



MODEL ANSWER

Obstetrics and Gynecological Nursing Department Course Codes (301- Nursing)

Reproductive Health Nursing

Final Exam for 3rd Year Students

Date: 14 / 5 /2018 Time allowed: 3 hours Total marks: 80

Important instruction for all students: please read carefully

Allocated time	3 hours
Total allocated marks	(80 marks)
Number of papers	8
Numbers of questions	(7 questions)
How to answer	Choose the correct answer for MCQ, true/ false, matching & write the answers for the questions below (Complete , differences, list & Essay)
Attention	All questions are to be answered

ملحوظة هامة : امتحان الشفوى سوف يعقد فى نفس اليوم عقب الانتهاء من الامتحان التحريرى بالدور الثالث
بقسم تمريض صحة المرأة و التوليد

I. Choose the best answer:

Marks (20)

1- The site of implantation of fertilized ovum is:

- a- Anterior of upper section of the uterus.
- b- Anterior of lower section of the uterus.
- c - Posterior of upper section of the uterus.**
- d- Posterior of lower section of the uterus.

2- The most common type of anemia during pregnancy is due to which of the following:

- a. Iron deficiency anemia.**
- b- Folic acid deficiency anemia.
- c- Sickle cell anemia
- d- Hemolytic anemia.

3- Which of the following circumstances is most likely to cause uterine atony and lead to postpartum hemorrhage?

- a. Hypertension
- b. Cervical and vaginal tears
- c. Urine retention**
- d. Endometritis

4-- The blastocyst stage is :

- a. Mass of 8 cells.
- b. Mass of 18 cells.
- c. Inner cell mass, cavity and outer layer.**
- d. Divisions after two cavities appear in amniotic sac.

5- From physiological method of family planning all the following EXCEPT:

- a. Lactation amenorrhea method
- b. Fertility awareness method
- c. Female condom**
- d. Coital interruption method

6-From mechanism of action of estrogen as contraception EXCEPT :

- a. Affect endometrial which become unsuitable for implantation
- b. Increase tubal motility**
- c. Inhibit hypothalamus ovarian axis lead to suppress ovulation
- d. Change cervical mucus and decrease sperm penetration
- e. None of the above

7- During delivery, what comes next after Engagement, Descent, and Flexion?

- a. Internal Rotation.**
- b Extension.
- c. External Rotation.

d. Expulsion

8-Newborn (5 minutes old), has pink skin color of its' chest, belly, and face, but it's arms, hands, legs and feet are blue. This is:

a. Normal

b. Abnormal, but usually does not result in brain damage.

c. Abnormal and usually results in brain damage.

d. Normal as far as the brain is concerned, but permanent and considered a birth defect

9- The following are skin changes in pregnancy EXCEPT

a- Chloasma

b. Striae gravidarum

c. Linea negra

d. Chadwick's sign

10-The average weight gain during pregnancy is

a. 14 kg

b. 10 kg

c. 12.5 kg

d. 11.5 kg

11- Which of the following is a characteristic posture of pregnancy?

a. kyphosis

b. hyperextension

c. lordosis

d. scoliosis

12-Conservative treatment of placenta previa 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.

13- A 39-year-old gravida 4, para 3 woman who is 38 weeks pregnant presents to the ED with painful, bright red vaginal bleeding after falling down 5 stairs. She landed on her buttocks and reports no loss of consciousness. On examination, her uterus is tender and firm. Past medical history is significant for smoking cigarettes. A bedside trans-vaginal ultrasound is negative for placenta previa. The fetal heart rate is 100 bpm. The patient's vital signs are blood pressure, 95/60 mm Hg; heart rate, 125 bpm; respiratory rate, 20 breaths/min; and temperature, 98.5°F (37°C). Peripheral access is obtained with 2 large-bore IV lines.

