

AMREF INTERNATIONAL UNIVERSITY SCHOOL OF MEDICAL SCIENCES DEPARTMENT OF NURSING AND MIDWIFERY SCIENCES KENYA REGISTERED COMMUNITY HEALTH NURSING END OF SEMESTER EXAMINATION APRIL 2022

ANS 402/DCHN 225: COLLEGE FINAL PAPER 2

DATE: 12th April, 2022

TIME: 2 Hours Start: 1400 HOURS Finish: 1600 HOURS

INSTRUCTIONS

1. This exam will be marked out of 100 marks

2. The Examination has ONE Section: - Multiple Choice Questions

3. Answer ALL questions.

- 1. The viral STI commonly associated with cervical cancer is:
 - a. Herpes simplex type 2 (HSV-2)
 - b. Human immunodeficiency virus (HIV)
 - c. Human papilloma virus (HPV)
 - d. Human T-lymphotropic virus (HTLV)
- 2. Lymphadenopathy refers to:
 - a. Atrophied lymph nodes
 - b. Swollen lymph nodes
 - c. Cancer of the lymph nodes
 - d. Infected lymph nodes
- 3. Hutchinson's teeth a clinical feature seen in:
 - a. Children born of HIV positive mothers
 - b. Children born of mothers with untreated chlamydia
 - c. Gonorrheal infection in children
 - d. Neurosyphilis in infants
- 4. Post-exposure prophylaxis for HIV:
 - a. Should be offered within 72 hours after exposure
 - b. Should be given to anyone who is at risk of exposure to HIV virus
 - c. Should be offered to all children born of HIV infected mothers
 - d. Should be given for six months continuously
- 5. STIs that commonly causes ophthalmia neonatorum are:
 - a. Syphilis and gonorrhea
 - b. Chlamydia and gonorhoea
 - c. Chanchroid and chlamydia
 - d. Chlamydia and syphilis
- 6. The age group with the highest prevalence of STIs and HIV/AIDs is:
 - a. Teens and young adults up to 24 years
 - b. 30-45 year old people
 - c. People over 60 year old
 - d. Married people aged 40-50 years
- 7. The term "chancre" is given to:
 - a. Sores symptomatic of herpes
 - b. Sores symptomatic of syphilis
 - c. Genital warts
 - d. Sores due to chancroid disease

- 8. HIV disease stage in which lymphadenopathy is more common is:
 - a. Stage I
 - b. Stage II
 - c. Stage III
 - d. Stage IV
- 9. The term "seropositive" is given to a person when they:
 - a. Develop full-blown AIDS
 - b. Test HIV positive
 - c. Have an opportunistic infection
 - d. Have a CD count is less than 500
- 10. An STI that can be prevented by vaccinations is:
 - a. HIV/AIDS
 - b. Monilia
 - c. Chlamydia
 - d. Hepatitis B
- 11. The treatment of choice for syphilis is:
 - a. 300mgs doxycycline given orally
 - b. IM single dose 2.4 MU Benzathine penicillin G
 - c. 2gm IM ceftriaxone for 5 days
 - d. 2gm metronidazole give orally
- 12. The drug of choice in the management of gonorrhea is:
 - a. Ceftriaxone
 - b. Metronidazole
 - c. Podophyllin
 - d. Valacyclovir
- 13. In the management of HIV/AIDS, zidovudine helps in:
 - a. Manufacturing new T-Helper cells
 - b. Treating symptoms of pneumocystis carinii
 - c. Destroying the CD 4 cells
 - d. Stopping the multiplication of the virus
- 14. The incubation period for gonorrhea is:
 - a. 2-5 days
 - b. 14 -21 days
 - c. 1-2 months
 - d. 12-24 hours

