

**BSCN EXAMINATION: PAPER TWO: JANUARY 2014**  
**PART I: MULTIPLE CHOICE QUESTIONS:**

- Q:1: Lady X falsely objected to the claim that she had given birth six months ago. What evidence did the nature of her external cervical os reveal that she had given birth:-
- The os had smooth round slit.
  - The os had niggled oral slit.
  - The os had transverse slit.
  - The os had bluish purple colour.
- Q:2: Madam P para 0+0 gravida 1 comes to the antenatal clinic and states that she does not know her L.M.P. On abdominal examination her fundal height is at the level of the umbilicus, she is experiencing nausea and vomiting. What could be her provisional gestational age?
- 16 weeks.
  - 12 weeks.
  - 24 weeks.
  - 20 weeks.
- Q:3: In the active phase of labour:-
- The cervical os dilates on average of 1 cm/hr from 4 to 8 cm.
  - Uterine contractions lose polarity.
  - Bandle's ring forms.
  - Mother is put on 5% dextrose to replace lost energy.
- Q:4: The engaging diameter in an attitude of complete flexion of fetal head is:-
- Mentò vertex which measures 13.5cms.
  - Occipito frontal which measures 10.2cms.
  - Submento vertex which measures 8.2 cms.
  - Sub occipito bregma which measures 9.2cms.
- Q:5: Supine hypotensive syndrome is averted physiologically when:-
- Growing uterus presses on inferior vena cava there by decreasing venous return.
  - Cardiac stroke volume is decreased thereby decreasing amount of blood to the body.
  - Collateral circulation has adequate functional compensatory mechanism.
  - Woman assumes and maintains supine position when she begins to feel dizzy, nausea, light-headedness and bradycardic.
- Q:6: After completing the 3<sup>rd</sup> stage of labour, the midwife noted that a lobe of placental cotyledon is missing. What would be the subsequent effect of this during puerperium:-
- The endometrium where it was implanted will be unhealthy for implantation of next blastocyst.
  - It will contribute to post partum haemorrhage.
  - It may suppress the initiation of lactation.
  - Will aggravate severe post delivery (after) pains.

Q:7: Mrs. Q. came to the antenatal clinic at 20 weeks gestation and weighed 60 kg. Considering that she had normal steady weight gain. What will be her weight at 38 weeks.

- a) 80 ks.
- b) 62.kgs.
- c) 69 kgs. ✓
- d) 89 kgs.

Handwritten notes: 18, 20, 22, 24, 26, 28, 30, 32, 34, 36, 38, 40, 42, 44, 46, 48, 50, 52, 54, 56, 58, 60, 62, 64, 66, 68, 70, 72, 74, 76, 78, 80, 82, 84, 86, 88, 90, 92, 94, 96, 98, 100. A checkmark is next to 60.

Q:8: Which statement below does not fully support or justify reasons for studying the changes that occur in a woman during pregnancy?

- a) To appreciate the normal physiological, psychological and endocrine changes that maintain pregnancy.
- b) To enable for the identification of pregnancy induced alterations especially those associated with pre-existing illness. ✓
- c) To enable for appreciable nurturing interventions to carry pregnancy to term.
- d) To promote and maintain good, physical, social and mental health of the woman during pregnancy.

Q:9: On doing vaginal examination, the examining finger identified a triangular shaped soft depression on foetal skull. This was most likely to be:-

- a) Posterior fontanelle (Lambda)
- b) Coronal suture.
- c) Anterior fontanelle (Bregma) ✓
- d) Sagittal suture.

Q:10: One of the probable signs of pregnancy characterized by extreme softening of the lower uterine segment and the cervix is:-

- a) Oslanders sign.
- b) Jacquemier sign. — blue vaginal
- c) Hegars sign. ✓
- d) Uterine soufflé.

Q:11: Indicate whether the statements are true or false.

- a) Pelves are structurally classified into four types. The gynaecoid, android, anthropoid and platypelloid. Only the gynaecoid type is found in child bearing females. T
- b) Ladies who get spontaneous miscarriages before 12 weeks of pregnancy and who require surgical intervention to evacuate the uterus should be given rhesus anti-immunoglobulin (1g). F

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Q:12: The term low birth weight considers:-

- a) Weight of baby at birth alone.
- b) Weight of baby at birth and period of gestation.
- c) Weight of baby at birth, period of gestation and baby length, head circumference, colour.
- d) Weight at birth and all parameters of newborn at birth.

Q:13: During labour, epileptic seizures in an epileptic woman may be triggered by:-

- a) Sleep deprivation hypoglycaemia, anaemia, hyperventilation.
- b) Pain, anxiety, sight of blood, nerve irritability.
- c) Low thyroxine (T4) Tri-iodothyronine (T3) low calcium.
- d) Tumultuous uterine contractions, exhaustion, prolonged labour.

