



**AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF NURSING & MIDWIFERY SCIENCES
END OF SEPTEMBER-DECEMBER TRIMESTER 2022 EXAMINATIONS**

BSM 225 COMPLICATIONS OF PREGNANCY

DATE: 29TH NOVEMBER 2022

Duration: 2 HOURS

Start: 2:00 PM

Finish: 4:00 PM

INSTRUCTIONS

1. This exam is out of 70 marks
2. This Examination comprises THREE Sections. Section I: Multiple Choice Questions (20 marks) Section II: Short Answer Questions (30 marks) and Section III: Long Answer Questions (20 marks)
3. Answer ALL Questions.
4. This online exam shall take 2 Hours
5. Late submission of the answers will not be accepted
6. Ensure your web-camera is on at all times during the examination period
7. No movement is allowed during the examination
8. Idling of your machine for 5 min or more will lead to locking out from the exam
9. The Learning Management System (LMS) has inbuilt integrity checks to detect cheating
10. Any aspect of cheating detected during and or after the exam administration will lead to the nullification of your exam
11. In case you have any questions call the Head of Department
12. For adverse incidences please write an email to: amiu.examinations@amref.ac.ke

1. Mrs V has inadequate amniotic fluid. The fetal causes of oligohydramnios include:
 - A. Esophageal and duodenal atresia
 - B. Renal agenesis and pulmonary atresia
 - C. Spinal bifida and anencephaly
 - D. Fetal anemia and chorioangioma

2. Mrs P has placenta praevia type 2, this means the placenta is located:
 - A. over the internal cervical os but not centrally
 - B. majorly in the upper uterine segment
 - C. Partially in the lower segment near the internal cervical os.
 - D. Centrally over the internal cervical os.

3. Mrs. P, a known cardiac disease patient at 30 weeks gestation reports dyspnea and chest pain with mild or less than ordinary physical activity. The most likely diagnosis is cardiac disease grade:
 - A. I
 - B. II
 - C. III
 - D. IV

4. Acute Polyhydramnios is associated with:
 - A. Severe fetal abnormalities
 - B. Maternal diabetes mellitus
 - C. Rhesus isoimmunization
 - D. Maternal viral infections

5. The priority intervention in the management of severe anaemia in late pregnancy is:
 - A. Identifying the underlying cause
 - B. Initiating intravenous infusions
 - C. Administration of haematinics
 - D. Transfusion with packed red blood cells

6. A 24 years old Para 1 Gravida 2 had last menstrual period 9 weeks ago. She presents with severe bleeding and passage of tissues per vaginal. Bleeding is associated with lower abdominal pain. The most likely diagnosis is:
- A. Threatened abortion.
 - B. Inevitable abortion.
 - C. Incomplete abortion.
 - D. Twin pregnancy.
7. A 30 years old para 2 gravida 3 at 28 weeks of gestation presents with severe pain in the flank radiating to her groin. She also complains of rigors and chills. Urine analysis reveals numerous pus cells. The most likely diagnosis is:
- A. Appendicitis.
 - B. Pyelonephritis.
 - C. Round ligament torsion.
 - D. Cystitis
8. Diabetic control is important before conception to reduce incidence of:
- A. Maternal nephropathy.
 - B. Diabetic ketoacidosis.
 - C. Congenital anomalies.
 - D. Maternal retinopathy
9. A 24 years old G₃P₂ presents to you at 32 weeks of gestation with preterm prelabour rupture of membranes for ten days. She is complaining of pain in lower abdomen, fever with rigors and chills and purulent vaginal discharge. What is her diagnosis:
- A. Pyrexia of unknown origin.
 - B. Puerperal pyrexia.
 - C. Preterm labour.
 - D. Chorioamnionitis.
10. The sexually transmitted infections associated with transplacental transmission are;
- A. Gonorrhoea, hepatitis B, HIV
 - B. Hepatitis B, HIV, chlamydia
 - C. Syphilis, HIV, Hepatitis B
 - D. Chlamydia, syphilis, HIV.

11. A complete breech is characterized by:
- A. Buttock presentation with thighs flexed on the abdomen, feet and legs flexed on the thighs
 - B. Buttock presentation with hips flexed and legs extended against the abdomen and chest
 - C. One or both legs or the knees extending below the buttocks
 - D. Buttock presentation together with another body part mainly the hand
12. Routine urinalysis of a 30 years old para 2 gravida 3 at 28 weeks of reveals numerous pus cells.
The most likely diagnosis is:
- A. Acute cystitis
 - B. Acute pyelonephritis
 - C. Asymptomatic bacteriuria
 - D. Acute renal failure
13. Vaginal examination is contraindicated in pregnancy in which of the following situation:
- A. Genital infection
 - B. Prolapsed cord.
 - C. Placenta previa.
 - D. Premature labour
14. Pregnancy induced hypertension is diagnosed:
- A. After 20 weeks of gestation with proteinuria
 - B. After 20 weeks of gestation without proteinuria
 - C. Before 20 weeks of gestation with proteinuria
 - D. At any gestational age.
15. The laboratory finding associated with HELLP syndrome is elevated;
- A. Blood sugar
 - B. Platelet count
 - C. White blood cell count
 - D. Hepatic enzymes
16. The obstetric causes of disseminated intravascular coagulopathy include;
- A. Precipitate labour
 - B. Placenta abruption

- C. Placenta praevia
- D. Prolonged labour

17. Electrolyte imbalance in a pregnant woman is most likely due to:

- A. Anaemia
- B. Hyperemesis gravidarum
- C. Food cravings
- D. Frequency of urination

18. An ultrasound for a client 14 weeks pregnant with gestational trophoblastic disease is likely to reveal

- A. An empty gestational sac.
- B. Grapelike clusters.
- C. A severely malformed fetus.
- D. An extrauterine pregnancy.

For question 19 and 20, indicate whether the following statements are TRUE or FALSE;

- 19. a) Human placental lactogen hormone causes maternal insulin resistance
- b) Glycosuria cannot be used to diagnose diabetes in pregnancy

- 20. a) Acute cystitis is the most common form urinary tract infection in pregnancy
- b) Malaria is associated with intrauterine growth retardation

SECTION II: SHORT ANSWER QUESTIONS (30 MARKS)

1. Explain specific management of hyperemesis gravidarum 5mks
2. Enumerate six (6) predisposing factors to ectopic pregnancy 6mks
3. State four (4) effects of teenage pregnancy 4mks
4. State five (5) health messages you will share with a pregnancy woman on management of heartburn 5mks
5. Differentiate placenta praevia and placenta abruption 5mks
6. Outline five (6) predisposing factors to premature rupture of membranes 5mks

SECTION III: LONG ANSWER QUESTION (20 MARKS)

Q1. Madam Malaika, a primigravida aged 19 years and at 34 weeks gestation is admitted with blood pressure of 170/130mmHg, proteinuria 2+ and clinical signs of impending eclampsia;

- a) Enumerate six (6) clinical signs of impending eclampsia 3mks
- b) List six (6) factors that may have predisposed Madam Malaika to pre-eclampsia 3mks
- b) Describe the management you will accord Madam Malaika 14 mks