



**PAPER TWO**  
**AMREF VIRTUAL**

**NURSING SCHOOL**

**PART I: MCQs (20 marks)**

1. The normal volume of blood flow through the placental site during pregnancy ranges from;
  - a) 400-600 mls per minute
  - b) 500-800 mls per minute
  - c) 800-1500 mls per minute
  - d) 120-240 mls per minute
2. In- coordinate uterine action is characterised by;
  - a) Painless contractions
  - b) Reduction in the resting tone of the uterus
  - c) Reversed polarity of the uterus
  - d) Contractions lasting longer in the upper uterine segment
3. The engaging diameter in breech presentation at the beginning of labour is;
  - a) Biparietal
  - b) Bispinous
  - c) Bitrochanteric
  - d) Bisacromial
4. Indicate whether the following statements are **TRUE** or **FALSE**;
  - a) A single dose of Vitamin A supplementation should be given to lactating mothers within 4 weeks of delivery
  - b) Women on anti-tuberculosis drugs should avoid breastfeeding
5. WHO recommends the use of oxytocin as the uterotonic drug of choice because it is;
  - a) Effective in preventing PPH, can be refrigerated, long acting
  - b) Long acting, stable to in heat and light, minimal side effects
  - c) Fast acting, inexpensive, no contraindications
  - d) Long acting, stable in heat and light, effective in preventing PPH
6. Erb's palsy is a birth injury to the;
  - a) Facial nerve
  - b) Cervical plexus
  - c) Lumbar plexus
  - d) Brachial plexus
7. The five main bones in the vault of the foetal skull are;
  - a) 1 occipital bone, 2 temporal bones, 2 parietal bones
  - b) 2 temporal bones, 1 frontal bone, 2 parietal bones
  - c) 2 occipital bones, 2 parietal bones, 1 frontal bone
  - d) 2 frontal bones, 2 parietal bones, 1 occipital bone
8. Conditions associated with polyhydramnios include;
  - a) Oesophageal atresia, maternal diabetes mellitus, severe foetal abnormality
  - b) Severe foetal abnormality, anemia, Rhesus-iso-immunization
  - c) Open neural tube defect, cardiac disease, placenta praevia
  - d) Maternal diabetes, sickle cell disease, foetal hypoxia
9. In persistent occipito posterior position, the occiput;
  - a) Turns 1/8 of a circle to lie under the symphysis pubis
  - b) Fails to rotate forwards
  - c) Turns 3/8 of a circle to lie under the symphysis pubis
  - d) Fails to enter the pelvic brim
10. Characteristics of an android pelvis are:
  - a) Cavity is shallow with a flat sacrum
  - b) Ischial spines are blunt
  - c) Brim is kidney shaped with a reduced antero-posterior diameter
  - d) Brim is heart shaped with a narrow fore- pelvis
11. A midwife will recognise post-partum haemorrhage due to trauma by observing the following signs;
  - a) Boggy uterus, bleeding per vagina, full bladder
  - b) Uterus well contracted, bleeding per vagina, rising pulse rate
  - c) Evidence of clots, uterus well contracted, falling blood pressure
  - d) Enlarged uterus, altered level of consciousness, visible bleeding
12. The maintenance of physical well being of a mother postnatally is achieved through;
  - a) Quietness, proper psychological approach, cleanliness
  - b) Correction of anaemia, good nutrition, comfort
  - c) Avoidance of complications, cleanliness, proper psychological approach
  - d) Freedom from worry, adequate physical exercises, quietness
13. Match the terms in Column A with their corresponding descriptions in Column B.

### **Column A**

- a) Wood's manouvre
- b) Lovset Manouvre

### **Column B**

- i. A manoeuvre to deliver a breech which involves jaw flexion and shoulder traction
  - ii. A manoeuvre for the delivery of shoulders and extended arms in breech
  - iii. A manoeuvre to rotate the angle of the symphysis pubis superiorly and release the impaction of the shoulder in shoulder dystocia
  - iv. A manoeuvre in which pressure is exerted on the foetal chest to rotate and abduct the shoulders to relieve shoulder dystocia.
14. A baby born at home is brought to the child welfare clinic at 4 weeks after birth. The care given to this baby includes;
- a) Administer birth polio, examine umbilical cord stump, enquire about baby's feeding
  - b) Counsel mother on breastfeeding, weigh the baby, administer BCG vaccine
  - c) Administer 1<sup>st</sup> polio vaccine, enquire about baby's sleep pattern, weigh the baby
  - d) Enquire about baby's elimination, provide contraceptive, advise mother on personal hygiene
15. A mother comes to the antenatal clinic at 36 weeks gestation with a previous history of a fresh stillbirth and an abortion. This will be interpreted as;
- a) Para 0+2 gravida 3
  - b) Para 3+0 Gravida 2
  - c) Para 1+1 gravida 3
  - d) Para 2+0 Gravida 3
16. The part of foetal presentation used to describe the position is referred to as:
- a) Attitude
  - b) Lie
  - c) Fetal axis
  - d) Denominator
17. The correct timing to perform an episiotomy during normal labour is when;
- a) The head is at station 0 and the cervix is fully dilated
  - b) The head crowns and there is a contraction
  - c) The cervix is fully dilated and there is no painful contraction
  - d) There is urge to push and cervix is fully dilated
18. Indirect causes of maternal deaths include;

- a) Postpartum haemorrhage, puerperal sepsis, malaria
- b) Pre-eclampsia, cardiac disease, HIV/AIDS
- c) Puerperal sepsis, eclampsia, abortion
- d) Pre-eclampsia, postpartum haemorrhage, severe malaria

19. The aims of first examination of the newborn are;
- a) Assess growth, maintain clear airway, assess maturity at birth
  - b) Detect birth injuries, assess minor disorders, detect congenital anomalies
  - c) Provide care, detect infections, assess growth and development
  - d) Detect birth injuries, detect any congenital abnormalities, assess maturity at term
20. Maternal factors leading to intra-uterine growth retardation include;
- a) Diabetes mellitus, undernutrition, placenta praevia
  - b) Smoking, chronic hypertension, renal disease
  - c) Multiple gestation, abnormal cord insertion, cardiac disease
  - d) Abruptio placenta, chorioamnionitis, multiple gestation

### **PART II: SHORT ANSWER QUESTIONS (40 marks)**

1. Draw and label a diagram illustrating the cross-section of a lactating breast (5 marks)
2. State three (3) interventions that prevent mother to child transmission of HIV during labour (3 marks)
3. Explain how baby-parent bonding can be enhanced during the neonatal period (4 marks)
4. State four (4) complications of face presentation (4 marks)
5. State four (4) signs of Kernicterus in a newborn (4 marks)
6. Describe five (5) pillars of the maternal and Newborn Health model in Kenya (5 marks)
7. List the four (4) regions of the foetal skull (2 marks)
8. State four (4) consequences of iron deficiency anaemia in pregnancy (4 marks)
9. Outline three (3) specific nutritional counselling messages you will share with a client with gestational diabetes (3 marks)
10. State four (4) aims of pre-conception care (4 marks)
11. Explain the following terms (2 marks)
  - a) Exclusive breastfeeding
  - b) Baby friendly services

### **PART III: LONG ANSWER QUESTIONS (40 MARKS)**

1. Baby Net is admitted to the newborn Unit with a diagnosis of pathological jaundice.
  - a) State three(3 )diagnostic criteria for pathological jaundice(3 marks)
  - b) Describe the management of baby Net until the condition is controlled (12 marks)
  - c) State five (5) side effects of phototherapy(5 marks)
2. Ms. Yao para 0+ 0 is admitted in delivery unit at term and induction of labour is commenced by use of oxytocinon.
  - a) Define induction of labour (1 mark)
  - b) Describe the management of Ms. Yao till delivery of the baby (12 marks)
  - c) State five ( 5) contraindications for induction of labour (5 marks)
  - d) List four (4) elements assessed in the Bishops System of cervical scoring (2 marks)

**AMREF VIRTUAL TRAINING SCHOOL  
SEPTEMBER 2012 CLASS**

**PART I: MCQS (20 marks)**

1. The strongest part of the female pelvis is the;
  - a. Ilium
  - b. Ischium
  - c. Pubis
  - d. Symphysis pubis
2. Anterior relations of the uterus include;
  - a. Pouch of Douglas, bladder
  - b. Broad ligaments, poach of Douglas
  - c. Intestines, broad ligaments
  - d. Bladder, uterovesical poach
3. Indicate whether the following statements are True (T) or False (F) on the answer sheet.
  - a. Oestrogen inhibits milk production during pregnancy
  - b. Lutenising hormone facilitates growth of the grafian follicle
4. The suture that separates the frontal bones from the parietal bones is the;
  - a. Coronal
  - b. Frontal
  - c. Sagittal
  - d. Lambdoidal
5. High levels of glyosylated haemoglobin during pregnancy is associated with ;
  - a. Hyperemesis gravidarum
  - b. Fetal malformations
  - c. Physiological anemia
  - d. Multiple pregnancy
6. The benefit of delayed cord clamping is that;
  - a. Gives the provider time to perform APGAR score
  - b. Prevents possible postpartum hemorrhage
  - c. Increases iron stores in the newborn
  - d. Prevents erythroblastosis fetalis
7. The scheduling for targeted postnatal visits is;
  - a. Within 24 hours, 6 weeks, 6 months, 1 year
  - b. Within 48 hours,1-2 weeks,4-6 weeks, 4-6 months
  - c. Within 48 hours,4-6 weeks, 4-6 months,6-12 months
  - d. Within 24 hours,6 weeks,10 weeks,14 weeks
8. During a vaginal exam, the midwife felt the fetal sutures were apposed. This is recorded on the partograph as;
  - a. ++
  - b. 0
  - c. +++
  - d. +
9. On abdominal examination during labour, the sinciput is felt and occiput just felt. The descent is;
  - a. 4/5
  - b. 3/5
  - c. 2/5
  - d. 1/5
10. Abnormal features in the immediate pueperium include;
  - a. Tachycardia, hypotension, atony
  - b. After pains, diuresis, shivering
  - c. Tachycardia, anorexia, no colostrum

- d. Hypotension, diuresis, marked thirsty
- 11. Recommended timings for the administration of anti D in pregnancy is;
  - a. 28 weeks,38 weeks
  - b. 28 weeks,34 weeks
  - c. 28 weeks,40 weeks
  - d. 24 weeks,37 weeks
- 12. Prophylactic intervention for the newborn include;
  - a. Breastfeeding, resuscitation, stimulation
  - b. Administration of Vitamin K, tetracycline eye ointment and chlorohexidine 4%
  - c. Breastfeeding, administration of vitamin K, phototherapy
  - d. Skin to skin, phototherapy, administration of tetracycline eye ointment
- 13. Signs of good attachment include;
  - a. Mouth widely open, upper lip turned outward, more areola visible above baby' mouth
  - b. Lower lip turned outward, chin touching the breast, more areola visible below baby's mouth
  - c. Upper lip turned outward, nose touching the breast ,mouth widely open
  - d. More areola visible above baby's mouth, lower lip turned outward ,chin touching the breast
- 14. Predisposing factors to necrotizing enterocolitis (NEC) in neonates include;
  - a. Dehydration, breastfeeding, hypothermia
  - b. Prematurity, asphyxia, formula feeds
  - c. Prematurity, oxygen therapy, feeding
  - d. Transfusion, prematurity, formula feeds
- 15. Match the statements in column A with the corresponding description in column B.

Column A

- a) Brow presentation
- b) Complete breech

Column B

- I. The fetal head is partially extended and the frontal bone lies at the pelvic brim
- II. The hips of the fetus are flexed and the legs are extended on the abdomen

- III. The fetal head is completely extended and the frontal bone lies at the pelvic brim
- IV. The hips and knees of the fetus are both flexed and feet tucked in beside the buttocks
- 16. Side effects that a midwife should look for while caring for a baby under convectional phototherapy include;
  - a. Skin burns, isolation ,thrombocytopenia
  - b. Skin rash, necrotizing enterocolitis, isolation
  - c. Hypoglycaemia, irritability, hypocalcemia
  - d. Hypothermia, lethargy, altered neuro-behaviour
- 17. Causes of secondary postpartum haemorrhage include;
  - a. R etained products of conception, infection
  - b. Retained blood clots, anaemia
  - c. Trauma, prolonged labour
  - d. Uterine fibroids, endometritis
- 18. Erb's palsy is characterized by damage to the;
  - a. lower brachial plexus involving the 7<sup>th</sup> and 8<sup>th</sup> cervical root nerves
  - b. upper brachial plexus involving the 5<sup>th</sup> & 6<sup>th</sup> cervical root n
  - c. all the brachial plexus nerve roots
  - d. facial nerves
- 19. Neonatal period is defined as the period from birth upto;
  - a. 14 days
  - b. 12 months
  - c. 28 days
  - d. 7 days
- 20. Obstetric events that may precipitate disseminated intravascular coagulopathy (DIC) include;
  - a) Placenta abruption, multiple pregnancy, intra-uterine foetal death
  - b) Amniotic fluid embolism, placenta abruption, eclampsia
  - c) Eclampsia, foetal post-maturity, placenta abruption
  - d) Incomplete abortion, anaemia, maternal diabetes mellitus

**PART II: SHORT ANSWER QUESTIONS (40 MARKS)**

1. Draw and label a diagram of the pelvic inlet showing its diameters (5 marks)
2. State five (5) preventive strategies for PPH during 3<sup>rd</sup> stage of labour (5 marks)
3. State five (5) causes of physiological jaundice (5 marks)
4. Outline five (5) physiological changes that occur to the uterus during pregnancy (5 marks)
5. State five (5) indicators of prolonged labour that may be seen on the partograph (5 marks)
6. List six (6) danger signs associated with pre-eclampsia (3 marks)
7. State (5) benefits of Kangaroo mother care to the baby (5 marks)
8. Outline five (5) features of puerperal psychosis (5 marks)
9. State one side effect for each of the following drugs during pregnancy (2 marks)
  - a) Warfarin sodium (Coumadin)
  - b) Chloramphenicol

**PART III: LONG ANSWER QUESTIONS (40 MARKS)**

1. Ms. Pat comes to labour ward at 43 weeks and a diagnosis of post maturity made.
  - a) Differentiate between induction of labour and augmentation of labour (2 marks)
  - b) Describe the management of Ms Pat from commencement of syntocinon until the end of labour (15 marks)
  - c) State three (3) possible complications of syntocinon (3 marks)
2. Essential newborn care (ENC) is one of the pillars of the Kenya maternal and newborn health model.
  - a. State five (5) physiological changes that occur to the cardiovascular system after birth (5 marks)
  - b. Describe the management of a healthy low birth weight baby during the first 24 hours after birth (10 marks)
  - c. Outline five (5) elements of the warm chain for newborns (5 marks)

**MARCH 2009 COLLEGE FINAL EXAMINATION: PAPER 2**

**PART I: MULTIPLE CHOICE QUESTIONS (20 marks)**

1. The measurement of the non-pregnant uterus is:
  - a) 5.5 cm long, 5 cm wide and 2.5, depth
  - b) 10 cm long, 7.5 cm wide, 5cm depth

- c) 7.5 cm long, 5cm wide, 2.5 cm depth
- d) 5 cm long, 2.5 cm wide, 2.5 cm depth

2. Functions of the prostate gland include;
  - a) Synthesis of viscous fluid that keeps the sperms alive
  - b) Production of a thin lubricating fluid
  - c) Storage of spermatozoa
  - d) Synthesis of testosterone
3. During fetal development, the neural tube is derived from the;
  - a) Ectoderm
  - b) Mesoderm
  - c) Endoderm
  - d) Hypoblast
4. Presenting diameters in a well flexed head in a vertex presentation are the;
  - a) Occipitofrontal, biparietal
  - b) Sub-occipitobregmatic, biparietal
  - c) Sub-occipitofrontal, bitemporal
  - d) Mentovertical, bitemporal
5. When a newborn baby is in contact with cold surfaces, heat loss occurs by;
  - a) Evaporation
  - b) Radiation
  - c) Convection
  - d) Conduction
6. Late neonatal deaths are defined as
  - a) Live born babies whose death occurs between 7 and 21 days following birth
  - b) Live born babies whose death occurs between 7 and 28 days following birth
  - c) Live born babies whose death occurs between 14 and 28 days following birth
  - d) Live born babies whose death occurs between 14 and 42 days following birth
7. Indicate whether the following statements are TRUE or FALSE

- a) The length of the baby's breastfeeding session is determined by the quality of the attachment to the mother's breast
- b) The fat content in breast milk is higher in colostrum than in mature milk
8. The direct causes of maternal mortality include;
- a) Haemorrhage, anaemia
- b) Anaemia, tuberculosis
- c) Haemorrhage, sepsis
- d) Malaria, HIV/AIDs
9. The midwife checks for the presence of the cord around the neck during second stage of labour on;
- a) Extension of the head
- b) Crowning of the head
- c) Restitution
- d) Birth of the head
10. The insulin requirement of a diabetic mother after delivery should ideally be;
- a) Increased to prevent hyperglycaemia
- b) Decreased to prevent hypoglycaemia
- c) Withdrawn as the mother recovers spontaneously after birth
- d) Same as in pregnancy since carbohydrates metabolism increases after birth
11. In targeted postnatal care, the three postnatal checks are scheduled as follows;
- a) Within 24 hours, 2-4 weeks, 6<sup>th</sup> week
- b) Within 24 hours, 1-2 weeks, 6<sup>th</sup> week
- c) Within 48 hours, 1-2 weeks, 4-6 weeks
- d) Within 48 hours, 4-6 weeks, 6<sup>th</sup> month
12. During pregnancy, areas that appear whitish at the calf region are indicative of;
- a) Varicosities
- b) Phlebitis
- c) Deep vein thrombosis
- d) Disseminated intravascular coagulation.
13. While conducting a daily examination of a postnatal mother, a bulky uterus would indicate.

