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NURSING

Solved Question Papers for General Nursing and Midwifery

3rd Year 2026–2022

As per INC Syllabus

I Clement

5th Edition

JAYPEE

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2024

Midwifery and Gynecological Nursing

I. Give the meaning of the following:

a. Zygote
b. Lie
c. Bregma
d. Lochia

II. Fill in the blanks:

a. The normal length of umbilical cord is _____ cm
b. Craving for special food items during pregnancy is called as _____
c. Excessive liquor is called as _____
d. _____ is the graphic representation to assess the progress of labor

III. Write short notes for any four of the following:

a. Fetal circulation
b. Exclussive breastfeeding
c. Ectopic pregnancy
d. Genetic counseling
e. Minor disorders in pregnancy

IV. Answer the following:

a. Define fertilization
b. What are the abnormalities of placenta?
c. Write in detail about functions of placenta
d. Define mechanism of labor
e. Explain the normal mechanism of labor

V. State whether the following statements are true or false:

a. The normal position of the uterus is retroverted and anteflexed
b. Destructive operations are done only when the fetus is dead
c. Inflammation of the ovaries is called oophoritis
d. The vault of fetal skull is made up of 7 bones

VI. Write short notes for any four of the following:

a. Preterm labor
b. Oxytocin
c. Breast abscess
d. MTP act 1971

VII. Answer the following:

a. Define uterine prolapse and list the types of uterine prolapse
b. Explain the management of patient with hysterectomy
c. Define breech presentation
d. Explain the nursing management of mother with breech presentation

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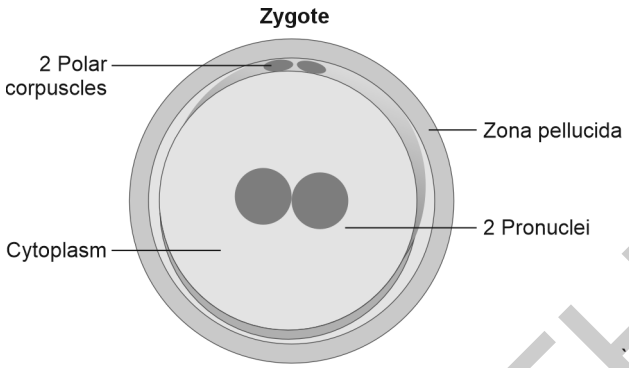
I. Give the meaning of the following:

a. Zygote

The zygote is a fundamental concept in biology, representing the very beginning of a new organism.

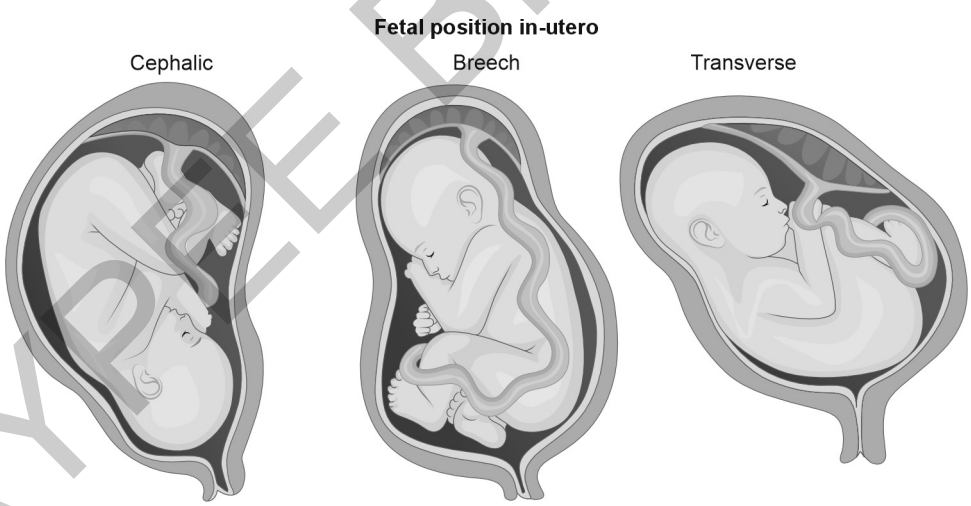


Definition

- A zygote is a eukaryotic cell formed by the fertilization event between two gametes (a sperm and an egg).
- Essentially, it is the first cell of a new organism created by the fusion of male and female gametes.
- It is a diploid cell, meaning it contains a full set of chromosomes, half from each parent.

b. Lie

Fetal lie describes whether the fetus is lying longitudinally (parallel) or transversely (perpendicular) to the long axis of the mother's uterus.



Types of Fetal Lie

Longitudinal Lie

- The fetus is lying lengthwise in the uterus, parallel to the mother's spine.
- This is the most common lie.
- It can be further specified by the presentation (cephalic or breech).

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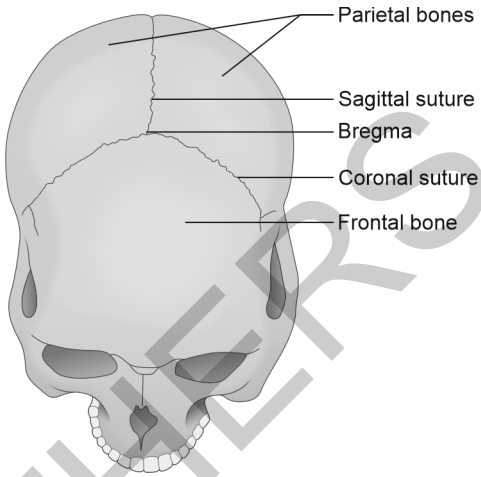
Transverse Lie

- The fetus is lying horizontally across the uterus, perpendicular to the mother's spine.
- This lie is less common and often requires intervention, as vaginal delivery is usually not possible.

Oblique Lie

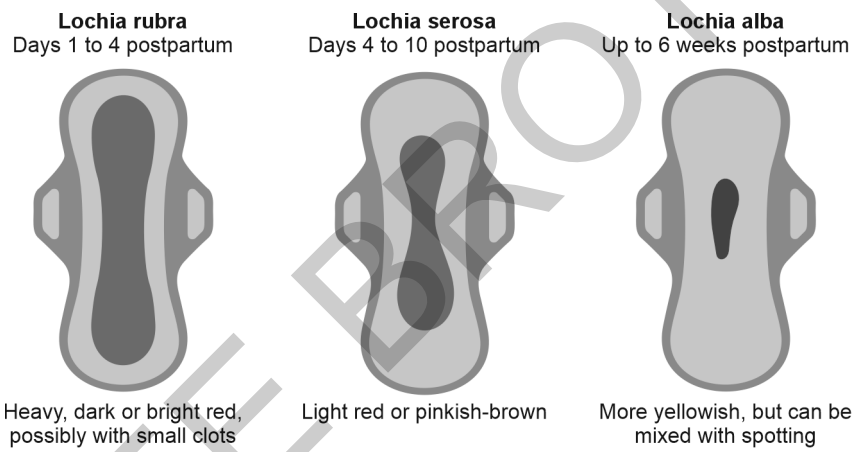
This is an intermediate lie, where the fetal long axis is at an angle between longitudinal and transverse. This is unstable and often changes to either longitudinal or transverse during labor.



c. Bregma

The bregma is a significant anatomical landmark on the infant's skull. Here is a definition and its clinical uses:

Definition: The bregma is the diamond-shaped fontanelle (soft spot) located at the junction of the sagittal suture (between the two parietal bones) and the coronal suture (between the parietal and frontal bones).



d. Lochia

Lochia is the vaginal discharge that occurs after childbirth. It is a natural process as the uterus sheds the lining that supported the pregnancy. Here is a definition and the different types:

Definition: Lochia is the postpartum vaginal discharge-containing blood, mucus, and uterine tissue. It is the body's way of eliminating the remnants of the pregnancy.

