**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF YEAR ONE SEMESTER ONE EXAMINATION**

**SEPTEMBER 2015 KRCHN CLASS (PRE-SERVICE)**

**MIDWIFERY EXAMINATION**

DATE: 30 MARCH 2016 TIME:…………………..

**INSTRUCTIONS**

1. Read the questions carefully and answer only what is asked.
2. Enter your examination number and question number on each page used.
3. ALL questions are compulsory.
4. For part 1 (MCQs), write the answer in the spaces provided on the answer booklet and each MCQ is one (1) mark.
5. For Part 2 (SHORT ANSWER QUESTIONS), answer the questions following each other.
6. For Part 3 (LONG ANSWER QUESTIONS), answer to each question MUST start on a separate page.
7. Omission of and or wrong numbering of a question or part of the question will result in 10% deduction of the marks scored from the relevant part.
8. Do NOT use a pencil.
9. Mobile phones are NOT allowed in the examination hall.

For Examiner:

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| --- | --- | --- | --- | --- |
| **MCQS** | **SAQS** | **LAQS 1** | **LAQS 2** | **TOTAL** |
|  |  |  |  |  |

**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) MIDWIFERY– 20 MARKS**

Q.1. During labour, a midwife discourages the woman to lie in supine position to prevent:

1. Maternal hypertension and fetal compromise.
2. Maternal hypotension and fetal compromise.
3. Fetal compromise and maternal oedema.
4. Obstructed labour and maternal hypotension.

Q.2. The following are objectives of performing first examination of the new born:

1. Exclude birth injuries, birth asphyxia and inborn errors.
2. Establish malformations, prematurity and feeding ability.
3. Determine maturity, birth trauma and congenital malformation.
4. Exclude post datism, respiratory distress, and internal congenital malformation.

Q.3. The reflex elicited when the midwife allows the head of the baby to drop by 45degree is:

1. Stepping.
2. Rooting.
3. Grasping.
4. Moro.

Q.4. The stroma cells that control excessive invasion by the placenta are found in:

1. Functional layer.
2. Ectoderm.
3. Trophoblast.
4. Endoderm.

Q.5. The role of the midwife during the 4th focused antenatal visit at 36 weeks include:

1. Give tetanus toxoid, give iron and folate, assess pelvic adequacy.
2. Give antimalarial, give ITN, assess fetal presentation.
3. Assess fetal presentation, assess pelvic adequacy, give iron and folate.
4. Check fetal presentation, give tetanus toxoid, give antimalarial.

Q.6. Active management of 3rd stage of labour include:

1. Give oxytocin 10 iu intramuscular, massage the uterus to contract, deliver the placenta through continuous cord traction.
2. Check for signs of placental separation, deliver the placenta through continuous cord traction, give intramuscular oxytocin 10 iu.
3. Give oxytocin 10 iu intramuscular, feel for a contraction, deliver the placenta by continuous cord traction.
4. Give oxytocin 10 iu intramuscular, deliver the placenta by continuous cord traction, massage uterus for a contraction.

Q.7. During examination of the placenta, blood vessels are observed running through the membranes. This is an indication of:

1. Circumvallate placenta.
2. Velamentous insertion of the cord.
3. Succenturiate placenta.
4. Battledove insertion of the cord.

**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) MIDWIFERY– 20 MARKS**

Q.8. Half hourly observation recorded on the partograph during the first stage of labour include:

1. Blood pressure, descent, fetal heart rate.
2. Fetal heart rate, contractions , maternal pulse.
3. Cervical dilatation, maternal pulse rate, blood pressure.
4. Temperature, colour of liquor, maternal pulse rate.

Q.9. The nursing interventions for a pregnant woman with nausea and vomiting at 10 weeks of gestation and no signs of dehydration include:

1. Advise her to avoid large volume drinks, raising the head of the bed.
2. Admit to hospital, start intravenous fluid therapy.
3. Advice small carbohydrate meals, give drugs to prevent vomiting.
4. Advice on small carbohydrate meals, avoid spicy meals.

