

## ABNORMAL MIDWIFERY REVISION QUESTIONS

### PART 1: MULTIPLE CHOICE QUESTIONS

1. Persistent nausea and vomiting related to pregnancy is indicative of
  - a) Morning sickness
  - b) Multiple gestation
  - c) Hyperemesis gravidarum
  - d) Hypertensive disorders
2. The complication that is associated with hyperemesis gravidarum is
  - a) Wernicke's encephalopathy
  - b) Sheehan's syndrome
  - c) Maurice encephalitis
  - d) Antepartum bleeding
3. Specific management of moderate pre- eclampsia involves
  - a) Admission at first contact
  - b) Managing as an outpatient case
  - c) Admission in the intensive care unit
  - d) Encouraging plenty of oral fluids
4. Arched back and tightly clenched teeth, are among the features of which stage of eclampsia:-
  - a) Clonic
  - b) Tonic
  - c) Premonitory
  - d) Coma
5. Causes of polyhydramnios includes :-
  - a) Congenital abnormalities and chorioangioma
  - b) Severe fetal hypoxia and multiple pregnancy
  - c) Uncontrolled diabetes mellitus and anaemia
  - d) Rhesus D isoimmunisation and post datism
6. Some of the neonatal complications of eclampsia are:-
  - a) Cerebral haemorrhage and pneumonia
  - b) Severe asphyxia and prematurity
  - c) Fractures and soft tissue trauma
  - d) Respiratory distress and hypoglycaemia

**Indicate whether True or False to answer questions 7 & 8.**

7.        i) Prenatal tuberculosis **always** leads to neonatal tuberculosis.  
          ii. Clinical features of tuberculosis prenatally are anaemia, intrauterine fetal death and glycosuria among others.
8.        i. Congenital malformations are **common** in Monozygotic twinning .  
          ii. Dichorionicity **only** occurs in diazygotic twinning.
9. Productive cough, dyspnoea at rest and generalized oedema are among the features of:-  
      a) Folate deficiency  
      b) Very severe anaemia  
      c) Mild iron deficiency  
      d) Severe anaemia
10. Incidental antepartum haemorrhage is also referred to as  
      a) Intraplacental haemorrhage  
      b) Intrapartum haemorrhage  
      c) Extraplacental haemorrhage  
      d) Preterm haemorrhage
11. Chemical diabetes mellitus is a classification based on  
      a) Symptom are absent and abnormal specific laboratory results  
      b) Presence of symptoms and abnormal specific laboratory results  
      c) Previous congenital abnormalities and unexplained stillbirth  
      d) Previous birth of a baby weighing >4.3kg and spontaneous abortion
12. Diamorphic anaemia results due to deficiency of  
      a) Iron and thiamine  
      b) Iron and folic acid  
      c) Folic acid and thiamine  
      d) Liver enzymes and iron
13. A **MAJOR** predisposing factor to cardiac disease in pregnancy includes  
      a) Rheumatic heart disease  
      b) Notable peripheral oedema  
      c) Easy fatiguability  
      d) Basal crepitation

14. Which **one** of the following clinical features denotes cardiac disease grade III?
- a) Patient is comfortable even at rest
  - b) Patient is asymptomatic initially
  - c) Marked limitation of physical activity
  - d) Absolute limitation of physical activity
15. The **MOST** common causative organism of acute pyelonephritis in pregnancy is
- a) Streptococcus faecalis
  - b) Escherichia coli
  - c) Proteus vulgaris
  - d) Staphylococcus aureus
16. The **PRIORITY** management of uncomplicated malaria during the second trimester includes administration of
- a) Oral quinine
  - b) Parenteral quinine
  - c) Artemether lumefantrine
  - d) Sulphadoxine pyrimethamine
17. The factor that is indicative of an abnormal labour pattern on vaginal examination is
- a) The vagina is warm and moist
  - b) Cervical canal is long and thick
  - c) Cervical canal is short and thin
  - d) The vagina is hot and dry
18. Which **one** of the following statements is correct about secondary post-partum haemorrhage?
- a) Mostly occurs between the 8<sup>th</sup>-14<sup>th</sup> day post-partumly
  - b) Results due to bleeding immediately after delivery
  - c) Can extend up to the first 46 days following delivery
  - d) Is diagnosed by presence of persistent lochia serosa
19. A non- pharmacological measure of pain relief in labour includes
- a) Entonox
  - b) Cyclothane
  - c) Homeopathy
  - d) Diamorphine

20. Indicate whether the following statements are **TRUE (T)** or **FALSE (F)**
- a) The most common cause of immediate postpartum haemorrhage is trauma to the genital tract during delivery.
  - b) There are four major principles to follow in the specific management of a mother with immediate postpartum haemorrhage.
21. In monozygotic twinning, splitting after twelfth (12<sup>th</sup>) day of fertilization is highly associated with
- a) Fetal papyraceous
  - b) Premature birth
  - c) Siamese twin
  - d) Diamniotic twin
22. The drug of choice in the management of eclampsia is
- a) Phenobarbitone
  - b) Magnesium sulphate
  - c) Calcium gluconate
  - d) Sodium bicarbonate
23. The main clinical feature in Hyperemesis gravidarum is
- a) Persistent vomiting or nausea
  - b) Persistent sight related problems
  - c) Persistent diarrhea and vomiting
  - d) Frequency or urgency of micturition
24. Wernicke's encephalopathy and Mallory-Weiss syndrome are among the complications of
- a) Placenta praevia
  - b) Hypertensive disorders
  - c) Vitamin B deficiency
  - d) Hyperemesis gravidarum
25. Uterine apoplexy is associated with
- a) Incidental haemorrhage
  - b) Placental abruption
  - c) Multiple pregnancy
  - d) Placenta praevia

26. Positive fasting blood sugar and oral glucose tolerance test, as well as being symptomatic is diagnostic of
- Potential diabetes mellitus
  - Gestational diabetes mellitus
  - Clinical diabetes mellitus
  - Chemical diabetes mellitus
27. Neonate born of a diabetic mother, is fed within the first 15 minutes to prevent :-
- Hypocalcaemia
  - Hypoglycaemia
  - Hyponatraemia
  - Hypokalaemia
28. Which of the following is associated with dizygotic twinning?
- Conjoined twins
  - Polyhydramnios
  - Superfecundation
  - Foetus compressus
29. The diagnostic factor of Polyhydramnios, based on percussion is
- Muffled fetal heart sounds
  - Presence of a dull sound
  - Excessive fetal movements
  - Presence of a fluid thrill
30. Immediate management of a neonate whose mother is TB smear positive at birth is
- isoniazid 5 mg per kg daily for 3 months
  - isoniazid 5 mg per kg daily for 3 weeks
  - isoniazid 5 mg per kg daily for 6 weeks
  - isoniazid 5 mg per kg daily for 6 months
31. Complete placenta praevia is also referred to as
- Type 4
  - Type 1
  - Type 2
  - Type 3

32. Haematinics , dietary advice and close surveillance are management plans for
- Moderate anaemia
  - Mild anaemia
  - Severe anaemia
  - Anaemia prevention
33. A predisposing factor to cardiac disease in pregnancy includes
- Pulmonary oedema
  - Easy fatiguability
  - Basal crepitation
  - Severe anaemia
34. The clinical feature that is suggestive of acute pyelonephritis in pregnancy is
- Kinking of the ureters
  - Vesico-ureteric reflux
  - Fishy smell in urine
  - Uncontrolled diabetes
35. A pregnant woman with acute pyelonephritis is advised on a high fluid intake so as to
- Promote enough rest
  - Correct dehydration
  - Relief irritability
  - Increase urine output
36. The **priority** management of uncomplicated malaria during the second trimester includes the administration of
- Oral quinine
  - Parenteral quinine
  - Artemether lumefantrine
  - Sulfadoxine pyrimethamine
37. The correct statement about malaria prophylaxis during pregnancy is that
- Sulfadoxine Pyrimethamine should be given to all pregnant women in malaria endemic zones
  - All pregnant women in malaria endemic zones are assumed free of the parasite until tested
  - Sulfadoxine Pyrimethamine should be administered with each alternate visit after quickening

- d) All antenatal clients in Kenya should receive intermittent presumptive treatment at least 6 doses
38. The commonly used inhalational analgesia during labour is
- a) Entonox
  - b) Trilene
  - c) Oxygen
  - d) Nitrous oxide
39. Which one of the following features is indicative of an abnormal labour pattern?
- a) Presence of the retraction ring
  - b) Presence of the bandl's ring
  - c) Cervical canal short and thin
  - d) Vagina is warm and moist
40. Post-partum haemorrhage is likely to lead to acute renal failure due to
- a) Sheehan's syndrome
  - b) Disseminated intravascular coagulation
  - c) Hypovolaemia leading to tubules necrosis
  - d) Asherman's syndrome
41. Placental parasitisation is associated with
- a) Malaria prenatally
  - b) Candidiasis prenatally
  - c) Tuberculosis prenatally
  - d) Multiple gestation
42. Complete placenta praevia is also referred to as
- a) Type 4
  - b) Type 1
  - c) Type 2
  - d) Type 3
43. Bruised and oedematous appearance of the uterus, associated with placenta abruption is collectively referred to as
- a) Wernicke's encephalopathy
  - b) Uterine prolapse
  - c) Couvelaire uterus
  - d) Asherman's syndrome

44. The **main** feature of Hyperemesis gravidarum is
- a) Pallor or cyanosis of mucous membrane
  - b) Inability to eat or retain food all through
  - c) Weakness because of severe state of shock
  - d) Smaller fundal height compared to dates
45. Which of the following can lead to placenta previa?
- a) Grandemultiparity
  - b) Preeclampsia
  - c) Placenta fenestrata
  - d) placenta increta
46. Mallory-Weiss syndrome is a complication of
- a) Placenta previa
  - b) Cardiac disease
  - c) Postpartum haemorrhage
  - d) Hyperemesis gravidarum
47. Bishop's score is based on
- a) Descent, presentation and cervical dilatation
  - b) Position, attitude and cervical length
  - c) Descent, cervical length and dilatation
  - d) Cervical dilatation, lie and effacement
48. Total loss of polarity and fundal dominance leads to
- a) Precipitate labour
  - b) Colicky uterus
  - c) Spontaneous labour
  - d) Cervical dystocia
49. Among the major predisposing factors of cardiac disease prenatally are
- a) Rheumatic heart disease and leukaemia
  - b) Ischaemic heart disease and dehydration
  - c) Uncontrolled hypertension and obesity
  - d) Smoking and peptic ulcer disease
50. Which of the following is **NOT** a source of pain in labour
- a) Uterine contractions
  - b) Socio-cultural norms



- c) Cervical dilatation
  - d) Pelvic floor stretching
51. Placenta previa is also referred as unavoidable haemorrhage because
- a) Bleeding results as the segment preparations for true labour
  - b) Bleeding results from pathological processes of the placenta
  - c) Bleeding always occurs after a gestation of 37 complete weeks
  - d) Of the high morbidity and mortality rate to the mother and neonate
52. The commonest causative organism of pyelonephritis is
- a) Streptococcus faecalis
  - b) Proteus vulgaris
  - c) Staphylococcus pyogene
  - d) Escherichia coli
53. Effects of pregnancy on malaria are
- a) Development of severe anaemia and severe jaundice
  - b) Blood smear is always positive and severe anaemia
  - c) Therapy limitation and few parasites in severe case
  - d) Loss of pregnancy and severe condition in few parasites
54. Haematinics , dietary advice and close surveillance are management plans for
- a) Moderate anaemia
  - b) Mild anaemia
  - c) Severe anaemia
  - d) Anaemia prevention
55. Effects of preeclampsia on the reproductive systems includes
- a) Development of infarcts and placental abruption
  - b) Lowered vaginal discharge PH and haemorrhage
  - c) Congestive cardiac failure and fetal hypoxia
  - d) Poor placental anchorage and severe infarction
56. The **correct** statement with regards to polyhydramnios is that
- a) Acute polyhydramnios has a gradual onset as from 20 weeks
  - b) Multiple pregnancy is a cause especially in dizygotic twinning
  - c) Chronic polyhydramnios has a gradual onset as from 30 weeks
  - d) On inspection, the abdomen is ovoid instead of being globular
57. Which **one** of the following is a cause of oligohydramnios?

