

BScN EXAMINATION: PAPER TWO: JANUARY 2015
PART I: MULTIPLE CHOICE QUESTIONS:

Q:1: During delivery, the pelvic floor:-

- a) Influences relaxation of pelvic joints.
- b) Influences the passive movement of the fetus through the birth canal.
- c) Contracts to increase the movement of the baby through the birth canal.
- d) Retracts to increase the movement of the baby through the birth canal.

Q:2: Fertilization occurs at the:-

- a) Ampulla.
- b) Isthmus.
- c) Infundibulum.
- d) Interstitial portion.

Q:3: During fetal development the layer of cells that form bones, muscles, heart and blood vessels is:-

- a) Endoderm.
- b) Ectoderm.
- c) Mesoderm.
- d) Cytotrophoblast.

Q:4: In anatomical variation of placenta and cord, the cord is likely to detach upon application of traction in:-

- a) Circumvallata placenta.
- b) Battledore insertion of the cord.
- c) Velamentous insertion of the cord.
- d) Vasa praevia.

Q:5: The temporary structure of the fetal circulation that connects the umbilical vein to the inferior vena cava is:-

- a) Foramen ovale.
- b) Ductus arteriosus.
- c) Hypogastric artery.
- d) Ductus venosus.

Q:6: During pregnancy gastric emptying and peristalsis are slowed down to maximize the absorption of nutrients, this is influenced by relaxation of smooth muscles by:-

- a) Progesterone.
- b) Estrogen.
- c) Relaxin.
- d) Prolactin.

Q:7: The highest amount of weight during pregnancy is usually from:-

- a) Placenta, fetus.
- b) Placenta, fat.
- c) Fetus, blood volume increase.
- d) Uterus increase, fetus.

Q:8: The examinations/observations which are repeated at every antenatal visit include:-

- a) Weight, blood pressure, haemoglobin level.
- b) Urinalysis, palpation, haemoglobin level.
- c) Weight, urinalysis, blood pressure,
- d) Urinalysis, weight, Khan test.

Q:9: Presentation refers to:-

- a) Relationship between the long axis of the fetus and the long axis of the uterus.
- b) Relationship of the fetal head and the limb to the trunk.
- c) The part of the fetus which lie at the pelvic brim or in the lower pole of the uterus.
- d) Relationship between the denominator of the presentation and six points on the pelvic brim.

Q:10: During 1st stage of labour polarity is the term used to describe:-

- a) Uterine contractions that start at the fundus and spread across downwards.
- b) The neuromuscular harmony that prevails between the two poles or segments of the uterus throughout labour.
- c) Contraction and retraction of the uterus.
- d) Neuromuscular contractions that shorten the uterus during labour.

Q:11: In true labour uterine contractions are:-

- a) Always present, rhythmic, rarely exceeds 60 seconds.
- b) Recur with rhythmic regularity, lasts 3 – 4 minutes.
- c) Accompanied by backache, are erratic.
- d) Accompanied by abdominal tightening, lasts 2 – 3 minutes.

Q:12: Vaginal examination is performed during labour to:-

- a) Diagnose labour, confirm show.
- b) Confirm vertex presentation, diagnose labour.
- c) Confirm pelvic adequacy, rule out cord prolapse.
- d) Diagnose true labour, rule out cord prolapse.

Q:13: Polyhydramnios is likely to occur in:-

- a) Hypertensive mother, cardiac disease.
- b) Pyelonephritis, cardiac disease.
- c) Twin pregnancy, diabetic mother.
- d) Twin pregnancy, hypertensive mother.

Q:14: The most common type of anaemia in pregnancy is:-

- a) Folic acid deficiency anaemia.
- b) Iron deficiency anaemia.
- c) Haemolytic anaemia.
- d) Vitamin D deficiency anaemia.

Q:15: During 2nd stage of labour the mother should be advised to:-

- a) Hold her breath and push the baby out.
- b) To breath in and out during contractions.
- c) Push during a contraction and relax when the contraction is over.
- d) Push continuously for the baby to come out.

Q:16: Transmission of HIV (Human Immunodeficiency virus) infection to the fetus occurs:-

- a) Through transplacental route.
- b) Ascending through the vagina after rupture of membranes.
- c) As the baby passes through the birth canal.
- d) Through breastfeeding.

Q:17: The risk of mother to child transmission of HIV increase when:-

- a) Breastfeeding is continued over a time with supplements.
- b) Non-invasive delivery procedures are used.
- c) Maternal viral load is low.
- d) Sexually transmitted infections are treated early.

Q:18: In placenta praevia mothers can be allowed to undergo vaginal delivery in:-

- a) Type I and II.
- b) Type I and II posterior.
- c) Type I and II anterior.
- d) Type I and III.

Q:19: Sulfadoxine pyrimethamine (SP) is given during pregnancy because it:-

- a) Treats malaria in pregnancy.
- b) Keeps the placenta parasite free.
- c) Prevents the baby from getting malaria.
- d) Has no side effects during pregnancy.

Q:20: Indicate whether the statements are true or false.

- a) Subdural haemorrhage can occur in both term and preterm babies.
- b) Subarachnoid haemorrhage occurs when there is bleeding into the cerebral tissue and can be a complication of intravascular coagulopathy.

PART II: SHORT ANSWER QUESTIONS:

MARKS

- Q:1: Draw a well labeled diagram showing a lactating breast. 5
- Q:2: State the four (4) sutures present on the fetal head. 4
- Q:3: Differentiate between cephalohaematoma and caput succedaneum using characteristics. 6
- Q:4: Explain the three (3) cardinal signs of pre-eclampsia. 6
- Q:5: Differentiate between monozygotic and dizygotic twins. 4
- Q:6: Explain three (3) causes of prolonged second stage of labour and indicate the prevention measures taken by the midwife. 6
- Q:7: State six (6) health messages shared with a postnatal mother during a home visit 1st week after delivery. 6
- Q:8: State three (3) examinations you would carry out on a baby during daily examination. 3

- ① Hypertension
- ② Proteinuria
- ③ Polyuria

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diagram
lactiferous ~~canals~~ duct
fontanelles
Moro's reflex

PART III: ESSAY/LONG ANSWER QUESTIONS:

MARKS

Q:1: Mrs. B is admitted in postnatal ward four (4) days post delivery and is diagnosed to have puerperal sepsis.

- a) State four (4) actual nursing diagnosis you can make for Mrs. B. 4
- b) Describe the specific management of Mrs. B for the first six hours. 12
- c) State four (4) preventive measures of puerperal sepsis antenatally. 4

Q:2: Mrs. X who has been admitted in labour ward delivers a normal baby at a gestation of 40 weeks.

- a) Explain how APGAR score is assessed using a table. 5
- b) Describe normal characteristics and physical features of a newborn. 15

A - Appearance

P - Pulse

G - Grimace

A -

R - Respiration