**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF FIRST BLOCK EXAMINATION**

**MARCH 2012 KRCHN CLASS (PRE-SERVICE)**

**MIDWIFERY**

DATE: 19/3/2013 TIME: 3 hours

**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 to each question MUST be done on a separate sheet of paper.
5. For Part 3 (LONG ANSWER QUESTIONS), answer to each question MUST be done on a separate sheet of paper.
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.

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

Q.1. In Erb’s palsy which nerves are damaged?

1. Fifth and sixth cervical nerves.
2. Fifth and eighth cervical nerves.
3. First thoracic nerve.
4. Seventh and eighth cervical nerve.

Q.2. Oedema under the scalp above the periosteum due to friction of the skull and cervical os is referred to as:-

1. Subdural haemorrhage.
2. Cephalohaematoma.
3. Caput succedaneum.
4. Subaponeurotic haemorrhage.

Q.3. The following is true about obstructed labour except?

1. There is no advance in presenting part.
2. There is no advance in cervical dilatation.
3. It is due to cephalopelvic disproportion.
4. It is due to malpresentation and malposition.

Q.4. The following is true about neonatal hypothermia except?

1. Baby’s temperature is below 360C.
2. It is predisposed by asphyxia neonatorum.
3. It is predisposed by sepsis.
4. Baby’s temperature is below 350C.

Q.5. Which degree of placenta praevia has substantial portion in the lower uterine segment and the edge is at the margin of the internal os?

1. Type 1.
2. Type 2
3. Type 3.
4. Type 4.

Q.6. Which of the following is not a risk of preterm prelabour rupture of membranes:-

1. Chorioamniotis.
2. Cord prolapse.
3. Congenital abnormality.
4. Preterm labour.

Q.7. Which of the following statements is true about Vitamin K in newborn babies?

1. It is poorly transported across the placental barrier.
2. It is synthesized in the bowels by normal bacteria.
3. It is important in activating clotting factors.
4. All the above.

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

Q.8. The following statements are true about preterm prelabour rupture membranes except?

1. Give tocolytics if gestation is more than 34 weeks.
2. Give corticosteroids if gestation is less than 32 weeks.
3. Give prophylactic antibiotics.
4. Give tocolytics if gestation is below 32 weeks.

Q.9. What is the occurrence of uterine contractions that produce progressive cervical effacement and dilation between 24 weeks and 37 weeks of gestation:-

1. Threatened abortion.
2. Preterm labour.
3. False labour.
4. Precipitate labour.

Q.10. One of the following is not a contraindication to vaginal delivery:-

1. Cephalopelvic disproportion.
2. Transverse lie.
3. One previous scar.
4. Placenta praevia type 2 posterior.

Q.11. Which of the following statements is true about neonatal hypoglycaemia:-

1. Treat by giving baby oral glucose.
2. It is predisposed by neonatal hypothermia.
3. The baby blood sugar is below 3.5mmols/litre.
4. Treat by giving 25% glucose intravenously.

Q.12. The following statements are true about respiratory distress syndrome except?

1. Signs and symptoms are present at birth.
2. It occurs due to inadequate surfactant factor.
3. It is predisposed by prematurity.
4. It is predisposed by neonatal hypothermia.

Q.13. One of the following is not a way to diagnose cephalopelvic disproportion:-

1. X-ray pelvimetry.
2. Digital vaginal examination.
3. Pawlicks grip.
4. Speculum vaginal examination.

Q.14. Development of hypertension and proteinuria after 20th week of gestation is referred to as:-

1. Gestational hypertension.
2. Pre-eclampsia.
3. Pregnancy induced hypertension.
4. Superimposed pre-eclampsia.

Q.15. Which of the following enzymes unconjugates bilirubin in the small intestine:-

1. Stercobilinogen.
2. Glucuronic acid.
3. Glucuronyl transferase.
4. Beta glucuronidase.

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

Q.16. The following are direct causes of maternal deaths except?

1. Anterpartum haemorrhage, pre-eclampsia, sepsis, anaemia.
2. Postpartum haemorrhage, pre-eclampsia, sepsis, unsafe abortion.
3. Pre-eclampsia, sepsis, obstructed labour, post partum haemorrhage.
4. Pre-eclampsia, unsafe abortion, obstructed labour ,sepsis.

Q.17. Which of the following factors does not increase production of bilirubin in newborn babies:-

1. Polycythaemia.
2. Sepsis.
3. Reduced albumin binding capacity.
4. ABO incompatibility.

Q.18. The following statements are true about preventing isoimmunisation except:-

1. Anti D immunoglobulin should be given at 28 weeks if indirect coombs test is positive.
2. Anti D immunoglobulin should be given to Rhesus negative women within 72 hours of birth to a Rhesus positive baby.
3. Anti D immunoglobulin should be given at 28 weeks if indirect coombs test is negative.
4. Anti D immunoglobulin should not be given to women who give birth to Rhesus negative baby.

Q.19. The following are signs of ruptured uterus except:-

1. Severe abdominal pain, tachycardia, altered abdominal contours, fetus palpable in the abdomen.
2. Caesation of contractions, altered abdominal contours, maternal collapse, altered fetal heart rate.
3. Caesation of contractions, Bandl’s ring, altered fetal heart rate, maternal collapse.
4. Tarchycardia, altered abdominal contours, maternal collapse, presentation regress.

State true or false for Q.20.

Q.20. In the partograph moderate contractions are charted using

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

Q.1. State five (5) reasons why a preterm baby is more predisposed to physiological

jaundice than a term baby. 5 marks

Q.2. State four (4) factors to differentiate placenta praevia and placenta abruption. 5 marks

Q.3. State five (5) predisposing factors to placenta abruptio. 5 marks

Q.4. Define puerperal sepsis. 2 marks

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

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

Q.7. State four (4) causes of prolonged labour. 4 marks

Q.8. Briefly explain how a woman gets isoimmunised. 5 marks

Q.9. State four (4) causes of post partum haemorrhage. 4 marks

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

Q.1. Ms Seline has just delivered a live male infant who weighed 1.4kg.

(a) State the characteristics of a preterm baby. 5 marks

(b) Describe the management of baby Seline until discharge. 15 marks

Q.2. Mrs. Yunia para 0+0 gravida 1 has come to the antenatal clinic for the first time

at 28 weeks gestation. On examination the blood pressure is 140/90mmHg and has proteinuria +.

1. Explain the aetiology of hypertensive disorders in pregnancy. 5 marks
2. Describe the management of Mrs. Yunia during antenatal period until term. 15 marks