1. The measurement of the non- pregnant uterus is:
2. 5.5 cm long,5 cm wide and 2.5, depth
3. 10 cm long, 7.5 cm wide, 5cm depth
4. 7.5 cm long, 5cm wide, 2.5 cm depth
5. 5 cm long, 2.5 cm wide ,2.5 cm depth

2. Functions of the prostate gland include;

1. Synthesis of viscous fluid that keeps the sperms alive
2. Production of a thin lubricating fluid
3. Storage of spermatozoa
4. Synthesis of testosterone

3. During fetal development, the neural tube is derived from the;

1. Ectoderm
2. Mesoderm
3. Endoderm
4. Hypoblast

4. Presenting diameters in a well flexed head in a vertex presentation are the;

1. Occipitofrontal, biparietal
2. Sub-occipitobregmatic, biparietal=9.5
3. Sub-occipitofrontal,bitemporal-8.2
4. Mentovertical, bitemporal

5. When a newborn baby is in contact with cold surfaces, heat loss occurs by;

1. Evaporation
2. Radiation
3. Convection
4. Conduction

6. Late neonatal deaths are defined as

1. Live born babies whose death occurs between 7 and 21 days following birth
2. Live born babies whose death occurs between 7 and 28 days following birth
3. Live born babies whose death occurs between 14 and 28 days following birth
4. Live born babies whose death occurs between 14 and 42 days following birth

7. Indicate whether the following statements are TRUE or FALSE

1. The length of the baby’s breastfeeding session is determined by the quality of the attachment to the mother’s breast T
2. The fat content in breast milk is higher in colostrum than in mature milk F

8. The direct causes of maternal mortality include;

1. Haemorrhage, anaemia
2. Anaemia, tuberculosis
3. Haemorrhage, sepsis
4. Malaria, HIV/AIDs

9. The midwife checks for the presence of the cord around the neck during second stage of labour on;

1. Extension of the head
2. Crowning of the head
3. Restitution
4. Birth of the head

10. The insulin requirement of a diabetic mother after delivery should ideally be;

1. Increased to prevent hyperglycaemia
2. Decreased to prevent hypoglycaemia
3. Withdrawn as the mother recovers spontaneously after birth
4. Same as in pregnancy since carbohydrates metabolism increases after birth
5. In targeted postnatal care, the three postnatal checks are scheduled as follows;
6. Within 24 hours, 2-4 weeks, 6th week
7. Within 24 hours, 1-2 weeks, 6th week
8. Within 48 hours, 1-2 weeks, 4-6 weeks
9. Within 48 hours, 4-6 weeks, 6th month

12. During pregnancy, areas that appear whitish at the calf region are indicative of;

1. Varicosities
2. Phlebitis
3. Deep vein thrombosis
4. Disseminated intravascular coagulation.

13. While conducting a daily examination of a postnatal mother, a bulky uterus would indicate.

1. Puerperal sepsis
2. A ruptured uterus
3. Retention of a second twin
4. Inversion of the uterus.

14. In fetal circulation, the ductus arteriosus connects the:-

1. Umbilical vein and inferior vena cava
2. Right ventrical and left ventrical
3. Pulmonary artery and the aorta
4. left atrium and the right atrium

15. The signs of hypoglycaemia, in a full term baby includes:-

1. High pitched cry, jitteriness, rolling of eyes
2. Irritability, poor feeding, convulsions.
3. Twitching, apnoeic episodes, convulsions.
4. Rigidity of the trunk, high pitched cry, apnoiec episodes

16. Signs and symptoms of pulmonary embolism include

1. Chest pain, dyspnoea, cough
2. Hypertension, dyspnoea, chest pain
3. Hypertension, pyrexia, tachycardia
4. Hypertension, pyrexia, cough

17. Sub-involution of the uterus can be prevented by:-

a) Early ambulation, regular emptying of the bladder, expelling products of conception.

b) Expelling products of conception, maintaining personal hygiene, breastfeeding.

c) Administration of analgesics, breastfeeding, early ambulation.

d) Administration of oxytocic drugs, daily fundal height estimation, encouraging frequent bladder emptying.

