

KRCHN (BSCN) EXAMINATION: PAPER TWO: JANUARY 2013:
PART I MULTIPLE CHOICE QUESTIONS:

Q:1: The pelvic joints include:-

- a) One symphysis pubis, two sacroiliac, one sacrococcygeal.
- b) Two symphysis pubis, one sacroiliac, one sacrococcygeal.
- c) Two symphysis pubis, one sacroiliac, two sacrococcygeal.
- d) One symphysis pubis, two sacroiliac, two sacrococcygeal.

Q:2: The outcome of labour depends on:-

- a) Effectiveness of uterine contractions, descend of the fetal head.
- b) "Give" of the pelvic joints, maternal effort.
- c) Moulding of the fetal head, "Give" of the pelvic joints.
- d) Descend of the head, maternal effort.

Q:3: Possible signs of labour includes:-

- a) Human gonadotrophin hormone in urine, amenorrhoea.
- b) Braxton hicks contractions, amenorrhoea.
- c) Braxton hicks contractions, Ballotement of the fetus.
- d) Palpable fetal parts, Braxton hicks contractions.

Q:4: Softening of the isthmus during pregnancy is referred to as:-

- a) Jacquemiers's sign.
- b) Osiander's signs.
- c) Positive sign.
- d) Hegar's sign.

Q:5: The main function of the fetal sac is to:-

- a) Keep the fetus warm.
- b) Protect the fetus from ascending infection.
- c) Enclose the fetus.
- d) Enclose the placenta.

Q:6: The viscous fluid which keeps the sperm alive and motile is produced in the:-

- a) Prostate gland.
- b) Bulbourethral gland.
- c) Seminal vesicles.
- d) Spermatic cord.

Q:7: In physiology of 1st stage of labour polarity is the term used to describe:-

- a) Uterine contractions that start at the fundus and spread across downwards.
- b) Neuro-muscular harmony that prevails between the two poles of segment of the uterus throughout labour.
- c) The shortening of the contraction retained by the muscle fibre which do not relax completely.
- d) The force of the fundal contractions transmitted to upper pole of the fetus down the long axis.

Q:8: One definite indication of caesarean section is:-

- a) Severe pregnancy induced hypertension.
- b) Previous caesarian section scar.
- c) Antepartum haemorrhage.
- d) Cephalo pelvic disproportion.

Q:9: The main cause of secondary postpartum haemorrhage is:-

- a) Retention of products of conception.
- b) Infection.
- c) Retained placenta.
- d) Fibroids.

Q:10: In management of primary postpartum haemorrhage the uterine contractions are maintained by giving:-

- a) 40 units of syntocinon in ½ litre intravenous fluid.
- b) 40 units of syntocinon in 1 litre intravenous fluid.
- c) 20 units of syntocinon in 1 litre intravenous fluid.
- d) 20 units of syntocinon start.

Q:11: A woman visits the antenatal clinic for the first time at 36 weeks gestation. The most appropriate health message to be shared with her is:-

- a) Adequate nutrition and hydration.
- b) Avoidance of alcohol and tobacco.
- c) Danger signs in pregnancy.
- d) True signs of labour.

Q:12: The investigations carried out only during the 1st visit to the antenatal clinic are:-

- a) Blood pressure, haemoglobin.
- b) height, haemoglobin.
- c) Rhesus factor, HIV testing.
- d) Rhesus factor, urinalysis.

Q:13: Physiological jaundice:-

- a) Appears within the first 24 hours of age.
- b) Appears after 24 hours of age.
- c) Persists for 7 – 10 days in full term babies.
- d) Bilirubin level exceeds 200-215 mmol/litre.

Q:14: To prevent hypothermia babies should be nursed in rooms where temperature is maintained at:-

- a) 18 – 21°C.
- b) 16 – 19°C.
- c) 21 – 24°C.
- d) 22 – 26°C.

65

Q:15: Bishop's score is:-

- a) A method used to measure successfulness of induction.
- b) An objective method of assessing whether the cervix is favorable for induction.
- c) An objective method assessing whether the uterus is favorable for induction.
- d) Used to predict whether spontaneous vaginal delivery is possible.

Q:16: Puerperal infection occurs 24 hours after delivery mostly due to:-

- a) Invasion of organisms due to poor personal hygiene.
- b) Invasion, incubation and multiplication of organisms.
- c) Endogenous organism present in the patient's body.
- d) Localized infection in the patient.

Q:17: For question 17 and 18, match the manoeuvre in A with the part used to deliver in B.

