

BSCN EXAMINATION: PAPER TWO: JULY 2013
PART I: MULTIPLE CHOICE QUESTIONS:

Q:1: The innominate bone of the pelvis is composed of:-

- a) Sacrum, ischium, pubic bone.
- b) Ilium, symphysis pubis, ischium.
- c) Pubic bone, ischium, ilium.
- d) Pubic bone, ilium, sacrum.

Q:2: The proliferative phase in the menstrual cycle is:-

- a) Under control of oestrogen and concerns regrowth of the endometrium.
- b) Marked by appearance of pubic hair and ovulation.
- c) Marked by vaginal bleeding if the ovum is not fertilized.
- d) That which follow ovulation and is under control of progesterone.

Q:3: The sub-occipitofrontal diameters of the fetal skull is measured from:- /

- a) Occipital protuberance to the center of the frontal suture.
- b) Below occipital protuberance to the center of frontal suture.
- c) Occipital protuberance to the glabella.
- d) Below occipital protuberance to the center of the anterior fontanelle.

Q:4: The small glands under the prostate that produce a lubricating fluid into the urethra are known as:-

- a) Seminal vesicles.
- b) Spermatic cord. ✗
- c) Glans penis. ✗
- d) Bulbo urethral.

Q:5: Constipation experienced by pregnant women is mainly due to:-

- a) Relaxed pyloric sphincter and upward displacement for the diaphragm. (Heartburn.)
- b) The cravings of certain food substances that may lack roughage. *Pica.*
- c) Relaxation and decreased peristalsis in the gut.
- d) Inadequate consumption of food associated with nausea and vomiting (morning sickness).

Q:6: If the fundal height is found to be at the level of upper margin of the umbilicus, the gestation in weeks is estimated to be:-

- a) 22.
- b) 24. *> I medicines!?*
- c) 28.
- d) 30. *69*

Q:7: The cardinal signs of pre-eclampsia are:-

- a) Convulsions, glycososuria, hypertension.
- b) Oedema, convulsions, headache.
- c) Proteinuria, hypertension, convulsions.
- d) Proteinuria, oedema, hypertension.

Q:8: Uniovular twins are those who:-

- a) Tend to have two fused placentae.
- b) Develop from one fertilized ovum and usually have two placentae.
- c) Usually develop as a result of one ovum fertilized by two spermatozoa.
- d) Are always from two ova fertilized by two spermatozoa.

Q:9: The loading dose of magnesium sulphate in the treatment of severe pre-eclampsia in Kenya is:-

- a) 5 mgs of 50% magnesium sulphate intramuscularly.
- b) 5 mgs of 20% magnesium sulphate intravenously within 5 minutes.
- c) 4 mgs of magnesium sulphate 20% intravenously for 10 - 15 minutes.
- d) 1 ml of 2% magnesium sulphate intramuscularly for 10 - 15 minutes.

Q:10: The causes of prolonged labour include:-

- a) Cord prolapse, fetal distress, poor contractions.
- b) Poor uterine contractions, full rectum, malpresentation.
- c) Prematurity, obstructed labour, poor contractions.
- d) Malpositions, cephalopelvic disproportion, incoordinate uterine action.

Q:11: Moulding of the fetal skull is described as the overriding of the skull bones during labour. In normal vertex presentation, the:-

- a) Posterior parietal bones, override the occipital bone.
- b) Anterior parietal bone overrides the occiput.
- c) Occiput overrides the parietal bone.
- d) Anterior parietal bone overrides the anterior fontanelle.



Q:12: The premonitory signs of labour includes:-

- a) Contractions, retraction, taking up of cervix. *contraction?*
- b) Frequency of micturation, lightening, cervical dilation.
- c) Taking up of cervix, lightening, frequency of micturation.
- d) Backache, lower abdominal discomfort, frequency of micturation.

Q:13: The signs of fetal distress as observed on the partograph include:-

- a) Fetal bradycardia, hypertonic uterine contractions, ketonuria.
- b) Meconium stained liquor, fetal tachycardia, fetal skull, bones overlapping.
- c) Hypertonic uterine contractions, caput formation, meconium stained liquor.
- d) Maternal hypertension, hypertonic uterine contractions, meconium stained liquor.

Q:14: While using a partograph, midwife will measure the frequency of uterine contractions by:-

- a) Duration of each contraction counted in seconds. *(time)*
- b) ✓ Number of contractions in 10 minutes observed within 30 minutes interval. ✓
- c) Number of contractions per minute observed within 30 minutes.
- d) Duration of each contraction from the beginning to the end counted per minute.

* Q:15: Mechanical factors that enhance separation and descent of the placenta includes:-

- a) Intramuscular 10 units of Syntocinon. *obviate*
- b) Uterine contractions and retraction.
- c) ? ~~✓~~ Fundal massage and pressure per abdomen.
- d) Retroplacental clot enclosed in the membranes.

Q:16: A conditioned milk ejection that occurs when a woman hears her baby cry is due to a conditioned release of:-

- a) Prolactin.
- b) ✓ Oxytocin.
- c) Human placental lactogen.
- d) Progesterone.

