ANC

PROVISIONAL ANSWER KEY (CBRT)

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Instructions / સૂયના

Candidate must ensure compliance to the instructions mentioned below, else objections shall not be considered: -

- (1) All the suggestion should be submitted in prescribed format of suggestion sheet Physically.
- (2) Question wise suggestion to be submitted in the prescribed format (Suggestion Sheet) published on the website.
- (3) All suggestions are to be submitted with reference to the Master Question Paper with provisional answer key (Master Question Paper), published herewith on the website. Objections should be sent referring to the Question, Question No. & options of the Master Question Paper.
- (4) Suggestions regarding question nos. and options other than provisional answer key (Master Question Paper) shall not be considered.
- (5) Objections and answers suggested by the candidate should be in compliance with the responses given by him in his answer sheet. Objections shall not be considered, in case, if responses given in the answer sheet /response sheet and submitted suggestions are differed.
- (6) Objection for each question shall be made on separate sheet. Objection for more than one question in single sheet shall not be considered & treated as cancelled.

ઉમેદવારે નીયેની સૂયનાઓનું પાલન કરવાની તકેદારી રાખવી, અન્યથા વાંધા-સૂયન અંગે કરેલ રજૂઆતો ધ્યાને લેવાશે નહીં

- (1) ઉમેદવારે વાંધા-સૂચનો નિયત કરવામાં આવેલ વાંધા-સૂચન પત્રકથી રજૂ કરવાના રહેશે.
- (2) ઉમેદવારે પ્રશ્નપ્રમાણે વાંધા-સૂચનો રજૂ કરવા વેબસાઈટ પર પ્રસિધ્ધ થયેલ નિયત વાંધા-સૂચન પત્રકના નમૂનાનો જ ઉપયોગ કરવો.
- (3) ઉમેદવારે પોતાને પરીક્ષામાં મળેલ પ્રશ્નપુસ્તિકામાં છપાયેલ પ્રશ્નક્રમાંક મુજબ વાંધા-સૂયનો રજૂ ન કરતા તમામ વાંધા-સૂયનો વેબસાઈટ પર પ્રસિધ્ધ થયેલ પ્રોવિઝનલ આન્સર કી (માસ્ટર પ્રશ્નપત્ર)ના પ્રશ્ન ક્રમાંક મુજબ અને તે સંદર્ભમાં રજૂ કરવા.
- (4) માસ્ટર પ્રશ્નપત્ર માં નિર્દિષ્ટ પ્રશ્ન અને વિકલ્પ સિવાયના વાંધા-સુયન ધ્યાને લેવામાં આવશે નહીં.
- (5) ઉમેદવારે જે પ્રશ્નના વિકલ્પ પર વાંધો રજૂ કરેલ છે અને વિકલ્પ રૂપે જે જવાબ સૂચવેલ છે એ જવાબ ઉમેદવારે પોતાની ઉત્તરવહીમાં આપેલ હોવો જોઈએ. ઉમેદવારે સૂચવેલ જવાબ અને ઉત્તરવહીનો જવાબ ભિન્ન હશે તો ઉમેદવારે રજૂ કરેલ વાંધા-સૂચન ધ્યાનમાં લેવાશે નહીં.
- (6) એક પ્રશ્ન માટે એક જ વાંધા-સૂયન પત્રક વાપરવું. એક જ વાંધા-સૂયન પત્રકમાં એકથી વધારે પ્રશ્નોની રજૂઆત કરેલ હશે તો તે અંગેના વાંધા-સૂયનો ધ્યાને લેવાશે નહીં.

001. The maternal circulation is designed to bathe the placental villi to optimize transpersion placenta of nutrients, oxygen, and metabolic wastes. Which of the following best path of the maternal blood flow?		• • •	
	(A) Arteries to placental capillaries to veins		
	(B) Arteries to intravillous spaces to veins		
	(C) Intravillous spaces to arteries to veins		
	(D) Veins to intravillous spaces to arteries		
002.	With the exception of the brain, organogenesis is completed within how many weeks after last Menstrual period?		
	(A) 4 weeks after ovulation	(B) 10 weeks after ovulation	
	(C) 18 weeks after ovulation	(D) 26 weeks after ovulation	
003.	Dose of Leucovorin, used in multi dose regim	en in ectopic pregnancy is	
	(A) 0.1 mg/ kg	(B) 1 mg/ kg	
	(C) 5 mg/ kg	(D) 10 mg/ kg	
004.	GTN extending to lungs is what FIGO Stagin	g ?	
	(A) Stage I	(B) Stage II	
	(C) Stage III	(D) Stage IV	
005.	Prolonged acceleration in CTG is?		
	(A) More than 10 min but less than 30 min		
	(B) More than 2 min but less than 10 min		
	(C) More than 15 min but less than 30 min		
	(D) More than 5 min but less than 20 min		
006.	Which of the following is not a sign of pregnancy?		
	(A) Chadwick sign	(B) Goodell sign	
	(C) Ladin's sign	(D) Cullen sign	
007.	The prenatal diagnostic screening modality for Down syndrome that will give the highest sensitivity is:		
	(A) NT at 11 weeks		
	(B) Combined screening (NT 1 PAPPA and free β-hCG) at 12 weeks		
	(C) Maternal serum triple screen (MSAFP 1 estriol 1 β-hCG) at 17 weeks		
	(D) Sequential screening with combined screening in first-trimester and quad screening in the second		
008.	In cases where morbidly adherent placenta is left in situ after delivery, follow up can be done by all of the following except		
	(A) beta hCG levels	(B) USG	
	(C) MRI	(D) Clinical Signs and Symptoms	
009.	All of the following are at increased risk of placenta previa Except: -		
	(A) Multiparity		
	(B) Smoking		
	(C) Elevated MSAFP levels		
	(D) History of placenta previa in first degree	relatives	

010.	Initial fluid resuscitation in cases of obstetric blood loss.	haemorrhage should be	times the estimated	
	(A) One	(B) Three		
	(C) Five	(D) Seven		
011.	Kessner Index is used to measure?			
	(A) Adequacy of prenatal care	(B) Quality of prenatal car	e	
	(C) Perinatal morbidity	(D) Maternal Morbidity		
012.	Given the elevation in MSAFP, her pregna	ncy is at increased risk for wh	nich of the following?	
	(A) Gestational diabetes	(B) Duodenal atresia		
	(C) Down syndrome	(D) Klinefelter syndrome		
013.	Maternal mortality ratio is Maternal Deaths that result from reproductive process:-			
	(A) per 100,000 live births	(B) per 100,000 women	-	
	(C) per 100,000 women in 15-45 years age	(D) per 100,000 live and st	ill births	
014.	Women with history of previous neural tube Acid per day in first trimester	Women with history of previous neural tube defects should be advised to take mg Folic		
	(A) 3	(B) 4		
	(C) 6	(D) 10		
015.	Which of the following cervical examinations is the most favorable Bishop score for induction of labor?			
	(A) Cervix closed, posterior, firm with 0% effacement			
	(B) Cervix soft, midposition, 3 cm dilated, 50% effaced with -2 station			
	(C) Cervix soft, anterior, 4 cm dilated, 80% effaced with -1 station			
	(D) Cervix medium, posterior, consistence, 2 cm dilated, 30% effaced			
016.	Tdap is recommended preferably between?			
	(A) 8-13 weeks	(B) 14-26 weeks		
	(C) 27-36 weeks	(D) 36-40 weeks		
017.	What does the sinusoidal pattern on the fetal monitoring strip suggest?			
	(A) Fetal anemia	(B) Uteroplacental insuffic	eiency	
	(C) Cord compression	(D) Head compression		
018.	TVS can reliably visualise fetal cardiac act	ivity by weeks of ges	tation	
	(A) 5	(B) 6		
	(C) 7	(D) 8		
019.	Amniotic fluid production is largely from the placenta and membranes until the fetal kidney assumes this role at what gestational age?			
	(A) 12 weeks	(B) 14 weeks		
	(C) 18 weeks	(D) 22 weeks		
020.	For measurement of AFI			
	(A) Abdomen is divided into four equal quadrants			
	(B) Uterus is divided into four equal quadrants			
	(C) USG transducer is held parallel to floor	r		
	(D) Amniotic fluid pocket with umbilical co	ord is included for measureme	ent	

