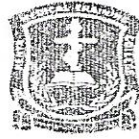


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**KENYA MEDICAL TRAINING COLLEGE**  
**COLLEGE QUALIFYING NURSING EXAMINATION**  
*KRCAN*  
**~~KECHU~~-BASIC**

**PAPER TWO (MIDWIFERY)**

Date: 9/5/2010

Time Allowed: 3 Hours

9:00am -12:00 Noon

**INSTRUCTIONS TO CANDIDATES**

1. ENTER YOUR EXAMINATION NUMBER and QUESTION NUMBERS on the space provided on the answer booklet.
2. ALL questions are compulsory.
3. For Part I (MCQs), write your answers on the first page of the answer booklet.
4. For Part II (SHORT ANSWER QUESTIONS), answer these questions following each other.
5. For Part III (LONG ANSWER QUESTIONS), answer to each question should start on a new 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.

Mobile phones are **NOT** allowed in the examination hall

**PART I – MULTIPLE CHOICE QUESTIONS (20MARKS)**

1. **After fertilization, the placenta and the chorion are formed from:-**
  - (a) Cytotrophoblast
  - (b) Trophoblast
  - (c) Blastocyst
  - (d) Syncytiotrophoblast
  
2. **The placental hormone detected by immunological test for pregnancy in urine is:-**
  - (a) Human chorionic gonadotrophin
  - (b) Human placental lactogen
  - (c) Oestrogen
  - (d) progesteron
  
3. **The presumptive signs of pregnancy include:-**
  - (a) Early breast changes, fetal parts felt, amonorrhoea
  - (b) Bladder irritability, quickening, fetal heart sounds heard
  - (c) Morning sickness, uterine growth, fetal parts felt
  - (d) Bladder irritability, amenorrhoea, early breast changes
  
4. **The purpose of essential obstetric care is to ensure:-**
  - (a) That individuals and couples have access to reproductive health services
  - (b) Prevention of complications in pregnancy
  - (c) Clean and safe delivery
  - (d) High risk pregnancy services are made available
  
5. **Some of the observations done during the second stage of labour are:-**
  - (a) Maternal pulse 4 hourly, fetal heart rate after every contraction
  - (b) Maternal pulse  $\frac{1}{2}$  hourly, fetal heart  $\frac{1}{2}$  hourly
  - (c) Maternal pulse  $\frac{1}{4}$  hourly, fetal heart rate after every contraction
  - (d) Maternal pulse 1 hourly, fetal heart  $\frac{1}{4}$  hourly
  
6. **Premature rupture of membranes is a condition in which rupture of membranes occur spontaneously:-**
  - (a) During the latent phase of labour
  - (b) Before 28 weeks of gestation
  - (c) At 37 completed weeks of gestation
  - (d) At least one hour before onset of labour

7. **Cervical dilatation is affected by:-**

- (a) Uterine action, general fluid pressure, well flexed fetal head
- (b) Fundal dominance, uterine contractions, general fluid pressure
- (c) Uterine contractions, well flexed fetal head, intact bag of membranes
- (d) Polarity, frequency of contractions, strength of contractions

8. **The following are some of the late signs of obstructed labour:-**

- (a) Hypertonic uterine contractions, bandl's ring, concentrated urine mixed with blood
- (b) Early rapture of membranes, handl's ring, maternal distress
- (c) Hypertonic contractions, retraction ring, concentrated urine mixed with blood
- (d) Bandl's ring, good descent of presenting part, hypotonic uterine contractions

9. **Placenta abruption may be diagnosed antenatally through:-**

- (a) Ultrasound, vaginal examination, xray
- (b) Ultrasound, history taking, vaginal examination
- (c) Ultrasound, history, abdominal examination
- (d) Physical examination, ultrasound, vaginal examination

10. **Artificial rupture of membranes may result to one of the following:-**

- (a) Tetanic contractions of the uterus
- (b) Early fetal heart deceleration
- (c) Hypertonic uterine contractions
- (d) Hypotonic uterine contractions

11. **The following is True in the mechanism of labour in persistent mento-posterior position:-**

- (a) Head is incompletely extended, sinciput reaches pelvic floor first, rotates  $1/8$  of circle and chin is brought into the hollow of sacrum
- (b) Head is slightly extended, sinciput reaches pelvic floor first, rotates  $3/8$  of circle, chin is brought to the hollow of the sacrum
- (c) Head is slightly deflexed sinciput reaches pelvic floor first, rotates  $1/2$  of a circle, chin is brought to the hollow of the sacrum
- (d) Head is completely extended, sinciput reaches pelvic floor first, rotates  $3/8$  of circle chin is brought to the hollow of the sacrum

12. **Maternal distress is detected form the partogram by monitoring:-**

- (a) Contractions, fetal heart rate, blood pressure
- (b) Blood pressure, pulse rate, urine
- (c) Temperature, liquor amnic, moulding
- (d) Urine, contractions, blood pressure

