** will have Objective type EMQs [**Extended Matching Questions**] **(60 Marks)**.
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English Alphabets **A, B, C, D** and so on.

Example:
3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(v)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

| | |
|--------|---|
| 3(i) | A |
| 3(ii) | F |
| 3(iii) | |
| 3(iv) | |
| 3(v) | |
| 3(vi) | |

❖ Each option may be used more than once. Some options may not be used at all.

PART – A
DESCRIPTIVE QUESTIONS
(ANSWER ALL QUESTIONS)

1. Mrs. Radhika who is a primigravida at 39+6 week gestation has come with labour pains.
[Total: 5 x 4 Marks = 20 Marks]
- A. What all will you check to confirm the wellbeing of both the mother and the fetus?
 - B. Explain with a flowchart, how you will do the initial assessment of a woman in labour
 - C. Explain how will you confirm that she is in labour? How will you differentiate between true and false labour?
 - D. Write down the features in the various stages and the phases in labour.
 - E. Describe how, by abdominal palpation, you will assess the engagement and descent of head?

2. You are a Family Physician who is working in a secondary level hospital. You see the following postnatal mothers in your outpatient department and ward:
[Total: 5 x 4 Marks = 20 Marks]

- A. Mrs. Shanthy is a 15 days postpartum mother. She feels that her breast is not full and tells you that she does not have enough secretion. Reassure Mrs. Shanthy by explaining “Milk let-down reflex”.
- B. You are giving health education regarding breast feeding to Mrs. Nandhini. Explain to her the “advantages of breastfeeding”.
- C. You are doing rounds in the postnatal ward. Mrs. Anbu who delivered yesterday is telling you that the baby is not sucking well. You examine her feeding the baby and notice that her feeding technique is faulty. Explain to Mrs. Anbu the 5 steps in breast feeding.
- D. Mrs. Shobna feels that her milk is not adequate for the baby inspite of the baby’s weight gain is adequate. Explain to Mrs. Shobna all the ill effects of artificial feeding?
- E. Mrs. Ratna a postnatal mother is asking you, Doctor, “How will I know if my baby is getting enough milk?” Explain to her how she can know if her baby is getting adequate breast feeding.

PART – B
EXTENDED MATCHING QUESTIONS
(ANSWER ALL QUESTIONS)

1. **THEME: HYPERTENSION IN PREGNANCY [QUESTIONS. 1(i) -1(vi)]**
(Total: 6 Marks)

From the options ‘A to L’ given below, choose the best answer for the questions
1(i) – 1(vi)

Options :

- | | |
|-----------------------------------|----------------------------|
| A. Eclampsia | E. Mild hypertension |
| B. Pregnancy induced hypertension | F. Inj. Magnesium sulphate |
| C. Chronic hypertension | G. HELLP syndrome |
| D. Normal blood pressure | H. Severe hypertension |

- I. Pre eclampsia
- J. Inj.Phenytoin

- K. Moderate hypertension
- L. Inj.Phenobarbitone

Questions: What is the most likely diagnosis for the following patients?

- 1(i). Mrs. Sonam a primigravida at 24 weeks gestation has come with headache. Her BP is 144/92 mm. Hg and urine albumin is 2+. All her previous BP recordings were normal. Mrs. Sonam has:
- 1(ii). Mrs. Roja a Gravida 2 Para1Living1, at 30 weeks of gestation has come with haematuria and epigastric pain. Her BP is 152/88 mmHg and her platelet count is 98,000/cu.mm and her ALT is 320IU/L. Mrs. Roja has
- 1(iii). Mrs. Kanaga is a Gravida 3 Para1Living1Abortion1, who has come for antenatal checkup. Her BP is 136/86 mmHg. Urine shows no albuminuria. She has:
- 1(iv). Mrs. Kumari a primigravida at 26 week of gestation has come for antenatal checkup. Her BP is 144/92 mmHg. Her urine albumin is nil. All her previous BP recordings were normal. Mrs. Kumari has
- 1(v). Mrs. Saraswathy a G2P1L1 at 36 weeks has been brought to you with convulsions. On examination, her BP was 144/92 mm. Hg and urine albumin was 2+. Mrs. Saraswathy has
- 1(vi). The treatment of choice for Mrs. Saraswathy is

2. THEME: DIABETES COMPLICATING PREGNANCY [QUESTIONS 2(i) – 2(vi)]
(Total: 6 Marks)

From the options ‘A to E’ given below, choose the best answer for the questions 2(i) – 2(vi)

Options:

- A. Overt diabetes in pregnancy
- B. She has gestational diabetes
- C. Normal value of 75 gm oral glucose tolerance test in pregnancy
- D. Abnormal value of 75 gm oral glucose tolerance test in pregnancy
- E. She does not have gestational diabetes

Question:

- 2(i). You have asked Mrs. Rajathian antenatal woman to check her fasting blood sugar and meet you .The result is 88 mg%. What is your conclusion?
- 2(ii). You have ordered 75 gm glucose tolerance test (GTT) for Mrs. Radha who is pregnant and her fasting sugar is 97 mg%. What is your conclusion?
- 2(iii). You have asked Mrs. Bhuvana, an antenatal woman under your care to do 75 gm glucose tolerance test (GTT). The 2 hour blood sugar value has come as 160 mg%. What do you infer?
- 2(iv). Mrs. Komala an antenatal woman under your care has done her 75 gm glucose tolerance test (GTT). Her 1 hour blood sugar value is 160mg mg%. What do you infer?

- 2(v). You have ordered fasting blood sugar for the antenatal woman Mrs. Pooram who is under your care. She has come to you with a result of 130mg%. What is your conclusion?
- 2(vi). Mrs. Sheela who is 28 week pregnant has come to see you with her fasting blood sugar which is 102mg%. What do you infer?