- a) Puerperal sepsis
- b) A ruptured uterus
- c) Retention of a second twin
- d) Inversion of the uterus.
14. In fetal circulation, the ductus arteriosus connects the:-
- a) Umbilical vein and inferior vena cava
- b) Right ventricle and left ventricle
- c) Pulmonary artery and the aorta
- d) left atrium and the right atrium
15. The signs of hypoglycaemia, in a full term baby includes:-
- a) High pitched cry, jitteriness, rolling of eyes
- b) Irritability, poor feeding, convulsions.
- c) Twitching, apnoeic episodes, convulsions.
- d) Rigidity of the trunk, high pitched cry, apnoeic episodes
16. Signs and symptoms of pulmonary embolism include
- a) Chest pain, dyspnoea, cough
- b) Hypertension, dyspnoea, chest pain
- c) Hypertension, pyrexia, tachycardia
- d) Hypertension, pyrexia, cough
17. Sub-involution of the uterus can be prevented by:-
- a) Early ambulation, regular emptying of the bladder, expelling products of conception.
- b) Expelling products of conception, maintaining personal hygiene, breastfeeding.
- c) Administration of analgesics, breastfeeding, early ambulation.
- d) Administration of oxytocic drugs, daily fundal height estimation, encouraging frequent bladder emptying.
18. Match the neonatal reflexes in column A with their corresponding descriptions in column B.
- COLUMN A**
- a) Moro reflex
- b) Asymmetrical tonic neck reflex
- COLUMN B**

- I. When held prone and suspended over the examiners arm, the baby momentarily holds the head level with the body and flexes the limbs
- II. When pulled upright by the wrists to a sitting position, the head lags initially then falls forward onto the chest
- III. In the supine position, the limbs on the side of the body to which the head is turned extend, while those on the opposite side flex
- IV. When the head and shoulders are suddenly allowed to fall back, the baby responds by adduction and extension of arms

19. Caput succedaneum is:-

- a) Collection of blood under the periosteum.
- b) A swelling under the scalp
- c) Oedema of the Periosteum.
- d) Congenital abnormality.

20. Probable signs of pregnancy include;

- a) Amenorrhoea, pregnant test positive, frequency of micturition
- b) Ballotment of the fetus, Braxton hicks contractions, positive pregnancy sign
- c) Amenorrhoea, breast changes, quickening
- d) Foetal heart tones, visualization of the foetus, foetal parts palpated

#### **PART II: SHORT ANSWER QUESTIONS (40 MARKS)**

1. Draw and label a view of the pelvic brim showing its diameters (5 marks)
2. State five (5) clinical features of placenta praevia (5 marks)
3. Explain five (5) complications associated with multiple pregnancy (5 marks)
4. State five (5) possible complications of epidural analgesia (5 marks)
5. Explain five (5) presumptive signs of the second stage of labour (5 marks)
6. State three (3) checks that a midwife must ensure before carrying out controlled cord traction (CCT) (3 marks)
7. State two (2) indications of cord blood sampling (2 marks)
8. List four (4) causes of face presentation (2 marks)
9. Explain four (4) benefits of the Kangaroo care (4 marks)
10. State four (4) aims of focussed antenatal care (4 marks)

#### **PART III: LONG ANSWER QUESTIONS (40 MARKS)**

1. Ms Doa is admitted to the birth facility with a diagnosis of prolonged pregnancy. She is scheduled for induction of labour.
  - a) Define prolonged pregnancy (1 mark)

- b) Explain the specific management Ms. Doa during the induction of labour using syntocinon (12 marks)
- c) State five (5) risks associated with the use of intravenous oxytocin (5 marks)
- d) List four (4) complications of prolonged pregnancy on the foetus (2 marks)
2. Baby X is born at term with an Apgar score of 9 in 1 minute.
  - a) Describe the assessment of a newborn baby using the apgar score (10 marks)
  - b) Explain the specific management of baby X during the first 24 hours (10 marks)

#### **SEPTEMBER 2009 COLLEGE FINAL PAPER 2**

#### **PART I: MCQS: 20 MARKS**

- Q1. The muscles that form the deep layers of the pelvic floor muscles include
  - a) Pubococcygeus, bulbocavernosus, ischiocavernosus
  - b) Ischiocavernosus, ischiococcygeous, iliococcygeous
  - c) Pubococcygeus, iliococcygeous, ischiocavernosus
  - d) Ischiocavernosus, pubococcygeus, bulbocavernosus
- Q2. Hegars sign is a probable sign of pregnancy characterised by
  - a) Softening of the cervix
  - b) Periodic uterine tightening
  - c) Colour change of the vagina from pink to violet
  - d) Softening of the lower uterine segment
- Q3. A woman at 30 weeks gestation experiencing sudden, painless brightly red vaginal bleeding would most likely be having
  - a) Abruption placenta
  - b) An ectopic pregnancy
  - c) Placenta praevia
  - d) Inevitable abortion
- Q4. While conducting normal delivery following the extension of the head, the midwife should:
  - a) Assist in the lateral flexion of the head
  - b) Await the restitution of the head
  - c) Await external rotation of the head
  - d) Assist in the external rotation of the head
- Q5. The major presentation of acute inversion of the uterus include:
  - a) Haemorrhage, shock, sudden pain
  - b) Haemorrhage, convulsion, pain

- c) Shock , headache, haemorrhage  
d) Pain, shock, convulsion
- Q6. The daily decline rate in uterine size during puerperium is:  
a) 1 cm per day  
b) 1.5 cm per day  
c) 1.2 cm per day  
d) 1.25 cm per day
- Q7. The causes of postpartum haemorrhage due to atonic uterus include:  
a) General anaesthesia, uterine fibroids, bruised cervix  
b) Placenta praevia, retained products of conception, full bladder  
c) Perineal tears, polyhydramnios, clotting defects  
d) Retained placenta, trauma to the cervix, prolonged labour
- Q8. At the completion of labour, the uterus measures  
a) 7.5 cm x 5cm x 7.5cm  
b) 15cm x12cmx7.5cm  
c) 12cm x7.5cm x5 cm  
d) 15 cm x 7.5 cm x 5cm
- Q9. In the partograph, the components of labour include:  
a) Maternal condition, contractions, cervical dilatation  
b) Maternal condition, fetal condition, progress of labour  
c) Fetal heart, blood pressure, cervical dilatation  
d) Latent phase, active phase, action line
- Q10. Safe motherhood initiative(SMI) is a strategy to:  
a) Make essential drugs available  
b) Promote baby friendly services  
c) Reduce maternal morbidity and mortality  
d) Make maternal services available and accessible
- Q11. Causes of polyhydramnios include;  
a) Oesophageal atresia, placenta abruption, maternal diabetes mellitus, chorio carcinoma  
b) Choriocarcinoma,open neural tube defect, maternal diabetes,maternal uterine obstruction  
c) Oesophageal atresia, open neural tube defect, maternal diabetes, multiple pregnancy  
d) Choriocarcinoma, oesophageal atresia, open neural tube defects, maternal diabetes
- Q12. The nurse would suspect an ectopic pregnancy if the client complained of;  
a) An adherent painful uterine mass  
b) Lower abdominal uterine cramping for a long period of time  
c) Dysuria a few days after the first missed period  
d) Lower right or left abdominal pain after amenorrhea
- Q13. The rooting reflex is defined as response of the baby to;  
a) Being pulled upright by the wrist to a sitting position  
b) Being supported upright with his feet touching a flat surface  
c) Stroking of the cheek or side of the mouth  
d) Being left to drop from an angle of 45 degrees
- Q14. The obstetric events that may precipitate disseminated intravascular coagulation (DIC) include;  
a) Placenta abruption, multiple pregnancy, intra- uterine foetal death  
b) Amniotic fluid embolism, placenta abruption, eclampsia  
c) Eclampsia, foetal post maturity, placental abruption  
d) Incomplete abortion, anaemia, diabetes mellitus
- Q15. Physiological jaundice is due to;  
a) Maternal antibodies against the baby's blood group  
b) Damage to the liver  
c) Breakdown of excessive red blood cells  
d) Maternal rhesus iso- immunization
- Q16. Vasopraevia is defined as the vessels that;  
a) Are inserted into the membranes some distance away from the edge of the placenta  
b) Pass across the uterine OS with a low lying placenta  
c) Join the main placenta with an extra small lobe of the placenta  
d) Are connected to the very edge of the placenta
- Q17. The vertex of the fetal skull is the region that is bounded by the;  
a) Posterior fontanel, coronal suture, temporal bones  
b) Anterior fontanel, coronal suture, two parietal eminences  
c) Anterior fontanel, posterior fontanel, two parietal eminences  
d) Two parietal eminences, anterior fontanel, orbital ridges



Q18. The third stage of labour is defined as:-

- a) A period immediately after expulsion of the foetus until haemostasis is achieved.
- b) A period immediately after the delivery of the baby to complete separation and expulsion of the placenta and membranes.
- c) A state of retraction of oblique uterine muscles to expel the products of conception and achieve haemostasis.
- d) A period immediately after expulsion of the foetus upto complete separation of the placenta.

Q19. The most common site for cancer of the cervix is the:

- a) Internal os and endocervical glands
- b) Columnar squamous junction of internal and external os
- c) External os and regional nodes
- d) Junction of the cervix and lower uterine segment

Q20. Indicate whether the following statements are TRUE or FALSE by indicating the correct answer on the answer sheet provided;

- a) Heparin is teratogenic and crosses the placental barrier
- b) Epidural analgesia depresses the respiratory centre of the fetus

**PART II: SHORT ANSWER QUESTIONS (40 MARKS)**

1. Draw and label a diagram of the pelvic inlet showing its diameters (5 marks)
2. State five (5) presumptive signs of second stage of labour (5 marks)
3. State three (3) advantages of using oxytocin as a uterotonic drug (3 marks)
4. List four(4) indirect causes of maternal mortality (2 marks)
5. State four(4) objectives of targeted postnatal care (4 marks)
6. Explain five(5) immediate interventions for a mother with cord prolapsed (5 marks)
7. Explain five(5) signs of uterine rupture (5 marks)
8. Explain six(6) specific nursing interventions for a mother diagnosed with pre-eclampsia (6 marks)
9. State five (5) factors that make the preterm infant more vulnerable to hypothermia (5 marks)

**PART III: LONG ANSWER QUESTIONS (40 MARKS)**

Q1. Postpartum haemorrhage is the leading cause of maternal mortality in Sub-Saharan Africa.

- a) Define the terms

i) Postpartum haemorrhage (1 mark)

ii) Maternal mortality (1 mark)

- b) Describe the specific management of a mother who develops primary postpartum haemorrhage (12 marks)
- c) State six (6) preventive measures against postpartum haemorrhage that a midwife should take during the intrapartum period (6 marks)

Q2. Baby X is born at term with a weight of 2000 grammes.

- a) State five (5) causes of low birth weight (5 marks)
- b) Describe the immediate management of baby X (10 marks)
- c) Outline five (5) health messages that you will share with baby X's mother upon discharge (5 marks)

**AMREF VIRTUAL TRAINING SCHOOL PAPER TWO**

**DATE: MONDAY 29<sup>TH</sup> APRIL, 2013.**

**PART I: MULTIPLE CHOICE QUESTIONS (20 MARKS)**

1. The pelvic joint that connects the spine to the pelvis is the;
  - a) Sacrococcygeal joint
  - b) Sacroiliac joint
  - c) Iliacoccygeal joint
  - d) Symphysis joint
2. The dimensions of the non pregnant uterus are;
  - a) 5 cm long, 2.5 cm wide, 2.5 cm deep
  - b) 5 cm long, 5 cm wide, 2.5 cm deep
  - c) 7.5 cm long, 5 cm wide, 2.5 cm deep
  - d) 7.5 cm long, 2.5 cm wide, 2.5 cm deep
3. The presenting diameters in a face presentation when the head is completely extended are;
  - a) Sub-occipitobregmatic 9.5 cm, biparietal 9.5 cm
  - b) Occipitofrontal 11.5 cm, biparietal 9.5 cm
  - c) Sub-mentobregmatic 9.5 cm, bitemporal 8.2 cm
  - d) Mento-vertical 13.5, bitemporal 8.2 cm
4. The micronutrient associated with the development of neural tube defects is;

- a) Riboflavin
- b) Folic acid
- c) Ascorbic acid
- d) Niacin

5. Leg cramps that occur in pregnancy can be relieved by;
- a) Foot and ankle circling, plenty of liquids
  - b) Warm bath before going to bed, Left lateral position
  - c) Plenty of liquids, left lateral position
  - d) Calcium supplements, bed rest

6. The causes of secondary post partum haemorrhage include:
- a) Retained products of conception, infection
  - b) Retained blood clots, anaemia
  - c) Trauma, prolonged labour
  - d) Uterine fibroids, endometritis

7. In type III placenta praevia;
- a) Vaginal birth is inappropriate
  - b) The placenta is near the internal os
  - c) The fetus is usually in good condition
  - d) Bleeding is usually moderate

8. Complications associated with hyperthermia in newborn include;
- a) Hyponatraemia, plethora, dehydration
  - b) Dehydration, hypoglycaemia, hyponatraemia
  - c) Hypernatraemia, jaundice, recurrent apnoea
  - d) Jaundice, bradycardia, oedema

9. A baby who passes meconium in urine should be suspected for;
- a) Necrotising enterocolitis
  - b) Hirschprung's disease
  - c) Imperforate anus
  - d) Rectal fistulae

10. Match drugs in Column A with their adverse effects in Column B

**Column A**

- a) Tetracycline
- b) Sabutamol

**Column B**

- i. Haematoma formation
- ii. Grey baby syndrome
- iii. Discouragement of fetal teeth

11. Regarding insulin needs during pregnancy;
- a) Insulin requirements moderate as the pregnancy progresses
  - b) A reduced need for insulin occurs during the second trimester
  - c) Elevation of human chorionic gonadotrophin decreases the need for insulin
  - d) Foetal development depends on adequate insulin regulation

12. The correct regimen for administering magnesium sulphate loading dose intramuscularly is;

- a) 5 g given as a divided dose in each of the buttocks over a period of 10-15 minutes
- b) 10 g given as a divided dose in each of the buttock over a period not less than 5 minutes
- c) 4g given as divided dose in each buttock over a period of not less than 5 minutes
- d) 5g given over a period of between 10-15 minutes

13. Pawliks manoeuvre is used to;-

- a) Palpate the lower pole of the uterus above the symphysis pubis
- b) Locate the foetal back in order to determine position
- c) Determine whether presentation is cephalic
- d) Judge the size, flexion and mobility of the head

14. Events of fetal development that happen during 8-12 weeks gestation include;

- a) Fetal heart heard on auscultation, vernix caseosa appears
- b) Lanugo appears, swallowing begins
- c) Fetus responds to sound, eyelids close
- d) Finger nails can be seen, sex can be determined

15. The order of foetal movements during normal labour after descent is;
- Extension of the head, internal rotation of the head, extension of the head, lateral flexion, resititution
  - Lateral flexion, extension of the head, internal rotation of the head, lateral flexion, restitution
  - Flexion, internal rotation of the head, extension of the head, restitution, lateral flexion
  - Flexion, extension of the head, internal rotation of the head, restitution, lateral flexion

16. Second degree tear involve;

- The fourchette and the anal sphincter
- Bulbo cavernosus and pubococcygeous muscles only
- Damage to the anal sphincter and rectal mucosa
- Fourchette and superficial perineal muscles.

17. Third stage of labour is considered abnormal if it exceeds;

- 15 minutes
- 30 minutes
- 45 minutes
- 60 minutes

18. The signs of impending rupture of the uterus include;

- Rise in pulse rate, hypertonic uterine contractions, excruciating pain
- Bandl's ring, vaginal bleeding, cessation of uterine contractions
- Cessation of uterine contractions, tenderness in the lower uterine segment, rise in pulse rate
- Hypertonic uterine contractions, bandl's ring, vaginal bleeding

19. A woman at 30 weeks gestation experiencing sudden, painless brightly red vaginal bleeding would most likely be having

- Abruption placenta
- An ectopic pregnancy
- Placenta praevia
- Inevitable abortion

20. Breastfeeding promotes uterine involution because it;

- Stimulates production of progesterone to cause contraction of the uterus
- Stimulate secretion of prostaglandin to stimulate uterine contraction
- Causes the pituitary to secrete oxytocin to contract the uterus
- Promotes secretion of prolactin to increase uterine contractions

#### **PART II: SHORT ANSWER QUESTIONS (40 MARKS)**

- Draw and labelled diagram to illustrate fetal circulation (6 marks)
- State five (5) measures to relieve heartburn in pregnancy (5 marks)
- State any five (5) anatomical and physiological reasons that increase the risk of newborns to respiratory compromise (5 marks)
- Outline the classification of cardiac disease in pregnancy (4 marks)
- Explain five (5) components of an individual birth plan (5 marks)
- State four(4) signs of good attachment during breastfeeding (4 marks)
- Explain three (3) features of cephalohaematoma (3 marks)
- State two (2) non contraceptive benefits of implants (2 marks)
- State two (2) indications of prolonged labour on a partograph (2 marks)
- State four (4) changes that occur to the cardiovascular system during pregnancy (4 marks)

#### **PART III: LONG ANSWER QUESTIONS (40 MARKS)**

- Ms. X 35 years old is admitted with eclampsia at 34 weeks gestation
  - Define eclampsia (1 mark)
  - Describe the specific management of Ms. X till the condition is controlled(14 marks)
  - State any four(4) danger signs that may indicate hypertensive diseases of pregnancy (4 marks)
- Essential newborn care is one of the pillars of maternal and newborn health in Kenya.
  - Define neonatal period (1 mark)
  - Describe the management of the healthy newborn during the first 24 hours following birth (12 marks)
  - Explain any five(5) possible deformities of the genito-urinary system in a newborn (5 marks)
  - State three(3) reflexes elicited in a newborn (3 marks)

