Reproductive Health Exam 8

SECTION A

1. The best advice a midwife would give to a woman with diastasis symphysis pubis during ANC visit is
a) Take Pain relieving pill and massage
b) Pain pill and active exercise
c) Exercise and bed rest
d) Rest and avoid straddle movement

2. A mother presents with slight PV bleeding, on extermination you find that the abdomen has hard consistency, foetal parts are not palpable. What would you suspect?
a) Placentta praevia
b) Placenta abruption
c) Vasa praevia
d) Ruptured uterus

3. An ultrasound finding revealed a placenta located over the internal os but not centrally. This is an indication of placenta previa type:
a) I
b) II
c) II
d) IV

4. Danger signs associated with severe haemorrhage in pregnancy are:
a) Coagulatory effects, renal failure, pituitary failure
b) Renal failure, low BP, pituitary failure
c) Coagulatory effect, renal failure, restlessness
d) Restlessness, pituitary failure, real failure

5. A mother reports to labour ward complaining of having been in labour for 18 hours with painful uterine contractions. Which findings on abdominal examination would make you suspect obstructed labour?
e) Irregular uterine contraction, visible bandle's ring
f) Foetal distress, non engaging foetal head
g) Visible bandle's ring, foetal head above pelvic brim
h) Titanic uterine contraction, visible bandles's ring

6. While attending to a mother in 3rd stage labour, you noticed oozing from venepuncture site and mucus membrane of mooth. The most likely diagnosis is:
a) Hemophilia
b) DIC
c) Severe aneamia
d) leukemia

7. Commonest type of anaemia affecting pregnant women in sub-Saharan Africa is
a) sickle cell anaemia
b) hemolytic anaemia
c) iron-deficiency anaemia
d) folic acid-deficiency anaemia

8. Before taking intervention in management of cord presentation midwife must determine whether the:
a) Pelvis is adequate, presentation is favourable, gestation is at term
b) Pelvis is adequate, cord is pulsating, gestation is at term
c) Foetal size favor vaginal delivery, cord is pulsating, presentation is favourable
d) Cord is pulsating, pelvis is adequate, presentation is favourable

9. The following are indicators for emergency management of a new born:
a) Weight of 2000gms, bleeding, pallor and cold to touch
b) Bleeding, pallor and cold to touch, not breathing or gasping
c) Small for dates, pulse 100bpm, not bleeding or gasping
d) Apgar score of 7 at 1 minute, bleeding, gasping

10. The most appropriate contraceptive method for a client with heart disease is:
a) Progressive only pill
b) Intrauterine contraceptive device
c) Tubal ligation immediately after delivery
d) The combined oral contraceptives

11. The midwife position the woman to lie flat and bring her knees up to her chest ,in shoulder dystocia. The above manouevre is called
a) Rubin's manouevre.
b) Woods manouevre
c) Suprapubic pressure
d) McRoberts manouevre

12. During labour a mother with cardiac disease is at risk due to increase in cardiac output. The most crucial period is:
a) 12-24 hours before onset of labour
b) First 12 hours of 1st stage of labour
c) Second stage of labour
d) 12-24 hours after delivery

13. Which of the following neonate is at risk of developing retardation :
a) With history of intracuterine growth retardation
b) Born at 37 weeks of gestation
c) Born less than 35 weeks gestation
d) Whose mother experiences prolonged rupture of membranes

14. Oxygen therapy is recommended for a mother with cardiac disease in pregnancy when the level of oxygen saturation is:
a) 92%
b) <92%

c) 93%
d) <94%
15. The most common causative organism of urinary infection during pregnancy is:
a) Virus
b) Tubercle bacillus
c) E. coli
d) Streptococcus aureus

16. Abdominal palpation may reveal the following findings for a mother with placenta praevia
a) Lie is oblique, featal head is high, no pain
b) Hard consistency, high featal head, palpable fetal parts
c) Pain and tenderness, lie is oblique, FHH
d) Lie is oblique, fetal head is high, pain

17. In severe pre-eclampsia BP is recorded:
a) ¼ hourly
b) ½ hourly
c) 1 hourly
d) 2 hourly

18. The main reason for using magnesium sulphate in management of severe pre-eclampsia is:
a) Is an adrenergic inhibitor
b) Is a peripheral vasodilator
c) Decreases neuromuscular transmission
d) Is a potent vasodilator

19. The following are effects of multiple pregnancy EXCEPT
a) Anaemia
b) Polyhydramnios
c) Pressure symptoms
d) Postmaturity
20. Which of the following bilirubin level would make you suspect that a preterm has pathological jaundice?
a) 5mg/dl
b) 9mg/dl
c) 12mg/dl
d) 13mg/dl

SECTION B (SAQs 40 Marks)
1. Explain the effects of diabetes mellitus on pregnancy (8marks)

2. Differentiate between placenta abruptio and placenta praevia (6marks)
3. State any five effects of anaemia on pregnancy (5marks)
4. Explain five predisposing factors to cord presentation and prolapse (10 marks)
5. Explain any 5 signs and symptoms of a raptured uterus (5 marks)

6. State the nursing responsibilities after induction of labor (4 marks)
7. State two clinical findings of polyhydramnios (2 marks)

SECTION C (LAQs 40 Marks)

1. Mrs Brown para 3+0 gravida 4 was admitted in labour ward in established labour , a diagnosis of eclampsia was made .

a) Define ecclampsia (2marks)
b) Explain 5 signs and symptoms of ecclampsia (10marks)
c) Explain the management of Mrs. Brown (8marks)

2. Baby AZ is admitted in New Born unity with low birth weight.

a) Explain 5 causes of low birth weight (10 marks)
b) Describe the management of baby with low birth weight (10 marks)