3. THEME: ANTENATAL CARE [QUESTIONS 3(i) – 3(vi)] (Total: 6 Marks)

From the options 'A to P' given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- | | |
|--------------------|-------------------------|
| A. 4 | I. False |
| B. True | J. General practitioner |
| C. Obstetrician | K. 3 |
| D. 5 | L. Neural tube defects |
| E. Down's syndrome | M. 6-10 weeks |
| F. 8-12 weeks | N. 28-32 weeks |
| G. 24-28 weeks | O. Cleft lip & Palate |
| H. 26-30 weeks | P. Nurse Practitioner |

Questions:

- 3(i). The minimum number of recommended antenatal visits in low risk pregnancy are
- 3(i). Only a general practitioner/Obstetrician can give antenatal care
- 3(iii). It is better that the high risk pregnancies are followed up and managed by
- 3(iv). Folic acid supplementation before conception and during the 1st trimester reduces the risk of
- 3(v). In a low risk pregnancy, the preferred 1st antenatal visit is between
- 3(vi). In a low risk pregnancy, the preferred 2nd antenatal visit is between

4. THEME: POSTPARTUM PERIOD FEVER-DIAGNOSIS [QUESTIONS 4(i) – 4(vi)]

(Total 6 Marks)

From options 'A to O' given below, choose the best answer for the questions 4(i) – 4(vi)

Options:

- | | |
|--------------------------|-------------------------|
| A. Wound infection | I. Atelectasis |
| B. Uncomplicated malaria | J. Hepatitis |
| C. Pelvic abscess | K. Deep vein thrombosis |
| D. Breast abscess | L. Wound cellulitis |
| E. Pneumonia | M. Metritis |
| F. Mastitis | N. Complicated Malaria |
| G. Cystitis | O. Peritonitis |
| H. Acute pyelonephritis | |

Questions: What is the most likely diagnosis for the following patients in their postpartum fever?

4(i). Today is the 10th postpartum day for Mrs. Alagammal. She presented with right sided breast pain. On examination, she has a reddened wedge shaped area on the right breast which is also warm and tender to touch. Mrs. Alagammal has

4(ii). Today is the 9th postpartum day for Mrs. Kokila. She has spiking fever despite antibiotics. On examination she has calf muscle tenderness. Mrs. Kokila has

4(iii). Today is the 4th postpartum day for Mrs. Komala. She has fever with chills with lower abdominal pain. On examination she has purulent foul smelling lochia and tender uterus. Mrs. Komala has

4(iv). This is the 2nd postpartum day for Mrs. Dhanam. She has fever with chills with increased frequency and urgency of micturition. On examination, she has suprapubic pain and tenderness and there is no loin pain/tenderness. Mrs. Dhanam has

4(v). Today is the 12th postpartum day for Mrs. Eswari. She has fever and on examination she has a fluctuating swelling in the left breast draining pus. Mrs. Eswari has

4(vi). Mrs. Geetha is in her postpartum period. She has fever with chills and rigors, headache and muscle/joint pain. On examination she has enlarged spleen. Mrs. Geetha has

**5. THEME: MANAGEMENT OF POSTPARTUM FEVER [QUESTIONS 5(i) – 5(vi)]
(Total 6 Marks)**

From the options ‘A to J’ given below, choose the best answer for questions 5(i) – 5(vi)

Options:

- | | |
|---|---|
| A. Ampicillin 2 gm IV every 6 hours +Gentamycin 5 mg/Kg body weight every 24 hours +Metronidazole 500mgIV every 8 hours. | E. Wait and watch |
| B. Indication for referral | F. Perform a laparotomy and drain the pus |
| C. Drain the pus through cul-de- sac | G. Perform a subtotal hysterectomy |
| D. Treat with Iron tablets and health diet | H. Do a hysterotomy and wash the uterus |
| | I. She needs blood transfusion |
| | J. Inj Ciprofloxacin 750 mg IV BD |

Questions:

5(i). Mrs. Loganayaki who delivered 7 days ago presented to you with fever and chills with lower abdominal pain. On examination she has purulent foul smelling lochia and uterus is tender to touch. The treatment of choice for her is

5(ii). Mrs. Lydia who delivered 10 days ago presented to you with nausea and severe lower abdominal pain. On examination she was febrile. Her abdomen was distended and there was rebound tenderness and bowel sounds were absent. The treatment of choice for her is

You have managed Mrs. Latha for metritis. Her fever still persists after 72 hours of antibiotics. You have facilities for expert assistance.

5(iii). The next line of management is

5(iv). If Mrs. Latha in the above scenario has a necrotic uterus, the line of management is

- 5(v). Mrs. Rachel is in her postpartum period. Her Hb is 8 gm%. Does she need a blood transfusion?
- 5(vi). Mrs. Anbu is in her postpartum period. She has high fever and lower abdominal pain and you diagnose her to have pelvic abscess by doing an ultrasound abdomen. If you are in a place where there is facility for admission and where referral is not possible, the next line of management would be

6. THEME: NEONATAL SCREENING [QUESTIONS 6(i)–6(vi)] (Total: 6 Marks)
From the options ‘A to K’ given below, choose the best answer for questions 6(i) – 6(vi)

Options:

- | | |
|----------------------------------|---|
| A. Echocardiography | G. Measuring metabolites and enzyme activity in whole blood samples |
| B. Before 24 hours of birth | H. ASHA |
| C. After first 24 hours of birth | I. Block health team |
| D. Pulseoximetry | J. After 7 days of life |
| E. ANM | K. Doing Physical examination |
| F. Team at District hospital | |

Questions:

- 6(i). Most newborn screening are done by
- 6(ii). Newborns are screened for congenital heart defects using
- 6(iii). The ideal timing in Indian set up to collect blood sample for neonatal screening is
- 6(iv). Congenital cataract are to be detected and managed by
- 6(v). Developmental dysplasia of the hip is to be picked up by
- 6(vi). Community based newborn screening (age 0-6 weeks) for birth defects will be done by

7. THEME: NEONATAL RESUSCITATION [QUESTIONS 7(i) –7(vi)] (Total: 6 Marks)
From the options ‘A to I’ given below, choose the best answer for questions 7(i) – 7(vi)

Options:

- | | |
|--|--|
| A. Soda bicarbonate | F. Evaluate heart rate, respiration and colour |
| B. Give post resuscitative care | G. Atropine |
| C. Give positive pressure ventilation and chest compressions | H. Provide warmth and shift to the mother |
| D. Give positive pressure ventilation | I. Clean airway and stimulate the baby |
| E. Epinephrine | |

Questions:

- 7(i). You just conducted a normal delivery for Mrs. Swati. The baby did not cry at birth. What is your next step?
- 7(ii). After 30 seconds, he is crying feebly. What will you do now?
- 7(iii). The baby’s heart rate is 80/min. What will you do now?
- 7(iv). After 30 seconds, you recounted the heart rate; it is 50/min. What will you do now?

7(v). What drug will you administer at this stage?

7(vi). After sometime the baby's heart rate is 110/min and he is breathing. What will you do now?

8. THEME: IMMUNISATION –BCG&POLIO VACCINES [QUESTIONS 8(i) – 8(vi)]

(Total: 6 Marks)

From the options 'A and M' given below, choose the best answer for questions 8(i)-8(vi).

