

MARKS OBTAINED _____



NNF Neonatal Doctor's

Fellowship Examination

October 2016

Theory Paper 1

Multiple Choice

Questions

Roll No _____

Duration–2 hours Maximum Marks: 100

General Instruction: For Wrong answers 25% of marks allotted to that question shall be deducted

THE BOOKLET IS TO BE RETURNED BACK FOR EVALUATION

Single response type : Each question carries 1 mark

Write the most appropriate answer in the box provided

1. A patient with apgar score 1 and 2 at 1 and 5 min, respectively appears hyperalert and has hyperactive deep tendon reflexes and mydriasis. The most common likely diagnosis is :
 - (A) Stage 1 HIE
 - (B) Stage 2 HIE
 - (C) Stage 3 HIE
 - (D) None of the above
2. Phototherapy converts unconjugated bilirubin to more soluble bilirubin by :
 - (A) E isomerisation
 - (B) Z isomerisation
 - (C) H isomerisation
 - (D) P isomerisation
3. Direct reacting hyperbilirubinemia on 10th day of life suggests all of following except:
 - (A) Cystic fibrosis
 - (B) Galactosemia
 - (C) Neonatal hepatitis
 - (D) Gilbert disease

4. The essential AA present in breast milk for brain development are :

- (A) Methionine and Tryptophan
- (B) Cysteine and Taurine
- (C) Tyrosine and Methionine
- (D) Leucine and Valine

5. A 3600 g breast fed female 42 weeks gestational age is noted to have persistent hyperbilirubinemia at 2 weeks of age. On physical examination the infant has not gained weight since birth and has decreased tone, and umbilical hernia and anterior fontanel measures 4x6 cm. The most likely diagnosis is :

- (A) CriglerNajjar syndrome
- (B) Gilbert disease
- (C) Hypothyroidism
- (D) Galactosemia

6. Commonest malignant abdominal tumor in a neonate is :

- (A) Wilm's tumour
- (B) Polycystic kidney
- (C) Multiple dysplastic kidney
- (D) Rhabdomyosarcoma

7. All of the following are seen in the cold injury of preterm neonate except:

- (A) Bradycardia
- (B) Shivering
- (C) Sclerema
- (D) Metabolic acidosis

8. Which of the following agent is likely to cause cerebral calcification & hydrocephalus in a newborn whose mother has history of taking spiramycin but was not compliant with therapy ?

(A) Rubella

(B) Toxoplasmosis

(C) Cytomegalovirus

(D) Herpes

9. All of the following are true about childhood polycystic kidney disease, except:

(A) Autosomal dominant inheritance

(B) Pulmonary hypoplasia associated

(C) Renal cysts present at birth

(D) Congenital hepatic fibrosis may be associated

10. What is normal average stool sodium (meq/l) content in a newborn who is fed on breast feed ?

(A) 19 meq/l

(B) 26 meq/l

(C) 22 meq/l

(D) 27 meq/l

11. At what point of infancy extracellular and intracellular fluid volume are equal :

(A) 1 month

(B) 3 month

(C) 5 month

(D) 9 month

12. Surfactant precursors appear as inclusion bodies in alveolar lining cell by which week of Intra Uterine Life

- (A) 20
- (B) 24
- (C) 28
- (D) 32

13. Which of the following statement is false ?

- (A) Early continuous Positive pressure ventilation (CPAP) decreases need for mechanical ventilation
- (B) Early CPAP decreases the need for surfactant administration
- (C) Early CPAP can increase intraventricular hemorrhage in extreme preterms
- (D) CPAP improves lung growth

14. All are true regarding Twin gestation, except:

- (A) Splitting of the egg between 4 to 7 days results in monochorionic monoamniotic placenta
- (B) The risk of having a chromosomal abnormality is twice as compared to singleton pregnancy
- (C) The average gestational age at birth for twins is 34 weeks
- (D) In the pathophysiology of (twin to twin transfusion syndrome), an Arterio-arterial (AA) connection is thought to be protective

