AMREF INTERNATIONAL UNIVERSITY

SCHOOL OF MEDICAL SCIENCES

DEPARTMENT OF NURSING AND MIDWIFERY SCIENCES

MAY – AUGUST 2026 SEMESTER EXAMINATION

COURSE CODE AND COURSE NAME: BSN 314: Midwifery and Obstetrics III

DATE: 4TH AUGUST 2026

DURATION **START:9AM** **STOP:11AM**

INSTRUCTIONS

- This examination is out of 70 marks distributed as follows:
  - Section I: Multiple choice questions (20 marks)
  - Section II: Short answer questions (30 marks)
  - Section III: Long answer question (20 marks)
- Answer ALL the questions in the answer sheet provided.
- Maintain examination integrity as instructed.

MULTUPLE CHOICE QUESTIONS (MCQS) 20 MARKS

1. Nursing interventions for a mother who develops breast engorgement during puerperium include:
   a) Administration of antibiotics
   b) Increase fluid intake
   c) Prepare for incision and drainage
   d) Encourage manual expression of breast milk
2. Mrs P has placenta praevia type 2, this means the placenta is located:
   a) over the internal cervical os but not centrally
   b) majorly in the upper uterine segment
   c) Partially in the lower segment near the internal cervical os.
   d) Centrally over the internal cervical os.
3. During examination of the perineum after delivery, the mother has a tear involving the anal sphincter muscles. The midwife recognises it is a:
   a) First degree tear
   b) Second degree tear
   c) Third degree tear
   d) Fourth degree tear
4. The manoeuvre in which the midwife pushes the posterior shoulder in the direction of the foetal chest, thus rotating away the anterior shoulder from the symphysis pubis in case of a shoulder dystocia is:
   a) Wood's
   b) Rubin's
   c) Leopold's
   d) McRobert's
5. Factors that predispose mothers to uterine inversion during labour include:
   a) Placenta praevia
   b) Controlled cord traction
   c) Long umbilical cord
   d) Placenta accreta
6. In management of a client with hypotonic uterine contractions in labour, the following should be prioritized:
   a) Oxytocin administration
   b) Sedation of the client
   c) Administration of an epidural anesthesia
   d) Administration of tocolytic agents
7. A frank breech is characterised by:
   a) Buttock presentation with thighs flexed on the abdomen, feet and legs flexed on the thighs
   b) Buttock presentation with hips flexed and legs extended against the abdomen and chest
   c) One or both legs or the knees extending below the buttocks
   d) Buttock presentation together with another body part mainly the hand

8. Deep transverse arrest occurs when occipitofrontal diameter of the foetal head:
    a) Lies in the right oblique diameter of the pelvic brim
    b) Is caught in the transverse diameter of the pelvic brim
    c) Is caught in the transverse diameter of the pelvic outlet
    d) Is caught in the oblique diameter of the pelvic outlet
9. Forceps delivery is associated with:
    a) Fetal skull fractures
    b) Caput succedaneum
    c) Fetal distress
    d) Shoulder dislocation
10. One of the following statements best describes the cause of obstructed labour:
    a) Inadequate power, inadequate passage, but there is no problem with the passager
    b) Adequate power, but there is a problem with either passager or passage or both
    c) Inadequate power, inadequate passage, abnormal passage, unstable patient
    d) Adequate power, adequate passage and normal passager, but there is a problem with the patient
11. The pathological retraction ring of Bandl's is associated with:
    a) Precipitate labour.
    b) Obstructed labour.
    c) Abruptio placenta.
    d) Chorioamnionitis.
12. A primipara presents one week after delivery. She is tearful, has spells of cry and lack of appetite and sleep. The most likely diagnosis is:
    a) Puerperal sepsis
    b) Postnatal depression.
    c) Schizophrenia.
    d) Maniac disorders
13. A primigravida is in second stage of labour for the past two hours. Fetal head is at +1 station. Inspite of effective uterine contractions, mother is unable to push as she is exhausted. What will be the next step in her management:
    a) Wait for another one hour.
    b) Give sedation to the mother.
    c) Shift her for emergency section.
    d) Conduct a vacuum delivery.
14. The midwife notices a swelling on the foetal head immediately after delivery. The following will confirm that the swelling is a caput succedaneum;
    a) Does not pit on pressure
    b) Increases in size
    c) Crosses a suture line
    d) Takes weeks to resolve
15. Surfactant replacement therapy is useful in a baby who develops;
    a) Neonatal sepsis
    b) Respiratory distress syndrome
    c) Asphyxia neonatorum

d) Hypoglycaemia

16. The ratio of chest compressions to rescue breaths for newborn resuscitation is;
    a) Two compressions for every two ventilations
    b) Five compressions for every two ventilations
    c) Three compressions for every one ventilation
    d) Three ventilations for every one chest compression
17. Primary vitamin K deficiency is a cause of;
    a) Neonatal jaundice
    b) Necrotizing enterocolitis
    c) Hemorrhagic disease of the newborn
    d) Neonatal encephalopathy
18. Data collection roles of a community midwife include:-
    a) Supply the Community Health Volunteer with drugs
    b) Advise the woman on where to register home birth
    c) Strengthen infection prevention and control
    d) Counsel woman and partners for contraceptives
19. An activity that best describes the community midwife's preventive and supportive role is:
    a) Conducting a home visit 2 weeks after birth to assess breastfeeding
    b) Providing immunization to the baby at 6 weeks at the facility
    c) Administering antibiotics for a pregnant client with vaginitis
    d) Providing care to a client admitted with hyperemesis gravidarum
20. A community midwife visits a mother 6 days postpartum who reports excessive bleeding. The most appropriate action is to:
    a) Reassure her it is normal and advise on adequate rest
    b) Initiate emergency referral to the nearest health facility
    c) Recommend available home-based remedies for recovery
    d) Monitor vital signs and review during the next home visit

SHORT ANSWER QUESTIONS (SAQS) 30 MARKS

1. State five (5) predisposing factors to neonatal birth asphyxia 5 mks
2. State five (5) contraindications for induction of labour 5 mks
3. Describe two possible outcomes of labour in occipitoposterior positions 4 mks
4. State five priority actions that should be conducted to expedite delivery for a patient diagnosed with shoulder dystocia 5 mks
5. Describe the maternal death audit cycle 5mks
6. Evidence-Based Practice is an integral component in midwifery. Describe three (3) critical consumers of research in Midwifery 6 mks

LONG ANWER QUESTIONS 20 MKS

1. Ms. Ha is a para 4+0 admitted in the County Referral Hospital's labour ward in active labour at 39 weeks. She progresses well in labour, and delivers a healthy baby. When moving her to the post-natal room, she complains of dizziness and drops to the floor. You observe clots of blood on the floor next to her. A diagnosis of Post-Partum Haemorrhage (PPH) is made.
   a) State the four possible causes of PPH 4 mks
   b) Using the EMOTIVE approach, describe the immediate management of Ms. Ha until she is stable 16 mks