**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF YEAR ONE SEMESTER TWO EXAMINATION**

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

**ABNORMAL MIDWIFERY EXAMINATION**

DATE: 29/5/2015 TIME:3.30 – 11.30 AM

**INSTRUCTIONS**

1. Enter your examination number and question number on each page used.
2. ALL questions are compulsory.
3. For part 1 (MCQs), write the answer in the spaces provided on the answer booklet.
4. For Part 2 (SHORT ANSWER QUESTIONS), answer the questions following each other.
5. For Part 3 (LONG ANSWER QUESTIONS), answer to each question MUST start on a separate page.
6. 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.
7. Do NOT use a pencil.
8. 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. Which of the following investigations should be carried out on a baby born of a rhesus negative woman:

1. Blood for culture & sensitivity, haemoglobin, indirect coombs test, full blood count.
2. Peripheral blood smear, serum bilirubin, indirect coombs test, white blood cell count.
3. Direct coombs test, rhesus factor, haemoglobin, serum bilirubin.
4. Blood group, rhesus factor, indirect coombs test, peripheral blood film.

Q.2. On 1st examination, new born baby is found to have an inwardly rotated arm, extended elbow, flexed wrist and a partially closed hand. What is the likely diagnosis?

1. Klumpke palsy.
2. Fracture of clavicle.
3. Total brachial plexus palsy.
4. Erb’s palsy.

Q.3. Which degree of placenta praevia has substantial portion in the lower uterine segment with its edge at the margin of the internal os:

1. Type 2.
2. Type 4.
3. Type 3.
4. Type 1.

Q.4. Which of the following include signs of uterine rupture:

1. Severe abdominal pains, Bandl’s ring, fetal parts palpate in the abdomen.
2. Strong uterine contractions, presentation regress, altered fetal heart rate.
3. Uterine apoplexy presentation regress, maternal collapse.
4. Ceasation of contractions, presentation regress, fetal parts palpable on abdomen.

Q.5. What are the presenting diameters in face presentation:

1. Mental vertical and bitemporal.
2. Submental bregmatic and bi temporal.
3. Submental pregmatic and bi parietal.
4. Mental vertical and bi parietal.

Q.6. Common factor aggravating cardiac failure in client’s with cardiac disease in pregnancy include:

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

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

Q.7. A preterm baby weighing 1.4kg is admitted in the new born care unit and requires intravenous fluids. How much fluid should the baby get on day 1?

1. …………………..
2. ……………………….
3. ………………………….
4. ……………………………..

Q.8. Which of the following include factors that cause jaundice in new born by interfering with excretion of bilirubin:

1. Reduced albumin binding capacity, hypoxia, hypoglycaemia.
2. Septicaemia, polycythaemia, spherocytosis.
3. Motility, increased beta glucuronidase enzyme, lack of normal bacteria.
4. Lack of glucunic acid, lack of beta glucuronidase, lack of glucoronyl transfarese.

Q.9. The following screening may be carried out by a midwife on a woman to diagnose pre-labour preterm rupture of membranes:

1. Initial aid weekly full blood count to rule out leucocytosis.
2. Obstetric ultrasound to determine source of vaginal loss.
3. Placing a perineal pad over the vulva and examine it one hour later visually and by odour.
4. Undertaking a digital vaginal examination to determine integrity of membranes.

Q.10. Which of the following include management of a woman with pyelonephritis:

1. Plenty of oral fluids, oral antibiotics, antipyretics, treat as outpatient.
2. Urine for culture and sensitivity, oral antibiotics, intravenous fluids, antipyretics.
3. Urine for culture and sensitivity, treat as outpatient, parenteral antibiotics, antipyretic.
4. Urine for culture and sensitivity, admission to hospital, parenteral antibiotics, antipyretics.

Q.11. On vaginal examination, a midwife elicits the sagittal suture in transverse diameter, both anterior and posterior fontanels, with the occiput and sinciput at the same level. This is a diagnostic of:

1. Deep transverse arrest.
2. Right occipital lateral.
3. Left occipital lateral.
4. Brow presentation.

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

Q.12. Pre-conception for a client with diabetes mellitus should include:

1. Advice on early antenatal care, advice on weight gain, assess for nephropathy, teach on self- monitoring.
2. Assess for nephropathy, teach on self-monitoring, avoid folic acid, share information on risks of diabetes mellitus.
3. Advice on early antenatal care, avoid family planning methods, teach on self-monitoring, advice on weight gain.
4. Assess for nephropathy, folic acid supplementations, give up smoking, teach on self-monitoring.