II. Fill in the Blanks:

a. The normal length of umbilical cord is **50–60** cm
b. Craving for special food items during pregnancy is called as **PICA**
c. Excessive liquor in the fetus is called as **Polyhydramnios**
d. **Partogra** is the graphic representation to assess the progress of labor

III. Write short notes for any four of the following:

a. Fetal circulation

Fetal circulation is a specialized circulatory system that allows a fetus to receive oxygen and nutrients from the mother's placenta, rather than its own lungs, which are not yet functional.

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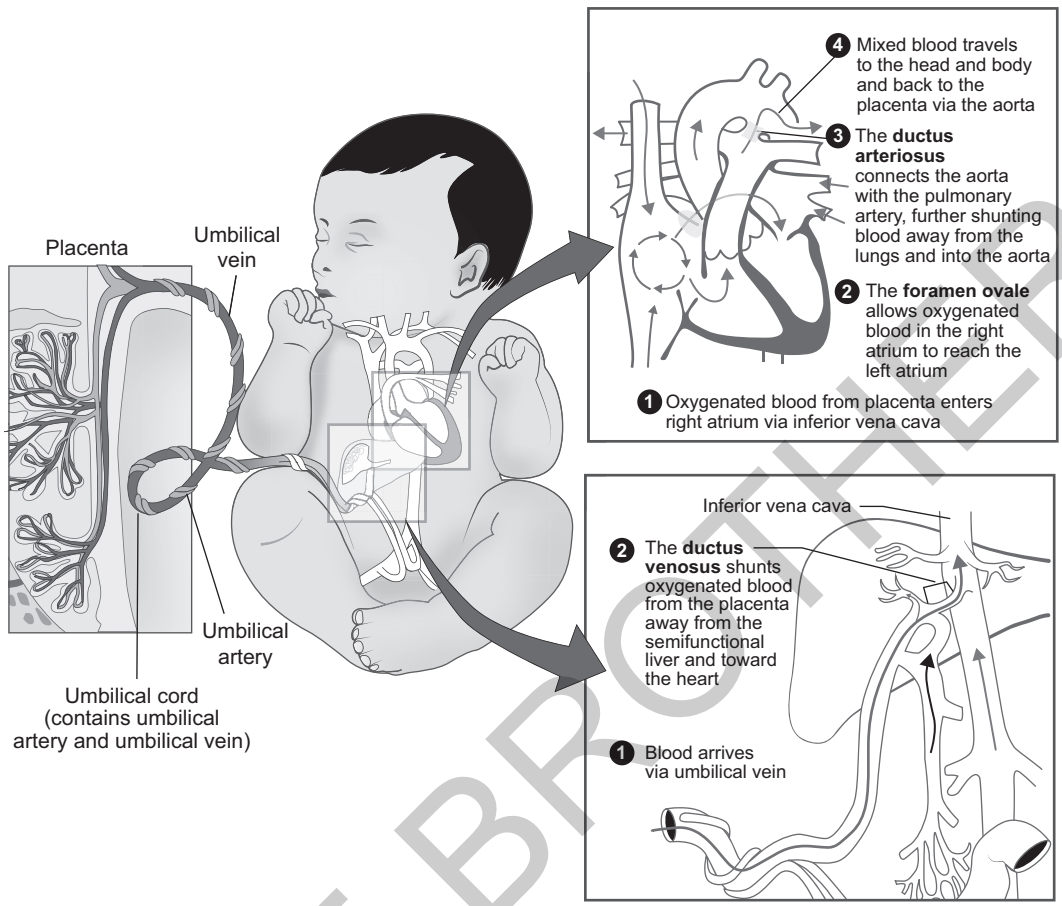

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Key Differences from Adult Circulation

Placental Oxygenation

- In fetal circulation, the placenta is the site of gas exchange, not the lungs.
- Oxygenated blood from the placenta travels to the fetus through the umbilical vein.

Shunts

Fetal circulation utilizes three shunts to bypass the lungs and liver:

1. **Ductus venosus:** Bypasses the liver.
2. **Foramen ovale:** Bypasses the lungs by allowing blood to flow from the right atrium to the left atrium.
3. **Ductus arteriosus:** Bypasses the lungs by connecting the pulmonary artery to the aorta.

The Flow of Fetal Circulation

- **Oxygenated blood:** Oxygen-rich blood from the placenta enters the fetus through the umbilical vein.
- **Ductus venosus:** A portion of this blood bypasses the liver through the ductus venosus and enters the inferior vena cava.
- **Right atrium:** Blood enters the right atrium of the heart.
- **Foramen ovale:** Most of the blood flows through the foramen ovale into the left atrium, bypassing the lungs.
- **Left ventricle and aorta:** From the left atrium, blood flows into the left ventricle and then into the aorta, supplying oxygen to the fetal body.

Pulmonary Artery and Ductus Arteriosus

- A small amount of blood flows from the right atrium to the right ventricle and then into the pulmonary artery.
- Most of this blood is shunted from the pulmonary artery to the aorta through the ductus arteriosus, again bypassing the lungs.
- **Umbilical arteries:** Deoxygenated blood returns to the placenta through the umbilical arteries.

b. Exclusive breastfeeding

Exclusive breastfeeding is a very important practice for infant health. Here is a clear definition and some key points:

Definition

Exclusive breastfeeding means that an infant receives only breast milk (from the mother's breast or expressed), and no other liquids or solids, not even water, with the exception of oral rehydration solution, or drops/syrups of vitamins, minerals, or medicines.

