



Answer of final exam of Reproductive Health Nursing

ا.م.د أمل احمد حسن عمران
د. هند عبد الله د. عزيزة إبراهيم د. هبة عبد الفتاح

Date: 28/5/2012

Time allowed: 3 hour

Total marks: 80

Choose the best answer:

Marks (20)

1. which is highly sensitive and in response to stimulate

- a) Vestibule
- b) Clitoris
- c) Labia minor
- d) Labia major

2. Sterility is inability to conceive due to an absolute cause such as

- a) Tubal ligations
- b) Tubal obstruction
- c) Endometriosis of the tube
- d) Uterine fibroid

3- The stage of eclamptic fit at which there are rapid eye movement , the head may be drawn to one side and twitching of facial muscles occur

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

4. During pregnancy, blood volume in the body increase about

- a) 30%
- b) 10%
- c) 50%
- d) 70%

5. The relationship of a certain point on the presenting part of the fetus to the back of the mother

- a- Presentation
- b- Position
- c- Attitude

6.Side effect of intrauterine contraceptive device (IUD) include all of the following EXCEPT :

- a) Bleeding
- b) Back Pain
- c) weight gain
- d) Pregnancy

7. All of the following are preventive measures for genital prolapse during labor except:

- a) Avoid fundal pressure for delivery of the placenta
- b) Bladder & rectum empty.
- c) Kegel exercises
- d) Avoid voluntary bearing down

8. The most common type of anemia in pregnancy is due to which of the following?

- a) Iron deficiency
- b) sickle cell anemia
- c) thalassemia
- d) hemolytic disease

9.The process at which the uterus' returning to its pre pregnant stats is termed:-

- a) Atrophy
- b) Retrographagic change
- c) Involution
- d) Endometrial discharge.

10.At Marginal type of placenta previa ,

- a)The whole placenta is implanted over the lower uterine segment
- b)The lower placental edge lies within 2 cm of the internal os but does not cover it.
- c)The lower part of the placenta is implanted over the lower uterine segment, but does not reach the internal os.
- d) The whole placenta is implanted over the upper uterine segment

11.The following are skin changes in pregnancy except:

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

12- All of the following are signs of fetal distress except:

- A- Increased of FHR
- B- Decreased of FHR
- C- exaggeration of fetal movements
- D- appearance of meconium in amniotic fluid with breech presentation

13-Cardinal movements of the second stage of labor include;

- 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.
- D- Descent, engagement, flexion, internal rotation, extension, restitution, and external rotation.

14—Marked symptoms & signs with limited activity occur in the following grade of heart disease in pregnancy

- A- Grade 1
- B- Grade II
- C- Grade III
- D- Grade IV

Situation (1): Miss Mona admitted at obstetric department with true labor pain, her vaginal examination revealed the following findings. Cervical dilatation was 6 cm, station was (+1), and position was left occipito-anterior. Answer the following:

15-At which phase of the first stage is Miss Mona

- A- Transitional phase
- B- Active phase

- C- Latent phase
- D- None of the above

16-Station (+1) means that

- A- Presenting part is under the level of ischeal spine by (1cm).
- B- Presenting part is above the level of ischeal spine by (1cm).
- C- Presenting part is at the level of ischeal spine .
- D- Presenting part is above the level of ischeal spine by (4cm).

17-Position left occipito-anterior revealed that the presenting part was

- A- Brow presentation.
- B- Face presentation.
- C- Vertex presentation.
- D- Shoulder presentation.

18-Position left occipito-anterior also , revealed that:

- A- Occiput of the fetus is located at the right side of maternal pelvis and toward her abdomen.
- B- Occiput of the fetus is located at the right side of maternal pelvis and toward her back.
- C- Occiput of the fetus is located at left side of maternal pelvis and toward her abdomen.
- D- Occiput of the fetus is located at the left side of maternal pelvis and toward her back.