021.	Oligohydramnios is diagnosed when:-	
	(A) AFI is less than or equal to 5 cm	
	(B) Single deepest pocket is less than 5 cm	
	(C) AFI is below 10th percentile for gestation	onal age
	(D) AFI is below 95th percentile for gestation	onal age
022.	What is perinatal period?	
	(A) Time between the birth of an infant bor after birth.	n after age of viability and the 28 completed days
	(B) Time between the birth of an infant born after age of viability and the six weeks after birth.	
	(C) Time between the birth of an infant bor	n after term and the 28 completed days birth.
	(D) Time between the birth of an infant bor	n after term and six weeks after birth.
023.	What is fertility rate?	
	(A) Total number of births per 1000 females	aged 15 through 44 years.
	(B) Number of live births per 1000 females aged 15 through 44 years.	
	(C) Number of live births per 1000 females.	
	(D) Total births per 1000 females aged 15 through 44 years.	
024.	The blood supply to the skin and subcutaneous layers of the anterior abdominal wall and mons pubis is from?	
	(A) Branches of internal iliac artery	(B) Branches of gluteal artery
	(C) Branches of inferior epigastric artery	(D) Branches of femoral artery
025.	Routine Antenatal anti-D at 28 weeks in doses of $300\mu g$ sufficient to neutralize feto-maternal hemorrhage of: -	
	(A) 30 ml fetal RBCs	(B) 30 ml fetal blood
	(C) 20 ml fetal RBCs	(D) 10 ml fetal blood
026.	Langar lines describes: -	
	(A) Progress of labor on a partogram	
	(B) Station of fetal head in first stage of labor	
	(C) Orientation of dermal fibres in skin	
	(D) Line of demarcation while giving radiotherapy	
027.	The Antimalarial contraindicated in Pregnancy is: -	
	(A) Chloroquine	(B) Primaquine
	(C) Quinine	(D) Artesimine
028.	Which is not true about Chronic hypertension inPregnancy?	
	(A) Is defined as hypertension occurring before conception, before 20 weeks' gestation, or persisting more than 6 weeks postpartum.	
	(B) Chronic hypertension leads to superimposed preeclampsia in one-third of patients.	
	(C) Chronic hypertension is generally treated with antihypertensives, commonly nifedipine or labetalol.	

(D) It is not associated with Eclampsia.

029.	preconception visit. She returns 6 months la	es menitus (11DM) since 4years age presents for a ater with a pregnancy of 06 weeks. You check that medical history, what is her White's classification?		
	(A) Class A	(B) Class B		
	(C) Class C	(D) Class D		
030.	The pH of vaginal fluid that is suggestive of	amniotic fluid leakage is around: -		
	(A) 4.5	(B) 5.5		
	(C) 6.5	(D) 7.5		
031.	The plane of least pelvic dimensions is?			
	(A) The plane of pelvic inlet	(B) The plane of mid pelvis		
	(C) The plane of pelvic outlet	(D) None of the above		
032.	In chorioamnionitis during peripartum perio	d. What is the most common causative organisms?		
	(A) Listeria monocytogenes			
	(B) Gardnerella vaginosis			
	(C) Polymicrobial infection of rectovaginal	organisms		
	(D) Group B streptococcus (GBS)			
033.	What is the mechanism by which Parvovirus B 19 (DNA) infection causes fetal anaemia?			
	(A) Haemolysis	(B) Bone marrow suppression		
	(C) Sequestration of RBCs in the spleen	(D) Fetal intracranial haemorrhage		
034.	Serum creatinine above merit further evaluation of patient in pregnancy: -			
	(A) 1.5 mg /dl	(B) 1.2 mg/dl		
	(C) 0.9 mg /dl	(D) 0.7 mg /dl		
035.	Which of the following is the most important test to confirm diagnosis of DVT(Deep Vein Thrombosis)?			
	(A) Venography			
	(B) D-dimer			
	C) Lower extremity compression venous Doppler ultrasound			
	(D) MRI of the lower extremity			
036.	During pregnancy the following parameters increase except?			
	(A) Blood volume	(B) Cardiac output		
	(C) Basal metabolic rate	(D) Mean arterial pressure		
037.	What is your goal thyroid-stimulating hormone (TSH) value in management of a hypothyroid pregnancy in second trimester?			
	(A) TSH < 0.3	(B) TSH < 2.5		
	(C) $TSH < 3.5$	(D) TSH < 5.0		
038.	Placentomegaly may be seen with			
	(A) Severe maternal anaemia	(B) Fetal Hydrops		
	(C) Syphilis	(D) All of the above		
039.	Which of the following medications would be in a Pre-eclampsia patient?	e contraindicated in the treatment of uterine atony		
	(A) Methylergonovine (Methergine)	(B) Carboprost (Hemabate, PGF2-α)		
	(C) Intramuscular pitocin	(D) Misoprostol (PGE1)		

Which of the following vaccines is NOT contraindicated in pregnancy?		
(A) Measles	(B) Mumps	
(C) Rabies	(D) Rubella	
As a first trimester aneuploidy screen	, Nuchal Translucency is measured at	
(A) 10 - 14 weeks of gestation	(B) 11 - 14 weeks of gestation	
(C) 11 - 15 weeks of gestation	(D) 12 - 14 weeks of gestation	
The prenatal panel reveals that the patient is Rh-negative and antibody positive. What is the lowest titer level that you would begin with to be concerned about development of fetal hydrops and start serial MCA Doppler testing?		
(A) 1:4	(B) 1:8	
(C) 1:16	(D) 1:64	
For the preterm neonate, delayed co below except: -	rd clamping has several benefits. These include all the	
(A) higher red cell volume		
(B) decreased need for blood transfus	ion	
(C) lower rates of intraventricular he	emorrhage	
(D) higher necrotizing enterocolitis		
A normal Non stress test should have: -		
(A) Two or more accelerations peaking at 15 bpm lasting for minimum 20 sec.		
(B) Two or more accelerations peaking at 20 bpm lasting for minimum 20 sec.		
(C) Two or more accelerations peaking at 20 bpm lasting for minimum 15 sec.		
(D) Two or more accelerations peaking at 15 bpm lasting for minimum15 sec.		
In modified biophysical profile, the lower cut off limit for normal AFI is?		
(A) Less than or equal to 2. 5 cm	(B) Less than or equal to 5 cm	
(C) Less than or equal to 7.5 cm	(D) Less than or equal to 10 cm	
For a primigravida with incidental finding of TVS cervical length 24 mm at 20 weeks of gestation, preferred treatment is?		
(A) Cervical Encirclage		
(B) Progesterone therapy		
(C) Both cervical encirclage and progesterone therapy		
(D) Abdominal encirclage		
Polyhydramnios is not associated with	h which of the following conditions?	
(A) Gestational diabetes	(B) Neural Tube defects	
(C) Multiple gestations	(D) Fetal complex Genito urinary anomalies	
Congenital toxoplasmosis infection is associated with what fetal manifestations?		
(A) Chorioretinitis, intracranial calcifications, and hydrocephalus		
(B) Deafness, saber shins, mulberry molar, Hutchinson teeth, and a saddle nose		
(C) Deafness, cardiac abnormalities, cataracts, and mental retardation		
(D) Hepatomegaly, splenomegaly, thrombocytopenia, jaundice, cerebral calcifications, and chorioretinitis		
	(A) Measles (C) Rabies As a first trimester aneuploidy screen (A) 10 - 14 weeks of gestation (C) 11 - 15 weeks of gestation The prenatal panel reveals that the plowest titer level that you would begin and start serial MCA Doppler testing (A) 1:4 (C) 1:16 For the preterm neonate, delayed cobelow except: - (A) higher red cell volume (B) decreased need for blood transfus (C) lower rates of intraventricular he (D) higher necrotizing enterocolitis A normal Non stress test should have: (A) Two or more accelerations peakin (C) Two or more accelerations peakin (D) Two or more accelerations peakin In modified biophysical profile, the lo (A) Less than or equal to 2. 5 cm (C) Less than or equal to 7.5 cm For a primigravida with incidental find preferred treatment is? (A) Cervical Encirclage (B) Progesterone therapy (C) Both cervical encirclage and prog (D) Abdominal encirclage Polyhydramnios is not associated with (A) Gestational diabetes (C) Multiple gestations Congenital toxoplasmosis infection is (A) Chorioretinitis, intracranial calcides (B) Deafness, saber shins, mulberry in (C) Deafness, cardiac abnormalities, conductive the conductive to the conducti	