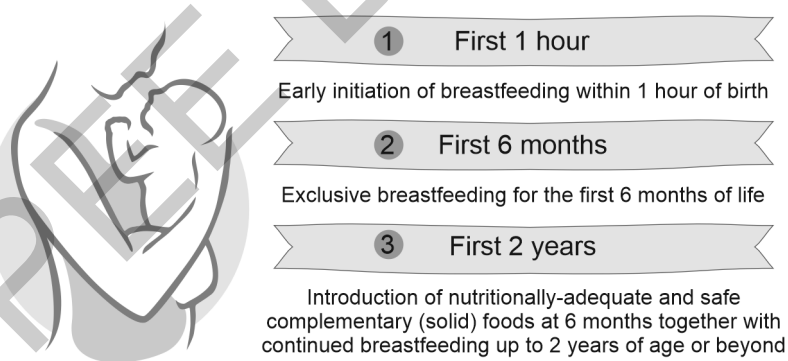
Key Points

World Health Organization (WHO) Recommendations

- The WHO recommends exclusive breastfeeding for the first six months of a baby's life.
- After six months, complementary foods should be introduced, while breastfeeding continues up to two years of age or beyond.

Benefits for the Baby

- Provides all the necessary nutrients for the first six months.
- Protects against infections and illnesses.
- Easily digested.
- May reduce the risk of certain chronic diseases later in life.



Benefits for the Mother

- Helps the uterus contract after birth.
- May reduce the risk of breast and ovarian cancer.
- Can help with returning to pre-pregnancy weight.
- Promotes bonding with the baby.

Importance of Support

- Mothers need support to successfully exclusively breastfeed.
- This includes support from family, healthcare providers, and the community.

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c. Ectopic pregnancy

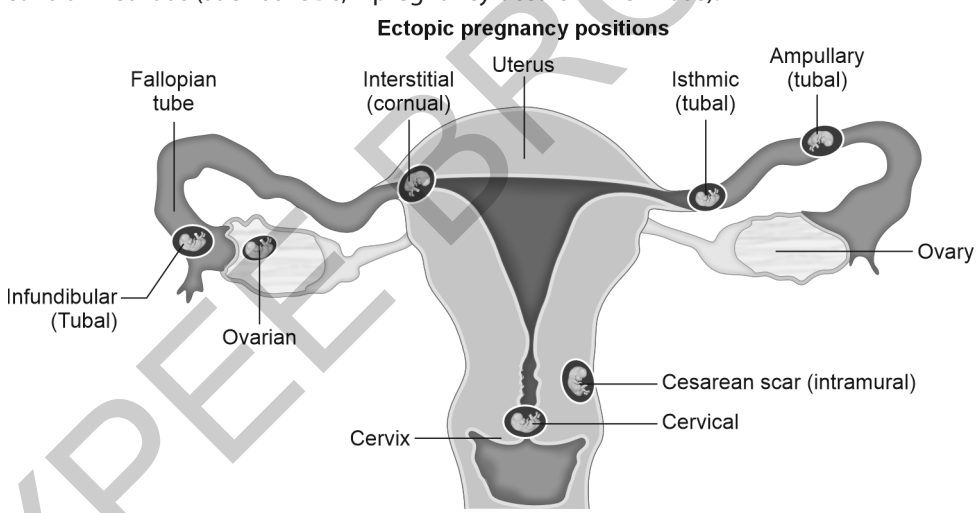
An ectopic pregnancy is a serious medical condition that occurs when a fertilized egg implants and grows outside the main cavity of the uterus. Most often, this occurs in a fallopian tube. Because the fallopian tubes are not designed to support a growing embryo, the pregnancy cannot proceed normally.

What is an Ectopic Pregnancy?

- An ectopic pregnancy happens when a fertilized egg implants outside the uterus.
- The most common location is in a fallopian tube (tubal pregnancy), but it can also occur in other locations like the ovary, cervix, or abdominal cavity.
- An ectopic pregnancy is not viable and can lead to life-threatening complications if left untreated.

Risk Factors

- Several factors can increase the risk of an ectopic pregnancy, including:
- Previous ectopic pregnancy.
- Pelvic inflammatory disease (PID).
- Tubal surgery.
- Infertility treatments.
- Smoking.
- Endometriosis.
- Certain birth control methods (such as IUDs, if pregnancy occurs while in use).



Symptoms

- Early symptoms can be similar to those of a normal pregnancy, but may also include:
- Abnormal vaginal bleeding.
- Pelvic or abdominal pain.
- Shoulder pain (if the fallopian tube ruptures).
- Dizziness or lightheadedness.
- Fainting.

Diagnosis

Diagnosis typically involves:

- Pelvic exam.
- Blood tests (to measure hCG levels).
- Ultrasound.

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Treatment

Treatment options depend on the stage of the ectopic pregnancy and may include:

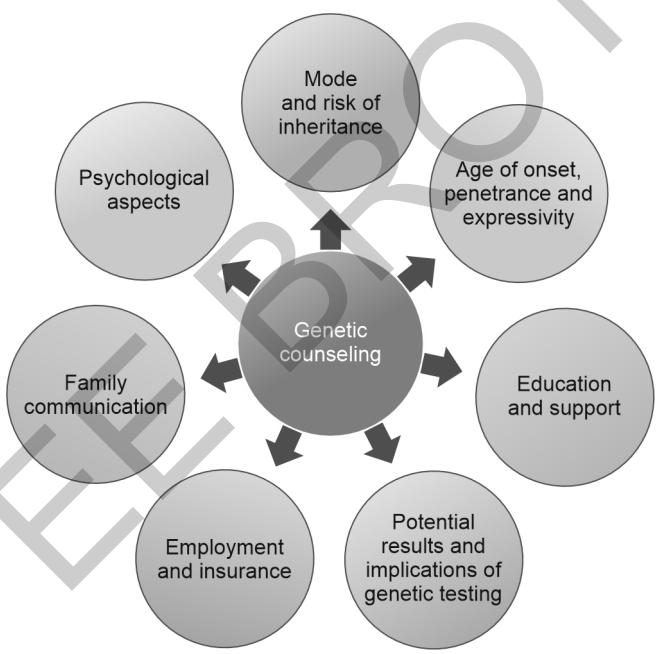
- **Medication:** Methotrexate, a medication that stops cell growth, may be used to terminate the pregnancy if it is detected early.
- **Surgery:** Laparoscopic surgery may be necessary to remove the ectopic pregnancy, and in some cases, the affected fallopian tube.
- In cases of a ruptured fallopian tube, emergency surgery is required.

Important Considerations

- Ectopic pregnancy is a medical emergency.
- Early detection and treatment are crucial to prevent serious complications.

d. Genetic counseling

Genetic counseling is a process of communication and education that addresses concerns related to the risk of inherited disorders in families. It is a valuable resource for individuals and families facing genetic conditions or who are at risk of passing them on.



Purpose of Genetic Counseling

Risk Assessment

To evaluate the risk of inheriting or passing on a genetic condition based on family history, medical history, and genetic testing.

Information and Education

- To provide accurate and up-to-date information about genetic conditions, their causes, inheritance patterns, and potential risks.
- To explain the benefits and limitations of genetic testing.

Decision-making Support

- To help individuals and families make informed decisions about genetic testing, reproductive options, and management of genetic conditions.
- To provide emotional support.

