

AMREF INTERNATIONAL UNIVERSITY SCHOOL OF MEDICAL SCIENCES DEPARTMENT OF NURSING & MIDWIFERY SCIENCES BACHELOR OF SCIENCE IN NURSING END OF SEMESTER DECEMBER 2022 EXAMINATIONS

COURSE: BSN 227: MIDWIFERY AND OBSTETRIC NURSING II

DATE: 28th November 2022

Duration: 2 HOURS Start: 9:00 AM Finish: 11:00 AM

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.



SECTION I: MULTIPLE CHOICE QUESTIONS (20 MARKS)

- 1. Regarding iron deficiency anaemia, the main component of hemoglobin is the: -
 - A. Oxygen
 - B. Reb blood cells
 - C. Iron
 - D. Vitamin C
- 2. The oral anticoagulant of choice for managing cardiac disease in pregnancy is:
 - A. Warfarin
 - B. Methyldopa
 - C. Nifedipine
 - D. Heparin
- 3. Microcytic hypochromic anemia in pregnancy is characterized by: -
 - A. Increased hematocrit levels and reduced hemoglobin levels
 - B. Reduced hematocrit levels and reduced hemoglobin levels
 - C. Normal hematocrit levels and reduced hemoglobin levels
 - D. Normal hematocrit levels and increased hemoglobin levels
- 4. Severe preeclampsia is diagnosed when: -
 - A. Proteinuria and a diastolic pressure of < 110 mm Hg are detected
 - B. Proteinuria, convulsions, and diastolic blood pressure of > 110 mm Hg are detected
 - C. Proteinuria and diastolic blood pressure of > 110 mm Hg are detected
 - D. Proteinuria and diastolic blood pressure of < 110 mm Hg are detected
- 5. Mean corpuscular volume (MCV) used to evaluate anemia in pregnancy measures: -
 - A. The average size of red blood cells
 - B. The color of red blood cells
 - C. The level of hemoglobin levels
 - D. The level of hematocrit
- 6. Parenteral iron with sorbitol therapy for microcytic hypochromic anemia in pregnancy is: -
 - A. Infused slowly over 20 minutes at a dose of 50 mg/kg body weight
 - B. Infused slowly over 10 minutes at a dose of 50 mg/kg body weight
 - C. Infused slowly over 15 minutes at a dose of 50 mg/kg body weight
 - D. Infused slowly over 5 minutes at a dose of 50 mg/kg body weight
- 7. A pregnant woman on anticoagulant therapy is usually observed for the signs of:
 - A. Palpitations
 - B. Petechiae
 - C. Dyspnea
 - D. Pallor
- 8. The types of insulin therapy in managing diabetes in pregnancy are: -

- A. Short-acting insulin and intermediate-acting insulin
- B. Short-acting insulin and long-acting insulin
- C. Intermediate-acting insulin and long-acting insulin
- D. Long-acting insulin and intermediate-acting insulin
- 9. Oxygen is administered to unconscious pregnant women at: -
 - A. Four liters per minute via a non-rebreather face mask
 - B. Five liters per minute via a non-rebreather face mask
 - C. Six liters per minute via a non-rebreather face mask
 - D. Seven liters per minute via a non-rebreather face mask
- 10. The cervix is usually fully effaced at: -
 - A. At about 3 cm dilatation
 - B. At about 4 cm dilatation
 - C. At about 5 cm dilatation
 - D. At about 6 cm dilatation
- 11. 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
- 12. The normal breathing rate in a newborn infant is: -
 - A. 30 60 breaths per minute
 - B. 60 90 breaths per minute
 - C. Greater than 30 minutes per minute
 - D. Less than 90 breaths per minute
- 13. In a doubtful fetal presenting part during labor, an ultrasound scan is advised when: -
 - A. The descent is one-fifth palpable
 - B. The descent is five-fifths palpable
 - C. The descent is two-fifths palpable
 - D. The descent is three-fifths palpable
- 14. Immediate postpartum maternal monitoring involves observation of vital signs, blood loss, and uterine retraction: -
 - A. Every 30 to 60 minutes for the first two hours
 - B. Every 15 to 60 minutes for the first two hours
 - C. Every 15 to 45 minutes for the first two hours
 - D. Every 15 to 30 minutes for the first two hours
- 15. Continuous external fetal movement during labor can be monitored by use of: -
 - A. Cardiotocography
 - B. Pinard stethoscope

- C. Hand-held Doppler ultrasound
- D. Abdominal examination
- 16. In eclampsia at least 37 weeks gestation augmented vaginal delivery is recommended when: -
 - A. The bishop score is ≥ 3
 - B. The bishop score is ≥ 4
 - C. The bishop score is ≥ 5
 - D. The bishop score is ≥ 6
- 17. Pyelonephritis in pregnancy can be treated with: -
 - A. Amoxicillin 500 mg orally 3 times daily for 3 days + gentamycin 5 mg/kg body weight every 24 hours until afebrile
 - B. Cotrimoxazole 160 mg orally twice a day for three days + gentamycin 5 mg/kg body weight every 24 hours until afebrile
 - C. Amoxicillin 2 g every 6 hours in IV + gentamycin 5 mg/kg body weight every 24 hours until afebrile, then give amoxicillin 1 g three times daily for 14 days
 - D. Cotrimoxazole 800 mg orally twice a day for three days + gentamycin 5 mg/kg body weight every 24 hours until afebrile
- 18. A pregnant woman with cardiac disease is at most risk of circulatory failure at: -
 - A. 24 to 28 weeks gestational age
 - B. 28 to 32 weeks gestation
 - C. 24 to 32 weeks gestation
 - D. 24 to 36 weeks gestation
- 19. Metabolic acidosis occurs in pregnant women with diabetes because: -
 - A. Gastric acid lowers the pH of the blood
 - B. Lactic acid increases the pH of the blood
 - C. Gastric acid increases the pH of the blood
 - D. Lactic acid lowers the pH of the blood
- 20. Impaired fasting glucose due to diabetes in pregnancy is a state when: -
 - A. Plasma glucose is between 110 mg/dL to 126 mg/dL
 - B. Plasma glucose is between 140 mg/dL to 200 mg/dL
 - C. Plasma glucose is between 110 mg/dL to 200 mg/dL
 - D. Plasma glucose is between 140 mg/dL to 126 mg/dL

SECTION II: SHORT ANSWER QUESTIONS (30 MARKS)

- 1. Define the following terms:
 - a. Puerperium (1 mark)
 - b. Normal labor (1 mark)
 - c. Low birth weight (1 mark)
 - d. Pre-term baby (1 mark)
 - e. Intrapartum period (1 mark)

- 2. State five (5) clinical features of diabetes mellitus in pregnancy (5 Marks)
- 3. Using The APGAR scoring system, outline the parameters used to assess a newborn infant immediately at birth (5 Marks)
- 4. State five (5) clinical findings on physical examination of microcytic hypochromic anemia in pregnancy (5 Marks)
- 5. State the classifications of hypertension in pregnancy (5 Marks)
- 6. Outline the standard procedures in essential newborn care (5 Marks)

SECTION III: LONG ANSWER QUESTIONS (20 MARKS)

- 1. Mrs. Mapesha a 28 year old primigravida at 40 weeks gestational age, presents to the labour ward with intermittent abdominal pains radiating to the back. Upon Vaginal examination, the cervical dilatation is established to be at 2 centimetres.
 - a. Describe the physiology of labor (4 Marks)
 - b. Explain the mechanisms of normal labor that will be experienced by Mrs. Mapesha in the second stage of labour (16 Marks)

