Top 100 Obstetrics Concepts

MOST REPEATED • KMU QUESTION BANK ANALYSIS **KMU - FINAL YEAR MBBS**

ANTENATAL & PHYSIOLOGY (1-20)

1. Cardiac Output: Max increase (50%) at 20-24 weeks.

2. BP Changes: Drops in 2nd trimester, returns to baseline at term.

3. Supine Hypotension: Compression of IVC. Rx: Left Lateral position.

4. Physiological Anemia: Plasma vol > RBC mass. Hb < 11.0 is abnormal.

5. GFR: Increases 50%. Urea/Creatinine DECREASE. Normal Creatinine = 0.5.

6. Respiratory: Tidal Volume increases (40%). RR stays same. Respiratory Alkalosis.

7. Folic Acid Dose: 400mcg normal. **5mg if BMI>30, DM, Epilepsy, Thalassemia.**

8. NT Defect Prevention: Folic acid Pre-conception + 1st Trimester.

9. Dating Scan: CRL at 11-13+6 weeks is Gold Standard.

10. Anomaly Scan: 18-20+6 weeks. Best for structural defects.

11. Down Screening: Combined Test (1st Tri). High hCG, Low PAPP-A, High NT.

12. Anti-D Prophylaxis: 28 weeks (Single dose 1500 IU or Two dose regimen).

13. Anti-D Indication: Rh-Negative Mother + Rh-Positive Baby/Partner + Bleeding/Trauma.

14. Rubella: Check immunity. Do NOT vaccinate in pregnancy (Live).

15. Syphilis Screen: VDRL (Screening) -> TPHA (Confirmatory).

16. Asymptomatic Bacteriuria: Treat to prevent Pyelonephritis (30% risk).

17. Safe Vaccines: Tetanus, Flu, Pertussis.

18. Naegele's Rule: LMP + 9 months + 7 days.

19. Fundal Height: Umbilicus = 20-22 weeks. Xiphisternum = 36 weeks.

20. Engagement: Head at Ischial Spines (Station 0).

MEDICAL DISORDERS: GDM & HTN (21-40)

21. GDM Screening: 24-28 weeks. 75g OGTT.

22. GDM Criteria: Fasting ≥ 5.1, 1hr ≥ 10.0, 2hr ≥ 8.5 (Any one).

23. GDM Hormone: hPL (Human Placental Lactogen) causes insulin resistance.

24. GDM Delivery: 38-39 weeks if controlled. 37-38 if macrosomia/uncontrolled.

25. GDM Contraindication: **Sulphonylureas.** Use Metformin/Insulin.

26. Pre-existing DM: Target HbA1c < 6.5% before conception.

27. Pre-Eclampsia (PE): HTN + Proteinuria (>300mg/24h) after 20 weeks.

28. Severe PE: BP >160/110, Platelets <100k, Liver enzymes raised.

29. Eclampsia Rx: Magnesium Sulfate (Loading 4g + Maintenance).

30. Mg Toxicity: Loss of Knee Jerk -> Resp Depression. Antidote: Calcium Gluconate.

31. HTN Drugs Safe: Methyldopa, Labetalol, Nifedipine.

32. HTN Drugs Unsafe: ACE Inhibitors, ARBs, Diuretics (Pre-eclampsia).

33. HELLP Syndrome: Hemolysis, Elevated Liver, Low Platelets. Immediate Delivery.

34. Thyroid: hCG mimics TSH -> Transient Hyperthyroidism in 1st Tri.

35. Hypothyroidism: Increase Thyroxine dose by 25-50% in pregnancy.

36. Cardiac Disease: Mitral Stenosis is most dangerous (Pulm Edema risk).

37. Warfarin: Embryopathy (1st Tri). Switch to Heparin 6-12 weeks.

38. Epilepsy: Lamotrigine/Carbamazepine safer than Valproate. 5mg Folic Acid.

39. Intrahepatic Cholestasis: Itching palms/soles. Bile acids >10. Rx: UDCA.

40. Acute Fatty Liver: Nausea/Vomiting, Hypoglycemia, Coagulopathy. Emergency.

EARLY PREGNANCY & APH (41-55)

41. Threatened Miscarriage: Bleeding, Os Closed, Viable fetus.

42. Inevitable Miscarriage: Bleeding, Os Open.

43. Missed Miscarriage: No bleeding, Os Closed, Fetus dead. Rx: Misoprostol/MVA.

44. Ectopic Pregnancy: Pain > Bleeding. Adnexal mass. hCG sub-optimal rise.

45. Ectopic Rx: Methotrexate (if stable, hCG <3000, mass <3.5cm). Else Surgery.

46. Molar Pregnancy: "Snowstorm" USG. High hCG. Risk of Choriocarcinoma.

47. Placenta Previa: Painless fresh bleeding. **NO PV Exam.** C-Section.

48. Placenta Accreta: Attached to myometrium. Risk: Previous C-Section + Previa.

49. Placental Abruption: Painful bleeding. "Woody hard" uterus. DIC risk.

50. Vasa Previa: Fetal bleeding. Rupture of membranes -> Bradycardia. Urgent CS.

51. Anti-D Dose (Bleeding): Give Anti-D within 72h of any sensitizing event.

52. Cervical Ectropion: Postcoital bleeding. Benign.

53. Hyperemesis: Ketonuria + >5% weight loss. Rx: Thiamine + Fluids + Antiemetics.

54. Recurrent Miscarriage: 3 consecutive losses. Check Antiphospholipid Syndrome.

55. APS Syndrome: Lupus Anticoagulant. Rx: Aspirin + LMWH.

LABOUR & DELIVERY (56-80)

56. 1st Stage: Onset to Full Dilation (10cm). Latent <4cm, Active >4cm.