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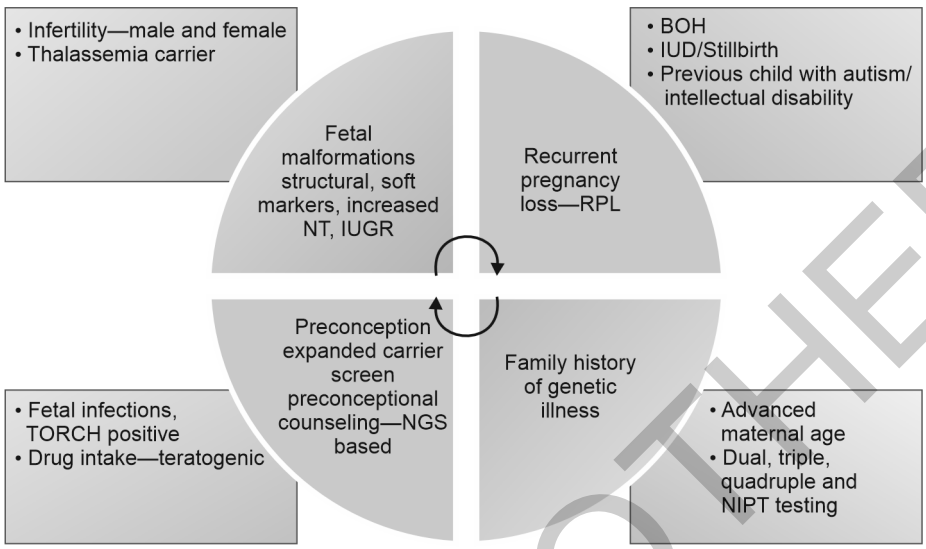
Resource Navigation

To connect individuals and families with support groups, advocacy organizations, and other relevant resources.



Who Might Benefit from Genetic Counseling?

- Individuals with a family history of a genetic condition.
- Couples planning a pregnancy who have concerns about genetic risks.
- Pregnant women with abnormal prenatal screening results.
- Individuals with a known genetic condition or who have a child with a genetic condition.
- Individuals are considering genetic testing.
- Individuals with a consanguineous relationship.

The Genetic Counseling Process

- **Gathering information:** The genetic counselor will collect detailed information about the individual's and family's medical history.
- **Risk assessment:** The counselor will analyze the information to assess the risk of a genetic condition.
- **Genetic testing:** If appropriate, the counselor will discuss genetic testing options, including the benefits, risks, and limitations.
- **Explanation of results:** The counselor will explain the results of genetic tests and their implications.
- **Counseling and support:** The counselor will provide counseling and support to help individuals and families cope with the emotional and psychological aspects of genetic conditions.
- **Follow-up:** The counselor may provide ongoing support and follow-up as needed.

Key Aspects

- **Confidentiality:** Genetic counseling is confidential.
- **Non-directive:** Genetic counselors provide information and support, but they do not make decisions for individuals or families.
- **Patient-centered:** The process is tailored to the individual's or family's specific needs and concerns.

e. Minor disorders in pregnancy

Pregnancy brings about significant physiological changes, and it is common for women to experience various minor discomforts. While these are generally not serious, they can affect a woman's quality of life.

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Common Minor Disorders

Nausea and Vomiting (Morning Sickness)

- Very common, especially in the first trimester.
- Can occur at any time of day, not just in the morning.



Fatigue
Causes:
- Increased demands of cardio-pulmonary system
- Need for more sleep
- Increased demands in work
- Care of other children

Management:
- Assess calorie intake and hemoglobin
- Reassurance
- Regular exercise
- Frequent rest periods

Fatigue

- Especially prevalent in the first and third trimesters.
- Hormonal changes and increased metabolic demands contribute to fatigue.
- **Heartburn:** Caused by the relaxation of the lower esophageal sphincter and the growing uterus pressing on the stomach.
- **Constipation:** Hormonal changes slow down digestion, and iron supplements can exacerbate constipation.
- **Backache:** Increased weight and changes in posture strain the back muscles.
- **Frequent urination:** The growing uterus puts pressure on the bladder.
- **Edema (Swelling):** Common in the hands, feet, and ankles, especially in the third trimester.
- **Varicose veins:** Increased blood volume and pressure on the veins can cause varicose veins.
- **Hemorrhoids:** Caused by increased pressure on the rectal veins.
- **Leg cramps:** Often occur at night, possibly due to electrolyte imbalances or pressure on nerves.
- **Nasal congestion:** Increased estrogen levels can cause swelling of the nasal mucous membranes.
- **Changes in skin:** Stretch marks, and changes in skin pigmentation.



Varicose veins
Causes:
- Genetic predisposition
- Increase in blood volume and pressure from uterus

Clinical features:
- Swollen, engorged
- Purple in color
- Dull aching pain in limbs
- Easily tired extremities

Management:
- Elastic bandages
- Elevation of limbs at rest
- Exercising calf muscles
- Avoid long standing

Management and Relief

Many of these discomforts can be managed with lifestyle changes and home remedies:

Nausea and Vomiting

- Eating small, frequent meals.
- Avoiding trigger foods.
- Consuming ginger.



Fatigue

- Getting adequate rest.
- Prioritizing activities.

Heartburn

- Eating smaller meals.
- Avoiding spicy and fatty foods.
- Elevating the head of the bed.

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Constipation

- Increasing fiber intake.
- Drinking plenty of fluids.
- Regular exercise.

Backache

- Maintaining good posture.
- Using a supportive mattress.
- Gentle exercise.

Edema

- Elevating the feet.
- Avoiding prolonged standing.
- Wearing comfortable shoes.

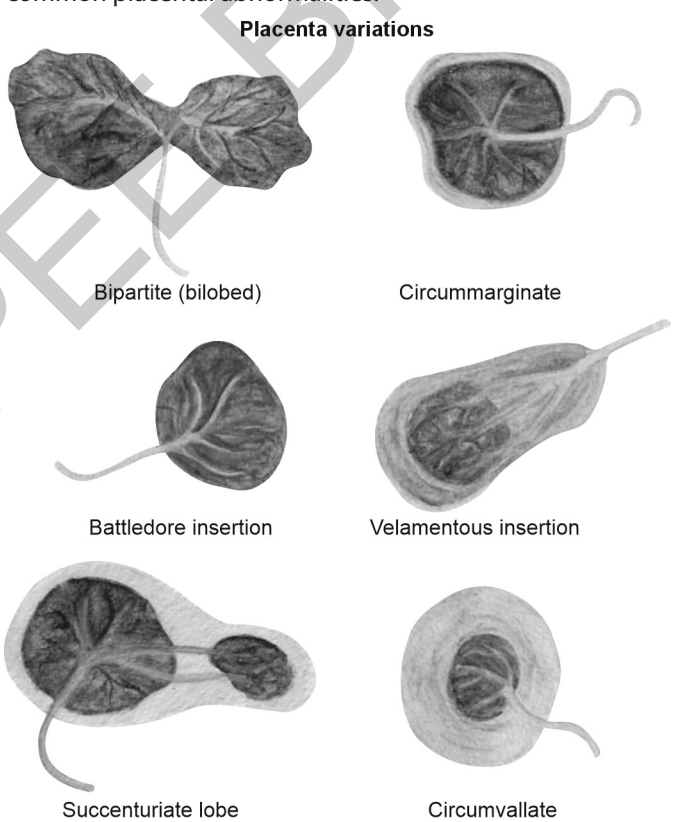
IV. Answer the following:

a. Define fertilization

Fertilization is the process by which male and female gametes (sperm and egg) unite, initiating the development of a new organism. It is a complex sequence of events that results in the formation of a zygote, the first cell of the embryo.

b. What are the abnormalities of placenta?

