



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

**COURSE CODE AND BSN 314: MIDWIFERY AND OBSTETRIC NURSING-III**

**DATE: 13-DECEMBER-2023**

Duration: 2 HOURS

Start: 11:15AM

Finish: 1:15PM

**INSTRUCTIONS**

1. This exam is 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. Answer **ALL** Questions.
4. Do Not write anything on the question paper -use the back of your booklet for rough work if need be.
5. Any form of examination cheating will lead to the cancellation of the examination.

**SECTION I: MULTIPLE CHOICE QUESTIONS****(20 MARKS)**

1. In Occipital Posterior Position the foetal heart is heard on: -
  - A. The right flank or at the umbilicus either at the midline or slightly to the left
  - B. The left flank or at the umbilicus either at the midline or slightly to the left
  - C. The right flank or at the umbilicus either at the midline or slightly to the right
  - D. The right flank or at the umbilicus either the midline
2. Eclampsia presents with: -
  - A. High blood pressure, proteinuria, and unconsciousness
  - B. High blood pressure, proteinuria, and convulsions
  - C. High blood pressure, proteinuria, and dizziness
  - D. Convulsions, unconsciousness, and proteinuria
3. 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
4. Factors predisposing to ruptured uterus include the following EXCEPT: -
  - A. Previous uterine scar
  - B. Obstructed labour
  - C. High parity
  - D. Primigravida
5. Prolonged labour can be described as:
  - A. Labour that has taken more than 8 hours in multipara, and 12 hours in nullipara
  - B. Labor that has taken more than 12 hours in multipara, and 8 hours in nullipara
  - C. Labor that has taken more than 12 hours
  - D. Labor that has taken more than 8 hours
6. On inspection of the lower abdomen in the occipital posterior: -
  - A. An unengaged head is observed as a full bladder on inspection
  - B. An unengaged head is observed at the level of the umbilicus
  - C. An unengaged head is observed at the level of the fundus
  - D. An unengaged head is unpalpable

7. In deep transverse arrest in occipital posterior position: -
- A. The occiput rotates forward
  - B. The occiput fails to rotate forward
  - C. The occiput rotates backward
  - D. The occiput fails to rotate backward
8. When foetal extremities lie alongside or below the presenting part with both limbs trying to enter the pelvis simultaneously is described as: -
- A. Brow presentation
  - B. Facial presentation
  - C. Shoulder presentation
  - D. Compound presentation
9. The long internal rotation of the head in the occipital posterior is: -
- A.  $\frac{3}{8}$  of a circle
  - B.  $\frac{1}{8}$  of a circle
  - C.  $\frac{5}{8}$  of a circle
  - D.  $\frac{7}{8}$  of a circle
10. Common fractures of the newborn at birth include: -
- A. Femur, Clavicle and Tibia
  - B. Tibia, Fibula and Clavicle
  - C. Clavicle, Humerus, and Femur
  - D. Humerus, Tibia and Fibula
11. A birth defect characterized by an exposed abdominal organ is known as: -
- A. Abdominal hernia
  - B. Gastroschisis
  - C. Omphalocele
  - D. Umbilical hernia
12. The following statements is FALSE about Caput Succedaneum: -
- A. It is an effusion of blood below the periosteum that covers the skull bones
  - B. It is an edematous swelling under the scalp and above the periosteum
  - C. It does not need treatment
  - D. It resolves spontaneously

13. A loading dose of intramuscular injection of Phenobarbitone 20mg/kg stat is administered in cases of neonatal seizures followed by: -
- A. 5-10mg/kg within 12 hours with maintenance doses of 5mg/kg daily
  - B. 10-15mg/kg within 24 hours with maintenance doses of 5mg/kg daily
  - C. 5-10mg/kg within 24 hours with maintenance doses of 5mg/kg daily
  - D. 10-15mg/kg within 12 hours with maintenance doses of 5mg/kg daily
14. Mild cases of neonatal septic spots are treated with: -
- A. Oral Amoxicillin/ 62.5mg/ Cloxacillin 8 hourly daily for 10 to 14 days
  - B. Oral Amoxicillin/ 63.5mg/ Cloxacillin 8 hourly daily for 5 to 7 days
  - C. Oral Amoxicillin/ 63.5mg/ Cloxacillin 8 hourly daily for 10 to 14 days
  - D. Oral Amoxicillin/ 62.5mg/ Cloxacillin 8 hourly daily for 5 to 7 days
15. Physiological jaundice usually appears after 48 hours of birth and resolves: -
- A. 14-28 days or a little longer in preterm babies
  - B. 7 days or a little longer in preterm babies
  - C. 7-10 days or a little longer in preterm babies
  - D. 7-14 days or a little longer in preterm babies
16. Signs of gonococcal ophthalmia neonatorum manifest two days after birth and are best treated with: -
- A. Ceftriaxone 50 mg/kg or Kanamycin 75mg intramuscularly stat if admitted
  - B. Ceftriaxone 50 mg/kg or Kanamycin 75mg intravenously stat if admitted
  - C. Ceftriaxone 150 mg/kg or Kanamycin 175mg intramuscularly stat if admitted
  - D. Ceftriaxone 150 mg/kg or Kanamycin 175mg intravenously stat if admitted
17. Signs of chlamydial ophthalmia neonatorum manifest five to seven days after birth and are best treated with: -
- A. Erythromycin 50 mg 12 hourly for 14 days if admitted
  - B. Erythromycin 50 mg 6 hourly for 14 days if admitted
  - C. Erythromycin 50 mg 4 hourly for 14 days if admitted
  - D. Erythromycin 50 mg 8 hourly for 14 days if admitted
18. Foetal complications of obstructed labour include the following EXCEPT: -
- A. Intra uterine asphyxia
  - B. Intracranial haemorrhage
  - C. Neonatal pneumonia
  - D. Neonatal jaundice

19. The following statement is FALSE about Cephalohematomas: -
- A. It is an effusion of blood below the periosteum that covers the skull bones
  - B. It is an edematous swelling under the scalp and above the periosteum
  - C. It usually resolves after 2-3 weeks
  - D. No treatment is necessary
20. Respiratory distress syndrome is characterized by the following EXCEPT: -
- A. Fast breathing > 50 breaths /min
  - B. Chest indrawing
  - C. Nasal flaring
  - D. Grunting

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

1. State five (5) interventions for neonate diagnosed with imperforate anus immediately at birth (5 Marks)
2. State five (5) predisposing factors to neonatal asphyxia (5 Marks)
3. State five (5) contra-indications of external cephalic version in breech presentation (5 Marks)
4. State five (5) signs and symptoms of postpartum haemorrhage (5 Marks)
5. State five (5) late signs of obstructed labour detected during vaginal examination (5 Marks)
6. Describe the diagnosis of cephalopelvic disproportion during labour (5 Marks)

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

1. Mrs. E aged 32 years para 2 gravida 2 was admitted to the labour ward at 34 weeks gestational age with a diagnosis of antepartum haemorrhage and eclampsia following manifestation of obstetric shock: -
  - a. Define antepartum haemorrhage (1 Mark)
  - b. Define obstetric shock (1 Mark)
  - c. Define eclampsia (1 Mark)
  - d. State three (3) causes of antepartum haemorrhage (3 Marks)
  - e. State four (4) signs and symptoms of obstetric shock (4 Marks)
  - f. State four (4) types of obstetric shock (4 Marks)
  - g. Describe the immediate management of Mrs. E at admission (6 Marks)