CHUKA  **UNIVERSITY**

UNIVERSITY EXAMINATIONS

EXAMINATION FOR THE AWARD OF DEGREE OF SCIENCE IN NURSING

NURS 283: MIDWIFERY III: NORMAL LABOUR AND DELIVERY

STREAMS: BSc. NURSING **TIME: 2 HOURS**

DAY/DATE: MONDAY 11/08/2025 **2.30 P.M. – 4.30 P.M.**

INSTRUCTIONS:

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

SECTION A: MULTIPLE CHOICE QUESTIONS [ONE MARK EACH] [20 MARKS]

1. Which of the following describes "active management of the third stage of labour"?

   A. Waiting for spontaneous placental separation

   B. Use of controlled cord traction and uterotonics to prevent hemorrhage

   C. Immediate clamping of the cord before delivery

   D. No intervention is needed

2. The primary physiological mechanism for cervical dilation is:

   A. Uterine relaxation

   B. Effacement and thinning of the cervix

   C. Rupture of membranes

   D. Umbilical cord traction

3. Which of the following describes the active phase of the first stage of labour?
   A. Cervical dilation from 4 cm to full dilation
   B. Onset of contractions
   C. Delivery of placenta
   D. Postpartum uterine involution
4. Internal rotation during labour involves the fetal head rotating to:
   A. Occiput transverse position
   B. Occiput anterior position
   C. Occiput posterior position
   D. Breech presentation
5. The term “station” in labour refers to:
   A. Cervical dilation
   B. Fetal head position relative to ischial spines
   C. Strength of contractions
   D. Time since rupture of membranes
6. A normal duration for the second stage of labour in a primigravida is:
   A. Less than 30 minutes
   B. Up to 2 hours
   C. Up to 6 hours
   D. Over 8 hours
7. Which sign indicates placental separation?
   A. Lengthening of the umbilical cord
   B. Increased contractions
   C. Maternal vomiting
   D. Decreased fetal heart rate
8. Caput succedaneum is described as:
   A. Scalp swelling crossing suture lines
   B. Bleeding inside the skull
   C. Birth fracture of the skull
   D. Brain hemorrhage

9. Signs of placental separation include all **EXCEPT**:
   A. Gush of blood
   B. Lengthening of cord
   C. Firm contracted uterus
   D. Maternal effort to push the placenta
10. The fetal head is said to be “crowning” when:
   A. It can be seen at the vaginal opening during contractions
   B. It is fully engaged in pelvis
   C. It is at 0 station
   D. It is in occiput posterior position
11. The best way to prevent perineal trauma during delivery is:
   A. Immediate pushing with contractions
   B. Controlled delivery of the head
   C. Episiotomy for all women
   D. Use of forceps only
12. Which of the following is the correct sequence of the cardinal movements of labour?
   A. Engagement, descent, flexion, internal rotation, extension, restitution, expulsion
   B. Descent, engagement, flexion, extension, internal rotation, restitution, expulsion
   C. Engagement, descent, extension, flexion, internal rotation, restitution, expulsion
   D. Flexion, descent, engagement, extension, restitution, internal rotation, expulsion
13. Flexion of the fetal head during labour allows:
   A. The smallest diameter of the head to present to the pelvis
   B. The widest diameter of the head to pass through
   C. Early rupture of membranes
   D. Slower descent
14. Which mechanism explains the lateral movement of the fetal head after delivery?
   A. Restitution
   B. Flexion
   C. Engagement
   D. Descent

15. Which of the following movements helps the fetal shoulders to align with the pelvic outlet?
    A. External rotation
    B. Internal rotation
    C. Flexion
    D. Engagement
16. Which diameter of the fetal head is smallest and most favorable for passing through the pelvis?
    A. Biparietal diameter
    B. Suboccipitobregmatic diameter
    C. Occipitofrontal diameter
    D. Mentovertical diameter
17. Which pelvic structure guides the fetal head during engagement?
    A. Ischial spines
    B. Sacrum
    C. Pubic symphysis
    D. Iliac crest
18. The anterior fontanelle is located at the junction of which sutures?
    A. Sagittal, coronal, and frontal sutures
    B. Lambdoid and coronal sutures
    C. Sagittal and lambdoid sutures
    D. Coronal and squamosal sutures
19. The fontanelles serve what primary purpose during labour?
    A. Allow flexibility and molding of the fetal head
    B. Protect the brain from all injury
    C. Prevent brain growth
    D. Close sutures prematurely
20. The occipitofrontal diameter of the fetal head measures the distance from:
    A. The occiput to the glabella (forehead)
    B. One parietal eminence to the other

C. The chin to the top of the head

D. The mastoid process to the nasal bone

SECTION B: SHORT ANSWER QUESTIONS (30 MARKS)

1. Explain **FIVE** abnormalities that can be found in the placenta during examination. (5 marks)
2. Explain the immediate care and management of the newborn within one hour after delivery. (5 marks)
3. State **FIVE** landmarks on the fetal skull (5 marks)
4. Explain the components of the Apgar score. (5 marks)
5. Explain **FIVE** key features of a normal partograph (5 marks)
6. Explain **FIVE** characteristics of normal labour (5 marks)

SECTION C: LONG ANSWER QUESTION (20 MARKS)

1. A 28-year-old primigravida woman in active labour presents to the labour ward. She is 6 cm dilated, contractions are regular, and membranes have ruptured. After 6 hours, the cervix is fully dilated. The baby is delivered with an episiotomy. Post-delivery, the placenta is examined and found to be incomplete. The newborn scores 7 on Apgar at 1 minute.

a) Describe the management of the woman during the second and third stages of labour (15 marks)

b) Explain the rationale and care for episiotomy (5 marks)

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