



SOLOMON ISLANDS NATIONAL UNIVERSITY

School of Nursing and Allied Health Sciences

Diploma of Nursing (Pre-Service)

NU 663 – ABNORMAL OBSTETRICS

FINALEXAMINATION

SEMESTER 1, 2017



**SOLOMON ISLANDS NATIONAL UNIVERSITY
SCHOOL OF NURSING & ALLIED HEALTH SCIENCES**

DIPLOMA OF NURSING

2015 INTAKE

FINAL EXAMINATION

UNIT CODE : NU 663 – ABNORMAL OBSTETRICS

TIME : 2.00 – 5.00 PM (3 HRS)

DATE : 8TH JUNE 2017

NAME:

REG. NO:

INSTRUCTIONS:

1. You will be given 10 minutes to read the paper.
2. All questions are compulsory, and therefore you must attempt to answer them all.
3. Make sure to write clearly in pen or biro and not in pencil.
4. Write your full name & student ID in the spaces provided above.
5. This Examination is worth 60% of your total assessment.

SECTION	MARKS ALLOCATED
Section A: Multiple Choice Questions	/ 40 Marks
Section B: Short & Long Answer Questions	/ 60 Marks
TOTAL MARKS	/ 100 Marks

~ Best of luck ~

SECTION A: MULTIPLE CHOICE QUESTIONS**(40 MARKS)****1. HIGH RISK MOTHERS ARE PREGNANT WOMEN WHO:**

- a) Are very likely to have complications during labour.
- b) Will not have complication during labour.
- c) Who has blood pressure of 124/76mmHg, pulse 76 beats per minute, and respiration of 22 breathes per minute
- d) All of the above.

2. THE FOLLOWING ARE CAUSES OF BIRTH ASPHYXIA EXCEPT:

- a) Meconium aspiration & Prolapsed cord
- b) Previous retained placenta.& prolonged labour
- c) Heart rate of 114 beats per minute at birth
- d) Placenta 3bruption

3. THE MANAGEMENT OF HIGH RISKS MOTHERS IN PREGNANCY IS:

- a) Refer the mother to be delivered in a health centre or hospital.
- b) Refer to hospital to be cared for by an obstetrician.
- c) Weekly visit to High risk clinic.
- d) All of the above.

4. TWO MOST COMMON CAUSES OF MATERNAL DISTRESS ARE:

- a) Prolonged and obstructed labour
- b) Full bladder and prolonged labour
- c) UTI and Pregnancy Induced Hypertension (PIH)
- d) Gestational Diabetes and Hypertension

5. AN ABORTION WHICH HAPPENS NATURALLY IS KNOWN AS:

- a) Spontaneous abortion.
- b) Induced abortion
- c) Therapeutic abortion.
- d) Septic abortion

6. INDUCED ABORTION IS BEST TERMED AS:

- a) One which happens naturally.
- b) One which is made to happen.
- c) A severe infection following an abortion.
- d) One induced by a doctor for medical reasons. (e.g severe physical or mental illness in the mother.

7. ANTEPARTUM HAEMORRHAGE MEANS:

- a) The process by which the products of the conception are passed from the uterus via the vagina before the 24th week of pregnancy
- b) Bleeding from the genital tract after the 24th week of gestation and before the birth of the baby.
- c) Haemoglobin less than 10g%.
- d) An action taken to strengthen contractions during labour.

8. THE TWO TYPES OF ANTEPARTUM HAEMORRHAGE ARE :

- a) Placenta previa and placental abruption
- b) Placenta previa and induced abortion.
- c) Placental abruption and therapeutic abortion.
- d) Placenta previa and therapeutic abortion.

9. MONOZYGOTIC TWINS DEVELOP FROM:

- a) A single ovum
- b) Two separate ovum
- c) Three separate ovum
- d) 4 separate ovum

10. TYPE 4 PLACENTA PREVIA CAN ONLY BE MANAGED BY:

- a) Caesarean section
- b) Vaginal delivery.
- c) Induction of labour.
- d) Vacuum delivery.

11. UTERUS IS LARGER THAN DATES, POSITIVE PREGNANCY TEST, SEVERE NAUSEA AND VOMITING AND NO BABY IN THE UTERUS IS:

- a) Hydatidiform mole
- b) Twin pregnancy
- c) Cancer of the stomach
- d) None of the above

12. WHICH IS NOT THE SIGN OF BIRTH ASPHYXIA

- a) Not breathing or slow irregular breathing
- b) Colour of the body is blue or pale
- c) Cries very loudly at birth
- d) Do not cry or move after being stimulated

13. FAULTS IN THE POWER, PASSENGER, PSYCHOLOGICAL CAUSES AND PASSAGE CAUSES:

- a) Prolonged labour
- b) APH
- c) PPH
- d) None of the above

14. THE COMMON DRUGS USED IN THE TREATMENT OF NEONATAL SEPSIS ARE?

- a) Septrin and Panadol
- b) Diazepam & Phenobarbitone
- c) Ampicillin & Gentamycin
- d) Benzathine Penicillin & Streptomycin

15. LUCY HAD HER LAST MENSTRUAL PERIOD (LMP) ON THE 5/1/2013. HER EXPECTED DATE OF DELIVERY WOULD BE:

- a) 12/10/2013
- b) 12/9/2013.
- c) 12/8/2013
- d) 10/10/2013

16. WHICH IS THE SINGLE MOST IMPORTANT MEASURE IN THE PREVENTION OF NEONATAL SEPSIS?

- a) Apply suction at birth
- b) Bath the child as soon as possible after birth
- c) Hand washing before & after handling the baby
- d) Apply acriflavine on the baby's cord at birth.

