



1st & 2nd
Year

MASTERING
Postgraduate Series

OBSTETRIC AND GYNECOLOGICAL NURSING

SOLVED QUESTION PAPERS
for MSc Nursing University Exams

(As per the INC Syllabus for MSc Nursing)

Subject Covered

Obstetric and Gynecological Nursing-I & II
(Including 1st and 2nd Year)

MGR

RUHS

DU

KUHS

BHU

BFUHS

AIIMS

NTR

GU

RGUHS

ABVMU

**Other
Universities**

5 Reasons for referring to this book

- The first-ever meticulously organized book carrying highly enriched content as per revised INC Syllabus targeting MSc Nursing University exams
- Subject-wise cum Topic-wise Solved Questions Covered making it a complete compendium for your success in examination
- Extensive coverage of high-yield university questions of the last 10 years covering all the important universities providing high-probability of strike rate in the examination
- Addition of Vital Pedagogical Aids, like flowcharts, diagrams, images, tables, illustrations, etc. makes the concept easy to memorize and recapitulate
- Includes Extra Edge section in the beginning covering important last-minute revision topics related to subject in the form of tables, one-liners and spotters for quick glance



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B S Hemalatha

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Nursing Knowledge Tree

An Initiative by CBS Nursing Division

MASTERING Postgraduate Series

OBSTETRIC AND GYNECOLOGICAL NURSING

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Obstetric and Gynecological Nursing-I & II
(Including 1st and 2nd Year)

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MSc (N), PhD, Post Diploma in Nurse Practitioner in Midwifery Educator

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SOLVED QUESTION PAPERS

for MSc Nursing University Exams
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CBS Nursing Knowledge Tree Extends its Tribute to

Florence Nightingale

*For glorifying the role of women as nurses,
For holding the title of “The Lady with the Lamp,”
For working tirelessly for humanity—
Florence Nightingale will always be
remembered for her
selfless and memorable services to the
human race.*



Florence Nightingale
(May 1820 – August 1910)

Preface

Elevate Your Performance by Surpassing the Past

The first edition of Mastering Postgraduate Series Obstetric and Gynecological Nursing Solved Question Papers for MSc Nursing Students is strictly based on the syllabus of MSc Obstetric and Gynecological Nursing Ist and IInd year. The journey of compiling this book has been quite challenging, memorable, and pleasant. The book has been presented in the form of quick guide preparation for final examination of postgraduate students.

This book contains chapter-wise long and short questions and answers of annual and supplementary question papers of various Nursing Universities. This is not merely a book which will help the students from the examination point of view, but it will also create an awareness and liking for the subject. The book has been written in lucid and decipherable language.

This book has been written for postgraduate students and can be used as a reference source for graduate nursing students. It includes all the topics of Obstetric and Gynecological Nursing curriculum according to INC for MSc Nursing Program. This book has been enriched with illustrations, flowcharts, tables for better understanding of topics.

This book will be of immense use for all those for whom it is intended. Readers' suggestions and comments toward improving this book will always be appreciated.

B S Hemalatha

Acknowledgments

First and foremost, I offer my profound indebtedness to the Almighty for providing me with inner strength and guidance throughout this journey. Writing a book is a rewarding and enriching experience. I am extremely grateful to my family members, colleagues and my well-wishers for helping and guiding me throughout this journey of writing this solved series.

Special acknowledgment should be made for the invaluable guidance and well-defined suggestions given by many people during the preparation of this book, most notably Dr Ch Maria Rojamma and Dr S Sasikala. Besides, I am very grateful to Dr Harish Kumar AR, Dr Ananthakumari Rajan, Dr S Swarna and Mr Nagendra Gavvala, who helped me in compiling the content of this book.

I am highly obliged to my parents Sri B S Reddy and Smt B Sasikala; and my brother Dr B S Hemagiri and sister-in-law Mrs T Pavithra who encouraged me and extended their support while writing this book. I am also grateful to my lovable sons Mr N Rohith Shiva Sai and Mr N Roshan; and my dearest husband Mr N Sudhakar and parents-in-laws Late Mr N Subramanyam Reddy and Mrs N Sarojamma for their constant support and incredible motivation.

Finally, I must thank my relatives and friends especially Mrs K Hema, Ms Neena Dondapati, Mrs K Mallika, Mrs K Thanuja and my dearest student Mrs M N Pavithra who gave me inspiration and everlasting support toward completion of this book. I extend my gratitude to all the librarians especially Mrs Vijayalaxmi and Mrs Vanaja (from SPGCON, Tirupati, Andhra Pradesh) who supported me to collect different university question papers, thereby helping me in accomplishing this journey successfully.

I would like to thank **Mr Satish Kumar Jain** (Chairman) and **Mr Varun Jain** (Managing Director), M/s CBS Publishers and Distributors Pvt Ltd for providing me the platform in bringing out the book. I have no words to describe the role, efforts, inputs and initiatives undertaken by **Mr Bhupesh Aarora** [Sr. Vice President – Publishing and Marketing (Health Sciences Division)] for helping and motivating me.

I sincerely thank the entire CBS team for bringing out the book with utmost care and attractive presentation. I would like to thank Ms Nitasha Arora (Assistant General Manager Publishing – Medical and Nursing), and Dr Anju Dhir (Sr. Product Manager and Medical Development Editor) for their publishing support. I would also like to extend my thanks to Ms Surbhi Gupta (Sr. English Editor), Mr Ashutosh Pathak (Sr. Proofreader cum Team Coordinator) for their editing and proof reading support and all the production team members for devoting laborious hours in designing and typesetting the book.

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Nursing Knowledge Tree
An Initiative of NBS Nursing Division

From the Publisher's Desk

Dear Reader,

Nursing Education has a rich history, often characterized by traditional teaching techniques that have evolved over time. Primarily, teaching took place within classroom settings. Lectures, textbooks, and clinical rotations were the core teaching tools; and students majorly relied on textbooks by local or foreign publishers for quality education. However, today, technology has completely transformed the field of nursing education, making it an integral part of the curriculum. It has evolved to include a range of technological tools that enhance the learning experience and better prepare students for clinical practice.



As publishers, we've been contributing to the field of Medical Science, Nursing and Allied Sciences and earned the trust of many. By supporting **Indian authors**, coupled with **nursing webinars and conferences**, we have paved an easier path for aspiring nurses, empowering them to excel in national and state level exams. With this, we're not only enhancing the quality of patient care but also enabling future nurses to adapt to new challenges and innovations in the rapidly evolving world of healthcare. Following the ideology of **Bringing learning to people instead of people going for learning**, so far, we've been doing our part by:

- Developing quality content by qualified and well-versed authors
- Building a strong community of faculty and students
- Introducing a smart approach with Digital/Hybrid Books, and
- Offering simulation Nursing Procedures, etc.

Innovative teaching methodologies, such as modern-age Phygital Books, have sparked the interest of the Next-Gen students in pursuing advanced education. The enhancement of educational standards through **Omnipresent Knowledge Sharing Platforms** has further facilitated learning, bridging the gap between doctors and nurses.

At Nursing Next Live, a sister concern of CBS Publishers & Distributors, we have long recognized the immense potential within the nursing field. Our journey in innovating nursing education has allowed us to make substantial and meaningful contributions. With the vision of strengthening learning at every stage, we have introduced several plans that cater to the specific needs of the students, including but not limited to **Plan UG** for undergraduates, **Plan MSc** for postgraduate aspirants, **Plan FDP** for upskilling faculties, **SDL** for integrated learning and **Plan NP** for bridging the gap between theoretical & practical learning. Additionally, we have successfully completed seven series of

our **Target High** Book in a very short period, setting a milestone in the education industry. We have been able to achieve all this just with the sole vision of laying the foundation of diversified knowledge for all. With the rise of a new generation of educated, tech-savvy individuals, we anticipate even more remarkable advancements in the coming years.

We take immense pride in our achievements and eagerly look forward to the future, brimming with new opportunities for innovation, growth and collaborations with experienced minds such as yourself who can contribute to our mission as Authors, Reviewers and/or Faculties. Together, let's foster a generation of nurses who are confident, competent, and prepared to succeed in a technology-driven healthcare system.



Nursing Knowledge Tree
An Initiative by CBS Nursing Division

A handwritten signature in blue ink, appearing to read 'Bhupesh Aarora', is positioned above the printed name.

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MASTERING Postgraduate Series

OBSTETRIC AND GYNECOLOGICAL NURSING

SOLVED QUESTION PAPERS

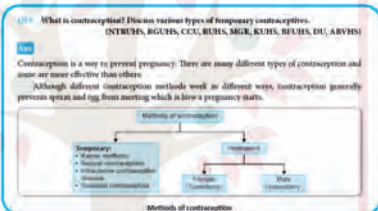
for MSc Nursing University Exams



“Mastering Postgraduate Series Obstetric and Gynecological Nursing Solved Question Papers for MSc Nursing University Exams” is an invaluable resource for those who are pursuing a Master of Science in Nursing (MSc Nursing). This comprehensive book features a collection of solved questions of all the important universities examination papers with a topic-wise approach which will help nursing students prepare for their exams with confidence. The book covers a variety of Long and Short Answer Questions under respective topics. Students can build confidence and reduce exam-related anxieties by regular practice of these solved papers.

OBSTETRIC AND GYNECOLOGICAL NURSING			
Short Answer Questions	Topic	Page no.	Weightage
Female Reproductive System			
1. Define a given organ and its structure and functional significance.	1		
2. Label diagram about the structure of uterus.	2		
3. Label diagram about the structure of vagina.	3		
4. Label diagram about the structure of ovaries and its function.	4		
Fetus			
5. Define a given organ and its structure and functional significance.	5		
6. Label diagram about the structure of fetus.	6		
7. Label diagram about the structure of placenta.	7		
8. Label diagram about the structure of umbilical cord.	8		
9. Label diagram about the structure of fetus in uterus.	9		
Pregnancy and Childbirth			
10. Define a given organ and its structure and functional significance.	10		
11. Label diagram about the structure of uterus.	11		
12. Label diagram about the structure of vagina.	12		
13. Label diagram about the structure of ovaries.	13		
Contraception			
14. Define a given organ and its structure and functional significance.	14		

Subject-wise cum Topic-wise content presentation is available for easy understanding of the concepts altogether at one place in Question & Answer format.



A purely Examination-oriented approach has been adopted for the development of explanations as per the weightage of the marks.

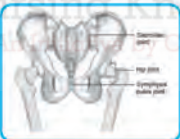
References:

Sandeep Kaur. Textbook of Midwifery and Obstetrical Nursing for BSc. 1st edition. CBS Publishers & Distributors Pvt. Ltd. 2020–2021.

Myles Textbook for Midwives (2015): Churchill Livingstone Elsevier Publishers: 15th edition. Pp. 120–21.

Each and every question has been provided with **Standard References of Textbook** for detailed understanding of the respective topic.

Topic	Question type	Answer type
Contraception	Short Answer Questions	Short Answer Questions
Contraception	Long Answer Questions	Long Answer Questions
Contraception	Multiple Choice Questions	Multiple Choice Questions
Contraception	True/False Questions	True/False Questions
Contraception	Fill in the Blanks	Fill in the Blanks
Contraception	Match the Columns	Match the Columns
Contraception	Diagram Labeling	Diagram Labeling
Contraception	Flowchart	Flowchart
Contraception	Table	Table
Contraception	Figure	Figure
Contraception	Illustration	Illustration



Pedagogical Features, like Tables, Figures, Flowcharts, and Illustrations have been supplemented with explanations for better understanding of concepts.

Q11. Explain the management and complications of STDs. (NTRUHS, RGHS, CCU, RUHS, MGR, RUHS, RUHS, DU, ARVHS)

STDs are common sexually transmitted diseases. They are caused by bacteria, viruses, and parasites. They can be spread through sexual contact, blood, and from mother to child during childbirth.

Management of STDs includes antibiotics, antiviral drugs, and vaccines. Complications of STDs include infertility, pelvic inflammatory disease, and HIV/AIDS.

SHORT ANSWER QUESTIONS

Define haemorrhoids. Specify the causes of haemorrhoids of rectum. (NTRUHS, RGHS, CCU, RUHS, MGR, RUHS, RUHS, DU, ARVHS)

Haemorrhoids are swollen veins in the rectum and anus. They can be caused by straining during bowel movements, sitting for long periods, and eating a diet low in fiber.

Long and Short Answer Questions have extensively been covered with a topic-wise approach; extracted from the last 10 years' question papers of MSc Nursing of various important universities.



Glossary includes all the important terminologies in an alphabetical manner for a quick glance over the important terms from exam point of view.



Detailed Index with alphabetical arrangement at the end has been added for quick access to the topics.

Subject-wise cum Topic-wise Content

OBSTETRIC AND GYNECOLOGICAL NURSING-I

Short Answer Questions		
Topics	Page no.	Number of questions
Female Reproductive System		
1. Write a short note on the structure and functions of ovaries.	1	1
2. Write briefly about the structure of breast.	2	1
3. List out the internal organs of the female reproductive system and write briefly about them.	3	1
Total		3
Pelvis		
1. Draw a diagram of pelvis and label the parts and functions of pelvis.	10	1
2. Write briefly about female pelvis and its diameters.	11	1
3. Mention the landmarks of pelvis and their importance in childbirth process.	12	1
4. Write in brief about the types of pelvis.	13	1
Total		4
Menstrual Cycle		
1. Write in brief about the premenstrual syndrome.	17	1
Total		1
Contraception		
1. Enlist hormonal and nonhormonal agents for female contraception.	20	1
Total		1
Fertilization		
1. Define fertilization. What are the four stages of fertilization?	27	1
2. Define human gametogenesis along with schematic diagram.	29	1
Total		2
Fetal Skull		
1. Write in brief about the sutures and fontanelles and their clinical significance.	36	1

Contd...

1. What are the divisions of the fetal skull?	38	1
Total		2
Family Planning Methods		
1. What is the importance of family planning methods?	40	1
2. What are the advantages and disadvantages of family planning methods?	41	1
Total		2
Parenthood Preparation		
1. What is the most important part of parenthood?	43	1
2. What are the differences between parenting and parenthood?	44	1
Total		2
Placental Development		
1. Write in brief about amniotic fluid and its functions.	49	1
2. What do you mean by umbilical cord? Write about the structure, functions and measurements of umbilical cord.	50	1
Total		2
Antenatal Care		
1. Define antenatal care. Specify the aims, objectives and principles of antenatal care.	54	1
2. Write briefly about the antenatal advice given to the pregnant mother.	56	1
Total		2
Minor Disorders of Pregnancy		
1. Enlist the common minor disorders during pregnancy and their causes.	61	1
Total		1
Diagnosis of Pregnancy		
1. What is the diagnosis of pregnancy?	64	1
2. What are some of the most reliable methods of pregnancy diagnosis?	65	1
Total		2
Various Tests Done to Check Fetal Well-being		
1. What is the most important indicator of fetal well-being?	69	1
Total		1
Amniocentesis		
1. What is amniocentesis?	73	1
2. What are the risks involved in amniocentesis?	74	1
3. Write briefly about care after amniocentesis.	75	1
4. What are the advantages and disadvantages of amniocentesis?	76	1
5. What do you mean by cordocentesis?	76	1
Total		5

Contd...