049.	These all are recommendations by the Consensus Committee (2016) of ACOG for safe preventio of cesarean section applicable to management of the first-stage labor, except: -		
	(A) A prolonged latent phase is not an indication for cesarean delivery.		
	(B) It recommends against cesarean delivery if labor is progressive but slow—a protractio disorder.		
	(C) A cervical dilation of 4cm—not 3 cm—is now the recommended threshold. Thus, before the threshold, standards for active-phase progress should not be applied.		
	(D) A fourth stipulation notes that cesarean delivery for active-phase arrest "should be reserve for women at or beyond 6 cm of dilation with ruptured membranes who fail to progres despite 6 hours of adequate uterine activity, or at least 4 hours of oxytocin administratio with inadequate contractions and no cervical change."		
050.	The most common pregnancy-related risk associated with a bicornuate uterus is: -		
	(A) Antepartum bleeding		
	(B) Recurrent first-trimester miscarriage		
	(C) Cervical insufficiency		
	(D) Preterm labor and delivery		
051.	What is the difference between the terms SGA and IUGR?		
	(A) SGA refers to the fetus, whereas IUGR is specific for neonates		
	(B) IUGR specifically describes growth disorders related only to placental or maternal disease		
	(C) SGA refers to growth disturbance owing to chromosomal abnormalities or toxins		
	(D) SGA refers to a neonate in whom cause of small size is constitutional, whereas IUGR describe the fetus and suggests an intrauterine aetiology for growth restriction		
052.	All are criteria's of defining pregnancy morbidity in diagnosis of APS (Antiphospholipic Syndrome), except: -		
	(A) >1 unexplained fetal death at >10 weeks of gestation.		
	(B) >1 Preterm delivery due to severe pre-eclampsia before 34 weeks.		
	(C) > 3 unexplained spontaneous losses <10 weeks.		
	(D) >3 unexplained fetal loss >10 weeks.		
053.	During pregnancy, exposure upto rads of radiation has not been found to associate with increase in foetal anomalies: -		
	(A) 5 (B) 10		
	(C) 15 (D) 50		
054.	In occiput presentation, if the sagittal suture approaches sacral promontory, this is called?		
	(A) Anterior asynclitism (B) Posterior asynclitism		
	(C) Obstructed Labour (D) None of the above		
055.	Which of the following is true regarding the membranes and placentas of dizygotic twins?		
	(A) They are dichorionic and monoamniotic only if the fetuses are of the same sex.		
	(B) They are dichorionic and monoamniotic regardless of the sex of the fetuses.		
	(C) They are monochorionic and monoamniotic if they are conjoined twins.		
	(D) They are dichorionic and diamniotic regardless of the sex of the twins.		

050.	arteries is much higher than it was on her last ultrasound 3 weeks ago and there is now also reverse diastolic flow. Which of the following is correct information to share with the patient?		
	(A) The Doppler studies indicate that the fetus is doing well.		
	(B) With advancing gestational age the S	/D ratio is supposed to rise.	
	(C) These Doppler findings are normal i	n someone who smokes.	
	(D) The Doppler studies are worrisome IUGR.	and indicate that the fetal status is deteriorating to	
057.	O'Driscoll protocol are related to?		
	(A) Active management of labor	(B) Management of cord prolapsed	
	(C) Management of Cancer Cervix	(D) Management of abortion	
058.	In a typical case singleton gestation, the maternal need for iron is close to?		
	(A) 500 mg	B) 1000 mg	
	(C) 1500 mg	(D) 300 mg	
059.	Pharmacological treatment for GDM is recommended if dietary control does not maintain plasma glucose levels:-		
	(A) Fasting < 90mg/dl and 2 Hours PP < 130 mg/dl		
	(B) Fasting < 90mg/dl and 2 Hours PP < 120 mg/dl		
	(C) Fasting < 95mg/dl and 2 Hours PP < 120 mg/dl		
	(D) Fasting < 95mg/dl and 2 Hours PP < 130 mg/dl		
060.	Because of Twin-Twin Transfusion, Twin B is noted to have oligohydramnios and to be much smaller than twin A. Which of the following would be a finding most likely associated with twin A?		
	(A) Congestive heart failure	(B) Anaemia	
	(C) Hypovolemia	(D) Hypotension	
061.	In which time period does maternal infection with rubella virus carry the greatest risk for congenital rubella syndrome in the foetus?		
	(A) Preconception	(B) First trimester	
	(C) Second trimester	(D) Third trimester	
062.	An 18-year-old G1 has asymptomatic bacteriuria (ASB) at her first prenatal visit at 15 weeks gestation. Which of the following statements is true?		
	(A) The prevalence of ASB during pregnancy may be as great as 30%.		
	(B) There is a decreased incidence of ASB in women with sickle cell trait.		
	(C) Fifteen percent of women develop a urinary tract infection after an initial negative urine culture.		
	• •	SB subsequently develop an acute symptomatic urinary and should be treated with antibiotics.	
063.	Ovulation may resume as early as	weeks after an early pregnancy termination.	
	(A) 4	(B) 1	
	(C) 2	(D) 3	

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	(C) Less dyspareunia	(D) Less extension of the incision	
	(A) Fewer breakdowns	(B) Less blood loss	
	which of the following is an adva		
070.	A primipara is in labor and an episiotomy is about to be cut. Compared with a midline episiotomy,		
	(D) Fever $\geq 38^{\circ}$ C.		
	(C) Clinical onset during labor or within 30 minutes of placental delivery.		
	(B) Documentation of overt disseminated intravascular coagulation.		
	(A) Abrupt onset of cardiorespiratory arrest, or both hypotension and respiratory compromise.		
069.		Fluid Embolism are all the below except:-	
	(C) Rubella virus	(D) Varicella zoster	
	(A) Cytomegalovirus	(B) Group B streptococcus	
068.	A 20-year-old G1 patient delivers a live-born infant with cutaneous lesions, limb defects, cerebral cortical atrophy, and chorioretinitis. Her pregnancy was complicated by pneumonia at 18 weeks. What is the most likely causative agent?		
	(C) Anthropoid	(D) None of the above	
	(A) Gynecoid	(B) Android	
•	spines is associated with		
067.	developing preeclampsia. A subpubic arch with a narrow angle and straight rami, convergent sidewalls, and prominent		
	(D) Pregnant hyperthyroid women, even when appropriately treated, have an increased risk of		
	(C) Propylthiouracil does not cross the placenta.		
	(B) Infants born to mothers on PTU who are euthyroid may develop a goitre and be clinically hypothyroid.		
	(A) She may need to discontinue the with leukopenia.	e use of the thionamide drug because it is commonly associate	
066.	propylthiouracil (PTU) as treatm	th a history of Graves disease and has been maintained of ent for her hyperthyroidism. She is currently euthyroid but problems for the pregnancy. Which of the following statement elling session with the patient?	
	(D) The mean of three discrete m		
		ide both the yolk sac and a limb bud.	
		nidsagittal plane with the embryo or fetus in a flexed positio	
	. ,	y yields higher resolution images.	
065.	S .	crown-rump length (CRL) is the most accurate method tge. Criteria's to measure CRL includes all below except: -	
	(D) Provide immune globulin and the hepatitis B vaccine to the neonate.		
	(C) Provide hepatitis B vaccine to the neonate.		
	(B) Provide hepatitis B vaccine to	the mother.	
	(A) Provide immune globulin to t	he mother.	
	drawn and her hepatitis B surface prevent neonatal infection?	antigen is positive. Which of the following is the best way t	
064.	· ·	presents for her first prenatalexamination. Routine labs ar	

