

**CHUKA**



**UNIVERSITY**

**UNIVERSITY EXAMINATIONS**

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

**NURS/NURU 282: NIDWIFERY II**

**STREAMS:**

**TIME: 2 HOURS**

**DAY/DATE: MONDAY 4/12/2017**

**8.30 A.M – 10.30 A.M**

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**INSTRUCTIONS:**

- **Do not write on the question paper.**
- **Mobile phones and any other reference materials are not allowed in the examination room**
- **The paper has three sections. Answer all questions in section I and II and one question in section III**
- **All your answers for section I (MCQs) should be on the first page of the answer booklet.**
- **Number all your answers and indicate the order of appearance in the space**

**SECTION A: MULTIPLE CHOICE QUESTIONS (20MARKS)**

1. After the physician performs an amniotomy, the nurse's first action should be to assess the:
  - (a) Degree of cervical dilation
  - (b) Fetal heart tones
  - (c) Client's vital signs
  - (d) Client's level of discomfort

2. A client is admitted to the labor and delivery unit. The nurse performs a vaginal exam and determines that the client's cervix is 5cm dilated with 75% effacement. Based on the nurse's assessment the client is in which phase of labor?
  - (a) Active
  - (b) Latent
  - (c) Transition
  - (d) Early
3. A client elects to have epidural anesthesia to relieve the discomfort of labor . Following the initiation of epidural anesthesia, the nurse should give priority to:
  - (a) Checking for cervical dilation
  - (b) Placing the client in a supine position
  - (c) Checking the client's blood pressure
  - (d) Obtaining a fetal heart rate
4. A client with preeclampsia has been receiving an infusion containing magnesium sulfate for a blood pressure that is 160/80. Deep tendon reflexes are 1 plus, and the urinary output for the past hour is 100mL. The nurse should:
  - (a) Continue the infusion of magnesium sulfate while monitoring the client's blood pressure.
  - (b) Stop the infusion of magnesium sulfate and contact the physician
  - (c) Slow the infusion rate and turn the client on her left side
  - (d) Administer calcium gluconate IV push and continue to monitor the blood pressure.
5. The nurse is responsible for performing a neonatal assessment on a full term infant at 1 minute the nurse could expect to find:
  - (a) An apical pulse of 100
  - (b) An absence of tonus
  - (c) Cyanosis of the feet and hands
  - (d) Jaundice of the skin and sclera
6. A full term male has hypospadias. Which statement describes hypospadias?

- (a) The urethral opening is absent
  - (b) The urethra opens on the dorsal side of the penis.
  - (c) The penis is shorter than usual
  - (d) The urethral meatus opens on the underside of the penis.
7. A gravid 3 para 2 is admitted to the labor unit. Vaginal exam reveals that the client's cervix is 8cm dilated, with complete effacement. The priority nursing diagnosis at this time is
- (a) Alteration in coping related to pain
  - (b) Potential for injury related to precipitate
  - (c) Alteration in elimination related to anesthesia
  - (d) Potential for fluid volume deficit related to NPO status
8. During the assessment of a laboring client, the nurse notes that the loudest in the upper-right quadrant. The infant is most likely in which position?
- (a) Right breech presentation
  - (b) Right occipital anterior presentation
  - (c) Left sacro anterior presentation
  - (d) Left occipital transverse presentation
9. You performed the Leopold's maneuver and found the following breech presentation, fetal back at the right side of the mother. Based on these findings, you can hear the fetal heart beat (PMI) BEST in which location?
- (a) Left lower quadrant
  - (b) Right lower quadrant
  - (c) Left upper quadrant
  - (d) Right upper quadrant
10. Before giving a repeat dose of magnesium sulfate to a pre-eclamptic patient, the nurse should assess the patient's condition. Which of the following conditions will require the nurse to temporarily suspend a repeat dose of magnesium sulfate?
- (a) 100 cc urine output in 4 hours

- (b) Knee jerk reflex is (+) 2
  - (c) Serum magnesium level is 10mEq/L
  - (d) Respiratory rate of 16/min
11. Which of the following is TRUE in Rh incompatibility?
- (a) The condition can occur if the mother is Rh (+) and the fetus is Rh(-)
  - (b) Every pregnancy of an Rh (-) mother will result to erythroblastosis fetalis
  - (c) On the first pregnancy of the Rh (-) mother, the fetus will not be affected
  - (d) RhoGam is given only during the first pregnancy to prevent incompatibility.
12. Presentation of any part of a baby other than the head is considered a \_\_\_\_\_ presentation.
- (a) Extremity
  - (b) Normal
  - (c) Breech
  - (d) Abnormal
13. The second stage of labor is best described as;
- (a) Conception to the time actual contractions begin.
  - (b) From the time contractions begin until full dilation of the cervix
  - (c) From full dilation of the cervix to the delivery of the baby
  - (d) Delivery of the baby until the expulsion of the placenta
14. The preferred manner of delivering the baby in a gravid-cardiac is vaginal delivery assisted by forceps under epidural anesthesia. The main rationale for this is:
- (a) To allow a traumatic delivery of the baby
  - (b) To allow a gradual shifting of the blood into the maternal circulation.
  - (c) To make the delivery effort free and the mother does not need to push with contractions.
  - (d) To prevent perineal laceration with the expulsion of the fetal head.

