

CHUKA



UNIVERSITY

**UNIVERSITY EXAMINATIONS**

**SECOND YEAR EXAMINATION FOR THE AWARD OF DEGREE  
OF BACHELOR OF SCIENCE IN NURSING**

**NURU 282/NURS 282: MIDWIFERY II (LABOR AND DELIVERY)**

**STREAMS: BSC (NURU) Y2S1**

**TIME: 3 HOURS**

**DAY/DATE: FRIDAY 07/12/2018**

**11.30 A.M. – 2.30 P.M.**

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**INSTRUCTIONS:**

- Do not write anything on the question paper
- Mobile phones and any other reference materials are NOT allowed in the examination room
- The paper has three sections. All questions are compulsory
- All your answers for section I (MCQs) should be on one page
- Number ALL your answers and indicate the order of appearance in the space provided in the cover page of the examination answer booklet
- Write your answers legibly and use your time wisely

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

1. During a vaginal exam, the midwife felt the fetal sutures wasopposed. This is recorded on the partograph as;
  - (a) ++
  - (b) 0
  - (c) +++
  - (d) +

2. On abdominal examination during labour, the sinciput is felt and occiput just felt. The descent is:
  - (a) 4/5
  - (b) 3/5
  - (c) 2/5
  - (d) 1/5
3. The benefit of delayed cord clamping is that;
  - (a) Gives the provider time to perform APGAR score
  - (b) Prevents possible postpartum hemorrhage
  - (c) Increases iron stores in the newborn
  - (d) Prevents erythroblastosisfetalis
4. Match the statements in column A with the corresponding description in column B

**Column A**

- (a) Brow presentation
- (b) Complete breech

**Column B**

- (i) The fetal head is partially extended and the frontal bone lies at the pelvic brim
  - (ii) The hips of the fetus are flexed and the legs are extended on the abdomen
  - (iii) The fetal head is completely extended and the frontal bone lies at the pelvic brim
  - (iv) The hips and knees of the fetus are both flexed and feet tucked in beside the buttocks
5. Causes of secondary postpartum haemorrhage include;
    - (a) Retained product of conception, infection
    - (b) Retained blood clots, anaemia
    - (c) Trauma, prolonged labour
    - (d) Uterine fibroids, endometritis

6. Obstetric events that may precipitate disseminated intravascular coagulopathy (DIC) include;
  - (a) Placenta abruption, multiple pregnancy, intra-uterine foetal death
  - (b) Amniotic fluid embolism, placenta abruption, eclampsia
  - (c) Eclampsia, foetal post-maturity, placenta abruption
  - (d) Incomplete abortion, anaemia, maternal diabetes mellitus
  
7. Features of dichorionic twins include;
  - (a) Two amnions, one placenta, dizygotic
  - (b) Two amnions, two placentae, dizygotic
  - (c) One amnion, one placenta, dizygotic
  - (d) One amnion, two chorions, one placenta
  
8. While conducting normal delivery following the extension of the head, the midwife should:
  - (a) Assist in the lateral flexion of the head
  - (b) Await the restitution of the head
  - (c) Await in the external rotation of the head
  - (d) Assist in the external rotation of the head
  
9. In breech delivery, Lovsetmanoeuvre is applied in;
  - (a) Extended legs
  - (b) Extended arms
  - (c) Stuck head
  - (d) Extended head
  
10. The purpose of administering anti D immunoglobulin to rhesus negative mother post-delivery is;
  - (a) Destroys any maternal antibodies developed against the D antigen
  - (b) Stimulates the production of anti-rhesus factor antibodies
  - (c) Destroys any fetal cells in the maternal circulation
  - (d) Reverses any sensitization that may have occurred in earlier pregnancy

11. The indications for vacuum extraction include;
  - (a) Preterm labour, obstructed labour
  - (b) Severe hypertension, maternal exhaustion
  - (c) Mild fetal distress, delayed second stage of labour
  - (d) Obstructed labour, breech presentation
  