Options

- | | |
|------------------------------------|---|
| A. No active treatment is required | H. 4 |
| B. No, it cannot be given | I. Yes, it can be given |
| C. 3 | J. INH 10 mg/kg/day for 3-6 months |
| D. 2 | K. 0.1 ml |
| E. OPV(Oral polio vaccine) | L. 0.05 ml |
| F. 0.5 ml | M. Rifampicin 20 mg/Kg/day for 3-6 months |
| G. IPV(Inactivated polio vaccine) | |

Questions

- 8(i). Mrs. Sadhana brings her newborn baby for BCG immunization. The dose of BCG you will give the baby is
- 8(ii). You are the PHC medical officer working at Jharkhand. Mrs. Mridhula brings her 1 year old son to you saying that she has not given BCG to him so far. Can BCG be given at 1 year?
- 8(iii). Mrs. Regina brought her 45 days old daughter for the 1st dose of DPT/OPV. She is very worried about the papule at the BCG injection site. The treatment the baby needs is
- 8(iv). You are working in the remote jungles of Assam. You reconstitute BCG vaccine and gave to 2 infants. Unfortunately due to heavy rains 4 babies could reach your health centre by 4 pm only. Your nurse tells you that it is 8 hours since she reconstituted the vaccine. Can this vaccine be given to the babies?
- 8(v). You are teaching your health workers about OPV. The number of drops of OPV to be given during each immunization is
- 8(vi). Baby Harish under your care is HIV infected. The polio vaccine you will recommend for him is

9. THEME: ROUTE OF ADMINISTRATION OF VACCINE [QUESTIONS 9(i) – 9(vi)]

(Total: 6 Marks)

From the options 'A to D' given below, choose the best answer for questions 9(i)-9(vi)

Options

- | | |
|----------------------|---------------------|
| A. Oral | C. Subcutaneous(SC) |
| B. Intramuscular(IM) | D. Intradermal(ID) |

Questions

What is the route of administration of the following vaccines?

- 9(i). Mrs. Rosy has got a job at Niger, Africa. She has come to you asking for Yellow fever vaccine. The route of administration of this vaccine is

9(ii). You are teaching your health worker about DPT vaccine. The route of administration of this vaccine is

9(iii). Mrs. Rosalin has brought her son for Hib (Haemophilus influenza B) vaccination. The route of administration of this vaccine is

9(iv). Mrs. Gladys has brought her infant for Rotavirus vaccine. The route of administration of this vaccine is

9(v). 12 years old Sweety has been brought by her parents for MMR vaccine. The route by which you will give this vaccine is

9(vi). Mrs. Persis has brought her 2 days old son for BCG vaccine. The route of administration of this vaccine is

10. THEME: DEVELOPMENTAL DELAY [QUESTIONS 10(i) –10(vi)]

(Total: 6 Marks)

For the Social Developmental milestones given in 10(i) -10(vi) choose the age at which it is attained which are given under options A to J.

Options

A. 4 years

B. 2 months

C. 2 years

D. 4 months

E. 5 years

F. 9 months

G. 6 months

H. 12 months

I. 3 years

J. 1 month

Questions

10(i). Your patient Mrs. Selvi is sick and has come for a consultation to you. She has brought her son Suresh along with her. Suresh puts your stethoscope around his neck and imitates you. How old would Suresh be?

10(ii). You meet Gopi in the church. He plays Peek-a-boo with you. Gopi's age would be:

10(iii). The children are playing Cricket. You tell Santosh to take turns and bat. He understands it and does so. Santosh's age can approximately be:

10(iv). The nurse in your clinic took Mrs. Roja into the injection room to give her an injection. Her son Rohit started crying. You understand that Rohit has Separation anxiety. Rohit's age is likely to be:

10(v). Pavan's mother is looking worried. She tells you that Pavan has nightmares and monster fears. Pavan's age is likely to be:

10(vi). You meet baby Shalini in a marriage function. She has stranger anxiety. Her approximate age should be:

FIRST YEAR THEORY EXAM – FEBRUARY 2017
PAPER III – MATERNAL AND CHILD HEALTH

QP .CODE: 434003

Time: Three Hours

Maximum Marks: 100

INSTRUCTIONS

- The paper will be for a total of **100 Marks**.
- Answer **all** the Questions.
- The Paper has 2 parts – **Part A & Part B**.
- **Part A** will be **descriptive type questions** based on case scenarios. **(40 Marks)**
- **Part B** will have Objective type EMQs (**Extended Matching Questions**). **(60 Marks)**
 - ✓ This will have 10 sets of these questions.
 - ✓ Each set will have 6 questions.
 - ✓ Each question will carry 1 mark.
 - ✓ Each set has a **theme** on the top. Below this, some **options** are given followed by some **questions**. The options are lettered using the English alphabets **A, B, C, D** and so on.

Example:
3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazine deconoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?
3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

| | |
|--------|--|
| 3(i) | |
| 3(ii) | |
| 3(iii) | |
| 3(iv) | |
| 3(v) | |
| 3(vi) | |

❖ Each option may be used more than once. Some options may not be used at all.

PART – A

DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. Mrs. Malathi is a 20 year old primigravida who has come to you at 12 weeks of gestation. Her vital signs are normal. Clinically she looks anemic to you. **(Total 20 Marks)**
- A. Describe 4 effects of anemia on the mother and 4 effects on the foetus. **(4 Marks)**
 - B. Describe the clinical features of anaemia in pregnancy. **(4 Marks)**
 - C. List the lab investigations you will do to confirm anaemia in pregnancy? **(4 Marks)**
 - D. If her hemoglobin is 8 gm%, how will you manage her as a Family Physician? **(5 Marks)**
 - E. List the indications for parenteral iron therapy and indications for blood transfusion during pregnancy. **(3 Marks)**
2. Answer the following questions regarding the new born Problems. **(Total 20 Marks)**
- A. Mrs. Shyamala has brought her 5 day old newborn baby with vomiting. List and explain 4 “Red flags” you would look for in this baby. **(4 Marks)**
 - B. Mrs. Saroja has brought her 3 day old daughter with bleeding per vaginum since that morning which was small in amounts. What is the cause for the bleeding? How will you treat it? **(4 Marks)**
 - C. Mrs. Kala has brought her 7-day old boy baby with jaundice. When is jaundice significant in a newborn? How will you manage Kala’s baby if you find that the jaundice is upto the abdomen? **(4 Marks)**
 - D. Mrs. Begum has brought her 10 days old baby with white patch in the mouth. What is the common diagnosis? How will you manage this baby? **(4 Marks)**
 - E. Mrs. Kaur has brought her 25 days old newborn who has been crying incessantly for the past 3 hours. List and describe 4 causes of incessant cry without major disease and 4 causes due to major disease/infection. **(4 Marks)**

