



**FINAL QUALIFYING EXAMINATION.  
DIPLOMA IN COMMUNITY HEALTH NURSING  
MIDWIFERY.**

**DATE: WEDNESDAY**

**8<sup>TH</sup> JUNE 2016**

**Time Allowed: 3 Hours**

**9:00am -12:00 Noon.**

**INSTRUCTIONS TO CANDIDATES:**

1. ENTER YOUR EXAMINATION NUMBER on the space provided on the examination answer booklet and **inside every page of the answer booklet.**
2. Enter QUESTION NUMBERS on the space provided in the examination answer book.
3. Confirm you have written the EXAM and QUESTION numbers correctly before handing in your booklet.
4. 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.
5. Observe all the examination rules and regulations as stipulated in the college rules and regulations.
6. Follow any other instructions from the supervisor as may be necessary.
7. **Mobile phones are NOT allowed in the examination hall.**

**Part one: Multiple Choice Questions-(20 Marks)**

1. **During fetal development, brown fat begins to form at:**
  - a) 12 weeks
  - b) 16 weeks
  - c) 20 weeks
  - d) 24 weeks
2. **The hormone responsible for the secretion of mucus by the endocervical cell during pregnancy is:**
  - a) Progesterone
  - b) Oestrogen
  - c) Prostaglandins
  - d) Human chorionic gonadotrophin
3. **A Rhesus positive foetus is affected by a rhesus negative mother due to:**
  - a) Antibodies of the foetus crosses the placenta barrier to the mother's circulation
  - b) Antibodies of the mother crosses the placenta into the foetal circulation
  - c) The foetal red blood cells enters the mother's circulation
  - d) The maternal red cells enter the foetal circulation
4. **Retention of a portion of the placenta in the uterus after third stage of labour will:**
  - a) Prevent the uterus from contracting effectively
  - b) Cause the blood vessels in the placental bed to dilate
  - c) Make the uterus to become hard as a tennis ball
  - d) Prevent the blood vessels in the placental bed to contract
5. **The midwife will encourage the mother to empty the urinary bladder during first stage of labour mainly to:**
  - a) Minimize infection during labour
  - b) Avoid bladder rupture during third stage of labour
  - c) Prevent contamination during second stage of labour
  - d) Avoid complications during second stage and third stage of labour

6. **Ductus arteriosus is a bypass in a baby's circulation from:**
- Umbilical vein to the inferior vena cava
  - Pulmonary artery to the aorta
  - Left atria and right atria
  - Internal iliac artery to umbilical artery
7. **A reduction in urinary output in prolonged labour may be associated with:**
- Antidiuretic effect of oxytocin, pyrexia, dehydration
  - Dehydration, pyrexia, diarrhoea
  - Antidiuretic effect of oxytocin, pyrexia, vomiting
  - Diarrhoea, pyrexia, vomiting
8. **In a normal delivery with a well flexed head the presenting diameters are:**
- Mentovertical 13.5cm and Bitemporal 8.2cm
  - Bitemporal 8.2cm and Sub-Mentobregmatic 9.5cm
  - Biparietal 9.5cm and Sub -Occipitobregmatic 9.5cm
  - Bitemporal 9.5cm and Occipitofrontal 11.5cm
9. **The maternal characteristics a midwife will use to diagnose late obstructed labour through a partograph include:**
- Slow cervical dilatation, pyrexia, excessive moulding
  - Rapid pulse rate, pyrexia, excessive moulding
  - Slow cervical dilatation, excessive moulding, oliguria
  - Rapid pulse rate, pyrexia, oliguria
10. **Maternal causes of shoulder presentation include:**
- Lax uterine muscles, uterine abnormality
  - Contracted pelvis, preterm pregnancy
  - Lax uterine muscles, multiple pregnancy
  - Uterine abnormality, multiple pregnancy
11. **During the 2<sup>nd</sup> stage of labour, external rotation of the fetal head assists the midwife to realize that the:-**
- Foetal shoulders have descended.
  - Foetal body is in the lateral position.
  - Foetal shoulders have rotated into antero-posterior diameter of the outlet.
  - Occiput has slipped under the sub-pubic arch.

