

PART I: MULTIPLE CHOICE QUESTIONS (20 MARKS)

1. The pelvic joints include;

- a) One symphysis pubis, two sacrococcygeal joints, two sacroiliac joints
- b) One symphysis pubis, one sacrococcygeal joint, one sacroiliac joint
- c) One symphysis pubis, one sacrococcygeal joint, two sacroiliac joints
- d) One symphysis pubis, two sacrococcygeal joints, one sacroiliac joint

2. The trophoblastic layer of the blastocyst differentiates into;

- a) Fetus and amnion
- b) Placenta and chorion
- c) Amnion and umbilical cord
- d) Foetus and placenta

3. Physiological changes in the cardiovascular system during pregnancy include;

- a) Increase in heart rate, decrease in stroke volume, decrease in vascular resistance
- b) Decrease in cardiac output, increase in red cell mass, haemodilution
- c) Decrease in stroke volume, increase in cardiac output, increase in vascular resistance
- d) Increase in plasma volume, increase in stroke volume, decrease in vascular resistance

4. When estimating fetal descent via abdominal palpation, a head that is palpable above the symphysis pubis is interpreted as;

- a) 4/5
- b) 5/5
- c) 0/5
- d) 3/5

5. Cervical dilatation plotted to the right of the alert line of the partograph indicates;

- a) Satisfactory progress in labour
- b) Unsatisfactory progress in labour
- c) The end of latent phase of labour
- d) The end of the active phase of labour

6. Normal findings on a healthy newborn include;

- a) Heart rate 120-140, weight 2.5kg-4.5kg, Temperature 35-37°C
- b) Heart rate 100-120, respiratory rate 30-60, weight 2.5-3.5
- c) Respiratory rate 20-40, heart rate 80-120, temperature 36.5-37.5 °C
- d) Apnoea, respiratory rate below 40, heart rate 120-140

7. The indirect causes of maternal mortality include:

- a) Haemorrhage, anaemia, eclampsia
- b) Tuberculosis, malaria, HIV
- c) Sepsis, haemorrhage, abortion
- d) Ruptured uterus, haemorrhage, abortion

8. Probable signs of pregnancy include;

- a) Amenorrhoea, pregnant test positive, frequency of micturition
- b) Ballotment of the fetus, Braxton hicks contractions, positive pregnancy sign
- c) Amenorrhoea, breast changes, quickening
- d) Foetal heart tones, visualization of the foetus, foetal parts palpated

9. Neonatal hypoglycaemia is indicated by blood sugar below;

- a) 5.5 mmol/litre
- b) 3.5 mmol/litre
- c) 2.6 mmol/litre
- d) 4.0 mmol/litre

10. While monitoring uterine contractions, a midwife feels for 4 contractions in 10 minutes each lasting 30 seconds. This is interpreted as;

- a) Mild contractions
- b) Strong contractions
- c) Moderate contractions
- d) Intermittent contractions

11. The feed for a baby whose weight is 1500 grammes and below on day 1 is calculated using;

- a) 20mls/kg/day
- b) 80mls/kg/day
- c) 60mls/kg/day

- d) 30mls/kg/day
- 12. The normal volume of blood flow through the placental site during pregnancy ranges**
- 240-400 mls per minute
 - 800-1500 mls per minute
 - 500-1200 mls per minute
 - 500-800mls per minute
- 13. The midwife checks for the presence of the cord around the neck during second stage of labour on;**
- Extension of the head
 - Restitution
 - Crowning
 - Birth of the head
- 14. A danger sign during pregnancy is;**
- Labour pains more than 18 hours
 - Arm or leg prolapsed
 - Reduced fetal movements
 - Placenta not delivered within 30 minutes
- 15. The midwife makes a diagnosis of occipital posterior position vaginally during labour by feeling;**
- Anterior fontanelle on the anterior part of the pelvis
 - Posterior fontanelle on the anterior part of the pelvis
 - Anterior fontanelle on the posterior part of the pelvis
 - Posterior fontanelle on the posterior part of the pelvis
- 16. When a newborn baby is placed on a cold surface, heat loss occurs through the process of;**
- Radiation
 - Evaporation
 - Conduction
 - Convection
- 17. The maternal causes of unstable lie include;**
- Lax uterine muscles, contracted pelvis
 - Contracted pelvis, placenta praevia
 - Polyhydramnios, placenta praevia
 - Polyhydramnios, contracted pelvis
- 18. The prophylactic dosage for Vitamin K to newborns is;**
- 0.1mg for term baby and 0.5 mg for preterm baby
 - 0.5 mg for term baby and 0.01 mg for preterm baby
 - 1 mg for term baby and 0.5 mg for preterm baby
 - 0.5 mg for term baby and 1 mg for preterm baby
- 19. Indicate whether the following statements are TRUE or FALSE**
- All HIV exposed infants should be given cotrimoxazole prophylaxis starting 48 hours after birth
 - HIV exposed infants who are non breastfeeding should be given daily Nevirapine for the first 6 months of life

20. Match the statements in column A with the corresponding description in column B.

Column A

- Brow presentation
- Complete breech

Column B

- The fetal head is partially extended and the frontal bone lies at the pelvic brim
- The hips of the fetus are flexed and the legs are extended on the abdomen
- The fetal head is completely extended and the frontal bone lies at the pelvic brim
- The hips and knees of the fetus are both flexed and feet tucked in beside the buttocks

PART II: SHORT ANSWER QUESTIONS (40 MARKS)

1. Draw a view of the pelvic brim showing the diameters and their measurements (5 marks)
2. List six (6) obstetric events that precipitate disseminated intravascular coagulopathy (3 marks)
3. State the four(4) stages of placenta praevia (4 marks)
4. State five(5) measures to prevent the occurrence of asphyxia neonatorum (5 marks)
5. State five (5) benefits of early initiation of breastfeeding (5 marks)
6. Outline five (5) health messages a midwife will give to mother whose newborn baby has physiological jaundice(5 marks)
7. Describe three (3) interventions to relieve pressure on a prolapsed cord (3 marks)
8. State five (5) causes of acute uterine inversion(5 marks)
9. Outline the steps involved in the active management of third stage of labour (AMTSL) (5 marks)

PART III: LONG ANSWER QUESTIONS (40 MARKS)

1. **Ms. Q 20 years old para 0 +0 is admitted with a diagnosis of labour pains.**
 - a) State six (6) physiological changes that take place during the first stage of labour (6 marks)
 - b) Describe the management of Ms. Q during the first stage of labour (10 marks)
 - c) State four (4) complications that may be detected from a partograph (4 marks)

2. **Baby X is born at 35 weeks gestation and admitted to the newborn unit.**
 - a) State five (5) causes of preterm birth (5 marks)
 - b) Describe the specific management of baby X for the first 24 hours (12 marks)
 - c) State three (3) criteria for initiating Kangaroo mother care (3 marks)

PART I: MCQS (20 marks)