The placenta, a vital organ during pregnancy, can sometimes develop abnormalities that affect both maternal and fetal health. Here is a breakdown of common placental abnormalities:



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1. Placenta Previa

Definition: The placenta implants in the lower segment of the uterus, partially or completely covering the cervical opening.

Types

- **Complete previa:** Placenta completely covers the cervix.
- **Partial previa:** Placenta partially covers the cervix.
- **Marginal previa:** Placenta is adjacent to the cervix but does not cover it.
- **Low-lying placenta:** The placenta is located in the lower uterine segment, near but not covering the cervix.
- **Complications:** Bleeding, preterm birth, and the need for cesarean delivery.

2. Placental Abruption

Definition: Premature separation of the placenta from the uterine wall before delivery.

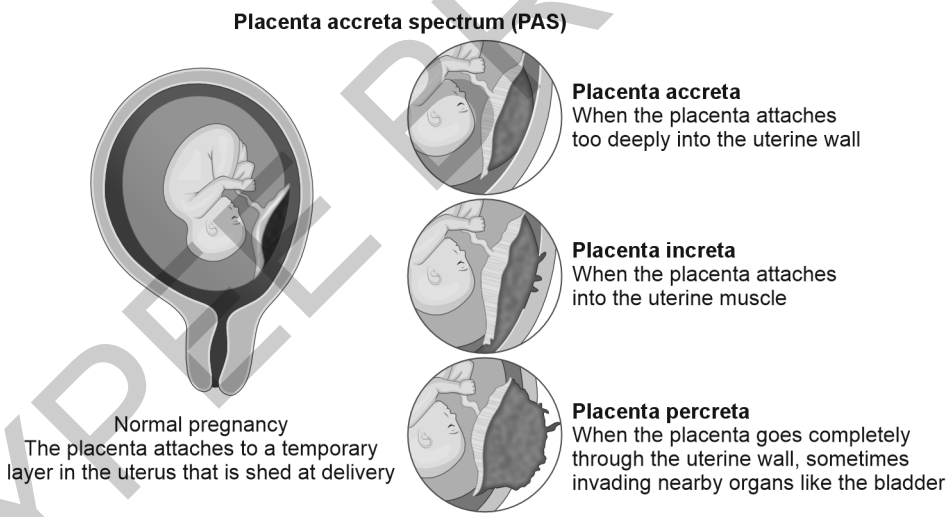
Types:

- **Partial abruption:** Only a portion of the placenta separates.
- **Complete abruption:** The entire placenta separates.
- **Complications:** Severe bleeding, fetal distress, preterm birth, and stillbirth.

3. Placenta Accreta Spectrum (PAS)

Definition

A group of conditions where the placenta abnormally adheres to the myometrium (uterine muscle).



Types

- **Placenta accreta:** Placenta adheres to the myometrium.
- **Placenta increta:** Placenta invades the myometrium.
- **Placenta percreta:** Placenta penetrates through the myometrium and may invade adjacent organs.
- **Complications:** Severe hemorrhage during delivery, requiring blood transfusions and potentially hysterectomy.

4. Retained Placenta

- **Definition:** Failure of the placenta to be expelled within a specified time after delivery.
- **Complications:** Postpartum hemorrhage and infection.

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5. Placental Infarction

- **Definition:** Areas of ischemic necrosis (tissue death) within the placenta due to reduced blood flow.
- **Complications:** May affect fetal growth and oxygenation, especially if extensive.

6. Placental Insufficiency

- **Definition:** The placenta fails to provide adequate oxygen and nutrients to the fetus.
- **Complications:** Fetal growth restriction, preterm birth, and fetal distress.

7. Velamentous Cord Insertion

- **Definition:** The umbilical cord inserts into the membranes rather than the placenta itself, with the vessels traveling through the membranes to reach the placenta.
- **Complications:** Vasa previa (vessels crossing the cervical os), fetal hemorrhage, if vessels rupture.

8. Vasa Previa

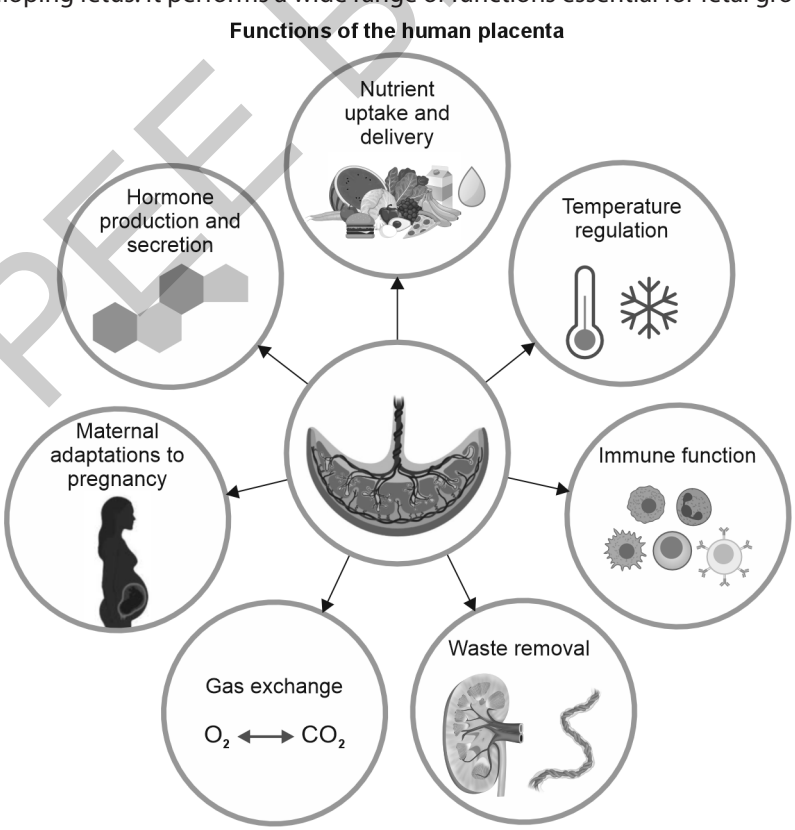
- **Definition:** Fetal blood vessels from the placenta cross the cervical os, running through the membranes ahead of the baby.
- **Complications:** Fetal hemorrhage and death if vessels rupture during labor.