15. Which is false about neonatal skin ?

- (A) Stratum corneum is generally formed after 23-24 wks gestation
- (B) An intact Stratum corneum forms the primary skin barrier to water loss and infection
- (C) A 'faster tracking of the physiological maturation of skin occurs once a baby is born premature
- (D) The normal skin pH of newborn babies is slightly alkaline

16. Which statement is true regarding neonatal sepsis ?
- (A) Sepsis screen is used to 'rule in' sepsis
 - (B) Most common organism causing neonatal sepsis in India is Group B streptococcus
 - (C) Routine use of conventional intravenous immunoglobulin (IVIG) has no role in the treatment of neonatal sepsis
 - (D) The incidence of meningitis is higher with late onset sepsis
17. After birth, which of following changes does not occur in neonatal circulation ?
- (A) Increase in pulmonary vascular resistance
 - (B) Increase in systemic vascular resistance
 - (C) Increase in partial pressure of oxygen in arterial blood
 - (D) Increase in blood pressure
18. A one day old female neonate 1.7 kg is brought to hospital with rectal temp of 36.1 C. Vitals are otherwise stable and blood glucose is 82 mg/dL. What is the preferred method of rewarming the baby ?
- (A) Warm intravenous fluids
 - (B) Incubator
 - (C) 200 Watt Bulb
 - (D) Skin to skin contact
19. Congenital nephrotic syndrome can be due to all of the following, **except:**
- (A) HIV
 - (B) Congenital syphilis
 - (C) NPHS 1 and NPHS 2 mutation
 - (D) Herpes simplex
20. Prenatal sex determination is indicated in :
- (A) Previous unexplained abortions
 - (B) Previous offspring with congenital adrenal hyperplasia
 - (C) Mitochondrial inheritance in the family
 - (D) Mother on chemotherapy
21. All are feature of neonatal thyrotoxicosis except :

- (A) Poor weight gain
- (B) Endocardial Cushion defect
- (C) Prematurity
- (D) Fulminant hepatic failure

22. The laboratory parameter with highest positive predictive value for diagnosis of neonatal sepsis :

- (A) Immature to total neutrophil ratio
- (B) C-reactive protein
- (C) Gastric aspirate stains
- (D) Micro ESR

23. Which is true about exchange transfusion in newborns ?

- (A) A double volume, exchanges 95% of blood volume
- (B) At 60 minutes post-exchange, the serum bilirubin is 40% of the pre exchange value
- (C) Hypoglycemia can occur at 6 hours following exchange
- (D) Graft versus host disease is a potential complication

24. Which is true regarding congenital toxoplasmosis ?

- (A) The most specific method for detecting toxoplasma specific IgM in newborn is double sandwich ELISA
- (B) Symptomatic newborn should receive treatment whereas asymptomatic newborns can be followed up with serial IgM and IgG antibody titres
- (C) There is no difference in the neurological outcome between infants receiving short course treatment of one month and treatment for more than one year
- (D) The classic triad of congenital toxoplasmosis includes chorioretinitis, hydrocephalus and cataracts

25. A 38 year old lady has a daughter who has Down's syndrome. The father has 21/21 balanced translocation. The risk of Down's syndrome in the next child is :

