

CHUKA



UNIVERSITY

UNIVERSITY EXAMINATIONS

**SECOND YEAR EXAMINATION FOR THE AWARD OF
BACHELOR OF SCIENCE (NURSING)**

**NURU 282: Midwifery 11
BScN Upgrading Y2S1 Exam**

SECTION A

MULTIPLE CHOICE QUESTIONS (MCQS)

(30 MARKS)

Answer **ALL** Questions in this section

1. The following is the best predictor of successful vaginal delivery.
 - A. Progress of the descent of the presenting part
 - B. Pelvic computed tomography
 - C. Clinical Pelvimetry
 - D. Maternal psychological status
 - E. Support by the spouse

2. Arrest disorders can occur during ----- phase of labour:
 - A. Latent phase
 - B. Active phase
 - C. Either latent or active phase
 - D. Expulsive phase
 - E. Placental phase

3. As you conduct third stage labour, you note that the placenta slips out with the side like a button out of the button whole. This type of placental deliver is:
 - A. Mathews Duncan

- B. Schultze
 - C. Retroplacental
 - D. Fundal
 - E. Fetal
4. Immediately after delivery, the fundal height should be at:
- A. Xiphoid process
 - B. 5cm below the umbilicus
 - C. 2 cm above the umbilicus
 - D. At or near the umbilicus
 - E. At the symphysis pubis
5. During third stage of labour, you notice a gush of blood and the uterus changes from oval shape to globular shape. This is an indication of:
- A. Postpartum haemorrhage
 - B. Imminent delivery of the baby
 - C. Retained second twin
 - D. Atonic uterus
 - E. Placental separation
6. During the active phase of labour, cervical dilatation is:
- A. 1-3 cm
 - B. 7-10 cm
 - C. 8-10 cm
 - D. 4-7 cm
 - E. 3-10 cm
7. A client in labour is experiencing contractions every 2-3 minutes lasting 60 seconds, the fetal heart ranges between 130-140 beats per minute with variability of 6-10 beats. The most appropriate nursing action is:
- A. Insert an internal fetal scalp monitor
 - B. Document the findings in the client record
 - C. Discontinue syntocinon drip
 - D. Contact the doctor at once and report the findings
 - E. Commence an IV infusion of normal saline
8. The procedure contraindicated in a patient with placenta previa is:
- A. Application of a fetal monitor
 - B. Catheterization of the urinary bladder
 - C. Ambulation of the patient
 - D. Vagina exam to assess the dilatation
 - E. Speculum exam to locate the placenta

9. A woman at 36 weeks gestation with placenta preavia comes to labour ward with complaints of mild contractions, the nurse should watch out for:
- A. Emesis
 - B. Vaginal bleeding
 - C. Fever
 - D. Sudden rupture of membranes
 - E. Retained products of conception
10. A client at 34 weeks gestation comes to labour ward complaining of severe abdominal pain, on palpation there is uterine tenderness and the abdomen feels hard, no PV bleeding is observed, the most probable diagnosis is:
- A. Placenta preavia
 - B. Incidental haemorrhage
 - C. Molar pregnancy
 - D. Placenta abruptio
 - E. Ectopic pregnancy
11. When administering magnesium sulphate to a client with premature labour, it is used as a:
- A. Anticonvulsant
 - B. Antihypertensive
 - C. Tocolytic
 - D. Antispasmodic
 - E. Tranquilizer
12. The white sticky substance found on the baby's body at birth is known as:
- A. Lanugo
 - B. Vernix caseosa
 - C. Sebum
 - D. Smegma
 - E. Colostrum
13. Nursing care of a full term neonate starts with:
- A. Drying the baby and clearing the nose and the mouth of secretions
 - B. Completing the APGAR score
 - C. Keeping the baby warm and initiating breast feeding
 - D. Stimulating the baby by rubbing the feet and giving oxygen
 - E. Weighing the baby and measuring the length
14. Labor is a series of events affected by the coordination of the five essential factors namely:

- A. Passenger, passage way, powers, placental position and function, pattern of care
 - B. Powers, passenger, maternal response, placental position, psychological response
 - C. Passageway, powers, psychological response, passenger, placental position and function
 - D. Passage, placental position and function, passenger, paternal response, psychological response
 - E. Maternal age, type of pelvis, size of baby, psychological state, spouse support
15. The secondary powers during labour include:
- A. Contraction of the uterine muscle
 - B. Retraction of the uterine muscle
 - C. Contraction of abdominal muscles and the diaphragm
 - D. Expulsion of the fetus
 - E. Polarity of the uterine muscle
16. A client who is gravida 1, para 0 is admitted in labor. Her cervix is 100% effaced and 3cm dilated. The presenting part is +1 station. The nurse is aware that the presenting part is:
- A. Not yet engaged
 - B. Entering the pelvic inlet
 - C. Visible at the vaginal opening
 - D. At the ischial spines
 - E. Below the ischial spines
17. The functional junction between the two uterine segments during labour is referred to as:
- A. Retraction ring
 - B. Constriction ring
 - C. Bandl's ring
 - D. Pathological ring
 - E. Hour glass ring
18. The main complication of premature rupture of membranes during labour is:
- A. Precipitate labour and post-partum haemorrhage
 - B. Respiratory distress syndrome
 - C. Cord prolapse and chorioamnionitis
 - D. Maternal exhaustion and fetal distress
 - E. Prolonged labour and delayed second stage
19. A mother in labour has transitioned to second stage, the changes in the perineum that indicate that the birth of the baby is imminent is:
- A. Perineal retraction with an increase in meconium stained fluid
 - B. Retracting perineum and anus with an increase in bloody show