**AMREF VIRTUAL NURSING SCHOOL**

**TUESDAY 23<sup>RD</sup> OCTOBER 2012**

**PART I: MULTIPLE CHOICE QUESTIONS (20 MARKS)**

1. The pelvic joints include;
  - a) One symphysis pubis, two sacrococcygeal joints, two sacroiliac joints
  - b) One symphysis pubis, one sacrococcygeal joint, one sacroiliac joint
  - c) One symphysis pubis, one sacrococcygeal joint, two sacroiliac joints
  - d) One symphysis pubis, two sacrococcygeal joints, one sacroiliac joint
2. The trophoblastic layer of the blastocyst differentiates into;
  - a) Fetus and amnion
  - b) Placenta and chorion
  - c) Amnion and umbilical cord
  - d) Foetus and placenta
3. Physiological changes in the cardiovascular system during pregnancy include;
  - a) Increase in heart rate, decrease in stroke volume, decrease in vascular resistance
  - b) Decrease in cardiac output, increase in red cell mass, haemodilution
  - c) Decrease in stroke volume, increase in cardiac output, increase in vascular resistance
  - d) Increase in plasma volume, increase in stroke volume, decrease in vascular resistance
4. When estimating fetal descent via abdominal palpation, a head that is palpable above the symphysis pubis is interpreted as;
  - a) 4/5
  - b) 5/5
  - c) 0/5
  - d) 3/5
5. Cervical dilatation plotted to the right of the alert line of the partograph indicates;
  - a) Satisfactory progress in labour
  - b) Unsatisfactory progress in labour
  - c) The end of latent phase of labour
  - d) The end of the active phase of labour
6. Normal findings on a healthy newborn include;
  - a) Heart rate 120-140, weight 2.5kg-4.5kg, Temperature 35-37°C
  - b) Heart rate 100-120, respiratory rate 30-60, weight 2.5-3.5
  - c) Respiratory rate 20-40, heart rate 80-120, temperature 36.5-37.5 °C
  - d) Apnoea, respiratory rate below 40, heart rate 120-140
7. The indirect causes of maternal mortality include;
  - a) Haemorrhage, anaemia, eclampsia
  - b) Tuberculosis, malaria, HIV
  - c) Sepsis, haemorrhage, abortion
  - d) Ruptured uterus, haemorrhage, abortion
8. Probable signs of pregnancy include;
  - e) Amenorrhoea, pregnant test positive, frequency of micturition
  - f) Ballottement of the fetus, Braxton Hicks contractions, positive pregnancy sign
  - g) Amenorrhoea, breast changes, quickening
  - h) Foetal heart tones, visualization of the foetus, foetal parts palpated
9. Neonatal hypoglycaemia is indicated by blood sugar below;
  - a) 5.5 mmol/litre
  - b) 3.5 mmol/litre
  - c) 2.6 mmol/litre
  - d) 4.0 mmol/litre
10. While monitoring uterine contractions, a midwife feels for 4 contractions in 10 minutes each lasting 30 seconds. This is interpreted as;
  - a) Mild contractions
  - b) Strong contractions
  - c) Moderate contractions
  - d) Intermittent contractions
11. The feed for a baby whose weight is 1500 grammes and below on day 1 is calculated using;
  - a) 20mls/kg/day
  - b) 80mls/kg/day
  - c) 60mls/kg/day

- d) 30mls/kg/day
12. The normal volume of blood flow through the placental site during pregnancy ranges
- 240-400 mls per minute
  - 800-1500 mls per minute
  - 500-1200 mls per minute
  - 500-800mls per minute
13. The midwife checks for the presence of the cord around the neck during second stage of labour on;
- Extension of the head
  - Restitution
  - Crowning
  - Birth of the head
14. A danger sign during pregnancy is;
- Labour pains more than 18 hours
  - Arm or leg prolapsed
  - Reduced fetal movements
  - Placenta not delivered within 30 minutes
15. The midwife makes a diagnosis of occipital posterior position vaginally during labour by feeling;
- Anterior fontanelle on the anterior part of the pelvis
  - Posterior fontanelle on the anterior part of the pelvis
  - Anterior fontanelle on the posterior part of the pelvis
  - Posterior fontanelle on the posterior part of the pelvis
16. When a newborn baby is placed on a cold surface, heat loss occurs through the process of;
- Radiation
  - Evaporation
  - Conduction
  - Convection
17. The maternal causes of unstable lie include;

- Lax uterine muscles, contracted pelvis
- Contracted pelvis, placenta praevia
- Polyhydramnios, placenta praevia
- Polyhydramnios, contracted pelvis

18. The prophylactic dosage for Vitamin K to newborns is;
- 0.1mg for term baby and 0.5 mg for preterm baby
  - 0.5 mg for term baby and 0.01 mg for preterm baby
  - 1 mg for term baby and 0.5 mg for preterm baby
  - 0.5 mg for term baby and 1 mg for preterm baby

19. Indicate whether the following statements are TRUE or FALSE

- All HIV exposed infants should be given cotrimoxazole prophylaxis starting 48 hours after birth
- HIV exposed infants who are non breastfeeding should be given daily Nevirapine for the first 6 months of life

20. Match the statements in column A with the corresponding description in column B.

Column A

- Brow presentation
- Complete breech

Column B

- The fetal head is partially extended and the frontal bone lies at the pelvic brim
- The hips of the fetus are flexed and the legs are extended on the abdomen
- The fetal head is completely extended and the frontal bone lies at the pelvic brim
- The hips and knees of the fetus are both flexed and feet tucked in beside the buttocks

**PART II: SHORT ANSWER QUESTIONS (40 MARKS)**

- Draw a view of the pelvic brim showing the diameters and their measurements (5 marks)
- List six (6) obstetric events that precipitate disseminated intravascular coagulopathy (3 marks)
- State the four(4) stages of placenta praevia (4 marks)

4. State five( 5) measures to prevent the occurrence of asphyxia neonatorum (5 marks)
5. State five ( 5) benefits of early initiation of breastfeeding (5 marks)
6. Outline five ( 5) health messages a midwife will give to mother whose newborn baby has physiological jaundice(5 marks)
7. Describe three (3) interventions to relieve pressure on a prolapsed cord (3 marks)
8. State five (5) causes of acute uterine inversion(5 marks)
9. Outline the steps involved in the active management of third stage of labour (AMTSL) (5 marks)

- a. There is damage to the lower brachial plexus involving the 7<sup>th</sup> and 8<sup>th</sup> cervical root nerves
- b. There is damage to the upper brachial plexus involving the 5<sup>th</sup> & 6<sup>th</sup> cervical root nerves
- c. There is damage to all the brachial plexus nerve roots
- d. There is damage to the facial nerve

3. Late neonatal deaths are deaths occurring;
  - a. After 24 hours of birth
  - b. Up to one year after birth
  - c. 14-28 days after birth
  - d. 7-28 days after birth

### **PART III: LONG ANSWER QUESTIONS (40 MARKS)**

1. Ms. Q 20 years old para 0 +0 is admitted with a diagnosis of labour pains.
  - a) State six (6) physiological changes that take place during the first stage of labour (6 marks)
  - b) Describe the management of Ms. Q during the first stage of labour (10 marks)
  - c) State four (4) complications that may be detected from a partograph (4 marks)
2. Baby X is born at 35 weeks gestation and admitted to the newborn unit.
  - a) State five (5) causes of preterm birth (5 marks)
  - b) Describe the specific management of baby X for the first 24 hours (12 marks)
  - c) State three (3) criteria for initiating Kangaroo mother care (3 marks)

4. Features of dichorionic twins include;
  - a. Two amnions, one placenta, dizygotic
  - b. Two amnions, two placentae, dizygotic
  - c. One amnion, one placenta, dizygotic
  - d. One amnion, two chorions, one placenta
5. While conducting normal delivery following the extension of the head, the midwife should:
  - a. Assist in the lateral flexion of the head
  - b. Await the restitution of the head
  - c. Await external rotation of the head
  - d. Assist in the external rotation of the head
6. Diabetogenic hormones in pregnancy include
  - a. Oxytocinon, human placental lactogen
  - b. Progesterone, prolactin
  - c. Human placental lactogen, cortisol
  - d. Cortisol, oestrogen
7. In breech delivery, Lovset manouvre is applied in;
  - a. Extended legs
  - b. Extended arms
  - c. Stuck head

### **MARCH 2012 CLASS**

### **COLLEGE FINAL EXAMINATION PAPER 2**

### **PART I: MCQS (20 MARKS)**

1. Immediately after fertilization, the trophoblast develops into;
  - a. Embryo and placenta
  - b. Chorion and placenta
  - c. Umbilical cord and amnion
  - d. Amnion and placenta
2. In Erb's palsy;

- d. Extended head
8. A woman presents at the ANC clinic at 16 weeks gestation with a history of one living child and 2 abortions. The midwife will interpret this as;
- Para 3+1 gravida 4
  - Para 1+3 gravida 4
  - Para 2+2 gravida 4
  - Para 1+ 2 gravida 4
9. The purpose of administering anti D immunoglobulin to rhesus negative mother post delivery is;
- Destroys any maternal antibodies developed against the D antigen
  - Stimulates the production of anti rhesus factor antibodies
  - Destroys any fetal cells in the maternal circulation
  - Reverses any sensitization that may have occurred in earlier pregnancy
10. Lactational amenorrhoea method (LAM) is recommended for a woman who;
- Breastfeeds on demand, wants protection for one year only, usually resumes menstruation after six months
  - Breastfeeds exclusively, has not resumed menstruation, has a baby more than six months old
  - Breastfeeds exclusively, has history of delayed menstrual resumption, has a baby less than one year
  - Breastfeeds exclusively, has not resumed menstruation, has a baby less than six months old
11. The role of the midwife in relieving after pains during puerperium includes;
- Administering uterotonic drug, promote ambulation
  - Encourage bed rest, advice the mother to withhold breastfeeding
  - Administer appropriate analgesics, restrict ambulation
  - Encourage breastfeeding, administer appropriate analgesics
12. Leucorrhoea which is observed in pregnancy is a result of;
- Marked desquamation of superficial epithelial cells
  - Increased vaginal vascularity
  - Interaction of epithelial cells with Doderleins bacillus
- d. Increased vaginal elasticity
13. The indications for vacuum extraction include;
- Preterm labour, obstructed labour
  - Severe hypertension, maternal exhaustion
  - Mild fetal distress, delayed second stage of labour
  - Obstructed labour, breech presentation
14. Effacement during labour refers to;
- Complete relaxation of the lower uterine segment
  - Inclusion of the cervical canal into the lower uterine segment
  - Process of enlargement of the os uteri to permit passage of the baby
  - Process of merging the upper and lower uterine segments
15. The impending signs of the rupture of the uterus include:
- Rise in pulse rate, hypertonic uterine contractions, excruciating pain
  - Band's ring, vaginal bleeding, cessation of uterine contractions
  - Cessation of uterine contractions, tenderness in the lower uterine segment, rise in pulse rate
  - Hypertonic uterine contractions, band's ring, vaginal bleeding
16. Complications associated with hyperthermia in newborn include;
- Hyponatraemia, plethora, dehydration
  - Dehydration, hypoglycaemia, hyponatraemia
  - Hypernatraemia , jaundice, recurrent apnoea
  - Jaundice, bradycardia, oedema
17. A baby who passes meconium in urine should be suspected for;
- Necrotising enterocolitis
  - Hirschprung's disease
  - Imperforate anus
  - Rectal fistulae
18. Diagnosis of gestational diabetes will be made after a glucose tolerance test results on 2 separate occasions indicate;
- Fasting blood sugar >5.9 mmol/L and random blood sugar >14.9mmol/L

- b. Fasting blood sugar >3.9 mmol/L and random blood sugar >6.9 mmol/L
  - c. Fasting blood sugar >7.8mmol/L and random blood sugar >11.1 mmol/L
  - d. Fasting blood sugar and random blood sugar >10.9 mmol/L
19. When a newborn is placed on a cold surface heat loss occurs by:
- a. Convection
  - b. Conduction
  - c. Evaporation
  - d. Radiation
20. Indicate whether the following statements are True or False
- a. During management of pre-eclampsia, complete bed rest produces a diuretic effect
  - b. After delivery of the second twin, the midwife should observe for signs of placenta separation before giving uterotonic drug

**PART II: SHORT ANSWER QUESTIONS (40 MARKS)**

1. Draw and label a diagram illustrating the measurements of the non-pregnant uterus (5 marks)
2. State five (5) nursing diagnoses for a client with obstructed labour (5 marks)
3. Outline five (5) specific messages to a pregnant woman with a complain of constipation (5 marks)
4. List four (4) possible complications of epidural analgesia (2 marks)
5. State three (3) ways of preventing sexually transmitted infections in pregnancy (3 marks)
6. Outline three (3) precautions you will take into account when administering magnesium sulphate to an eclamptic woman (3 marks)
7. State five (5) benefits of kangaroo mother care (5 marks)
8. State five (5) reasons for integrating tuberculosis with focused antenatal care (5 marks)
9. State five (5) adverse effects of phototherapy (5 marks)
10. Define the following the following terms (2 marks)
  - a. Exclusive breast feeding
  - b. Baby friendly hospitals

**PART III: LONG ANSWER QUESTIONS (40 MARKS)**

1. Ms. Dex 20 years old para 0+0 is admitted to labour ward in active phase of labour.
  - a. Outline the stages of labour (4 marks)

- b. Describe how the partograph is used to monitor labour (12 marks)
  - c. Explain four (4 ) maternal factors that may affect the progress of labour (4 marks)
2. Neonatal jaundice is a common condition in newborns.
    - a. State six (6) causes of pathological jaundice (6 marks)
    - b. Describe the management of a newborn with pathological jaundice till the condition stabilizes (10 marks)
    - c. State four (4) signs of kernicterus in a newborn (4 marks)

**SEPTEMBER 2011 CLASS**

**COLLEGE FINAL EXAMINATION PAPER 2**

**PART I: MCQS (20 marks)**

1. The recommended prophylactic dosage of Vitamin K for newborns is;
  - a) 0.5 mg for term baby and 0.25 mg for preterm baby
  - b) 1 mg for term baby and 0.01 mg for preterm baby
  - c) 1 mg for term and 0.5 mg for preterm baby
  - d) 0.5 mg for term baby and 1 mg for preterm baby
2. Leucorrhoea which is observed in pregnancy is as a result of;
  - a) Marked desquamation of superficial epithelial cells
  - b) Increased vaginal vascularity
  - c) Interaction of epithelial cells with Doderleins bacillus
  - d) Increased vaginal elasticity
3. The indications for vacuum extraction include;
  - a) Preterm labour, obstructed labour
  - b) Severe hypertension,maternal exhaustion
  - c) Mild fetal distress,delayed second stage of labour
  - d) Obstructed labour, breech presentation
4. A mother comes to the antenatal clinic at 36 weeks gestation with a history of a fresh stillbirth and an abortion. This will be interpreted as;
  - a) Para 0+ 2 gravida 3
  - b) Para 3+ 0 Gravida 2
  - c) Para 1+ 1 Gravida 3



- d) Para 1+ 2 Gravida 3
5. Predisposing factors to polyhydramnios include;
- multiparity, open neural tube defect, oesophageal atresia
  - Maternal diabetes, oesophageal atresia, multiple pregnancy
  - Eclampsia, anencephaly, chorioangioma
  - Anencephaly, placental abruption, oesophageal atresia
6. Factors that favour vaginal breech delivery include;
- Complete breech, primiparity
  - Multiparity, frank breech
  - Adequate pelvis, frank breech
  - Episiotomy, oxytocin use
7. Maternal causes of unstable lie include;
- Lax uterine muscles, contracted pelvis
  - Polyhydramnios, placenta praevia
  - Lax uterine muscles, polyhydramnios
  - Placenta praevia, contracted pelvis
8. Indirect Coombs test is done to;
- Check the presence of antigen D antibodies on fetal RBCs
  - Check the presence of antigen D antibodies in maternal blood
  - Establish the rhesus status of the fetus in utero
  - Assess the presence of rhesus antigen in fetal blood
9. Effacement during labour refers to;
- Complete relaxation of the lower uterine segment
  - Inclusion of the cervical canal into the lower uterine segment
  - Process of enlargement of the os uteri to permit passage of the baby
  - Process of merging the upper and lower uterine segments
10. The steps in the active management of 3<sup>rd</sup> stage of labour in order of sequence are:
- Rulling out presence of another baby, massaging the uterus and expelling clots, administration of oxytocin
  - Massaging the uterus and expel clots, administration of oxytocin, delivery of the placenta by controlled cord traction
  - Rulling out presence of another another baby, delivery of the placenta by controlled cord traction, massaging the uterus to expel clots
  - Administration of oxytocin, delivery of the placenta by controlled cord traction, massaging the uterus and expelling clots.
11. Cardiovascular changes noted in pregnancy include an increase in the following
- Plasma volume, haemoglobin, red cell mass
  - Total blood volume, red cell mass, hematocrit
  - Plasma volume, red cell mass, total blood volume
  - Hematocrit, plasma volume, total blood volume
12. One of the following statements is **True** regarding insulin needs during pregnancy;
- Insulin requirements moderate as the pregnancy progresses
  - A reduced need for insulin occurs during the second trimester
  - Elevation of human chorionic gonadotrophin decreases the need for insulin
  - Foetal development depends on adequate insulin regulation
13. The correct regimen for administering magnesium sulphate loading dose intramuscularly is;
- 5 g given as a divided dose in each of the buttocks over a period of 10-15 minutes
  - 10 g as a divided dose in each of the buttock over a period not less than 5 minutes
  - 4g as divided dose in each buttock over a period of not less than 5 minutes
  - 5g over a period of between 10-15 minutes
14. In type III placenta praevia;
- Vaginal birth is inappropriate
  - The placenta is near the internal os
  - The fetus is usually in good condition
  - Bleeding is usually moderate
15. Caput succedaneum is:-

- a) A collection of blood under the periosteum.
- b) A swelling under the scalp
- c) Oedema of the Periosteum.
- d) Congenital abnormality

16. Diagnosis of obstructed labour on vaginal examination is made by;

- a) Hypertonic uterine action, bandl's ring, oedematous cervix
- b) Maternal distress, caput succedaneum ,poor cervical dilatation
- c) Odema of the cervix, caput succedaneum, poor cervical dilatation
- d) Shoulder presentation, foul smelling liquor amnii, fetal distress

17. Indicate whether the following statements are TRUE or FALSE .

- c) Heparin is teratogenic and crosses the placental barrier
- d) Epidural analgesia depresses the respiratory centre of the fetus

18. The hormone prolactin;

- a) Is produced from the anterior lobe of the pituitary gland
- b) Initiates the production of colostrum
- c) Is produced by the posterior lobe of the pituitary gland
- d) Initiates the production of milk by the first day of the puerperium

19. The indications of vaginal examination when admitting a mother in labour are;

- a) Assessing pelvic adequacy, assessing progress of labour, checking if membranes are intact
- b) Checking presentation, assessing stage of labour, assessing pelvic adequacy
- c) Assessing progress of labour, assessing descent, assessing pelvic adequacy
- d) Confirming second stage, checking if membranes are intact, assessing progress of labour

20. The role of a midwife during the 4<sup>th</sup> stage of labor includes;

- a) Clearing the baby's airway, measuring blood loss, repairing any tears, transferring mother and baby to the postnatal ward
- b) Delivering the placenta, identifying the baby, taking vital signs, documenting the events of labour and delivery
- c) Taking vital signs, checking to ensure the uterus is well contracted, noting the amount of per vaginal bleeding, making the mother comfortable

- d) Promoting mother-baby bonding, suturing any episiotomy, ensuring that the bladder is empty, providing a warm cup of tea

### **PART II: SHORT ANSWER QUESTIONS (40 MARKS)**

1. Draw and label a diagram illustrating the longitudinal diameters of the fetal skull indicating their measurements (6 marks)
2. Describe five (5) reflex activities that are assessed on a newborn at birth (5 marks)
3. State five (5) complications associated with large for gestational age baby (5 marks)
4. List four (4) causes on neonatal seizures (2 marks)
5. State three (3) signs of true labor (3 marks)
6. Describe how physiological anemia occurs during pregnancy (4 marks)
7. Explain two (2) indications for exchange blood transfusion (2 marks)
8. State five (5) changes that occur to the breasts during pregnancy (5 marks)
9. Outline the classification of perineal tears (4 marks)
10.
  - a) Define maternal mortality (1 mark)
  - b) List six (6) direct causes of maternal mortality (3 marks)
  - c)