- a) Absence of fetal urine production
  - b) Excessive fetal urine production
  - c) Blockage of the fetal gastro-intestinal tract
  - d) Dizygotic twinning thus twin to twin transfusion
58. T.B. in pregnancy predisposes a mother to premature labour due to
- a) Poor maternal appetite
  - b) Severe anaemia experienced
  - c) Adverse reactions of anti-T.B. drugs
  - d) The fever experienced
59. A client diagnosed with gestational diabetes at 24 weeks is scheduled for ANC care every
- a) Weekly up to 28 weeks
  - b) Two weekly up to 28 weeks
  - c) Four weekly up to 28 weeks
  - d) Three weekly up to 28 weeks
60. Which **one** of the following therapies is the **MOST** inco-oporated in the management of clients with gestational diabetes?
- a) Therapeutic diet alone
  - b) Long acting insulin
  - c) Oral hypoglycaemics
  - d) Short acting insulin
61. Bipartite placenta and succenturiate lobe are causes of
- a) Placenta abruptio
  - b) Placental calcification
  - c) Placenta preavia
  - d) Placental insufficiency
62. Prenatally, malaria parasite hide at the
- a) Bone marrow
  - b) Placental bed
  - c) Fetal circulation
  - d) Uterine muscle
63. Cardiac disease grade 1 is also known as;
- a) Organic disease
  - b) Mitral stenosis

- c) Ventricular failure
  - d) Vascular disease
64. Homeopathy, music therapy and hydrotherapy are among the;
- a) Systemic methods of pain relief
  - b) Regional analgesia methods of pain relief
  - c) Inhalational analgesia method of pain relief
  - d) Non pharmacological method of pain relief
65. The **commonest** causative agent for pyelonephritis is;
- a) Proteus vulgaris
  - b) Escherichia coli
  - c) Neisseria gonococcal
  - d) Streptococcus faecalis
66. During induction of labor with syntocinon, drops increase is stopped prematurely on
- a) Achieving three moderate contractions
  - b) Realizing normal maternal observations
  - c) Achieving progressive cervical dilatation
  - d) Observing normal fetal related observations
67. The drug of **choice** in the management of eclampsia is
- a) Phenobarbitone
  - b) Calcium gluconate
  - c) Magnesium sulphate
  - d) Sodium bicarbonate
68. The **commonest** major cause of primary postpartum haemorrhage is
- a) Trauma of the genital tract
  - b) Blood coagulation disorder
  - c) Prolonged 3<sup>rd</sup> stage
  - d) Atony of the uterus
69. Excessive bleeding from the genital tract after the first 24 hours , but within puerperium period is referred to as
- a) Primary postpartum haemorrhage
  - b) Tertiary postpartum haemorrhage
  - c) Secondary postpartum haemorrhage
  - d) Incidental postpartum haemorrhage

70. Surgical induction of labour refers to use of
- Cytotec and Mechanical cervical dilatation
  - Sweeping of membranes and amniotomy
  - Mechanical cervical dilatation and buscopan
  - Artificial rupture of membranes and syntocinon
71. Perception and reaction to labour pain is highly influenced by
- Labour preparedness and fatigue
  - Culture and age of the woman
  - Culture and level of education
  - Number of deliveries and anxiety.
72. Uterine apoplexy is associated with
- Postpartum haemorrhage
  - Hyperemesis gravidarum
  - Precipitate labour
  - Placenta abruption
73. Based on vaginal examination findings, indicators of abnormal labour are
- Bandl's ring and oedematous vulva
  - Oedematous cervix and fetal hypoxia
  - Hot ,dry vagina and arrest in descend
  - Maternal distress and severe moulding
74. Inability to eat or retain feeds throughout the day prenatally is highly associated with
- Weight gain control
  - Hyperemesis gravidarum
  - Morning sickness
  - presence of preeclampsia
75. In eclampsia, violent contraction and relaxation of the whole body occurs in
- Clonic stage
  - Coma stage
  - Premonitory stage
  - Tonic stage
76. Clinical diagnosis of polyhydramnios is based on excessive amount of amniotic fluid exceeding
- 1500 mls

- b) 2500 mls
  - c) 1900 mls
  - d) 3000 mls
77. Which **one** of the following drugs when used by a pregnant woman is likely to lead to oligohydramnios?
- a) Diazepam
  - b) Captopril
  - c) Ampicillin
  - d) Pethidine
78. A characteristic of monozygotic twins include
- a) Always of the same sex
  - b) Share a similar fingerprint pattern
  - c) Have different blood groups
  - d) Superfetation is a common finding
79. Diabetes in pregnancy predisposes a mother to developing vulvo-vaginitis due to
- a) High acidity levels which favours growth of E. coli
  - b) Low acidity levels which favours growth of candida albicans
  - c) Existing chronic hypertension
  - d) Lowered osmotic pressure
80. The drug of choice for treatment of smear positive slide in a T.B exposed neonate includes
- a) Rifampicin
  - b) Streptomycin
  - c) Isoniazid
  - d) Ethambutol
81. Persistent nausea and vomiting related to pregnancy is indicative of
- e) Morning sickness
  - f) Multiple gestation
  - g) Hyperemesis gravidarum
  - h) Hypertensive disorders
82. Immediate management of a neonate whose mother is TB smear positive at birth is
- a) isoniazid 5 mg per kg daily for 3 months
  - b) isoniazid 5 mg per kg daily for 3 weeks
  - c) isoniazid 5 mg per kg daily for 6 weeks

- d) isoniazid 5 mg per kg daily for 6 months
83. Bipartite placenta and succenturiate lobe are causes of
- a) Placenta abruption
  - b) Placenta previa
  - c) Placental calcification
  - d) Placental insufficiency
84. Wernicke's encephalopathy and Mallory-Weiss syndrome are among the complications of
- a) Placenta praevia
  - b) Hypertensive disorders
  - c) Vitamin B deficiency
  - d) Hyperemesis gravidarum
85. Uterine apoplexy is associated with
- a) Incidental haemorrhage
  - b) Placental abruption
  - c) Multiple pregnancy
  - d) Placenta previa
86. Positive fasting blood sugar and oral glucose tolerance test, as well as being symptomatic is diagnostic of
- a) Potential diabetes mellitus
  - b) Gestational diabetes mellitus
  - c) Clinical diabetes mellitus
  - d) Chemical diabetes mellitus
87. Neonate born of a diabetic mother, is fed within the first 15 minutes to prevent
- a) Hypocalcaemia
  - b) Hypoglycaemia
  - c) Hyponatraemia
  - d) Hypokalaemia
88. Which of the following is associated with dizygotic twinning?
- a) Superfecundation
  - b) Conjoined twins
  - c) Polyhydramnios

d) Foetus compressus

89. The diagnostic factor of Polyhydramnios, based on percussion is

- a) Muffled fetal heart sounds
- b) Presence of a dull sound
- c) Excessive fetal movements
- d) Presence of a fluid thrill

90. Incidental antepartum haemorrhage is also referred to as

- a) Intraplacent al haemorrhage
- b) Intrapartum haemorrhage
- c) Extraplacent al haemorrhage
- d) Preterm haemorrhage

**For questions 91 & 92, match the following with the statements in column A by indicating the correct number**

91. a) Colicky uterus

b) Constriction ring dystocia

92. a) Precipitate labour

b) Cervical dystocia

**COLUMN A**

- i). Cervix fails to dilate despite good uterine contractions and application of presenting part.
- ii). Results from excessive uterine action.
- iii). External cervical os doesn't dilate despite good uterine contractions and application of presenting part.
- iv). It is the best type of labour because of minimal associated complications.
- v). Results from reverse of polarity hence loss of fundal dominance.
- vi). Results from total loss of polarity and fundal dominance.
- vii). Localized spasms develop at the retraction ring, hindering descent
- viii). Localized spasms develop internal cervical os, hindering descent
- ix). It's associated with primary hypotonia.

93. A pregnant woman with acute pyelonephritis is advised on a high fluid intake so as to

- a) Promote enough rest

- b) Correct dehydration
  - c) Relief irritability
  - d) Increase urine output
94. The **correct** statement about malaria prophylaxis during pregnancy is that
- a) Sulfadoxine Pyrimethamine should be given to all pregnant women in malaria endemic zones
  - b) All pregnant women in malaria endemic zones are assumed free of the parasite until tested
  - c) Sulfadoxine Pyrimethamine should be administered with each alternate visit after quickening
  - d) All antenatal clients in Kenya should receive intermittent presumptive treatment at least 6 doses
95. Post-partum haemorrhage is likely to lead to acute renal failure due to
- a) Sheehan's syndrome
  - b) Dehydration
  - c) Hypovolaemia
  - d) Asherman's syndrome
96. Which **one** of the following statements is **correct** about secondary post-partum haemorrhage?
- a) Results due to bleeding immediately after delivery
  - b) Mostly occurs between the 8<sup>th</sup>-14<sup>th</sup> day post-partum
  - c) Can extend up to the first 46 days following delivery
  - d) Is diagnosed by presence of persistent lochia serosa
97. A non- pharmacological measure of pain relief in labour includes
- a) Entonox
  - b) Cyclothane
  - c) Diamorphine
  - d) Homeopathy
98. Which drug facilitates multiplication of malaria parasite when administered together with sulfadoxine pyrimethamine?
- a) Ranferon
  - b) Albendazole
  - c) Folic acid
  - d) Pholia acid



99. Some of the neonatal complications of eclampsia are:-
- Cerebral haemorrhage and pneumonia
  - Severe asphyxia and prematurity
  - Fractures and soft tissue trauma
  - Respiratory distress and hypoglycaemia
100. Among absolute contraindications to induction of labour are
- Fetal compromise and previous uterine scar
  - Cephalopelvic disproportion and genital ulcers.
  - Cephalopelvic disproportion and malpresentation.
  - Active genital herpes and intrauterine fetal death.
82. The complication that is associated with hyperemesis gravidarum is
- Wernicke's encephalopathy
  - Sheehan's syndrome
  - Maurice encephalitis
  - Antepartum bleeding
83. Arched back and tightly clenched teeth, are among the **features** of which stage of eclampsia:-
- Clonic
  - Tonic
  - Premonitory
  - Coma
3. Diamorphic anaemia results due to deficiency of
- Iron and thiamine
  - Folic acid and thiamine
  - Liver enzymes and iron
  - Iron and folic acid
4. Which **one** of the following clinical features denotes cardiac disease grade III?
- Patient is uncomfortable even at rest
  - Patient is asymptomatic initially
  - Marked limitation of physical activity
  - Absolute limitation of physical activity
5. In monozygotic twinning, splitting after twelfth (12<sup>th</sup>) day of fertilization is highly associated with

- a) Fetal papyraceous
  - b) Premature birth
  - c) Siamese twin
  - d) Diamniotic twin
6. The main clinical feature in Hyperemesis gravidarum is
- e) Persistent vomiting or nausea
  - f) Persistent sight related problems
  - g) Persistent diarrhea and vomiting
  - h) Frequency or urgency of micturition
7. Neonate born of a diabetic mother, is fed within the first 15 minutes to prevent
- e) Hypocalcaemia
  - f) Hypoglycaemia
  - g) Hyponatraemia
  - h) Hypokalaemia
8. The clinical feature that is suggestive of acute pyelonephritis in pregnancy is
- e) Kinking of the ureters
  - f) Fishy smell in urine
  - g) Vesico-ureteric reflux
  - h) Uncontrolled diabetes
9. Placental parasitisation is associated with
- e) Candidiasis prenatally
  - f) Tuberculosis prenatally
  - g) Multiple gestation
  - h) Malaria prenatally
10. Bruised and oedematous appearance of the uterus, associated with placenta abruption is collectively referred to as
- e) Wernicke's encephalopathy
  - f) Uterine prolapse
  - g) Couvelaire uterus
  - h) Asherman's syndrome
52. Placenta previa is also referred as unavoidable haemorrhage because
- e) Bleeding results as the segment preparations for true labour
  - f) Bleeding results from pathological processes of the placenta

- g) Bleeding always occurs after a gestation of 37 complete weeks
  - h) Of the high morbidity and mortality rate to the mother and neonate
12. Homeopathy, music therapy and hydrotherapy are among the;
- e) Systemic methods of pain relief
  - f) Regional analgesia methods of pain relief
  - g) Inhalational analgesia method of pain relief
  - h) Non pharmacological methods of pain relief
13. The drug of **choice** in the management of eclampsia is
- e) Phenobarbitone
  - f) Calcium gluconate
  - g) Magnesium sulphate
  - h) Sodium bicarbonate
14. Perception and reaction to labour pain is highly influenced by
- e) Labour preparedness and fatigue
  - f) Culture and level of education
  - g) Culture and age of the woman
  - h) Number of deliveries and anxiety.
15. Diabetes in pregnancy predisposes a mother to developing vulvo-vaginitis due to
- e) High acidity levels which favours growth of Escherichia coli
  - f) Low acidity levels which favours growth of candida albicans
  - g) Existing chronic hypertension
  - h) Lowered osmotic pressure
16. Based on **vaginal examination findings**, indicators of abnormal labour are
- e) Bandl's ring and oedematous vulva
  - f) Oedematous cervix and fetal hypoxia
  - g) Maternal distress and severe moulding
  - h) Hot ,dry vagina and arrest in descend

**For questions 17 and 18, state whether True (T) or False (F).**

17. a) Mother to child transmission of TB organisms **never** occur during labour.  
b) A neonate of a smear negative mother just before birth receive BCG as usual.
18. a) In mild preeclampsia the mother has no complains.

b) Presence of severe epigastric pain in preeclampsia is associated with hyperacidity.