Genetic Disorders and Genetic Counseling		
1. What are the different types of genetic disorders?	80	1
Total		1
Abortion		
1. Define abortion along with its classification. Write briefly about threatened abortion.	82	1
2. Write briefly about the etiology of miscarriage.	83	1
3. Define inevitable miscarriage. Write briefly about the clinical features and management.	84	1
Total		3
Medical Termination of Pregnancy		
1. Specify the methods of termination of pregnancy.	89	1
2. What are the indications for termination under the MTP Act?	90	1
3. What are the complications of MTP?	91	1
Total		3
Infertility		
1. Write briefly about infertility.	93	1
Total		1
Drugs Used in Obstetrics		
1. Define prostaglandins. What are their uses in obstetrics?	104	1
2. What are the effects of maternal medications on fetus and infants?	104	1
Total		2
Teratogens		
1. What teratogenic drug is most likely to affect pregnancy?	110	1
2. List out the teratogenic drugs with good examples.	111	1
Total		2
Physiological Changes During Pregnancy		
1. Write about the physiological changes in genital organs during pregnancy.	114	1
2. Write short note on the changes in breasts during pregnancy.	115	1
3. What are the hematological changes during pregnancy?	116	1
Total		3
Diet in Pregnancy		
1. Write about the antenatal diet.	123	1
Total		1
Cardiotocography		
1. What is intermittent auscultation and its indication?	126	1
2. What is continuous CTG and its possible advantages and disadvantages of CTG?	127	1

Contd...

3. What is the clinical significance of NST and its advantages and disadvantages of NST?	128	1
Total		3
USG in Obstetrics and Gynecology		
1. What are the indications for the USG in the first trimester?	139	1
Total		1
Fetal Circulation		
1. What adaptation changes take place in extrauterine life?	142	1
Total		1
Physiological Changes During Labor		
1. Define normal labor. Write about the causes of onset of labor.	146	1
Total		1
Mechanism of Labor		
1. What are the differences between the features of true and false labor pains?	154	1
2. Write about the active management of 3rd stage of labor.	154	1
3. Write briefly about the stages of labor.	155	1
4. Write short note on the factors that affect the labor process.	156	1
Total		4
Partograph		
1. Define partograph. What are the components of partograph?	160	1
Total		1
Nonpharmacological Measures in Labor		
1. Enlist the common nonpharmacological measures in labor.	164	1
Total		1
Use of Analgesia and Anesthesia During Labor		
1. Write short note on the anesthesia for cesarean delivery.	170	1
Total		1
Birth Injuries		
1. What are the most common birth injuries?	177	1
2. Which maternal injuries can occur during childbirth process?	177	1
Total		2
Induction of Labor		
1. What are the various risks carried out with induction of labor?	183	1
2. What are the drugs used in the induction of labor?	184	1
Total		2

Contd...

Puerperium		
1. Define postnatal care. What are the psychological changes that take place during postpartum?	186	1
2. Write about the postnatal diet and its importance.	187	1
Total		2
Postnatal Exercises		
1. Define postnatal exercises. Explain the types and benefits of postnatal exercises.	196	1
Total		1
Breastfeeding		
1. Define breastfeeding. What is the composition of breast milk?	200	1
2. Define breastfeeding. What are the benefits of breast milk?	201	1
3. What are the good latching techniques, and positions during breastfeeding?	203	1
Total		3
Newborn Care		
1. What is essential newborn care?	209	1
2. Write a short note on discharge advice given to the mother.	209	1
Total		2
Minor Disorders of Newborn Baby		
1. What is physiological jaundice?	213	1
2. What do you mean by caput succedaneum?	214	1
3. Differentiate between caput succedaneum and cephalohematoma.	214	1
4. Define mastitis neonatorum.	215	1
Total		4
Basic Newborn Resuscitation and Neonatal Intensive Care Unit		
1. Draw the flow diagram for basic neonatal resuscitation.	220	1
2. As a nurse what are the important considerations to keep in mind while doing newborn resuscitation?	221	1
Total		2
Neonatal Intensive Care Unit		
1. Enlist the levels of neonatal care.	228	1
Total		1
Baby-Friendly Hospital Initiatives		
1. What are the Ten Steps to successful breastfeeding?	231	1
2. What are the key responsibilities of a national BFHI program?	232	1
3. What are the challenges in implementing BFHI?	234	1
Total		3

Contd...

PIH and Eclampsia		
1. Define PIH. What are the risk factors for PIH?	238	1
2. List out the classification of hypertensive disorders of pregnancy.	238	1
Total		2
High-Risk Pregnancy		
1. How can you prevent high-risk pregnancy? What are the preventive strategies?	244	1
2. Describe the risk factors and causes for high-risk pregnancy.	245	1
3. What are the complications for high-risk pregnancy?	246	1
Total		3
Standards of Midwifery Practice		
1. What are the international standards for midwife?	249	1
Total		1
Theories and Models of Midwifery Practice		
1. What is the importance of theories in midwifery practice?	253	1
Total		1
Family Welfare Programs		
1. What are the national programs implemented to reduce MMR?	264	1
2. What is the concept of Family Welfare Program (FWP)? Also specify aims and objectives of the program.	265	1
Total		2
MCH Services		
1. What do you mean by MCH services? Specify their objectives.	273	1
2. Enlist the ways to promote MCH services. What are the challenges of MCH services?	273	1
3. What are the components of MCH?	274	1
Total		3
RCH Services		
1. Define RCH and components of RCH.	277	1
2. What are the child survival and safe motherhood interventions (CSSM)?	278	1
3. Describe the activities under RCH-II.	280	1
Total		3
Legal and Ethical Issues in Obstetric Nursing		
1. Specify the role of nurses in ethical decision-making.	284	1
2. What is the code of ethical midwifery practice?	285	1
Total		2
Trends and Issues in Midwifery		
1. What are midwifery issues around the world?	297	1

Contd...

2. What is the role of midwife in India?	298	1
Total		2
Preventive Obstetrics		
1. What are the risk approaches in antenatal care?	303	1
2. What are the preventive services for mothers in the antenatal period?	303	1
3. Write briefly about the prenatal advice you will give to pregnant women, as a nurse.	304	1
Total		3
Menopause		
1. Define menopause and write about the physiological and psychological aspects of menopause.	311	1
2. Write briefly about the stages of menopause.	312	1
Total		2
IMR and MMR		
1. What are the causes for IMR and MMR?	321	1
Total		1
Grand Total		106

Long Answer Questions		
Topics	Page no.	Number of questions
Female Reproductive System		
1. Describe the external female genitalia.	5	1
2. Describe the anatomy of the uterus.	6	1
3. Explain the supportive ligaments of internal organs with diagrammatic representation.	8	1
Total		3
Pelvis		
1. Explain pelvis along with the pelvic joints and ligaments.	15	1
Total		1
Menstrual cycle		
1. Define menstrual cycle. Write in detail about phases of the menstrual cycle.	18	1
Total		1
Contraception		
1. What is contraception? Discuss various types of temporary contraceptives.	20	1
2. Describe the permanent methods of sterilization.	25	1
Total		2

Contd...

Fertilization		
1. What do you mean by fertilization? Explain the development of zygote.	30	1
2. Explain embryological and fetal development.	31	1
Total		2
Fetal Skull		
1. Describe the anatomical features/landmarks of a fetal skull.	39	1
Total		1
Family Planning Methods		
1. Explain the family planning program initiated by the Government of India.	42	1
Total		1
Parenthood Preparation		
1. Describe the factors to be considered while preparing for parenthood.	45	1
2. Explain the importance of institutional delivery along with its advantages.	47	1
Total		2
Placental Development		
1. Explain the development of the placenta.	51	1
2. Explain the functions of placenta.	53	1
Total		2
Antenatal Care		
1. Describe antenatal counseling.	58	1
2. Explain the role of midwife in antenatal examination.	59	1
Total		2
Minor Disorders of Pregnancy		
1. Describe the minor disorders of pregnancy. What advice should you give the woman to manage her symptoms?	62	1
Total		1
Diagnosis of Pregnancy		
1. Describe the presumptive, probable and positive signs of pregnancy.	65	1
2. Explain how to diagnose the pregnancy in first, second and third trimesters.	67	1
Total		2
Various Tests Done to Check Fetal Well-being		
1. Explain the assessment of fetal well-being.	70	1
Total		1
Amniocentesis		
1. Explain the indications and contraindications for amniocentesis.	76	1
2. Describe how to perform the amniocentesis procedure.	78	1
Total		2

Contd...

Genetic Disorders and Genetic Counseling		
1. Describe genetic counseling.	80	1
Total		1
Abortion		
1. Define septic abortion and describe the mode of infection, clinical features and grading, management and complications.	85	1
2. Discuss recurrent miscarriage.	87	1
Total		2
Medical Termination of Pregnancy		
1. Define MTP Act. Explain the key provisions of MTP Act.	92	1
Total		1
Infertility		
1. Define the terms infertility and sterility, enumerate the causes of infertility in both males and females, and discuss recent advancement in infertility management.	94	1
2. What is male infertility? Describe the reasons for male infertility.	97	1
3. Explain the assisted reproductive techniques used to manage infertility.	100	1
4. Explain the ethical and legal aspects in assisted reproductive technology.	101	1
Total		4
Drugs Used in Obstetrics		
1. Write in detail about the common drugs used in OBG.	105	1
2. Write in detail about tocolytic drugs.	106	1
3. Describe oxytocin and the role of nurse in labor.	108	1
Total		3
Teratogens		
1. Discuss the effects of teratogens on a child's growth.	112	1
Total		1
Physiological Changes During Pregnancy		
1. Describe the changes in heart and circulation in pregnancy.	117	1
2. Explain the metabolic changes that occur in pregnancy.	119	1
3. Describe the changes that take place in endocrine system during pregnancy.	121	1
Total		3
Diet in Pregnancy		
1. Why is diet important during pregnancy? Explain in detail.	124	1
Total		1
Cardiotocography		
1. What do you mean by cardiotocography? Explain how CTG is interpreted.	129	1
Total		1

Contd...

USG in Obstetrics and Gynecology		
1. Define ultrasound. Describe why is ultrasound used in obstetrics and its types.	140	1
Total		1
Fetal Circulation		
1. Explain the importance of fetal circulation along with the main structures involved in fetal circulation.	143	1
Total		1
Physiological Changes During Labor		
1. Explain the physiological changes during the first stage of labor.	147	1
2. Describe the physiological changes that take place in the second stage of labor.	150	1
3. How to recognize the first stage of labor? Discuss the midwives' role in the first stage of labor.	151	1
Total		3
Mechanism of Labor		
1. Define the mechanism of labor. List out the principles of mechanism and steps of mechanism of labor.	157	1
Total		1
Partograph		
1. How to interpret a partograph? Explain the indications for referrals to FRU.	161	1
Total		1
Nonpharmacological Measures in Labor		
1. Explain the nonpharmacologic measures used by a client in labor.	165	1
Total		1
Use of Analgesia and Anesthesia During Labor		
1. Specify the analgesia for labor and vaginal birth.	171	1
2. Describe the complications of regional anesthesia.	172	1
3. Describe epidural analgesia. What are the nurses' responsibilities during epidural analgesia.	175	1
Total		3
Birth Injuries		
1. Discuss the common types and causes of birth injuries to the mother.	178	1
2. Describe the prolapsed uterus.	180	1
Total		2
Induction of Labor		
1. Define induction of labor. Explain the indications and contraindications of it.	184	1
Total		1

Contd...

Puerperium		
1. What is puerperium? List out the stages of puerperium and explain the nurses' role in the postnatal period.	188	1
2. Define postpartum blues. Describe the nurse's role in postpartum blues.	191	1
3. Describe the anatomic and physiological changes during puerperium.	192	1
4. Discuss the minor disorders during the postpartum period and nurses' responsibilities.	194	1
Total		4
Breastfeeding		
1. Discuss the stages of breast milk.	205	1
2. Describe the physiology of lactation.	206	1
Total		2
Newborn Care		
1. Describe the differences between routine newborn care and observational care.	210	1
Total		1
Minor Disorders of Newborn Baby		
1. Describe the common minor disorders of newborns.	216	1
Total		1
Basic Newborn Resuscitation and Neonatal Intensive Care Unit		
1. What is neonatal resuscitation? Specify the steps followed during newborn resuscitation.	222	1
2. Discuss the role of nurse before neonatal resuscitation.	224	1
3. Explain the APGAR score.	226	1
Total		3
Neonatal Intensive Care Unit		
1. Describe the levels of neonatal care.	228	1
2. Explain the management of nursing services in neonatal intensive care unit.	230	1
Total		2
Baby-Friendly Hospital Initiatives		
1. What is Baby-Friendly Hospital Initiative (BFHI) in India? Specify the benefits of BFHI.	235	1
2. What are the principles of BFHI? Specify the components of the Baby-Friendly Hospital Initiative (BFHI).	236	1
Total		2
PIH and Eclampsia		
1. Define eclampsia. List out the risk factors, clinical features and its management.	239	1
2. What are the nurse's responsibilities during eclampsia?	241	1

Contd...

3. As a nurse, how are you going to administer the MgSO_4 . Explain the steps and dosage to administer MgSO_4 .	243	1
Total		3
HIGH-Risk Pregnancy		
1. How do you manage high-risk pregnancy?	246	1
2. Enumerate the parameters used in assessing high-risk mothers and fetus during a prenatal period.	248	1
Total		2
Standards of Midwifery Practice		
1. What are the standards set for nurses? Explain in detail standards of midwifery practice.	250	1
Total		1
Theories and Models of Midwifery Practice		
1. Describe the Roy's adaptation model.	254	1
2. What do you mean by Nightingale's environmental theory?	257	1
3. What is Betty Neuman's System Model?	259	1
4. How is Rogers' theory beneficial in midwifery services?	261	1
Total		4
Family Welfare Programs		
1. Which are the national programs for the welfare of children?	266	1
2. What are the nutritional programs related to child health?	268	1
3. What are the strategies of the Family Welfare Program?	270	1
4. What is the role of a nurse in a Family Welfare Program?	272	1
Total		4
MCH Services		
1. What is the role of the nurse in MCH services?	275	1
Total		1
RCH Services		
1. What are the RCH packages for various services?	281	1
Total		1
Legal and Ethical Issues in Obstetric Nursing		
1. What are the ethical considerations of midwifery?	285	1
2. Specify the ethical issues prior to conception.	287	1
3. What is the international code of ethics for midwives?	289	1
4. What are the common legal and ethical issues in midwifery?	290	1
5. Which are the areas of litigation in midwifery?	292	1
6. Describe the legal safeguards in nursing practice.	296	1
Total		6

Contd...

