

KRM EXAMINATION: PAPER TWO: SEPTEMBER 2017
PART I: MULTIPLE CHOICE QUESTIONS:

Q:1: Fetal causes of shoulder presentation include:-

- a) Preterm pregnancy, uterine abnormality obstructed labour.
- b) Hydrocephaly, contracted pelvis, polyhydramnious.
- c) Preterm pregnancy, placental praevia, polyhydramnious.
- d) Contracted pelvis, encephaly, lax uterine muscles.

Q:2: Emergency reasons for performing caesarean birth include:-

- a) Antepartum haemorrhage, diabetes mellitus, herpes simplex infection.
- b) Cord prolapse, uterine rupture, fulminating pre-eclampsia.
- c) Eclampsia, intrauterine growth restriction, breech presentation.
- d) Antepartum haemorrhage, severe anaemia, cardiac disease.

Q:3: Maternal indications for use of obstetric forceps include:-

- a) Hypertension, cardiac condition, maternal exhaustion.
- b) Hypertension, hypoxia, prematurity.
- c) Maternal exhaustion, mal-rotation of the head, intrauterine growth restriction.
- d) Epidural analgesia, prematurity, haemorrhage.

Q:4: Vasa praevia is:-

- a) A condition in which some or the entire placenta is attached in the lower segment of the uterus.
- b) A condition in which umbilical cord vessels pass through the placental membranes and lie across the cervical os.
- c) Abnormally adherent placenta.
- d) Brushing and oedema of uterine tissue in placental abruption.

Q:5: Following oxytocin administration to a cardiac mother after delivery, the midwife should observe the mother for:-

- a) Hypertension and tachycardia.
- b) Hypertension and bradycardia.
- c) Hypertonic uterine contraction and breathing difficulties.
- d) Hypotension and tachycardia.

Q:6: The insulin requirement for a diabetic mother after third stage of labour should:-

- a) Be reduced by at least 50% as much carbohydrates metabolism returns to normal quickly.
- b) Be increased by at least 50% as carbohydrate metabolism returns to normal very quickly.
- c) Be maintained at the same rate as carbohydrates metabolism returns to normal very quickly.
- d) Be increased due to the increase of metabolic demands and breastfeeding.

Q:7: When plotting on the partograph for moulding one + indicates that:-

- a) The bones are separated and the sutures can be felt easily.
- b) The bones are just touching each other.
- c) There is overlapping of the bones.
- d) There is severe overlapping of bones.

Q:8: Causes of fetal tachycardia in labour includes:-

- a) Early fetal hypoxia, moderate constriction of the cord, maternal anxiety.
- b) Late fetal hypoxia, fetal congenital heart block, severe maternal hypotension.
- c) Maternal fever, anaesthetics, fetal congenital heart block.
- d) Pre-eclampsia, late fetal hypoxia, postpartum haemorrhage.

Q:9: Valsalva manoeuvre as a method of pushing during second stage of labour is discouraged because :-

- a) It decreases the woman's blood pressure.
- b) It results in increased fetal blood Ph.
- c) It results in fetal hypoxia and acidosis.
- d) It increases uterine activity adversely affecting the progress of labour.

Q:10: The main factor that determines internal rotation of the head is:-

- a) Uterine contractions.
- b) General fluid pressure.
- c) Fetal axis pressure.
- d) Resistance of the muscular diaphragm.

Q:11: The obvious signs for post partum haemorrhage are:-

- a) Visible bleeding and maternal collapse.
- b) Rising pulse rate and falling blood pressure.
- c) Rising pulse rate and maternal collapse.
- d) Altered level of consciousness and falling blood pressure.

Q:12: The presenting diameter in brow presentation is:-

- a) Mentoverical 13.5 cm.
- b) Occipito frontal 11.5cm.
- c) Submental vertical 11.5cm.
- d) Suboccipital frontal 11.5cm.