071.	After implantation serum hCG levels reach peak value at?	
	(A) 80-90 days	(B) 60-70 days
	(C) 40-50 days	(D) 100 days
072.	Standard sonographic evaluation of the	fetal brain includes
	(A) Transthalamic view	
	(B) Transventricular &Transthalamic v	riew
	(C) Transthalamic, transventriclar & tr	anscellebellar view
	(D) Transthalamic & transcerebellar vi	ew
073.	Facial features including upturned nose, mild midfacial hypoplasia, and long upper lip with thin vermilion border and distal digital hypoplasia are seen in	
	(A) Fetal hydantoin syndrome	(B) Fetal alcohol syndrome
	(C) Fetal Warfarin syndrome	(D) Isotretinoin embryopathy
074.	The infant is pink with slightly blue extremities that are actively moving and kicking. The heart rate is noted to be 110 beats per Min on auscultation. What Appar score should you assign to this baby at 1 minute of life?	
	(A) 10	(B) 9
	(C) 8	(D) 7
075.	After delivery of the fetus you send a cord gas, which comes back with the following arterial blood values: $pH = 7.29$, $pCO2 = 50$ mm Hg, and $PO2 = 20$ mmHg. What condition does the cord blood gas indicate?	
	(A) Normal fetal status	(B) Fetal acidemia
	(C) Fetal hypoxia	(D) Fetal asphyxia
076.	The ACOG, 2014 Task Force radically revised its 2003 criteria used to define an acute peripartum event. Neonatal Findings Consistent with an Acute Peripartum or Intrapartum Event Leading to Hypoxic-Ischemic Encephalopathy includes all below except: -	
	(A) Apgar score : > 5 at 5 and 10 minutes	
	(B) Umbilical arterial acidaemia : pH < 7.0 and/or base deficit ≥ 12 mmol/L	
	(C) Neuroimaging evidence of acute brain injury: MR imaging or MRS consistent with HIE	
	(D) Multisystem involvement consistent with HIE	
077.	Latent phase of labour is followed by:	
	(A) Accelerated phase	
	(B) Phase of maximum slope	
	(C) Deceleration phase	
	(D) 2 nd stage of labour	
078.	Modified RitgenManeuver is used for?	
	(A) Controlled delivery of after coming	head in breech presentation
	(B) Controlled delivery of head in ceph	alic presentation
	(C) Delivery of retained placenta	
	(D) Delivery of extended shoulder in br	reech presentation

- 079. Which is true about epidural analgesia?
 - (A) It reduces first stage of labour.
 - (B) It increases the need for operative vaginal instrumental delivery because of prolonged second stage labour.
 - (C) Epidural placement in early labour is linked to an increased risk of caesarean delivery.
 - (D) Gestational diabetes mellitus is contraindication for epidural analgesia.
- 080. Prolonged deceleration is:
 - (A) Deceleration is ≥ 15 beats per minute, lasting for ≥ 2 min but < 10 min from onset to return to baseline
 - (B) Deceleration is ≥ 20 beats per minute, lasting for ≥ 2 min but < 10 min from onset to return to baseline
 - (C) Deceleration is \geq 15 beats per minute, lasting for \geq 2 min but < 30 min from onset to return to baseline
 - (D) Deceleration is ≥ 15 beats per minute, lasting for > 20 min
- 081. In some women with the Preeclampsia syndrome, neither overt proteinuria nor fetal-growth restriction are features (Sibai, 2009). Because of this, the ACOG, Task Force (2013) suggests other diagnostic criteria, which include as below except: -
 - (A) Platelet count <100000/MicroL
 - (B) Creatinine level >1.1 mg/dL
 - (C) Serum Transaminase level thrice normal
 - (D) Convulsions
- 082. Uterine tachysystole is defined as: -
 - (A) \geq 6 uterine contractions in a 10 minutes period, averaged over 30 minutes
 - (B) Single contraction lasting longer than 2 minutes
 - (C) Uterine hyper tonus leading to a non-reassuring fetal heart rate patter
 - (D) \geq 5 Uterine contractions in a 10 minutes period
- 083. The effective pressure to be achieved in vacuum extraction is?
 - (A) 0.1 Kg/cm2

(B) 0.4 Kg/cm2

(C) 0.5 Kg/cm2

(D) 0.8 Kg/cm²

- 084. Mid forceps application is said when?
 - (A) Leading point of fetal skull is at Station is between 0 and +2 cm
 - (B) Leading point of fetal skull is at Station is between -1 and 0
 - (C) Leading point of fetal skull is at Station is between 0 and > +2 cm
 - (D) Scalp visible at introitus
- 085. A Canadian study in Post term Pregnancy, 3407 women were randomly assigned at 41 or more weeks to induction or to fetal testing (Hannah, 1992). What was the final outcome of this study?
 - (A) Labor induction resulted insignificant reduction in the cesarean delivery rate.
 - (B) Labour induction increased Cesarean Delivery.
 - (C) Fetal Monitoring by testing had same result as induction.
 - (D) It was a non-conclusive study.

086.		
	the Management of IUGR. These late change	s in DV parameters are felt to reflect: -
	(A) Neurological damage	(B) Pulmonary deterioration
	(C) Myocardial deterioration	(D) Alkalosis
087.	Barker (1992) hypothesized that adult morta health. The following statements of this hypo	lity and morbidity are related to fetal and infant thesis are true except: -
	(A) This includes both under- and overgrowt	h.
	(B) This include IUGR only.	
	(C) A relationship between suboptimal fetal n hypertension.	utrition and an increased risk of subsequent adult
	(D) It also relates to type 2 diabetes, and met	tabolic derangement later in life.
088.	Techniques of delivery of after coming head	in breech presentation are following except: -
	(A) Mauriceau manoeuvre	(B) Modified Prague manoeuvre
	(C) Forceps	(D) Lovset manoeuvre
089.	As per ICMR guidelines for management of are the quick SOFA scores to transfer Covid1	SARS-Covid19 Positive Pregnant women, these 9 positive ANC mother to ICU except: -
	(A) Systolic BP <100 mmHg	(B) Respiratory Rate >22
	(C) Glasgow conscious score <15	(D) Fever >100.4°F
090.	Revised by international consensus, the Berlin Definition was described by the ARDS Definition Task Force (2012) and includes categories of mild, moderate and severe. However, a working diagnosis of acute lung injury is made when?	
	(A) PaO2< 86	(B) The PaO2:FiO2 ratio is <300
	(C) $RR > 24$	(D) Radiographic pulmonary infiltrates
091.	Causes of face presentation are following except	
	(A) Anencephaly	(B) Prematurity
	(C) Contracted pelvis	(D) Foetal hydrops
092.	Janani Shishu Suraksha Karyakaram (JSSK) was launched in addition to JSY IN June 2011 for following purposes except: -	
	(A) To eliminate out-of-pocket expenses for both pregnant women excluding the sick infant.	
	(B) Free Transportation Services Component.	
	(C) Free Drugs & Blood components.	
	(D) Free Diagnostics Component.	
093.	Siu and associates (2001b) expanded the NYHA classification and developed a scoring system for predicting cardiac complications during pregnancy. The Predictors of cardiac complications included all the below except: -	
	(A) Prior heart failure, transient ischemic attack, arrhythmia, or stroke.	
	(B) Baseline NYHA class I or II.	
	(C) Left-sided obstruction defined as mitral valve area <2 cm2, aortic valve area <1.5 cm2, or peak left ventricular outflow tract gradient >30 mm Hg.	
	(D) Ejection fraction <40 percent.	
094.	Which of the following has the highest associ	ated relative risk for placental abruption?
	(A) Prior abruption	(B) Thrombophilia
	(C) Chorioamnionitis	(D) Preterm rupture of membranes