PART – B

EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. **THEME: NEONATAL SCREENING [QUESTIONS 1(i) – 1(vi)]** **(Total:6 Marks)**
From the options ‘A to L’ given below, choose the best answer for questions 1(i) – 1(vi)

Options:

- | | |
|----------------------------------|---|
| A. Echocardiography | G. Measuring metabolites and enzyme activity in whole blood samples |
| B. Before 24 hours of birth | H. ASHA worker |
| C. After first 24 hours of birth | I. Block health team |
| D. Pulse oximetry | J. After 7 days of life |
| E. Auxiliary Nurse Midwife (ANM) | K. Physical examination |
| F. Team at District hospital | L. Pediatrician |

Questions:

Mrs. Sharada had a normal home delivery. Answer the following questions regarding screening of neonates:

- 1(i). Sharada's newborn baby can be easily screened at home by a
- 1(ii). Newborns are screened for congenital heart defects using
- 1(iii). The ideal timing in Indian set up to collect blood sample for neonatal screening would be
- 1(iv). Congenital cataract is to be detected and managed by
- 1(v). Developmental dysplasia of the hip is to be picked up by
- 1(vi). Community based newborn screening (age 0-6 weeks) for birth defects will be done by

2. THEME: NEONATAL RESUSCITATION [QUESTIONS 2(i) – 2(vi)]

(Total: 6 Marks)

From the options 'A to F' given below, choose the best answer for the questions 2(i) – 2(vi)

Options:

- | | |
|---|--|
| A. Primary apnea | E. Warm, clear airway if necessary, dry, stimulate |
| B. Clear airway, SPO ₂ monitoring, consider CPAP | F. Consider intubation, chest compression, coordinate with PPV |
| C. PPV, SPO ₂ monitoring | |
| D. Secondary apnea | |

Questions:

2(i). Subadra's newborn baby has hypoxia. After sometime, there was a fall in both his heart rate and blood pressure. He has

You are resuscitating Afiza's newborn baby:

- 2(ii). When you counted his heart rate, it was 80/min. What will you do?
- 2(iii). After 2 minutes, his Heart rate was 50/min. What will you do now?

You were called for neonatal resuscitation in the labour room

- 2(iv). When you counted the heart rate, it was 110/min but the newborn was having labored breathing with persistent cyanosis. What will you do now?
- 2(v). After sometime, the heart rate was 120/min and there was no labored breathing or persistent cyanosis. What will you do now?
- 2(vi). Mary's newborn baby has hypoxia. He has labored breathing followed by gasping. He has

3. THEME: BREAST FEEDING [QUESTIONS 3(i) – 3(vi)]

(Total: 6 Marks)

From the options 'A and R' given below, choose the best answer for questions 3(i)-3(vi).

Options:

- | | |
|--|--------------------------------|
| A. Giving Hepatitis B | K. Cataract |
| B. Within 2 hours of delivery | L. Lying position |
| C. Proteus | M. Helicobacter pylori |
| D. Giving colostrum | N. Coronary disease |
| E. Thyroid problems | O. Renal diseases |
| F. 6 months | P. 3 months |
| G. Lactobacillus bifidus | Q. Giving Polio vaccine |
| H. Within ½ an hour of delivery | R. Giving BCG vaccine |
| I. Sitting position | |
| J. 4 months | |

Questions

3(i). Mrs. Zareena delivered her first baby recently and wants your advice on when she can start weaning food. What is your recommendation?

3(ii). The bacteria which prevents the growth of other harmful bacteria in the gut is

3(iii). Mrs. Satya breastfed her son for 2 years. The incidence of *this* illness is reduced in later life in a breastfed infant.

3(iv). Mrs. Rukhsna delivered a baby normally just now. The ideal time to start breastfeeding after delivery is

3(v). The best position to breast feed a baby is

3(vi). is called the 1st immunization of the baby.

4. THEME: VACCINATION [QUESTIONS 4(i) – 4(vi)]

(Total: 6 Marks)

From the options 'A and M' given below, choose the best answer for the questions 4(i)-4(vi)

Options:

- | | |
|--|-----------------------------------|
| A. 0.5 ml | H. Intramuscular(IM) |
| B. Vaccine with inactivated toxin | I. 1 ml |
| C. Subcutaneous(SC) | J. Intravenous (IV) |
| D. Intradermal(ID) | K. 1 ml |
| E. Killed vaccine | L. 0.3 ml |
| F. Live vaccine | M. Live attenuated vaccine |
| G. 0.1 ml | |

Questions:

Mrs. Chellammal has brought her son for Measles vaccination

4(i). What type of vaccine is the Measles vaccine?

4(ii). The dose of Measles vaccine is

4(iii). The route of administration of Measles vaccine is

Shankar, a 17 year old student had a fall and got some abrasions on his knees. He has come to you for TT injection.

4(iv). What type of vaccine is the Inj. Tetanus Toxoid?

4(v). The dose of Inj. Tetanus Toxoid is

4(vi). The route of administration of Inj.TT is

5. THEME: DEVELOPMENTAL DELAY [QUESTIONS 5(i) –5(vi)] (Total: 6 Marks)

For the developmental milestones given in 5(i)-5(vi), choose the age at which they are usually attained from the option given from ‘A to J’

Options:

- A. 1 month
- B. 2 months
- C. 4 months
- D. 6 months
- E. 9 months

- F. 12 months
- G. 2 years
- H. 3 years
- I. 4 years
- J. 5 years

Questions

5(i). Amar has been brought for an upper respiratory infection to you by his mother. You notice that he imitates your mannerism and activities. Amar’s developmental age is likely to be:

5(ii). Mrs. Kapoor has brought her daughter for vaccination. You notice that she is playing peek-a-boo with her mother. The baby’s age should be:

5(iii). You are watching a group of children playing in the park. You notice that Mani understands taking turns and waits in the queue. Mani’s age must be at least

5(iv). In a marriage party you wanted to play with your friend’s son. You notice that he has stranger anxiety. His age is most likely to be

5(v). Mrs. Sandya tells you that her daughter is having nightmares and monster fears. Her most likely age is

5(vi) You notice that Mrs. Kalpana’s son has separation anxiety. His most likely age is

6. THEME: ANTENATAL CARE [QUESTIONS. 6(i)-6(vi)] (Total: 6 Marks)

From the options ‘A to O’ given below, choose the best answer for the questions 6(i)–6(vi)

Options :

- A. 4
- B. Auxiliary Nurse Midwife (ANM)
- C. Obstetrician
- D. 5
- E. Down’s syndrome
- F. 8-12 weeks
- G. 24-28 weeks
- H. 26-30 weeks

- I. 2
- J. General practitioner
- K. 3
- L. Neural tube defects
- M. 6-10 weeks
- N. 28-32 weeks
- O. Cardiac abnormalities

Questions:

Mrs. Priya, a 23-year-old primigravida, who had her pregnancy recently confirmed with a pregcolour test. As of now, she has no risk factors.

