



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

### Reproductive Health Nursing

### Final Exam for 3<sup>rd</sup> Year Students

Date: 3 / 1 / 2019 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	(6 questions )
How to answer	Choose the correct answer for MCQ, true/ false, matching & write the answers for the questions below (situation, 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-Which of the following mode of action of IUCD except**

- a- Act as mechanical barriers preventing ovum implantation in the endometrium
- b- Increase uterine and tubal motility
- c- It can initiate sterile inflammatory reaction
- d- Decrease endometrial prostaglandin**

**2-Which of the following from physiological method of family planning except:**

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

**3- A pregnant women suffering from heart disease feels slight dyspnea and palpitation with ordinary activity. Her cardiac function status in class:-**

- a- Class 1
- b- Class 2**
- c- Class3
- d- Class 4

**4- The nurse can assist the cardiac pregnant woman to a comfortable position as:-**

- a- Sitting`s position
- b- Semi-fowler`s position**
- c- Upright`s position
- d- Supine position

**5- The following are signs of placenta separation except:**

- a- Fundal height is raised
- b- Uterus becomes globular and ballotable
- c- Flattening of the suprapubic region**
- d- Permanent lengthening of the cord

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

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

**7- Which of the following means implantation?**

- a- The division of the zygote.
- b- The embedding of the fertilized ovum into the endometrium
- c- The union of the ovum and sperm
- d- The functional layer of the endometrium

**8- Which of the following means -Mechanism of central separation of placenta?**

- a- Duncan separation
- b- Schultz separation
- c- Letymen
- d- Naegeles

**9- Which of the following is a major factor for infertility in women?**

- a- Age
- b- Weight
- c- Anovulation
- d- Transmitted disease

**10- When caring for a client with preeclampsia, which action is a priority?**

- a- Monitoring the client's labor carefully and preparing for a fast delivery
- b- Continually assessing the fetal tracing for signs of fetal distress
- c- Checking vital signs every 15 minutes to watch for increasing blood pressure
- d- Reducing visual and auditory stimulation

**11- The safest position for a woman who is in labour with cord prolapse:**

- a- Supine position
- b- Fowlers position
- c- Trendelenburg position
- d- Lithotomy position

**12-The pathological retraction ring of Bandle is associated with:**

- a- Preterm labour
- b- Obstructed labour**
- c- Precipitate labour
- d- Abruptio placenta

**13- When developing a plan of care for a client newly diagnosed with gestational diabetes, which of the following instructions would be the priority?**

- a- Dietary intake**
- b- Medication
- c- Exercise
- d- Glucose monitoring

**14- Which of the following characters baby of diabetic mother ?**

- a- Oversized (4.5 kg )= macrosomia**
- b- Small baby
- c- Baby length is less than usual
- d- Coated with vernix caseosa

**15- Which of the following fever, foul lochial discharge and subinvolution of the uterus are signs of:**

- a- Puerperal psychosis
- b- Puerperal sepsis**
- c- Postpartum hemorrhage
- d- hypertensive disorder

**16- Six hours after delivery, the nurse notes that a woman's fundus is two finger breadths above the umbilicus and deviated to the right of the midline. What is the most likely cause of this finding?**

- a- Retained placental fragments
- b- Bladder distention**
- c- Normal involution
- d- Second-degree uterine atony

**17- Which of the following means Chadwick's sign of pregnancy ?**

- a- A softening of the isthmus uterio
- e- . **Bluish violet discoloration of the vagina**
- f- An enlargement of the fundus of the uterus
- g- An irregularity of the uterine fundus during pregnancy

**18- Which of the following means is probably responsible for the physiologic hypertrophy during pregnancy?**

- a- Decrease plasma bicarbonate.
- b- Increase estrogen production
- c- **Increase progesterone production**
- d- Decrease functional residual volume

**19- Which of the following positive sure signs of pregnancy?**

- a- Enlargement of the uterus
- b- Change in the cervix
- c- **Positive hormonal pregnancy test**
- d- Ballottment

