

**AMREF VIRTUAL TRAINING SCHOOL**

**KRCHN UPGRADING PROGRAMME MARCH 2013 CLASS**

**COLLEGE FINAL EXAMINATION PAPER 2**

**DATE: WEDNESDAY, 6th MAY 2015**

**TIME ALLOWED: 3 HOURS TIME: 2:00 PM-5:00 PM**

**INSTRUCTIONS TO CANDIDATES:**

1. Read the questions carefully and answer only what is asked.
2. ENTER YOUR ADMISSION NUMBER on each sheet of paper used.
3. All questions are compulsory.
4. For part I MCQs, answers to these questions MUST be written in the capital form e.g. A not “ a”
5. For Part II (SHORT ANSWER QUESTIONS)

Answers to these questions should follow each other on the provided sheets of paper.

6. For part III, essay Questions, answer to each question must be on separate sheet of paper.

7. Omission of or wrong numbering of examination papers, questions or parts of the question will result in 10% deduction of the marks scored from the relevant part.

**PART I: MULTIPLE CHOICE QUESTIONS (20 MARKS)**

1. The hormone that acts on the seminiferous tubules to bring about the production of sperm is;
2. Luteinizing hormone
3. Testosterone
4. Follicle stimulating hormone
5. Gonadotropin releasing hormone
6. Degeneration of the corpus luteum leads to;
7. Increase in estrogen levels
8. Decrease in progesterone levels
9. Increase in inhibin levels
10. Increase in progesterone levels
11. A mother comes to the antenatal clinic at 16 weeks gestation with a history of a fresh stillbirth and an abortion. This will be interpreted as;
12. Para 0+ 2 ,gravida 3
13. Para 3+ 0 ,Gravida 2
14. Para 1+ 1 ,Gravida 3
15. Para 1+ 2, Gravida 3
16. On abdominal examination during labour, if the sinciput is felt and occiput not felt. The descent is;
17. 4/5
18. 3/5
19. 2/5
20. 1/5
21. On vaginal examination during labour, you elicit the following; sagittal suture is in the left oblique diameter of the pelvis, occiput points to the right iliopectineal eminence. The position of the vertex presentation is;
22. Left occipito anterior
23. Right occipito anterior
24. Left occipito posterior
25. Right occipito posterior
26. The indications for vacuum extraction include;
27. Preterm labour, obstructed labour
28. Severe hypertension, maternal exhaustion
29. Mild fetal distress, delayed second stage of labour
30. Obstructed labour, breech presentation
31. In breech delivery, the principle of “hands off” the breech as the baby progressively descends is to;
32. Ascertain foetal well being
33. Avoid traction
34. Allow gravitating descent of the foetus
35. Allow enough room for the foetus to pass
36. High levels of glycosylated haemoglobin during pregnancy is associated with;
37. Fetal macrosomia
38. Fetal malformations
39. Hyperemesis gravidarum
40. Physiological anaemia
41. Indirect coombs test is done to;
42. Check the presence of antigen D antibodies on fetal RBCs
43. Check the presence of antigen D antibodies in maternal blood
44. Establish the rhesus status of the fetus in utero
45. Assess the presence of rhesus antigen in fetal blood
46. The benefit for delayed cord clamping is that it;
47. Prevents erythroblastosis foetalis
48. Prevents possible postpartum haemorrhage
49. Increases iron stores in the newborn
50. Prevents possible neonatal jaundice
51. Routine care of the heathy term baby includes;
52. Initiation of breastfeeding within 1 hour, administration of Vitamin K 1 mg IM, application of 10% chlorhexidine on the cord stump
53. Thermal care in an incubator, administration of tetracycline eye ointment (TEO) within 2 hours, application of surgical spirit on the cord stump
54. Skin to skin care, administration of TEO within 1 hour, application of methylated spirit on the cord stump
55. Initiation of breastfeeding within 1 hour, administration of vitamin K 1 mg IM, application of chlorhexidine 4 % on the cord stump
56. When a midwife dries the baby thoroughly after birth with a pre-warmed cloth; He/she prevents heat loss through;
57. Conduction
58. Radiation
59. Evaporation
60. Convection
61. Elements of fetal wellbeing recorded on the partograph include;
62. Fetal descent, fetal heart rate, degree of moulding
63. Dilatation, degree of moulding, descent
64. Degree of molding, fetal descent, color of amniotic fluid
65. Fetal heart rate, degree of molding, color of amniotic fluid
66. The management of physiological jaundice in a newborn includes;
67. Early feeding, phototherapy, observing for the degree of jaundice
68. Intravenous fluids, observing for the degree of jaundice, early feeding
69. Increasing the frequency of feeding, observing for the degree of jaundice, checking the serum bilirubin level
70. Phototherapy, nasogastric tube feeding, observing the degree of jaundice
71. A baby born of a mother on Anti -TB drugs initial phase should;
72. Get BCG vaccine immediately.
73. Get Isoniazid 5 mg/Kg once daily for 6 weeks
74. Get Isoniazid 5 mg/Kg once daily for 6 months
75. Start full anti-tuberculosis treatment
76. The causes of secondary post partum haemorrhage include:
77. Retained products of conception, infection
78. Retained blood clots, anaemia
79. Trauma, prolonged labour
80. Uterine fibroids, endometritis
81. Medical eligibility criteria for family planning category 3 states that;
82. Benefits generally outweigh the risks
83. There is unacceptable health risks
84. Risks generally outweigh the benefits
85. Generally use the method
86. The immediate action that should be given to a mother who develops respiratory distress after administration of magnesium sulphate is;
87. Summon for help, give atropine
88. Give oxygen 4L/min, prop up the patient
89. Call for help, administer 10% calcium gluconate
90. Prop up the patient, administer Epinephrine 1 mg IV
91. Match the terms in column A with their description in column B.