- (A) <5%
- (B) 25%
- (C) 50%
- (D) 100%

26. The most common cause of persistent hypoglycemia in newborn is :
- (A) Glycogen storage disease type 1
 - (B) Fatty acid oxidation defects
- 25.
- (C) Hyperinsulinemia
 - (D) Beckwith Wiedemann syndrome
27. All of the following are causes of neonatal polycythemia except:
- (A) Maternal diabetes
 - (B) Neonatal hyperthyroidism
 - (C) SGA
 - (D) Neonatal hemosiderosis
28. A term newborn with birth weight 3kg presented to ER on day 5 with jaundice, lethargy and shrill cry. On examination baby had arching of neck, retrocollis. There is no hepatosplenomegaly. Baby on day 5 is weighing 2.7 kg. Investigations shows serum bilirubin of 26 mg/dl and serum sodium of 148 mEq/L. What is your plan of action ?
- (A) Start intensive phototherapy and correct dehydration with IV fluids and wait for decline in serum bilirubin and serum sodium
 - (B) Start intensive phototherapy and plan for urgent double volume exchange transfusion
 - (C) Start phototherapy with high irradiance of 60 uW/cm/nm only
 - (D) Start intensive phototherapy and give Phenobarbitone
29. A term well baby with birth weight of 2.5 kg is born to mother having history of pulmonary tuberculosis 5 years back. Mother was treated adequately and during current pregnancy did not have any symptoms. What will be your plan of management regarding the baby ?
- (A) Get a Mantoux test and start on isoniazid and rifampicin prophylaxis
 - (B) Isolate the baby from mother, start prophylaxis with isoniazid and rifampicin
 - (C) Send Gastric juice for Acid fast bacilli, Chest x-ray and lumbar puncture and treat if baby is infected
 - (D) Do not isolate the baby from mother, and no active intervention needed

30. A well neonate presented with skin bleeds. Investigations showed normal platelet, prothrombin time and activated partial thromboplastin time. Following are differential diagnosis except:

- (A) Qualitative platelet defect
- (B) Factor XIII deficiency
- (C) Trauma
- (D) Vitamin K deficiency

31. A home delivered term baby on day 1 came to ER with respiratory distress. On examination, abdomen was scaphoid with breath sounds decreased on left side. Cardiac impulse was shifted towards the right side. The likely diagnosis is:

- (A) Transient tachypnea of newborn
- (B) Congenital diaphragmatic hernia
- (C) Hyaline membrane disease
- (D) Aspiration pneumonia

32. A 37 weeker baby weighing 3.2 kg had Apgar scores of 2, 4 and 7 at 1, 5 and 10 minutes of life respectively. Further examination of the baby at 6 hours of life, showed the following findings: Baby is lethargic, has mild hypotonia, poor suck, miosis with increased oral secretions. His heart rate is 100/min with normal blood pressure and perfusion. His respiratory efforts are normal. According to Sarnat and Sarnat classification what stage of encephalopathy does this baby have ?

- (A) Stage 1
- (B) Stage 2
- (C) Stage 3
- (D) Mild encephalopathy

33. A 38 weeker baby was bom by vaginal delivery. At 1 minute of life the baby has a heart rate of 110/mt, gasping respiratory effort, no response to stimulation and bluish discoloration of tongue. His extremities are kept at a posture of mild flexion. His peripheral pulses are poorly palpable and have a prolonged capillary filling time. What is the Apgar score of the baby ?

- (A) 2 (B) 3 (C) 4 (D) 5

34. NBS (New Ballard Scoring) is an important bed side tool for assessing gestational age. Out of the physical maturity criteria in NBS, which one has got a maximum score of 5 ?

- (A) Skin
- (B) Lanugo
- (C) Plantar surface
- (D) Breast

35. In a city of total population 1,00,000 during year 2012, 2000 babies were delivered. Of these 200 neonates were born dead. Among 1800 live births, 400 weighed less than 2.5 kg at birth. Of these 36 died within first 28 days and 18 died after 28 days but before reaching their first birthday. What is neonatal mortality rate for this city ?

- (A) 18
- (B) 20
- (C) 27
- (D) 30

36. A 34 week male child is born by preterm labor following PROM of 36 hours duration. The child has tachypnea with respiratory rate of 69/min of life. There are no retractions or grunt. What will be the immediate management required in the child ?