Trends and Issues in Midwifery		
1. What are the trends in midwifery and obstetrical nursing?	299	1
2. What are the concepts of midwifery?	301	1
Total		2
Preventive Obstetrics		
1. Define preventive obstetrics. What are the aims of it?	305	1
2. Explain the role of antenatal care in preventive obstetrics.	307	1
Total		2
Menopause		
1. Mention the counseling aspects of menopausal woman.	312	1
2. Explain the nursing management of woman with menopause.	315	1
3. Explain the management of menopause.	317	1
Total		3
Hormonal Replacement Therapy		
1. Discuss the hormone replacement therapy in menopause.	319	1
Total		1
IMR and MMR		
1. What is the role of a nurse in bringing down the current maternal mortality rate in India?	322	1
2. Describe the vital statistics.	323	1
3. Describe the role of nurse specialists in the field of obstetrics in a primary health center.	325	1
Total		3
Grand Total		102

OBSTETRIC AND GYNECOLOGICAL NURSING-II

Short Answer Questions		
Topics	Page no.	Number of questions
Placenta Previa		
1. Define antepartum hemorrhage. What are the risk factors and causes of APH?	327	1
2. Specify the diagnosis and complications with placenta previa.	328	1
Total		2
Abruptio Placenta		
1. Define abruptio placenta. What are the types and causes of abruptio placenta and its complications?	337	1
2. Specify the grading of abruptio placenta, signs and symptoms and diagnostic evaluation.	338	1
3. Write the role of nurse in abruptio placenta.	339	1
Total		3
Multiple Pregnancy		
1. Define multiple pregnancy. Write its causes, clinical features and diagnosis.	344	1
2. Write the classification of twin pregnancy and complications of twin pregnancy.	346	1
Total		2
Intrauterine Growth Retardation/Restriction (IUGR)		
1. Define IUGR. List out the types and causes of IUGR.	350	1
2. Specify the clinical features of IUGR. Differentiate between type 1 and type 2 IUGR.	351	1
3. Mention the fetal complications of IUGR.	352	1
Total		3
Hysterectomy		
1. What is hysterectomy? What are the types of hysterectomy?	356	1
2. What are the advantages and disadvantages of hysterectomy?	357	1
Total		2
Cord Prolapse		
1. What is cord prolapse? What are the causes for cord prolapse?	359	1
2. What are the complications with cord prolapse?	360	1
3. Write the role of nurse in cord prolapse.	360	1
Total		3

Contd...

Postpartum Hemorrhage (PPH)		
1. Write short note on secondary postpartum hemorrhage.	363	1
2. How to prevent occurrence of PPH?	364	1
3. List the complications in third stage of labor. What are the steps of manual removal of placenta?	365	1
4. Write about the roles of nurse in PPH.	366	1
Total		4
Ectopic Pregnancy		
1. What is ectopic pregnancy? List the common sites of ectopic pregnancy.	370	1
2. Write about the nursing management of ectopic pregnancy.	371	1
Total		2
Hydramnios		
1. Define polyhydramnios. What are the causes for polyhydramnios?	374	1
2. Write about the signs and symptoms and diagnosis of polyhydramnios.	374	1
3. Specify the complications of polyhydramnios.	375	1
4. Write about the nurse's role in polyhydramnios.	376	1
Total		4
Pregnancy-Induced Hypertension (PIH) and Eclampsia		
1. Define PIH. What are the risk factors for PIH?	378	1
2. Write about the classification of hypertensive disorders of pregnancy.	379	1
Total		2
Cephalopelvic Disproportion (CPD)		
1. Enlist the causes of CPD.	385	1
Total		1
Obstetrical Emergencies		
1. Define amniotic fluid embolism. Write briefly about amniotic fluid embolism.	388	1
2. Write briefly about the management of hemorrhagic shock.	390	1
3. How will you manage mother with septic shock?	390	1
4. How to recognize the rupture of uterus and its signs?	391	1
5. What is the management of uterine rupture?	393	1
Total		5
Retained Placenta		
1. Define retained placenta. What are the causes for retained placenta?	399	1
2. What are the complications of retained placenta?	399	1
Total		2

Contd...

Menstrual Irregularities		
1. What do you mean by menstrual irregularities? What are the common menstrual irregularities?	402	1
Total		1
Uterine Fibroids		
1. Define uterine fibroids. What are the risk factors and causes of it?	405	1
Total		1
Hemolytic Disorders in Newborn (HDN) and Neonatal Jaundice		
1. Define hemolytic disorders. Specify the causes of hemolytic disease of newborn.	411	1
2. Specify the clinical symptoms and diagnosis of hemolytic disease of newborn.	412	1
3. What are the serological effects of hemolytic disease of newborn?	413	1
4. Define jaundice. List out the types of jaundice.	414	1
5. What are the causes of neonatal jaundice?	415	1
6. What are the differences between physiological and pathological jaundice?	416	1
7. Write briefly about Kernicterus.	416	1
Total		7
Anemia in Pregnancy		
1. Define anemia. What are the causes of anemia?	424	1
2. Specify the classification of anemia.	425	1
3. What are the complications of anemia in pregnancy, labor, puerperium and effects on baby?	425	1
Total		3
Genital Prolapse		
1. What is genital prolapse in pregnancy?	432	1
Total		1
Quality Assurance in Midwifery or Obstetric Care		
1. What do you mean by quality assurance? Mention the elements and specify the goals.	435	1
2. What is the importance of records and reports in nursing?	436	1
3. How will you measure the quality of care? Specify the quality of nursing care.	437	1
4. Write briefly about the quality circles and the standards of quality assurance.	438	1
Total		4
Malpositions and Malpresentations		
1. Define breech presentation. What are the types of breech presentation?	453	1
2. Enlist the causes of breech presentation.	454	1

Contd...

3. What are the complications of vaginal breech birth?	454	1
		3
Hyperemesis Gravidarum		
1. Define hyperemesis gravidarum. What is the main cause of hyperemesis gravidarum?	466	1
2. As a nurse, how are you going to manage hyperemesis gravidarum?	466	1
Total		2
HIV/AIDS During Pregnancy		
1. Specify the modes of transmission of HIV, clinical features and mention the diagnostic evaluation.	469	1
2. Write about the management of mother with HIV.	470	1
3. Specify the recognition of HIV/AIDS as a workplace issue.	472	1
4. Mention the aims, scope and principles of HIV/AIDS.	473	1
Total		4
Forceps and Ventouse Delivery		
1. Define forceps delivery. Specify its classification and indications for forceps application.	479	1
2. Label the parts of forceps. Identify the blades and mention the functions of forceps.	481	1
3. What is the role of nurse in forceps delivery?	482	1
4. Define ventouse delivery. List out the indications.	482	1
5. What are the advantages, contraindications and prerequisites for ventouse delivery?	483	1
6. Write briefly about the applications of ventouse cup and complications of the ventouse delivery.	484	1
7. Specify the nurse's role in ventouse delivery.	484	1
Total		7
Molar Pregnancy/Hydatidiform Mole/Gestational Trophoblastic Disease		
1. What is molar pregnancy? List out the causes, signs and symptoms of molar pregnancy.	487	1
2. How to diagnose the molar pregnancy? What are its complications?	488	1
Total		2
Shoulder Dystocia		
1. What do you mean by shoulder dystocia? Specify the causes.	492	1
		1
Gestational Diabetes Mellitus		
1. Define gestational diabetes mellitus (GDM). Mention the risk factors and screening test for GDM.	494	1
Total		1

Contd...

Role of Nurse Midwife in Infection Control in Obstetrics		
1. As a nurse manager of maternity unit, plan an in-service education on the infection control and standard safety measures to the nurses of labor room.	501	1
2. As a midwife, what are the universal precautions to be used to prevent the spread of nosocomial infection?	503	1
Total		2
Pelvic Inflammatory Disease (PID)		
1. What do you mean by PID? Enumerate the causes of PID.	511	1
Total		1
Preterm and Post-term Labor		
1. Define preterm labor. What are the risk factors and causes for preterm labor?	520	1
2. Write briefly about postmaturity or post-term pregnancy.	521	1
Total		2
PROM		
1. List out the complications of PROM.	524	1
Total		1
Carcinoma of the Cervix		
1. What do you mean by cervical cancer? List out the risk factors for cervical cancer.	527	1
2. Specify the diagnostic tests to rule out cervical cancer and also enumerate their types.	528	1
Total		2
Rh Incompatibility		
1. Define Rh incompatibility. What is the genetic expression?	532	1
2. What is the mechanism of antibody formation in the mother?	534	1
3. Write briefly about the clinical features of Rh incompatible baby.	535	1
Total		3
Destructive Operations		
1. What are the destructive operations? What are the indications and types of destructive operations?	539	1
2. What are the preoperative measures?	540	1
3. What are the complications of destructive operations?	541	1
4. Write briefly about the postoperative care following destructive operations.	541	1
Total		4
Asphyxia Neonatorum		
1. Define birth asphyxia. What are the clinical manifestations of perinatal asphyxia?	545	1
2. What are the risk factors for birth asphyxia?	546	1

Contd...

3. What are the signs and symptoms of birth asphyxia?	547	1
4. How to prevent asphyxia?	548	1
5. Write briefly about the medical and nursing management of asphyxia neonatorum.	548	1
Total		5
Heart Disease in Pregnancy		
1. What do you mean by cardiac disease and its effect on pregnancy? List out the classification of heart disease.	551	1
2. What is the diagnostic evaluation for cardiac disease in pregnancy?	552	1
Total		2
Cesarean Section		
1. Define cesarean section. List out its indications.	558	1
2. Specify the complications of cesarean section.	559	1
Total		2
Incompetent Cervix		
1. What is cervical incompetence (cervical insufficiency)? Mention the causes and diagnostic evaluation.	563	1
2. Write briefly about the treatment of cervical incompetence.	564	1
Total		2
Abnormal Uterine Action		
1. Define obstructed labor. Specify the physiology of obstructed labor and mention the causes of obstructed labor.	568	1
2. List out the complications of obstructed labor.	569	1
3. Write briefly about the prolonged labor and its causes.	570	1
4. How will you diagnose the prolonged labor in different stages and specify the dangers with prolonged labor?	571	1
5. What are the preventive measures for prolonged labor?	572	1
Total		5
Puerperal Infections		
1. Write about deep vein thrombosis in puerperal period.	578	1
2. Write briefly about mastitis.	579	1
3. Write about the pulmonary embolism during puerperal period.	580	1
4. Write briefly about subinvolution of uterus.	581	1
Total		4
Postpartum Blues and Psychosis		
1. Write briefly about postnatal blues.	588	1
2. Write briefly about the post-traumatic stress disorder (PTSD).	589	1
Total		2
Grand Total		109

Long Answer Questions		
Topics	Page no.	Number of questions
Placenta Previa		
1. Describe the medical and nursing management of placenta previa in detail.	329	1
2. What do you mean by placenta previa? Describe briefly regarding risk factors, causes and degrees of placenta previa.	332	1
3. What is the difference between placenta previa and placental abruption?	333	1
Total		3
Abruptio Placenta		
1. Describe the management of abruptio placenta in detail.	342	1
Total		1
Multiple Pregnancy		
1. Describe the management of multiple pregnancy.	348	1
Total		1
Intrauterine Growth Retardation/Restriction (IUGR)		
1. Describe the management of IUGR.	352	1
2. Explain in detail intrauterine fetal death.	354	1
Total		2
Hysterectomy		
1. Mention the pre-and postoperative care for hysterectomy patient.	357	1
Total		1
Cord Prolapse		
1. What is the immediate management of cord presentation and cord prolapse?	361	1
Total		1
Postpartum Hemorrhage (PPH)		
1. Define PPH. Write about the types of PPH and causes of primary PPH.	367	1
2. Enumerate the schematic management of PPH.	368	1
3. Describe the management of third stage bleeding.	369	1
Total		3
Ectopic Pregnancy		
1. Describe the tubal pregnancy.	372	1
Total		1
Hydramnios		
1. Explain oligohydramnios in detail.	376	1
Total		1

Contd...

Pregnancy-Induced Hypertension (PIH) and Eclampsia		
1. Define eclampsia. List out the risk factors, clinical features and its management.	380	1
2. Explain the HELLP syndrome.	383	1
Total		2
Cephalopelvic Disproportion (CPD)		
1. What do you mean by CPD?	386	1
Total		1
Obstetrical Emergencies		
1. Describe pathophysiology and management of amniotic fluid embolism.	394	1
2. What do you mean by obstetrical emergencies? List out the conditions the come under obstetrical emergencies.	396	1
Total		2
Retained Placenta		
1. How to manage retained placenta?	400	1
Total		1
Menstrual Irregularities		
1. Define dysfunctional uterine bleeding (DUB). Write about types and causes of DUB.	402	1
Total		1
Uterine Fibroids		
1. Describe uterine fibroids and its management in detail.	406	1
Total		1
Hemolytic Disorders in Newborn (HDN) and Neonatal Jaundice		
1. Explain the management and complications of HDN.	417	1
2. How will you manage the neonatal jaundice?	419	1
3. Describe the mechanism of neonatal jaundice.	420	1
4. Describe ophthalmia neonatorum (Conjunctivitis).	422	1
Total		4
Anemia in Pregnancy		
1. Explain the management of anemia during pregnancy.	426	1
2. What are the clinical features of iron deficiency anemia?	430	1
Total		2
Genital Prolapse		
1. What are the degrees of genital prolapse and its management?	432	1
Total		1

Contd...

