**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF YEAR ONE SEMESTER ONE EXAMINATION**

**MARCH 2016 KRCHN CLASS (PRE-SERVICE)**

**MIDWIFERY EXAMINATION**

DATE: 29/9/2016 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. Cervical effacement in 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 the baby to pass through.
2. Thinning and stretching of the lower uterine segment.
3. The inclusion of the cervical os into the lower segment.
4. Thickening of the lower uterine segment.

Q.2. A strong uterine contraction lasts:

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

Q.3. Vaginal examination is indicated after rupture of membranes mainly to:

1. Assess progress or delay in labour.
2. Determine the presentation in case of doubt.
3. Confirm full dilatation of cervix.
4. To exclude cord prolapse.

Q.4. The reflex elicited by holding the baby at an angle of 450 and then permitting the head to drop 1 or 2 cm is:

1. Moro reflex.
2. Rooting reflex.
3. Traction reflex.
4. Grasp reflex.

Q.5. Mechanical factors involved in physiology of first stage of labour are:

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

Q.6. Following fertilization the inner cell mass forms:

1. Chorion, amnion, fetus.
2. Placenta, amnion, umbilical cord.
3. Umbilical cord, placenta, chorion.
4. Amnion, umbilical cord, fetus.

Q.7. Longitudinal fetal lie is confirmed on abdominal palpation when:

1. Long axis of the fetus lie diagonally to the long axis of the uterus.
2. Long axis of the uterus lie diagonally to long axis of the fetus.
3. Long axis of fetus lie along the axis of the uterus.
4. The fetal head is palpated at the pelvic brim.

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

Q.8. Match the conditions in column A to their correct description in Column B.

Column A Column B

1. Chadwick’s sign. (i) Softening of the uterine isthmus
2. Osiander’s sign. (ii) Pulsation of fornices.

(iii) Painless uterine contractions.

(iv) Bluing of vaginal walls.

(v) First fetal movements

Q.9. The term Battle Dore insertion is used when the cord is inserted:

1. Into the membranes of the placenta.
2. At the lateral side of the placenta.
3. At the middle of the placenta.
4. At the edge of the placenta.

Q.10. The presence of surfactant factor in the lungs of a newborn helps to:

1. Reduce the alveolar surface tension and allow for expansion of the lungs.
2. Provides stimulation to the respiratory centre.
3. Increases alveolar surface tension and prevents lung prolapse.
4. Helps to initiate and sustain the heartbeat.

Q.11. The stroma cells that control excessive invasion by the placenta are found:

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

Q.12. Preventive services offered during antenatal care includes:

1. Haemoglobin level check, counselling on diet, educate on danger signs.
2. Educate on individual birth plan, tetanus toxoid, mebendazole.
3. Ferrous sulphate, folic acid, test for HIV.
4. Deworming, ferrous sulphate and folic acid, tetanus toxoid.

Q.13. Which of the following include obstetric risk factors to mother to child transmission of HIV:

1. Unprotected sex, low maternal CD4 count, high viral load.
2. Routine episiotomy, placental disruption, vaginal delivery.
3. Preterm delivery, birth injuries, duration of breastfeeding.
4. Oral thrush, routine episiotomy, high viral load.

Q.14. During antenatal care, the midwife teaches the woman on the following major risk factors:

1. Heart burn, constipation, vaginal bleeding.
2. Vaginal bleeding, severe headache, reduced fetal movement.
3. Laboured breathing, abdominal pains, frequency in micturition.
4. Fainting, muscle cramps, feeling very tired.

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

Q.15. In physiology of puerperium, auto digestion of dead tissues is referred to as:

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

Q.16. Which of the following include hormones that are produced by the placenta:

1. Luteinizing hormone, prolactin, oxytocin, oestrogen.
2. Follicle stimulating hormone, luteinizing hormone, human placental lactogen, oestrogen.
3. Human placental lactogen, progesterone, oestrogen, human chorionic gonadotrophic hormone.
4. Human chorionic gonadotrophic hormone, luteinizing hormone, follicle stimulating hormone, oestrogen.

Q.17. Which diameter is taken from the upper surface of the symphysis pubis to the sacral promontory:

1. Anatomical conjugate.
2. Diagonal conjugate.
3. Obstetric conjugate.
4. Autero posterior diameter.

Q.18. During labour the midwife discourages the woman from lying 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.19. The role of the midwife during the 4th focused antenatal visit at 36 weeks include:

1. Give tetanus toxoid, give iron and folic acid, assess pelvic adequacy.
2. Give antimalarial, give insecticide treated nets, and assess fetal presentation.
3. Assess fetal presentation, assess pelvic adequacy, and give iron and folate.

Q.20. Components of the partograph that monitor progress of labour include:

1. Blood pressure, descent, fetal heart rate.
2. Colour of liquor, cervical dilatation, maternal pulse rate.
3. Contractions, cervical effacement, fetal heart rate.
4. Contractions, cervical dilation, moulding.

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

Q.1. Draw a well labelled diagram of the female pelvis. 5 marks

Q.2. Explain three (3) effects of pregnancy on the respiratory system. 3 marks

Q.3. State four (4) advantages of breast milk. 4 marks

Q.4. Outline five (5) aims of targeted post-partum care. 5 marks

Q.5. Explain how weight gained in pregnancy is distributed. 5 marks

Q.6. State two (2) diameters that are found on the fetal trunk. 2 marks

Q.7. Draw a well labelled diagram of the lactating breast. 5 marks

Q.8. Explain active management of third stage of labour. 6 marks

Q.9. Describe the menstrual cycle. 5 marks

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

Q.1. Mrs D, a para 1 now has just had a spontaneous vaginal delivery to a live female infant who score 9/1, 10/5, 10/10.

1. Define the Apgar score. 2 marks
2. Explain six (6) characteristics of a normal new born baby. 6 marks
3. Describe the care given to baby D, for the first 24 hours. 12 marks

Q.2. Mrs A para 1+0 gravida at term, comes to the maternity unit, on examination the cervical os is 5cm dilated.

1. Describe the mechanism of LOA. 7 marks
2. Describe the management of Mrs A during the first stage of labour. 13 marks