



AMREF INTERNATIONAL UNIVERSITY
DEPARTMENT OF NURSING AND MIDWIFERY SCIENCES
KENYA REGISTERED COMMUNITY HEALTH NURSING
END OF SEMESTER EXAMINATIONS

DNS 123: Midwifery I

DATE: WEDNESDAY 8TH APRIL 2026

TIME: 2 HOURS

Start: 0900 HOURS

Finish: 1100 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 II: 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 only visible part of the clitoris is the:-
 - A. Crus.
 - B. Body.
 - C. Glans.
 - D. Corpus cavernosum.

2. A uterus that is smaller than expected may be due to:-
 - A. A breech presentation.
 - B. An intra-uterine death.
 - C. Polyhydramnios.
 - D. Cephalopelvic disproportion.

3. At birth, the ovary contains approximately:-
 - A. 1–2 million primary oocytes.
 - B. 400–500 primary oocytes.
 - C. 300,000 primary oocytes.
 - D. 5 million primary oocytes.

4. The wrinkled appearance of the scrotum is due to the:-
 - A. Cremaster muscle.
 - B. Dartos muscle.
 - C. Tunica albuginea.
 - D. Sertoli cells.

5. The epididymis is primarily responsible for:-
 - A. Testosterone production.
 - B. Urine formation.
 - C. Semen secretion.
 - D. Sperm maturation.

6. Spermatogenesis takes approximately:-
 - A. 65–75 days.
 - B. 7–14 days.
 - C. 30 days.
 - D. 120 days

7. The visit at 34 weeks is important because:-
- A. The fetus now becomes viable and the patient must monitor the fetal movements.
 - B. A vaginal examination must be done on patients who are at risk of preterm labour to determine whether there are cervical changes.
 - C. The lie and presentation of the fetus are now important and have to be carefully determined.
 - D. A repeat ultrasound examination must now be done on patients who had ultrasonography at 18 and 22 weeks.
8. Fertilization results in the formation of:-
- A. Embryo.
 - B. Zygote.
 - C. Placenta.
 - D. Fetus
9. The embryo develops into a fetus after approximately:-
- A. 4 weeks.
 - B. 8 weeks.
 - C. 12 weeks.
 - D. 16 weeks.
10. Oxygen for the fetus comes from:-
- A. Amniotic fluid.
 - B. Maternal blood.
 - C. Fetal lungs.
 - D. Umbilical sac.
11. The puerperium starts:-
- A. When the infant is delivered.
 - B. When the placenta is delivered.
 - C. One hour after delivery of the infant.
 - D. 24 hours after delivery of the placenta.
12. To prevent a postpartum haemorrhage after delivery of the placenta:-
- A. The patient must be shown how to rub up the uterus.
 - B. An intravenous infusion should be started before every delivery.
 - C. An IV infusion of 20 units of oxytocin should be put up after delivery of the placenta.
 - D. The haemoglobin concentration must be estimated every 2 hours for the first 12 hours after delivery.

13. Labour is defined as the expulsion of products of conception after:-
- A. 24 weeks.
 - B. 26 weeks.
 - C. 28 weeks.
 - D. 37 weeks.
14. Prostaglandins assist labour by:-
- A. Hardening the cervix.
 - B. Digesting cervical collagen.
 - C. Stopping contractions.
 - D. Reducing oxytocin.
15. The transitional phase of labour occurs at cervical dilatation:-
- A. 2–4 cm.
 - B. 4–6 cm.
 - C. 6–8 cm.
 - D. 8–10 cm.
16. The retraction ring becomes pathological when called:-
- A. Carus line.
 - B. Schultze ring.
 - C. Bandl's ring.
 - D. Duncan Ridge.
17. General fluid pressure occurs when membranes are:-
- A. Intact.
 - B. Ruptured.
 - C. Infected.
 - D. Absent.
18. The engagement diameter in a flexed head is:-
- A. Occipitofrontal.
 - B. Biparietal.
 - C. Suboccipitobregmatic.
 - D. Mentobregmatic.

19. Crowning occurs when:-
- A. The head retracts.
 - B. The biparietal diameter stretches the vulva.
 - C. The placenta appears at the vulva.
 - D. The cord is slid over the head.
20. A consistently straight arm in a newborn may suggest:-
- A. Spinal injury.
 - B. Fracture clavicle.
 - C. Infection.
 - D. Brachial plexus injury.

SECTION II – SHORT ANSWER QUESTIONS

(30 MARKS)

1. Describe the three (3) phases ovarian cycle. (6 Marks)
2. Explain five (5) functions of testosterone. (5 Marks)
3. State five (5) pelvimetric findings that indicate pelvic adequacy. (5 Marks)
4. Highlight six (6) functions of the amniotic fluid. (6 Marks)
5. With reference to moulding of the foetal Head.
 - a. Define moulding (2 Marks)
 - b. Classify Moulding (2 Marks)
6. Outline four (4) causes of the onset of labour. (4 marks)

SECTION III: LONG ANSWER QUESTION

(20 MARKS)

1. Mrs. X, a 26-year-old Gravida 2 Para 1 at 39 weeks and 4 days of gestation, presents to the labour ward complaining of regular lower abdominal pains for the past 6 hours. Upon assessment, a diagnosis of normal labour is established.
 - a. Define Normal labour. (2 marks)
 - b. State eight (8) Cardinal movements that a fetus makes during labour. (8 marks)
 - c. Describe immediate newborn care. (10 marks)