	(A) Severe preeclampsia and eclampsia			
	(B) HELLP (hemolysis, elevated liver enzyme levels, low platelet count) syndrome			
	(C) Acute fatty liver of pregnancy			
	(D) Uremic Syndrome			
096.	9 ,	In monitoring of Diabetes in Pregnancy, the ADA (2017b) recommends fasting and postprandial glucose monitoring. Glucose target goals recommended during pregnancy are correct as below except:		
	(A) Fasting < 95mg/dL	(B) 1 Hr Postprandial < 140 mg/dL		
	(C) 2Hr Postprandial < 120 mg/dL	(D) 2 AM to 6 AM < 60 mg/Dl		
097.	What would be a contraindication to a trial of labor after cesarean (TOLAC)?			
	(A) Prior classical hysterotomy	(B) Prior Kerr hysterotomy		
	(C) Small-for-gestational-age (SGA) fetus	(D) Oligohydramnios		
098.	Pregnancy complications associated with H	· / • •		
	(A) Hyperemesis Gravidarum	(B) Placental Abruption		
	(C) Cardiac dysfunction	(D) Stillbirth		
099.	•	al chorioamnionitis in women with preterm rupture		
	(A) Leukocytosis	(B) Fetal tachycardia		
	(C) Fever	(D) Positive vaginal or cervical cultures		
100.	Following may lead to non-immune foetal hydrops except:-			
	(A) Trisomy 21	(B) Parvo virus infection		
	(C) α4-thaassemia (Bart haemoglobin)	(D) HIV infection		
101.	Pearl index is defined as?			
	(A) Number of failures per hundred-woman	years of exposure		
	(B) Number of failures per twelve hundred-woman years of exposure			
	(C) Number of failures per thousand-woman years of exposure			
	(D) Number of failures per hundred-woman	•		
102.	False statement regarding bone densitometry is?			
	(A) DEXA assesses integral bone mineral density in the hip and spine			
	(B) Quantitative computed tomography (QCT) evaluates bone mineral in cortical bones			
	(C) DEXA is the best technique for axial osteopenia evaluation			
	(D) Quantitative Computed Tomography us the vertebral body	es gamma rays to provide a cross sectional view of		
103.	Tubal sterilization helps in substantial redu	ction of?		
	(A) Breast Cancer	(B) Cervical Cancer		
	(C) Ovarian Cancer	(D) None of the above		
104.	An endometrial biopsy is done in a case of PCOS, shows endometrial hyperplasia. Which of the following is its best histological description?			
	(A) Endometrial glands scattered throughout an atrophic-appearing uterine muscle			
	(B) Glandular hyperplasia with a piling up of their cells and decreased intervening stroma			
	(C) Tightly spiraled endometrial glands with eosinophilic cytoplasm surrounding the arterioles			
	(D) Endometrial glands surrounding a fibro blood vessel	vascular stroma, often with a characteristic central		
ANIC	MACTED 1	[C4]		

Pregnancy-Associated Hemolysis occurs in following except: -

095.

- 105. Vaginal epithelium and the fibromuscular wall of the vagina originate from which of the following, respectively?
 - (A) Mesonephric duct and endoderm of the urogenital sinus
 - (B) Mesonephric duct and the uterovaginal primordium
 - (C) Endoderm of the urogenital sinus and the mesonephric duct
 - (D) Endoderm of the urogenital sinus and the uterovaginal primordium
- 106. True about surgical site infection (SSI) is?
 - (A) Involves both superficial and deep tissues
 - (B) Develops within 60 days of surgical procedure
 - (C) Vaginal cuff cellulitis is included in superficial incisional SSI
 - (D) Abdominal muscle and fascia fall into category of organ/ space infection
- 107. The undermentioned are the diagnostic criteria of the metabolic syndrome in an individual except: -
 - (A) Hypertension: 130/85 or higher
 - (B) Triglyceride level: 150 mg/dL or higher
 - (C) HDL cholesterol levels: > than 50 mg/dL
 - (D) Abdominal obesity: >35 inches (40 inches in men) waist circumference
- 108. A 27-year-old woman reports with six flesh-colored, nontender, 1- to 3-mm verrucous papules at vulva. Which of the following is the most likely cause of the patient's vulvar lesions?
 - (A) HPV serotype

(B) 16 HSV Type 1

(C) Pox virus

- (D) HPV serotype 6
- 109. Mirena (LNG-IUS) should not be placed when following conditions exist, except: -
 - (A) A previously placed IUD that has not been removed
 - (B) Known or suspected carcinoma breast
 - (C) Prior ectopic pregnancy
 - (D) Patients with diabetes mellitus
- 110. Fourth generation oral contraceptives are?
 - (A) Products containing 50 microgram ethinyl estradiol.
 - (B) Products containing 20, 30 or 35 microgram ethinyl estradiol and levonorgestrel or norgestimate.
 - (C) Products containing more than 50 microgram ethinyl estradiol.
 - (D) Products containing drospirenone or dienogest.
- 111. All are true about intraabdominal bleeding except: -
 - (A) Trans vaginal sonography (TVS) can detect as little as 50 ml of fluid in pouch of Doglus.
 - (B) Free fluid in Morison pouch typically is seen after hemoperitoneum reaches 1-1.2 litre.
 - (C) 16-18 G spinal needle is used for culdocentesis.
 - (D) Sonography with findings of echogenic fluid to establish hemoperitoneum is more sensitive than culdocentesis.
- 112. WHO MEC (Medical Eligibility Criteria) category for Post-partum insertion of IUCD at >/= 48 Hrs and <4 Weeks Postpartum is ?
 - (A) Category 1

(B) Category 2

(C) Category 3

(D) Category 4

113.	Which imaging study listed below would best differentiate between adenomyosis and uterine fibroids?		
	(A) Pelvic ultrasound	(B) Pelvic CT	
	(C) Sonohysterogram	(D) Pelvic MRI	
114.	All of the following are formed by	the paramesonephric ducts except:	
	(A) Superior vagina	(B) Cervix	
	(C) Ovaries	(D) Uterus	
115.	Following are commonly associated	with uterine anomalies except: -	
	(A) Unilateral renal agenesis	(B) Pelvic or horseshoe kidney	
	(C) Inguinal hernia	(D) Imperforate anus	
116.	True about two cell theory of ovari	an steroidogenesis	
	(A) Ovarian estrogen biosynthesis granulose cells	(A) Ovarian estrogen biosynthesis requires the combined action of two gonadotropins or	
	(B) LH receptor expression is limited	ed to the granulose cells	
	(C) Theca cells express all the enzyl	mes needed to produce androstenedione	
	(D) FSH receptor expression is limi	ted to thecal compartment	
117.	Which histologic type of EIN (Endometrial intraepithelial neoplasia) do you tell her has the highest risk of progression to endometrial cancer and thehighest rate of coexistent cancer?		
	(A) Simple endometrial hyperplasia without atypia		
	(B) Simple endometrial hyperplasia with atypia		
	(C) Complex endometrial hyperplasia without atypia		
	(D) Complex endometrial hyperplasia with atypia		
118.	Your Endometriosis patient would like to know more about the GnRH agonist, Depo-Lupron. You explain how it works and that the side effects include all of the following except:		
	(A) Deepening of the voice	(B) Headaches	
	(C) Decreased bone density	(D) Hot flashes	
119.	Benefits of combined OC pills inclu	de all EXCEPT?	
	(A) Less Ca Ovary	(B) Less Ca Cervix	
	(C) Less Ca Endometrium	(D) Less Colorectal cancer	
120.	Estrogen should be used with caution in women with any of the following condition except?		
	(A) Hepatic hemangioma	(B) History of breast cancer	
	(C) Hypertriglyceridemia	(D) Prior endometriosis	
121.	CDC Guidelines (2015) for treatment of PID patient as parenteral regimen is?		
	(A) Ceftriaxone 250 mg IM once plus doxycycline 100 mg orally twice daily for 14 days.		
	(B) Ceftriaxone 250 mg IM once plus doxycycline 100 mg orally twice daily for 14 days plus metronidazole 500 mg orally twice daily for 14 days.		
	(C) Doxycycline 100 mg orally twice daily for 14 days.		
	(D) Cefoxitin 2 g IV every 6 hours plus doxycycline 100 mg orally or IV every12 hourly.		
122.	Which of the following is NOT a high	gh-risk HPV type?	
	(A) HPV 11	(B) HPV 16	
	(C) HPV 31	(D) HPV 33	