19. Clinical diagnosis of Polyhydramnios is based on an amount of amniotic fluid exceeding

- a) 1500 ml
- b) 3000 ml
- c) 1900 ml
- d) 2500 ml

20. A characteristic of monozygotic twins is that

- a) They are always of the same sex
- b) They share a similar fingerprint pattern
- c) They have different blood groups
- d) Superfetation is a common finding

1. Postmaturity is pregnancy equal to or more than

- a) 38 completed weeks
- b) 42 completed weeks
- c) 40 completed weeks
- d) 36 completed weeks

2. In marginal cephalopelvic disproportion

- a) All the patients will need an operative delivery.
- b) Half of the patients will need an operative delivery.
- c) The problem is always overcome during labour.
- d) The pelvis too is small for the fetus to pass through.

3. Deep transverse arrest is

- a) Where flexion is always well maintained.
- b) Caused by strong uterine contractions throughout labor.
- c) Caused by a sacrum that is well curved.
- d) Where the level of the occiput and the sinciput is same.

4. A cause of shoulder presentation is

- a) Macerated fetus
- b) Postdates pregnancy
- c) Oligo hydramnios
- d) Placenta abruption

5. The presenting diameter in brow presentation is

- a) Submentobregmatic
  - b) Suboccipitofrontal
  - c) Occipitalfrontal
  - d) Mentovertical
6. The lie is defined as unstable when it keeps varying after
- a) 36 weeks gestation
  - b) 42 weeks gestation
  - c) 38 weeks gestation
  - d) 40 weeks gestation
7. When a hand/ foot, lies alongside the presenting part, the presentation is said to be
- a) Footling
  - b) Transverse
  - c) Compound
  - d) Cephalic
8. A condition of trial of scar is
- a) Estimated foetal weight of less than 3600g
  - b) Availability of a level one hospital nearby
  - c) Not more than two previous caesarean section scar
  - d) An adequate pelvis with true conjugate 10.5cm
9. Vaginal birth after caesarean section is known as
- a) Spontaneous vaginal delivery
  - b) Trial of scar
  - c) Spontaneous vertex delivery
  - d) Trial of birth
10. Vasa praevia occurs when there is a
- a) Velamentous insertion of the cord
  - b) Succenturiate insertion of the cord
  - c) Tripartite cord
  - d) Bipartite cord
11. The fetal head retracting against the perineum is a
- a) Gaskin sign
  - b) Turtle sign
  - c) Klumpke sign

- d) Chignon sign
12. Which of the following is an indication for forceps delivery
- a) Cephalopelvic disproportion
  - b) Occipito posterior position
  - c) Breech presentation
  - d) Placenta abruption
13. Cord presentation is when the
- a) Umbilical cord lies in front of the presenting part after the membranes have ruptured.
  - b) Umbilical cord lies in front of the presenting part before membranes have ruptured
  - c) Umbilical cord is tied around the foetal neck.
  - d) Umbilical cord has prematurely been detached.
14. Which **one** of the following is an obstetric emergency
- a) Aftercoming head in breech
  - b) Complete cephalic presentation
  - c) Complete breech presentation
  - d) Complete rupture of the uterus
15. The **correct** statement about shoulder dystocia is
- a) Its an impaction of the anterior shoulder after delivery of the head
  - b) Its an impaction of the posterior shoulder after delivery of the head
  - c) Shoulder dystocia occurs due to compound presentation of the fetus
  - d) Shoulder dystocia is not an emergency, it usually resolves on its own
16. Precipitate labour is an unusually rapid labour
- a) That is concluded in less than three hours
  - b) Where the external cervical os fails to dilate despite good uterine contractions
  - c) That is concluded in more than three hours
  - d) Where the external cervical os fails to dilate due to poor uterine contractions.
17. The diameter that presents in complete breech presentation is
- a) Bitrochanteric 9.5 cm
  - b) Bitrochanteric 10 cm
  - c) Bisacral 9.5 cm
  - d) Bisacral 10cm
18. The term persistent occipito-posterior position indicates that the occiput

- a) Escapes under the symphysis pubis
  - b) Rotates forward always
  - c) Reaches the pelvic floor first
  - d) Fails to rotate forward
18. The fetal head retracting against the perineum is a
- a) Gaskin sign
  - b) Turtle sign
  - c) Klumpke sign
  - d) Chignon sign.
19. Postdatism is pregnancy equal to or more than
- a) 280 days
  - b) 294 days
  - c) 290 days
  - d) 287 days
20. Prolonged second stage of labor in nulliporous women is labor for more than
- a) 1 hour
  - b) 2 hours
  - c) 4 hours
  - d) 8 hours
21. Classical caesarean section is indicated for
- a) An anteriorly situated placenta praevia
  - b) A posteriorly situated placenta praevia
  - c) A gestation of more than 32 weeks
  - d) Aesthetic purpose on maternal request
22. An indication for forceps delivery is
- a) Inadequate size of the pelvis
  - b) Delay in second stage of labor
  - c) Unsuccessful vacuum extraction
  - d) Fetal distress in first stage of labor
23. Signs of obstructed labour per vaginally include
- a) Dry vagina, Oedema of the cervix, Caput succedaneum
  - b) Plenty amniotic fluid, Hot/ dry vagina, meconium stained liquor
  - c) Meconium stained liquor, Hot/dry vagina, Diluted urine

- d) Caput succedaneum, Oedema of the cervix, plenty amniotic fluid
24. A condition of trial of scar is
- a) Estimated foetal weight of less than 3600g
  - b) Availability of a level one hospital nearby
  - c) Not more than two previous caesarean section scar
  - d) An adequate pelvis with true conjugate 10.5cm
25. Vaginal birth after caesarean section is known as
- e) Spontaneous vaginal delivery
  - f) Trial of scar
  - g) Spontaneous vertex delivery
  - h) Trial of birth
26. In True cephalopelvic disproportion
- a) Half of the patient will need an operative delivery
  - b) The problem may be overcome during labour
  - c) Operative delivery is unnecessary
  - d) Operative delivery will be needed
27. A correct statement about shoulder dystocia is:-
- a) It is an impaction of the anterior shoulder after delivery of the head
  - b) It is an impaction of the posterior shoulder after delivery of the head
  - c) Shoulder dystocia occurs due to compound presentation of the foetus
  - d) Shoulder is not an emergency and resolves on its own effort gradually
28. Predisposing factors to uterine rupture include
- a) Nulliparity, neglected obstructed labor
  - b) Breech presentation, multiple pregnancy
  - c) Neglected obstructed labour, high parity
  - d) Obstetric maneuvers, breech presentation
29. Pubiotomy is
- a) Access to the lower uterine segment by dissection tissues around the peritoneum
  - b) A surgical procedure in which the cartilage of the pubic symphysis is divided
  - c) Ligating of the pubic bones in case they are invaded by cancerous cells
  - d) Dissection of the perineal tissues to hasten the perineal phase of labor
30. Precipitate labour is an unusually rapid labour
- a) That is concluded in less than three hours



- b) Where the external cervical os fails to dilate despite good uterine contractions
  - c) That is concluded in more than three hours
  - d) Where the external cervical os fails to dilate due to poor uterine contraction.
31. On vaginal examination, the findings characteristic of brow presentation include
- a) Presenting diameter is submento-vertical 11.5cm, head partially extended
  - b) Back difficult to palpate, foetal heart heard on the same side as the limbs
  - c) Presenting diameter is mentovertical 13.5cm, heard partially extended
  - d) Presenting diameter is mento-vertical 13.5cm, heard completely extended
32. In breech delivery, the midwife is advised to keep her hands off the breech as it progressively descends so as to
- a) Ascertain the fetal wellbeing in utero
  - b) Allow enough room for the fetus to pass
  - c) Allow gravitating descent of the fetus
  - d) Prevent excessive traction being applied
33. Delivery of breech with an extended head is accomplished through
- a) Burns marshall maneuver
  - b) Lovset maneuver
  - c) Mauriceau-smellie-veit
  - d) Mc Robert's maneuver
34. The presenting diameters in face presentation are
- a) Submentovertival, bitemporal
  - b) Submentobregmatic, bitemporal
  - c) Submentobregmatic, biparietal
  - d) Mentovertical, bitemporal
35. The term used to describe the situation whereby there is presence of more than one part of the fetus on the pelvic brim at the onset of labour is
- a) Unstable lie
  - b) Foetal malpresentation
  - c) Foetal malposition
  - d) Compound presentation

36. Post maturity is a term that is used to describe a pregnancy that is equal to or more than
- 40 completed weeks
  - 38 completed weeks
  - 41 completed weeks
  - 42 completed weeks
37. A foetal associated risk of prolonged pregnancy includes
- Foetal macrosomia
  - Placental dysfunction
  - Caesarean section
  - Shoulder dystocia
38. Arrested active phase of labour in a multiparous woman denotes an abnormal labour pattern as characterized by
- Cessation of cervical dilatation for more than 2 hours
  - Cessation of cervical dilatation for more than 4 hours
  - Duration of latent phase of labour lasting more than 8 hours
  - Cessation of descent of the presenting part for more than 1 hour
39. Uterus hypotonicity is likely to lead to prolonged labour due to
- Incoordination of the uterus muscle fibres during a contraction
  - Maternal exhaustion because of improper preparation for labour
  - Weak receptors thus not strong enough to signal enough contraction
  - Inadequate pelvis thus not able to stimulate enough uterine contractions
40. Obstructed labour **MAINLY** results due to
- Maternal exhaustion
  - Cephalopelvic disproportion
  - Microsomic foetus
  - Foetal exsanguination
41. In obstructed labour, oedema of the vulva presents early due to
- Prolonged effort of the mother to push the baby
  - Pressure applied on cervix by the presenting part
  - An ill-fitting presenting part pressing on the cervix
  - Large presenting diameters stretching the vulva
42. Trial of scar is likely to have an auspicious outcome in/if the
- Estimated fetal weight is below 3500 grams

- b) Maternal body mass index is estimated at 27.5
  - c) Gestational age is approximately 42 weeks
  - d) Maternal age is approximately 42 years
43. An early sign of a ruptured uterus includes
- a) Maternal dehydration
  - b) Maternal pyrexia  $>38^{\circ}\text{C}$
  - c) Maternal oliguria
  - d) Failure of cervix to dilate
44. The **MOST** immediate action to take for a client in active labour at 32 weeks with a cord prolapse is to
- a) Push the cord back into the uterus with a gloved hand
  - b) Cover cord with sterile dry gauze
  - c) Place the client in knee-chest position
  - d) Prepare the client for immediate vaginal delivery
45. Which one of the following signs is indicative of possible shoulder dystocia during delivery?
- a) Failure of internal rotation of the head
  - b) Fetal head retracts against the perineum
  - c) Gentle traction aids in effecting the delivery
  - d) The occiput slowly restitutes towards the left side
46. The maneuver used in management of shoulder dystocia whereby midwife first identifies the posterior shoulder then tries to rotate it in the direction of the fetal chest is
- a) Wood's maneuver
  - b) Rubin's maneuver
  - c) Zavanelli maneuver
  - d) Reverse wood's maneuver
47. Prior to application of traction in forceps delivery, it's **MOST** important to note
- a) When the contraction ends
  - b) When the client feels the contraction
  - c) When the contraction begins
  - d) When the fetal heart rate drops
48. The **PRIORITY** health message to share with a client in the recovery room immediately following caesarean section includes
- a) Frequent coughing & deep breathing