### **PART III: LONG ANSWER QUESTIONS (40 MARKS)**

1. Neonatal jaundice is a common condition in newborns.
  - a) State five (5) causes of pathological jaundice (5 marks)
  - b) Describe the management of a newborn with pathological jaundice (10 marks)
  - c) List six (6) possible side effects of phototherapy on a newborn (3 marks )
  - d) List four (4) signs of kernicterus in a newborn (2 marks)
2. Focused antenatal care is one of the pillars of the Kenya maternal and newborn health model.
  - a) State four (4) objectives of focused antenatal care (4 marks)
  - b) Describe the management of a mother during the first antenatal visit at 16 weeks gestation (10 marks)
  - c) Explain six (6) danger signs during pregnancy (6 marks)

**COLLEGE FINAL PAPER II  
(MIDWIFERY)**

- a) Implantation period\_  
b) Morula formation
- a) Height of cavity  
b) Shape of the brim\_
3. The physiology that explains the cessation of ovulation during pregnancy is that:-  
a) The circulating levels of oestrogen and progesterone are high\_  
b) The circulating levels of oestrogen and progesterone are low  
c) There is increased release of the follicle stimulating hormone and the luteinizing hormones\_l1q  
a) The increased pulsation felt in the lateral vaginal fornices  
a) 38 - 40 weeks  
b) 36 - 37 weeks\_
5. Longitudinal fetal lie is confirmed on abdominal palpation when the;-  
a) Long axis of the fetus lies diagonally to the long axis of the uterus  
b) Long axis of the uterus lies transversely to the long axis of the fetus  
c) Maternal abdomen appears pendulous especially in primigravidae at 36-38 weeks  
d) Long axis of the fetus lies along the long axis of the uterus.\_
6. For this question, indicate whether the statement is TRUE or FALSE.  
a) Parity for a client who has first twin delivery is considered as para 1+0 \_T  
b) The fundal height of twin pregnancy is similar for polyhydramnios \_F  
a) Position  
b) Station  
c) Attitude\_  
d) Presentation
1. When calculating gestation age by dates, the reason for adding seven to the day of last menstrual period is?  
c) Forming of placental villi  
d) Discouraging guessing
2. Classically, pelvises are grouped into categories according to the;  
c) Duration of labour  
d) Age of the woman  
b) Softening of the elongated isthmus that occur in early pregnancy  
c) A violet blue discoloration of the vaginal membrane\_  
d) The sensation experienced by the fingers when a bimanual examination is done
4. Gestational age of 38 weeks can be foetal age palpable at  
c) 34 - 35 weeks  
d) 32 - 33 weeks
7. Physiological anaemia is best defined as;  
a) Increase in plasma volume greater than the red blood cells\_  
b) Low haemoglobin as a result of increase in foetal requirements  
c) Low haemoglobin level as a result of folic acid deficiency  
d) Increased hemo-dilution as a result a urine retention
8. The relationship between the fetal head and limbs to its trunk is called

9. Quickening refers to
- Uncoordinated contractions during labour
  - Slight sinking of the uterus into the pelvic cavity
  - First fetal movements identified by the woman\_
  - Engorgement of veins around posterior thighs
10. Puerperal sepsis is characterized by;
- Lower abdominal pain, purulent discharge from genital tract, temperature above 38° C\_
  - Sub-involution of the uterus, tenderness of breast, infected episiotomy site
  - Infected episiotomy site, temperature of 38 degree C, foul smelling lochia
  - Maternal tachycardia, temperature 37.8 degree C, sub involution of the uterus

11. The characteristics of a post-term infant include;-
- Firm skull bones, presence of lanugo, wrinkled skin
  - Soft flat pinnae, overgrown nails, dry loose skin.
  - Loose desquamating skin, small fontanelles, narrow sutures.
  - Wide fontanelles, soft skull bones, narrow sutures.

12. For this question, match the terms given in column A with correct description in column B by indicating the correct answer in the answer sheet provided.

**COLUMN A**

- Autolysis
- Involution.

**COLUMN B**

- The process by which the cervix merges into the lower uterine segment.
- The process by which the uterus goes back to its pre-gravid state.
- Self ingestion of the uterine muscles in puerperium.
- Retraction of the placental site during puerperium.

13. During the first 48 hours of puerperium:-
- Cervix is soft and flabby\_.

- Uterus weighs approximately 600g.
- Diameter of placental site measures 7.5cm
- Uterine fundus is palpable 5cm above the umbilicus.

14. To keep the nipples in good condition for breastfeeding, the following should be included in the daily care:-
- Wash with mild antiseptic prior to each feeding period, cover the nipples with clean braziers.
  - Wash with plain water once a day, air-dry after each nursing period\_
  - Air-dry after each nursing period, if sore discontinue breastfeeding.
  - Wash with mild antiseptic prior to each feed, if sore discontinue breastfeeding until tenderness subsides.

15. Management of placenta praevia depends on;

- Fetal wellness and gestational age
- Maternal health condition in pregnancy\_
- Degree and severity of the sickness
- The amount of lochia loss

16. Extended arms in breech presentation are delivered through;

- Burns marshal manoeuvre
- Lovset manoeuvre\_
- Maurcieau-smellie veit manoeuvre
- Woods manoeuvre

17. The major health effect of malaria in a pregnant mother is:-

- Anemia
- Premature labour
- Spontaneous abortion\_
- Premature Pre-labour Rupture of Membranes

18. Focused antenatal care is founded on the basis of

- Maternal wellness\_

- b) Provider convenience
- c) Facility resources
- d) Family restrictions

19. Indicators of fetal wellness during pregnancy include

- a) Gradual increase in maternal weight, increased fetal movements, bloating
- b) Fetal movements, increased maternal weight, regular fetal heart rate\_
- c) Reduced fetal movements, constant maternal weight, fetal heart rate
- d) Gradual increase in abdominal size, irregular fetal heart rate,

SAQs

1. Draw a well diagram of a fetal skull showing the diameters 5mks
2. State five definite indications for emergency caesarean section  
5mks
3. State five differences between true and false labour 5mks
4. **State the key Components of Safe Motherhood**  
4mks
5. State five predisposing factors of Post Partum Haemorrhage 5mks
6. State five indications for an episiotomy  
5mks
7. State 4 observations made when examining a placenta 4mks
8. State three situations where expressing breast milk is appropriate 3mks
9. State the causes of the internal rotation during labour  
2mks

LAQs

1. Immediately after birth, the nurse midwife uses the knowledge of the baby's transitional requirements and capabilities to facilitate appropriate preparations for reception into the world or extra-uterine life.
  - a) State two adaptation mechanisms to extra-uterine life  
2mks
  - b) Describe the immediate care of the baby at birth 12mks
  - c) Explain principals of general care of the baby  
6mks

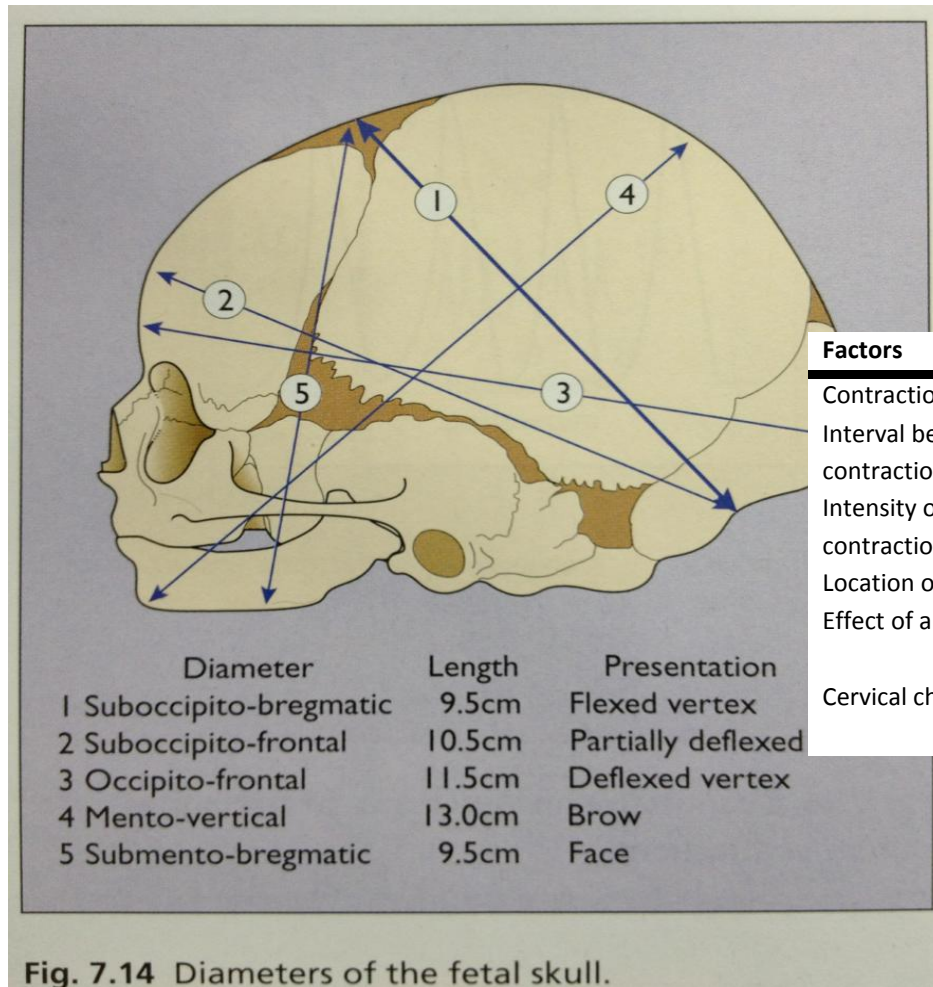
2. Mrs. Yebo is your client in the family clinic of Chogoria Hospital. She has never been pregnant and this is her first visit for antenatal care.

- a) Define pregnancy 1mk
- b) State four symptoms of pregnancy 4mks
- c) Describe management of a pregnant woman during the first visit  
12mks
- d) State three major complications occurring in pregnancy  
3mks

**MARKING KEY**

SAQ 1

**FETAL SKULL DIAMETERS**



SAQ 2

- a) Cord prolapse

- b) Uterine rupture (dramatic); scar dehiscence
- c) Cephalo-pelvic disproportion diagnosed in labour
- d) Fulminating pregnancy induced hypertension
- e) Eclampsia
- f) Failure to progress in the first or second stage of labour
- g) Fetal distress; if delivery is not imminent
- h) Multiple pregnancy

SAQ 3

**Differences (True and False Labor)**

SAQ 4

Factors	True labor	False labor
Contractions	Regular intervals	Irregular intervals
Interval between contractions	Gradually shortens	Remains long
Intensity of contractions	Gradually increases	Remains same
Location of pain	In back and abdomen	Mostly in lower abdomen
Effect of analgesia	Not terminated by sedation	Frequently abolished by sedation
Cervical change	Progressive effacement and dilation	No change

- Focused antenatal care which research suggests lowers the rate of maternal morbidity and mortality
- Safe and clean delivery so that all women deliver under some type of supervised care, where referral systems are established to provide emergency treatment for life threatening complications of delivery
- Postnatal care that contributes to a woman's ability to enjoy sexual relations without pain and have safe pregnancy and delivery in future
- Safe, humane and cost-effective post-abortion care

SAQ 5

- Prolonged labour.
- Over distended uterus.
- Full bladder.
- Grand multiparity.
- Uterine fibroids.
- AntePartum Haemorrhage.

#### SAQ 6

##### Indications for Episiotomy

- There is a serious risk to the mother of second or third degree tearing
- In cases where a natural delivery is adversely affected, but a Caesarean section is not indicated
- 'Natural' tearing will cause an increased risk of maternal disease being vertically transmitted
- The baby is very large
- When perineal muscles are excessively rigid
- When instrumental delivery is indicated
- When a woman has undergone FGM (female genital mutilation)
- Prolonged late decelerations or fetal bradycardia during active pushing
- The baby's shoulders are stuck (shoulder dystocia),

#### SAQ 7

##### Examination of the placenta

- The placenta should be examined for missing cotyledons or other evidence of undelivered remnants.
- The membranes should be inspected for vessels that run blindly to an edge, suggesting a succenturiate lobe that may not have been removed.
- The cut end of the cord should be examined for the presence of two arteries and a vein. The absence of one umbilical artery may suggest a congenital anomaly in the newborn.
- When abnormalities of the placenta are suspected, pathologic evaluation is warranted.

#### SAQ 8.

- Where there is concern about interval between feeds in the early newborn period
- Where there are major problems in attaching the baby to the breast
- Where the baby is separated from the mother, owing to pre-maturity or illness
- Later in lactation when the mother may be separated because of work.

#### SAQ 9

- Resistance of the pelvic floor muscles
- Gutter shape of the pelvic floor
- Fundal dominance
- Fetal axis pressure

#### LAQ1

- a) Adaptation mechanisms of a newborn baby (2mks)
  - i. Onset of respiration
  - ii. Circulatory changes
  - iii. Thermal adaptation
- b) Immediate care of the newborn baby (12mks)**
  - i. Initial care involves gentle wiping of the mucus from his mouth, time of birth and sex of the baby are noted once the second stage of labour is completed
  - ii. Clearing the airway: use a mucus extractor or a soft suction catheter attached to a low pressure mechanical suction. (avoid deep suction, may be traumatic or cause laryngospasms)
  - iii. Cutting the cord: separating the baby from the mother by dividing the umbilical cord between two clamps (8-10 cms) from the umbilicus. Apply a gauze swab to prevent blood spraying the delivery field
  - iv. Identification coded with mother's initials or full name written legibly on a band to include sex of the baby, date and

time of birth. Name bands should not be too tight or too loose

- v. Assessment of the baby's condition: the first minute assessment is performed when the baby has a respiratory effort. The assessment is repeated after five minutes; the factors assessed are heart rate, respiratory effort, muscle tone, reflex response to stimulus and colour. This constitutes the APGAR score
- vi. Prevention of the heat loss: dry the baby, remove the wet towel and wrap the baby with dry pre-warmed towels. Skin-to-skin contact with the mother helps in conserving heat by transfer of heat from the mother. Applying loose clothing, swaddling, and cuddling the baby helps in maintaining heat
- vii. Continued early care: perform a thorough examination to detect any major anomalies, replace the initial cord clamp with another approximately 2-3 cms and cutting off the redundant cord. Instil eye drops (0r TEO), ensure warmth, administer vitamin K; promote parent – infant relationship/bonding.

c) Principles of general care of a baby (6mks)

- i. Identification and security procedures
- ii. Rest – baby should be warmly dressed and allow him to rest
- iii. Prevention of complications arising from; airway obstruction, haemorrhage, infections, prevention of injury and accidents
- iv. Vaccination and immunization

2. LAQ 2

a) Pregnancy is the fertilization and development of one or more offspring, known as an embryo or fetus, in a woman's uterus. In a pregnancy, there can be multiple gestations, as in the case of twins or triplets

**b) Symptoms of pregnancy:**

- i. Missed period (amenorrhoea)
- i. Nausea and vomiting (often called 'morning' sickness, but it can occur at any time)
- ii. Breast tenderness and enlargement
- iii. Fatigue
- iv. Passing urine more frequently than usual, particularly at night
- v. Mood changes (such as unexplained crying)
- vi. Cravings for some foods, distaste for foods you usually like and a sour or metallic taste that persists even when you're not eating

**c) The activities of the first visit include:**

- i. Registration – given an antenatal card
- ii. Height and weight measurement – measure and record on her card; >1kg/wk (edema), lack of weight increase indicates malnutrition
- iii. History taking – bio-data, history of present pregnancy, past obst/gynae/ medical, surgical history...calculation of EDD
- iv. Physical examination – general appearance, height, weight, BP, signs of anemia, abdominal examination, findings of the abdominal exams
- v. Laboratory examination – HB, urinalysis, VDRL, Serology, Blood group and Rhesus factor, stool for ova/cyst
- vi. Management of complaints – in case you realise that the client has concerns of clinical importance
- vii. Immunisation – first dose of Tetanus toxoid (0.5mls)
- viii. Health Education – prevention of complications and danger signs of pregnancy

**c) Complications of pregnancy**

- i. Excessive vomiting / hyperemesis gravidarum
- ii. Per vaginal bleeding
- iii. Excessive swelling of the ankles and face
- iv. Persistent frontal headache



**SEPTEMBER 2010 CLASS**

**DATE: TUESDAY 8<sup>TH</sup> MARCH 2011**

**MULTIPLE CHOICES QUESTIONS (MCQs) (20 MARKS)**

- 1) Effects of parasympathetic nervous stimulation on the cardiovascular system
  - a) Vasodilatation of coronary arteries, increased blood pressure
  - b) Vasoconstriction of peripheral blood vessels, increased heart rate
  - c) Vasodilatation of skeletal blood vessels, increased blood coagulation
  - d) Decreased heart rate, vasoconstriction of coronary arteries
- 2) Lactobacillus is normal flora of:-
  - a) Throat
  - b) Small intestines
  - c) Skin
  - d) Urethra
- 3) Contact dermatitis is an example of:-
  - a) Anaphylactic hypersensitivity
  - b) Delayed hypersensitivity
  - c) Cytotoxic hypersensitivity
  - d) Immune-complex mediated hypersensitivity
- 4) The appropriate oxygen therapy for a patient with chronic obstructive pulmonary disease is:-
  - a) 8 litres/min via face mask
  - b) 12 litres/min via non-breather mask
  - c) 2 litres/min via nasal cannula
  - d) 5 litres/min via nasal cannula
- 5) A drug whose long-term use can lead to osteoporosis is:-
  - a) Hydrocortisone
  - b) Spironolactone
  - c) Heparin
  - d) Chlorothiazide
- 6) Characteristics of malignant neoplasms include:-
  - a) Their cells closely resemble the parent tissue
  - b) Are often encapsulated
  - c) Grow rapidly and infiltrate surrounding tissue
  - d) Do not tend to recur after surgical removal
- 7) Increased metabolism that occurs in burns patients is as a result of:-
  - a) Decreased temperature
  - b) Increased production of catecholamines
  - c) Loss of fluid
  - d) Loss of skin
- 8) Causes of vaginal fistulae include:-
  - a) Hypertension, arteriosclerosis
  - b) Arteriosclerosis, diabetes mellitus
  - c) Obesity, pelvic inflammatory disease
  - d) Cervical cancer, obstetrical injury
- 9) The most common cause of pyelonephritis is:-
  - a) Staphylococcus
  - b) Streptococcus
  - c) Klebsiella

d) Escherichia coli

10) Post-operative hypothermia in elderly patients may predispose them to:-

Development of atelectasis and pneumonia  
Hypoxia due to increased tissue oxygen demand  
Delayed wound healing  
Increased pain intensity

11) A seizure activity characterized by brief periods of blank staring with no motor movement is known as:-

- a) Myclonic
- b) Tonic
- c) Generalized
- d) Absence

12) Risk factors for cataract formation include;

- a) Trauma, hypertension
- b) Long-sightedness, headaches
- c) Young age, tumor of the eye
- d) Diabetes mellitus, old age

13) After transesophageal echocardiogram, the nurse should assess for:-

- a) Bowel sounds, lung sounds
- b) Gag reflex, level of consciousness
- c) Heart sounds, carotid pulses
- d) Femoral pulses, apical pulse

14) In adult resuscitation, the ratio of chest compressions to ventilations is:-

- a) 30:2
- b) 30:5
- c) 15:2
- d) 15:5

15) When administering vasopressin nasal spray, the nurse should closely observe the patient for:-

- a) Hypotension
- b) Complaints of angina
- c) Abdominal distension
- d) Hypervolemia

16) An early indication of rheumatoid arthritis is:-

- a) Pain that improves with rest and warm compressions
- b) Pain that is worse with weight bearing
- c) Early morning stiffness that lasts more than 1 hour
- d) Chronic low back pain accompanied by muscle spasm

17) A first aid method of removing an insect from an adult's ear is by instilling:-

- a) Water in to the ear canal
- b) Alcohol in to the ear canal
- c) Mineral oil in to the ear canal
- d) Antibiotics into the ear canal

18) An indicator of urethral stricture is:-

- a) Hematuria
- b) Complaint of pressure over urinary bladder

- c) Proteinuria
- d) Difficulty initiating urinary stream

19) Patients with peptic ulcer disease are most likely to complain of pain:-

- a) Within 30 minutes of eating
- b) In early evening if they have not eaten all day
- c) Before finishing a high protein meal
- d) About 1 to 2 hours after eating

**For question 20 indicate whether the following statements are TRUE or FALSE.**

- 20) a) Hepatitis A is mainly transmitted through the fecal-oral route.
- b) Persons with hepatitis D also have hepatitis B infection.

