

**CHUKA**



**UNIVERSITY**

**UNIVERSITY EXAMINATIONS**

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

**NURU 281: MIDWIFERY 1**

**STREAMS: BSC (NURU)**

**TIME: 2 HOURS**

**DAY/DATE: FRIDAY 06/12/2019**

**2.30 P.M. – 4.30 P.M.**

**INSTRUCTIONS:**

- All questions are compulsory.

**PART A: Multiple Choice Questions (MCQs)**

**(20 MARKS)**

1. Indicate whether the following statements are TRUE or FALSE
  - (a) Dizygotic twins have two amnions
  - (b) In a singleton pregnancy, the fundus reaches the xiphisternum at 40 weeks
2. Ruptured ectopic pregnancy is likely to present with;
  - (a) Painless per vaginal bleeding
  - (b) Severe abdominal cramping
  - (c) Throbbing pain in the upper quadrant
  - (d) Stabbing pain in the lower quadrant
3. A client with hyperemesis gravidarum is at risk of developing;
  - (a) Respiratory alkalosis without dehydration
  - (b) Metabolic acidosis with dehydration

- (c) Respiratory acidosis without dehydration
  - (d) Metabolic alkalosis with dehydration
4. Conception is most likely to occur when;
- (a) Estrogen levels low
  - (b) Luteinizing hormone
  - (c) Endometrial lining is thin
  - (d) Progesterone level is low
5. Spermatogenesis occurs in the;
- (a) Corpus spongiosum
  - (b) Prostate gland
  - (c) Seminiferous tubules
  - (d) Scrotum
6. A client with pregnancy induced hypertension is scheduled for elective caesarean section. Before surgery, the midwife should keep the client;
- (a) On her right side
  - (b) Supine with small pillow
  - (c) On her left side
  - (d) In knee chest position
7. Direct causes of maternal deaths include;
- (a) Abortions, postpartum hemorrhage, ruptured uterus
  - (b) Malaria, HIV, puerperal sepsis
  - (c) Postpartum hemorrhage, HIV, puerperal sepsis
  - (d) Placenta abruption, trauma to the abdomen, cardiac disease

8. A pre-eclamptic patient is admitted to the antenatal ward and started on magnesium sulphate regimen. The intervention that shows that the midwife is aware of magnesium sulphate toxicity is;
- (a) Perform a vaginal exam every 30 minutes
  - (b) Placing a padded blade at the bedside
  - (c) Inserting a foley catheter
  - (d) Darkening the room
9. When performing Leopold's manoeuvres at 32 weeks, the midwife expects to find;
- (a) No foetal movement
  - (b) Minimal foetal movement
  - (c) Moderate foetal movement
  - (d) Active foetal movement
10. During pregnancy, relaxin hormone;
- (a) Stimulates production of cervical mucus, enhances breast enlargement and reduces oxytocin release.
  - (b) Relaxes ligaments, inhibits release of follicle stimulating hormone and prevents secretion of prolactin.
  - (c) Relaxes the pelvic girdle, softens the cervix and suppresses uterine contractions
  - (d) Reduces production of oxytocin, softens the cervix and inhibits the production of luteinizing hormone
11. The correct regimen for administering magnesium sulphate loading dose intramuscularly is;
- (a) 5 g given as a divided dose in each of the buttocks over a period of 10-15 minutes
  - (b) 10 g as a divided dose in each of the buttock over a period not less than 5 minutes
  - (c) 4 g as divided dose in each buttock over a period of not less than 5 minutes
  - (d) 5g over a period of period of between 10-15 minutes

12. 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
13. Features of the amnion membrane include,
  - (a) Thick, opaque, friable
  - (b) Thick, tough, translucent
  - (c) Smooth, tough, translucent
  - (d) Opaque, smooth, friable
14. Pawliks manoeuvreis used to,
  - (a) Palpate the lower pole of the uterus above the symphysis pubis
  - (b) Locate the foetal back in order to determine position
  - (c) Determine whether presentation is cephalic
  - (d) Judge the size, flexion and mobility of the head
15. Monochorionic twinning is always characterized by the following;
  - (a) One placenta, one chorion
  - (b) One placenta, one amnion
  - (c) One chorion, one amnion
  - (d) Two amnions, two chorions
16. The layer of the uterus that is functional during pregnancy and labour is;
  - (a) Endometrium
  - (b) Myometrium

- (c) Peritoneum
  - (d) Peri-metrium
17. Factors that facilitate the occurrence of lightening include,
- (a) Parity o the mother, presentation
  - (b) Good uterine tone, formation of lower uterine segment
  - (c) Braxton hicks contractions, softening of pelvic floor tissues
  - (d) Prostaglandin release, parity of the mother
18. The effect of oestrogen on the uterus during pregnancy is,
- (a) Contraction of the uterine smooth muscles
  - (b) Increase in the uterine blood supply
  - (c) Growth of the uterine smooth muscles
  - (d) Relaxation of the uterine muscles
19. The maternal factors that influence mother to child transmission (MTCT) of HIV infection during labour and delivery include;
- (a) High viral load, material malnutrition, substance abuse
  - (b) High maternal viral load, premature delivery, invasive delivery procedure
  - (c) Prterm delivery, unprotected sex with multiple partners, low maternal count
  - (d) HIV infection in pregnancy, lowbirth weight, breastfeeding
20. 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

**PART II: SHORT ANSWER QUESTIONS**

1. Draw and label a diagram of the pelvic inlet showing its diameters. (5 marks)
2. Explain four ways of diagnosing multiple pregnancy during pregnancy. (6 marks)
3. Outline four activities carried out in physical examination during. (4 marks)
4. State six (6) investigations carried out during focused antenatal care visits. (6 marks)
5. State four (4) reasons for a high circulating blood volume during pregnancy. (4 marks)
6. Outline five (5) physiological changes that occur to the uterus during pregnancy. (5 marks)

**PART III: LONG ANSWER QUESTION (20 MARKS)**

1. Mrs. Sea is seen for the first time in the antenatal clinic at a gestation of 34 weeks. A diagnosis of severe anaemia is done.
    - (a) Explain five (5) causes of anaemia in pregnancy. (5 marks)
    - (b) Describe the management of Mrs. Sea until the baby is term. (12 marks)
    - (c) List six (6) effects of anaemia to the foetus. (3 marks)
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