

MASTER OF SCIENCE (NURSING) (2008 COURSE)
OBSTETRIC & GYNAECOLOGICAL NURSING
Second Year M.Sc. Nursing :SUMMER : 2023
SUBJECT : CLINICAL SPECIALITY- II OBSTETRIC & GYNAECOLOGICAL
NURSING

Day : Wednesday

Time : 10:00 AM-01:00 PM

Date : 5/7/2023

S-3650-2023

Max. Marks : 75

N.B.:

- 1) All questions are **COMPULSORY**.
- 2) Answer to Section-I and II should be written on **SEPARATE** answer books.
- 3) Figures to the right indicate **FULL** marks.
- 4) Draw diagrams where necessary.

SECTION-I

- Q.1** Answer **ANY ONE** of the following : **(11)**
- A)** Mrs. Varma a primi gravida with 30 weeks of gestation reports to the OPD with complains of P/V spotting, her vitals are stable
Answer the following
- a)** Discuss the causes of bleeding during the later weeks of pregnancy **(03)**
 - b)** Discuss the difference between Abruptio placenta and Placenta Previa **(04)**
 - c)** Outline the plan of care for Mrs. Varma **(04)**
- B)** Mrs. Neeta 24 year old G2P1 has elective LSCS for abnormal presentation
Answer the following
- a)** Enlist the indications for LSCS **(03)**
 - b)** Discuss the pre-operative and post - operative care for the client **(04)**
 - c)** Explain the discharge plan for the client including the care of newborn **(04)**
- Q.2** Mrs. Heena G2P1 with 42 weeks of gestation has delivered last night, she is diagnosed as diabetic. The weight of the baby is 4 kgs **(11)**
Answer the following
- a)** What are the characteristics of a post term baby **(03)**
 - b)** Explain the care of a baby of a diabetic mother **(04)**
 - c)** Discuss the potential complications in neonates with mothers with diabetes **(04)**
- Q.3** Short Answer Question (**Any FOUR**) **(16)**
- a)** Screening of high risk pregnancy
 - b)** Polyhydramnios
 - c)** TORCH
 - d)** Asphyxia neonatorum
 - e)** Manual Removal of Placenta
 - f)** Nursing management of neonatal seizures

P.T.O.

SECTION-II

- Q.4** A) Answer the following (11)
- a) What are the causes cancer cervix (03)
 - b) Describe cervical cancer screening (04)
 - c) What all strategies can be planned by a nurse midwife to lower the incidence of cancer cervix (04)
- Q.5** Answer **ANY ONE** of the following: (11)
- A) You are appointed as a unit in-charge of a 45 bedded NICU
- a) List down the manpower you will require to manage your NICU (03)
 - b) What is the significance of having set protocols in NICU (04)
 - c) What measures will you take to control infection in NICU (04)
- B) Mrs. Neha 20year old primi gravida attending ANC OPD , on routine investigation found to be HIV positive
- a) Explain the modes of transmission and clinical manifestation of HIV/AIDS (03)
 - b) How will you manage Neha during the antenatal, intranatal and postnatal period (04)
 - c) What precautions will you take during labour (04)
- Q.6** Short Answer Question (**Any THREE**) (15)
- a) Amenorrhea
 - b) Uterine Fibroid
 - c) Plan an in- service education for staff nurses on obstetrical emergencies
 - d) Erythroblastofetalis
 - e) Neonatal infections

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MASTER OF SCIENCE (NURSING) (2008 COURSE)
Second Year M.Sc. Nursing : SUMMER : 2022
SUBJECT: CLINICAL SPECIALITY- II OBSTETRIC & GYNAECOLOGICAL
NURSING

Day : Wednesday
Date 27-Apr-2022

S-3650-2022

Time : 10:00 AM-01:00 PM
Max. Marks: 75

N.B.:

- 1) All questions are **COMPULSORY**.
- 2) Figures to the **RIGHT** indicate full marks.
- 3) Both the sections should be written in **SEPARATE** answer books.
- 4) Draw neat labeled diagrams **WHEREVER** necessary.