57. 2nd Stage: Full Dilation to Baby Delivery.

58. 3rd Stage: Baby to Placenta Delivery.

59. Latent Phase Prolonged: >20h (Primi). Rx: Therapeutic Rest (Sedation).

60. Protraction Disorder: Dilation < 1-2 cm/hour. Rx: Oxytocin.

61. Secondary Arrest: No dilation for 2 hours. Rx: C-Section (CPD) or Oxytocin.

62. Bishop Score: Dilation, Effacement, Station, Consistency, Position. >6 = Inducible.

63. Induction Agents: Prostaglandin E2 (Dinoprostone) / E1 (Misoprostol).

64. Active Mgmt 3rd Stage: Oxytocin 10IU IM + Controlled Cord Traction. Reduces PPH.

65. Retained Placenta: >30 mins. Rx: Manual Removal under anesthesia.

66. PPH Definition: >500ml (Vaginal), >1000ml (CS). Primary <24h.

67. PPH Cause: 4 Ts: Tone (70%), Trauma, Tissue, Thrombin.

68. PPH Drug 1st Line: Oxytocin IV/IM + Massage.

69. Ergometrine CI: Hypertension/Pre-eclampsia.

70. Carboprost CI: Asthma (Bronchospasm).

71. Misoprostol: 800-1000mcg Rectally. Used if IV access poor.

72. Shoulder Dystocia: Turtle Sign. **McRoberts Maneuver** (Flex hips) + Suprapubic pressure.

73. Cord Prolapse: Emergency. Push head up + All fours position -> CS.

74. Breech: ECV at 36-37 weeks. If fails -> Elective CS or Vaginal Breech.

75. Twins: Monoamniotic (cord entanglement risk) -> CS at 32w.

76. Twin-Twin Transfusion: Monochorionic only. Donor (Oligo), Recipient (Poly).

77. Preterm Labour: Steroids (Dexamethasone) for lungs <34w. MgSO4 for Neuroprotection <30w.

78. PPROM: Rupture <37w. Risk: Infection (Chorioamnionitis). Rx: Erythromycin.

79. Chorioamnionitis: Fever, Tachycardia, Foul liquor. Rx: Deliver + Antibiotics.

80. VBAC Contraindication: Classical (Vertical) C-section scar. Previous Rupture.

FETAL MONITORING & POSTPARTUM (81-100)

81. Normal FHR: 110 - 160 bpm.

82. Variability: 5-25 bpm. Best indicator of fetal reserve.

83. Early Decels: Head Compression. Normal/Vagal.

84. Late Decels: Placental Insufficiency (Hypoxia). Pathological.

85. Variable Decels: Cord Compression. Common.

86. Sinusoidal Trace: Severe Fetal Anemia (Rh isoimmunization/Vasa Previa).

87. Biophysical Profile: Breathing, Movement, Tone, Fluid, NST. <4/10 = Deliver.

88. IUGR Diagnosis: Abdominal Circumference (AC) lags first. Doppler (Umbilical).

89. Umbilical Doppler: Absent/Reversed End Diastolic Flow = Critical.

90. MCA Doppler: Brain sparing (Low resistance) in IUGR. High velocity in Anemia.

91. Oligohydramnios: Renal agenesis, PPROM, IUGR. DVP < 2cm.

92. Polyhydramnios: Diabetes, Esophageal Atresia, Twins. DVP > 8cm.

93. Puerperal Sepsis: Fever >38 in first 14 days. Cause: Endometritis (GAS/E.Coli).

94. Mastitis: Painful wedge-shaped breast redness. Flu-like. Rx: Flucloxacillin + Continue feeding.

95. Breast Abscess: Mass + Fluctuance. Rx: Incision & Drainage / Aspiration.

96. Postpartum Blues: Day 3-10. Transient. Reassurance.

97. Postpartum Depression: >2 weeks. Anhedonia. Rx: CBT/SSRI.

98. Psychosis: Emergency. Risk of infanticide. Admit to Mother & Baby unit.

99. Contraception: Progestin-only safe in breastfeeding immediately. COC avoid for 6 weeks (DVT risk).

100. Perineal Tears: 3rd Degree involves Anal Sphincter. Repair in OT.

FINAL EXAM TIP: If a pregnant woman collapses, always think **PE (Thromboembolism)** or **Eclampsia**. If she bleeds, check **Placental site** before vaginal exam!

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