**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF FIRST SEMESTER EXAMINATION**

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

**MIDWIFERY EXAMINATION**

**DATE**: 13 March 2014 **TIME**: 8.30 – 11.30 AM

**INSTRUCTIONS**

1. Enter your examination number and question number on each page used.
2. ALL questions are compulsory.
3. 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.
4. Do NOT use a pencil.
5. Mobile phones are NOT allowed in the examination hall.

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

Q.1. Longitudinal fetal lie is confirmed on abdominal palpation when the:

1. Long axis of the fetus lies diagonally to the long axis of the uterus.
2. Long axis of the uterus lies transversely to the long axis of the fetus.
3. Long axis of the fetus lies along the long axis of the uterus.
4. Maternal abdomen appears ovoid in a primigravida.

Q.2. The physiology that explains cessation of ovulation during pregnancy is that:

1. The circulating levels of oestrogen and progesterone are high.
2. The circulating levels of oestrogen and progesterone are low.
3. The low levels of oestrogen and progesterone increase release of follicle stimulating hormone and luteinizing hormone.
4. The high levels of oestrogen and progesterone promote release of follicle stimulating hormone and luteinizing hormone.

Q.3. During examination of the placenta, blood vessels observed running through membranes beyond the edge of the placenta is an indication of:

1. Circumvallate placenta.
2. Velamentous insertion of the cord.
3. Succenturiate placenta.
4. Battledore insertion of the cord.

Q.4. In mechanism of normal labour which movement occurs when the largest transverse diameter of the fetal skull is born?

1. Restitution.
2. Crowning.
3. Descent.
4. Internal rotation of the head.

Q.5. When performing vaginal examination, the midwife would diagnose vertex presentation if:

1. A region from the anterior fontanelle and the coronal suture to the orbital ridges is palpable.
2. A region between the foramen magnum and the posterior fontanelle is palpable.
3. A region bounded by the posterior fontanelle, two parietal eminence and anterior fontanelle is palpable.
4. Moulding is palpable.

Q.6. Lightening is diagnosed when:

1. The woman experiences painless uterine contractions.
2. The woman experiences the first fetal movement.
3. The fundus reaches the xiphisternum.
4. There is descent of the fetal head into the pelvis leading to lowering of the fundus.

Q.7. During vaginal examination, for the position to be right occipital anterior, the occiput should be:

1. On the right illiopectineal eminence and the sinciput on the left illiopectineal eminence.
2. On the right illiopectineal eminence and the sinciput on the left sacroiliac joint.
3. On the left illiopectineal eminence and the sinciput on the right sacroiliac joint.
4. On the left sacroiliac joint and the sinciput on the right illiopectineal eminence.

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

Q.8. Half hourly observation recorded on the partograph during 1st stage of labour include:

1. Fetal heart rate, maternal pulse, uterine contractions.
2. Cervical dilatation, fetal heart rate, descent.
3. Contractions, fetal heart rate, blood pressure.
4. Temperature, colour of liquor, maternal pulse.

Q.9. The midwife should perform ortolani’s test on a newborn baby to rule out congenital abnormality of the:

1. Knee joint.
2. Shoulder joint.
3. Ankle joint.
4. Hip joint.

Q.10. Areas of concern in the individual birth plan during antenatal care include:

1. Danger signs in pregnancy, identifying a birth companion, rest and exercise.
2. Identifying signs of true labour, ensuring availability of funds, ensuring availability of balanced diet.
3. Danger signs in pregnancy, knowing when baby is due, identifying a skilled birth attendant.
4. Planning for transport, use of prescribed drugs, knowing when baby is due.

Q.11. When performing pelvic assessment, eliciting a heart shaped brim, narrow forepelvis, convergent sidewalls, prominent ischial spines and acute subpubic arch is an indication of:

1. Anthropoid pelvis.
2. Android pelvis.
3. Gynaecoid pelvis.
4. Platypelloid pelvis.

Q.12. After alteration of fetal circulation at birth, which temporary structure becomes ligamentum teres?

1. Umbilical vein.
2. Ductus arteriosus.
3. Ductus venosus.
4. Foramen ovale.

Q.13. In physiology of puerperium autodigestion of dead tissues is referred to as:

1. Ischaemia.
2. Involution.
3. Autolysis.
4. Sub involution.

Q.14. During history taking, a woman gives history of having had two abortions, which term would be used to refer to her?

1. Primigravida.
2. Nullipara.
3. Primipara.
4. Multipara.

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

Q.15. Active management of third stage of labour include:

1. Give oxytocin 10iu intramuscular, massage uterus for a contraction, deliver the placenta through controlled cord traction.
2. Check for signs of placental separation, do controlled cord traction, give oxytocin 10iu intramuscular.
3. Give oxytocin 10iu intramuscular, deliver the placenta through controlled cord traction, massage uterus for a contraction.
4. Do controlled cord traction, give oxytocin 10iu intramuscular, massage uterus for a contraction.

Q.16. Damaged sore nipple caused by incorrect attachment of the baby to the breast is managed by:

1. Stop breastfeeding, put mother on antibiotics, apply warm compress.
2. Administer analgesics, apply topical antibiotics, encourage breastfeeding when woman is not in pain.
3. Correct positioning of baby on breast, give paracetamol, give antibiotics.
4. Correct positioning of baby on the breast, apply expressed on the damaged nipples,

rest the breast by feeding baby on expressed breast milk.

Q.17. Components on the partograph that assess progress of labour include:

1. Contractions, descent, moulding.
2. Contractions, fetal heart rate, liquor amnii.
3. Descent, moulding, liquor amnii.
4. Blood pressure, contractions, descent.

Q.18. During antenatal care the fundus is palpated at the xiphistenum at which gestation?

1. 12 weeks.
2. 24 weeks.
3. 36 weeks.
4. 40 weeks.

Q.19. Which of the following is not part of the innominate bone?

1. Ischium.
2. Os pubis.
3. Sacrum.
4. Illium.

Q.20. Preventive services offered during antenatal care include:

1. Tetanus toxoid, sulphadoxine pyrimethamine, mebendazole.
2. Tetanus toxoid, insecticide treated nets, counsel on diet.
3. Folic acid and ferrous sulphate, tetanus toxoid, haemoglobin levels.
4. Haemoglobin levels, insecticide treated nets, sulphadoxine pyrimethamine.

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

Q.1. Draw a well labelled diagram of the coronal section through the pelvis. 6 marks

Q.2. State four (4) advantages of breast milk. 4 marks

Q.3. Outline six (6) pillars of safe motherhood. 6 marks

Q.4. State the four (4) prongs to reduce mother to child transmission of HIV. 4 marks

Q.5. Outline five (5) physiological changes that occur in the cardiovascular system

during pregnancy. 5 marks

Q.6. State five (5) indications of performing an episiotomy. 5 marks

Q.7. Outline five (5) probable signs of pregnancy. 5 marks

Q.7. Differentiate between true and false labour. 5 marks

**PART THREE: LONG ANSWER QUESTIONS (ESSAYS) MIDWIFERY – 40 MARKS**

Q.1. Mrs M para 1+0 G2 has had a spontaneous delivery to live male infant.

* 1. Explain three (3) factors within normal physiology that control bleeding after

delivery. 6 marks

* 1. Explain two (2) methods of placental separation. 6 marks
  2. Describe how to conduct third stage of labour on Mrs M. 8 marks

Q.2. Mrs P para 2+0 G 2 has just had a spontaneous vaginal delivery to a live female infant.

1. Describe how to perform apgar scoring on baby P. 10 marks
2. Describe the measure you would take to prevent baby P from getting

infections. 10 marks