12. Effacement during labour refers to;
  - (a) Complete relaxation of the lower uterine
  - (b) Inclusion of the cervical canal into the lower uterine segment
  - (c) Process of enlargement of the os uteri to permit passage of the baby
  - (d) Process of merging the upper and lower uterine segments
  
13. The impending signs of the rupture of the uterus include:
  - (a) Rise in pulse rate, hypertonic uterine contractions, excruciating pain
  - (b) Band's ring, vaginal bleeding, cessation of uterine contractions
  - (c) Cessation of uterine contractions, tenderness in the lower uterine segment, rise in pulse rate
  - (d) Hypertonic uterine contractions, bandl's ring, vaginal bleeding
  
14. 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
  
15. Features of the amnion membrane include;
  - (a) Thick, opaque, friable
  - (b) Thick, tough, translucent
  - (c) Smooth, tough, translucent
  - (d) Opaque, smooth, friable

16. Indicate whether the following statements are TRUE or FALSE
- (a) Augmentation of labour means artificial initiation of labour
  - (b) In reversed polarity, fundal dominance is lost and the contractions last longer in the lower uterine segment
17. The maternal factors that influence mother to child transmission (MTCT) of HIV infection during labour and delivery include;
- (a) High viral load, maternal malnutrition, substance abuse
  - (b) High maternal viral load, premature delivery, invasive delivery procedure
  - (c) Preterm delivery, unprotected sex with multiple partners, low maternal CD4 count
  - (d) HIV infection in pregnancy, low birth weight, breastfeeding
18. The foetal causes of intra-uterine growth retardation include;
- (a) HIV/AIDS, recurrent malaria infection, genetic disorders
  - (b) Multiple gestation, genetic disorders, foetal infections
  - (c) Maternal diabetes, foetal distress, placenta praevia
  - (d) Syphilis, radiation, congenital abnormalities
19. The hormone that plays a central role in the maintenance of labour is;
- (a) Oestrogen
  - (b) Progesterone
  - (c) Oxytocin
  - (d) Prostaglandin
20. On doing a vaginal examination, the examining finger identified a triangular shaped soft depression on the foetal skull. This was mostly likely to be;
- (a) Posterior fontanelle
  - (b) Anterior fontanelle
  - (c) Coronal suture
  - (d) Sagittal suture

**PART II: SHORT ANSWER QUESTIONS (40 MARKS)**

1. State five (5) nursing diagnoses for a client with obstructed labour [5 marks]
2. List four (4) possible complications of epidural analgesia [2 marks]
3. Outline three (3) precautions you will take into account when administering magnesium sulphate to an eclamptic woman [3 marks]
4. State five (5) benefits of kangaroo mother care [5 marks]
5. State five (5) adverse effects of phototherapy [5 marks]
6. Define the following terms [2 marks]
  - (a) Exclusive breast feeding
  - (b) Baby friendly hospitals
7. Describe five (5) reflex activities that are assessed on a newborn at birth [5 marks]
8. List four (4) causes of neonatal asphyxia [2 marks]
9. State four (4) signs of true labour [4 marks]
10. Explain two (2) indications for exchange blood transfusion [2 marks]
11. State five (5) specific interventions for a woman with obstructed labour [5 marks]

**PART III: LONG ANSWER QUESTIONS (Answer only ONE question) – 40 marks**

1. Ms. Dex 20 years old para 0+0 is admitted to labour ward in active phase of labour
    - (a) Outline the stages of labour [4 marks]
    - (b) Describe how the photograph is used to monitor labour [12 marks]
    - (c) Explain four (4) maternal factors that may affect the progress of labour [4 marks]
  
  2. Ms. Q Para 1+1 is admitted in labour and a diagnosis of gestational diabetes in made.
    - (a) Define gestational diabetes [1 mark]
    - (b) Describe the management Ms. Q during labour and delivery [14 marks]
    - (c) State five (5) effects of diabetes on the baby [5 marks]
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