- 1. The strongest part of the female pelvis is the;**
 - a. Ilium
 - b. Ischium
 - c. Pubis
 - d. Symphysis pubis
- 2. Anterior relations of the uterus include;**
 - a. Pouch of Douglas, bladder
 - b. Broad ligaments, pouch of Douglas
 - c. Intestines, broad ligaments
 - d. Bladder, uterovesical pouch
- 3. Indicate whether the following statements are True (T) or False (F) on the answer sheet.**
 - a. Oestrogen inhibits milk production during pregnancy
 - b. Lutenising hormone facilitates growth of the graafian follicle
- 4. The suture that separates the frontal bones from the parietal bones is the;**
 - a. Coronal
 - b. Frontal
 - c. Sagittal
 - d. Lambdoidal
- 5. High levels of glycosylated haemoglobin during pregnancy is associated with ;**
 - a. Hyperemesis gravidarum
 - b. Fetal malformations
 - c. Physiological anemia
 - d. Multiple pregnancy
- 6. The benefit of delayed cord clamping is that;**
 - a. Gives the provider time to perform APGAR score
 - b. Prevents possible postpartum hemorrhage
 - c. Increases iron stores in the newborn
 - d. Prevents erythroblastosis fetalis
- 7. The scheduling for targeted postnatal visits is;**
 - a. Within 24 hours, 6 weeks, 6 months, 1 year
 - b. Within 48 hours, 1-2 weeks, 4-6 weeks, 4-6 months
 - c. Within 48 hours, 4-6 weeks, 4-6 months, 6-12 months
 - d. Within 24 hours, 6 weeks, 10 weeks, 14 weeks
- 8. During a vaginal exam, the midwife felt the fetal sutures were apposed. This is recorded on the partograph as;**
 - a. ++
 - b. 0
 - c. +++
 - d. +
- 9. On abdominal examination during labour, the sinciput is felt and occiput just felt. The descent is;**
 - a. 4/5
 - b. 3/5
 - c. 2/5
 - d. 1/5

10. Abnormal features in the immediate puerperium include;

- a. Tachycardia, hypotension, atony
- b. After pains, diuresis, shivering
- c. Tachycardia, anorexia, no colostrum
- d. Hypotension, diuresis, marked thirsty

11. Recommended timings for the administration of anti D in pregnancy is;

- a. 28 weeks,38 weeks
- b. 28 weeks,34 weeks
- c. 28 weeks,40 weeks
- d. 24 weeks,37 weeks

12. Prophylactic intervention for the newborn include;

- a. Breastfeeding, resuscitation, stimulation
- b. Administration of Vitamin K, tetracycline eye ointment and chlorohexidine 4%
- c. Breastfeeding, administration of vitamin K, phototherapy
- d. Skin to skin, phototherapy, administration of tetracycline eye ointment

13. Signs of good attachment include;

- a. Mouth widely open, upper lip turned outward, more areola visible above baby's mouth
- b. Lower lip turned outward, chin touching the breast, more areola visible below baby's mouth
- c. Upper lip turned outward, nose touching the breast, mouth widely open
- d. More areola visible above baby's mouth, lower lip turned outward, chin touching the breast

14. Predisposing factors to necrotizing enterocolitis (NEC) in neonates include;

- a. Dehydration, breastfeeding, hypothermia
- b. Prematurity, asphyxia, formula feeds
- c. Prematurity, oxygen therapy, feeding
- d. Transfusion, prematurity, formula feeds

15. Match the statements in column A with the corresponding description in column B.

Column A

- c) Brow presentation
- d) Complete breech

Column B

- V. The fetal head is partially extended and the frontal bone lies at the pelvic brim
- VI. The hips of the fetus are flexed and the legs are extended on the abdomen
- VII. The fetal head is completely extended and the frontal bone lies at the pelvic brim
- VIII. The hips and knees of the fetus are both flexed and feet tucked in beside the buttocks

16. Side effects that a midwife should look for while caring for a baby under convectional phototherapy include;

- a. Skin burns, isolation, thrombocytopenia
- b. Skin rash, necrotizing enterocolitis, isolation
- c. Hypoglycaemia, irritability, hypocalcemia
- d. Hypothermia, lethargy, altered neuro-behaviour

17. Causes of secondary postpartum haemorrhage include;

- a. Retained products of conception, infection
- b. Retained blood clots, anaemia
- c. Trauma, prolonged labour
- d. Uterine fibroids, endometritis

18. Erb's palsy is characterized by damage to the;

- a. lower brachial plexus involving the 7th and 8th cervical root nerves
- b. upper brachial plexus involving the 5th & 6th cervical root n
- c. all the brachial plexus nerve roots
- d. facial nerves

19. Neonatal period is defined as the period from birth upto;

- a. 14 days
- b. 12 months

c. 28 days

d. 7 days

20. Obstetric events that may precipitate disseminated intravascular coagulopathy (DIC) include;

a) Placenta abruption, multiple pregnancy, intra-uterine foetal death

b) Amniotic fluid embolism, placenta abruption, eclampsia

c) Eclampsia, foetal post-maturity, placenta abruption

d) Incomplete abortion, anaemia, maternal diabetes mellitus

PART II: SHORT ANSWER QUESTIONS (40 MARKS)

1. Draw and label a diagram of the pelvic inlet showing its diameters (5 marks)
2. State five (5) preventive strategies for PPH during 3rd stage of labour (5 marks)
3. State five (5) causes of physiological jaundice (5 marks)
4. Outline five (5) physiological changes that occur to the uterus during pregnancy (5 marks)
5. State five (5) indicators of prolonged labour that may be seen on the partograph (5 marks)
6. List six (6) danger signs associated with pre-eclampsia (3 marks)
7. State (5) benefits of Kangaroo mother care to the baby (5 marks)
8. Outline five (5) features of puerperal psychosis (5 marks)
9. State one side effect for each of the following drugs during pregnancy (2 marks)
 - a) Warfarin sodium (Coumadin)
 - b) Chloramphenicol

PART III: LONG ANSWER QUESTIONS (40 MARKS)

1. Ms. Pat comes to labour ward at 43 weeks and a diagnosis of post maturity made.
 - a) Differentiate between induction of labour and augmentation of labour (2 marks)
 - b) Describe the management of Ms Pat from commencement of syntocinon until the end of labour (15 marks)
 - c) State three (3) possible complications of syntocinon (3 marks)
2. Essential newborn care (ENC) is one of the pillars of the Kenya maternal and newborn health model.
 - a. State five (5) physiological changes that occur to the cardiovascular system after birth (5 marks)
 - b. Describe the management of a healthy low birth weight baby during the first 24 hours after birth (10 marks)
 - c. Outline five (5) elements of the warm chain for newborns (5 marks)

PART I: MCQs (20 marks)