- 6.(i). The minimum number of recommended antenatal visits for Nisha who has a low risk pregnancy are
- 6.(ii). The preferred time for Nisha to go for her 1st antenatal visit is between
- 6.(iii). The preferred time for Nisha to go for her 2nd antenatal visit is between
- 6.(iv). Mrs. Priya can be followed up and managed by
- 6.(v). Mrs. Sharada has conceived after 10 years of pregnancy after treatment for infertility. She should be followed up and managed by
- 6.(vi). Folic acid supplementation before conception and during the 1st trimester reduces the risk of

7. THEME: ANTEPARTUM PROBLEMS [QUESTIONS 7(i) – 7(vi)] (Total: 6 Marks)
From the options 'A to M' given below, choose the best answer for questions 7(i)–7(vi)

Options :

- | | |
|------------------------------------|-------------------------------|
| A. Folic acid | H. Ruptured ectopic pregnancy |
| B. Inevitable abortion | I. Stabilise the patient |
| C. H ₂ receptor blocker | J. Delayed menstrual period |
| D. Pyridoxine | K. Threatened abortion |
| E. First 22 weeks of pregnancy | L. First 8 weeks of pregnancy |
| F. First 16 weeks of pregnancy | M. Refer the patient |
| G. Take a detailed history | |

Questions:

- 7(i). Mrs. Uma is 6 weeks pregnant and she comes to you with vomiting more than 10 times a day. She looks a bit dehydrated. What drug would you prescribe for Hyperemesis gravidarum?
- 7(ii). Mrs. Punitha is a Gravida 2 Para 1 who is at her 24th week of gestation. She complains that she has a lot of heart burns during this pregnancy. The drug you would recommend for the treatment of GERD in pregnancy is
- Mrs Swati a primigravida who is 8 weeks pregnant, comes to you with mild bleeding per vaginum.*
- 7(iii). By definition, vaginal bleeding in early pregnancy is the bleeding that occurs during this period:
- 7(iv). If Mrs. Swati presents with heavy vaginal bleeding and is in shock, the first thing you would do in managing her is:
- 7(v). Mrs. Bhavya presented to you with history of syncope for the past 3 hours. On examination, she was pale, her pulse was 116/min, and BP was 90/70 mm. Hg. When asked about LMP, she was not sure and told that she started having bleeding since this morning. The most likely diagnosis is
- 7(vi). Mrs. Mallika presented to you with lower abdominal pain with bleeding PV following 8 weeks of amenorrhoea. Per speculam examination showed blood in the vagina. Uterus was corresponding to date and cervical os was closed. The diagnosis is

8. THEME: HYPERTENSIVE DISORDERS IN PREGNANCY [QUESTIONS 8(i) – 8(vi)]
(Total: 6 Marks)

From the options 'A to F' given below, choose the best answer for questions 8(i) – 8(vi)

Options :

- | | |
|--------------------------------|--|
| A. Eclampsia | D. Preeclampsia on Chronic hypertension |
| B. HELLP syndrome | E. Pregnancy induced hypertension |
| C. Chronic hypertension | F. Preeclampsia |

Questions:

8(i). Mrs. Manisha has been on regular antenatal check up with you. At 22 weeks of gestation, her BP was 146/94 mm. Hg. In the previous visits, her BP had been less than 130/80 mm. Hg. You checked her urine for albumin, which was nil. What is the most likely diagnosis?

8(ii). Mrs. Garima is 24 weeks pregnant and presents to you with hematuria. Her BP is 154/96 mm. Hg. The results of some of her investigations are: Hb 9g%, SGPT is 800 IU/L, platelet count is 60,000/cu. mm. She most likely has

8(iii). Mrs. Janaki is 30 weeks pregnant. She was brought convulsing into your OPD. Her BP was 146/94 mm. Hg and her urine albumin was 2+. What is your diagnosis for Mrs. Janaki?

8(iv). Mrs. Shirin had regular antenatal check up with you. At 22 weeks of gestation, her BP was 144/92 mm Hg. In the previous visits, her BP had always been less than 135/85 mm. Hg. You checked her urine for albumin which was 2+. Mrs. Shirin most likely has:

8(v). 35 year old Mrs. Glory has conceived after 10 years of marriage and she is a known hypertensive for the past 4 years. Now she is 26 weeks pregnant. Her BP is 150/95 mm. Hg. Her urine albumin is 3+. What do you think she has?

8(vi). When Mrs. Minu came to you at 14 weeks of gestation, her BP was 145/95 mm. Hg. She did well on treatment and delivered normally at term. You followed her in the postpartum period also. At 4 months postpartum, her BP was 142/92 mm. Hg. What diagnosis is most likely in Mrs. Minu?

9. THEME: POSTPARTUM PROBLEMS [QUESTIONS 9(i) – 9(vi)] (Total 6 Marks)
From the options 'A to J' given below, choose the best answer for the questions 9(i) – 9(vi)

Options :

- | | |
|---|---|
| A. Give broad spectrum IV antibiotics | F. Perform a laparotomy and drain the pus |
| B. Keep the woman nil per oral, insert NG tube, start IV fluid, give first dose of antibiotics | G. Refer her for a subtotal hysterectomy |
| C. Drain the pus through cul-de- sac | H. Refer her for a hysterotomy and washing of the uterus |
| D. Give hematinics and dietary supplements | I. Give her a blood transfusion |
| E. Wait and watch | J. Give Iron injections |

Questions:

You are practicing in a town with facilities for expert assistance in a lose-by city. Mrs. Shanthi had delivered at home and had come to you with post-partum fever. You have managed her for metritis.

9(i). The management of Metritis is:

9(ii). Fever still persists after 72 hours of antibiotics. The next line of management is

9(iii). If Mrs. Shanthi in the above scenario has a necrotic uterus, the line of management is

9(iv). You also find that Mrs. Shanthi's Hb is 9.5gm%. How would you manage that?