SECTION-I

Q.1 Write short notes (Any Four) (16)

- a) Thrombo-phlebitis in postnatal period
- b) Develop a three days orientation programme for 7 newly posted GNM staff in maternity unit.
- c) Complications of ectopic pregnancy
- d) Standard safety measures to conduct delivery of a HIV positive mother
- e) Hyperemesis Gravidarum
- f) 24X7 PHC

Q.2 You have been appointed as a clinical nurse specialist in NICU.

Discuss your responsibilities with reference to -

- a) Management of NICU in term of policies. (03)
- b) Development of nursing staff in NICU. (04)
- c) Control of infection in NICU. (04)

Q.3 Mrs. Sarita, a 25 year old primi with 32 weeks of gestation is admitted with complaints of blurred vision and edema feet. On examination BP 160/110 mm of Hg. Urine albumin+++ , FHS + and regular.

- a) Explain in detail the immediate and ongoing nursing assessment for Mrs. Sarita. (03)
- b) Explain the need for her admission to the relatives. (03)
- c) Outline a nursing care for Mrs. Sarita including birth plan. (05)

OR

Mrs. Savita, a 22 year old registered normal primi with 37 weeks 4 days of gestation comes to hospital at 8 am with leaking PV in early labour. History given onset of pain at 4 am. On abdominal exam depression is seen below the umbilicus, FHS +ve, regular, heard in right flanks. PV exam shows dilation 4 cm, not effaced well, station high, pelvis roomy.

- a) Diagnose the presentation and position. (02)
- b) What are the possibilities of labour outcome for above condition? (04)
- c) Outline a care plan for Mrs. Savita in first stage of labour. (05)

SECTION-II

Q.4 Write short answer questions (Any Four) (16)

- a) Hydatiform mole
- b) Genital tract injuries
- c) Birth injuries during assisted breech delivery
- d) Post partum psychosis
- e) TORCH
- f) HELLP syndrome

P.T.O.

Q.5 Mrs. Tina, a 35 years old house wife is admitted in Gynaecology ward with complaints of general weakness due to heavy bleeding and irregular menstruation? She is diagnosed as "Fibroid uterus" and planned for hysterectomy.

- a) What are the different types of fibroid? (02)
- b) Plan pre-operative care for Mrs. Tina. (03)
- c) She has undergone abdominal hysterectomy and general anesthesia. Outline the nursing management for Mrs. Tina (05)

Q.6 You are an independent nurse midwifery practitioner posted at PHC.

- a) What are the cases when you can anticipate PPH? (03)
- b) How would you prepare your labour room in care a PPH occur? (03)
- c) How would you manage a PPH carried by atonic uterus at your PHC as per SBA guideline? (05)

OR

Mrs. Laxmi with 28 weeks pregnancy was found to have Hb 5.6 gm/dl.

- a) What are the causes of microcytic hypochromic anemia in pregnancy? (02)
- b) Enumerate the potential complications of anemia in pregnancy to mother and baby. (03)
- c) Outline the management for the above case along with preventive measures. (06)

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S. Y .M. Sc. (NURSING) (2008 COURSE): SUMMER- 2021
SUBJECT: CLINICAL SPECIALITY-II: b) OBSTETRIC AND GYNAECOLOGICAL NURSING

Day: Monday
Date: 17.05.2021

S. 2021-3650

Time 10:00AM TO 1:00 P.M.
Max. Marks: 75

N.B.:

- 1) All questions are **COMPULSORY**.
- 2) Figures to the right indicate **FULL** marks.
- 3) Write Section-I and Section-II in **SEPARATE** answer book.
- 4) Draw neat and labeled diagrams **WHEREVER** necessary.