- 15. Genital condition characterized by clustered intact vesicles that ruptured to form shallow tender ulcers is:
 - a. Syphilis
 - b. Chanchroid
 - c. Herpes simplex disease
 - d. Gonorhoea
- 16. The currently preferred first line regimen for prevention of mother to child transmission of HIV is:
 - a. ABC + TDF + EFV
 - b. TDF + 3TC + EFV
 - c. AZT +d4T +NVP
 - d. ABC + 3TC + LPV/r
- 17. Haemophilus ducreyi causes:
 - a. Chancroid
 - b. Bacterial vaginosis
 - c. Chlamydia
 - d. Lymphogranuloma venerum
- 18. Condylomata lata is commonly seen in:
 - a. Primary syphilis
 - b. Secondary syphilis
 - c. Neurosyphilis
 - d. Latent phase of syphilis
- 19. Whitish curd-like vaginal discharge is characteristic of:
 - a. Gardnerella vaginalis
 - b. Bacterial vanigosis
 - c. Candidiasis
 - d. Trichomonas vaginalis
- 20. Mother to child transmission of HIV is increased by:
 - a. Regular use of ARVs
 - b. Caesarean section deliveries
 - c. High viral load
 - d. High CD 4 cell count
- 21. A patient who presents with foul smelling frothy, profuse greenish-yellow vaginal discharge has an infection of:
 - a) Naesseria gonorrhea
 - b) Chlamydia trachomatis
 - c) Trichomonas vaginalis
 - d) Gardnerella vaginalis

- 22. The three major causes of neonatal mortality are:
 - a. Tetanus, sepsis and pneumonia
 - b. Birth injuries, prematurity and birth asphyxia
 - c. Diarrhoeal disease, prematurity and birth asphyxia
 - d. Birth asphyxia, neonatal sepsis and prematurity
- 23. When clearing the airway of a neonate during resuscitation:
 - a. Suction the secretions for at least 30 seconds in a roll
 - b. Suction only what is physically visible
 - c. Ensure the neonate's head is flexed enough to open the airway
 - d. Suction the nose first then the nostril next
- 24. The correct way of performing neonatal resuscitation is by giving:
 - a. 3 chest compression and 1 breath per minute
 - b. 90 chest compressions and 30 breathes per minute
 - c. 2 chest compressions per 1 breathes per second
 - d. 60 chest compressions and 30 breathes per minute
- 25. The most common cause of early onset neonatal sepsis is:
 - a. Gram +ve beta haemolytic staphylococci
 - b. Gram +ve Neisseria meningitides
 - c. Klempsiella specieis
 - d. Pneumococcal bacteria
- 26. Congenial condition that occur due to defective closure of the vertebral column is:
 - a. Omphalocele
 - b. Hydrocephalus
 - c. Spina bifida
 - d. Pheochromocytoma
- 27. A new born baby weighing 1450grams is classified as:
 - a. Low birth weight
 - b. Preemie
 - c. Very low birth weight
 - d. Extremely low birth weight
- 28. When performing the first examination of a baby, the nurse is aware that the resting posture of a term new born is:
 - a. Loosely clenched fists, flexed arms, hips and knees
 - b. Loosely clenched fists, extended arms and extended knees
 - c. Firmly clenched fists, flexed arms and extended hip and knees
 - d. Firmly clenched fists and extended limbs

- 29. The umbilical cord stump falls:
 - a. On day 5
 - b. After 7 to 10 days
 - c. After 2 weeks
 - d. Within one week
- 30. Cardiovascular changes that occur to newborns immediately after birth include:
 - e. Functional closure of foramen ovale
 - f. Anatomical closure of ductus arteriosus
 - g. Anatomical closure of ductus venosus
 - h. Unprecedented fall in pulmonary pressure
- 31. For effective phototherapy during management of neonatal jaundice, the neonate should be:
 - a. Given extra fluids
 - b. Left uncovered except for the eyes
 - c. Kept at least 80centimeters from the fluorescent bulb
 - d. Left untouched for at least four hours
- 32. The correct feeding volume for a normal neonate on day one is:
 - a. 180mls/kg/day
 - b. 60mls/kg/day
 - c. 80mls/kg/day
 - d. 100mls/kg/day
- 33. The correct dose of vitamin A for babies on replacement feeding is:
 - a. **50.**000 IU
 - b. 100,000 IU
 - c. 200,000 IU
 - d. 1,000,000IU
- 34. The best action for a neonate with cephalhaematomas:
 - a. Administer pain relievers
 - b. Closely observe the neonate for jaundice
 - c. Admit the baby in the newborn unit till the haematoma resolves
 - d. Watch for bleeding form the haematoma
- 35. Erb's palsy:
 - a. Is caused by birth injury affecting the brachial plexus
 - b. Occurs if the baby gets asphyxiated at birth
 - c. Resolves spontaneously by day 10
 - d. Presents with paralysis of facial muscles

