



**MASINDE MULIRO UNIVERSITY OF  
SCIENCE AND TECHNOLOGY  
(MMUST)**

**UNIVERSITY EXAMINATIONS  
2022/2023 ACADEMIC YEAR**

**SECOND YEAR SECOND TRIMESTER EXAMINATIONS  
MAIN EXAM**

**FOR THE DEGREE OF  
BACHELOR SCIENCE IN NURSING**

**COURSE CODE: NCN 225**

**COURSE TITLE: REPRODUCTIVE HEALTH II**

**DATE: 13/04/2023**

**TIME: 8:00AM-11:00AM**

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**INSTRUCTIONS TO CANDIDATES**

Answer all questions

This Paper Consists of 5 Printed Pages. Please Turn Over. 

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

1. Which of the following is a symptom of placenta previa?
  - A. Bright red, painless vaginal bleeding
  - B. Quickening
  - C. Nausea and vomiting
  - D. Dizziness
2. What is the Common causes of antepartum haemorrhage?
  - A. Vasa praevia
  - B. Placenta praevia
  - C. Undetermined origin
  - D. Placenta abruptio
3. Regarding types of multiple pregnancy, which of the following are true?
  - A. Dichorionic twins result from division at 9–13 days.
  - B. Division before day 3 leads to twins with a shared placenta but separate amnions
  - C. All dichorionic twins are non-identical.
  - D. Dizygotic twins result from fertilization of different oocytes by different sperm.
4. Which of the following is true about shoulder dystocia
  - A. The obstruction is at the pelvic outlet.
  - B. Can be prevented in the majority of cases.
  - C. The most effective treatment is strong, sustained traction on the neck
  - D. Maternal diabetes is a risk factor
5. The following is true about prolonged pregnancy
  - A. A pregnancy is prolonged if  $\geq 40$  weeks' gestation are completed
  - B. Routine dating scans increase the incidence of induction for postdates.
  - C. Prolonged pregnancy is more common if previous pregnancies have been prolonged.
  - D. Prolonged pregnancy is defined after 37 completed weeks
6. In the Manning scoring system of biophysical profile for fetal monitoring, The following is excluded
  - A. Fetal tone
  - B. Fetal gross body movements
  - C. Oxytocin challenge test
  - D. Non stress test
7. As part of a biophysical profile, "ultrasound" is used to evaluate fetal activities. Which activities should be noted?
  - A. Heart rate
  - B. Breathing
  - C. Gross body movements
  - D. Baby picking its nose

13. If initial attempts at delivering the anterior shoulder are not successful, what should be the further management of impacted shoulders?
- Pressure should be applied to the fundus of the uterus as this is the easiest method of freeing the shoulders.
  - The shoulders must be rotated through  $180^\circ$  so that the posterior shoulder can be delivered under the symphysis pubis.
  - The infant's clavicle must be fractured in order to free the shoulders.
  - The infant's posterior arm must be delivered
14. What should be done if a patient has side effects from the iron supplementation?
- She should be reassured and the importance of taking the iron tablets should be stressed.
  - The tablets should be taken with meals.
  - The iron tablets should be stopped.
  - The iron tablets should be stopped and metoclopramide (Maxalon) given.
15. The management of anaemia in pregnancy depends on:
- The presence or absence of oedema
  - Whether the patient is pale or not
  - The presence or absence of shortness of breath and tachycardia
  - The presence or absence of hypotension
16. Which complication is common in the second stage of labour in patients with poorly controlled diabetes?
- Precipitous (sudden, unexpected) delivery
  - Impacted shoulders
  - Hypoglycaemia
  - Hyperglycaemia
17. If a primigravida has poor progress in labour in spite of good, painful uterine contractions, without any moulding, your diagnosis should be:
- Ineffective uterine contractions
  - Cephalopelvic disproportion
  - A small pelvis
  - Braxton Hicks contractions
18. The patients that should receive oxytocin if they developed poor progress due to inadequate uterine contractions during the active phase of labour?
- A patient with 2+ moulding
  - A primigravida patient with a vertex presentation and no moulding
  - A multipara with a vertex presentation and no moulding
  - A primigravida patient with a breech presentation