**SHORT ANSWER QUESTIONS (SAQ'S) (40 MARKS)**

- 1) State four (4) specific nursing interventions for a patient in hyperglycemic hyperosmolar non-ketotic coma. (4 marks)
- 2) Salbutamol has been prescribed for patient J. Indicate:-
  - i) Four (4) indications for this drug. (2 marks)
  - ii) Two (2) contraindications. (1 mark)
  - iii) Four (4) side effects. (2 marks)
  - iv) The routes of administration and dosages. (2 marks)
- 3) Outline the procedure of collecting a clean midstream urine specimen from a female patient. (6 marks)
- 4) Explain pre-operative health education you would give to a patient who is scheduled for abdominal surgery. (4 marks)
- 5) State five (5) predisposing factors to pelvic inflammatory disease. (5 marks).
- 6) Outline four (4) specific nursing interventions for a patient who has undergone lumbar puncture. (4 marks)
- 7) Describe the pathophysiology of burns on the cardiovascular system. (6 marks)

**LONG ANSWER QUESTIONS (LAQ'S) (40 MARKS)**

- 1) Mrs. Nice is admitted in the surgical ward with a diagnosis of lung tumor. She is scheduled to go to theatre for lobectomy.
  - a) Draw and label a diagram to illustrate the medical view of the right lung. (4 marks)
  - b) State four (4) clinical features that she might present with. (4 marks)
  - c) Describe the specific post-operative nursing care of Mrs. Nice till discharge. (12 marks)
- 2) Mr. Yu 40 years old is brought to the hospital unconscious. He was found by the road side by a good Samaritan and there is no history pertaining to his condition.
  - a) State four (4) investigations that are likely to be performed on Mr. Yu. (4 marks)
  - b) Describe the specific nursing care you would give Mr. Yu while in the unconscious state. (12 marks)
  - c) State four (4) possible complications that can occur in an unconscious patient. (4 marks)

**MARCH 2010 CLASS  
END MODULE 2 EXAM**

**MULTIPLE CHOICE QUESTIONS (MCQ'S) 20 Marks**

1. The gestation at which the foetus starts to gain weight at a rate of **25 g/day** is;
  - a) 16-20 weeks
  - b) 28-32 weeks
  - c) 32-36 weeks
  - d) 36-40 weeks
2. The clinical presentation of bleeding due to placenta abruption is;
  - a) Shock, relaxed uterus, presenting part not engaged

- b) Tense tender uterus, decreased foetal movements, presenting part engaged
  - c) Presenting part not engaged, abdominal distension, tender abdomen
  - d) Bleeding may be precipitated by intercourse, foetal distress, decreased foetal movements
3. In Focused antenatal care, the preventive care provided by the midwife includes;
- a) Anti-retroviral drugs, Hepatitis B immunization, MALARIA TREATMENT
  - b) Hookworm treatment, Anti- retroviral drugs, intermittent presumptive treatment of malaria
  - c) Anaemia treatment, Tetanus toxoid immunization, intermittent presumptive treatment of malaria
  - d) Intermittent presumptive treatment of malaria, tetanus toxoid immunization, micro-nutrients
4. The function of the cytotrophoblast layer of the chorionic villi is to;
- a) Make nutrients and oxygen accessible to developing embryo
  - b) Differentiate into layers to form bones and muscles
  - c) Provide secure anchorage for the placenta
  - d) Produce human chorionic gonadotrophin hormone for maintenance of pregnancy
5. A minor disorder of pregnancy characterised by sudden fall in blood pressure and dizziness upon rising up from a lying position is;
- a) Supine hypotension
  - b) Orthostatic hypotension
  - c) Faintness
  - d) Orthostatic hypovolaemia
6. Interventions that can be used to expedite the second stage of labour in a mother with cardiac disease include;
- a) Forceps , vasalva manoeuvre
  - b) Left lateral position, forceps
  - c) Vasalva manoeuvre, lovset manoeuvre
  - d) Lovset manoeuvre, left lateral position
7. During uterine contractions, there is;
- a) Reduced uterine blood circulation, reduced foetal heart rate
  - b) Decreased foetal heart rate, increased uterine blood circulation
  - c) Increased uterine blood circulation, increased foetal heart rate
  - d) Increased foetal heart rate, reduced uterine blood circulation
8. Colposcopy refers to;
- a) Endometrial scrapping for microscopy
  - b) Binocular inspection of the cervix
  - c) Binocular inspection of the uterus
  - d) Laparoscopic examination of the uterus
9. The causes of hypocalcemia in a newborn include;
- a) Acidosis, congenital adrenal hyperplasia, sepsis
  - b) Prematurity, sepsis, acidosis
  - c) Sepsis, renal failure, liver disease
  - d) Prematurity, renal failure, maternal diabetes mellitus
10. The stimuli for respiration immediately after birth include;
- a) Mild hypercapnia, mild hypoxia, surfactant factor
  - b) Mild hypercapnia, mild hypoxia, mild acidosis
  - c) Mild hypoxia, surfactant factor, mild alkalosis
  - d) Mild hypercapnia, mild alkalosis, mild hypoxia
11. In Erb's palsy;

- a) There is damage to the lower brachial plexus involving the 7<sup>th</sup> and 8<sup>th</sup> cervical root nerves
  - b) There is damage to the upper brachial plexus involving the 5<sup>th</sup> & 6<sup>th</sup> cervical root nerves
  - c) There is damage to all the brachial plexus nerve roots
  - d) There is damage to the facial nerves
12. Neonatal period is defined as the;
- a) Period from birth of the baby to 7 days after
  - b) Period from the birth of the baby to 21 days after
  - c) Period from the birth of the baby to 28 days after
  - d) Period from the birth of the baby to 14 days after
13. The obstetric events that may precipitate disseminated intravascular coagulation(DIC) include;
- e) Placenta abruption, multiple pregnancy, intra-uterine foetal death
  - f) Amniotic fluid embolism, placenta abruption, eclampsia
  - g) Eclampsia, foetal post-maturity, placenta abruption
  - h) Incomplete abortion, anaemia, maternal diabetes mellitus
14. The hormone produced by the early villi of the decidua to maintain the corpus luteum is the
- a) Oestrogen
  - b) Progesterone
  - c) Human chorionic gonadotrophin
  - d) Human placental lactogen
15. Physiological anaemia is best defined as;
- a) Haemoglobin less than 7g/dl
  - b) Haemodilution as a result of fluid retention
  - c) Low haemoglobin as a result of increase in foetal requirements
  - d) Increase in plasma volume greater than the red blood cells
16. During the first 48 hours of puerperium;
- a) Diameter of the placental site measures 7.5 cm
  - b) The uterus weighs approximately 60 grammes
  - c) The cervix is soft and flabby
  - d) Uterine fundus is palpable 5 cm above the umbilicus
17. The indications for induction of labour include;
- a) Diminished foetal well being, foetal abnormality
  - b) Placenta abruption, malpresentation
  - c) Rhesus incompatibility, primigravida
  - d) Post maturity, pre-eclampsia
18. A mother receiving intravenous syntocinon must be observed for;
- a) Tonic uterine action
  - b) Prolapse of the umbilical cord
  - c) Fall in blood pressure
  - d) Physical exhaustion
19. The reproductive health clients rights include;
- a) Right to safety, access and training
  - b) Right to opinion, continuity of care and privacy
  - c) Right to choice, confidentiality and self assessment
  - d) Right to continuity of care, dignity and training

20. Match the statements in Column A with their corresponding descriptions in column B.

**Column A**

- a) Lateral palpation
- b) Fundal palpation

**Column B**

- i. Used to locate the foetal back in order to determine the position
- ii. Used to assess the level of engagement
- iii. Helps diagnose the lie and the presentation of the foetus
- iv. Used to determine position in a vertex presentation

**SHORT ANSWER QUESTIONS (40 MARKS)**

1. Draw and label a diagram of the foetal skull showing the regions and landmarks of clinical importance (5 marks)
2. Explain the following terms in relation to labour (6 marks)
  - I. Fundal dominance
  - II. Retraction ring
  - III. Augmentation
3. Outline five ( 5 ) areas of emphasis when educating a mother on individual birth plan (5 marks)
4. Explain the management of breast engorgement in a breastfeeding postnatal mother (5 marks)
5. Briefly describe the supportive management of a patient with vesico-vaginal fistula (5 marks)
6. State five ( 5 ) diagnostic features of occipito- posterior position on abdominal examination (5 marks)
7. Explain 5 ways of promoting effective breastfeeding ( 5 marks)
8. State four ( 4 ) advantages of knowing the HIV status of a pregnant woman (4 marks)

**LONG ANSWER QUESTIONS (40 MARKS)**

1. MS X is admitted to the labour ward for delivery and a diagnosis of cardiac disease is made.
  - a) Outline the classification of cardiac disease (4 marks)
  - b) Discuss the management of MS X during the intrapartum period (16 marks)
2. Safe Motherhood is an essential strategy in Reproductive health.
  - a) Define Safe Motherhood (1 mark)
  - b) Describe the pillars of safe motherhood (15 marks)
  - c) State four (4) roles of community based midwives (4 marks)

**MARCH 2010 CLASS**

**END MODULE 2 SUPPLEMENTARY EXAM**

**PART I: MCQS (20 marks)**

1. The muscles of the deep layer of the pelvic floor are:
  - a) Pubococcygeous, ischiococcygeous, ischiocarvenosus
  - b) Ischiocarvenosus, bulbocarvenosus, pubococcygeous
  - c) Ischiococcygeous, iliococcygeous, pubococcygeous
  - d) Iliococcygeous, pubococcygeous, bulbocarvenosus
2. The aim of performing an abdominal examination during pregnancy is to;
  - a) Exclude pseudo-pregnancy
  - b) Assess mothers health status
  - c) Give health messages
  - d) Assess fetal size and growth
3. A mother with cardiac disease grade III will present with;
  - a) No symptoms during ordinary physical activity
  - b) Symptoms during mild physical activity
  - c) Symptoms at rest
  - d) Symptoms during ordinary physical activity

4. The immediate effects of hyperemesis gravidarum include;
- Electrolyte imbalance, fetal growth retardation, dehydration
  - Dehydration, anaemia, ketosis
  - Ketosis, anaemia, electrolyte imbalance
  - Dehydration, ketosis, electrolyte imbalance
5. The presenting diameters in face presentation are;
- Submentobregmatic 9.5 cm, bitemporal 8.2 cm
  - Mentovertical 13.5 cm, bitemporal 8.2 cm
  - Suboccipitobregmatic 9.5 cm, bitemporal 8.2 cm
  - Suboccipitofrontal 10cm, submentobregmatic 9.5 cm
6. The diagnosis of obstructed labour on vaginal examination is made by;
- Hypertonic uterine action, bandl's ring, oedema of the cervix
  - Maternal distress, bandl's ring, large caput
  - Oedema of the cervix, caput succedaneum, incomplete dilation of the cervix
  - Shoulder presentation, foul smelling liquor amnii, fetal distress
7. The definite indications of caesarean section include;
- Cephalopelvic disproportion, antepartum haemorrhage
  - Cephalopelvic disproportion, breech presentation
  - Major degree placenta praevia, high order multiple pregnancy
  - Breech presentation, antepartum haemorrhage
8. The hormone that plays a central role in the maintenance of labour is;
- Oestrogen
  - Progesterone
  - Oxytocin
  - Prostaglandins
9. The fetal indications for induction of labour include
- Fetal distress, premature rupture of membranes
  - Unstable lie, prolonged pregnancy
  - Fetal distress, intrauterine fetal death
  - Intrauterine fetal death, prolonged pregnancy
10. The maternal causes of fetal distress include;
- Hypotension, abruption placenta
  - Abruptio placenta, syphilis
  - Hypertension, cord prolapsed
  - Hypotension, pre-eclampsia
11. The presence of surfactant in the newborn lungs helps to;
- Provide stimulation to the respiratory centre
  - Reduce surface tension and allow expansion of the lungs
  - Prevent transient tachypnoea of the newborn
  - Increase surface tension and allow expansion of the lungs
12. The characteristics of a preterm baby include;
- Red skin, hard nails, eyes closed, weight more than 2.8 kgs
  - Hard nails, red skin, plenty of vernix caseosa, wide sutures and fontanelles
  - Eyes closed, wide suture and fontanelles, length above 55 cm, red skin

- d) Red skin, plentiful lanugo, eyes closed, soft flat pinnae of the years
13. A higher blood volume is required in pregnancy to;
- Maintain normal vascular peripheral resistance
  - Increase flow to the liver for adequate metabolism
  - Counterbalance the effects of lowered osmotic pressure and immunity
  - Counter balance the effects of increased arterial and venous capacity
14. The nerve trauma in which the upper arm has normal movement but the lower arm, wrist and hand are affected is;
- Erb's palsy
  - Total brachial plexus palsy
  - Torticollis
  - Klumpke's palsy
15. Septic shock in obstetrics is most commonly caused by;
- Escherichia coli
  - Pseudomonas pyocyaneus
  - Chlamydia trachomatis
  - Beta haemolytic streptococcus pyrogenes
- 16 . The daily examination of a mother during purperium aims to assess the;
- General wellbeing, urine for culture and sensitivity, lochia loss
  - State of the uterus, lochia loss, legs for swelling and pain
  - State of the bladder, pus swab for bacteriology, presence of other pains
  - State of the perineum, cord stump for bleeding, lochia loss

17. The kind of immunity the mother acquires after receiving the first dose of tetanus toxoid is;
- Natural passive
  - Artificial passive
  - Natural active
  - Artificial active
18. Indicate whether the following statements are True or False
- In a singleton pregnancy, the fundus reaches the xiphisternum at 40 weeks
  - Dizygotic twins have two amnions
19. the cells of the breast that contract and propel the milk out of the lobules are;
- Acini
  - Myoepithelial
  - Lactiferous tubules
  - Lobular
20. Match the statements in column A with their corresponding description in Column B.
- Column A
- Umbilical vein
  - Ductus venosus
- Column B
- Becomes ligamentum arteriosum following adaptation to extra uterine life



- ii. Carries blood rich in oxygen and nutrients
- iii. Becomes ligamentum venosum during adaptation to extrauterine life
- iv. Results in the formation of ligamentum teres
- v. Carries de-oxygenated blood

**PART B: SHORT ANSWERS QUESTIONS (SAQ'S) 40 MARKS**

1. Draw and label a diagram illustrating the possible sites of ectopic pregnancy (5 marks)
2. Outline 6 predisposing factors to cord prolapsed(6 marks)
3. Differentiate between caput succedaneum and cephalohaematoma (5 marks)
4. Indicate 6 aims of postpartum care (6 marks)
5. State 3 family planning a mother can use 6 weeks postpartum(3 marks)
6. Indicate 4 community factors that influence maternal mortality(4 marks)
7. State 5 roles of a male partner in antenatal care(5 marks)
8. State 6 danger signs during the puerperium period(6marks)

**PART C: LONG ANSWERS QUESTIONS (LAQ'S) 40 MARKS**

1. Miss Kao, para 2+0 is seen for the first time in the prenatal clinic at the gestation of 34 weeks. A diagnosis of severe anaemia is made.
  - a) Explain 3 causes of anemia in pregnancy(3 marks)
  - b) List 4 effects of anaemia to the mother(4 marks)
  - c) Describe the management of miss Kao till the pregnancy is term(13 marks)
2. A mother is admitted to postnatal ward following normal delivery to a healthy infant.
  - a) Define puerperium(1 mark)
  - b) State 5 complications likely to occur during puerperium(5 marks)
  - c) Describe the management of the baby during the first 24 hours(14 marks)

**MARCH 2009 COLLEGE FINAL SUPPLEMENTARY: PAPER 2**

**PART 1: MCQS (20 MARKS)**

1. The features of gynaecoid pelvis include;
  - a. Well curved sacrum, shallow cavity and a pubic arch of less than 90°
  - b. Straight side walls, well curved sacrum and a oval brim
  - c. Rounded brim, generous fore pelvis, and pubic arch of 90°
  - d. Side walls diverge, rounded brim and a shallow cavity
2. Oslanders's sign in pregnancy refers to;
  - a. The sensation experienced by the fingers when a bimanual examination is done
  - b. A violet blue discoloration of the vaginal membrane
  - c. Softening of the elongated isthmus that occur in early pregnancy
  - d. Increased pulsation felt in the lateral vaginal fornices
3. A mother who experiences a leg cramp during pregnancy will be advised to;
  - a. Lower the foot of the bed before going to sleep
  - b. Dorsiflex her foot
  - c. Wear a support tight before going to bed
  - d. Increase fruit and vegetables in her diet
4. In type 2 placenta praevia;
  - a. The majority of the placenta is in the upper uterine segment
  - b. The placenta is located in the lower uterine segment near the internal cervical os
  - c. Vaginal delivery is inappropriate because the placenta precedes the fetus
  - d. The placenta is located over the internal cervical os but not centrally

