

# AMREF INTERNATIONAL UNIVERSITY SCHOOL OF MEDICAL SCIENCES DEPARTMENT OF NURSING & MIDWIFERY SCIENCES END OF JANUARY-APRIL SEMESTER 2023 EXAMINATIONS

### **BSM 317: POST ABORTION CARE**

#### DATE: 14<sup>TH</sup> APRIL 2023

Duration: 2 HOURS

Start: 9:00 AM

Finish: 11:00 AM

#### 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.** 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**

- Q1. The primary goal of post-abortion care is to:
  - a. Screen for sexually transmitted infections
  - b. Prevents future unintended pregnancies
  - c. Provide psychological support
  - d. Manage complications of abortion
- Q2. The non-pharmacological post abortion pain intervention is;
  - a. Ponstan
  - b. Paracervical block
  - c. Verbocaine
  - d. Anxiolytic
- Q3. The recommended contraindicated contraceptive method in client who had post abortion sepsis is:
  - a. Barrier methods
  - b. Combined oral contraceptive pills
  - c. Intrauterine contraceptive device
  - d. Implants
- Q4. Threatened abortion is characterized by:
  - a. Rhythmic uterine contractions, closed cervical OS, and mild per vaginal bleeding
  - b. Severe per vaginal bleeding, cervical dilatation, and strong rhythmic uterine contractions
  - c. Open cervical OS, abdominal discomfort, and mild per vaginal bleeding
  - d. Mild per vaginal bleeding, closed cervical OS, and mild lower abdominal pain
- Q5. The role of counselling in post-abortion care is to:
  - a. Provides and advocate for social support
  - b. Help individuals process their feelings and experiences related to the abortion
  - c. Provide education and resources related to contraception
  - d. prepare client for reproductive health screening
- Q6. A post abortion client is advised to abstain from sexual intercourse for:
  - a. One week
  - b. One month
  - c. Three months
  - d. Six months
- Q7. Confidentiality during post-abortion care is achieved by:
  - a. Only sharing information with individuals who have signed a consent form
  - b. Avoiding sharing client information, except in cases where reporting is required by law
  - c. Sharing information freely with anyone who requests it
  - d. Sharing client information with family members only

Q8. The MOST common source of post abortion infection is: -

- a. Unsafe abortion procedures
- b. Manual vacuum aspiration
- c. poor personal hygiene
- d. Low immunity

Q9. The most common complication of dilatation and curettage for uterine evacuation is: -

- a. Infection
- b. Uterine bleeding
- c. Cramping pain
- d. Uterine perforation
- Q10. The recommended oral misoprostol dosage for post abortion care is:
  - a. 200mcg 3 hourly till complete expulsion
  - b. 400mcg 3 hourly till complete expulsion
  - c. 600mcg 3 hourly till complete expulsion
  - d. 800mcg 3 hourly till complete expulsion
- Q11. The common misconception about post-abortion care is:
  - a. Post-abortion care is only necessary after a surgical abortion
  - b. Post-abortion care is only necessary for women who experience physical complications
  - c. Post-abortion care is only necessary for women who experience emotional distress
  - d. All of the above
- Q12. Manual Vacuum aspiration is recommended for post abortion care when the uterine size is:
  - a) Less than 13 weeks
  - b) Between six and 10 weeks only
  - c) More than 14 weeks
  - d) Between 14 and 20 weeks
- Q13. A life-threatening complication of missed abortion is:
  - a) Amniotic fluid Embolism
  - b) Post abortion sepsis
  - c) Disseminated intravascular coagulopathy
  - d) Uterine perforation

Q14. A post abortion client should change sanitary pad after every: -

- a. 1-2 hours
- b. 2-4 hours
- c. 4-6 hours
- d. 8-10 hours

Q15. High level disinfection of manual vacuum aspiration Kit is achieved by use of chemical solution for: -

a. 5 minutes

- b. 10 minutes
- c. 15 minutes
- d. 20 minutes

Q16. Paracervical block is achieved by injecting 1% lidocaine at: -

- a) 3, 9, 12, 6 o'clock
- b) 2, 4, 8,10 o'clock
- c) 1, 5, 7, 11 o'clock
- d) 4, 9, 11, 5 o'clock

Q17. Indicate whether the following statement are TRUE or FALSE: -

- a) Value clarification and attitude transformation results in provision of judgemental post abortion care
- b) Post abortion client can benefit from value clarification with regard to behaviour change

Q18. Indicate whether the following statement are **TRUE** or **FALSE:** -

- a) All post abortion clients are likely to experience long term mental health disorders
- b) Only clients who have experienced post abortion clients require counselling
- Q19. Indicate whether the following statement are TRUE or FALSE:
  - a) Patient consensus should be obtained in post abortion care
  - b) Kenyan laws allow both abortion and post abortion services
- Q20. Indicate whether the following statement are TRUE or FALSE:
  - a) All post abortion clients should be given antibiotics
  - b) All clients with traumatic post abortion should be referred in a facility with theatre

## SECTION II: SHORT ANSWER QUESTIONS (30 MARKS)

Q1. State five (5) causes of spontaneous abortion	5 marks
Q2. Outline five (5) roles of the Community in post abortion care services	5 marks
Q3. Highlight five (5) rights of a post abortion client	5 marks
Q4. Using the acronym <b>DECIDE</b> , provide post abortion contraceptive counselling	6 marks
Q5. State five (5) barriers to post abortion services	5 marks
Q6. Outline four (4) other reproductive health services you can provide to a client seeking	
Post abortion services	4 marks

## SECTION III: LONG ANSWER QUESTION – (20 MARKS)

Q1. Madam P 32 years old is admitted in the gynaecology ward with a diagnosis of incomplete abortion at 10 weeks gestation;

a) Outline four (4) clinical features Madam P may have presented with	4 marks
b) Describe management of Madam P	13 marks

