



AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY SCIENCES
BACHELOR OF SCIENCE IN NURSING (BSN)
September-December 2024 Trimester Main Examination

COURSE CODE AND TITLE: BSM 317- Post Abortion Care

DATE:

TIME: 2 HOURS

START: 9:00AM

END: 11:00AM

Instructions

- 1) This exam is out of 70
- 2) This paper has three sections: Section I: Multiple choice Questions (MCQ) (20 marks), Section II: Short answer questions (SAQ) (30 marks) and Section III: Long answer question (LAQ) (20marks)
- 3) Answer **ALL** questions in Section I and Section II and III
- 4) Answer all the questions in the examination booklets provided
- 5) Any rough work to be done at the back of the answer booklet

SECTION 1: MULTIPLE CHOICE QUESTIONS 20 MARKS

1. The fundamental principle in pregnancy decision-making is that the _____ has the answer to all health care decisions.
 - A. Physician
 - B. Counselor
 - C. Patient
 - D. Patient's partner or family member
2. When counseling a patient with a positive pregnancy result, a healthcare provider should
 - A. Not assume that he/she and the patient share the same understanding of medical terminology, feelings, or beliefs
 - B. Validate the feelings that their patient is experiencing
 - C. Seek understanding of their feelings and beliefs
 - D. Provide options for more counseling and/or referrals
3. The following is a statement that a health provider might give when disclosing a positive pregnancy result to a patient. "I have the results of your pregnancy test. The test came back positive, that means that you are pregnant...How are you doing with that information?" Which of the following is true regarding this statement?
 - A. The counselor assumed shared knowledge of medical information
 - B. The counselor ended with an open-ended question, indicating that he/she is ready to listen to the patient's questions and concerns
 - C. The counselor pauses in between his/her statement, creating a space where there is silence so the patient can gather her thoughts and respond when ready
 - D. The counselor's statement feels like he/she is rushing the patient to quickly decide about the result
4. For a patient to give informed consent, they need to exhibit all the following EXCEPT:
 - A. Competence and the ability to rationally reason
 - B. Appreciation of the consequences of a decision and understanding of the impact of a particular decision
 - C. They have had a previous discussion with family and friends about their decision.
 - D. Evidence a choice by either written or verbal consent
5. In assessing a patient's decision to have an abortion, an appropriate question to ask to learn about her experience could be:
 - A. "What makes you sure you want to have an abortion?"
 - B. "What was it like for you to make the decision to have an abortion?"
 - C. "Did you think about the other alternatives, liking having the baby or giving the baby up for adoption?"
 - D. All the above are appropriate questions to use when learning about the patient's experience making the decision to have an abortion.

6. Which of the following abortion counseling components is NOT required to happen before achieving informed consent?
 - A. Providing comprehensive information that explains what the patient can expect during their visit
 - B. Aftercare and discharge instructions
 - C. Contraception health education and options
 - D. Decision assessment and counseling

7. The best method to facilitate effective contraceptive use is to:
 - A. Promote abstinence until marriage educational programs to delay the need for contraception.
 - B. Reduce access barriers by giving women more than one pack of contraceptive pills at a time.
 - C. Encourage contraceptive use only amongst women above the age of 18 who are more responsible with adhering to contraception regimes.
 - D. Confer with partner to ensure they agree with one's contraceptive method choice.

8. Potential advantages of medication abortion (compared with surgical abortion) include all the following EXCEPT:
 - A. The procedure can be done at home and allows for more privacy.
 - B. Provider training in medical abortion is minimal.
 - C. The procedure can feel more "natural", like a miscarriage
 - D. The procedure can be performed later in gestation (after 12 weeks).