**Column A**

1. Cytotrophoblast.
2. Yolk sac.

**Column B**

1. Develops to form skeletal layout
2. Provides nutrition to the embryo
3. Produces progesterone hormone.
4. Produces gonadotrophin hormone
5. The rooting reflex is defined as response of the baby to;
6. Being pulled upright by the wrist to a sitting position
7. Being supported upright with his feet touching a flat surface
8. Stroking of the cheek or side of the mouth
9. Being left to drop from an angle of 45

**PART II: SHORT ANSWER QUESTIONS(40 MARKS)**

1. Draw and label a diagram of the foetal skull showing regions and landmarks of clinical importance (5 marks)
2. State five probable signs of pregnancy (5 marks)
3. State five(5) risks associated with the use of intravenous oxytocinon (5 marks)
4. Explain five (5) possible complications of precipitate labour (5 marks)
5. Outline four (4) features of uterine sub-involution (4 marks)
6. State four ( 4) interventions for a client with heart burn during pregnancy (4 marks)
7. List six (6) indications of emergency contraception (3 marks)
8. Outline the timings of visits recommended in targeted postnatal care (4 marks)
9. Outline five (5) causes of acute uterine inversion (5 marks)

**PART III: LONG ANSWER QUESTIONS (40 MARKS)**

* + - 1. Baby Dex is admitted in a newborn unit having been diagnosed to have jaundice one week after birth;

1. Describe the process of bilirubin conjugation (5 marks)
2. State three differences between physiological and pathological jaundice (3 marks)
3. Explain the management of Baby Dex from admission till discharge. (12marks)
   * + 1. Ms X a gravida 2, para 1+0 is brought to labour ward in a health centre. On carrying out vaginal examination the cervix is 6cm dilated, membranes are ruptured and there is a cord prolapse.
4. Distinguish between a cord prolapse and cord presentation (2marks)
5. State any five physiological changes that occur during the first stage of labour (5 marks)
6. Explain the management of Ms. X (12 marks)
7. List two (2) predisposing factors to cord prolapse (1mark)