- (A) Early nasal CPAP therapy
- (B) Early rescue surfactant therapy
- (C) IV antibiotics and oxygen administration
- (D) Oxygen and IV fluid

37. Which of the following statistical tests should be used to compare the means of 2 groups of newborns-a group of 28-30 weekers with mean \pm SD bilirubin levels of 12.3 \pm 7.2 mg/dL and a group of 37-40 weekers with mean \pm SD bilirubin levels of 16.3 \pm 9.1 mg/dL ?

- (A) Fisher's exact test
- (B) Unpaired t test

(C) Paired t test

(D) Mann-Whitney U test

38. Hand washing with soap and water is superior to Alcohol based hand rub in all of the following scenarios except:

(A) When hands are visibly soiled

(B) After removing gloves

(C) Using toilet

(D) Routine patient contact

39. In general, which statement is true about vaccination of preterm infants ?

(A) They should be vaccinated as per corrected age

(B) They should be vaccinated as per chronological age

(C) The vaccination should begin once they are more than 2 kg

(D) Oral vaccines should not be given to them till they reach 40 weeks corrected age

40. Which is the most appropriate therapeutic choice for maintaining patency of ductus arteriosus in a neonate ?

(A) Nitric oxide

(B) Oxygen

(C) Prostaglandin E1

(D) Indomethacin

41. Figure of 8 configuration on chest radiograph is seen in which one of the following congenital heart disease :

(A) Tetralogy of Fallot

(B) Total Anomalous Pulmonary Venous Drainage

(C) Atrial Septal defect

(D) Ventricular Septal defect

42. All of the following are causes of congestive cardiac failure soon after birth except:

(A) Arteriovenous malformation

(B) Tricuspid regurgitation

(C) Perinatal asphyxia

(D) Coarctation of aorta

43. Oral rehydration therapy in neonates which of the following is correct:
- (A) Standard ORS is not safe for rehydration in low birth weight babies
 - (B) Periorbital swelling and mild pedal edema is uncommon with standard WHO-ORS
 - (C) Standard WHO-ORS with 90 mmol/L sodium can be safely given, if the baby is able to breast feed
 - (D) Excessive sodium retention and incidence of hyponatremia is low with WHO-ORS
44. All of the following are true regarding neonatal hypoglycemia except:
- (A) Congenital hyperinsulinism is associated with low ketones and free fatty acid levels in blood
 - (B) Fatty acid oxidation defect is associated with high free fatty acid levels, with no acidosis
 - (C) Surgery is the treatment of choice for congenital hyperinsulinism
 - (D) Brain can utilize ketones during hypoglycemia
45. In a 2 days old neonate with stridor which of the following is the most common etiology:
- (A) Laryngomalacia
 - (B) Vascular ring
 - (C) Congenital subglottic stenosis
 - (D) Vocal cord paralysis
46. Midpoint of the body of newborn is
- (A) Public symphysis
 - (B) Just below public symphysis
 - (C) Umbilicus
 - (D) Just above umbilicus
47. Which one is abnormal ?
- (A) Inverted T wave in V4R in a 1 month old baby
 - (B) Upright T wave in V3R in a day 10 old neonate
 - (C) QRS frontal plane axis of 150° in a newborn

(D) R:S ratio > 1 in V5 in newborn

48. Severity of PDA is determined by :

(A) Length of the murmur

(B) Intensity of the murmur

(C) S3 and mid diastolic murmur

(D) Hyperactive precordium

49. The most common clinical complication noted after umbilical artery catheterization is:

(A) Hematuria

(B) Hypertension

(C) Necrotizing enterocolitis

(D) Leg blanching

50. A newborn infant with meningomyelocele who has progressive enlargement of the head after birth. The birth defect with which it is most likely associated with is:

(A) Platybasia

(B) Arnold-Chiari malformation

(C) Syringomyelia

(D) Lissencephaly

51. What is the most important ultrasonographic finding that predicts spastic diplegia in preterm neonates ?

(A) Grade 3IVH

(B) Cystic periventricular leucomalacia

(C) Occipital flare

(D) Choroid cyst

52. Following are the physiological effects of CPAP, except:

(A) Prevent the collapse of the alveoli

(B) Decreases pulmonary compliance

- (C) Increases the functional residual capacity
- (D) Decreases the airway resistance

53. In a brainstem auditory evoked response recording wave V corresponds to activity of:

- (A) Medial lemniscus
- (B) Inferior colliculus
- (C) Superior colliculus
- (D) Superior olivary nucleus

54. The best measure of bilirubin production is:

- (A) HbCO measurement
- (B) End tidal carbon monoxide measurement
- (C) Serum bilirubin
- (D) Reticulocyte count

55. Which segment of the fetal circulation contains the highest O₂ ?

- (A) Right atrium
- (B) Right ventricle
- (C) Left ventricle
- (D) Umbilical artery

56. Most of the gas exchange during mechanical ventilation with a normal I:E ratio occurs during :

- (A) Inspiration
- (B) The inspiratory plateau
- (C) Exhalation
- (D) Gas exchange is uniform throughout the respiratory cycle

57. In which colored bin, should contaminated gauze in an NICU be discarded ?

- (A) Yellow

(B) Blue

(C) Black

(D) White

58. When should the umbilical cord usually be tied and cut ?

(A) After the placenta is delivered

(B) Around 1-3 minutes after birth

(C) 30 Seconds after birth

(D) Before a baby has cried

59. Optimum gestational age for chorionic villus sampling is :

(A) 8 to 10 weeks

(B) 10 to 12 weeks

(C) 12 to 14 weeks

(D) 14 to 16 weeks

60. Ferric chloride test is positive in urine screen of:

(A) Organic aciduria

(B) Amino-aciduria

(C) Congenital lactic acidemia

(D) Peroxisomal disorder

61. Kappa statistics provides which of the following information :

(A) Incidence

(B) Likelihood ratio

(C) Survival

(D) Agreement

62. A newborn presents with unilateral conjunctivitis on the 7 day of life. What is the most likely etiology in her ?

- (A) Gonococcalophthalmia
- (B) Chalmydialophthalmia
- (C) Sticky eyes
- (D) Staphylococcal conjunctivitis

63. Which of the following is the most reliable intervention for translocating K⁺ into the cells in patients with severe hyperkalemia?

- (A) Insulin
- (B) Sodium bicarbonate
- (C) Salbutamol
- (D) Calcium

64. Sample size in a clinical trial is greater in the following situations except:

- (A) If the effect size of interest is large
- (B) If the standard deviation of the variable of interest is large
- (C) If beta error of the study is small
- (D) If alpha error is small

65. Congenital nephrotic syndrome of the Finnish type is associated with mutation in gene encoding :

- (A) Podocin
- (B) Nephrin
- (C) CD2-associated protein
- (D) Alpha fetoprotein (AFP)

66. A 7-day-old infant with an intraventricular bleed has a serum sodium level of 127 mEq/L, (below the normal accepted value of 135 mEq/L). On evaluation of bed side chart there was weight gain of 120 gms from the previous day, but there were no signs of edema, the NIBP were around the 90th percentile. Fluid intake over the past 24 hours have been 140 ml/kg. Urine output over the last 24 hours was 1 ml/kg/hour. Urine specific gravity was 1.040. What would you suspect ?

