



KMTC/QP-8/EPS

**KENYA MEDICAL TRAINING COLLEGE
FACULTY OF NURSING
DEPARTMENT OF NURSING**

**FINAL QUALIFYING EXAMINATION
FOR
CERTIFICATE IN COMMUNITY HEALTH NURSING**

PAPER: MIDWIFERY

DATE: 18th JANUARY, 2022

TIME: 3 HOURS (9:00AM – 12:00 NOON)

INSTRUCTIONS

1. This paper consists of:
 - Section 1 (40 Multiple Choice Questions)
 - Section 2 (8 Short Answer Questions)
 - Section 3 (1 Long Answer Question)
2. Attempt **ALL** Questions
3. Write the **EXAMINATION NUMBER** given on all the answer sheets provided and on the question paper.
4. Ensure that all examination answer scripts are handed in at the end of the examination
5. Ensure you sign the examination register provided

EXAMINATION NUMBER ... C/NUR/FEB-22/FQE 1

SECTION 1: MULTIPLE CHOICE QUESTIONS (40 MARKS)

1. In shoulder dystocia the cardinal sign is:
 - a) No fetal advancement
 - b) Turtle sign
 - c) Macrosomic baby
 - d) face flushing
2. Zavanelli is one of the last resort maneuver in shoulder dystocia, it means
 - a) Cutting the fetal head
 - b) Breaking the symphysis
 - c) Returning the fetal head back to the uterus
 - d) Allowing normal labor after fetal death
3. The denominator in face presentation is
 - a) Sacrum
 - b) Mentum
 - c) Occiput
 - d) Sinciput
4. State true or false
 - i) Human milk is the gold standard for nutrition of the human infant
 - ii) The Mnemonic AVPU in maternal resuscitation means; Alert, Voice, Pain, Unconscious
5. A mother came for antenatal visit on 4/8/2021 with an LMP of 3/2/2021, what is her maturity by date:-
 - a) 26/40 weeks
 - b) 32/40 weeks
 - c) 24/40 weeks
 - d) 28/40 weeks
6. The management of a mother in first stage of labour with placenta previa type two posterior is:
 - a) Allow progress to normal vaginal birth
 - b) Emergency Cesarean Section
 - c) Elective Cesarean Section
 - d) Await the obstetrician to make decision
7. During an antenatal clinic the mother reports painless per vaginal bleeding. The most likely diagnosis would be
 - a) Placenta previa
 - b) Placenta abruption
 - c) Ruptured vasa previa
 - d) Placenta accreta
8. The hormonal factors responsible for uterine contractions at the onset of labour are:
 - a) Increase release of oxytocin and progesterone from decidua at term
 - b) Formation of oxytocin and oestrogen in the fetal circulation
 - c) Rise of oxytocin and oestrogen in the fetal circulation
 - d) Optimum levels of oestrogen and rise of prostaglandins in maternal circulation
9. Continuity of care of a postnatal mother after discharge mainly depends on:-
 - a) The number of postnatal clinic the midwife can make
 - b) The availability of health facility
 - c) The ability of the midwife to detect problems and intervene