Quality Assurance in Midwifery or Obstetric Care		
1. Explain audit in obstetrics.	440	1
2. Explain the Millennium Development Goals (MDGs).	442	1
3. Explain the vital statistics in detail.	445	1
4. Describe the norms, policies, protocols of obstetrical and gynecological units.	446	1
5. Discuss standard safety measures and national policies and guidelines.	449	1
6. Explain the importance of institutional delivery.	451	1
Total		6
Malpositions and Malpresentations		
1. How to diagnose breech presentation?	455	1
2. Explain the management of vaginal breech delivery.	456	1
3. What is the mechanism of labor in breech presentation (left sacroanterior position)?	460	1
4. Describe the methods of delivering the after coming head of breech.	461	1
5. Describe occipitoposterior position.	462	1
Total		5
Hyperemesis Gravidarum		
1. What are the signs and symptoms of hyperemesis gravidarum? Describe its management.	467	1
Total		1
HIV/AIDS During Pregnancy		
1. Explain the national policies and guidelines for HIV/AIDS during pregnancy. How will you counsel the family of an HIV infected mother?	475	1
Total		1
Forceps and Ventouse Delivery		
1. Explain the prerequisites for forceps application. Mention the steps of forceps application and difficulties in forceps application.	485	1
Total		1
Molar Pregnancy/Hydatidiform Mole/Gestational Trophoblastic Disease		
1. Describe the management of molar pregnancy.	489	1
2. Describe the schematic management of hydatidiform mole.	491	1
Total		2
Shoulder Dystocia		
1. Describe the management of shoulder presentation.	493	1
Total		1
Gestational Diabetes Mellitus		
1. List out the effects of gestational diabetes mellitus and explain its management. Describe the care given in pregnancy.	495	1

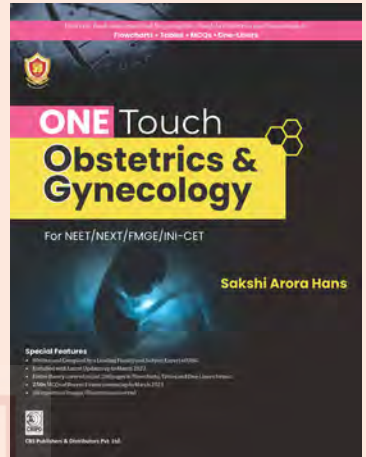
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2. Explain the pathophysiology of GDM.	500	1
		2
Role of Nurse Midwife in Infection Control in Obstetrics		
1. What do you mean by biomedical waste management? Describe the different color codes to be used.	504	1
2. Describe the extended and expanded role of nurse.	506	1
3. Describe the expanded role of nurse.	509	1
Total		3
Pelvic Inflammatory Disease (PID)		
1. Describe the management of PID.	512	1
2. Describe the urinary tract infection in pregnancy.	518	1
Total		2
Preterm and Post-term Labor		
1. Explain the management of preterm labor.	522	1
Total		1
PROM		
1. Define PROM. What are the causes, signs and symptoms of PROM? Discuss its management.	525	1
Total		1
Carcinoma of the Cervix		
1. Describe the management of carcinoma of the cervix in detail.	530	1
Total		1
Rh Incompatibility		
1. Explain the investigations to perform for Rh incompatibility and its preventive measures.	536	1
2. Describe in detail schematic management of Rh-negative woman.	538	1
Total		2
Destructive Operations		
1. What are the types of destructive operations? Describe each one in detail.	542	1
		1
Asphyxia Neonatorum		
1. What do you mean by hypoxic ischemic encephalopathy (HIE)? Describe the management of HIE.	549	1
Total		1
Heart Disease in Pregnancy		
1. What is rheumatic heart disease? Describe congenital heart disease.	553	1
2. How will you manage a patient in intrapartum and puerperal period?	555	1
Total		2

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I Mastering the Postgraduate Series (Obstetric and Gynecological Nursing)

Design and Layout of Labor Room		
1. List the important considerations and organizing a labor room for improved quality.	556	1
Total		1
Cesarean Section		
1. Describe the nursing management during cesarean section.	560	1
Total		1
Incompetent Cervix		
1. How will you manage a patient with cervical incompetence?	565	1
Total		1
Abnormal Uterine Action		
1. Define obstetric shock. List out the classification of shock and clinical presentation of different types of shock.	572	1
2. Explain the precipitate labor.	574	1
3. Describe the constriction and retraction ring.	576	1
Total		3
Puerperal Infections		
1. Explain puerperal infections.	582	1
2. Enumerate the breast complications and explain any two complications.	584	1
3. Write in detail about retroversion of uterus.	586	1
Total		3
Postpartum Blues and Psychosis		
1. List out the psychiatric disorders in puerperal period and discuss any two disorders.	589	1
2. What do you mean by postpartum psychosis? Write its diagnosis. Also explain the other types of postpartum psychosis.	591	1
3. Describe pharmacological and nonpharmacological therapy for postpartum psychiatric disorders.	592	1
Total		3
Grand Total		74



Extra Edge

(Glimpses of One Touch Obstetrics and Gynecology by Dr Sakshi Arora Hans)

Important Topics/Facts

Important Images



Important Topics/Facts

SIGNS IN PREGNANCY

Presumptive signs	Probable signs	Positive signs
Amenorrhea	Goodell's sign—softening of cervix (1st sign to become positive at 6 weeks)	Fetus seen on ultrasound
Nausea/vomiting	Hegar's sign—softening of uterine isthmus. On Bimanual palpation, vaginal and abdominal fingers touch each other (Figure 1)	Hearing fetal heart sounds
Fatigue	Chadwick's bluish discoloration of vagina and vulva (Jacquemier's sign)	Palpation of fetal parts
Urinary frequency	Osiander's sign—lateral vaginal fornix pulsations	Fetal skeleton seen on X-ray
Breast changes	Palmer's rhythmic uterine contractions	
Quickening	Piskacek's—unequal growth of uterus	
	Positive pregnancy test	
	Increased pigmentation	

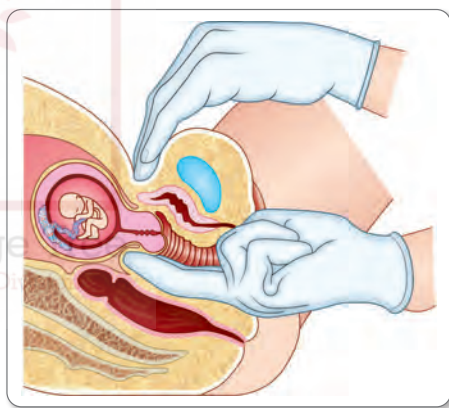


Figure 1: Hegar's sign

Important Images

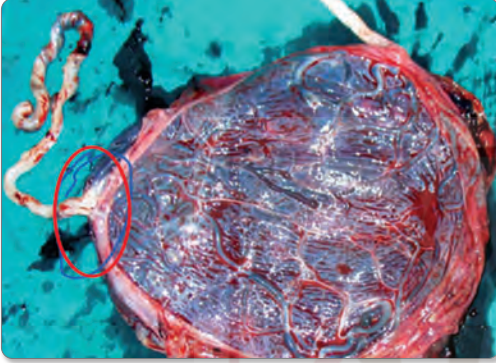


Figure 1: Battledore placenta

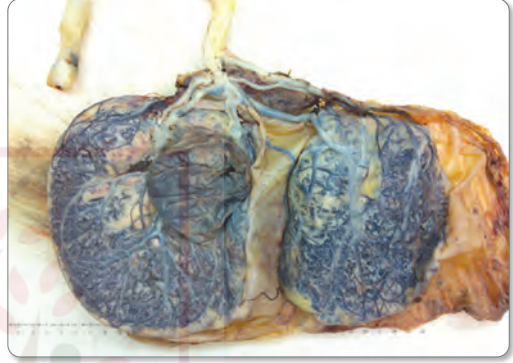


Figure 2: Placenta bilobata



Figure 3: Placenta succenturiate



Figure 4: Circumvallate placenta

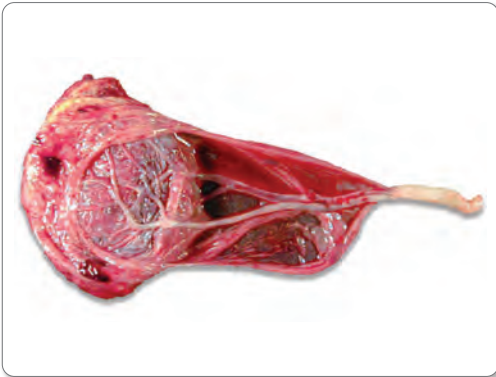


Figure 5: Velamentous insertion of cord

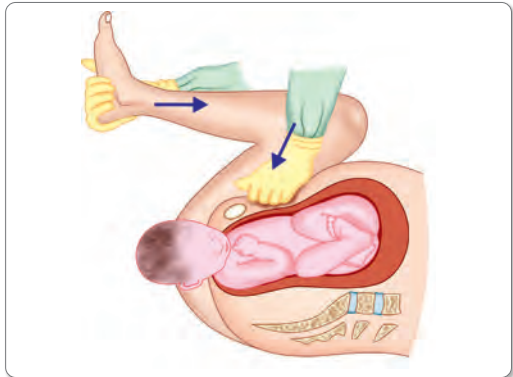


Figure 6: McRobert maneuver





OBSTETRIC AND GYNECOLOGICAL NURSING–I

FEMALE REPRODUCTIVE SYSTEM

SHORT ANSWER QUESTIONS

- Q1. Write a short note on the structure and functions of ovaries.**
(NTRUHS, RGUHS, CCU, RUHS, MGR, KUHS, BFUHS, DU, ABVHS)

Ans.

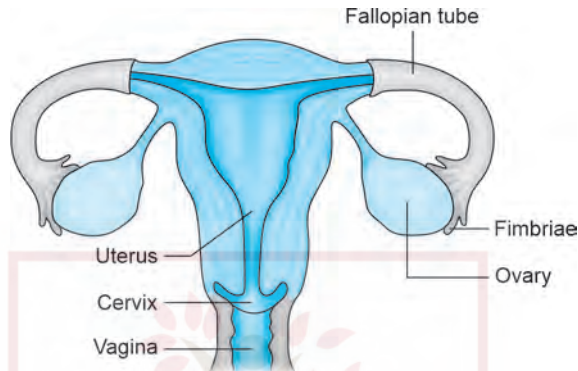
Ovaries are paired sex glands or gonads in females, which measure about 3 cm in length, 2 cm in breadth and 1 cm in thickness. Each ovary presents two ends: (1) **Tubal** and (2) **Uterine**, two borders: (1) **Mesovarium** and (2) **Free posterior** and two surfaces: (1) **Medial** and (2) **Lateral**.

Structure of ovaries is shown as follows:

Structure of Ovaries

From the outer side, ovaries are covered by a layer of simple-cuboidal epithelium called germinal (ovarian) epithelium. The substance of the ovaries is distinctly divided into an outer cortex and inner medulla.

- **Cortex:** It looks denser and granular due to the presence of numerous ovarian follicles. Each follicle contains an oocyte, a female germ cell.
- **Medulla:** It consists of loose connective tissues with abundant blood vessels, lymphatic vessels and nerve fibers.



Female reproductive system

Functions of Ovaries

- Germ cell maturation, storage and its release.
- Steroidogenesis (production of sex hormones, namely estrogen and progesterone).
- Estrogen production is highest in the first half of the menstrual cycle before ovulation.
- Progesterone rises during the second half of the cycle to prepare your uterus for a fertilized egg (if conception occurs).
- Ovaries play a critical role in both menstruation and conception.
- They produce eggs for fertilization.
- An ovary releases an egg around the middle of the menstrual cycle (around day 14 of a 28-day cycle) in a process called ovulation.
- Ovary acts as an endocrine gland and produces hormones that control the menstrual cycle and pregnancy.
- The main function of the ovary is to produce the ovum and secrete female sex hormones.

Reference:

Sandeep Kaur. *Textbook of Midwifery and Obstetrical Nursing for BSc. 1st edition. CBS Publishers & Distributors Pvt. Ltd. 2020–2021. Pp. 42–43.*

- Q2. Write briefly about the structure of breast.**
(NTRUHS, RGUHS, CCU, RUHS, MGR, KUHS, BFUHS, DU, ABVHS)

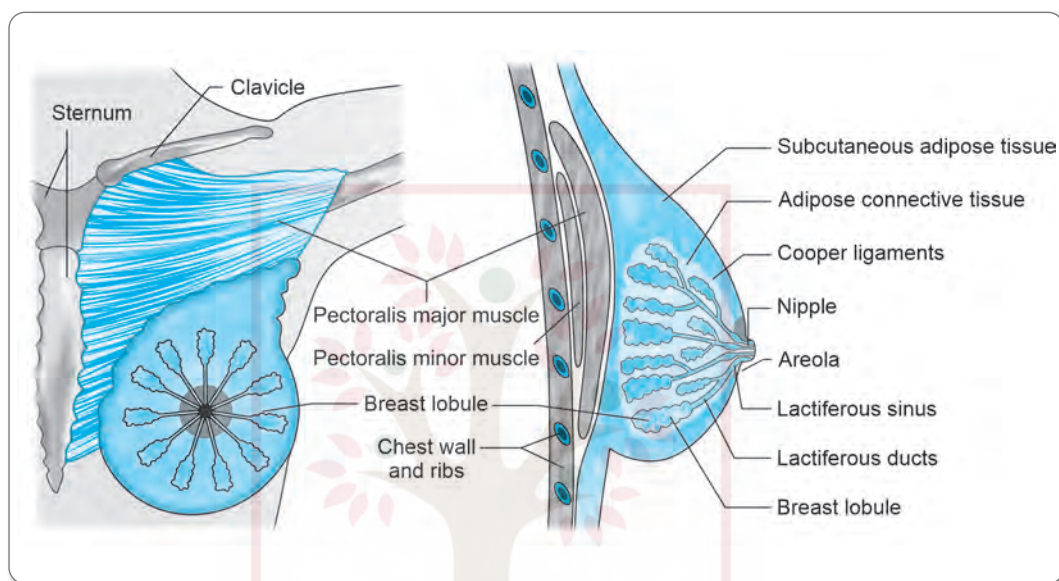
Ans.

- The breasts are modified sebaceous glands and constitute as accessory reproductive organs.
- Breast usually extends from 2nd to 6th rib in the midclavicular line.

Structure of Breast

- Areola is placed about the center of breast and is pigmented. It is about 2.5 cm in diameter.

- Montgomery glands are accessory glands located around the periphery of the areola. They can secrete small amount of breast milk, but they mostly produce a natural, oily substance that cleans and lubricates the nipple and areola.



Structure of breast

- Nipple is a muscular projection covered by pigmented skin.
- It is vascular and surrounded by unstriated muscles which make it erectile. It has about 15–20 lactiferous ducts and their openings.
- Each milk duct dilates to form lactiferous sinus at about 5–10 mm away from its opening in the nipple.
- During sucking by newborn, milk from the sinuses squeezes into oropharynx of infant.

Reference:

Sandeep Kaur. *Textbook of Midwifery and Obstetrical Nursing for BSc. 1st edition. CBS Publishers & Distributors Pvt. Ltd. 2020–2021. Pp. 43–44.*

- Q3. List out the internal organs of the female reproductive system and write briefly about them.** (NTRUHS, RGUHS, CCU, RUHS, MGR, KUHS, BFUHS, DU, ABVHS)

Ans.

Internal Organs of the Female Reproductive System

Internal organs of the female reproductive system include vagina, cervix, endometrium, fallopian tubes, fimbriae, uterus and ovaries.

Vagina

Vagina is the fibrovascular membranous sheath communicating the uterine cavity with the exterior at the vulva. It is located between the rectum and urinary bladder.

Ovaries

Ovaries are paired sex glands or gonads in females. Each gland is oval in shape and pinkish gray in color and surface is scarred during reproductive period. It measures about 3 cm in length, 2 cm in breadth and 1 cm in thickness.

Each ovary presents two ends: Tubal and uterine, two borders: Mesovarium and free posterior and two surfaces: Medial and lateral.

The ovaries are distinctly divided into an outer cortex and inner medulla.

- **Cortex:** It looks more dense and granular due to the presence of numerous ovarian follicles. Each follicle contains an oocyte, a female germ cell.
- **Medulla:** It consists of loose connective tissues with abundant blood vessels, lymphatic vessels and nerve fibers.

Reference:

Sandeep Kaur. *Textbook of Midwifery and Obstetrical Nursing for BSc. 1st edition. CBS Publishers & Distributors Pvt. Ltd. 2020–2021. Pp. 38–42.*

LONG ANSWER QUESTIONS

Q4. Describe the external female genitalia.

(NTRUHS, RGUHS, CCU, RUHS, MGR, KUHS, BPUHS, DU, ABVHS)

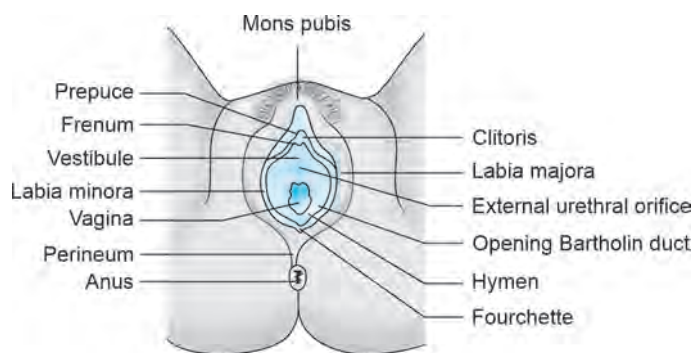
Ans.

