



# THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

**A. M. E. C. E. A**

**REGINA PACIS INSTITUTE OF HEALTH SCIENCES**

**MAIN EXAMINATION**

**JANUARY – APRIL 2018 TRIMESTER**

**FACULTY OF SCIENCES**

**DEPARTMENT OF NURSING**

**REGULAR PROGRAMME**

**UNUR / NUR 306: MIDWIFERY II (LABOUR)**

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**Date: APRIL 2018**

**Duration: 3 Hours**

**INSTRUCTIONS: Answer ALL Questions**

**PART 1: MULTIPLE CHOICE QUESTIONS: 20MARKS.**

Q1. Obstructed labour means:

- a) The foetus has repositioned itself
- b) Uterus is in a hypertonic mode
- c) In spite of strong contractions there is no descent
- d) There are no contractions

Q2. Engagement occurs when:

- a) The greatest transverse diameter of the presenting part passes through the brim of the pelvis
- b) Oblique diameter passes through the brim of the pelvis
- c) Widest occipital posterior diameter passes through the pelvic outlet
- d) Transverse diameter passes through the pelvic cavity

Q3. The following are two emergencies that can occur in third stage of labour:

- a) Cord prolapsed, foetal distress
- b) Ruptured uterus ,foetal distress
- c) Uterine inversion, cord pulled off
- d) Cord round the neck, foetal distress

- Q4. Complications of shoulder dystocia to the fetus include:
- Femoral neuropathy
  - Soft tissue injury
  - Fracture of humerus
  - Brachial plexus palsy
- Q5. In breech presentation external version would be attempted if:
- The gestation is at or after 36 weeks, there are no contraindications, membranes are ruptured, amniotic fluid is adequate .
  - The gestation is at or after 37 weeks, there are no contraindications, membranes are intact, amniotic fluid is adequate.
  - Amniotic fluid is adequate; gestation period is more than 37 weeks, membranes are intact, amniotic fluid can allow.
  - Gestation period is less than 40 weeks, membranes ruptured, no contraindications, amniotic fluid is minimal.
- Q6. Vacuum extraction would be indicated if:
- Second stage is prolonged
  - First stage is obstructed
  - There is meconium stained liquor
  - Membrane rupture
- Q7. Episiotomy should be performing in the following situations:
- Placenta praevia, transverse lie, occipital posterior position.
  - Placenta praevia, primigravida, obstructed labour
  - Primigravida, multigravida, polyhydramnious.
  - Big baby, cord prolapse, shoulders dystocia.
- Q8. The predisposing factors for disseminated intravascular coagulation include:
- Placenta praevia, infection, caesarian section
  - Severe pre-eclampsia, placenta abruptio, intrauterine foetal death
  - Previous caesarean section, history of retained placenta, infection
  - Previous retained placenta, uterine curettage, placenta praevia
- Q9. Prevention of neonatal hypoglycemia include:
- Counsel the mother before intravenous fluid
  - Identify and treat the cause
  - Early and regular feeding for both normal and at risk babies
  - Assess baby every 30 minutes after delivery

- Q10. The recommended active management of third stage of labor include:
- a) Intravenous fluids, prophylactic use of oxytocin, controlled cord traction.
  - b) Controlled cord traction, uterine massage, prophylactic oxytocin.
  - c) Uterine massage, intravenous fluids, oxytocin.
  - d) Prophylactic use of oxytocin, controlled cord traction, uterine massage.
- Q11. The uterine inversion that may be classified as third degree is when the :
- a) Inverted fundus extends through the cervix but remains within the vagina.
  - b) Inverted fundus extends to, but not through the cervix.
  - c) Inverted fundus, extends outside the vagina.
  - d) Vagina and the uterus are inverted.
- Q12. The three cardinal signs of true labour are:
- a) Lightening, quickening, rupture of membranes.
  - b) Show, dilatation of the cervix, painful rhythmical contractions.
  - c) Braxton hicks contractions, show, rupture of membranes.
  - d) Frequency of micturition, lower abdominal pain, backache.
- Q13. In normal vertex presentation the sequence of events by which the fetal head adapts to the birth canal include:
- a) Flexion, external rotation, internal rotation and extension.
  - b) External rotation, internal rotation, extension and flexion.
  - c) Flexion, internal rotation ,extension and external rotation.
  - d) External rotation, extension, flexion and internal rotation
- Q14. Predisposing factors for uterine rupture include :
- a) Bandl's ring, free fluid in the abdomen, high parity.
  - b) Dislodged presenting part, easily palpable fetal parts, abdominal distension.
  - c) Primigravida, abdominal distension, tender abdomen.
  - d) High parity, application of fundal pressure, external cephalic version.
- Q15. The midwife documents the fetus as ROA (right occiput anterior), this refers to fetal:
- a) Size
  - b) Station
  - c) Position
  - d) Attitude.

- Q16. The woman is in the first stage of labour and asks the nurse what type of pain she should expect at this stage. The nurse's most appropriate response would be:
- a) Pressure on the lower back, thighs.
  - b) Dilatation, stretching of the cervix.
  - c) Hypoxia of the contacting uterine muscles.
  - d) Distension of vagina, perineum.
- Q17. A fetus is assessed at 2cm above the ischial spines. The midwife documents:
- a) -2
  - b) +2
  - c) 0
  - d) +4
- Q18. Softening, thinning, and shortening of the cervical canal occur during first stage of labour this is known as:
- a) Crowning
  - b) Moulding.
  - c) Effacement.
  - d) Dilatation.
- Q19. The woman is in second stage of labour and crowning has taken place. Which diameter of the fetal skull and smallest should align with the anteroposterior diameter of the mother's pelvis.
- a) Occipital-mental
  - b) Occipital-frontal.
  - c) Suboccipito-bregmatic.
  - d) Transverse-biparietal.
- Q20. Nurse is coaching a woman during the second stage of labour. She should encourage the woman to:
- a) Hold her breath while pushing during contractions.
  - b) Push with contractions and rest between them.
  - c) Begin pushing as soon as the cervix has dilated to 8cm.
  - d) Pant while she pushes.

**PART 11 : SHORT ANSWER QUESTIONS      40 MARKS.**

- Q1. List six (6) risk factors to cord prolapse (four for foetus and two maternal)  
**(3marks)**
- Q2. Explain six (6) specific interventions for a woman with retained placenta  
**(6marks)**

- Q3. State four(4) complications of premature rupture of membranes **(4 marks)**
- Q4. Explain specific immediate management of a woman after normal delivery **(6marks)**
- Q5. Explain four (4) measures a midwife should take to prevent asphyxia neonatorum **(4marks)**
- Q6. Explain the specific management of cord prolapse if it is pulsating **( 7marks)**
- Q7. Explain the five(5) characteristics of APGAR scoring. **(5marks)**
- Q8. State five (5) clinical manifestations that would confirm obstructed labour on abdominal examination **(5marks)**

**PART 111 LONG ANSWER QUESTIONS 40MKS.**

- Q1. Mrs. X.Gravida 5 para 4 +0 is admitted to labor ward at 38weeks in labor.
- a) State the physiological changes that take place during first stage of labour **(7marks)**
- b) Describe the specific management of first stage of labour **(13 marks)**
- Q2. Mrs.D.Gravida 3 para 2+0 is admitted to a postnatal ward following a vaginal delivery and a diagnosis of postpartum hemorrhage (PPH) is made.
- a) State four (4) causes of primary PPH **(4marks)**
- b) Describe the management of primary postpartum hemorrhage **(10marks)**
- c) State four (4) nursing diagnoses for Mrs D. that you can identify **(6marks)**

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