Q.10. Discharge from the uterus that occur in puerperium during the first four days is known as:

1. Lochia rubra.
2. Lochia alba.
3. Lochia ferosa.
4. Vaginal blood loss.

Q.11. A strong uterine contraction should last:

1. Below 20 seconds.
2. Between 40 – 60 seconds.
3. Above 60 seconds.
4. Between 20 – 40 seconds.

Q.12. The sequence of abdominal examination for antenatal mothers is:

1. Inspection, pelvic palpation, fundal palpation, lateral palpation, auscultation.
2. Inspection, pelvic palpation, fundal palpation, pelvic palpation, auscultation.
3. Inspection, pelvic palpation, lateral palpation, fundal palpation, auscultation.
4. Inspection, fundal palpation, lateral palpitation, pelvic palpation, auscultation.

Q.13. The presentation of the fetus is defined as:

1. The relationship between the long axis of the fetus and long axis of the uterus.
2. The relationship of the fetal head and limbs to its trunk.
3. The part of the fetus that lies at the pelvic brim.
4. The name of the part of the presentation which is used when referring to fetal position.

Q.14. Cervical effacement in the first stage of labour refers to:

1. The process of enlargement of the cervical os from a tightly closed aperture to an opening large enough to permit passage of fetus.
2. The inclusion of the cervical canal into the lower uterine segment.
3. Thickening of the lower uterine segment.
4. Thinning and stretching of the lower uterine segment.

Q.15. The following include some of the activities done to postnatal women during the 2nd targeted postnatal care visit:

1. Immunization, assess breastfeeding, assess the cord.
2. Daily examination of the new-born, daily postnatal examination, assess mood swings.
3. Assess the breast enlargement, assess lochia loss, assess mood swings.
4. Provide FP methods, assess involution, assess recovery.

**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) MIDWIFERY– 20 MARKS**

Q.16. Mechanical factors involved in physiology of 1st stage of labour include:

1. General fluid pressure, rupture of membranes, formation of fore-waters.
2. General fluid pressure, formation of retraction ring, rupture of membranes.
3. Formation of fore-waters, polarity, contraction and retraction.
4. Rupture of membranes, cervical dilation, cervical effacement.

Q.17. The uterine support that fans out from the sidewalls of the cervix to the side walls of the pelvis is referred to as:

1. Utero sacral ligament.
2. Broad ligament.
3. Round ligament.
4. Transverse cervical ligament.

Q.18. In mechanism of normal labour which movement occurs when the largest transverse diameter of the fetal head is born:

1. Restitution.
2. Crowning.
3. Descent.
4. Extension.

Q.19. In physiology of puerperium, autodigestion of dead tissues is referred to as:

1. Ischaemia.
2. Involution.
3. Autolysis.
4. Sub-involution.

Q.20. Which of the following features can be elicited on abdominal inspection:

1. Striae gravidarum, linea nigra, lie,
2. Fetal heart rate, presentation, position contractions.
3. Shape, striae, gravidarum, linea nigra, surgical scars.
4. Fundal height, lie, presentation, position.

**PART TWO: SHORT ANSWER QUESTIONS – MIDWIFERY – 40 MARKS**

Q.1. State five (5) ways how male partners can influence antenatal care. 5 marks

Q.2. State five (5) aims of post partum care. 5 marks

Q.3. Draw a well labelled diagram of a lactating breast showing a cross section. 5 marks

Q.4. Outline three (3) characteristics of normal labour. 3 marks

Q.5. State five (5) interventions that can be applied to reduce the risk of mother to child transmission of HIV. 5 marks

Q.6. Describe the physiology of third stage of labour. 6 marks

Q.7. State two (2) objectives of performing abdominal examination. 2 marks

Q.8. Draw a well labelled diagram of the deep layers of the pelvic. 5 marks

Q.9. Outline four (4) pillars of safe motherhood. 4 marks

**PART THREE: LONG ANSWER QUESTIONS – MIDWIFERY - 40 MARKS**

Q.1. Mrs Ko para 1+0 Gravida 2, at term, has been admitted into the labour ward. On examination, the cervical os is 5 cm dilated.

1. State six (6) indications of performing a vaginal examination. 6 marks
2. Describe the management of Mrs Ko during the first stage of labour. 14 marks

Q.2. Mrs Ko, now a para 2, progressed on well and had a spontaneous vaginal delivery to a live male infant who scored 9/1, 10/5, 10/10 and weighed 3kg.

1. Define a normal newborn baby. 2 marks
2. Explain the apgar scoring assessment of a baby condition at birth. 10 marks
3. Describe the health messages that can be shared with Mrs Ko on the care of

baby Ko. 8 marks