- b) Importance of perineal self-care
  - c) Importance of early ambulation
  - d) Signs of puerperal infections
49. The engaging diameter in a face presentation is
- a) Sub-mento vertical diameter
  - b) Sub-mento bregmatic diameter
  - c) Mento vertical diameter
  - d) Sub-occipito bregmatic diameter
50. Vaginal delivery is possible in
- a) Brow presentation
  - b) Face presentation
  - c) Shoulder presentation
  - d) Unstable lie
51. The **MOST** common type of breech presentation is
- a) Frank breech presentation
  - b) Complete breech presentation
  - c) Incomplete breech presentation
  - d) Footling breech presentation
52. The appropriate time to perform external cephalic version in a breech presentation is at
- a) 36 gestational weeks
  - b) 38 gestational weeks
  - c) 42 gestational weeks
  - d) 40 gestational weeks
53. A maternal associated risk of prolonged pregnancy includes:-
- a) Intra-uterine oligohydramnios
  - b) Placental insufficiency
  - c) Fetal post-maturity syndrome
  - d) Large for gestational age baby
54. Which **one** of the following positions is **SAFEST** for a woman in labour with a cord prolapse?
- a) Lithotomy
  - b) Trendelenburg
  - c) Fowler's
  - d) Prone

55. A complication that is associated with breech delivery is
- Compression of cord
  - Neonatal cephalhaematoma
  - Pathological jaundice
  - Abruption placentae
56. Prior to taking a patient for an emergency caesarean section, it is **MOST** important to assess that:
- A signed informed consent has been given
  - A Foley's catheter has been inserted.
  - An intravenous line has been started
  - The perineal area has been shaved adequately.
57. Which **one** of the following fetal positions is associated with intense back pain during labour?
- Occipito- anterior
  - Transverse position
  - Occipito- posterior
  - Occipito- lateral
58. Intraperitoneal uterine rupture involves
- A tear of endometrium, myometrium & peritoneum
  - A tear of the endometrium, myometrium & basal layer
  - A tear of the endometrium, capsular layer & myometrium
  - A tear of the endometrium, spongy layer & myometrium only
59. Which **one** of the following statements is **CORRECT** with regards to precipitate delivery?
- May lead to uterine atony due to the moderate contractions experienced by client
  - Puerperal sepsis is likely to result from unhygienic measures incorporated post-natally
  - With adequate monitoring of the prenatal mother, precipitate delivery minimally recurs
  - May cause cervical lacerations because of rapid descent and delivery of the baby
60. Match the following malpresentations with their respective engaging diameters.
- | <u>Malpresentation</u> | <u>Engaging diameter</u> |
|------------------------|--------------------------|
| a) Brow presentation   | i) Sub-occipito frontal  |
| b) Face presentation   | ii) Sub-mento vertical   |
|                        | iii) Mento- vertical     |
|                        | iv) Sub-mento bregmatic  |
61. A mother with a cord prolapse is given oxygen at a rate of 4 litres/minute in order to

- a) Relieve maternal distress
- b) Promote her relative rest
- c) Improve the fetal oxygenation
- d) Achieve the effect of tocolysis

62. The term used to describe pure fetal blood loss that occurs following a ruptured vasa praevia is

- a) Fetal extra-vascularisation
- b) Fetal exsanguination
- c) Velamentous bleeding
- d) Fetal haemorrhage

63. Caesarean section performed at 30 gestational weeks is **BEST** performed through a

- a) Lower segment incision
- b) Upper segment incision
- c) Extra-peritoneal incision
- d) Classical type of incision

64. A definitive indication for elective caesarean section includes

- a) Cord prolapse denoted in first stage
- b) Failure of first stage to progress
- c) Major degree of placenta praevia
- d) Fetal compromise denoted in first stage

65. When caring for a mother following an assisted vaginal delivery, it's **MOST** important to remember that

- a) A vacuum extractor is safer than forceps because it causes less trauma to the baby & the mother's perineum

- b) The baby will develop a cephalhaematoma as a result of the instrumentation which is a normal expected outcome
- c) The use of instruments during the birth process is a fairly rare occurrence for women
- d) Additional nursing interventions are needed to ensure an uncomplicated postpartum

66. The **CORRECT** statement with regards to face to pubis delivery is

- a) It results due to a 135° anterior rotation of the occiput
- b) It results due to a persistent occipito posterior position
- c) It results due to a 45° anterior rotation of the occiput
- d) It results due to a 45° anterior rotation of the sinciput

67. Which **one** of the following statements is correct with regards to face presentation?

- a) Majority are classified as primary face presentation
- b) The presenting transverse diameter is the bi-parietal diameter
- c) Majority are classified as secondary face presentation
- d) Locating the anterior fontanelle is diagnostic of the presentation

68. Delivery of the head in a complete breech presentation is usually accomplished through

- a) Lovset maneuver
- b) Mauriceau smellie veit
- c) Burns Marshall method
- d) Gentle traction of the neck

69. The term used to describe a situation whereby the fetal lie keeps varying after 36 gestational weeks is

- a) Unstable lie
- b) Compound lie

- c) Multiple lie
  - d) aTransverse lie
70. Which **one** of the following is a characteristic of fetal post-maturity syndrome?
- a) Closed eyes, unusually alert
  - b) Long, frail finger nails
  - c) Wrinkled, peeling skin
  - d) Excess vernix caseosa
71. A Para 3+0 client who was scheduled for the fourth caesarean section comes in active labour. The **MAIN** complication of concern in this case is
- a) Placenta abruptio.
  - b) Rupture of the uterus.
  - c) Prolonged labour.
  - d) Precipitate labour.
72. A client is declared fit for a vaginal birth after caesarean section if
- a) Her previous C/S was due to cephalopelvic disproportion.
  - b) The current pregnancy is confirmed a multiple pregnancy.
  - c) Previous delivery was via caesarean section.
  - d) Previous delivery was via spontaneous vertex delivery.
73. In deep transverse arrest,
- a) The occipito-frontal diameter is caught at the bispinous diameter of the pelvic outlet.
  - b) The sub-occipito-bregmatic diameter is caught at the bispinous diameter of pelvic outlet.
  - c) The resulting outcome is usually a face to pubis delivery.
  - d) The sagittal suture is found at the oblique diameter of the pelvis.
74. The type of a cord prolapse characterized by presence of the fetal umbilical cord alongside the presenting part is
- a) Occult umbilical cord prolapse
  - b) Overt umbilical cord prolapse
  - c) Funic cord prolapse
  - d) Complete cord prolapse
75. Which **one** of the following is involved in the management of cord prolapse?
- a) Placing client on all fours position



- b) Application of fundal pressure
  - c) Placing client on Trendelenburg position
  - d) Labour augmentation using oxytocin regimen
76. Presence of a turtle's sign is clearly indicative of
- a) Prolonged labour.
  - b) Occipito-posterior position.
  - c) Shoulder dystocia.
  - d) Shoulder presentation.
77. Indicate whether the following statements are **TRUE (T)** or **FALSE (F)**.
- a) Zavanelli maneuver is a non-invasive technique commonly used to manage shoulder dystocia.
  - b) Post-partum haemorrhage is a common outcome of shoulder dystocia due to difficult delivery.
78. Fetal indications for caesarean section include
- a) Impacted face presentation, shoulder presentation, locked twins.
  - b) Impacted face presentation, severe pre-eclampsia, locked twins.
  - c) Cephalo-pelvic disproportion, shoulder presentation, locked twins.
  - d) Cephalo-pelvic disproportion, impacted face presentation, locked twins.
79. Which one of the following is a pre-requisite for forceps delivery?
- a) Intact membranes
  - b) Ruptured membranes
  - c) Cephalic presentation
  - d) Full urinary bladder
80. The presenting diameter in face presentation is
- a) Submento-vertical.
  - b) Mento-vertical.
  - c) Suboccipito-bregmatic.
  - d) Submento-bregmatic.
81. In face presentation, obstructed labour is likely to result because
- a) The face is an ill-fitting presenting part.
  - b) Of the larger presenting diameters.
  - c) Of failure in moulding unlike in vertex delivery.
  - d) Of presence of a caput succedaneum.

82. A maternal cause of shoulder presentation includes
- A sub-septate uterus.
  - Oligohydramnios.
  - Prematurity.
  - Multiple pregnancy.
83. The presenting diameter in brow presentation is
- Mentovertical.
  - Submentobregmantic.
  - Suboccipitofrontal.
  - Occipitalfrontal.
84. Delivery of the head in a breech presentation is usually accomplished through
- Lovset maneuver.
  - Burns Marshal Method.
  - Mauriceau-smellie veit manoeuvre.
  - Reverse woodscrew manoeuvre.
85. When a hand or foot, lies alongside the presenting part, the presentation is said to be
- Footling.
  - Transverse.
  - Cephalic.
  - Compound.
86. Precipitate labour is an unusually rapid labour
- Where the external cervical os fails to dilate despite good uterine contractions.
  - That is concluded in more than three hours.
  - That is concluded in less than three hours.
  - Where the external cervical os fails to dilate due to poor uterine contractions.
87. The term persistent occipito-posterior position indicates that the occiput
- Fails to rotate forward.
  - Escapes under the symphysis pubis.
  - Rotates forward always.
  - Reaches the pelvic floor first.
1. A circumscribed swelling on the newborn's scalp is indicative of
- Caput succedaneum
  - Subgaleal haemorrhage

- c) Intracranial injury
  - d) Neonatal cephalhaematoma
2. Neonatal injury to nerve roots C8 & T1 causes one of the following
- a) Klumpke's palsy
  - b) Erb's palsy
  - c) Phrenic injury
  - d) Radial palsy
3. Which one of the following clinical features indicates neonatal intracranial injury?
- a) An oedematous swelling on the newborn's scalp that resolves in 48 hours
  - b) Notable bleeding between the epicranial aponeurosis & the periosteum
  - c) Evidence of excessive molding or abnormal stretching of the fetal head
  - d) Peripheral cyanosis as noted by the midwife on the neonate's peripheries
4. The **PRIORITY** action to take when nursing a neonate on phototherapy is to
- a) Turn the neonate every six hours routinely
  - b) Encourage mother to discontinue breastfeeding
  - c) Notify physician if the skin turns bronze-coloured
  - d) Check the neonate's vital signs every 2-4 hourly
5. The most severe type of urinary tract trauma is that which presents with
- a) Retention of urine
  - b) Stress incontinence
  - c) Scalding sensation
  - d) Fistula formation
6. A clinical feature that is indicative of transient tachypnoea of the newborn is
- a) Rapid respirations of up to 120/ minute
  - b) There's marked recession of the rib cage
  - c) Mostly common following a normal delivery
  - d) Diminished respirations of less than 40/ minute
7. The most common complication of respiratory distress syndrome is
- a) Cerebral palsy
  - b) Pneumothorax
  - c) Epilepsy
  - d) Fractured ribs