5. In Mathew's Duncan method of placental separation;
  - a. The placenta separates from its lateral borders, slipping down the uterine wall
  - b. The placental separation begin centrally and then falls to the lower uterine segment
  - c. The separation is aided by the formation of a retro placental clot
  - d. The foetal surface of the placenta is normally delivered first
  
6. The confirmatory evidence of the onset of second stage of labour is:
  - a. On vaginal examination, no cervix is felt
  - b. Rupture of the fore waters
  - c. Dilatation and gaping of the anus
  - d. Strong uterine contractions that are expulsive in nature
  
7. Non –invasive procedures used in the management of shoulder dystocia include;
  - a. Episiotomy, Woods manoeuvre
  - b. Rubin's manoeuvre, woods manoeuvre
  - c. Change in maternal position, Mc Robert's manoeuvre
  - d. Mc Robert's manoeuvre, Zavanelli manoeuvre
  
8. The best approach a midwife would use to get good maternal cooperation during second stage of labour the midwife is;
  - a. Maintain good communication of what is expected of the mother
  - b. Provide effective pain relief during labour
  - c. Give adequate nutrition with light meals
  - d. Allow the presence of a birth companion
  
9. The recommended timing for the 3 postnatal checks in targeted postnatal care is;
  - a. Within 24 hours, 4-6 weeks, 6- 12 months
  - b. Within 48 hours, 1-2 weeks, 4-6 weeks
  - c. Between 1-2 weeks, 4-6 weeks, 4 months- 6 months
  - d. After 7 days, 6 weeks, 6 months
  
10. Early neonatal deaths are deaths occurring during;
  - a. Labour and delivery
  - b. The first 7 days of life
  - c. The first 28 days of life
  - d. First 48 hours after birth
  
11. Characteristics of a normal infant at birth include;
  - a. Weight 3.5kg, length 40 cm, sunken abdomen
  - b. Lies in an attitude of flexion, vernix caseosa, his head half his size
  - c. His head comprise a quarter his size, prominent abdomen, plump
  - d. Occipitofrontal circumference of 34-55 cm, lanugo, sunken abdomen
  
12. The newborn reflex elicited by holding the baby at an angle of 45° and then permitting the head to drop 1 or 2 cm is;
  - a. The rooting reflex
  - b. Asymmetrical tonic neck reflex
  - c. Moro reflex
  - d. Ventral suspension reflex
  
13. Features of a healthy newborn baby in deep sleep include
  - a. Eyes closed, respirations regular, no eye movement
  - b. Response to stimuli is delayed, respirations irregular, sucking movements occur
  - c. No eye movement, jerky movements at intervals, irregular respirations
  - d. Rapid eye movements, respirations are irregular, sucking movements occur
  
14. In Erb's palsy;
  - a. There is damage to the lower brachial plexus involving the 7<sup>th</sup> and 8<sup>th</sup> cervical root nerves
  - b. There is damage to the upper brachial plexus involving the 5<sup>th</sup> and 6<sup>th</sup> cervical nerve roots
  - c. There is damage to all the brachial plexus nerve roots
  - d. There is damage to the facial nerves
  
15. Features of physiological jaundice include;
  - a. Appears within 24 hours, persists beyond 7 days
  - b. Appears within 24 hours, fades within 3-4 days

- c. Appears after 24 hours of age, fades by 1 week of age
- d. Appears after 24 hours, fades by 2 weeks of age

16. Breastfeeding promotes uterine involution because it;

- a. Stimulates the production of human placental lactogen that contracts the uterus
- b. Promotes secretion of prolactin to increase uterine contractions
- c. Causes the pituitary to secrete oxytocin to contract the uterus
- d. Stimulates the secretion of prostaglandins to stimulate uterine contraction

17. Complications of placental abruption include;

- a. Postpartum hemorrhage, pituitary necrosis, Rhesus iso-immunization
- b. Disseminated intravascular Coagulation, Pituitary necrosis, oligohydramnious
- c. Disseminated intravascular Coagulation, puerperal psychosis, renal failure
- d. Rhesus iso-immunization, postpartum haemorrhage, uterine atony

18. The presenting diameters when the head is well flexed in a vertex presentation are;

- a. Biparietal and occipitofrontal
- b. Bitemporal and suboccipitobregmatic
- c. Submentobregmatic and biparietal
- d. Suboccipitobregmatic and biparietal diameters

19. Match the statements in Column A with their appropriate descriptions by indicating the correct answer on the answer sheet provided

**COLUMN A**

- a. Attitude
- b. Position

**COLUMN B**

- i. The relationship between the long axis of the foetus and the long axis of the uterus
- ii. The relationship between the denominator of the presentation and six points on the pelvic brim

- iii. The relationship of the foetal head and limbs to its trunk
- iv. The relationship between the foetal lie and the maternal axis

20. Indicate whether the following statements are **TRUE** or **FALSE** by indicating the correct answer on the answer sheet provided

- a. Pregnant women who are HIV positive and are on daily cotrimoxazole chemoprophylaxis should also receive Sulfadoxine Pyrimethamine (SP) for malaria prophylaxis
- b. The second dose of Sulfadoxine Pyrimethamine (SP) for Intermittent Preventive Treatment (IPT) of malaria should be given at 28-34 weeks gestation

**PART II: SHORT ANSWER QUESTIONS: 40 MARKS**

1. Draw and label a sagittal section of the female pelvis (5 marks)
2. Explain five ( 5) components of individual birth plan (5 marks)
3. Outline five (5) specific responsibilities of a midwife during induction of labour (5 marks)
4. Explain five ( 5) causes of obstructed labour (5 marks)
5. State four (4) effects of pregnancy on the cardio vascular system (4 marks)
6. State five ( 5) observations a midwife makes during abdominal inspection in pregnancy (5 marks)
7. Explain two ( 2 ) advantages of active management of 3<sup>rd</sup> stage of labour (4 marks)
8. Outline five ( 5 ) areas of emphasis under patient education during puerperium (5 marks)
9. List four (4) types of breech presentation (2 marks)

**PART III: LONG ANSWER QUESTIONS (40 MARKS)**

1. Mrs. Mate 30 years primigravida at 32 weeks gestation is admitted with a diagnosis of eclampsia;
  - a) Define eclampsia (1 mark)
  - b) State four( 4) symptoms of impending eclampsia (4 marks)
  - c) Describe the management of X until the condition is controlled(11 marks)
  - d) Outline the four stages of eclampsia fit (4 marks)

2. Kola is admitted to the postnatal ward following a normal delivery;
  - a) Describe five ( 5) changes that occur to the genitor- urinary system during puerperium (5) marks)
  - b) Describe the management of Kola and her baby while in the postnatal ward (10 marks)
  - c) State five ( 5) complications that can occur to the mother during puerperium (5 marks)

**SEPTEMBER 2010 CLASS  
END MODULE 2 EXAMINATION**

**PART I: MCQS (20 MARKS)**

1. The blastocyst differentiates into;
  - a) Placenta and chorion
  - b) Trophoblast and inner cell mass
  - c) Fetus and amnion
  - d) Umbilical cord and chorion
2. The main substance excreted from the fetus by the placenta is;
  - a) Bilirubin
  - b) Urea
  - c) Dead tissue
  - d) Carbon dioxide
3. The foetal heart is developed and begins to beat at;
  - a) 8-12 weeks gestation
  - b) 16-20 weeks gestation
  - c) 0-4 weeks gestation
  - d) 12-16 weeks gestation
4. The relationship of the foetal head and limbs to its trunk is the foetal:
  - a) Position
  - b) Flexion
  - c) Attitude
  - d) Presentation
5. The prevention of Mendelson's syndrome during caesarean section includes;
  - a) Administration of pethidine, application of cricoid pressure
  - b) Antacid therapy, application of cricoid pressure
  - c) Administration of Atropine, nil per oral
  - d) Antacid therapy, administration of Atropine
6. The predisposing factors to shoulder presentation include;
  - a) Multiple pregnancy,placenta praevia,contracted pelvis
  - b) Prematurity,hydrocephalus,polyhydramnious
  - c) Contracted pelvis, uterine abnormality, macerated pelvis
  - d) Extended legs,uterine abnormality,prematurity
7. Perinatal mortality rate is defined as;
  - a) Number of still births and neonatal deaths during the first year of life per 1000 live and still births per year
  - b) Number of infants dying under one year per 1000 live births per year
  - c) Number of infants dying under one week per 1000 live births per year
  - d) Number of still births and neonatal deaths during the first weeks of life per 1000 live and still births per year
8. Mechanical factors that facilitate the progress of labour during first stage include;
  - a) Fundal dominance, fetal axis pressure
  - b) Cervical effacement, polarity
  - c) Fundal dominance, cervical dilatation
  - d) General fluid pressure, foetal axis pressure
9. In type 3 of placenta praevia;
  - a) The placenta is located in the lower uterine segment near the internal os

- b) The majority of the placenta is in the upper uterine segment
- c) The placenta is located centrally over the internal os
- d) The placenta is located over the internal cervical os but not centrally

10. The maternal factors contributing to small for gestational age infant include;

- a) Pre-eclampsia, multiple gestation, precipitate labour
- b) Alcohol intake, diabetes mellitus, thrombophlebitis
- c) Pre-eclampsia, multiple gestation, alcohol intake
- d) Abruptio placenta, multiple gestation, pyelonephritis

11. Kangaroo technique to ensure warmth to allow birth weight baby involves;

- a) Dry the baby properly and wrap with warm clothes, covering head with hat
- b) Room temperature of 21-24<sup>0</sup> C and baby dressed in warm clothing
- c) Baby placed inside the blouse to allow skin to skin contact and baby breastfed freely
- d) Mother sleeps in semi-sitting position and covers herself well to keep the baby warm

12. The number of maternal deaths per 100,000 live births is the;

- a) Maternal mortality rate
- b) Maternal morbidity rate
- c) Maternal mortality ratio
- d) Crude maternal death rate

13. The peak periods of cardiovascular stress that are most critical for pregnant women with heart diseases are;

- a) 0-12 weeks gestation, during labour
- b) 28-32 weeks gestation, 12-24 hours postpartum
- c) 28-32 weeks gestation, 24 hours- 2 weeks post partum
- d) 12- 24 weeks gestation, 24 hours-2 weeks post partum

14. Indicate whether the following statements are **True** or **False**

- a) In a singleton pregnancy, the fundus reaches the xiphisternum at 40 weeks
- b) Dizygotic twins have two amnions

15. The definite indications of caesarian section include;

- a) Breech presentation, antepartum haemorrhage
- b) Major degree of placenta praevia, high order pregnancy
- c) Cephalopelvic disproportion, breech presentation
- d) Cephalopelvic disproportion, antepartum haemorrhage

16. Match the conditions in **column A** with the correct description in **Column B**

**Column A**

- a) Caput succedaneum
- b) Cephalohaematoma

**Column B**

- I. Formed by oedema of structures superficial to the pericranium
- II. Results from damage to the great cerebral vein of Galen
- III. Predominantly a problem of the preterm infants
- IV. Swelling is formed by blood lying between the pericranium and the skull

17. The steps in the active management of 3<sup>rd</sup> stage of labour in order of sequence are:

- e) Ruling out presence of another baby, massaging the uterus and expelling clots, administration of oxytocin
- f) Massaging the uterus and expel clots, administration of oxytocin, delivery of the placenta by controlled cord traction
- g) Ruling out presence of another another baby, delivery of the placenta by controlled cord traction, massaging the uterus to expel clots
- h) Administration of oxytocin, delivery of the placenta by controlled cord traction, massaging the uterus and expelling clots

18. The indications of vaginal examination when admitting a mother in labour are;
- Assessing pelvic adequacy, assessing progress of labour, checking if membranes are intact
  - Checking presentation, assessing stage of labour, assessing pelvic adequacy
  - Assessing progress of labour, assessing descent, assessing pelvic adequacy
  - Confirming second stage, checking if membranes are intact, assessing progress of labour
19. Egometrine is contraindicated in the management of labour in a patient with cardiac disease because it;
- Reduces the cardiac output
  - Causes sudden increase in cardiac output
  - Lowers blood pressure
  - Decreases the rate of involution of the uterus
20. Signs of impending eclampsia include;
- Vomiting, convulsions, Nausea
  - Oedema, Proteinuria, Hypertension
  - Blurred Vision, Epigastric Pain, severe frontal headache
  - Hypertension, blurred vision, coma

**PART II: SHORT ANSWER QUESTIONS (40 MARKS)**

- Draw and label a diagram illustrating the foetal circulation(5 marks)
- Describe two (2) benefits of moulding during birth (4 marks)
- Explain three (3) indicators of foetal well being during an antenatal assessment (6 marks)
- State four (4) purposes of pregnancy scans during the first trimester(4 marks)
- List six (6) risk factors associated with placenta abruption (3 marks)
- State four (4) objectives of preconception care(4 marks)
- Differentiate between the latent and active phases of labour(4 marks)
- State four (4) benefits of domiciliary midwifery (4 marks)

- Explain six (6) effects of pre-term pre-labour rupture of the membranes(PPROM) (6 marks)

**PART III: LONG ANSWER QUESTIONS (40 MARKS)**

- Neonatal jaundice is one of the complications of a preterm labour.
  - State four (4) features of pathological jaundice (4 marks)
  - Describe the management of a neonate admitted to the newborn care unit with pathological jaundice(12 marks)
  - Explain four (4) effects of phototherapy (4 marks)
- Ms. Tee is admitted to the maternity unit in first stage of labour.
  - Explain four (4) side effects of oestrogen hormone on the onset of labour (4 marks)
  - Describe the specific management of Ms. Tee during the first stage of labour (12 marks)
  - Explain four (4) physiological processes that take place during the first stage of labour (4 marks)

**SEPTEMBER 2010 CLASS  
END MODULE 2 EXAMINATION**

**PART A: MCQS (20 MARKS)**

- Q1. The innominate bone is composed of;
- Ilium, ischium, pubic bone
  - Ischium, sacrum, symphysis pubis
  - Coccyx, sacrum, ischium
  - Pubic bone, sacrum, symphysis pubis
- Q2. The temporary structure of foetal circulation that connects the umbilical vein to the inferior vena cava is the;
- Ductus arteriosus,
  - Ductus venosus
  - Foramen ovale
  - Hypogastric arteries

Q3. Features of the gynaecoid pelvis include;

- a) Convergent side walls, blunt ischial spines, heart shaped brim
- b) Straight side walls, rounded brim, narrow sciatic notch
- c) Rounded sciatic notch, incidence of occurrence about 20%, rounded brim
- d) Generous fore pelvis, straight side walls, rounded sciatic notch

Q4. During pregnancy the bluish colour of the cervix is due to;

- a) Prostaglandins released from the local tissue
- b) Oestrogen effects of increased vascularity
- c) Influence of progesterone
- d) Mucous produced by the endocervical cells

Q5. Clinical presentation of placenta abruption include;

- a) Absence of abdominal pain
- b) A soft abdomen
- c) Uterine tenderness
- d) Painless bright red vaginal bleeding

Q6. Probable signs of pregnancy include;

- a) Amenorrhoea, presence of hcG in urine, fetal heart sounds by doppler
- b) Presence of hcG in blood, blueing of the vagina, changes in skin pigmentation
- c) Morning sickness, Oslander's sign, quickening
- d) Softened isthmus, palpable foetal parts, bladder irritability

Q7. Lateral palpation of the abdomen is done to;

- a) Diagnose the lie and presentation of the foetus
- b) Locate foetal back in order to determine the position
- c) Determine position in a vertex presentation
- d) Determine the level of engagement in a vertex presentation

Q8. The effect of oestrogen on the breasts during pregnancy includes;

- a) Growth of lobules, budding of alveoli
- b) Growth of lactiferous ducts, deposition of fat
- c) Production of colostrum, fat deposition
- d) Initiates lactation, growth of lactiferous ducts

Q9. Predisposing factors to ectopic pregnancy include;

- a) Multiparity, pelvic inflammatory disease, use of IUCD
- b) Use of IUCD, nulliparity, pelvic inflammatory disease
- c) history of ectopic pregnancy, pelvic inflammatory disease, sterilization
- d) previous tubal surgery, history of ectopic pregnancy, use of oral contraceptives

Q10. Antepartum haemorrhage is defined as;

- a) Bleeding from the genital tract during pregnancy and before the onset of labour
- b) Bleeding from the genital tract from the 24<sup>th</sup> week and before the onset of labour
- c) Bleeding from the genital tract from the 20<sup>th</sup> week to the 2<sup>nd</sup> stage of labour
- d) Any bleeding occurring during pregnancy

Q11. A midwife caring for a client in pre-term labour should be aware that the client may exhibit one of the following side effects of salbutamol (Ventolin)

- a) Uterine hypertonia
- b) Apnoea
- c) Tachycardia
- d) Haematuria

Q12. Meconium is composed of;

- a) Bile pigments, galactose, immunoglobulins, mucus
- b) Mucus, bile pigments, fatty acids, epithelial cells
- c) Fatty acids, cystine, epithelial cells, mucus
- d) Mucus, bile pigments, galactose, epithelial cells

Q13. The role of a midwife in prevention of hypothermia neonatorum includes;

- a) Early feeding, keeping baby warm, postponing bathing
- b) Pre-warming delivery room, keeping the baby warm, early feeding
- c) Examining the baby, postponing bathing, giving oxygen
- d) Pre-warming delivery room, resuscitation, reassurance

Q14. Mechanical factors that facilitate progress of labour during first stage include;

- a) General fluid pressure, foetal axis pressure
- b) Cervical dilatation, fundal dominance
- c) Polarity, cervical effacement
- d) Fundal dominance, fetal axis pressure

Q15. The maternal factors contributing to small for gestational age infant include;

- a) Abruption placenta, multiple gestation, pyelonephritis
- b) Pre- eclampsia, multiple gestation, alcohol misuse
- c) Alcohol misuse, diabetes mellitus, thrombophlebitis
- d) Pre-eclampsia, multiple gestation, precipitate labour

Q16. A woman is 8 hours postpartum after a vaginal delivery. The fundus is at the level of the umbilicus and displaced to the right, the priority action the midwife will take is to;

- a) Assist the woman to the toilet to void
- b) Give uterotonic drug to contract the uterus
- c) Massage the woman's fundus
- d) Insert a Foley catheter to relieve pressure

Q17. The antero-posterior diameter which can be measured vaginally is:-

- a) The diagonal conjugate 12-13 cm
- b) The left oblique diameter 12 cm
- c) The right oblique diameter 12 cm
- d) The true conjugate diameter 11 cm

Q18. The signs of impending rupture of the uterus include;

- e) Rise in pulse rate, hypertonic uterine contractions, excruciating pain
- f) Bandl's ring, vaginal bleeding, cessation of uterine contractions
- g) Cessation of uterine contractions, tenderness in the lower uterine segment, rise in pulse rate
- h) Hypertonic uterine contractions, bandl's ring, vaginal bleeding

Q19. The causes of shoulder presentation include

- a) Anterior obliquity of the uterus, anencephaly, preterm baby
- b) Polyhydramnios, multiple pregnancy, hydrocephaly
- c) Macerated fetus, multi-parity, preterm baby
- d) Contracted pelvis, tumour of the foetal neck, placenta praevia

Q20. Early neonatal deaths refers to

- a) Babies born with no signs of life from 24 completed weeks of gestation
- b) Live born babies whose death occurs between seven and 14 days following birth
- c) Live born babies whose death occurs in the first week of life
- d) Live born babies whose death occurs between seven and 28days following birth

#### **PART B: SHORT ANSWER QUESTIONS (40 MARKS)**

1. Draw and label a diagram indicating the pelvic bones (5 marks)
2. State five ( 5) predisposing factors to Disseminated Intravascular Coagulation(DIC) (5 marks)
3. Differentiate between dizygotic and monozygotic twins (4 marks)
4. Explain how a systematic abdominal examination is conducted on a pregnant woman(5 marks)
5. State four ( 4 ) ways of preventing breast cancer (4 marks)
6. List four (4) factors that may delay the involution of the uterus(2 marks)
7. State three (3) health benefits of implant contraceptives (3 marks)
8. Explain five ( 5 ) advantages of an individual birth plan (5 marks)
9. List four (4)complications of placenta abruption (2 marks)
10. State 5 measures of controlling nausea and vomiting in early pregnancy (5 marks)

#### **PART C: LONG ANSWER QUESTIONS (40 MARKS)**

Q1. Patient X is admitted to the ward with a diagnosis of labour.

