

**RPSC Asst.
Professor
(Medical Edu.)**

**Previous Year Paper
(Obstetrics and
Gynaecology - BS) 2022**

पुस्तिका में पृष्ठों की संख्या-32
No. of Pages in Booklet -32
पुस्तिका में प्रश्नों की संख्या-180
No. of Questions in Booklet -180

BSAP-22

11/05/22
1400337

प्रश्न पुस्तिका संख्या /
Question Booklet No.

Paper Code : 04
SUBJECT : Obstetrics &
Gynaecology (Broad Speciality)

समय : 3.00 घण्टे
Time: 3.00 Hours

अधिकतम अंक : 180
Maximum Marks: 180

प्रश्न-पत्र पुस्तिका के पेपर सील/ पॉलिथिन बैग को खोलने पर परीक्षार्थी यह सुनिश्चित कर लें कि प्रश्न पुस्तिका संख्या तथा ओ.एम.आर. उत्तर-पत्रक पर अंकित बारकोड समान हैं। इसमें कोई भिन्नता हो तो परीक्षार्थी वीक्षक से दूसरा प्रश्न-पत्र प्राप्त कर लें। ऐसा सुनिश्चित करने की जिम्मेदारी अभ्यर्थी की होगी।

On opening the paper seal /polythene bag of the Question Booklet the candidate should ensure that Question Booklet Number and Barcode of OMR Answer Sheet must be same. If there is any difference, candidate must obtain another Question Booklet from Invigilator. Candidate himself shall be responsible for ensuring this.

परीक्षार्थियों के लिए निर्देश

1. सभी प्रश्नों के उत्तर दीजिए।
2. सभी प्रश्नों के अंक समान हैं।
3. प्रत्येक प्रश्न का केवल एक ही उत्तर दीजिए।
4. एक से अधिक उत्तर देने की दशा में प्रश्न के उत्तर को गलत माना जाएगा।
5. प्रत्येक प्रश्न के चार वैकल्पिक उत्तर दिये गये हैं, जिन्हें क्रमशः 1, 2, 3, 4 अंकित किया गया है। अभ्यर्थी को सही उत्तर निर्दिष्ट करते हुए उनमें से केवल एक गोले अथवा बबल को उत्तर-पत्रक पर नीले बॉल प्वाइंट पेन से महश करना है।
6. OMR उत्तर-पत्रक इस परीक्षा पुस्तिका के अन्दर रखा है। जब आपको परीक्षा पुस्तिका खोलने को कहा जाए, तो उत्तर-पत्रक निकाल कर ध्यान से केवल नीले बॉल प्वाइंट पेन से विवरण भरें।
7. प्रत्येक गलत उत्तर के लिए प्रश्न अंक का 1/3 भाग काटा जायेगा। गलत उत्तर से तात्पर्य अशुद्ध उत्तर अथवा किसी भी प्रश्न के एक से अधिक उत्तर से है। किसी भी प्रश्न से संबंधित गोले या बबल को खाली छोड़ना गलत उत्तर नहीं माना जायेगा।
8. मोबाइल फोन अथवा इलेक्ट्रॉनिक यंत्र का परीक्षा हॉल में प्रयोग पूर्णतया वर्जित है। यदि किसी अभ्यर्थी के पास ऐसी कोई वर्जित सामग्री मिलती है, तो उसके विरुद्ध आयोग द्वारा नियमानुसार कार्यवाही की जायेगी।
9. कृपया अपना रोल नम्बर ओ.एम.आर. पत्रक पर सावधानीपूर्वक सही भरें। गलत अथवा अपूर्ण रोल नम्बर भरने पर 5 अंक कुल प्राप्तांकों में से काटे जा सकते हैं।
10. यदि किसी प्रश्न में किसी प्रकार की कोई मुद्रण या तथ्यात्मक प्रकार की त्रुटि हो, तो प्रश्न के हिन्दी तथा अंग्रेजी रूपान्तरों में से अंग्रेजी रूपान्तर मान्य होगा।

चेतावनी : अगर कोई अभ्यर्थी नकल करते पकड़ा जाता है या उसके पास से कोई अनधिकृत सामग्री पाई जाती है, तो उस अभ्यर्थी के विरुद्ध पुलिस में प्राथमिकी दर्ज करते हुए विविध नियमों-प्राक्धानों के तहत कार्यवाही की जाएगी। साथ ही विभाग ऐसे अभ्यर्थी को भविष्य में होने वाली विभाग की समस्त परीक्षाओं से विवर्जित कर सकता है।

INSTRUCTIONS FOR CANDIDATES

1. Answer all questions.
2. All questions carry equal marks.
3. Only one answer is to be given for each question.
4. If more than one answers are marked, it would be treated as wrong answer.
5. Each question has four alternative responses marked serially as 1, 2, 3, 4. You have to darken only one circle or bubble indicating the correct answer on the Answer Sheet using BLUE BALL POINT PEN.
6. The OMR Answer Sheet is inside this Test Booklet. When you are directed to open the Test Booklet, take out the Answer Sheet and fill in the particulars carefully with blue ball point pen only.
7. 1/3 part of the mark(s) of each question will be deducted for each wrong answer. A wrong answer means an incorrect answer or more than one answers for any question. Leaving all the relevant circles or bubbles of any question blank will not be considered as wrong answer.
8. Mobile Phone or any other electronic gadget in the examination hall is strictly prohibited. A candidate found with any of such objectionable material with him/her will be strictly dealt as per rules.
9. Please correctly fill your Roll Number in O.M.R. Sheet. 5 Marks can be deducted for filling wrong or incomplete Roll Number.
10. If there is any sort of ambiguity/mistake either of printing or factual nature, then out of Hindi and English Version of the question, the English Version will be treated as standard.

Warning : If a candidate is found copying or if any unauthorized material is found in his/her possession, F.I.R. would be lodged against him/her in the Police Station and he/she would liable to be prosecuted. Department may also debar him/her permanently from all future examinations.

इस परीक्षा पुस्तिका को तब तक न खोलें जब तक कहा न जाए।
Do not open this Test Booklet until you are asked to do so.

OBST & GYNAE (Broad Speciality)

1. A 52-year-old known diabetic woman presents to the OPD with abscess of right labia majora following a folliculitis. No other remarkable medical or surgical history was elicited. During incision and drainage, the abscess was found to be extending up to the superficial layers of abdominal wall. Select the likely explanation -
 - (1) Likely 2 separate abscesses as perineal infection cannot extend to abdominal wall.
 - (2) Perineal infection superficial to Colles fascia can extend to abdominal wall as Colles fascia is extension of Scarpa fascia.
 - (3) Perineal infection deep to Colles fascia can extend to abdominal wall as Colles fascia is extension of Scarpa fascia.
 - (4) Perineal infection deep to Colles fascia can extend to abdominal wall as Colles fascia is extension of Camper fascia.
2. The approximate time taken for a primary follicle to ovulate is -
 - (1) 14 days
 - (2) 85 days
 - (3) 28 days
 - (4) 50 days
3. Uterine contractions during labour are physiologically unique as these are painful (uterine musculature is smooth muscles in nature). The most appropriate explanation for pain is -
 - (1) Hypoxia of the contracted myometrium – such as that with angina pectoris.
 - (2) Compression of nerve ganglia in the cervix and lower uterus by contracted interlocking muscle bundles.
 - (3) Cervical stretching during dilatation.
 - (4) Stretching of the peritoneum overlying the fundus.
4. Which one is not a part of structure of secondary villi of placentation in humans?
 - (1) Villous capillary
 - (2) Cytotrophoblast core
 - (3) Syncytiotrophoblast
 - (4) Mesenchymal cord from extraembryonic mesoderm
5. You have just examined a 28-year-old primigravida in spontaneous labour. Examination findings are 0/5 palpable per abdomen, cervix is 7 cm dilated, cephalic presentation, -1 station, anterior fontanelle palpable with orbital ridges and nasal bridge felt anteriorly. What is the presenting diameter of the fetus?
 - (1) Mentovertebral
 - (2) Occipitofrontal
 - (3) Submentobregmatic
 - (4) Suboccipitobregmatic

