



**AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY SCIENCE
KENYA REGISTERED COMMUNITY HEALTH NURSING
COLLEGE FINAL EXAMINATIONS**

DNS 322: COLLEGE FINAL PAPER II

DATE: 17TH SEPTEMBER 2024

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

INSTRUCTIONS

- 1. This examination will be marked out of 100 Marks**
- 2. This examination comprises ONE Sections Section I: Multiple Choice Questions**
- 3. All questions are compulsory.**

SECTION I: MULTIPLE CHOICE QUESTIONS (100 MARKS)

1. The following is true about thermoregulation in newborns
 - A. The normal newborn baby has a core temperature of 36-36.5°C
 - B. Preterm babies have little subcutaneous fat, but can autoregulate their temperature well using thermogenesis from brown fat
 - C. Babies should be placed in a thermoneutral environment to promote energy conservation and growth
 - D. Shivering is an effective treatment for hypoxic-ischaemic brain injury
2. The following is a characteristic of a premature neonate
 - A. Large abdomen compared to a normal neonate
 - B. Large head circumference compared to a post term neonate
 - C. No difference in body size for a premature and full term neonate
 - D. Aligned body size for all neonates irrespective of their gestational age
3. 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
4. The correct way of performing neonatal resuscitation is by giving: -
 - A. 3 chest compressions 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
5. The most common cause of early onset neonatal sepsis is:-
 - A. Gram +ve beta haemolytic staphylococci
 - B. Gram +ve Neisseria meningitides
 - C. Klebsiella
 - D. Pneumococcal bacteria
6. A Congenial condition that occurs due to defective closure of the vertebral column is:-
 - A. Omphalocele
 - B. Hydrocephalus
 - C. Spina bifida
 - D. Pheochromocytoma
7. The recommended drug for accelerating fetal production of lung surfactant ins
 - A. Pethidine
 - B. Vitamin K
 - C. Dexamethasone
 - D. Antibiotics

8. A condition whereby the chorionic villi deeply invade the myometrium is called placenta:
- A. Accreta
 - B. Increta
 - C. Percreta
 - D. Velamentosa
9. In a mother who has preeclampsia, the fetus is in danger of;
- A. Being delivered prematurely, being with a congenital abnormality
 - B. Being delivered prematurely, suffering intrauterine growth retardation
 - C. Having macrosomia, being with a congenital abnormality
 - D. Having macrosomia, being delivered prematurely
10. In pregnancies complicated by Diabetes mellitus
- A. Insulin requirements increase immediately after birth
 - B. Insulin requirements decreases immediately after birth
 - C. Insulin requirements decreases during pregnancy
 - D. The prenatal mortality is markedly decreased
11. The recommended drug for preventing seizures in a client with pre-eclampsia is
- A. Hydrazaline
 - B. Nifedipine
 - C. Aspirin
 - D. Magnesium sulphate
12. A breech presentation is classified as a
- A. Malposition
 - B. Malpresentation
 - C. Abnormal presentation
 - D. Normal presentation
13. Bandl's ring commonly occurs as a consequence of
- A. Retraction of uterine muscles
 - B. Reverse polarity
 - C. Obstructed labour
 - D. Cervical dystocia
14. The fibrinolytic agent used in the management of major post-partum haemorrhage is:
- A. Heparin
 - B. Tranexamic acid
 - C. Platelets
 - D. Merthegine
15. Lower back pain in pregnancy occurs due to the effect of _____ on the ligaments
- A. Progesterone and estrogen
 - B. Progesterone and relaxin
 - C. Relaxin and estrogen
 - D. Progesterone