9(v). Mrs. Andal is in her postpartum period. She has high fever and lower abdominal pain and you diagnose her to have pelvic abscess by doing an ultrasound abdomen. If you are in a place where there is facility for admission and where referral is not possible, the next line of management would be

9(vi). Mrs. Lakshmi developed high fever in her postpartum period and on examination showed all the features of a general peritonitis. Treatment of general peritonitis during postpartum period is

10. THEME: CONTRACEPTION [QUESTIONS 10(i) – 10(vi)] (Total: 6 Marks)

From the options 'A to K' given below, choose the best answer for the questions 10(i)–10(vi)

Options:

- | | |
|--|---|
| A. Fertility awareness method | H. Prolactin secreted during breastfeeding prevents implantation |
| B. Breastfeeding | I. Oxytocin secreted during breastfeeding prevents implantation |
| C. Barrier method | J. Condom use by husband |
| D. Withdrawal method | K. Female condom |
| E. Prolactin secreted during breastfeeding inhibits ovulation | |
| F. Oxytonin secreted during breastfeeding inhibits ovulation | |
| G. Copper-T insertion | |

Questions:

10(i). Mrs. W has decided to use lactational amenorrhoea method as a method of contraception for the first 6 postpartum months. The efficacy of this method is around

10(ii). Mrs. X is using basal body temperature monitoring method as a method of contraception. This is a

10(iii). Mrs. S, a lactating mother, is asking for a natural method of contraception. This is one of the natural method of contraception that she can use:

10(iv). The basis behind the lactational amenorrhoea method is

10(v). Mrs. A is a Para 2 Living 2, delivered her 2nd baby normally 8 weeks ago. She tells you that they want 3 children and wants a spacing of 3 years before her next pregnancy. What contraception method will you advise?

10(vi). Mrs. B is a sex worker who has come to you requesting for a contraception? The best contraception for her would be

FIRST YEAR THEORY EXAM– FEBRUARY 2018
PAPER III - MATERNAL AND CHILD HEALTH

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Time: Three Hours

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- Answer **all** the Questions
- The Paper has 2 parts – **Part A & Part B**
- **Part A** will be **Descriptive Type Questions** based on case scenarios. **(40 Marks)**
- **Part B** will have Objective type EMQs **Extended Matching Questions.** **(60 Marks)**
 - ✓ This will have 10 sets of these questions
 - ✓ Each set will have 6 questions
 - ✓ Each question will carry 1 mark
 - ✓ Each set has a **theme** on the top
 - ✓ In each set there are **some options** given on the top followed by some **questions**
 - ✓ The options are lettered using the English Alphabets A, B, C, D and so on.

Example:
3. THEME –COMMON PSYCHIATRIC PROBLEMS [QUESTIONS. 3(i) – 3(vi)] (6marks)
From the options ‘A to H’ given below, choose the best answer for the questions 3(i) – 3(vi)

Options:

- A. Inj. Haloperidol
- B. Amitriptyline + counseling
- C. Tab. Chlorpromazine
- D. Tab. Trihexyphenidyl
- E. Tab. Diazepam
- F. Tab. Lithium
- G. Inj. Fluphenazinedeconoate
- H. Tab. Risperidone

Questions: What is your treatment option in the following cases?

3(i) What is the drug of choice for Acute Psychosis?

3(ii) What is the drug of choice for Bipolar illness?

❖ Match each question to a **single best option** and write it in your paper in the column provided like this:

| | |
|--------|--|
| 3(i) | |
| 3(ii) | |
| 3(iii) | |
| 3(iv) | |
| 3(v) | |
| 3(vi) | |

❖ Each option may be used more than once. Some options may not be used at all.

PART – A

DESCRIPTIVE QUESTIONS

(ANSWER ALL QUESTIONS)

1. 32 year old Mrs. Jayanthi has come to you at 11 weeks of gestation, with her 2 year old daughter to show you the reports of her investigations. On examination Mrs. Jayanthi looks pale, her vitals are normal and she has no complaints. Her reports show Haemoglobin of 9mg/dl and urine report shows pus cells and bacteria ++. You also note in her history that Mrs. Jayanthi is Rh-ve while her daughter is Rh+ve and she has no history of abortions. You have asked Mrs. Jayanthi for a urine culture report which shows growth of E.coli $>10^5$ CFU/ml. (Total: 20 Marks)

- A. What is your diagnosis? (4 Marks)
- B. Based on her haemoglobin and urine culture report, how will you manage her now and how will you follow her up? (6 Marks)
- C. In Rh incompatibility, mention 4 situations where there is mixing of maternal and fetal blood which are caused by the health care provider. (4 Marks)
- D. In Rh incompatibility complicating pregnancy, what is the management/treatment during the pregnancy, during labor and during the postnatal period? (6 Marks)

2. Mrs. Jemima who has gestational diabetes delivered a baby boy by forceps delivery after a difficult labour. The birth weight of the baby is 4.2kgs and he needed resuscitation at birth. Now the baby is 10 hours old and you have been called because he is having convulsions. (Total: 20 Marks)

- A. List four possible causes for convulsions in Mrs. Jemima's baby. (2 Marks)
- B. How is seizure in a newborn different from seizure in an adult? (4 Marks)
- C. Draw an algorithm for the management of a seizing baby in a health care set-up with limited resources. (5 Marks)
- D. (i) Define hypoglycemia in a neonate. (1 Mark)
(ii) List the risk factors for neonatal hypoglycemia. (2 Marks)
(iii) How will you investigate a neonate at risk for hypoglycemia? (2 Marks)
(iv) How will you manage an asymptomatic hypoglycemic baby with blood sugar of 25mg/dl? (4 Marks)

PART – B

EXTENDED MATCHING QUESTIONS

(ANSWER ALL QUESTIONS)

1. **Theme: Immunization [Questions 1(i) – 1(vi)]** (Total: 6 Marks)

From the options 'A to I' given below, choose the best answer for questions 1(i) – 1(vi):

Options:

- | | |
|--|----------------|
| A. Tetanus toxoid | E. MMR |
| B. Pneumococcal polysaccharide vaccine | F. Measles |
| C. Japanese B encephalitis vaccine | G. Hepatitis B |
| D. DTaP | H. DTwP |
| | I. DT booster |

Questions:

1(i). 11 year old Surekha has completed 7 doses of this vaccine, and does not require additional doses for the next 10 years.

1(ii). Mrs. Janaki's baby girl is 4 year old and they live in Andhra Pradesh. Which vaccine is mandatory to be given to her before she completes 10 years of age?

1(iii). Mrs. Menaka has brought her 14 weeks old baby girl to you for routine vaccination. Other than DPT and OPV, what other vaccine can she receive?

1(iv). A 15 month old baby with cerebral palsy is brought for immunization. What vaccine will you recommend?

1(v). A baby with a history of persistent cry for 4 hours after the last DPT vaccine is due for the next one. What will be your advice regarding vaccination?