6. Which one of the following is not a branch of internal iliac artery?
- (1) Internal Pudendal A
 - (2) Uterine A
 - (3) Middle rectal A
 - (4) Inferior epigastric A
7. Implantation in humans based on blastocyst-uterine cell interactions is classified as –
- (1) Centric implantation
 - (2) Eccentric implantation
 - (3) Interstitial implantation
 - (4) None of the above
8. Shortly before menstruation -
- (1) Blood levels of estrogen & progesterone decrease
 - (2) Blood levels of estrogen & progesterone increase
 - (3) Blood levels of FSH stabilizes
 - (4) The corpus luteum secretes progesterone
9. Which of the following structures are not attached to the perineal body?
- (1) External anal sphincter
 - (2) External urethral sphincter
 - (3) Pubovaginalis
 - (4) Deep transverse perineal muscles
10. Which statement regarding fetal circulation is not correct?
- (1) Umbilical vein supplies oxygenated blood & nutrients
 - (2) Pulmonary vascular resistance is high
 - (3) Large amount of blood is shunted to the left atrium through the foramen ovale
 - (4) Blood from aorta is shunted to pulmonary artery through ductus arteriosus
11. How do Nabothian cyst occur?
- (1) Wolffian duct remnants
 - (2) Blockade of crypts in uterine cervix
 - (3) Squamous cell debris that cause irritation
 - (4) Carcinoma
12. The anatomy of the spinal cord and dural space is important when giving regional spinal anaesthesia. At what approximate spinal level do the dural space and the spinal cord, respectively end?
- (1) T10, T8
 - (2) L2, T10
 - (3) L5, T12
 - (4) S2, L2
13. Vaginal epithelium is derived from -
- (1) Endoderm of urogenital sinus
 - (2) Mesoderm of urogenital sinus
 - (3) Endoderm of genital ridge
 - (4) Mesoderm of genital ridge

14. Incision used for gaining access to space of Retzius -
- (1) Pfannenstiel incision
 - (2) Cherney's incision
 - (3) Maylard incision
 - (4) Rutherford-Morison incision
15. The earliest morphological evidence of ovulation on endometrial biopsy -
- (1) Pseudostratification
 - (2) Basal vacuolation
 - (3) Decrease in glycogen content
 - (4) Pre-decidual reaction
16. Mrs. X had a stillbirth in past and wants to know the cause of the stillbirth. Which investigation would be most valuable for determining the causes of stillbirth?
- (1) Mrs. X's blood sugar levels
 - (2) Her VDRL status
 - (3) Cytogenetic analysis
 - (4) Placental examination
17. A 34-year-old woman attends for her booking visit in her third pregnancy. She had a caesarean section in her first pregnancy 4 years ago and has had a successful vaginal birth after caesarean section 2 years ago. She has a BMI of 26. Which is the most important factor favouring vaginal birth?
- (1) A BMI of less than 30
 - (2) Short inter-pregnancy interval
 - (3) Previous vaginal birth
 - (4) Spontaneous onset of labour
18. You are asked to see a 21-year-old woman for preconceptual care. She was diagnosed with generalised tonic-clonic epilepsy four years ago which is poorly controlled. She is currently on sodium valproate and levetiracetam. What is the next step in her management?
- (1) Arrange MRI
 - (2) Neurological reference and review medication
 - (3) Commence folic acid 5 mg
 - (4) Arrange EEG

19. A woman is diagnosed with oligohydramnios at 30 weeks of gestation with AFI of 5. She has been under regular ante-natal follow up and her blood pressure is at each visit had been normal. Fetal growth is optimum and after thorough work-up no underlying cause for oligohydramnios has been found. Which management plan will you follow?
- (1) Patient should be admitted and IV fluids rich in amino-acids should be given
 - (2) Amnio-infusion is the most effective therapeutic option
 - (3) Patient should undergo termination at 34 weeks of gestation
 - (4) Close fetal surveillance with regular scans for amount of liquor is the optimum management option
20. For accurate Nuchal Translucency (NT) measurement which of the following condition is not a mandatory condition?
- (1) Fetus should be examined in a midsagittal plane
 - (2) Fetal neck should be in a neutral position
 - (3) Callipers should be placed on the outer borders of the nuchal fold
 - (4) Care must be taken to distinguish between fetal skin and amnion
21. You were asked to review a 35-year-old woman with a history of congenital heart disease for pre-pregnancy counselling. In which of the following condition would you absolutely advise patient against getting pregnant?
- (1) Cyanotic heart disease
 - (2) Marfan syndrome
 - (3) Pulmonary arterial hypertension
 - (4) Hypertrophic cardiomyopathy
22. Choose the option that is an absolute contraindication to epidural anaesthesia -
- (1) Previous treatment with anticoagulants
 - (2) Multiple pregnancy
 - (3) Patients receiving narcotics
 - (4) Severe maternal haemorrhage causing severe hypovolemia
23. Which one of the following is a main difference between Joel-Cohen and Misgav-Ladach techniques for caesarean section?
- (1) Abdominal incision technique
 - (2) Incision of myometrium
 - (3) Suturing of myometrium
 - (4) Suturing of abdominal layers
24. A pregnant woman with gestational diabetes asks you about the increased risks to her fetus because of gestational diabetes. Which of the following is not a fetal risk due to gestational diabetes?
- (1) Polycythaemia
 - (2) Hypermagnesemia
 - (3) Traumatic delivery
 - (4) Hypoglycaemia

25. A primigravida attends the labour suite in advanced labour. Her Effective Fetal Weight (EFW) from her last growth scan a week ago is 4200gm. Which is the most significant risk factor for a third degree perineal tear?
- (1) First childbirth
 - (2) Instrumental delivery
 - (3) Big Baby
 - (4) Malpresentation
26. During a second stage caesarean section in a primigravida there is difficulty in extraction of fetal head. All the following methods can be used, except -
- (1) Fetal pillow
 - (2) Patwardhan method
 - (3) Tydeman tube
 - (4) Use of ventouse
27. The most sensitive test for detection of iron depletion in pregnancy is -
- (1) Serum transferrin
 - (2) Serum iron
 - (3) Serum ferritin
 - (4) Serum iron binding capacity
28. A pregnant woman develops Intrahepatic Cholestasis of Pregnancy which is the most common liver disease encountered in pregnancy. The following condition is not associated -
- (1) Intense itching associated with elevated bile acids
 - (2) Moderately elevated SGOT & SGPT
 - (3) Mildly increased alkaline phosphatase
 - (4) Serum bilirubin > 5 mg/dL
29. The ACOG & SMFM have given the new terminology to define term pregnancy. Find the incorrect one -
- (1) Early term - from 37 weeks to 39 weeks
 - (2) Full term - 39 weeks to 40 weeks 6 days
 - (3) Late term - 41 weeks to 41 weeks 6 days
 - (4) Post term - 42 weeks & beyond
30. A primigravida presents with doppler USG report suggestive of monochorionic diamniotic twin gestation of 33 weeks, oligohydramnios in one & polyhydramnios in other sac, fetal bladder of donor twin not visualised, the doppler scan is normal. According to Quintero staging system the stage of TTTS is -
- | | |
|-------------|-------------|
| (1) Stage 1 | (2) Stage 2 |
| (3) Stage 3 | (4) Stage 4 |