16. Dizygotic twins:
- A. Are always of different sex
 - B. Can develop within one amniotic sac
 - C. Develop from one ova and two sperms
 - D. Develop from two ova and two sperms
17. The following pelvic landmark denotes the beginning of the pelvic outlet
- A. Anatomical conjugate
 - B. Ischial spines
 - C. Ischial tuberosities
 - D. Sacro-tuberous ligaments
18. Features of the android pelvis include;
- A. Heart shaped brim, straight side walls, narrow fore pelvis
 - B. Rounded brim, blunt ischial spines, rounded sciatic notch
 - C. Divergent side walls, blunt ischial spines, wide sciatic notch
 - D. Narrow fore pelvis, convergent side walls, narrow sciatic notch
19. Probable signs of pregnancy include;
- A. Morning sickness, ballottement, breast tenderness
 - B. Hegar's sign, ballottement, amenorrhea
 - C. HCG in urine, ballottement, Braxton hicks contractions
 - D. Quickening, visualization of embryonic sac, Oslanders sign
20. During labour, retraction of the uterine muscle facilitates;
- A. Good blood flow to the placenta site
 - B. Rupture of membranes
 - C. Formation of the upper and lower uterine segment
 - D. Descent of the fetus
21. While performing vaginal examination during labour the anterior fontanelle is felt as the Junction of:
- A. Two sutures and is triangular in shape
 - B. Three sutures and is triangular in shape
 - C. Three sutures and is diamond in shape
 - D. Four sutures and is diamond in shape

22. A midwife prevents sub-involution of the uterus after delivery by:
- A. Encouraging early ambulation, emptying the uterus of products of conception, encouraging bladder emptying
 - B. Administering analgesia, breastfeeding the baby on demand, regular bladder emptying
 - C. Measuring fundal height daily, encouraging early ambulation, use of oxytocin drugs
 - D. Emptying the uterus of products of conception, maintaining personal hygiene, taking post natal observations
23. Early neonatal period is defined as:
- A. First 28 days of life
 - B. From day 7 to 28
 - C. First 7 days of life
 - D. First one hour after birth
24. A new born baby weighing 1450grams is classified as:-
- A. Low birth weight
 - B. Premie
 - C. Very low birth weight
 - D. Extremely low birth weight
25. In the fetal circulation, the _____ carries blood that is rich in nutrients.
- A. Ductus arteriosus
 - B. Inferior vena cava
 - C. Umbilical vein
 - D. Portal vein
26. The myometrial layer that contract and prevent excessive bleeding after the third stage of labour are
- A. Outer layer
 - B. Deciduala layer
 - C. Middle layer
 - D. Inner layer

27. Urinary tract infection (UTI) is one of the minor disorders in pregnancy. The following factors increase the risk of UTI
- A. The midwife is always negligent in caring for pregnant women
 - B. Urinary stasis as a result of the effects of progesterone on the ureters
 - C. Retention of urine with overflow
 - D. The pregnant woman practices unhygienic practices
28. Women are more vulnerable to HIV infection than men because
- A. Women have lower CD4 Cell count than men
 - B. Women have a larger surface area which can be easily traumatized
 - C. Women are passive participants in sexual intercourse
 - D. Women are more vulnerable to a variety of sexually transmitted infections
29. The drug useful in preventing vertical transmission of HIV is;
- A. Nevirapine
 - B. Stavudine
 - C. Lamivudine
 - D. Abacavir
30. In mild puerperal sepsis:-
- A. The infection is usually localized to specific tissues
 - B. The mother complains of lack of appetite and head aches
 - C. The temperature is usually above 38.8 Degrees Celsius
 - D. There is persistent vomiting and sometimes diarrhoea
31. The major cause of post-partum hemorrhage in a well contracted uterus is:-
- A. Retained placental fragments
 - B. Urinary tract infection
 - C. Cervical lacerations
 - D. Uterine atony
32. An early sign of excessive blood loss in a mother during the post-partum period is:-
- A. An increase in the pulse from 88 to 102 beats per minute
 - B. A blood pressure change from 130/88 to 124/80mm Hg
 - C. An increase in the respiratory rate from 18 to 22 breathes per minute
 - D. Temperature of 38.8 degrees Celsius

