

Obstetrics

1. Different minor disorder during pregnancy, advices, how to prepare for institutional delivery?
Describe minor disorders of pregnancy and management 3+7+5+15
2. High risk pregnancy, factors contributing, management of mother suffering from HTN disorder, advices to antenatal mother to prevent anemia 2+3+7+3
3. Define **healthy newborn**. Characteristics, immediate care. 2+5/8+8, define neonate and infancy. 2 difference between healthy newborn with preterm neonate, care of baby in radiant warmer. 4+4 Importance of newborn assessment. Describe essential newborn care. Nursing management of newborn at birth/ immediate management of new born baby 5+8/10+10 Signs of good attachment/ Latch on for successful breast feeding. 5 describe management of healthy newborn for first 3 days of delivery with initiation of breast feeding. 9 What immunization schedule you will follow during stay at hospital 3
4. 21yrs primi with 12week pregnancy 1st anc checkup. Purpose of anc, routine investigations in 1st anc, positive signs of pregnancy, advices on following heading- Anemia prevention, Danger sign of pregnancy. 3+3/5+3+3+3, advices on diet, warning signs of pregnancy 4+4 advices on Immunizations, Personal Hygiene. 3+3, advice on antenatal visit, Precaution during pregnancy. 2+3, Exercise, Rest & sleep, antenatal checkup 3+3+3, advice on clothing and shoes, care of breast, travel coitus. 2+2+2 Routine investigations to be done to confirm the diagnosis of pregnancy 3 advice on complaints: Morning sickness, backache, constipation, pruritis, heart burn, 10 what is **antenatal care**, aims & objectives, anemia management of mother. 2+5+8 antenatal advice to a mother 36w at opd 8 specific checkups should be done after 28 wks., advice to be given to a mother throughout pregnancy. 6+7
5. 35y 3rd gravida vaginal delivery at term, started bleeding after placenta delivery, uterus flabby. Diagnosis? Causative factors for this condition. Preventive measures. 2+5+8
6. Hypothermia, cause in labor room, management in labor room, health education to mother for care of baby at home. 3+3+4+5 management of hypothermia 8
7. **Normal labor**, stages, difference between true and false LP, management of 1st stage. 2+3+4+6/9, (1st stage management heading: **observation, maintenance of energy, relief of pain, care of bladder and bowel 3+3+2+2) causes of delay in 1st stage of labor 3 Signs and symptoms of 3rd stage, complications in 3rd stage, management of primary PPH. 3+3+7, Physiological changes in 2nd stage, **precautions to keep in mind to prevent PPH 8+7** physiological changes during 1st stage, Nurses role in 1st stage 4+6, how do you prevent perineal laceration during delivery? 3 Signs and symptoms of 2nd stage, **3rd stage management 6+6, nurses responsibility after delivery of placenta 5 Clinical features of true labor pain 4. Nurses responsibility in- 2nd stage of labor, Postnatal period of hospital stay, preoperative preparation for LUCS 5+5+5** monitoring to be done for assessing maternal and foetal condition in LR room with LP. Advice to mother to prevent complications during 2nd stage. 5+4
G1 with episiotomy: nursing management: special care for first 3 days., common complications during puerperium and their prevention, educating mother for initiating breast feeding. Advices during puerperium 6+6+4+4**
8. (**ECLAMPSIA**) Primi 36y with oedema, HTN, convulsion. Diagnosis, define, clinical features, management. 1+2+5+9
9. **Antenatal admitted with oedema and HTN**. Diagnosis, clinical features and Investigations, management, complications that may arise for mother and baby. 1+2+5+2