- 1. The normal volume of blood flow through the placental site during pregnancy ranges from;**
 - a) 400-600 mls per minute
 - b) 500-800 mls per minute
 - c) 800-1500 mls per minute
 - d) 120-240 mls per minute
- 2. In- coordinate uterine action is characterised by;**
 - a) Painless contractions
 - b) Reduction in the resting tone of the uterus
 - c) Reversed polarity of the uterus
 - d) Contractions lasting longer in the upper uterine segment
- 3. The engaging diameter in breech presentation at the beginning of labour is;**
 - a) Biparietal
 - b) Bispinous
 - c) Bitrochanteric
 - d) Bisacromial
- 4. Indicate whether the following statements are TRUE or FALSE;**
 - a) A single dose of Vitamin A supplementation should be given to lactating mothers within 4 weeks of delivery
 - b) Women on anti-tuberculosis drugs should avoid breastfeeding
- 5. WHO recommends the use of oxytocin as the uterotonic drug of choice because it is;**
 - a) Effective in preventing PPH, can be refrigerated, long acting
 - b) Long acting, stable to in heat and light, minimal side effects
 - c) Fast acting, inexpensive, no contraindications
 - d) Long acting, stable in heat and light, effective in preventing PPH
- 6. Erb's palsy is a birth injury to the;**
 - a) Facial nerve
 - b) Cervical plexus
 - c) Lumbar plexus
 - d) Brachial plexus
- 7. The five main bones in the vault of the foetal skull are;**
 - a) 1 occipital bone, 2 temporal bones, 2 parietal bones
 - b) 2 temporal bones, 1 frontal bone, 2 parietal bones
 - c) 2 occipital bones, 2 parietal bones, 1 frontal bone
 - d) 2 frontal bones, 2 parietal bones, 1 occipital bone
- 8. Conditions associated with polyhydramnios include;**
 - a) Oesophageal atresia, maternal diabetes mellitus, severe foetal abnormality
 - b) Severe foetal abnormality, anemia, Rhesus-iso-immunization
 - c) Open neural tube defect, cardiac disease, placenta praevia
 - d) Maternal diabetes, sickle cell disease, foetal hypoxia
- 9. In persistent occipito posterior position, the occiput;**
 - a) Turns 1/8 of a circle to lie under the symphysis pubis
 - b) Fails to rotate forwards
 - c) Turns 3/8 of a circle to lie under the symphysis pubis
 - d) Fails to enter the pelvic brim
- 10. Characteristics of an android pelvis are:**
 - a) Cavity is shallow with a flat sacrum
 - b) Ischial spines are blunt
 - c) Brim is kidney shaped with a reduced antero-posterior diameter
 - d) Brim is heart shaped with a narrow fore- pelvis
- 11. A midwife will recognise post-partum haemorrhage due to trauma by observing the following signs;**

- a) Boggy uterus, bleeding per vagina, full bladder
- b) Uterus well contracted, bleeding per vagina, rising pulse rate
- c) Evidence of clots, uterus well contracted, falling blood pressure
- d) Enlarged uterus, altered level of consciousness, visible bleeding

12. The maintenance of physical well being of a mother postnatally is achieved through;

- a) Quietness, proper psychological approach, cleanliness
- b) Correction of anaemia, good nutrition, comfort
- c) Avoidance of complications, cleanliness, proper psychological approach
- d) Freedom from worry, adequate physical exercises, quietness

13. Match the terms in Column A with their corresponding descriptions in Column B.

Column A

- a) Wood's manouvre
- b) Lovset Manouvre

Column B

- i. A manoeuvre to deliver a breech which involves jaw flexion and shoulder traction
- ii. A manoeuvre for the delivery of shoulders and extended arms in breech
- iii. A manoeuvre to rotate the angle of the symphysis pubis superiorly and release the impaction of the shoulder in shoulder dystocia
- iv. A manoeuvre in which pressure is exerted on the foetal chest to rotate and abduct the shoulders to relieve shoulder dystocia.

14. A baby born at home is brought to the child welfare clinic at 4 weeks after birth. The care given to this baby includes;

- a) Administer birth polio, examine umbilical cord stump, enquire about baby's feeding
- b) Counsel mother on breastfeeding, weigh the baby, administer BCG vaccine
- c) Administer 1st polio vaccine, enquire about baby's sleep pattern, weigh the baby
- d) Enquire about baby's elimination, provide contraceptive, advise mother on personal hygiene

15. A mother comes to the antenatal clinic at 36 weeks gestation with a previous history of a fresh stillbirth and an abortion. This will be interpreted as;

- a) Para 0+2 gravida 3
- b) Para 3+0 Gravida 2
- c) Para 1+1 gravida 3
- d) Para 2+0 Gravida 3

16. The part of foetal presentation used to describe the position is referred to as:

- a) Attitude
- b) Lie
- c) Fetal axis
- d) Denominator

17. The correct timing to perform an episiotomy during normal labour is when;

- a) The head is at station 0 and the cervix is fully dilated
- b) The head crowns and there is a contraction
- c) The cervix is fully dilated and there is no painful contraction
- d) There is urge to push and cervix is fully dilated

18. Indirect causes of maternal deaths include;

- a) Postpartum haemorrhage, puerperal sepsis, malaria
- b) Pre-eclampsia, cardiac disease, HIV/AIDS
- c) Puerperal sepsis, eclampsia, abortion
- d) Pre-eclampsia, postpartum haemorrhage, severe malaria

19. The aims of first examination of the newborn are;

- a) Assess growth, maintain clear airway, assess maturity at birth
- b) Detect birth injuries, assess minor disorders, detect congenital anomalies
- c) Provide care, detect infections, assess growth and development
- d) Detect birth injuries, detect any congenital abnormalities, assess maturity at term

20. Maternal factors leading to intra-uterine growth retardation include;

- a) Diabetes mellitus, undernutrition, placenta praevia
- b) Smoking, chronic hypertension, renal disease
- c) Multiple gestation, abnormal cord insertion, cardiac disease
- d) Abruptio placenta, chorioamnionitis, multiple gestation

PART II: SHORT ANSWER QUESTIONS (40 marks)

1. Draw and label a diagram illustrating the cross-section of a lactating breast(5 marks)
2. State three (3) interventions that prevent mother to child transmission of HIV during labour(3 marks)
3. Explain how baby-parent bonding can be enhanced during the neonatal period (4 marks)
4. State four(4) complications of face presentation (4 marks)
5. State four (4) signs of Kernicterus in a newborn (4 marks)
6. Describe five (5) pillars of the maternal and Newborn Health model in Kenya (5 marks)
7. List the four (4) regions of the foetal skull (2 marks)
8. State four (4) consequences of iron deficiency anaemia in pregnancy (4 marks)
9. Outline three (3) specific nutritional counselling messages you will share with a client with gestational diabetes (3 marks)
10. State four(4) aims of pre-conception care (4 marks)
11. Explain the following terms (2 marks)
 - a) Exclusive breastfeeding
 - b) Baby friendly services

PART III: LONG ANSWER QUESTIONS (40 MARKS)

1. Baby Net is admitted to the newborn Unit with a diagnosis of pathological jaundice.
 - a) State three(3)diagnostic criteria for pathological jaundice(3 marks)
 - b) Describe the management of baby Net until the condition is controlled (12 marks)
 - c) State five (5) side effects of phototherapy(5 marks)
2. Ms. Yao para 0+ 0 is admitted in delivery unit at term and induction of labour is commenced by use of oxytocinon.
 - a) Define induction of labour (1 mark)
 - b) Describe the management of Ms. Yao till delivery of the baby (12 marks)
 - c) State five (5) contraindications for induction of labour (5 marks)
 - d) List four (4) elements assessed in the Bishops System of cervical scoring (2 marks)

PART I: MULTIPLE CHOICE QUESTIONS (20 marks)

