**MIDWIFERY (MCQ)**

**Q1. Which of the following is true about the development of the male gonads:**

1. Requires 36°C temperature
2. Testosterone production causes maturation of the wolffian ducts
3. Descends into the scrotum during the eighth infancy week
4. Testicular production of mullerian inhibits sabstances (MIS) Causes degeneration of the wolffian duct

**Q2. Maximum normal time for second stage off labour in primigravida without anaesthesia is:**

1. 20 minutes
2. 60 minutes
3. 120 minutes
4. 240 minutes

**Q3. In graffian follicle the inner most cells of the corona that are very clear are referred to as:**

1. Perinetrine space
2. Corona radiate
3. Zona pellucinda
4. External limiting membrane

**Q4. The area enclosed by labia minora is called.**

1. Fourchette
2. Vestibular
3. Perineum
4. Vaginal os

**Q5. Crowning is best defined as:**

1. When the greatest diameter of the fetal head comes through vulva
2. When presenting part reaches the pelvis floor
3. When the perineum bulges in front of fetal head
4. Ehen the head is visible at vulva

**Q6. In an erect fetal head (not flexed) the presenting diameter are:**

1. Occipiata-frontal and biparietal
2. Sub occipito-bregmatic and biparietal
3. Submento-bregmatic and bi temperol
4. Mento-vertical and bi-temperol

**Q7. Duration of latent phase in a multigravida is**

1. 1-2 hours
2. 2-4 hours
3. 4-6 hours
4. 6-8 hours

**Q8. In FANC (Focused Antenatal Care) the activities that should be done during the first visit are:**

1. Listen to fetal heart rate sound, give albendazole dose, iron, folate, counsel and educate the mother.
2. Take history, give tetanus toxoid, iron and folate, screen for syphilis
3. Perform vaginal examination, check fetal presentation, give sulfudoxine pyrimethamine dose, iron and folate
4. Give first sulfadoxin pyramethamine dose, iron and folate, check individual birth paln, counsel and educate the mother.

**Q9. Progress of labour is determined by which of the following.**

1. Dilatation and intensity of contractions
2. Dilatation and effacement
3. Dilatation and descent
4. Frequency of the contractions and descent

**Q10. The three components of the cervical exam are:**

1. Dilatation, presentation and effacement
2. Dilatation, effacement and station
3. Station, dilatation and effacement
4. Effacement, dilatation and station.

**Q11. The plug of mucus that block the cervical canal during pregnancy is known as:**

1. Speculum
2. Operculum
3. Show
4. Leucorrhoea

**Q12. Presentation is the part of the fetus that is:**

1. Relates to right or left side of the maternal pelvis
2. Presenting or is the closest in the proximity to the birth canal
3. Relates to the long axis of the mother
4. First enters the pelvic cavity

**Q13. Before a vaginal examination is done the midwife must:**

1. Obtain a verbal consent, ensure privacy, and provide for emotional comfort to the women.
2. Empty the urinary bladder, consider the dignity of the woman, and ensure privacy
3. Take history, consider the dignity of the woman, and ensure privacy
4. Obtain a written consent, perform abdominal examination and confirm presentation

**Q14. The following are some of the hormone responsible for causing muscles contraction**

1. Progesterone, Relaxin
2. Prolactin, Oxytocin
3. Prostaglandins, Progesterone
4. Prostaglandins, Oxytocin

**Q15. Capacitation of the sperm:**

1. Is caused by the zona pellucida
2. Is essential for fertilization
3. Prevents polyspermy
4. Occurs in the male

**Q16. The seven day blastocyst**

1. Has a single layer of the trophoblast at the embryonic pole
2. Has an amniotic cavity
3. Is attached to the endometrial epithelium
4. Is surrounded by degenerative zona pellucida

**Q17. The physiologic event that takes place during peurperium include:**

1. Contraction and retraction of the uterus muscles
2. Establishment and maintainance of lactation
3. Displacement of bladder and perineal body
4. Motivation of the mother to gain confidence and play mother role within her family and culture.

**Q18. The term given to a vaginal discharge from uterus during puerperium is:**

1. Lochia loss
2. Lochia serosa
3. Lochia alba
4. Lochia Rubra

**Q19. The part of the sperm containing proteolytic enzyme to digest the zona pellucida is:**

1. Capacitor
2. Head crosome
3. Corona
4. Acrosome

**Q20. The obstetrical outlet of the pelvic is:**

1. Of greater practical significance because it includes the narrow pelvic straight through which foetus must pass
2. The space between the narrow pelvic straight and an anatomical outlet.
3. Formed by the lower border of each of the bones together with the sacratuberous ligaments
4. Said to be between the obturator foramen and sacro-spinous ligaments.

**Q21. On the examination of the placenta, absence of one umbilical artery is an indication of:**

1. Placenta insufficiency
2. Atresias
3. Heart disease
4. Renal anomalies

**Q22. Twenty four weeks after delivery the fundus is:**

1. 5 cm below the umbilicus
2. Slightly below the umbilicus and should be in state of contraction feeling firm
3. Midway between the symphysis pubis and the umbilicus
4. At the level of the umbilicus

**Q23. In focused antenatal care (FANC) The recommended schedule for the four (4) comprehensive personalized antenatal visit is:**

1. 1st visit: less than 16 weeks, 2nd visit: 16 – 28 weeks, 3rd visit: 28 – 32 weeks, 4th visit 32 – 40 weeks.
2. 1st visit: less than 16 weeks, 2nd visit 16 – 24 weeks, 3rd visit: 24 – 34 weeks, 4th visit 34 – 40 weeks
3. 1st visit: less than 16 weeks, 2nd visit: 16 – 24 weeks, 3rd visit: 24 – 32 weeks, 4th visit 32 – 36 weeks
4. 1st visit: less than 16 weeks, 2nd visit: 16 – 28 weeks, 3rd visit: 28 – 34 weeks, 4th visit 34 – 36 weeks

**Q24. The presumptive signs of the second stage of labor include:**

1. Uterine action, soft tissue displacement
2. Rapture of the fore waters, expulsive uterine contraction
3. Backache, progressive cervical dilatation
4. Show, eractic uterine contraction

