



AMREF INTERNATIONAL UNIVERSITY

SCHOOL OF MEDICAL SCIENCES

DEPARTMENT OF NURSING & MIDWIFERY SCIENCES

END OF DECEMBER SEMESTER 2025 EXAMINATIONS

COURSE CODE AND TITLE: BSM 317: Post Abortion Care

DATE: 5TH DECEMBER-2025

TIME: 9:00AM-11:00AM

Duration: 2 HOURS

INSTRUCTIONS

- 1. This exam is out of 70 marks**
- 2. This Examination comprises THREE Sections. Section I: Multiple Choice Questions (20 marks) Section II: Short Answer Questions (30 marks) and Section III: Long Answer Questions (20 marks)**
- 3. Answer ALL Questions.**
- 4. 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. A client 12 weeks' pregnant comes to the emergency department with abdominal cramping and moderate vaginal bleeding. Speculum examination reveals 2 to 3 cms cervical dilation. The nurse would document these findings as:
 - a. Threatened abortion.
 - b. Imminent abortion.
 - c. Complete abortion.
 - d. Missed abortion

2. Complete abortion is defined as:
 - a) When the bleeding is from the placental site but not much as to harm the baby.
 - b) When the products of conception have been completely expelled.
 - c) When there is loss of pregnancy before viability.
 - d) When the products of conception have been partially expelled

3. Cervical incompetence is:
 - a) Is a cause for early pregnancy loss
 - b) Is best diagnosed by history taking
 - c) Is a cause for fetal congenital anomalies
 - d) Is not encountered with uterine anomalies

4. Denying a woman PAC after a spontaneous miscarriage is an ethical violation of:
 - a) Autonomy and right to health
 - b) Right to education
 - c) Freedom of speech
 - d) Right to vote

5. According to WHO, the post-abortion care (PAC) includes:
 - a) Contraceptive counseling only
 - b) Emergency treatment, counseling, family planning, linkages to reproductive health services
 - c) Termination of pregnancy only
 - d) Surgical evacuation only

6. One of the following is a preventive measure against unsafe abortion complications
 - a) Restrict access to contraceptives
 - b) Promote safe abortion services, contraception, and post-abortion care
 - c) Encourage home remedies
 - d) Delay medical care

7. One of the following is the most common immediate complication of unsafe abortion:
- Infertility
 - Haemorrhage
 - Anaemia
 - Hypertension
8. Surgical evacuation is generally preferred when:
- Gestation is very early (<6 weeks)
 - Patient has heavy bleeding or haemodynamic instability
 - Medical abortion drugs are available and effective
 - Patient refuses surgical intervention
9. The most common surgical method of uterine evacuation in the first trimester is:
- Hysterectomy
 - Dilatation and curettage
 - Vacuum aspiration
 - Hysterotomy
10. The gestational age where manual vacuum aspiration (MVA) is recommended is:
- 6 weeks
 - 12 weeks
 - 20 weeks
 - 28 weeks
11. The pharmacological regimen of choice for incomplete abortion up to 12 weeks is:
- Oxytocin infusion only
 - Misoprostol alone
 - Mifepristone alone
 - Antibiotics
12. The use of mifepristone is contraindicated in women with:
- Anaemia
 - Severe asthma or chronic adrenal failure
 - Past caesarean section
 - Multiparity
13. Mifepristone is followed by misoprostol after how many hours in a medical abortion regimen?
- 1–2 hours
 - 6–12 hours
 - 24–48 hours
 - 72 hours

- 14.** The recommended route of administration for misoprostol in incomplete abortion management is:
- Intravenous
 - Oral, sublingual, or vaginal
 - Intramuscular only
 - Inhalation
- 15.** Oxytocin is mainly used in abortion management to:
- Induce cervical ripening in the first trimester
 - Maintain uterine contractions and control bleeding
 - Replace mifepristone in early medical abortion
 - Inhibit uterine tone
- 16.** Counseling after abortion should focus on:
- Blame and guilt
 - Exploring fertility intentions, contraceptive choices, and emotional support
 - Exclusively nutrition
 - Avoiding further ANC
- 17.** The contraceptive contraindicated immediately after septic abortion is:
- IUCD
 - Injectable progestin
 - Combined pills
 - Condom
- 18.** Missed abortion is:
- Expulsion of dead foetus with membranes
 - Retention of a dead foetus for weeks without expulsion
 - Pregnancy ending before viability with sepsis
 - Any threatened miscarriage
- 19.** Recurrent abortion is defined as:
- Two or more consecutive pregnancy losses
 - Single miscarriage before 20 weeks
 - Termination by request
 - Postpartum haemorrhage
- 20.** Unsafe abortion is a major contributor to maternal mortality because of:
- Skilled providers
 - Sterile environment
 - Lack of sterile technique and unqualified providers
 - Use of modern drugs

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

1. Explain three (3) Causes of abortion (6 Marks)
2. State five (5) Risk factors of abortion (5 Marks)
3. State five (5) signs and symptoms of threatened abortion (5 Marks)
4. State five (5) specific management of threatened abortion (5 Marks)
5. State five (5) clinical features of septic abortion (5 Marks)
6. Explain two (2) main indication of manual vacuum aspiration (4 Marks)

SECTION III: LONG ANSWER QUESTIONS**(20 marks)**

Q1. Mrs. Z reported to post abortion clinic with heavy vagina bleeding, on examination, cervix is dilating and product of conception not expelled and diagnosis of incomplete abortion is made

- a) State four (4) clinical features of incomplete abortion (4 Marks)
- b) State four (4) roles of a midwife in post abortion care (4 Marks)
- c) Discuss general principle of emergency abortion care for Mrs Z (12 Marks)