

## 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) Placenta 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) III
  - 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, renal 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 bandle's ring
  
6. While attending to a mother in 3rd stage labour, you noticed oozing from venepuncture site and mucus membrane of mouth. 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
- sickle cell anaemia
  - hemolytic anaemia
  - iron-deficiency anaemia
  - folic acid-deficiency anaemia
8. Before taking intervention in management of cord presentation midwife must determine whether the:
- Pelvis is adequate, presentation is favourable, gestation is at term
  - Pelvis is adequate, cord is pulsating, gestation is at term
  - Foetal size favor vaginal delivery, cord is pulsating, presentation is favourable
  - Cord is pulsating, pelvis is adequate, presentation is favourable
9. The following are indicators for emergency management of a new born:
- Weight of 2000gms, bleeding, pallor and cold to touch
  - Bleeding, pallor and cold to touch, not breathing or gasping
  - Small for dates, pulse 100bpm, not bleeding or gasping
  - Apgar score of 7 at 1 minute, bleeding, gasping
10. The most appropriate contraceptive method for a client with heart disease is:
- Progressive only pill
  - Intrauterine contraceptive device
  - Tubal ligation immediately after delivery
  - 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
- Rubin's manouevre.
  - Woods manouevre
  - Suprapubic pressure
  - McRoberts manouevre
12. During labour a mother with cardiac disease is at risk due to increase in cardiac output. The most crucial period is:
- 12-24 hours before onset of labour
  - First 12 hours of 1st stage of labour
  - Second stage of labour
  - 12-24 hours after delivery
13. Which of the following neonate is at risk of developing retardation :
- With history of intracuterine growth retardation
  - Born at 37 weeks of gestation
  - Born less than 35 weeks gestation
  - 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:
- 92%
  - <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, fetal head is high, no pain
  - b) Hard consistency, high fetal 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 ruptured 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 eclampsia (2marks)
- b) Explain 5 signs and symptoms of eclampsia (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)