**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF YEAR I SEMESTER II EXAMINATION**

**SEPTEMBER 2013 KRCHN CLASS (PRE-SERVICE)**

**MIDWIFERY EXAMINATION**

DATE: 19/1/2015 TIME:8.30 – 11.30pm

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

Q.1. The action a midwife needs to take for a woman with fetal compromise during first stage of labour is:

1. Administer oxygen, prepare woman for caesarean section, administer 10% dextrose.
2. Summon medical aid, assist woman to assume left lateral position.
3. Administer oxygen, turn woman to right lateral position, suppress contractions.
4. Administer oxygen, turn woman to left lateral position, augument labour.

Q.2. During caesarean section, a transverse incision made on the uterus is referred to as:

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

Q.3. The following screening tests may be carried out by a midwife on a woman to diagnose preterm prelabour rupture of membranes (PPROM):

1. Initial and weekly full haemogram to rule out leucocytosis.
2. Perform obstetric ultrasound to determine the source of vaginal loss.
3. Undertaking digital vaginal examination to determine the integrity of the membranes.
4. Placing a vaginal pad over the vulva and examining it an hour later visually and by odour.

Q.4. Phototherapy is considered when bilirubin levels are:

1. 85 – 140 micrommols in preterms more than 1500gms.
2. 165 micrommols in term babies.
3. Less than 85 micrommols in preterm babies less than 1500gms.
4. 85 – 140 micrommols in preterms less than 1500gms.

Q.5. Which of the following is not a predisposing factor to acute inversion of the uterus:

1. Combining fundal pressure with cord traction during management of third stage.
2. Pathologically adherent placenta.
3. Active management of third stage of labour.
4. Sudden emptying of an over distended uterus.

Q.6. A small for gestation at age baby is one:

1. Whose weight is below the 10th percentile for the gestational age.
2. Whose weight is above the 90th percentile for the gestational age.
3. Whose weight is below 2.5kg at birth regardless of gestation.
4. Born before 37 completed weeks.

Q.7. Which of the following measure can be taken to prevent rhesus:

1. Administer anti D immunoglobulin at 28 weeks for pregnant woman whose indirect coombs test is positive.
2. Administer anti D immunoglobulin at 34 weeks for pregnant woman whose direct coombs test is positive.
3. Administer anti D immunoglobulin within 72 hours of delivery to woman whose babies are rhesus negative.
4. Administer anti D immunoglobulin within 72 hours of delivery to woman whose babies are rhesus positive.

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

Q.8. Which enzyme is responsible for unconjugating bilirubin in the small intestines in new born:

1. Glucoronyl tranferase.
2. Beta glucoronidase.
3. Glucoronic acid.
4. Albumin.

Q.9. On first examination of a new born, a baby is found to have an inwardly rotated arm, extended elbow, flexed wrist and the hand partially closed. What is the likely diagnosis?

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

Q.10. On abdominal examination, the fetal buttocks are palpable on the lower uterine pole, what is the denomination?

1. Sacum.
2. Mentum.
3. Occiput.
4. Sinciput.

Q.11. A baby is born through thick meconium stained liquor and the first step the midwife must take is:

1. Dry and stimulate.
2. Inflate five rescue breaths.
3. Orophargeal suctioning.
4. Administer oxygen.

Q.12. One of the precautions that must be observed before administering the maintenance dose of magnesium sulphate is management of pre-eclampsia is:

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

Q.13. One of the following include signs of cerebral imitation:

1. Hydrocephalus, bulging fontanelles, hyperthermia, hypothermia.
2. Absent respirations, neck rigidity.
3. Twitching of limbs, abnormal respiration, bulging of fontanelles, neck retraction.
4. Neck rigidity, twitching of limbs, high pitched cry, restlessness.

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

Q.14. On vaginal examination a midwife makes a diagnosis of frank breech. What are the possible findings?

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

Q.15. A preterm baby weighing 1.6kg is admitted into the new born unit. What is the amount of breast milk that the baby should get for the first feed?

1. 8mls.
2. 96mls.
3. 16mls.
4. 128mls.

Q.16. Which of the following statements best describes monocygotic twins:

1. They develop from two oocytes fertilized by two spermatozoa.
2. They develop from one oocyte fertilized by one spermatozoa.
3. Always have two placentae, two chorion and two aminions.
4. Always have one placenta, one chorion and one aminion.

Q.17. Which of the following include causes of oligohydramnious:

1. Oesophageal atresia, open neural tube defects, chorioangioma.
2. Maternal diabetes, multiple gestation, rhesus isoimmunisation.
3. Renal agenesis post term pregnancy, open neural tube defects.
4. Post term pregnancy, renal agenesis, preterm prelabour, rupture of membranes.

Q.18. Which of the following include guiding principles into maternal death preview process:

1. Team building experience, focus on health facility system, an education experience.
2. Focus on individuals’ disciplinary hearing, review of documentation.
3. Focus on health facility system. Witch hunting should take place, review of documentation.
4. Disregard existing tools, incorporate into present curricula, review of documentation.

Q.19. Which of the following include investigations that should be carried out on a baby born of a rhesus negative woman at birth?

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

Q.20. A diagnosis of gestational diabetes mellitus is made when:

1. Random blood sugar is less than 11.1 mm/Litre
2. Fasting blood sugar is less than 6.1 mmol/Litre
3. During a glucose tolerance test, blood sugar at 2 hours if more than 11.1 mmol/litre.
4. During a glucose tolerance test, blood sugar at 2 hours is less than 7.8mmol/litre.

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

Q.1. Outline five (5) factors that increase production of bilirubin in new born babies. 5 marks

Q.2. State five (5) pathological effects that occur due to pre-eclampsia. 5 marks

Q.3. Outline the biophysical profile. 5 marks

Q.4. Outline five (5) lab investigations that should be carried out on a woman with

anaemia. 5 marks

Q.5. Outline four (4) effects of multiple gestation. 4 marks

Q.6. State four (4) epidermiological zones of malaria in Kenya. 4 marks

Q.7. State four (4) predisposing factors to deep venous thrombosis in pregnancy. 4 marks

Q.8. State four (4) measures to prevent neonatal jaundice. 4 marks

Q.9. Using the 4T’s, outline the causes of postpartum haemorrhage. 4 marks

**PART THREE: LONG ANSWER QUESTIONS – RH AND MIDWIFERY – 40 MARKS**

Q.1. Mrs P para 0 + 0 G1 comes to the antenatal clinic at 28 weeks and reports slight per vaginal bleeding.

1. State four (4) differences between placenta praevia and placenta abruption. 4 marks
2. State four diagnosis of placenta praevia. 4 marks
3. Describe the specific management of Mrs P until term. 12 marks

Q.2. Mrs O is admitted to the postnatal ward with peripheral sepsis following a normal

delivery.

1. State five (5) predisposing factors to peripheral sepsis. 5 marks
2. State five (5) laboratory tests that should be carried out on Mrs O. 5 marks
3. Describe the management of Mrs O until discharge. 10 marks