

BScN LICENSING EXAMINATION: JANUARY 2008: PAPER TWO
PART I: MULTIPLE CHOICE QUESTIONS:

Q:1: Once fertilization has taken place, the fertilized ovum usually reaches the uterus after:-

- a) 6-8 days. *
- b) 3-4 days.
- c) 4-6 days. ✓
- d) 1-2 days. *

Q:2: A pregnant woman who is diagnosed as having abruption placentae would be carefully monitored for:-

- a) Toxic shock syndrome.
- b) Pulmonary embolism. ✓
- c) Cerebral vascular accident.
- d) Disseminated intravascular coagulation.

Q:3: The nursing diagnosis that would receive priority in a pre-eclamptic patient who is six hours post delivery is:-

- a) Altered parenting. ✓
- b) Sleep pattern disturbance.
- c) High risk for injury.
- d) Potential for constipation. ✓

Q:4: A mother who is HIV positive is admitted to labour ward. The statement she makes to indicate that she has an accurate understanding of her labour management is:-

- a) "I will receive antibiotics during labour."
- b) "My baby will have to be monitored more often than others while still in the uterus."
- c) "I plan to have an epidural anaesthesia to help ease my labour pains".
- d) "My baby will have to be delivered by caesarean section."

Q:5: A primigravida who had no prenatal care is admitted to labour ward and she starts pushing when she is only 8 cm dilated. The action that the midwife should take during the next contraction is to:-

- a) Instruct the patient to take rapid short breaths. ✓
- b) Tell the patient to take a deep breath, hold it and then bear down. *
- c) Help the patient to assume a semi-sitting position, then hold her knees in a fixed position while bearing down.
- d) Apply firm pressure on the patient's lower back. ✓

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Q:6: Mrs. Noni is in labour and calls a neighbour who is a midwife for help. On arrival, she finds that the foetal head is being delivered. The immediate action the midwife should take is:-

- a) Facilitate the delivery of the anterior shoulder.
- b) Cleanse the infant's face.
- c) Stimulate the infant to cry.
- d) Check for the cord round the neck.

Q:7: The topic that would be given priority in a teaching plan of a woman who is attending childbirth education at 8 weeks of gestation is:-

- a) Breast feeding techniques.
- b) Relaxation methods of labour.
- c) Management of pregnancy discomforts.
- d) Routine infant care.

Q:8: The most appropriate contraceptive method for a client with heart disease is:-
non hormonal

- a) Intrauterine contraceptive device.
- b) Progesterone-only pills.
- c) The combined oral contraceptives.
- d) Tubal ligation immediately after delivery.

Q:9: A client the midwife would prepare for emergency caesarean section is a mother:-

- a) With cord prolapse in 1st stage of labour. - monitoring. 2nd stage is reached
- b) With twin pregnancy.
- c) Who has chosen not to have a vaginal delivery.
- d) Who is 41 weeks gestation. - induction & monitoring.

* Q:10: For an infant born at 30 weeks gestation, an assessment by the midwife would most likely reveal:-

- a) Pinnae that recoil quickly.
- b) Extremities that abduct when lying supine.
- c) Sole creases that extend over the entire foot.
- d) Five millimeter bilateral breast buds.

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Q:11: The nursing diagnosis that would be given priority in the care plan of a newborn one hour post-delivery is :-

- a) High risk for infection.
- b) Altered nutrition.
- c) Ineffective thermoregulation.
- d) Impaired skin integrity.

Q:12: The reason for administration of vitamin K to a newborn is to:-

- a) Boost the immune response.
- b) Stimulate growth of gastro-intestinal flora.
- c) Protect against infection.
- d) Prevent bleeding problems.

* Q:13: Immediately after the delivery of a baby, the person assisting the midwife should:-

- a) Dry the baby. ^(u)
- b) Take the baby's weight. ^(u)
- c) Apply the identification band. ^(u)
- d) Check the number of umbilical vessels. ^(u)

* Q:14: During an assessment of a woman who has had a vaginal delivery 8 hours ago, the fundus is found to be at the level of the umbilicus and displaced to the right. The action that the midwife should take is to:-

- a) Encourage the woman to drink a lot of fluids.
- b) Assist the woman to pass urine.
- c) Massage the woman's uterus.
- d) Catheterize the woman.

Q:15: Congenital abnormalities are higher in offsprings of women with diabetes in pregnancy who have documented:-

- a) Hypoglycaemia at the time of conception and organogenesis.
- b) Hyperglycaemia at the time of conception and organogenesis.
- c) Hypoglycaemia mainly in the second trimester.
- d) Hyperglycaemia in the third trimester.

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Q:16: The antero-posterior diameter of the pelvic brim is measured from:-

- a) One iliopectineal eminence to the sacroiliac joint on the other side.
- b) One iliopectineal line to the sacral promontory.
- c) The sacral promontory to the upper border of the symphysis pubis.
- d) The sacral promontory to the lower border of the symphysis pubis.

* Q:17: When caring for a pre-eclamptic client during labour, the midwife should:-

- a) Give a fluid bolus before the 2nd stage.
- b) Give extra fluid throughout labour.
- c) Restrict the amount of fluid.
- d) Refrain from administering fluids during labour.

Q:18: Which of the following medications promote foetal lung maturity in cases of preterm labour?

- a) Terbutaline.
- b) Betamethasone.
- c) Co-trimoxazole.
- d) Clarithromycin.

