



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

A. M. E. C. E. A

REGINA PACIS INSTITUTE OF HEALTH SCIENCES

P.O. Box 62157
00200 Nairobi - KENYA
Telephone: 891601-6
Fax: 254-20-891084
E-mail: academics@cuea.edu

MAIN EXAMINATION

JANUARY – APRIL 2018 TRIMESTER

FACULTY OF SCIENCES

DEPARTMENT OF NURSING

REGULAR PROGRAMME

UNUR / NUR 303: MIDWIFERY I (PREGNANCY)

Date: APRIL 2018

Duration: 3 Hours

INSTRUCTIONS: Answer ALL Questions

PART 1: MULTIPLE CHOICE QUESTIONS: 20MARKS.

- Q1. The transverse diameter of the pelvic outlet measures:
- a) 9.5cm-10.5cm.
 - b) 10.5-11cm.
 - c) 12.5-13cm.
 - d) 11.5-12.5cm.
- Q2. Attitude refers to the:
- a) Fetal part that is lying at the pelvic brim
 - b) Lower pole of the uterus
 - c) Relationship of the fetal head and limbs to its trunk
 - d) Relationship between the denominator of the presenting part and landmarks of the pelvic brim
- Q3. A position where the occiput points to the right sacroiliac joint and the sagittal suture is in the right oblique diameter of the pelvis is:
- a) Right occipitoposterior position.
 - b) Right occipitolateral.
 - c) Left occipitolateral.
 - d) Left occipitoposterior.
- Q4. The three life threatening causes of ante partum hemorrhage (APH) that need to be quickly identified and managed are:

- a) Tumors of the vagina, abruption placenta, cervical erosion.
 - b) Urethral caruncle, Placenta praevia, tumors of the vulva.
 - c) Genital tract infections, tumors of the vagina, cervical erosion.
 - d) Abruptio placenta, placenta praevia, ruptured uterus.
- Q5. Effect of heart disease on pregnancy include:
- a) Syncope, dyspnoea, low birth weight.
 - b) Premature labour, intra uterine growth retardation, still birth.
 - c) Cardiovascular collapse, cardiac failure, intrauterine fetal death.
 - d) Cardiac failure, hypertension, low birth weight.
- Q6. Perinatal mortality refers to stillbirth or death of baby occurring in the:
- a) First week of life per 1000 live births.
 - b) End of two weeks of life per 1000 live births.
 - c) Four months of live per 1000 live births.
 - d) Six months of live per 1000 live births.
- Q7. The maternal factors that predispose the new born to asphyxia at birth include:
- a) Maternal exhaustion, early rupture of membranes, placenta praevia.
 - b) Hyperemesis gravidarum, polyhydramnious, anaemia.
 - c) Preeclampsia, anaemia, abruption placenta.
 - d) Obesity, polyhydramnious, anaemia.
- Q8. The major causes of direct maternal deaths in order of frequency include:
- a) Malaria, haemorrhage, HIV/AIDS, anaemia.
 - b) Haemorrhage, sepsis, hypertensive disorders, complications of abortion.
 - c) Complications of abortion, ruptured uterus, sepsis, anaemia.
 - d) Obstructed labour, ruptured uterus, sepsis, hypertensive disorders.
- Q9. The major health effect of malaria in pregnancy is:
- a) Preeclampsia.
 - b) Intrauterine foetal restriction.
 - c) Still birth.
 - d) Anaemia.
- Q10. The most common cause of edema in pregnancy is:
- a) Deep venous thrombosis.
 - b) Pathological.
 - c) Physiological.
 - d) Preeclampsia.
- Q11. The blood volume increases progressively until term by:
- a) 60-70%.
 - b) 45-50%.
 - c) 50-60%.
 - d) 35-45%.

- Q12 . A woman whose LMP was 29.1.2014 will have her EDD on:
- 5.11.2014.
 - 6.10.2014.
 - 8.11.2014.
 - 9.11.2014.
- Q13 . The drug of choice for a woman with eclampsia is:
- Magnesium sulfate
 - Hydralazine.
 - Valium.
 - Apresoline.
- Q14. If the woman becomes pregnant while on antiretroviral (ARV) therapy she should:
- Continue with ARV therapy up to the onset of labour.
 - Stop ARV therapy until first stage, and then restart.
 - Stop ARV therapy restart after the end of second stage.
 - Continue with ARV therapy throughout pregnancy, labour, delivery and postpartum.
- Q15. During pregnancy the size of the uterine muscle fibers increase in centimetres by::
- 30 x15x2.5
 - 20x10x6
 - 5x10x2.5
 - 10x3.5x5
- Q16. The positive signs of pregnancy include;
- Quickening, uterine enlargement, amenorrhea.
 - Fetal heart, fetal movement, fetal parts.
 - Braxton hicks, frequency of micturition, fetal parts.
 - Quickening, lightening, Braxton Hicks.
- Q17. In mild preeclampsia the diastolic blood pressure would be:
- >90 but <100.
 - >100 but <110.
 - <90 but >110.
 - < 90 but > 100.
- Q18. One of the effects of pregnancy on diabetes include:
- Glycosuria increases throughout pregnancy.
 - Decreased glomerular filtration.
 - Insulin resistance decreases as the pregnancy advances.
 - Insulin resistance increases with gestational age.

For Q19. Indicate whether the statements are True or False.

19. i) Oesophageal atresia is associated with polyhydramnios.	
ii) Artificial rupture of membranes (ARM) should be performed when inducing for intrauterine death.	

Q20. Indicate whether the statements are true or false.

- a) Oligohydramnios is associated with renal agenesis
- b) Fundal palpation determines foetal back.

PART 11: SHORT ANSWER QUESTIONS 40 MARKS.

Q1. List three (3) factors that affect the mother to child transmission of HIV for each of the following headlines:

- i) Viral
- ii) Maternal
- iii) Obstetrical
- iv) Foetal

(6marks)

Q2. Explain the specific management of a woman with polyhydramnios **(5marks)**

Q3. i). State four (4) nursing diagnosis you would formulate for a pregnant woman with gestational diabetes **(4marks)**

ii). State four (4) interventions for the diagnosis in (i) above. **(6marks)**

Q4. Draw and label a diagram to illustrate the features of the fetal head with most obstetrical significance **(6marks)**

Q5. Describe the specific management of iron deficiency anemia in pregnancy **(7marks)**

Q6.. Explain the four (4) grading functional capacity of the heart disease in pregnancy

(6marks)

PART 11: LONG ANSWER QUESTIONS 40MARKS.

Q1. Mrs. J .Gravida 6 Para 5+0 is seen for the first time in the clinic at 30 weeks gestation

- a) Describe the concept “Focused Antenatal Care” and the major activities you would perform for Mrs J. during this visit. **(12marks)**

b) State six (6) health messages you would share with Mrs.J
(6marks)

c) List four (4) danger signs of pregnancy
(2marks)

Q2. Ms B, aged 24 years para 0+0 is admitted to the antenatal ward at 30 weeks and a diagnosis of antepartum heamorrhage (APH) is made:

a) Compare and contrast four (4) characteristics of placenta praevia with abruption placenta
(8marks)

b) Describe the specific conservative management of antepartum haemorrhage
(12marks)

END