**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

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

**MIDWIFERY C A T EXAMINATION**

DATE: 12/10/2015 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– 10 MARKS**

Q.1. One of the following statements include the correct management of a woman who has cardiac disease in pregnancy:

1. Administer tocolytics if woman goes into preterm labour.
2. Perform caesarean section to all women with cardiac disease.
3. Administer anticoagulants to women with prosthetic values.
4. Use ergometrine in AMTSL if syntocion is not available.

Q.2. One of the following statements includes management of tuberculosis and the new-born:

1. If the mother has been on anti TB for more than two months to her EDD give the baby BCG.
2. If the new-born is symptomatic, give prophylactic isoniazid.
3. If the mother has been on anti TB therapy for less than two months to her EDD, give the baby BCG.
4. If baby develops symptoms of tuberculosis while on isoniazid, give BCG.

Q.3. Which of the following statements best describes a complete breech?

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

Q.4. The following include effects of hydrammous:

1. Postpartum haemorrhage, cord prolapse, prolonged pregnancy, placenta abruptio.
2. Placenta praevia, preterm prelabour rupture of membranes, unstable lie, maternal ureteric obstruction.
3. Cord prolapse, preterm labour, prolonged pregnancy, preterm prelabour rupture of membranes.
4. Placenta abruptio, maternal ureteric obstruction, unstable lie, postpartum haemorrhage.

Q.5. Which of the following statements, include management of a client with pyelonephritis in pregnancy:

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

**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) MIDWIFERY– 10 MARKS**

Q.6. On vaginal examination, a midwife elicits the sagittal suture in transverse diameter of the outlet, both anterior and posterior fontanelles, with the occiput and sinciput at the same level. This is diagnostic of:

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

Q.7. Which of the following are presenting diameters in face presentation:

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

Q.8. Pre-conception care for a client with diabetes mellitus in pregnancy 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 risk of DM on pregnancy.
3. Advice on early antenatal care, avoid FP methods, teach on self-monitoring, advice on weight gain.
4. Assess for nephropathy, folic acid supplementation, give up smoking, teach on self- monitoring.

Q.9. When the head is flexed which manoeuvre can a midwife apply to deliver the head in assisted breech delivery:

1. Lov set.
2. Burns Marshall.
3. Mauriceau Smellie veit.
4. Popliteal fossa Press.

Q.10. The following are causes of acute inversion of the uterus except:

1. Fetal macrosomia.
2. Combining fundal pressure with cord traction during delivery of placenta.
3. Active management third stage.
4. Short umbilical cord.

**PART TWO: SHORT ANSWER QUESTIONS – MIDWIFERY – 30 MARKS**

Q.1. Outline four (4) degrees of placenta praevia. 4 marks

Q.2. Outline five (5) ways of diagnosing occipital posterior position. 5 marks

Q.3. Outline five (5) ways relieving pressure on the cord, in management of

cord prolapse. 5 marks

Q.4. State four (4) classifications of cardiac disease in pregnancy according to exercise

tolerance. 4 mark

Q.5. List four (4) contraindications of using oxytocin in management of 1st stage

of labour. 2 marks

Q.6. State five (5) diagnostic laboratory tests that can be carried out on a client with

anaemia in pregnancy. 5 marks

Q.7. Draw a well labelled diagram of the chorionic villi. 5 marks

**PART THREE: LONG ANSWER QUESTIONS – MIDWIFERY – 20 MARKS**

Q.1. Mrs AO a para 0+0 gravida 1 at 30 week pregnant has come to the clinic. Her blood pressure is 140/90mmlHg and she has proteinuria +.

1. Describe the pathophysiology of pre-eclampsia. 5 marks
2. Outline three pathological changes caused by pre-eclampsia. 3 marks
3. Describe the management of Mrs AO during the antenatal period. 12 marks