13. **The correct sequence in resuscitating a baby at birth would be:-**
- (a) Cardiac Massage, warmth and stimulation, maintenance of patent airway
  - (b) Warmth and stimulation, maintenance of patent airway, warmth and stimulation
  - (c) Cardiac massage, maintenance of patent airway, warmth and stimulation
  - (d) Warmth and stimulation, oxygen administration, cardiac message
14. **The predisposing factors to respiratory distress syndrome include:-**
- (a) Deficiency of surfactant factor, fetal distress, caesarean section
  - (b) Diabetes mellitus, birth injuries, caesarean section
  - (c) Diabetes mellitus, premature labour, mechanism aspiration syndrome
  - (d) Prematurity, post-maturity, deficient surfactant factor
15. **The management of sore buttocks in neonate involves:-**
- (a) Cleaning with antiseptic lotion, application of antibiotic cream, application of talcum powder
  - (b) Cleaning with antiseptic lotion, application of castor oil, exposure to air
  - (c) Application of antibacterial ointment, use of diapers, frequent change of position
  - (d) Keep clean and dry, exposure to air, application of non-perfumed petroleum jelly
16. **Characteristics of cephalohaematoma includes:-**
- (a) Present at birth, crosses sutures, resolves on its own
  - (b) does not pit on pressure, never crosses sutures, resolves on its own
  - (c) Present at birth, accompanied by jaundice, requires surgery
  - (d) Present on 2<sup>nd</sup> and 3<sup>rd</sup> day, pits on pressure, resolves on its own
17. **The maternal history obtained on admission to postnatal ward includes:-**
- (a) Mode of delivery, state of uterus and urinary bladder, vital signs, lochia loss
  - (b) Mode of delivery, apgar score, birth weight, birth injuries
  - (c) Mode of delivery, birth injuries, vital signs, state of uterus and urinary bladder
  - (d) Apgar score, state of perineum, birth trauma, lochia loss
18. **The aim of daily postnatal examination of the mother includes:-**
- (a) Sharing of health messages, rule out complications, promotion of breast feeding
  - (b) Assessment of wellbeing, rule out complication, share health messages
  - (c) Assessment of wellbeing, rule out complications, evaluation of family planning
  - (d) Share health messages, assessment of involution, evaluation for family planning
19. **Prevention of deep venous thrombosis in puerperium involves:-**
- (a) Confinement to bed, avoidance of pressure, postnatal exercises
  - (b) Early ambulation, plenty of oral fluids, avoidance of pressure
  - (c) Prolonged inactivity, postnatal exercises, plenty of oral fluids
  - (d) Operative deliveries, early ambulation, prolonged inactivity

20. **Indicate whether the statements are True or False:-**

- (a) Intense exercises taken to speed up Weight loss in puerperium raises lactic acid levels which affect the taste of breast milk.
- (b) Women usually loose an average of 0.5kgs of stored fat per month during breast feeding period

**PART II - SHORT ANSWER QUESTIONS (40MARKS)**

- 1. Draw and label a diagram of the superficial muscle layers of the pelvic floor **(5 marks)**
- 2. State four (4) elements of focused antenatal care *Assessment - Prevention* **(4 marks)**  
*Treatment - Promotion*
- 3. Outline five (5) non-pharmacological methods of pain control during labour **(5 marks)**
- 4. State two (2) advantages of using a partograph in management of labour **(2 marks)**
- 5. Outline four (4) resuscitative measures in priority management of shock due to rupture of uterus **(4 marks)**
- 6. Explain how apgar score is used in diagnosis of asphyxia neonatorum **(6 marks)**
- 7. State five (5) activities carried out by a midwife during the 4<sup>th</sup> day postnatal home visit. **(5 marks)**
- 8. State four (4) health messages a midwife would share to a mother who is HIV positive on breastfeeding. **(4 marks)**
- 9. Outline five (5) specific steps in delivery of the 2<sup>nd</sup> twin **(5 marks)**

**PART III – LONG ANSWER QUESTIONS (40MARKS)**

**1. Baby Jey born at term develops jaundice within the first 24 hours and is admitted to the new born unit.**

- (a) Define neonatal jaundice (1 mark)
- (b) Explain how jaundice due to Rhesus incompatibility occurs (5 marks)
- (c) Describe the management of baby Jey for the first 48 hours (12 marks)
- (d) List four (4) complications that baby Jey may develop (2 marks)

**2. Mrs. Kuwahi Para 5 + 1 aged 40 years starts bleeding profusely following delivery of the placenta**

- (a) Define Primary Post Partum Haemorrhage (1 mark)
- (b) State five (5) predisposing factors of atonic uterus after delivery (5 marks)
- (c) Describe the management of Mrs. Kuwahi till bleeding is controlled (12 marks)
- (d) List four (4) complications that Mrs. Kuwahi may develop (2 marks)