SECTION-I

- Q.1** Write short notes on (**ANY FOUR**): **(16)**
- a) Diagnosis and complication of Multiple pregnancy
 - b) Describe LSCS and classical caesarean section
 - c) Management of heart disease in pregnancy
 - d) Complication of Gestational Diabetes Mellitus
 - e) Prevention of IUGR
 - f) Screening and management of breast cancer.
- Q.2** Answer the following questions:
Mrs. Meena, 40 years old is admitted in Gynecology ward with complaints of excessive bleeding and irregular menstruation. She is diagnosed as 'Fibroid uterus' and planned for hysterectomy.
- a) Enumerate the causes and types of fibroid uterus. **(03)**
 - b) Describe the signs and symptoms of fibroid uterus. **(04)**
 - c) Explain the investigations and management of Mrs. Meena. **(04)**
- Q.3**
- a) What is Iso-immunization? **(02)**
 - b) Why is it necessary to administer Anti D after delivery? **(04)**
 - c) Discuss management of a pregnant mother with 28 weeks of gestation who is Rh-negative. **(05)**

OR

Mrs. Rani 20 year old had home delivery last night, within an hour of delivery she started bleeding profusely per vagina.

- a) Write her probable diagnosis and causes of the same. **(03)**
- b) Explain the management and write nursing care plan for 2 priority problems. **(04)**
- c) Discuss retained placenta. **(04)**

SECTION-II

- Q.4** Write short notes on (**ANY THREE**): **(15)**
- a) Assisted Breech Delivery
 - b) Subinvolution of uterus
 - c) Eclampsia
 - d) Postnatal blues
 - e) Augmentation of labour
 - f) Menstrual irregularities
- Q.5** Answer the following questions:
- a) What are the causes of prematurity? **(03)**
 - b) Describe the special care during preterm delivery **(04)**
 - c) Outline the care plan for preterm baby. **(04)**
- Q.6** Mrs. Seeta, 25 years of age with full term pregnancy brought to labour room with the history of labour pain since last eight hours and failure of labour to progress
- a) What do you mean by obstructed labour? **(03)**
 - b) Write the effects of obstructed labour on mother and fetus. **(04)**
 - c) Discuss nurses role in prevention of obstructed labour and its complications. **(04)**

OR

- a) Classify Anaemia in pregnancy. **(03)**
- b) Describe how the iron deficiency anaemia will affect the pregnancy, labour and puerperium. **(04)**
- c) Explain the management of iron deficiency anaemia **(04)**

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S. Y. M. Sc. (NURSING) (2008 COURSE): SUMMER - 2020
SUBJECT: CLINICAL SPECIALITY-II: b) OBSTETRIC &
GYNAECOLOGICAL NURSING

Day : **Monday**
Date : **21-09-2020**

Time : **10:00AM-TO 1:00P.M.**
Max. Marks: 75

S-2020-3650

N.B.

- 1) All questions are **COMPULSORY**.
- 2) Figures to the right indicate **FULL** marks.
- 3) Draw neat and labelled diagrams **WHEREVER** necessary.
- 4) Answers to both the sections should be written in **SEPARATE** answer book.

SECTION – I

- Q.1** Mrs. Sarita with 36 weeks of pregnancy was found to be anemic with Hb of 6 gm%.
- a) What are the causes of anemia in pregnancy? **(03)**
 - b) Enumerate the effects of anemia during pregnancy on mother and fetus **(04)**
 - c) Describe the medical and nursing management of Mrs. Sarita **(04)**

OR

Mrs. Suman, a 24 years old G₂P₁ at 34 weeks of gestation had undergone LSCS for fetal distress

- a) Enlist the indications of LSCS **(03)**
- b) Plan post-operative care for Mrs. Suman for first 24 hours **(05)**
- c) How will you prepare Mrs. Suman for self-care and newborn care during discharge **(03)**

- Q.2** Mrs. Pratima, G₅P₃A₂L₃ attends Gynaec OPD with complaints of unusual bleeding since 6 months and histopathology result shows that she is having Ca Cervix of Stage IIb
- a) How the Ca cervix is staged? **(03)**
 - b) What are the different diagnostic tests and treatment modalities available for Ca Cervix? **(04)**
 - c) Mrs. Pratima is going for radiation therapy. How you are going to prepare her for the same and take care of her during and after the therapy? **(04)**

- Q.3.** Write short notes on **ANY FOUR** of the following **4x4=16**
- a) Causes and types of Placenta Previa
 - b) Criteria & Indications for instrumental delivery
 - c) HELLP syndrome
 - d) Management of breast complications during puerperium
 - e) Uterine fibroid and pregnancy
 - f) Cord prolapse

P.T.O.

