

Course No: DNUR2311
 Course Title: Maternity and
 Genecology Nursing
 Date: 20/05/2013
 No. of Questions: (6)
 Time: 2hours
 Using Calculator (No)

University of Palestine

 Final Maternity Exam
 3^{ed} 2012/2013
 Total Grade:

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Answer sheet:

Please answer the question on this sheet

1- A- B- C- D	21- A- B- C- D	match
2- A- B- C- D	22- A- B- C- D	()
3- A- B- C- D	23- A- B- C- D	()
4- A- B- C- D	24- A- B- C- D	()
5- A- B- C- D	25- A- B- C- D	()
6- A- B- C- D	26- A- B- C- D	()
7- A- B- C- D	27- A- B- C- D	()
8- A- B- C- D	28- A- B- C- D	()
9- A- B- C- D	29- A- B- C- D	()
10- A- B- C- D	30- A- B- C- D	()
11- A- B- C- D		()
12- A- B- C- D		
13- A- B- C- D		
14- A- B- C- D		
15- A- B- C- D		
16- A- B- C- D		
17- A- B- C- D		
18- A- B- C- D		
19- A- B- C- D		
20- A- B- C- D		

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Question One: MCQ

30 marks

1- The period following delivery of the baby and placenta to about 6-8 weeks is named:

- A. First stage of labour
- B. Puerperium
- C. Second stage of labour
- D. Third stage of labour

2- The normal lochia on the first few days after delivery is characterized as

- A. Pinkish with some blood clots
- B. Whitish with some mucus
- C. Reddish with some mucus
- D. Serous with some brown tinged mucus

3- Common cause of post partum hemorrhage

- A. Cervical tear
- B. Rupture uterus
- C. Uterine atony
- D. Blood disease

4- Which of the following amounts of blood loss following birth marks the criterion for describing postpartum hemorrhage?

- A. More than 200 ml
- B. More than 300 ml
- C. More than 400 ml
- D. More than 500 ml

5. Most common cause of early pregnancy loss:

- A. Chromosomal anomalies
- B. Uterine anomalies
- C. TORCH infection
- D. Diabetes Miletus

6- A client 12 weeks' pregnant come to the emergency department with abdominal cramping and moderate vaginal bleeding. Speculum examination reveals 2 to 3 cm cervical dilation. The nurse would document these findings as which of the following?

- A. Threatened abortion
- B. Inevitable abortion
- C. Complete abortion

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D. Missed abortion

7- A client 14 week's pregnant come to emergency room with signs of abortion, when taking history she say that this is her third recurrent abortion, the nurse will document these finding as:

- A. Threatened abortion
- B. Inevitable abortion
- C. habitual abortion
- D. Missed abortion

8- Upon assessment the nurse found the following: fundus at 2 fingerbreadths above the umbilicus, last menstrual period (LMP) 5 months ago, fetal heart beat (FHB) not appreciated. Which of the following is the most possible diagnosis of this condition?

- A. Hydatidiform mole
- B. Missed abortion
- C. Pelvic inflammatory disease
- D. Ectopic pregnancy

9. Confirmation diagnosis of vesicular mole by :

- A. Vaginal examination
- B. X- ray
- C. Abdominal examination
- D. U/S

10. Most common feature of Ectopic pregnancy :

- A. Sharp abdominal pain
- B. Amenorrhea
- C. Fainting attach
- D. Vaginal bleeding

11- Which of the following is described as premature separation of a normally implanted placenta during the second half of pregnancy, usually with severe hemorrhage?

- A. Placenta previa
- B. Ectopic pregnancy
- C. Incompetent cervix
- D. Abruptio placentae

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12- A pregnant mother is admitted to the hospital with the chief complaint of profuse vaginal bleeding, 36 wks, not in labor. The nurse must always consider which of the following precautions:

- A. The internal exam is done only at the delivery room under strict asepsis and readiness for any emergency
- B. The preferred manner of delivering the baby is vaginal
- C. An emergency delivery set for vaginal delivery must be made ready before examining the patient
- D. Internal exam must be done following routine procedure

13- In placenta Praevia Marginalis, the placenta is found at the:

- A. Internal cervical os partially cover the opening
- B. External cervical os slightly covering the opening
- C. When the placenta is at the edge of the internal os.
- D. Lower portion of the uterus completely covering the cervix

14- A pregnant lady complaining of persistent vomiting and fatigue which affected her daily life, the true diagnosis will be:

- A. Ectopic pregnancy
- B. Hydatiform mole
- C. Hyperemesis gravidarum
- D. Abortion

15- When a pregnant woman goes into a convulsive seizure, the MOST immediate action of the nurse to ensure safety of the patient is:

- A. Apply restraint so that the patient will not fall out of bed
- B. Put a mouth gag so that the patient will not bite her tongue and the tongue will not fall back
- C. Position the mother on her side to allow the secretions to drain from her mouth and prevent aspiration
- D. Check if the woman is also having a precipitate labor

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16- Which of the following would the nurse identify as a sign of PIH?

