**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF YEAR ONE SEMESTER TWO EXAMINATION**

**SEPTEMBER 2014 KRCHN CLASS (PRE-SERVICE)**

**ABNORMAL MIDWIFERY EXAMINATION**

DATE: …………………… 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) ABNORMAL MIDWIFERY– 20 MARKS**

Q.1. Oligo hydramnios is associated with:

1. Renal agenesis, post-term pregnancy.
2. Oesophageal atresia, renal agenesis.
3. Chorioangioma, neural rube defects.
4. PPROM, multiple gestation.

Q.2. In management of shoulder dystocia, the manoeuvre that involves helping the woman to lie flat and bring her kneels to the chest as far as possible is known as:

1. Rubin’s manoeuvre.
2. Mac Roberts manoeuvre.
3. Zanelli manoeuvre.
4. Woodscrew manoeuvre.

Q.3. In the second degree of inversion of the uterus:

1. The fundus reaches the internal os.
2. The cervix uterus and vagina are inverted and are visible.
3. The body of the uterus is inverted into the internal os.
4. The external os is turned upside down.

Q.4. Function of the surfactant factor is:

1. Initiating breathing at birth.
2. Maturing the respiratory centre in the brain.
3. Regulating breathing immediately the baby is born.
4. Preventing the alveoli of the lungs from collapsing.

Q.5. Exchange blood transfusion is considered when the bilirubin levels are:

1. 255 micromols (15mldl) for term babies.
2. 400 – 500 micromols (23 – 29gmldl) for term babies.
3. 400 – 500 micromols (23 – 29gmldl) for pre- term babies.
4. 140 micromols (5gmldl) for pre- term babies.

Q.6. A pregnant woman presents with cordlike whitish discharge with erythromatous vulva, vagina and cervix. What is the possible diagnosis?

1. Bacterial vaginosis.
2. Trichchomoniasis.
3. Vulvovaginal candidiasis.
4. Chlamydia infection.

Q.7. On first examination of the new born, a midwife elicits undescended testis, which term is used to refer to this condition?

1. Exomphalos.
2. Gastroschisis.
3. Hypospadias.
4. Cryptorchidism.

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

Q.8. During postnatal examination of a mother, painful stiff calf muscles with unilateral oedema and a positive Homan’s sign is diagnostic of:

1. Deep vein thrombosis.
2. Superficial vein thrombosis.
3. Deep thrombophlebitis.
4. Superficial thrombophlebitis.

Q.9. Low birth weight baby is one :

1. Whose weight is below 2500gms.
2. Who is born before 37 completed weeks.
3. Whose weight is below 1500gms at birth.
4. Whose weight is below the 10th percentile for that gestational age.

Q.10. One of the following include pre-regularities for vacuum extraction:

1. Fully dilated cervix, inflated Foley’s catheter balloon, vertex presentation, intact membranes.
2. Ruptured membranes, co-operative mother, term fetus, cephalic presentation.
3. Intrauterine fetal demise, descent less than 1/5 preterm baby, descent more than 1/5.
4. Unconscious woman, descent more than 1/5 intact membranes, term fetus.

Q.11. One of the following includes indication for induction:

1. Prolonged pregnancy, hypertensive disorders, intrauterine fetal demise, placenta praevia.
2. Maternal request, bad obstetric history, chorioamnionitis, grandmultiparity.
3. Chorio amnionitis, rhesus isoimmunisation, prolonged pregnancy, intrauterine fetal demise.
4. Previous myomectomy, placenta praevia, intrauterine growth restrictions, prolonged rupture of membranes.

Q.12. In persistent occipital-posterior position:

1. The occiput reaches the pelvic floor first rotates 3/8 of a circle forwards.
2. The sinciput reaches the pelvic floor first and rotates forwards.
3. The occiput reaches the pelvic floor first rotates forwards but fiexion is not maintained.
4. The occiput reaches the pelvic floor first rotates forwards 1/8 of a circle.

Q.13. Which term refers to bleeding under the periosteum that covers the skull bone:

1. Caput succedanum.
2. Subaponeunotic haemorrhage.
3. Cephalohaematoma.
4. Subdural haemorrhage.

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

Q.14. One of the following includes investigations that should be carried out on a baby born of a rhesus negative woman:

1. Blood for culture and sensitivity, haemoglobin levels, indirect coombs test, white blood cell count.
2. Peripheral blood film, serum bilirubin, indirect coombs test, haemoglobin levels.
3. ABO blood group, peripheral blood film, rhesus factor, blood for culture and sensitivity.
4. Direct coombs test, rhesus factor, haemoglobin levels, serums bilirubin.

Q.15. A new born baby weighing 2.6kg is admitted into the new born unit and requires 10 fluids. What is the amount of fluids required for the 1st day?

1. 78mls.
2. 156mls.
3. 208 mls.
4. 260mls.

Q.16. One of the following includes signs of cerebral irritation:

1. Neck rigidity, twitching of limbs, high pitched cry, restlessness.
2. Hydrocephalus, budging fontanelles, hyperthermia, hypothermia.
3. Apnoea, convulsions of the whole body, diminished suckling reflex, hypothermia.
4. Vomiting, cyanosis, abnormal respiration, neck rigidity.

Q.17. Which of the following include common aggravating factors to cardiac failure in a client with cardiac disease?

1. Obesity, smoking, malposition, emotional upset.
2. Multiple gestation, assisted vaginal delivery, anaemia, obesity.
3. Anaemia, hypertension, multiple gestation, malaria.
4. Singleton gestation, excessive rest, smoking anaemia.

Q.18. Trisomy 21 results into:

1. Turners syndrome.
2. Edwards syndrome.
3. Paten syndrome.
4. Downs syndrome.

Q.19. A baby is born through thick meconium stained liquor does not establish respirations at birth, the first step the midwife should take is:

1. Dry and stimulate.
2. Five inflation breathes.
3. Administer oxygen.
4. Oropharyngeal suctioning.

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

Q.20. A new born baby is found to have an inwardly rotated arm, extended elbow, flexed wrist and hand partially closed. What is the likely diagnosis?

1. Erbs palsy.
2. Total brachial plexus palsy.
3. Klumpke palsy.
4. Fracture of claviche.

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

Q.1. Outline the manoeuvre smellier veit manoeuvre. 5 marks

Q.2. Outline five (5) ways of preventing post-partum infections. 5 marks

Q.3. State four (4) ways through which a mother suffering from tuberculosis will

transmit the infection to her new-born baby. 4 marks

Q.4. Outline five (5) services that a domiciliary midwife can offer. 4 marks

Q.5. State five (5) predisposing factors to amniotic fluid embolism. 5 marks

Q.6. Outline five (5) causes of uterine atony in post-partum haemorrhage. 5 marks

Q.7. Outline five (5) effects of multiple gestation. 5 marks

Q.8. Draw a well labelled diagram of the section through the fetal heads. 5 marks

Q.9. List four (4) sensitising events to rhesus isoimmunisation. 2 marks

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

Q.1. Baby W is admitted into new-born with jaundice, the Dr presents phototherapy.

1. Describe conjugation of bilirubin. 6 marks
2. Outline four (4) factors that increase production of bilirubin. 4 marks
3. Describe the management of baby W until discharge. 10 marks

Q.2. Mrs Q para 1 now, had an SVD four days ago, she is re-admitted and a diagnosis of puerperal sepsis is made.

1. Describe eight (8) predisposing factors to puerperal sepsis. 8 marks
2. Describe the management of Mrs Q until discharge. 12 marks