- 1. The measurement of the non- pregnant uterus is:**
 - a) 5.5 cm long,5 cm wide and 2.5, depth
 - b) 10 cm long, 7.5 cm wide, 5cm depth
 - c) 7.5 cm long, 5cm wide, 2.5 cm depth**
 - d) 5 cm long, 2.5 cm wide ,2.5 cm depth
- 2. Functions of the prostate gland include;**
 - a) Synthesis of viscous fluid that keeps the sperms alive
 - b) Production of a thin lubricating fluid
 - c) Storage of spermatozoa
 - d) Synthesis of testosterone
- 3. During fetal development, the neural tube is derived from the;**
 - a) Ectoderm**
 - b) Mesoderm
 - c) Endoderm
 - d) Hypoblast
- 4. Presenting diameters in a well flexed head in a vertex presentation are the;**
 - a) Occipitofrontal, biparietal
 - b) Sub-occipitobregmatic, biparietal**
 - c) Sub-occipitofrontal,bitemporal
 - d) Mentovertical, bitemporal
- 5. 5. When a newborn baby is in contact with cold surfaces, heat loss occurs by;**
 - a) Evaporation
 - b) Radiation
 - c) Convection
 - d) Conduction**
- 6. Late neonatal deaths are defined as**
 - a) Live born babies whose death occurs between 7 and 21 days following birth
 - b) Live born babies whose death occurs between 7 and 28 days following birth
 - c) Live born babies whose death occurs between 14 and 28 days following birth
 - d) Live born babies whose death occurs between 14 and 42 days following birth
- 7. Indicate whether the following statements are TRUE or FALSE**
 - a) The length of the baby's breastfeeding session is determined by the quality of the attachment to the mother's breast **TRUE**
 - b) The fat content in breast milk is higher in colostrum than in mature milk **TRUE**
- 8. The direct causes of maternal mortality include;**
 - a) Haemorrhage, anaemia
 - b) Anaemia, tuberculosis
 - c) Haemorrhage, sepsis
 - d) Malaria, HIV/AIDs
- 9. The midwife checks for the presence of the cord around the neck during second stage of labour on;**
 - a) Extension of the head
 - b) Crowning of the head
 - c) Restitution
 - d) Birth of the head
- 10. The insulin requirement of a diabetic mother after delivery should ideally be;**
 - a) Increased to prevent hyperglycaemia
 - b) Decreased to prevent hypoglycaemia
 - c) Withdrawn as the mother recovers spontaneously after birth

d) Same as in pregnancy since carbohydrates metabolism increases after birth

11. In targeted postnatal care, the three postnatal checks are scheduled as follows;

- a) Within 24 hours, 2-4 weeks, 6th week
- b) Within 24 hours, 1-2 weeks, 6th week
- c) Within 48 hours, 1-2 weeks, 4-6 weeks
- d) Within 48 hours, 4-6 weeks, 6th month

12. During pregnancy, areas that appear whitish at the calf region are indicative of;

- a) Varicosities
- b) Phlebitis
- c) Deep vein thrombosis
- d) Disseminated intravascular coagulation.

13. While conducting a daily examination of a postnatal mother, a bulky uterus would indicate.

- a) Puerperal sepsis
- b) A ruptured uterus
- c) Retention of a second twin
- d) Inversion of the uterus.

14. In fetal circulation, the ductus arteriosus connects the:-

- a) Umbilical vein and inferior vena cava
- b) Right ventricular and left ventricular
- c) Pulmonary artery and the aorta
- d) left atrium and the right atrium

15. The signs of hypoglycaemia, in a full term baby includes:-

- a) High pitched cry, jitteriness, rolling of eyes
- b) Irritability, poor feeding, convulsions.
- c) Twitching, apnoeic episodes, convulsions.
- d) Rigidity of the trunk, high pitched cry, apnoeic episodes

16. Signs and symptoms of pulmonary embolism include

- a) Chest pain, dyspnoea, cough
- b) Hypertension, dyspnoea, chest pain
- c) Hypertension, pyrexia, tachycardia
- d) Hypertension, pyrexia, cough

17. Sub-involution of the uterus can be prevented by:-

- a) Early ambulation, regular emptying of the bladder, expelling products of conception.
- b) Expelling products of conception, maintaining personal hygiene, breastfeeding.
- c) Administration of analgesics, breastfeeding, early ambulation.
- d) Administration of oxytocic drugs, daily fundal height estimation, encouraging frequent bladder emptying.

18. Match the neonatal reflexes in column A with their corresponding descriptions in column B.

COLUMN A

- a) Moro reflex
- b) Asymmetrical tonic neck reflex

COLUMN B

- I. When held prone and suspended over the examiners arm, the baby momentarily holds the head level with the body and flexes the limbs
- II. When pulled upright by the wrists to a sitting position, the head lags initially then falls forward onto the chest
- III. In the supine position, the limbs on the side of the body to which the head is turned extend, while those on the opposite side flex
- IV. When the head and shoulders are suddenly allowed to fall back, the baby responds by adduction and extension of arms

19. Caput succedaneum is:-

- a. Collection of blood under the periosteum.
- b. A swelling under the scalp

c. Oedema of the Periosteum.

d. Congenital abnormality.

20. Probable signs of pregnancy include;

e) Amenorrhoea, pregnant test positive, frequency of micturition

f) Ballotement of the fetus, Braxton hicks contractions, positive pregnancy sign

g) Amenorrhoea, breast changes, quickening

h) Foetal heart tones, visualization of the foetus, foetal parts palpated

PART II: SHORT ANSWER QUESTIONS (40 MARKS)

1. Draw and label a view of the pelvic brim showing its diameters (5 marks)
2. State five (5) clinical features of placenta praevia (5 marks)
3. Explain five (5) complications associated with multiple pregnancy (5 marks)
4. State five (5) possible complications of epidural analgesia (5 marks)
5. Explain five (5) presumptive signs of the second stage of labour (5 marks)
6. State three (3) checks that a midwife must ensure before carrying out controlled cord traction (CCT) (3 marks)
7. State two (2) indications of cord blood sampling (2 marks)
8. List four (4) causes of face presentation (2 marks)
9. Explain four (4) benefits of the Kangaroo care (4 marks)
10. State four (4) aims of focussed antenatal care (4 marks)

PART III: LONG ANSWER QUESTIONS (40 MARKS)

1. Ms Doa is admitted to the birth facility with a diagnosis of prolonged pregnancy. She is scheduled for induction of labour.
 - a) Define prolonged pregnancy (1 mark)
 - b) Explain the specific management Ms. Doa during the induction of labour using syntocinon (12 marks)
 - c) State five (5) risks associated with the use of intravenous oxytocin (5 marks)
 - d) List four (4) complications of prolonged pregnancy on the foetus (2 marks)
2. Baby X is born at term with an Apgar score of 9 in 1 minute.
 - a) Describe the assessment of a newborn baby using the apgar score (10 marks)
 - b) Explain the specific management of baby X during the first 24 hours (10 marks)

PART I: MCQS (20 marks)

1. The recommended prophylactic dosage of Vitamin K for newborns is;

- a) 0.5 mg for term baby and 0.25 mg for preterm baby
- b) 1 mg for term baby and 0.01 mg for preterm baby
- c) 1 mg for term and 0.5 mg for preterm baby
- d) 0.5 mg for term baby and 1 mg for preterm baby

2. Leucorrhoea which is observed in pregnancy is as a result of;

- a) Marked desquamation of superficial epithelial cells
- b) Increased vaginal vascularity
- c) Interaction of epithelial cells with Doderleins bacillus
- d) Increased vaginal elasticity

3. The indications for vacuum extraction include;

- a) Preterm labour, obstructed labour
- b) Severe hypertension,maternal exhaustion
- c) Mild fetal distress,delayed second stage of labour
- d) Obstructed labour, breech presentation

4. A mother comes to the antenatal clinic at 36 weeks gestation with a history of a fresh stillbirth and an abortion. This will be interpreted as;

- a) Para 0+ 2 gravida 3
- b) Para 3+ 0 Gravida 2
- c) Para 1+ 1 Gravida 3
- d) Para 1+ 2 Gravida 3

5. Predisposing factors to polyhydramnious include;

- a) multiparity,open neural tube defect,oesophageal atresia
- b) Maternal diabetes, oesophageal atresia, multiple pregnancy
- c) Eclampsia,anencephaly,chorioangioma
- d) Anencephaly,placenta abruption,oesophageal atresia