18. Match the neonatal reflexes in column A with their corresponding descriptions in column B.

**COLUMN A**

1. Moro reflex
2. Asymmetrical tonic neck reflex

**COLUMN B**

1. When held prone and suspended over the examiners arm, the baby momentariry holds the head level with the body and flexes the limbs
2. When pulled upright by the wrists to a sitting position, the head lags initially then falls foward onto the chest
3. In the supine position, the limbs on the side of the body to which the head is turned extend, while those on the opposite side flex
4. When the head and shoulders are suddenly allowed to fall back, the baby responds by adduction and extension of arms

19. Caput succedaneum is:-

a) Collection of blood under the periosteum.

b) A swelling under the scalp

c) Oedema of the Periosteum.

d) Congenital abnormality.

20. Probable signs of pregnancy include;

1. Amenorrhoea, pregnant test positive, frequency of micturition
2. Ballottement of the fetus, Braxton hicks contractions, positive pregnancy sign
3. Amenorrhoea, breast changes, quickening
4. Foetal heart tones, visualization of the foetus, foetal parts palpated

21 The normal volume of blood flow through the placental site during pregnancy ranges from;

1. 400-600 mls per minute
2. 500-800 mls per minute
3. 800-1500 mls per minute
4. 120-240 mls per minute

22. In- coordinate uterine action is characterised by;

1. Painless contractions
2. Reduction in the resting tone of the uterus
3. Reversed polarity of the uterus
4. Contractions lasting longer in the upper uterine segment

23. The engaging diameter in breech presentation at the beginning of labour is;

1. Biparietal
2. Bispinous
3. Bitrochanteric
4. Bisacromial

24. Indicate whether the following statements are **TRUE** or **FALSE;**

1. A single dose of Vitamin A supplementation should be given to lactating mothers within 4 weeks of delivery
2. Women on anti-tuberculosis drugs should avoid breastfeeding

25. WHO recommends the use of oxytocinon as the uterotonic drug of choice because it is;

1. Effective in preventing PPH, can be refrigerated, long acting
2. Long acting, stable to in heat and light, minimal side effects
3. Fast acting, inexpensive, no contraindications
4. Long acting, stable in heat and light, effective in preventing PPH

26. Erb’s palsy is a birth injury to the;

1. Facial nerve
2. Cervical plexus
3. Lumbar plexus
4. Brachial plexus

27. The five main bones in the vault of the foetal skull are;

1. 1 occipital bone, 2 temporal bones, 2 parietal bones
2. 2 temporal bones, 1 frontal bone,2 parietal bones
3. 2 occipital bones,2 parietal bones,1 frontal bone
4. 2 frontal bones, 2 parietal bones, 1 occipital bone

28. Conditions associated with polyhydramnious include;

1. Oesophageal atresia, maternal diabetes mellitus, severe foetal abnormality
2. Severe foetal abnormality, anemia, Rhesus-iso-immunization
3. Open neural tube defect, cardiac disease, placenta praevia
4. Maternal diabetes, sickle cell disease, foetal hypoxia

29. In persistent occipito posterior position, the occiput;

1. Turns 1/8 of a circle to lie under the symphysis pubis
2. Fails to rotate forwards
3. Turns 3/8 of a circle to lie under the symphysis pubis
4. Fails to enter the pelvic brim

30. Characteristics of an android pelvis are:

1. Cavity is shallow with a flat sacrum
2. Ischial spines are blunt
3. Brim is kidney shaped with a reduced antero-posterior diameter
4. Brim is heart shaped with a narrow fore- pelvis

31. A midwife will recognise post-partum haemorrhage due to trauma by observing the following signs;

1. Boggy uterus, bleeding per vagina, full bladder
2. Uterus well contracted, bleeding per vagina, rising pulse rate
3. Evidence of clots, uterus well contracted, falling blood pressure
4. Enlarged uterus, altered level of consciousness, visible bleeding

32. The maintenance of physical well being of a mother postnatally is achieved through;

1. Quietness, proper psychological approach, cleanliness
2. Correction of anaemia, good nutrition, comfort
3. Avoidance of complications, cleanliness, proper psychological approach
4. Freedom from worry, adequate physical exercises, quietness

