

UNIVERSITY OF EMBU

2017/2018 ACADEMIC YEAR

TRIMESTER EXAMINATIONS

SECOND YEAR EXAMINATION FOR THE DEGREE OF BACHELOR OF SCIENCE
(NURSING)

HNS 215: MIDWIFERY II

DATE: AUGUST 9, 2018

TIME: 11:00 AM – 2:00 PM

INSTRUCTIONS :

Answer:

All MCQs in Section A;

All Short-answer Questions in Section B

All Long-answer Questions in Section C

Cancelled work should be done neatly by crossing with a single line in the essay and by use of X in the MCQs

SECTION A: MULTIPLE CHOICE QUESTIONS (TOTAL: 20 MARKS)

Choose (CIRCLE/TICK) only one correct answer from the following questions

1. The midwife is assessing a client who is 6 hours postpartum after the birth of a full-term healthy infant. The client complains to the midwife of feelings of faintness and dizziness. The nursing actions that would be most appropriate is:
 - a) Obtain hemoglobin and hematocrit levels
 - b) Instruct the mother to request help when getting out of bed
 - c) Elevate the mother's legs
 - d) Inform the nursery room nurse to avoid bringing the newborn infant to the mother until she feels better

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2. A nurse on assessing the uterus in the immediate postpartum period finds that the uterus feels soft and boggy. The nurse should:
 - a) Massage the fundus until it is firm
 - b) Elevate the mother's legs
 - c) Push the uterus to assist in expelling clots
 - d) Encourage the mother to void

3. The description that best fits the term effacement is
 - a) Enlargement of the cervical canal
 - b) Expulsion of the mucus plug
 - c) Shortening and thickening of the cervical canal
 - d) Downward movement of the fetal head

4. A woman with a term uncomplicated pregnancy comes into the labour ward saying she thinks her water has broken. The following would be the most appropriate initial action:
 - a) Prepare the woman for delivery
 - b) Note the colour, amount and odour of the fluid
 - c) Immediately contact the doctor
 - d) Collect a sample of the fluid for microbial analysis

5. Mrs. X who is pregnant at 36 weeks comes into the labour ward with mild contractions but she is not in active labour. She informs the midwife that she has placenta previa. The nurse should watch out for the following complication
 - a) Sudden rupture of membranes
 - b) Vaginal bleeding
 - c) Emesis
 - d) Fever

6. A client in labour has been receiving oxytocin to aid her progress. The midwife notes that a contraction has remained strong for 60 seconds. The priority nursing action should be.
 - a) Stop the oxytocin infusion

- b) Notify the doctor
 - c) Monitor fetal heart tones as usual
 - d) Turn her on her left side
7. During labour, you note that a client's membranes have ruptured. On vaginal examination you note meconium is present in the amniotic fluid. Meconium in amniotic fluid is a normal finding in the following situation
- a) Preterm labour
 - b) Cephalopelvic disproportion
 - c) Prolonged latent phase
 - d) Breech presentation
8. During a vaginal examination of a client in labour. The nurse palpates the fetus's larger diamond-shaped fontanelle toward the anterior portion of the client's pelvis. The following statement best describes this situation.
- a) The client can expect a brief and intense labour, with potential for lacerations
 - b) The client is at risk for uterine rupture and needs constant monitoring
 - c) The client may need interventions to ease back pain and change fetal position
 - d) The fetus will be delivered using forceps or a vacuum extractor
9. The fetal heart rate that would be expected in a fetus of a laboring woman who is full-term is
- a) 80 to 100 beats/minute
 - b) 100 to 120 beats/minute
 - c) 120 to 160 beats/minute
 - d) 160 to 180 beats/minute
10. The nursing action required before a client in labour receives an epidural is
- a) Give fluid bolus of 500ml
 - b) Check for maternal pupil dilation
 - c) Assess maternal reflexes

- d) Asses maternal gait
11. The position that increases cardiac output and stroke volume of a client in labour is:
- a) Supine
 - b) Sitting
 - c) Side-lying
 - d) Semi-fowlers
12. The _____ Leopold's maneuvers assesses the descent of the presenting part into the pelvis
- a) First
 - b) Second
 - c) Third
 - d) Fourth
13. Braxton Hicks contractions are:
- a) Contractions beginning irregularly, becoming regular and predictable
 - b) Contractions causing cervical effacement and dilatation
 - c) Contractions felt initially in the lower back and radiating to the abdomen in a wavelike motion
 - d) Contractions that begin and remain irregular
14. The practice recommended to a client who has had a cesarean delivery is:
- a) Frequent douching after she's discharged
 - b) Coughing and deep-breathing exercises
 - c) Sit-ups at 2 weeks postoperatively
 - d) Side-rolling exercises
15. Infections in mothers with diabetes tend to be more severe and can quickly lead to the following complication:
- a) Anemia
 - b) Ketoacidosis
 - c) Respiratory acidosis
 - d) Respiratory alkalosis