17. ABORTION IS THE TERMINATION OF PREGNANCY BEFORE:

- a) 24 weeks gestation
- b) 20 weeks gestation
- c) 30 week gestation
- d) 22 week gestation

18. RETAINED PLACENTA IS WHEN THE PLACENTA :

- a) Attaches to the uterine walls
- b) Fails to deliver after birth
- c) Produces the hormone Oxytocin
- d) None of the above

19. THE SIGNS OF NEONATAL SEPSIS ARE:

- a) Body temperature changes >37.5 or <35.5
- b) Lethargic
- c) Poor sucking/not breast feeding
- d) All of the above

20. THE DRUGS COMMONLY USED IN THE TREATMENT OF NEONATAL SEPSIS ARE?

- a) Septrin and Panadol
- b) Diazepam & Phenobarbitone
- c) Ampicillin & Gentamycin
- d) Benzathine Penicillin & Streptomycin

21. PERINATAL LOSS MEANS:

- a) Death of a fetus or infant from the time of conception through the end of the newborn period of 28 days after delivery.
- b) A death that occurs at 20 weeks gestation after 28 weeks is a late fetal death.
- c) Intrauterine fetal death after 20 weeks often referred to as still birth.
- d) None of the above.

22. CAESAREAN SECTION IS :

- a) An operative procedure which is carried out under anaesthetic whereby the fetus, placenta and membranes are delivered through an incision in the abdominal wall and the uterus.
- b) An incision through the perineal tissues to enlarge the vulval outlet to deliver the fetus, placenta and membrane vaginally.
- c) A procedure to strengthened contraction.
- d) Using an instrument called forceps to expedite delivery of the fetal head to protect the fetus or the mother.

23. THE DEFINITE INDICATIONS OF ELECTIVE CAESAREAN SECTION IS:

- a) Cephalopelvic disproportion
- b) Major degree of placenta Praevia.
- c) High order multiple pregnancies.
- d) All of the above.

24. HISTORY OF AMMENORRHOEA, FEVER (>38°C, RAPID PULSE AND TENDERNESS OVER THE UTERINE AREA ARE CLINICAL FEATURES OF:

- a) Threatened abortion
- b) Inevitable abortion
- c) Septic abortion
- d) Therapeutic abortion

25. THE COMPLICATIONS OF CAESAREAN SECTION ARE ALL OF THESE EXCEPT:

- a) Haemorrhage.
- b) Infections.
- c) Urinary tract infection.
- d) Big baby

26. A PROCEDURE USED TO STRENGTHEN LABOUR CONTRACTION IS CALLED:

- a) Induction
- b) Augmentation.
- c) Vacuum extraction procedure.
- d) Caesarean section.

27. THE FOLLOWING ARE CONTRAINDICATIONS OF OXYTOCIN INFUSION IN LABOUR:

- a) Fetal distress
- b) Malpresentation.
- c) Previous caesarean section.
- d) A, B and C

28. A PROCEDURE TO COMMENCE CONTRACTIONS DURING LABOUR IS CALLED:

- a) Augmentation.
- b) Induction.
- c) Caesarean section
- d) Vacuum extractor procedure.

29. MATERNAL DISTRESS, EXCESSIVE PAIN, RAISED TEMPERATURE, PULSE AND B/P AND DEHYDRATION ARE COMMON SIGNS OF:

- a) Prolonged labour
- b) Maternal exhaustion
- c) Malpresentation
- d) None of the above

30. PROLONGED LABOUR CAN BE CAUSED BY:

- a) Fault in the power and the passage.
- b) Fault in the passenger and the passage.
- c) Fault in the power and the passenger.
- d) Fault in the power, passage and passenger.

31. SURGICAL INDUCTION OF LABOUR IS:

- a) When Oxytocin is administered to increase labour
- b) Artificially rupturing the membranes.
- c) When oxytocin is administered to commence labour
- d) When oxytocin is administered to prevent post-partum haemorrhage.

32. THE TYPE OF DIABETES THAT DEVELOPS DURING PREGNANCY IS CALLED:

- a) insulin dependent diabetes
- b) Gestational diabetes
- c) Non insulin dependent diabetes.
- d) None of the above.

33. MASTITIS REFERS TO:

- a) Inflammation of the breast
- b) Incision and drainage of the breast.
- c) Flat and inverted nipples.
- d) The full breast.