- d) The adequate health messages shared with the mother
10. Which one of the following is an indication for giving cardiopulmonary resuscitation in an adult?
- Absence of breathing in the presence of an open airway
 - Presence of circulation in the absence of breathing
 - Presence of circulation in the presence of weak chest movements
 - Patient subconscious in the absence of a defibrillator
11. The reproductive tract fistulae are caused by
- Prolonged labor, Multiple pregnancy
 - Un attended obstructed labor, prolonged labor
 - Surgical injuries, IUCD
 - Malpresentation, IUCD
12. In which of the following conditions will a midwife consider performing a vacuum extraction in a term pregnancy with a cephalic presentation?
- Intrauterine fetal death at full cervical dilatation
 - Severe pre-eclampsia at full cervical dilatation
 - Fetal distress at 8cm cervical dilatation
 - Cord prolapse at 5cm cervical dilatation
13. The precaution that a midwife should take to avoid retained placenta is: -
- Discourage premature pushing during first stage
 - Administer intravenous fluids during childbirth
 - Administration of oxytocin following childbirth
 - Administer prophylactic antibiotics during labor
14. Mrs. X was admitted at the hospital at 9 a.m and diagnosed with features of severe pre-eclampsia and started on the recommended Magnesium Sulphate as per national protocols. She was monitored and had a successful spontaneous vaginal birth at 1p.m though she experienced a fit at 4 p. m while still on the Magnesium Sulphate treatment. Which of the following is the correct management option for Mrs. X?
- Continue with Magnesium Sulphate maintenance dose and stop at 9am the following day
 - Continue with Magnesium Sulphate maintenance dose and stop at 1pm the following day
 - Continue with Magnesium Sulphate maintenance dose and stop at 4pm the following day
 - Continue with Magnesium Sulphate maintenance dose and stop at 1am the following day
15. During monitoring of labor progress of a woman using a partograph, which of the following fetal wellbeing indicators are reassuring to a midwife?
- Fetal heart rate 120-160 beats/minute, Moulding +, Clear liquor
 - Fetal heart rate 160-180 beats/minute, Moulding 2+, Fetal descent 2/5
 - Moulding 3+, Fetal heart rate 110 beats/minute, Meconium stained liquor
 - Meconium stained liquor, Moulding 2+, Fetal descent 0/5
16. One of the following statement is true regarding obstetric hemorrhages
- In every case of placental abruption, be prepared for postpartum hemorrhage
 - Conduct digital vaginal examination first to diagnose placenta praevia
 - If cervix is fully dilated but fetal heart rate is abnormal, do not attempt vaginal delivery
 - Always commence IV fluids then secure airway and breathing in hemorrhage
17. Which of the following statements is true about newborn resuscitation?
- Stimulate newborn using a dry warm cloth then clear meconium-filled airway
 - Start chest compressions if newborn is not breathing with open airway immediately
 - Continue ventilation for 1 minute if heart rate is more than 60 beats/minute
 - Consider chest compressions if heart rate is more than 60 but less than 100/minute

18. Oral sex is not recommended for mother during their postpartum period because of:
- Possible abdominal pain
 - Infection to the spouse
 - Embolism due to blowing air in to uterus
 - Pain in the perineum
19. The possible congenital problem that may result from a ovum that is fertilized by more than one sperm is:
- Blastocyst
 - Hydatidiform mole
 - Mongolism
 - Intra uterine growth restriction
20. A midwife should expect a woman who develops deep venous thrombosis to be given heparin sodium to:-
- Prevent further enlargement of the vein
 - Reduce calf tissue oedema
 - Improve the venous return
 - Dissolve the thrombosis
21. First stage of labour is defined as a period from onset of:-
- Labour pains to full dilatation
 - Labour pains to full crowning of the head
 - True labour to birth of the baby
 - True labour to full dilation of the cervix
22. A condition in which a midwife prepares a mother for emergency cesarean section include:-
- Previous cesarean section
 - Cord presentation
 - Twin pregnancy
 - Meconium stained amniotic fluid
23. A woman had rupture of the membranes 24 hours prior to birth, the midwife should assess this mother for:-
- Elevate temperatures
 - Proteinuria
 - Chorioamnionitis
 - Persistent drainage of liquor
24. Administration of magnesium sulphate in pregnancy is known to have the following advantages: -
- Reduces the rate of respiratory distress, Neural tube protection, maternal convulsions
 - Reduces the rate of cerebral palsy, Neural tube protection, intraventricular hemorrhage
 - Reduces the rate of cerebral palsy, Neural tube protection, maternal convulsions
 - Reduces the rate of preterm labor, Neural tube protection, maternal convulsions
25. The following is the best way to diagnose invasive placenta like placenta percreta
- Magnetic Resonance Imaging
 - Trans Vaginal Ultrasound
 - Trans Abdominal Ultrasound
 - Clinical features
26. The major cause of antepartum hemorrhage includes: -
- Placenta previa, placenta abruption, uterine curettage, ruptured vasa previa
 - Placenta previa, previous placenta abruption, uterine rupture, ruptured vasa previa
 - Placenta previa, placenta abruption, uterine rupture, uterine fibroids
 - Placenta previa, placenta abruption, uterine rupture, ruptured vasa previa