6. Factors that favour vaginal breech delivery include;

- a) Complete breech, primiparity
- b) Multiparity,frank breech
- c) Adequate pelvis, frank breech
- d) Episiotomy, oxytocinon use

7. Maternal causes of unstable lie include;

- a) Lax uterine muscles,contracted pelvis
- b) Polyhydramnious,placenta praevia
- c) Lax uterine muscles, polyhydramnious
- d) Placenta praevia, contracted pelvis

8. Indirect Coombs test is done to;

- a) Check the presence of antigen D antibodies on fetal RBCs
- b) Check the presence of antigen D antibodies in maternal blood
- c) Establish the rhesus status of the fetus in utero
- d) Assess the presence of rhesus antigen in fetal blood

9. Effacement during labour refers to;

- a) Complete relaxation of the lower uterine segment
- b) Inclusion of the cervical canal into the lower uterine segment
- c) Process of enlargement of the os uteri to permit passage of the baby
- d) Process of merging the upper and lower uterine segments

10. The steps in the active management of 3rd stage of labour in order of sequence are:

- a) Rulling out presence of another baby, massaging the uterus and expelling clots, administration of oxytocin

- b) Massaging the uterus and expel clots, administration of oxytocin, delivery of the placenta by controlled cord traction
 - c) Rulling out presence of another another baby , delivery of the placenta by controlled cord traction, massaging the uterus to expel clots
 - d) Administration of oxytocin, delivery of the placenta by controlled cord traction, massaging the uterus and expelling clots.
- 11. Cardiovascular changes noted in pregnanvcy include an increase in the following**
- a) Plasma volume,haemoglobin, red cell mass
 - b) Total blood volume, red cell mass, hematocrit
 - c) Plasma volume, redcell mass, total blood volume
 - d) Hematocrit, plasma volume, total blood volume
- 12. One of the following statement is True regarding insulin needs during pregnancy;**
- a) Insulin requirements moderates as the pregnancy progresses
 - b) A reduced need for insulin occurs during the second trimester
 - c) Elevation of human chorionic gonadotrophin decreases the need for insulin
 - d) Foetal development depends on adequate insulin regulation
- 13. The correct regimen for administering magnesium sulphate loading dose intramuscularly is;**
- a) 5 g given as a divided dose in each of the buttocks over a period of 10-15 minutes
 - b) 10 g as a divided dose in each of the buttock over a period not less than 5 minutes
 - c) 4g as divided dose in each buttock over a period of not less than 5 minutes
 - d) 5g over a period of between 10-15 minutes
- 14. In type III placenta praevia;**
- a) Vaginal birth is inappropriate
 - b) The placenta is near the internal os
 - c) The fetus is usually in good condition
 - d) Bleeding is usually moderate
- 15. Caput succedaneum is:-**
- a. A collection of blood under the periosteum.
 - b. A swelling under the scalp
 - c. Oedema of the Periosteum.
 - d. Congenital abnormality
- 16. Diagnosis of obstructed labour on vaginal examination is made by;**
- a) Hypertonic uterine action, bandl's ring, oedematous cervix
 - b) Maternal distress, caput succedaneum ,poor cervical dilatation
 - c) Odema of the cervix, caput succedaneum, poor cervical dilatation
 - d) Shoulder presentation, foul smelling liquor amnii, fetal distress
- 17. Indicate whether the following statements are TRUE or FALSE .**
- a) Heparin is teratogenic and crosses the placental barrier
 - b) Epidural analgesia depresses the respiratory centre of the fetus
- 18. The hormone prolactin;**
- a) Is produced from the anterior lobe of the pituitary gland
 - b) Initiates the production of colostrum
 - c) Is produced by the posterior lobe of the pituitary gland
 - d) Initiates the production of milk by the first day of the puerperium
- 19. The indications of vaginal examination when admitting a mother in labour are;**
- a) Assessing pelvic adequacy, assessing progress of labour, checking if membranes are intact
 - b) Checking presentation, assessing stage of labour, assessing pelvic adequacy
 - c) Assessing progress of labour, assessing descent, assessing pelvic adequacy
 - d) Confirming second stage, checking if membranes are intact, assessing progress of labour
- 20. The role of a midwife during the 4th stage of labor includes;**
- a) Clearing the baby's airway, measuring blood loss, repairing any tears, transferring mother and baby to the postnatal ward
 - b) Delivering the placenta, identifying the baby, taking vital signs, documenting the events of labour and delivery

- c) Taking vital signs, checking to ensure the uterus is well contracted, noting the amount of per vaginal bleeding, making the mother comfortable
- d) Promoting mother-baby bonding, suturing any episiotomy, ensuring that the bladder is empty, providing a warm cup of tea

PART II: SHORT ANSWER QUESTIONS (40 MARKS)

1. Draw and label a diagram illustrating the longitudinal diameters of the fetal skull indicating their measurements (6 marks)
2. Describe five (5) reflex activities that are assessed on a newborn at birth (5 marks)
3. State five (5) complications associated with large for gestational age baby (5 marks)
4. List four (4) causes of neonatal seizures (2 marks)
5. State three (3) signs of true labor (3 marks)
6. Describe how physiological anemia occurs during pregnancy (4 marks)
7. Explain two (2) indications for exchange blood transfusion (2 marks)
8. State five (5) changes that occur to the breasts during pregnancy (5 marks)
9. Outline the classification of perineal tears (4 marks)
10.
 - a) Define maternal mortality (1 mark)
 - b) List six (6) direct causes of maternal mortality (3 marks)

PART III: LONG ANSWER QUESTIONS (40 MARKS)

1. Neonatal jaundice is a common condition in newborns.
 - a) State five (5) causes of pathological jaundice (5 marks)
 - b) Describe the management of a newborn with pathological jaundice (10 marks)
 - c) List six (6) possible side effects of phototherapy on a newborn (3 marks)
 - d) List four (4) signs of kernicterus in a newborn (2 marks)
2. Focused antenatal care is one of the pillars of the Kenya maternal and newborn health model.
 - a) State four (4) objectives of focused antenatal care (4 marks)
 - b) Describe the management of a mother during the first antenatal visit at 16 weeks gestation (10 marks)
 - c) Explain six (6) danger signs during pregnancy (6 marks)

PART I: MULTIPLE CHOICE QUESTIONS (20 MARKS)

1. **The pelvic joint that connects the spine to the pelvis is the;**
 - a) Sacrococcygeal joint
 - b) Sacroiliac joint
 - c) Iliacoccygeal joint
 - d) Symphysis joint
2. **The dimensions of the non pregnant uterus are;**
 - a) 5 cm long, 2.5 cm wide, 2.5 cm deep
 - b) 5 cm long, 5 cm wide, 2.5 cm deep
 - c) 7.5 cm long, 5 cm wide, 2.5 cm deep
 - d) 7.5 cm long, 2.5 cm wide, 2.5 cm deep
3. **The presenting diameters in a face presentation when the head is completely extended are;**
 - a) Sub-occipitobregmatic 9.5 cm, biparietal 9.5 cm
 - b) Occipitofrontal 11.5 cm, biparietal 9.5 cm
 - c) Sub-mentobregmatic 9.5 cm, bitemporal 8.2 cm
 - d) Mento-vertical 13.5, bitemporal 8.2 cm
4. **The micronutrient associated with the development of neural tube defects is;**
 - a) Riboflavin
 - b) Folic acid
 - c) Ascorbic acid
 - d) Niacin
5. **Leg cramps that occur in pregnancy can be relieved by;**
 - a) Foot and ankle circling, plenty of liquids
 - b) Warm bath before going to bed, Left lateral position
 - c) Plenty of liquids, left lateral position
 - d) Calcium supplements, bed rest
6. **The causes of secondary post partum haemorrhage include:**
 - a) Retained products of conception, infection
 - b) Retained blood clots, anaemia
 - c) Trauma, prolonged labour
 - d) Uterine fibroids, endometritis
7. **In type III placenta praevia;**
 - a) Vaginal birth is inappropriate
 - b) The placenta is near the internal os
 - c) The fetus is usually in good condition
 - d) Bleeding is usually moderate
8. **Complications associated with hyperthermia in newborn include;**
 - a) Hyponatraemia, plethora, dehydration
 - b) Dehydration, hypoglycaemia, hyponatraemia
 - c) Hypernatraemia, jaundice, recurrent apnoea
 - d) Jaundice, bradycardia, oedema
9. **A baby who passes meconium in urine should be suspected for;**
 - a) Necrotising enterocolitis
 - b) Hirschprung's disease
 - c) Imperforate anus
 - d) Rectal fistulae
10. **Match drugs in Column A with their adverse effects in Column B**

