

CHUKA



UNIVERSITY

UNIVERSITY EXAMINATIONS

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

NURU 282: MIDWIFERY II

STREAMS: BSC (NURS) UPG Y2S2

TIME: 2 HOURS

DAY/DATE: TUESDAY 03/12/2019

11.30 AM - 2.30 PM

INSTRUCTIONS:

All Questions are Compulsory

PART A: MULTIPLE CHOICE QUESTIONS (MCQs) - 20 MARKS

1. The temporary structure of foetal circulation that connects the umbilical vein to the inferior venacava is the;
 - (a) Hypogastric artery
 - (b) Foramen ovale
 - (c) Ductus venosus
 - (d) Ductus arteriosus

2. A client in labor has chosen epidural analgesia. In the event that the client develops hypotension, the midwife should;
 - (a) Place her in Trendelenburg position
 - (b) Decrease the rate of IV infusion
 - (c) Administer oxygen via nasal cannula
 - (d) Increase the rate of IV infusion

3. Polarity in first stage of labour means
 - (a) Formation of upper and lower uterine segments
 - (b) Contractions that start at the fundus and spread across the fundus
 - (c) Neuromuscular harmony between upper and lower uterine segment
 - (d) Cervical effacement in response to uterine contractions

4. A midwife is caring for a client in first stage of labour. The priority intervention after the rupture of membranes is;

- (a) Applying an internal monitor
 - (b) Assessing fetal heart tones
 - (c) Preparing for a caesarean birth
 - (d) Administering normal saline drip
5. The hormone that plays a central role in the maintenance of labour is;
- (a) Oestrogen
 - (b) Progesterone
 - (c) Oxytocin
 - (d) Prostaglandin
6. Which statement is false concerning good breast attachment when breastfeeding
- (a) The tongue is forward in the mouth, and may be seen over the bottom gum
 - (b) The lower lip is turned outwards
 - (c) The chin is not touching the breast
 - (d) More areola is visible above the baby's mouth than below it
7. The presence of surfactant in the newborn lungs helps to;
- (a) Provide stimulation to the respiratory centre
 - (b) Reduce surface tension and allow expansion of the lungs
 - (c) Prevent transient tachypnoea of the newborn
 - (d) Increase the surface tension and allow expansion of the lungs
8. The light for date baby is defined as:
- (a) A baby born before 37 weeks of gestation
 - (b) Birth weight is 2,500g or less regardless of gestational age
 - (c) A baby whose birth weight is below tenth centile for gestation
 - (d) A baby whose birth weight is below 3000 grammes
9. The maternal causes of fetal distress include;
- (a) Hypotension, abruptio placenta
 - (b) Abruptio placenta, syphilis
 - (c) Hypertension, cord prolapsed
 - (d) Hypertension, pre-eclampsia
10. In 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
11. During a vaginal exam, the midwife felt the fetal sutures were apposed. This is recorded on the partograph as;
- (a) ++
 - (b) 0

- (c) +++
(d) +
12. 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
13. In Erb's palsy
- (a) There is damage to the lower brachial plexus involving the 7th and 8th cervical root nerves
(b) There is damage to the upper brachial plexus involving the 5th and 6th cervical root nerves
(c) There is damage to all the brachial plexus nerve roots
(d) There is damage to the facial nerve
14. 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 external rotation of the head
(d) Assist in the external rotation of the head
15. In breech delivery, Lovset manoeuvre is applied in;
- (a) Extended legs
(b) Extended arms
(c) Stuck head
(d) Extended head
16. 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
17. 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
18. Effacement during labour refers to;
- (a) Complete relaxation of the lower uterine segment
(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
19. 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
20. A baby who passes meconium in urine should be suspected for;
- (a) Necrotising enterocolitis
 - (b) Hirschprung's disease
 - (c) Imperforate anus
 - (d) Rectal fistulae

PART II SHORT ANSWER QUESTIONS (30 MARKS)

- 1. Draw and label a diagram of the foetal skull showing regions and landmarks of clinical importance. [5 marks]
- 2. State three (3) reasons for doing the 1st examination of a new born baby. [3 marks]
- 3. State five (5) features of true labour. [5 marks]
- 4. State five (5) indicators of prolonged labour that may be seen on the partograph. [5 marks]
- 5. Differentiate between caput succedaneum and cephalohematoma. [6 marks]
- 6. State four (4) possible complications of heavy for date babies. [4 marks]
- 7. State two (2) predisposing factors to cord prolapse. [2 marks]

PART III: LONG ANSWER QUESTION (20 MARKS)

- 1. Ms. X develops acute uterine inversion after delivery
 - (a) Define acute inversion of the uterus [1 mark]
 - (b) Explain four (4) causes of acute uterine inversion. [8 marks]
 - (c) Describe the immediate management of Ms. X [11 marks]
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