- 36. When caring for a preterm neonate weighing less than 2000gms, the room temperature should be maintained at:
 - a. $20-24^{\circ}C$
 - b. 25-26⁰C
 - c. $27-30^{\circ}$ C
 - d. 34-35°C
- 37. The method of oxygen administration that warms the oxygen as its being administered is:
 - a. Nasal prongs
 - b. Nasal catheter
 - c. Head box
 - d. Face mask
- 38. After 2 minutes of bag and mask ventilation of a neonate, the heart rate is found to be 66 beats per minute and no spontaneous respirations. The best action to take is:
 - a. Start chest compressions immediately
 - b. Stop the resuscitation the neonate has minimal survival chance
 - c. Continue with bag and mask ventilations
 - d. Give 100% oxygen via face mask
- 39. Kangaroo mother care:
 - a. Can only be provided by the baby's mother
 - b. Can effectively be substituted by pre-warming delivery room
 - c. Should be continued for at least 2 hours after birth
 - d. Is not necessary for normal term newborn babies
- 40. The characteristics of a post- term infant include:
 - a. Worried look, firm skull bones, wrinkled skin
 - b. Soft flat pinnae, overgrown nails, dry loose skin
 - c. Loose dry skin, small fontanels, and narrow sutures
 - d. Wide fontanels, soft skull bones, narrow sutures
- 41. The symptom suggestive of early uterine rupture in a woman during labour is:
 - a. Pain between uterine contractions
 - b. Good progress of labour
 - c. Pelvic pain
 - d. Feeling of tearing inside

- 42. The following condition is a predisposing factor to umbilical cord prolapse:
 - a. Breech presentation
 - b. Baby born at 37 completed weeks
 - c. Engaged presenting part
 - d. Oligohydramnios
- 43. The diagnostic test that will aid in confirming the cardiac disease in pregnancy is:
 - a. Clinical picture
 - b. Electroencephalogram
 - c. Electrocardiogram and echocardiography
 - d. Radiography
- 44. Antenatal care in a woman with cardiac disease is aimed at:
 - a. Reducing incidence of palpitations
 - b. Preventing hypoglycemia
 - c. Keeping a steady haemodynamic state and preventing complications
 - d. Maintaining the psychological well-being of the mother and foetus
- 45. A predisposing factor to prolonged/post-term pregnancy:
 - a. Macrosomia
 - b. Family history of anencephaly
 - c. Multiple pregnancy
 - d. Nulliparity
- 46. The potential diagnosis for a 25 year old para 5 gravida 6 presenting with a Blood pressure of 150/100mmhg and protein ++ upon urinalysis is:
 - a. Mild pre-eclampsia
 - b. Severe pre-eclampsia
 - c. Moderate pre-eclampsia
 - d. Eclampsia
- 47. The following is true about candidiasis in pregnancy:
 - a. Candidiasis affects fertility
 - b. Treatment for candidiasis is mainly topical or vaginal pessaries
 - c. Candidiasis adversely affects pregnancy outcome
 - d. Candidiasis affects the foetus and contributes to fetal hypoxia
- 48. The primary cause of cord prolapse is:
 - a. Premature onset of labour
 - b. Proximity of the cord to the pelvic outlet
 - c. Foetal compromise
 - d. Ill fitting presenting part