12. Match the terms in column A with the correct statements in Column B:

**Column A**

- a) Physiological jaundice
- b) Pathological Jaundice

**Column B**

- I. Increased red cells breakdown
- II. Rhesus incompatibility, ABO incompatibility
- III. Decreased enterohepatic reabsorption
- IV. Reduced red blood cell breakdown
- V. Increased albumin-binding capacity

13. To prevent neural tube defect the midwife advises a woman planning to conceive to take:

- a) Vitamin B12
- b) Vitamin A
- c) Ferrous sulphate
- d) Folic acid

14. The milk secreting cells in the breast are referred to as:

- a) Acini cells
- b) Myoepithelial cells
- c) Alveolar cells
- d) Montgomery tubercle

15. The midwife would formulate the following nursing diagnosis for a mother who develops hypovolemic shock after uterine rupture:

- a) Fluid volume deficit related to intra uterine bleeding evidenced by vaginal bleeding
- b) Risk of fluid volume deficit related to uterine rupture
- c) Impaired tissue perfusion as evidenced by blood loss
- d) Ineffective gas exchange related to uterine rupture

16. State whether the following statements are **TRUE** or **FALSE**:

- a) In puerperal psychosis Restlessness, agitation, insomnia, failure to eat and drink will be present
- b) Haemorrhagic diseases of the newborn may occur due to hypoxia

**17. Maternal distress can be diagnosed from the partograph through:**

- a) Cervical dilatation, Urine testing, blood pressure
- b) Urine testing, blood pressure, maternal pulse
- c) Cervical dilatation, urine testing, amniotic fluid
- d) Cervical dilatation, uterine contraction, blood pressure

**18. The direct causes of maternal deaths in Kenya include:**

- a) Haemorrhage, eclampsia, sepsis
- b) Haemorrhage, malaria, sepsis
- c) Malaria, anaemia, sepsis
- d) Malaria, anaemia, haemorrhage

**19. Maternal minor complications which may occur during puerperium include:**

- a) Cracked nipples, breast engorgement, bleeding
- b) Depression, cracked nipples, sore perineum
- c) Sore perineum, engorgement, cracked nipples
- d) Depression, engorgement, bleeding

**20. Definitive indications for elective caesarian section include:**

- a) Cephalopelvic disproportion, major degree of placenta preavia
- b) Cephalopelvic disproportion, breech presentation
- c) High order multiple pregnancies, breech presentation
- d) Major degree of placenta preavia, diabetes mellitus

**Part Two: Short Answer Questions: (40 marks)**

1. Draw and label a diagram of a sagittal section of the pelvis **(5 marks)**
2. Explain two (2) processes involved in involution of the uterus **(4 marks)**
3. Outline five (5) nursing intervention in management of premature rupture of membranes **(5 marks)**
4. Explain two (2) roles of the midwife in the prevention of hypothermia **(4marks)**
5. Explain three (3) characteristics a midwife will identify to determine low birth weight during examination of a pregnant woman **(6marks)**
6. For a patient who has undergone caesarian section, formulate three (3) nursing diagnoses and one intervention for each **(6marks)**
7. Explain three (3) hospital related factors that can reduce maternal mortality rate **(6marks)**
8. State four (4) key points a service provider should consider before providing sulfadoxine pyrimethamine to a pregnant woman **(4marks)**

**Part Three: Long Answer Questions-( 40 marks)**

1. **Mrs kokigoyoo aged 35 years comes to Ante Natal Clinic for the first visit at 29 weeks gestation:**
  - a) Explain three (3) characteristics of a normal pregnancy **(6 marks)**
  - b) Describe the care that she will receive until she leaves the clinic **(14 marks)**
2. **Mrs yoyoowo aged 30 years,para 2+0 gravida 3 comes to labour ward in 2<sup>nd</sup> stage of labour and a diagnosis of breech presentation with extended arms is made:**
  - a) Outline two maternal and two foetal predisposing factors to breech presentation **(4marks)**
  - b) Develop four (4) nursing diagnoses for mrs yoyoowo **(4marks)**
  - c) Describe the management of mrs Yoyoowo until she delivers **(12 marks)**

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