**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**END OF YEAR ONE SEMESTER TWO EXAMINATION**

**MARCH 2016 KRCHN CLASS (PRE-SERVICE)**

**ABNORMAL MIDWIFERY EXAMINATION**

DATE: TIME:…………………..

**INSTRUCTIONS**

1. Read the questions carefully and answer only what is asked.
2. Enter your examination number and question number on each page used.
3. ALL questions are compulsory.
4. For part 1 (MCQs), write the answer in the spaces provided on the answer booklet and each MCQ is one (1) mark.
5. For Part 2 (SHORT ANSWER QUESTIONS), answer the questions following each other.
6. For Part 3 (LONG ANSWER QUESTIONS), answer to each question MUST start on a separate page.
7. Omission of and or wrong numbering of a question or part of the question will result in 10% deduction of the marks scored from the relevant part.
8. Do NOT use a pencil.
9. Mobile phones are NOT allowed in the examination hall.

For Examiner:

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| --- | --- | --- | --- | --- |
| **MCQS** | **SAQS** | **LAQS 1** | **LAQS 2** | **TOTAL** |
|  |  |  |  |  |

**PART ONE: MCQS ANSWER QUESTIONS – ABNORMAL MIDWIFERY – 20 MARKS**

Q.1. Which of the following statements include management of a pregnant woman with a HB of less than 5gm/dl.

1. Transfuse with whole blood.
2. Transfuse with packed cells under a diuretic.
3. Administer total dose iron infusion.
4. Transfuse with packed cells without a diuretic.

Q.2. Which of the following statements best describes monozygotic twins:

1. Always have two placentae one chorion and one amnion.
2. Always have two placentae, two chorion and two amnion.
3. Develop from two oocytes fertilized by two spermatozoa.
4. Develop from one oocyte fertilized by one spermatozoa.

Q.3. Trisomy 21 is characterized by:

1. Small head with flattened forehead.
2. Obliquely slanted eyes and a single palmar crease.
3. Receding chin and cleft palate.
4. Low set ears and single palmar crease.

Q.4. In obstructed labour, the following features can be elicited:

1. No advance in cervical dilatation.
2. Presentation regression.
3. No advance in presenting part.
4. The face is the presenting part.

Q.5. Which of the following include the role of community health worker:

1. Assist women to formulate individual birth plan, conduct safe deliveries.
2. Promote delivery by skilled attendance, community based distribution of condoms.
3. Community based distribution of injectable FP methods, mapping of pregnant women.

Q.6. When the occiput is on the left sacro iliac joint and the sinciput is on the right illiopectineal eminence, what is the position :

1. Lift occipito-anterior.
2. Right occipito-posterior.
3. Right occipito-anterior.
4. Left occipito-posterior.

Q.7. Indicate whether the following statements is true or false:

1. Chorioamniotis is a maternal risk factor for vertical transmission of HIV/AIDS.
2. Lovset manoeuvre is used to deliver extended legs in breech presentation.

Q.8. On abdominal palpation the fetal buttocks are palpable on the lower uterine pole, what is the denominator?

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

Q.9. During caesarean section, vertical incision made on the upper uterine segment is referred to

 (a) Pfannesteil.

 (b) Lower uterine segment incision.

 (c) classical incision.

 (d) Sub umbilical midline incision.

Q.10. Which of the following methods can be used to diagnose cephalopelvic disproportion:

1. X-ray pelvimetry.
2. Speculum vaginal examination.
3. Ultrasound scanning.
4. External cephalic version.

Q.11. Microorganisms that can cross the placental barrier and affect the fetus include:

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

Q.12. A pregnant woman with cardiac disease grade III will present with:

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

Q.13. Obstetric indications for induction of labour include:

1. Intrauterine fecal demise, prolonged pregnancy.
2. Intrauterine growth restriction, intrauterine fetal death.
3. Unstable lie, prolonged pregnancy.
4. Unstable lie, intrauterine growth restriction.

Match the conditions in column A with their correct description in Column B for Q.14.

Q.14. Column A

1. Torticollis.
2. Erb’s palsy.

Column B

1. Damage to facial nerve.
2. Damage to upper brachial plexus.
3. Damage to lower brachial plexus.
4. Damage to sternomastoid process/
5. Hip joint dislocation.

Q.15. In a baby born of thick meconium stained liquor and does not initiate breathing, the first step the midwife must take is:

1. Dry and stimulate.
2. Inflate five rescue breaths.
3. Administer oxygen by mask.
4. Oropharyngeal suctioning.

Q.16. Which reproductive tract infection is characterized by a whitish curd like vaginal discharge:

1. Vulva vaginal candidiasis.
2. Bacterial vaginosis.
3. Chlamydia trachomatis.
4. Trichomoniasis.

Q.17. Which of the following factors cause neonatal jaundice by interfering with transportation of bilirubin:

1. Reduced gastric motility.
2. Reduced albumin binding capacity.
3. Increased beta glucuronidase enzyme.
4. Hypoxia, hypothermia, hypoglycaemia.

Q.18. Which term refers to bleeding under the periosteum that covers the skull bones:

1. Caput succedaneum.
2. Cerebral haemorrhage.
3. Cephalo haematoma.
4. Sub aponeurotic haemorrhage.

Q.19. Phototherapy is considered when serum bilirubin levels:

1. 85 – 140 micrommols/litre in preterm babies more than 1500gm.
2. 165 micrommols/litre in term babies
3. Less than 85 micrommols in preterm babies less than 1500gm.
4. 85 – 140 micrommols/litre in preterm babies less than 1500gm

Q.20. Which of the following factors predisposes to amniotic fluid embolism:

1. Spontaneous rupture of membranes.
2. Obstructed labour.
3. Caesarean section.
4. Bimanual compression of the uterus.

**PART TWO: SHORT ANSWER QUESTIONS – ABNORMAL MIDWIFERY – 40 MARKS**

Q.1. Describe conjugation of bilirubin. 5 marks

Q.2. State five (5) causes of uterine rupture. 5 marks

Q.3. Outline three (3) outcomes of labour in an occipito-posterior position. 3 marks

Q.4. Outline five (5) measures that can be taken in management of a diabetic woman

pre-conception. 5 marks

Q.5. State five (5) measures to prevent puerperal sepsis. 5 marks

Q.6. Outline how rhesus isoimmunization occurs. 4 marks

Q.7. Outline five (5) hospital related interventions that can reduce maternal mortality. 5 marks

Q.8. Outline five (5) key interventions that a service provider should observe when

administering sulphacloxine phrimethamine (SP) to a pregnant woman. 5 marks

Q.9. List six (6) pre-requisites before performing vacuum extraction. 3 marks

**PART THREE: LONG ANSWER QUESTIONS – ABNORMAL MIDWIFERY – 40 MARKS**

Q.1. Mrs P para 1+0 G2, has just an SVD and immediately develops profuse vaginal bleeding.

1. Using the 4T’s describe the causes of postpartum haemorrhage. 6 marks
2. Describe the specific management of Mrs P now and up to 24 hours. 12 marks
3. List four (4) complications that Mrs P may develop. 2 marks

Q.2. Mrs Xo para 1 now has delivered a female baby weighing 1.5kg.

1. Describe four (4) characteristic of a preterm baby. 4 marks
2. Describe the management of baby Xo until discharge. 13 marks
3. Outline three (3) ways of preventing preterm births. 3 marks