



ACADEMIC YEAR
FIRST YEAR FIRST TRIMESTER
COURSE CODE: NUR 2303
COURSE TITLE: MIDWIFERY II
DATE: APRIL 2022; TIME: 9.AM -12 P.M

INSTRUCTIONS

- i. This end of year examination consists of three sections; namely section A, B and C**
- ii. Section A is Multiple Choice Questions (MCQs). There are twenty questions, answer all questions**
- iii. Section B is Short Answer Questions (SAQs). 40 marks. All questions are compulsory. Answer questions on piece of paper provided**
- iv. Section C is Long Essay Questions (LEQs). 40 Marks. Answer any two questions on the piece of paper provided.**
- v. Write your registration number and Not your name on all the pages of your answer sheet.**

PART A: MCQ 20 MARKS

ii ALL QUESTIONS ARE COMPULSORY

1. Signs of true labour are:
 - a. Presence of show, erratic pain, cervical dilatation

- b. Presence of show, rhythmic uterine contractions, cervical dilatation
 - c. Presence of show, rupture of membranes, cervical dilatation
 - d. Presence of show, bands' ring, cervical dilatation
2. In final mechanism of normal labour the head:
- a. Restitutes and rotate externally
 - b. Descends and flexes internally
 - c. Extends and rotates internally
 - d. Engages and rotates externally
3. Presenting diameters in a well flexed head in a vertex presentation are the;
- a. Occipitofrontal, biparietal
 - b. Mentovertical, bitemporal
 - c. Sub-occipitofrontal, bitemporal
 - d. Sub-occipitobregmatic, biparietal
4. During labour moderate contraction is between:
- a) 20 – 30 seconds
 - b) 20 – 35 seconds
 - c) 20 – 40 seconds
 - d) 20 – 45 seconds
5. In second stage of labour, when the mother is in lithotomy position, the midwife delivers the anterior shoulder by applying:
- a) Upward curve traction
 - b) Lateral traction
 - c) Downward traction
 - d) Lateral upward curve
6. During labor, the fetal head will undergo changes to facilitated descent, this process is called;
- a) Moulding

- b) Attitude
- c) Axis
- d) Engage

7. When the placenta is delivered fetal side first is a placental method of separation called:

- a) Shultze method
- b) Mathew Duncan method
- c) Woods manoeuvre
- d) McRoberts position

8. Clinical presentation of placenta abruption include;

- a) Absence of abdominal pain
- b) A soft abdomen
- c) Uterine tenderness
- d) Painless bright red vaginal bleeding

9. Complications of obstructed labour include:

- a) Vesico-vaginal fistulas, maternal distress, uterine rupture
- b) Uterine rupture, postpartum haemorrhage, placenta abruption
- c) Puerperal sepsis, uretero-vaginal fistulas, intrauterine growth restriction
- d) Stillbirth, prolonged labour, congenital anomalies.

10. The maternal causes of fetal distress are:

- a) Prolonged labour, vasa praevia, postdatism
- b) Twin gestation, term gestation, cord prolapsed
- c) oligohydramnios, prolonged labour, uterine rupture
- d) Cardiac disease, obstructed labour, congenital anomalies

11. Minor CPD means:

- a) The head is in the same level with anterior part of the pelvis
- b) The head slightly overlaps with the anterior part of the pelvis
- c) The head greatly overlaps with the anterior part of the pelvis
- d) The head does not pass through the pelvis even with assistance

12. The presenting diameters in OPP are:

- a) Biparietal diameter and Suboccipito frontal diameter
- b) Biparietal diameter and occipito-frontal diameter
- c) Bitemporal diameter and Suboccipito frontal diameter

- d) Biparietal diameter and occipito frontal diameter
13. The complications of face presentation include:
- a) Obstructed Labour, Cord Prolapse, prematurity
 - b) Cord Prolapse, Facial Bruising, precipitated labour
 - c) Cord Prolapse, Cerebral Haemorrhage, placenta abruptio
 - d) Cord Prolapse, Cerebral Haemorrhage, Maternal Trauma
14. Maurice Smellie Veit is used in breech presentation when:
- a) The head is flexed
 - b) The head is extended
 - c) The arms are extended
 - d) Footling breech
15. Indications of Vacuum Extraction include:
- a) Prolonged second stage of labour, fetal distress in first stage of labour
 - b) Prolonged labour, fetal distress in first stage of labour
 - c) Fetal distress in second stage of labour, maternal cardiac disease
 - d) Fetal distress in first stage of labour, postdatism
16. A predisposing factor to acute uterine inversion
- a) Palpation of the uterus in second stage of labour
 - b) Failure to administer oxytocin before delivery of placenta
 - c) Combination of fundal pressure and cord traction while conducting 3rd of labour
 - d) Use of controlled cord traction when the uterus is contracted.
17. In placenta previa ;
- a) There is severe lower abdominal pain on abdominal examination
 - b) The degree corresponds to the amount of bleeding
 - c) The midwife performs a digital vaginal examination to confirm the degree
 - d) Vaginal delivery is possible for 2nd degree.
18. The rationale for administration of dexamethasone in woman with pre-mature labour at 33 weeks gestation is:
- a) To knock off uterine contractions
 - b) Aid in fetal lung maturity

- c) To prevent sepsis
- d) To allay anxiety of the woman

19. The recommended position to keep the mother with cord prolapse when on transfer to facility for caesarean section is:

- a) Lithotomy
- b) MacRoberts
- c) Supine
- d) Knee-chest

20. The early sign of shoulder dystocia is:

- a) Turtle sign
- b) Macdonald's sign
- c) Hypertonic uterine contractions
- d) Saucer-shaped abdomen

SHORT ANSWER QUESTIONS

1. Draw a well labelled diagram of the female external genitalia **(5 marks)**
2. State four (4) indications of vaginal examination **(4 marks)**
3. Formulate four (4) actual nursing diagnoses for a primigravida in first stage of labour (4 marks)
4. State four (4) types of destructive deliveries **(4 marks.)**
5. State four (4) possible course and outcomes of occipitoposterior position **(4 marks)**
6. State five (5) clinical features of a ruptured uterus. **(5 marks).**
7. Describe Active management of third stage of labour **(5 marks)**
8. State three (3) types of placenta abruption **(3 marks)**

LONG ANSWER QUESTIONS: ATTEMPT TWO QUESTIONS, Question no 1 MUST be attempted)

1. Miss T, 20 year old Primigravida was admitted in active phase of labour.
 - a) State the three (3) main components of the partograph **(3 marks)**
 - b) Describe the management of Miss T in first stage of labour **(15 marks)**
 - c) List four (4) possible complications of first stage of labour **(2 marks)**
2. Mrs P G4 P3 +0 was admitted with obstructed labour at 42 weeks gestation.
 - a) Explain four (4) early signs of obstructed labour **4 marks)**
 - b) Describe the management of Mrs P until delivery **(12 marks)**
 - c) State four (4) complications of obstructed labour **(4 marks)**
3. Mrs Y was admitted in second stage of labour with breech presentation:
 - a) State three (3) types of breech presentation **(3 marks)**
 - b) Describe the management of Mrs Y until delivery **(15 marks)**
 - c) List four (4) complications of breech presentation **(2 marks)**