8. Acute inflammatory mastitis can be prevented postnatally by encouraging breastfeeding mothers to
- Use prophylactic antibiotics
  - Use braziars of the right size
  - Wash the breasts thoroughly before breastfeeding
  - Empty the breast completely when breastfeeding
9. Complications of deep venous thrombosis include:-
- Pulmonary embolism, varicosity
  - Moist gangrene, secondary post partum haemorrhage
  - Hydronephrosis, haematoma formation
  - Prolonged labour, disseminated intravascular coagulopathy
10. Indicate whether the following statements are **TRUE** or **FALSE**
- Ecchymosis refers to a superficial injury whereby the skin remains intact thereafter.
  - Application of excessive pressure during delivery is likely to cause paralysis of the 7<sup>th</sup> cranial nerve.
11. Icterus gravis and hydrops fetalis are conditions highly associated with:
- Rhesus D incompatibility
  - ABO incompatibility
  - Physiological jaundice
  - Instant perinatal death
12. Aims of exchange transfusion procedure includes:
- Cure of haemolysis and restoration of haemoglobin level
  - Cure of hypoxia and removal of all toxic materials
  - Stabilisation of baby's immune system and liver functions
  - Control of haemolysis and restoration of haemoglobin level
3. The **earliest** onset of cephalohaematoma is
- Six hours postnatally
  - Twelve hours postnatally
  - Eighteen hours postnatally
  - Immediately after birth
4. Use of bed cradle in the management of leg thrombosis is meant to:
- Keep the legs straight
  - Prevent embolism

- c) Control body temperature
  - d) Promote venous drainage.
5. Inadequate levels of surfactant in a neonate leads to a condition referred to as
- a) Meconium aspiration syndrome
  - b) Intranatal pneumonia
  - c) Respiratory distress syndrome
  - d) Congenital pneumothorax
6. The major causative organism of urinary tract infection during puerperium is:
- a) Staphylococcus pyogene
  - b) Anaerobic streptococci
  - c) Chlostridium welchii
  - d) Escherichia coli
7. Which of the following birth trauma results from damage of cervical nerve root 5 & 6?
- a) Erb's palsy
  - b) Radial palsy
  - c) Brachial palsy
  - d) Facial palsy

**To answer question 8 , state whether True (T) or False (F)**

8. a) Puerperal pyrexia is characterized by any episode of fever during the entire puerperium.
- b) Causes of puerperal pyrexia is entirely obstetrical related
9. Psychosis during puerperium mostly manifests as
- a) Mania
  - b) Bipolar
  - c) Depression
  - d) Infection
10. Non-infective mastitis is associated with
- a) Cellulitis
  - b) Flat nipples
  - c) Bifid nipples
  - d) Adenitis

1. An oedematous swelling on the newborn's scalp is indicative of

- a) Caput succedaneum
  - b) Subgaleal haemorrhage
  - c) Intracranial injury
  - d) Neonatal cephalhaematoma
2. Excessive traction and twisting of the neck during delivery of the shoulders in SVD could lead to
- a) Erb's palsy
  - b) Radial palsy
  - c) Torticollis
  - d) Ecchymosis
3. Clinical features of facial palsy are
- a) Inability to feed and excessive cry
  - b) Reduced facial movement and irritability
  - c) Excessively dry eyeball and feeding difficulties
  - d) Eyes permanently open and no facial movement
4. The most common complication of respiratory distress syndrome is
- a) Cerebral palsy
  - b) Pneumothorax
  - c) Klumpke's palsy
  - d) Fractured ribs
5. Acute inflammatory mastitis can be prevented postnatally by encouraging breastfeeding mothers to
- a) Use prophylactic antibiotics
  - b) Use braziers of the right size
  - c) Wash the breasts thoroughly before breastfeeding
  - d) Empty the breast completely after breastfeeding
6. The main diagnostic feature of puerperal pyrexia is
- a) Fever  $\geq 38$  degree Celsius for three consecutive occasions.
  - b) Fever  $\geq 38$  degree Celsius for three days continuously.
  - c) Fever  $\geq 38$  degree Celsius for three weeks continuously.
  - d) Fever  $\geq 38$  degree Celsius for six days occasionally.
7. During neonatal resuscitation ,dry wiping is aimed at
- a) Preventing hypothermia and facilitating tactile stimulation

- b) Preventing haemorrhage and clearing of the air way
- c) Preventing infection and facilitating tactile stimulation
- d) Improving the appearance and preventing infection.

**To answer question 6 , indicate whether True(T) or False(F)**

1. (i) Psychosocial adversities are among the predisposing factors of puerperal psychosis.  
(ii) Ensuring security of patient is the **only** nursing management of puerperal psychosis.
2. Respiratory distress syndrome is caused by:
  - a) Poor quality of surfactant
  - b) Inadequate surfactant levels
  - c) Rib cage underdevelopment
  - d) Gradual alveolar rupture
3. Clinical features of intracranial injury includes:
  - a) Limpness, bruises and hypothermia
  - b) Irritability, hypoxia and paralysis
  - c) Hypothermia, limpness and irritability
  - d) Hypocalcaemia, paralysis and hypoxia
1. An in-organic risk factor to birth injuries includes
  - a) Maternal short stature
  - b) Prenatal oligohydramnios
  - c) External cephalic version
  - d) Foetal macrosomia

2. Match the conditions in column A with their correct description in column B

**COLUMN A**

- a) Torticollis
- b) Erb's palsy

**COLUMN B**

- i. Damage to the sternomastoid muscles
  - ii. Damage to the facial nerve
  - iii. Damage to the lower brachial plexus
  - iv. Damage to the upper brachial plexus
3. When resuscitating an asphyxiated baby, the purpose of ensuring adequate ventilation prior to administration of sodium bicarbonate is because

- a) The drug decreases carbon dioxide tension
  - b) The drug increases carbon dioxide tension
  - c) The drug is effective in correction of metabolic acidosis
  - d) The drug is effective in correction of metabolic alkalosis
4. The recommended number of chest compressions for neonatal resuscitation is
- a) 60 compressions coordinated with 30 breaths per minute
  - b) 3 compressions coordinated with 1 breath per minute
  - c) 1 compression coordinated with 3 breaths per minute
  - d) 90 compressions coordinated with 30 breaths per minute
5. The **MAIN** function of surfactant factor is to
- a) Prevent alveoli of the lungs from collapsing
  - b) Initiate breathing of the neonate at birth
  - c) Enhance maturity of respiratory centre in the brain
  - d) Regulate breathing immediately the baby is born
6. A specific clinical feature of respiratory distress syndrome includes
- a) Grunting on inspiration
  - b) Grunting on expiration
  - c) Flaring of the nostrils
  - d) Neonatal tachycardia
7. Which **one** of the following is an endogenous cause of puerperal sepsis?
- a) Chlamydia trachomatis
  - b) Escherichia coli
  - c) Clostridium tetani
  - d) Pseudomonas aeruginosa
8. The **MAIN** clinical feature of puerperal psychosis is
- a) Episodic insomnia
  - b) Neglect of hygiene
  - c) Major depression
  - d) Mild headache
9. The **MAIN** aim of encouraging plenty of fluids to a postnatal client with urinary tract trauma is to
- a) Control growth of organisms



- b) Keep client well hydrated
  - c) Main proper fluid balance
  - d) Facilitate proper healing
10. The type of D.V.T. that is characterized by formation of non-detachable clot(s) within an inflamed vein is known as
- a) Phlebothrombosis
  - b) Coagulopathy
  - c) Pelviopathy
  - d) Thrombophlebitis
11. The neonatal birth injury that results due to bleeding between the epicranial aponeurosis and the periosteum is
- a) Caput succedaneum
  - b) Intracranial haemorrhage
  - c) Subgaleal haemorrhage
  - d) Aponeurotic haemorrhage
12. Neonatal injury to nerve roots C8 & T1 causes **one** of the following
- a) Erb's palsy
  - b) Klumpke's palsy
  - c) Phrenic injury
  - d) Radial palsy
13. Icterus gravis and hydrops fetalis are conditions highly associated with:
- a) Rhesus D incompatibility
  - b) ABO incompatibility
  - c) Physiological jaundice
  - d) Instant perinatal death
14. Aims of exchange transfusion procedure includes:
- a) Cure of haemolysis and restoration of haemoglobin level
  - b) Cure of hypoxia and removal of all toxic materials
  - c) Stabilisation of baby's immune system and liver functions
  - d) Control of haemolysis and restoration of haemoglobin level
15. Kleihauser acid solution test is recommended in the management of
- a) Moderate physiological jaundice
  - b) Hemolytic jaundice prenatally

- c) Severe hepatosplenomegally
  - d) Hemolytic jaundice postnatally
16. A maternal febrile condition noted within the first three weeks of post partum is suggestive of
- a) Puerperal sepsis
  - b) Puerperal thrombosis
  - c) Puerperal pyrexia
  - d) Puerperal shock
17. A medical/obstetric predisposing factor to puerperal sepsis includes
- a) Delivery by unskilled birth attendants
  - b) Emergency caesarean section
  - c) Poor personal hygiene
  - d) Delay in care seeking
18. Which **one** of the following statements is correct with regards to puerperal psychosis?
- a) Majority of the patients present with major depression
  - b) Majority of the patients present with manic episodes
  - c) Personal history of mental disorder is considered a direct cause
  - d) Occurrence of post-partum blues is indicative of the condition
19. Complications of deep venous thrombosis include:-
- a) Moist gangrene, secondary post-partum haemorrhage
  - b) Pulmonary embolism, varicosity
  - c) Hydronephrosis, haematoma formation
  - d) Prolonged labour, disseminated intravascular coagulopathy
20. The **MAIN** aim of encouraging plenty of fluids to a postnatal client with urinary tract trauma is to
- a) Keep client well hydrated
  - b) Maintain proper fluid balance
  - c) Facilitate proper healing
  - d) Control growth of organisms
1. A neonate whose birth weight is 1201 grams is regarded as
- a) Genetically small neonate
  - b) Low birth weight neonate
  - c) Very low birth weight neonate

- d) Extremely low birth weight
2. A **correct** statement about an acute small for gestational age neonate is
- a) Entire body is proportionately reduced for gestational age
  - b) Head is disproportionately larger than the rest of the body
  - c) The body is disproportionately larger than the baby's head
  - d) The neonate appears plumpy with a scaphoid shaped abdomen
3. A **correct** statement denoting the purpose of vitamin K administration to neonates is
- a) All neonates need vitamin K to develop own immunity
  - b) Vitamin K prevents neonates from developing jaundice
  - c) Vitamin K promotes the growth of normal GIT bacteria
  - d) All neonates need vitamin K for activation of thrombokinase
4. A clinical feature that is suggestive of hypothermia neonatorum is
- a) Bradycardia
  - b) Hyperglycaemia
  - c) hypoventilation
  - d) Hyperventilation
5. The type of heat loss that is prevented by keeping the NBU temperature warm & warm wrapping of the neonates is
- a) Convection
  - b) Conduction
  - c) Evaporation
  - d) Radiation
6. Match the conditions in list A with their correct responses in list B

LIST A

- a) Myelomeningocele
- b) Hypertrichosis

LIST B

- i. Present in spina bifida occulta
- ii. Present in spina bifida cystica
- iii. Comprises of skin, meninges, cerebrospinal fluid
- iv. The skin around the lumbar-sacral area remains intact

7. Laryngeal stridor as a congenital abnormality is caused by
  - a) Choanal atresia
  - b) Laryngomalacia
  - c) Diaphragmatic hernia
  - d) Hirschsprung's disease
8. Predisposing factors to vitamin K deficiency bleeding include
  - a) Postnatism, prematurity
  - b) Asphyxia, congenital abnormalities
  - c) Prematurity, hypoxia
  - d) Hypoxia, congenital abnormalities
9. The main feature in the initial stage of shock is
  - a) Cyanosis
  - b) Tachycardia
  - c) Sweat beads
  - d) Hypotension
10. In uterine inversion, the last part to be replaced is the
  - a) Cervix
  - b) Fundus
  - c) Isthmus
  - d) Body
11. Greatly reduced eliminations and red rosy appearance of face are among the features of
  - a) Hypothermia neonatorum
  - b) Hypoglycaemia neonatorum
  - c) Hyperthermia neonatorum
  - d) Hypocalcaemia neonatorum
12. The birth weight of a very low birth weight baby ranges between
  - a) 1000- 500 gm
  - b) 500-1500 gm
  - c) 1001-1500 gm
  - d) 1500-2000 gm
13. The gradual rewarming process in the management of hypothermia neonatorum is aim at
  - a) Providing energy
  - b) Preventing shock