Q:13: The first step in newborn resuscitation following birth is:-

- a) Clearing the airway.
- b) Ensuring maintainers of warmth.
- c) Ensuring effective circulation.
- d) Correction of acidosis.

Q:14: Surfactant, a complex of lipoproteins and protein produced in the lungs is responsible for:-

- a) Increasing the surface tension in the alveoli, preventing their collapse.
- b) Increasing, the surface tension, in the alveoli and promoting pulmonary circulation.
- c) Decreasing the surface tension in the alveoli and promoting pulmonary circulation.
- d) Decreasing the surface tension in the alveoli and reducing the work of breathing.

Q:15: Very low birth weight babies are those weighing below:-

- a) 2,500 gm at birth.
- b) 1,500 gm at birth.
- c) 1,000gm, at birth.
- d) The 90th centile in the charts.

Q:16: Placental factors that cause intrauterine growth restriction include:-

- a) Abruptio placenta, diabetes mellitus, chronic hypertension.
- b) Abruptio placenta, placenta praevia, chorioamnionitis.
- c) Multiple gestation, intrauterine infection, single umbilical artery.
- d) Pregnancy induced hypertension, under nutrition, drugs.

Q:17: Persistence moro reflex beyond 6 months is suggestive of:-

- a) Mental retardation.
- b) Fracture of the humerus.
- c) Brain damage.
- d) Incomplete myelination of nerves.

Q:18: The clinical features of puerperal psychosis include:-

- a) Labile emotions, tearfulness, euphoria.
- b) Sleep disturbances, impaired concentration, impaired appetite and weight loss.
- c) Restlessness and agitation, insomnia, hallucinations.
- d) Feelings of guilt, labile emotions, emotional detachment.

Q:19: Indicate whether the following statements are True or False.

- a) Prolactin is important for initiation of lactation than to its continuation.
- b) Myoepithelial cells of the breast are stimulated by oxytocin to contract.

Q:20: The passage of large quantities of urine the second day postpartum is a result of:-

- a) High conception of fluids after giving birth.
- b) Reduction of the woman's physical activity during this period.
- c) The body reabsorbing a quantity of excess fluid.
- d) Reduced metabolic activity.

PART II: SHORT ANSWER QUESTIONS:

MARKS

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| Q:1: State six (6) presumptive signs of second stage of labour. | 6 |
| Q:2: Outline four (4) physiological changes that occur following artificial rupture of membranes. | 4 |
| Q:3: State five (5) causes of obstructed labour. | 5 |
| Q:4: Outline six (6) indications for induction of labour. | 6 |
| Q:5: Outline six (6) factors that may contribute to depression of the respiratory centre of the newborn. | 6 |
| Q:6: Describe oxytocin under the following:- | |
| a) i) Mode of action. | 1 |
| ii) Dosage and route of administration. | 1 |
| b) State four (4) side effects of oxytocin. | 4 |
| Q:7: State three (3) reasons why a newborn have deficiency of Vit. K. | 3 |
| Q:8: Define the following terms:- | |
| a) Subinvolution. | 1 |
| b) Puerperium. | 1 |
| c) Puerperal sepsis. | 1 |
| d) Puerperal pyrexia. | 1 |

PART III: ESSAY/LONG ANSWER QUESTIONS

MARKS

Q:1: Miss G, para 3+0 arrives in the admission room in labour ward at term, and a diagnosis of cord prolapse is made.

- a) Differentiate between cord presentation and cord prolapse. 2
- b) State five (5) predisposing factors of cord prolapse. 5
- c) Describe the specific management of Miss G, until the baby is born. 13

Q:2: Baby S, born at term, birth weight 3.2kgs is observed with clinical jaundice within the first 24 hour of birth.

- a) Define neonatal jaundice. 1
- b) State four (4) main aetiological factors of pathological jaundice in a newborn. 4
- c) Describe the specific management of baby S, with the next 48 hours. 13
- d) State two (2) complications that may occur in baby S. 2