

Course No: NUTR 2207
Course Title: Maternal & Pediatrics Nutrition
Date: 11/01/2017
No. of Questions: (9)
Time: 2 hours
Using Calculator (No)

University of Palestine



Final Exam
2016/2017
Total Grade:

Instructor Name: Dr Mohammed Srouf
Student No.: _____
Student Name: _____
College Name: Pharmacy
Dep. / Specialist: Health & Nutrition
Using Dictionary (No)

Question One

Define the following terms:

1- Malnutrition

2- PEM

3- Infant and young child feeding

4- Multiple micronutrient powders (MNPs)

5- Large-scale fortification

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6- BEST

7- Cretinism

8- Intermittent dose of iron

9- Comprehensive implementation action plan on maternal, infant and young children nutrition

10- Megaloblastic anemia

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Question Two:

Please put (T) for true answers and Put (F) for false answers:

- 1) Wasting represents long term growth retardation ().
- 2) Measurement of severe malnutrition occurs with growth charts ().
- 3) Nutrition-sensitive approaches are actions that have a direct impact on the prevention and treatment of undernutrition, in particular during the 1,000 days covering pregnancy and the child's first two years.().
- 4) According to WHO vitamin A supplementation is recommended to infant and young children age 5-59 months as public health intervention ()
- 5) Nutrition-sensitive approaches involve other sectors in indirectly addressing the underlying causes of undernutrition ()
- 6) Cretinism occurs with severe infancy iodine deficiency ()
- 7) Vitamin D supplementation is recommended during in pregnancy to prevent the development of pre-eclampsia and its complications. ()
- 8) Babies born at term have accumulated an iron store which can meet the infant's iron requirements for the first four to six months of life. ()
- 9) 2016 WHO daily iron recommendations for 6-23 month age for infant and young children by 10-12.5 mg elemental iron, for three consecutive months, by drops/syrup/capsules ()
- 10) A severe vitamin B12 deficiency in the infant can cause neurological symptoms, including irritability, failure to thrive, apathy, anorexia and hematological symptoms such as megaloblastic anemia. ()

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Question Three:

Please select the best answer:

1) Different combinations of many aetiological factors can lead to PEM in children.

.....except:

- A. Role of free radicals & aflatoxin;
- B. Biological factors;
- C. Social and economic factors;
- D. Physical factors i.e. Radiation;

2) Significant biochemical and metabolic findings in kwashiorkor except:

- A. Hypoalbuminemia;
- B. Hypotonia;
- C. Hypoproteinemia;
- D. Hypoglycemia;

3) Interventions to improve maternal nutrient intake include the following except :

- A. Supplementation with iron;
- B. Folic acid;
- C. Psychological stress;
- D. Multiple micronutrients;

4) WASH program in schools including improvement of the following except :

- A. Drinking water.
- B. Hygiene.
- C. Food distribution.
- D. Sanitation.
- E.

5) Groups at risk of VAD are those who have:

- A. Diets lack vitamin A
- B. Who taken statin medication
- C. Frequent infections
- D. High needs
- E. All the above
- F. A+B+C

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- 6) Causes of Iodine Deficiency...
 - A. Mountainous areas
 - B. Culturally induced behavioral change
 - C. A+B
 - D. None of the above

 - 7) people are more at risk of vitamin D deficiency, and so are recommended to take vitamin D supplements routinely...
 - A. pregnant and breast-feeding women
 - B. babies and young children aged 6 months to 5 years
 - C. people aged 65 and over
 - D. darker skin, and for people with certain gut, liver or kidney diseases.
 - E. A+C+D
 - F. All the above

 - 8) WHO Guideline: Iron supplementation in postpartum women
 - A. Oral iron supplementation, either alone or in combination with folic acid supplementation, may be provided to postpartum women for 0–3 weeks
 - B. Oral iron supplementation, either alone or in combination with folic acid supplementation, may be provided to postpartum women for 3-6 weeks
 - C. Oral iron supplementation, either alone or in combination with folic acid supplementation, may be provided to postpartum women for 6–9 weeks
 - D. Oral iron supplementation, either alone or in combination with folic acid supplementation, may be provided to postpartum women for 6–12 weeks

 - 9) Methylmalonic aciduria and defective amino acid synthesis results from the lack of the cobalamin cofactor, clinically leading to the following except.
 - A. Pancytopenia,
 - B. Metabolic acidosis
 - C. Hypoglycemia
 - D. Hypotonia

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Question Four:

A) Explain how *age of host* can play role in *PEM etiology*?

B) What are the ways used to control VAD?

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C) Mention just one intervention suited for each stage.

FIGURE 18 Key proven practices, services and policy interventions for the prevention and treatment of stunting and other forms of undernutrition throughout the life cycle

ADOLESCENCE	INFANCY	0-5	6-23

Interventions for maternal and child undernutrition and survival', *Lancet*, vol. 371, no. 9610, February 2008, pp. 417-440.

Question Five:

Explain the following:

- Why legalization considered as one of key component in IYCF strategy.