What is this patient's most likely diagnosis?

a. Cervical polyp

b. Placental abruption

c. Preeclampsia

d. Preterm labor

e. Vasa previa

14-On which of the postpartum days can the client expect lochia serosa

- a. Days 3 to 4 pp
- b. Days 3 to 10 pp**
- c. Days 10 to 14pp
- d. Days 14 to 42pp

15-The standard test for diagnosis of diabetes mellitus is

- a. Glucose tolerance test**
- b. Glucose challenge test
- c. Fasting blood sugar
- d. Glycosylated hemoglobin A1c

16- Which of the following symptoms do women commonly experience during the menstrual cycle?

- a. Sever pain
- b. Irritability**
- c. Widespread vesicular rash
- d. Photophobia

17- At which point in the menstrual cycle is a women most fertile?

- a. Days 1-5
- b. Days 9-16**
- c. Days 17-21
- d. Days 22-28

18-Where are luteinizing hormone (LH) and follicle stimulating hormone (FSH) produced?

- a. Hypothalamus
- b. Anterior pituitary**
- c. Posterior pituitary
- d. Adrenal glands

19-Characteristic of normal labor :

- a. occurs at term
- b. without any complication
- c. has single fetus
- d. all of the above**

20-The length of the anterior vaginal wall is :

- a. 7.5cm**
- b. 10cm
- c -12cm
- d- 8cm

II. Circle (T) if the statement is true, (F) if the statement is false Marks (10)

1-	Anemia is considering a low level of hemoglobin less than 12 gm/dl during pregnancy.	T	F
2-	Cystocele is anterior vaginal prolapsed is that associated with the bladder	T	F
3-	The first symptom of post partum infection is usually fever greater than 38c	T	F
4-	Hypertonic contractions are effective uterine contractions	T	F
5-	Vaginal bleeding in molar pregnancy is prune juice	T	F
6-	The cervix protrude from the vulva in the first degree of uterine prolapse	T	F
7-	Methotrexate is a drug given for women as treatment of ectopic pregnancy	T	F
8-	pregnancy is diabetogenic because of rising levels of human placental lactogen hormones, estrogen, progesterone, and adrenal cortisol.	T	F
9-	Isthmus is the narrowest portion of the fallopian tube.	T	F
10-	Ergometrine is administered in 3rd stage of labor to heart disease women to control blood loss	T	F

1	2	3	4	5	6	7	8	9	10
F	T	T	F	T	F	T	T	T	F

IV. Give one difference between: Marks (5)

1-Schultze & Duncan mechanism of placental delivery

Schultze machanism : the placenta separates from the inside to the outer margins, it is expelled with the fetal (shiny) side presenting .

Duncan mechanism : the placenta separates from the outer margins inward, it will roll up and present sideways with the maternal surface delivering first.

2-Cord prolapse, cord presentation and occult prolapsed

- **cord prolapse:** descent of the umbilical cord past the presenting fetal part. In this case, the cord is through the cervix and into or beyond the vagina. Overt umbilical

cord prolapse requires rupture of membranes. This is the most common type of cord prolapse.

- **occult umbilical prolapse:** descent of the umbilical cord alongside the presenting fetal part, but has not advanced past the presenting fetal part. Occult umbilical prolapse can occur with both intact or ruptured membranes.
- **(cord) presentation:** presence of the umbilical cord between the presenting fetal part and fetal membranes. In this case, the cord has not passed the opening of the cervix. In funic presentation, the membranes are not yet ruptured.

3-Pregnancy follow up visits Schedule for low and high risk pregnancy

a- **In an uncomplicated(LOW) pregnancy,** a woman should be seen every 4 weeks for the first 28-30 weeks of pregnancy, every 2 weeks until 36 weeks, and weekly there after until delivery.

b- **High-risk pregnancies,** a woman should be seen every 2 weeks for the first 28-30 weeks of pregnancy, weekly until 36 weeks, and hospitalized after until delivery.

4-Follow up schedule in first and second year after treatment of molar pregnancy

- Follow up at monthly interval for one year:
- 3 monthly interval for another year.

5-Threatened and inevitable abortion.

