



**AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF NURSING & MIDWIFERY SCIENCES
BACHELOR OF SCIENCE IN NURSING
END OF JANUARY-APRIL SEMESTER 2023 EXAMINATIONS**

COURSE CODE AND TITLE: BSN 227 MIDWIFERY AND OBSTETRIC NURSING II

DATE: 6TH APRIL 2023

**DURATION: 2 HOURS
PM**

START: 2:00 PM

FINISH: 4:00

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. Do Not write anything on the question paper -use the back of your booklet for rough work if need be.**

SECTION A: MULTIPLE CHOICE QUESTIONS (20 MARKS)

1. The main component of haemoglobin is the: -
 - A. Oxygen
 - B. Red blood cells
 - C. Iron
 - D. Vitamin C

2. The oral anticoagulant of choice for managing cardiac disease in pregnancy is: -
 - A. Warfarin
 - B. Methyldopa
 - C. Nifedipine
 - D. Heparin

3. Microcytic hypochromic anemia in pregnancy is characterized by: -
 - A. Increased hematocrit levels and reduced hemoglobin levels
 - B. Reduced hematocrit levels and reduced hemoglobin levels
 - C. Normal hematocrit levels and reduced hemoglobin levels
 - D. Normal hematocrit levels and increased hemoglobin levels

4. Severe preeclampsia is diagnosed when: -
 - A. Proteinuria and a diastolic pressure of < 110 mm Hg are detected
 - B. Proteinuria, convulsions, and diastolic blood pressure of > 110 mm Hg are detected
 - C. Proteinuria and diastolic blood pressure of > 110 mm Hg are detected
 - D. Proteinuria and diastolic blood pressure of < 110 mm Hg are detected

5. Mean corpuscular volume (MCV) used to evaluate anemia in pregnancy measures: -
 - A. The average size of red blood cells
 - B. The color of red blood cells
 - C. The level of hemoglobin levels
 - D. The level of hematocrit

6. Parenteral iron with sorbitol therapy for microcytic hypochromic anemia in pregnancy is: -
 - A. Infused slowly over 20 minutes at a dose of 50 mg/kg body weight
 - B. Infused slowly over 10 minutes at a dose of 50 mg/kg body weight
 - C. Infused slowly over 15 minutes at a dose of 50 mg/kg body weight
 - D. Infused slowly over 5 minutes at a dose of 50 mg/kg body weight

7. A pregnant woman on anticoagulant therapy is usually observed for the signs of: -
 - A. Palpitations
 - B. Petechiae
 - C. Dyspnea
 - D. Pallor

8. The types of insulin therapy in managing diabetes in pregnancy are: -
- A. Short-acting insulin and intermediate-acting insulin
 - B. Short-acting insulin and long-acting insulin
 - C. Intermediate-acting insulin and long-acting insulin
 - D. Long-acting insulin and intermediate-acting insulin
9. Oxygen is administered to unconscious pregnant women at: -
- A. Four liters per minute via a non-rebreather face mask
 - B. Five liters per minute via a non-rebreather face mask
 - C. Six liters per minute via a non-rebreather face mask
 - D. Seven liters per minute via a non-rebreather face mask
10. The cervix is usually fully effaced at: -
- A. At about 3 cm dilatation
 - B. At about 7 cm dilatation
 - C. At about 5 cm dilatation
 - D. At about 6 cm dilatation
11. Magnesium sulfate as the drug of choice for controlling convulsions in eclampsia is administered at: -
- A. 4 grams in 5 minutes, and 5 grams in deep intramuscular each buttock
 - B. 4 grams in 20 minutes, and 5 grams in deep intramuscular each buttock
 - C. 4 grams in 10 minutes, and 5 grams in deep intramuscular each buttock
 - D. 4 grams in 15 minutes, and 5 grams in deep intramuscular each buttock
12. The normal breathing rate in a newborn infant is: -
- A. 30 - 60 beats per minute
 - B. 60 - 90 beats per minute
 - C. Greater than 30 minutes per minute
 - D. Less than 90 beats per minute
13. In a doubtful fetal presenting part during labor, an ultrasound scan is advised when: -
- A. The descent is one-fifth palpable
 - B. The descent is five-fifths palpable
 - C. The descent is two-fifths palpable
 - D. The descent is three-fifths palpable