COLUMN A:

- a) Mauriceau Smellie. 2
- b) Burns Marshall.

- Q:18:
- a) Lovset manoeuvre. 1
 - b) McRoberts manoeuvre.

COLUMN B:

1. Extended head.
2. Normal head in breech.
3. Extended legs.
4. Shoulder dystocia.
5. Extended knee.

Q:19: In response to stroking of cheek on one side of the mouth, the baby will turn towards the source of stimulus and open his mouth. This is called:-

- a) Moro reflex.
- b) Rooting reflex.
- c) Sucking and swallowing reflex.
- d) Gag reflex.

Q:20: Conditions that predispose a mother to puerperal psychosis are:-

- a) Anaemia, severe puerperal sepsis.
- b) Anaemia, diabetes.
- c) Epilepsy, diabetes.
- d) Severe puerperal sepsis, polyhydramnios.

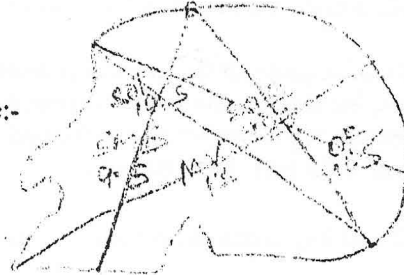
68

PART II: SHORT ANSWER QUESTIONS:

MARKS

Q:1: Draw a well labeled diagram showing the anteroposterior diameters of the fetal skull and their measurements.

6



Q:2: Explain three (3) anatomical variations of the:-

3

a) Placenta.

3

b) Umbilical cord.

Q:3: Outline four (4) checks ensured before performing controlled cord traction to deliver the placenta.

4

Q:4: Explain five (5) services offered during the 2nd visit in focused antenatal care.

5

Q:5: Outline four (4) causes of obstructed labour.

4

Q:6: Explain the three (3) components of a partograph.

8

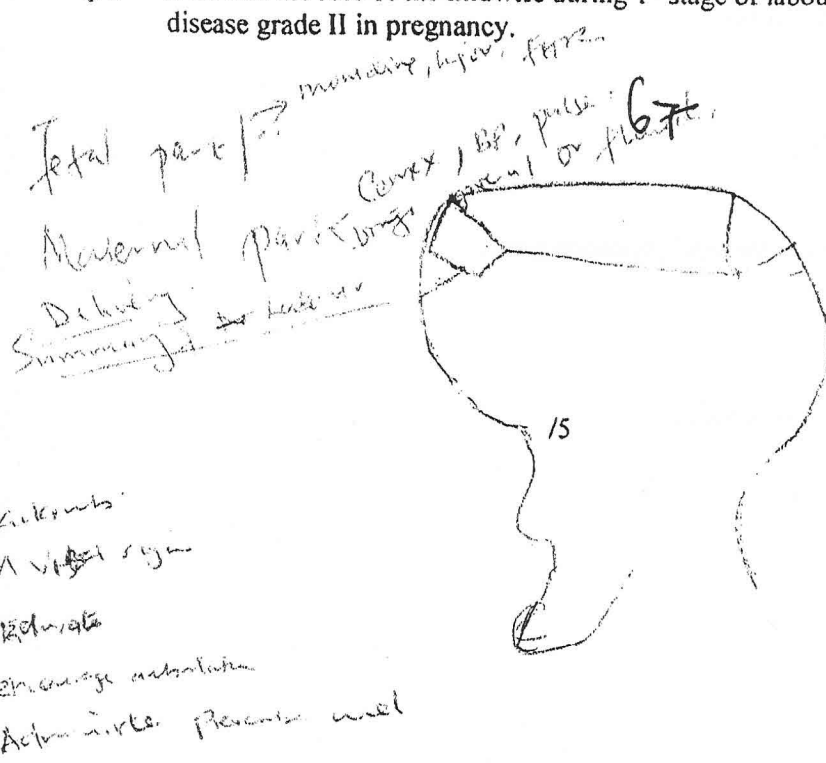
Q:7: State two (2) effects of diabetes on pregnancy.

2

- Pre-eclampsia
- Maternal complications

Q:8: Describe the role of the midwife during 1st stage of labour of a patient with cardiac disease grade II in pregnancy.

5



Placenta

- placenta bipartite
- Placenta bipartite
- Placenta bipartite
- Succinate lobes

- Backrub
- M vit sign
- Bedrest
- Encourage mobilization
- Active air to prevent wet