

KRN/M EXAMINATION: PAPER THREE: APRIL 2017
PART I: MULTIPLE CHOICE QUESTIONS:

Q:1: The anteroposterior diameter of the pelvic brim measures:-

- a) 12 cm.
- b) 11 cm.
- c) 13 cm.
- d) 9 cm.

Q:2: Placenta and the chorion develop from the:-

- a) Inner cells mass.
- b) Uterine muscle layer.
- c) Trophoblast.
- d) Capsular layer of the deciduas.

Q:3: Positive signs of pregnancy include:-

- a) Fetal hearts, fetal parts, amenorrhoea.
- b) Fetal movement, fetal parts, breast changes.
- c) Skin changes, ultrasonic evidence, fetal hearts.
- d) Fetal parts, fetal movement, ultrasonic evidence.

Q:4: Lack of folic acid in pregnancy is associated with:-

- a) Spontaneous abortion, neural tube defects.
- b) Weak fetal bones, premature separation of placenta.
- c) Neural tube defects, goiter.
- d) Premature separation of placenta, cretinism.

Q:5: Polarity is the term used to:-

- a) Describe the inclusion of the cervical canal into the lower uterine segment during labour.
- b) Describe the division of the lower and upper uterine segments during labour.
- c) Describe the contractions that relax instead of constricting completely during labour.
- d) Describe the neuromuscular harmony that prevails between the two poles of the uterus during labour.

Q:6: Midwife's priority action in the management of post partum haemorrhage due to retained placenta is:-

- a) Increase the dose of intravenous oxytocin.
- b) Bimanual removal of the placenta.
- c) Empty the bladder.
- d) Prepare patient to go to theatre for removal of placenta under general anaesthesia.

Q:7: Delay in the second stage of labour may be due to:-

- a) Insufficient contractions, epidural analgesia, intrauterine growth restriction.
- b) Maternal fatigue, prematurity, malrotation of the head.
- c) Intrauterine growth restriction, epidural analgesia, prematurity.
- d) Insufficient contractions, epidural analgesia, maternal fatigue.

Q:8: Indicate whether the below statements are true or false. Each correct answer is 1/2 mark:-

- i) A pregnant woman who has HB of <6g/dl is severely anaemic.
- ii) Any pregnant woman presenting with severe malaria should be given a loading dose of quinine in any health care setting.

Q:9: Labour is said to be obstructed when:-

- a) The presenting part does not engage.
- b) There is no advance of the presenting part despite strong uterine contractions.
- c) There is a large fetus in the uterus.
- d) There is poor dilatation of the cervix.

Q:10: During management of shoulder dystocia, delivery of the posterior shoulder is achieved by use of:-

- a) McRobert's manoeuvre.
- b) Robin's manoeuvre.
- c) Woods manoeuvre.
- d) Zavanelli manoeuvre.

Q:11: First degree of the acute inversion of the uterus is:-

- a) When the fundus reaches the internal os.
- b) When the body of uterus is inserted to the internal os.
- c) When the uterus, cervix, and vagina are inverted and are visible.
- d) When inversion occurs after 4 weeks post partum.

Q:12: 1^o perineal tear involves:-

- a) Fourchette and the upper superficial perineal muscles.
- b) The fourchette only.
- c) Damage to the anal sphincter.
- d) Damage to the rectal mucosa.

Q:13: Name given to Lochia during the first 3 – 4 days:-

- a) Lochia rubra.
- b) Lochia serosa.
- c) Lochia alba.
- d) Heavy show.

Q:14: Indications of emergency caesarean section include:-

- a) Cord prolapse, uterine rupture, intra uterine growth retardation.
- b) Major degree of placental praevia, eclampsia, fetal distress.
- c) Fetal distress, cord prolapse, uterine rupture.
- d) Fetal distress, eclampsia, multiple pregnancy.

Q:15: Heart rate less than 100 beats per minute, respiratory effort slow, limp muscle tone, minimal grimace, body pink with blue extremities denotes an apgar score of:-

- a) 2.
- b) 7.
- c) 3.
- d) 4.

Q:16: A normal baby has a respiratory rate of:-

- a) 100 – 160 breaths per minute.
- b) 30 – 60 breaths per minute.
- c) 20 – 80 breaths per minute.
- d) 60 – 100 breaths per minute.

Q:17: The effectiveness of lactational amenorrhoea method (LAM) depends on:-

- a) The woman is fully breastfeeding, modification of sexual behavior.
- b) Use of barrier method, the baby is less than six months old.
- c) The woman is fully breastfeeding the baby is less than six months.
- d) The baby is less than six months, accurate identification of the fertile period.

Q:18: VDRL is a test for:-

- a) Herpes simplex virus.
- b) Treponema pallidum.
- c) Gonococcus.
- d) Streptococcus.

Q:19: The midwife would suspect an ectopic pregnancy if the client complains of:-

- a) An adherent painful ovarian mass.
- b) Lower abdominal cramping pain for a long period of time.
- c) Dysuria a few days after the first missed period.
- d) Sharp lower right or left abdominal pain radiating to the shoulder after amenorrhoea of 8 weeks.

Q:20: STI/HIV preventive measures among adolescents include:-

- a) Abstinence, effective treatment.
- b) Counselling and testing, abstinence.
- c) Self medication, contact tracing.
- d) Communication among youths only, counselling.

PART II: SHORT ANSWER QUESTIONS:

MARKS

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| Q:1: Draw and label a diagram showing the anteroposterior diameters of the fetal skull. | 7 |
| Q:2: Outline five (5) instructions you would give to a client who has been inserted intra-uterine contraceptive device (IUCD). | 5 |
| Q:3: State five (5) sexual dysfunctions in men. | 5 |
| Q:4: State five (5) types of spontaneous abortion. | 5 |
| Q:5: State five (5) goals of focused antenatal care. | 5 |
| Q:6: State five (5) causes of atonic uterine action. | 5 |
| Q:7: State four (4) types of placenta praevia. | 4 |
| Q:8: State four (4) congenital abnormalities of the central nervous system. | 4 |

PART III: LONG/ESSAY ANSWER QUESTIONS:

MARKS

Q:1: Baby J, who was born at term develops jaundice after 30 hours.

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| a) Define physiological jaundice. | 2 |
| b) State four (4) causes of physiological jaundice. | 4 |
| c) Describe management of baby J while undergoing phototherapy. | 14 |

Q:2: Midwife realizes that the placenta has not come out since delivery of the baby one hour ago.

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| a) Define retained placenta. | 2 |
| b) Define the procedure for manual removal of placenta. | 15 |
| c) Outline 3 possible complications due to retained placenta. | 3 |