33. The major cause of postpartum depression is:-
- A. Social stress
 - B. Lack of enough sleep
 - C. Extreme drop in hormone levels
 - D. Family stability
34. Anterior relations of the uterus include;
- A. Pouch of Douglas, bladder
 - B. Broad ligaments, pouch of Douglas
 - C. Intestines, broad ligaments
 - D. Bladder, uterovesical pouch
35. Degeneration of the corpus luteum leads to;
- A. Increase in estrogen levels
 - B. Decrease in progesterone levels
 - C. Increase in inhibin levels
 - D. Increase in progesterone levels
36. Obstetric history of fresh stillbirth and an abortion in a gravid client is documented 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
37. The rationale for having epileptic women take higher doses of folic acid is:-
- A. Epilepsy directly causes neural tube defects
 - B. Anti-epileptic drugs cause folic acid deficiency
 - C. To prevent the birth of children with epilepsy
 - D. To prevent severe anaemia associated with epilepsy
38. The best time to give anti malarial prophylaxis during pregnancy:-
- A. Before 8 weeks
 - B. At 12 weeks
 - C. After 16 weeks
 - D. After delivery
39. A factor that increases risk of a preterm birth during a current pregnancy is:
- A. Braxton hicks contractions
 - B. History of a previous preterm birth
 - C. Larger than expected fundal height
 - D. Oligohydramnios

40. A positive sign of pregnancy is:-
- A. Amenorrhoea
 - B. Progressive growth of the uterus
 - C. Striae gravidarum
 - D. Audible fetal heart sounds
41. Proteinuria during pregnancy may be an indication of:-
- A. Diabetes mellitus
 - B. Renal tumours
 - C. Adrenal tumours
 - D. Pre-eclampsia
42. Recommended timings for the administration of anti D in pregnancy is:-
- A. 28 weeks,38 weeks
 - B. 28 weeks,34 weeks
 - C. 28 weeks,40 weeks
 - D. 24 weeks,37 weeks
43. Elements of fetal wellbeing recorded on the partograph include:-
- A. Fetal descent, fetal heart rate, degree of moulding
 - B. Dilatation, degree of moulding, descent
 - C. Degree of molding, fetal descent, color of amniotic fluid
 - D. Fetal heart rate, degree of molding, color of amniotic fluid
44. The priority intervention when cord prolapse occurs during labour is:-
- A. Rupture the membranes
 - B. Deliver by caesarean section
 - C. Confirm cord pulsation
 - D. Rehydrate with normal saline
45. During labour, retraction of the uterine muscle facilitates:-
- A. Good blood flow to the placenta site
 - B. Rupture of membranes
 - C. Formation of the upper and lower uterine segment
 - D. Descent of the fetus
46. 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

47. Uterine contractions during labour:-

- A. Are longest in the lower uterine segment
- B. Are strongest in upper uterine segment
- C. Start from the lower segment towards upper segment
- D. Start from the midline and spread to the fundus

48. During second stage of labour pushing is encouraged when:-

- A. The cervical os is fully dilated.
- B. The fetal head becomes visible.
- C. The mother feels the urge to push
- D. The anus dilates and gapes.

49. While conducting second stage of labor, upon delivery of the baby's head the provider should:-

- A. Clear the baby's airway
- B. Check for the cord round the neck
- C. Await for restitution to occur
- D. Apply gentle traction on baby's head

50. Observation carried out during second stage of labour include:-

- A. Flexion, gapping of anus, cervical dilatation, uterine contraction,
- 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

51. Four uterine contractions in 10 minutes each lasting 30 seconds are interpreted as:-

- A. Mild contractions
- B. Strong contractions
- C. Moderate contractions
- D. Intermittent contractions

