MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY (MMUST)

UNIVERSITY EXAMINATIONS

2023/2024 ACADEMIC YEAR

SECOND YEAR SECOND TRIMESTER EXAMINATIONS

FOR THE DEGREE OF

BACHELOR OF SCIENCE IN NURSING

COURSE CODE: NCD 224 COURSE **TITLE:** Midwifery II (Main) DL

DATE: Wednesday 10th April 2024 **TIME:** 3-6 Pm

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 11 Printed Pages. Please Turn Over.

SECTION A : MCQs (60 marks)

1. The following are uterotropins responsible for activation of phase 1 of labour **EXCEPT**:
   A. Oestrogen
   B. Progestrone
   C. Prostaglandin
   D. prostacycle
2. Prostaglandin stimulate uterine contraction indirectly by:
   A. Through theire own receptors
   B. Upregulation of oxytocin receptors
   C. Upregulation of myometrial gap junction
   D. Increasing oxytocin secretion
3. One of the following uterotropinsis not responsible for activation of phase 1 of first stage of labour:
   A. Pressoreceptor in the cervix get excited.
   B. The uterus contracts
   C. Posterior pituitary gland releases oxytocin
   D. Ferguson reflex occurs
4. Active phase of labour begins when the cervix is how many centimetres dilalated:
   A. 2
   B. 3
   C. 4
   D. 5
5. Stage 1 of labor includes which phases in the correct order?
   A. Transition, Latent, Active
   B. Active, Latent, Transition
   C. Active, Transition, Latent
   D. Latent, Active, Transition
6. What statement is FALSE about the transition phase of stage 1?
   A. The mother may experience intense pain, irritation, nausea, and deep concentration.
   B. The transition phase is the longest phase of stage 1 and contractions are very intense and long in duration.
   C. The cervix will dilate from 8 to 10 cm.
   D. The transition phase ends and progresses to stage 2 of labor when the cervix has dilated to 10 cm
7. During labour blood flow to the uterine artery is reduced and redirected to peripheral vessels. This change causes:
   A. Blood pressure and pulse to drop
   B. Blood pressure and pulse to increase
   C. Respiration and pulse rate increases
   D. Blood pressure and respiration remain normal
8. Clinical diagnosis of normal labour include:
   A. Uterine contraction, progressive cervical dilatation and effacement
   B. Regular painful uterine contraction, progressive cervical effacement and dilatation
   C. Regular painful uterine contraction, cervical effacement and dilatation
   D. Regular painful uterine contraction, progressive cervical dilatation
9. Intrauterine pressure in first stage of labour is raised to:
   A. 40-50 mmHg
   B. 80-100 mmHg
   C. 100 -120 mm Hg
   D. 100-150 mmHg
10. Pain in early labour is limited to:
   A. S1-S3
   B. L4-Ls

C. T10 -L1
D. L2-L3

11. When the greatest diameter of the fetal head has passed through the pelvis brim is call:
    A. Flexion
    B. Abduction
    C. Engagement
    D. Expulsion
12. The step in the mechanism of labour following descent:
    A. Extension
    B. Flexion
    C. Adduction
    D. Abduction
13. Primigravid females at 37 weeks of gestation have mild uterine contractions. On examination, no cervical effacement and the cervix is only 1 cm dilated. She is hemodynamically stable ; as a midwife what is the most appropriate management for this mother?
    A. take her for LSCS
    B. wait and observe
    C. amniotomy
    D. induction labour with rupture of membrane
14. One of the following movements is necessary for the birth of the head of the foetus:
    A. Abduction
    B. Extension
    C. Hyperextension
    D. Adduction
15. Following the birth of the foetal head the neck untwists, and the head returns to normal position in relation to the body. The midwife reports that one of the following has taken place:
    A. Restitution
    B. Expulsion
    C. Rotation
    D. crowning
16. Which of the following occurs in quick succession to the untwisting of the fetal neck?
    A. Lateral rotation
    B. External extension
    C. Hyperextension
    D. Internal rotation of shoulder
17. Descent and delivery of the head bring the shoulders into:
    A. Pelvic brim
    B. Pelvic cavity
    C. Pelvic outlet
    D. Under symphisis pubis
18. On taking the foetal heart rate you notice that the lowest rate follows the peak of contraction. This is a sign of:
    A. Early deceleration
    B. Late deceleration
    C. Prolonged deceleration
    D. Variable deceleration
19. Magnesium Sulphate is preferred drug of choice for pre-eclampsia and eclampsia. The dose is recommended when the following features are present EXCEPT one:
    A. Patellar reflex is present
    B. Respiration rate is 16/minute
    C. Respiration rate of 18/minute
    D. Urine output is at least120 mls in the last 4 hours.
20. A cardinal sign that a midwife uses during the 3rd stage of labour is:

A. Temperature
B. Blood pressure
C. Respirations
D. Pulse rate

21. What changes in the perineum indicate the birth of the baby is imminent?
    A. Increase in meconium-stained fluid and retracting perineum
    B. Retracting perineum and anus with an increase of bloody show
    C. Rapid and intense contractions
    D. Bulging perineum and rectum with an increase in bloody show
22. The following are indication of elective caesarean EXCEPT:
    A. Cephalopevic disproportion
    B. Placenta previa type 3 anterior and type 4
    C. High order multiple pregnancy
    D. Diabetes mellitus
23. A serious complication that may occur in neonate following forceps deliver is:
    A. Haemorrhage from tissue damage
    B. Facial palsy
    C. Fracture skull
    D. Perinatal morbidity
24. Symphisiotomy is an emergency surgical procedure in midwifery is indicated for:
    A. Cephalopelvid disproportion
    B. Cord prolapse
    C. Shoulder dystocia
    D. Delayed second stage of labour
25. Haemolysis, elevated liver enzymes, low platelets count are typical feature of:
    A. Brain haemorrhage
    B. Renal failure
    C. HELL
    D. Disseminated intravascular coagulation
26. A condition where blood vessels from velamentouse cord insertion occurs at the internal os:
    A. Placenta abruption
    B. Cord prolapse
    C. Placenta previa type 4
    D. Vasa previa
27. A midwife conducted a normal vaginal delivery to a male baby weight 2600 grams. The rationale for assessing gestational for this baby is to:
    A. Determine maturity
    B. Determine actual body size
    C. Anticipate possible problems baby may have
    D. Compare the size with length and head circumference
28. Elective causes of preterm labour include:
    A. Pregnancy induced hypertension, placenta previa and abruption, Rhesus incompatibility.
    B. Pregnancy induced hypertension, multiple pregnancy, Rhesus incompatibility.
    C. Cardiac disease , eclampsia, premature rupture of membrane
    D. Cervica incompetence, Bad Obstetric history, placenta previa
29. Non-invasive manoeuvres that may be used to disimpact the shoulder in shoulder dystocia are:
    A. Suprapubic pressure and wood manoeuvre
    B. McRoberts manoeuvre and Suprapubic pressure
    C. McRoberts and Rubin's manoeuvres
    D. Zavenalli and Wood's manoeuvres
30. Chronic uterine inversion tend to occur:
    A. Within 24 hours after delivery
    B. After24 hours after delivery

C. Within 2 weeks of peuperium
D. After weeks of pueperium

31. While conducting delivery of the placenta, you notice continuous oozing of blood per vagina. What is the most appropriate action to take?
    A. Rule out incidental bleeding by checking for any tears in birth canal
    B. Elevate the foot of the bed
    C. Put up intravenous fluid.
    D. Pack the vagina with gauze
32. Outcome of OPP in which there is delay in second stage of labour
    A. Long internal rotation
    B. Short internal rotation
    C. Deep transverse arrest
    D. Conversion to face
33. Following delivery of the placenta, the uterus got inverted and fundus is at vulva. Immediately the women exhibit signs os shock. This shock will be classified as:
    A. Hypovolemic
    B. Toxic
    C. Cardiogenic
    D. neurogenic
34. One of the following statements are true about prolactin EXCEPT:
    A. Release from anterior pituitary gland
    B. Stimulate and control milk production
    C. Suppress by oestrogen and progesterone
    D. Takes over in second stage of labour
35. Fetal lie is assessed by:
    A. Performing abdominal palpation
    B. Ultra sound
    C. Performing vaginal examination
    D. MRI
36. The following are characteristics of Braxton-Hicks EXCEPT:
    A. Occurs at irregular intervals
    B. Intensity does not change
    C. Pain is relieved with sedation
    D. Cervix dilate
37. Following vaginal examination, the midwife reports the following key component:
    A. Dilatation, presentation, and effacement
    B. Effacement, station, and position
    C. Dilatation, effacement, and station
    D. Presentation, station, and dilatation
38. On abdominal examination the uterine contractions are frequent and last 60 seconds and a saucer-shaped depression in visible at the umbilical region. The first action by midwife would be to:
    A. Set up IV line
    B. Call the doctor
    C. Prepare for emergency ceasarian section
    D. Rule out full bladder
39. Indicators of progress of labour are:
    A. Maternal condition and foetal heart rate
    B. Descent of foetal head and cervical dilatation
    C. Descent of foetal head and quality of uterine contraction
    D. Foetal heart rate and cervical dilatation

