

PQ July 2014

PART I: MULTIPLE CHOICE QUESTIONS:

Q:1: At 28 - 32 weeks of fetal development:-

- a) Ear cartilage becomes soft.
- b) Testes descend in to the scrotum.
- c) Head hair lengthens.
- d) Vernix caseosa appears.

Q:2: The diameter from the occipital protuberance to the glabella measures:-

- a) 11.5cm.
- b) 9.5cm.
- c) 13.5cm
- d) 10.cm.

Q:3: At term the uterus size increases to:-

- a) 30 x 22.5 x 20 cm.
- b) 15 x 22.5 x 20 cm.
- c) 30 x 22.5 x 15 cm.
- d) 30 x 17.5 x 20 cm.

Q:4: The correct blood values and their changes during pregnancy is:-

- a) Total amount of protein in plasma increases by 10g/l by 20 weeks of gestation and stabilizes
- b) Amount of fibrinogen increases by 2g/dl progressively from 3rd month of pregnancy.
- c) There is no changes that occur in clotting time.
- d) WBCS count is $3.8 \times 10^{12}/L$ which always decline progressively.

Q:5: The effects of pregnancy on the immune system is:-

- a) HCG and Prolactin decrease the immune system.
- b) Lymphocyte function is increased.
- c) Serum levels of immunoglobulins 1hA, 1gG and 1 gM increase steadily from 19th weeks of pregnancy.
- d) From two months the total WBC^c rises in pregnancy and reaches a peak at 30 weeks mainly because of neutrophil polymorphonuclear leucocytes.

Q:6: The sign representing pulsation of fornices is:-

- a) Hegar's sign.
- b) Chadwicks's sign.
- c) Oslander's sign.
- d) Braxton's sign.

Q:7: Side effects of oxytocin includes:-

- a) Water intoxication.
- b) Dehydration
- c) Hypertension.
- d) Hypostimulation.

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Q:8: If controlled cord traction is to be used, the checks to be made before proceeding is:-

- a) Uterus should not be well contracted. ✗
- b) Counter traction is not applied. ✗
- c) Absence of signs of placental separation. ✗
- d) Uterotonic drug has been administered.

Q:9: A position where the occiput points to the right sacroiliac joint, the sagittal suture is in the right oblique diameter of the pelvis is:-

- a) Right Occipitoposterior position.
- b) Left Occipitoposterior position.
- c) Right occipitolateral position. ✗
- d) Left occipitolateral position. ✗

Q:10: The abortion where the embryo dies in utero and the cervix remains closed is:-

- a) Complete miscarriage. ✗
- b) Incomplete miscarriage. ✗
- c) Inevitable abortion.
- d) Delayed or silent miscarriage.

Q:11: A typical sign of ectopic pregnancy is:-

- a) Diarrhoea.
- b) Backache.
- c) Vomiting.
- d) Sharp pain on one side of the lower abdomen.

Q:12: Type three placenta praevia is characterized by:-

- a) Majority of placenta is located in the upper uterine segment.
- b) Placenta located in the lower segment near the internal cervical os.
- c) Placenta is located over the internal cervical os but not centrally.
- d) Placenta is located centrally over the internal cervical os.

Q:13: The first nursing intervention given to a client with placenta abruptio is:-

- a) Referral to level 1, 2 or 3 hospital. ✗
- b) Insert an intravenous cannula prior to transfer and infuse fluid.
- c) Pain management using morphine 15 mg.
- d) Blood transfusion.

Q:14: Preterm prelabour rupture of membranes (PPROM) is characterized by:-

- a) Occurrence at 35 weeks of gestation.
- b) Rupture of fetal membranes with spontaneous uterine activity. ✗
- c) Absence of cervical dilatation. ✗
- d) Absence of chorioamnionitis as a complication. ✗

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Q:15: A pre or co-existing hepatic disorder of pregnancy is:-

- a) Acute fatty liver in pregnancy. ✓
- b) Severe hyperemesis gravidarum. ✓
- c) Pre-eclampsia and eclampsia. ✓
- d) Hepatitis.

Q:16: The estimated amount of amniotic fluid in polyhydramnios is:-

- a) Greater than 1,700 mls per amniotic sac. ✓
- b) Greater than 1,500 mls per amniotic sac.
- c) Greater than 1,200 mls per amniotic sac.
- d) Greater than 2,000 mls per amniotic sac.

Q:17: A cyanotic heart defect example is:-

- a) Fallot's tetralogy. ✓
- b) Coarctation of aorta.
- c) Hypoplastic left heart syndrome.
- d) Patent ductus arteriosus.

Q:18: A congenital deformity of the foot where the plantar is flexed and front part of the foot is inverted :-

- a) Polydactyl.
- b) Syndactyl.
- c) Talipes equinovarus.
- d) Talipes calcaneovalgus. ✓

Q:19: Anti-D 1g (immunoglobulin) is administered to:-

- a) Rh negative women who are pregnant with, or have given birth to a Rh positive baby. ✓
- b) Rh positive women who are pregnant with or have given birth to, a Rh negative baby.
- c) Rh negative women who are pregnant with or have given birth to, a Rh negative baby.
- d) Rh positive women who are pregnant with or have given birth to, a Rh positive baby.

Q:20: Rooting reflex disappears at about:-

- a) 2 - 3 months of age.
- b) 1 - 2 months of age.
- c) 3 - 4 months of age. ✓
- d) 4 - 5 months of age.

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PART II: SHORT ANSWER QUESTIONS:

MARKS

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|------|---|----|
| Q:1: | Draw and label a diagram of a breast. | 5✓ |
| Q:2: | Classify four (4) causes of pathological jaundice and give an example on each. | 4 |
| Q:3: | State five (5) sutures and fontanelles in the fetal skull with the most obstetrical significance. | 5✓ |
| Q:4: | Outline three (3) causes of male infertility. | 3✓ |
| Q:5: | Outline six (6) effects of diabetes mellitus on pregnancy. | 5✓ |
| Q:6: | Outline five (5) presumptive signs of pregnancy. | 5✓ |
| Q:7: | Explain three (3) danger signs of pregnancy. | 6✓ |
| Q:8: | State two (2) indicators of fetal well-being. | 2✓ |
| Q:9: | State four (4) services offered in focused antenatal care. | 4✓ |

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PART III: ESSAY/ LONG ANSWER QUESTIONS:

MARKS

Q:1: Mrs. K. para 1+2 arrives in labour ward in 2nd stage of labour.

- a) Explain the mechanism of normal labour in 2nd stage of labour.
- b) Describe the care to be given to the baby and the mother using nursing process.

7✓

13✓

Q:2: Baby J, is born at term and weighs 2.7 kgs. He is admitted to special baby care unit with a diagnosis of congenital abnormality of the central nervous system affecting the spinal cord which is very severe, leaking cerebrospinal fluid and it is infected.

- a) Explain the baby's cardiovascular adaptation to extra-uterine life.
- b) State any three (3) congenital abnormalities of the spinal cord.
meningocele, Myelomeningocele, Spina bifida.
- c) Describe the specific management of baby J.

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3✓

11✓

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- Descend
- Flexion
- Extension
- Internal rotation of head
- Rotation
- Internal rotation of head
- Lateral flexion