The external female genitalia are also referred to as vulva or pudendum. External genitalia include mons pubis, labia majora, labia minora, clitoris and glands within the vestibule.

The external genitalia have three main functions:

1. Enable entry of sperms into the body.
2. Protect internal genital organs from infectious organisms.
3. Provide sexual pleasure.

Parts of external female genitalia are:



External female genitalia

3. **Exocervix:** The outer part of the cervix that protrudes into the vagina is exocervix. During childbirth, the cervix dilates (widens) to allow the baby to pass through the birth canal.

Layers of the Uterus

Uterus has three layers:

1. **Perimetrium:** It is the outer peritoneal layer of the uterus.
2. **Myometrium:** It is the thickest layer, consisting of thick bundles of smooth muscle fibers held by connective tissues and are arranged in various directions. During pregnancy, three distinct layers can be identified—outer longitudinal, middle interlacing and the inner circular.
3. **Endometrium:** It is the inner layer, directly attached with the muscle coat, as there is no submucosal layer. It is 1–10 mm thick depending on hormonal situation.

Ligaments of the Uterus

- Transcervical ligament
- Uterosacral ligament
- Pubocervical ligament
- Ovarian ligament
- Broad ligament
- Round ligament

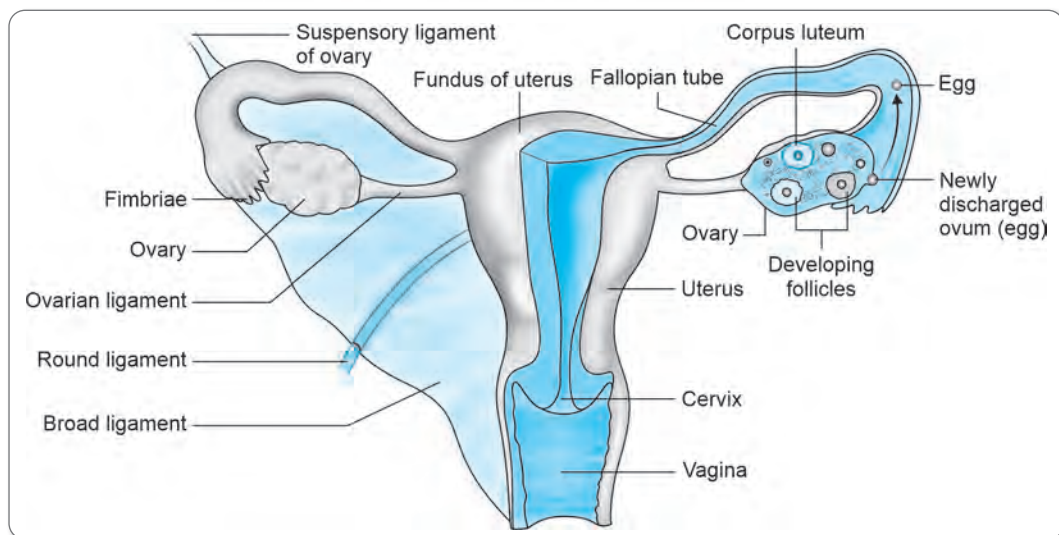
A pair of uterine arteries primarily provides blood supply to the uterus. Lymphatic drainage occurs via iliac, sacral, aortic and inguinal lymph nodes.

Reference:

Sandeep Kaur. *Textbook of Midwifery and Obstetrical Nursing for BSc. 1st edition. CBS Publishers & Distributors Pvt. Ltd. 2020–2021. Pp. 39–40.*
<https://anatomy-medicine.com>

- Q6.** Explain the supportive ligaments of internal organs with diagrammatic representation.
 (NTRUHS, RGUHS, CCU, RUHS, MGR, KUHS, BPUHS, DU, ABVHS)

Ans.



Ligaments associated with uterus

Physiological Changes

In pregnancy, there is hyperinsulinism, particularly during the third trimester which coincides with the peak concentration of placental hormones. However, despite the increase in postprandial insulin level, the fasting insulin concentration is reduced. Several anti-insulin factors and tissue insulin resistance modify the action of insulin during pregnancy.

Reference:

Myles Textbook for Midwives (2016); Churchill Livingstone Elsevier Publishers; 16th edition. Pp. 168–169.

DIET IN PREGNANCY

SHORT ANSWER QUESTION

Q84. Write about the antenatal diet.

(NTRUHS, RGUHS, CCU, RUHS, MGR, KUHS, BFUHS, DU, ABVHS)

Ans.

A healthy diet is an important part of a healthy lifestyle at any time, but especially vital during pregnancy. Healthy eating keeps the mother feeling good and gives the baby the essential nutrients it needs in uterus.

Daily dietary allowances of a pregnant woman:

Dietary component	Nonpregnant	Pregnant	Sources
Energy (kcal)	2200 kcal	2500 kcal	Proteins, fats, carbohydrates
Protein	50 g	60 g	Fish, meat, poultry, dairy products
Iron	18 g	40 mg	Meat, egg, whole grains (to be supplemented)
Calcium	500 g	1000 mg	Dairy products
Folic acid	200 µg	400 µg	Leafy vegetables and liver
Vitamin B ₁₂	2 µg	2.2 µg	Animal proteins

Objectives

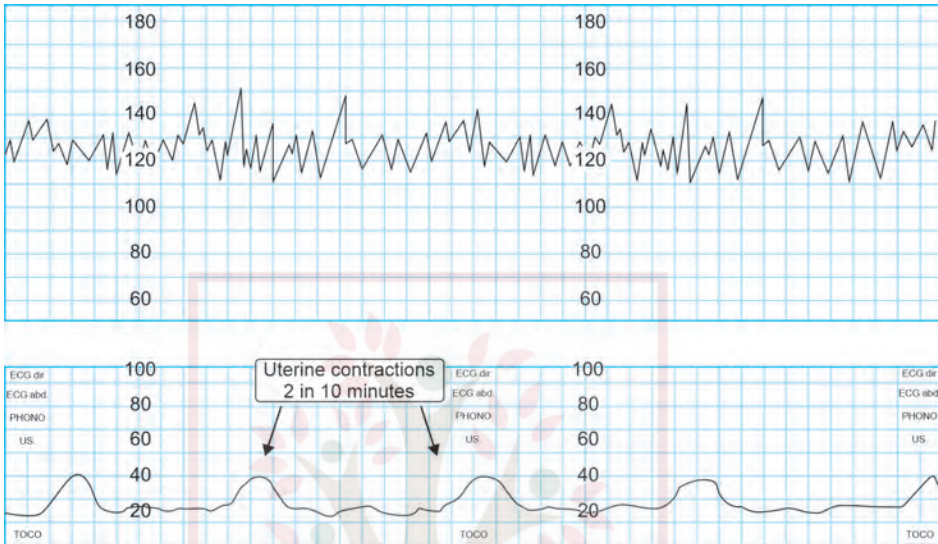
The diet during pregnancy should be adequate to provide:

- Good maternal health
- Optimum fetal growth
- The strength and vitality required during labor
- Successful lactation.

Diet in Pregnancy

Overall, aim for a balanced diet, with an appropriate blend of all the following five food groups:

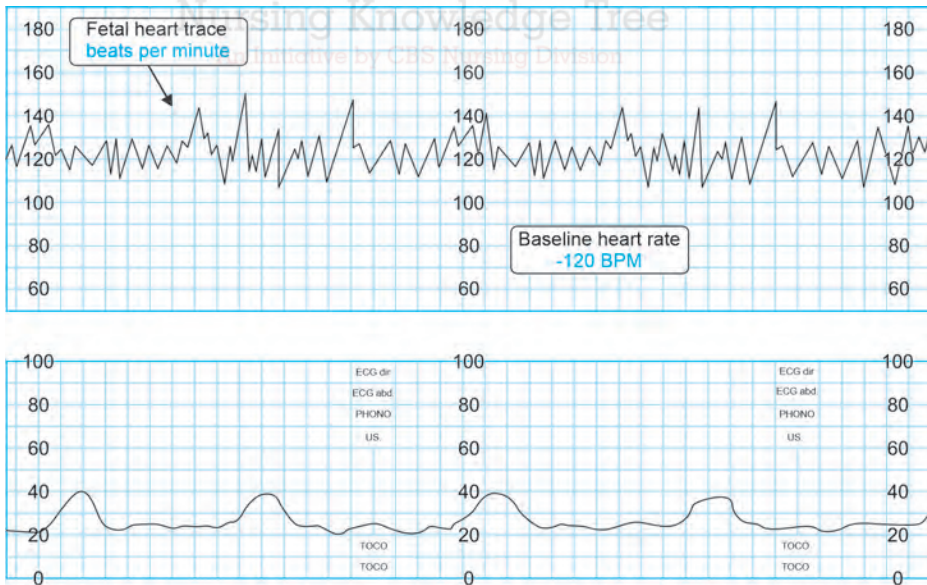
1. Vegetables and legumes
2. Breads and cereals
3. Milk, yoghurt and cheese



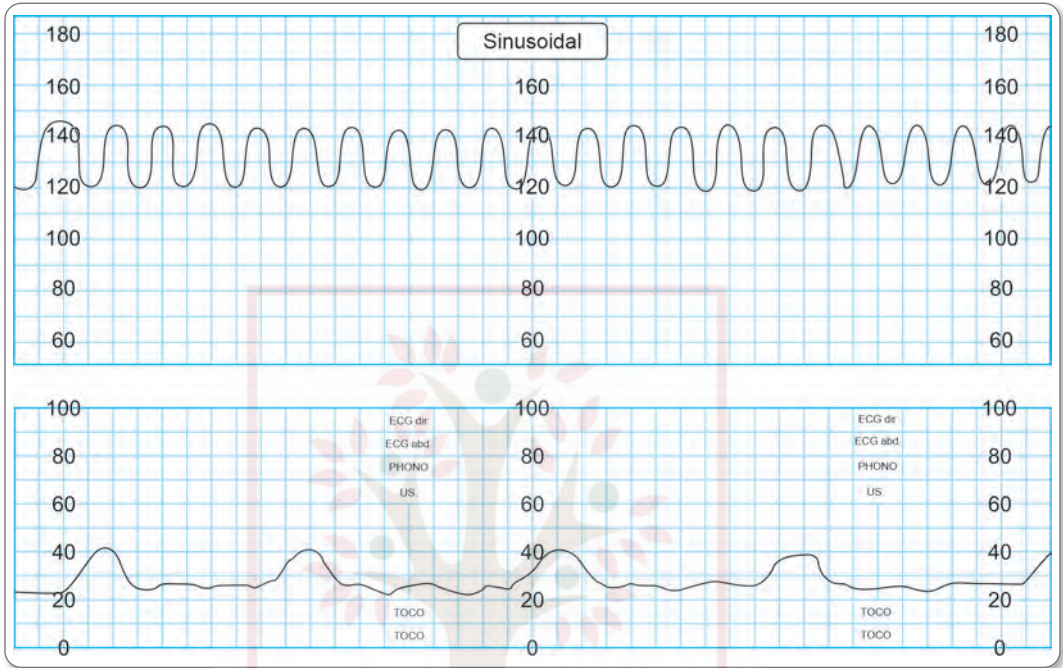
Contractions

Baseline Rate of the Fetal Heart

The baseline rate is the average heart rate of the fetus within a 10-minute window. Look at the CTG and assess what the average heart rate has been over the last 10 minutes, ignoring any accelerations or decelerations. A normal fetal heart rate is between 110 and 160 bpm.



Baseline heart rate



Sinusoidal pattern

Overall Impression

- Once you have assessed all aspects of the CTG you need to determine your overall impression.
- Overall impression can be described as either reassuring, suspicious or abnormal.
- Overall impression is determined by how many of the CTG features were either reassuring, nonreassuring or abnormal.

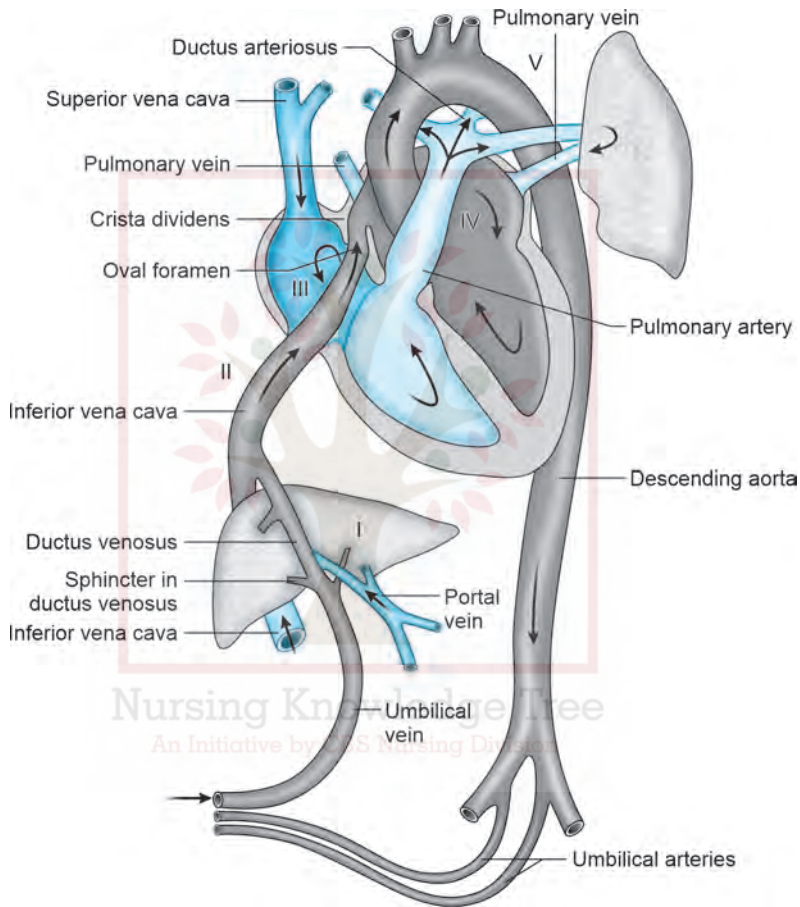
The NICE guidelines below demonstrate how to decide which category a CTG falls into.