Column A

- a) Tetracycline
- b) Sabutamol

Column B

- i. Haematoma formation
- ii. Grey baby syndrome
- iii. Discouration of fetal teeth

11. Regarding insulin needs during pregnancy;

- e) Insulin requirements moderates as the pregnancy progresses
- f) A reduced need for insulin occurs during the second trimester
- g) Elevation of human chorionic gonadotrophin decreases the need for insulin
- h) Foetal development depends on adequate insulin regulation

12. The correct regimen for administering magnesium sulphate loading dose intramuscularly is;

- e) 5 g given as a divided dose in each of the buttocks over a period of 10-15 minutes
- f) 10 g given as a divided dose in each of the buttock over a period not less than 5 minutes
- g) 4g given as divided dose in each buttock over a period of not less than 5 minutes
- h) 5g given over a period of between 10-15 minutes

13. Pawliks manoeuvre is used to;-

- a) Palpate the lower pole of the uterus above the symphysis pubis
- b) Locate the foetal back in order to determine position
- c) Determine whether presentation is cephalic
- d) Judge the size, flexion and mobility of the head

14. 14. Events of fetal development that happen during 8-12 weeks gestation include;

- a) Fetal heart heard on auscultation, vernix caseosa appears
- b) Lanugo appears, swallowing begins
- c) Fetus responds to sound, eyelids close
- d) Finger nails can be seen, sex can be determined

15. 15. The order of foetal movements during normal labour after descent is;

- a) Extension of the head, internal rotation of the head, extension of the head, lateral flexion, resititution
- b) Lateral flexion, extension of the head, internal rotation of the head, lateral flexion, restitution
- c) Flexion, internal rotation of the head, extension of the head, restitution, lateral flexion
- d) Flexion, extension of the head, internal rotation of the head, restitution, lateral flexion

16. Second degree tear involve;

- a) The fourchette and the anal sphincter
- b) Bulbo cavernosus and pubococygeous muscles only
- c) Damage to the anal sphincter and rectal mucosa
- d) Fourchette and superficial perineal muscles.

17. Third stage of labour is considered abnormal if it exceeds;

- a) 15 minutes
- b) 30 minutes
- c) 45 minutes
- d) 60 minutes

18. 18. The signs of impending rupture of the uterus include;

- a) Rise in pulse rate, hypertonic uterine contractions, excruciating pain
- b) Bandl's ring, vaginal bleeding, cessation of uterine contractions
- c) Cessation of uterine contractions, tenderness in the lower uterine segment, rise in pulse rate
- d) Hypertonic uterine contractions, bandl's ring, vaginal bleeding

19. A woman at 30 weeks gestation experiencing sudden, painless brightly red vaginal bleeding would most likely be having

- a) Abruption placenta
- b) An ectopic pregnancy
- c) Placenta praevia
- d) Inevitable abortion

20. Breastfeeding promotes uterine involution because it;

- a) Stimulates production of progesterone to cause contraction of the uterus
- b) Stimulate secretion of prostaglandin to stimulate uterine contraction
- c) Causes the pituitary to secrete oxytocin to contract the uterus
- d) Promotes secretion of prolactin to increase uterine contractions

PART II: SHORT ANSWER QUESTIONS (40 MARKS)

1. Draw and labelled diagram to illustrate fetal circulation (6 marks)
2. State five (5) measures to relieve heartburn in pregnancy (5 marks)
3. State any five (5) anatomical and physiological reasons that increase the risk of newborns to respiratory compromise (5 marks)
4. Outline the classification of cardiac disease in pregnancy (4 marks)
5. Explain five (5) components of an individual birth plan (5 marks)
6. State four(4) signs of good attachment during breastfeeding (4 marks)
7. Explain three (3) features of cephalohaematoma (3 marks)
8. State two (2) non contraceptive benefits of implants (2 marks)
9. State two (2) indications of prolonged labour on a partograph (2 marks)
10. State four (4) changes that occur to the cardiovascular system during pregnancy (4 marks)

PART III: LONG ANSWER QUESTIONS (40 MARKS)

1. Ms. X 35 years old is admitted with eclampsia at 34 weeks gestation
 - a) Define eclampsia (1 mark)
 - b) Describe the specific management of Ms. X till the condition is controlled(14 marks)
 - c) State any four(4) danger signs that may indicate hypertensive diseases of pregnancy (4 marks)
2. Essential newborn care is one of the pillars of maternal and newborn health in Kenya.
 - a) Define neonatal period (1 mark)
 - b) Describe the management of the healthy newborn during the first 24 hours following birth (12 marks)
 - c) Explain any five(5) possible deformities of the genito-urinary system in a newborn (5 marks)
 - d) State three(3) reflexes elicited in a newborn (3 marks)

PART I: MCQS (20 MARKS)

- 1. Immediately after fertilization, the trophoblast develops into;**
 - a. Embryo and placenta
 - b. Chorion and placenta
 - c. Umbilical cord and amnion
 - d. Amnion and placenta
- 2. In Erb's palsy;**
 - a. There is damage to the lower brachial plexus involving the 7th and 8th cervical root nerves
 - b. There is damage to the upper brachial plexus involving the 5th & 6th cervical root nerves
 - c. There is damage to all the brachial plexus nerve roots
 - d. There is damage to the facial nerve
- 3. Late neonatal deaths are deaths occurring;**
 - a. After 24 hours of birth
 - b. Up to one year after birth
 - c. 14-28 days after birth
 - d. 7-28 days after birth
- 4. Features of dichorionic twins include;**
 - a. Two amnions, one placenta, dizygotic
 - b. Two amnions, two placentae, dizygotic
 - c. One amnion, one placenta, dizygotic
 - d. One amnion, two chorions, one placenta
- 5. While conducting normal delivery following the extension of the head, the midwife should:**
 - a. Assist in the lateral flexion of the head
 - b. Await the restitution of the head
 - c. Await external rotation of the head
 - d. Assist in the external rotation of the head
- 6. Diabetogenic hormones in pregnancy include**
 - a. Oxytocinon, human placental lactogen
 - b. Progesterone, prolactin
 - c. Human placental lactogen, cortisol
 - d. Cortisol, oestrogen
- 7. In breech delivery, Lovset manouvre is applied in;**
 - a. Extended legs
 - b. Extended arms
 - c. Stuck head
 - d. Extended head
- 8. A woman presents at the ANC clinic at 16 weeks gestation with a history of one living child and 2 abortions. The midwife will interpret this as;**
 - a. Para 3+1 gravida 4
 - b. Para 1+3 gravida 4
 - c. Para 2+2 gravida 4
 - d. Para 1+ 2 gravida 4
- 9. The purpose of administering anti D immunoglobulin to rhesus negative mother post delivery is;**
 - a. Destroys any maternal antibodies developed against the D antigen
 - b. Stimulates the production of anti rhesus factor antibodies
 - c. Destroys any fetal cells in the maternal circulation
 - d. Reverses any sensitization that may have occurred in earlier pregnancy
- 10. Lactational amenorrhoea method (LAM) is recommended for a woman who;**
 - a. Breastfeeds on demand, wants protection for one year only, usually resumes menstruation after six months
 - b. Breastfeeds exclusively, has not resumed menstruation, has a baby more than six months old
 - c. Breastfeeds exclusively, has history of delayed menstrual resumption, has a baby less than one year
 - d. Breastfeeds exclusively, has not resumed menstruation, has a baby less than six months old

