**KENYA MEDICAL TRAINING COLLEGE – NYAMIRA**

**MARCH 2015 KRCHN CLASS (PRE-SERVICE)**

**INTRODUCTION TO REPRODUCTIVE HEALTH MIDWIFERY CAT**

DATE: 3/7/2015 TIME:8.30 – 11.30pm

**INSTRUCTIONS**

1. Read the questions carefully and answer only what is asked.
2. Enter your examination number and question number on each page used.
3. ALL questions are compulsory.
4. For part 1 (MCQs), write the answer in the spaces provided on the answer booklet and each MCQ is one (1) mark.
5. For Part 2 (SHORT ANSWER QUESTIONS), answer the questions following each other.
6. For Part 3 (LONG ANSWER QUESTIONS), answer to each question MUST start on a separate page.
7. Omission of and or wrong numbering of a question or part of the question will result in 10% deduction of the marks scored from the relevant part.
8. Do NOT use a pencil.
9. Mobile phones are NOT allowed in the examination hall.

For Examiner:

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| --- | --- | --- | --- | --- |
| **MCQS** | **SAQS** | **LAQS 1** | **LAQS 2** | **TOTAL** |
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**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) RH & MIDWIFERY – 18 MK**

Q.1. Which of the following statements best describes lightening:

1. The woman experiences painless uterine contractions.
2. There is descent of the fetal head into the pelvis leading to a decrease in fundal height.
3. The woman experiences the first fetal movements.
4. The midwife is able to visualize fetal movement per abdomen.

Q.2. The outer layer of the blastocyst that has a nucleated protoplasm capable of breaking down the decidua is referred to as:

1. The mesoderm.
2. The blastocele.
3. Syncitiotrophoblast.
4. Cytotrophoblast.

Q.3. Longitudinal fetal lie is confirmed on abdominal palpation when:

1. The maternal abdomen appears ovoid in primigravida.
2. The long axis of the fetus lies diagonally to the long axis of the uterus.
3. The fetal head is on the lower uterine pole while the buttocks are on the upper uterine pole.
4. The long axis of the fetus lies along the long axis of the uterus.

Q.4. The term Hegar’s Sign is used to refer to:

1. Pulsation of fornices.
2. Bluish violet discouration of the virginal walls.
3. Softening of the isthmus.
4. Caesation of menstruation.

Q.5. In vertex presentation, which part determines the position of the fetal head?

1. Occiput.
2. Anterior fontanelle.
3. Posterior fontanelle.
4. The sinciput.

Q.6. Preventive services offered during the antenatal care include:

1. Blood group, rhesus factor, haemogiobin levels, serology for HIV.
2. Serology for syphilis, blood smear for malaria parasite, urinalysis, screening for tuberculosis.
3. Iron supplementation, prophylaxis for malaria, treatment for hookworm, insecticide treated nets.
4. Folic acid, ferrous sulphate, counsel on diet, mebendazole.

**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) RH & MIDWIFERY – 18 MK**

Q.7. The uterine support that maintains anteverted position of the uterus as referred to as:

1. Uterosacral ligaments.
2. Broad ligaments.
3. Round ligaments.
4. Transverse cervical ligaments.

Q.8. Which of the following include probable signs of pregnancy:

1. Hegar’s sign, osiander’s sign, uterine soufflé, Braxton hicks.
2. Uterine soufflé, ballotment of fetus, amenorrhoea, presence of HCG in urine.
3. Fetal heart sounds, fetal movement, palpable fetal parts, skin pigmentation.
4. Hegar’s sign, Chadwick’s sign, osianders sign, quickening.

Q.9. During antenatal care areas a midwife should include when assisting a woman to formulate an individual’s birth plan include:

1. Danger signs in pregnancy, when the baby is due, identifying a skilled birth attendant.
2. Danger signs in pregnancy, knowing when the baby is due, identifying a skilled birth attendant.
3. Planning for transport, use of prescribed drugs, knowing when the baby is due.
4. Signs of labour, availability of funds, eating a well-balanced diet.

Q.10. In mechanism of normal labour, which movement occurs when the twist in the neck that resulted from internal rotation of the head is corrected?

1. Crowning.
2. External rotation of the head.
3. Extension.
4. Restitution.

Q.11. Which of the following statements best describes the obstetric conjugate of the pelvic brim

1. A line from the sacral promontory taken to the upper most point of the upper boarder of the sumphysis pubis.
2. A line from the sacral promontory taken to the posterior border of the upper surface of the symphysis pubis.
3. A line taken from the sacral promontory to the lower boarder of the symphysis pubis.
4. An anteroposterior diameter of the pelvic brim.

Q.12. Which of the following features can be elicited on abdominal palpation:

1. Striae gravidalum, linea nigra, lie, position.
2. Fetal heart rate, presentation, lie, descent.
3. Descent, presentation, position, linea nigra.
4. Fundal height, lie, presentation, descent.

**PART ONE: MCQS (MULTIPLE CHOICE QUESTIONS) RH & MIDWIFERY – 18 MK**

Q.13. Which statement best describes the velamentous cord insertion:

1. The cord is attached to the edge of the placenta.
2. The cord is inserted on the membranes.
3. Double chorion and double amnion.
4. An extra lobe.

Q.14. When performing vaginal examination, the midwife would diagnose vertex presentation if:

1. A region from the anterior fontanelle and the coronal suture to the orbital ridges is palpable.
2. A region between the foramen magnum and the posterior fontanelle is palpable.
3. A region bounded by the posterior fontanelle, two parietal eminencies and the anterior fontanelle is palpable.
4. Mounding is palpable.

Q.15. After alteration of the fetal circulation, which temporarily structure becomes ligamentum teres?

1. Umbilical vein.
2. Ductus arteriosus.
3. Ductus venosus.
4. Foramen ovale.

Q.16. Which of the following is not part of the innominate bone:

1. Ischium.
2. Sacrum.
3. Os pubis.
4. Illium.

Q.17. Which of the following structures bound the uterus posteriouly:

1. Uterovesical pouch and the bladder.
2. Uterovesical pouch and the rectum.
3. Rectouterine pouch and the rectum.
4. Recto uterine pouch and the bladder.

Q.18. Which of the following include features of a gynaecological pelvis:

1. Kidney shaped brim, narrow forepelvis convergent side walls, subpubic arch of less 90%.
2. Rounded brim, generous forepelvis, blunt ischial spines, subpubic arch of 90%.
3. Rounded brim, divergent sideways, blunt ischial spines, subpubic arch more than 90%.
4. Heart shaped brim, wide fore pelvis, blunt ischial spines, convergent side walls.

**PART TWO: SHORT ANSWER QUESTIONS – RH & MIDWIFERY – 42 MARKS**

Q.1. State five (5) aims of focused antenatal care. 5 marks

Q.2. Define focused antenatal care. 2 marks

Q.3. State five (5) reasons why there is an increase of the blood volume by 25 – 40% in pregnancy. 5 marks

Q.4. By the use of a flow chart, illustrate the differentiation of a blastocyst. 4 marks

Q.5. Draw a well labelled diagram of the saggital section of the female pelvis. 6 marks

Q.6. Draw a well labelled diagram of the deep layer of the pelvic floor. 5 marks

Q.7. State five (5) functions of the placenta. 5 marks

Q.8. Outline the menstrual cycle. 5 marks

Q.9. Outline five (5) longitudinal diameter of the fetal skull. 5 marks