9. What is one-way medical abortion is different than emergency contraception?
 - A. Medical abortion prevents ovulation.
 - B. Medical abortion most effective if taken within 72 hours of unprotected sex.
 - C. Medical abortion disrupts an existing pregnancy.
 - D. None of the above

10. Which of the following is NOT a component of aspiration abortion?
 - A. The procedure is more effective and the chance of needing further intervention is lower than medical abortion
 - B. The procedure can be performed later in gestation
 - C. The procedure is less convenient than medical abortion; it has a longer time to completion and requires more visits (usually)
 - D. No exposure to teratogens (for the 1% of pregnancies that continue after MAB)

11. Which of the following medical abortion regimens is the most effective if available? (95-99% efficacy)
 - A. Mifepristone + misoprostol to 9+ weeks
 - B. Methotrexate + misoprostol to 7 weeks

- C. Misoprostol alone to 9+ weeks
 - D. Methotrexate alone to 9+ weeks
12. True/False: Sharp curettage (D&C) is the gold standard for performing first trimester abortion.
- A. True.
 - B. False. Sharp curettage puts the patient at increased risk for major complications such as bleeding, and damage to future reproductive ability.
 - C. Information was not provided in the lecture.
 - D. None of the options is correct
13. Which of following is NOT a component of cervical preparation
- A. Misoprostol
 - B. Osmotic cervical dilators
 - C. Preoperative preparations must be done 3-4 hours pre-procedure
 - D. Cervical priming for all women younger than 18 years old, nulliparous women greater than 9 weeks, all women greater than 12 weeks who are undergoing a first trimester aspiration procedure
14. The following are nonpharmacologic methods for pain management EXCEPT:
- A. Hypnosis
 - B. Provision of Ibuprofen and paracervical block
 - C. Providing continuous, low abdominal heat
 - D. “Vocal Local” (diverting attention during the procedure by talking about vacations or families)
15. What are some common reasons why women seek abortion services after the first trimester?
- A. The woman did not realize she was pregnant
 - B. The woman had trouble planning for abortion
 - C. A fetal abnormality was diagnosed
 - D. The woman was afraid to tell her parents or partner
16. An example of a minor complication during procedural abortion includes
- A. Hemorrhage
 - B. Infection
 - C. Cervical laceration
 - D. Excessive bleeding and excessive pain
17. The best way to manage an unstable patient with a large perforation is to
- A. Perform a laparotomy
 - B. Implement balloon tamponade
 - C. Using uterotonic medication
 - D. Perform a laparoscopy
18. A method to manage the clinical team during and after a procedural abortion complication is to
- A. Call a colleague in the moment of a complication

- B. Call a colleague after the moment of a complication
 - C. Debrief with the team and assess what happened, what went well, and what could have gone differently?
 - D. Expect complications and be prepared
19. In assessing a patient's decision to have an abortion, an appropriate question to ask to learn about her experience could be:
- A. "What makes you sure you want to have an abortion?"
 - B. "What was it like for you to make the decision to have an abortion?"
 - C. "Did you think about the other alternatives, liking having the baby or giving the baby up for adoption?"
 - D. All the above are appropriate questions to use when learning about the patient's experience making the decision to have an abortion
20. Potential advantages of medical abortion (compared with surgical abortion) include all the following EXCEPT:
- A. The procedure can be done at home and allows for more privacy.
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SECTION II: SHORT ANSWER QUESTIONS (30 MARKS)

1. Define unsafe abortion and explain two factors that contribute to its occurrence. **(4 Marks)**
2. List and describe two maternal causes and two fetal causes of abortion. **(4 Marks)**
3. Differentiate between a threatened abortion and an inevitable abortion. **4 Marks**
4. Explain the general principles of emergency abortion care. **(5 Marks)**
5. What are the signs of completeness following a Manual Vacuum Aspiration **(3 Marks)**
6. Explain five (5) elements of post abortion care, citing an example in each. **(10 marks)**

SECTION III: LONG ANSWER QUESTION (20 MARKS)

1. Describe five (5) legal and ethical framework surrounding abortion in Kenya. **(10 Marks)**
2. Explain five (5) challenges and implementation issues in legal and ethical framework of abortion. **(10 Marks)**