26. The following are the possible obstetric causes of cardiac arrest in pregnancy: -
- Amniotic fluid embolism, eclampsia, magnesium toxicity, postpartum hemorrhage
 - Thromboembolism, sepsis, cerebrovascular accident, myocardial infarction
 - Amniotic fluid embolism, eclampsia, magnesium toxicity, aortic dissection
 - Thromboembolism, magnesium toxicity, cerebrovascular accident, myocardial infarction
27. Delayed cord clamping for one to three minutes after birth of baby:
- Allows blood in cord and placenta to push pumped to the mother
 - Increase the risk of transmission of HIV from mother to child
 - Increase the risk of PPH
 - Decreases neonatal risk of anaemia
28. How frequent should the fetal heart rate be assessed for a mother in second stage?
- After every 15 minutes
 - After every contraction
 - After every 30 minutes
 - Not of any importance for the fetus is almost out
29. The nursing diagnosis that would be given priority in the care plan of a newborn at one hour age is
- Risk for infection
 - Ineffective thermoregulation
 - Impaired skin integrity
 - Altered nutrition
30. The most common cause of maternal death in Kenya is:-
- Malaria
 - Infection
 - Hemorrhage
 - Toxaemia
31. The laboratory test likely to be omitted from the routine antenatal care without jeopardizing the health of the mother and fetus is:
- Serological test for syphilis
 - Blood type/Rhesus determination
 - Urinalysis for albumin and sugar
 - Blood urea and nitrogen
32. The temporary structure in the fetal circulation that shunts blood around the lungs is called?
- Ductus arteriosus
 - Ductus venosus
 - Foramen ovale
 - Ligamentum venosus
33. The features of the gynaecoid pelvis that allow it to be adequate for vaginal birth is:-
- Prominent ischial spines and wide fore pelvis
 - Sciatic notch and divergent side walls
 - Rounded brim and straight side walls
 - Oval brim and blunt ischial spines
34. In atypical vertex presentation the sequence of events by which the fetal head adapts to the birth canal is:-
- Lateral flexion, descent, internal rotation, external rotation
 - Flexion, descent, restitution, lateral flexion
 - Descent, flexion, internal rotation, extension
 - Descent, lateral flexion, shoulder rotation, restitution

35. The clinical problems of small for dates babies include:-
- Hyperglycaemia
 - Hypercalcaemia
 - Temperature instability
 - Anaemia
36. Congenital abnormalities in a newborn baby include:-
- Brachial palsy
 - Retrolental fibroplasia
 - Patent ductus arteriosus
 - Caput succedaneum
37. Infant born to diabetic mother is likely to suffer from:-
- Respiratory distress syndrome, hypoglycaemia
 - Respiratory distress syndrome, hyperglycaemia
 - Respiratory distress syndrome, hypercalcaemia
 - Hypoglycaemia, hyperglycaemia
38. A 28 year old woman is pregnant for the fourth time. She has one living child and two miscarriages. A midwife would accurately record that the client is:-
- Para 1+2 gravida 4
 - para 3+0 gravida 4
 - Para 2+1 Garvida 4
 - Para 3+0 garvida 3
39. During the second postnatal visit, the mother should be advised on:-
- Kigels, immunization, nutrition, hygiene
 - Resume coitus, danger signs, hygiene, perineum care
 - Kigels, immunization, nutrition, cervical cancer screening
 - Resume coitus, danger signs, hygiene, second Tetanus Diptheria vaccination
40. How to Control pain during labour
- Change of position/ moving around, orgasm birthing, breathing techniques, warm bath
 - Sacral massage from a companion, orgasm birthing, side lying, warm bath
 - Change of position/ moving around, orgasm birthing, breathing techniques, sidelying
 - Sacral massage from a companion, orgasm birthing, pushing early, warm bath

SECTION 2: SHORT ANSWER QUESTIONS (40 MARKS)

41. State five (5) cause of atonic uterus (5 marks)
42. State the four (4) types of placenta previa (4 marks)
43. State the HELPEERR mnemonic in shoulder dystocia (7 marks)
44. Differentiate the fetal and maternal side of the placenta (5 marks)
45. Draw a diagram of the Fetal skull showing regions and landmarks of clinical importance (5 marks)
46. In maternal emergencies, state five (5) drugs that are supposed to be in a resuscitation tray (5 marks)
47. State five (5) variables assessed in apgar scoring that has a score of 10 (5 marks)
48. Outline four (4) types of perineal trauma (4 marks)

SECTION 3: LONG ANSWER QUESTION (20 MARKS)

49. Mrs Y para 6+ 0 who is in second stage of labor develops sudden onset of maternal respiratory distress. A diagnosis of amniotic fluid embolism is made:
- Define amniotic fluid embolism (1 mark)
 - State five (5) predisposing factors to amniotic fluid embolism (5 marks)
 - Describe the specific management Mrs. Y would receive until she is stable (8 marks)
 - Explain three (3) complications that Mrs. Y may develop (6 marks)