- (A) Central diabetes insipidus

(B) Syndrome of inappropriate ADH Secretion

(C) Dilutional hyponatremia

(D) Adrenal insufficiency

67. A preterm 30 wk, 1.4 kg neonates was ventilated for RDS & was on SIMV mode with settings of PIP 16 cm/PEEP 5 cm/rate 40 per min/Ti 0.35 sec/FiO₂ 30%^A at 48 hrs of life. ABG showed Ph 7.36/PCO₂ 37/pO₂ 72/BE 2/HCO₃ 20. At 72 hrs of life, there was a sudden deterioration with poor peripheral perfusion, increased respiratory distress, HR 180 per min & bounding peripheral pulses. The most likely cause could be :

(A) Intra ventricular hemorrhage

(B) Pulmonary hemorrhage

(C) Opening of DuctusArteriosus

(D) ET tube blockage

68. A full-term newborn infant is having episodes of cyanosis and apnea, which are worse when he is attempting to feed, but he seems better when he is crying. The most important next step to quickly establish the diagnosis is :

(A) Echocardiogram

(B) Ventilation perfusion scan

(C) Passage of catheter into nose

(D) Bronchoscopic evaluation of palate and larynx

69. You are advised by the obstetrician that the mother of a baby he has delivered is a carrier of hepatitis B surface antigen (HBsAg-positive). The most appropriate action in managing this infant would be to :

(A) Screen the infant for HBs Ag

(B) Isolate the infant for enteric transmission

(C) Screen the mother for hepatitis B “e” antigen (BHeAg)

(D) Administer hepatitis B immune globulin and hepatitis B vaccine to the infant

70. One -day-old infant who was born by a difficult forceps delivery is alert and active. She does not move her left arm, however, which she keeps internally rotated by her side with the forearm extended and pronated; she also does not move it during

a Moro reflex. The rest of her physical examination is normal. This clinical picture most likely indicates :

- (A) Fracture of the left clavicle
- (B) Spinal injury with left hemiparesis
- (C) Left-sided Erb-Duchenne paralysis
- (D) Left-sided Klumpke paralysis

71. A preterm baby is being ventilated for hyaline membrane disease. At 4 hours of life, the baby suddenly develops decreased chest rise and ABG shows hypercarbia with a CO₂ of 60.0 mmHg. What among the underlying factors is least likely to be responsible for the problem ?

- (A) Blocked ET tube
- (B) Collapse
- (C) Pulmonary hypertension
- (D) Pneumothorax

72. A neonate born at 35 weeks of gestation weighing 1400 grams and clinical features suggestive of intrauterine growth retardation is on hypoglycemia screening during the first 72 hours of life. He has a blood sugar of 35 mg% at 24 hours. PCV is 66%. What will you do ?

- (A) Give oral feeds and repeat sugar
- (B) Start a glucose infusion at 6 mg/kg/mt
- (C) Perform partial exchange with saline after 30-60 min
- (D) Give dextrose bolus, followed by a glucose infusion at 6 mg/kg/min

73. A term baby is born through Meconium stained liquor and is non vigorous. Endotracheal suction is done which shows copious meconium. He develops hypoxia requiring ventilation and is intubated. The optimal strategy to ventilate this baby would be one among the following :

- (A) High PEEP, Increased Ti, short Te, Increased RR
- (B) High PEEP, High FiO₂, Inverse I:E ratio
- (C) Low PEEP, Short Ti, low RR, High FiO₂

(D) Low PEEP, Increased T_i , Low RR, Low F_iO_2

74. A late preterm baby is born by normal delivery and cries after birth immediately. Baby develops respiratory distress and cyanosis and thus, a chest x ray is done. It shows cardiomegaly. Which of the following is unlikely to explain the same ?

(A) Transposition of great vessels

(B) Delayed adaptation

(C) Obstructive TAPVC

(D) Ebstein's anomaly

75. In a given hospital, there were 2900 live births and 100 still births in the year 2012. In the same year 60 newborn babies died, among which 50 died in the first week of life. Calculate the perinatal mortality rate (per 1000 births).

(A) 40

(B) 50

(C) 60

(D) 70

76. A Rh isoimmunised infant weighing 2.4 kgs is born with a cord bilirubin of 5 mg%. What is the requirement of blood for double volume exchange transfusion, assuming a blood volume of 90 ml/kg ?

