

**Maternity and Child care (CHS 433)**  
**Second Midterm Exam (Students Model)**

Time allowed: One hour

Date: 2018-2019

الاسم: \_\_\_\_\_ الرقم الجامعي: \_\_\_\_\_ رقم الكشف: \_\_\_\_\_

**Part I:** Write True or False between brackets and correct the false question (s) by underlining the false word(s) and write it (them) under each question. Non corrected false question (s) will be given zero: **Carefully transfer your answers to the answer sheet that will be checked and marks will be given based on your answers in the answer sheet.**

( marks)

1. Pregnant healthy mothers require additional energy intake of 300 kcal per day the **first trimester** (2nd and 3rd semesters) ( )  
.....
2. There is **no** need to increase the calcium daily intake of the pregnant mothers (from 400mg/day in adult woman to 1000 in pregnant adults (1300 in pregnant teenagers) ( )  
.....
3. There is no additional requirement of Vitamin A during pregnancy because excessive intake can harm the fetus (teratogenic) ( )  
.....
4. Hyperemesis Gravidarum usually occurs in women with multiple pregnancy or with a larger placental mass ( )  
.....
5. Saline purgatives and lubricants **can** (should not) be used for treatment of constipation during pregnancy ( )  
.....
6. The outcome following pregnancy-induced hypertension is very similar to that for normotensive pregnant women ( )  
.....
7. Hypertension and/or proteinuria diagnosed **after** (before) 20 weeks of pregnancy are usually due to pre-existing chronic hypertension or renal disease ( )  
.....
8. Weak and infrequent uterine contractions begin at approximately 30 weeks ( )  
.....
9. Both maternal progesterone and estrogens levels are found to remain **low** (elevated) during parturition ( )  
.....

10. Throughout pregnancy, progesterone exerts inhibitory effect on uterine contractions by **increasing** (decreasing) myometrium sensitivity to estrogen, oxytocin, and prostaglandins ( )
- 
11. Second stage extends from after complete dilation of the cervix until the **placenta** (baby) is delivered ( )
- 
12. During the 3rd trimester, sudden need of the pregnant woman to go to the bathroom is one of the true labor sign ( )
- 
13. During the 3rd trimester, cervix dilation is one of the **false** (true) labor sign ( )
- 
14. After falling off of the umbilical stump, presence of little blood on the diaper is not a problem ( )
- 
15. Head circumference of the baby should be measured **before** (after) 24 hours when moulding has subsided ( )
- 
16. Although most cases of Gestational diabetes mellitus revert to normal glucose tolerance after delivery, they may develop type 2 diabetes after the age of 40 years ( )
- 
17. Hypertension **before** (after) 20 weeks' gestation usually occurs in women having their first baby ( )
- 
18. Hypertension in pregnant women that occurs **after** (before) 20 weeks is usually due to pre-existing chronic hypertension or renal disease. ( )
- 
19. Pregnancy proteinuria is usually due to pre-existing renal disease and **disappears after delivery** (remains after delivery) ( )
- 
20. Edema affecting pregnant women with pre-eclampsia usually appears suddenly and associated with a rapid weight gain ( )
- 
21. Some patients awake from the eclampsia coma with temporary blindness ( )
- 
22. An Apgar score that remains below 3 at later times, such as 10, 15, or 30 minutes, may indicate longer-term neurological damage. ( )
-

23. Preterm babies are babies born before **40** (37) weeks of gestation ( )

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24. **Neither** Maternal low blood pressure **nor** Early placental abruption can lead to birth asphyxia of the baby (both can lead to birth asphyxia) ( )

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**Part II: Circle the correct answer: Carefully transfer your answers to the answer sheet that will be checked and marks will be given based on your answers in the answer sheet.**

( marks)

1. A woman in her first pregnancy who is at least 35 years old is referred to as:

- a) Nulligravida
- b) Primigravida
- c) Multigravida
- d) **Elderly primigravida**

2. A woman had delivered  $\geq 4$  infants with a gestational age of 20 weeks or more is referred to as:

- a) Nulligravida
- b) Multiparous
- c) **Grand multipara**
- d) Elderly primigravida

3. The obstetric history a woman who has had three pregnancies two of which resulted in live births would be noted as:

- a) G2P3A2
- b) G3P3A1
- c) **G3P2A1**
- d) G2P3A0

4. Acupressure at the Neiguan (P6), pyridoxine, and small amounts of carbohydrate are among the suggested solutions to relieve pregnancy:

- a) Hemorrhoids
- b) Constipation
- c) Backache
- d) **Nausea**

5. The followings are true about cervical effacement **except**,-

- a) Occurs gradually
- b) measured in percentages from 0-100
- c) **measured in centimeters from 0-10**
- d) with complete effacement, the cervix is paper-thin and labor is closer

6. **It** is shortest stage of labor and where the placenta is delivered

- a) First stage
- b) Second stage
- c) **Third stage**
- d) Fourth stage

7. The followings are true about the early labor phase **except**
- a) lasts about 8-12 hours
  - b) **the hardest but shortest phase of phases of the first stage of labor**
  - c) Uterine contractions mild and irregular
  - d) simple activities to draw the mother focus from labor are suggested
8. A small surgical incision in the perineum during baby delivery.
- a) **Episiotomy**
  - b) C-section
  - c) Supine position
  - d) Crowning
9. The Apgar score of a newborn with a heart beat less than 100 beats/ minute, weak cry, limp muscle motion, with no reflex irritability and with a blue body is:
- a) **2**
  - b) 4
  - c) 6
  - d) 8
10. The following are true about pregnancy hemorrhoids **except:-**
- a) **an adaptive and beneficial process**
  - b) swollen or dilated blood vessels in the rectal area
  - c) may appear for the first time during pregnancy or while pushing during labor
  - d) usually improve or disappear after the birth specially when constipation is avoided
11. Among its causes during pregnancy are an increased lumbar lordosis and loosening of ligaments
- a) Hemorrhoids
  - b) Constipation
  - c) **Backache**
  - d) Nausea
12. The two major problems encountered in infants born to mothers with Gestational diabetes mellitus are:-
- a) **macrosomia and hypoglycemia**
  - b) macrosomia and hyperglycemia
  - c) macrosomia and Hemorrhoids
  - d) macrosomia and Constipation
13. Proteinuria is not considered abnormal during pregnancy until it exceeds:
- a) **300 mg in 24 h urine specimen**
  - b) 300 mg in 48 h urine specimen
  - c) 400 mg in 24 h urine specimen
  - d) 500 mg in 24 h urine specimen
14. When the baby's head is too large for the birth canal, it is called:-
- a) **Cephalopelvic disproportion**
  - b) Cord prolapse
  - c) Fetal distress
  - d) Stalled labor

15. Babies with the following Apgar score need immediate resuscitation

- a) 2
- b) 4
- c) 6
- d) 8

16. The followings are true about sleep apnoea **except**:

- a) blood oxygen level falls and carbon dioxide increases.
- b) can lead to a severe drop in heart rate (bradycardia) or lose consciousness
- c) among its causes are Gastrointestinal problems (like reflux), Imbalance in blood calcium or immaturity of the brain stem
- d) usually called cephalopelvic disproportion

**Part III:** Write the question number from column (A) beside its correct answer in column (B).  
Carefully transfer your answers to the answer sheet that will be checked and marks will be given based on your answers in the answer sheet.

( marks)

#	Column (A)
1.	<i>Gravida/para/abortus (GPA)</i>
2.	<b>Cervical effacement</b>
3.	False Labor Signs
4.	<i>Crowning</i>
5.	<b>Pica</b>
6.	<b>Fetal distress</b>
7.	Cord prolapse
8.	<i>transverse birth</i>
9.	Neonatal mortality rate
10.	<b>Birth Asphyxia</b>

#	Column (B)
	a shorthand notation for a woman's obstetric history
	<b>gradual softening, shortening and thinning of the cervix</b>
	Known as Braxton Hicks contractions
	Delivery of the fetus with its head
	<b>occurs during pregnancy and characterized by ingestion of substances with little or no nutritional value</b>
	<b>A baby who is not getting enough oxygen</b>
	the umbilical cord slips through the cervix before the baby is born
	when the babies position their shoulder or side first
	Number of deaths at the first 28 days of age; per 1;000 live births in a given year.
	<b>Occurs when a baby doesn't receive enough oxygen before, during or just after birth</b>

**Part IV:** Fill the following blanks with the correct word (s):

( marks)