- 49. The presenting diameter in an occipito posterior position is:
 - a. Occipitofrontal
 - b. Sub-occipito bregmatic
 - c. Mentovertical
 - d. Submentovertical
- 50. A grand multiparous client is at risk of post-partum haemorrhage due to:
 - a. Retained placental membranes
 - b. HIV infection
 - c. Atonic uterus
 - d. Displaced urinary bladder
- 51. Larger than expected fundus may be indicative of:
 - a. Large fetus, oligohydramnios,
 - b. Fetal retardation, polyhydramnios
 - c. Multiple pregnancy, polyhydramnios
 - d. Multiple pregnancy, fetal retardation
- 52. The presenting diameter in a normal vertex presentation is:
 - a. Sub-occipitobregmatic
 - b. Sub-occipitofrontal
 - c. Occipito-frontal
 - d. sub-mentobregmatic
- 53. The midwife checks for the presence of the cord around the neck during second stage of labour on:
 - a. Extension of the head
 - b. Restitution
 - c. Crowning
 - d. Birth of the head
- 54. In class III cardiac disease in pregnancy, patient has:
 - a. No limitation of physical activity, heart murmur on general examination
 - b. Slight limitation of physical activity, no symptoms when at rest
 - c. Marked limitation of physical activity, slight exertion leads to fatigue, palpitations, dyspnoea
 - d. Inability to carry out any physical activity without discomfort, signs of cardiac disease and heart failure even at rest
- 55. In the final mechanism of labour the head:
 - a. Restitutes and rotates externally
 - b. Descends and flexes internally
 - c. Extends and rotates internally
 - d. Engages and rotates externally

- 56. An indication of obstructed labour on a partograph will be:
 - a. no increase in cervical dilatation
 - b. cervical dilatation plotted on the alert line
 - c. no advancement in descent
 - d. cervical dilatation plotted on the left of alert line
- 57. A student midwife's intervention following ketones in the urine is:
 - a. Take urine to the laboratory
 - b. Hydrate the mother
 - c. Observe contractions
 - d. Notify the obstetrician
- 58. Early rupture of membranes predisposes the fetus to:
 - a. Premature delivery, intra-uterine infection
 - b. Early deceleration of fetal heart, cord prolapse
 - c. Intra-uterine infection, precipitate labour
 - d. Bleeding, jaundice, asphyxia
- 59. Placenta abruption is characterized by:
 - a. Scanty or heavy bright red coloured painless bleeding, foetal heart sounds are usually absent
 - b. A high presenting part, soft and relaxed uterus with non tender abdomen
 - c. Visible bleeding of dark red blood or concealed, pain and tenderness on the abdomen may or may not be present.
 - d. A high presenting part, visible bleeding of dark red blood
- 60. Perforing counter traction during the delivery of the placenta:
 - a. Prevents prolonged third stage of labour
 - b. Promotes uterine contractions
 - c. Fastens controlled cord traction
 - d. Prevents uterine inversion

- 61. The indications for vacuum extraction include:
 - a. Preterm labour, obstructed labour
 - b. Severe hypertension, maternal exhaustion
 - c. Mild fetal distress, delayed second stage of labour
 - d. Obstructed labour, breech presentation
- 62. Definitive management of cord prolapse depends on:
 - a. Cervical dilatation, pelvis adequacy, maternal pulse
 - b. Cervical dilation, maternal consent, pelvis adequacy
 - c. Maternal consent, maternal pulse, adequacy of the pelvis
 - d. Foetal pulse, cervical dilatation, pelvis adequacy
- 63. The signs of impeding rupture of the uterus include:
 - a. Rise in pulse rate, hypertonic uterine contractions, excruciating pain
 - b. Bandl's ring, vaginal bleeding, cessation of uterine contractions
 - c. Cessation of uterine contractions, tenderness in the lower uterine segment, rise in pulse rate
 - d. Hypertonic uterine contractions, bandl's ring, vaginal bleeding
- 64. Effacement during labour refers to:
 - a. Complete relaxation of the lower uterine segment
 - b. Inclusion of the cervical canal into the lower uterine segment
 - c. Process of enlargement of the os uteri to permit passage of the baby
 - d. Process of merging the upper and lower uterine segments
- 65. Cardiovascular changes noted in pregnancy include:
 - a. Increased stroke volume, increased vascular resistance
 - b. Decreased heart rate, increased plasma volume
 - c. Increased cardiac output, decreased vascular resistance
 - d. Decreased total blood volume, increased cardiac output
- 66. In breech delivery, the principle of "hands off" the breech as the baby progressively descends is to:
 - a. Ascertain foetal well being
 - b. Avoid traction
 - c. Allow gravitating descent of the foetus
 - d. Allow enough room for the foetus to pass
- 67. High levels of glycosylated haemoglobin during pregnancy is associated with:
 - a. Fetal macrosomia
 - b. Fetal malformations
 - c. Hyperemesis gravidarum
 - d. Physiological anaemia
- 68. Oligohydramnios is associated with:
 - a. Renal agenesis
 - b. Cardiac abnormalities