14. Immediate postpartum maternal monitoring involves observation of vital signs, blood loss, and uterine retraction: -
- Every 30 to 60 minutes for the first two hours
 - Every 15 to 60 minutes for the first two hours
 - Every 15 to 45 minutes for the first two hours
 - Every 15 to 30 minutes for the first two hours
15. Continuous external fetal movement during labor can be monitored by use of: -
- Cardiotocography
 - Pinard stethoscope
 - Hand-held Doppler ultrasound
 - Abdominal examination
16. In eclampsia at least 37 weeks gestation augmented vaginal delivery is recommended when: -
- The bishop score is ≥ 3 .
 - The bishop score is ≥ 4 .
 - The bishop score is ≥ 5 .
 - The bishop score is ≥ 6 .
17. Pyelonephritis in pregnancy can be treated with: -
- Amoxicillin 500 mg orally 3 times daily for 3 days + gentamycin 5 mg/kg body weight every 24 hours until afebrile
 - Cotrimoxazole 160 mg orally twice a day for three days + gentamycin 5 mg/kg body weight every 24 hours until afebrile
 - Amoxicillin 2 g every 6 hours in IV + gentamycin 5 mg/kg body weight every 24 hours until afebrile, then give amoxicillin 1 g three times daily for 14 days.
 - Cotrimoxazole 800 mg orally twice a day for three days + gentamycin 5 mg/kg body weight every 24 hours until afebrile
18. A pregnant woman with cardiac disease is at the most risk of circulatory failure at: -
- 24 to 28 weeks gestational age
 - 28 to 32 weeks gestation
 - 24 to 32 weeks gestation
 - 24 to 36 weeks gestation
19. Metabolic acidosis occurs in pregnant women with diabetes because: -
- Gastric acid lowers the pH of the blood.
 - Lactic acid increases the pH of the blood.
 - Gastric acid increases the pH of the blood.
 - Lactic acid lowers the pH of the blood.
20. Impaired fasting glucose due to diabetes in pregnancy is a state when: -
- Plasma glucose is between 110 mg/dL to 126 mg/dL.
 - Plasma glucose is between 140 mg/dL to 200 mg/dL.
 - Plasma glucose is between 110 mg/dL to 200 mg/Dl.
 - Plasma glucose is between 140 mg/dL to 126 mg/dL.

SECTION B: SHORT ANSWER QUESTIONS (30 MARKS)

21. Define the following terms: -
- a. Puerperium (1 mark)
 - b. Normal labor (1 mark)
 - c. Low birth weight (1 mark)
 - d. Pre-term birth (1 mark)
 - e. Intrapartum (1 mark)
22. State five (5) clinical features of diabetes mellitus in pregnancy (5 marks)
23. State the parameters of assessing a newborn infant immediately at birth (5 marks)
24. State five (5) clinical findings on physical examination of microcytic hypochromic anemia in pregnancy (5 marks)
25. State the classifications of hypertension in pregnancy (5 marks)
26. State any five (5) factors responsible for initiating labor in a pregnant woman at term (5 marks)

SECTION C: LONG ANSWER QUESTIONS (20 MARKS)-ATTEMPT ONE QUESTION ONLY

27. Mrs. Mapesha aged 28 years who is nulliparous with a history of 40 weeks gestational age, abdominal pains, and fetal movements is admitted to the labor ward with a cervical dilatation of 2 centimeters where you are on the clinical attachment under the guidance of the nurse Grace.
- a. Describe the four stages including phases and duration of labor Mrs. Mapeza will go through till childbirth (10 marks)
 - b. Describe the mechanisms of normal labor being experienced by Mrs. Mapeza (10 marks)
28. Mrs. Mapeza went through normal labor and gave birth to a female infant weighing 3.8 kilograms with an APGAR score of 8 out of 10 scores.
29. Using the parameters for APGAR scoring a newborn infant ranging from 0-10 points, describe the points estimation of baby Mapeza (10 marks)
30. Describe the standard procedures in essential newborn care of baby Mapeza . .. (10 marks)