**20- Which of the following change can be seen in puerperium?**

- a- maternal heart beat is increased 2 days after delivery
- b- Endometrium repair is resumed three weeks after delivery
- c- **Ureters will return to non-pregnant state after 8 weeks**
- d- Vaginal rugae appear after 3 months from delivery

**II . Circle (T) if the statement is true, (F) if the statement is false      Marks (15)**

1-	The cervix protrudes from the vagina in patient with first degree of uterine prolapse	T	F											
2-	Estrogen hormone is responsible in proliferative phase	T	F											
3-	The most important nursing assessment during the fourth stage of labor is distention of the bladder	T	F											
4-	Oxytocin is administered for cardiac women to short the second stage of labor	T	F											
5-	Normal labor is expulsion of fetus and placenta	T	F											
6-	Proteinuria develops earlier in women with pre-existing hypertension than other women with pre-eclampsia	T	F											
7-	In vitro fertilization (IVF) is a simple, cost-effective procedure for infertile couples	T	F											
8-	Prolonged Labor can be defined as Prolongation of the process of labour than the normal standard limits	T	F											
9-	Diabetes mellitus associated with pregnancy is a significant factor contributing to prenatal morbidity	T	F											
10-	Decidua vera which lies directly over the blastocyst and separate it from the uterine cavity.	T	F											
11-	Normal fetus presentation is occiput	T	F											
12-	The sacrum is dominator in breach presentation	T	F											
13-	Mentum is dominator is brow presentation	T	F											
14-	Anterior fontanel is triangular in shape	T	F											
15	Pre-eclampsia commonly necessitates the use of antihypertensive Agents in the puerperium	T	F											
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

**III. Match of the following:****Marks (10)**

Column (A)	Column (B)
1- Bandle's ring	A-. Is a cephalic presentation in which the head is midway between flexion and extension
2-Contracted pelvis	B- begins with 15 <sup>th</sup> day of the menstrual cycle and ends at 28 <sup>th</sup> day
3-Brow presentation	C- Occurs at the junction of the upper and lower uterine segment, it occurs at the level of umbilicus, it seen & felt as a sign of obstructed labor
4- -Luteal phase	D- Means that the essential diameters of pelvis are decreased by 1 cm or more. Small size lead to inlet, mid pelvis or outlet contracture
5-Goodells sign	E- implantation of a pregnancy outside the normal utero decidual area
6-Antenatal care	F- The period of about six weeks after childbirth during which the mother's reproductive organs return to their original non-pregnant condition
7- Ectopic pregnancy	G- the cervix become enlarged, soft and violet discoloration
8- Molding	H- It is a shortening that persists after a contraction
9-. Puerperium	I-. Preventive obstetrics health care program in which advising, counseling and attention given to a woman from the beginning of pregnancy
10-Retractation	J- The bones of the fetal skull reformed from membrane and develop calcification from their centers out towards their edges.

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

**V. List the following : Marks (15)**

**1. Etiology of obstetric laceration:**

- 1- Operative delivery
- 2- Macrosomia
- 3- Delay during episiotomy
- 4- Precipitate delivery

**5- Signs of second stage.**

- 1- Feeling a desire to evacuate the bladder or rectum
- 2- Reflex desire to bear down during contraction
- 3- The uterine contractions are more prolonged and vigorous
- 4- Rupture of membranes
- 5- Sweating

**3. Signs and symptoms of anemia during pregnancy.**

- 1- Pallor. - Fatigue.
- 2- -Anorexia. -Weakness.
- 3- -Malaise. -Dyspnea.
- 4- - Edema. - Nausea and vomiting.
- 5- -Gingivitis. -Diarrhea

**4. Characteristics of normal labor.**

... The process,

which 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
  - Dilatation of the cervix.
  - Descent of the presenting part Without complication to the fetus and mother.

**5- Toxicity of magnesium sulfate.**

1. Respiration < 12 min.
2. Absence of reflexes.
3. Urinary output < 30 ml/hr.
4. Toxic serum level 9.6 mg/dl.
5. Signs of fetal distress (e.g. fetal tachycardia or Bradycardia).
6. Significant drop in maternal pulse or B.P.