1(vi). This vaccine is recommended for Kavya who has undergone splenectomy for congenital spherocytosis

2. Theme: Fever during Postpartum Period [Questions 2(i) – 2(vi)] (Total: 6 Marks)

From options 'A to K' given below, choose the best answer for questions 2(i) – 2(vi):

Options:

A. Metritis

B. Pelvic abscess

C. Breast abscess

D. Mastitis

E. Cystitis

F. Acute pyelonephritis

G. Deep vein thrombosis

H. Uncomplicated malaria

I. Complicated Malaria

J. Peritonitis

K. Cellulitis leg

Questions: What is your diagnosis?

2(i) Mrs. Geetha has come to you on her 13th day postpartum. She presented with right sided breast pain. On examination, she has a reddened wedge-shaped area on the right breast, which is also warm and tender to touch.

2(ii) Today is the 7th postpartum day for Mrs. Bhuvana. She has spiking fever despite antibiotics. On examination she has calf muscle tenderness and Homan's sign is positive

2(iii) On the 4th postpartum day, Mrs. Sarala has fever with chills and lower abdominal pain. On examination she has purulent foul smelling lochia and tender uterus.

2(iv) Mrs. Rani is in her postnatal period. She has fever with chills with increased frequency and urgency of micturition. On examination, she has suprapubic pain and tenderness and there is no loin pain or tenderness.

2(v) On the 14th postpartum day Mrs. Sangeetha has come to you with fever. On examination she has a fluctuating swelling in the left breast draining pus.

2(vi) Mrs. Fatima is in her postpartum period. She has fever with chills and rigors, headache and muscle or joint pain. On examination, she is conscious, oriented, vital signs are stable and she has an enlarged spleen.

3. Theme: Stages and Phases of Labour [Questions 3(i) – 3(vi)] (Total: 6 Marks)

From options 'A to F' given below, choose the best answer for the questions 3(i) – 3(vi):

Options:

- | | |
|---------------------------------|---------------------------------|
| A. Latent First stage of Labour | D. Active First Stage of Labour |
| B. Early Second stage of Labour | E. Late Second Stage of Labour |
| C. False Labour | F. Third Stage of Labour |

Questions:

You are posted in the labour room and Mrs. Kiruba, a primigravida, comes to you with lower abdomen pain at 40 weeks gestation. You examine her abdomen and do a per-vaginal exam on her. What stage and phase of labour is she in,

- 3(i). If her cervix is 6 cm dilated and there is fetal descent?
3(ii). If her cervix is not dilated and there is no fetal descent?
3(iii). If her cervix is fully dilated and she has urge to push?
3(iv). If her cervix is 3 cm dilated and there is no fetal descent?
3(v). If she has delivered the baby but the placenta is not yet expelled?
3(vi). Her cervix is fully dilated and there is no urge to push?

4. Theme: Breast Feeding and Weaning [Questions 4(i) – 4 (vi)] (Total: 6 Marks)

From options 'A to N' given below, choose the best answer for the questions 4(i) – 4(vi):

Options:

- | | |
|--|-------------------------------|
| A. Supplementary feeding | H. Clock-work feeding |
| B. Lying position | I. Complementary feeding |
| C. NG feeds | J. Sitting position |
| D. Only direct breast feeds | K. On-demand feeding |
| E. Football hold position | L. Cradle-hold position |
| F. Responsive feeding | M. Cross-cradle hold position |
| G. Direct breast feeds and paladai feeds | N. Only Spoon feeds |

Questions:

- 4(i). You are giving health education about breastfeeding, to Mrs. Meera, who delivered her first baby a few hours ago by C-section. The position for breastfeeding the baby is -
4(ii). Mrs. Kumudam's IUGR baby weighs 1.7 kg. You plan to start the baby on breast milk. Which route of feeding will you recommend for this baby?
4(iii). Mrs. Selvi a HIV positive mother chooses artificial feeds for her newborn baby. What type of feeding is this?
4(iv). Mrs. Jayanthi wants to wean her 6 month old baby. This type of feeding is called -
4(v). Mrs. Sasi's baby was born preterm. She is asking you, how frequently she should feed her baby. You will recommend her this type of feeding -
4(vi). Mrs. Jannani's baby was born at full term and weighed 3.2 Kg. She is asking you, how frequently she should feed her baby. You will recommend her this type of feeding:

5. Theme: Developmental Delay [Questions 5 (i) – 5 (vi)] (Total: 6 Marks)

From options 'A to J' given below, choose the best answer for questions 5(i) – 5(vi):

Options:

- | | |
|--------------------|-------------------|
| A. 1 month | F. 1 year |
| B. 2 months | G. 2 years |
| C. 4 months | H. 3 years |
| D. 6 months | I. 4 years |
| E. 9 months | J. 5 years |

Questions:

5(i). Omkar has been brought for an upper respiratory infection to you by his mother. You notice that he descends stairs on his own and his mother says he can do this for the past few days. Omkar's developmental age is -

5(ii). Mr. and Mrs. Basheer have brought their son for vaccination. On routine checking of the milestone, you find that the baby's eyes follow objects to midline. The baby's age is -

5(iii). Gopal is walking without help in your consulting room while you examine his mother. On asking her, his mother tells you that for the past 1 week he started walking on his own. Gopal's likely age is:

5(iv). You wanted to assess the age of toddler Gokul. When you asked his mother she said, he started riding the tricycle recently. Gokul's age is likely to be around -

5(v). 1 year old Sumita was brought to you for the assessment of developmental delay. You notice that Sumita has pincer grasp. Her developmental age is likely to be around -

5(vi). Roshini has been brought for immunization. You notice that she rolls over supine to prone. Roshini's age is approximately-

6. Theme: Hypertension in Pregnancy [Questions 6(i) – 6 (vi)] (Total: 6 Marks)

From options 'A to J' given below, choose the best answer for the questions 6(i) – 6(vi):

Options:

- | | |
|--|-----------------------------------|
| A. Eclampsia | F. Moderate hypertension |
| B. Pregnancy induced hypertension | G. HELLP syndrome |
| C. Chronic hypertension | H. Severe hypertension |
| D. Normal blood pressure | I. Pre eclampsia |
| E. Mild hypertension | J. Persisting hypertension |

Questions: What is the most likely diagnosis for the following patients?

