



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

**BSM 417: ADVANCED MIDWIFERY**

**BSM APRIL 2020 YEAR-III SEMESTER-11 UPGRADING**

**DATE: 8<sup>TH</sup> DECEMBER 2022**

**DURATION: 2 HOURS**

**START: 2:00 PM**

**FINISH: 4:00 PM**

**INSTRUCTIONS**

1. This Examination is out of 70 marks
2. This Examination comprises **THREE** Sections.  
**Section I:** Multiple Choice Questions (15 marks)  
**Section II:** Short Answer Questions (35 marks)  
**Section III:** Long Answer Questions (20 marks)
3. Answer **ALL** Questions.

**SECTION I: MULTIPLE CHOICE QUESTIONS (15 MARKS)**

1. The Kenya Demographic Health Survey is routinely conducted: -
  - A. Yearly
  - B. Five yearly
  - C. Ten yearly
  - D. Two yearly
  
2. The latest Kenya Demographic Health Survey report is expected to be released in: -
  - A. The year 2021/2022
  - B. The year 2022/2023
  - C. The year 2023/2024
  - D. The year 2024/2025
  
3. The currently implied estimates by the Kenya Demographic Health Survey were released in: -
  - A. The year 2012/2013
  - B. The year 2013/2014
  - C. The year 2014/2015
  - D. The year 2015/2016
  
4. One of the Kenya Demographic Health Survey was released in: -
  - A. The year 2007/2008
  - B. The year 2008/2009
  - C. The year 2009/2010
  - D. The year 2010/2011
  
5. The following equipment is normally used to monitor maternal and fetal status during childbirth EXCEPT: -
  - A. Ultrasonography
  - B. Cardiotocograph
  - C. Doppler techniques
  - D. Radiography

6. Neonatal mortality is often expressed as:
- A. Rate per 1,000 live births
  - B. Ratio per 1,000 live births
  - C. Rate per 1,000 births
  - D. Ration per 1,000 births
7. Deaths of newborns in the first month (28 days) of life are known as: -
- A. Neonatal mortality
  - B. Perinatal mortality
  - C. Infant mortality
  - D. Child mortality
8. The number of deaths due to maternal causes expressed per 100,000 live births is referred to as: -
- A. Maternal mortality rate
  - B. Maternal mortality ratio
  - C. Maternal mortality death
  - D. Death of women of reproductive age
9. The number of deaths due to maternal causes expressed per 1,000 women of reproductive age is referred to as: -
- A. Maternal mortality rate
  - B. Maternal mortality ratio
  - C. Maternal mortality death
  - D. Death of women of reproductive age
10. The crude date rate is often expressed as: -
- A. The number of deaths per 1,000 population
  - B. The number of deaths per 10,000 population
  - C. The number of deaths per 100,000 population
  - D. The number of deaths per 1000,000, population
11. The age-specific death rate is often expressed as: -
- A. Number of deaths per 1,000 persons of a specific age group

- B. Number of deaths per 10,000 persons of a specific age group
- C. Number of deaths per 100,000 persons of a specific age group
- D. Number of deaths per 1000,000, persons of a specific age group

12. The following statements are TRUE about the Sub-County monitoring framework for Maternal and Perinatal Death Surveillance Response (MPDSR) EXCEPT: -

- A. The indicator is the percentage of Sub counties with functional Facility MPDSR committees.
- B. The numerator is defined as the number of health facilities in a sub-county with functional review committees that hold meetings and record minutes
- C. The denominator is defined as the total number of facilities in a sub-county
- D. The indicator is the percentage of Sub counties with functional sub-county MPDSR committees

13. Response to Maternal and Perinatal Death Response Surveillance at the community level: -

- A. Aims at alleviating multiple causes of first-level delay in accessing care
- B. Aims at alleviating multiple causes of second-level delay in accessing care
- C. Aims at alleviating multiple causes of third-level delay in accessing care
- D. Aims at alleviating multiple causes of fourth-level delay in accessing care

14. Response to Maternal and Perinatal Death Response Surveillance at the national level includes the following EXCEPT: -

- A. National oversight of the complete MPDSR program through close monitoring of the indicators
- B. Identify high-burden counties for resource allocation and technical support.
- C. Review relevant legislation and resource mobilization to address national avoidable factors
- D. County-level oversight of the MPDSR program through close monitoring of the indicators

15. The following statements are TRUE about the MPDSR information flow EXCEPT: -

- A. MPDSR have feedback mechanisms at all levels
- B. MPDSR has a feedback mechanism at the facility level
- C. MPDSR has feedback mechanisms at the community level
- D. MPDSR has feedback mechanisms at the international level

**SECTION II: SHORT ANSWER QUESTIONS (35 MARKS)**

1. Outline six (6) specific objectives of Maternal and Perinatal Death Surveillance and Response  
· (6 marks)
2. State six (6) guiding principles of Maternal and Perinatal Death Surveillance and Response (6 marks)
3. Describe the steps of identification and notification of deaths that occur in the communities  
· (6 marks)
4. Enumerate six (6) strategies aimed at promoting Respectful Maternity Care. (6 marks)
5. State six (6) rights of a client seeking maternity care in a health facility. (6 marks)
6. State five (5) direct causes of maternal death (5 marks)

**SECTION III: LONG ANSWER QUESTION (20 MARKS)**

1. You have appointed a Reproductive Health Coordinator of your County and one of the key reports from your predecessor is low rate of Maternal and Perinatal Death Surveillance and Response Committee meetings in the entire county: -
  - a. Define the term “Maternal Mortality” (1 mark)
  - b. Define the term “Perinatal Mortality” (1 mark)
  - c. State two (2) legal challenges of the Maternal and Perinatal Death Surveillance and Response framework. (2 marks)
  - d. Describe the four (4) strategies of Maternal and Perinatal Death Surveillance and Response (16 marks)