31. Children exposed in utero to X - ray irradiation are at an increased risk of which of the following?
- (1) Diabetes
 - (2) Acute lymphoblastic leukaemia
 - (3) Intra-Uterine Growth Retardation (IUGR)
 - (4) Mental retardation
32. An Rh incompatible, unsensitized pregnant woman underwent blunt trauma abdomen at 26 wks. Dose of Anti-D required immediately will be –
- (1) 150 µg
 - (2) 300 µg
 - (3) 600 µg
 - (4) No need
33. Incorrect regarding Target blood sugar values in mg/dL for adequate glycaemic control in pregnant woman with diabetes is –
- (1) Fasting levels 60-90
 - (2) 1 hour postprandial < 140
 - (3) 2 hours postprandial < 120
 - (4) 2am-6am 100-120
34. Which of the following ovarian tumours is most prone to undergo torsion in pregnancy?
- (1) Dermoid cyst
 - (2) Serous cystadenoma
 - (3) Theca-lutein cyst
 - (4) Mucinous cystadenoma
35. Antenatal corticosteroids are indicated in all women at risk of preterm labor between 24-34 weeks of gestation. Benefits include all, except -
- (1) Reduces the risk of RDS
 - (2) Reduces the risk of intraventricular hemorrhage
 - (3) Reduces the risk of Patent Ductus Arteriosus
 - (4) Reduces the risk of preterm delivery
36. All are the features of neonatal necrotizing enterocolitis, except -
- (1) Abdominal distension
 - (2) Increased bowel sounds
 - (3) Pneumoperitoneum
 - (4) Metabolic acidosis
37. Most common cause of neonatal sepsis is –
- (1) Streptococcus pneumonia
 - (2) Klebsiella
 - (3) E. coli
 - (4) Pseudomonas
38. According to latest NRP guidelines in a vigorous term baby, cord clamping should be done -
- (1) Immediately after birth
 - (2) After delay of 15 seconds
 - (3) After delay of 30 - 60 seconds
 - (4) After delay of 90 seconds

39. Which female genital malignancy is most common in pregnancy?
- (1) Ovarian cancer
 - (2) Vaginal vulvar cancer
 - (3) Endometrial cancer
 - (4) Cervical cancer
40. The most common cause of neonatal hypoxia is -
- (1) Tachycardia
 - (2) Bradycardia
 - (3) Ventricular arrhythmia
 - (4) Asystole
41. Double bleb sign in USG is depictive of -
- (1) Two intrauterine gestation sacs
 - (2) Amniotic sac and yolk sac
 - (3) Ectopic pregnancy
 - (4) Heterotopic pregnancy
42. When does keratinization of fetal skin occurs?
- (1) 12-18 weeks
 - (2) 22-25 weeks
 - (3) 26-30 weeks
 - (4) 16-20 weeks
43. Without breast feeding the first menstrual flow usually begins.....weeks after delivery.
- (1) 2-4 weeks
 - (2) 4-6 weeks
 - (3) 6-8 weeks
 - (4) 8-10 weeks
44. Arias stella reaction is not seen in -
- (1) Ovarian pregnancy
 - (2) Molar pregnancy
 - (3) Interstitial pregnancy
 - (4) Salpingitis isthmica nodosa
45. At what period of gestation are the weights of the fetus and placenta equal?
- (1) 14 weeks
 - (2) 15 weeks
 - (3) 17 weeks
 - (4) 21 weeks

46. Investigations for primary amenorrhoea should be initiated -
- (1) At an age of 13 years in the absence of secondary sexual characteristics
 - (2) At an age of 15 years in the presence of secondary sexual characteristics
 - (3) If 5 years have passed since the initial onset of breast development
 - (4) At an age of 17 years in the presence of secondary sexual characteristics
47. What would be the preferable treatment modality for a 40-year-old sexually active woman with regular, heavy periods who smokes 20 cigarettes a day, has a BMI of 40 and a normal sized anteverted uterus?
- (1) TAH/TLH
 - (2) TCRE
 - (3) Oral medroxyprogesterone
 - (4) Mirena
48. A woman aged 45-year is under annual mammography and her latest mammogram reports a BI-RADS category 4. She has no familial history of breast or endometrial cancers. What should be the next plan of action?
- (1) Patient should be counselled about probable benign findings and short interval follow-up is advised.
 - (2) Patient should be counselled about changes suspicious of malignancy and short interval follow-up is advised.
 - (3) Patient should be counselled about benign findings and annual mammography should be followed.
 - (4) Patient should be counselled about changes suspicious of malignancy and biopsy should be undertaken.
49. A 45-year-old woman with history of progressive vulvar itching, dysuria, dyspareunia and soreness for past two years attends the gynaecology clinic. On examination - whitish atrophic area involving labia minora and scarring and narrowing of urethral and vaginal opening was seen. Which treatment would you advise as first choice?
- (1) Local application of emollients
 - (2) Anti-histamines oral medication
 - (3) Ultra - potent steroid
 - (4) Tacrolimus
50. A 70-year-old had noticed that her voice has deepened and she has increasing hair on her face over the last three years. Serum testosterone is elevated at 7.2 nmol/L and DHEAS (dehydroepiandrosterone) and urinary 17 ketosteroids are normal. Which of the following is the most likely diagnosis?
- (1) Adrenal carcinoma
 - (2) Congenital adrenal hyperplasia
 - (3) Idiopathic hirsutism
 - (4) Ovarian hyperthecosis

51. Which of the following is true regarding the outcomes of Uterine Artery Embolization (UAE) as a therapeutic option for uterine fibroids?
- (1) Re-intervention rate for fibroids is nearly 20% after UAE
 - (2) Risk of IUGR in pregnancies subsequent to UAE is significantly increased
 - (3) Risk of miscarriage in pregnancies subsequent to UAE is not significantly increased
 - (4) UAE has significantly higher risk of major complications when compared to myomectomy
52. A 42-year-old female with repeated episodes of vulvar discharge and vague lower abdominal pain, reports to OPD with a transvaginal scan showing normal sized uterus with 1.5 cm of posterior intramural fibroid with no other abnormal finding. She is having normal regular cycles with average flow. She is asking for removal of fibroid. What would be your management?
- (1) Plan her for myomectomy
 - (2) Plan her for hysterectomy
 - (3) Counsel her that this fibroid is unlikely to be cause of her symptoms and rule out other causes
 - (4) Give her anti-anxiety medication
53. A 37-year-old patient undergoing IVF for unexplained subfertility of 3 years. Her AMH level is 0.8 ng/mL. A properly timed AFC scan showed a total AFC count of 4. Suspecting a lower-than-normal response on controlled ovarian stimulation. What is advisable protocol and dose of gonadotrophin?
- (1) Agonist protocol, 150 IU
 - (2) Antagonist protocol, 300 IU
 - (3) Agonist Protocol, 450 IU
 - (4) Flare Protocol, 300 IU
54. TUNEL and Comet are tests of -
- (1) Sperm DNA integrity
 - (2) Sperm penetration tests
 - (3) Sperm capacitation test
 - (4) Assessment of ROS
55. Basic underlying pathology in PCOS is -
- (1) Obesity and LH excess
 - (2) Functional ovarian hyperandrogenism
 - (3) Functional adrenal hyperandrogenism
 - (4) Insulin resistance and hyperinsulinemia