(A) HPV 16, 18	(B) HPV 6, 11, 16, 18	
(C) HPV16, 18, 31, 45, 52	(D) HPV 6, 11, 31, 33	
How many separate points we assess in PC	OP-Q system for quantify the Pelvic organ Prolapse?	
(A) Six	(B) Seven	
(C) Eight	(D) Nine	
A biopsy proven squamous cell carcinoma of cervix, 3cm in size confined to anterior lip of cervix with no vaginal and parametrial extension, with a 2cm sized left common iliac lymph node metastasis on PET CT scan would be staged as: -		
(A) Stage I B1	(B) Stage I B2	
(C) Stage II B	(D) Stage III B	
Following surgery for urinary incontinence, the patient complains of difficulty starting a stream of urine, a weak and interrupted stream. A postvoid residual (PVR) measured with a catheter is 250 ml. What is the most likely diagnosis?		
(A) Urgency incontinence		
(B) Continuous incontinence		
(C) Stress incontinence		
(D) Bladder outlet obstruction with overflow urinary incontinence		
What is typical pubertal sequence?		
(A) Menarche, pubarche, thelarche, accelerated growth		
(B) Pubarche, thelarche, accelerated growth, menarche		
(C) Thelarche, pubarche, accelerated growth, menarche		
(D) Accelerated growth, thelarche, pubarche, menarche		
Which is the best option for fertility preservation in a Stage I A2 Ca cervix with no LVSI in a 30-year-old nulliparous lady?		
(A) Conization		
(B) Amputation of cervix		
(C) Radical Trachelectomy		
(D) Radical Trachelectomy with bilateral pelvic lymphadenectomy		
Which protein enzyme is deficient in a patient with classic "salt wasting" congenital adrenal hyperplasia (CAH)?		
(A) 21-Hydroxylase	(B) 11β-Hydroxylase	
(C) 3\beta-Hydroxysteroid dehydrogenase	(D) (3β-HSD) Aromatase	
All are true about injection DMPA except	?	
(A) Return to fertility is fast	(B) Lactation is enhanced	
(C) Enhances bone density	(D) Galactorrhoea is associated	
What findings would you expect to see on Ovarian Failure)?	laboratory testing in a patient with POF (Premature	
(A) Elevated TSH, normal FSH, low estradiol		
(B) Normal TSH, elevated FSH, normal es	stradiol	
(C) Normal TSH, elevated FSH, low estradiol		
(D) Elevated TSH, elevated FSH, elevated estradiol		
	How many separate points we assess in PC (A) Six (C) Eight A biopsy proven squamous cell carcinom cervix with no vaginal and parametrial ende metastasis on PET CT scan would be (A) Stage I B1 (C) Stage II B Following surgery for urinary incontinence of urine, a weak and interrupted stream. A 250 ml. What is the most likely diagnosis? (A) Urgency incontinence (B) Continuous incontinence (C) Stress incontinence (D) Bladder outlet obstruction with overfly what is typical pubertal sequence? (A) Menarche, pubarche, thelarche, accelerated grow (C) Thelarche, pubarche, accelerated grow (D) Accelerated growth, thelarche, pubarch which is the best option for fertility preservy ear-old nulliparous lady? (A) Conization (B) Amputation of cervix (C) Radical Trachelectomy (D) Radical Trachelectomy (D) Radical Trachelectomy (E) A) 21-Hydroxylase (C) 3β-Hydroxysteroid dehydrogenase (C) 3β-Hydroxysteroid dehydrogenase All are true about injection DMPA except (A) Return to fertility is fast (C) Enhances bone density What findings would you expect to see on Ovarian Failure)? (A) Elevated TSH, normal FSH, low estra (B) Normal TSH, elevated FSH, normal estra (C) Normal TSH, elevated FSH, low estra (C)	

Quadrivalent HPV Vaccine (Gardasil) is effective against?

123.

132.	Amsel's criteria to diagnose bacterial Vaginosis are as follows except: -		
	(A) pH <4.5	(B) Fishy odour with 10% KOH	
	(C) Presence of Clue cells	(D) Reduced Lactobacilli & leucocytes	
133.	To avoid obstetric complications of Fothergill's operation for genital Prolapse, Shirodkan modified the procedure by: -		
	(A) Smaller Amputation of Cervix.		
	(B) Stump of uterosacral ligaments crossed	and stitched in front of cervix.	
	(C) Stumdorff's stitches were avoided.		
	(D) Pouch of Douglas did not open.		
134.	Stage III C1 in Ca Endometrium denotes?		
	(A) Para aortic LN metastasis	(B) Pelvic LN metastasis	
	(C) Pelvic and para aortic LN metastasis	(D) Intra-abdominal metastasis < 2 cm	
135.	Pain associated with endometriosis is cause	d by?	
	(A) Direct and indirect effect of focal bleed	ing from endometriotic implants.	
	(B) Action of inflammatory cytokines in per	ritoneal cavity.	
	(C) Infiltration of nerves in pelvic floor.		
	(D) All of the above		
136.	CA 125 is increased in		
	(A) Advanced endometriosis	(B) Normal Pregnancy	
	(C) Normal menstruation	(D) All of the above	
137.	Genetic cancer syndromes commonly associ	ated with breast and ovarian cancers are?	
	(A) LYNCH I and II	(B) BRCA I and II	
	(C) Corpus cancer syndromes	(D) HNPCC	
138.	The Standard of care for adjuvant chemotherapy of primary epithelial ovarian cancer is?		
	(A) Platinum and Paclitaxel	(B) Methotrexate and folinic acid	
	(C) Adriamycin and cyclophosphamide	(D) Topotecan and liposomal doxorubicin	
139.	Which of the following is a sex cord stromal tumour of the ovary?		
	(A) Dysgerminoma	(B) Teratoma	
	(C) Granulosa cell tumour	(D) Yolk sac tumour	
140.	The tumour marker AFP is raised in which	of these ovarian malignancies?	
	(A) Choriocarcinoma	(B) Epithelial ovarian cancer	
	(C) Yolk sac tumour	(D) Granulosa cell tumour	
141.	To reduce dysmenorrhea caused by endome in the following manner: -	triosis, you instruct your patient to take COC pills	
	(A) Continuous dosing—take active pills only for 3 months, then take 1 week of placebo to have withdrawal bleed.		
	(B) Take two active pills each day, can take	up to three pills per day if pain becomes severe.	
	(C) Tapered dosing—take four pills for 4 day pack is complete, then resume from the	ays, then three pills for 3 days, and so on until the beginning.	
	(D) Change to a progesterone-only "mini pi	ll" and take one each day.	
142.	FIGO Stage III in GTN staging is?		
	(A) GTN with liver metastasis	(B) GTN with lung metastasis	
	(C) GTN with metastasis to ovary	(D) GTN with Brain metastasis	

