

1. WHAT IS THE CAUSE OF DEATH IN RH ALLOIMMUNISATION. *



- A. severe anaemia in fetus.
- B. High output cardiac failure.
- C. Low output cardiac failure.
- D. A & B
- E. A & C

Ans D

2. CAUSES OF NON SENSITISATION OF RH -VE MOTHERS WHO ARE CARRYING RH+VE FETUS. *

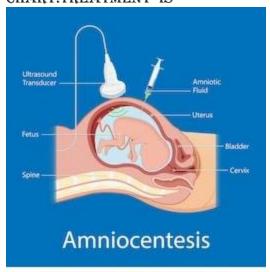




- A. Insufficiant number of fetal cells entering the maternal circulation.
- B. Inborn inability to respond.
- C. immunological non responders.
- D. ABO incompatibility.
- E. A & D
- F. All of the above

Ans F

3. IN AMNIOCENTESIS , \bigwedge OD 450 VALUE LIES IN ZONE 2 OF LILEY" CHART.TREATMENT IS *



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- A. repeat amniocentasis after one weeks.
- B. repeat amniocentasis after two weeks.
- C. cordocentesis
- D. Intrauterine transfusion

Ans A

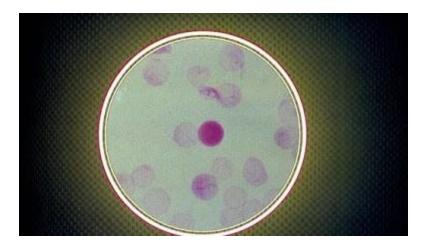
4. THE AFFECTED FETUS SHOWS ALL EXCEPT. *



- A. congestive heart failure.
- B. Hepatomegaly.
- C. Splenomegaly
- D. peripheral oedema.
- E. placental atrophy.

Ans E

5. THE VOLUME OF FETOMATERNAL TRANSFUSION IS QUANTIFIED BY WHICH TEST. *



- A. direct coomb"s test.
- B. Indirect coomb" test.
- C. Kleihaur Betke test.
- D. Liley"s chart.
- E. Both C & D

Ans C

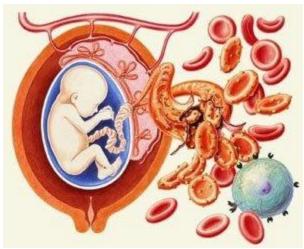
6. WHEN SHOULD WE DO THE FIRST FOR RH ANTIBODY SCREENING IN PRIMI GRAVIDA. *



- A. first test pre natal visit.
- B. At 20 wks
- C. At 24 wks .
- D. At 28 wks.

Ans A

9. AFTER ANTI D IMMUNE GLOBULIN ADMINISTRATION AT 28 WKS, HOW FREQUENTLY ANTI BODY SCREENING SHOULD BE DONE. *



A. Every week B. After 2 weeks

C. only once between 28 weeks and delivery.

D. not required

Ans D

10. 300MICRO GM OF ANTI D IMMUNNOGLOBULIN CAN NEUTRALISE HOW MUCH OF FETAL BLOOD. *



A. 10 ml

B. 15ml

C. 20 ml

D. 30 ml

Ans D