

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

**COURSE CODE AND TITLE: DCHN 121 MIDWIFERY** 

DATE: 6<sup>TH</sup> DECEMBER 2023

Duration: 2 HOURS Start: 11:15 AM Finish: 1:15 PM

## **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.

- 1. The process by which the blastocyst burrows into the thickened endometrium is known as: -
  - A. Fertilization
  - B. Implantation
  - C. Restitution
  - D. Contraction
- 2. A vessel from the umbilical vein to the inferior vena cava, which carries oxygenated blood to the heart is: -
  - A. Ductus Venosus
  - B. Foramen Ovale
  - C. Ductus Arteriosus
  - D. Hypogastric Arteries
- 3. A condition where there is a velamentous insertion and the blood vessel from the cord lies over the os, in front of the presenting part is: -
  - A. Cord presentation
  - B. Cord prolapse
  - C. Vasa praevia
  - D. Placenta praevia
- 4. Bleeding in late pregnancy from the genital tract from the 28th week of gestation is: -
  - A. Post-partum hemorrhage
  - B. Ante partum hemorrhage
  - C. Threatened abortion
  - D. Incomplete abortion
- 5. The furthest points on the iliopectineal lines which is the transverse diameter of the pelvis is:-
  - A. 12 cms
  - B. 13 cms
  - C. 11 cms
  - D. 9.5 cms

	B. 16		
	C. 20		
	D. 22		
8.	Signs of true labor are: -		
	A. Presence of show, erratic pain, cervical dilatation		
	B. Presence of show, rhythmic uterine contractions, cervical dilatation		
	C. Presence of show, rupture of membranes, no cervical dilatation		
	D. Presence of show, bundles ring, cervical dilatation		
9.	Symptoms of second stage of labor are: -		
	<ul> <li>A. Urge to bear down, No contractions, Excessive show</li> <li>B. Weak uterine contractions, urge to bear down, gaping of anus</li> <li>C. Excessive show, gaping of anus, No urge to bear down</li> <li>D. Urge to bear down, strong uterine contractions, Gaping of anus</li> </ul>		
10. Placental abruptio is defined as: -			
	A. Premature separation of abnormally situated placenta		
	B. Premature separation of normally situated placenta		
	C. Separation of placenta accreta during labor		
	D. When the placenta is in the lower uterine segment		
11.	Delayed umbilical cord clamping is <b>NOT</b> associated with: - A. Lower incidence of Necrotizing enterocolitis B. Decreased need for blood transfusion C. Improved spontaneous breathing D. Improved transitional circulation		

6. Skin and the nervous system forms from the: -

7. In management of post hemorrhage the ideal cannula gauge should be size: -

A. Mesoderm

B. Endoderm

C. Yolk sac

D. Ectoderm

A. 18

12. An indication for Continuous Positive Airway Processes in a narrham includes.		
12. An indication for Continuous Positive Airway Pressure in a newborn includes: - A. Tracheomalacia		
B. Pneumothorax		
C. Hypotension		
D. Respiratory Arrest		
13. The appropriate position to establish airway during neonatal resuscitation is: -		
A. Hyperextended position		
<ul><li>B. Neutral position</li><li>C. Left lateral position</li></ul>		
D. Sniffing position		
14. In Neonates born through meconium stained liquor: -		
A. Routine suctioning is advised		
B. Start with drying and stimulation		
<ul><li>C. Intubate immediately</li><li>D. Do an immediate endotracheal suctioning</li></ul>		
15. The external maneuver used to manage shoulder dystocia is:		
A. McRoberts B. Reverse woods screw		
C. Loveset maneuver		
D. Rubin's II		
16. The immediate intervention for a woman presenting with cord prolapse at 36 weeks is: -		
A. Call a doctor		
B. Place the patient in knee chest position		
<ul><li>C. Palpate the cord for pulsation</li><li>D. Administer 10% dextrose intravenously</li></ul>		
17. The most common causative agent in neonatal sepsis is: -		
A. Candida Albicans		
B. Chlamydia Trachomatis		
C. Staphylococcus aureus		
D. Group B Streptococcus		
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18. The Apgar Score for a newborn noted to have a heart rate – 70 beats/min, Respiratory effort – poor and irregular, limp, no reflex irritability, blue all over the body is: -		
A. 0		
B. 1		
C. 2		
D. 3		

	. In the fetus, the pressure in the right atrium and ventricle is higher than left at ntricle	rium and
	A. True	
	B. False	
20	. The most important cause of Jaundice presenting in the first 24 hours to RUL	E OUT is: -
	A. Prematurity	
	B. Hemolysis	
	C. Breastfeeding	
	D. Physiological Jaundice	
<u>SE</u>	ECTION II: SHORT ANSWER QUESTIONS	(30 MARKS)
1.	Outline five (5) characteristics of normal labour	(5 marks)
2.	State seven (7) symptoms of pre-eclampsia	(7 marks)
3.	Outline five (5) principles of management of cardiac disease in pregnancy	(5 Marks)
4.	List ten (10) clinical presentation of hypoglycaemia in neonates	(5 Marks)
5.	Outline six (6) consequences of gestational diabetes to the fetus	(6 Marks)
6.	Outline three (3) phases of extra-uterine transition	(3 Marks)
7.	State four (4) mechanisms by which neonates loss heat	(4 Marks)
<u>SE</u> 1.	normal term spontaneous vertex delivery to a normal neonate. She is noted to	_
	excessive per vaginal bleeding.	
	a) Define the most likely diagnosis for Mrs. p.	(1 mark)
	b) Outline four (4) causes for Mrs. P likely diagnosis	(4 marks)
	c) Describe the specific management of Mrs. P until bleeding is controlled	(12 marks)
	d) State three (3) complications which Mrs. P will is likely to get following the diagnosis	ne above (3 marks)