**Q25. Presence of a hole in the membranes on examination of the placenta is indicative of:**

1. Velamentous insertion
2. Tripartite placenta
3. Succenturiate placenta
4. Bipartite

**Q26. Battledore placenta most pregnant women experience morning sickness between the weeks**

1. 4th – 14th
2. 8th – 10th
3. 1st – 5th
4. 20th – 30th

**For question 27 and 28 march the diameter in column A and measurement in column B.**

**COLUMN A**

**Q27. a) Transverse (interspinous) diameter of the pelvic outlet**

 **b) Transverse diameter of the pelvic brim**

**Q28. A) The sub-mento vertical diameter of the fetal skull**

 **b) The sub-occipital frontal diameter of the fetal skull**

**COLUMN B**

1. **8.2 cm**
2. **9.5 cm**
3. **10cm**
4. **11.5 cm**
5. **12 cm**
6. **13 cm**
7. **13.5 cm**

**Q29. A direct cause of maternal mortality include**

1. Haemorrhage, anaemia
2. Anaemia, tuberculosis
3. Malaria, tuberculosis
4. Haemorrhage, sepsis

**Q30. The shortest diameter of the female pelvis is:**

1. Anatomical conjugate
2. Interspisious (Bispisious)
3. Sacro-cotyloid dimension
4. Obstrtrical conjugate

**For question 31 indicate whether the statement are true or false in the spaces provided.**

**Q31. Colostrum can be expressed from the breast at 16 weeks gestation.**

**Q32. From 28 – 32 weeks of gestation the developmental changes that occurs to the fetus include:**

1. Testes descends into scrotum, ear cartilage becomes firm, stores fats and iron.
2. Vernix caseosa disappears, kidney begins to function and the fetus passes urine, lanugo disappear from the base.
3. Testes descends into the scrotum, lanugo disappear from the face stores fat and iron.
4. Planter creases become visible, skull is firm and skin becomes pale and less wrinkled

**Q33. The correct sequence of antenatal abdominal palpation is.**

1. Fundal, lateral, pelvic
2. Fundal, pelvic, lateral
3. Pelvic, lateral, fundal
4. Lateral, fundal, pelvic

**Q34. To help a woman recognize the best time for conceiving a midwife would instruct the woman to monitor for:**

1. Abdominal bloating that occurs suddenly
2. Breast tenderness accompanied by slight nipple discharge
3. Drop in the body temperature lasting several days
4. Increase in amount of cervical mucus that is clear and stretchy.

**Q35. When performing a physical examination of a woman who is 34 weeks pregnant, a midwife would expect to palpate the uterine fundus at:**

1. Umbilicus
2. Xymphoid process
3. Midway between umbilicus and xymphoid precess
4. Midway between the umbilicus and symphysis pubis

**Q36. A woman complains of morning sickness during the first trimester of pregnancy. To alleviate the symptoms she should.**

1. Take prenatal vitamins with milk
2. Eat food that are low in protein
3. Avoid exposure to noxious odours
4. Consume a clear liquid diet.

**Q37. Areas of concern in individual child birth plan during antenatal care include:**

1. Danger signs in pregnancy, identify a birth partner during delivery, diet
2. Identifying true and false signs of labour, ensure availability of funds for emergency, use of drugs
3. Planning for transport, knowing when baby is due, rest and exercise
4. Identifying dander signs in pregnancy, identifying a birth attendant, knowing when baby is due.

**Q38. The temporary structure of the fetal circulation which carries pure oxygenated blood is:**

1. Ductus arteriosus
2. Hypogastric arteries
3. Umbilical vein
4. Ductus Venosus

**Q39. A danger signs during pregnancy is:**

1. Reduced fetal movements
2. Labour pains more tha 12hours
3. Placenta not delivered within 30 minutes
4. Cord, arm or leg prolapse

**Q40. The layer of the blastocyst that produces human chorionic gonadotropin is:**

1. Syncytiotrophoblas
2. Cytotrophoblast
3. Mesoderm
4. Ectoderm

**Q41. Most pregnant women experience morning sickness between the weeks**

1. 4th – 14th
2. 8th – 10th
3. 1st – 5th
4. 20th – 30th

**Q42. The sequence of delivery of head in a normal labor is:**

1. Chin – face – brow – vertex – occiput
2. Occiput – vertex – brow – face – chin
3. Face – brow – vertex – occiput – chin
4. Vertex – brow – face – chin – occiput

**Q43. The shortest diameter of the true pelvis is.**

1. Interspinous diameter
2. Diagonal conjugate
3. True conjugate
4. Intertuberous diameter

**Q44. A hormone synthesized and stored in the anterior pituitary gland, that stimulates milk production after child birth is called**

1. Prolactin
2. Progesterone
3. Oestrogen
4. Oxytocin

**Q45. Artificial rapture of the membrane (ARM) is also called.**

1. Amniocentesis
2. Amnioticity
3. Amniogravidus
4. Amniotomy

**Q46. Occurs when a foetus is born with no signs of life before 24weeks gestation.**

1. Miscarriage
2. Perinatal mortality
3. Early neonatal death
4. Still birth

**Q47. A woman in your early pregnancy class asks when she will feel her baby move. You base your response on the knowledge that fetal movement are usually FIRST felt by the mother between,**

1. 6 – 10 weeks
2. 16 – 18 weeks
3. 16 – 20 weeks
4. 21 – 24 weeks

**Q48. A laboring woman has been pushing for 45 minutes in a semi recumbent position, but has made no progress. Which of the following is MOST likely to promote the progress of labour.**

1. Changing her position
2. Augmenting with Pitocin
3. Applying fundal pressure
4. Prolonged breath holding with contraction

**Q49. The largest diameter of the fetal skull is**

1. Sub-mento vertical
2. Mento occipital
3. Mento-vertical
4. Sub- occipital frontal

**Q50. A woman is brought to a maternity in labour and the fetal heart rate is noticed to be 114bpm. Which is the best action for the midwife to take first.**

1. Monitor the FHR every 15 minutes
2. Administer oxygen inhalation
3. Call the obstetrician
4. Place her on the left lateral position

**Q51. The transition period between childhood and adulthood is called?**

1. Puberty
2. Adolescence
3. Teenager
4. Youth

**Q52. The four pelvic joints of the bony pelvis include the following except**

1. 1 symphysis pubis
2. 2 sacroilliac joints
3. 1 sacrococcygeal joint
4. 2 sacrococcygeal joint

