

## **KISII UNIVERSITY SPECIAL/SUPPLEMENTARY EXAMINATIONS**

### **CIMSO252: REPRODUCTIVE HEALTH II**

#### **PART I**

#### **SECTION A: SHORT ESSAY QUESTIONS**

**EACH QUESTION CARRIES 10 MARKS. ANSWER ALL QUESTIONS.**

1. Name the three parts of the partograph and state what they are concerned with. (6 marks)
  - a) State the importance of the partograph (4marks)
2. Concerning uterine rupture
  - a) State the aetiology (4marks)
  - b) Give clinical features (3marks)
  - c) State the complications (3marks)
3. Define Breech presentation (2marks)
  - b) State and define the types of breech (6marks)
  - c) Give four maternal causes of breech (2marks)
4. Define the following in relation to labour
  - a) Latent phase (2marks)
  - b) Active phase (2marks)
  - c) Second stage of labour (2marks)
  - d) Third stage of labour (2marks)
  - e) Fourth stage of labour (2marks)
5. While monitoring a mother during ANC, you realize she has had elevated blood pressure on two occasions, today BP is 146/92 mmHg and has mild pedal edema;
  - a) What is the likely diagnosis (2marks)
  - b) Clinical features of the above diagnosis (4marks)
  - c) Which further investigations can you carry out (4marks)

6. A mother develops a unilateral swelling of the left lower limbs at 24 weeks gestation, you suspect DVT.

- a) What are the signs and symptoms of DVT? (2marks)
- b) What investigations can you carry out? (3marks)
- c) Which drugs are used to manage the condition? (2marks)
- d) Give the differential diagnosis of the condition (3marks)

**SECTION B (40 MARKS)**

**ANSWER ANY TWO OF THE FOLLOWING QUESTIONS.**

**START EACH QUESTION ON A DIFFERENT PAGE.**

1. A mother presents with history of having delivered at home one hour ago, she still has accordeon hanging that is visible through the vaginal orifice;

- A. What is the likely diagnosis (2Mks)
- B. state the risk factors for the above diagnosis (4mks)
- C. state the clinical features of the above diagnosis (4mks)
- D. Discuss the management of the above diagnosis (10mks)

2. A 38 weeks pregnant woman comes to hospital complaining of slight vaginal bleeding. On investigation the ultrasound shows a placenta lying in the lower uterine segment.

- A. what is the likely diagnosis? (2mks)
- B. discuss grading of the above diagnosis (4mks)
- C. Discuss clinical features of the above diagnosis (4mks)
- D. State the immediate investigations to carry out (3mks)
- E. Discuss the management of the above diagnosis (7mks)

3. Discuss the management of the normal puerperium (20mks)

**PART II: SECTION A**

**ANSWER ALL QUESTIONS**

**CHOOSE THE MOST CORRECT ANSWER**

1 .Fetal lung maturity can be best assessed using

- A. Breathing movements at ultrasound
- B. surfactant factor
- C. stress test
- D. cardiotocograph.

2. The following tests are done during each antenatal visits except;

- A. Random blood sugar
- B. urinalysis
- C.) Blood group and rhesus factor
- D.) Blood pressure measurement

3. The cardinal movements of labour occur in the following sequence

- A.) Engagement, descent, internal rotation, external rotation, extension.
- B.) Extension, internal rotation, descent, flexion, engagement.
- C.) Engagement, descent, flexion, internal rotation, extension, external rotation.
- D.) Engagement, flexion, descent, internal rotation, extension, external rotation

4. In the abdominal examination of a pregnant woman, Leopold's manouver Number 1:

- A.) Determine the presentation
- B.) Determine the fetal lie
- C.) Determine the engagement
- D.) Determine the fundal height

Q5. The following are symptoms severe preeclampsia. Except

- A.) Severe epigastric pain
- B.) Severe frontal headache
- C.) Pedal oedema
- D.) Visual disturbance

Q6. Cephalic- pelvic disproportion should be suspected in all Except

- A.)Fetal head is not engaged
- B.) No uterine contractions are registered
- C.)Severe moulding and caput formation of fetal scalp
- D.) Progress is slow despite efficient uterine contractions

Q7. All are fetal consequences of shoulder dystocia Except

- A.) Fetal morbidity and mortality
- B).Brachial plexus injury
- C) Clavicular fracture
- D).Postpartum hemorrhage

Q8. Retained placenta can be associated with all, Except

- A.) Postpartum haemorrhage

- B.) Placenta increta
- C.) Placenta accreta
- D.) Cervical incompetence

Q9. The following are differential diagnosis of eclampsia Except

- A.) Epilepsy
- B.) Meningitis
- C.) Cerebral malaria
- D.) Rhesus incompatibility