- A. Edema of the feet and ankles
- B. Edema of the hands and face
- C. Weight gain of 1 lb/week
- D. Early morning headache

17- A client with severe pre- eclampsia is admitted with of BP 160/110, proteinuria, and severe pitting edema. Which of the following would be most important to include in the client's plan of care?

- A. Daily weights
- B. Convulsion precautions
- C. Right lateral positioning
- D. Stress reduction

18- The development of pre eclampsia in pre existing hypertension is increase in systole and diastole by:

- A. 20mmhg systole / 15 mm hg diastole
- B. 40mmhg systole / 10 mm hg diastole
- C. 30mmhg systole / 15 mm hg diastole
- D. 10mmhg systole / 5 mm hg diastole

19- The major complication of eclampsia are:

- A. Convulsions, coma and Cerebral haemorrhage
- B. Renal failure, .Heart failure, and .Liver failure
- C. Disseminated intravascular coagulation, and Abruption placenta
- D. All the above

20- The main reason for an expected increased need for iron in pregnancy is:

- A. The mother may have physiologic anemia due to the increased need for red blood cell mass and increase blood volume
- B. The mother may suffer anemia because of poor appetite
- C. The fetus has an increased need for RBC which the mother must supply
- D. The mother may have a problem of digestion because of pica

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21- A gravida-cardiac mother is advised to observe bed rest primarily to

- A. Allow the fetus to achieve normal intrauterine growth
- B. Minimize oxygen consumption which can aggravate the condition of the compromised heart of the mother
- C. Prevent perinatal infection
- D. Reduce incidence of premature labor

22- The neonate of a mother with Diabetes Mellitus is prone to developing hypoglycemia because:

- A. The pancreas is immature and unable to secrete the needed insulin
- B. There is rapid diminution of glucose level in the baby's circulating blood and his pancreas is normally secreting insulin
- C. The baby is reacting to the insulin given to the mother
- D. His kidneys are immature leading to a high tolerance for glucose

23- Which of the following best describes preterm labor?

- A. Labor that begins after 24 weeks gestation and before 37 weeks gestation
- B. Labor that begins after 15 weeks gestation and before 37 weeks gestation
- C. Labor that begins after 24 weeks gestation and before 28 weeks gestation
- D. Labor that begins after 28 weeks gestation and before 40 weeks gestation

24- Which of the following is the nurse's initial action when umbilical cord prolapsed occurs?

- A. Begin monitoring maternal vital signs and FHR
- B. Place the client in a knee-chest position in bed
- C. Notify the physician and prepare the client for delivery
- D. Apply a sterile warm saline dressing to the exposed cord

25- A patient who has had one previous Caesarean Section and is in labour

- A. Should be delivered by Caesarean section immediately
- B. Should not have an epidural anaesthetic
- C. Should not be prescribed intravenous syntocinon to augment labour
- D. Should have continuous mother and fetal monitoring

26- When uterine rupture occurs, which of the following would be the priority?

- A. Limiting hypovolemic shock
- B. Obtaining blood specimens
- C. Put the mother in complete bed rest
- D. Inserting a urinary catheter

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27- All are signs and symptoms of amniotic fluid embolism except:

- A. Dyspnea and cyanosis
- B. Cardiac arrest
- C. Convulsion
- D. Hypertension

28- The best treatment for a patient with uterine rupture is:

- A. Taking blood sample
- B. Preparing the patient to CS
- C. Induce labor by oxytocin
- D. Notify the doctor immediately

29- All these are signs of obstructed labour except

- A. No engagement despite of good contraction
- B. The cervix dilated rapidly
- C. Dehydration
- D. Retraction ring is seen

30- The most common complications for the prolonged labor are:

- A. Edema and laceration
- B. Uterine prolapse
- C. Fetous head compression and hypoxia
- D. All the above

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Question Two:

Match the following:

10 marks

()	Missed abortion	1- Is metabolic disorder of carbohydrate during pregnancy
()	Gestational diabetes	2- It is started from complete cervical dilatation until complete delivery of fetous
()	Abruptio placenta	3- Is an abnormal small amount of amniotic fluid 300 – 500 ml
()	Obstructed labor	4- Is the presence of placental tissue over or adjacent to the cervical os
()	2nd stage of labour	5- Retention of dead products of conception for 4 weeks or more
()	Induction of labor	6- When there is no advance of the presenting part despite strong uterine contractions
()	Prolonged pregnancy	7- Is the complete or partial separation of a normally situated placenta from its uterine site after the 28 th week of gestation until the 2 nd stage of labour.
()	Cord prolapse	8- Is the initiation of labour by artificial means, for medical reasons
()	Placenta praevia	9- Or post term pregnancy which continuo for over than 42 weeks
()	Oligyhydraminos	10- The cord lies in front of the presenting part and the membranes are ruptured

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Question Three: answer these question 4 marks each

1- What are the signs of second stage of labour?

2- Mention causes of uterine rupture

4- Define the following:

- **Polyhydramnios**

- **Normal labour**

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- **Abortion**

- **Eclampsia**

- **Caesarean section**

End of Questions
Good Luck