- c) Providing comfort
  - d) Preventing burns
14. Convulsions in amniotic fluid embolism are confused for:-
- a) Antepartum eclampsia
  - b) Presence of stroke
  - c) Pre-existing epilepsy
  - d) Postpartum eclampsia
15. Teratogenic causes of congenital malformations includes
- a) Infective agents and chromosomes
  - b) Radiation and substance of abuse
  - c) Prematurity and prophylactic antibiotic
  - d) Substance of abuse and postdatism
16. **Indicate whether True(T) or False(F)**
- a) Choanal atresia presents with noisy breathing.
  - b) Diaphragmatic hernia is associated with lungs underdevelopment.
17. Vitamin K prevents haemorrhagic disease of the neonate by
- a) Activating the white blood cells
  - b) Activating the dormant clotting factors
  - c) Adopting a fibrinogen sparing mechanism
  - d) Altering the red blood cells count
18. The baby dies immediately after birth due to presence of
- a) Pulmonary stenosis
  - b) Aorta Coarctation
  - c) Transcuserteriosus
  - d) Ductus arteriosus
19. Hypoplastic left heart syndrome is characterized by underdevelopment of
- a) Pulmonary veins , ventricles and aortic valve
  - b) Left ventricle, atrium and pulmonary vessels
  - c) Aorta arch, venacava and right atrium
  - d) Left ventricle , aortic valve and arch
20. Classical vitamin k deficiency bleeding occurs
- a) Within the first 24 hours of birth.
  - b) Within the first week of birth.
  - c) Within the neonatal stage

- d) Within the infancy stage
21. Red rosy appearance on the face and greatly reduced eliminations are among the features of
- a) Hypothermia neonatorum
  - b) Hypoglycaemia neonatorum
  - c) Hyperthermia neonatorum
  - d) Hypocalcaemia neonatorum
22. Convulsions in amniotic fluid embolism are confused for
- e) Antepartum eclampsia
  - f) Presence of stroke
  - g) Pre-existing epilepsy
  - h) Postpartum eclampsia
23. The last part to be replaced in uterine inversion is the
- a) Cervix
  - b) Fundus
  - c) Isthmus
  - d) Body
4. The gradual rewarming process in the management of hypothermia neonatorum is aimed at
- a) Providing energy
  - b) Providing comfort
  - c) Preventing shock
  - d) Preventing burns
5. Dwarfism is associated with:-
- a) Polydactylism
  - b) Achondroplasia
  - c) Syndactylism
  - d) Talipes
6. Hypoplastic left heart syndrome is characterized by underdevelopment of
- a) Pulmonary veins, ventricles and aortic valve
  - b) Left ventricle, atrium and pulmonary vessels
  - c) Aorta arch, venacava and right atrium
  - d) Left ventricle, aortic valve and arch
7. In laryngeal stridor the noise is more marked during
- a) Inspiration
  - b) Expiration
  - c) Feeding
  - d) Play
8. Which of the following is highly associated with preterm baby?

- a) Social habits
  - b) Genetic factors
  - c) Multiple gestation
  - d) chronic conditions
9. In the management of low birth weight baby a thermal controlled environment is aimed at
- a) Prevention of infection
  - b) Facilitation of weight gain
  - c) Provision of quality care
  - d) Provision of nutrition
10. Classical vitamin k deficiency bleeding occurs
- a) Within the first 24 hours of birth.
  - b) Within the neonatal stage
  - c) Within the infancy stage
  - d) Within the first week of birth.
11. The birth weight of an extremely low birth weight baby ranges between
- a) 1000- 500 gm
  - b) 500-1500 gm
  - c) 1001-1500 gm
  - d) 1500-2000 gm
2. Important components that mobilizes brown fat in neonates to produce heat are
- a) Respiration and activity
  - b) Oxygen and protein
  - c) Calcium and glucose
  - d) Oxygen and glucose
3. Complications of unrepaired cleft lip and palate includes
- a) Pneumonia and retarded growth
  - b) Mental retardation and blindness
  - c) Failure to thrive and deafness
  - d) Impaired speech and convulsions
4. Congenital retraction of the prepuce , so that the glans is permanently exposed is known as
- a) Phimosi
  - b) Paraphimosi
  - c) Hypospadias
  - d) Hermaphroditism

5. Teratogenic causes of congenital abnormalities includes
  - a) Medical conditions and pesticides
  - b) Prescription drugs and chromosomes
  - c) Radiation and substances of abuse
  - d) Disordered genes and medical conditions
6. McEwen sign is associated with
  - a) Hydrocephalus
  - b) Myelomeningocele
  - c) Microcephaly
  - d) Encephalocele
7. The congenital abnormality of the respiratory tract, associated with abnormal apical position is
  - a) Laryngeal stridor
  - b) Diaphragmatic hernia
  - c) Choanal atresia
  - d) Tracheo-bronchi fistula
8. The baby dies immediately after birth due to presence of
  - a) Pulmonary stenosis
  - b) Aorta Coarctation
  - c) Transcus arteriosus
  - d) Ductus arteriosus
9. Causes of Down syndrome are
  - a) Trisomy, deletion and non-disjunction
  - b) Mosaicism, duplication and translocation
  - c) Translocation, mosaicism and deletion
  - d) Mosaicism, trisomy and translocation
10. Vitamin K prevents haemorrhagic disease of the neonate by
  - a) Activating the white blood cells
  - b) Activating the dormant clotting factors
  - c) Adopting a fibrinogen sparing mechanism
  - d) Altering the red blood cells count
16. The gradual rewarming process in the management of hypothermia neonatorum is aim at
  - e) Providing energy



- f) Preventing shock
  - g) Providing comfort
  - h) Preventing burns
2. McEwen sign is associated with
- e) Hydrocephalus
  - f) Myelomeningocele
  - g) Microcephaly
  - h) Encephalocele
3. A clinical feature that is suggestive of hypothermia neonatorum is
- a) Hyperglycaemia
  - b) Hypoventilation
  - c) Bradycardia
  - d) Hyperventilation

For questions 4 and 5 match the **conditions** with their **correct** responses in column A

4. a) Myelomeningocele  
b) Hypertrichosis
5. a) Choanal atresia  
b) Diaphragmatic hernia

column A

- v. Present in spinal bifida occulta
  - vi. Present in both spinal bifida occulta and cystica
  - vii. Comprises of skin, meninges, cerebrospinal fluid
  - viii. The skin around the lumbar-sacral area remains intact
  - ix. Presents with underdevelopment of the lungs
  - x. Characterized by noisy breathing
  - xi. Inability to pass a nasogastric tube is among the clinical features
  - xii. Cardiomegally is among the diagnostic features
6. Vitamin K prevents haemorrhagic disease of the neonate by
- e) Activating the white blood cells
  - f) Activating the dormant clotting factors
  - g) Adopting a fibrinogen sparing mechanism

- h) Altering the red blood cells count
7. Causes of Down syndrome are
- e) Trisomy, deletion and non-disjunction
  - f) Mosaicism, duplication and translocation
  - g) Translocation, mosaicism and deletion
  - h) Mosaicism, trisomy and translocation
8. Convulsions in amniotic fluid embolism are confused for
- i) Postpartum eclampsia
  - j) Antepartum eclampsia
  - k) Presence of stroke
  - l) Pre-existing epilepsy
9. Congenital retraction of the prepuce characterized by a permanently exposed glans penis is known as
- e) Phimosis
  - f) Hypospadias
  - g) Paraphimosis
  - h) Hermaphroditism
10. Classical vitamin k deficiency bleeding occurs
- e) Within the first 24 hours of birth.
  - f) Within the first week of birth.
  - g) Within the neonatal stage
  - h) Within the infancy stage

**PART II: SHORT ANSWER QUESTIONS**

**MARKS**

- |                                                                          |   |
|--------------------------------------------------------------------------|---|
| 1. List two (2) effects of preeclampsia on each of the following systems |   |
| a) Reproductive .                                                        | 1 |
| b) Cardiovascular .                                                      | 1 |
| c) Renal .                                                               | 1 |
| d) Central nervous.                                                      | 1 |
| 2. State three(3) clinical features of impending eclampsia.              | 3 |
| 3. Outline four (4) complications of Polyhydramnios .                    | 4 |
| 4. In regard to multiple pregnancy,                                      |   |

- a) Differentiate between monozygotic and diazygotic twin. 2
5. State four (4) diagnostic factor on physical examination. 4
6. State two (2) on each of the following in regard to diabetes mellitus
- a) Areas of preconception care to share with a known DM. 2
- b) Effects of pregnancy on diabetes. 2
- c) Effects of diabetes on the fetus. 2
6. Explain the specific management of mild anaemia prenatally. 4
7. State three (3) preventive measures of anaemia. 3
8. With regards to cardiac disease in pregnancy:-
- a) List four (4) non- blood investigations that are conducted to confirm the diagnosis 2
- b) Explain four (4) effects that pregnancy has on a cardiac patient 4
9. State four (4) effects of malaria on pregnancy 4
10. a) Define each of the following.
- i. Antepartum haemorrhage. 1
- ii. Unclassified antepartum haemorrhage. 1
- b) List four (4) predisposing factors to placental abruption. 2
- c) State two (2) complications of placenta praevia. 2
11. a) What is meant by the term quintuplets? 1
- c) State four(4) complications of multiple pregnancy during prenatally 4
12. In regard to diabetes mellitus, **outline** four (4) on each of the following
- a) Areas of preconception care 2
- b) Indications of caesarean section. 2
- c) Effects of diabetes mellitus on the mother 2
23. State the first three (3) stages of eclampsia. 3
4. In regard to anaemia,
- a) List four (4) causes prenatally. 2
- b) Outline tthree(3)clinical features of severe state 3
- c) State two(2) preventive measures 2
6. State three (3) causes of Polyhydramnios. 3
7. Explain five (5) causes of uterine atony leading to post-partum haemorrhage 5

8. With regards to induction of labour:-
  - a) List four (4) absolute contraindications to the procedure 2
  - b) Outline three (3) complications likely to occur 3
1. List four(4) on each of the following
  - a) Impending features of eclampsia. 2
  - b) Stages of eclampsia in their correct order. 2
2. State three(3) on each of the following in regard to placenta abruption
  - a) Predisposing factors. 3
  - b) Clinical features. 3
3. Outline five (5) causes of anaemia prenatally. 5
4. State five (5) clinical features of cardiac disease prenatally. 5
5. In regard to pain relief during labour,
  - a) List four (4) non-pharmacological methods. 2
  - b) State three (3) cautions before pethidine is administered. 3
6. a) Differentiate between induction and augmentation of labour. 2
- b) State three (3) complications associated with use of syntocinon to induce labour. 3
7. List four (4) clinical features of preeclampsia. 2
8. Outline three (3) predisposing factors to pyelonephritis. 3
9. In regard to abnormal pattern of labour;
  - a) List four (4) factors that indicate abnormal pattern. 2
  - b) Define each of the following;
    - i. Hypotonic uterine action. 1
    - ii. Cervical dystocia. 1
    - iii. Precipitate labour. 1
1. In regard to antepartum haemorrhage
  - a) Define incidental antepartum haemorrhage. 1
  - b) State four (4) classes of placenta previa 4
2. Explain the four (4) ps that determine the course of labour. 4
3. a) Describe the term postpartum haemorrhage. 2
- b) List six (6) causes of atonic uterus. 3
- c) State three (3) complications of postpartum haemorrhage. 3
4. Outline four clinical features of uncomplicated malaria. 4
5. List four(4) on each of the following

a) Major predisposing factors to cardiac disease.	2
b) Areas of preconception care discussed with known clients of heart disease.	2
c) Effects of cardiac disease on pregnancy.	2
6. Differentiate between epidural and spinal analgesia.	2
7. State three (3) indications of induction of labour.	3
8. List six (6) clinical features of pyelonephritis prenatally.	3
9. With regards to diabetes in pregnancy:	
a) State three (3) indications for induction of labour as the mode of delivery	3
b) Outline two (2) effects that diabetes is likely to have on pregnancy with regards to the baby	2
1. State four (4) clinical features of placenta preavia.	4
2. List four(4) on each of the following	
d) Major predisposing factors to cardiac disease.	2
e) Classes of cardiac disease.	2
f) Effects of cardiac disease on pregnancy.	2
3. Explain five (5) causes of uterine atony leading to primary post-partum haemorrhage	5
4. State three(3) methods of induction of labour.	3
5. With regards to diabetes in pregnancy:	
a) State three (3) indications for elective C/S as a mode of delivery	3
b) Outline two (2) effects that diabetes is likely to have on pregnancy with regards to the mother	2
6. List six (6) complications of Polyhydramnios.	3
7. Explain four (4) “Ps”in regard to the course of labour.	4
8. Outline three(3) clinical features of impending eclampsia.	3
9. State four (4) diagnostic factors of multiple pregnancy abdominal palpation.	4
10. List six (6) clinical features of acute pyelonephritis prenatally.	3
7. List three (3) effects of preeclampsia on each of the following systems	
e) Reproductive .	1½
f) Renal .	1½
2. State five(5) complications of multiple pregnancy related to fetus/ neonate.	5
3. Explain the pre-conception care of a known diabetic client.	4

