



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

A. M. E. C. E. A

MAIN EXAMINATION

SEPTEMBER-DECEMBER 2020 TRIMESTER

SCHOOL OF NURSING

REGULAR PROGRAMME

NUR /UNUR 309: MIDWIFERY III-PUERPERIUM & NEONATOLOGY

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Date: DECEMBER 2020

Duration: 3 Hours

INSTRUCTIONS:

- i. All questions are compulsory**
- ii. Indicate the answers in the answer booklet provided**

PART -I: MULTIPLE CHOICE QUESTIONS (MCQs)

(20 MARKS):

Q1. 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.

Q2. 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.

Q3. The aim of the first examination of the new born includes checking for:

- a) External genitalia, colour of the skin, urinary output.
- b) Congenital abnormalities, birth injuries, gestational age.
- c) Weight, muscle tone, colour of the stool.
- d) Size of the head, external genitalia, reflexes

Q4. At each postnatal visit the history taking should include questions on:

- a) Family planning, sleeping patterns, bowel action, voiding patterns.
- b) Exercises, feeding patterns, family planning, past deliveries.
- c) Excessive tiredness, fever, sleep disturbances, if lochia still present.
- d) Past deliveries, eventful puerperium, family planning, sweating.

Q5. Preventive management of puerperal sepsis include:

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

Q6. 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.

Q7. At day one postpartum the uterus should be?.

- a) Above the umbilicus tender and firm.
- b) Above the umbilicus boggy and tender.
- c) At the umbilicus boggy not tender.
- d) Below mother's umbilicus firm not tender.

Q8. The management of perineum that is still swollen at day one postpartum include:

- a) Salt baths daily, use antibiotics x5days.
- b) Alternate warm and cool compresses, rinse x2 /day with warm water and betadine.
- c) Use betadine x5days administer antibiotics x7days.
- d) Warm shower daily, use antibiotics x3days.

Q9. The woman with post partum psychosis would present with:

- a) Exaggerated cheerfulness, gloomy face, anxiety, headache
- b) Headache, anxiety, irritability.
- c) Exaggerated cheerfulness, tension, change of moods..
- d) Infanticidal impulses, abnormal preoccupation with the baby, abrupt onset of delusions.

Q10. In breast feeding of the newborn the midwife would ensure the mother is comfortable then:

- a) Wait until baby's mouth is wide open, upper lip turned upward, half of the areola is visible.
- b) Look for signs of good attachment, effective sucking, wait until the baby's mouth is opened wide.
- c) Put her on lateral position; ensure breast is supported with the palm, open baby's mouth wide.
- d) Open baby's mouth widely, support the breast with index finger with middle finger, the upper lip turned upward

Q11. Prevention of neonatal hypoglycemia include:

- a) Counsel the mother before intravenous fluid.

- b) Identify and treat the cause.
- c) Early and regular feeding for both normal and at risk babies.
- d) Reassess every 30 minutes until baby is stable

Q12. When assessing a baby's breathing, you must check which of the three scenarios is occurring to the baby:

- a) No breathing, gasping, normal breathing.
- b) Abnormal breathing, eye rolling, cyanosis.
- c) Choking, coughing, vomiting.
- d) Opening eyes widely, wheezing, no breathing.

Q13. The cephalohaematoma can be defined as:

- a) An effusion of blood below the periosteum that covers the skull bones.
- b) Edematous swelling under the scalp and above the periosteum which forms on the scalp.
- c) Hemorrhages under the scalp.
- d) Serous fluid accumulation under the scalp.

Q14. The medical/obstetric predisposing factors of puerperal sepsis include:

- a) Poor infection prevention, delivery by traditional attendants, poorly equipped health facility.
- b) Manipulation of the second twin, assisted delivery, prolonged labour.
- c) Understaffed health center, delivery by unskilled birth attendants, and delay in care seeking.
- d) Poor personal hygiene, delay in care seeking, low status of women.

Q15. The two principle causes of mastitis are:

- a) Milk stasis and infection.
- b) Cracked nipples, sore nipples.
- c) Sore nipples, milk stasis.
- d) Sore nipples, infections.

Q16. The physiological weight loss in a newborn is due to:

- a) Loss of appetite, sweating.
- b) Loss of meconium, deficient fluid intake.
- c) Deficient food intake, loss of tissue fluid.
- d) Heat loss, deficient fluid intake.

Q17. To provide optimum care for the postpartum woman, the nurse understands that the most common causes of sub involution are:

- a) Postpartum hemorrhage and infection
- b) Multiple gestation and postpartum hemorrhage
- c) Uterine tetany and overproduction of oxytocin
- d) Retained placental fragments and infection

Q18. Puerperal 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.

Q19. About 60% of deaths postpartum occur within the:

- a) First week.
- b) Sixth week.
- c) Second month.
- d) Second week.

Q20..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.

PART-II: SHORT ANSWER QUESTIONS (SAQs)

(40 MARKS):

- Q1.State five (5) baby reflexes present at birth **(5marks)**
- Q2.State six (6) principles of new born care. **(6marks)**
- Q3.State five (5) methods you would apply to manage primary PPH if it is due to atonic uterus.**(5marks)**
- Q4.Explain the three(3) principles of managing a low birth infant **(6marks)**
- Q5.Explain the immediate examination of a woman after delivery **(7marks.)**
- Q6.State five (5) elements of Targeted Postnatal care **(5marks)**
- Q7.Explain six(6) roles of a Nurse/Midwife in prevention of infections in Maternity Unit **(6marks).**

PART III: LONG ANSWER QUESTIONS (LAQs)

(40 MARKS)

Q1.Mrs X delivered in your unit and the baby is due for first examination

- (.i) Outline the first physical examination of the newborn **(10marks)**
- ii)List four (4) birth injuries that may occur during delivery **(2marks)**
- iii) Explain seven (7) principles of managing a neonate **(8marks)**

Q2 Mrs B had a normal delivery of a full term neonate but showed no interest with the baby.

i) Describe five (5) nursing interventions for a woman following a normal delivery **(10marks)**

ii) Explain (4) specific management of a woman suffering from psychosis associated with pregnancy **(6marks).**

iii) State four(4) health messages you would share for a woman with episiotomy **(4marks).**

END