33. Match the terms in Column A with their corresponding descriptions in Column B.

**Column A**

1. Wood’s manouvre
2. Lovset Manouvre

**Column B**

1. A manoeuvre to deliver a breech which involves jaw flexion and shoulder traction
2. A manoeuvre for the delivery of shoulders and extended arms in breech-lovset
3. A manoeuvre to rotate the angle of the symphysis pubis superiorly and release the impaction of the shoulder in shoulder dystocia
4. A monouvre in which pressure is exerted on the foetal chest to rotate and abduct the shoulders to relieve shoulder dystocia.-woods

34. A baby born at home is brought to the child welfare clinic at 4 weeks after birth. The care given to this baby includes;

1. Administer birth polio, examine umbilical cord stump, enquire about baby’s feeding
2. Counsel mother on breastfeeding, weigh the baby, administer BCG vaccine
3. Administer 1st polio vaccine, enquire about baby’s sleep pattern, weigh the baby
4. Enquire about baby’s elimination, provide contraceptive, advise mother on personal hygiene

35. A mother comes to the antenatal clinic at 36 weeks gestation with a previous history of a fresh stillbirth and an abortion. This will be interpreted as;

1. Para 0+2 gravida 3
2. Para 3+0 Gravida 2
3. Para 1+1 gravida 3
4. Para 2+0 Gravida 3

36. The part of foetal presentation used to describe the position is referred to as:

1. Attitude
2. Lie
3. Fetal axis
4. Denominator

37. The correct timing to perform an episiotomy during normal labour is when;

1. The head is at station 0 and the cervix is fully dilated
2. The head crowns and there is a contraction
3. The cervix is fully dilated and there is no painful contraction
4. There is urge to push and cervix is fully dilated

38. Indirect causes of maternal deaths include;

1. Postpartum haemorrhage, puerperal sepsis, malaria
2. Pre-eclampsia, cardiac disease, HIV/AIDS
3. Puerperal sepsis, eclampsia, abortion
4. Pre-eclampsia, postpartum haemorrhage, severe malaria

39. The aims of first examination of the newborn are;

1. Assess growth, maintain clear airway, assess maturity at birth
2. Detect birth injuries, assess minor disorders, detect congenital anomalies
3. Provide care, detect infections, assess growth and development
4. Detect birth injuries, detect any congenital abnormalities, assess maturity at term

40. Maternal factors leading to intra-uterine growth retardation include;

1. Diabetes mellitus,undernutrition,placenta praevia
2. Smoking, chronic hypetension, renal disease
3. Multiple gestation, abnormal cord insertion, cardiac disease
4. Abruption placenta, chorioamnionitis, multiple gestation
5. The pelvic joint that connects the spine to the pelvis is the;
6. Sacrococcygeal joint
7. Sacroiliac joint
8. Ilialcoccygeal joint
9. Symphysis joint
10. The dimensions of the non pregnant uterus are;
11. 5 cm long, 2.5 cm wide, 2.5 cm deep
12. 5 cm long, 5 cm wide, 2.5 cm deep
13. 7.5 cm long, 5 cm wide, 2.5 cm deep
14. 7.5 cm long, 2.5 cm wide, 2.5 cm deep
15. The presenting diameters in a face presentation when the head is completely extended are;
16. Sub-occipitobregmatic 9.5 cm, biparietal 9.5 cm
17. Occipitofrontal 11.5 cm, biparietal 9.5 cm
18. Sub-mentobregmatic 9.5 cm, bitemporal 8.2 cm
19. Mento-vertical 13.5, bitemporal 8.2 cm

44. The micronutrient associated with the development of neural tube defects is;

1. Riboflavin
2. Folic acid
3. Ascorbic acid
4. Niacin
5. Leg cramps that occur in pregnancy can be relived by;
6. Foot and ankle circling, plenty of liquids
7. Warm bath before going to bed, Left lateral position
8. Plenty of liquids, left lateral position
9. Calcium supplements, bed rest

46. The causes of secondary post partum haemorrhage include:

1. Retained products of conception, infection
2. Retained blood clots, anaemia
3. Trauma, prolonged labour
4. Uterine fibroids, endometritis

47. In type III placenta praevia;

1. Vaginal birth is inappropriate
2. The placenta is near the internal os
3. The fetus is usually in good condition
4. Bleeding is usually moderate
5. Complications associated with hyperthermia in newborn include;
6. Hyponatraemia, plethora,dehydration
7. Dehydration,hypoglycaemia,hyponatraemia
8. Hypernatraemia , jaundice, recurrent apnoea
9. Jaundice,bradycardia,oedema
10. A baby who passes meconium in urine should be suspected for;
11. Necrotising enterocolitis
12. Hirschprung’s disease
13. Imperforate anus
14. Rectal fistulae
15. Match drugs in Column A with their adverse effects in Column B