52. The presenting diameters when the head is well flexed in a vertex presentation are;
- A. Biparietal and occipitofrontal
 - B. Bitemporal and suboccipitobregmatic
 - C. Submentobregmatic and biparietal
 - D. Suboccipitobregmatic and biparietal diameters
53. During labour, retraction of the uterine muscle facilitates;
- A. Good blood flow to the placenta site
 - B. Rupture of membranes
 - C. Formation of the upper and lower uterine segment
 - D. Descent of the fetus
54. Pawliks manoeuvre is used to:-
- A. Palpate the lower pole of the uterus above the symphysis pubis
 - B. Locate the foetal back in order to determine position
 - C. Determine whether presentation is cephalic
 - D. Judge the size, flexion and mobility of the head
55. The order of foetal movements during normal labour after descent is:-
- A. Extension of the head, internal rotation of the head, extension of the head, lateral flexion, restitution
 - B. Lateral flexion, extension of the head, internal rotation of the head, lateral flexion, restitution
 - C. Flexion, internal rotation of the head, extension of the head, restitution, lateral flexion
 - D. Flexion, extension of the head, internal rotation of the head, restitution, lateral flexion
56. The benefit for delayed cord clamping is that it;
- A. Prevents erythroblastosis foetalis
 - B. Prevents possible postpartum haemorrhage
 - C. Increases iron stores in the newborn
 - D. Prevents possible neonatal jaundice
57. The rooting reflex is defined as response of the baby to;
- A. Being pulled upright by the wrist to a sitting position
 - B. Being supported upright with his feet touching a flat surface
 - C. Stroking of the cheek or side of the mouth
 - D. Being left to drop from an angle of 45

58. Drying a baby thoroughly after birth prevents heat loss through:-
- A. Conduction
 - B. Radiation
 - C. Evaporation
 - D. Convection
59. Prophylactic interventions for the newborn include:-
- A. Breastfeeding, resuscitation, stimulation
 - B. Administration of Vitamin K, tetracycline eye ointment and chlorohexidine 4%
 - C. Breastfeeding, administration of vitamin K, phototherapy
 - D. Skin to skin, phototherapy, administration of tetracycline eye ointment
60. Signs of good attachment include:-
- A. Mouth widely open, upper lip turned outward, more areola visible above baby' mouth
 - B. Lower lip turned outward, chin touching the breast, more areola visible below baby's mouth
 - C. Upper lip turned outward, nose touching the breast ,mouth widely open
 - D. More areola visible above baby's mouth, lower lip turned outward ,chin touching the breast
61. Permanent closure of ductus arteriosus occurs:
- A. Immediately after birth
 - B. 8-10 hours after birth
 - C. Within 3 months after birth
 - D. After one year of birth
62. Exclusive breastfeeding means:-
- A. Feeding the baby on breast milk and water only
 - B. Supplementing breastfeeding with approved formula feed
 - C. Feeding the baby on breast milk only for six months
 - D. Feeding the baby with breastmilk and diluted cow milk only for 6 months
63. Babies born of HIV positive mothers should have their cord cut immediately after birth
- A. True
 - B. False
64. Nothing should be applied to the cord of babies born at home (dry cord care)

- A. True
- B. False

65. While resuscitating a neonate using bag and mask: -

- A. Select a mask that covers the entire face
- B. Select a mask that covers the mouth, chin and nostrils
- C. Ensure deep suction to removal endotracheal secretions
- D. Ensure the head is well flexed to maintain a neutral position for airway opening

66. Management of asphyxia neonatorum in order of priority include:-

- A. Dry the baby, observe for breathing, open airway, suction, give oxygen
- B. Open airway, dry baby, observe for breathing, give oxygen
- C. Suction baby, dry baby, open airway, give oxygen, observe for breathing
- D. Dry the baby, open airway, observe for breathing, suction, give oxygen

67. The conditions that can arise in meconium aspiration syndrome include:-

- A. Chemical pneumonitis, increase of surfactant factor, chronic lung disease.
- B. Chemical pneumonitis, increase of surfactant factor, acute lung disease.
- C. Chemical pneumonitis, loss of surfactant factor, chronic lung abscess.
- D. Chemical pneumonitis, increase of surfactant factor, chronic lung disease

