



**AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF NURSING AND MIDWIFERY SCIENCES
KENYA REGISTERED COMMUNITY HEALTH NURSING
End Semester April 2025 Examinations**

COURSE CODE AND TITLE: DNS 212: Midwifery II

DATE: 15-4-2025

TIME: 2 HOURS

Start: 11:15AM

Finish: 1:15PM

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**
- 6. Use the back of your booklet for rough work if need be.**

SECTION I: MULTIPLE CHOICE QUESTIONS (20 MARKS)

1. The laboratory finding typically associated with severe preeclampsia is:

- A. Hybernatermia
- B. Thrombocytopenia
- C. Hyperkalemia
- D. Hypokalemia

2. Preterm babies have:

- A. A well formed pinna
- B. Lanugo covering the baby
- C. Desquamation of the epidermis
- D. Palma and planta creases

3 According to WHO, anemia in pregnancy is defined as hemoglobin level of:

- A. Less than 12 gm/dl
- B. Less than 11 gm/dl
- C. Less than 10 gm/dl
- D. Less than 9 gm/dl

4. The risk factor for developing gestational diabetes include:

- A. Normal weight
- B. Positive family history
- C. Age under 25
- D. Regular exercises

5. The standard loading dose of magnesium sulphate in treatment of severe pre-eclampsia is:

- A. 1g intravenous over 10 minutes
- B. 2g intravenous over 30 minutes
- C. 4-6g intravenous over 15-20 minutes
- D. 10g intravenous over 1 hour

6. The process in which heat is lost from a new born as a result of delayed drying is:
- A. Conduction
 - B. Convection
 - C. Evaporation
 - D. Radiation
7. Complications of preterm babies include
- A. Intracranial hemorrhage, NEC, DM type 1, dehydration
 - B. NEC, retinal damage, chronic lung disease, DM type 1
 - C. Patent ductus arteriosus, retinal damage, chronic lung disease, NEC
 - D. DM type 1, septicemia, NEC, dehydration
8. In management of a baby at risk, the best way to promote bonding is
- A. Rooming in
 - B. Bedding in
 - C. Kangaroo care
 - D. Frequent breastfeeding
9. Breech presentation is commonly associated with:
- A. Polyhydromnious
 - B. Prematurity
 - C. Oligohydramnios
 - D. Macrosomia
10. Cephalohematoma is limited by:
- A. Fontanelles
 - B. Cranial sutures
 - C. Cranial bones
 - D. Skull diameters
11. The main cause of inversion of the uterus is:
- A. Unwise use of Oxytocic drugs
 - B. Mismanagement of third stage of labour
 - C. Malpresentations
 - D. Multiparty

12. The hallmark of respiratory distress syndrome is deficiency of :
- A. Oxygen
 - B. Surfactant
 - C. Hemoglobin
 - D. Carbon dioxide
13. A 'Bandl's ring' is a:
- A. Sign of fetal distress
 - B. Pathological retraction ring seen in obstructed labor
 - C. Normal part of the uterine contraction mechanism
 - D. Fetal complication of obstructed labor
14. The diameter of the fetal head presenting in persistent occiput posterior is:
- A. Suboccipitobregmatic
 - B. Occipital frontal
 - C. Submentobregmatic
 - D. Biparietal
15. The treatment of choice for uncomplicated *plasmodium falciparum* malaria in first trimester is:
- A. Quinine
 - B. Artemisinin-based combination therapy
 - C. Chloroquine
 - D. Artesunate
16. Bishop score is used to:
- A. Assess fetal well-being
 - B. Determine likelihood of successful induction of labor
 - C. Assess fetal lung maturity
 - D. Predict outcome of labor

17. The common predisposing factor to premature rupture of membranes is:
- A. Intrauterine growth restriction
 - B. Multiple pregnancy
 - C. tallipes
 - D. hydrops fetalis
18. Maternal causes of preterm premature rupture of membranes (PPROM) include -
- A. Chorioamnionitis, Polyhydramnios, uterine didelphis
 - B. Incompetent cervix, vaginitis, Chorioamnionitis
 - C. Placenta praevia, Chorioamnionitis, vaginitis
 - D. Incompetent cervix, uterine didelphis, Malnutrition
19. Cord prolapse is:
- A. The presence of the umbilical cord in front of the presenting part when membranes have ruptured
 - B. The presence of umbilical cord in front of the presenting part with membranes intact
 - C. Umbilical blood vessels in front of the presenting part
 - D. The presence of the umbilical cord besides the presenting part with membranes either intact or ruptured
20. In symmetrical IUGR:
- A. The fetal head is bigger than the trunk
 - B. IUGR occurs in the 3rd trimester
 - C. Occurs as a result of congenital abnormalities
 - D. Nutritional supplementation improves neonatal outcome

SECTION II: SHORT ANSWER QUESTIONS (30 MARKS)

1. Highlight 5 preventive measures of post-partum hemorrhage
5marks
2. State three principles in the management of respiratory disorders in pregnancy 3 mark
3. Outline the 5 classifications of hypertensive diseases in pregnancy 5 marks
4. Differentiate between placenta abruption and placenta Previa 6 marks
5. Differentiate between preterm babies and small for gestation
6marks
6. Outline 5 complications associated with multiple pregnancy
5marks

SECTION III: LONG ANSWER QUESTION (20 MARKS)

1. Mrs Pemba, 28 years old, has come to the maternity unit complaining of lower abdominal pain radiating to the back and increasing in intensity at 32 weeks gestation. On vaginal examination, the cervix is 4cm dilated.
 - a) Define preterm labour (1 Mark)
 - b) State four (4) predisposing factors to preterm labour (4 Marks)
 - c) Explain the expectant management of Mrs Pemba for the first 48 hours (13 Marks)
 - d) List Four (4) complications of preterm labour (2 Marks)