11. The role of the midwife in relieving after pains during puerperium includes;

- a. Administering uterotonic drug, promote ambulation
- b. Encourage bed rest, advice the mother to withhold breastfeeding
- c. Administer appropriate analgesics, restrict ambulation
- d. Encourage breastfeeding, administer appropriate analgesics

12. Leucorrhoea which is observed in pregnancy is a result of;

- a. Marked desquamation of superficial epithelial cells
- b. Increased vaginal vascularity
- c. Interaction of epithelial cells with Doderleins bacillus
- d. Increased vaginal elasticity

13. The indications for vacuum extraction include;

- a. Preterm labour, obstructed labour
- b. Severe hypertension, maternal exhaustion
- c. Mild fetal distress, delayed second stage of labour
- d. Obstructed labour, breech presentation

14. Effacement during labour refers to;

- a. Complete relaxation of the lower uterine segment
- b. Inclusion of the cervical canal into the lower uterine segment
- c. Process of enlargement of the os uteri to permit passage of the baby
- d. Process of merging the upper and lower uterine segments

15. The impending signs of the rupture of the uterus include:

- a. Rise in pulse rate, hypertonic uterine contractions, excruciating pain
- b. Band's ring, vaginal bleeding, cessation of uterine contractions
- c. Cessation of uterine contractions, tenderness in the lower uterine segment, rise in pulse rate
- d. Hypertonic uterine contractions, bandl's ring, vaginal bleeding

16. Complications associated with hyperthermia in newborn include;

- a. Hyponatraemia, plethora, dehydration
- b. Dehydration, hypoglycaemia, hyponatraemia
- c. Hypernatraemia, jaundice, recurrent apnoea
- d. Jaundice, bradycardia, oedema

17. A baby who passes meconium in urine should be suspected for;

- a. Necrotising enterocolitis
- b. Hirschprung's disease
- c. Imperforate anus
- d. Rectal fistulae

18. Diagnosis of gestational diabetes will be made after a glucose tolerance test results on 2 separate occasions indicate;

- a. Fasting blood sugar >5.9 mmol/L and random blood sugar >14.9mmol/L
- b. Fasting blood sugar >3.9 mmol/L and random blood sugar >6.9 mmol/L
- c. Fasting blood sugar >7.8mmol/L and random blood sugar >11.1 mmol/L
- d. Fasting blood sugar and random blood sugar >10.9 mmol/L

19. When a newborn is placed on a cold surface heat loss occurs by:

- a. Convection
- b. Conduction
- c. Evaporation
- d. Radiation

20. Indicate whether the following statements are True or False

- a. During management of pre-eclampsia, complete bed rest produces a diuretic effect
- b. After delivery of the second twin, the midwife should observe for signs of placenta separation before giving uterotonic drug

PART II: SHORT ANSWER QUESTIONS (40 MARKS)

1. Draw and label a diagram illustrating the measurements of the non-pregnant uterus (5 marks)
2. State five (5) nursing diagnoses for a client with obstructed labour (5 marks)
3. Outline five (5) specific messages to a pregnant woman with a complaint of constipation (5 marks)
4. List four (4) possible complications of epidural analgesia (2 marks)
5. State three (3) ways of preventing sexually transmitted infections in pregnancy (3 marks)
6. Outline three (3) precautions you will take into account when administering magnesium sulphate to an eclamptic woman (3 marks)
7. State five (5) benefits of kangaroo mother care (5 marks)
8. State five (5) reasons for integrating tuberculosis with focused antenatal care (5 marks)
9. State five (5) adverse effects of phototherapy (5 marks)
10. Define the following terms (2 marks)
 - a. Exclusive breast feeding
 - b. Baby friendly hospitals

PART III: LONG ANSWER QUESTIONS (40 MARKS)

1. Ms. Dex 20 years old para 0+0 is admitted to labour ward in active phase of labour.
 - a. Outline the stages of labour (4 marks)
 - b. Describe how the partograph is used to monitor labour (12 marks)
 - c. Explain four (4) maternal factors that may affect the progress of labour (4 marks)
2. Neonatal jaundice is a common condition in newborns.
 - a. State six (6) causes of pathological jaundice (6 marks)
 - b. Describe the management of a newborn with pathological jaundice till the condition stabilizes (10 marks)
 - c. State four (4) signs of kernicterus in a newborn (4 marks)

SUPPLEMENTARY PAPER II MONDAY 12TH 2012

PART I: MCQS (20 MARKS)

- 1. The superficial muscles of the pelvic floor include:**
 - a) Bulbocavernosus, pubococcygeus, ischiocavernosus
 - b) Iliococcygeus, levator- ani, Ischiococcygeus
 - c) Ischiocarvernosus, Bulbocavernosus, Pubococcygeus
 - d) Transverse perineal, bulbocavernosus, ischiocavernosus**
- 2. In early development of the fetus the nervous system and the skin develop from;**
 - a) Ectoderm**
 - b) Endoderm
 - c) Mesoderm
 - d) Trophoblast
- 3. Causes of intrauterine growth retardation include;**
 - a) Multiple gestation, pre-eclampsia, maternal diabetes**
 - b) Hypertension, multiple pregnancy, multiparity
 - c) Radiation, hyperemesis gravidarum, primiparity
 - d) Multiparity, hyperemesis gravidarum, alcoholism
- 4. Signs of impending eclampsia include;**
 - a) Vomiting, convulsions, nausea
 - b) Oedema, proteinuria, hypertension
 - c) Blurred vision, epigastric pain, severe frontal headache**
 - d) Hypertension, blurred vision, coma
- 5. The indications of vaginal examination when admitting a mother in labour are;**
 - e) Assessing pelvic adequacy, assessing progress of labour, checking if membranes are intact**
 - f) Checking presentation, assessing stage of labour, assessing pelvic adequacy
 - g) Assessing progress of labour, assessing descent, assessing pelvic adequacy
 - h) Confirming presentation, checking if membranes are intact, assessing progress of labour
- 6. The steps in the active management of 3rd stage of labour in order of sequence are:**
 - e) Rulling out presence of another baby, massaging the uterus and expelling clots, administration of oxytocin
 - f) Massaging the uterus and expel clots, administration of oxytocin, delivery of the placenta by controlled cord traction
 - g) Administer oxytocin on birth of anterior shoulder , delivery of the placenta by controlled cord traction, massaging the uterus
 - h) Administration of oxytocin upon birth of baby, delivery of the placenta by controlled cord traction, massaging the uterus**
- 7. The sign of obstructed labour that can be detected on the patograph include;**
 - a) No advancement in the presenting part, excessive moulding, hypertonic uterine contractions**
 - b) Meconium stained liquor, hypotonic uterine contractions, fetal distress
 - c) Slow cervical dilatation, maternal distress, blood stained liquor
 - d) Hypertonic uterine contractions, meconium stained liquor, good advancement of the presenting part
- 8. The rooting reflex is defined as response of the baby to**
 - a) Being pulled upright by the wrist to a sitting position
 - b) Being supported upright with his feet touching a flat surface
 - c) Stroking of the cheek or side of the mouth**
 - d) Being left to drop from an angle of 45 degrees
- 9. Egometrine is contraindicated in the management of cardiac disease in pregnancy because;**
 - a) Reduces the cardiac output
 - b) Causes sudden increase in cardiac output
 - c) Lowers blood pressure
 - d) Decreases the rate of involution of the uterus**
- 10. Extended arms in breech presentation are delivered through;**
 - a) Burns marshall manoeuvre