10. Define **puerperium**, physiological changes in reproductive organs in normal puerperium. Common complications, Preventive measures of puerperal sepsis. 2+6/4+3+4/6 physiology of lactation 7/8 how to motivate the G1 mother for breast feeding who is reluctant to breast feed 7
11. 27y primi, 16 week pregnancy with vaginal bleeding, no history of pain, Diagnosis, investigations, Nursing management using nursing process. 2+5+8 same question, with 34 weeks gestation: Diagnosis? Define, clinical features, management. 1+2+4+8
12. 10w, bleeding PV. Causes in early pregnancy, care will you provide to continue pregnancy, write discharge plan 5+5+5
13. Define APH, causes, APH management after 38w of pregnancy.
14. What is **LBW baby** /lbw? Management- Prevention of infection, Feeding 2+4+4, complications may arise, importance of breast feeding for the baby. 3+5 characteristics of LBW, management in first 24hr of delivery- 5+8 management under heading: Maintenance of body temperature, prevention of infection, Feeding 4+5+4 difference new born & lbw 7 care/ management of LBW under heading– Establishment of respiration, preservation of body heat, prevention of infection, observation, prevention of infection.(Each 2 or 3)
15. **High Risk pregnancy**, factors contributing, management of pw mother with anemia using Nursing Process 2+6+7 management of G1 with 36w with Placenta previa. 8 **Placenta previa**, management of mother with marginal Placenta previa admitted in LR 2+8 Classify with diagrams, as a LR nurse what steps should you take to manage such case. Complications of Placenta previa.8+8+3 complications may arise for the baby 4
16. G1, 28w, PIH admit. Define **PIH**, causes, clinical features, management. 2+3+5+8 management during anc and PNC period 9
17. Define **caesarean section**, Indications, post op care of c-section, discharge advice of c-section 2+2/4+5+3 pre and post op nursing management of a mother with CS 9
18. Define IUGR, etiological factors, complications of Fetal growth restriction 2+4+4
19. 25y came to anc first time with two missed period, What will you do? Routine investigations to be prescribed. Physiological changes in first trimester of Pregnancy 4+3+8
20. Preterm labor, cause, management. 2+6+7
21. 28y, G₂, SVD term started bleeding within 30 minutes of placenta delivery, Placenta complete exam, diagnosis, causative factors, immediate emergency management, preventive measures. 1+4+7+3
22. Give reasons:
 Pw mother should be warned taking drugs without prescription, fhs Checking weight of Antenatal mother, maintaining partograph during labor, examination of placenta after delivery, measuring fundal height during puerperium, KMC for premature baby, checking of HB% during anc, Maintenance of Logbook in LR, start Breast feeding within ½ hour of delivery, use of Oxytocin in intranatal period. Proteins are absolutely essential during pregnancy. Vaginal examination just after ROM, HB% estimate during PNC, examination of urine for sugar and albumin of antenatal mother, maintenance of aseptic technique in NICU, administration of Fe and Folic acid during pregnancy, assessment of fetal status by partograph. Importance of p/v exam during labour. Aseptic technique during conducting labor. Checking disk no. of mother and baby during discharge. 2 hrs close observation for a mother immediately after delivery. Continuation of Oxytocin drip for 1 hr after delivery in case of induction of labor. Receiving the baby on the abdomen of the mother after delivery, utilization of partograph, routine examination of newborn after delivery, advice postnatal exercises to the mother. Preterm baby develops Hypothermia of easily. Routine investigation of

pregnant mother for blood group and RH. Supplementation of IFA of every antenatal woman. Constant fhs monitoring during induction of labor. At least 4 antenatal visit for a PW, Birth preparedness, Constant fhs monitoring during 2nd stage of labor. Regular checkup during antenatal period. Maternal weight gain during antenatal period. Advising antenatal mother for hospital delivery. AMTSL, newborn assessment. Renewal of registration no. for trained midwife. Confirmation of sex of a just born baby by parents. Maintenance of aseptic technique in nursery. Registration no. for trained nurse. Four main causes of ruptured uterus.