9. Chorioangioma

- **Definition:** A benign tumor of the placenta.
- **Complications:** Large chorioangiomas may cause polyhydramnios, fetal hydrops, and preterm labor.

c. Write in detail about functions of placenta

The placenta is a temporary organ that develops within the uterus during pregnancy, serving as the crucial interface between the mother and the developing fetus. It performs a wide range of functions essential for fetal growth and survival.



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1. Gas Exchange

- The placenta facilitates the transfer of oxygen from the mother's blood to the fetal blood and the removal of carbon dioxide from the fetal blood to the mother's blood.
- This occurs through diffusion across the placental membrane.
- The fetal hemoglobin has a higher affinity for oxygen than maternal hemoglobin, which helps to ensure adequate oxygen delivery to the fetus.

2. Nutrient Transfer

- The placenta transports essential nutrients, including glucose, amino acids, fatty acids, vitamins, and minerals, from the maternal circulation to the fetal circulation.
- This transfer occurs through various mechanisms, including diffusion, facilitated diffusion, and active transport.
- The placenta ensures that the fetus receives the necessary building blocks for growth and development.

3. Waste Removal

- The placenta removes waste products from the fetal circulation, such as carbon dioxide, urea, and other metabolic byproducts.
- These waste products are then transferred to the maternal circulation for elimination by the mother's kidneys and other excretory organs.
- This process is vital for maintaining a healthy environment for the developing fetus.

4. Hormone Production

The placenta acts as an endocrine gland, producing a variety of hormones that are essential for maintaining pregnancy and supporting fetal development. These hormones include:

- **Human chorionic gonadotropin (hCG):** Maintains the corpus luteum in early pregnancy, which produces progesterone.
- **Progesterone:** Maintains the uterine lining, prevents uterine contractions, and prepares the breasts for lactation.
- **Estrogen:** Stimulates uterine growth, enhances blood flow to the uterus, and prepares the breasts for lactation.
- **Human placental lactogen (hPL):** Plays a role in glucose metabolism and prepares the breasts for lactation.
- These are just some of the hormones that the placenta produces.
- The production of these hormones ensures the pregnancy will be maintained.

5. Barrier Function

- The placenta acts as a selective barrier, preventing certain harmful substances from reaching the fetus.
- However, it is important to note that the placenta is not a perfect barrier, and some substances, such as alcohol, nicotine, and certain drugs, can cross the placental membrane and harm the fetus.
- As well as harmful substances, some pathogens can also cross the placental barrier.

6. Immune Function

- The placenta plays a role in modulating the maternal immune system to prevent rejection of the fetus, which is essentially a foreign tissue.
- It achieves this through various mechanisms, including the production of immunosuppressive factors.

d. Define Mechanism of Labor

- The mechanism of labor refers to the series of positional changes and movements that the fetus undergoes as it passes through the birth canal during childbirth. It is a complex and coordinated process involving several cardinal movements, ensuring the smallest diameters of the fetal head navigate the bony pelvis.
- **Definition:** The mechanism of labor is the sequence of changes in fetal position and attitude that occur during the passage of the fetus through the birth canal, culminating in delivery.

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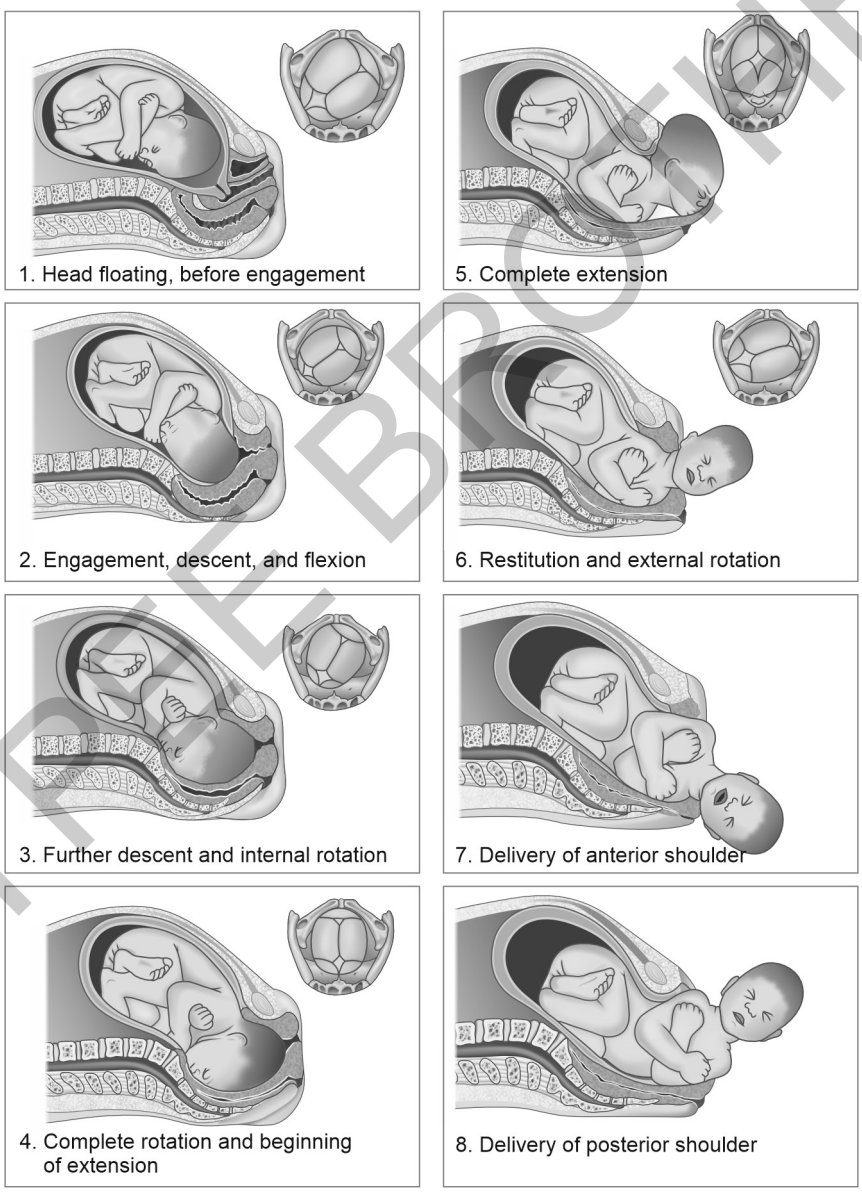
e. Explain the Normal Mechanism of Labor

The normal mechanism of labor is a remarkable process, a series of coordinated movements that allow the fetus to navigate the bony pelvis and be born vaginally. It is a sequence of cardinal movements, each playing a vital role.