SECTION –II

- Q.4** As a sister in –charge working in postnatal ward you have identified that the rate of puerperial sepsis is increasing since 6 months.
- a) Define puerperial sepsis and enumerate the causes of puerperial sepsis (04)
 - b) Explain the management of a postnatal mother with puerperial sepsis (04)
 - c) Discuss your plan of action to control the infection rate in your ward (03)

OR

- a) What is meaning of Iso –immunization? (02)
- b) What are the effects of Rh incompatibility on pregnancy? (04)
- c) Explain the management of a case of Rh incompatibility during pregnancy and labour (05)

- Q.5.** After your master of nursing course you have got the opportunity to work as a nurse manager for 40 bedded well equipped corporate NICU
- a) Enlist the common problems you may come across while working (02)
 - b) Explain your role to maintain therapeutic environment in your NICU (04)
 - c) Outline a 5 days staff development programme for your nurses based on identified learning needs. (05)

- Q.6** Write short notes on **ANY FIVE** of the following (3x5=15)
- a) Methods of induction of labour
 - b) Management of retained placenta
 - c) UVF & VVF
 - d) Deep Transverse Arrest
 - e) Screening of high risk pregnancy
 - f) Management of a HIV positive mother during and after delivery
 - g) Neonatal jaundice

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S.Y. M. SC. (NURSING) (2008 COURSE) : SUMMER - 2018

SUBJECT : CLINICAL SPECIALITY – II: OBSTETRIC & GYNAECOLOGICAL NURSING

Day : **Monday**

Time : **10.00 AM TO 01.00 PM**

Date : **23/04/2018 S-2018-3884**

Max. Marks : 75

N.B.:

- 1) All questions are **COMPULSORY**.
 - 2) Figures to the right indicate **FULL** marks.
 - 3) Draw neat and labeled diagrams **WHEREVER** necessary.
 - 4) Answers to both the sections should be written in **SEPARATE** answer books.
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SECTION – I

Q.1 Write short notes on **ANY FOUR** of the following: **[16]**

- a) Precipitated labour
- b) Manual removal of placenta
- c) Menstrual irregularities
- d) Strategies to decrease anemia among adolescence
- e) Complications of ectopic pregnancy
- f) Common breast complications during puerperium

Q.2 a) How the Ca Cervix is staged? **[03]**

b) What are the causes of Ca Cervix? **[04]**

c) What are the various strategies can be planned by a Nurse Midwife to decrease the incidence of Ca Cervix in India? **[04]**

Q.3 Mrs. Sharda, a G₄ P₂ A₁ has 20 weeks of amenorrhoea. Her blood group is 'O' negative.

a) What are the specific antenatal assessment done for Rh negative pregnancy so as for Mrs. Sharda? **[03]**

b) Why is it necessary to administer Anti D. after delivery? **[04]**

c) What complications the foetus may undergo due to the above said condition? **[04]**

OR

Mrs. Seeta, a 30 year old primi with 32 weeks of gestation is admitted with complaints of blurred vision and oedema feet. On examination BP = 160/110 mm/Hg, Urine albumin+, FHS present and regular.

a) Explain in detail the immediate and ongoing nursing assessment for Mrs. Seeta. **[03]**

b) Explain the relatives regarding her need of admission in the hospital. **[02]**

c) Outline a nursing care for Mrs. Seeta including the birth plan. **[06]**

P.T.O.

SECTION – II

Q.4 Write short notes on **ANY FIVE** of the following: **[15]**

- a) Care of a mother who has IUD
- b) Oligohydramnios
- c) Monitoring a patient on MgSO₄
- d) Augmentation of labour
- e) Nurses role in maintaining quality care in labour room
- f) Records and reports maintained in NICU
- g) Screening for high risk pregnancies
- h) 3rd degree perineal tear

Q.5 A primigravida mother has delivered twin baby last night at 34 weeks of gestation.