**VI. Answer the situation:**

**Marks (10)**

1- A 35 years old married female, gravida, 4 para, abortus 0, who now is at approximately 32 weeks gestation, reports having vaginal bleeding, and abdominal tenderness with pain. On exam the uterus appeared rigid, tender and hard . fetal heart tone are inaudible. and there is evident bleeding. maternal vital signs are not stable .

**Answer these questions**

- 1- What is the diagnosis?      **Placental Abruption**
- 2- What are the signs and symptoms of these types about diagnosis?

**Concealed: 1- Symptoms:** a case of acute abdominal pain

**2- Signs: (A) general examination:**

- 1- Shocked patient due to 2 types of shock:
  - a. Hemorrhagic shock (internal hemorrhage)
  - b. Neurogenic shock (acute pain)

**2- General signs of increase ABP, edema, proteinuria**

**(B) Abdominal examination**

### **1- Uterus:**

- 1- Fundal level large than period of amenorrhea
- 2- Uterus is rigid, tender and hard
- 3- Not easy palpable fetal parts
- 4- Inaudible F.H.S, no malpresentaion
- 5- No delayed engagement
- 6- No supra pubic fullness

### **C- P.V Examination:**

To determine engagement and cervical dilatation

#### **Investigation:**

- \* To confirm diagnosis U/S, MRI.
- \* Complete blood count
- \* Blood type and Rh
- \* Coagulation tests + “Clot test”

### **B) Revealed:**

**1- Symptoms:** Dark vaginal bleeding which is causeful with slight abdominal pain and usually of one attack.

#### **2-Signs :**

##### **a) General examination:**

- 1- Shocked patient depend on amount of vaginal bleeding
- 2- Signs of increase ABP, edema, proteinuria

##### **b) Abdominal examination:**

- \* Uterus is normal in size
- \* Not tender & not hard
- \* Easy palpable fetal parts
- \* Audible F.H.S , no malpresentaion

- \* No delayed engagement
- \* no supra pubic fullness

### **C- Vaginal examination:**

Is forbidden unless after exclusion of placenta previa.

### **Mixed A.H.**

Clinical features are combination of less severe degree of concealed A.H + external bleeding.

## **3- Nursing role of the diagnosis?**

### **1- Assessment:**

Nursing assessments include all components described for clients with spontaneous abortions and placenta previa. Additional assessments are necessary to identify an increasing fundal height, which indicates concealed bleeding.

### **2- Nursing diagnosis:**

Nursing diagnosis related to the care of the client with abruptio placenta focus on alterations in hemodynamic status, knowledge deficits, fears and anxiety of the woman and fetal status. Many of the potential nursing diagnosis are the same as for placenta previa. Additional potential nursing diagnosis includes the following:

- \* Pain related to bleeding between the uterine wall and the placenta secondary to premature separation of the placenta.
- \* Grieving related to actual or threatened loss of infant.
- \* Powerlessness related to maternal condition and hospitalization.

### **3- Planning:**

The plan of care of the woman includes client-centered, mutually determined (when ever possible) goals that are stated in measurable client behaviors. Goals may include:

- \* The woman will identify and use available support systems.
- \* The will express relief of pain.
- \* She will not develop complications.
- \* She will give birth to healthy infant who has not undergone fetal compromise.

### **4- Implementation:**

Careful assessments are mandatory. Information is given to the client and her family about abruptio placenta including cause, treatment and expected out come. Vital signs are assessed frequently to observe for signs of declining homodynamic status. Fetal status is continuously monitored if the fetus has survived the initial result. Preparations are made for the birth, but it should be kept in mind that an emergency cesarean birth is always a possibility.

### **5- Evaluation:**

The nurse can be reasonably assured that care was effective to the extent that the goals for care have been met. That is, the woman identifies and uses available support systems, expresses relief of pain does not develop complications, and gives birth to a healthy infant who had not experienced fetal compromise.