68. The priority intervention in the first one minute of birth is;

- A. Establishing sex of the baby
- B. Cutting the umbilical cord
- C. Establishing breathing
- D. Initiating breastfeeding

69. Factors that initiate respiration in a newborn include:-

- A. Impact of cold air on the face, high levels of O₂, handling the baby
- B. Low levels of CO₂, compression of chest wall, crying
- C. High levels of CO₂, impact of cold air on the face, compressing of chest wall
- D. High levels of O₂, sneezing, handling of the baby

70. Indirect coombs test is done to;
- A. Check the presence of antigen D antibodies on fetal RBCs
 - B. Check the presence of antigen D antibodies in maternal blood
 - C. Establish the rhesus status of the fetus in utero
 - D. Assess the presence of rhesus antigen in fetal blood
71. The management of physiological jaundice in a newborn includes;
- A. Early feeding, phototherapy, observing for the degree of jaundice
 - B. Intravenous fluids, observing for the degree of jaundice, early feeding
 - C. Frequent feeding, observing for the degree of jaundice, checking the serum bilirubin
 - D. Phototherapy, nasogastric tube feeding, observing the degree of jaundice
72. A baby born of a mother on Anti -TB drugs initial phase should;
- A. Get BCG vaccine immediately.
 - B. Get Isoniazid 5 mg/Kg once daily for 6 weeks
 - C. Get Isoniazid 5 mg/Kg once daily for 6 months
 - D. Start full anti-tuberculosis treatment
73. The most common causes of neonatal mortalities are: -
- A. Congenital abnormalities, prematurity and neonatal tetanus
 - B. Neonatal sepsis, birth asphyxia and pneumonia
 - C. Diarrhoeal diseases, neonatal jaundice and birth injuries
 - D. Birth asphyxia, neonatal sepsis and prematurity
74. Predisposing factors to necrotizing enterocolitis (NEC) in neonates include;
- A. Dehydration, breastfeeding, hypothermia
 - B. Prematurity, asphyxia, formula feeds
 - C. Prematurity, oxygen therapy, feeding
 - D. Transfusion, prematurity, formula feeds
75. Adverse effects of convectional phototherapy include;
- A. Skin burns, isolation ,thrombocytopenia
 - B. Skin rash, necrotizing enterocolitis, isolation
 - C. Hypoglycaemia, irritability, hypocalcemia
 - D. Hypothermia, lethargy, altered neuro-behaviour

76. Erb's palsy is characterized by damage to the;
- A. Lower brachial plexus involving the 7th and 8th cervical root nerves
 - B. Upper brachial plexus involving the 5th & 6th cervical root
 - C. All the brachial plexus nerve roots
 - D. Facial nerves
77. Steroids are used to improve fetal survival when given;
- A. 24-34 weeks gestation
 - B. 24-36 weeks gestation
 - C. 28- 32 weeks gestation.
 - D. After 30 weeks gestation
78. The priority action to a neonate born through meconium stained amniotic fluid is to;
- A. Dry the baby thoroughly
 - B. Clear the airway
 - C. Suction the oropharynx
 - D. Cut the cord and initiate bag and mask ventilation
79. The risk of toxicity of gentamycin is increased in the preterm because of:-
- A. Lack of cutaneous fat deposits
 - B. Immature central nervous system
 - C. Presence of foetal haemoglobin
 - D. Immaturity of renal system
80. The causes of secondary post-partum haemorrhage include:
- A. Retained products of conception, infection
 - B. Retained blood clots, anaemia
 - C. Trauma, prolonged labour
 - D. Uterine fibroids, endometritis
81. The expected finding on abdominal examination in a mother who delivered 30 minutes ago is:-
- A. Fundus is palpable above the umbilicus
 - B. Uterus feels firm, smooth and round
 - C. Uterus cannot be palpated
 - D. Uterus feels boggy
82. The main factor that brings about involution of the uterus is:-
- A. Autolysis
 - B. Postpartum exercises
 - C. Lochia loss