- c. Dehydration of the mother
- d. Multiple pregnancy
- 69. Prior to emergency cesaerian section, mother in labour with a pulsating cord prolapse is positioned in:
 - a. Knee chest position
 - b. Dorsal lithotomy position
 - c. Dorsal recumbent position
 - d. Left lateral position
- 70. During a vaginal exam, the midwife feels the fetal sutures as overlapped but reducible. This is recorded on the partograph as:
 - a. ++
 - b. 0
 - c. +++
 - d. +
- 71. A mother comes to the antenatal clinic at 16 weeks gestation with a history of a fresh stillbirth and an abortion. This will be interpreted as:
 - a. Para 0+ 2 ,gravida 3
 - b. Para 3+ 0 ,Gravida 2
 - c. Para 1+ 1 ,Gravida 3
 - d. Para 1+2, Gravida 3
- 72. On abdominal examination during labour, if the sinciput is felt and occiput not felt, the descent is:
 - a. 4/5
 - b. 3/5
 - c. 2/5
 - d. 1/5
- 73. Observations carried out during second stage of labour include:
 - a. Flexion, gapping of anus, cervical dilatation, uterine contractions,
 - 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
- 74. Strategies aimed at preventing mastitis during pueperium include:
 - a. Proper attachment of baby to breast
 - b. Application of warm compress on the breast
 - c. Application of cold compress on the breast
 - d. Wearing firm fitting and supportive brassiere
- 75. Management of antenatal mother with hyperemesis gravidarum involves;
 - a. Eating dry biscuit, antihistamine, antiemetic
 - b. Mild sedation, antiemetics, antihistamine
 - c. Nil per oral, intravenous fluid, encourage rest
 - d. Small palatable foods, antiemetics, mild sedation

- 76. The maneuvers used in the management of shoulder dystocia include:a. Burns marshall, lovset, Mc Roberts b. Rubins, woods, lovset c. Mc Roberts, wood, Rubins d. Zavanelli, woods, Marshalls 77. On the partograph, the progress of labour is monitored by:a. Descent, fetal heart rate, urine output b. Fetal heart rate, moulding, liquor c. Cervical dilatation, descent, uterine contractions d. Maternal vital signs, fetal progress, cervical dilatation 78. The course and the outcome of occipital posterior position include:a. Prolonged labour, deep transverse arrest, long rotation b. Long rotation, short rotation, deep transverse arrest c. Maternal trauma, short rotation, normal delivery d. Obstructed labour, cerebral haemorrhage, face to pubis 79. A minor disorder of pregnancy characterized by sudden fall of blood pressure and dizziness on rising up from a lying position is:a. Orthostatic hypotension b. Supine hypotension c. Essential hypertension d. Orthostatic hypertension 80. 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 following delivery up to 6 weeks 81. Management of a mother with cardiac condition in second stage includes use of:a. Valsalva maneuver and forceps b. Vacuum extraction, lateral position c. Vacuum extraction, Valsalva maneuver d. Supine position, episiotomy
- 82. The best time to give anti-malarial prophylaxis during pregnancy is:
 - a. Before 8 weeks
 - b. At 12 weeks
 - c. After 16 weeks
 - d. After delivery
- 83. The increase in size of uterine measurement during pregnancy is from_____ to____cm:
 - a. 7.5x5x2.5 to 20x23x25
 - b. 7.5x5x2.5 to 30x22.5x20
 - c. 7.5x2.5x5 to 25x23x2.5
 - d. 7.5x3x2.5 to 30x23x20

