**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF YEAR ONE SEMESTER ONE EXAMINATION**

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

**INTRODUCTION TO REPRODUCTIVE HEALTH MIDWIFERY EXAMINATION**

DATE: 3/3/2015 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) RH & MIDWIFERY– 20 MARKS**

Q.1. During antenatal care which areas should a midwife include while assisting a woman to formulate an individual birth plan?

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

Q.2. Obstetric risk factors to mother to child transmission of HIV (MTCT) include:

1. Sexually transmitted infections, unprotected sex, VHA deficiency.
2. Preterm delivery, birth injuries, oral trash.
3. Clinical stage of infection, high viral load, maternal CD4 count.
4. Routine episiotomy, vaginal delivery, placental disruption.

Q.3. In sequence, the steps in active management third stage of labour include:

1. Check for signs of placental separation, perform controlled cord traction, and give oxytocin intramuscular.
2. Give oxytocin intramuscular, massage the uterus for a contraction, and perform controlled cord traction.
3. Give oxytocin intramuscular, perform controlled cord traction, massage uterus for a contraction.
4. Massage uterus for a contraction, give oxytocin intramuscular, and perform controlled cord traction.

Q.4. Longitudinal fetal lie is confirmed on abdomen palpation when:

1. Maternal abdomen appears ovoid in primigravida.
2. Long axis of the fetus lies along the long axis of the uterus.
3. Long axis of the fetus lies diagonally to the long axis of the uterus.
4. The fetal head is on the lower uterine pole while the buttocks are on the upper pole.

Q.5. The physiology that explains caseation of ovulation during pregnancy is that:

1. Circulatory levels of oestrogen and progesterone are high.
2. Circulatory levels of oestrogen and progesterone are low.
3. Low levels of oestrogen and progesterone promote release of follicle stimulating hormones and luteinizing hormones.
4. High levels of oestrogen and progesterone promote release of follicle stimulating and luteinizing hormones.

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

Q.6. In mechanism of normal labour, which movement occurs when the wist in the neck which was resulted from internal rotation of the head is corrected:

1. Crowning.
2. Restitution.
3. Extension rotation of the head.
4. Extension of the head.

Q.7. Which of the following statements best describes quickening:

1. The woman experiences painless uterine contractions.
2. There is descent of the fetal head into the pelvis leading to a decrease in fundal height.
3. The midwife is able to visualize fetal movement.
4. A woman experiences the first fetal movement.

Q.8. The midwife should perform Ortolanis test on a new born to rule out congenital abnormality of:

1. Kneel joint.
2. Shoulder joint.
3. Hip joint.
4. Anide joint.

Q.9. The term Chadwick’s sign is used to refer to:

1. Pulsation of fornices.
2. Bluish violet discouration of vaginal walls.
3. Softening of isthmus.
4. Caesation of menstruation.

Q.10. Part of presentation that determines the position of the fetus is referred to as:

1. Occiput.
2. Mentum.
3. Sacrum.
4. Denominator.

Q.11. Which is the outer layer of the blastocyst that has a nucleated protoplasm capable of breaking down the decidua:

1. Syncitiotrophoblast.
2. Cytotrophoblast.
3. Blastocell.
4. Mesoderm.

Q.12. In physiology of puerperium autodigestion of dead tissues is referred to as:

1. Ischemia.
2. Involution.
3. Antolysis.
4. Subinvolution.

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

Q.13. Preventive services offered during antenatal care include:

1. Tetanus toxoid, sulphadoxine, pyrimethamine, mebendazole.
2. Insecticide treated nets, haemoglobin levels, counsel on diet.
3. Folic acid, ferrous sulphate, blood group.
4. Blood group, rhesus factor, haemoglobin levels.

Q.14. Components of a partograph that assesses progress of labour include:

1. Contractions, fetal heart rate, liquor amnii.
2. Descent, moulding, liquor amnii.
3. Uterine contractions, descent moulding.
4. Blood pressure, cervical dilatation, maternal pulse.

Q.15. For fetal position to be in right occipital auterior, the occiput should be facing:

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

Q.16. The uterine supports that fan out from the sidewalls of the cervix to the sidewalls of the pelvis are referred to as:

1. Uterosacral ligaments.
2. Broad ligaments.
3. Round ligaments.
4. Transverse cervical ligaments.

Q.17. Which of the following include probable signs of pregnancy:

1. Hegar’s sign, osianders sign, uterine soufflé, Braxton hicks.
2. Uterine soufflé, ballotment of the fetus, amenorrhoea, present of HCG in urine.
3. Fetal heart sounds, fetal movement, palpable fetal parts, skin pigmentation.
4. Hegar’s sign, chadwicks sign, osianders sign, quickening.

Q.18. Half hourly observations recorded on the partograph during management of 1st stage of labour include:

1. Cervical dilatation, fetal heart rate, blood pressure.
2. Uterine contractions, fetal heart rate, moulding.
3. Temperature, respirations, blood pressure.
4. Fetal heart rate, uterine contractions, maternal pulse.

Q.19. During examination of the placenta, the cord is found to be inserted at the edge of the placenta. Which is this anatominal variation:

1. Circumvallate.
2. Battle done.
3. Welamentous.
4. Succemturiate.

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

Q.20. When performing a pelvic assessment eliciting a heart shaped brim, narrow fore pelvis, convergent side walls, prominent ischial spines and an acute sub-pubic arch is an indication of:

1. Antropoid pelvis.
2. Android pelvis.
3. Gynaecoid pelvis.
4. Platy pelloid pelvis.

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

Q.1. Draw a well labelled diagram of the chorionic villi. 5 marks

Q.2. By use of a flow chart, illustrate the differentiation of a blastocyst. 4 marks

Q.3. Outline six (6) uterine activities in physiology of 1st stage. 6 marks

Q.4. Outline six (6) indications of performing a vaginal examination. 6 marks

Q.5. Outline five (5) aims of focused antenatal care. 5 marks

Q.6. State five (5) components of reproductive health. 5 marks

Q.7. State six (6) physiological adaptations in pregnancy that occur in the

cardiovascular system. 6 marks

Q.8. State three (3) physiological processes that enables the body to achieve haemostasis

in third stage of labour. 3 marks

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

Q.1. Mrs O a para 2 now, has been admitted into the postnatal ward having delivered one hour ago to a female infant who scored 9/1, 10/5, 10/10.

1. Describe the Apgar score. 10 marks
2. Describe the management of baby O for the first 24 hours. 10 marks

Q.2. Mrs K para 1+ 0 G 2 has been admitted to the labour ward on vaginal examination

the cervical os is 5cm.

1. Describe the mechanism of left occiput anterior. 8 marks
2. Describe the management of Mrs K during the first stage of labour. 12 marks