**Q53. Principle of ethics in Midwifery autonomy means**

1. Self governance
2. Voluntary agreement
3. Greaetest good
4. Involuntary agreement

**Q54. Principle of ethics in midwifery Beneficience means**

1. Duty to do no harm
2. Truth telling
3. Duty to do good
4. Duty to make upfor a good

**Q55. The four bones of the bony pelvis include the following except.**

1. 2 innomimate bones
2. 2 sucrums
3. 1 sucrum
4. 1 coccyx

**Q56. Three supports of the uterus include the following except.**

1. Ovarian ligamrnts
2. Broad ligaments
3. Round ligaments
4. Pelvic plexus

**Q57. Uterus leans forward and bends forwards on itself means?**

1. Anteversion and anteflexion
2. Anteflexion and anteversion
3. Eversion and anteflexion
4. Flexionand and anteversion

**Q58. Components of the reproductive health include**

1. Management of infertility
2. Essential obstretic care
3. Post abortion care
4. Clean and safe deliveries

**Q59. The function of the batholin gland.**

1. Secrets female hormone during menses
2. Secretes mucus which lubricates vaginal opening
3. Secrets vaginal acids
4. Erectile tissue of vestibular bulb of clitoris

**Q60. The obstretric conjugate measures**

1. 12 cm
2. 11.5 cm
3. 11 cm
4. 10 cm

**Q61. Prominence ischial spines indicate reduced**

1. Oblique diameter of the pelvic outlet
2. Transverse diameter of the pelvic brim
3. Diameter of the pelvic cavity
4. Transverse diameter of the pelvic outlet

**Q62. Monthly physiological changes takes place in the ovary and the uterus, regulated by hormone produced by?**

1. The anterior pituitary gland, uterus and hypothalamus
2. The posterior pituitary gland, ovaries and hypothalamus
3. The hypothalamus, anterior pituitary gland and ovaries
4. The hypothalamus, posterior pituitary gland and ovaries

**Q63. Set measures, procedures or practices to assess performance in the provision of the services.**

1. Standards
2. Documents
3. Manual
4. Care plan

**Q64. The diagonal conjugate is measured between which two points of the pelvis**

1. Sacral promontory to the posterior border of the upper surface of the symphysis pubis
2. Extends across the greatest width of the brim
3. Lower border of the symphysis to the sacral promontory
4. Sacral promontory to the upper most point of the symphysis pubis

**Q65. The average length of normal cycle that recurs regularly from puberty to the menopause takes?**

1. 14 days
2. 28 days
3. 30 days
4. 5 days

**Q66. An official statement issued by the government, a company or an non-governmental organization to guide the workers on what to do.**

1. Policy
2. Guidelines
3. Standards
4. Documents

**Q67. Woman’s ability to have a safe and healthy pregnancy and delivery**

1. Antenatal care
2. Perinatal care
3. Safe motherhood
4. Postnatal

**Q68. The layer of the endometrium that never alters during menstrual cycle is called**

1. Regenerative
2. Functional layer
3. Cuboidal Layer
4. Basal layer

**Q69. The cavity is a circular in shape. Diameter is considered to be:**

1. 13 cm
2. 12 cm
3. 11 cm
4. 10 cm

**Q70. The human sexual response cycle consist of the following stages in order.**

1. Excitement, plateau, resolution, orgasm
2. Excitement, plateau, orgasm, resolution
3. Excitement, resolution, orgasm, plateau
4. Plateau, orgasm, excitement and resolution

**Q71. Factors that can cause people to deviate from their values.**

1. Education pressure, experiment else’s values, personal gain, rebel to get attention
2. Peer pressure, experiment else’s values, family gain, rebel to gain attention
3. Peer pressure, experiment else’s values, personal gain, rebel to gain attention
4. Peer pressure, experiment else’s values, personal gain, rebel to loose attention

**Q72. Assertiveness, which means**

1. Lack confident and not able to make a stand on their words, action or beliefs
2. Being confident and not able to make and stand with their words, action or believes
3. Lack confidentand able to make and stand on their word, actions and beliefs
4. Being confident and able to make a stand on their word, actions or beliefs

**Q73. Some poor life descision young people make.**

1. Practice of unprotected sex, Crime, lack of drug abuse
2. Practice of unprotected sex, Crime, Drug abuse
3. Abstinence from sex, Crime, drug abuse
4. Practice of unprotected sex, not being involved in Crime, Drug Abuse

**Q74. What are the community and government interventions to improve the health of young people?**

1. Youth friendly and accessible RH services, education, advocate theneed for informed choice and privacy
2. Youth friendly and inaccessible RH services, education, avocate theneed for informed choice and privacy
3. Youth friendly and inaccessible RH services, education, advocate lack of informed choice and privacy
4. Youth unfriendly and accessible RH services, education, advocate uninformed choice and privacy.

**Q75. Four foundation measures of safe mother hood**

1. Skilled attendant, lack of supportive system, male involvements and equity for all
2. Skilled attendant, supportive system, lack of male involvement and equity for all
3. Unkilled attendants, supportive health system, male involvement and equity for all
4. Skilled attendant, supportive health systems, male involvements and equity for all

**Q76. The aim of safe motherhood is to gradually reduce death rates through intersectional collaboration efforts. The millennium Development goals 4,5 and 6 are closely follow up in order include.**

1. Improve maternal health, reduced child mortality,combat HIV/AIDs, malaria
2. Reduce child mortality, improve maternal health, combat HIV/AIDs, Malaria
3. Reduced child mortality, Combat HIV/AIDS, Malaria, improve maternal health
4. Improve maternal health, Combat HIV/AIDS, Malaria, Reduce child mortality

**Q77 Major causes of Obstetrics death**

1. Prenatal care, obstetric hemorrhage, pregnancy related sepsis, pre existing medical conditions
2. Prenatal complications, obstetric hemorrhage, pregnancy related sepsis, pre-existing medical condition
3. Prenatal complications, obstetric care, pregnancy related sepsis, pre-existing medical condition
4. Prenatal complication, obstetric hemorrhage, hospital related sepsis, pre-existing medical condition