- 84. Dexamethasone injection is administered to pregnant mothers to enhance fetal survival during:
 - a. 24-34 weeks gestation
 - b. 24-36 weeks gestation
 - c. 28-32 weeks gestation.
 - d. After 30 weeks gestation
- 85. The strong and hard vaginal pulsations due to increase in blood supply and enlarged uterine artery in pregnancy is called:
 - a. Chadwick's sign
 - b. Osiander's sign
 - c. Hegar's sign
 - d. Quickening sign
- 86. The following is a pre-requisite for economic development in reproductive Health:
 - a. Human development
 - b. Human energy
 - c. Age
 - d. Socialization
- 87. An adolescent is best described by ages between:
 - a. 10-24 years
 - b. 13-19 years
 - c. 10-19 years
 - d. 15-24 years
- 88. The following best suits a social definition of an adolescent:
 - a. Period when the individual goes through physical and psychological changes
 - b. Stage of human development from onset of puberty to full integration of the individual
 - c. One aged between 10 19 years' old
 - d. Gradual onset of mature reproductive hormonal activity
- 89. The following is true concerning vasectomy:
 - a. It can be reversed through a reconstructive operation
 - b. It is not immediately effective
 - c. Failure rates are quite high
 - d. Significantly affects the man's masculinity
- 90. The young people aged between 10- 24 years are estimated to make what percentage of the population:
 - a. 36
 - b. 24
 - c. 13
 - d. 10

- 91. When microgynon is used as an emergency contraceptive, the required number of pills per dose are:
 - a. 2
 - b. 4
 - c. 1
 - d. 3
- 92. The following is a symptom based fertility awareness method:
 - a. Lactational amenorrhea method
 - b. Coitus interuptus
 - c. Cycle beds
 - d. Basal body temperature
- 93. The social, psychological and emotional characteristics of an adolescent include;
 - a. Affiliation to peer groups and mood changes
 - b. Rapid growth in height depending on genetics
 - c. Typical female shape and contour of the body develop
 - d. Body shape takes on typical adult characteristics,
- 94. When preparing to perform a speculum examination in a female client, the nurse should:
 - a. Take temperature of the client
 - b. Perform bimanual examination
 - c. Check for the appropriate sized speculum
 - d. Perform abdominal examination
- 95. Adolescents and young people have the right to:
 - a. Accurate information
 - b. Judgmental treatment
 - c. Selective services
 - d. Expensive effective services
- 96. The safe motherhood initiative was launched in the year:
 - a. 1999
 - b. 1986
 - c. 1987
 - d. 1981
- 97. Youth friendly services must be:
 - a. Affordable, accessible and equitable
 - b. Accessible, equal and expensive
 - c. Acceptable, inappropriate, affordable
 - d. Effective, equitable, limited
- 98. The direct causes of maternal mortality include:
 - a. HIV/AIDs, TB, Hemorrhage
 - b. Hemorrhage, anemia, abortion
 - c. Abortion, pre-eclampsia, antepartum hemorrhage
 - d. Malnutrition, obstructed labour, diabetes mellitus

- 99. Social influence by peers on adolescents' sexuality include:
 - a. Socialization of the child to coping strategies in their personal life
 - b. Education level and work experiences
 - c. Set of fashion, leisure and music
 - d. Attitude toward authority
- 100. The delay in "receiving" reproductive health services is influenced by:
 - a. Failure to recognize and perceive severity of illness
 - b. Poor skills of health providers
 - c. Lengthy distance to the facility
 - d. Poor transportation to the facility

