



THE CATHOLIC UNIVERSITY OF EASTERN AFRICA

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REGINA PACIS INSTITUTE OF HEALTH SCIENCES

MAIN EXAMINATION

SEPTEMBER – DECEMBER 2019 TRIMESTER

FACULTY OF SCIENCES

DEPARTMENT OF NURSING

REGULAR PROGRAMME

NUR / UNUR 306: MIDWIFERY II (LABOUR)

Date: DECEMBER 2019

Duration: 3 Hours

INSTRUCTIONS: Answer ALL Questions

MULTIPLE CHOICE QUESTIONS(20 MARKS)

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 performed 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 abruption, 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:
- Intravenous fluids, prophylactic use of oxytocin, controlled cord traction.
 - 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. Which hormone stimulates the production of milk?

- A) Prolactin
- B) Oxytocin
- C) Oestrogen
- D) Progesterone

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 contracting 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

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| Q1. | State the 7 obstetric signal functions | (6 marks) |
| Q2. | State four features of gynaecoid pelvis | (4marks) |
| Q3. | Outline the steps in the active management of third stage of labour. | (5marks) |
| Q4. | Describe the immediate care of the newborn | (5 marks) |
| Q5. | Outline the components of the partograph tool of midwives. | (10 marks) |

Q6. Describe the mechanism of normal labour

(10 marks)

PART 111: LONG ANSWER QUESTIONS

40MARKS

Q1. Apgar scoring is a system used to assess the newborn during the first hours of life.

- i) Describe the **APGAR** scoring system . (10 marks)
- ii) Explain the immediate care of the newborn (5marks)
- iii) Outline the steps of neonatal resuscitation. (5 marks)

Q2. Eclampsia is a fatal complication intrapartumly.

i) Describe the management of a woman with the eclampsia fit during the labour Process. (10 marks)

ii) Describe the active management of post-partum Haemorrhage as an obstetric Emergencies.

(10 marks)

END