4. Outline five (5) causes of anaemia prenatally.	5
5. In regard to antepartum haemorrhage	
c) Define incidental antepartum haemorrhage.	1
d) State four(4) classes of placenta previa in their <b>correct</b> sequence	4
6. State five (5) clinical features of cardiac disease prenatally.	5
7. In regard to relief of labour pain:	
a) Differentiate between regional and inhalational analgesia.	2
b) Outline three (3) sources of labour pain.	3
8. Define each of the following terms:	
a) Precipitate labour.	1
b) Cervical dystocia.	1
c) Colicky uterus.	1
d) Hypertonic lower uterine segment.	1
9. Explain the role of the midwife in the management of eclampsia.	4
1. a) Differentiate between cord prolapsed and cord presentation	2
b) State four (4) causes of causes of cord prolapse	4
2. a) Outline four (4) advantages of lower segment caesarean section	4
b) List six (6) complications of caesarean section to the mother	3
3. a) Outline five (5) contraindications of vacuum extraction	5
b) State four (4) diagnostic features of occipito-posterior position antenatally	4
4. Explain any three (3) non-invasive maneuvers in shoulder dystocia	3
5. State five(5) predisposing factors of uterine rupture	5
6. Explain three(3) non-manipulative maneuvers of shoulder dystocia	3
7. a) State four(4) definite indications of emergency caesarean section	4
b) List six(6) contraindications to vacuum delivery	3
5. Outline three(3) late signs of uterine rupture	3
6. State three (3) complications of brow presentation	3
7. With regards to breech presentation:-	
a) List four (4) principles under which the intrapartum management is based	2

b) Describe the specific management of a mother with breech presentation in second stage of labour	5
8. Define the following terms:	
a) Ruptured vasa praevia	1
b) Shoulder dystocia	
c) Symphysiotomy	1
9. State four (4) maternal consequences of precipitate delivery	4
10. List six (6) complications of rupture of the uterus	3
11. Explain four (4) possible maternal complications of shoulder dystocia	4
12. Outline four (4) merits of the lower segment caesarean section incision	4
13. Describe procedure of delivery of a baby using the vacuum extractor	5
14. With regards to fetal malpresentations:-	
a) Explain the intrapartum diagnosis of face presentation	3
b) Formulate two (2) priority nursing diagnosis that can be made from a mother in labour with a malpresentation	2
1. List six (6) conditions for trial of a scar	3
2. Explain five (5) late clinical features of uterine rupture	5
3. Outline four (4) causes of cord prolapse	4
4. Describe the specific management of a mother in second stage with shoulder dystocia under the sub-heading: <i>Non- invasive procedures.</i>	6
5. Outline six (6) pre-requisites for forceps delivery	3
6. State three (3) factors that favor a long internal rotation during delivery in occipito-posterior position	3
7. State four (4) complications of face presentation	4
8. Outline four (4) predisposing factors to post-datism	4
9. State four (4) causes of obstructed labour	4
10. Define the following:	
a) Ruptured vasa praevia	1
b) Low forceps delivery	1
c) Symphysiotomy	1
d) Unstable lie	1
11. Outline the meaning of the ' <b>HELPERR</b> ' mnemonic as employed in the management of	

shoulder dystocia	3½
12. State three (3) disadvantages of vacuum extraction	3
13. Explain the mechanism of labour in a left mento-anterior position under the sub-heading: <i>birth of the head</i>	4
14. With regards to breech presentation:-	
a) State four (4) types of breech presentation	4
b) Outline three (3) principles employed in the intrapartum management of breech delivery	3
15. List five (5) maternal complications of caesarean section	2½
1. Outline five (5) specific interventions recommended for a rhesus negative mother prenatally	5
2. Explain the pathophysiology of hyaline membrane disease	4
3. In regards to exchange transfusion:	
a) State three (3) objectives	3
b) Describe specifically how you would prepare for the procedure	6
4. List four(4) complications of urinary tract trauma	2
1. In regard to neonatal jaundice:	
a) Describe the term neonatal jaundice.	2
b) List four (4) causes of physiological jaundice.	2
c) State two (2) blood tests carried out prenatally to a rhesus negative mother.	2
2. Outline three(3) clinical features of intracranial injury.	3
3. In regard to deep venous thrombosis:	
a) List four(4) predisposing factors.	2
b) Explain two diagnostic factors.	3
4. Outline six (6) investigations carried out in puerperal sepsis.	3
5. State three (3) complications of urinary tract trauma.	3
1. With regard to asphyxia neonatorum	
a) Define the term asphyxia neonatorum.	1
b) List six (6) causes.	3
2. i. State two (2) predisposing factors to puerperal sepsis.	2
ii. Outline four (4) complications of puerperal sepsis.	2
3. i .Differentiate between phlebothrombosis and thrombophlebitis.	2
ii. Explain three (3) way in which venous drainage is facilitate.	3



4. State three (3) clinical features of puerperal psychosis. 3
5. With regard to urinary tract;
  - a) List four(4) predisposing factors to urinary tract infection. 2
  - b) Outline two (2) clinical features of urinary tract trauma. 2
  
1. With regards to neonatal birth injuries;
  - a) State two (2) differences between caput succedaneum and cephalhaematoma 2
  - b) Outline three (3) clinical features that will be elicited in a neonate with intracranial injury 3
2. State four (4) complications of asphyxia neonatorum 4
3. Explain the pathophysiology of hyaline membrane disease 4
4. With regards to puerperal complications;
  - a) List six (6) blood investigations performed to diagnose puerperal pyrexia 3
  - b) Explain four (4) complications of post-natal urinary tract trauma 4
5. With regards to puerperal complications:
  - a) List six (6) tests performed to diagnose puerperal pyrexia 3
  - b) Explain four (4) possible complications of puerperal sepsis 4
6. State four (4) clinical features suggestive of mastitis during puerperium 4
7. Outline three (3) clinical features of intracranial injury 3
8. State four (4) complications of asphyxia neonatorum 4
9. Differentiate between phlebothrombosis and thrombophlebitis 2
1. Outline four (4) clinical features elicited on a healthy neonate born before 37 complete weeks of gestation 4
2. Explain four (4) predisposing factors to hypothermia neonatorum 4
3. Describe the specific postnatal management of a neonate born with hydrocephalus 6
4. State three (3) clinical features elicited in a neonate with vitamin K deficiency bleeding 3
5. List six (6) types of obstetric shock related to the immediate puerperal period 3
6. Define each of the following
  - a) Spinal bifida. 1
  - b) Encephalocele. 1
  - c) Cryptorchidism. 1
  - d) Persistent urachus. 1
2. State three(3) clinical features of severe acute inversion of the uterus. 3
3. List four (4) on each of the following

a) Gastro-intestinal system malformations.	2
b) Causes of chromosomal abnormalities.	2
c) Musculoskeletal malformations.	2
4. Outline three(3) on each of the following in regard to obstetric shock,	
a) Causes.	3
b) Complications.	3
5. List two (2) predisposing factors to amniotic fluid embolism.	1
1. List four (4) on each of the following	
a) Gastro-intestinal system malformations.	2
b) Causes of chromosomal abnormalities.	2
c) Genito-urinary malformations.	2
2. State four (4) clinical features of a preterm baby born before 36 weeks.	4
3. In regard to acute inversion of the uterus:	
a) Differentiate between first and second degree inversion.	2
b) Outline three (3) predisposing factors.	3
4. Explain amniotic fluid embolism.	2
5. State three (3) clinical features of vitamin K deficiency bleeding in neonates.	3
1. Define each of the following	
a) Microcephaly.	1
b) Meningocele	1
c) Transposition of the great vessels.	1
d) Coarctation of the aorta.	1
e) Equino varus.	1
f) Achondroplasia.	1
2. State three (3) predisposing factors to amniotic fluid embolism.	3
3. List four (4) on each of the following in regard to acute inversion of the uterus	
a) Clinical features of severe condition.	2
b) Complications.	2
4. Outline four (4) causes of obstetric shock.	4
5. List three (3) on each of the following in regard to haemorrhagic disease of the newborn	
a) Predisposing factors.	1½
b) Classifications.	1½
2. Define each of the following	

- |                                                                             |   |
|-----------------------------------------------------------------------------|---|
| b) Transposition of the great vessels.                                      | 1 |
| c) Coarctation of the aorta.                                                | 1 |
| d) Fallot's tetrallogy.                                                     | 1 |
| e) Patent ductus arteriosus.                                                | 1 |
| 3. State three (3) complications of acute uterine inversion.                | 3 |
| 4. List four (4) on each of the following                                   |   |
| b) Musculo-skeletal abnormalities.                                          | 2 |
| c) Gastro-intestinal tract malformations.                                   |   |
| 5. Outline three (3) on each of the following in regard to obstetric shock, |   |
| c) Causes.                                                                  | 3 |
| d) Complications.                                                           | 3 |
| 6. State three (3) predisposing factors to amniotic fluid embolism.         | 3 |

**PART III: ESSAY/LONG ANSWER QUESTIONS**

**MARKS**

- |                                                                                                                                            |    |
|--------------------------------------------------------------------------------------------------------------------------------------------|----|
| 1. Mrs Omari a para 4 ,aged 36 years and at a gestation of 37 weeks, is admitted with antepartum haemorrhage due to mild placenta praevia. |    |
| a) Define placenta praevia.                                                                                                                | 1  |
| b) List four (4) clinical features on each of the following:                                                                               |    |
| i. Placenta praevia                                                                                                                        | 2  |
| ii. Placenta abruption                                                                                                                     | 2  |
| c) State the classes of placenta praevia in their correct sequence.                                                                        | 4  |
| d) Describe the specific management of Mrs Omari until her baby is born.                                                                   | 11 |
| 2. Mrs. Kalee is admitted in labour ward at 42 weeks for induction of labour. Medical induction using syntocinon drip is prescribed.       |    |
| a) Differentiate between induction of labour and augmentation of labour                                                                    | 2  |
| b) Explain three (3) elements of the Bishop's score leading to successful induction of labour                                              | 3  |
| c) Describe the specific management of Mrs. Kalee until the end of labour                                                                  | 12 |
| d) State three (3) complications that Mrs. Kalee may suffer                                                                                | 3  |
| 1. Mrs Ndule 30 years old , a para 0+0 at a gestation of 34 weeks, is admitted in                                                          |    |

the antenatal ward due to moderate preeclampsia.