- a) How will you stabilize these babies in NICU (i) 1.25 kg (ii) 1.68 kg? **[04]**
- b) Explain the characteristics of above mentioned neonates. **[04]**
- c) Enlist the problem for above babies. **[03]**

Q.6 Mrs. Anita, 28 years old primi admitted in Bharati Hospital diagnosed as twin pregnancy in false labour.

- a) What are the different types of multiple pregnancies? **[02]**
- b) Describe the signs and symptoms expected in her case with explanation. **[04]**
- c) Describe the management of a mother who delivered twins through LSCS. **[05]**

OR

Mrs. Savita, a 22 year old primi with 37 weeks 4days gestation comes to Sonawane hospital with PV leaking in early labour at 8 am. History gives her onset of pain is at 4 am. She has complain of severe backache. On examination depression is seen below umbilicus, FHS+ and regular heard in right flank. P/V shows dilation 4 cm, not effaced well, station high up, pelvis roomy.

- a) Diagnose the presentation and position with evidence. **[02]**
- b) What are the possibilities of labour outcomes for the above condition? **[04]**
- c) Outline a care plan for Mrs. Savita in the first stage of labour. **[05]**

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S.Y. M. Sc. (Nursing) (2008 Course) : SUMMER - 2019
SUBJECT: CLINICAL SPECIALITY – OBSTETRIC & GYNAECOLOGICAL
NURSING

Day: Monday
Date: 22/04/2019

S-2019-4351

Time: 10.00 A.M. TO 01.00 P.M.
Max Marks. 75

N.B.

- 1) All questions are **COMPULSORY**.
- 2) Figures to the right indicate **FULL** marks.
- 3) Answer to two sections should be written in **SEPARATE** answer sheet.

SECTION – I

Q.1 Short answer question (Any **FOUR**) **(16)**

- a) Uterine malformations
- b) Breast feeding advice to HIV positive mother
- c) Postpartum blues
- d) Common birth injuries
- e) Candidal vulvo-vaginitis
- f) Cord prolapse

Q.2 Answer the following (**LAQ**)

- a) Explain the degree of Uterine prolapse **(02)**
- b) Enlist the causes and diagnosis of uterine prolapse **(04)**
- c) Discuss the management of patient with Uterine prolapse **(05)**

Q.3 Answer the following (**LAQ**)

Mrs. T.S 29 year old primi-gravida with 32 weeks of pregnancy , her B.P is 140/90 mm of Hg, and had swelling on feet, urine albumin is stress .

- a) Write the sign and symptoms of pre-eclapsia **(03)**
- b) List the complications of pre-eclampsia **(03)**
- c) What advices will be given to mother during her hospital stay and on discharge **(05)**

OR

- a) Causes of anemia in pregnancy **(03)**
- b) Write down the effect of anemia on fetus **(03)**
- c) Describe the preventive and curative management of anemia during pregnancy **(05)**

SECTION - II

- Q.4** Short answer question (Any **THREE**) **(15)**
- Effect of fibroid on pregnancy
 - Injection Methergin
 - Self protection while conducting delivery of HIV positive mother
 - Contracted pelvis
 - Amniocentesis
- Q.5** Answer the following (**LAQ**)
- Care of baby undergoing Photo therapy **(03)**
 - Complications of Photo therapy **(04)**
 - Daly care of Photo therapy machine **(04)**
- Q.6** Answer the following (**LAQ**)
- Mrs. Renuka 30 years, 38 weeks diagnosed as twin pregnancy,
- Describe the sign and symptoms expected in her case with explanation **(04)**
 - Enlist the reason for L.S.C.S in case of multiple pregnancy **(02)**
 - Describe the nurses role in management of twin delivery **(04)**
- OR**
- Mrs. Z delivered baby girl at full term weighing 1500gms
- Define Intra Uterine Growth Retardation (IUGR) **(02)**
 - Differentiate asymmetrical and symmetrical IUGR **(04)**
 - Explain the management of IUGR **(05)**