**Column A**

1. Tetracycline
2. Sabultamol

**Column B**

1. Haematoma formation
2. Grey baby syndrome
3. Discouration of fetal teeth
4. Regarding insulin needs during pregnancy;
5. Insulin requirements moderates as the pregnancy progresses
6. A reduced need for insulin occurs during the second trimester
7. Elevation of human chorionic gonadotrophin decreases the need for insulin
8. Foetal development depends on adequate insulin regulation

52. The correct regimen for administering magnesium sulphate loading dose intramuscularly is;

1. 5 g given as a divided dose in each of the buttocks over a period of 10-15 minutes
2. 10 g given as a divided dose in each of the buttock over a period not less than 5 minutes
3. 4g given as divided dose in each buttock over a period of not less than 5 minutes
4. 5g given over a period of between 10-15 minutes

53. Pawliks manoeuvre is used to;-

1. Palpate the lower pole of the uterus above the symphysis pubis
2. Locate the foetal back in order to determine position
3. Determine whether presentation is cephalic
4. Judge the size, flexion and mobility of the head

54. Events of fetal development that happen during 8-12 weeks gestation include;

1. Fetal heart heard on auscultation, vernix caseosa appears
2. Lanugo appears, swallowing begins
3. Fetus responds to sound, eyelids close
4. Finger nails can be seen, sex can be determined

55. The order of foetal movements during normal labour after descent is;

1. Extension of the head, internal rotation of the head, extension of the head, lateral flexion, resititution
2. Lateral flexion, extension of the head, internal rotation of the head, lateral flexion, restitution
3. Flexion, internal rotation of the head, extension of the head, restitution, lateral flexion
4. Flexion, extension of the head, internal rotation of the head, restitution, lateral flexion

56. Second degree tear involve;

1. The fourchette and the anal sphincter
2. Bulbo cavernosus and pubococygeous muscles only
3. Damage to the anal sphincter and rectal mucosa
4. Fourchette and superficial perineal muscles.

57. Third stage of labour is considered abnormal if it exceeds;

1. 15 minutes
2. 30 minutes
3. 45 minutes
4. 60 minutes

58. The signs of impeding rupture of the uterus include;

1. Rise in pulse rate, hypertonic uterine contractions, excruciating pain
2. Bandl’s ring, vaginal bleeding, cessation of uterine contractions
3. Cessation of uterine contractions, tenderness in the lower uterine segment, rise in pulse rate
4. Hypertonic uterine contractions, bandl’s ring, vaginal bleeding

59. A woman at 30 weeks gestation experiencing sudden, painless brightly red vaginal bleeding would most likely be having

1. Abruption placenta
2. An ectopic pregnancy
3. Placenta praevia
4. Inevitable abortion

60. Breastfeeding promotes uterine involution because it;

1. Stimulates production of progesterone to cause contraction of the uterus
2. Stimulate secretion of prostaglandin to stimulate uterine contraction
3. Causes the pituitary to secrete oxytocin to contract the uterus
4. Promotes secretion of prolactin to increase uterine contractions

61. . The muscles that form the deep layers of the pelvic floor muscles include

1. Pubococcygeus, bulbocavernosus, ischiocarvernosus
2. Ischiocarvenosus, ischiococygeous, iliococcygeous
3. Pubococcygeus, iliococcygeous, ischiocavernosus
4. Ischiocavernosus, pubococcygeus, bulbocavernosus

62. Hegars sign is a probable sign of pregnancy characterised by

1. Softening of the cervix
2. Periodic uterine tightening
3. Colour change of the vagina from pink to violet
4. Softening of the lower uterine segment

63. A woman at 30 weeks gestation experiencing sudden, painless brightly red vaginal bleeding would most likely be having

1. Abruption placenta
2. An ectopic pregnancy
3. Placenta praevia
4. Inevitable abortion

64. While conducting normal delivery following the extension of the head, the midwife should:

1. Assist in the lateral flexion of the head
2. Await the restitution of the head
3. Await external rotation of the head
4. Assist in the external rotation of the head

