

CHUKA



UNIVERSITY

UNIVERSITY EXAMINATIONS

**FIRST YEAR EXAMINATION FOR BACHELOR OF SCIENCE IN NURSING
(UPGRADING)**

NURU 281: MIDWIFERY 1

STREAMS: B.Sc Y2 S1

TIME: 2 HOURS

DAY/DATE: TUESDAY 6 /07/ 2021

11.30 AM – 1.30 PM

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. The paper has three sections. Answer ALL questions.
4. All your answers for Section I (MCQs) should be on one page.
5. Number ALL your answers and indicate the order of appearance in the space provided in the cover page of the examination answer booklet.
6. Write your answers legibly and use your time wisely

SECTION A

MULTIPLE CHOICE QUESTIONS (MCQS)

ANSWER ALL QUESTIONS IN THIS SECTION (30 MARKS)

1. An expected cardiopulmonary adaptation experienced by pregnant women is ;-
 - a. Tachycardia
 - b. Dyspnea at rest
 - c. Dependent edema
 - d. Shortness of breath exertion
 - e. Hypotension

2. Development of varicosities on the legs, vulva and hemorrhoids during pregnancy is MAINLY under the influence of;-
 - a. Estrogen and progesterone
 - b. Relaxin and oxytocin
 - c. Progesterone and relaxin
 - d. Oxytocin and estrogen
 - e. Relaxin and estrogen
3. Pigmentation of the face during pregnancy is known as;-
 - a. Mask of pregnancy
 - b. Linea alba
 - c. Acne vulgaris
 - d. Huperpigmentation
 - e. Chiasma
4. Braxton hicks contractions are **BEST** controlled by;-
 - a. Change of position
 - b. Bed rest
 - c. Administration of antibiotics
 - d. Fluid make
 - e. Ambulation
5. Steroid hormones produced b the placenta include;-
 - a. Estrogen and luteinixing hormone
 - b. Progesterone and estrogen
 - c. Follicle stimulating hormone and estradiol
 - d. Relaxin and progesterone
 - e. Human chorionic gonadotrophin and oxytcin
6. Before the placenta is fully developed, progesterone is mainly produced by;-
 - a. Corpus luteum
 - b. Ovaries
 - c. Hypothalamus
 - d. Pituitary gland
 - e. Placenta
7. The anterior fontanelle is also called;-
 - a. Lambda
 - b. Bregma
 - c. Vault
 - d. Glabella
 - e. Mentum
8. The uterine fundus is at the level of the umbilicus at _____ weeks.

- a. 26
 - b. 18
 - c. 16
 - d. 32
 - e. 20
9. Increased vaginal secretions (Leukorrhea) during pregnancy is caused by;-
- A. Increase in metabolic rate
 - B. Production of prolactin
 - C. Production of progesterone
 - D. Production of estrogen
 - E. Increase of sodium chloride to the cells of the vagina
10. A 26 year old primigravida is 14 weeks gestation. An alpha-fetoprotein test has been ordered for her. This is meant to test for;-
- a. Kidney defects
 - b. Cardiac defects
 - c. Urinary tract defects
 - d. Neural tube defects
 - e. Kidney stones
11. In fetal circulation, an opening between the right and left artia is called;-
- a. Ductus venosus
 - b. Foramen ovale
 - c. Ductus arteriosus
 - d. Hypogastric artery
 - e. Fossa ovalis
12. What should the nurse do to assess for a positive sign of pregnancy?
- a. Perform a pregnancy test of the woman's urine
 - b. Auscultate for fetal heart sounds
 - c. Ask the woman when she had her LMP
 - d. Ask the woman if her breasts are tender
 - e. Ask her when she last stopped using family planning
13. Condition common in 2nd trimester of pregnancy is;-
- a. Mastitis
 - b. Metabolic alkalosis
 - c. Physiologic anemia
 - d. Respiratory acidosis
 - e. Respiratory infections
14. The relationship between the long axis of the fetus and the long axis of the maternal uterus describes;-
- a. Attitude

- b. Lie
 - c. Presentation
 - d. Position
 - e. Engagement
15. A pregnant woman at 32 weeks gestation complains of feeling dizzy and lightheadedness while her fundal height is being assessed. Her skin is pale and moist. The nurse's initial response would be to;-
- a. Assess her blood pressure and pulse rate
 - b. Raise her legs
 - c. Instruct her to ambulate
 - d. Turn the woman on her left side
 - e. Inform the doctor
16. Prolonged supine position in pregnancy may result in;-
- a. Prolonged labor at the time of delivery
 - b. Transient episode of hypotension
 - c. Decreased placental perfusion
 - d. Placenta previa
 - e. Antepartum hemorrhage
17. A Rh negative woman has experienced complete abortion at 14 weeks gestation. Her definite management should be;-
- a. Post trauma counseling
 - b. Start her on a long term family planning
 - c. Refer her for further evaluation
 - d. Administration of anti D immunoglobulin
 - e. Collect a blood sample
18. The anteroposterior diameter of the pelvic brim is measured from;-
- a. Sacral promontory to upper most point of the symphysis pubis
 - b. Sacral promontory to lower border of symphysis pubis
 - c. Sacral promontory to anterior surface of symphysis pubis
 - d. Sacral promontory to posterior surface of symphysis pubis
 - e. Sacral promontory to interior surface of the symphysis pubis
19. Priority teaching to an ANC client at 36 weeks gestation is;-
- a. Identification of signs of labor
 - b. Advise her to go for an abdominal ultrasound
 - c. Instruct her to walk to labor ward for check up
 - d. Teach her management of minor discomforts
 - e. Advise her to visit the nearest private hospital
20. Parts of the uterus includes;-
- a. Cornua, Round ligaments, corpus
 - b. Cervix, broad ligaments, uterine tubes
 - c. Body, fundus, cavity