- a) Explain the stages of labour (3 marks)
- b) State five (5) indications of vaginal exam during labour (5 marks)



- c) Describe the role of the partograph in the management of labour (12 marks)

Q2. Ms. GAD and her newborn baby are admitted to the postnatal ward.

- a) Explain the management of the baby in the first 24 hours (10 marks)  
b) Describe five ( 5 ) factors which may affect milk production ( 5 marks)  
c) Briefly describe the concept of targeted postnatal care (5 marks)

**END MODULE TWO EXAMINATION    SEPTEMBER 2011 CLASS**

**Multiple Choice Questions (MCQ's 20 Marks)**

1. Physiological changes that occur to the cardiovascular system during pregnancy include;

- a) Increased plasma volume, decreased red cell mass, increase in stroke volume  
b) Increased vascular resistance, increase in total blood volume, increased heart rate  
c) Increased red cell mass, decrease in vascular resistance, increase in stroke volume  
d) Increased osmotic pressure, increased plasma volume, increased total blood volume

2. The three phases of the menstrual cycle are;

- a) Ovulation phase, menstrual phase, secretory phase  
b) Follicular phase, ovulation phase, luteal phase  
c) Proliferative phase, luteal phase, ovulation phase  
d) Menstrual phase, proliferative phase, secretory phase

3. The relationship between the denominator of the presentation and the six points on the pelvic brim is referred to as;

- a) Foetal attitude  
b) Foetal position  
c) Foetal lie  
d) Foetal presentation

4. The pelvic joints comprise;

- a) Two sacrococcygeal joint, one symphysis pubis and one sacroiliac joint  
b) One sacrococcygeal joint, one sacroiliac joint and one symphysis pubis  
c) One symphysis pubis, two sacroiliac joints, one sacrococcygeal joint  
d) One symphysis pubis, two sacroiliac joints and two sacrococcygeal joints

5. The first step in the thermal protection for the newborn is;

- a) Covering the baby with a dry cloth after the cord has been cut  
b) Drying the baby thoroughly after the cord has been cut  
c) Drying the baby thoroughly immediately after birth  
d) Covering the baby with a dry cloth immediately after birth

6. By the 10<sup>th</sup> day postpartum, the fundus is palpable;

- a) Just below the umbilicus  
b) At the level of the umbilicus  
c) Just above the symphysis pubis  
d) Just above the umbilicus

7. When counselling a breastfeeding mother about nutrition, tell her;

- a) There are many foods that she should avoid  
b) To eat two extra meal per day  
c) To drink a few glasses of fluid per day  
d) Iron/folate supplementation is not necessary

8. Vaginal bleeding immediately after birth in the presence of a well contracted uterus is most often due to;

- a) Uterine atony  
b) Endometritis  
c) Genital trauma  
d) Abnormal clotting mechanism

9. During the first 2 hours following birth, the midwife should;

- a) Measure the woman's BP and pulse once, and insert a catheter to empty her bladder
  - b) Measure the woman's BP and pulse, and check the uterine tone every 15 minutes
  - c) Not disturb the woman since her rest is most important than her vital signs
  - d) Massage the woman's uterus every 15 minutes and perform a VE to remove clots
10. The most effective way to immediately control eclamptic convulsions is to;
- a) Give diazepam IV
  - b) Deliver the baby as soon as possible
  - c) Give magnesium sulphate
  - d) Nurse the mother in a darkened room
11. Contaminated instruments in the labour ward should immediately be;
- a) Washed in soap and water and air dried for 30 minutes
  - b) Soaked in 0.5% chlorine solution for 10 minutes
  - c) Soaked in 0.5% chlorine solution for 30 minutes
  - d) Washed with soap and water and soaked in chlorine solution for 10 minutes
12. In Schultze mechanism of placental separation;
- a) The maternal surface is delivered first
  - b) There is likelihood of incomplete expulsion of membranes
  - c) There is less fluid blood loss
  - d) Placenta detaches from its lateral borders
13. The current situational analysis for maternal and Neonatal health as contained in the Kenya Demographic and Health Survey (KDHS), 2008/09 include;
- a) Maternal mortality ratio of 414/100,000, 62% skilled attendance, contraceptive prevalence rate of 80%
  - b) Neonatal mortality rate of 81/1000, 75 % skilled attendance, maternal mortality rate of 488/100,000.
  - c) Maternal mortality ratio at 488/100000, neonatal mortality of 31/1000, 42 % skilled attendance
  - d) Maternal mortality ratio of 414/1000, Contraceptive prevalence of 46%, 72% skilled attendance
14. The ovary secretes;
- a) Oestrogen and luteinizing hormone
  - b) Progesterone and oxytocin
  - c) Oestrogen and follicle stimulating hormone
  - d) Progesterone and oestrogen
15. Combined Oral contraceptive pills;
- a) Are contraindicated in women with varicose veins
  - b) Should be avoided in adolescence
  - c) Protect users from ovarian and endometrial cancers
  - d) Should not be used by women who smoke cigarettes
16. Indicate whether the following statements are TRUE or FALSE
- a) Intermittent presumptive treatment (IPT) of malaria using SP should be given to the woman at the ANC clinic provided the stomach is not empty
  - b) Pregnant women who are HIV positive and on daily cotrimoxazole chemoprophylaxis should also receive sulfadoxine pyrimethamine(SP) for IPT
17. Match the conditions in column A with their corresponding descriptions in column B
- Column A**
- a) Torticollis
  - b) Klumpke's palsy
- Column B**
- i. Damage to the shoulder and upper arm
  - ii. Paralysis of lower arm, wrist and hand
  - iii. Damage to the sternomastoid muscle
  - iv. Damage and paralysis of the shoulder and arm

18. Features of the platypelloid pelvis include;

- a) Long oval brim, narrow forepelvis, blunt ischial spines
- b) Heart shaped brim, narrow forepelvis, prominent ischial spines
- c) Kidney shaped brim, wide fore pelvis, blunt ischial spines
- d) Convergent side walls, round sciatic notch, generous forepelvis

19. The sutures of the fetal skull that meet at the bregma are;

- a) 1 frontal, 2 coronal, 1 sagittal
- b) 2 sagittal, 2 coronal, 1 frontal
- c) 2 frontal, 1 coronal, 1 sagittal
- d) 2 frontal, 2 parietal, 1 occipital

20. The kind of immunity the mother acquires after receiving the first dose of tetanus toxoid is;

- a) Natural passive
- b) Artificial passive
- c) Natural active
- d) Artificial active

### **Short Answer Questions (SAQ's 40 marks)**

1. Draw and label a diagram of the male reproductive system (5 marks)
2. State five ( 5) specific interventions for a client with *hyperemesis gravidarum* (5 marks)
3. List four (4) foetal complications of shoulder dystocia ( 2 marks)
4. Describe the pathophysiology of Disseminated Intravascular Coagulopathy (DIC) (5 marks)
5. State five (5) benefits of breastfeeding to the mother (5 marks)
6. Outline four ( 4) criteria for initiating Kangaroo Mother Care (4 marks)
7. Briefly describe the management of severe malaria in pregnancy(5 marks)
8. State four (4) complications of ectopic pregnancy (4 marks)
9. State four(4) danger signs in newborn during the neonatal period (4 marks)

### **LONG ANSWER QUESTIONS (LAQ's40 MARKS)**

1. Ms. Bea comes to the maternity facility and a diagnosis of placenta praevia is made.
  - a) Define placenta praevia (1 mark)
  - b) Outline the clinical presentation of placenta praevia (5 marks)
  - c) Describe the specific management of MS. Bea till the condition is controlled (12 marks)
  - d) List four (4) hormones secreted by the placenta (2 marks)
2. Baby X, 1 day old is admitted to the newborn unit with a diagnosis of pathological jaundice
  - a) Describe the process of bilirubin conjugation (6 marks)
  - b) Explain the specific care the baby will be given while undergoing phototherapy (12 marks)
  - c) List four(4) laboratory investigations carried out on a baby with pathological jaundice(2 marks)

### **KRCHN UPGRADING PROGRAMME SEPT.2012 CLASS**

### **COLLEGE FINAL SUPPLEMENTARY EXAMINATION PAPER 2**

#### **PART I: MCQS (20 MARKS)**

1. Physiological changes in the cardiovascular system during pregnancy include;
  - a) Increase in heart rate, decrease in stroke volume, decrease in vascular resistance
  - b) Decrease in cardiac output, increase in red cell mass, haemodilution
  - c) Decrease in stroke volume, increase in cardiac output, increase in vascular resistance
  - d) Increase in plasma volume, increase in stroke volume, decrease in vascular resistance
2. The indirect causes of maternal mortality include:
  - a) Haemorrhage , anaemia, eclampsia
  - b) Tuberculosis ,malaria, HIV
  - c) Sepsis, haemorrhage, abortion
  - d) Ruptured uterus, haemorrhage, abortion
3. Probable signs of pregnancy include;
  - a) Amenorrhoea, pregnant test positive, frequency of micturition

- b) Ballottement of the fetus, Braxton hicks contractions, positive pregnancy sign
  - c) Amenorrhoea, breast changes, quickening
  - d) Foetal heart tones, visualization of the foetus, foetal parts palpated
4. While monitoring uterine contractions, a midwife feels for 4 contractions in 10 minutes each lasting 30 seconds. This is interpreted as;
- a) Mild contractions
  - b) Strong contractions
  - c) Moderate contractions
  - d) Intermittent contractions
5. A danger sign during pregnancy is;
- a) Labour pains more than 18 hours
  - b) Arm or leg prolapse
  - c) Reduced fetal movements
  - d) Placenta not delivered within 30 minutes
6. A diagnosis of occipital posterior position during labour is made vaginally by feeling;
- a) Anterior fontanelle on the anterior part of the pelvis
  - b) Posterior fontanelle on the anterior part of the pelvis
  - c) Anterior fontanelle on the posterior part of the pelvis
  - d) Posterior fontanelle on the posterior part of the pelvis
7. When a newborn baby is placed on a cold surface, heat loss occurs through the process of;
- a) Radiation
  - b) Evaporation
  - c) Conduction
  - d) convection
8. The prophylactic dosage for Vitamin K to newborns is;
- a) 0.1mg for term baby and 0.5 mg for preterm baby
  - b) 0.5 mg for term baby and 0.01 mg for preterm baby
  - c) 1 mg for term baby and 0.5 mg for preterm baby
  - d) 0.5 mg for term baby and 1 mg for preterm baby
9. The predisposing causes of hyperemesis gravidarum include;
- a) Endocrine imbalance, diminished motility of the stomach
  - b) Vitamin B6 deficiency, iron deficiency anaemia
  - c) Metabolic changes of pregnancy, electrolyte imbalance
  - d) High levels of gonadotrophins , hyperthyroidism
10. Observations a midwife should carry out on a baby undergoing phototherapy include:-
- a) Skin colour, vomiting, half-hourly temperature checks
  - b) Skin colour, signs of dehydration, oedema
  - c) Signs of dehydration, oedema, vomiting
  - d) Diarrhoea , oedema, skin colour.
11. Mechanical factors that facilitate progress of labour during first stage include;
- e) General fluid pressure, foetal axis pressure
  - f) Cervical dilatation, fundal dominance
  - g) Polarity, cervical effacement
  - h) Fundal dominance, fetal axis pressure
12. The following are foetal complications resulting from obstructed labour;
- a) Meconium aspiration, chorioamnionitis
  - b) Intra- uterine hypoxia, neonatal jaundice
  - c) Neonatal jaundice, meconium aspiration
  - d) Intrauterine hypoxia, ascending infection
13. The role of the midwife in delivery of face to pubis presentation includes:
- a) Increasing flexion of the head to allow the occiput to sweep the perineum
  - b) Increasing flexion to deliver the occiput under the symphysis pubis
  - c) Reducing the engaging diameter

- d) Increasing extension to allow for face to sweep the perineum
14. Justifiable indications of episiotomy include;
- To prevent overstretching of perineal tissues to avoid stress incontinence
  - To reduce the risk of spontaneous explosive perineal trauma
  - To minimise the risk of intracranial injury during preterm delivery
  - To prevent excessive stretching which may cause perineal prolapse
15. In Schultze mechanism during third stage of labour
- The placenta begins to separate from one of the lateral borders
  - Blood from placental site escapes so that separation is unaided by a retro placental clot
  - The placenta descends, slipping sideways, maternal surface first at the vulva
  - Placenta begins to separate centrally and a retro placental clot is formed aiding the separation
16. The number of still births and deaths occurring in the first week of life is;
- Perinatal death
  - Early perinatal death
  - Early neonatal death
  - Early neonatal death rate
17. A client who is pregnant reports nausea and vomiting. The nurse reassures the client that these symptoms will subside by;
- 5-8 weeks
  - 9-12 weeks
  - 14-17 weeks
  - 18-22 weeks
18. During examination of the placenta, the normal findings on the fetal side include;-
- Blood vessels, amnion, battle dore cord insertion
  - Chorion, blood vessels, battle dore cord insertion
  - Amnion, blood vessels, central cord insertion
  - Central cord insertion, lobes, blood vessels

19. During labour, retraction of the uterine muscle facilitates;
- Good blood flow to the placenta site
  - Rupture of membranes
  - Formation of the upper and lower uterine segment
  - Descent of the fetus

20. The physiological alteration that places the preterm infant at increased risk of the drug's toxicity is;
- Lack of cutaneous fat deposits
  - Immature central nervous system
  - Presence of foetal haemoglobin
  - Immaturity of renal system

#### **PART II: SHORT ANSWER QUESTIONS (40 MARKS)**

- Draw and label a diagram of the sagittal section of the pelvis showing the female reproductive organs (5 marks)
- State five (5) specific interventions of the midwife in the management of the third stage of labour (5 marks)
- Outline (6) differences between caput succedaneum and cephalohaematoma (6 marks)
- List four(4) possible complications of heavy for date babies (2 marks)
- Outline five (5) interventions for PMTCT during the antenatal period (5 marks)
- State three(3) non-contraceptive benefits of IUCD (Copper T 380A) (3 marks)
- State four(4) possible findings on vaginal examination in a face presentation (4 marks)
- Explain four(4) interventions for a client during the fourth focused antenatal care visit (4 marks)
- List four (4) causes of seizures in a newborn baby (2 marks)
- State four adverse effects of magnesium sulphate (4 marks)

#### **PART III: LONG ANSWER QUESTIONS (40 MARKS)**

1. Baby Dex is admitted in a newborn unit having been diagnosed to have jaundice one week after birth;

- a) Describe the process of bilirubin conjugation.(5marks)
- b) State three (3) differences between physiological and pathological jaundice (3 marks)
- c) Explain the management of Baby Dex from admission till discharge. (12marks)

2. Ms X a gravida 2, para 1+0 is brought to labour ward in a health centre. On carrying out vaginal examination the cervix is 6cm dilated, membranes are ruptured and a cord is felt.