Reassuring

- **Baseline heart rate:** 110–160 bpm
- **Baseline variability:** 5–25 bpm
- **Decelerations:**
 - None or early
 - Variable decelerations with no concerning characteristics for <90 minutes

Nonreassuring

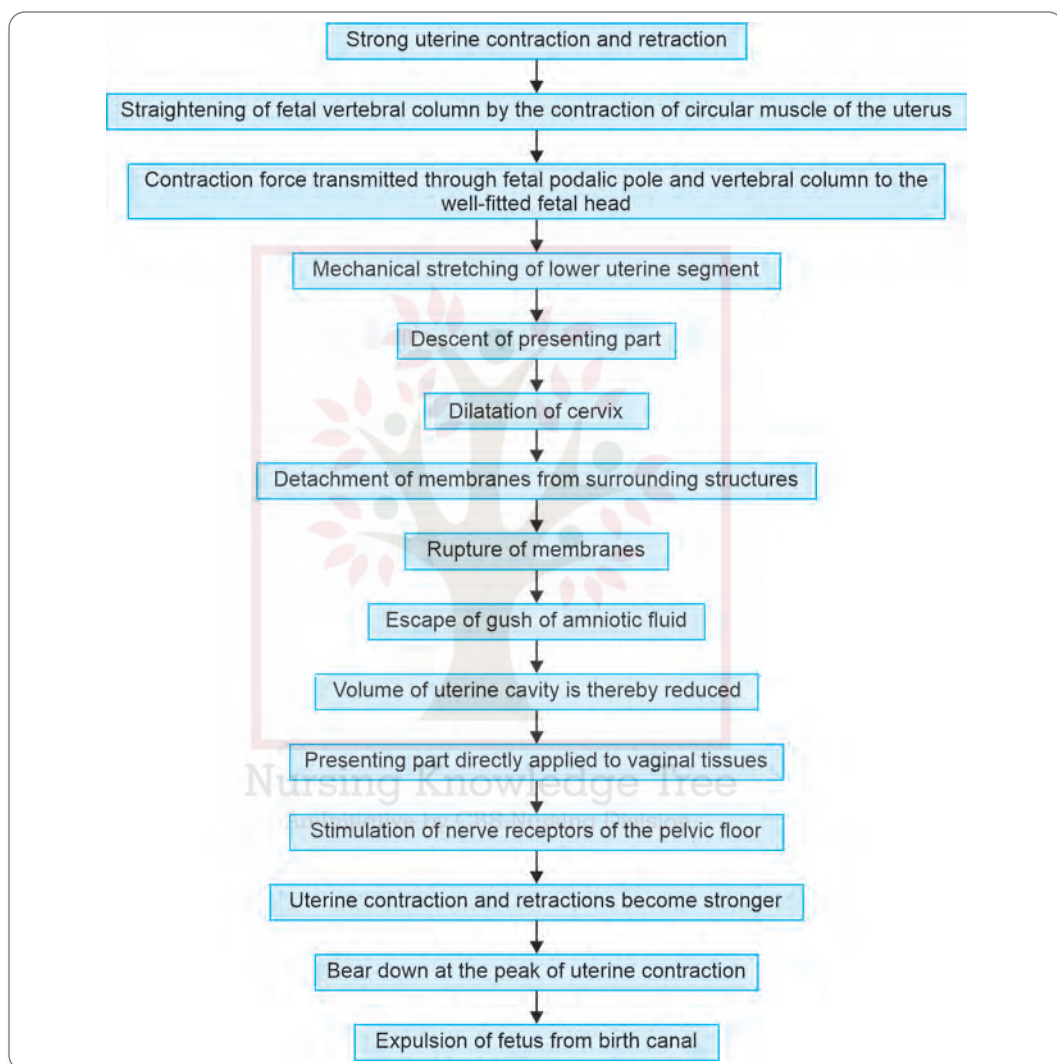
- **Baseline heart rate:** Either of the below would be classed as nonreassuring:
 - 100–109 bpm
 - 161–180 bpm
- **Baseline variability:** Either of the below would be classed as nonreassuring:
 - <5 for 30–50 minutes
 - >25 for 15–25 minutes

Fetal circulation:**Fetal blood circulation****References:**

<https://cardiovascularsystemud.weebly.com>

Myles Textbook for Midwives (2015): Elsevier Publications; 16th edition; Pp. 116–117.

Physiology of the Second Stage of Labor



Reference:

Sandeep Kaur. *Textbook of Midwifery and Obstetrical Nursing for BSc (2021)*. 1st edition. CBS Publishers & Distributors Pvt. Ltd. Pp. 153–156.

Q97. How to recognize the first stage of labor? Discuss the midwives, role in the first stage of labor. (NTRUHS, RGUHS, RUHS, MGR, KUHS, BFUHS, DU, ABVHS)

Ans.

The first stage of labor starts from the onset of true labor pains and ends with full dilatation of the cervix (10 cm). Duration is approximately 12 hours for primipara and 6 hours for multipara.

Interpretation of Partograph

THE SIMPLIFIED PARTOGRAPH

Identification Data

Name: W/s: Age: Priority Reg. No.:
Date and Time of Admission: Date and Time of ROM:

A) Fetal Condition

Fetal heart rate

Amniotic fluid

B) Labor

Cervic (cm) (Plot X)

Hour Time

Alert

Action

Contraction per 10 min.

C) Interventions

Drug and IV fluid given

D) Maternal Condition

Pulse and BP

Temp (°C)

Initiate plotting on alert line

Refer to FRU When ALERT LINE is crossed

- These techniques are meant to help you reduce fear, anxiety, and pain, and can also be helpful with any discomfort you may experience after the birth of your baby.

Audio Analgesia

- Audio analgesia (music, talk) is used to control pain in numerous situations including dental work, postoperative pain, burn treatment, and childbirth.
- Many childbirth educators use music in their classes to create a peaceful and relaxing environment and they advocate for its use during labor as an aid to relaxation.
- Audio analgesia for pain relief consists of soothing music between and during contractions.
- Music creates a pleasant and relaxing environment and music transmitted through earphones can block out disturbing, distracting, or unpleasant sounds.
- Carefully chosen music can also reinforce rhythmic breathing patterns, massage strokes, or facilitate focusing one's attention.
- Music preferences vary widely.
- Feel free to choose your own music and bring your CDs with you.

Reference:

<https://www.nwh.org>

USE OF ANALGESIA AND ANESTHESIA DURING LABOR

SHORT ANSWER QUESTION

Q107. Write short note on the anesthesia for cesarean delivery.
(RUHS, NTRUHS, RGUHS, MGR, KUHS, BFUHS, DU, ABVHS)

Ans.

- According to ASA practice guidelines, a spinal block or epidural is preferred for most cesarean deliveries because the baby is exposed to the lowest amount of medication and the mother can still actively participate in the baby's birth.
- However, general anesthesia may be necessary in some cases.
 - For an epidural, a small area on mother's back will be numbed with the injection of a local anesthetic.
 - Then an anesthesiologist inserts a tiny tube called a catheter through a needle inserted in the lower back.
 - The needle is removed and the catheter left in place so anesthesia medication can be delivered through this tube as needed, to numb the entire abdomen for surgery.
 - Although there is no pain, there may be a feeling of pressure as the needle is being inserted.

Reference:

<https://www.asahq.org>

Types of Postnatal Exercises



Types of postnatal exercises

- **Deep breathing:** Mother is taught to raise her abdominal wall as she takes deep breath and then exhales slowly. This exercise strengthens the diaphragm and should be repeated 5–10 times
- **Head and shoulder raising:** Mother is made to lie flat on the bed without the pillow and raise the head until the head touches the chest. When this exercise is performed, instruct the mother to raise both the head and shoulders off the bed and lower them slowly. Repeat 10 times.



Head and shoulder raising

- **Leg raising:** Mother is made to lie on the floor without a pillow. Point toe and leg is raised slowly, keeping the knee straight. Lower the leg slowly. After performing this exercise for 1–2 days, both legs should be raised. Repeat 5–10 times.



Leg raising

- **Pelvic tilt:** Make the mother lie flat on the floor with the knees bent. Mother is told to inhale and while exhaling, flatten the back against the floor.
 - Contract the abdominal muscles on the outward breath and tighten buttock muscles too.
 - Additional strong contraction of muscles is necessary to make this an active strengthening exercise.
 - To encourage more action, place a hand just above the pubic bones so you can feel the muscles working.



OBSTETRIC AND GYNECOLOGICAL NURSING-II

PLACENTA PREVIA

SHORT ANSWER QUESTIONS

Q1. Define antepartum hemorrhage. What are the risk factors and causes of APH?
(CCU, RUHS, NTRUHS, MGR, KUHS, RGHHS, BFUHS, DU, ABVHS)

Ans.

Antepartum hemorrhage (APH) is described as bleeding from the genital tract after the 28th week of pregnancy but before the baby is born.

Risk Factors

These risk factors include:

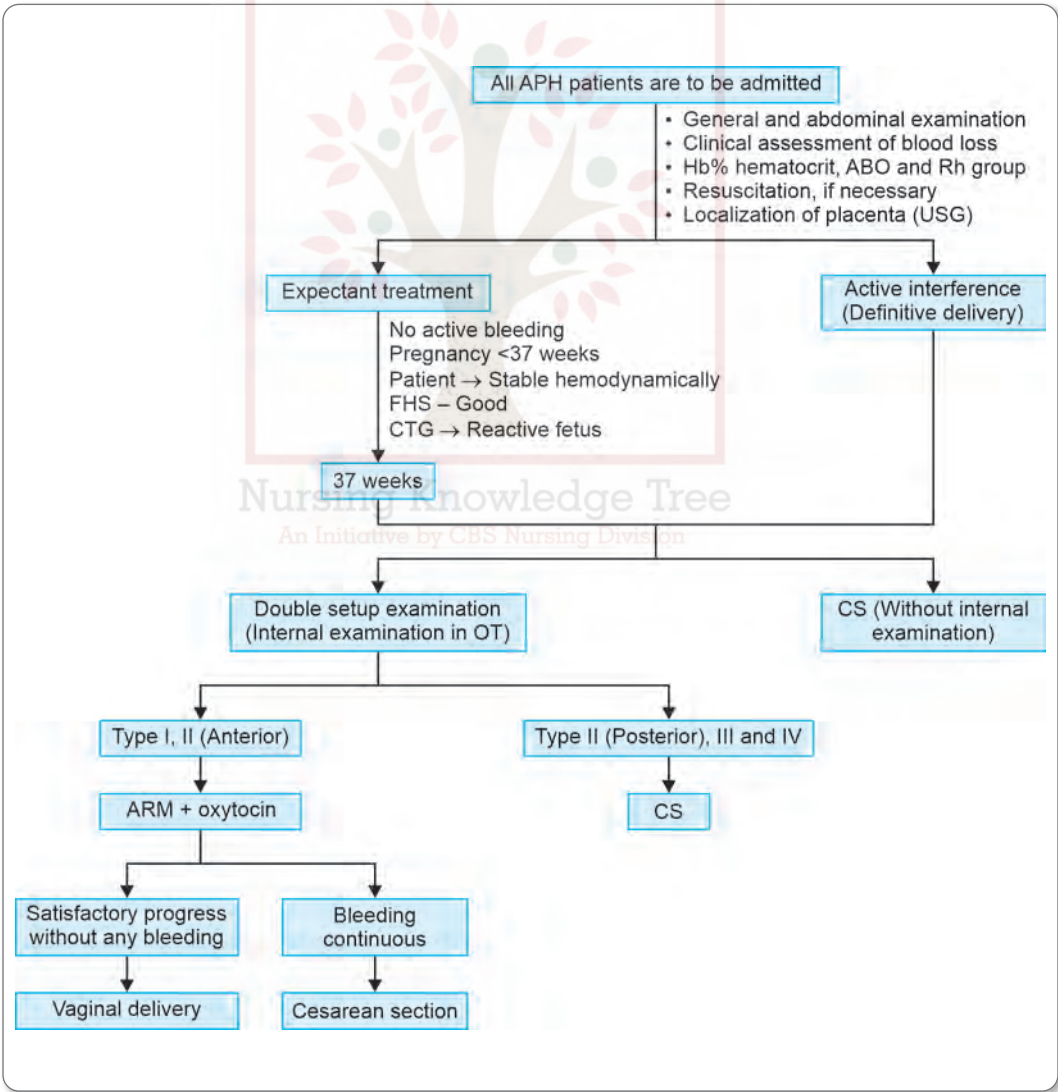
- Previous APH
- Previous cesarean section
- Advanced maternal age (age >35)
- Urban/rural residence
- Previous termination of pregnancy (curettage)
- Pregnancy-induced hypertension (PIH)
- Multiparity and multiple pregnancy

Treatment with no Bleeding

The aim of treatment when there is no bleeding is to minimize the likelihood of bleeding. Most likely, her caregiver will advise the mother to stay away from the following:

- Sexual activities or interactions that may cause an orgasm.
- Moderate to intense exercise.
- Moderate to heavy lifting.
- Extended durations of standing.

Scheme of Management of Placenta Previa in Hospital



APH	Placenta previa	Placental abruption
Pathophysiology	Occurs due to decreased uterine vasculature from endometrial damage resulting in scarring	<ul style="list-style-type: none">• Vasospasm of uterine vessels followed by rupture of arterioles into decidua basalis.• Blood beneath decidua dissects under placenta, extending degree of separation appears through vagina or amniotic cavity toward serosa.• This causes uterus to contract and look bruised, purple and mottles—COUVELAIRE UTERUS.
Risk factors	<ul style="list-style-type: none">• Multiparity and multigravidae• Previous C-section• Uterine structural anomalies• Previous D and C• Abortion• Increased maternal age• Maternal smoking	<ul style="list-style-type: none">• Hypertension• Cigarette smoking• Sudden uterine decompression (delivery of twin A, SROM/AROM especially with polyhydramnios)• External physical trauma or ECV• PPROM• Short umbilical cord• Thrombophilia• Retroplacental leiomyoma and increased Alpha-fetoprotein (AFP)
Types	<p>Type 1 (Lateral)—placenta lies mainly in upper uterine segment and now begins encroaching on lower segment</p> <p>Type 2 (Marginal)—edge of placenta reaches margin of internal cervical os</p> <p>Type 3 (Central)—partially covers os</p> <p>Type 4 (Central)—completely covers os</p> <p>Minor: Type 1 anterior and posterior, Type 2 anterior</p> <p>Major: Type 2 posterior, Type 3, Type 4. Type 2 posterior is major because results in decreased AP diameter of pelvic inlet → compressed between fetal head and sacrum causing decreased fetal blood flow and hindrance of descent of head in labor.</p>	<ul style="list-style-type: none">• Revealed<ul style="list-style-type: none">▪ Blood dissects downward to cervix and PV bleed• Concealed<ul style="list-style-type: none">▪ Blood dissects upward to fetus▪ Presents as uterine pain, maternal shock, fetal distress, fetal death• Mixed<ul style="list-style-type: none">▪ A combination of concealed and revealed placental abruption
Presentation	<ul style="list-style-type: none">• Painless bright red vaginal bleeding (do not diagnose based on color only)• 3rd trimester/onset usually 30–32 weeks• Spontaneous/precipitated by coitus/small painless bleeding a few weeks earlier called Warning Hemorrhage.• Weakness (due to anemia depending on proportion of blood loss and possible hypovolemic shock)• Pale, tachycardia, hypotension, cold and clammy (hypovolemic shock)	<ul style="list-style-type: none">• Painful: Sudden onset, localizes to back and uterus, increases in intensity• Vaginal bleeding (not if concealed)• Uterine tenderness• Uterine contractions (uterus tries to stop the bleeding)• Usually before labor• Premature labor due to contractions• Weakness (due to anemia depending on proportion of blood loss and possible hypovolemic shock)• Pale, tachycardiac, hypotension, cold and clammy (hypovolemic shock)

Contd...