19- Is a wedge – shaped bone formed by the fusion of five vertebrae

- a) The ischium
- b) The sacrum
- c) The pubic bone

20-All of the following findings should be recorded in partogram except:

- A Fetal heart rate
- B Labor progress chart (cervico-graph)
- C Fetal respiration rate

D Maternal vital signs

The answer :

1 - c

2 - a

3 - a

4 - c

5 - b

6 - c

7 - c

8 - a

9 – c

10 – b

11- d

12- d

13- d

14- c

15- b

16- b

17- c

18- c

19 – b

20- c

III - Answer the following statement are true or false (20 marks)

1. The internal os is the narrow opening between the isthmus and the cervix.	T	F
2. The ovary is the common site	T	F

for occurrence of ectopic pregnancy.		
3. The second stage starts with the onset of true labor pain and ends with the delivery of the baby.	T	F
4.The sacrum is a wedge – shaped bone formed by the fusion of seven vertebrae.	T	F
5.The proliferative phase begins with the first day of menstruation and ends with ovulation	T	F
6.Hypertonic contractions are strong, painful, but coordinated contractions that are effective in accomplishing cervical effacement and dilatation.	T	F
7.The ischium is the broad upper prominence of the hip	T	F
8.Frank breech in which one leg is extended so the foot is the leading part.	T	F
9. The posterior wall of the vagina is 7.5 cm long while the anterior wall is only 10 cm in length . (T . F)	T	F
10. The posterior wall of the vagina is 7.5 cm long while the anterior wall is only 10 cm in length .	T	F
11. Third degree of female genital prolapse is the stage at which The cervix protrudes from the vulva on straining	T	F
-12.Blood pressure is physiologically increased during first trimester of pregnancy.	T	F
13. Goodell's sign is the Softening related to increase vascularity and slight hypertrophy	T	F
14.Schultze mechanism is a mechanism of placenta separation	T	F

at which placenta is separated from the central point.		
15- Attitude is The relationship of a certain point on the presenting part of the fetus to the back of the mother	T	F
16. Rectocele is the type of vaginal prolapse at which the anterior wall of the vagina is prolapsing .	T	F
17. perception of fetal movements by the primigravida pregnant woman in 18-20 weeks	T	F
18- Decidua vera which lies directly over the blastocyst and separate it from the uterine cavity.	T	F
19.Android pelvis is the type of female pelvis.	T	F
20.The transverse diameter is the largest diameter of the pelvis inlet.	T	F

The answer :

1 - T

2 - F

3 - F

4 - F

5 - F

6 - F

7 - F

8 - F

9 - F

10 – F

11- F

12- F

13- F

14- T

15- F

16- F

17- T

18- F

19- F

20 – T

Match the following:

Marks (10)

Column A	Column B
1- In vertex presentation	A- the denominator is chin.
2- In latent phase	B- Cervix not dilated
3- In face presentation	C- Cervix dilated less than 4 cm
4- In active phase	D- the mother becomes very irritable and a marked amount of mucus show appears
5- In breech presentation	E- the denominator is sacrum
6- In early second stage	f- the denominator is frontal bone
7- In brow presentation	G - Fetal descent continues
8- In transitional phase	H- the denominator is occiput

9- in late second stage	I - Cervix dilated 4-9 cm.
10 - False labor	J - Presenting part of fetus reaches pelvic floor

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

II- ✎ Complete the following: (15Marks)

1.phases of ovarian cycles include:

- a) Follicular phase
- b) Luteal phase:

2- Back ache often can be relived by the following measure:-

Prescribe back exercises under the supervision sleep on the firm matters. Apply local heat & light massage to relax tense. When sitting use support, arm rests, & pillow behind your back.

2. Mona is being seen on her first prenatal visit at outpatient clinic, she report's that the first day of her last menstrual period (10-2-2012) the EDD 17 – 11 – 2012 (+,- 15 days)

3. Signs and symptoms of Magnesium sulfate toxicity :

MgSO₄ is C.N.S. depressant the nurse should assess signs and symptoms of magnesium toxicity:

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.

4. Characters of normal labour are

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

- Dilation of the cervix.

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

5. Types of breech presentation

- complete or full breech
- frank breech
- footling or incomplete or full breech

6. Female causes of infertility are :

Vaginal problems; (infections, anatomic abnormalities and sexual dysfunction that prevent penetration of penis e.g. vaginismus, a highly acidic vagina which decrease sperm survival).

Cervical problems;

(cervical polyp, increase alkalinity, increase secretions, femning,.

Uterine problems; Functional (unfavourable environment for sperm movement or zygote implantation) or structural (uterine myomas or leiomyomas).

Tubal causes; Tubal adhesion result from PID associated with IUCD use or endometriosis. It interfere with motility of tubes & result in ectopic pregnancy.

