



**MASINDE MULIRO UNIVERSITY OF  
SCIENCE AND TECHNOLOGY  
(MMUST)  
UNIVERSITY EXAMINATIONS  
2021/2022 ACADEMIC YEAR  
SECOND YEAR SECOND TRIMESTER EXAMINATIONS  
FOR THE DEGREE  
OF  
BACHELOR OF SCIENCE IN NURSING**

**COURSE CODE:** NCD 224 **COURSE TITLE:** Midwifery II (SP/SUPP)  
DL

**DATE:** 06/10/2022 **TIME:** 8.00 AM - 11.00 AM


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**INSTRUCTIONS TO CANDIDATE**

- Write your registration no, on every piece of paper used. Do not write your name.
- Read carefully any additional instructions preceding each section.

MMUST observes ZERO tolerance to examination cheating

This Paper Consists of 4 Printed Pages. Please Turn Over.



## Section I : MCQs (20 marks)

1. Type 4 placenta previa can only be managed by:
  - A. Caesarean section
  - B. Vaginal delivery
  - C. Induction of labour
  - D. Vacuum delivery.
2. The following are contraindications of oxytocin infusion in labour:
  - A. Fetal distress
  - B. Malpresentation.
  - C. Previous caesarean section.
  - D. A, B and C
3. The common possible cause of oligohydramnios is
  - A. Oesophageal atresia
  - B. Placenta haemangioma
  - C. Renal agenesis
  - D. Diabetes mellitus
4. The duration of latent phase of labour is:
  - A. 3-4 hours
  - B. 4-6 hours
  - C. 6-8 hours
  - D. 8-10 hours
5. The most common side effect of tocolytics is
  - A. Vaginal bleeding
  - B. Nausea and vomiting
  - C. oliguria
  - D. Palpitations
6. Breech extraction is only indicated in:-
  - A. Retained second twin
  - B. Footling breech
  - C. Extended breech
  - D. Breech in first twin
7. The pathological retraction ring of Bandle is associated with:
  - A. Preterm labour
  - B. Obstructed labour
  - C. Precipitate labour
  - D. Abruption placenta
8. Which of the following is the priority focus of nursing practice with the current early postpartum discharge?
  - A. Promoting comfort and restoration of health
  - B. Exploring the emotional status of the family
  - C. Facilitating safe and effective self-and newborn care
  - D. Teaching about the importance of family planning
9. A mother come to the hospital with premature rupture of membranes for the last 10 days and complains of lower abdominal pain, fever with rigors. What is the possible diagnosis:
  - A. Pyrexia of unknown origin

- B. Puerperial pyrexia
  - C. Preterm labour
  - D. Chorioamnionitis
10. When a pregnant woman goes into a convulsive seizure, the MOST immediate action of the nurse to ensure safety of the patient is:
- A. Apply restraint so that the patient will not fall out of bed
  - B. Put a mouth gag so that the patient will not bite her tongue and the tongue will not fall back
  - C. Position the mother on her side to allow the secretions to drain from her mouth and prevent aspiration
  - D. Check if the woman is also having a precipitate labour
11. Digital Vaginal examination is contraindicated in pregnancy in which situation:
- A. Carcinoma of the cervix
  - B. Gonorrhoea
  - C. Prolapsed cord
  - D. Placenta previa
12. The nurse assesses the postpartum vaginal discharge (lochia) on four clients. Which of the following assessments would warrant notification of the physician?
- A. A dark red discharge on a 2-day postpartum client
  - B. A pink to brownish discharge on a client who is 5 days postpartum
  - C. Almost colorless to creamy discharge on a client 2 weeks after delivery
  - D. A bright red discharge 5 days after delivery
13. When preparing a woman who is 2 days postpartum for discharge, recommendations for which of the following contraceptive methods would be avoided?
- A. Diaphragm
  - B. Female condom
  - C. Oral contraceptives
  - D. Rhythm method
14. Methods used in identification of high-risk pregnancy – which of the following are true?
- A. Use of history as a screening tool in identification of high-risk pregnancy is very sensitive.
  - B. Use of history as a screening tool in identification of high-risk pregnancy is specific.
  - C. At 23 weeks abnormal uterine artery Doppler waveforms identify about 75% of pregnancies at risk of adverse neonatal outcomes in the early third trimester.
  - D. The uterine circulation normally develops a very high resistance in normal pregnancy.
17. Which of the following is true about Placental abruption:?
- A. Many antepartum haemorrhages of 'undetermined origin' are probably small placental abruptions
  - B. Most of the blood loss is fetal
  - C. Visible haemorrhage is absent in 20%

- D. Risk factors for abruption include pre-eclampsia, autoimmune disease, maternal smoking, cocaine use and a previous history

18. The major complication of eclampsia is:

- A. Convulsions, coma and Cerebral haemorrhage.
- B. Renal failure, Heart failure, and Liver failure.
- C. Disseminated intravascular coagulation, and Abruption placenta.
- D. All the above.

19. Perinatal mortality rate is defined as:

- A. Number of perinatal deaths per thousand live births and still births
- B. Deaths in the first week after birth
- C. All still births plus deaths in the first week after birth
- D. Deaths from age 7 days to 28 completed days of life

20. When measuring a client's fundal height, which of the following techniques denotes the correct method of measurement used by the nurse?

- A. From the xiphoid process to the umbilicus
- B. From the symphysis pubis to the xiphoid process
- C. From the symphysis pubis to the fundus
- D. From the fundus to the umbilicus

#### **SECTION II: SAQ (40 marks)**

1. State indicators of progress of labour (10 marks).
2. Explain five placental reasons associated with foetal compromised (10 marks).
3. Explain four factors that determine whether second stage of labour is continuing safely (8 marks).
4. Describe the four causes of postpartum Haemorrhage (8 Marks)
5. State four predisposing factors of Malpresentation and malposition (4 marks)

#### **SECTION III: LAQ (40 marks)**

Q1.

- a) Explain the four types of placenta previa (8 Marks)
- b) Describe the Management of antepartum Haemorrhage (12 Marks)

Q2. Explain key components of active management of third stage labour (20 marks).