APH	Placenta previa	Placental abruption
		c. Prevent DIC: <ul style="list-style-type: none"> ◆ Prophylaxis: Whole Blood transfusion ◆ If it occurs: Cryo + FFP or packed RBC, platelet count, fresh frozen plasma (FFP) ◆ Avoid giving fibrinogen if serum level low
Maternal complications	<ul style="list-style-type: none"> • Hemorrhage and hypovolemic shock, anemia • Acute renal failure • Sheehan syndrome • PPH (placenta accreta especially if previous uterine surgery, anterior placenta previa), hysterectomy 	<ul style="list-style-type: none"> ◆ Disseminated intravascular coagulation (DIC) (most common cause of consumptive coagulopathy in pregnancy), ◆ Renal failure ◆ PPH ◆ HTN • Sheehan syndrome
Fetal complications	<ul style="list-style-type: none"> • Fetal distress • Increased perinatal mortality rate due to anoxia and prematurity • Intrauterine hypoxia (acute or IUGR) • Fetal malpresentation • PPROM • Risk of fetal blood loss especially if incised during C-section 	<ul style="list-style-type: none"> • Fetal anoxia (separation of placenta) • Increased perinatal mortality, prematurity

Reference:

<https://www.studocu.com/row/document/the-university-of-the-west-indies-st-augustine/heat-transfer/placenta-previa-vs-abruptio-placentae/>

ABRUPTIO PLACENTA

SHORT ANSWER QUESTIONS

Q6. Define abruptio placenta. What are the types and causes of abruptio placenta and its complications? (CCU, NTRUHS, RUHS, MGR, KUHS, RGUHS, BFUHS, DU, ABVHS)

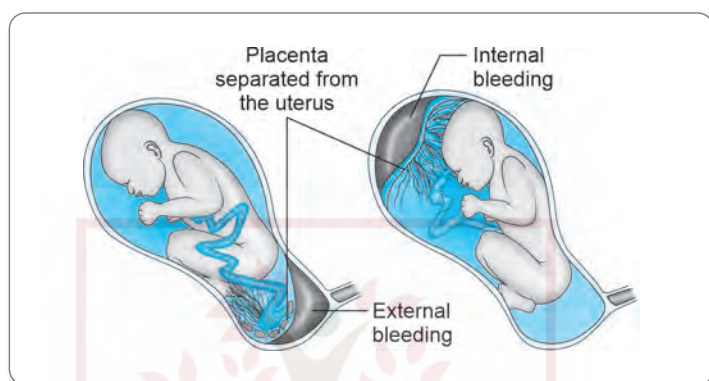
Ans.

An abruptio placenta is the early separation of a properly placed placenta after 28 weeks of gestation and before the birth of the infant.

Types/Varieties

- **Revealed:** It has been revealed that it is the most prevalent type. Following placental separation, blood seeps downward between the membranes and decidua. Finally, blood emerges from the cervical canal and is visible from the outside.

- **Grade 3:** Bleeding → Moderate to severe. Uterine tenderness marked. Shock → Pronounced fetal death is inevitable. Coagulation defect/anuria may complicate.



Signs and Symptoms

- Small to moderate amount of bright or dark red vaginal bleeding.
- Acute abdominal pain associated with vaginal bleeding.
- Uterine tenderness and high uterine tonicity often describe as “board like abdomen”.
- Increased size of uterus in case of concealed hemorrhage.
- Failure of uterus to relax between contractions.
- Fetal heart sound absents with concealed/mixed type.
- Urine output usually diminished.

Diagnosis

- **Ultrasonography:** Used to determine the position of the placenta and the presence of clots or hematomas.
- **Coagulation profile:** To rule out disseminated intravascular coagulopathy (DIC), obtain a coagulation profile. Clotting time, bleeding time, fibrinogen level, platelet count prothrombin (PT), partial prothrombin time (aPTT) and fibrin degradation products.
- Albumin urine test
- Renal function test.

Reference:

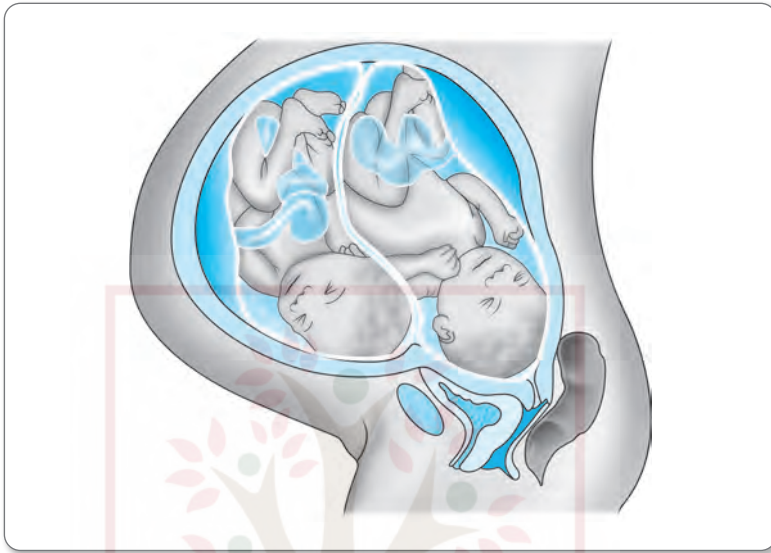
Sandeep Kaur. *Textbook of Midwifery and Obstetrical Nursing for BSc (2021). 1st edition. CBS Publishers & Distributors Pvt. Ltd. Pp. 273.*

Q8. Write the role of nurse in abruptio placenta.

(CCU, NTRUHS, RUHS, MGR, KUHS, RGUHS, BFUHS, DU, ABVHS)

Ans.

An abruptio placenta is the early separation of a properly placed placenta after 28 weeks of gestation and before the birth of the infant.



Multiple pregnancy

Causes

The exact cause is “Unicorn”. It may be due to natural environmental factors. Several risk factors include:

- **Race:** Negroes have the highest rate, Mongols have the lowest rate, and Caucasians have an intermediate rate.
- **Hereditary:** More passed through females.
- Mother's age increasing (maximum 30–35 years).
- Greater parity.
- **Iatrogenic:** For example, gonadotropin treatment.

Clinical Features

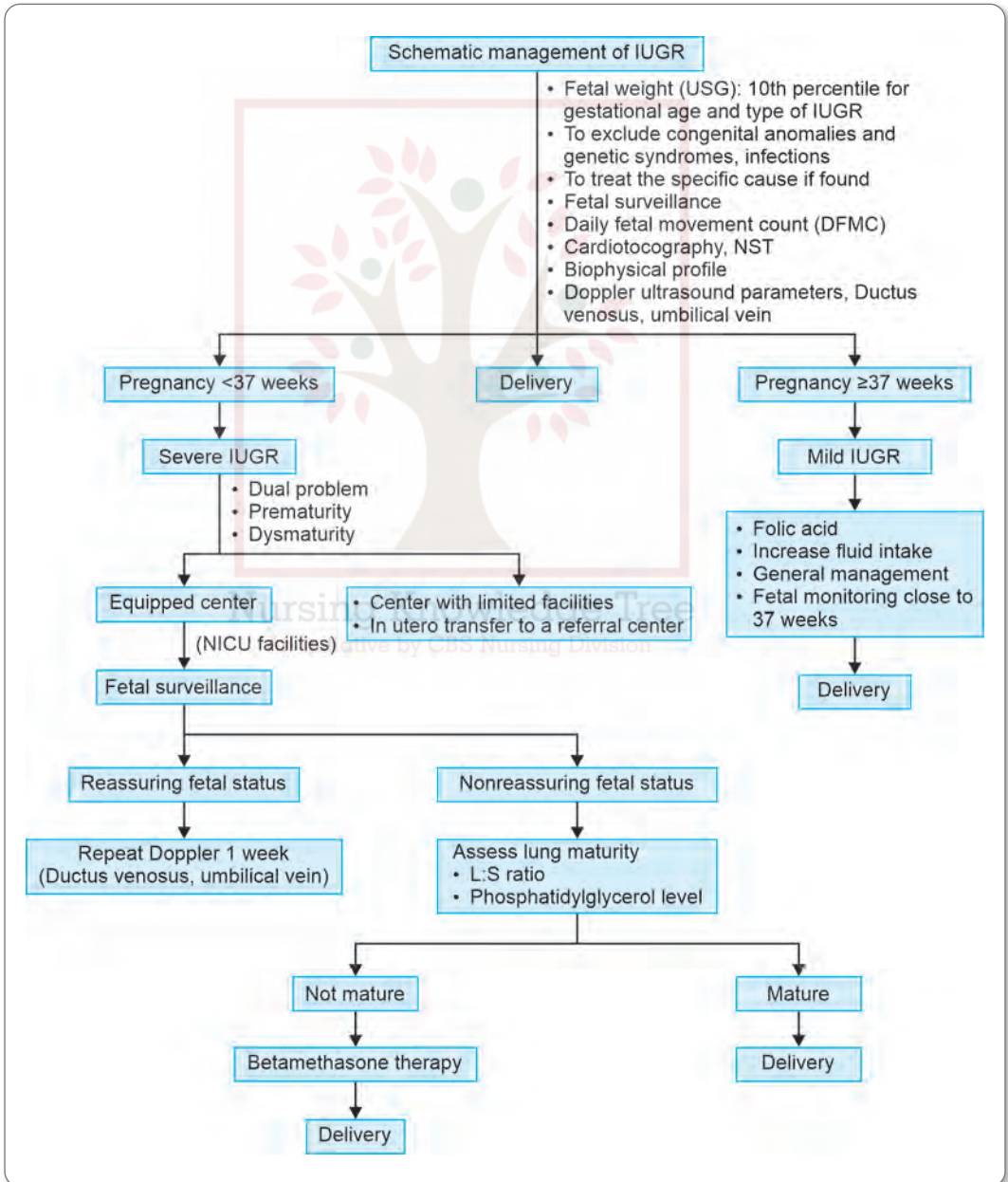
- Undue growth of uterus.
- Increased nausea and vomiting.
- Cardiorespiratory embarrassment.
- Swelling of legs.
- An increased risk of varicose veins and hemorrhoids.

Diagnosis

Abdominal examination:

- **Examination:** It may detect excessive hypertrophy.
- **Palpation:** Uterine height and girth are greater than the time of amenorrhea. When several fetal parts are palpated, two fetal heads can be easily palpated.
- **Auscultation:** Hearing two distinct fetal heart sounds at separate locations with a silent interval in between.

- Special precautions must be made to avoid and treat hypoglycemia. Early feeding within an hour should begin with 5–10 mL of 10% dextrose.
- Blood glucose is measured twice an hour after birth and before each feeding for 48 hours using the Dextrostix screening test.
- If the blood glucose level goes below 30%, 10% glucose should be administered intravenously.



- Check FHR immediately after the rupture of membranes and again in 5–10 minutes.
- If prolapse cord is identified, notify the physician and prepare the patient for emergency cesarean.
- If the cervix is fully dilated, vaginal delivery is possible. Encourage the client to push and assist with the delivery in this case by lowering the head of the bed and raising the client's hips on a pillow or by positioning the client in the knee-chest position to reduce pressure from the cord.
- Assess cord pulsations on a regular basis.
- Gently wrap gauze soaked in sterile normal saline solution over the prolapsed cord to prevent drying.
- Provide physical and emotional support to the patient; and
- Educate the client and family.

Reference:

Sandeep Kaur. *Textbook of Midwifery and Obstetrical Nursing for BSc (2021). 1st edition. CBS Publishers & Distributors Pvt. Ltd. Pp. 474.*

LONG ANSWER QUESTION

Q24. What is the immediate management of cord presentation and cord prolapse?
(RUHS, MGR, NTRUHS, KUHS, RGUHS, BFUHS, DU, ABVHS)

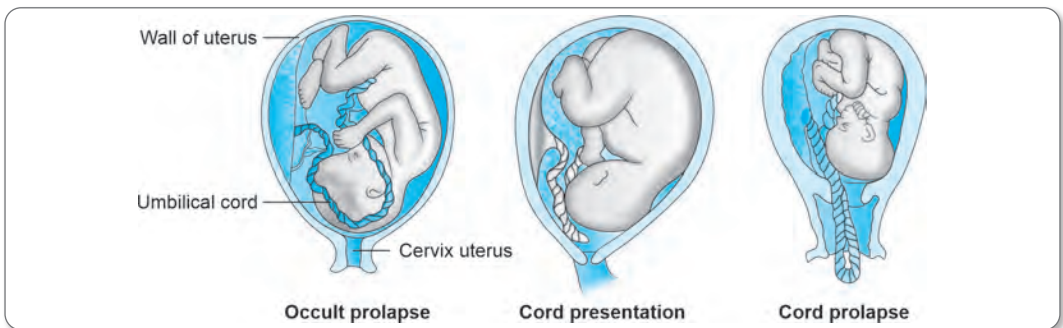
Ans.

Management of Cord Presentation

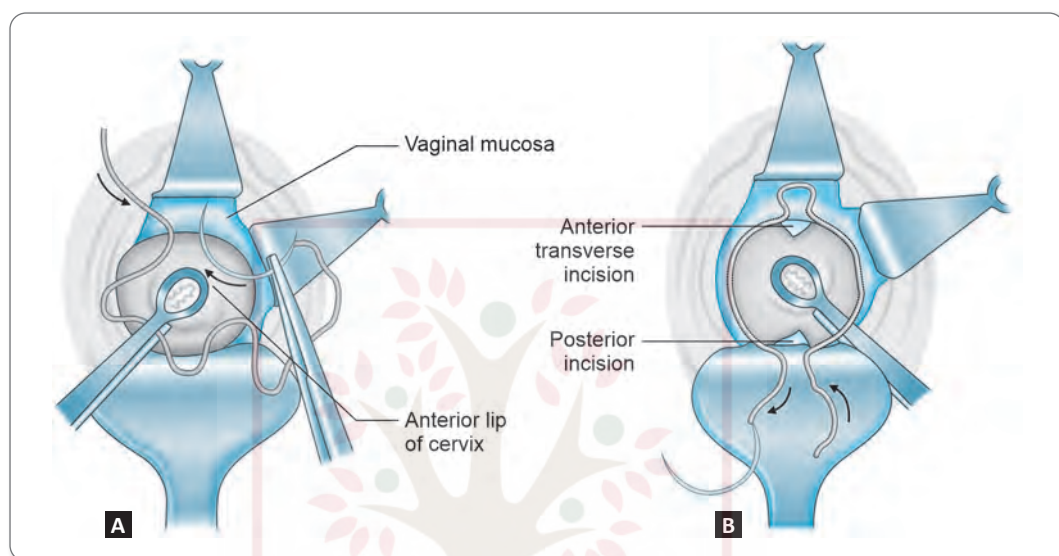
- The aim is to preserve the membranes and to expedite the delivery.
- Avoid unnecessary vaginal examination to reduce the risk of rupturing the membranes.
- Once the diagnosis is made, no attempt should be made to replace the cord.
- Fetal heart rate (FHR) should be auscultate as frequently as possible or obtained through continuous electronic monitoring.
- If immediate vaginal delivery is not possible or contraindicated, cesarean section is the best method of delivery.