Q10. The sequence of lochia in the puerperal period

- A.) Rubra, serosa, Alba
- B.) Rubra, alba, serosa
- C.) Alba, rubra, serosa
- D.) Alba, serosa, rubra

Q11. In poor progress of labour; abnormalities of passage include all except one;

- A.) Bony abnormalities
- B) Soft tissue obstruction of birth canal
- C.) Abnormal placenta location
- D.) Large foetus

Q12. Labour in women with uterine scar, uterine rupture is likely to occur

- A.) Early in pregnancy
- B.) In accelerated labour

C.)With spontaneous labour

D.)With a large baby

Q13. Concerning precipitate labour,

A.)Can cause uterine rupture

B.)Cannot cause laceration of birth canal

C.)Associated with reduced perinatal mortality

D.)Is not caused by extreme uterine contractions

Q14. The following are associated with obstetric haemorrhage except

A.)Ruptured uterus

B.)Placenta previa

C.)Retained placenta

D.)Normal labour

Q15. All are complications of the puerperium except

A.)Postpartum hemorrhage

B.) Antepartum hemorrhage

C.)Puerperal pyrexia

D.)Puerperal psychoses

## **SECTION B**

ANSWER True or False to each of the following responses

1. In physiological changes in pregnancy
  - a) Haemoglobin concentration increases
  - b) Haemoglobin concentration decreases
  - c) Factors vii, viii, ix, x increases
  - d) Plasma folate concentration increases

e) Maternal immunity increases

Q2. In assessment of the course of pregnancy: Inadequate progressive weight gain may reflect;

- a) Nutritional deficit
- b) Maternal illness
- c) Fetal growth retardation
- d) Pre eclampsia
- e) Excess fluid retention

Q3. In management of mother in labour

- a) BP temperature and pulse should be checked every 4 hours
- b) Contraction and fetal heart should be assessed every 30 minutes
- c) Vaginal examination should be assessed every 2 hours
- d) Check the number of construction in 10 minutes
- e) Check duration of each contraction in seconds

Q4. Parameters of APGAR score include

- a) Color
- b) Reflect irritability
- c) Muscle tone
- d) Respiratory effort
- e) Heart rate per minute

Q5. Contra indications to External cephalic version include

- a) Placenta previa
- b) History of APH
- c) Multiple gestation
- d) Fetal abnormalities
- e) Previous caesarean scar

Q6. Uterine rupture

- a) Not associated with previous uterine scar
- b) Associated with uterine hyperstimulation with oxytocin
- c) Previous intrauterine manipulation can cause
- d) Grand multiparity not associated
- e) Generally occurs during labour

Q7. In management of eclampsia

- a) Delivery should be within 6-8 hours
- b) Magnesium toxicity Can be reversed by calcium gluconate
- c) Absent knee jerk reflex is suggestive of magnesium toxicity

- d) It's not necessary to monitor respiration
- e) Antihypertensives are necessary

Q8. Deep venous thrombosis in pregnancy

- a) Likely to occur in the left limb than the right
- b) Swelling and tenderness not features
- c) Cellulitis is a differential diagnosis
- d) Confirmation is by Doppler's ultrasound
- e) Heparin is not recommended

Q9. Anaemia in pregnancy

- a) Associated with increased risk of eclampsia
- b) Can cause preterm labour
- c) Not associated with low birth weight
- d) Hb of less than 6g/dl is mild anaemia
- e) Iron supplement can be of help

Q10. Malaria in pregnancy

- a) High fever activate the uterus to cause premature labour
- b) Choice of antimalarial depends on effectiveness
- c) May cause intra uterine fetal death
- d) Does not cause intra uterine growth retardation
- e) Anaemia is not a consequence

Q11. Placenta previa, delivery is possible in

- a) Type I
- b) Type ii anterior
- c) Type iii
- d) Type iv
- e) Type ii posterior

Q12. In management of third stage of labour, signs of placenta separation include

- a) Lengthening of umbilical cord
- b) Gush of blood from vaginal
- c) The shape of the fundus become more globular
- d) Rising of fundus above the umbilicus
- e) All of the above

Q13. Normal labour fulfills the following

- a) Spontaneous in onset
- b) Vertex presentation
- c) Is prolonged



- d) Has complications
- e) Has operative interventions

Q14. Concerning the gynaecoid pelvis

- a) Is the typical woman pelvic
- b) Ischial spines are not prominent
- c) Has good sacral curve
- d) Has roomy pelvic cavity
- e) Found in 50% of women

Q15. Is first stage of labor

- a) Divided into latent and active phase
- b) Latent phase cervical dilate from 0 to 3 cm
- c) Usually takes more than 10 hours
- d) active is shorter in multiparous women
- e) Active phase cervical dilates at 1cm/hr