**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

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

**END OF SECOND BLOCK EXAMINATION**

**MIDWIFERY EXAM**

DATE: 1 April 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 MKS**

Q.1. In right occipital posterior position the midwife will elicit:

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

Q.2. On vaginal examination, the midwife illicit the sagittal suture in the transverse diameter, both anterior and posterior fontanelles will the occiput and sinciput at the same level. This is diagnosis of:

1. Left occipital lateral.
2. Right occipital lateral.
3. Brow presentation.
4. Deep transverse arrest.

Q.3. Common aggravating factors to cardio failure in clients with cardiac disease in pregnancy include:

1. Anaemia, hypertension, multiple gestation, malaria.
2. Obesity, smoking, malposition, emotional upset.
3. Multiple gestations, assisted vaginal delivery, anaemia, obesity.
4. Singleton gestation, excessive rest, smoking, anaemia.

Q.4. The following include obstetric and gynaecological causes of anaemia:

1. Acute partum haemorrhage, post partum haemorrhage, hook work infestation, abortion.
2. Monorrhagia, dysentery, ectopic pregnancy, abortion.
3. Memorrhagia, multiple gestation, ectopic pregnancy, abortion.
4. Frequent child birth, ante partum haemorrhage, HIV, post partum haemorrhage.

Q.5. On abdominal examination, the fetal buttocks are palpated on the lower uterine pole. What is the denominator?

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

Q.6. On antenatal client reports back to the clinic complaining of nausea, epigastic pain, black stools and constipation. What is the possible diagnosis?

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

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

Q.7. Pre-conception care for a client with diabetes mellitus should include:

1. Assess for nephropathy, folic acid supplementation, give up smoking, teach on self monitoring.
2. Advice on early antenatal care, advice on weight gain, assess for nephropathy, teach on self monitoring.
3. Teach on self monitoring, share information on risks of diabetes mellitus, avoid folic acid, assess for nephropathy.
4. Avoid family planning methods, advice on antenatal care, teach on self monitoring, advice on weight gain.

Q.8. The following include indications for induction:

1. Prolonged pregnancy, hypertensive disorders, intrauterine fetal demise, placenta praevia.
2. Maternal request, bad obstetric history, chorioamnionitis, grandmultiparity.
3. Chorioamnionitis, rhesus isoimmunisation, prolonged pregnancy, intrauterine fetal demise.
4. Previous myometomy, placenta praevia intrauterine growth restriction, prelabour rupture of membranes.

Q.9. The following include prerequisites for vacuum extraction:

1. Fully dilated cervix, inflated Foleys catheter balloon presenting part vertex, ruptured membranes.
2. Uterine contractions, co-operative woman, term baby, cephalic presentation.
3. Intrauterine fetal death, descent less than 1/5, cephalic presentation, ruptured membranes.
4. Descent more than 1/5, cephalic presentation, presenting part vertex, ruptured membranes.

Q.10. The following include predisposing factors to hydraminous:

1. Oesophageal atresia, multiple gestation, open neural tube deject, chorioangioma.
2. Isoimmunisation, renal agenesis, multiple gestation, diabetes mellitus.
3. Open neural tube defect, choanal atresia, multiple gestation, isoimmunisation.
4. Diabetes mellitus, oesophageal atresia, physiologic oedema, neural tube defect.

**PART TWO: SHORT ANSWER QUESTIONS MIDWIFERY – 20 MARKS**

Q.1. State five (5) ways of diagnosing multiple gestation. 5 marks

Q.2. Outline five (5) ways of diagnosing occipital posterior position on abdominal

exam. 5 marks

Q.3. State four (4) classifications of cardiac diseases according to New York Heart

Association. 4 marks

Q.4. Outline four (4) methods of induction of labour. 4 marks

Q.5. State two (2) effects of pregnancy on diabetes mellitus. 2 marks

**PART THREE: LONG ANSWER QUESTIONS MIDWIFERY – 20 MARKS**

Q.1. Mrs M now para 1 has just been received into the post natal ward having undergone caesarean section due to obstructed labour, a female baby 3.8kg an apgar score of

8/1, 10/5, 10/10 was extracted.

1. List eight(8) definite indications for caesarean section. 4 marks
2. Describe the management of Mrs M from now until discharge. 13 marks
3. State three (3) reasons why lower uterine caesarean section is preferred

to classical incision. 3 marks