56. Greatest lifetime risk of developing ovarian cancer is associated with one of these genetic mutations -
- (1) BRCA2
 - (2) BRCA1
 - (3) MSH2
 - (4) RDA51C
57. A 55-year-old woman during her routine health check-up is found to have a lump 3 cm in her right breast, upper outer quadrant with overlying skin retraction. The most probable diagnosis would be -
- (1) Mondor's disease
 - (2) Benign fibroadenoma
 - (3) Breast cancer
 - (4) Fibrocystic change
58. Vault suspension is an important step following any hysterectomy. Which of the procedures listed below is not meant for suspension of vaginal vault?
- (1) McCaul Culdoplasty
 - (2) Obliteration of cul-de-sac
 - (3) Reattachment of the cardinal and uterosacral ligaments to the vaginal cuff
 - (4) Reattachment of the round ligaments to the vaginal cuff
59. According to Gainesville's classification of PID depending upon the severity of tubal damage, Tubercular salpingitis belongs to which stage?
- (1) Stage 2
 - (2) Stage 3
 - (3) Stage 5
 - (4) Stage 4
60. Genetics are the new frontier of gynaecologic cancers. Lynch syndrome genetic mutations (MLH1, MSH2, MSH6, PMS2) lead to cancer susceptibility through which one of these mechanisms?
- (1) Mismatch repair genes
 - (2) Tumor suppressor genes
 - (3) Cell-cycle regulators
 - (4) Proto-oncogenes
61. HPV infection is thought to be the causative factor for cervical cancer & many other benign and malignant conditions. Which of the following reflects HPV infection?
- (1) Only 20% of sexually active women will be infected with HPV in their lifetime.
 - (2) Most women with HPV will go on to develop warts, CIN, or cancer.
 - (3) The virus infection is transient for most women.
 - (4) Other cofactors such as cigarette smoking and altered immune response have not been shown to be related to the development of cervical neoplasia.

62. The changes made in the FIGO-AUB system 1 in 2018 revisions are all, except -
- (1) Amenorrhea is a part of frequency category
 - (2) There are now only two categories for duration (normal - 8 or less days & prolonged > 8 days)
 - (3) HMB defined as volume > 80 mL, is a diagnosis & not a symptom
 - (4) Intermenstrual bleeding has been added
63. A young woman, P2L2 presents for clinically suspected endometriosis. Which of the following is considered as a first-line treatment of endometriosis?
- (1) Mifepristone
 - (2) OCPs
 - (3) Leuprolide
 - (4) Letrozole
64. Gender is almost always assigned at birth. How is Transgenderism best described?
- (1) A late effect of childhood rearing
 - (2) A masquerade of gay or lesbian behaviour
 - (3) A psychiatric disease of gender identity
 - (4) A phenomenon of difference between assigned gender and experienced gender
65. What is the % of women aged 15-24 years who use hygienic methods of protection during their menstrual period in Rajasthan (NFHS-5)?
- (1) 26.5%
 - (2) 84.1%
 - (3) 55.1%
 - (4) 60%
66. Characteristic feature of carcinoma fallopian tube is -
- (1) Watery discharge P/v
 - (2) Hemorrhage
 - (3) Pain
 - (4) Sepsis
67. A 30-year-old female present with an ovarian mass 6×6×6 cm. USG reveal solid structures in the mass. Her serum biomarkers like AFP, β HCG and Ca-125 are normal, but serum alkaline phosphatase is elevated. The most likely diagnosis is -
- (1) Dysgerminoma
 - (2) Endodermal sinus tumour
 - (3) Malignant teratoma
 - (4) Mucinous cystadenocarcinoma
68. Symptoms suggestive of genuine stress incontinence is caused by -
- (1) Iliohypogastric nerve
 - (2) Inferior gluteal nerve
 - (3) Pudendal nerve
 - (4) Genitofemoral nerve

69. A 25-year-old female with history of multiple contacts presenting with growth on vulva, the probable diagnosis is –
- (1) Condyloma accuminata
 - (2) Verruca plana
 - (3) Verruca vulgaris
 - (4) Condyloma lata
70. Attacks of flushing and cyanosis occur in which type of ovarian tumor?
- (1) Struma Ovarii
 - (2) Krukenberg's tumor
 - (3) Arrhenoblastoma
 - (4) Carcinoid tumor of ovary
71. Most malignant variety of endometrial carcinoma –
- (1) Endometroid
 - (2) Papillary serous
 - (3) Clear cell carcinoma
 - (4) Adenosquamous carcinoma
72. The most common source of vicarious menstruation is –
- (1) Heart
 - (2) Lungs
 - (3) Nose
 - (4) Kidney
73. Which of the following is true about obstructive azoospermia?
- (1) Increased FSH and increased LH
 - (2) Normal FSH and normal LH
 - (3) Increased LH and normal FSH
 - (4) Increased FSH and normal LH
74. A 76-year-old female presented with non-healing ulcer on labia majora for 6 months measuring 2×3 cm with no palpable lymphadenopathy. Biopsy shows squamous cell carcinoma. Management includes -
- (1) Radical vulvectomy with unilateral lymph node dissection
 - (2) Radical vulvectomy with bilateral lymph node dissection
 - (3) Simple vulvectomy
 - (4) Chemoradiation with resection
75. The best hormone test for ovarian reserve measurement is -
- (1) FSH
 - (2) Clomiphene citrate challenge test
 - (3) AMH
 - (4) Inhibin

76. Which malignancy is most commonly encountered in Lynch syndrome?
- (1) Breast cancer
 - (2) Colon cancer
 - (3) Rectal cancer
 - (4) Endometrial cancer
77. After medical management for a first trimester abortion with mifepristone and misoprostol, what is the earliest documented return of ovulation?
- (1) 21 days
 - (2) 10 days
 - (3) 28 days
 - (4) 8 days
78. Short interpregnancy interval has been found to be associated with increased risk of preterm birth, low birth weight and small for gestational age babies. What should be the minimum interpregnancy to mitigate these complications?
- (1) 6 months
 - (2) 12 months
 - (3) 18 months
 - (4) 36 months
79. A woman attends the family planning clinic for emergency contraception as she had an unprotected intercourse a day prior. Her last childbirth was 19 days back. Which is the ideal emergency contraception for her?
- (1) Oral EC levonorgestrel 1.5 mg
 - (2) Emergency contraception is not needed
 - (3) Ulipristal acetate 30 mg
 - (4) Copper Intrauterine Device (Cu-IUD)
80. Which of the following reduces the efficacy of Lactational Amenorrhea Methods (LAM) and increases the risk of pregnancy?
- (1) Woman less than 6 month postpartum
 - (2) Full and exclusive breast feeding
 - (3) Return of menstruation
 - (4) Use of antiepileptic drugs
81. What value of total fertility rate is considered as the replacement rate for a population?
- (1) 2.0
 - (2) 2.1
 - (3) 2.2
 - (4) 2.3