Threatened	inevitable
Pain with less bleeding Only slight contraction Closed cervix	Pain with bleeding (visible product of conception) Regular uterine contraction Dilated cervix

III. Match of the following:

Marks (10)

Column (A)	Column (B)
1- occipital posterior position	A- The disparity in the relation between the fetal head and the maternal pelvis
2- face presentation	B-Uterine contractions felt during bimanual examination , early in pregnancy

3- . Hyperemesis	C-Vertex presentation with fetal back posteriorly
4- -Cephalo- pelvic disproportion	D-The head down position the head hyperextend
5-Menopause	E- Uterine contractions detected during abdominal examination , late in pregnancy
6-Vesicular mole	F- Convulsions
7- palmer's sign	G-Excessive vomiting
8- Braxton hick's contractions	H-The first sensation of the fetal movement
9-. Eclampsia	I- permanant cessation of menstruation
10-Quickening	J- It is a benign neoplasm of the chorionic villi

1	2	3	4	5	6	7	8	9	10
C	D	G	A	I	J	B	E	F	H

V. Complete the following:

Marks (10)

1-Infertility is defined as **inability to conceive and to continue pregnancy to get a live-born baby after one year of regular intercourse without contraception methods.**

2-Charterstics of true labor pain **the fetus is born at full term (> Completed 37 weeks), The fetus is living, The fetal presentation is vertex, The process of labor is completed spontaneously, The process of labor is completed through the natural passages, The time of labor does not exceed 24 hours, Regular uterine contractions Dilitation of the cervix, Descent of the presenting part Without complication to the fetus and mother.**

3- The methods of contraception after treatment of molar pregnancy is **mechanical method** or **pills**

4- Types of Breech presentations are **Frank breech, Complete breech and Incomplete or footling breech.**

5 - Causes of bleeding in early pregnancy are **abortion, ectopic pregnancy, vesicular mole.**

6- - Predisposing factors of uterine prolapse **Congenital, Childbirth Trauma , Raised intra-abdominal pressure, Menopause and Iatrogenic**

7- Long-term menopause symptoms are **osteoporosis, coronary heart diseases and hypertension**

8- Stages of eclampsia fit are ***Premonitory stage, Tonic stage, Clonic stage and Stage of coma***

9-Heart disease with pregnancy can be classified into **asymptomatic with normal activity, Symptoms with normal physical activity, Moderate to marked limitation of physical activity and Severe limitation of physical activity-**

10- The fallopian tube is open pass way extended from **the cornua of the uterus** towards **the sidewalls of the pelvis**, each tube is **10** cm in long

VI. List the following : Marks (15)

1. Factors affecting selection of family planning methods:

- **Desire for permanent or temporary birth control**
- **Effectiveness of a given method.**
- **Influence of the media (emphasis on positive or negative aspects or side effects of a method).**
- **Cost.**
- **Frequency of sexual intercourse.**
- **Religious factors .**

2. List complications of pre-eclampsia:

- **PIH progressing to eclampsia.**
- **Renal cortical necrosis.**
- **Hepatic failure , liver necrosis.**
- **Cerebral hemorrhage.**
- **Pulmonary edema.**
- **Disseminated Intravascular Coagulopathy**
- **Fetal hypoxia, intrauterine death and preterm.**

- **HELLP syndrome: severe form of preeclampsia associated with hemolysis and elevated liver enzymes and low platelet count less than 100.000 mm³.**

3. Effect of heart disease on pregnancy:

- **Maternal :** A- Abortion B- Preterm labor.
- **Fetal:** c- Fetus death D- Fetuses small for gestational age(IUGR) E-Congenital heart disease in baby.

4. Characters of baby of diabetic mother:

- **Over sized (4.5 kg)= macrosomia**
- **Moon face**
- **Baby length is more than usual**
- **Coated with vernix caseosa**
- **Large umbilical cord**
- **Large placenta**
- **Congenital anomalies may b present**
- **Hypertrophy of islets of langerhans (pancreas)**

5. Psychological symptoms of menopause:

- **Irritability**
- **Forgetfulness**
- **nervousness**
- **Insomnia**
- **Depression**
- **Difficult to concentrate**

- **Lethargy**

VII. Essay : Marks (10)

1- Discuss prevention of uterine prolapse during antenatal, labour and puerperium.