**VII. Essay :                      Marks (10)**

**1- Discuss prevention of genital prolapse during female life cycle?**

**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.

**Prevention during hysterectomy:**

By suturing the uterosacral & round ligaments t the vaginal vault.

**Prevention during post natal period:**

1. Emptying bladder & rectum frequently.
2. Early amputation after labor.
3. Kegel's exercise should be done.
4. Good balanced diet and good hygienic care.
5. Proper family planning.

**Prevention during menopause**

1. Oestrogen replacement therapy.
2. Kegel's exercise.
3. Frequency emptying bladder.
4. Good management of infection.
5. Treatment chronic disease which causes ↑ intra abdominal pressure.
6. Good hygienic care & sleep & rest.
7. If hysterectomy is done the ligament of Mackenrod's and uterosacral ligament muscles should be sutured in vaginal vault.
8. Avoid sleep in supine position while the bladder is full.

**11 palliative treatment :**

by wearing a pessary is indicated in the following conditions :

\*light degrees of prolapse in young patient .

\* peration should be postponed until the woman has had a sufficient number of children as long as the symptoms are mild.

\* prolapse of the uterus with early pregnancy. The pessary is worn until the end of the fourth month when the size of the uterus will be sufficient to prevent its descent.

\* temporary contraindications to operation as lactation \* severe cough, or patient refusing surgical repair .

\* surgical risk as old patients with advanced diabetes or severe hypertension.

## **2- Implications of diabetes in pregnancy?**

Maternal :

- Increased incidence of abortion
- Increased incidence of preeclampsia
- Increased incidence of prenatal mortality and morbidity
- Preterm labor
- Polyhydramnios
- Infection

2- Fetal and Neonatal :

- Hypoglycemia or hyperglycemia
- Intrauterine growth restriction
- Intrauterine fetal death.
- Fetal congenital malformation
- Neonatal hyperbilirubinemia
- Macrosomia

## **3- List nursing care for women with postpartum infection?**

- 1- Nurse must know predisposing factors for infection and identify this risk factor by review record of antepartum and intrapartum record.

- 2- Assess the general condition of the woman, and hemodynamic stability (vital signs).
- 3- Inspection of the external genitalia and perineum to detect any tears or episiotomy as well as the amount, smell and color of the discharges.
- 4- Assess the size of the uterus as well as the presence of any tenderness by both abdominal and bimanual examination.
- 5- Encourage woman to increase fluid and calories intake.
- 6- Promote rest and comfortable (nurse must maintain rest and comfortable to conserve energy and enhance immunology function, promote healing.
- 7- Administrate antibiotics as order .
- 8- Nurse must inform woman about side effects of medications

**4- Discuss physiological changes during pregnancy in uterus?**

**Size:** increases from 7.5 x 5 x 2.5 cm to 35 x 25 x 20 cm at term due to :- Hypertrophy of the muscle fibers (estrogen effect)&

Hyperplasia (progesterone effect)

**Weight:** increases from 50 gm to 1000gm., at term.

**Capacity:** increases from 4 ml to 4000 at term.

**Shape:** changes from that of an inverted pear to a soft globular from 8 week it is still globular until 12<sup>th</sup> week and At 16 week it become pyriform again until the end of pregnancy .

**Consistency :** the uterus shows progressive softening due to increased vascularity and presence of amniotic fluid.



***Contractions:*** during pregnancy the uterus undergoes intermittent contractions (Irregular, painless). When these contractions are detected on bimanual examination, early in pregnancy while the uterus is still pelvic organ we called them **palmer's sign**. Late in pregnancy, these contractions can be detected by abdominal examination are called **Braxton hick's Contractions** these contractions help placental circulation

***Formation of lower uterine segment:*** during pregnancy the uterus differentiate into an upper and lower uterine segment. After 12 weeks, the isthmus (0.5cm) starts to expand gradually to form lower uterine segment, which measures 10 cm length at term

**Good Luck**

**With Best Wishes**

**Obstetrics and Women's Health Nursing Department**

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