6(i). Mrs. Sonam a primigravida at 24 weeks gestation has come with headache. Her BP is 144/92 mmHg and urine albumin is 2+. All her previous BP recordings were normal. Mrs. Sonam has-

6(ii). Mrs. Roja a G2P1L1, at 30 weeks of gestation has come with haematuria and epigastric pain. Her BP is 152/88 mmHg and her platelet count is 48,000/cu.mm and her ALT is 320IU/L. Mrs. Roja has

6(iii). Mrs. Kanaga is a G3P1L1A1, at 24 weeks of gestation who has come for antenatal checkup. Her BP is 136/86 mmHg. Urine shows no albuminuria. She has:

6(iv). Mrs. Kumari a primigravida, at 26 weeks of gestation has come for antenatal checkup. Her BP is 144/92 mmHg on repeated recordings. Her urine albumin is nil. What is the severity of the hypertension

6(v). Mrs. Saraswathy a G2P1L1 at 36 weeks has been brought to you with convulsions. On examination, her BP was 144/92 mm. Hg and urine albumin was 2+. Mrs. Saraswathy has

6(vi). Mrs. Suguna a primigravida has come to you at 12 weeks of gestation with a BP of 150/99mmHg , she has had similar recordings on 2 prior occasions. What is the likely diagnosis?

7. Theme: Medical Diseases in Pregnancy [Questions 7 (i) –7 (vi)] (Total: 6 Marks)
From options 'A to L' given below, choose the best answer for questions 7(i) – 7(vi):

Options:

- | | |
|---|------------------------------------|
| A. Furosemide 20-40mg iv | G. Propyl thiouracil |
| B. Methyldopa 250- 500 mg tid or qid | H. Magnesium sulphate |
| C. Methyldopa 25- 50 mg tid or qid | I. Enalapril 2.5-5mg bd |
| D. Atenolol 25-50 mg od/bd | J. Calcium gluconate |
| E. Potassium chloride | K. Warfarin |
| F. Carbimazole | L. Prophylactic antibiotics |

Questions:

7(i). Mrs. Malar, a primigravida, comes to you at 16 weeks of pregnancy with BP of 155/100 mmHg. There is no pedal edema. Urine albumin is negative, serum creatinine is 1.8, Haemoglobin is 10gm/dl, other investigations are normal.

7(ii). Mrs. Mona, a primigravida, comes to you at 36 weeks of pregnancy with BP of 155/100 mmHg. She complains of head ache and dimness of vision. On examination, there is pedal edema. Urine albumin is 3+. Haemoglobin is 10gm/dl. There is no history of seizures.

7(iii). Mrs. Fiona, a primigravida, comes to you at 36 weeks of pregnancy with BP of 155/100 mm Hg. She has had an episode of seizures at home. On examination, the patient is semiconscious. There is pedal edema. Urine albumin is 3+. Haemoglobin is 10gm/dl.

7(iv). 8 hours after starting Mrs. Fiona on treatment, she has developed weakness of all the limbs and mild breathing difficulty. Her respiratory rate is 10/minute, knee jerks are not present. What will you give her now?

7(v). 25 year old Mrs. Geetha, a primigravida, with mitral stenosis complicating pregnancy is admitted at the first stage of labour. Her blood pressure is 100/80 mm of Hg and her pulse rate is 82/minute and regular. There are moderate contractions on palpation of abdomen; foetal heart rate is 150/minute. On vaginal examination, the os is 2 cm dilated and cervix is 80% effaced. What will you give her?

7(vi). Mrs. Kala, a primi is diagnosed to have hyperthyroidism and she is pregnant for 8 weeks.

8. Theme: Antenatal Care [(Questions 8 (i) – 8 (vi)] (Total: 6 Marks)
From the options 'A to K' given below, choose the best answer for questions 8 (i) – 8 (vi):

Options:

- | | |
|--------------|--------------|
| A. 4 | C. 14 |
| B. 36 | D. 5 |

- E. 27
- F. 10
- G. 30
- H. 2

- I. 42
- J. 3
- K. 16

Questions:

- 8(i).** The minimum number of recommended antenatal visits in low risk pregnancy is-
- 8(ii).** Mrs. Hima has come to you for antenatal checkup. On examination you find that her uterine fundus is palpable just above the symphysis pubis. How many weeks pregnant is she?
- 8(iii).** Which weeks of gestation will you advice Mrs. Manasi to do a Glucose Tolerance Test?
- 8(iv).** Mrs. Sarala is being discharged after the birth of her first baby by normal vaginal delivery. How many years of birth spacing will you advise her before her second child?
- 8(v).** Mrs. Zara has come for her first antenatal visit, as recommended by you. Since her's is a low risk pregnancy, at which week would you have asked her to come?
- 8(vi).** Mrs. Zara asks you when to come for her next visit. After examining her you conclude that she and the baby are doing well and that her's is still a low risk pregnancy. At which week will you ask her to come next?

9. Theme: Neonatal Screening [Questions 9 (i) – 9(vi)]

(Total: 6 Marks)

From options 'A to K' given below, choose the best answer for the questions 9(i) – 9(vi):

Options:

- | | |
|--|--|
| A. Echocardiography | G. Measuring metabolites and enzyme activity in whole blood samples |
| B. Semiquantitative fluorescent screening | H. Pictorial reference book |
| C. Isoelectric focusing of dried blood spot | I. 21-OH concentration in dried blood spot |
| D. Pulse oximetry | J. Methemoglobin reduction test |
| E. Otoacoustic Emission | K. Doing Physical examination |
| F. 17-OHP concentration in dried blood spot | |

Questions: What tool is used to screen newborns in the given setting?

- 9(i).** Most Newborn screening for G6PD deficiency can be done by -
- 9(ii).** To screen a newborn for congenital heart defects –
- 9(iii).** Screening for Sickle cell disease -
- 9(iv).** To screen for Congenital Adrenal Hyperplasia -
- 9(v).** Screening Newborn for hearing loss -
- 9(vi).** Community based newborn screening for birth defects -

10. Theme: Neonatal Mortality [Questions 10 (i) – 10 (vi)]

(Total: 6 Marks)

From options 'A to J' given below, choose the best answer for questions 10(i) – 10(vi):

Options:

- | | |
|--------------|--------------|
| A. 5 | F. 20 |
| B. 7 | G. 35 |
| C. 1 | H. 37 |
| D. 10 | I. 28 |
| E. 42 | J. 40 |

Questions:

10(i). The number of neonatal deaths per 1000 live births in India is -

10(ii). The transition from intrauterine life to extrauterine life is not smooth for some babies. What percentage of babies will require extensive resuscitation?

10(iii). Neonatal deaths taking place up to which day of life is used to calculate neonatal mortality rate?

10(iv). You just conducted a normal delivery for Mrs. Mariamma. Her newborn baby's Apgar score is 7 at 1 minute and 8 at 5 minutes. At which minute is the Apgar a valid predictor of neonatal mortality?

10(v). Mrs. Hanifa had obstructed labour and her newborn baby did not cry at birth. Absence of no spontaneous respiration upto which minute is suggestive of poor neuro-motor outcomes/prognosis?

10(vi). How many weeks of gestation should the baby have completed for the baby to be called a 'term-baby'?