40. On vaginal examination you find the occiput points to the left iliopectneal eminence, sagittal suture in the right oblique diameter of the pelvis. You report the position of the presenting part as:
    A. Right occipitoanterior
    B. Right occipitolatral
    C. Left occipitoanterior
    D. Left occipitilateral
41. Contraction stress test is considered positive if late deceleration occur in:
    A. All contraction
    B. 25% of all contraction
    C. ≥50% of all contractions
    D. <5 of all contraction
42. The following is active management of 3rd stage of labour EXCEPT:
    A. IV oxytocin after delivery of anterior shoulder
    B. CCT
    C. Uterine massage
    D. Suprapubic massage
43. A client is admitted to the labour ward at 36 weeks' gestation. She has a history of C-section and complains of severe abdominal pain. When the midwife palpates tetanic contractions, the mother again complains of severe pain. After vomiting she states that the pain is better and then passes out. Which is the probable cause of her signs and symptoms?
    A. Placenta abruptio
    B. Ruptured uterus
    C. Placenta previa
    D. Hypertonic uterus
44. When uterine rupture occurs, which of the following would be the priority?
    A. Prevent hypovolemic shock
    B. Bed rest
    C. Collecting blood specimen
    D. Insert urinary catheter
45. After delivery of the baby the midwife would monitor the client closely for the risk of uterine rupture if oneof the following occurred:
    A. Schutz delivery
    B. Weak bearing down
    C. Hypotonic uterine contraction
    D. Forceps delivery
46. During induction of labour, the midwife should monitor the mother carefully for signs of:
    A. Severe pain
    B. PV bleeding
    C. Uterine tetany
    D. Cord prolapse
47. Indicate True or False for the following statements:
    A. Babies with mild asphyxia at birth are given breathing support until they can breathe well enough on their own, and then are closely monitored: True/False
    B. Maintaining the baby's internal body temperature at 33.5 degrees C for up to 72 hours can help protect the baby's brain from damage during the second stage of asphyxia. True/False
48. A Following slight vaginal bleed at 34 weeks gestation, the diagnosis of placenta praevia is confirmed with ultrasonography. The most appropriate immediate action is:
    A. The foetus must be delivered immediately by Caesarean section.
    B. Hospitalise and managed conservatively until 36 weeks or until active bleeding starts again.
    C. Rupture the membranes to induce labour pains
    D. A vaginal examination must be done in theatre immediately to confirm the diagnosis.

49. A nurse in the labor room is performing a vaginal assessment on a pregnant client in labor. The nurse notes the presence of the umbilical cord protruding from the vagina. Which of the following would be the initial nursing action?
    A. Push the cord in the vagina
    B. Call for doctor
    C. Put the mother in Trendelenburg's position
    D. Take blood sample for grouping and crossmatching
50. Overt cord prolapse (protruding from the vagina) occurs with ruptured membranes.Which is the most common risk factor?
    A. Breech presentation
    B. Multiple pregnancy
    C. Vertex presentation
    D. Feto-pelvic disproportion
51. The 4 "T's" of PPH are:

    i.Trauma
    ii.Toxin
    iii. Tissue
    iv. Thrombin
    v. Tears
    vi. Tone
    A. i, ii, v, vi
    B. 1, iii, v, vi
    C. ii, iii, iv, v
    D. i, iii, iv, vi
52. Placental implantation that are most likely to cause PPH:
    A. Accreta and percreta
    B. Increta & Percreta
    C. Normal and accreta
    D. Accreta & normal
53. While conducting delivery of the placenta, you notice continuous oozing of blood per vagina. What is the most appropriate action to take?
    A. Rule out incidental bleeding by checking for any tears in birth canal
    B. Elevate the foot of the bed
    C. Put up intravenous fluid.
    D. Pack the vagina with gauz
54. You have just conducted a normal vaginal delivery to a male baby weight 2600 grams. The rationale for assessing gestational for this baby is:
    A. Anticipate possible problems baby may have
    B. Compare the size with length and head circumference
    C. Determine maturity
    D. Determine actual body size
55. During labour blood flow to the uterine artery is reduced and redirected to peripheral vessels. This change causes:
    A. Respiration and pulse rate increases
    B. Blood pressure and pulse to drop
    C. Blood pressure and respiration remain normal
    D. Blood pressure and pulse to increase
56. What the importance of fore and hindwaters:
    A. Prevent ascending infection
    B. Equalise pressure throughout the uterus and foetus
    C. Prevent amniotic fluid being drain out
    D. Assist in expulsion of the baby
57. During vaginal examination midwife observes perineum for:
    A. Discharge, scars from previous tears

B. Varicose veins, oedema
C. Discharge, varicose veins
D. Scars from previous tears and episiotomy

58. One of the following is not a danger sign of foetal compromise:
    A. Early deceleration of >20bt/min
    B. Variable deceleration of >60 bts/min
    C. Baseline of less than 100bt/min
    D. Continuous late deceleration
59. Dysfunctional labor may be caused by:
    A. Exhausted mother
    B. Excessive or too early analgesia administration
    C. Misdiagnosed onset of true labour
    D. Over distention of the uterus
60. One of the assessments conducted on admission of a mother to labour ward is vaginal examination. What are the key components included in the report?
    A. Dilatation, presentation, effacement
    B. Effacement, station, position
    C. Dilatation, effacement, station
    D. Presentation, station, dilatation

SECTION B SAQs (20 marks).

1. Explain causes of pain in second stage of labour (10 marks).
2. Explain the indicators of foetal wellbeing in pregnancy (10 marks).

SECTION C: LAQs (20 marks)

1. Describe postpartum care of mother who delivered through caesarean section with epidural anaesthesia (20. marks)