1. Engagement

- This is the first step, where the largest diameter of the fetal head (usually the biparietal diameter) passes through the pelvic inlet.
- In primigravidas (first-time mothers), engagement often occurs before the onset of labor. In multigravidas (women who have had previous pregnancies), it may occur during labor.
- Engagement signifies that the fetal head has entered the true pelvis.

Mechanism of normal labor



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2. Descent

- This is the downward movement of the fetal head through the pelvis.
- It occurs progressively throughout labor, driven by uterine contractions, abdominal muscle contractions (pushing), and the straightening of the fetal body.
- Descent is a continuous process, although it may occur more rapidly at certain stages.

3. Flexion

- As the fetal head descends, it encounters resistance from the pelvic floor.
- This resistance causes the fetal head to flex, bringing the chin closer to the chest.
- Flexion reduces the presenting diameter of the fetal head, allowing it to pass through the pelvis more easily.

4. Internal Rotation

- The fetal head rotates to align its sagittal suture (the suture between the parietal bones) with the anteroposterior diameter of the pelvic outlet.
- This rotation is typically 45°, from a transverse or oblique position to an anteroposterior position.
- Internal rotation ensures that the smallest diameter of the fetal head presents.

5. Extension

- As the fetal head reaches the pubic arch, it extends, pivoting around the subpubic arch.
- This extension allows the fetal head to emerge from the vagina.
- The brow, face, and chin are born in succession.

6. External Rotation (Restitution)

- After the head is delivered, it rotates externally to realign with the fetal shoulders.
- This movement is called restitution.
- Following restitution, the shoulders rotate to align with the anteroposterior diameter of the pelvic outlet.

7. Expulsion

- After external rotation, the anterior shoulder is delivered under the pubic arch, followed by the posterior shoulder.
- The rest of the fetal body is then expelled easily.

Factors Influencing the Mechanism of Labor

- **Powers:** Uterine contractions and maternal pushing efforts.
- **Passenger:** Fetal size, presentation, position, and attitude.
- **Passage:** The size and shape of the maternal pelvis.
- **Psyche:** The mental state of the mother.

Clinical Monitoring

- Healthcare providers monitor the progress of labor by assessing these cardinal movements through abdominal palpation (Leopold's maneuvers) and vaginal examinations.
- Any deviations from the normal mechanism of labor can indicate potential complications, requiring appropriate intervention.

V. State whether the following statements are true or false:

a. The normal position of the uterus is retroverted and anteflexed: **True**
b. Destructive operations are done only when the fetus is dead: **True**
c. Inflammation of the ovaries is called oophoritis: **True**
d. The vault of fetal skull is made up of 7 bones: **False**

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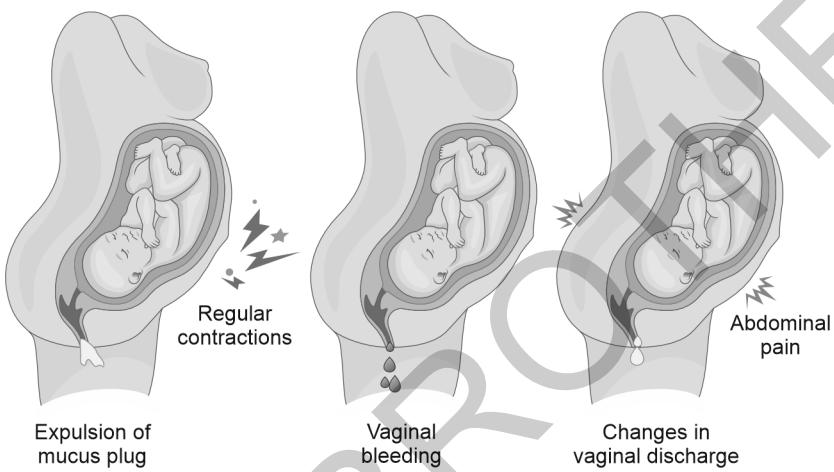
VI. Write short notes for any four of the following:

a. Preterm labor

Preterm labor is when labor begins too early, specifically between 20 and 37 weeks of pregnancy. This can lead to preterm birth, where a baby is born before 37 weeks of gestation. Because these babies have less time to develop in the womb, they can face serious health problems.

Definition

- **Preterm labor:** Regular contractions that cause the cervix to open before 37 weeks of pregnancy.
- **Preterm birth**: Birth of a baby before 37 weeks of pregnancy.



Risks

- Babies born preterm may have underdeveloped organs, leading to breathing problems, feeding difficulties, and other health issues.
- The earlier the birth, the greater the risks.

Symptoms

- Regular or frequent contractions.
- Dull low backache.
- Pelvic or lower abdominal pressure.
- Mild abdominal cramps.
- Vaginal spotting or bleeding.
- Rupture of membranes (water breaking).
- An increase in vaginal discharge.

Risk Factors

- Previous preterm birth.
- Multiple pregnancies (twins, triplets, etc.).
- Certain medical conditions.
- Lifestyle factors (smoking, drug use).
- Problems with the uterus or placenta.
- Infections.

b. Oxytocin

Oxytocin is a hormone that plays a crucial role in various physiological and psychological processes, particularly related to childbirth, breastfeeding, and social bonding.

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Physiological Functions

Childbirth

- Stimulates uterine contractions, crucial for labor and delivery.
- Aids in the delivery of the placenta.
- Helps reduce postpartum bleeding by contracting the uterus.

Oxytocin
- Oxytocin is a strong stimulant of uterine contraction.
- Regulated by a positive feedback mechanism to oxytocin in the blood.
- This leads to increased intensity of uterine contractions, ending in birth.
- Oxytocin triggers milk ejection ("letdown" reflex) in women producing milk.

Lactation

Triggers the "let-down" reflex, enabling the release of breast milk.

Reproductive Functions in Males

- Plays a role in sperm transport.
- Influences testosterone production.

c. Breast abscess

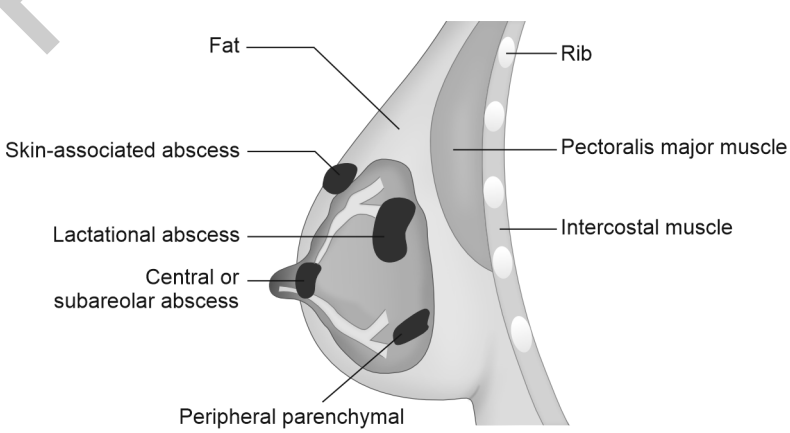
A breast abscess is a painful collection of pus that forms within the breast tissue. It is typically caused by a bacterial infection.