15. When giving narcotic analgesics to mother in labour, the special consideration to follow is:
- (a) The progress of labour is well established reaching the transitional stage
  - (b) Uterine contraction is progressing well and delivery of the baby is imminent
  - (c) Cervical dilatation has already reached at least 8cm and the station is at least (+) 2
  - (d) Uterine contractions are strong and the baby will not be delivered yet within the next 3 hours.
16. The cervical dilation taken at 8:00 A.M in a G1P0 patient was 6cm. A repeat I.E done at 10a.m showed that cervical dilation was 7cm. The correct interpretation of this result is:
- (a) Labor is progressing as expected
  - (b) The latent phase of stage 1 is prolonged
  - (c) The active phase of stage 1 is protracted
  - (d) The duration of labor is normal
17. Which of the following techniques during labor and delivery can lead to uterine inversion?
- (a) Fundal pressure applied to assist the mother in bearing down during delivery of the fetal head.
  - (b) Strongly tugging on the umbilical cord to deliver the placenta and hasten placental separation.
  - (c) Massaging the fundus to encourage the uterus to contract.
  - (d) Applying light traction when delivering the placenta that has already detached from the uterine wall.
18. The fetal heart rate is checked following rupture of the bag of waters in order to:
- (a) Check if the fetus is suffering from head compression
  - (b) Determine if cord compression followed the rupture
  - (c) Determine if there is utero-placental insufficiency
  - (d) Check if fetal presenting part has adequately descended following the rupture

19. Upon assessment, the nurse got the following findings: 2 perineal pads highly saturated with blood within 2 hours post partum, RP =80bpm, fundus soft and boundaries not well defined . The appropriate nursing diagnosis is:
- (a) Normal blood loss
  - (b) Blood volume deficiency
  - (c) Inadequate tissue perfusion related to hemorrhage
  - (d) Hemorrhage secondary to uterine atomy.
20. The following are signs and symptoms of fetal distress EXCEPT:
- (a) Fetal heart rate (FHR) decreased during a contraction and persists even after the uterine contraction ends.
  - (b) The FHR is less than 120 bpm or over 160 bpm
  - (c) The pre-contraction FHR is 130 bpm, FHR during contraction is 118 bpm and FHR after uterine contraction is 126 bpm.
  - (d) FHR is 160 bpm, weak and irregular.

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

1. Define the following terms @ [1mark]
  - (i) Labour
  - (ii) Lie
  - (iii) Attitude
  - (iv) Position
  - (v) Polarity
2. Distinguish between prematurity and small for gestational age. [5marks]
3. State five (5) complications of obstructed labour. [5marks]
4. Explain the three (3) types of moulding of a fetal skull. [6marks]
5. State four (4) predisposing factors to meconium stained liquor. [4marks]
6. List four (4) complications of shoulder distocia. [2marks]
7. State three (3) causes of uterine inversion. [3marks]
8. Explain eight (8) components of a partograph. [4marks]

**PART C: LONG ANSWER QUESTIONS (40 MARKS)**

1. Mrs B is admitted to labour ward in labour with her pregnancy. On history taking, her first pregnancy was an abortion at 10 weeks; the second one was a term delivery of twins and one died immediately after delivery . The third and fourth pregnancies were term deliveries also. She has three living children. On vaginal examination cervical os was 5cm dilated.
    - (i) State her parity and gravidity [1mark]
    - (ii) State the stage of labour she is in. [1mark]
    - (iii) Explain the mechanism of labour. [6marks]
    - (iv) Describe the management of mrs B till the delivery of the baby. [12marks]
  2. Mrs K, para 4+0 gravida 5 is admitted to maternity with ruptured uterus.
    - (i) Define ruptured uterus. [1marks]
    - (ii) State four predisposing factors to ruptured uterus. [4marks]
    - (iii) Describe the management of ruptured uterus. [12marks]
    - (iv) State three complications of ruptured uterus. [3marks]
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