Ovarian problems; (anovulation, oligoovulation, PCOs, secretory malfunctions due to cranial tumors, stress, anorexia e.g. decrease

progesterone level).

7. Nursing management during convulsion :-

1. Suction food and fluids from glottis or trachea.
2. Start I.V with large bore needle to maintain adequate hydration.
3. Administer O2 by facemask 10-12 L/min.
4. Administer medications e.g. (Magnesium Sulfate) per order.
5. Assess FHR:
6. Assess for labor status, uterine tone, contractions cervical effacement and dilatation, station of presenting part and status of membranes.
7. Insert indwelling catheter.
8. Monitor blood pressure.
9. Monitor kidney function, liver function, and coagulation system.
Blood specimens for cross matching and other biochemical tests.
10. Provide hygiene and quiet environment.



IV-~~2~~ Answer the following:

Marks (15)

1. Describe intrapartum care for pregnant woman with cardiac disease?
2. Mention the risk factors for puerperal sepsis?
3. Discuss physiological changes during pregnancy related to genital tract?
4. Why women with poor pancreatic function may develop true diabetes during pregnancy ?
5. List three nursing intervention in magnesium sulfate toxicity

1) Intrapartum care for pregnant woman with cardiac disease :

Observations of pulse and respiratory rate should be made every 15 minutes. The heart may be monitored by ECG. /Deviations from the normal, such as breathlessness and tachycardia, should be reported immediately, blood pressure and fetal condition should be carefully monitored and recorded. Positioning. The mother will need encouragement to adopt a position in which she is comfortable.

Fluid balance. Women with significant heart disease require care concerning fluid balance in labour.

Pain relief. Help the woman to use the techniques that she has learned for coping with stress, as she and her labour companion are likely to be very anxious.

The second stage of labour

The second stage should be short and without undue exertion on the part of the mother. Prolonged pushing with held breath such as the valsalva manoeuvre, which is undesirable. Midwives may need to the woman that she avoids sholding her breath and follows her natural desire to push, giving several short pushes during each contraction.

2- Risk factors for puerperal sepsis :

lacerations of vagina, cervix, vulva with

*prolonged labor

*PROM

*C-section birth

*manual extraction placenta

*anemia

*obesity

*diabetes

*frequent vaginal exams

*invasive fetal monitoring

highly vascular uterine lining *raw placental implant site

*episiotomy

3- physiological changes during pregnancy related to genital tract :

a. Uterus

- (1) *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)
- (2) *Weight:* increases from 50 gm to 1000gm., at term.
- (3) *Capacity:* increases from 4 ml to 4000 at term.
- (4) *Contractions:* Braxton hicks Contractions which are
Irregular, painless& Begin during the first trimester.
- (5) *Shape:* changes from that of an inverted pear to a soft globular.
- (6) Formation of lower uterine segment: after 12 week, the isthmus (0.5cm) starts to expand gradually to form lower uterine segment, which measures 10 cm length at term.

b. Cervix:

- (1) Softening related to increased vascularity and slight hypertrophy (Goodell's sign).
- (2) cervical glands :
Mucous plug formed from the thick mucus produced by endocervical glands.

c. Ovaries and fallopian tubes:

- (1) An ovulation results from the suppression of follicle-stimulating hormone (FSH) and luteinizing hormone (LH) related to high levels of estrogen and progesterone.
- (2) Corpus luteum remains active for 8 to 10 weeks into pregnancy, producing progesterone and estrogen to maintain pregnancy. After 9 to 10 weeks' gestation, the placenta will produce the progesterone and estrogen to maintain pregnancy.

d. Vagina:

- (1) Increased vascularity.
- (2) Bluish violet discoloration (Chadwick's sign).
- (3) Hypertrophy and hyperplasia of epithelium and elastic tissues.
- (4) Leukorrhea, acid pH 3.5 to 6.

4- Women with poor pancreatic function may develop true diabetes during pregnancy: Because of the placental hormone insulin antagonism : (human placental lactogen hormones, estrogen, progesterone, and adrenal cortisol) cause decreased tissue sensitivity so women with poor pancreatic function may develop true diabetes during pregnancy.

5 Three nursing intervention in magnesium sulfate toxicity :

- Discontinue MgSO₄ immediately.
- Calcium glyconate (the antidote for MgSO₄) should be kept at the bedside (1g for I.V if given over 3 min).
- Call for assistance and immediate care.

Good Luck