**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF YEAR 1 SEMESTER TWO EXAMINATION**

**MARCH 2015 KRCHN CLASS (PRE-SERVICE)**

**ABNORMAL MIDWIFERY EXAMINATION**

DATE: 26/4/2016 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) ABNORMAL MIDWIFERY– 20 MARKS**

Q.1. Which reproductive tract inject is characterized by a whitish curdy-like vaginal discharge:

1. Bacterial vaginosis.
2. Vulvavaginal candidiasis.
3. Chlamydia.
4. Trichomoniasis.

Q.2. In which congenital abnormality is there a defect on the abdominal wall through which the intestines protrude?

1. Omphalocele.
2. Exomphalos.
3. Gastroschisis.
4. Diaphragmatic hernia.

Q.3. Which of the following factors cause jaundice by interfering with transportation of bilirubin?

1. Reduced gastric motility.
2. Increased beta glucoronidose enzyme.
3. Low levels of glucoronyl transferase enzyme.
4. Reduced albumin binding capacity.

Q.4. Which of the following include management of preterm prelabour rupture of membranes:

1. If pregnancy is more than 34 weeks, give tocolytics.
2. If pregnancy is more than 34 weeks, give corticosteroids.
3. If pregnancy is below 32 weeks give corticosteroids.
4. If pregnancy is below 32 weeks and there are signs of infection, give tocolytics.

Q.5. A preterm baby is one:

1. Born before 37 completed weeks.
2. Whose weight is small for gestational age.
3. Whose weight is appropriate for gestational age.
4. Whose birth weight is below 2500gm regardless of gestation.

Q.6. During antenatal care, a pregnant woman is found to be rhesus negative, the subsequent management include:

1. Direct coombs test, administer anti D immunoglobulins, induce labour.
2. Indirect coombs test, administer anti D immunoglobulins, maternal blood transfusion.
3. Screen for rhesus antibodies, give anti D immunoglobulins, check baby’s blood group and rhesus factor.
4. Monitor fetal serum bilirubin, check fetal blood group, monitor fetal haemoglobin.

Q.7. One of the following include management of tuberculosis and the newborn:

1. If the woman has been on treatment for more than two months to her EDD and is smear negative, give the baby isoniazid.
2. If the woman has been on treatment for more than two months to her EDD and is smear negative, give the baby BCG.
3. If the woman has active lung TB, give the baby BCG.
4. If the woman has been on treatment for less than two months to her EDD, give the baby BCG.

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

Q.8. One of the following include the correct intervention for a woman who has cardiac disease in pregnancy:

1. Administer tocolytics if the woman goes into labour.
2. Perform caesarean section to all women with cardiac diseases in pregnancy.
3. Administer anticoagulants to woman in prosthetic valves.
4. Use ergometrine in active management third stage of labour if syntocinon is not available.

Q.9. Which of the following include effects of hydramnious:

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

Q.10. The immediate effects of hyperemesis gravidarum include:

1. Electrolyte imbalance, anaemia, ketosis.
2. Dehydration, ketosis, anaemia.
3. Anaemia, electrolyte imbalance, dehydration.
4. Dehydration, electrolyte imbalance ketosis.

Q.11. The nerve trauma in which the upper arm of the newborn has normal movement but the lower arm, the wrist and the hand are affected is:

1. Klumpke’s palsy.
2. Torticollis.
3. Total brachial plexus palsy.
4. Erbs palsy.

Q.12. The following precaution should be observed before administering the nest dose of magnesium sulphate to a preclamptic woman:

1. Urine output is 80mls in the last four hours.
2. Respiratory rate is less than 16 breaths per minute.
3. Blood pressure is 140/90mmHg or more.
4. Deep tendon reflexes are present and normal.

Q.13. A baby weighing 2500gm is admitted to the newborn unit with severe respiratory distress syndrome, how much intravenous fluids should be administered to the baby on day one?

1. 120 mls.
2. 150 mls.
3. 150mls.
4. 200mls.

Q.14. In should dystocia, the manoeuvre in which the midwife pushes the posterior shoulder in the direction of the fetal chest to rotate the anterior shoulder is referred to as:

1. Woods screw.
2. Zavanellin.
3. Rubins.
4. Mac Roberts.

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

Q.15. Key elements assessed prior to prescribing prostaglandins for induction of labour are:

1. Lie of the baby, dilatation of the cervix, effacement of the cervix, station of the presenting part, position of the cervix.
2. Lie of the baby, amniotomy, position of the cervix, effacement of the cervix, willingness of the mother.
3. Amniotomy, dilatation of the cervix, position of the baby, consistency of the cervix station of presenting part.
4. Station of presenting part, effacement of the cervix, position of the cervix, dilation of the cervix, consistency of the cervix.

Q.16. Which of the following landmarks are assessed by the midwife during digital pelvimetry:

1. Intertuberous diameter, ischial spines, sub-pubic arch.
2. Sacral promontory, symphysis pubis, sciatic notch.
3. Interuberous diameter, pelvic brim, sacral promontory.
4. Pubic arch, sciatic notch, hollow of the sacrum.

Q.17. An antenatal woman reports back to the clinic complaining of nausea, epigastric pains, black stools and constipation. What is the possible diagnosis?

1. Minor disorders in pregnancy.
2. Impending eclampsia.
3. Side effects of iron.
4. Peptic ulcer disease.

Q.18. Trisomy 21 results into:

1. Edwards syndrome.
2. Bowks syndrome.
3. Patau syndrome.
4. Shecheus syndrome.

Q.19. The following are correct steps in sequence for management of a baby who does not breathe at birth:

1. Dry and stimulate, give inflation breaths, open and clear the airway.
2. Dry and stimulate, open and clear the airway, assess for breathing.
3. Assess for breathing, give five inflation breaths, dry and stimulate.
4. Dry and stimulate, assess for breathing, open and clear the airway.

Q.20. Which of the following include clinical features of ruptures uterus:

1. Caseation of contractions, presentation regression, fetal parts palpation to the abdomen.
2. Uterine apoplexy, presentation regression, maternal collapse.
3. Hypertonic uterine contractions, altered fetal heart sounds, presentation regression.
4. Bandis ring, hypertonic uterine contractions , rapid pulse rate.

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

Q.1. Outline the four classifications of cardiac disease in pregnancy. 4 marks

Q.2. State five (5) causes of jaundice due to interference with production of bilirubin. 5 marks

Q.3. List six (6) requirements that should be met before vacuum extraction is performed.3 marks

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

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

suspected to have anaemia. 5 marks

Q.6. Outline five (5) clinical features of uterine inertia. 5 marks

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

Q.8. Outline five (5) ways of preventing post-partum infections. 5 marks

Q.9. State four (4) predisposing factors to urinary tract infections. 4 marks

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

Q.1. Mrs J 35 years old, para 4+0 at term comes to the labour ward complaining of low abdominal pains drainage of liquor and having felt the cord at the vulva when the membranes ruptured.

1. State five (5) predisposing factors to cord prolapse. 5 marks
2. Describe the management of Mrs J until the baby is delivered. 15 marks

Q.2. Mrs L age 23 years, para 2+0, reports to the health facility in established 2rd stage and delivers a preterm baby weighing 1500gm.

1. Outline five (5) factors that predispose to preterm delivery. 5 marks
2. Describe the specific management of baby L for the first 72 hours. 13 marks
3. List four (4) complications that baby L may develop. 2 marks