

CHUKA



UNIVERSITY

**UNIVERSITY EXAMINATIONS**

**SECOND YEAR EXAMINATION FOR BACHELOR OF SCIENCE IN NURSING  
NURS 282– MIDWIFERY NURSING II**

**STREAMS: Y2S1**

**TIME: 3 HOURS**

**DAY/DATE : .....**

**.....**

**INSTRUCTIONS:**

- 1. Do not write anything on the question paper.**
- 2. Mobile phones and any other reference materials are NOT allowed in the examination room.**
- 3. All questions are compulsory.**

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

1)Dexamethasone is indicated in which of the following condition :

- Premature labor to prevent neonatal respiratory distress syndrome
- Ectopic pregnancy to enhance fetal lung maturity
- Spontaneous rupture of membrane at 39 weeks
- Severe IUGR at 37 weeks

2)In cases with premature rupture of membranes, all the following are acceptable in the conservative management except:

- Frequent vaginal examination to assess cervical dilatation.
- serial complete blood count to diagnose rising of WBC.
- Close monitoring of maternal vital signs.
- Ultrasound to assess fetal weight and amount of liquor. .

3)In mechanism of labour in occipito posterior position, a rotation of  $2/8^{\text{th}}$  of a circle will result in:

- position Spontaneous vertex delivery
- Deep transverse arrest
- Persistent occipitoposterior
- Face to pubis

- 4) In order to relieve pressure on the cord prolapse:
- Empty the bladder
  - Put the patient in lithotomy position
  - Put the patient in exaggerated Sims' position
  - Oxygen is given by mask
- 5) Which of the following is FALSE about manual replacement of an inversion of the uterus?
- The patient must always be under general anaesthesia for manual replacement of the uterus
  - Oxytocics should be given before repositioning the uterus
  - The part that came out first should be the last to go in
  - Tocolytics may be used
- 6) A nurse notices that a client has had prolonged labour due to lack of powers. The best intervention for this patient would be:
- Induce the labour
  - Augment the labour
  - Plan for caesarean section
  - Give the woman four hours more in labour
- 7) During the routine examination of the umbilical cord and placenta after a spontaneous vaginal delivery, you notice that the baby had only one umbilical artery. Which of the following is true regarding the finding of a single umbilical artery?
- It is a very common finding and is insignificant.
  - It is a rare finding in singleton pregnancies and is therefore not significant.
  - It is an indicator of an increased incidence of congenital anomalies of the fetus.
  - It is equally common in newborns of diabetic and nondiabetic mothers.
- 8) The levator ani is the major component of the pelvic diaphragm, which is commonly compromised during pregnancy and delivery. Which of the following is the best description of the levator ani?
- a superficial muscular sling of the pelvis
  - a tripartite muscle of the pelvic floor penetrated by the urethra, vagina, and rectum
  - is made up of the bulbocavernosus, the ischiocavernosus, and the superficial transverse perineal muscle
  - is part of the deep transverse perineal muscle
- 9) During delivery, which of the following muscles is most likely to be obviously torn?
- ischiocavernosus muscle
  - bulbocavernosus muscle
  - superficial transverse perineal muscle
  - coccygeus

- 10) When determining the duration of a uterine contraction, the right technique is to time it from
- a) Beginning of one contraction to the end
  - b) End of one contraction to the start of another
  - c) Acme point to acme point of another contraction
  - d) Beginning of one contraction to the end of another contraction

**Questions 11 through 13 refer to the following patient**

A 19-year-old primigravida at term has been in active labor for 4 hours. The membranes have just ruptured; the station is -3, fetal heart tones (FHTs) are 140 and regular, and the cervix is dilated 4 cm. Contractions are every 5 minutes and last approximately 40 seconds.

- 11) What is the next step in management?
- a) patient ambulation
  - b) oxytocin augmentation
  - c) cesarean section
  - d) clinical pelvimetry and estimation of fetal size
- 12) The patient continues to have infrequent contractions. The clinical pelvimetry is within normal limits. Estimated fetal size is 7½ lb. Pelvic findings are unchanged. What is the next step in management?
- a) determine the maternal hydration status
  - b) patient ambulation
  - c) oxytocin infusion
  - d) cesarean section
- 13) Three hours later, the cervix is 5-cm dilated and the contraction pattern is irregular despite significant oxytocin infusion. The station is -2 and the head is molded. The Fetal Heart Tones are normal. What is the next step in management?
- a) Dührssen's incisions
  - b) forceps delivery
  - c) increased oxytocin
  - d) cesarean section
- 14) Maternal passage way includes all except
- a) Cervix
  - b) Uterus
  - c) Perineum
  - d) Vaginal canal
- 15) The nurse observes the client's amniotic fluid and decides that it appears abnormal, because it is all the following **except**:
- a) clear and dark amber in color
  - b) milky, greenish yellow, containing shreds of mucus
  - c) clear, almost colorless, and containing little white specks
  - d) cloudy, greenish-yellow, and containing little white specks
- 16) The main cause of perinatal mortality in multiple pregnancy is
- a) twin-twin transfusion syndrome
  - b) intrauterine growth retardation
  - c) prematurity

d) congenital anomalies

17) Which of the following statement correctly defines primary postpartum haemorrhage (PPH)?

- a) loss of >500ml of blood from the vagina within 24 hours of delivery
- b) loss of >200ml of blood from the vagina during delivery
- c) loss of >200ml of blood from the vagina within 24 hours of delivery
- d) loss of >500ml of blood from the vagina during delivery

18) Which of the following statements describes the second stage of labour **correctly**?

- a) begins at full dilation of the cervix and ends once the baby and placenta have been expelled from uterus.
- b) begins at full dilatation of the cervix and ends when the baby is born.
- c) begins when the cervix is 7 cm dilated and ends when the cervix reaches full dilatation.
- d) begins at transitional stage until placental separation occurs

19) A nurse is caring for a client in the second stage of labor. The client is experiencing uterine contractions every 2 minutes and cries out in pain with each contraction. The nurse recognizes this behavior as:

- a) exhaustion
- b) fear of losing control
- c) involuntary grunting
- d) valsalva's maneuver

20) The nurse should realize that the most common and potentially harmful maternal complication of epidural anesthesia would be:

- a) Severe postpartum headache
- b) Limited perception of bladder fullness
- c) Increase in respiratory rate
- d) Hypotension

## **PART II: SHORT ANSWER QUESTIONS(40mks)**

1) Differentiate between placenta praevia and placenta abruptio (5marks)

2) State five predisposing factors to cord prolapse(5mks)

3) Explain the three components of active management of the third stage of labour(6marks)

4) Describe the mechanisms of normal labour(7mks)

5) State five contraindications to induction of labour(5mks)

6) Describe the nursing management for preterm labour at 28 weeks gestation(6mks)

7) Explain the three modes of breech delivery(6mks)

**PART III: LONG ANSWER QUESTIONS(40 MARKS)**

1)A 32-year-old Miss T,a primigravida with pre-eclampsia (PET) at 39 weeks' gestation has just had a fit in labour.

(a) Justify 8 investigations you will undertake on the patient. (8 marks)

(b) Describe the nursing management to be offered during the first stage of labour (12 marks)

2) Eight hours later, Miss T delivers a healthy live male infant, birth weight 3.3kgs and an APGAR score of 8.9.10

a) Describe the care to be offered during the fourth stage of labour(10mks)

b) Explain how you would carry out the placenta examination and the expected findings in a normal placenta(6mks)

c) State four complications that Miss T may experience(4mks)