



Final Exam for Second Year technical students

(First term) (2021/2022)

(Model Answer)

Date	Department	Course name
15- 1 -2022	Obstetrics and Gynecological Nursing	Advanced nursing specialist (1)

Time allowed: 3 hours

Total marks: 100 marks

I: Choose the correct answer:

Marks (50)

1. What is the stage of eclamptic fit at which there are blood-stained frothy discharge from the mouth, Pyrexia due to muscular effort and involuntary passage of stool and urine?

- a. Clonic stage.
- b. Tonic stage.
- c. Premonitory stage.
- d. Coma stage.

2. What is the nursing instruction for follow up of woman who had evacuated the vesicular mole?

- a. Follow up at monthly interval for one year.
- b. Follow up 3 monthly intervals for one year.
- c. Follow up 2 monthly intervals for one year.
- d. Follow up 4 monthly intervals for one year.

3. Which of the following is the most common type of breech presentation?

- a. Incomplete or footling breech.
- b. Frank breech.
- c. Complete breech.
- d. Kneeling breech



4. Prolapsed umbilical cord is associated with all of the following, except.

- a. Malpresentation
- b. Poly hydramnios
- c. Long cord
- d. **Post-term pregnancy**

5. A nurse is preparing to assess the uterine fundus of a woman in the immediate postpartum period. When the nurse locates the fundus she notes that the uterus feels soft and boggy. Which of the following nursing interventions would be most appropriate initially?

- a. **Massage the fundus until it is firm.**
- b. Elevate the mother's legs.
- c. Push on the uterus to assist in expressing clots.
- d. Encourage the mother to void.

6. Which of the following put pregnant woman at risk of developing diabetes mellitus :

- a. Negative family history of diabetes
- b. **Polyhydrominos.**
- c. Mother between 20-45 years old.
- d. Primipara

7. A 39-year-old pregnant woman at 37 weeks gestation is admitted to the hospital with complaints of vaginal bleeding following the use of cocaine 1 hour earlier. Which complication is most likely causing the client's complaint of vaginal bleeding?

- a. Placenta previa.
- b. **Abruptio placentae.**
- c. Spontaneous abortion.
- d. Ectopic pregnancy.



8. In severe preeclampsia, proteinuria is defined as greater than.

- a. 0.3 gm in a 24 hour period.
- b. 1 gm in a 24 hour period.
- c. 5 gm in a 24 hour period.**
- d. 7.5 gm in a 24 hour period.

9. Miss Hend 45 years old , she was pregnant at 7 weeks , she had attended outpatient clinic for follow up , she complains from severe vaginal bleeding (prune juice) , Expulsion of vesicles , headache, moderate pain , the obstetrician told her that her fetus never develop and her pregnancy is abnormal. **What is the expected nursing diagnosis of this case?**

- a. Ectopic pregnancy.
- b. Inevitable abortion.
- c. Vesicular mole.**
- d. Normal pregnancy.

10. Which of the following describes symptoms of placenta previa?

- a. Bright red, causeless vaginal bleeding**
- b. Quickening.
- c. Nausea and vomiting.
- d. Dizziness

11. Mervat 33 years old, she have pregnancy of 8 weeks, she complains from vaginal bleeding and visible products of conception, regular uterine contraction and pain, PV examination show a dilated cervix. What is the expected nursing diagnosis of this case?

- a. Threatened abortion.
- b. Inevitable abortion.**
- c. Ectopic pregnancy.
- d. Vesicular mole.



12. Eden's criteria for sever eclampsia characterized by:

- a. Less than 6 convulsions.
- b. **Pulse > 120 beat/min.**
- c. Coma 3hr.
- d. Edema.

13. Which of the following describes normal lochia findings in the first 24 hours post-delivery?

- a. **Bright red blood.**
- b. White discharge.
- c. Brownish with a foul odor.
- d. Tissue debris.

14. Which of the following is symptom of concealed placenta abruption?

- a. Bright vaginal bleeding.
- b. Slight abdominal pain.
- c. **Acute abdominal pain.**
- d. Severe vaginal bleeding.

15. In case of concealed abruption placenta, during the abdominal examination of woman .Which of the following uterine observation is observed by the nurse?

- a. **Fundal level is larger than period of amenorrhea.**
- b. Uterus is normal in size.
- c. Fundal level is less than period of amenorrhea.
- d. Fundal level is equal to period of amenorrhea.

16- What is the standard test for diagnosis of diabetes mellitus?

- a. **Glucose tolerance test**
- b. Glucose challenge test
- c. Fasting blood sugar
- d. Glycosylated hemoglobin A_{1c}



17. When are most pregnant patients tested for gestational diabetes?

- a. 6-12 weeks gestation
- b. 12-20 weeks gestation
- c. 24-28 weeks gestation**
- d. 34-36 week gestation

18. All of the following increase the risk for placenta abruption *except*:

- a. Hypertensive disorders of pregnancy.
- b. Tumor.
- c. A woman's first pregnancy.**
- d. Maternal abdominal trauma.

