



Reproductive Health Nursing ***Final term exam for 3rd year students***

Date: 5 /1/2015 Time allowed: 3 hour Total marks: 80

I- Choose the best answer: _____ Marks (20)

1. The gland which lies posteriorly close to the vaginal orifice is known as:
 - a. Montgomery.
 - b. Bulbourethral.
 - c. Bartholins.
 - d. Ceruminaus .

2. A woman using cervical diaphragm for contraception should be instructed to leave it in place for at least how long after intercourse?
 - a. 1 hour.
 - b. 6 hours.
 - c. 12 hours.
 - d. 28 hours.

3. Heba is pregnant client reports painless vaginal bleeding at 30 weeks, she diagnosed as placenta previa .The placental edge approached the internal os. This type of placenta known as which of the following:
 - a. Low lying placenta previa .
 - b. Marginal placenta previa.
 - c. Partial placenta previa.
 - d. Total placenta previa.

4. Which of the following are the most commonly assessed findings in pyelonephritis?
 - a. Frequency, urgency, dysuria , high fever, chills, and flank pain.
 - b. Nocturia, frequency, dysuria, hematuria, fever and suprapubic pain.
 - c. Dehydration, frequency, dysuria, suprapubic pain, chills, and fever.
 - d. Fever, flank pain, chills, nausea, vomiting, , and frequency.

5. The process of the uterus's returning to its prepregnant state is termed:

- a. Atrophy.
- b. Involution.**
- c. Retrophagic change.
- d. Endometrial discharge.

6. The nurse assesses the vital signs of a client, 4 hours' postpartum that are as follows: BP 90/60; temperature 38°C; pulse 100 weak, thready; R 20 per minute. Which of the following should the nurse do first?

- a. Report the temperature to the physician.
- b. Recheck the blood pressure with another cuff.
- c. Assess the uterus for firmness and position.
- d. Determine the amount of lochia.**

7. Nurse plans to instruct the postpartum client about methods to prevent breast engorgement. Which of the following measures would the nurse include in the teaching plan?

- a. Feeding the neonate a maximum of 5 minutes per side on the first day.
- b. Wearing a supportive brassiere with nipple shields.
- c. Breast-feeding the neonate at frequent intervals.**
- d. Decreasing fluid intake for the first 24 to 48 hours.

8. Sterility is inability to conceive due to an absolute cause:

- a. Tubal ligation.**
- b. Tubal obstruction.
- c. Endometriosis of the tube.
- d. Uterine fibroid.

9. The following are skin changes in pregnancy EXCEPT:

- a. Chloasma.
- b. Striae gravidarum.
- c. Linea negra.
- d. Chadwick's sign.**

10. Variation on the length of menstrual cycle is due to variations in the number of days in which of the following phase?

- a. Proliferative phase.
- b. Luteal phase.
- c. Ischemic phase.
- d. Secretory phase.

11. Perception of fetal movement by multigravida pregnant women:

- a. 6-8 weeks
- a. 16-18 weeks
- b. 18-20 weeks
- c. 20-24 weeks

12. A nurse in the delivery room is assisting with the delivery of a newborn infant. After the delivery of the newborn, the nurse assists in delivering the placenta. Which observation would indicate that the placenta has separated from the uterine wall and is ready for delivery?

- a. The umbilical cord shortens in length and changes in color.
- b. A soft and boggy uterus.
- c. Maternal complaints of severe uterine cramping.
- b. Changes in the shape of the uterus.

13. Cardinal movement of the second stage of labor includes:

- a. Descent, engagement, flexion, internal rotation, extension and external rotation.
- b. Descent, engagement, flexion, extension, internal rotation, restitution and external rotation.
- c. Descent, engagement, flexion, extension, restitution and external rotation.
- c. Descent, engagement, flexion, internal rotation, extension, restitution and external rotation.

14. The pregnant woman with her L.M.P. is 5 July 2013 the expected date of delivery (EDD) is:

- d. 20 April, 2014.
- e. 12 April, 2014.
- f. 12 March, 2014.
- g. 20 March, 2014.

15. Heart failure can occur at any time during pregnancy but the maximum incidence is about

- a. After 10 to 12 weeks
- b. After 20 to 24 weeks
- c. After 24 to 26 weeks
- d. After 32 to 34 weeks

16. The first stage of labor is characterized by:

- a. Pushing with contractions.
- b. Gradual cervical dilation.
- c. Crowning of the head.
- d. Delivery of the head.

17. The most common type of anemia in pregnancy is due to which of the following:

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

18. Upon assessment, the nurse got the following findings: 2 perineal pads highly saturated with blood within 2 hours post partum, PR = 80 bpm, fundus soft and boundaries not well defined. The appropriate nursing diagnosis is:

- a. Normal blood loss.
- b. Blood volume deficiency.
- c. Inadequate tissue perfusion related to hemorrhage.
- d. Hemorrhage related to uterine atony.