Q:14: The correct statement that describes placenta praevia is:-

- a) Degree of placenta praevia corresponds to the amount of bleeding.
- b) The loss of blood may be classified as revealed, concealed or mixed depending on the degree of placental encroachment.
- c) The bleeding is often painless and the lie of the fetus is unstable especially in multigravida.
- d) The location of the placenta on the anterior part of the uterus has more serious consequences than when located on the posterior.

Q:15: On daily examination of a new born-baby the following features were detected-growth restriction, microcephaly, flat face, close-set eyes, epicanthic folds small upturned nose, thin upper lips and low set ears. These are features of:-

- a) Choanal atresia.
- b) Mendelism (genetic disorder).
- c) Polycystic kidneys.
- d) Fetal alcohol syndrome.

Q:16: In an event of cord prolapse and the fetus is not alive, gestation is more than 28 weeks. The best course of action to take is:-

- a) Replace cord into the vagina to avoid spasm then give oxygen by mask.
- b) Urgently transfer woman to theater for caesarean section.
- c) Rule out any contra-indications to SVD then allow labour to progress.
- d) Facilitate delivery by augmenting uterine contractions and cutting an episiotomy.

Q:17: After manual removal of the placenta, the best course of action to take include:-

- a) Do speculum examination to check for cervical tears.
- b) Repeat Oxytocin 10-14 im/iv, massage uterus, give ampicillin 2g iv/im.
- c) Start iv dextrose to give energy, give ergometrine 0.2mg/im.
- d) Massage uterus for contraction, start iv Hartman's Sol, start iv. metrogyl, 500 mls.

Q:18: Burns Marshall method is a technique used to:-

- a) Deliver a baby when labour delay because of extended head.
- b) Deliver breech that presents with extended legs.
- c) Deliver breech by keeping baby's body on straight stretch and rotating it upwards through 180°C.
- d) Delivering breech that has compound presentation.

Q:19: The concept of the new midwifery asserts that:-

- a) Midwives have the potentials to work through a personal relationship with women through pregnancy, birth, early weeks of life.
- b) Midwives are the gatekeepers of labour, and have the potentials to support health outcomes.
- c) Midwifery practice is unique in empowering midwives to be complete in handling women through the process of pregnancy, labour and puerperium.
- d) Midwives are autonomous in managing antenatal mothers.

Q:20: In management of eclampsia, magnesium sulphate is the drug of choice because it:-

- a) Aids in vasodilation, reduces ischaemia.
- b) Is an anticonvulsant, is readily available.
- c) Lowers blood pressure, reduces incidence of pneumonia.
- d) Is readily available, reduces ischaemia.

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PART II: SHORT ANSWER QUESTIONS:

MARKS

- ✓ Q:1: State at least six (6) conditions that may put a woman in a special nutritional needs during pregnancy. 6
- Q:2: Outline five(5) structures that are involved in 3<sup>rd</sup> degree perineal tear. 5
- ✓ Q:3: State six (6) specific indicators that antenatal history will reveal in a woman with potential hypertensive disorder in pregnancy. 6  
↑ Ex. 1. 2. 3. 4. 5. 6.
- Q:4: Describe a non-gravid uterus in terms of position, parts, size, weight, shape function and supporting ligaments. 6
- ✓ Q:5: Draw and clearly label a diagram of pelvic brim to show the eight (8) parts. 5
- Q:6: State six(6) obstetric conditions in which sexual intercourse is contra-indicated in pregnancy. 3
- ✓ Q:7: State three(3) reasons for doing 1<sup>st</sup> examination of new born baby. 3
- Q:8: Explain the determinants of labour. EXPLAIN determinant of Labor 66

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**PART III: ESSAY/LONG ANSWER QUESTIONS:**

**MARKS**

Q:1: Madam X para 1+0 gravida 2 comes to antenatal clinic at 8 weeks gestation and states that she has missed her normal menstrual period.

- a) State at least three (3) possible predisposing causes of amenorrhoea. 3
- b) Outline the booking schedule for Mrs. X according to WHO focused Antenatal Care. 3
- c) Describe the goals of focused antenatal care then explain how each goal is met. 14

Q:2: Baby O. four (4) days old was born at term through SVD and on first examination, he was declared a normal healthy term baby with no abnormalities. On day four O developed jaundice:-

- a) Define the term jaundice. 2
- b) Explain how physiological jaundice of the newborn develops. 4
- c) Explain the role played by early and effective breastfeeding as a management intervention for physiological jaundice. 4
- d) Explain at least five (5) complications that can arise from interventions of phototherapy 10

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