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UNIVERSITY EXAMINATIONS 2020/2021

SECOND YEAR, THIRD SEMESTER EXAMINATION FOR THE DEGREE OF BACHELOR
OF SCIENCE IN NURSING

NND 3232: MIDWIFERY II

DATE: OCTOBER 2021

TIME: 3 HOURS

INSTRUCTIONS: *All questions are compulsory*

Ensure that all your answers are properly numbered in the answer booklet provided

Part I: Multiple Choice Questions (MCQs)-write the correct answer in the space provided in the answer booklet

Part II: Short Answer questions- Answer questions following each other on the answer booklet

*Part III: Long Answer Question-answer each question in the answer booklet
Write all rough work on the answer booklet provided. Do not write anything on this question paper.*

PART I: MULTIPLE CHOICE QUESTIONS (20 Marks)

1. Concerning normal labour
 - A. Secondary powers are responsible for the effacement and dilation of the cervix
 - B. Cervical dilation and effacement occur simultaneously in the primigravida
 - C. Posterior positions of the presenting part are associated with prolonged labour
 - D. The optimal time for rupture of membranes is the first stage of labour
 2. A 31-year-old multipara is admitted to the delivery room after initial examinations reveals her cervix to be at 8 cm, completely effaced, and at 0 station. What phase of labor is she in?
 - A. Active phase
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- B. Latent phase
 - C. Expulsive phase
 - D. Transitional phase
3. A client is in active labor with twins and the cervix is 5cm dilated. The midwife observes contractions occurring at a rate one contraction in 10 minutes. Which of the following would be the nurse's most appropriate action?
- A. Note the fetal heart rate patterns
 - B. Notify the physician immediately for augmentation
 - C. Administer oxygen at 6 litres by mask
 - D. Have the client pant-blow during the contractions
4. The risks of premature preterm rupture of the foetal membranes include all the following EXCEPT:
- A. Premature labour
 - B. Cord prolapse
 - C. Pre-eclampsia
 - D. Maternal septicaemia
5. Progress in labour is NOT measured by:
- A. The frequency of uterine contractions
 - B. The force of uterine contractions
 - C. Conditions of the fetus
 - D. Dilation of the cervix
6. In relation to the mechanism of labour:
- A. Engagement is said to have occurred when the widest part of the presenting part has passed through the false pelvis
 - B. Descent of the foetal head is needed before flexion and internal rotation can occur
 - C. Restitution occurs after external rotation
 - D. Extension occurs after internal rotation
7. Ms Julian is in second stage of labour. On vaginal examination, anterior fontanelle and the supraorbital ridge are felt. The presentation is :

- A. Brow
 - B. Vertex
 - C. Face
 - D. Military
8. What changes in the perineum indicate the birth of the baby is imminent?
- A. Increase in meconium-stained fluid and retracting perineum
 - B. Retracting perineum and anus with an increase of bloody show
 - C. Rapid and intense contractions
 - D. Bulging perineum and rectum with an increase in bloody show
9. During the second stage of labour, how frequently should the nurse in charge assess uterine contractions?
- A. Every 5 minutes
 - B. Every 15 minutes
 - C. Every 20 minutes
 - D. Every 30 minutes
10. The commonest cause of occipito-posterior position of foetal head during labour is:
- A. Maternal obesity
 - B. Deflexion of foetal head
 - C. Multiparity
 - D. Android pelvis
11. Concerning the Bishop's score indicate whether the following statements are TRUE or FALSE.
- A. It includes station of the presenting part
 - B. It includes the length of the cervical canal
12. The advantages of the midline episiotomy are:
- A. Less blood loss, less anal sphincter damage
 - B. Reduced incidence of dyspareunia, less anal sphincter damage
 - C. Less anal sphincter damage, easier to repair
 - D. Less pain in the postpartum period, less blood loss

13. The mother has delivered the placenta. You note that the shiny surface of the placenta was delivered first. What delivery mechanism is this known as AND is this the maternal or baby's surface of the placenta?
- A. Duncan mechanism, maternal
 - B. Schultze mechanism, maternal
 - C. Schultze mechanism, baby
 - D. Duncan mechanism, baby
14. With regard to shoulder dystocia:
- A. It is more common in assisted vaginal delivery
 - B. McRobert's manoeuvre will be effective in most of cases
 - C. Fundal pressure is recommended
 - D. Lateral flexion of the head on the neck will effect delivery
15. Indications and prerequisites for delivery with the ventouse include:
- A. Delay in the second stage
 - B. Descent is two fifths
 - C. Gestation less than 34 weeks
 - D. Fetal membranes are intact
16. During an assisted breech delivery:
- A. An episiotomy can be cut once the anus is seen at the fourchette
 - B. Pinard's manoeuvre can be used to deliver legs in the extended position
 - C. Mauriceau- Smellie-Veit's manoeuvre is used to deliver extended arms
 - D. Forceps should not be applied to the fetal head
17. The following complications are more likely after caesarean section than after vaginal delivery:
- A. Pulmonary embolism, postnatal depression
 - B. Secondary postpartum haemorrhage, postnatal depression
 - C. Postnatal depression, infection
 - D. Secondary postpartum haemorrhage, amniotic fluid embolism

18. Which of the following would the nurse expect to find in a client experiencing abruption placenta?
- A. Bright red, painless vaginal bleeding
 - B. Concealed or external dark red bleeding
 - C. Palpable fetal outline
 - D. Soft and non-tender abdomen
19. To prevent preterm labor from progressing, drugs are usually prescribed to stop the labor. The drugs commonly given are:
- A. Magnesium sulfate and terbutaline
 - B. Prostaglandin and ritodrine
 - C. Progesterone and magnesium sulphate
 - D. Dexamethasone and prostaglandin
20. Which of the following is the nurse's initial action when umbilical cord prolapse occurs?
- A. Begin monitoring maternal vital signs and FHR
 - B. Place the client in a knee-chest position in bed
 - C. Notify the physician and prepare the client for delivery
 - D. Apply a sterile warm saline dressing to the exposed cord

PART II: SHORT ANSWER QUESTIONS (40 Marks)

1. State five physiological adaptations that occur during labour (5 Marks)
2. Outline five diagnostic features/criteria of foetal distress (5 Marks)
3. State the nursing care considerations for woman with heart failure in labour (5 Marks)
4. Highlight the midwifery care given to woman on induction of labour (5 Marks)
5. State three foetal and three maternal indications for delivery by forceps (6 Marks)
6. Describe the management of acute inversion of the uterus (8 Marks)
7. State six common causes of secondary postpartum haemorrhage (6 Marks)

PART III: LONG ANSWER QUESTIONS (30 Marks)

1. JB is a 38-year –old, gravida 4, para 0, who presented in hospital at 38 weeks gestation. On examination her blood pressure (BP) was 171/114 mmHg. A diagnosis of severe preeclampsia was made. She is not in labour.
 - a) List six clinical features that JB may present with (3 Marks)
 - b) Highlight six risk factors for preeclampsia (3 Marks)
 - c) Describe the medical & nursing management of JB (14 Marks)
2. Zuka , 26 years, has been diagnosed with breech presentation in labour.
 - a) List clinical features of breech presentation (2 Marks)
 - b) Describe the mechanism of breech delivery (8 Marks)
 - c) Explain management of breech vaginal delivery with extended legs and arms (8 Marks)
 - d) State two complications of breech vaginal delivery. (2 Marks)