16. You are performing an assessment of a postpartum client 2 hours after delivery, you notice heavy bleeding with large clots. The most appropriate initial action is:
- a) Massaging the fundus firmly
 - b) Performing a bimanual compression
 - c) Administering ergometrine
 - d) Notifying the doctor
17. While performing a vaginal examination. You feel pulsating tissue against your fingertips. The most appropriate action is:
- a) Leave the client, and call the physician
 - b) Put the client in a semi-Fowler's position
 - c) Ask the client to push with the next contraction
 - d) Leave the fingers in place, and call for help
18. A client is admitted to the labor and delivery unit in labour, with blood flowing down her legs. The most appropriate initial nursing intervention will be:
- a) Place an indwelling catheter
 - b) Assess the fetal heart tones
 - c) Perform a vaginal examination
 - d) Prepare the client for cesarean delivery
19. Continuous seepage of blood from the vagina of a postpartum client when the palpation of the uterus reveals a firm uterus 1cm below the umbilicus is indicative of:
- a) Retained placental fragments
 - b) Urinary tract infection (UTI)
 - c) Cervical laceration
 - d) Uterine atony
20. A multiparous client who has been in labour for 2 hours states that she feels the urge to move her bowels. The nurse's response should be:
- a) Let the client get up to use the toilet
 - b) Allow the client to use a bedpan

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- c) Perform a pelvic examination
- d) Check the fetal heart rate

SECTION B: Answer ALL the questions in this section (40 marks; Use the answer booklet provided)

1. Draw and label a normal female pelvis (8 marks)
2. Describe the active management of the third stage of labour (6 marks)
3. State 5 contraindications of administering oxytocin augmentation (5 marks)
4. State the cardinal movements of labour (7 marks)
5. Explain 2 physiological effects of labour on the foetus (4 marks)
6. Describe the specific midwifery management for post-partum hemorrhage (6 marks)
7. State 4 risk factors for uterine rupture during labour (4 marks)

SECTION C: Answer ALL the questions in this section (40 marks; Use the answer booklet provided)

1. Mrs. O.T a P2G3 and 38 weeks pregnant comes to your health center in Karuri which is 25km away from the referral hospital. She has strong bearing down contractions and her membranes have ruptured. As you prepare to perform a vaginal exam you notice what looks like an umbilical cord protruding from her vaginal introitus.
 - a) Define the obstetric emergency (1 mark)
 - b) State 3 predisposing factors for the above condition (3 marks)
 - c) Discuss the management of Mrs. O.T (16 marks)
2. Use the provided partograph to answer this question.

STEP 1. Mrs. A was admitted at 05.00 on 19 September 2015. Membranes ruptured at 04.00. She is a gravida 3, para 2+0. The hospital number is 7886. On admission, the fetal head was 4/5 palpable above the symphysis pubis and the cervix was 2 cm dilated. Contractions are 2 in 10, lasting 25 seconds.

STEP 2: It is 13.00 (8 hours later). The fetal head is 3/5 palpable above the symphysis pubis. The cervix is 5 cm dilated.

STEP 3: Mrs. A is now in the active phase of labor.

- 3 contractions in 10 minutes, each lasting 40 seconds
- Fetal heart rate (FHR) 120
- Membranes ruptured, amniotic fluid clear on pad check
- Sutures of the skull bones are opposed no caput
- Blood pressure 120/70 mmHg
- Temperature 36.8°C
- Pulse 80/minute
- Urine output 200 mL; negative protein and acetone