**Q78. Factors influencing maternal mortality**

1. Prenatal care, parity, sex, socio-economic factors
2. Prenatal care, parity, age, gender.
3. Prenatal care, parity, age, socio-economic factors
4. Prenatal care, gender,age, socio-economic factors

**Q79. The definition of a perinatal death is:**

1. The death of a fetus weighing at least 200grams, (or 22 weeks gestation) plus the number of early neonatal death (up to 7 days)
2. The death of fetus weighing at least 500grams, (or 22 weeks gestation) plus the number of early neonatal death (up to 7 days)
3. The death of a fetus weighing at least 500grams ( or 22 weeks gestation) plus the number of early neonatal deaths (up to 5 days )
4. The death of fetus weighing at least 800grams ( or 22 weeks gestation) plus the number of early neonatal deaths (up to 7 days)

**Q80. Maternal and perinatal death reviews have resulted into improved quality of maternal and perinatal services as a reflected by:**

1. Reduction in neonatal mortality
2. Reduction in maternal mortality
3. Increase in maternal mortality
4. Increased in maternal mortality

**Q81 Purpose of Maternal and perinatal Death Review is to raise awareness among health proffesionals, administrators…,**

1. About avoidance factors
2. About unavoidance factors
3. About void effectors
4. About avoidable effectors

**Q82. Pillars of safe motherhood include the following except**

1. Focused antenatal care
2. Safe and clean delivery
3. Youth friendly
4. Essential obstetric care

**Q83. Making motherhood safe requires the following action**

1. Reduce the number of high risk and unwanted pregnancies
2. Reduced the number of obstetric complication
3. Reduced the case of high fertility rate in women with complication
4. Increased the case of high fertility rate in women with complication

**Q84. Informed Choice include the following except**

1. Disclosure of information
2. Comprehension
3. Involuntary agreement
4. Competency to make decision

**Q85. International code of ethics for midwife (ICM) include the following**

1. Respect, equity, trust, justice
2. Injustice, respect, equity, trust
3. Inequity, injustice, respect, trust
4. Mistrust, injustice, respect, equity

**Q86 viscous fluid secreted to keep sperm alive and motile is produced in:**

1. Testes
2. Seminal vesicles
3. Prostate gland
4. Bulb urethral gland

**Q87. The cells of the breast that contract and propel the milk out of the lobule are:**

1. Acini
2. Myoepithelial
3. Lactiferous tubules
4. Lobular

**Q88. The layer of the uterine wall shed during menstruation is the**

1. Perimetrium
2. Functional endometrium
3. Myometrium
4. Basal Endometrium

**Q89. Structures in fetal circulation which carries deoxygenated blood and wastes products from the fetus to the placenta for excretion are:**

1. Umbilical ligaments
2. Foramen ovale
3. Ductus arteriosus
4. Umbilical arteries

Q**90. An infant death is referred to as:**

1. One occurs in the 1st one year of life
2. A still birth or death occurring in the fisrt 28 days of life
3. One occurring in the first 28 days of life
4. Failure of baby to show signs of life after expalsion from the uterus

**Q91. In uterine asphyxia is a common complication of:**

1. Caesarean section
2. Uterine atony
3. Obstructed labor
4. Hyperemesis gravidarum

**Q92. Babies born with intrauterine growth retardation are usually prone to:**

1. Congenital abnormalities, hyperglycemia
2. Neaonatal asphyxia, defects
3. Neonatal hyperglycemia, asphyxia
4. Neonatal Tatanus, asphyxia

**Q93. The signs and symptoms of mild hypothermia in a new born include:**

1. Restlessness, increased respiratory rate, hypoglycemia
2. Little movements of limbs, hypercalcemia, decreased respiratory rate
3. Restlessness, decreased respiratory rate, hypoglycemia
4. Little movements of the limbs, dehydration, increased respiratory rate

**Q94. Fetal cause of fetal distress include:**

1. Hypotension, cord prolapse, hemorrhage
2. Pre-eclampsia, placenta abruption, cord presentation
3. Hypotension, pre-eclampsia, hemorrhage
4. Cord prolapse, placenta abruption, cord presentation.

**Q95. The midwife prevents spina bifida antenatally by:**

1. Tetanus toxoid
2. Folic acid
3. Ferrous sulphate
4. Albendazole

**Q96. When the fetus is in occipital posterior and takes a persistence occipo-posterior position, the outcome of the delivery is:**

1. Spontaneous vertex delivery
2. Face to pubis
3. Breech delivery
4. Symphysiotomy

**Q97. The clinical features of cardiac disease in pregnancy include:**

1. Raised jugular vein pressure, tachypnea, dyspnea
2. Hematemesis, hemoptysis, tachycardia
3. Tachypnea, chest pain with activity, dyspnea
4. Palpitations, distended neck vein, bradycardia

**Q98. The signs and symptoms of pyelonephritis in pregnancy include:**

1. Urinary agency, urinary frequency, dysuria, haematuria, rigors
2. Bradycardia, haematuria, urinary frequency and proteinuria
3. Reduced fetal movements, haematuria, tachycardia and proteinuria
4. Tachycardia, pyrexia, savere vomiting and burning sensation on micturition.

**Q99. The dose of magnesium sulphate to a pregnant woman with pre eclampsia following fits is:**

1. IV 4g loading dose followed by 10g IM slowly then 5g IM every 4 hours for 24 hours
2. IV 4mg started slowly followed by 10g IM slowly then 4 g IM every 4 hours for 24 hours
3. IV 5 mg start slowly followed by 5mg IM slowly on each buttocks every 4 hours for 24 hours
4. IV 4g started slowly followed by 5g IM slowly then 4g IM every 4 hours for 24 hours

**Q100. Tear of the fourchette is classified as:**

1. Second degree
2. Third degree
3. Fourth degree
4. First degree

**Q101. In an obstructed labour there is:**

1. Good descent but poor contractions
2. Adequate pelvis with good contractions
3. No descent with good contractions
4. Slow descent with moderate contractions

**Q102. Causes of puerperal pyrexia include:**

1. Deep venous thrombosis, pulmonary embolism
2. Genital tract infection, urinary tract infection
3. Urine retention, urinary tract infection
4. Deep venous thrombosis, crackle nipples.

