



MERU UNIVERSITY OF SCIENCE AND TECHNOLOGY

P.O. Box 972-60200 – Meru-Kenya.

Tel: +254 (0)799529958, +254 (0)799529959, +254 (0)712524293

Website: www.must.ac.ke Email: info@must.ac.ke

UNIVERSITY EXAMINATIONS 2023/2024

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

NND 3232: MIDWIFERY II

DATE: DECEMBER 2023

TIME:3 HOURS

INSTRUCTIONS: Answer all questions in the booklet provided

Ensure that all your answers are properly numbered

Section One: Multiple Choice Questions (MCQs): Write the correct answer on the space provided in the answer booklet. Each MCQ is one mark.

Section Two: Short Answer Questions – Answer questions following each other on the answer booklet

Section Three: Long Answer Questions – Answer the questions on the answer booklet

All questions are compulsory

PART 1: MULTIPLE CHOICE QUESTIONS (20 MARKS)

1. During breech delivery, Lovset's maneuvers is applied to
 - a) Deliver the legs in frank breech
 - b) Deliver shoulder when arms are extended
 - c) Deliver stuck head when arms are flexed
 - d) Deliver the cheek bones
 2. The precaution that should be taken to avoid retained placenta is:
 - a) Discourage premature pushing during first stage
 - b) Administer intravenous fluids during childbirth
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- c) Administration of oxytocin following childbirth
 - d) Administer prophylactic antibiotics during labor
3. Before performing Vacuum Extraction, the midwife should ensure that the following conditions are met:
- a) Fetal gestation at 34/40, full dilatation of the cervix and ruptured fetal membranes
 - b) Full dilatation of cervix, cephalic presentation and fetal head more than 4/5 palpable abdominally
 - c) Fetal gestation at 38/40, full dilatation of the cervix and empty bladder
 - d) Face presentation, empty bladder and full dilatation of the cervix.
4. In emergency obstetrics SBAR (Situation, Background, Assessment, Recommendation), Midwife identify the headline for the referral in the
- a) Background
 - b) Situation
 - c) Recommendation
 - d) Assessment
5. Progress in labour is determined by
- a) Dilation and intensity of contraction
 - b) Dilation and effacement
 - c) Frequency of contraction and descent.
 - d) Dilation and descent
6. The maneuver employed during childbirth in cases of shoulder dystocia and involves moving the mother to an all fours position with the back arched, widening the pelvic outlet is: -
- a) Woods' screw maneuver
 - b) The McRoberts maneuver
 - c) Gaskin maneuver
 - d) Jacquemier's maneuver
7. During administration of Magnesium Sulphate to a woman in labor with impending eclampsia, using the IV regime, the midwife uses a loading dose of:
- a) 4g of 20% IV
 - b) 1g of 20% IV
 - c) 10g of 50% IV
 - d) 10g of 20% IV

8. The type of breech in which thighs are flexed with legs extended is called:
- Complete breech
 - Frank breech
 - Footing breech
 - Extended breech.
9. Fetal presentation refers to:
- Fetal body part that enters the maternal pelvis first
 - Relationship of the presenting part to the maternal pelvis
 - Relationship of the long axis of the fetus to the long axis of the mother
 - A classification according to the fetal part
10. During partographing, obstructed labour would be indicated by;
- Poor cervical dilatation, foetal distress, clear liquor
 - Slow descent, mild uterine contractions, early rupture of membranes
 - Foetal distress, poor cervical dilatation, early rupture of membranes
 - Slow descent, poor cervical dilatation, early rupture of membranes
11. Ms Julian is in second stage of labour. On vaginal examination, anterior fontanelle and the supraorbital ridge are felt. The presentation is :
- Brow
 - Vertex
 - Face
 - Breach
12. The advantages of the midline episiotomy are
- Less blood loss, less anal sphincter damage
 - Reduced incidence of dyspareunia, less anal sphincter damage
 - Less anal sphincter damage, easier to repair
 - Less pain in the postpartum period, less blood loss
13. A 31 -year-old multipara is admitted to the birthing room after initial examination reveals her cervix to be at 8 cm, completely effaced (100 0/0), and at 0 station. What phase of labor is she in?
- Active phase
 - Latent phase
 - Transitional phase
 - Expulsive phase

14. Which of the following characteristics of contractions would the nurse expect to find in a client experiencing true labor?
- a) Occurring at irregular intervals.
 - b) Starting mainly in the abdomen.
 - c) Gradually increasing intervals.
 - d) Increasing intensity with walking.
15. What is the normal baseline foetal heart rate in labour?
- a) 100—120 beats per minute
 - b) 120—140 beats per minute
 - c) 140—160 beats per minute
 - d) 110—160 beats per minute
16. The complications likely to occur during delivery of shoulder dystocia is?
- a) Klumpke's palsy
 - b) Shoulder dislocation
 - c) Erb palsy
 - d) Facial nerve damage
17. The main cause of secondary post-partum hemorrhage is
- a) Retention of products of conception
 - b) Infection
 - c) Retained placenta
 - d) Fibroids
18. Artificial rupture of membranes (ARM) in labour is believed to facilitate?
- a) Fundal pressure
 - b) General fluid pressure
 - c) Fetal axis pressure
 - d) Polarity
19. Causes of labour include;
- a) Over distension of the uterus, cervical stimulation by pressure of presenting part, excessive rest.
 - b) Cervix stimulation by pressure of presenting part, emotional and physical stress, elevated levels of maternal estrogen at term
 - c) Prostaglandins, Braxton hicks contractions, lightening.
 - d) Pyrexia, Braxton hicks contractions, lightening.

20. During labour, station +1 indicates the presenting part is;

- a) On the perineum
- b) High in the false pelvis
- c) Slightly below the ischial spines
- d) Slightly above the ischial spines

SECTION II: SHORT ANSWER QUESTIONS (40 MARKS)

- a) Explain the steps in active management of third stage of labour. (6 marks)
- b) State FOUR (4) causes of delayed second stage of labor. (4 marks)
- c) State five (5) components APGAR scoring. (6 marks)
- d) Explain two (2) physiological factors that control bleeding during 3rd stage of labour. (4 Marks)
- e) Explain three (3) importance of using a partograph in the management of 1st stage of labour. (6 Marks)
- f) Describe the management of fetal distress in stage of labour. (5 Marks)
- g) Explain three (3) possible causes of prolonged labour. (6 Marks)
- h) Explain two causes of cord presentation (4 marks)

SECTION III: LONG ANSWER QUESTIONS (40 MARKS)

1. Mrs. Q is a gravida 1 para 0+0. She is brought to the labour unit as a referral with a diagnosis of cord prolapsed (pulsating) after artificial rupture of membrane in a health center nearby.
 - a) Define cord prolapse (1 mark)
 - b) State the five predisposing factors to cord prolapse (5 marks)
 - c) Describe nursing management of Mrs Q in the first 48hrs (12 marks)
 - d) State TWO differences between cord prolapse and cord presentation. (2 marks)
2. Mrs.Kioko has just delivered a baby. As soon as the placenta is delivered, she starts having per vaginal bleeding.
 - a) Explain two (2) causes of post-partum hemorrhage. (4 Marks)
 - b) Describe how you would manage Mrs Kioko till the bleeding stops. (12 Marks)
 - c) State four preventive measures to post-partum haemorrhage. (4 Marks)