Prevention during the ante natal period:

(from conception to until birth)

- Education about importance of good ante natal care
- examination general, local and ultrasound and urine & blood analysis
Good balanced diet - hygiene- rest-sleep-immunization.
- The importance of family planning after birth and exercise.
- Avoid health hazards and treatment chronic anaemia.

Prevention during labour

- First stage Avoid straining. Bladder & rectum empty.
- Second stage: - Avoid voluntary bearing down, Avoid forceps application or breech extraction before full cervical dilation.
- Third stage: A void fundal pressure for delivery of the placenta.

Prevention during puerperium:

- Frequent emptying of the bladder.
- Kegel's exercises for the pelvic floor muscle.

Ring pessary for 2 months of prolapse is diagnosed within 6w.

2- Discuss nursing intervention for women having septic abortion.

- **Intravenous broad-spectrum antibiotics**
- **Evacuate uterus promptly by suction curettage**

- **Blood transfusion**
- **Monitor amount and type of bleeding**
- **Monitor vital signs; assess for hypovolemia and shock.**
- **Monitor laboratory work; prepare for administration of blood.**
- **Monitor fetal heart if pregnancy is beyond twentieth weeks**

3- Explain nursing management of pregnant women with anemia.

General Measures:

Diagnosis is determined by laboratory blood studies.

For most anemias, supplements are prescribed.

For G6PD deficiency, treatment is supportive and educational.

Sickle cell anemia in pregnant women requires careful medical **management**; usually done by specialists.

If the tongue is red and sore, rinse with warm salt water 3 or 4 times a day. Use 1 teaspoon salt to 8 oz. warm water.

Brush teeth with a soft toothbrush.

Medication

Iron, folic acid and other supplements may be prescribed. For better absorption, take iron supplements 1 hour before eating or between meals. Iron will turn bowel movements black, and often causes constipation. Iron sometimes may be taken with meals if it has caused an upset stomach.

Activity

Rest often until the anemia disappears.

Diet

Eat well and take prescribed supplements. Increase fiber and fluid intake to prevent constipation.

4- Discuss prevention of postpartum hemorrhage.

Antenatal care

- Complete history should be taken to identify high-risk patients who are likely to develop PPH.
- Improvement of health status specially to raise the hemoglobin level.
- Hospital delivery of high-risk patients who are likely to develop PPH. e.g. polyhydramnios, multiple pregnancy, grand multipara, APH and severe anemia.

- Routine blood grouping and typing for immediate management during emergency.

Adequate management of labor

- Evacuation of bladder and rectum
- Avoiding excessive analgesia or anesthesia
- Avoiding traumatic delivery
- Proper management of 3rd stage of labor
- Second stage of labor should be short
- Proper management of 3rd stage of labor
- Avoid massaging the uterus before separation of the placenta
- Examine of birth canal to detect lacerations.

Postpartum monitoring

- Effective management of the fourth stage.

Good Luck

With Best Wishes

Obstetrics and Women's Health Nursing Department

Prepared BY

Staff Members of Obstetrics and Gynecological Nursing Department
Faculty of Nursing
Benha University

Prof. DR. Amel Ahmed Hassan. Professor of Obstetrics and Gynecological Nursing
& vice Dean of Postgraduate studies & research

Ass. Prof. & Chairman of Department: Dr. Soad Abd Elsalam

Ass. Prof. Dr. Aziza Ibrahim

Ass. Prof. Dr. Hend Abdalla

Lecturer: Dr. Rehab Abd Elhady

Lecturer: Dr. Eman Mohammed Abdelhakam

Lecturer: Dr. Samah Abd Elhaleem

Lecturer: Dr. Afaf Emam

Lecturer: Dr. Amira Refat

Lecturer: Dr. Hemmat Mostafa

Lecturer: Dr. Rehab Soliman

Lecturer: Dr. Elham abozeed

Lecturer: Dr. Amira mohammed salama

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