**Q103. Risk of HIV transmission from breastfeeding is increased when the mother.**

1. Has unprotected sex with an infected partner during puerperium, involved in substance abuse
2. Has smoking habit, has STIs and other co-infections
3. Has crackle nipple, abscess or other breast problems, has symptoms for HIV related disease.
4. Become first infected while pregnant or while she is breast feeding, has vitamin A deficiency.

**Q104. Characteristics of cardiac disease Grade IV in pregnancy include:**

1. A heart lesion exist but the patient is a symptomatic, leads a normal active life without discomfort or breathlessness.
2. Patient experience breathlessness, exhaustion with moderate to heavy work, has slight limitation of physical activities
3. Heart lesion exist and patient is symptomatic, patient is unable to carry out any light work or exercise.
4. Patient experience breathlessness with any light work or exercice, has marked limitation to physical activities.

**Q105. The clinical features that suggest of acute pyelonephritis in pregnancy is:**

1. Kinking of the ureters
2. Vesico-uretic reflux
3. Fishy smell in urine
4. Sugar in urine

**Q106. The drug of choice in management of eclampsia:**

1. Phenobarbitone
2. Magnesium sulphate
3. Calcium gluconate
4. Sodium bicarbonate

**Q107. During induction of labor on Bishops score, the finding noted on the cervix include:**

1. Dilatation, consistency, effacement
2. Consistency, descent, position
3. Effacement, station, dilatation.
4. Adequacy, position, dilatation

**Q108. The commonest cause of primary Postpartum Hemorrhage is:**

1. Trauma of the genital tract
2. Blood coagulation disorder
3. Prolonged 3rd stage of labour
4. Atony of the uterus

**Q109. Quickening**

1. Can occurs as early as 16 weeks of gestation
2. Is a positive sign of pregnancy
3. Refers to pulsation of fornices
4. Is caused by increased blood flow to the uterus

**Q110. Which of the following is not a minor complication of pregnancy.**

1. Breast tenderness
2. Constipation
3. Deep venous thrombosis
4. Leucorrhea

**Q111. The four stages of an eclamptic fit in order of occurrence**

1. Premonitory, tonic, clonic, coma
2. Premonitory, clonic, tonic, coma
3. Coma, clonic, tonic, premonitory
4. Tonic, coma, premonitory, clonic

**Q112. In placenta previa:**

1. There is severe lower abdominal pain on abdominal examination
2. The degree correspond to the amount of bleeding
3. The midwife should perform a digital vaginal examination to confirm the degree.
4. Vagina delivery is possible for 2nd degree type.

**Q113. The following does not measure labor progress while using a partograph:**

1. Cervical dilatation
2. Blood pressure
3. Contraction
4. Descent of the presenting part.

**Q114. The antidote for magnesium sulphate:**

1. Dantrolene
2. Protamine
3. Calcium gluconate
4. Acetylcysteine

**Q115. The action of Oxytocin on the uterus is by.**

1. Inhiting spontaneous contract of the pregnant uterus
2. Contracting the pregnant uterus but relaxes the cervix
3. Causing regular coordinated uterine contractions followed by relaxation
4. Causing uterine contraction with an increase in basal tone

**Q116. Plasma does not produce:**

1. Somatotropin
2. Chorionic gonadotropin
3. Follicle stimulating hormone
4. Progesterone precursol substance

**Q117. The post-partum nurse should encourage newly delivered clients to ambulate early in order to promote:**

1. Respiration
2. Increase the tone of the bladder
3. Maintain the tone of abdominal muscles
4. Increase periphery vasomotor activity

**Q118. A client in active labor spontaneously raptures membranes. The nurse should first.**

1. Monitor fetal heart rate
2. Call the physician
3. Check BP and pulse
4. Time contraction

**Q119. On vaginal observation, during labour the midwife should document the following about the cervix.**

1. Effacement, ischial spines, dilatation
2. Effacement, position, dilatation
3. Position, ischial Spines
4. Effacement, Ischial Spines, position

**Q120. The management of hyperemesis gravidarum include:**

1. Antibiotics, psychological support
2. Psychological support, correct fluids and electrolytes imbalance
3. Correct fluid and electrolytes imbalances, antibiotics
4. Encourage oral feeds, antiemetic

**Q121. The expected date of delivery (EDD) of a mother whose last menstrual period was 24/9/2019 is:**

1. 31/7/2020
2. 01/06/2020
3. 31/06/2020
4. 01/07/2020

**Q122. The following are major cause of post-partum hemorrhage except:**

1. Excessive use of uterotonic medication during labor
2. Pre-existing or acquired coagulopathy
3. Fetal distress during labor
4. Retained placenta and clots.

**Q123. The following doesn’t cause folic acid deficiency.**

1. Low dietary intake
2. Reduced reabsorption
3. Excess folic acid demand and loss like in hemolytic anemia
4. Hookworm infestation

**Q124. Which is the correct order of action given to a baby who has not cried at birth.**

1. Clear the airway, position, provide warm, position
2. Position, provide warm, position, and clear the airway
3. Stimulate, clear the airway, position and provide warmth.
4. Provide warmth, position, clear the airway and stimulate

**Q125. A low birth weight baby weighs.**

1. 100grams – 1500grams
2. 1500grams – 2000grams
3. 1500grams – 2500grams
4. Below 1000grams

**Q126. All HIV exposed infants should be done:**

1. DNA PCR at 6 weeks or at first contact thereafter
2. HIV antibody test at birth
3. HIV antibody test at 6 months and 12 months for those breastfeeding
4. DNA PCR at 18 months

**Q127. Non pulmonary cause of RDS include:**

1. Anemia, congenital heart disease, medication
2. Pneumothorax, anemia, upper airway obstruction
3. Persistent hypertension of the newborn, medications, chronic neonatal lung disease
4. Anemia, chronic neonatal lung disease, pneumothorax

**Q128. Below are fetal factors associated with premature except.**

1. Multiple pregnancies
2. Chromosomal abnormalities
3. Fetal placental dysfunction
4. Anatomical abnormalities

**Q129. In second stage, the appropriate mode of delivery in a woman with cardiac disease grade III is:**

1. Vacuum extraction
2. Spontaneous vertex delivery
3. Caesarean section
4. Laparotomy

**Q130. In the management of primary postpartum hemorrhage, the uterine contraction are maintained by administering.**

1. 40 units’ syntocinon in ½ litre normal saline
2. 40 units of syntocinon in 1 litre normal saline
3. 20 units of syntocinon in 1 litre normal saline
4. 20 units of syntocinon start

**Q131. The most common method of delivery of the placenta and the membrane.**

1. Fundal pressure application
2. Maternal effort method
3. Controlled cord traction
4. Supra-pubic pressure application

**Q132. In grade II of cardiac condition in pregnancy the mother has.**

1. Heart lesion on examination within no symptoms limiting activity
2. Marked limitation (dysponea or pain on minima activity less than ordinary activity)
3. Heart lesion and slight and marked symptoms at rest or patients failure
4. Heart lesion and slight limitation on mild to moderate activity but has no symptoms at rest.