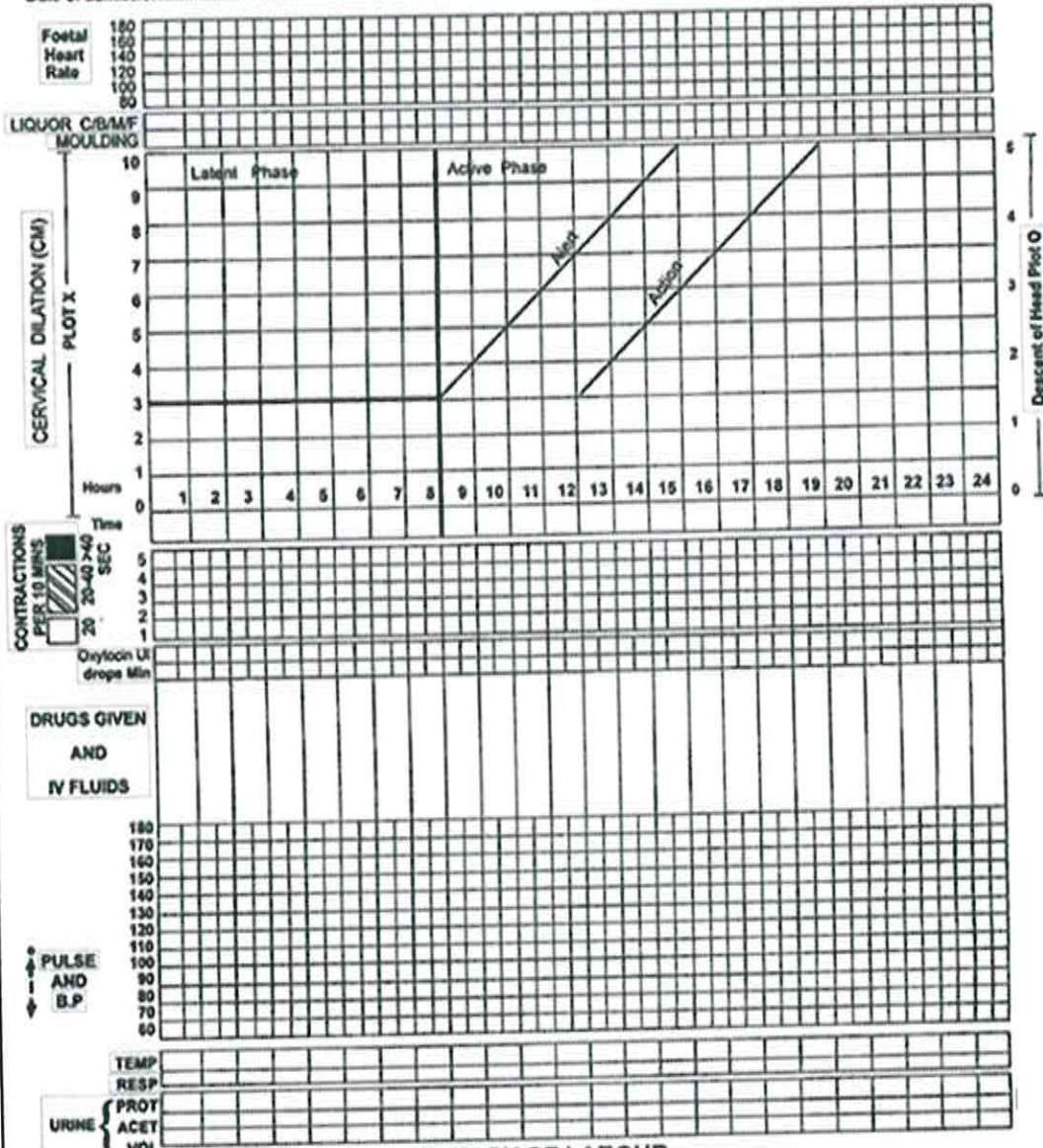
- a) Explain 2 differences between true and false labour (4 marks)
- b) Correctly plot all the findings on the partograph provided (12 marks)
- c) How would you manage Mrs. A? (4 marks)

--END--

PARTOGRAPH

Name _____ Age _____ Gravidity _____ Para _____ IP No. _____

Date of admission _____ Time of admission _____ Ruptured membranes _____ Hours on admission _____



SUMMARY OF LABOUR

1st Stage	Induction labour: Yes/No	Duration _____ Hrs	No. of VE _____
2nd Stage	Mode of delivery: _____	Duration _____ Mins:	Oxytocin/Egometrine IV/M
3rd Stage	Baby Alive/SB M/F	Appgarscore 1 Min _____ 5Min _____	Resuscitation Yes/No Duration _____ Mins
	Placenta complete/incomplete Membranes complete/incomplete Cord normal/Abnormal Placenta Wt _____		
	Blood loss _____ M/s. Perineal tear/Episiotomy: Repair Yes/No Mother BP _____ Pulse _____ Temp _____ Resp _____		
	Baby Length _____ Weight _____ Gm. HC _____ Cm Drugs given _____		
	Delivered by: _____ Time and Date of Delivery _____		