Q.13. The following include indications for induction of labour:

1. Prolonged pregnancy, hypertensive disorders, intrauterine fetal demise, placenta praevia.
2. Chorioaminonitis, rhesus isoimmunisation, prolonged pregnancy, intrauterine fetal demise.
3. Previous myomectomy, placenta praevia, intrauterine growth restriction, pre-labour preterm rupture of membranes.
4. Maternal request, bad obstetric history, chorioamnionitis, grandmultiparity.

Q.14. The following include effects of hydramnious:

1. Post partum haemorrhage, cord prolapse, prolonged pregnancy, placenta abruption.
2. Placenta praevia, preterm prelabour, rupture of membranes, maternal obstetric obstruction, unstable lie.
3. Placenta abruption, maternal obstetric obstruction, unstable lie, post partum haemorrhage.
4. Cord prolapse, preterm labour, prolonged pregnancy, prelabour rupture of membranes.

Q.15. During caesarean section, a vertical incision made on the upper uterine segment is referred to as:

1. Lower uterine segment incision.
2. Upper uterine segment incision.
3. Classical incision.
4. Sub umbilical midline incision.

Q.16. Which term refers to bleeding under the periosteum that covers the fetal skull bones?

1. Caput succedanum.
2. Cephalohaematoma.
3. Subarachnoid haemorrhage.
4. Subaponeurotic haemorrhage.

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

Q.17. An antenatal client reports back to the clinic complaining of nausea, epigastric pain, black stool and constipation. What is the likely diagnosis?

1. Minor disorder of pregnancy.
2. Impending eclampsia.
3. Peptic ulcer disease.
4. Side effect of iron.

Q.18. In right occipital posterior position, the midwife elicits:

1. The occiput facing right sacro iliac joint and sinciput facing the left illiopectineal eminence.
2. The occiput facing the left illiopectineal eminence and the sinciput the right sacro iliac joint.
3. The occiput facing the right sacroiliac joint and the sinciput right illiopectineal eminence.
4. The occiput is facing the right sacro iliac joint and the sinciput left iliac joint.

Q.19. Which of the following statements describes a frank breech:

1. The hips and knees are flexed and the feet is tricked besides the buttocks.
2. The hips and the legs are not fully flexed and the feet are lower than the buttocks.
3. The hips are flexed and the legs are extended on the abdomen.
4. Hips are extended, knees are flexed.

Q.20. In assisted breech delivery, when the head is well flexed, which manoeuvre that a midwife should apply the head:

1. Loveset.
2. Mauricean smellie veit.
3. Popliteal fossa press.
4. Burns Marshall.

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

Q.1. Outline the ways of diagnosing occipital posterior position. 5 marks

Q.2. Outline four (4) methods of induction of labour. 4 marks

Q.3. Draw a well labelled diagram of the chorionic villi. 5 marks

Q.4. Outline five (5) methods of relieving pressure from the cord in management

of cord prolapse. 5 marks

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

Q.5. Outline five (5) predisposing factors to puerperal sepsis. 5 marks

Q.6. Outline five (5) diagnostic investigations that can be carried out on a client

suspected to have anaemia. 5 marks

Q.7. Outline five (5) regimen of administering magnesium sulphate in a woman

with eclampsia. 6 marks

Q.8. List six (6) sensitizing events to rhesus isoimmunisation. 3 marks

Q.9. State two (2) ways an infant born of a woman with active TB can acquire

the disease. 2 marks

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

Q.1. Mrs P a para 1 now has just delivered a female infant who scored 5/1.

1. Describe five (5) factors that predispose to birth asphyxia. 5 marks
2. Describe neonatal rescitation. 10 marks
3. Describe five (5) measures that can be taken to prevent birth asphyxia. 5 marks

Q.2. Mrs A para 6 now has just delivered a female infant who scored 9/1, 10/5, 10/10.

After delivery of the placenta, the woman develops profuse bleeding per vagina.

1. Outline five (5) predisposing factors to uterine atony. 5 marks
2. Describe the specific management of Mrs A for the first 24 hours. 13 marks
3. List four (4) complications of postpartum haemorrhage. 2 marks