143.	GTN is classified as high risk wh	en the WHO prognostic score is?		
	(A) >3	(B) >6		
	(C) >8	(D) >12		
144.	Following statements are true ab	out congenital adrenal hyperplasia (CAH) except?		
	(A) It occurs typically due to 21 hydroxylase deficiency.			
	(B) It is estimated to occur in 1:1	0,000 to 1; 15,000 births.		
	(C) Females with CAH present v	with male Pseudo hermaphroditism.		
	(D) Unless corticosteroid replace	ment is provided these children will die in the neonatal period.		
145.	In Laparoscopic surgery CO2 Pressure?	In Laparoscopic surgery CO2 Pneumoperitoneum created, maintaining intraperitoneal		
	(A) Below 30 mm Hg	(B) Below 15 mm Hg		
	(C) Below 05 mm Hg	(D) Above 30 mm Hg		
146.	All of the following would be app	propriate test of ovarian reserve, except: -		
	(A) Anti-Mullerian hormone (AM	ИН)		
	(B) Day 3 follicle-stimulating hor	rmone (FSH) level		
	(C) Day 3 progesterone level			
	(D) Clomiphene citrate challenge	test (CCCT)		
147.	In complete androgen insensitivit	ty syndrome patient does not have?		
	(A) Breast development	(B) Karyotype-46, XY		
	(C) Axillary and pubic hair	(D) Testis		
148.	Vulval wide radical local excision with lymph node dissection done, with final pathology showing a 1.5-cm lesion with depth of invasion of 1.2 mm. There are no nodal metastases. She is staged as?			
	(A) Stage Ia	(B) Stage Ib		
	(C) Stage IIIc	(D) Stage 0		
149.	` '	terdam criteria-2003, to diagnose PCOS?		
	(A) Oligo or anovulation			
	(B) Clinical and/or biochemical signs of hyperandrogenism			
	(C) Polycystic ovaries (with exclusion of related disorders)			
	(D) Altered FSH and LH ratio			
150.	What tumor marker is specifically associated with dysgerminoma of ovary?			
	(A) hCG	(B) α-Fetoprotein		
	(C) CA-125	(D) LDH		
151.	Dehydroepiandrosterone sulphate	e (DHEAS) is essentially produced by?		
	(A) Ovary			
	(B) Ovary and adrenal both			
	(C) Exclusively by adrenal			
	(D) Up to menarche by adrenal a	and after menarche by adrenal		
152.	In post-menopausal women endometrial thickness has a 99% negative predictive value			
	in excluding endometrial carcino			
	(A) ≤ 4 mm	$(\mathbf{B}) \ge 4 \text{ mm}$		
	(C) >6 mm	$(D) \ge 8 \text{ mm}$		

153.	In a case of Molar Pregnancy, Prophylactic chemotherapy has been used in following situ except: -		
	(A) High Risk women.		
	(B) Patient with very high initial hCG	•	
	(C) Patient cannot come for follow up.		
		(D) Patient unwilling for barrier contraceptives for one year.	
154.	The genital tubercle in a female leads to formation of?		
	(A) Clitoris	(B) Labioscrotal fold	
	(C) Urethral meatus	(D) Labia minora	
155.	A phenotypically female patient with an XY karyotype who has got gonadal dysgenesis with normal female testosterone levels and lack of sexual development has got?		
	(A) Turner syndrome		
	(B) Congenital adrenal hyperplasia		
	(C) Mayer Rokitansky Kuster Hauser	syndrome	
	(D) Swyer's Syndrome		
156.	In a case of epithelial ovarian tumour is?	risk of cancer is 75% if RMI (Risk of Malignancy Index)	
	(A) >40	(B) >100	
	(C) >200	(D)>250	
157.	FIGO Staging for endometrial cancer generally entails which of the following?		
	(A) Clinical staging with physical examination, pyelogram, chest Xray, and anoscopy.		
	(B) Clinical staging with physical examination, pyelogram, chest Xray, and cat scan.		
	C) Surgical staging with total hysterectomy, BSO, pelvic washings, and possible pelvic and para-aortic lymphadenectomy.		
	(D) Surgical staging with total hys omentectomy.	terectomy, BSO, pelvic nodes, pelvic washings, and	
158.	Puberty is considered delayed if?		
	(A) No secondary sexual characteristic	es are noted by age 16	
	(B) Menses have not commenced by age 13		
	(C) No secondary sexual characteristics are noted by age 13 or menses have not commenced by age 16		
	(D) Breast and pubic hairs have not ye	et appeared by age 16	
159.	Which of the avascular pelvic spaces	lies immediately posterior to the cardinal ligament?	
	(A) Space of Retzius	(B) Pararectal space	
	(C) Para vesical space	(D) Rectovaginal space	
160.	Which of the following is the result of	lack of fusion of Mullerian duct system?	
	(A) Uterine didelphys	(B) Transverse vaginal septum	
	(C) Unilateral renal agenesis	(D) Imperforate hymen	
161.	Which Androgen is not produced by o	vary?	
	(A) DHEA	(B) Androstenedione	
	(C) Testosterone	(D) DHEAS	

162.	A 23-year-old patient is diagnosed the following would be the standa	with a stage IA malignant ovarian germ-cell tumor. Which of ard treatment?	
	(A) Unilateral oophorectomy		
	(B) Bilateral oophorectomy and hysterectomy		
	(C) Unilateral oophorectomy follo	owed by chemotherapy	
	(D) Ovarian biopsy followed by c	• • • • • • • • • • • • • • • • • • • •	
163.	A patient is receiving external beam radiation for treatment of metastatic endometrial cancer. The treatment field includes the entire pelvis. Which of the following tissues within this radiation field is the most radiosensitive?		
	(A) Vagina	(B) Ovary	
	(C) Bladder	(D) Rectum	
164.	Completion of second meiotic divi	ision in oocyte occurs at?	
	(A) Only after fertilization	(B) After ovulation	
	(C) At birth	(D) None of the above	
165.	The following condition is aggrav	ated by use of combined oral contraceptives: -	
	(A) Hirsutism	(B) Endometriosis	
	(C) Premenstrual syndrome	(D) Cervical dysplasia	
166.	An intravenous pyelogram (IVP) shows hydronephrosis in the workup of a patient with cervical cancer otherwise confined to a cervix of normal size. This indicates which one of the following stages?		
	(A) Microinvasive stage	(B) IVA	
	(C) IIB	(D) IIIB	
167.	Lining epithelium of the vagina is	?	
	(A) Transitional epithelium		
	(B) Columnar Epithelium		
	(C) Squamous epithelium		
	(D) Non keratinizing stratified squamous epithelium		
168.	Which statement about the ureter is NOT true?		
	(A) The ureter passes above the bifurcation of the Common Iliac artery.		
	(B) The ureter lies lateral to the uterosacral ligament.		
	(C) The ureter passes above the u	terine artery.	
	(D) The ureter proceeds for a distance of approx 1.5 cm through the bladder wall.		
169.	Which of the following is not true regarding urodynamic studies for correction of urinary incontinence?		
	(A) Indicated if initial conservative management is unsuccessful		
	(B) Indicated if surgical treatment is anticipated		
	(C) Indicated if symptoms and physical findings are incongruous		
	(D) Role of urodynamic studies is beyond controversy		
170.	For patients having AUB because of adenomyosis, which of the following is NOT true?		
	(A) LNG – IUS is a good treatmen	nt option.	
	(B) Myometrial cysts on TVS are	•	
	(C) Continuous treatment with pr	•	
	(D) Suppression treatment with G	~	