- a) Describe Preeclampsia. 2
  - b) Outline four (4) predisposing factors to preeclampsia. 4
  - c) Describe the specific management of Mrs Ndule prenatally. 11
  - d) List three (3) on each of the following in regard to severe preeclampsia.
    - i. Clinical features. 1½
    - ii. Effects to the mother. 1½
2. Mrs. Tamara, para 1+0 has been diagnosed with a cardiac disease grade II at 32 gestational weeks.
- a) List six (6) clinical features of cardiac disease in pregnancy 3
  - b) Explain the grading of cardiac disease in pregnancy 4
  - c) Outline three (3) key areas that should be addressed during preconception care of known cardiac patients 3
  - d) Describe the specific antenatal care given to Mrs. Tamara to enhance a successful pregnancy 10
1. Mrs Chauke is a para 4 now after a spontaneously delivery of a healthy female neonate whose birth weight is 4800 gm. Immediately after 3<sup>rd</sup> stage she starts bleeding profusely. The genital tract is intact and the loss is clotting as expected.
- a) Define each of the terms:
    - i. postpartum haemorrhage. 1
    - ii. Primary PPH . 1
    - iii. Secondary PPH. 1
  - b) State three (3) major causes of primary postpartum haemorrhage. 3
  - c) List six (6) causes of uterine atony. 3
  - d) Describe specific management of Mrs Chauke till bleeding is controlled. 11
2. Mrs. Tsoma, a Para 0+0 is suspected to have multiple pregnancy at a gestation of 24 weeks.
- a) Define the term '*binovular twinning*' 1
  - b) State four (4) diagnostic factors of multiple pregnancy on physical examination 4
  - c) Explain chorionicity with regards to Uniovular twinning 4
  - d) Describe the specific prenatal management of Mrs. Tsoma 11

1. Mrs Okul is a para 3+0, at 32 week gestation. She comes for the antenatal services and a diagnoses of mild anaemia is made.
  - a) Describe the term anaemia. 2
  - b) State three (3) on each of the following in regard to anaemia prenatally
    - i. General causes. 3
    - ii. Clinical features. 3
  - c) Explain the preventive measures of anaemia you would discuss with Mrs Okul. 10
  - d) List four (4) complications of anaemia. 2
  
2. Mrs. Choma, a 37 year old Para 1+0 has just been diagnosed with moderate pre-eclampsia at 26 gestational weeks.
  - a) Explain two (2) diagnostic factors of pre-eclampsia 4
  - b) State four (4) clinical features that Mrs. Choma will present with 4
  - c) Describe the specific prenatal management of Mrs. Choma until the condition is controlled. 10
  - d) Outline two (2) effects that pre-eclampsia is likely to have on Mrs. Choma 2
  
2. Mrs Mulubi is a para 2+0, at 32 week gestation. She comes for the antenatal services and a diagnoses of mild anaemia is made.
  - a) Describe the term anaemia. 2
  - b) State three (3) on each of the following in regard to anaemia prenatally
    - i. Common types. 3
    - ii. Clinical features of severe anaemia. 3
  - c) Explain the preventive measures of anaemia you would discuss with Mrs Okul. 10
  - d) List four (4) complications of anaemia. 2
  
2. Mrs. Mdibo, a 37 year old Para 1+0 has just been diagnosed with moderate pre-eclampsia at 26<sup>th</sup> gestational weeks.
  - a) Explain two (2) diagnostic factors of pre-eclampsia 4
  - b) State four (4) clinical features that Mrs. Mdibo will present with 4
  - c) Describe the specific prenatal management of Mrs. Mdibo until the condition is controlled. 10

- d) Outline two (2) effects that pre-eclampsia is likely to have on Mrs. Mdibo 2
1. Mrs Peterson is admitted in labour ward at 42 weeks for induction of labour.  
Medical induction using syntocinon drip is prescribed.
- a) Differentiate between induction of labour and augmentation of labour. 2
- b) List six (6) indications of induction of labour 3
- c) Describe the specific management of Mrs Peterson until the end of labour. 12
- d) State (three) 3 complications Mrs Peterson may suffer. 3
2. Mrs Ngochi , a para 2+1 has delivered spontaneously, a healthy female neonate whose birth weight is 4600 gm. Immediately after 3<sup>rd</sup> stage she starts bleeding profusely , genital tract is intact and the loss is clotting as expected.
- a) Define the terms:
- i. Postpartum haemorrhage. 1
- ii. Primary postpartum haemorrhage. 1
- iii. Secondary postpartum haemorrhage. 1
- b) State three (3) major causes of primary postpartum haemorrhage. 3
- c) List six (6) causes of uterine relaxation postnatally. 3
- d) Describe specific management of Mrs Ngochi till bleeding is controlled. 11
1. Mrs.Lee a Para 0+0,has just been referred from a nearby health facility in the first stage of labour with a diagnosis of prolonged labor.
- a) Define prolonged labour 2
- b) Outline three(3) ways you would diagnose prolonged labour by examination 3
- c) State five (5) causes of prolonged labour 5
- d) Describe the specific management of Mrs. Sugut within the first 24 hours 10
2. Mrs. Limo a Para3+0 is brought to the maternity in second stage of labour.  
On examination a diagnosis of face presentation is made.
- a) Outline three(3) causes of face presentation 3
- b) List six(6) positions in face presentations 3
- c) Describe the mechanism of labour in right mento-anterior position 10
- d) State four(4) complications of face presentation 4

3. Mrs. X a Para 3+0 is admitted in labor, suddenly the membranes rupture .  
On vaginal examination, a diagnosis of a pulsating cord prolapsed is made  
and cervix is 5 cm dilated
- a) List six(6) predisposing factors to cord prolapsed 3
  - b) State four(4) causes of cord prolapsed 4
  - c) Describe the specific management of Mrs. X within the first 48 hours 10
  - d) Outline three(3) precautions to take in order to avoid complications  
from cord prolapsed 3
4. Mrs. Twen, a Para 2+0 gravida 3 is admitted in active phase of labour. After  
examination, a diagnosis of occipitoposterior position in first stage of labour is made.
1. Outline the antenatal diagnosis of occipitoposterior position 3
  2. Formulate three (3) priority nursing diagnosis that can be made from Mrs. Twen 3
  3. Describe the mechanism of labour in right occipitoposterior position 11
  4. Explain three (3) complications associated with occipitoposterior position 3
1. Mrs. Wawa, a Para 4+0 comes to labour ward in second stage of labour.  
On further assessment, a diagnosis of occipito-posterior position is made.
- a) What is meant by:-
    - i. Malposition? 1
    - ii. Occipito-posterior position? 1
  - b) Explain how Mrs. Wawa's diagnosis was arrived at 3
  - c) Describe the specific management of Mrs. Wawa until the baby is delivered 10
  - d) State five (5) possible complications associated with an occipito-posterior position 5
5. Mrs. Baraza, 35 years Para 5+0 comes to labour ward at term in labour. She is also draining  
clear liquor amnii. On further examination, the fetal cord is seen at the vulva.
- a) Explain the term cord prolapse 2
  - b) State five (5) causes of cord prolapse 5
  - c) Describe the specific management of Mrs. Baraza until the baby is delivered 10
  - d) State three (3) precautions that should be taken in order to avoid the complications  
of a cord prolapse 3

2. Ms. Kweke, 17 years Para 0+0 comes to labour ward in a level three health facility with complains of lower abdominal pains radiating to the back. On further assessment, a diagnosis of obstructed labour is made.

- a) Define obstructed labour 1
- b) Outline four (4) causes of obstructed labour 4
- c) Explain how the diagnosis was arrived at under the heading:  
***Abdominal examination.*** 4
- d) With regards to Ms. Kweke's diagnosis:-
  - i. Describe her specific management until the baby is delivered 9
  - ii. State two (2) possible complications that she is likely to experience 2

3. Mrs. Q Para 4+0 is in the second stage of labour with a diagnosis of breech presentation. The fetal and maternal vital signs are within the normal ranges.

- a) What is meant by "***breech presentation?***" 1
- b) Explain three (3) types of breech presentation 3
- c) Formulate three (3) priority nursing diagnosis that can be made from Mrs. Q3
- d) With regards to breech presentation:-
  - i. Describe the mechanism of labour in left Sacro -anterior position 10
  - ii. Outline three (3) possible complications that Mrs. Q is likely to suffer 3

1. Mrs. P, a Para 7+0 comes in active labour. Further examination shows features suggestive of an incomplete rupture of the uterus.

- a) Define the following terms:-
  - i. Extra-peritoneal uterine rupture 1
  - ii. Complete uterine rupture 1
- b) Explain five (5) major factors that could have predisposed to Mrs. P's condition 5
- c) Describe Mrs. P's specific management for the next 4 hours 10
- d) List six (6) possible complications likely to result from a ruptured uterus 3

2. Mrs. Wada, a Para 4+0 comes to labour ward in second stage of labour. On further assessment, a diagnosis of occipito-posterior position is made.

- a) What is meant by:-



- i. Fetal position? 1
    - ii. Occipito-posterior position? 1
  - b) Explain how Mrs. Wada's diagnosis was arrived at 3
  - c) Describe the mechanism of labour in a left occipito-posterior position 11
  - d) State four (4) possible complications associated with an occipito-posterior position 4
1. Baby Peter, born via spontaneous vertex delivery has an Apgar score of 3 in **one** minute, 4 in **five** minutes and 5 in **ten** minutes. A diagnosis of asphyxia neonatorum is made.
- a) Define asphyxia neonatorum 1
  - b) State three (3) causes of asphyxia neonatorum 3
  - c) Describe baby Peter's specific management for the next 24 hours 12
  - d) Outline four (4) complications of asphyxia neonatorum 4
1. Baby of Ruth Awino is born at term through SVD . He scores six(6) at one (1) minute and seven (7) at five (5) minutes after birth.
- a) Define the term asphyxia neonatorum. 1
  - b) State five (5) causes of asphyxia neonatorum. 5
  - c) Describe the specific management given to this baby till discharge. 12
  - d) List four (4) complication of asphyxia neonatorum. 2
1. Baby of Halima Hussein born at term, was a healthy male infant until two(2) days later. During route care, yellowish discolouration is moderately marked on the sclera and Slightly on the skin . A clinical diagnosis of moderate jaundice is made.
- a) Describe neonatal jaundice. 2
  - b) Define each of the following
    - i. Physiological jaundice. 1
    - ii. Rhesus D incompatibility. 1
    - iii. ABO incompatibility. 1
  - c) Describe the specific management of baby Halima till discharge. 12
  - d) State three(3) associated conditions with Rhesus D incompatibility. 3
13. Baby J, born at term, develops jaundice 48 hours after birth. Investigations revealed Serum bilirubin levels of 20mg/dL. Phototherapy is prescribed.
- a. With a rationale for your answer, explain the type of jaundice that baby J has 2
  - b. State four (4) causes of this type of jaundice 4
  - c. Describe the specific management of baby J until the jaundice clears 11

- d. Outline three (3) possible complications that baby J is likely to experience from the mode of treatment 3
2. Baby Tim, a male neonate born at 34 gestational weeks weighing 1900 grams develops respiratory distress syndrome (RDS) shortly after delivery.
- Other than prematurity, state four (4) other factors that could have caused RDS in baby Tim 4
  - Explain the pathophysiology of respiratory distress syndrome 5
  - Describe the specific management of baby Tim for the first 72 hours 11
1. Baby Ivy, born via spontaneous vertex delivery is noted to have a cleft lip & palate on initial examination.
- State three (3) common causes of congenital abnormalities 3
  - Outline three (3) diagnostic factors for the above condition 3
  - Based on the above scenario:-
    - Formulate three (3) priority nursing diagnosis that are likely to be elicited from baby Ivy 3
    - Describe baby Ivy's specific management for the first 48 hours 9
  - Explain two (2) possible prognosis if the cleft lip & palate remains unrepaired 2
1. Baby Ryan, born at 32 weeks, is health and he weighs 1500 gm. Immediate care is given.
- Differentiate between preterm and small for gestation at term. 2
  - Outline four (4) predisposing factors to premature birth of baby Ryan. 4
  - State three (3) clinical features baby Ryan presents. 3
  - Describe the specific management of baby Ryan for the first 48 hours. 11
1. MRS K had an uneventful home delivery but after third stage, she becomes unconscious, brought to the hospital immediately and severe obstetric shock is diagnosed.
- Outline four (4) possible causes of shock in MRS K. 4
  - List four (4) clinical feature elicited on MRS K hence the diagnosis. 2
  - Describe the specific management of MRS K until discharge. 11
  - State three(3) effects of shock to the liver. 3

2. Baby Ruth, born at 32 weeks is healthy. She weighs 1500 gm and immediate care has been given.
- a) Differentiate between preterm and small for gestation at term. 2
  - b) Outline four (4) predisposing factors to baby Ruth's early birth. 4
  - c) List four (4) clinical features that would be elicited on examination of baby Ruth. 2
  - d) Describe the specific management of baby Ruth for the first 72 hours. 12
3. Baby Beauty, born at 32 weeks, is health and she weighs 1500 gm. Immediate care is given and is ready for admission to the NBU.
- e) Differentiate between preterm and small for gestation at term. 2
  - f) Outline four (4) predisposing factors to premature birth of baby Beauty. 4
  - g) State three (3) clinical features baby Beauty presents. 3
  - h) Describe the specific management of baby Beauty for the first 48 hours. 11