Q 1. A 35 year-old G7P6 has been diagnosed to have iron deficiency anemia at 28 weeks of gestation. Her hemoglobin is 7.8gm/dl. She complains of palpitations, tiredness and easy fatigability. The most appropriate treatment option for her is
   a. Oral iron
   b. Injectable iron
   c. Blood transfusion
   d. Packed cell transfusion
   **Correct option: a**

Q 2. An Rh−ve mother in her 2nd pregnancy has a positive indirect combs test. The most appropriate non-invasive investigation to detect fetal anemia is
   a. Uterine artery doppler
   b. Umbilical artery doppler
   c. Middle Cerebral artery Doppler
   d. USG to determine fetal hepatic size
   e. USG to detect fetal ascites
   **Correct option: c**

Q 3. A G2P1 presents at 36 weeks gestation in outdoor. Her fundal height corresponds to 32 weeks. The most appropriate next action is:
   a. Biophysical profile
   b. Confirmation of LMP and gestational age
   c. Non stress test
   d. Ultrasound
   e. Umbilical artery doppler
   **Correct option=b**

Q 4. A 30 -year old G2P1 presents at 30 weeks gestation with a report showing random blood sugar of 180 mg/dl. There is no history of GDM in last pregnancy. The most appropriate first line management option is
   a. Diet control
   b. Metformin
   c. Metformin + regular insulin
   d. Regular insulin
   e. NPH + regular insulin
   **Correct option: a**

Q 5. A primigravida presents at 28 weeks of gestation in OPD with raised blood pressure for the first time. Her BP is 150/90 mm of Hg and proteinuria 2+. She is
asymptomatic and all her investigations are normal. The most appropriate diagnosis is:

a. Chronic hypertension with superimposed pre-eclampsia  
b. Chronic hypertension  
c. Gestational hypertension  
d. Mild pre-eclampsia  
e. Severe pre-eclampsia  
Correct option: d

**True false type MCQs**

Q 1. Absorption of iron is increased by concomitant use of vitamin C. True

Q 2. The confirmatory test for reduced iron store is serum iron. False

Q 3. Placenta previa and previous cesarean section is a risk factor for placenta accreta. True

Q 4. The mode of delivery in abruptio placentae is dependent on fetomaternal condition, gestational age and bishop score. True

Q 5. In breech delivery pinnard maneuver is used to deliver arms. False

Q 6. In placenta previa the blood loss is from maternal circulation. True

Q 7. Rhesus isoimmunization may occur after miscarriage. True

Q 8. A kleihauer is a test of maternal blood to determine proportion of fetal cells present to give appropriate dose of anti D. true

Q 9. The mode of delivery in twins with first baby breech is vaginal delivery. False

Q 10. In twin pregnancy with one fetus dead immediate delivery should be done. False

Q 11. Oligohydramnios is defined as liquor volume less than 5th centile for the gestation. True

Q 12. Patient with polyhydramnios is at increased risk of preterm labour. True

Q 13. In a patient with unfavorable cervix oxytocin is preferable over prostaglandin E2 for induction of labour. False

Q 14. Labour at 29 weeks is classified as very preterm labour. True
Q 6. The most appropriate management for a G2P1 presenting at 34 weeks of gestation with ruptured membranes and AFI of 8 is antibiotic and steroid cover. True

Q 15. Induction of labour should be routinely done at 40 weeks of gestation. False

Q 16. The drug of choice for prevention the convulsions in severe pre-eclampsia is labetalol. False

Q 17. For the control of hypertension methyldopa can be given orally as well as intravenously. False

Q 18. A G2P1 known case of cardiac disease, comfortable at rest but having fatigue, palpitations or dyspnea on ordinary physical activity will be classified as NYHA class 2. True

Q 19. In a diabetic pregnant lady the target pre-meal blood sugar level is 3.5-5.5 mmol/L. True

Q 20. The risk of pre-eclampsia is increased by 2-4 folds in diabetic women. True

Q 21. Regarding hepatitis in pregnancy the highest risk of the maternal mortality is associated with hepatitis A. False

Q 22. A patient with HbA1c of 8 during first trimester is at increased risk of congenital anomalies. True

Q 23. The treatment of choice in a lady with intrahepatic cholestasis of pregnancy with distressing pruritus not responding to symptomatic treatment is ursodeoxycholic acid. True

Q 24. The presenting diameter in face presentations is mentovertical. False

Q 25. During the course of labour, flexion of head is followed by internal rotation. True

Q 26. As part of active management of 3rd stage of labour intramuscular methergin is given. False

Q 27. Inefficient uterine activity is the most common cause of poor progress in labour. True

Q 28. Secondary postpartum hemorrhage is defined as excessive bleeding from genital tract between 24 hours to 4 weeks after delivery. False

Q 29. The most common reason of abandoning the breast feeding in women is inadequate milk production and cracked nipples. True

Q 30. A perinatal death is defined as stillbirth more than 24 weeks or death with in 14 days of birth. False
Q 31. Vacuum extraction as compared to forceps delivery is more likely to be associated with cephalohematoma. True

Q 32. The most common cause of postpartum hemorrhage in multiparous ladies is uterine atony. True

Q 33. Maternal mortality rate is defined as maternal deaths per 10,000 livebirths. False

Q 34. The Apgar score is recorded at 1 and 10 minutes. False

Q 35. An episiotomy is performed as soon as cervix is fully dilated. False

Q 36. The ultrasound for fetal abnormality screening must be done at 18-20 weeks gestation. True

Q 37. The risk of miscarriage in chorionic villous sampling is 1%. True

Q 38. The features interpreted in a cardiotocograph are baseline heart rate, decelerations and accelerations. False

Q 39. Nefedipine is safe in pregnancy. True

Q 40. BCG vaccination can be given in pregnancy. False