23. G1, 36w, with convulsion and High BP. Diagnosis, clinical features, management. advices on prevention 1+4/6+7/8+3
24. 30y, admitted in postnatal ward after 8 days of delivery with profuse vaginal bleeding. Diagnosis, define term of diagnosis, classification of the diagnosis, causes, management. 1+2+2+4+6
25. **High risk neonate?** Conditions contributing, health education to mother for management of premature baby at home. 1+3/5+6 steps to be taken by nurse to minimise infection in LR and SNCU/nursery 8
26. **Asphyxia Neonatorum**, types, line of management of newborn with AN. 2+5+8 causes of perinatal asphyxia, prophylactic management of perinatal asphyxia. 4+4
27. G2, home delivery, severe bleed after placenta delivery. Define **PPH**, classify, cause, management 1/2+3+5+6/8
28. 26y, 34w c/o bleed per vagina. Diagnosis and define, classification, management, complications that may arise. 2+3+6+4
29. G2, home delivery, 101 F temp, low abdominal pain, offensive lochial discharge. Probable diagnosis, management precaution for prevention 2+5+8
30. Define abortion, classify, management of a mother with threatened abortion. 2+5+8
31. Describe decidua, advice to pw on 3rd trimester, changes in foetal circulation after birth 5+4+6
32. Difference: TRUE LP & FALSE LP, caput succedenum & Cephal haematoma, Uniovular twin & binovular twin, pre-eclampsia and eclampsia, cord presentation and cord prolapse, physiological jaundice and icterus gravis neonatorum.
33. What is prolonged labor, as a midwife how will you diagnose it? Steps you should take for safe delivery in such cases. 2+8+10
34. Short notes:
partograph, Active management of 3rd stage of labour, oxytocin/Syntocinon, retained placenta, IUCD, MTP, Magnesium sulphate, Female permanent contraceptive method, Respectful maternity care, PPIUCD KMC, Physiology of lactation, antenatal diet, Hyperemesis gravidarum, Nurses responsibility to newborn undergoing phototherapy, Genital prolapse, Minor ailments of pregnancy, Prostaglandin, levels of care in NICU, Foetal circulation, Antenatal exercises, Metrorrhagia, CA cervix, preconceptional counselling and care, oral contraceptives, Post Natal exercises, Prevention of puerperal sepsis, CU-T, Menorrhagia, threatened abortion, breast self examination., birth preparedness, Temporary family planning methods, dysfunctional uterine Bleeding., Phototherapy, post abortion care., Prevention of anaemia in pregnancy, Counselling for infertility. Retained Placenta. Exclusive breastfeeding, Genital prolapse, Newborn resuscitation, Foetal distress, Physiological jaundice of newborn, Ophthalmia neonatorum, Hypothermia of newborn, Thrush, Placenta at term, Artificial insemination, puerperal sepsis, Hysterectomy, Abnormal placenta, WBNC, Importance of antenatal care Intrauterine growth retardation.

GYNAE

1. Define hysterectomy, types, Indications, Postoperative nursing care following nursing process/ for first 24hrs, complications may arise after hysterectomy. 1+2+ 3 + 6/8+2/3
2. DUB, causes, Post operator management of a woman of vaginal hysterectomy for first 24/48 hours by nursing process. 2+3/5+5/8,
3. Define menopause. Changes occurs after menopause. How you counsel and educate a woman regarding menopause.2+6+7
4. Infertility, causes, investigations for infertility treatment, social problem arises due to infertility, management 2+5+5+3+5/6
5. Intrauterine foetal growth restriction, etiological factors , Complications 2+4+4
6. GDM, factors, management 2+6+7
7. Define abortion, classify, management of Septic abortion, management of threatened abortion, describe MTP Act 2+3+5+8+5
8. Complete procidentia, Clinical manifestations, 2 day nursing care plan After vaginal hysterectomy. 2+5+8 pre and post op management of vaginal hysterectomy. 5+5
9. Genital prolapse, causes, name the operation done in procidentia, nursing management after Operation, Advises you will give to the mother to prevent genital prolapse 2+3+2+8+5