**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF YEAR ONE SEMESTER TWO CAT**

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

**ABNORMAL MIDWIFERY CAT**

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– 7 MARKS**

Q.1. Oligohydramnious is associated with:

1. Cardiac abnormalities.
2. Multiple gestation.
3. Renal agenesis.
4. Dehydration of the mother.

Q.2. In the 3rd degree of inversion of the uterus:

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

Q.3. The recommended time to give BCG vaccination to a baby born to a mother with infectious tuberculosis is:

1. Immediately after birth.
2. After the baby has used isoniazid for prophylaxis.
3. Anytime the midwife comes into contact with the baby.
4. After one year as the baby will be born with acquired immunity.

Q.4. The midwife elicits the following on vaginal examination in left occipitoposterior position:

1. Sinciput facing theright iliopectineal eminence sagittal suture in right oblique diameter, occiput facing the left sacro iliac joint.
2. Sagittal suture in right sacro iliac joint, occiput facing the left illiopectineal eminence sinciput facing the right sacroiliac joint.
3. Occiput facing the left illiopectineal line, sinciput facing the left illiopectineal eminence sagittal suture in transverse diameter.
4. Occiput lying under the symphysis pubis sagittal suture on anteroposterior diameter sinciput lying in the hillow of sacrum.

Q.5. The management of a pregnant woman with pyelonephritis include:

1. Intramuscular antibiotics, urine for culture and sensitivity, low salt diet, antipyretics.
2. Admission to hospital, antibiotics, intravenous fluids, low salt diet.
3. Antibiotics, antipyretics, urine for culture and sensitivity, seen in antenatal clinic every 2 weeks.
4. Admission to hospital, urine for culture and sensitivity, intravenous antibiotics, intake output chart.

Q.6. Direct cause of maternal mortality include:

1. Haemorrhage, malaria, anaemia.
2. Eclampsia, haemorrhage, cardiac disease.
3. Haemorrhage, sepsis, eclampsia.
4. HIV/AIDS, ruptured uterus, sepsis.

Q.7. The effects of multiple gestation in the mother include:

1. Anaemia, polyhydramnios, obstructed labour.
2. Pressure symptoms, anaemia, polyhydramnios.
3. Locked twins, cord prolapse, obstructed labour.
4. Prolonged labour, pressure symptoms, anaemia

**PART TWO: SHORT ANSWER QUESTIONS – ABNORMAL MIDWIFERY – 25 MARKS**

Q.1. State four (4) causes of acute inversion of the uterus. 4 marks

Q.2. Draw a well labelled diagram of the chorionic villi. 5 marks

Q.3. State four (4) findings the midwife will identify to diagnose breech presentation. 4 marks

Q.4. Describe the mauriceau smellie veit manoeuvre for delivery of extended head in

breech presentation. 5 marks

Q.5. State four (4) pathological changes that occur due to pre-eclampsia. 4 marks

Q.6. State three (3) signs of magnesium sulphate toxicity. 3 marks

**PART THREE: LONG ANSWER QUESTIONS – ABNORMAL MIDWIFERY – 18 MARKS**

Q.1. Mrs AB, Para 5+1 G 7 comes to the antenatal clinic complaining of per vaginal bleeding at 32 weeks gestation.

1. State four (4) classifications of placenta praevia. 4 marks
2. Describe the management of Mrs AB from now to term. 12 marks
3. List four (4) predisposing factors to placenta abruptio. 2 marks