(A) 430ml O neg whole blood

(B) 300ml O neg packed cells and 130ml AB plasma

(C) 215ml O neg packed cells and 215ml AB plasma

(D) 240ml O neg packed cells and 240ml AB plasma

77. A 1.0 kg preterm infant is edematous on examination. The serum Na is 136 & creatinine is 1.4 mg/dl. Urine output for 24 hr is 144 ml. The urine Na is 40 mEq/L and creatinine is 14 mg/dl. The creatinine clearance would be :

(A) 0.2 ml/min

(B) 0.5 ml/min

(C) 1 ml/min

(D) 1.5 ml/min

78. An cranial ultrasound obtained on a 26 weeker, at 21-day-of like suggests ventriculomegaly without any evidence of intraventricular haemorrhage. This infant is at increased risk of?
- (A) PVL
 - (B) Optic Nerve atrophy
 - (C) Growth delay
 - (D) Cerebral palsy
79. A term neonate develops multifocal clonic seizures on day 5 of life Neurological examination is normal-investigations including blood sugar, calcium, electrolytes, arterial blood gas, CSF and USG head are normal. Which trace element level if done in CSF could clinch the diagnosis ?
- (A) Copper
 - (B) Magnesium
 - (C) Zinc
 - (D) Aluminium
80. A couple has a child with a trait believed to be determined by multifactorial inheritance. There is no known family history of the disorder. Which of the following statements is true regarding their recurrence risk ?
- (A) They are not at increased risk, given the absence of prior family history
 - (B) They are only at increased risk if they are related to one another
 - (C) They are only at increased risk if the next child is the same sex as the previously affected child
 - (D) They are at increased risk, which can be estimated from empirical data
81. The following critical cardiac conditions may improve after administration of prostaglandin except:
- (A) Hypoplastic left heart syndrome with patent foramen ovale
 - (B) Hypoplastic left heart syndrome with restrictive foramen ovale
 - (C) Total anomalous pulmonary venous return
 - (D) Transposition of great arteries with ventricular septal defect

82. A neonate born by forceps vaginal delivery at 38 wk gestation develops focal seizures at 18 hours of age, bulging fontanel and unequal pupils. Cranial USG is not revealing any obvious lesion. What are you likely to find in CT brain ?

- (A) Sub arachnoid hemorrhage
- (B) Intra ventricular bleed
- (C) Sub dural bleed
- (D) Sub galeal bleed

83. A neonate presents with multiple blisters and periostitis, appropriate test is:

- (A) HbsAg
- (B) VDRL
- (C) Elisa for HIV
- (D) PCR for TB

84. Large for gestational age (LGA) infant are seen in all the following **except**:

- (A) Congenital rubella syndrome
- (B) Transposition of great arteries
- (C) Erythroblastosis fetalis
- (D) Beckwith Wiedemann syndrome

85. Which of the following statements regarding newborn resuscitation is **NOT** true

- a) For successful resuscitation, you should anticipate, prepare adequately and promptly initiate supportive measures.
- b) The need for resuscitation in newborns can sometimes be predicted.
- c) Resuscitation should be carried out in a warm, well-lit, draught-free area on a flat resuscitation surface.
- d) With preterm delivery (<37 weeks gestation) special preparations are not required.

86. At birth which of the following characteristics is not required for rapid assessment to identify the need for resuscitation :

a) Is the baby born after full term gestation?

b) How is the tone?

c) Is the baby breathing or crying?

d) Is the colour pink ?

87. Which of the following statements about temperature maintenance is not true -

a) Studies have shown an association between hypothermia and increased mortality in premature neonates

b) Food grade, heat resistant plastic wrappings or plastic bags under radiant heat can be used in < 28 w preterms.

c) Neonates born to febrile mothers are prone to respiratory depression, seizures, cerebral palsy and death

d) In summer months the babies don't lose heat to environment, hence do not develop hypothermia

88. Heart rate during chest compression is best evaluated by –

a) By auscultation.

b) Feeling the radial pulse

c) Feeling the umbilical cord pulsations

d) Cardiac monitor

89. The safest manner to transport a critically ill neonate from a community hospital to the tertiary care center is:

a) Have the parents drive the newborn to the tertiary care

b) Request that the local paramedics to transport the newborn

c) You accompany the newborn in the ambulance ;

d) Request that the tertiary neonatal facility assist and transport the patient.

