

KRCHN (BASIC) EXAMINATION: PAPER TWO: SEPTEMBER 2017
PART I: MULTIPLE CHOICE QUESTIONS:

Q:1: Obstetrical conjugate is:-

- a) Measured antero-posteriorly from the border of symphysis to the sacral promontory.
- b) Measured from sacral promontory to the upper boarder of symphysis pubis.
- c) Measured from sacro-iliac joint to the iliopectineal eminence on the opposite side of pelvis.
- d) The furthest points apart on the iliopectineal lines.

Q:2: The leading direct cause of maternal mortality is:-

- a) Sepsis.
- b) Hypertensive disorders.
- c) HIV/AIDS.
- d) Haemorrhage.

Q:3: Preventive measures for health pregnancy outcomes include:-

- a) Checking for HIV status, administration of tetanus toxoid.
- b) Iron folate supplementation, tuberculosis screening.
- c) Iron folate supplementation, administration of tetanus toxoid.
- d) Checking for HIV status, de-worming.

Q:4: Individual risk factors during pregnancy include:-

- a) Endemic malaria infection, poor health status, anaemia.
- b) Low socio-economic status, HIV positive, anaemia.
- c) Poor health status, HIV positive, anaemia.
- d) Endemic, iodine deficiency, poor health status, anaemia.

Q:5: In final mechanism of normal labour the head:-

- a) Restitutes and rotates externally.
- b) Descends and flexes internally.
- c) Extends and rotates internally.
- d) Engages and rotates externally.

Q:6: Indication of an obstructed labour on a partograph will be:-

- a) No increase in cervical dilatation.
- b) No increase in number of contractions.
- c) No change in fetal heart.
- d) No advancement in descent.

Q:7: A student midwife's intervention following the ketones in urine is:-

- a) Take urine to the laboratory.
- b) Hydrate the mother.
- c) Observe contractions.
- d) Notify obstetrician.

Q:8: Early rupture of membranes predisposes the fetus to:-

- a) Premature delivery, intra-uterine infection.
- b) Early deceleration of fetal heart, cord prolapse.
- c) Intra-uterine infection, precipitate labour.
- d) Bleeding, cord prolapse.

Q:9: In face to pubis delivery:-

- a) Extension is maintained by holding back the sinciput.
- b) Flexion is maintained by holding back the sinciput.
- c) Flexion is maintained by holding back the occiput.
- d) Extension is maintained by holding back the occiput.

Q:10: Mauriceau – smellie veit manouvre is used when:-

- a) The arms are extended.
- b) The arms are flexed.
- c) The head is flexed.
- d) The head is extended.

Q:11: Immediate care of the newborn after delivery include:-

- a) Weigh, dry the baby, clamp the cord.
- b) Keep warm, weigh, clamp the cord.
- c) Dry the baby, clamp the cord, keep warm.
- d) Dry the baby, weigh, keep warm.

Q:12: First examination of the newborn aims at:-

- a) Detecting congenital abnormality, checking maturity, identify sex of the neonate.
- b) Detecting congenital abnormality, checking maturity, identifying birth injuries.
- c) Detecting congenital abnormality, checking hygiene, identifying birth injuries.
- d) Detecting congenital abnormality, identifying birth injuries, identify sex of the neonate.

Q:13: Indicate whether the statement is "TRUE" or "FALSE":-

- i) Maternal verbalization indicates second stage of labour.
- ii) Presence of show is an indication of second stage of labour.

Q:14: Hypotension following epidural anaesthetics usually occurs due to:-

- a) Inadequate pain relieve.
- b) Manipulative delivery.
- c) Excessive blood loss.
- d) Vasodilation secondary to sympathetic effects on motor and sensory nerves.

Q:15: "ZIKA" virus initial effect starts with :-

- a) The mother.
- b) The neonate.
- c) The fetus.
- d) The pregnant woman.

Q:16: A neonate who is brought to a health facility after one week will receive:-

- a) BCG, Polio one.
- b) Birth Polio, Pentavalent.
- c) BCG, birth Polio.
- d) BCG, Pentavalent.

Q:17: The major reason for progesterone only pills after delivery is:-

- a) Irregular periods.
- b) Does not interfere with breast feeding.
- c) Painful periods.
- d) Freedom of uninterrupted sex.

Q:18: The major reason for free maternity services in the government facilities is to:-

- a) Improve hospital delivery.
- b) Improve maternal mortality.
- c) Improve on youth friendly clinics.
- d) Improve on family planning services.

Q:19: Specific midwife observation in a post natal mother include:-

- a) Vital observations, anemia, lactation, lochia loss and presence of DVT.
- b) Anemia, lactation, lochia loss, hygiene and presence of DVT.
- c) Lactation, lochia loss, hygiene, presence of DVT and uterine involution.
- d) Lactation, anemia, uterine involution and presence of DVT.

Q:20: Beyond zero campaign initiative is to:-

- a) Build maternal child health hospitals.
- b) Promote free maternity services.
- c) Improve maternal child health outcomes.
- d) Improve on family planning services.

<u>PART II: SHORT ANSWER QUESTIONS:</u>	<u>MARKS</u>
Q:1: State six (6) gastrointestinal problems experienced during pregnancy.	6
Q:2: Outline two (2) potential nursing diagnosis. One for the mother and the other for the baby following precipitate labour.	4
Q:3: State specific actions a nurse midwife will take after receiving a mother in second stage with cord presentation at county referral hospital.	4
Q:4: Outline specific documentation of vaginal examination following admission of woman in normal labour.	6
Q:5: State five (5) specific health messages to give to the mother on discharge indicating when she can bring the baby to the hospital.	5
Q:6: List 8 (eight) aspects of care given to a post natal mother and four (4) for the baby at four (4) weeks visit.	6
Q:7: State three (3) categories of women who should not rely on Lactational amenorrhea method of contraception.	3
Q:8: Draw a well labeled gravid abdominal outline showing estimation of fundal height in weeks.	6

PART III: ESSAY/LONG ANSWER QUESTIONS:

MARKS

Q:1: Maternal child health is an important aspect in general status of a country. Explain how the care given enhances or improves maternal child health based on the following:-

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|-------------------|---|
| a) Antenatally. | 7 |
| b) Intrapartally. | 7 |
| c) Postnatally. | 6 |

Q:2: Baby G, is born at thirty two (32) weeks in a health centre weighing 1.2 kgs.

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| a) Define prematurity. | 1 |
| b) Differentiate between a male term neonate from a pre-term male neonate. | 6 |
| c) Describe specific management of baby G in the first seventy two (72) hours. | 10 |
| d) List six (6) complications Baby G is likely to develop. | 3 |