**Q133. In placenta praevia type 3 partial implantation of the placenta.**

1. Covers the external os even when the cervix is fully dilated
2. Lower margin dips into the lower segment
3. Reaches the internal os when closed but does not cover it.
4. Covers the internal os when closed but not when fully dilated

**Q134. The obstetric procedures that is carried out to drain excessive amniotic fluid is refers to as:**

1. Chorionic villi sampling
2. Abdominal centesis
3. Therapeutic amniocentesis
4. Placentalcentesis

**Q135. The complication of the amniotic fluid embolism associated with high mortality rate is:**

1. Congenital disorders
2. Renal failure
3. Uterine atony
4. Convulsion

**Q136. Some of the cause of delayed second stage of labor include:**

1. Shoulder dystocia, precipitate labor
2. Uterine fibroids, cord prolapse
3. Obstruction in vagina, uterine inertia
4. Cord around the neck, precipitate labor.

**Q137. The main cause of secondary post-partum hemorrhage is:**

1. Retained of products of conception
2. Infection
3. Retained placenta
4. Fibroids

**Q138. Direct cause of maternal mortality include:**

1. Hemorrhage, Malaria, anemia
2. Eclampsia, hemorrhage, anemia
3. Malaria, eclampsia, sepsis
4. Anemia, cardiac disease, hemorrhage

**Q139. Deep transverse arrest occurs when:**

1. The presenting dimensions of the flexed head escapes the pelvis
2. The head become extended and the face presents
3. The head is flexed at the onset of labour
4. The occipital diamenter is cought ata anarrow bisponius diameter of the outlet.

**Q140. In polyhydromnios, the quantity of amniotic fluid exceeds:**

1. 500mls
2. 800mls
3. 1,000mls
4. 1,500mls

**Q141. A procedure used to strengthened labor contraction is called:**

1. Induction
2. Vacuum extraction
3. Caesarean section
4. Augmentation

**Q142. A movement that should be observed before delivery of the shoulder is:**

1. Restitution
2. Crowning
3. Extension
4. Extended rotation of the head.

**Q143. Some of the condition that predispose a mother to peuperial psychosis include:**

1. Anemia, severe puerperal sepsis, Malaria
2. Anaemia, Diabetes, Cardiac disease
3. Epilepsy, Diabetes, Anemia
4. Severe puerperal sepsis, polyhydromnious

**Q144. Some of the actual warning signs of the actual rapture of the uterus include.**

1. Vaginal blood loss, rising pulse
2. Severe fetal distress, maternal shock
3. Tonic uterine contraction, maternal shock
4. Painful contraction, severe fetal distress

**Q145. In breech presentation the denominator is:**

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

**Q146. Maurice au-smelle veit maneuver is used when:**

1. The arms are extended
2. The arms are flexed
3. The head is flexed
4. The head is extended

**Q147. Occult cord prolapse occurs when the umbilical cord lies:**

1. In front of the presenting part with fetal membranes still intact
2. In front of the presenting part and the fetal membrane is ruptured.
3. Alongside but not in front of the presenting part with the membranes intact
4. Besides the presenting part with membrane raptured

**Q148. Maternal mortality ratio is defined as:**

1. Number of maternal death per 100,000 live births
2. Direct and indirect maternal death per 10,000 live births
3. Maternal death between 14 – 44 years per 10,000 live births
4. Maternal deaths between 14 – 55 years per 1,000 live births

**Q149. A midwife performs a lateral palpation to the abdomen of the pregnant woman with the aim of:**

1. Detecting fetal lie
2. Detecting fetal position
3. Detecting fetal descent
4. Detecting engagement

**Q150. Wernickle’s encephalopathy and Mallory – Weiss syndrome are among the complication of:**

1. Placenta pravia
2. Hypertensive disorders
3. Vitamin B deficiency
4. Hyperemesis gravidarum

**Q151. Which of the following mother need Anti-D to prevent isoimmunization**

1. RH positive mother who delivers a RH negative fetus
2. RH negative mother who delivered a RH Positive fetus
3. RH positive mother who delivered RH Positive fetus
4. RH Negative mother who deliver a RH Negative fetus

**Q152. Deep transverse arrest is:**

1. Where flexion is always well maintained
2. Caused by strong uterine contraction throughout labour
3. Caused by sacrum that is well curved
4. Where the level of the occiput and the sinciput is same

**Q153. Which of the following is an indication for forceps delivery:**

1. Cephalopelvic disproportion
2. Occipital posterior position
3. Breech presentation
4. Placenta abruption

**Q154. Delivery of breech with an extended head is accomplished through:**

1. Burns Marshall Maneuver
2. Lovset Maneuver
3. Maureceous smwllie maneuver
4. Mc Robert Maneuver

**Q155. The term persistent occipito-posterior position indicates that the occiput.**

1. Fails to rotate forward
2. Escape under the symphysis pubis
3. Rotates forward always
4. Reaches the pelvic floor first

**Q156. The following is a characteristics of fetal post maturity syndrome:**

1. Closed eye usually alerts
2. Long, frails finger nails
3. Wrinkled, peeling skin
4. Excess vernix caseosa

**Q157. Some of neonatal complications of eclampsia are:**

1. Cerebral hemorrhage and pneumonia
2. Severe asphyxia and prematurity
3. Fracture and soft tissue fractures
4. Respiratory distress and hypoglycemia

**Q158. The immediate action the midwife should take after the delivery of the fetal head in second stage of labor is:**

1. Clear the airway
2. Check the cord round the neck
3. Wait for sign of restitution
4. Hold the head by the bi-parietals

