NATIONAL NEONATOLOGY FORUM

NNF FELLOWSHIP EXIT EXAMINATION

THEORY PAPER -1

OCTOBER-2021 Max marks 100

- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully.
- Answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- 1. A 5- day old term born baby has been admitted with a bilirubin value of 24 mg / dL from the OPD. Mother reports that baby is sucking at breast very frequently.
 - a. What is the immediate management of this baby? (3)
 - b. How can phototherapy be optimized? (2)
 - c. List the blood component specifications for safe exchange transfusion. (2)
 - d. What are the possible reasons for severe hyperbilirubinemia in this baby? (3)
- 2. A 38-weeks pregnant woman presents with decreased fetal movements for a day; the scans show category III fetal heart tracing.
 - a. How will you prepare for resuscitation? (3)
 - b. What will be the NICU care on day 1, for the baby, if he required extensive resuscitation including intubation and chest compressions. (4)
 - c. Describe the follow up plan for the baby for the 1st year of life (3)
- 3. A preterm baby born at 28 weeks gestation is oxygen dependent at 37 weeks corrected age; and is managed on HFNC with 30 % oxygen at 4 L / minutes flow rate.
 - a. Discuss strategies to prevent this condition. (5)
 - b. The baby's S. Phosphorus levels are 2.6 mg / dL and alkaline phosphatase 1100 IU/ L; how will you manage? (5)
- 4. A preterm 26 weeks old neonate born by spontaneous vaginal delivery with birth weight of 780gm. Baby intubated at birth in view of poor respiratory effort and received 1 dose of surfactant at 1 hour of life. At 6 hours of life baby developed sudden pallor and perfusion abnormalities. NSG showed Left grade III IVH and Right Grade II IVH.

- a. Enumerate strategies to Prevent IVH. (3)
- b. Short term and long-term outcomes based on grading of IVH. (4)
- c. Difference between IVH and PVL. (3)
- A small hospital 25 kilometres away requests for transfer of a newly born preterm baby (30 weeks, 1.2 kg)
 - a. Prepare an equipment check-list for your team specific to this transfer (2)
 - b. What are the potential harms to the baby, if transfer is made by a nurse with no prior experience in neonatal transfer? (3)
 - c. What are the important components of communication to the family before you plan to shift the baby to your care? (2)
 - d. List the important determinants of intact development outcome that must be noted from the antenatal and birth records of this baby. (3)
- 6. You wish to write the protocol for parenteral nutrition (PN) therapy for your unit
 - a. Who should be recipients of PN? (2)
 - b. What should be the infrastructure / equipment requirements to deliver PN at high quality? (3)
 - c. Nursing aspects of care, to prevent blood stream infection (3)
 - d. What should be monitored, while the baby is on aggressive PN? (2)
- 7. a. Define Extrauterine growth retardation and list various factors responsible for it. (3)
 - b. Which growth charts are available to monitor growth of preterm in NICU and which one you will prefer and why? (3)
 - c. How will you prevent Extrauterine growth retardation? (4)
- 8. Obstetrician refers a 29- weeks pregnant woman with scan showing increased renal pelvis diameter of 15 mm on one side and 9 mm on the other
 - a. What are the components of UTD classification that predict poor outcomes? (3)
 - b. Which babies should get uro-prophylaxis, give details of medications. (4)
 - c. Write a short note on DTPA scan. (3)
- 9. Write short answers
 - a. ACTION I trial. (5)
 - b. Feeding strategies in neonates with COVID-19 positive mother. (5)
- 10. Short notes on
 - a. Antibiotic stewardship in NICU. (5)
 - b. NNT (Number needed to treat). (5)