19. Pregnancy is diabetogenic due to which of the following:

- a. Physiological changes of pregnancy
- b. Psychological changes of pregnancy
- c. Placental hormones**
- d. Abdominal large size

20. Which of the following is considered as risk factor of diabetes mellitus?

- a. **Obesity**
- b. Oligohydrominos.
- c. Mother between 20-45 years old.
- d. Primipara

21. Conservative treatment of placenta previa is indicated in all of them *except*:

- a. Delayed termination of pregnancy till (37- 38th w).**
- b. Indicated in presentations after the 37th week.
- c. If baby is alive, small amount of bleeding.
- d. Patient not in labor.



22. Which of the following describes placenta previa marginalis?

- a. Cervical opening is completely covered by the placenta
- b. Cervical opening is partially covered by the placenta
- c. The edge of placenta reach but not covers internal os**
- d. The placenta reaches and covers internal os

23. Which major neonatal complication is carefully monitored after the birth of the infant of a diabetic mother?

- a. Hypoglycemia**
- b. Hypercalcemia
- c. Hypoinsulinemia
- d. Hypobilirubinemia

24. Which of the following refers to maternal complication of placenta previa?

- a. Malpresentation.**
- b. Coagulation defect.
- c. Oliguria.
- d. DIC.

25. Fatima experienced painless vaginal bleeding has just been diagnosed as having a placenta previa. Which of the following procedures is usually performed to diagnose placenta previa?

- a. Amniocentesis.
- b. Digital or speculum examination.
- c. External fetal monitoring.
- d. Ultrasound.**



II: Write letter (A) in front true sentences or letter (B) in front false sentences

(20 Marks)

26-Preterm labor is defined as spontaneous onset of painful regular uterine contraction at any time prior to 37th week of gestation.	A
27- Hypertonic contractions are effective uterine contractions.	B
28- A brow presentation is a cephalic presentation in which the head is midway between flexion and extension.	A
29- Occipitoposterior position is a vertex presentation with fetal back directed posteriorly.	A
30- It is recommended for pregnant women to eat diet high in vitamin c to make iron absorption more efficient.	A
31-Imminent eclampsia means that the patient is on the verge to develop eclampsia	A
32- Premonitory stage of eclampsia characterized by rolled up of eyes .	A
33- All pregnant women with gestational diabetes will have caesarian section delivery.	B
34- Shoulder presentation occurs when the fetus's long axis is perpendicular to the maternal axis in a transverse lie.	A
35- Secondary postpartum hemorrhage is described as that occurring within the first 24 hours after delivery.	B



III: Answer the following questions: (30 Marks)

1- Enumerate characters of baby of diabetic mother (5 Marks)

1. Over sized (4.5 kg)= macrosomia
2. Moon face
3. Baby length is more than usual
4. Coated with vernix caseosa
5. Large umbilical cord
6. Large placenta
7. Congenital anomalies may be present
8. Hypertrophy of islets of langerhans (pancreas)

2-Enumerate maternal and fetal complications of eclampsia?

(5 Marks)

A) Immediate:

Fetal

- 1- Prematurity
- 2- intrauterine growth retardation (I.U.G.R)
- 3- I.U.F.D.
- 4- Fetal hypoxia (distress)

Maternal

- 1- Hemorrhage: a) Accidental b) cerebral
- 2- Failure: a) Renal b) Heart c) Liver d) Suprarenal
- 3- Aspiration pneumonia and maternal hypoxia

B) Remote:

- 1- Residual chronic hypertensive or albuminuria
- 2- Recurrent PIH in the subsequent pregnancies.



3-Differentiate between atonic and traumatic postpartum

Hemorrhage? (10 Marks)

<i>Character</i>	<i>Atonic</i>	<i>Traumatic</i>
1-Uterus: Size	Large.	Small.
2-Consistency	Flabby	Firm.
3-Contractions	Deficient	Well contracted
4-Squeezing	Gushes of clots coming down.	No effect on the flow.
5-Bleeding :	Nature Gushes of dark or clotted blood	Continuous flow.
6-Color	Dark	Fresh
7-Site	Coming down through the cervical canal.	From laceration

4-Discuss prevention of puerperal sepsis? (10 Marks)

Antenatal

- Good antenatal care
- Good nutrition
- Correct anemia
- General hygiene
- Frequent follow up
- Proper exercise
- Treat any infection present in tonsils and teeth

Intranatal



Following aseptic technique

• Avoid Over crowding

- Decrease Manipulation
- Empty of the bladder
- Avoid tear, laceration, dehydration & exhaustion
- Repair of any laceration
- Check vital signs

Postnatal

Restrict number – of visitors

• General hygienic care

Early ambulation

• proper position

Good nutrition

• Avoid anemia

Encourage breast feeding

Daily observation of general condition (lochia- perineum- vital signs)

GOOD LUCK

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