D. Effect of prolactin

83. In third degree uterine inversion: -

- A. The fundus reaches the internal os
- B. The body of the uterus is inverted to the internal os
- C. The uterus, cervix and vagina are inverted and are visible
- D. The fundus is dimpled

84. The recommended timing for the visits in targeted postnatal care is:-

- A. Within 24 hours, 1-2 weeks, 4-6 weeks, 6-12 months
- B. Within 48 hours, 1-2 weeks, 4-6 weeks, 4-6 months
- C. 1-2 weeks, 4-6 weeks, 4-6 months, 8-12 months
- D. After 7 days, 6 weeks, 6 months, 12 months

85. Abnormal features in the immediate puerperium include:-

- A. Tachycardia, hypotension, atony
- B. After pains, diuresis, shivering
- C. Tachycardia, anorexia, no colostrum
- D. Hypotension, diuresis, marked thirsty

86. 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

87. Breastfeeding promotes uterine involution because it;

- A. Stimulates production of progesterone to cause contraction of the uterus
- B. Stimulate secretion of prostaglandin to stimulate uterine contraction
- C. Causes the pituitary to secrete oxytocin to contract the uterus
- D. Promotes secretion of prolactin to increase uterine contractions

88. Prevention of mastitis during puerperium includes ;

- 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

89. Prolonged pregnancy can lead to intra-uterine death due to:-

- A. Insufficient progesterone hormone to support the wellbeing of the foetus
- B. Foetus is overgrown to be accommodate in utero

- C. Reduced blood flow to the placenta
- D. Polyhydramnios

90. The recommended drug for preventing seizures in pre-eclampsia is:-

- A. Hydralazine
- B. Nifedipine
- C. Aspirin
- D. Magnesium sulphate

91. The most accurate diagnostic test for confirming placenta previa is:-

- A. A speculum exam to visualize the placenta
- B. An ultrasound test which localizes the placenta
- C. A radio-active device which traces the location of the placenta
- D. A placenta monitor which outlines the size and shape of the placenta

92. A breech presentation is classified as a:-

- A. Malposition
- B. Malpresentation
- C. Abnormal presentation
- D. Normal presentation

93. Bandl's ring commonly occurs as a consequence of:-

- A. Retraction of uterine muscles
- B. Reverse polarity
- C. Obstructed labour
- D. Cervical dystocia

94. The engaging diameter in a persistent occipito posterior position is

- A. Sub-mento bregmatic
- B. Sub-occipito bregmatic
- C. Sub-occipito frontal
- D. Occipito frontal

95. The immediate midwife's management of a retained placenta is:

- A. Cord traction in order to forcefully detach the placenta
- B. Repeat an oxytocic agents to stimulate uterine contractions
- C. Apply fundal pressure to encourage expulsive force
- D. Encourage ambulation to enhance expulsion of the placenta

96. The possible outcome of a persistent mento-posterior position is:

- A. Deep transverse arrest
- B. The chin may be caught in the hollow of sacrum

- C. Impacted breech
- D. 3/8 rotation of the occiput

97. Prolonged second stage of labour may result in :

- A. Cervical prolapse
- B. Uterine inversion
- C. Recto-vaginal fistula
- D. Vesico-vaginal fistula

98. Without any intervention, the risk of Mother to child transmission of HIV is ____

- A. 20%
- B. 50%
- C. 33%
- D. 44%

99. The clinical stage of HIV/ AIDS where a mother presents with herpes zoster is:-

- A. Stage 1
- B. Stage 2
- C. Stage 3
- D. Stage 4

100. The third prong in Prevention of mother to child transmission of HIV is

- A. Primary prevention of HIV infection
- B. Interventions to reduce transmission from HIV
- C. Care of the mother, baby and family
- D. Interventions to prevent mother to child transmission

101. The following factor is a strong facilitator of Mother to child transmission of HIV

- A. Chorioamnionitis
- B. Viral resistance
- C. Vitamin A deficiency
- D. Caesarian Births