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- Why Low birth weight LBW infant are more susceptible to be iron deficient.

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- Why *WHO* not recommended iodine supplementation to young infant aged 0-6 months.

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- Why we never normally give a high dose of vitamin A to a woman, and what is the alternative solution to get adequate vitamin A?

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- Why the body some time is unable to make enough vitamin D.

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Question Six:

A) Infant formula comes in three basic types, write them.

B) Mention the types of malnutrition.

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Question Seven:

A) Symptoms of *gastroesophagal reflux* in infants include:

B) Compare between home prepared and commercial baby food

C) You are iNGOs nutrition officer, and it's required from you to design an intervention to prevent the micronutrient deficiency among children and pregnant women in Gaza strip, upon what you learned from course sessions, how you can address those current problems taking into consideration the program success factors.

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Question Eight:

A) Write 2 causes of nutritional severe vitamin B12 and malabsorption severe vitamin B 12 deficiency.

Nutritional severe vit B12

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Malabsorption severe vit B12

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.....

Complete the missing parts

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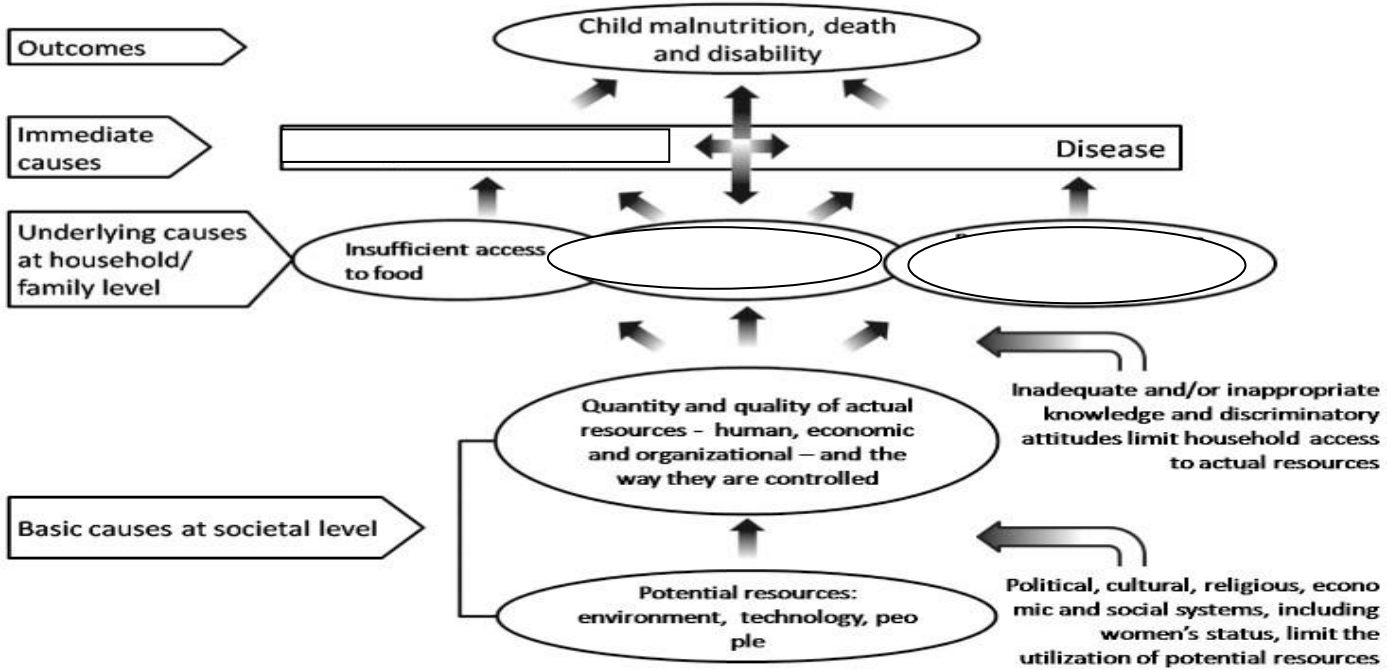
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Causes of child malnutrition



D) What is the different between hemoglobin, ferritin and hemosiderin?

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Question Nine:

Q.9 put the righteous number of A column in the front of B column in Answer place

A	Answer	B
1-UNDERWEIGHT		A severely malnourished child with features of both marasmus and Kwashiorkor.
2-STUNTING		Diarrhea management
3-WASTING		Height for age – height compared to a reference population of the same age.
4-Kwashiorkor		Represents simple starvation, the body adapts to a chronic state of insufficient caloric intake
5-Marasmic-kwashiorkor		pernicious anemia
6-Marasmus		It is the body's response to insufficient protein intake but usually sufficient calories for energy
7-B12		The suggested scheme for supplementation is 1.5–2 g daily, with the total dose divided into three doses , preferably taken at mealtimes
8-Calcium		Weight for age – weight compared to age in a reference population
9 -Zink		Weight for height – weight compared to a reference population of the same height.

End of Questions
Good Luck