82. Which of the following defines the General Fertility rate of a population?
- (1) (Number of live births in a year/Mid-year female population in the age-group 15-49 years)×1000
 - (2) (Number of live births in a year/Mid-year married female population in the age-group 15-49 years)×1000
 - (3) (Number of live births in a particular age-group in a year/Mid-year female population in the same age-group)×1000
 - (4) (Number of live births in a particular age-group in a year/Mid-year married female population in the same age-group)×1000
83. Which of the following is not a prerequisite for case selection for female sterilization as described by Government of India?
- (1) Female age should be below 49 years.
 - (2) Female age should be above 22 years.
 - (3) The couple should have at least one child whose age is above 2 years.
 - (4) The woman should be married.
84. Which of the following condition falls under Medical Eligibility Criteria (MEC) category 3 for Intrauterine contraceptive device?
- (1) Woman less than 20 years of age
 - (2) Nulliparous woman
 - (3) Past history of PID
 - (4) Woman 72 hours postpartum
85. A woman who had PPIUCD inserted 4 weeks ago is persistently insisting for removal of PPIUCD. She has no medical contraindication for IUCD. IUCD threads are not visible on per speculum examination but IUCD is seen correctly placed in uterus on ultrasonographic examination. What will be your plan of action?
- (1) Removal can performed using IUCD hook
 - (2) Removal can be performed under ultrasound guidance
 - (3) Hysteroscopic removal should be performed
 - (4) Advise her to come back for removal after 2 weeks
86. What does 'A' in IUCD 380A stands for?
- (1) Argentum (Silver)
 - (2) Arms
 - (3) Aluminium
 - (4) Aurum (Gold)

87. The current total unmet need for family planning in Rajasthan is -
(1) 7.6% (2) 12.7%
(3) 10.2% (4) 15%
88. What is not true about Combined Oral Contraceptive (COC) pills?
(1) COC use protects women from ovarian cancer
(2) COC use protects women from endometrial cancer
(3) COC use helps prevent breast cancer
(4) Helps improve anemia & regularise menstrual cycles
89. A 30-year epileptic woman on AEDs wants contraception. Combined Oral Contraceptive pill significantly decrease serum levels of which anticonvulsant?
(1) Lamotrigine (2) Sodium valproate
(3) Carbamazepine (4) Phenobarbital
90. All are true about progesterone only pills, except -
(1) Can be used while breast feeding (can start immediately after childbirth)
(2) Can be used by women with severe cirrhosis liver & SLE
(3) Taking a pill more than 3 hours late makes it less effective (>12 hours in case of desogestrel 75 mg)
(4) Women living with HIV or on antiretroviral therapy can safely use them
91. The contraceptives available in the basket by GoI in public sector facilities are -
(1) Mala-N, CuT 380A, CUT 375, Chhaya, Antara, and Condoms
(2) Mala-N, Mala-D, CuT 380A, CUT 375, Antara and Condoms
(3) Mala-N, Mala-D, CuT 380A, CUT 375, Antara, Implants and Condoms
(4) Mala-D and Condoms only
92. WHO category 4 for IUDs includes all, except -
(1) Puerperal or post-abortion sepsis
(2) Pregnancy
(3) PID, current or within past 3 months
(4) Multiple uterine fibroids without distortion of uterine cavity
93. Mifepristone is one of the drugs used for emergency contraception. Which country first registered it for use?
(1) India in 2001 (2) China in 2002
(3) USA in 1965 (4) Japan in 2005

94. According to the Criminal Law Amendment Act (CLA), 2013, all the below are correct, except -
- (1) It has expanded the definition of rape to include all forms of sexual violence-penetrative (oral, anal, vaginal) including by objects/weapons/fingers and non-penetrative (touching, fondling, stalking, etc.).
 - (2) Recognizes right to treatment for all survivors/victims/victims of sexual violence by the public and private health care facilities.
 - (3) Failure to treat is now an offence under the law.
 - (4) The law takes into consideration the past sexual practices of the survivor.
95. An abortion is legal when it fulfills all these conditions, except -
- (1) It is performed by a RMP as defined by the MTP Act.
 - (2) It is performed at a place that has been approved under the MTP Act.
 - (3) Medical Methods of Abortion (MMA), upto nine weeks gestation can be prescribed in OPD clinics without linkages to an MTP approved site.
 - (4) All Government hospitals are approved for MTP.
96. An intrauterine pregnancy of approx. 10 weeks gestation is confirmed in a 30-year-old female with an IUD in place she wishes to continue the pregnancy. On examination the string of IUD is protruding from the cervical os. The most appropriate action is -
- (1) Leave the IUD in place without any treatment
 - (2) Remove the IUD to decrease the risk of malformation
 - (3) Remove the IUD to decrease the risk of infection
 - (4) Terminate the pregnancy because of the high risk of malformation
97. Hypokalemic paralysis is a side effect of -
- | | |
|----------------------------|-------------------------|
| (1) Gossypol | (2) DMPA |
| (3) Testosterone enanthate | (4) Cyproterone acetate |
98. A 20-year-old nulliparous woman is on OCP, she is currently diagnosed to have pulmonary TB, which antitubercular drug is likely to reduce the effect of OCP?
- | | |
|----------------|------------------|
| (1) INH | (2) Pyrazinamide |
| (3) Ethambutol | (4) Rifampicin |
99. Billing's methods of contraception refers to -
- | | |
|---------------------------|------------------------|
| (1) Monitoring BBT | (2) Rhythm method |
| (3) Cervical mucus method | (4) Coitus interruptus |

100. Which of the following is correct for the calculation of pearl index?

- (1) $\frac{\text{no.of accidental pregnancies} \times 1200}{\text{no.of patients observed} \times \text{months of use}}$
- (2) $\frac{\text{no.of accidental pregnancies} \times 1200}{\text{no.of patients observed} \times 2400}$
- (3) $\frac{\text{no.of patients observed} \times \text{months of use}}{\text{no.of accidental pregnancies}}$
- (4) $\frac{\text{no.of patients observed} \times 2400}{\text{no.of accidental pregnancies} \times 1200}$

101. Under the Family Planning Indemnity Scheme, how much benefit is available to woman in case of failure of sterilization?

- (1) 10,000/-
- (2) 20,000/-
- (3) 30,000/-
- (4) 40,000/-

102. False about Mirena -

- (1) Effective life is 5-7yrs
- (2) Protective against HIV and STD
- (3) Contraindicated in suspected pregnancy
- (4) Contraindicated in breast cancer

103. All of the following mechanism might account for reduced risk of upper genital tract infection in users of progesterone releasing IUDs, except -

- (1) Reduced retrograde menstruation
- (2) Decreased ovulation
- (3) Thickened cervical mucus
- (4) Decidual change in the endometrium

104. Mechanism by which IUCD does not act -

- (1) Chronic endometrial infection
- (2) Increased motility of tubes
- (3) Inducing endometrial atrophy
- (4) Inhibition of ovulation

105. All IUCD are changed every 4-5 years, except -

- (1) Cu 280
- (2) Cu 320
- (3) Multiload
- (4) Progestasert

- 106.** Which of the following is an essential component of Enhanced Recovery After Surgery (ERAS)?
- (1) Consumption of clear liquids until 6 hours preoperatively
 - (2) Liberal use of intraoperative drains
 - (3) Liberal use of post-operative IV fluids especially in tropical countries
 - (4) Preoperative carbohydrate loading
- 107.** PICSI is a technique of sperm selection based on -
- (1) 400-fold magnification
 - (2) 6000-fold magnification
 - (3) Presence of hyaluronic acid receptors
 - (4) Voltage of action potential by calcium ionophores
- 108.** ReCoDe, CODAC and Tulip are the names of different classification systems for -
- (1) Maternal mortality
 - (2) Perinatal mortality
 - (3) Stillbirth
 - (4) SGA/FGR
- 109.** A 29-year-old woman, 32 weeks pregnant had a sudden collapse and CPR was started. In spite of correctly performed CPR, there is no response and a plan for Perimortem Caesarean Section (PMCS) is planned. For optimum fetal prognosis and effective maternal resuscitation PMCS should be achieved within -
- (1) 7 minutes
 - (2) 3 minutes
 - (3) 5 minutes
 - (4) 10 minutes
- 110.** Under Medical Termination of Pregnancy (Amendment) Act, 2021 (section 3 of the Act); till what length of pregnancy, termination is allowed if any pregnancy is alleged by the pregnant woman to have been caused by rape?
- (1) Not exceeding 20 weeks of gestation
 - (2) Not exceeding 24 weeks of gestation
 - (3) Not exceeding 28 weeks of gestation
 - (4) No upper duration of pregnancy has been recommended
- 111.** Which of the following is not a step of Triple-P procedure for management of placenta accreta?
- (1) Perioperative placental localisation
 - (2) Pelvic devascularization
 - (3) Uterine incision above the upper border of placenta and myometrial excision
 - (4) Hysterectomy