**Q159. Following an amniocentesis, the nurse should instruct a client to immediately report which of the following symptoms.**

1. Flu-like symptoms
2. Inability to sleep
3. A decrease in uterine contractions
4. An increase in uterine contraction

**Q160. The recommended fluid to a mother in labour with signs of fetal distress is:**

1. Normal saline
2. Dextrose
3. Hartmans
4. Ringers lactate

**Q161. The immediate action to take when you diagnose cord prolapse on vaginal examination is to:**

1. Check pulsation
2. Position the mother in knee-chest
3. Take patient to theatre
4. Call for help

**Q162. The main causative organism for congenital abnormalities include:**

1. Syphilis, toxoplasmosis, rubella
2. Herpes simplex, microbacteria tuberculosis, cytomegalovirus
3. Malaria, herpes simplex, syphilis.
4. Toxoplasmosis, rubella, HIV

**Q163. The objective of the first examination of the newborn include:**

1. Assess injury, assess maturity, and assess growth
2. Assess congenital abnormality, assess injury and assess for breastfeeding
3. Assess maturity, assess condition and congenital abnormalities
4. Assess injury, assess maturity, and assess congenital abnormalities

**Q164. A pregnant woman report to the clinic on 7th March 2011 and gives history of FLMP on 15th June 2010. What is her maturity by date to the pregnancy.m**

1. 37 weeks 6 days
2. 38 weeks 6 days
3. 39 weeks 1 day
4. 42 weeks 1 day

**Q165. At a glance, a postdate baby .on examination will have the following features.**

1. Old man’s look, weak cry and plenty of vernix
2. Dry skin, jaundice and thin extremities
3. Long nails, hard skull, old man’s look
4. Peeling skin, long nails and meconium stain

**Q166. A woman is one hour postpartum following vaginal delivery. Which of the following action would you take first?**

1. Initiate perineal pad count
2. Assess the location of the bladder
3. Obtain vital signs
4. Massage uterine fundus

**Q167. Characteristics of an amniotic membrane include:**

1. Peel up to the edge of the placenta, transparent, hard to tear
2. Transparent, peel up to the insertion of the cord, hard to tear
3. Opaque, peels up to the edge of the placenta, hard to tear
4. Hard to tear, peel up to insertion of the cord opaque.

**Q168.The role of midwife during 4th focused antenatal visit at 36weeks include;**

1. Assess for anaemia ,pelvic adequacy ,give iron and folate
2. Give iron and folate ,give tetanus toxoid ,assess pelvic adequacy
3. Give antimalarial,assess for anaemia ,give tetanus toxoid
4. Check for fetal presentation ,give antimalarial,assess for anaemia

**Q169.March the terms in column A with the correct statement in column B**

 **Column A**

1. Hagar’s sign
2. Chadwick’s sign

 **Column B**

1. Is the softening of the cervix and the vagina
2. Is the softening of the uterine isthmus
3. Is the softening of the lower uterine segment
4. Is the purple –blue coloration of the vagina ,cervix and the vulva
5. Is the softening of the cervix and the uterine isthmus

**Q170.The immediate effects of hyperemesis gravidarum on the mother include;**

1. Electrolyte imbalance ,anaemia ,ketosis
2. Dehydration ,ketosis ,anaemia
3. Anaemia ,electrolyte imbalance ,ketosis
4. Dehydration ,electrolyte imbalance, ketosis

**Q171.The organism that cross the placenta barrier and affect the fetus include;**

1. Chlamydia trachomatis ,gonorrhea
2. Treponema palllidum ,chlamydia trachomatis
3. Tubercle bacillus ,Neisseria gonorrhea
4. Treponema pallidum ,tubercle bacillus

**Q172.A mother with cardiac disease grade III [three] will present with;**

1. No symptoms during ordinary activity
2. Symptoms during mild physical activity
3. Symptoms at rest
4. Symmptoms during ordinary physical activity

**Q173.The mechanism of normal labor in sequence include;**

1. Descen**t** ,Internal rotation of the head ,extension of the head ,restitution ,crowning ,extension of the head
2. Descent ,flexion of the head ,internal rotation of the head ,crowning ,extension of the head ,restitution
3. Flexion of the head , internal rotation of the head ,extension of the head ,restitution ,crowning ,extension of the head
4. Internal rotation of the head , flexion of the head ,crowning ,external rotation of the head, descent, extension of the head

**Q174.The fetal indication for induction of labour include ;**

1. Intrauterine fetal death, prolonged labour
2. Intrauterine growth retardation , intrauterine fetal death
3. Unstable lie prolonged pregnancy
4. Unstable lie ,intrauterine growth retardation

**Q175.During labour the midwife discourages the mother to lie on supine position to prevent ;**

1. Obstructed labour and fetal distress
2. Maternal hypotension and fetal distress
3. Maternal hypotension and obstructed labour
4. Maternal hypertension and fetal distress

**Q176.State whether the following statements are true or false ;**

1. Measles vaccine can be given at 6months during an outbreak
2. Chorioamnionitis is a maternal risk factor for perinatal transmission of HIV /AIDS

**Q177.The possible indications for elective caesarean section include ;**

1. Cephalo-pelvic disproportion ,major degree of placenta praevia ,severe pre- eclamsia
2. Diabetes mellitus ,major degree of placenta praevia ,severe pre –eclampsia
3. Severe pre-eclampsia ,breech presentation ,diabetes mellitus
4. Breech presentation ,cephalo-pelvic disproportion ,severe pre-eclampsia

**Q178. The maneuver used by midwife to deliver the after coming head in breech presentation is reffered to;**

1. Mauriceau-smellie-vet
2. Lovest’s
3. Pawlik’s
4. Burn marshall

**Q179. The reflex elicited when the midwife allows the head of the baby to drop by 45 degrees is ;**

1. Stepping
2. Grasping
3. Moro
4. Rooting

**Q180.The nerve trauma in which the upper arm of the newborn has normal movement but the lower arm, wrist and hand is affected is**

1. Klumpke’s palsy
2. Torticollis
3. Total brachial plexus palsy
4. Erb’s palsy

**Q181.The term battledore insertion is used when the cord is inserted ;**

1. At the edge of the placenta
2. Into the membranes of the placenta
3. At the lateral side of the placenta
4. At the middle of the placenta