Management of Cord Prolapse

- Check whether baby is alive or dead
- Assess the maturity of the baby
- Check the status of cervical dilatation



operating room because there is a higher risk of cord prolapse, particularly in cases with a floating head.



Cerclage operation: A. McDonald's technique; B. Shirodkar's technique

Contraindications:

- Intrauterine infection
- Rupture membranes
- History of vaginal bleeding
- Severe uterine irritability
- Cervical dilatation >4 cm

Complications:

- Suture slippage or cutting
- Chorioamnionitis
- Membrane rupture
- Abortion/preterm labor
- Cervical lacerations during delivery
- Cervical scarring and dystocia requiring cesarean delivery

Abdominal cerclage: Mersilene tape is placed at the isthmus junction between the uterine wall and the uterine vessels. The tape is fastened in front. The downsides of doing this between 11 and 13 weeks after a laparotomy are:

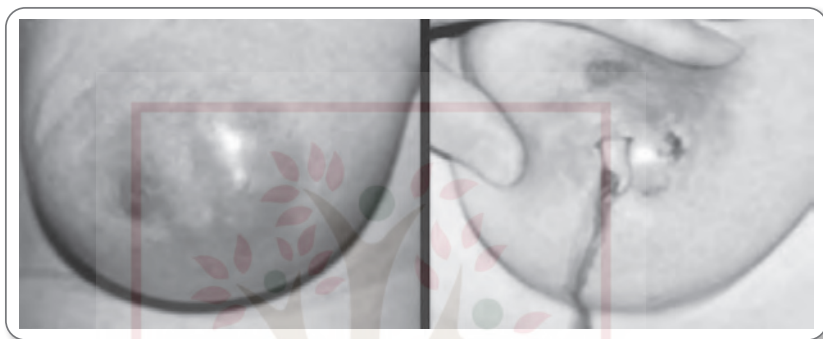
- Increased complications during the surgery
- Subsequent laparotomy for delivery or removal of the tape (if necessary)

Indications are:

- If the cervix is hypoplastic or prior vaginal cerclage has failed, a comparable surgery can be performed laparoscopically during the nonpregnant condition.

Signs and symptoms:

- Flushed breast not responding to antibiotic promptly
- Marked tenderness with fluctuation
- Swinging temperature
- Redness, hardness and colicky pain in breast

**Breast abscess****Treatment:**

- Prevent irritation or cracking of the nipples
- Lose weight
- Clean the skin on the breast and nipple with extra care
- Supporting and bandaging the breast
- Manual expression of milk
- Not allowing the baby to feed from affected side
- Antibiotic such as penicillin to treat infection
- Surgery to open and drain the abscess.

Reference:

Sandeep Kaur. *Textbook of Obstetrical and Gynecological Nursing* (2021). 1st edition. CBS Publishers & Distributors Pvt. Ltd. Pp. 525.

Q178. Write in detail about retroversion of uterus.

(RUHS, NTRUHS, MGR, KUHS, RGUHS, ABVHS)

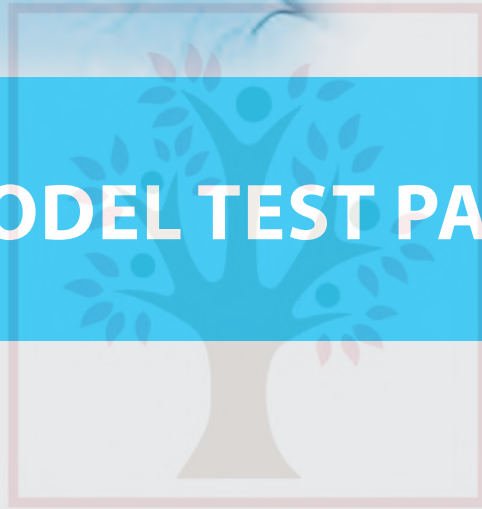
Ans.

The uterus lies in the middle with bladder in front and rectum behind. It can be described as anteverted with respect to vagina and anteflexed with respect to cervix.

- **Anteverted:** Rotated forward toward the anterior surface of the body.
- **Anteflexed:** Flexed toward the anterior surface of the body. Thus, it lies immediately posterosuperior to the bladder.
- **Retroversion:** Means when the organ or any body part is tilted backward. A retroverted uterus (tilted uterus, tipped uterus) is a uterus that is tilted posteriorly. The uterus is bent backward so that fundus points toward the sacrum and cervix toward the symphysis pubis.



MODEL TEST PAPERS



Nursing Knowledge Tree
An Initiative by CBS Nursing Division

*These model papers have been curated from the last ten years' papers for MSc Nursing from all the important universities.

MODEL TEST SET-1

Clinical Specialty-I

(Obstetric and Gynecological Nursing-I)

Time: 3 Hours

M.M.: 75

Note: Attempt all questions.

- Q1.** a. Discuss the physiological changes in the genital organs during pregnancy. [8+7=15]
b. Explain the components of antenatal care.
- Q2.** a. Enumerate the features of normal labor.
b. Describe the physiological changes during the first stage of labor. [4+8+8=20]
c. Explain the nursing management of the fourth stage of labor.
- Q3.** a. Describe the physiological changes in the uterus and breast during puerperium. [10+10=20]
b. Explain the adaptation of the neonate to the extrauterine life.
- Q4. Write short notes on any FOUR of the following:** [5×4=20]
a. Warning signs in pregnancy
b. Functions of placenta
c. Immediate care of newborn
d. Family centered maternity care
e. Significance of lower uterine segment
f. Features of gynecoid pelvis

Clinical Specialty-II**(Obstetric and Gynecological Nursing-II)****Time: 3 Hours****M.M.: 75****Note:** Attempt all questions.

- Q1. Attempt any TWO of the following:** [10×2=20]
- Discuss the pathology of hyperemesis gravidarum.
 - How will you diagnose this condition in a pregnant woman?
 - Discuss the management of hyperemesis gravidarum.
- Q2. Attempt any TWO of the following:** [10×2=20]
- Explain the clinical manifestations of hemolytic disease.
 - Discuss the antenatal investigation protocol of Rh-negative mothers.
 - Discuss the management of Rh -ve mother in labor.
- Q3. Discuss the nursing management in any TWO of the following:** [10×2=20]
- Postpartum hemorrhage
 - Baby of diabetic mother at birth
 - Nutritional anemia in pregnancy.
- Q4. Write short notes on any THREE of the following:** [5×3=15]
- Management of twin's pregnancy in 1st stage of labor
 - Classification of breech presentation
 - Mechanism of face presentation
 - External cephalic version



GLOSSARY

ABO incompatibility: A condition that may lead to neonatal hemolytic disease. The mother who has type “O” red cells has antibodies to type “A” and type “B” red cells. These antibodies are transferred to the fetus and cause destruction of fetal red blood cells. The hemolytic disease resulting from ABO incompatibility is usually less severe than the disease caused by Rh incompatibility. Unlike Rh incompatibility, ABO incompatibility cannot be prevented by giving the mother Rh immune globulin.

Abortion: The termination of pregnancy by expulsion of the products of conception prior to viability (the ability to survive, if born), which is less than 28th week of gestation. The international acceptance is either 20th week or fetus weighing 500 g.

Abruptio placenta: Premature separation or detachment from the wall of the uterus of a normally situated placenta; can be partial or complete separation.

Acceleration: Refers to a periodic rise in fetal heart rate from the baseline in response to stress of lowered oxygen availability or fetal movement.

Acidosis: A decrease in the pH of the blood. The range of pH in a neonate is between 7.30 and 7.40. A blood pH of 7.20 or lower is considered severe acidosis. If a baby is gasping, the pH is probably 7.0 or less.

Acrocyanosis: The slightly bluish, grayish discoloration of a newborn’s hands and feet within the first 24 hours of birth.

AGA: Abbreviation for “Appropriate for Gestational Age”, when a newborn’s birth weight is within the 10th–90th percentile expected for that length gestation.

Albumin: The major protein in blood. In 5% concentration, it is used as an emergency blood volume expander in the treatment of shock.

Alkalosis: An increase in the pH of blood. Alkalosis may result from high (above 7.40) serum bicarbonate or more commonly, if the carbon dioxide concentration in the baby's blood is lowered by hyperventilation (assisting the baby's breathing at an excessively fast rate).

Alpha-fetoprotein: A glycoprotein and a major component of fetal blood; small amounts are found in the amniotic fluid of normal fetuses; elevated levels may indicate neural tube malformations

Amniocentesis: A procedure for removing amniotic fluid from the amniotic sac by inserting a needle through the abdominal wall usually to assess fetal health or maturity.

Amniotic fluid embolism: Amniotic fluid embolism occurs when amniotic fluid enters the maternal circulation through a tear in the membranes or placenta.

Amniotomy: The artificial rupture of amniotic membranes when an amnihook or other rupturing device is introduced into the vagina and a small tear is made in the membranes.

Anencephaly: A congenital anomaly in which there is partial or complete absence of the skull and brain.

Anomaly: An abnormal occurrence or malformation. For example, a cleft lip is an anomaly.

Anoxia: Absence or deficiency of oxygen, as reduction of oxygen in body tissues is below physiologic levels.

Antenatal period: The time of pregnancy from the first day of last menstrual period (LMP) to the start of true labor.

Anterior fontanelle: Diamond shaped fontanelle located at the junction of the coronal, frontal, and sagittal sutures.

Antibody titers: A test used to indicate the relative concentration of a particular antibody present in a person's blood. For example, a high rubella titer indicates a person has been exposed to rubella (German measles) and has formed a significant amount of antibody against the rubella virus and therefore will most likely be able to ward off another attack of the virus without becoming ill.

APGAR: A five-part scoring system to assess newborns at 1 minute and 5 minutes after birth regarding heart rate, respiratory effort, muscle tone, reflex irritability, and color.

Appropriate for gestational age: When a newborn's birth weight is within the 10th–90th percentile expected for that length gestation.

Asphyxia: A decrease in the amount of oxygen and an increased amount of carbon dioxide in the body because of some interference with respiration.

Atonic uterus: Atonicity of the uterus is the most common cause of PPH. This is a failure of the myometrium at the placental site to contract and retract, and to compress torn blood vessels and control blood loss by a living ligature action.

Attachment: The establishment of a reciprocal relationship between the parents and the newborn after bonding; development of a deeper intimacy, which grows over time.

Attitude: The relationship of the fetal head and limbs to its trunk.

Autosomes: The chromosomes in the body other than the sex (X and Y) chromosomes.

Azoospermia: A condition in which sperm is absent in the semen.

MASTERING Postgraduate Series

OBSTETRIC AND GYNECOLOGICAL NURSING

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for MSc Nursing University Exams



"Mastering Postgraduate Series Obstetric and Gynecological Nursing Solved Question Papers for MSc Nursing University Exams" is an invaluable resource for those who are pursuing a Master of Science in Nursing (MSc Nursing). This comprehensive book features a collection of solved Questions of all the important universities examination papers with a topic-wise approach which will help nursing students prepare for their exams with confidence. The book covers a variety of Long and Short Answer Questions under respective topics. Students can build confidence and reduce exam-related anxieties by regular practice of these solved papers.

OBSTETRIC AND GYNECOLOGICAL NURSING-I

Short Answer Questions

Sl. No.	Topic	Page No.	Number of Marks
1.	Write a short note on the structure and functions of uterus.	11	2
2.	Write briefly about the structure of breast.	2	2
3.	Write briefly about the structure of placenta and umbilical cord.	2	2
4.	Write briefly about the structure of vagina.	11	2
5.	Write briefly about the structure of ovary.	11	2
6.	Write briefly about the structure of fallopian tube.	11	2
7.	Write briefly about the structure of uterus.	11	2
8.	Write briefly about the structure of vagina.	11	2
9.	Write briefly about the structure of ovary.	11	2
10.	Write briefly about the structure of fallopian tube.	11	2

Subject-wise cum Topic-wise content presentation is available for easy understanding of the concepts altogether at one place in Question & Answer format.

Q15. What is contraception? Discuss various types of temporary contraceptives.
(NTRUTH, RGUTH, CCI, RUHS, MGR, KUHS, BFUHS, DU, AIIVHS)

Ans:

Contraception is a way to prevent pregnancy. There are many different types of contraception and some are more effective than others.

Although different contraception methods work in different ways, contraception generally prevents sperm and egg from meeting which is how a pregnancy starts.

Methods of contraception

- Temporary:**
 - Barrier methods
 - Natural contraception
 - Reversible hormonal contraception
 - Permanent contraception
- Permanent:**
 - Female (Tubectomy)
 - Male (Vasectomy)

A purely Examination-oriented approach has been adopted for the development of explanations as per the weightage of the marks.

References:

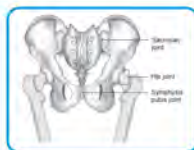
Sandeep Kaur. *Textbook of Midwifery and Obstetrical Nursing for BSc. 1st edition. CBS Publishers & Distributors Pvt. Ltd. 2020-2021.*

Myles *Textbook for Midwives (2015): Churchill Livingstone Elsevier Publishers: 15th edition. Pp. 120-21.*

Each and every Question has been provided with **Standard References of Textbook** for detailed understanding of the respective topic.

Table 1: Short Answer Questions

Sl. No.	Topic	Page No.	Number of Marks
1.	Write a short note on the structure and functions of uterus.	11	2
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4.	Write briefly about the structure of vagina.	11	2
5.	Write briefly about the structure of ovary.	11	2
6.	Write briefly about the structure of fallopian tube.	11	2
7.	Write briefly about the structure of uterus.	11	2
8.	Write briefly about the structure of vagina.	11	2
9.	Write briefly about the structure of ovary.	11	2
10.	Write briefly about the structure of fallopian tube.	11	2



LONG ANSWER QUESTIONS

Q16. Explain the management and complications of HELLP.
(DUHS, NTRUTH, MGR, KUHS, BFUHS, AIIVHS)

Ans:

HELLP syndrome is a complication of pregnancy. It is characterized by Hemolysis, Elevated Liver enzymes, and Low Platelets. It is a life-threatening condition that requires immediate medical attention.

Management:

- Monitor vital signs and laboratory values.
- Administer oxygen and fluids.
- Monitor for signs of bleeding.
- Prepare for delivery.

Complications:

- Hypertension
- Stroke
- Organ damage
- Death

SHORT ANSWER QUESTIONS

Q17. Define hemolytic disorders. Specify the causes of hemolytic disease of newborn.
(DUHS, NTRUTH, MGR, KUHS, BFUHS, AIIVHS)

Ans:

Hemolytic disorders are conditions in which red blood cells are destroyed faster than they are produced. This can lead to anemia and other complications.

Causes of hemolytic disease of newborn:

- Maternal blood group is Rh-negative and fetal blood group is Rh-positive.
- Maternal antibodies cross the placenta and destroy fetal red blood cells.

Pedagogical Features, like Tables, Figures, Flowcharts, and Illustrations have been supplemented with the explanations for better understanding of the concepts.

Long and Short Answer Questions have extensively been covered with a topic-wise approach; extracted from the last 10 years Question papers of MSc Nursing of various important universities.



Glossary includes all the important terminologies in an alphabetical manner for a quick glance over the important terms from exam point of view.



Detailed Index with alphabetical arrangement at the end has been added for the quick access to the topics.



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