- a) Distinguish between a cord prolapse and cord presentation (2marks)
- b) State any five (5) physiological changes that occur during the first stage of labour (5 marks)
- c) Explain the management of Ms. X (10 marks)
- d) List six (6) elements of an individual birth plan (3 marks)

#### **AMREF VIRTUAL TRAINING SCHOOL**

#### **KRCHN upgrading programme MARCH 2013 CLASS**

#### **PART I: MCQS (20 MARKS)**

1. The temporary structure of foetal circulation that connects the umbilical vein to the inferior venacava is the;

- a) Hypogastric artery
- b) Foramen ovale
- c) Ductus venosus
- d) Ductus arteriosus

2. Breast engorgement during puerperium period occurs around;

- a) 1<sup>st</sup> -2<sup>nd</sup> day
- b) 10<sup>th</sup> -14<sup>th</sup> day
- c) 5<sup>th</sup> -10<sup>th</sup> day
- d) 3<sup>rd</sup> -4<sup>th</sup> day

3. When performing Leopold's manoeuvres at 32 weeks, the midwife expects to find;

- a) No foetal movement

b) Minimal foetal movement

c) Moderate foetal movement

d) Active foetal movement

4. The observation in the newborn of a diabetic mother that will require a priority intervention is;

a) Crying

b) Wakefulness

c) Jitteriness

d) Yawning

5. A client in labor has chosen epidural analgesia. In the event that the client develops hypotension, the midwife should;

a) Place her in trendelenburg position

b) Decrease the rate of IV infusion

c) Administer oxygen via nasal cannula

d) Increase the rate of IV infusion

6. A pre-eclamptic patient is admitted to the antenatal ward and started on magnesium sulphate regimen. The intervention that shows that the midwife is aware of magnesium sulphate toxicity is;

a) Perform a vaginal exam every 30 minutes

b) Placing a padded blade at the bedside

c) Inserting a foley catheter

d) Darkening the room

7. Polarity in first stage of labour means

a) Formation of upper and lower uterine segments

b) Contractions that start at the fundus and spread across the fundus

c) Neuromuscular harmony between upper and lower uterine segment

d) Cervical effacement in response to uterine contractions

8. A pregnant woman with cardiac disease grade III will present with;

a) No symptoms during ordinary physical activity

b) Symptoms during mild physical activity

c) Symptoms at rest

d) Symptoms during ordinary physical activity

9. Diagnosis of obstructed labour on vaginal examination is made by;
- e) Hypertonic uterine action, bandl's ring, oedematous cervix
  - f) Maternal distress, caput succedaneum ,poor cervical dilatation
  - g) Odema of the cervix, caput succedaneum, poor cervical dilatation
  - h) Shoulder presentation, foul smelling liquor amnii, fetal distress
10. Direct causes of maternal deaths include;
- a) Abortions, postpartum haemorrhage, ruptured uterus
  - b) Malaria, HIV, puerperal sepsis
  - c) Postpartum haemorrhage, HIV, puerperal sepsis
  - d) Placenta abruption, trauma to the abdomen, cardiac disease
11. A midwife is caring for a client in first stage of labour. The priority intervention after the rupture of membranes is;
- a) Applying an internal monitor
  - b) Assessing fetal heart tones
  - c) Preparing for a caesarean birth
  - d) Administering normal saline drip
12. A client with pregnancy induced hypertension is scheduled for elective caesarean section. Before surgery, the midwife should keep the client;
- a) On her right side
  - b) Supine with small pillow
  - c) On her left side
  - d) In knee chest position
13. A preterm infant with sepsis is receiving gentamycin. The physiological alteration that places the preterm infant at increased risk of the drug's toxicity is;
- e) Lack of cutaneous fat deposits
  - f) Immature central nervous system
  - g) Presence of foetal haemoglobin
  - h) Immaturity of renal system
14. During a home visit at 6 weeks, a mother asks when she expects the baby to sleep all night. The midwife informs the mother that most babies start to sleep all night by age;
- a) 1 month
  - b) 12 months
  - c) 3-4 months
  - d) 5-6 months
15. Conception is most likely to occur when;
- a) Estrogen levels are low
  - b) Lutenising hormone is high
  - c) Endometrial lining is thin
  - d) Progesterone level is low
16. Spermatogenesis occurs in the;
- a) Corpus spongiosum
  - b) Prostate gland
  - c) Seminiferous tubules
  - d) Scrotum
17. The success of the calendar rhythm method depends on ;
- a) Age of the client
  - b) Frequency of intercourse
  - c) Regularity of menses
  - d) Range of clients temperature
18. Ruptured ectopic pregnancy is likely to present with;
- a) Painless per vaginal bleeding
  - b) Severe abdominal cramping
  - c) Throbbing pain in the upper quadrant
  - d) Stabbing pain in the lower quadrant
19. A client with hyperemesis gravidurum is at risk of developing;
- a) Respiratory alkalosis without dehydration
  - b) Metabolic acidosis with dehydration
  - c) Respiratory acidosis without dehydration
  - d) Metabolic alkalosis with dehydration
20. Indicate whether the following statements are **TRUE** or **FALSE**
- a) Dizygotic twins have two amnions

- b) In a singleton pregnancy, the fundus reaches the xiphisternum at 40 weeks

**PART II: SHORT ANSWER QUESTIONS (20 MARKS)**

11. Draw and label a diagram of the sagittal section of the pelvis showing the female reproductive organs (5 marks)
12. State five(5) reasons for a high circulating blood volume during pregnancy(5 marks)
13. Differentiate between caput succedaneum and cephalohaematoma (6 marks)
14. State four(4) possible complications of heavy for date babies (4 marks)
15. State three (3) predisposing factors to cord prolapse (3 marks)
16. State three(3) non-contraceptive benefits of IUCD (Copper T 380A) (3 marks)
17. State four(4) possible findings on vaginal examination in a face presentation (4 marks)
18. Explain four(4) interventions for a client during the fourth focused antenatal care visit (4 marks)
19. List four(4) causes of seizures in a newborn baby (2 marks)
20. State four(4) signs of good attachment of the baby during breastfeeding (4 marks)

**PART III: LONG ANSWER QUESTIONS (40 MARKS)**

1. Ms. X develops acute uterine inversion after delivery.
  - a) Define acute inversion of the uterus(1 mark)
  - b) Explain four(4) causes of acute uterine inversion(8 marks)
  - c) Describe the immediate management of Ms.X (11 marks)
2. Mrs. Sea is seen for the first time in the antenatal clinic at a gestation of 34 weeks. A diagnosis of severe anaemia is done.
  - a) Explain five (5) causes of anaemia in pregnancy (5 marks)
  - b) Describe the management of Mrs. Sea until the baby is term (12 marks)
  - c) List six(6) effects of anaemia to the foetus (3 marks)

**AMREF VIRTUAL TRAINING SCHOOL**

**KRCHN upgrading programme MARCH 2013 CLASS**

**PART I: MCQS (20 MARKS)**

1. During pregnancy, relaxin hormone;

- a. Stimulates production of cervical mucus, enhances breast enlargement and reduces oxytocin release
- b. Relaxes ligaments, inhibits release of follicle stimulating hormone and prevents secretion of prolactin
- c. Relaxes the pelvic girdle, softens the cervix and suppresses uterine contractions
- d. Reduces production of oxytocin, softens the cervix and inhibits the production of luteinising hormone

2. The correct regimen for administering magnesium sulphate loading dose intramuscularly is;

- a. 5 g given as a divided dose in each of the buttocks over a period of 10-15 minutes
- b. 10 g as a divided dose in each of the buttock over a period not less than 5 minutes
- c. 4g as divided dose in each buttock over a period of not less than 5 minutes
- d. 5g over a period of between 10-15 minutes

3. In face presentation;

- a. Sub-occipitobregmatic diameter and biparietal diameter present, occipito frontal diameter distends the vaginal orifice
- b. Mento vertical diameter and bi-temporal diameter present, vaginal delivery is not possible
- c. Sub-mentobregmatic diameter and bi-temporal diameter present, sub-mentovertical diameter distends the vaginal orifice
- d. Sub-mentobregmatic and occipito frontal diameter presents, sub-occipitofrontal diameter distends the vaginal orifice

4. The aim of performing abdominal examination during pregnancy is to;

- a. Assess mothers health status
- b. Exclude pseudo-pregnancy
- c. Assess fetal size and growth
- d. Prepare for delivery

5. A pregnant woman with cardiac disease stage III will present with;

- a. No symptoms during ordinary physical activity



- b. Symptoms during mild physical activity
  - c. Symptoms at rest
  - d. Symptoms during ordinary physical activity
6. The layer of the uterine wall shed during menstruation is the,
- a. Perimetrium
  - b. Functional endometrium
  - c. Myometrium
  - d. Basal endometrium
7. Features of the amnion membrane include,
- a. Thick, opaque, friable
  - b. Thick, tough, translucent
  - c. Smooth, tough, translucent
  - d. Opaque, smooth, friable
8. Pawlik's manoeuvre is used to,
- a. Palpate the lower pole of the uterus above the symphysis pubis
  - b. Locate the foetal back in order to determine position
  - c. Determine whether presentation is cephalic
  - d. Judge the size, flexion and mobility of the head
9. Monochorionic twinning is always characterized by the following;
- a. One placenta, one chorion
  - b. One placenta, one amnion
  - c. One chorion, one amnion
  - d. Two amnions, two chorions
10. The layer of the uterus that is functional during pregnancy and labour is;
- a. Endometrium
  - b. Myometrium
  - c. Peritoneum
  - d. Peri-metrium
11. Factors that facilitate the occurrence of lightening include,
- a. Parity of the mother, presentation
  - b. Good uterine tone, formation of lower uterine segment
  - c. Braxton Hicks contractions, softening of pelvic floor tissues
  - d. Prostaglandin release, parity of the mother
12. The effect of oestrogen on the uterus during pregnancy is ,
- a. Contraction of the uterine smooth muscles
  - b. Increase in the uterine blood supply
  - c. Growth of the uterine smooth muscles
  - d. Relaxation of the uterine muscles
13. The maternal factors that influence mother to child transmission (MTCT) of HIV infection during labour and delivery include;
- a. High viral load, maternal malnutrition, substance abuse
  - b. High maternal viral load, premature delivery, invasive delivery procedure
  - c. Preterm delivery, unprotected sex with multiple partners, low maternal CD<sub>4</sub> count
  - d. HIV infection in pregnancy, low birth weight, breastfeeding
14. The foetal causes of intra-uterine growth retardation include,
- a. HIV/AIDs, recurrent malaria infection, genetic disorders
  - b. Multiple gestation, genetic disorders, foetal infections
  - c. Maternal diabetes, foetal distress, placenta praevia
  - d. Syphilis, radiation, congenital abnormalities
15. The hormone that plays a central role in the maintenance of labour is;
- a. Oestrogen
  - b. Progesterone
  - c. Oxytocin
  - d. Prostaglandin
16. Which statement is **false** concerning good breast attachment when breastfeeding.
- a. The tongue is forward in the mouth, and *may* be seen over the bottom gum
  - b. The lower lip is turned outwards
  - c. The chin is not touching the breast
  - d. More areola is visible above the baby's mouth than below it
17. The presence of surfactant in the newborn lungs helps to;
- a. Provide stimulation to the respiratory centre
  - b. Reduce surface tension and allow expansion of the lungs
  - c. Prevent transient tachypnoea of the newborn

- d. Increase the surface tension and allow expansion of the lungs
18. The light for date baby is defined as:
- a. A baby born before 37 weeks of gestation
  - b. Bulk weight is 2,500 g or less regardless of gestational age
  - c. A baby whose birth weight is below tenth centile for gestation
  - d. A baby whose birth weight is below 3000grammes

19. The maternal causes of fetal distress include;

- e. Hypotension, abruption placenta
- f. Abruption placenta, syphilis
- g. Hypertension, cord prolapsed
- h. Hypotension, pre-eclampsia

20. On doing a vaginal examination, the examining finger identified a triangular shaped soft depression on the foetal skull. This was mostly likely to be;

- a. Posterior fontanelle
- b. Anterior fontanelle
- c. Coronal suture
- d. Sagittal suture

**PART II: SHORT ANSWER QUESTIONS (20 MARKS)**

21. Draw and label a diagram of the foetal skull showing regions and landmarks of clinical importance (6 marks)
22. Explain four ways of diagnosing multiple pregnancy during pregnancy (4 marks marks)
23. Outline four activities carried out in physical examination during State six(6) risks focused antenatal care visits (4 marks)
24. State three (3) reasons for doing the 1<sup>st</sup> examination of a newborn baby (3 marks)
25. List eight (8) key interventions necessary in ensuring an uneventful puerperium (4 marks)
26. State five ( 5) features of true labour (5 marks)
27. Outline four danger signs in a neonate(4 marks)

28. Explain 6 messages that a midwife should share with a postnatal mother before discharge (6 marks)
29. State on main reason for using progesterone only pills for each of the following (2 marks)
  - a) Breastfeeding mother
  - b) Post abortion client

**PART III: LONG ANSWER QUESTIONS (40 MARKS)**

1. Ms. Hu 30 years para 4+0 is brought to your health facility seven (7) days after home delivery with complaints of per vaginal bleeding.
  - a. Classify postpartum haemorrhage (2 marks)
  - b. Explain six possible causes of Ms. Hu's condition (6 marks)
  - c. Describe the specific management of Ms. Hu till bleeding is controlled (12 marks)
2. Baby May, a term baby born to a Rh -Ve woman is admitted to the special care baby unit with jaundice.
  - a. State four tests that may be done on baby May's cord blood (4 marks)
  - b. Describe the management of baby may till the condition improves (12 marks)
  - c. State four side effects of phototherapy (4 marks )

**AMREF VIRTUAL NURSING SCHOOL**

**COLLEGE FINAL PAPER 2 SUPPLEMENTARY EXAMINATION**

**SEPTEMBER 2010 CLASS**

**PART I: MULTIPLE CHOICE QUESTIONS (20 MARKS)**

1. The antero-posterior diameter which can be measured vaginally is:-
  - e) The diagonal conjugate 12-13 cm
  - f) The left oblique diameter 12 cm
  - g) The right oblique diameter 12 cm
  - h) The true conjugate diameter 11 cm
2. The trophoblast of a blastocyst;

- a) Is the inner cell mass
  - b) Is also referred to as the embryoblast
  - c) Forms the placenta and umbilical cord
  - d) Produces human chorionic gonadotrophin (hCG)
3. Quickening;
- a) Can occur as early as 16 weeks of gestation
  - b) Is a positive sign of pregnancy
  - c) Refers to the pulsation of fornices
  - d) Is caused by increased blood flow to the uterus.
4. Diagnosis of occipito-posterior position during labour is shown by:-
- a) Continuous backache, in-coordinate contractions
  - b) Early rupture of membranes, foetal heart beat heard in the flank
  - c) Difficulty to palpate the back, limbs felt on both sides of the midline
  - d) Strong urge to push, high foetal heart rate
5. Engagement in a primigravida takes place between gestation:-
- a) 28-30 weeks
  - b) 30-32 weeks
  - c) 36-38 weeks
  - d) 38-40 weeks
6. According to focused antenatal care (FANC) repeat of VDRL and Hb antenatally should be between:-
- a) 32-34 weeks
  - b) 30-32 weeks
  - c) 28-30 weeks
  - d) 34-36 weeks
7. The signs of hypoglycaemia in a full term baby includes:-
- e) High pitched cry, jitteriness, rolling of eyes
  - f) Irritability, poor feeding, convulsions.
  - g) Twitching, apnoeic episodes, convulsions.
  - h) Rigidity of the trunk, high pitched cry, apnoeic episodes
8. While conducting a daily examination of a postnatal mother, a bulky uterus would indicate.
- e) Puerperal sepsis
  - f) A ruptured uterus
  - g) Retention of a second twin
  - h) Inversion of the uterus.
9. In fetal circulation, the ductus arteriosus connects the:-
- e) Umbilical vein and inferior vena cava
  - f) Right ventricle and left ventricle
  - g) Pulmonary artery and the aorta
  - h) left atrium and the right atrium
10. The prophylactic dosage for Vitamin K to newborns is;
- e) 0.1mg for term baby and 0.5 mg for preterm baby
  - f) 0.5 mg for term baby and 0.01 mg for preterm baby
  - g) 1 mg for term baby and 0.5 mg for preterm baby
  - h) 0.5 mg for term baby and 1 mg for preterm baby
11. Signs and symptoms of pulmonary embolism include
- e) Chest pain, dyspnoea, cough
  - f) Hypertension, dyspnoea, chest pain
  - g) Hypertension, pyrexia, tachycardia
  - h) Hypertension, pyrexia, cough
12. Perinatal mortality rate is defined as:
- a) Number of infants dying under one week per 1000 live births per year
  - b) Number of still births and neonatal deaths during the first weeks of life per 1000 live and still births per year
  - c) Number of infants dying under one year per 1,000 live births per year

- d) Number of still births and neonatal deaths during the first year of life per 1000 live and still births per year
13. The predisposing causes of hyperemesis gravidarum include;
- Endocrine imbalance, diminished motility of the stomach
  - Vitamin B6 deficiency, iron deficiency anaemia
  - Metabolic changes of pregnancy, electrolyte imbalance
  - High levels of gonadotrophins, hyperthyroidism
14. Observations a midwife should carry out on a baby undergoing phototherapy include:-
- Skin colour, vomiting, half-hourly temperature checks
  - Skin colour, signs of dehydration, oedema
  - Signs of dehydration, oedema, vomiting
  - Diarrhoea, oedema, skin colour.
15. The prevention of mastitis during the puerperium includes:
- Proper attachment of the baby to the nipple
  - Application of hot compresses on the breast
  - Washing breasts with warm water after breast feeding
  - Wearing a firm and supportive brassiere
16. The phases of the ovarian cycle are;
- menstrual, follicular and luteal
  - Menstrual, proliferative and secretory
  - Follicular, luteal and proliferative
  - Secretory, luteal and follicular
17. Erb's palsy is a birth injury to the;-
- Facial nerve
  - Cervical plexus
  - Lumbar plexus
  - Brachial plexus
18. The following may be elicited in a newborn with intracranial injury following dystocia:-
- Vomiting, moderate scalp fluctuant mass, respiratory distress
  - Convulsions, apnoeic episodes, firm unilateral swelling on the head
  - High pitched cry, moderate scalp fluctuant mass, respiratory distress
  - Shock, severe asphyxia, vomiting
19. The ratio of chest compressions to inflations during neonatal resuscitation by a single resuer is;
- 15: 2
  - 30:2
  - 3:1
  - 3:2
20. The role of a midwife in prevention of hypothermia neonatorum includes;
- Early feeding, keeping baby warm, postponing bathing
  - Pre- warming delivery room, keeping the baby warm, early feeding
  - Examining the baby, postponing bathing, giving oxygen
  - Pre- warming delivery room, resuscitation, reassurance

#### **PART II: SHORT ANSWER QUESTIONS (40 MARKS)**

- Draw a well labeled diagram of the sagittal section of the female pelvis (5 marks)
- outline five (5) complications associated with multiple pregnancy (5 marks)
- State four (4) indications of emergency caesarean section (4 marks)
- Explain five (5) functions of the placenta (5 marks).
- Outline five (5) elements of an individual birth plan (5 marks)
- State five (5) possible side effects a woman using an IUCD may experience (5 marks)
- Outline four (4) features of sub-involution (4 marks)
- State three (3) interventions for a client with nausea and vomiting in early pregnancy (3 marks)
- Explain four(4) clinical types of abortion (4 marks)

#### **PART III: LONG ANSWER QUESTIONS (40 MARKS)**

- Ms. X 35 years old is admitted with eclampsia at 34 weeks gestation
  - Define eclampsia (1 mark)
  - Describe the specific management of Ms. X till the condition is controlled(14 marks)

- f) State any five (5) danger signs that may indicate hypertensive diseases of pregnancy (5 marks)
2. Baby Net is admitted to the newborn Unit with a diagnosis of pathological jaundice.
- d) State three (3) diagnostic criteria for pathological jaundice. (3 marks)
  - e) Describe the management of baby Net until the condition is controlled. (12 marks)
  - f) State five (5) side effects of phototherapy. (5 marks)