112. Which class of drug the newly FDA approved drug, Elagolix, for the treatment of endometriosis falls into?

- (1) GnRH agonist
- (2) GnRH antagonist
- (3) SERM
- (4) SPRM

113. What does the term SOFA stands for?

- (1) Severe Organ Failure Assessment
- (2) Single Organ Failure Assessment
- (3) Sequential Organ Failure Assessment
- (4) Sepsis Related Organ Failure Assessment

114. Placental Growth Factor (PIGF) levels are used as a biomarker of prediction for development of which condition?

- (1) Pre-eclampsia
- (2) Fetal growth restriction
- (3) HELLP syndrome
- (4) Chronic Hypertension

115. Which of the following observations regarding COVID infection is supported by evidence?

- (1) Pregnant women are more predisposed to get COVID infection.
- (2) Maternal population with symptomatic infection is at higher risk of premature birth.
- (3) There is significant risk of vertical transmission of COVID infection.
- (4) Pregnant woman are at higher risk of COVID related complications than their non-pregnant peers.

116. FIGO staging or gestational trophoblastic neoplasia helps guide the management of these women. Women with which one of the following stages is not a high risk GTN?

- (1) FIGO stage IV
- (2) FIGO stage III with a WHO risk score < 6
- (3) FIGO stage III with a WHO risk score > 7
- (4) FIGO stage II with a WHO risk score > 7

117. The factors which are most predictive of Placenta Accreta Spectrum disorder are -

- (1) Large intraplacental lakes and fundal placenta
- (2) Presence of large placental lacunae and loss of retroplacental "clear space"
- (3) Irregular vascular spaces in placental bed and less than 1 cm between uterine serosa & bladder interface
- (4) Low placed placenta and venous lakes showing laminar flow

118. Best predictor of Fetal anemia is -
- (1) Reversal of flow in ductus venosus
 - (2) Increased peak systolic velocity in middle cerebral artery
 - (3) Pulsatile flow in umbilical vein
 - (4) Decreased resistance index in middle cerebral artery
119. Which of the following is not one of the six interventions recommended in the Anemia Mukh Bharat?
- (1) Deworming
 - (2) Prophylactic iron and folic acid supplementation
 - (3) Testing of anemia using digital methods & point of care treatment
 - (4) Focusing on nutritional anemias only
120. Following are all the fertility preservation options, except -
- (1) Oocyte cryopreservation
 - (2) Ovum donation
 - (3) Embryo cryopreservation
 - (4) Ovarian tissue cryopreservation
121. In 2017, in response to new evidence (WOMAN trial), WHO updated the recommendation on TXA for PPH. Which is not correct about these recommendations?
- (1) Early use of intravenous tranexamic acid (within 3 hours of birth) in addition to standard care is recommended for women with clinically diagnosed PPH following Vaginal Delivery or Cesarean Section.
 - (2) TXA is also recommended for PPH prevention for all deliveries routinely.
 - (3) TXA administration should be considered as part of the standard PPH treatment package.
 - (4) If bleeding continues after 30 minutes, or if bleeding restarts within 24 hours of completing 1st dose, a second dose of TXA of 1g IV is possible.
122. Following are all the WHO 2020, updated recommendations for PPH, except -
- (1) Uterine balloon tamponade is recommended for the treatment of PPH due to uterine atony after vaginal birth in women who do not respond to standard first-line treatment.
 - (2) Umbilical vein injection of oxytocin for the treatment of retained placenta is recommended.
 - (3) In settings where oxytocin is unavailable (or its quality cannot be guaranteed), the use of other injectable uterotonics (Carbetocin, or if appropriate ergometrine/methylergometrine or oxytocin and ergometrine fixed-dose combination) or oral misoprostol is recommended. Routes of oxytocin administration for the prevention of PPH after vaginal birth.
 - (4) Advance misoprostol distribution to pregnant women for self-administration for prevention of PPH is not recommended.

123. True about maternal sepsis are all, except -
- (1) "FAST - M" maternal sepsis care bundle is specifically aimed at treating maternal sepsis in low resource settings.
 - (2) According to WHO obstetric specific consensus definition in 2017- "Maternal sepsis is a life-threatening condition defined as organ dysfunction resulting from infection during pregnancy, childbirth, post-abortion, or postpartum period."
 - (3) Sepsis-3 defined septic shock as sepsis associated with vasopressor requirements to maintain a Mean Arterial Pressure (MAP) $\geq$ 65 mm Hg in the presence of hypovolemia and a serum lactate $<$ 2 mmol/L.
 - (4) Obstetrically modified qSOFA score incorporates systolic blood pressure, respiratory rate & altered mentation as the pregnancy-specific physiological variables in order to identify the critically ill obstetric patient.
124. Which one of these four elements is not a part of the Saving Babies' lives care bundle (RCOG)?
- (1) Reducing alcohol intake during pregnancy
 - (2) Raising awareness about reduced fetal movements
 - (3) Effective fetal monitoring during labor
 - (4) Risk assessment & surveillance for fetal growth restriction
125. Following are all true about Female genital cosmetic surgery, except -
- (1) It is defined as the surgical alteration of the vulvovaginal anatomy intended for cosmesis in women who have no apparent structural or functional abnormality.
 - (2) These procedures are not medically indicated, pose substantial risk, and their safety and effectiveness have not been established.
 - (3) All obstetrician-gynecologists can perform them.
 - (4) Labiaplasty is the most performed cosmetic genital surgical procedure.
126. Robotic surgery was developed in USA and approved by US, FDA in -
- | | |
|----------|----------|
| (1) 2000 | (2) 2001 |
| (3) 2003 | (4) 2005 |
127. Which one of the below soft marker does not need perinatal and postnatal follow up?
- | | |
|----------------------------------|---------------------------|
| (1) Hyperechogenic bowel | (2) Mild ventriculomegaly |
| (3) Echogenic intracardiac focus | (4) Mild pyelectasis |
128. 4th generation copper IUD are all, except-
- | | |
|----------------------------|---------------------------------|
| (1) Gynefix | (2) Intracervical fixing device |
| (3) Intrauterine Ballerina | (4) Fincoild 350 |