Causes

- **Mastitis:** Often, a breast abscess develops as a complication of mastitis, which is an inflammation of the breast tissue. This is especially common in breastfeeding women (lactational mastitis).
- **Bacteria:** Bacteria, most commonly *Staphylococcus* aureus, can enter the breast tissue through cracks in the nipple, blocked milk ducts, or other openings.
- **Other factors:** In non-lactating women, other factors like smoking, diabetes, and nipple piercings can increase the risk.

Symptoms

- A painful, tender lump in the breast.
- Redness and warmth of the overlying skin.
- Swelling of the affected area.
- Fever and chills.
- Nipple discharge.



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Diagnosis

- A physical examination by a healthcare provider.
- Ultrasound imaging may be used to confirm the diagnosis.
- In some cases, a sample of the pus may be taken for laboratory analysis.

Treatment

Drainage

The primary treatment is to drain the abscess. This can be done by:

- **Needle aspiration:** Using a needle and syringe to remove the pus.
- **Incision and drainage:** Making a small incision in the skin to allow the pus to drain.
- **Antibiotics:** Antibiotics are prescribed to treat the bacterial infection.
- **Pain relief:** Pain relievers can help manage discomfort.
- **Warm compresses:** Warm compresses can help to soothe the area.

d. MTP Act 1971

The Medical Termination of Pregnancy (MTP) Act of 1971 in India provides the legal framework for abortion services. It has undergone amendments over time to reflect evolving medical advancements and societal needs.

Core Purpose

The primary goal of the MTP Act is to reduce the number of unsafe, illegal abortions and to protect the health of women.

Key Provisions and Amendments

Original Act (1971):

- Established conditions under which pregnancies could be legally terminated by registered medical practitioners.
- Set gestational limits for abortions.

The MTP Act 1971 and the MTP Act Amendments 2021		
	MTP Act 1971	**The MTP Amendment Act 2021**
Indications (contraceptive failure)	Only applies to married women	Unmarried women are also covered
Gestational age limit	20 weeks for all indications	24 weeks for rape survivors beyond 24 weeks for substantial fetal abnormalities
Medical practitioner	One RMP till 12 weeks	One RMP till 20 weeks
Opinions required before termination	Two RMPs till 20 weeks	Two RMPs 20–24 weeks Medical board approval after 24 weeks
Breach of the woman's confidentiality	Fine up to Rs 1000	Fine and/or imprisonment of 1 year

Amendments

Significant amendments, particularly in 2021, have broadened the scope of the Act. These amendments have:

- Increased the gestational limit for certain categories of women.
- Allowed for termination of pregnancies in cases of substantial fetal abnormalities.
- Increased access to safe and legal abortion services.
- Allowed for termination of pregnancy related to failure of contraceptive methods, for all women, married or unmarried.
- The formation of medical boards to decide on termination of pregnancies beyond 24 weeks in cases of fetal abnormalities.

Important Considerations

- The MTP Act aims to balance women's reproductive rights with concerns about fetal viability.
- The legislation has been crucial in improving women's health outcomes in India.
- The Act specifies who is a Registered Medical Practitioner, and where MTP procedures can legally be carried out.
- The Act also protects the privacy of women seeking MTP procedures.

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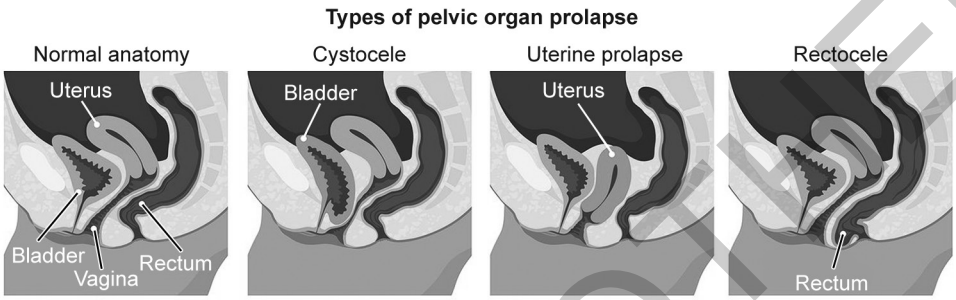
VII. Answer the following:

a. Define uterine prolapse and list the types of uterine prolapse

Uterine prolapse occurs when the pelvic floor muscles and ligaments stretch and weaken, providing inadequate support for the uterus. This causes the uterus to descend into the vaginal canal, and in severe cases, to protrude outside the vaginal opening.

Definition

Uterine prolapse is a form of pelvic organ prolapse where the uterus descends from its normal position into the vaginal canal.



Types of Uterine Prolapse

Uterine prolapse is typically graded according to the extent of descent:

- **First-degree (mild):** The uterus descends only slightly into the upper portion of the vagina.
- **Second-degree (moderate):** The uterus descends further into the vagina, nearing the vaginal opening.
- **Third-degree (severe) or procidentia:** The cervix protrudes outside the vaginal opening. Sometimes described as complete uterine prolapse.

b. Explain the management of patient with hysterectomy

Managing a patient undergoing a hysterectomy involves comprehensive care, both before and after the procedure.

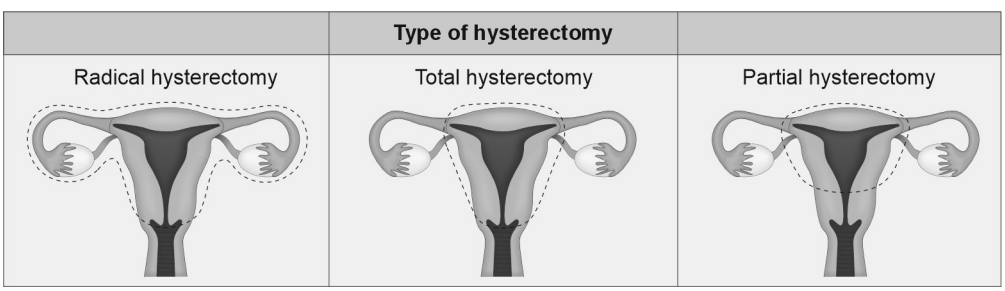
Preoperative Management

Patient Education and Counseling

- Thoroughly explain the procedure, its risks, benefits, and alternatives.
- Address the patient's concerns and anxieties.
- Discuss the impact on fertility and hormonal changes (if ovaries are removed).
- Explain postoperative expectations, including pain management and recovery.

Medical Evaluation

- Detailed medical history and physical examination.
- Blood tests, including complete blood count, coagulation studies, and blood typing.
- Imaging studies, such as ultrasound or MRI, as needed.
- Cervical cytology (Pap smear) and endometrial biopsy, if indicated.



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