



**AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF NURSING & MIDWIFERY SCIENCES
KENYA REGISTERED COMMUNITY HEALTH NURSING
SUPPLEMENTARY/ SPECIAL EXAMINATION**

DNS 123: MIDWIFERY I

DATE: 29TH NOVEMBER 2022

TIME: 2 HOURS

Start: 9:00 AM

Finish: 11:00 AM

INSTRUCTIONS

1. This exam will be marked **out of 70 Marks**
2. This Examination comprises **THREE** Sections. Section I: Multiple Choice Questions, Section II: Short Answer Questions and Section III: Long Answer Questions
3. All questions are compulsory.
4. Do Not write anything on the question paper -use the back of your booklet for rough work if need be

SECTION I: MULTIPLE CHOICE QUESTIONS (20 MARKS)

1. The features of a gynaecoid pelvis include:-
 - a. Well curved sacrum, shallow cavity and a pubic arch of less than 90^0
 - b. Straight side walls, well curved sacrum and an oval brim
 - c. Rounded brim, generous fore pelvis and pubic arch of 90^0
 - d. Side walls diverge, rounded brim and a shallow cavity
2. Degeneration of the corpus luteum leads to:-
 - a. Increase in estrogen levels
 - b. Decrease in progesterone levels
 - c. Increase in inhibin levels
 - d. Increase in progesterone levels
3. The appropriate time to give anti malarial prophylaxis during pregnancy is:-
 - a. Before 8 weeks
 - b. At 12 weeks
 - c. After 16 weeks
 - d. After delivery
4. Match the statements in Column A with their appropriate descriptions in column B

COLUMN A

- a. Attitude
- b. Position

COLUMN B

- i. The relationship between the long axis of the foetus and the long axis of the uterus
- ii. The relationship between the denominator of the presentation and six points on the pelvic brim
- iii. The relationship of the foetal head and limbs to its trunk
- iv. The relationship between the foetal lie and the maternal axis

5. In the mechanism of normal labour, fundal dominance means:-
 - a. Contractions are tonic
 - b. Polarity is reversed
 - c. Contractions are strongest at the fundus
 - d. The upper uterine segment is thickened
6. Observations made during second stage of labour include:-
 - a. Flexion, gapping of anus, cervical dilatation , uterine contraction,
 - b. Descent, flexion of presenting part , rotation, maternal condition
 - c. Descent, anal cleft line , rotation, fetal condition,
 - d. Extension , flexion of presenting part , moulding , fetal condition
7. Restitution in fetal mechanism refers to:-
 - a. Shoulder aligning with wider pelvic outlet
 - b. Pressure on fetal axis to bring flexion
 - c. Crowning of the occiput
 - d. Correction of the twist of the fetal neck
8. Puerperal sepsis is defined as:-
 - a. Infection of the genital tract after spontaneous delivery
 - b. Raised temperature and pulse after delivery of the infant
 - c. Pelvic infection due to ascending infection from perineum
 - d. Maternal Infection between 24 hours upto 6 weeks following delivery
9. The type of heat loss prevented when a midwife dries the baby thoroughly after birth with a pre-warmed cloth is:-
 - a. Conduction
 - b. Radiation
 - c. Evaporation
 - d. Convection

10. The management of physiological jaundice in a newborn includes:-
- Early feeding, phototherapy, observing for the degree of jaundice
 - Intravenous fluids, observing for the degree of jaundice, early feeding
 - Increasing the frequency of feeding, observing for the degree of jaundice, checking the serum bilirubin level
 - Phototherapy, nasogastric tube feeding, observing the degree of jaundice
11. The rooting reflex is defined as response of the baby to:-
- Being pulled upright by the wrist to a sitting position
 - Being supported upright with his feet touching a flat surface
 - Stroking of the cheek or side of the mouth
 - Being left to drop from an angle of 45
12. Post-partum diuresis peaks:-
- Within 12-24 hours of giving birth
 - After 4 weeks of puerperium
 - Within 24-48 hours post delivery
 - Within 12 hours after 3rd stage of delivery
13. Abnormal features in the immediate puerperium period include:-
- Tachycardia, hypotension, atony
 - After pains, diuresis, shivering
 - Tachycardia, anorexia, no colostrum
 - Hypotension, diuresis, marked thirst
14. Prophylactic interventions for the newborn include:-
- Breastfeeding, resuscitation, stimulation
 - Administration of Vitamin K, tetracycline eye ointment and chlorohexidine 4%
 - Breastfeeding, administration of vitamin K, phototherapy
 - Skin to skin care, phototherapy, administration of tetracycline eye ointment
15. Signs of good attachment in a breastfeeding neonate include:-
- Mouth widely open, upper lip turned outward, more areola visible above baby's mouth
 - Lower lip turned outward, chin touching the breast, more areola visible below baby's mouth
 - Upper lip turned outward, nose touching the breast, mouth widely open
 - More areola visible above baby's mouth, lower lip turned outward, chin touching the breast

16. Features of physiological jaundice include:-

- a. Appears within 24 hours, persists beyond 7 days
- b. Appears within 24 hours, fades within 3-4 days
- c. Appears after 24 hours, fades by 7 days after birth
- d. Appears after 24 hours, persists beyond 21 days

17. Neonatal period is defined as the period from birth up to:-

- a. 14 days
- b. 12 months
- c. 28 days
- d. 7 days

18. Care given to a normal term newborn in the first 24 hours of birth include:-

- a. 3 hourly feeding, weighing, observing nature of cry
- b. Examine for oral thrush, checking for blocked nostrils, taking temperature OD
- c. Checking eye for discharge, observing respiration rate, checking for drying of cord stump
- d. Observing respiration rate, taking temperature OD, checking reflexes

19. In Mathew Duncan's method of placental separation:-

- a. The placenta separates from its lateral borders, slipping down the uterine wall
- b. The placental separation begins centrally and then falls to the lower uterine segment
- c. The separation is aided by the formation of a retro placental clot
- d. The foetal surface of the placenta is normally delivered first

20. Breastfeeding promotes uterine involution because it:-

- a. Stimulates the production of human placental lactogen that contracts the uterus
- b. Promotes secretion of prolactin to increase uterine contractions
- c. Causes the pituitary to secrete oxytocin to contract the uterus
- d. Stimulates the secretion of prostaglandins to stimulate uterine contraction

SECTION II: SHORT ANSWER QUESTIONS (30 MARKS)

1. Draw and label a sagittal section of the female reproductive system (5 Marks)
2. Explain five (5) components of an individual birth plan (5 Marks)
3. State four (4) physiological changes of pregnancy affecting the cardio vascular system (4 Marks)
4. Explain two (2) advantages of active management of 3rd stage of labour (4 Marks)
5. State three (3) non-pharmacological strategies of managing pain during first stage of labour (3 Marks)
6. Explain two (2) processes that facilitate uterine involution (2 Marks)
7. Outline the timings of visits recommended in targeted postnatal care (4 Marks)
8. Outline three (3) minor disorders during the puerperium (3 Marks).

PART III: LONG ANSWER QUESTION (20 MARKS)

1. Ms Q 30 year's old para 0+0 is admitted in the labor ward in active phase of first stage of labour.
 - a. State five (5) factors that may affect the duration of first stage of labor (5 Marks)
 - b. Describe the management of Ms. Q till the end of first stage of labor (10 Marks)
 - a. Describe five (5) physiological adaptations of the new-born after birth (5 Marks)