171.	True statements about pure 46, XY gonadal dysgenesis include which of the following?			
	(A) It was formerly named Swyer syndrome.			
	(B) It results from a mutation in sex-determining region Y (SRY) or in another gene with testis determining effects.			
	(C) The condition creates a normal prepul due to the absence of AntiMullerian	bertal female phenotype and normal Mullerian system hormone (AMH).		
	(D) All of the above			
172.	Which of the following tests can differentiate between dead and alive nonmotile sperm?			
	(A) Zona penetration assay	(B) DNA fragmentation index		
	(C) Hypoosmotic swelling test	(D) Mannose fluorescence assay		
173.	An 18-year-old nulligravida presents with primary amenorrhea. Her examination is notable for Tanner stage IV breasts and the absence of pubic and axillary hair. Also, a blind ending vagina is identified. What is the likely diagnosis in this patient?			
	(A) Müllerian agenesis	(B) Premature ovarian failure		
	(C) Androgen insensitivity syndrome	(D) Congenital adrenal hyperplasia		
174.	The sperm reach the caudal epididymis spermatogenesis.	approximately days after the initiation of		
	(A) 60	(B) 72		
	(C) 84	(D) 90		
175.	The clinical relevance of a bone density measurement in a postmenopausal woman is estimated by using the T Score. For younger women, interpretation utilizes the Score.			
	(A) R	(B) S		
	(C) Y	(D) Z		
176.	Which hormone determines the developm	Which hormone determines the development of male external genitalia?		
	(A) Testosterone	(B) Dihydrotestosterone (DHT)		
	(C) 17 OH Progesterone	(D) 11 OH Progesterone		
177.	All of under mentioned causative syndromes of Primary amenorrhea can also manifest as disorders of female sexual differentiation (Intersex), except: -			
	(A) Turner Syndrome	(B) Swyer Syndrome		
	(C) Testicular Feminizing Syndrome	(D) Resistant Ovarian Syndrome		
178.	Dye tests traditionally have been performed to evaluate patients for a urinary tract fistula, I the tampon is wet with urine, but not blue, which fistula is likely?			
	(A) VVF	(B) Recto vaginal		
	(C) Urethro vaginal	(D) Ureterovaginal fistula		
179.	Progesterone breakthrough bleeding occurs?			
	(A) When progestogen to estrogen ratio is high			
	(B) When progestogen to estrogen ratio is low			
	(C) Is more likely in women on combined OC pills as compared to progesterone only pills			
	(D) None of the above			
180.	Treatment of Idiopathic Gonadotropin de	ependent precocious puberty is?		
	(A) GnRH Agonists	(B) Growth Hormone		
	(C) GnRH Antagonists	(D) Methyl Prednisolone		

181.	How much estrogen and progestering) releases daily?	rone does transvaginal hormonal contraceptive ring (Nuva
	(A) 15ugm ethinyl estradiol and 12	20 ugmprogesin
	(B) 35ugm ethinyl estradiol and 03	
	(C) 20 ugm ethinyl estradiol and 0	
	(D) All are incorrect	
182.		cape (TOT) approach, the finger is placed for the vaginal
	(A) Genital crural fold	(B) Retro pubic
	(C) Retzius	(D) Pelosi
183.	` , ,	waveform index that has shown to be useful in discriminating sses. A PI of which value is almost always associated with a
	(A) A PI < 1.0	(B) A PI > 1.0
	(C) A PI $<$ 2.0	(D) A PI <0.0
184.	For a patient of endometriosis who	ere fertility is the primary concern, treatment of choice is?
	(A) Progestins	(B) Danazol
	(C) GnRH agonist	(D) Surgical treatment
185.	In FIGO classified AUB-C (Coagulation or Bleeding Disorders), In addition to a platelet count screening should also include prothrombin (PT) Time, which evaluates: -	
	(A) The extrinsic and final common clotting pathways	
	(B) The Intrinsic and common pathways of coagulation	
	(C) The factor VIII level activity	
	(D) Von Willebrand factor	
186.	Obesity predisposes to chronic and	ovulation in these ways except: -
	(A) Increased peripheral aromatiza concentrations.	ation of androgens, resulting in chronically elevated estrogen
	(B) Decreased levels of hepatic sex	hormone binding globulin (SHBG) production.
	(C) Insulin resistance.	
	(D) Decrease in GnRH agonist & F	FSH/LH.
187.	LNG-IUS 20 (levonorgestrel-releas	ing intrauterine system, Mirena) useful in following except:-
	(A) Treatment of primary dysmen	orrhea.
	(B) Reduction of myoma prevalen myomas.	ce as well as uterine volume and bleeding associated with
	(C) Decrease in uterine volume and	d pain associated with adenomyosis.
	(D) Protection against Ectopic.	
188.	Beta hCG rise on Day 3 in a pa methotrexate indicates?	tient of ectopic pregnancy on single dose treatment with
	(A) Failed treatment	

(D) Second dose methotrexate should be given immediately

(B) Indication for surgery

(C) Is normal

189.	Which of the following is an indication for surgical treatment of ectopic pregnancy?	
	(A) Mild symptoms	(B) Serum beta hCG less than 5000 IU/ L
	(C) Ectopic less than 4 cm	(D) Co-existing intrauterine pregnancy
190.	In 2010, the WHO published revised lower	reference limits for semen analyses, percentage of
	normal sperm shall be?	
	(A)>4%	(B) >40 %
	(C) >15%	(D) >25%
191.	Options to decrease the risk of OHSS in "hig	h responders" include all of the following except:-
	(A) Administering a dopamine agonist for up	to 7 days after the trigger.
	(B) "Coasting," in which GnRH analogue treastimulation for 1–3 days.	atment continues but without further gonadotropin
	(C) In GnRH antagonist stimulation cycles, a	dministering a GnRH agonist to trigger ovulation.
	(D) Early Embryo transfer by 5th days.	
192.	When ovulation is triggered by injection of exgenerally is best performed approximately:	xogenous hCG in natural or stimulated cycles, IUI
	(A) 24 hours later	(B) 34 hours later
	(C) 40 hours later	(D) 12 Hours later
193.	The eutopic endometrium and ectopic endor from normal endometrium in at least these d	netrium of women with endometriosis thus differ listinct and important ways except: -
	(A) High local estrogen production,	
	(B) High local prostaglandin production	
	(C) Resistance to the actions of progesterone	
	(D) Low Local estrogen production	
194.	An ectopic gestational mass is widely considered as a relative contraindication to medical treatment with methotrexate, except: -	
	(A) Ultrasound evidence of embryonic heart	activity
	(B) Free peritoneal fluid	
	(C) Sac Size <3 cm	
	(D) Hemodynamically unstable	
195.	•	an College of Radiology Breast Imaging, Reporting f zero in her Mammogram report. What does this
	(A) Normal mammogram	(B) Benign lesion
	(C) Suspicious for malignancy	(D) Needs additional evaluation
196.	What serve the reference point for interpreta aging in STRAW nomenclature for menopau	ation of the three specified phases of reproductive usal transition?
	(A) FMP (Final Menstrual Period)	(B) Osteoporosis
	(C) Hot flashes	(D) Level of genital atrophy
197.	Kegel exercises were designed to do which of	f the following?
	(A) Strengthen the abdominal muscles after childbirth	
	(B) Increase the blood flow to the perineum	to speed the healing of an episiotomy
	(C) Improve the tone of the voluntary musc ani.	les surrounding the bladder base and the levator
	(D) Prevent denervation of pelvic muscles at	ter childbirth

198.	The single most important prognostic factor in carcinoma vulva is lymph node status. In which FIGO staging inguino femoral Lymph Nodes are positive?	
	(A) Stage I	(B) Stage II
	(C) Stage III	(D) Stage IV
199.		g system for GTN proposed by the World Health Organization, the igh risk and requires multimodal therapy?
	(A) > 5	(B) >6
	(C) >7	(D) >8
200.	The following statement al	bout Complete hydatidiform moles are true except: -
	(A) Complete hydatidiform moles exhibit characteristic swelling and trophoblastic hyperplasia	
	(B) They usually have a 46, XX karyotype	
	(C) They are Triploid (90%)	%) & Diploid (10%)
	(D) The molar chromosom	es are entirely of paternal origin