90. A day 3 newborn is brought with marked respiratory distress in ER. Baby has dusky hue. You should do all the following except:

- a) Transport immediately in the parent's car to the nearest emergency department
- b) Hospitalize and get expert evaluation at earliest
- c) Administer oxygen
- d) Monitor HR, respiration, blood pressure, Spo2 & cardiac rhythm

91. one day infant who was born by a difficult forceps delivery is alert and active. She doesn't move her left arm and keeps it internally rotated by her side with the forearm extended and pronated. Which of the following is an expected clinical finding?

- a) Intact Moro and grasp reflex.
- b) Absent Moro and grasp reflex.
- c) Intact Moro and absent grasp reflex
- d) Absent Moro and intact grasp reflex.

92..The mother of a 2 week old infant reports that her baby sleeps most of the day, she has to awaken her every 4 hours to feed and the infant has persistently hard stool . On examination, HR 100/m and temp. is 35.5 C, baby is still jaundiced and has a distended abdomen. What is the most appropriate diagnostic test ?

- a) Screening tests for Inborn error of metabolism
- b) Sepsis screen and blood culture.
- c) Total and direct serum bilirubin
- d) T4 and TSH

93..A 7 day old male infant presents with a seizure. Serum glucose is 17 mg/dL. Examination is normal with exception of jaundice and microphallus. The most likely diagnosis is:

- a) Congenital toxoplasmosis
- b) Congenital hypopituitarism
- c) Nonketotic hypoglycemia
- d) Infantile spasms

94. Which of the following condition can be treated by maternal intervention :

- a) Fetal ventricular tachycardia
- b) Accelerating oxygen extraction by using antenatal steroids.
- c) Reducing the risk of kernicterous in Rhesus Disease by giving fetal blood transfusions through the umbilical vein.
- d) Atropine to treat fetal congenital heart block.

95.Regarding the interpretation of blood gas which is the correct statement-

- a) The base excess or deficit in the ABG is a measured value
- b) The presence of air bubble in the ABG sample will cause change in the pH
- c) The concentration of heparin preferred is 500 U/ml
- d) The presence of excess heparin the sample will cause increase in PaO2

96. Identify the incorrect association maternal consumption and fetal effects:

- a) Alcohol - IUGR, microcephaly, ocular abnormalities
- b) Methimazole – Scalp defects
- c) Valproate – Cranial defects
- d) Lithium – Heart and great vessel defects

97. One of the common imprinting disorders in the neonates is:

- a) Cornelia de Lange syndrome
- b) Beckwith – Weideman syndrome
- c) DiGeorge syndrome
- d) Fanconi syndrome

98. Of the following CHD most associated with poorly controlled maternal diabetes is:

- a) Coarctation of aorta
- b) Pulmonary infundibular stenosis
- c) Tetralogy of Fallot
- d) Transposition of great arteries

99. All the conditions present with acute encephalopathy except:

- a) Hyperammonemia
- b) Fatty acid oxidation disorder
- c) Molybdenum co factor deficiency
- d) Maple syrup urine disease

100. A 29 weeks male baby weighing 890 grams was born to a mother with severe PreEclampsia. The Doppler was suggestive of REDF in umbilical artery. On day 2 of life this baby presents with temperature instability, apnoea, abdominal cellulitis, Hypotension and a fixed bowel gas on the abdominal x ray. What is the stage of NEC in this baby?

- a) Stage I B
- b) Stage II A
- c) Stage III A
- d) Stage III B