

**AMREF VIRTUAL TRAINING SCHOOL**

**KRCHN UPGRADING PROGRAMME SEPTEMBER 2011 CLASS**

**COLLEGE FINAL EXAMINATION PAPER 2**

**DATE: TUESDAY, 15TH OCT.2013**

**TIME ALLOWED: 3 Hours TIME: 2:00PM- 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: MCQS (20 marks)**

1. The recommended prophylactic dosage of Vitamin K for newborns is;
2. 0.5 mg for term baby and 0.25 mg for preterm baby
3. I mg for term baby and 0.01 mg for preterm baby
4. 1 mg for term and 0.5 mg for preterm baby
5. 0.5 mg for term baby and 1 mg for preterm baby
6. Leucorrhoea which is observed in pregnancy is as a result of;
7. Marked desquamation of superficial epithelial cells
8. Increased vaginal vascularity
9. Interaction of epithelial cells with Doderleins bacillus
10. Increased vaginal elasticity
11. The indications for vacuum extraction include;
12. Preterm labour, obstructed labour
13. Severe hypertension,maternal exhaustion
14. Mild fetal distress,delayed second stage of labour
15. Obstructed labour, breech presentation
16. A mother comes to the antenatal clinic at 36 weeks gestation with a history of a fresh stillbirth and an abortion. This will be interpreted as;
17. Para 0+ 2 gravida 3
18. Para 3+ 0 Gravida 2
19. Para 1+ 1 Gravida 3
20. Para 1+ 2 Gravida 3
21. Predisposing factors to polyhydramnious include;
22. multiparity,open neural tube defect,oesophageal atresia
23. Maternal diabetes, oesophageal atresia, multiple pregnancy
24. Eclampsia,anencephaly,chorioangioma
25. Anencephaly,placenta abruption,oesophageal atresia
26. Factors that favour vaginal breech delivery include;
27. Complete breech, primiparity
28. Multiparity,frank breech
29. Adequate pelvis, frank breech
30. Episiotomy, oxytocinon use
31. Maternal causes of unstable lie include;
32. Lax uterine muscles,contracted pelvis
33. Polyhydramnious,placenta praevia
34. Lax uterine muscles, polyhydramnious
35. Placenta praevia, contracted pelvis
36. Indirect Coombs test is done to;
37. Check the presence of antigen D antibodies on fetal RBCs
38. Check the presence of antigen D antibodies in maternal blood
39. Establish the rhesus status of the fetus in utero
40. Assess the presence of rhesus antigen in fetal blood
41. Effacement during labour refers to;
42. Complete relaxation of the lower uterine segment
43. Inclusion of the cervical canal into the lower uterine segment
44. Process of enlargement of the os uteri to permit passage of the baby
45. Process of merging the upper and lower uterine segments
46. The steps in the active management of 3rd stage of labour in order of sequence are:
47. Rulling out presence of another baby, massaging the uterus and expelling clots, administration of oxytocin
48. Massaging the uterus and expel clots, administration of oxytocin, delivery of the placenta by controlled cord traction
49. Rulling out presence of another another baby , delivery of the placenta by controlled cord traction, massaging the uterus to expel clots
50. Administration of oxytocin, delivery of the placenta by controlled cord traction, massaging the uterus and expelling clots.
51. Cardiovascular changes noted in pregnanvcy include an increase in the following
52. Plasma volume,haemoglobin, red cell mass
53. Total blood volume, red cell mass, hematocrit
54. Plasma volume, redcell mass, total blood volume
55. Hematocrit, plasma volume, total blood volume
56. One of the following statement is **True** regarding insulin needs during pregnancy;
57. Insulin requirements moderates as the pregnancy progresses
58. A reduced need for insulin occurs during the second trimester
59. Elevation of human chorionic gonadotrophin decreases the need for insulin
60. Foetal development depends on adequate insulin regulation
61. The correct regimen for administering magnesium sulphate loading dose intramuscularly is;
62. 5 g given as a divided dose in each of the buttocks over a period of 10-15 minutes
63. 10 g as a divided dose in each of the buttock over a period not less than 5 minutes
64. 4g as divided dose in each buttock over a period of not less than 5 minutes
65. 5g over a period of between 10-15 minutes
66. In type III placenta praevia;
67. Vaginal birth is inappropriate
68. The placenta is near the internal os
69. The fetus is usually in good condition
70. Bleeding is usually moderate
71. Caput succedaneum is:-

 a) A collection of blood under the periosteum.

 b) A swelling under the scalp

 c) Oedema of the Periosteum.

 d) Congenital abnormality

 16. Diagnosis of obstructed labour on vaginal examination is made by;

1. Hypertonic uterine action, bandl’s ring, oedematous cervix
2. Maternal distress, caput succedaneum ,poor cervical dilatation
3. Odema of the cervix, caput succedaneum, poor cervical dilatation
4. Shoulder presentation, foul smelling liquor amnii, fetal distress

17. Indicate whether the following statements are TRUE or FALSE .

1. Heparin is teratogenic and crosses the placental barrier
2. Epidural analgesia depresses the respiratory centre of the fetus

18. The hormone prolactin;

1. Is produced from the anterior lobe of the pituitary gland
2. Initiates the production of colostrum
3. Is produced by the posterior lobe of the pituitary gland
4. Initiates the production of milk by the first day of the puerperium

19. The indications of vaginal examination when admitting a mother in labour are;

1. Assessing pelvic adequacy, assessing progress of labour, checking if membranes are intact
2. Checking presentation, assessing stage of labour, assessing pelvic adequacy
3. Assessing progress of labour, assessing descent, assessing pelvic adequacy
4. Confirming second stage, checking if membranes are intact, assessing progress of labour

20. The role of a midwife during the 4th stage of labor includes;

1. Clearing the baby’s airway, measuring blood loss, repairing any tears, transferring mother and baby to the postnatal ward
2. Delivering the placenta, identifying the baby, taking vital signs, documenting the events of labour and delivery
3. Taking vital signs, checking to ensure the uterus is well contracted, noting the amount of per vaginal bleeding, making the mother comfortable
4. Promoting mother-baby bonding, suturing any episiotomy, ensuring that the bladder is empty, providing a warm cup of tea

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

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

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

1. Neonatal jaundice is a common condition in newborns.

1. State five (5) causes of pathological jaundice (5 marks)
2. Describe the management of a newborn with pathological jaundice (10 marks)
3. List six (6) possible side effects of phototherapy on a newborn (3 marks )
4. List four (4) signs of kernicterus in a newborn (2 marks)

2. Focused antenatal care is one of the pillars of the Kenya maternal and newborn health model.

1. State four (4) objectives of focused antenatal care (4 marks)
2. Describe the management of a mother during the first antenatal visit at 16 weeks gestation (10 marks)
3. Explain six (6) danger signs during pregnancy (6 marks)