129. Antibodies included in the laboratory diagnostic criteria of antiphospholipid syndrome are –
- (1) Lupus anticoagulant
 - (2) Anti cardiolipin antibodies
 - (3) Anti-beta 2 glycoprotein
 - (4) All of the above
130. Contraception of choice in APLA positive patients –
- (1) OCP
 - (2) DMPA
 - (3) IUCD
 - (4) Barrier method
131. Which should be the first line treatment if a persistent gestational trophoblastic disease is diagnosed and the woman wants to preserve fertility?
- (1) Chemotherapy
 - (2) A second curettage
 - (3) Hysterectomy because of high risk
 - (4) Combination of (1) and (2)
132. Neural tube defects can be diagnosed by –
- (1) Maternal serum alpha protein levels
 - (2) PAPP-A
 - (3) Serum beta HCG
 - (4) Serum estradiol
133. Preconceptional counselling in diabetic include -
- (1) Explanation of the risk of congenital anomalies and how to prevent them
 - (2) Need for contraception until optimal glycaemic control is achieved
 - (3) Chances of increased frequency of obstetric and neonatal complication
 - (4) All of the above
134. Why should aromatase inhibitors be combined with OCPs, progestin monotherapy or GnRh agonist in treatment of endometriosis?
- (1) To prevent bone loss and increased risk of ovarian cyst
 - (2) To prevent vasomotor symptoms
 - (3) To prevent endometrial hyperplasia
 - (4) To prevent breast cancer
135. Which of the following drug is being studied as part of the WHO Solidarity Plus trail?
- (1) Hydrocortisone
 - (2) Infliximab
 - (3) Molnupiravir
 - (4) Dexamethasone

136. Under Surrogacy Regulation Act, 2021, which of the following is true regarding the eligibility of a surrogate mother?
- (1) Surrogate mother should be an Indian citizen, married woman who had acted as surrogate mother before.
 - (2) Surrogate mother should has age of 25 to 40 years on the day of agreement of surrogacy.
 - (3) Should be genetically related to the intending couple or intending woman.
 - (4) A surrogate mother can provide her own gametes.
137. Under Medical Termination of Pregnancy (Amendment) Act, 2021 (section 3 of the Act); who of the following is an essential member of the Medical Board under-
- (1) Chief Medical Health Officer
 - (2) Forensic Expert
 - (3) Radiologist
 - (4) Psychologist/Mental Health Worker
138. What is the prime objective of LaQshya program launched by Ministry of Health and Family Welfare?
- (1) To improving quality of care for mothers and new-born during intrapartum and immediate post-partum period
 - (2) To increase the institutional delivery rate
 - (3) To empower ASHA workers
 - (4) To strengthen PHCs
139. Which of the following is a critical component of Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)?
- (1) Identification and follow-up of high risk pregnancies.
 - (2) To provide a fixed day universal availability of minimal package of investigations in the first trimester.
 - (3) To encourage obstetricians working in private sector to volunteer for Pradhan Mantri Surakshit Matritva Abhiyan.
 - (4) To provide a fixed day universal availability of anomaly ultrasound to all pregnant women.
140. Which of the following statement regarding the Janani Suraksha Yojana (JSY) is not correct?
- (1) The yojana has identified ASHA as an effective link between the government and pregnant women.
 - (2) The scheme was launched in April 2005.
 - (3) The objective of reducing maternal and neonatal mortality by promoting institutional delivery among pregnant women.
 - (4) A cash assistance of 1500 rupees for institutional delivery is given as maternal and ASHA package under the yojana.

141. What does ASHA stands for?
- (1) Accredited Social Health Activist (2) Authorized Social Health Activist
 - (3) Approved Social Health Advocate (4) Auxiliary Social Health Advocate
142. Under universal immunization programme which of the following vaccine is recommended for pregnant women?
- (1) TT (2) Td
 - (3) Tdap (4) TDP
143. Under the Anaemia Mukht Bharat Programme, what is the target set for pregnant women?
- (1) To reduce the prevalence of anaemia among pregnant women to 20% by 2022.
 - (2) To reduce the prevalence of anaemia among pregnant women to 40% by 2022.
 - (3) To reduce the prevalence of anaemia among pregnant women to 32% by 2022.
 - (4) To reduce the prevalence of anaemia among pregnant women to 10% by 2022.
144. A web based surveillance system - NIKSHAY has been developed to facilitate the notification of which national problem?
- (1) Maternal mortality (2) Tuberculosis
 - (3) Perinatal mortality (4) Infant mortality
145. India has committed itself to the latest UN target for the Sustainable Development Goals (SDGs) for Maternal Mortality Ratio (MMR). What is the set target for MMR by 2030?
- (1) 70 per 1,00,000 live births (2) 90 per 1,00,000 live births
 - (3) 100 per 1,00,000 live births (4) 130 per 1,00,000 live births
146. Which agency the Ministry of Health and Family Welfare, Government of India, has designated as the nodal agency to conduct NFHS-5?
- (1) International Institute for Population Sciences, Mumbai
 - (2) Jhpiego
 - (3) PSI
 - (4) UNICEF India
147. Anemia in pregnancy is a serious public health problem. All the following are the WHO recommendations to deal with this, except -
- (1) 100 mg iron + 500 µg folic acid daily for 100 days in pregnancy
 - (2) Daily 60 mg iron + 400 mg folic acid till term as prophylaxis
 - (3) Daily 120 mg iron + 400 µg folic acid till term as treatment
 - (4) Daily 60 mg iron + 400 µg folic acid for 3 months postpartum

148. The first state in the country to ban pre-natal sex determination through enacting the State Regulation of Pre-natal Diagnostic Techniques Act -
- | | |
|---------------|-----------------|
| (1) Rajasthan | (2) Maharashtra |
| (3) Haryana | (4) Kerala |
149. What is incorrect about 2016 WHO ANC model?
- (1) A minimum of eight ANC contacts, with the first contact scheduled to take place in the first trimester (upto 12 weeks of gestation), two contacts scheduled in the second trimester (at 20 and 26 weeks of gestation) and five contacts scheduled in the third trimester (at 30, 34, 36, 38 and 40 weeks).
 - (2) A minimum of four ANC Visits, Visit 1: 8-12 weeks, Visit 2: 24-26 weeks, Visit 3: 32 weeks, Visit 4: 36-38 weeks.
 - (3) Return for delivery at 41 weeks if not given birth.
 - (4) Focusses on contacts by health care provider.
150. All are true about "Kangaroo Mother Care", except -
- (1) Key feature is early, prolonged skin-to-skin contact between mother and baby.
 - (2) KMC helps maintain baby's body temperature, improve breast feeding, weight gain & grow faster.
 - (3) Decreases mortality of LBW babies.
 - (4) Increases mothers' fear of handling a small new-born.
151. Which is wrong about the salient features of the Weekly Iron-Folic Acid Supplementation (WIFS) program?
- (1) Target population is school going adolescent girl and boys in 6th to 12th class enrolled in government/government aided/municipal school and out of school adolescent girls.
 - (2) Administration of supervised Weekly Iron-Folic Acid Supplements of 100 mg elemental iron and 500 ug FOLIC acid using a fixed day approach.
 - (3) Annual deworming with Albendazole 400 mg.
 - (4) Objective is to reduce the prevalence and severity of anaemia in adolescent population (10-19 years).
152. The major objectives of the Menstrual Hygiene Scheme (MHS) are all except -
- (1) To increase awareness among adolescent girls on Menstrual Hygiene.
 - (2) To increase access to and use of high-quality sanitary napkins to adolescent girls in rural areas.
 - (3) To ensure safe disposal of Sanitary Napkins in an environmentally friendly manner.
 - (4) Promotion of menstrual hygiene among adolescent girls of 10 to 19 years both rural & urban.