b) Lovset manoeuvre

c) Maurcieau-smellie veit manoeuvre

d) Woods manoeuvre

11. Erb's palsy is a birth injury to the:

a) Facial nerve

b) Cervical plexus

c) Lumbar plexus

d) Brachial plexus

12. Indicate whether the following statements are TRUE or FALSE

a) Early neonatal death occurs in the first 7 days of life **T**

b) Perinatal death is a stillbirth or a death occurring in the first one year of life **F**

13. The bones that form the innominate bones of the pelvis are;

a) Coccyx, pubic, ilium

b) Ischium, coccyx, pubis

c) Sacrum, coccyx, pubic

d) Iscium, pubic, ilium

14. The normal colour of the stool of a newborn on the 3rd -5th day is;

a) Pale

b) Blackish green

c) Yellow

d) Brownish yellow

15. The diagnosis of occipito-posterior position during labour is;

a) Continuous backache, in-coordinate contractions

b) Early rupture of membranes, fetal heart heard at the flank

c) Difficulty to palpate the back, limbs palpated on both sides of the midline

d) Strong urge to push, limbs palpated on both sides of midline

16. The most common organisms that cause ophthalmia neonatorum are;

a) Treponema pallidum, Neisseria gonorrhoea

b) Treponema pallidum, Candida albicans

c) Neiseria gonorrhoeae, Chlamydia trachomatis

d) Candida albicans, Clostridium tetani

17. The hormones involved in lactation are:

a) Oestrogen and oxytocin

b) Progesterone and prolactin

c) Prolactin and oxytocin

d) Progesterone and oestrogen

18. The presence of brown, profuse offensive lochia and soft tender uterus during purperium is suggestive of:

a) Puerperal sepsis

b) Ruptured uterus

c) Retained products of conception

d) Uterine prolapsed

19. The third stage of labour is defined as:-

a) A period immediately after expulsion of the fetus until one hour after delivery

b) A period from the birth of the baby to expulsion of the placenta and membranes.

c) A state of retraction of oblique uterine muscles to expel the products of conception and achieve hemostasis.

d) A period immediately after expulsion of the foetus upto complete separation of the placenta.

20. The causes of postpartum haemorrhage due to atonic uterus include:

a) General anaesthesia, uterine fibroids, bruised cervix

b) Placenta praevia, retained products of conception, full bladder

c) Perineal tears, polyhydramnious, clotting defects

d) Retained placenta, trauma to the cervix, prolonged labour

PART II: SHORT ANSWER QUESTIONS (40 MARKS)

1. Draw and label the view of the fetal skull from above (5 marks)

2. State four (4) probable signs of pregnancy (4 marks)

- ✓ Chardwicks/jacqmiers sign
- ✓ Oslanders sign
- ✓ Hegars sign
- ✓ Uterine sauffle
- ✓ Braxton hicks contractions
- ✓ Ballotment of the fetus

3. State four (4) ways of diagnosing twin pregnancy (4marks)

- Auscultation
- Palpation
- Ultrasound examination
- History of multiple pregnancy
- inspection

4. State five(5) advantages of developing an individual birth plans(5 marks)

- Reduces anxiety
- Prepares the family for the newborn
- Reduces chances of infection
- Reduce risks of complications
- Prepares the parents psychologically & financially for the newborn

5. State six (6) signs of actual uterine rupture during labor (6 marks)

- ✓ Pain
- ✓ Diminished uterine contraction
- ✓ Tender abdomen
- ✓ Fetal parts easily palpable
- ✓ FHR easily heard
- ✓ Pallor due to bleeding
- ✓ Haemorrhage
- ✓ Increased maternal pulse rate

6. List six (6) characteristics of a preterm baby (3 marks)

- ✓ Weak cry
- ✓ Excessive lanugo
- ✓ Thin loose skin
- ✓ Closed eyes most of the time
- ✓ Undecended testes in males & minora protrudes covering the majora
- ✓ Widely opened sutures
- ✓ Pinna folds easily

7. Explain the specific management of engorged breasts in a breastfeeding postnatal mother (6 marks)

- ✓ Continous breastfeeding
- ✓ Hot compressors
- ✓ Encourage use of braisers to support the breast
- ✓ Continued breast pumps
- ✓ Administration of analgesics to reduce pain

8. State five (5) specific observations done on a neonate undergoing phototherapy (5 marks)

- ✓ Temperature
- ✓ Urine colour
- ✓ Colour of stool
- ✓ Observe for signs of dehydration
- ✓

9. State one side effect for each of the following drugs during pregnancy (2 marks)

c) Walfarin sodium (Coumadin)

-congenital birth defect –its an anticoagulant & crosses the placenta

d) Chloramphenicol

-causes bone marrow suppression leading to aplastic anaemia

PART III: LONG ANSWER QUESTIONS (40 MARKS)

1. Ms. X is admitted in postnatal ward following delivery through cesarean section.

a) Explain the physiological changes that occur in the uterus during puerperium (5 marks)

- ✓ Uterus reduces in size(involution of uterus)
- ✓ Cervix is soft n vascular
- ✓ Fundus of the uterus is located centrally
- ✓ Uterus feels hard/firm on palpation
- ✓

b) Describe the specific management of Ms. X during the first 24 hours (12 marks)

- Assess for pain
- Assess incision site for bleeding
- Monitor vitals
- Administer IV fluids to promote electrolyte balance
- Administer antibiotics
- Maintain proper hygiene to prevent infections
- Offer psychological support
- Frequent turning of patient to ensure comfortability
- Early ambulation
- Monitor fluid input output chart of patients.

c) List six (6) definite indications of cesarean section (3 marks)

- ✓ Previous c/s
- ✓ Breech
- ✓ Dystocia
- ✓ Fetal distress
- ✓ Antepartum haemorrhage
- ✓ Cord presentation
- ✓ Severe eclampsia
- ✓ Uterine rapture
- ✓ Obstructed labour

2. Baby Z is admitted to the NBU 2 hours following home delivery.

a) Describe the immediate management of baby Z (10 marks)

- ✓ Assess the general condition of the baby
- ✓ Weigh the baby
- ✓ Give TEO
- ✓ Administer vitamin K
- ✓ Ligate the cord

b) State five (5) possible complications of home delivery to the newborn (5 marks)

- ✓ Injury
- ✓ Infections
- ✓ Hypothermia
- ✓ Jaundice
- ✓ Hypoglycaemia
- ✓ Anaemia

c) Briefly describe targeted postnatal care (5 marks)

- ✓ Mothers health status
- ✓ Baby's health

