



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 309: MIDWIFERY III (PUERPERIUM AND NEONATOLOGY)

Date: APRIL 2018

Duration: 3 Hours

INSTRUCTIONS: Answer ALL Questions

PART1: MULTIPLE CHOICE QUESTIONS: 10 MARKS

- Q1. The main factor that bring about functional closure of the foramen ovale at birth is:
- Increased oxygen tension.
 - Decreased oxygen concentration.
 - Increased pressure in the left atrium.
 - Increased pressure in the right atrium.
- Q2. Cardiac output during puerperium remains:
- Unchanged for at least 24hours .
 - Fluctuated for at least 24 hours.
 - Low for at least 72hours.
 - Increases immediately after delivery.
- Q3. Definition of preterm infant is a baby:
- Whose birth weight is 2500gm or less.
 - Born before 37 completed weeks.
 - Whose birth weight is 1500gm or less.
 - Born between 22-26 weeks.
- Q4 At each postpartum assessment the history taking should include questions which include:
- Family planning, sleeping patterns, bowel action, voiding patterns.
 - Exercises, feeding patterns, family planning, past deliveries.
 - Excessive tiredness, fever, sleep disturbances, if lochia still present.

- d) Past deliveries, eventful puerperium, family planning, sweating.
- Q5. The general principle of the care of low birth weight baby are:
- Provision of adequate warmth, maintenance of patent airway, prevention of hypoglycemia.
 - Provision of adequate warmth, adequate feeding, prevention of infection.
 - Maintenance of patent airways, oxygenation, provision of adequate warmth.
 - Provision of adequate warmth, prevention of hyperthermia, encouraging breast feeding.
- Q6. The main principle of postnatal care is::
- Ensuring that the baby is fully breastfed.
 - Sharing health messages to enhance healing.
 - Promoting physical and psychological wellbeing.
 - Identifying complications early and providing treatment.
- Q7. The medical/obstetric predisposing factors of puerperal sepsis include:
- Poor infection prevention, delivery by traditional attendants, poorly equipped health facility.
 - Manipulation of the second twin, assisted delivery, prolonged labour.
 - Understaffed health center, delivery by unskilled birth attendants, and delay in care seeking.
 - Poor personal hygiene, delay in care seeking, low status of women.
- Q8. The two principle causes of mastitis are:
- Milk stasis and infection.
 - Cracked nipples, sore nipples.
 - Sore nipples, milk stasis.
 - Sore nipples, infections.
- Q9. The physiological weight loss in a newborn is due to:
- Loss of appetite, sweating.
 - Loss of meconium, deficient fluid intake.
 - Deficient food intake, loss of tissue fluid.
 - Heat loss, deficient fluid intake.
- Q10. The factors that slow uterine involution include:
- Breast feeding
 - Frequent ambulation.
 - Uncomplicated birth.
 - Previous labors.
- Q11. The breasts of a woman 4days after delivery are engorged, this is due to:
- Poor position during feeding.
 - Over hydration.

- c) Vasoconstriction.
- d) Inverted nipples.

Q12. Puerperial sepsis is characterized by:

- a) Low blood pressure, bradycardia, pyrexia, soft uterus.
- b) Soft tender uterus, low temperature, offensive lochia, bradycardia.
- c) High temperature, tachycardia, offensive lochia, tender uterus.
- d) Sub involuted uterus, low temperature, offensive lochia, bradycardia.

Q13. During the first 1-2 weeks the midwife should check the baby and observe the following:

- a) A breast feed, immunization status, eyes for discharge, growth monitoring chart.
- b) Apgar score, congenital abnormalities, bleeding cord, cord care.
- c) Signs of tuberculosis, immunization status, Apgar score, birth injuries.
- d) Growth monitoring chart, bleeding cord, birth injuries, Apgar score.

Q14. The process of uterus involution is brought about by three cardinal factors:

- a) Frequent emptying of the bladder, pelvic exercises, bonding.
- b) Bonding, pelvic exercises, walking.
- c) Pelvic exercises, walking, plenty of fluids.
- d) Autolysis, ischemia ,oxytocin.

Q15. Preventive management of puerperal sepsis include:

- a) Good antenatal care, proper intrapartal care, postnatal care.
- b) Antibiotics, general care, local care.
- c) Good nutrition, antibiotics, post natal care.
- d) Antibiotics, postnatal care, local care.

Q16. The following complications are associated with Large for Gestational Age babies:

- a) Neonatal sepsis, hyponatraemia, dehydration, jaundice.
- b) Haemorrhage, prematurity, jaundice, asphyxia.
- c) Hyponatraemia, hypocalcaemia, hypoglycaemia, jaundice.
- d) Hypoglycemia, Birth injuries, jaundice, birth asphyxia.

Q17. The nurse assessing the psychosocial status of a postpartum woman is likely to promote:

- a) Mother neonate bonding.
- b) Weaning diet according to their custom.
- c) Family spacing.
- d) Baby layette.

Q18. Lochia normally progresses in the following pattern:

- a) Serosa, rubra, alba.
- b) Alba,serosa,rubra.

- c) Rubra,alba,serosa
- d) Rubra,serosa,alba.

For Q 19 and Q.20 indicate whether the statements are True or False.

- Q19. i) Puerperal sepsis is one of the major causes of maternal deaths in western world -----
- ii) All women should be considered at risk of PPH-----
- Q20. i) The single most common risk factor for shoulder dystocia is the use of a vacuum extractor -----.
- ii) Moulding of the fetal skull bones is an important indication of how adequately the pelvis can accommodate the fetal head-----.

PART 11 : SHORT ANSWER QUESTIONS

40MARKS

- Q1. Compare and contrast three (3) feature between a preterm baby and a term baby **(6marks)**
- Q2. State three (3) predisposing factors to intrauterine restriction **(3marks)**
- Q3. State six (6) subsequent assessment of a postnatal mother **(6marks)**
- Q4. Describe the newborn adaptation to extra uterine life in the following system **(9Marks)**
- i) Cardiovascular
 - ii) Respiratory
 - iii) Gastrintestinal.
- Q5. State Five (5) principles of newborn care **(8marks)**
- Q6. State six (6) post partum symptoms that can assist the midwife in diagnosing baby blues **(6marks)**
- Q7. Explain two (2) predisposing factors to birth asphyxia **(2marks)**

PART 111 LONG ANSWER QUESTIONS

40 MARKS.

- Q1. Baby G is born at 30weeks gestation and is admitted to the neonatal unit 72 hours after delivery after developing jaundice for management.

- a) Outline four(4) differences between physiological and pathological jaundice **(8marks)**
- b) Describe the management of baby G.for this type of jaundice. **(12marks)**

Q2. Ms. X.Gravida 5 para 4+0 is admitted to the post natal ward following a normal delivery and has heavy bleeding.

- a) Describe the management of primary post partum hemorrhage **(8marks)**
- b) State six (6) measures you would take to prevent infections in maternity unit **(6marks)**
- c) State the specific management of puerperal sepsis **(6marks)**

END