- 153.** According to Government of India Ministry of Health & Family Welfare Revised Discharge Policy for COVID-19 dated 9th Jan 2022, all are true, except -
- (1) Mild cases admitted to a COVID Care Facility or under home isolation will undergo regular health monitoring.
 - (2) The patient shall be discharged after atleast 7 days have passed from testing positive and with no fever for 3 successive days. There is no need for testing prior to discharge.
 - (3) Moderate & severe case will be admitted to dedicated COVID health centre & discharged as per guidance of treating physician.
 - (4) No monitoring is required post discharge.
- 154.** Incorrect about Rajasthan Mukhyamantri Chiranjeevi Swasthya Beema Yojana scheme is -
- (1) Was launched by the Chief Minister of Rajasthan, Ashok Gehlot & implemented on 1st May, 2021.
 - (2) Every Indian is a beneficiary.
 - (3) Beneficiaries will get cashless treatment in government and private hospitals that are registered under the scheme.
 - (4) NFSA and SECC 2011 eligible families, small and marginal farmers, and people working on a contractual basis their insurance premium will be paid by the State Government, while other families need to pay a minimal amount of premium i.e. ₹ 850/-.
- 155.** The beneficiaries under the SUMAN program are all, except -
- (1) All pregnant women
 - (2) All mothers upto 6 months post delivery
 - (3) All sick infants
 - (4) All sick children upto 5 years age
- 156.** Child Survival and Safe Motherhood CSSM programme was --
- (1) 1982-87
 - (2) 1987-92
 - (3) 1992-97
 - (4) 1997-2002
- 157.** Pre packed colour coded STI/RTI kits have been provided for free supply to all STI/RTI clinic. The colour code for vaginitis is --
- (1) Kit 1 - grey
 - (2) Kit 2 - green
 - (3) Kit 3 - white
 - (4) Kit 4 - blue

- 158.** Mission Indradhanush was launched to cover children against –
- (1) 5 preventable disease
 - (2) 7 preventable disease
 - (3) 3 preventable disease
 - (4) None of the above
- 159.** SNCU (Special New-born Care Unit) is a neonatal unit in the facility having yearly deliveries more than –
- (1) 1000 per year
 - (2) 3000 per year
 - (3) 4000 per year
 - (4) 2000 per year
- 160.** Correct sequence of donning of PPE kit –
- (1) Gown ⇒ Mask ⇒ Goggles/Face shield ⇒ Gloves
 - (2) Mask ⇒ Gloves ⇒ Goggles ⇒ Gown
 - (3) Gloves ⇒ Goggles ⇒ Gown ⇒ Mask
 - (4) Goggles ⇒ Mask ⇒ Gloves ⇒ Gown
- 161.** When did COVID-19 vaccination start in India?
- (1) 15th January, 2021
 - (2) 16th January, 2021
 - (3) 18th January, 2021
 - (4) 22nd January, 2021
- 162.** All the following biomedical waste are treated by incineration, except –
- (1) Human anatomical waste
 - (2) Animal waste
 - (3) Microbiology and biotechnology waste
 - (4) Sharp waste
- 163.** The National Health Mission works for –
- (1) Strengthening the health system in urban and rural area
 - (2) Maternal and child health
 - (3) Control of communicable and non-communicable disease
 - (4) All of the above
- 164.** The aim of HIV sentinel surveillance is –
- (1) To determine the level of HIV infection in general population
 - (2) To estimate HIV prevalence and HIV burden in the country
 - (3) To understand the trends of HIV epidemic
 - (4) All of the above

165. The prevention of parent to child transmission of HIV programme was started in India in the year -
(1) 2000 (2) 2001
(3) 2002 (4) 2006
166. You are planning to conduct a study to evaluate the various factors/parameters determining the mode of delivery in patients with one previous LSCS. You review the epidemiological study methods that may be appropriate for this type of study. Which type of research study should you choose?
(1) Case control (2) Cohort
(3) Cross sectional (4) Survey
167. You were conducting a randomised controlled clinical trial. 10 and 12 of the participating subjects did not undergo allocated treatment in control and intervention group respectively. Which analysis approach is most appropriate and why?
(1) Per protocol analysis is preferred as some subjects had not undergone allocated treatment.
(2) Intention to treat analysis is preferred as it reduces attrition bias.
(3) Per protocol analysis is preferred as intention to treat analysis introduces selection bias.
(4) Any of the two approaches can be employed.
168. Which of the following statistical test is used to test the significance of means between two independent groups of data when the data has non-parametric distribution?
(1) Student's T test (2) ANOVA
(3) Mann-Whitney U test (4) Chi-square Test
169. The New Medical education curriculum lays emphasis on -
(1) Value based medical education
(2) Knowledge based medical education
(3) Competency based medical education
(4) Ethics based medical education
170. All types of clinical research are included in the practice of evidence-based medicine. Strongest degree of evidence comes from -
(1) Systematic reviews and Randomized Controlled Trials (RCTs)
(2) Case-control studies
(3) Meta-analysis
(4) Cohort studies

171. Regarding the phases of clinical trial, all are correct, except -
- (1) **Phase I trial** - Evaluate treatment safety, determine safe dosage range.
 - (2) **Phase II trial** - Evaluate treatment efficacy, further evaluate safety and tolerability.
 - (3) **Phase III trial** - Definitively determine the efficacy of treatment for the intended population, compare with other available treatments, assess adverse events and side effects.
 - (4) **Phase IV trial** - Evaluate for uncommon serious side effects and adverse effects & then the intervention is sent for FDA approval.
172. What is incorrect regarding rates & measures of research terminology?
- (1) Incidence (IR) - frequency of newly identified disease or event (outcome).
 - (2) Prevalence (PR) - frequency of an existing disease or outcome during a specified period or point in time.
 - (3) Specificity - among the people who have the outcomes, this is the proportion who have a positive test.
 - (4) Number Needed to Treat (NNT) - represents the number of people who would need treatment (or the intervention) to prevent one additional outcome.
173. Women aged above 35 years were screened for the HPV infection and those who has HPV infection were then followed for several years to predict the risk for developing cervical cancer. The study known as -
- (1) Prospective cohort
 - (2) Retrospective cohort
 - (3) Case control
 - (4) Cross sectional
174. Which of the following trials assesses effectiveness of a new vaccine?
- (1) Phase 1 trial done on healthy volunteers
 - (2) Phase 2 trial done on susceptible population
 - (3) Phase 3 trial done on healthy volunteers
 - (4) Phase 3 trial done on susceptible population
175. If a researcher wishes to estimate the incidence of myocardial infraction cases among a group of women using oral contraceptive pills followed up for 10 years. The researcher has to carry out -
- (1) Case series
 - (2) Cohort studies
 - (3) Cross sectional study
 - (4) Ecological study
176. Which of the following is one of the four key skills making the foundation for good communication in medical practice?
- (1) Command over multiple languages
 - (2) Documentation
 - (3) Paternalistic approach
 - (4) Attentive Listening

177. SMART goal strategy is often applied to assess performance improvement for patient safety problem. What does R in SMART stands for?
- (1) Reliable
 - (2) Reproducible
 - (3) Relevant
 - (4) Reasonable
178. The basic communication skills of a physician should include all, except -
- (1) Should be compassionate
 - (2) Good listener
 - (3) Should be judgemental
 - (4) Should use understandable language
179. The etiology of psychosexual disorder in females include all, except -
- (1) Cultural factors
 - (2) Maladaptation
 - (3) Psychiatric disorder
 - (4) Balanced behaviour
180. What does the mnemonic IPASS the BATON refers to?
- (1) It is a checklist of clinical items to avoid communication errors in emergency medical situations.
 - (2) It is a checklist of clinical items to facilitate basic life support measures in emergency medical situations.
 - (3) It is a checklist of clinical items to avoid vital clinical information being missed during shift change in emergency medical setting.
 - (4) It is a checklist of clinical items to avoid vital clinical information being missed during shift change in labour room setting.
-

Space for Rough Work / रफ कार्य के लिए जगह

[04] २

Page 32 of 32