Q:17: A midwife detects a cord prolapse during a routine vaginal examination for a woman in labour, the immediate and appropriate action would be to:-

- a) Rule out Cephalopelvic disproportion, reassure the woman.
- b) ✓ Shout for help; reduce pressure by the presenting part on the prolapsed cord.
- c) ✓ Remove pressure by the presenting part on prolapsed cord, reassure the woman.
- d) Shout for help, prepare for emergency caesarian section.

Q:18: During the delivery of persistent occipito posterior position:-



- a) ✓ Occiput sweeps perineum and sinciput is held back to maintain flexion.
- b) Occiput is born under symphysis pubis and sinciput, face and chin sweep the perineum. ✓
- c) Head is born by flexion or haemorrhage.
- d) ✓ Occiput sweeps perineum, chin is held back to increase extension.

Q:19: For question 19 and 20 indicate whether the statements are true or false.

- a) Prolonged labour is diagnosed if the cervicograph is to the left of the alert line. T
- b) Succenturiate lobe is a significant abnormal variation of the placenta and can lead to post partum infection. F

Q:20: a) Presentation refers to relationship between the long axis of the fetus and long axis of uterus. F

- b) Diagonal conjugate is a measurement that is done to estimate the obstetric conjugate and is measured from lower border of the sacral promontory.



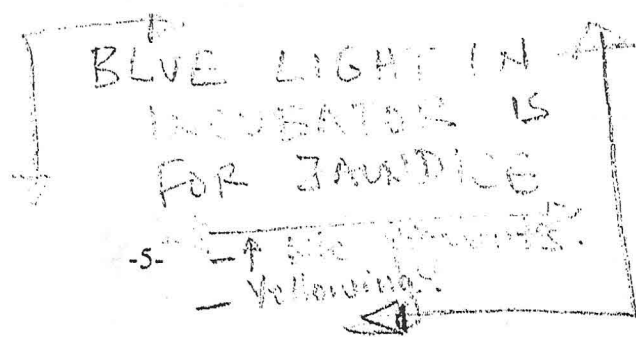
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PART II; SHORT ANSWER QUESTIONS:

MARKS

- *Q:1: State four (4) functions of the pelvic floor. 4
- Q:2: Outline five (5) risk factors for mother to child transmission of HIV. 5
Terms - Lacerations at birth, violence, low & low level of resistance
- Q:3: Maternal mortality rate in developing countries is unacceptably high. Explain four (4) factors that have been known to influence this vital statistic. 6
Unhygienic practices for delivery, lack of skilled attendants, poor nutrition, lack of access to health services
- Q:4: a) Define the term induction of labour. 1
Chemical agents to start the cascade of uterine contractions to enable delivery
b) Explain your role as a midwife. 2
to assist the efficiency of the mother
 - i) Before induction of labour. 2
check for signs of infection, assess the cervix
 - ii) During induction of labour. 3
use drugs to cause dilation + stimulate
 - iii) After induction of labour. 2
assess the progress of labour
- Q:5: State five (5) necessary safety precautions in drug administration during pregnancy. 5
Check expiry of drug, Gestation stage
- *Q:6: For each of the following minor complications of pregnancy, state one (1) cause and outline two (2) health messages to the mother:-
 - a) Heartburn. 3
Relaxed pyloric sphincter & upward displ. of stomach
 - b) Constipation. 3
Relaxation of GI & ↓ motility, eat more roughage
- Q:7: Explain the role of the midwife in the reduction of puerperal sepsis as follows:-
 - i) Antenatally. 2
Hygiene, nutrition
 - ii) During labour. 3
AM, aseptic
 - iii) Postnatally. 1
Hygiene, antibiotics

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Blue - cyanotic

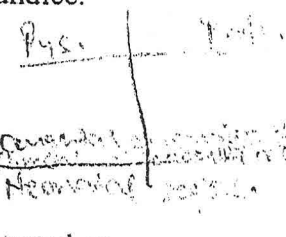
(A/B)

PART II: ESSAY/LONG ANSWER QUESTIONS:

MARKS

Q:1: Baby Z who is 20 hours old is diagnosed with neonatal jaundice.

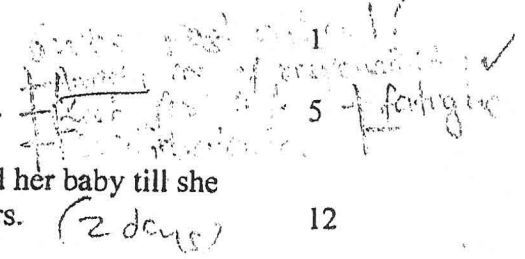
- a) Using three (3) points contrast physiological and pathological jaundice.
- b) State three (3) causes of pathological jaundice.
- c) Describe the management of baby Z who is to be started on phototherapy.



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11

Q:2: Mrs. WC now a para 1+0 is admitted to the postnatal ward after having given birth two hours ago.

- a) Define the term puerperium.
- b) Formulate five (5) nursing diagnoses for Mrs. WC.
- c) Describe the specific management of Mrs. WC and her baby till she is discharged from the postnatal ward after 48 hours.
- d) List four (4) complications that might develop during the postnatal period.



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- PPH
- Perineal tears
- Baby blues
- Mastitis
- Hygiene
- cover eyes & genitalia
- Anti-B O
- counsel mother
- fluids via NGT
- fluids
- Breast feed

11

Boye