- C. Retracting perineum with rapid and intense contractions
 - D. Bulging perineum and rectum with increase in show
 - E. Gaping perineum with a gush of amniotic fluid
20. You're assessing a newborn baby at one minute and not the following: heart rate 130, pink body and hand with cyanotic feet, weak cry, flexion of the arms and legs, active movement and crying when stimulated. The APGAR score is:
- A. 9
 - B. 10
 - C. 8
 - D. 5
 - E. 7
21. While monitoring a mother in labour, you are asked to record the interval of the contractions, you will measure this as:
- A. End of one contraction to beginning of the next one
 - B. Beginning of a contraction to the end of the same
 - C. Beginning of one contraction to the beginning of the next one
 - D. End of one contraction to the end of the next one
 - E. Beginning of one contraction to the peak of the same
22. When taking care of a mother during fourth stage of labour, the nurse should be on the alert for signs of:
- A. Puerperal sepsis
 - B. Relaxation of the uterus
 - C. Urinary retention
 - D. Respiratory arrest
 - E. Uterine prolapse
23. When the uterus is firm and contracted after delivery but there is vaginal bleeding the nurse should suspect
- A. Uterine atony
 - B. Uterine inversion
 - C. Laceration of soft tissues of the cervix and vagina
 - D. Uterine hyper contractility
 - E. Retained products of conception
24. Early signs of obstructed labor include:
- A. Rupture of membranes
 - B. Formation of bandl's ring

- C. The vagina feels hot and dry on examination
- D. Excessive moulding of the fetal head
- E. Formation of a large caput succedaneum

25. In brow presentation, the presenting diameter of fetal skull is:

- A. Mentobregmatic
- B. Mentovertical
- C. Submentovertical
- D. Submentobregmatic
- E. Occipitofrontal

26. In face presentation;

- a. Sub-occipitobregmatic diameter and biparietal diameter present, occipito frontal diameter distends the vaginal orifice
- b. Mento vertical diameter and bi-temporal diameter present, vaginal delivery is not possible
- c. Sub-mentobregmatic diameter and bi-temporal diameter present, sub-mentovertical diameter distends the vaginal orifice
- d. Sub-mentobregmatic and occipito frontal diameter presents, sub-occipitofrontal diameter distends the vaginal orifice

27 . The aim of performing abdominal examination during pregnancy is to;

- a. Assess mothers health status
- b. Exclude pseudo-pregnancy
- c. Assess fetal size and growth
- d. Prepare for delivery

For questions 28 to 30, indicate whether the statements given are true or false

28

- I. Fetal position refers to the relationship between the back of the fetus and the anterior abdominal wall of the mother
- II. Lie is the relationship of fetal body parts to one another

29

- I. In complete breech presentation, the fetal hips are extended and knees are flexed.
- II. In frank breech presentation, the fetal hips are extended and knees are flexed.

30

- I. A woman who has antepartum haemorrhage is encouraged to move freely during the first stage of labour to facilitate descent of the presenting part.
- II. The term inertia refers to hypotonic uterus dysfunction.

SECTION B

SHORT ANSWER QUESTIONS (SAQS) (20 MARKS)

Answer **ALL** questions in this section.

1. Describe the mechanism of left occipito anterior position in labour. (5 Marks)
2. State **TWO (2)** indications of vaginal examination during labour (2 Marks)

3. State **TWO (2)** factors that will lead to good prognosis in trial of labour (2 Marks)
4. Differentiate between a small for gestational age and a premature infant (5 Marks)
5. Explain how you would diagnose occipito posterior position during labour (5 Marks)
6. List any **Two (2)** predisposing causes of uterine rupture (1 Marks)

SECTION C

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

Answer **only one** questions in this section

1. Mrs. T. para 2+1 starts bleeding profusely following the birth of her baby.
 - a. Define post-partum haemorrhage (1 Mark)
 - b. Explain the physiology of control of bleeding in third stage of labour (6 Marks)
 - c. Using the nursing process, discuss the management of Mrs. T until control of bleeding is achieved (13 Marks)

2. Baby J, born to a primagravida 48 hours ago has developed neonatal jaundice and is scheduled for phototherapy.
 - a. State **FOUR (4)** possible causes of neonatal jaundice (4 Marks)
 - b. Differentiate between physiological and pathological jaundice (4 Marks)
 - c. Describe the nursing management of baby J while on phototherapy (10 Marks)