65. The major presentation of acute inversion of the uterus include:

1. Haemorrhage, shock, sudden pain
2. Haemorrhage, convulsion, pain
3. Shock , headache, haemorrhage
4. Pain, shock, convulsion

66. The daily decline rate in uterine size during puerperium is:

1. 1 cm per day
2. 1.5 cm per day
3. 1.2 cm per day
4. 1.25 cm per day

67. The causes of postpartum haemorrhage due to atonic uterus include:

1. General anaesthesia, uterine fibroids, bruised cervix
2. Placenta praevia, retained products of conception, full bladder
3. Perineal tears, polyhydramnious, clotting defects
4. Retained placenta, trauma to the cervix, prolonged labour

68. At the completion of labour, the uterus measures

1. 7.5 cm x 5cm x 7.5cm
2. 15cm x12cmx7.5cm
3. 12cm x7.5cm x5 cm
4. 15 cm x 7.5 cm x 5cm

69. In the partograph, the components of labour include:

1. Maternal condition, contractions, cervical dilatation
2. Maternal condition, fetal condition, progress of labour
3. Fetal heart, blood pressure, cervical dilatation
4. Latent phase, active phase, action line

70. Safe motherhood initiative(SMI) is a strategy to:

1. Make essential drugs available
2. Promote baby friendly services
3. Reduce maternal morbidity and mortality
4. Make maternal services available and accessible

71. Causes of polyhydramnious include;

1. Oesophageal atresia, placenta abruption, maternal diabetes mellitus, chorio carcinoma
2. Choriocarcinoma,open neural tube defect, maternal diabetes,maternal uterine obstruction
3. Oesophageal atresia, open neural tube defect, maternal diabetes, multiple pregnancy
4. Choriocarcinoma, oesophageal atresia, open neural tube defects, maternal diabetes

72. The nurse would suspect an ectopic pregnancy if the client complained of;

1. An adherent painful uterine mass
2. Lower abdominal uterine cramping for a long period of time
3. Dysuria a few days after the first missed period
4. Lower right or left abdominal pain after amenorrhea

73. The rooting reflex is defined as response of the baby to;

1. Being pulled upright by the wrist to a sitting position
2. Being supported upright with his feet touching a flat surface
3. Stroking of the cheek or side of the mouth
4. Being left to drop from an angle of 45 degrees

74. The obstetric events that may precipitate disseminated intravascular coagulation (DIC) include;

1. Placenta abruption, multiple pregnancy, intra- uterine foetal death
2. Amniotic fluid embolism, placenta abruption, eclampsia
3. Eclampsia, foetal post maturity, placental abruption
4. Incomplete abortion, anaemia, diabetes mellitus

75. Physiological jaundice is due to;

1. Maternal antibodies against the baby’s blood group
2. Damage to the liver
3. Breakdown of excessive red blood cells
4. Maternal rhesus iso- immunization

76.Vasapraevia is defined as the vessels that;

1. Are inserted into the membranes some distance away from the edge of the placenta
2. Pass across the uterine OS with a low lying placenta
3. Join the main placenta with an extra small lobe of the placenta
4. Are connected to the very edge of the placenta

77.The vertex of the fetal skull is the region that is bounded by the;

1. Posterior fontanel, coronal suture, temporal bones
2. Anterior fontanel, coronal suture, two parietal eminences
3. Anterior fontanel, posterior fontanel, two parietal eminences
4. Two parietal eminences, anterior fontanel, orbital ridges

78. The third stage of labour is defined as:-

1. A period immediately after expulsion of the foetus until haemostasis is achieved.
2. A period immediately after the delivery of the baby to complete separation and expulsion of the placenta and membranes.
3. A state of retraction of oblique uterine muscles to expel the products of conception and achieve heamostasis.
4. A period immediately after expulsion of the foetus upto complete separation of the placenta.

79. The most common site for cancer of the cervix is the:

1. Internal os and endocervical glands
2. Columnar squamous junction of internal and external os
3. External os and regional nodes
4. Junction of the cervix and lower uterine segment

80. Indicate whether the following statements are TRUE or FALSE by indicating the correct answer on the answer sheet provided;

1. Heparin is teratogenic and crosses the placental barrier
2. Epidural analgesia depresses the respiratory centre of the fetus