



**AMREF INTERNATIONAL UNIVERSITY  
SCHOOL OF MEDICAL SCIENCES  
DEPARTMENT OF NURSING AND MIDWIFERY SCIENCES  
KENYA REGISTERED COMMUNITY HEALTH NURSING  
END OF JANUARY-APRIL SEMESTER 2023 EXAMINATIONS**

**DNS 212: MIDWIFERY II**

**DATE: WEDNESDAY 12<sup>TH</sup> APRIL 2023**

**TIME: 2 Hours**

**Start: 1400 HOURS**

**Finish: 1600 HOURS**

**INSTRUCTIONS**

- 1. This exam will be marked out of 70 Marks**
- 2. ALL Questions are compulsory.**
- 3. The Examination has Three Sections: Section I- Multiple Choice Questions, Section II: Short Answer Questions, Section III: Long Essay Questions**
- 4. Answer all Questions in the ANSWER BOOKLET provided**
- 5. Do Not write anything on the question paper -use the back of your booklet for rough work if need be**

## **SECTION I: MULTIPLE CHOICE QUESTIONS (20 MARKS)**

1. When planning care of a 15-year-old pregnant adolescent, a midwife should recognize that she is at risk for:-
  - A. Glucose intolerance
  - B. Foetal chromosomal abnormality
  - C. Incompetent cervix
  - D. Iron deficiency anemia
  
2. Maternal complications of obstructed labour is:-
  - A. Fetal hypoxia
  - B. Rupture of uterus
  - C. Intracranial injury
  - D. Amniotic fluid embolism
  
3. One sign of impending rupture of uterus due to a weak uterine scar is:-
  - A. Bandl's ring
  - B. Hypertonic contractions
  - C. Maternal and fetal distress
  - D. Trickling of fresh blood per vagina
  
4. Vaginal bleeding after 28 weeks' gestation which is of sudden onset, painless, causeless and recurrent is known as:-
  - A. Abortion
  - B. Abruptio placenta
  - C. Placenta Previa
  - D. Vasa Previa
  
5. Treatment for Bacterial vaginosis in pregnancy is:-
  - A. Single dose of metronidazole 2 gm
  - B. Nystatin vaginal pessaries 100,000 iu nocte  $\times 1/52$
  - C. Kanamycin 2 gm IM as a single dose
  - D. Metronidazole 500mg BD  $\times 7/7$
  
6. The loading dose of Magnesium sulphate to a mother with impending eclampsia is:-
  - A. 4g of 20% IV
  - B. 1g of 20% IV
  - C. 5g of 50% IM
  - D. 10g of 20% IV

7. Major causes of prolonged labour include:-
- A. Ineffective uterine contractions, vertex presentation, fetal macrosomia
  - B. Occipito-posterior position, cephalopelvic disproportion, ineffective uterine contractions
  - C. Multiple pregnancy, fetal macrosomia, cervical dystocia
  - D. Occipital-lateral position, cephalopelvic disproportion, multiple pregnancy
8. The most common complication of post-partum haemorrhage is:-
- A. Maternal demise
  - B. Liver failure
  - C. Disseminated intravascular coagulopathy
  - D. Amniotic fluid embolism
9. The manipulation of the fetus through the maternal abdomen to cephalic presentation is termed as:-
- A. Assisted cephalic rotation
  - B. External cephalic version
  - C. Assisted cephalic version
  - D. External cephalic rotation
10. Second-degree perineal tear involves:-
- A. The fourchette and anal sphincter
  - B. Bulbo carvernosus and Pubococcygeous muscles only
  - C. Fourchette and superficial perineal muscles
  - D. Damage to the anal sphincter and rectal mucosa
11. The light for date baby is defined as:-
- A. A baby born before 37 weeks' gestation
  - B. Bulk weight is 2500g or less regardless of gestational age
  - C. A baby whose birthweight is below tenth centile for gestational age
  - D. A baby whose birth weight is below 90<sup>th</sup> centile for gestational age
12. Biophysical profile score measures:-
- A. Fetal movement, amniotic fluid volume, fetal length
  - B. Fetal tone, fetal movement, fetal breathing
  - C. Amniotic fluid volume, fetal heart rate, fetal weight
  - D. Fetal heart rate, amniotic fluid color, fetal tone
13. Characteristics of monochorionic twins include:-
- A. One placenta, one chorion, two amnion
  - B. One placenta, two chorion, one amnion
  - C. Two placenta, two chorion, one amnion
  - D. Two fused placenta, one chorion, one amnion

14. Gestational hypertension:-
- A. Is diagnosed when blood pressure exceeds 140/90mmhg before 20 weeks
  - B. Develops after 20 weeks of pregnancy and disappears 6 weeks postpartum
  - C. Develops after 20 weeks of pregnancy; the diastolic blood pressure is above 110mmhg
  - D. Is an acute and life threatening complication characterized by proteinuria and seizures
15. Indications of emergency caesarean section include:-
- A. Intra uterine growth retardation, multiple pregnancy, eclampsia
  - B. Cord prolapse, severe pre-eclampsia, fetal distress
  - C. Contracted pelvis, uterine rupture, big breech
  - D. Cephalo pelvic disproportion, fibroids, obstructed labour
16. Fetal indications for induction of labour include:-
- A. Fetal distress, premature rupture of membranes
  - B. Unstable lie, post maturity
  - C. Fetal distress, intra uterine growth restriction
  - D. Intrauterine fetal death, Post maturity
17. The antidote for magnesium toxicity is:-
- A. Naloxone
  - B. Calcium Gluconate 10%
  - C. Sodium bicarbonate
  - D. 2% Lignocaine
18. Mauriceau-smellie-veit maneuver:-
- A. Assists to deliver the legs in frank breech
  - B. Delivers impacted shoulders in breech delivery
  - C. Assists to deliver extended head in breech delivery
  - D. Is aided by gravity in breech delivery
19. The 4Ps to avoid while managing shoulder dystocia is:-
- A. Pull, Push, Panic, Pivot
  - B. Pick, Pull, Put, Push
  - C. Pull, Push, Pick, Pivot
  - D. Panic, Pivot, Pick, Pull
20. A pregnant woman with cardiac disease stage III:-
- A. Has symptoms during mild activity
  - B. Can carry out normal activities with no distress
  - C. Has symptoms at rest
  - D. Is comfortable on exertion

## **SECTION II: SHORT ANSWER QUESTIONS (30 MARKS)**

1. State five (5) causes of uterine rupture ( 5 Marks)
2. State three (3) drugs used in management of Hyperemesis Gravidarum ( 3 Marks)
3. Outline five (5) preventive measures to post-partum haemorrhage ( 5 Marks)
4. Outline the five classifications of hypertensive diseases in pregnancy (5 Marks)
5. State three (3) principles in management of respiratory diseases in newborns ( 3 Marks)
6. State five (5) possible causes of neonatal jaundice (5 Marks)
7. Outline four (4) ways to diagnose preterm premature rupture of membranes (PPROM ) ( 4 Marks)

## **SECTION III: LONG ANSWER QUESTION (20 MARKS)**

I. Baby P is a newborn, delivered through spontaneous vertex delivery at 30/40. Had an Apgar score of 8<sup>1</sup>, 9<sup>5</sup>, 9<sup>10</sup>.

- a) Define a preterm neonate (1 Marks )
- b) State five (5) characteristics of a preterm neonate (5 Marks)
- c) Using the nursing process, describe the management of Baby P for the first 24 hours (12 Marks)
- d) List four (4) possible complications that Baby P is at risk of developing ( 2 Marks)