8. Hypertension in pregnancy is defined as?
- A. A diastolic blood pressure of 80 mm Hg or above and/or a systolic blood pressure of 120 mm Hg or above
  - B. A diastolic blood pressure of 90 mm Hg or above and/or a systolic blood pressure of 140 mm Hg or above
  - C. A diastolic blood pressure of 100 mm Hg or above and/or a systolic blood pressure of 160 mm Hg or above
  - D. A rise in diastolic blood pressure of 10 mm Hg.
9. What drug is used to prevent and manage eclampsia?
- A. Magnesium sulphate
  - B. Magnesium trisilicate
  - C. Alpha-methyldopa (Aldomet)
  - D. Diazepam (Valium)
10. Why is a speculum examination done on a patient with an antepartum haemorrhage?
- A. To see how dilated the cervix is
  - B. To exclude a placenta praevia before a digital examination is done
  - C. To exclude a local cause of the bleeding from the vagina or cervix
  - D. To look for a blood clot in the vagina
11. What is the correct management if there is no progress in the second stage of labour and there are signs of cephalopelvic disproportion?
- A. The patient must not bear down but should be evaluated by a doctor as a Caesarean section is needed.
  - B. An episiotomy should be done to speed up the delivery.
  - C. An oxytocin infusion should be started to increase the strength of the contractions.
  - D. The patient should continue bearing down for 30 minutes in a primigravida and 45 minutes in a multigravida before any further management is carried out
12. What should be the initial management of impacted shoulders?
- A. The patient's buttocks should be moved to the end of the bed in order to allow good posterior traction on the infant's head.
  - B. Arrangements must be made for an emergency Caesarean section.
  - C. An immediate attempt must be made to deliver the infant's posterior arm.
  - D. Pressure should be applied to the fundus of the uterus in order to deliver the infant quickly.

19. A primigravida presents in labour at term with 2 moderate contractions, The cervix is 5 cm dilated and the membranes have ruptured. Her cervical dilatation is plotted on the alert line. 4 hours later the cervix is 6 cm dilated and her other observations are unchanged. There are no signs of cephalopelvic disproportion. What is the correct management?
- An oxytocin infusion should be started.
  - A Caesarean section should be done.
  - She should be given pethidine and hydroxyzine (Aterax).
  - The doctor should be called to examine the patient.
20. What is the risk of transmission of HIV from a mother to her fetus during pregnancy, labour and vaginal delivery if they do not have ARV prophylaxis?
- Less than 10%
  - Between 10 and 30%
  - Between 30 and 50%
  - More than 50%

### SECTION II SHORT ANSWER QUESTIONS 40 MARKS

- Draw a well labelled diagram of female Gynaecoid pelvis (6 marks)
- Explain four (4) types of cardiac disease in pregnancy (8 marks)
- State the difference between placenta praevia and placenta abruption (8 marks)
- Describe the pathophysiology of respiratory distress syndrome (RDS) (8 marks)
- Describe the effects of pregnancy on diabetes (6 marks)
- State two drugs used in management of post-partum hemorrhage, indicating their dosages (4 marks)

### SECTION III LONG ANSWER QUESTIONS 40 MARKS

- Mrs Nduati para 1+0 gravida 2 presented to your labour ward with complains of lower abdominal pains, on examination vital signs were normal, on vaginal examination membranes ruptured sponenously and cord was felt immediately,
  - Explain the immediate action you will do (2 marks)
  - State four predisposing factors of cord prolapse (4 marks)
  - Describe the management of Mrs Nduati from admission till discharge (14 marks)
- Baby Aswan born at term with Apgar score 4 in one minute 5 in 5 minutes and 4 in 10 minutes
  - Define the condition baby Aswan is presenting with (2 marks)
  - Explain how Baby Aswan will present (4 marks)
  - Describe the management of baby Aswan from admission to discharge (14 marks)