Q:19: When assessing a mother in labour, the midwife will consider the foetal head to be engaged when:-

- a) Presenting part moves through the pelvis.
- b) The foetal head rotates to pass through the ischial spines.
- c) The foetal head extends as it passes under the symphysis pubis.
- d) The bi-parietal diameter passes the pelvic inlet.

Q:20: The neonate who is at high risk of developing retardation is one:-

- a) With history of intra-uterine growth retardation.
- b) Born less than 35 weeks of gestation.
- c) Whose mother experiences prolonged rupture of membranes.
- d) Born at 38 weeks of gestation.

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PART II: SHORT ANSWER QUESTIONS:

MARKS

Q:1: State five (5) functions of the amniotic fluid.

- cushioning/protection
- excretion
- Temp regulation
- Thermoregulation
- Shock absorption
- Nutrition of fetus
- Adhens for fetal movement
- Fetal secretion

5

Q:2: Pregnancy brings about changes in all body systems.

State five (5) changes that take place in the endocrine system.

- increase in growth hormone
- progesterone maintain pregnancy
- prolactin secreted at birth
- human chorionic gonadotropin hormone
- estrogen - stimulates growth

5

Q:3: Outline five (5) roles of a midwife in prevention of puerperal sepsis.

- Clean & safe delivery
- aseptic techniques
- proper use of antibiotics
- aseptic technique
- aseptic technique

5

Q:4: Health education to the mother is one of the aims of antenatal care.

a) List six (6) topics that could be included during a health education session with a pregnant mother.

- Nutrition
- Hydration
- F.P.
- Danger signs in pregnancy
- Hx.
- Pelvic floor in pregnancy

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b) Explain four (4) danger signs and symptoms in pregnancy and what each could indicate.

- Retained or no F.M. - U.P.B.
- Bleeding or leakage
- Low back pain
- Headache, severe, signs of eclampsia
- Vaginal discharge infection

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Q:5: Acute inversion of the uterus is one of the obstetrical emergencies.

State five (5) causes of this complication.

- Force too much in delivery of placenta
- pulling too early
- Mismanagement of 3rd stage
- short cord
- placenta praevia
- poor contraction

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Q:6: Describe the changes that take place in foetal circulation at birth.

- Close of placental ducts (arteries & veins)
- Its initially high goes down, bilirubin
- Blood flow to lungs, less more to placenta
- Foramen ovale closes
- Umbilical blood supply stop
- ductus arteriosus

3

Q:7: State three functions of the pelvic floor muscles.

- Relax & give room for fetus to pass
- Assist in effort of labour
- Support fetus by birth

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Q:8: State four contra-indications to breast feeding.

- breast infections
- HIV/AIDS
- mother too sick or on medication that can harm fetus

obbing
 curtness
 bation
 yer signs in pregnancy
 per FP
 resist feeding
 (TC) XQ:5

XQ:6

XQ:7

XQ:8

danger signs
 placenta praevia, APH
 PROM
 blood count of fetus - HFD
 clothe, pitting oedema - PET

Pelvic Floor Muscles
 • Resp for micturition & defecation
 • Relax to allow its exit from pelvis in labour
 • Assist in effort of cervix
 • Sexual intercourse

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PART III: LONG ESSAY ANSWER QUESTIONS:

MARKS

Q:1: Baby Etu is admitted to the newborn unit where you work as a midwife and a diagnosis of neonatal jaundice is made. The baby is to undergo phototherapy.

- a) Define neonatal jaundice. 1
→ Color change in skin of the baby's face
- b) Differentiate between physiological and pathological jaundice. 8
All - Bilan, test, history, no signs
- skin yellow, prognosis good
- phototherapy & Rx 15-20 days
- c) Describe the management of baby Etu till discharge. 15
- Assess, monitor, Resp. - Monitor jaundice, Monitor, e. P. - 8-10 days
→ Cyanosis, jaundice
- Monitor, e. P. - 8-10 days
- d) List any four (4) complications of phototherapy. 2
→ Retinal damage
→ Bone marrow damage
- Monitor, e. P. - 8-10 days

Side effects
- eye care
- bilirubin level
- skin care
- Temp
- hydration
- Neurological
- Concomitant
- phototherapy
- jaundice

Q:2: Ms WK comes to the antenatal clinic at 20 weeks gestation and after assessment she is diagnosed as having cardiac disease in pregnancy.

- a) State four (4) physiological changes that occur in the cardiovascular system during pregnancy. 4
→ Blood flow, BP, HR, stroke volume
- Cardiac output: ↑ by 30-50%
- blood volume: ↑ by 35-45%
- ↓ in total peripheral resistance
- b) State the four (4) classifications of cardiac disease in pregnancy. 4
I - Normal, II - Mild, III - Moderate, IV - Severe
- Cardiac I - Normal, II - Mild, III - Moderate, IV - Severe
- c) Describe the management of Ms WK till she goes into labour. 10
- Monitor, e. P. - 8-10 days
- d) List any four (4) complications that are likely to occur on Mrs. WK and her unborn baby:-

- I) Two (2) complications on the mother. 1
- II) Two (2) complications on the baby. 1
- neonatal complications

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- I - No symptoms during ordinary physical activity
- II - Symptoms during ordinary activity
- III - Symptoms during mild physical activity
- IV - symptoms during at rest

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