- d. Fundus, isthmus, ovaries
 - e. Uterine ligaments, fallopian tubes, cavity
21. Clients with gestational diabetes are usually managed by the following therapy;-
- a. Diet
 - b. Long acting insulin
 - c. Oral hypoglycemic drugs
 - d. Short acting insulin
 - e. Exercises
22. Recommended position for a pregnant woman during abdominal examination is ;-
- a. Trendelenberg
 - b. Prone
 - c. Left lateral
 - d. Sims
 - e. Dorsal
23. The following is not considered as general nutrition recommendation for pregnant women;-
- a. Daily consumption of iodized salt
 - b. Deworming
 - c. Folic acid supplementation
 - d. Weight gain >18 kg in the course of pregnancy
 - e. Diet diversification
24. A 21-year old client at 6 weeks gestation is diagnosed with hyperemesis gravidarum. This condition may result in ;-
- a. Low birth weight
 - b. Miscarriage
 - c. Pregnancy induced hypertension
 - d. Nausea and vomiting
 - e. Electrolyte imbalance
25. A client comes to the ANC clinic for her first visit at 32 weeks gestation. She is para 2+0 and had received the required doses of Tetanus Toxoid previously. The dose administered is;-
- a. None
 - b. Second dose
 - c. Third dose
 - d. Fourth dose
 - e. Fifth dose
26. The suboccipitobregmatic DIAMETER OF THE FETAL SKULL MEASURES;-
- a. 11.5 cm
 - b. 11 cm
 - c. 10 cm
 - d. 9 cm

- e. 9.5 cm
27. In early fetal development the mesoderm forms;-
- a. Bones and glands
 - b. Skin and nervous system
 - c. Blood vessels and bones
 - d. Muscles of the heart and blood vessels
 - e. Mucous membranes and glands
28. Presumptive signs of pregnancy include;-
- a. Early breast changes, amenorrhea, bladder irritability
 - b. Braxton hicks, ballottement of the fetus, breast changes
 - c. Fetal movements, presence of fetal heart sounds, morning sickness
 - d. Amenorrhea, Braxton hicks, fetal heart sounds
 - e. Ballottement of the fetus, morning sickness, bladder irritability
29. During first antenatal visit urinalysis is indicated for;-
- a. Ketones and blood
 - b. Proteins and glicase
 - c. Blood and leukocytes
 - d. Proteins and blood
 - e. Ketones and proteins
30. When auscultating for the fetal heart rate, it is important for the midwife to differentiate it with maternal pulse. The most appropriate site for palpating the maternal pulse is;-
- a. Popliteal artery
 - b. Brachial
 - c. Radial
 - d. Dorsalis pedis
 - e. Femoral

SECTION B

SHORT ANSWERS QUESTIONS (SAQ'S)

(20 MARKS)

Answer ALL questions in this section.

1. Mrs. X comes to her antenatal clinic on 6th April 2021 for her 3rd ANC visit. As you take history, she tells you that she has a set of twins who are alive and well and has had a miscarriage before. Her LMP was 25th Aug. 2020.
 - a. Calculate her expected date of delivery. (1 Mark)
 - b. Calculate her gestation by dates (2 Marks)
 - c. What is her gravidity? (1 Mark)
 - d. What is her parity? (1 Mark)
2. Draw a diagram depicting a gynaecoid pelvis and label important landmarks (parts) in obstetrics. (5 Marks)
3. Outline **FIVE (5)** differences between placenta previa and placenta abruption. (5 Marks)
4. State any **FIVE (5)** changes that occur on the breasts during pregnancy. (5 Marks)

SECTION C

LONG ESSAY QUESTIONS (LEQ'S) (20 MARKS)

Answer only one question in this section questions in this section

1. Miss Q comes to the antenatal clinic accompanied by her mother. As routine care, you must take her history and perform physical examination.
 - a. Define the term focused antenatal care. (2 Marks)
 - b. Describe the aspects of the health history of miss Q you will consider (10 Marks)
 - c. Explain the targeted physical examination you will perform on this client. (8 Marks)
 2. Mrs. R 28 weeks gestation comes to the antenatal clinic with complains of abdominal pain, loss of appetite, nausea and vomiting, muscle and joint pains. A blood slide confirms a diagnosis of malaria.
 - a. Outline **FOUR (4)** preventive measures of malaria in pregnancy. (4 Marks)
 - b. Formulate **THREE (3)** priority nursing diagnoses giving to interventions for each in management of Mrs. R. (12 Marks)
 - c. State **FOUR (4)** effects of malarial in pregnancy. (Two to the mother and two to the fetus). (4 Marks)
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