19. Which of the following is the dominator of face presentation?

- a. Scapula.
- b. Sacrum.
- c. Mentum.
- d. Brow.

20. HELLP of preeclampsia complication means:

- a. Hemolysis, elevated liver enzymes, low WBCs.
- b. Hemolysis, elevated liver enzymes, low RBCs.
- c. Hypertension, elevated liver enzymes, low platelets.
- d. Hemolysis, elevated liver enzymes, low platelets.**

II- Complete the following: _____ Marks (10)

1. **Genital prolapse** is defined as descend of one or more of the genital organs below their normal position

2. **Ovulation is mature ovum** is released from the follicle about 14th day days before the onset of the next menstrual period.

3. **Predisposing factors of abruption placenta:**

- High blood pressure
- Traction or shortening of umbilical cord
- Abdominal trauma
- Tumor
- Vitamin K deficiency
- Sudden reduction of intrauterine pressure (twins, polyhydramnios)

4. **Danger signs of pregnancy:**

- Any vaginal bleeding.
- Persistent vomiting.
- Swelling of the face or fingers
- Abdominal pain.
- Severe or continuous headache
- Blurring of vision.

5. **Components of the partogram:**

- 1- Maternal condition
- 2- Foetal condition
- 3- Progress of labour

6. **Complications of abnormal labor are (**

- 1- Fetal damage, for example, brain damage.
- 2- Fetal or neonatal death.
- 3- Intrauterine infection.
- 4- Uterine rupture.

5- Maternal death.

7. List effect of anemia on

Pregnant mother

- Tires easily and reduced enjoyment of pregnancy and motherhood due to fatigue.
- Increase incidence of abortion.
- Cardiac failure in severe anemia.
- Premature labor.
- Postpartum hemorrhage and infection.

Fetus

- Perinatal mortality is high.
- Prematurity.
- Increased risk of intra-uterine hypoxia.
- IUGR and Fetal loss.

8. A type of breech presentation at which both knee and hip are flexed is

Complete breech presentation.

III - Answer the following statement are true or false (5marks)

Read the following statements carefully and circle the letter (T) if the statement is true and the letter (F) if the statement is false.

1. The mode of action of IUCD is decrease endometrial prostaglandin T **F**
2. Finger like end of the fallopian tube is called isthmus. T **F**
3. Immediately after delivery the funds is midway between the umbilicus and symphysis pubis T **F**
4. The glomerular filtration rate increases in pregnancy. **T** F
5. A woman should be visit the antenatal clinic once every month in the first 7 months in normal pregnancy. **T** F

IV - Match of the following:

Marks (10)

1-

1. Mastitis	A. Brownish vaginal discharge			
2. Lochia alba	B. Cracked nipple			
3. Lochia serosa	C. Breast distention with swelling			
4. Lochia rubra	D. Infection of breast			
5. Engorgement	E. White vaginal discharge			
	F. Bloody vaginal discharge			
1	2	3	4	5
D	E	A	F	C

2-

1. Missed abortion	A. Abortion together with sepsis.			
2. Threatened abortion	B. Pregnancy may go to term.			
3. Septic abortion	C. The embryo died inside the uterus.			
4. Complete abortion	D. Used in case of sever congenital abnormalities.			
5. Induced abortion	E. Sonar shows an empty uterus.			
1	2	3	4	5
C	B	A	E	D

V - Answer the following:

Marks (20)

1. Discuss menopausal symptoms.

1- Vasomotor symptom : such as hot flush , palpitation , night sweat and cold flashes

- Sleep disturbances , poor quality sleep, light sleep, insomnia.
- Itching.
- Dryness.
- Bleeding.

- Watery discharge.
- Urinary frequency.
- Urinary urgency.
- Urinary incontinence.

2- Skeletal:

- Osteopenia and the risk of osteoporosis gradually developing over time.
- Joint pain, muscle pain.
- Back pain.

3- Skin, soft tissue

4- Atrophic symptoms: such as vaginal dryness and urgency of urination.

- Urogenital atrophy, also known as vaginal atrophy, (main article: Atrophic vaginitis).
- Breast atrophy
- Skin thinning and becoming drier.
- Decreased elasticity of the skin
- Formication, asensation of pins and needles, or ants crawling on or under the skin.

5- Psychological

- Mood disturbance
- Irritability
- Memory loss
- Depression and/ or anxiety
- Fatigue such as mood swings and lack of concentration etc....

6- Sexual

- Decreased libido.
- Vaginal dryness and vaginal atrophy.
- Problems reaching orgasm.
- Dyspareunia or painful intercourse

After a number of years, the ovaries almost completely stop producing the estrogen hormones, and progesterone.