**Q182.Intrauterine contraceptive device insertion can be carried out as early as;**

1. After third stage of labour
2. 48 hours post delivery
3. Six weeks post partum
4. Six months post partum

**Q183.The presence of surfactant factor in the lungs of a newborn helps to;**

1. Provide stimulations to the respiratory centre
2. Reduces alveolar surface tension and allow expansion of the lungs
3. Prevent transcient tachypneoa of the newborn
4. Increase alveolar surface tension and prevent neonatal atelectasis

**Q184.The fluid selection regimen for women with shock in labour is ;**

1. Colloids 2ltrs, then crystalloids more than 2ltrs
2. Crystalloids 2ltrs ,then colloids 2ltrs
3. Crystalloids not more than 2ltrs ,then colloids
4. Colloids not more than 2ltrs ,then crystalloids

**Q185.The stoma cells that control the excessive invasion of the placenta are found in the**

1. Muscle layer
2. Ectoderm
3. Trophoblastic
4. Functional layer

**Q186. During fetal development, brown fat begins to form at;**

1. 12 weeks
2. 16 weeks
3. 20 weeks
4. 24 weeks

**Q187.The hormone responsible for secretion of mucus by the endocervical cell during pregnancy is;**

1. Progesterone
2. Oestrogen
3. Prostaglandin
4. Human chorionic gonadotrophin

**Q188.A rhesus positive foetus is affected by a rhesus negative mother due to;**

1. Antibodies of the foetus crosses the placenta barrier to the mother’s circulation
2. Antibodies of the mother crosses the placenta into the foetal circulation
3. The foetal red blood cells enters the mother’s circulation
4. The maternal red blood cells enters the foetal circulation

**Q189.Retention of a portion of the placenta in the uterus after third stage of labour will;**

1. Prevent the uterus from contracting effectively
2. Cause the blood vessels in the placental bed to dilate
3. Make the uterus to become hard as a tennis ball
4. Prevent the blood vessels in the placental bed to contract

**Q190.The midwife will encourage the mother to empty the urinary bladder during first stage of labour mainly to ;**

1. Minimize infection
2. Avoid bladder rupture during the third stage of labour
3. Prevent contamination during second stage of labour
4. Avoid complications during second stage and third stage of labour

**Q191.Ductus arteriosus is a bypass in a baby’s circulation from;**

1. Umbilical vein to the inferior vena cava
2. Pulmonary artery to the aorta
3. Left atria and right atria
4. Internal iliac artery to umbilical artery

**Q192.A reduction in urinary output in prolonged labour may be associated with;**

1. Antidiuretic hormone effect of oxytocin, pyrexia , dehydration
2. Dehydration ,pyrexia ,dirrhoea
3. Antidiuretic effect of ,pyrexia ,vomiting
4. Dirrhoea, pyrexia ,vomiting

**Q193.In a normal delivery with a well flexed head the presenting diameters are;**

1. Mentovertical 13.5cm, bitemporal 8.2cm
2. Bitemporal 8.2cm,and sub-mentobregmatic 9.5cm
3. Bipariental 9.5cm and sub-occipitobregmatic 9.5cm
4. Bitemporal 9.5cm and occipitofrontal11.5cm

**Q194.The maternal characteristics a midwife will use to diagnose late obstructed labor through a partograph include;**

1. Slow cervical dilatation ,pyrexia ,excessive moulding
2. Rapid pulse rate ,pyrexia ,excessive moulding
3. Slow cervical dilatation ,excessive moulding ,oliguria
4. Rapid pulse rate ,pyrexia ,oliguria

**Q195.Maternal causes of shoulder presentation include;**

1. Lax uterine muscles ,uterine abnormality
2. Contracted pelvis ,preterm pregnancy
3. Lax uterine muscles ,multiple pregnancy
4. Uterine abnormality, multiple pregnancy

**Q196.During the 2nd stage of labor, external rotation of the fetal head assists the midwife to realize that:-**

1. Foetal shoulders have descended
2. Foetal body is in the lateral position
3. Foetal shoulders have rotated into antero-posterior of the outlet
4. Occiput has slipped under the sub-pubic arch

**Q197.Match the terms in column A with the correct statements in column B:**

 **COLUMN A**

1. Physiological jaundice
2. Pathological jaundice

**COLUMN B**

1. Increased red cells breakdown
2. Rhesus incompatibility,ABO incompatibility
3. Decreased enterohepatic reabsorption
4. Reduced red blood cell breakdown
5. Increased albumin –binding capacity

**Q198.To prevent neural tube defect the midwife advises a woman planning to conceive to take:**

1. Vitamin B12
2. Vitamin A
3. Ferrous sulphate
4. Folic acid

**Q199.The milk secreting cells in the breast are referred to as:**

1. Acini cells
2. Myoepithelial cells
3. Alveolar cells
4. Montogomery tubercle

**Q200.The midwife would formulate the following nursing diagnosis for a mother who develops hypovolemic shock after uterine rupture :**

1. Fluid volume deficit related to intra uterine bleeding evidenced by vaginal bleeding
2. Risk of fluid volume deficit related to uterine rupture
3. Impaired tissue perfusion as evidenced by blood loss
4. Ineffective gas exchange related to uterine rupture

**Q201.State whether the following statements are TRUE or FALSE:**

1. In puerperal psychosis ,restlessness, agitation ,insomnia ,failure to eat and drink will present
2. Hemorrhagic diseases of the newborn may occur due to hypoxia

**Q202.Maternal distress can be diagnosed from the partograph through:**

1. Cervical dilatation ,urine testing ,blood pressure
2. Urine testing ,blood pressure ,maternal pulse
3. Cervical dilatation ,urine testing ,amniotic fluid
4. Cervical dilatation ,uterine contraction ,blood pressure

**Q203. Maternal minor complications which may occur during puerperium include:**

1. Cracked nipples , breast engorgement ,bleeding
2. Depression , cracked nipples ,sore perineum
3. Sore perineum, engorgement, cracked nipples
4. Depression , engorgement ,bleeding

**Q204. Definitive indications for elective caesarean section include:**

1. Cephalopelvic disproportion ,major degree of placenta preavia
2. Cephalopelvic disproportion , breech presentation
3. High order multiple pregnancies ,breech presentation
4. Major degree of placenta preavia , diabetes mellitus