34. FETAL DISTRESS IS DEFINED AS:

- a) When the fetus is short of oxygen (anoxia) in the uterus.
- b) When the fetus heart rate ranges from 120- 140 beats per minute.
- c) When the fetus heart rate ranges from 120- 160 beats per minute.
- d) None of the above.

35. WHICH OF THE FOLLOWING ARE SIGNS OF FETAL DISTRESS

- a) Increase in FHS (> 160bpm)
- b) Decrease in FHS (< 160bpm)
- c) Heavy meconium stained liquor
- d) All of the above*

36. ONE OF THE POSSIBLE CAUSES OF FETAL MACROSOMIA IS:

- a) Obese mother
- b) Gestational diabetes
- c) PIH
- d) Genetic factor

37. ONE OF THE RISK FACTORS TO PIH IS AGE. THE AGE-RANGE COMMON IN PRE-ECLAMPSIA IS BETWEEN:

- a) Below 18 yrs and over 35 yrs
- b) Below 16 yrs and over 40 yrs
- c) Below 18 yrs and over 30 yrs
- d) Below 18 yrs and over 32 yrs

38. AUGMENTATION IS DEFINED AS THE:

- a) Intervention to correct slow progress of labour
- b) Intervention to initiate labour
- c) Intervention to halt labour
- d) Intervention to calm fetal distress

39. WHICH IS A CONTRAINDICATION FOR OXYTOCIN INDUCTION?

- a) Fetal heart rate of 148 beats per minute
- b) Clear draining liquor
- c) Vertex Presentation
- d) Maternal distress

40. INEFFECTIVE UTERINE CONTRACTIONS, CEPHALODISPROPORTION AND OCCIPITOPOSTERIOR POSITION ARE MAIN CAUSES OF:

- a) Obstructed labour
- b) Normal labour
- c) Prolonged labour
- d) None of the above

SECTION B: SHORT ANSWER QUESTIONS

(60 MARKS)

1. List and describe the two (2) types of Postpartum haemorrhage (4 Marks)

a) _____

b) _____

2. Tracey delivered a healthy baby boy this morning at about 9 am. The birthweight was 4.5kgs. Due to the size of the baby, breastfeeding was initiated soon after delivery. After completion of the fourth stage, Tracey started bleeding in the recovery room. According to your assessment you diagnosed her as having Postpartum haemorrhage.

a) What type of PPH is Tracey suffering from? (1 Marks)

b) You tried to ascertain the cause of Tracey’s PPH. Briefly describe the three (3) possible common causes of PPH. (6 Marks)

i. _____

ii. _____

iii. _____

3. You are working in one of the remote RHC on Mono, Shortland Islands and came across Lin who delivered 2 days ago at home by a traditional midwife. You did your SOAP assessment and confirmed that Lin was suffering from secondary PPH.

a) List five (5) Clinical signs & Symptoms of secondary PPH. **(5 Marks)**

i. _____

ii. _____

iii. _____

iv. _____

v. _____

4. You decided to admit Lin to the clinic. List ten (10) management strategies for Lin's secondary PPH **(10 Marks)**

i. _____

ii. _____

iii. _____

iv. _____

v. _____

vi. _____

vii. _____

viii. _____

ix. _____

x. _____

5. Gaylyn, 37 years old is now pregnant with her 5th child. She has been well until 2 days ago. Gaylyn has yet to attend antenatal clinic so she decided to come to you this morning as it was antenatal clinic day. During the interview, she told you that this was her 5th pregnancy. All her other pregnancies were all normal deliveries. She looked pale and tired so you concluded that she could be anaemic.

a) Explain three (3) common causes of anaemia in Solomon Islands. **(3 Marks)**

- i. _____
- ii. _____
- iii. _____

b) Provide two (2) health advice for Gaylyn **(4 Marks)**

- i. _____

- ii. _____

6. Julie was admitted to Labour Ward at 2 am with mild to moderate contractions. At 10 am, her contractions were still mild to moderate and vaginal examination confirmed that cervical dilatation was still 5 cms like during admission. Fetal heart rate was 162 bpm. 3 hours later ARM confirmed meconium +++, contractions was 2 moderate and 1 strong in 10 minutes. You are now anticipating fetal distress.

a) List four (4) causes of fetal distress **(4 Marks)**

- i. _____
- ii. _____
- iii. _____
- iv. _____

7. Malaria is one of the leading causes of fetal death in utero. List seven (7) complications of Malaria. **(7 Marks)**

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____
- vi. _____
- vii. _____

8. Baby Ruji was born 2 days ago at the labour ward at 35 weeks gestation. You conducted a newborn examination and concluded that Baby Ruji might be a preterm or a small for date's baby. Complete the table below to differentiate between preterm and small-for-date. **(6 Marks)**

Preterm	Small-for-Date
1.	1.
2.	2.
3.	3.

9. Baby Sikaloji is in the Special Care Nursery because he developed jaundice on the 4th day postpartum and has not been feeding well.

a) In the table below, list five (5) characteristics of each of the two types of jaundice in neonates. **(10 Marks)**

Physiological Jaundice	Pathological Jaundice
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.