Because of the various hormonal changes, the reproductive system ceases to function.

2. Explain intra partum nursing care of the cardiac woman.

First stage of labor:-

- Assurance during labor
- Observations of pulse and respiratory rate should be made every 15 minutes.
- Rest in semisitting position
- O₂ inhalation
- Reduction of possibility endocarditis by limiting number of vaginal examination
- Fetal condition should be carefully monitored and recorded.
- Antibiotic therapy

Second stage of labor:-

- The second stage should be short and without undue exertion on the mother.
- Avoid straining because raise blood pressure may lead to heart failure.
- Woman in semisitting position
- O₂ inhalation
- Shortening the 2nd stage by forceps or vacuum

Third stage of labor:-

- Ergometrine is avoided unless is severe bleeding because Ergometrine increase blood pressure and cause heart failure.

Fourth stage of labor:-

- Monitor the woman's condition closely . A 4-hourly record of her temperature will help in the early detection of infection.
- The baby is examined very carefully for any sign of hereditary heart disease.
- Breast-feeding is not contra-indicated unless the woman is in heart failure.
- Antibiotic may continue for up to 2 weeks after the birth.

3. Mention predisposing factors for puerperal sepsis.

• General

a-Malnutrition (anemia)

b-Infections (respiratory, urinary, or genital)

c-Hemorrhage.

d- Preeclampsia or eclampsia.

E- Diabetes (low resistance)

• Local:

a- Premature rupture of the membrane.

b- Prolonged labor.(Forceps)

c- Presence of perineal tears.

• **Unclean practices during delivery (manual or operative intervention)**

a- *Frequent vaginal exams*

b- *Invasive fetal monitoring*

4. List male causes of infertility.

1. Congenital factors; (absence of vasa deferentia or the tests, anatomic abnormalities as hypospadias or epispadias).

2. Ejaculation problems; (retrograde ejaculation associated with D.M, nerve damage, medications as antihypertensive drugs or surgical trauma. Premature ejaculation related to psychological problems as anxiety).

3. Sperm abnormalities; (inadequate sperm production or maturation result in decrease quality & quantity of sperm). Factors which impaired sperm function or number; abnormal hormonal stimulation of sperm production, acute or chronic illness as mumps or renal failure, infection in GT, anatomic abnormalities as varicocele or obstruction of ducts, exposure to toxins, radiation, excessive alcohol intake or smoking, immunologic factors by male or female.

4. Testicular abnormalities; (due to illness as orchitis, trauma or irradiation).

5. Coital difficulties; related to obesity or spinal nerve damage.

6. Drugs; as methotrexate or sex hormones that interfere with spermatogenesis and antihypertensive drugs which decrease erection period.

7. Semen abnormalities; abnormality in amount, consistency or chemical composition due to obstruction, inflammation or infection result in infertility.

8. Others; Infections, stress, inadequate nutrition, excessive alcohol intake that interfere with semen production.

VI- Answer the following situation: _____ Marks (15)

Miss Salma started her labor at 8 A.M. she was hospitalized after two hours. On examination her cervix was effaced 75% and 3cm dilated; uterine contractions were weak and rather irregular. She received routine care during her long, slow first stage. She started the second stage of labor at midnight. A 3000 gram baby boy was born at 2 A.M. he cried spontaneously and appeared to be normal the placenta was delivered 15 minutes later and was complete. On admission to the postpartum ward, you observed that she was bleeding excessively and her vital signs were: Temp 36°C; pulse 60 b/m weak and thread, R. 22 c/m. Bp 90/60 mmhg. Her uterus was boggy, at about the umbilicus.

- a. Determine the diagnosis of this case?

Primary Postpartum hemorrhage

- b. List possible causes of this diagnosis?

- Uterine atony
- Retained placental tissue
- Obstetric laceration
- Coagulation defects

- c. Discuss management should be provided for this case?

Management: etiology-specific

- Identify the source of bleeding
- Replacement of blood loss
- Prevention of infection

Management: uterine atony

- The bladder should be emptied

- Massage of uterus
- Bimanual compression & uterine packing
- Oxytocics and Ergometrine
- Surgery: ligation of uterine artery. hysterectomy

Management: Retained placental tissue

- Manual removal of the placenta
- Curettage
- Hysterectomy

Management: Obstetric laceration

- Systematic inspection of the whole birth canal
- Repair of laceration

Management: coagulation defects

- Other etiology excluded first
- Transfusion of fresh blood
- Replacement of Platelet, fibrinogen, coagulation factor, etc
- Treatment of DIC

مع اطيب تمنياتنا بالنجاح

أعضاء القسم:

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