1. The iron intake of the pregnant mothers should be increased due to the following reasons:
  - (1). **expansion of maternal tissues including RBCs**
  - (2). **iron content of placenta**
  - (3). **blood loss during parturition.**
  - (4). **build the iron store in fetal liver (at least 4-6 months after birth) because milk is deficient in iron.**
2. The daily intake of Folic acid in the pregnant women should be increased to **400 µg/day** before **conception** and during the first **12** weeks of pregnancy to reduce the incidence of **neural tube defects** among newborns
3. Among the approaches used to relieve pregnancy **backache** are:-
  - (1). **using chairs with good back support**
  - (2). **avoiding heavy lifting.**
  - (3). **exercising in water,**
  - (4). **massage therapy**
4. Among the approaches used to relieve pregnancy **heartburn** are:-
  - (1). **avoiding fatty or spicy foods,**
  - (2). **minimizing bending over or lying flat after eating.**
  - (3). **antacids “if diet modification does not relieve the symptoms”**
5. If the pregnant woman suffers from hypertension with proteinuria, this will be called **preeclampsia**
6. Pregnant women with body mass index 30 kg/m<sup>2</sup> or above should be screened for **gestational diabetes** and **pre-eclampsia** and supplemented with vitamin **D**
7. The progressive hormonal changes that increase uterine excitability during labor are:
  - (1). **Increased ratio of estrogen-to-progesterone**
  - (2). **Effect of maternal oxytocin on the uterus**
  - (3). **Effect of fetal hormones on the uterus**

8. Near labor, **Estrogen** induces the followings:-

- (1). **stimulates synthesis of enzymes involved in prostaglandin synthesis**
- (2). **increases responsiveness to oxytocin**

9. **Oxytocin** hormone is the strongest direct stimulator of uterine contractions

10. Prostaglandins exert the following effects:

- (1). **Before labor**, they stimulate **cervical ripening** so the cervix becomes soft, flexible and capable of dilation.
- (2). **During labor**, they stimulate myometrial contractions.

11. Progressive mechanical changes that increase uterine excitability during labor are:

- (1). **Stretching the uterine muscle**
- (2). **Stretching or irritating the cervix by the fetus's head**

12. Rectal enemas before labor are supposed to have the following benefits:

- (1). **allow the fetal head to descend,**
- (2). **stimulate contractions and thereby shorten labor**
- (3). **reduce contamination at delivery thereby minimizing the risks of mother and baby infection**

BUT, Rectal enemas may lead to **rectal irritation**, or **colitis**,

13. The most exact measure of the progress of labor is cervical **dilatation** and **effacement**

14. Cervical dilatation is usually estimated in centimeters, from **0** cm when the cervix is closed, to **10** cm at full dilatation.

15. The followings are characteristics of the false labor signs:-

- (1). **Irregular in intensity (strong one then weak the next)**
- (2). **Infrequent**
- (3). **Unpredictable**
- (4). **uncomfortable than painful**
- (5). **do not increase in intensity or frequency**
- (6). **taper off and then disappear altogether**

16. Among pros of the C-section are lower risks of:-

- (1). **incontinence and sexual dysfunction.**
- (2). **A baby being deprived of oxygen during delivery.**
- (3). **A baby experiencing trauma while passing through the birth canal.**

17. A single dose of **vitamin K** is given to the newborn at birth to prevent hemorrhagic disease

18. If topical agents are necessary to prevent eye infections, their use should be delayed for at least **an hour** after birth.

**19. Neonate digestive system is no different from that of the older child except the followings:**

- (1). **Less** secretion of **pancreatic amylase**, so that the neonate uses starches less adequately
- (2). **Less absorption of fats** from the GIT, so cow's milk (high fat content) is inadequately absorbed.
- (3). **Unstable and low** blood **Glucose** concentration due to immature liver functions.

**20. Causes of hemorrhoids as well as varicose veins**

- (1). **growing uterus that** presses on pelvic veins and inferior vena cava slowing blood return from the lower half of the body, and increasing pressure on the veins below the uterus making them dilate
- (2). **Constipation** because of straining
- (3). **High level of progesterone** that relaxes veins walls allowing them to swell more easily, also progesterone contributes to constipation by slowing down the intestinal tract.

21. Among risk factors of Gestational diabetes mellitus are:

- (1). **Overweight or obesity (BMI above 30 kg/m<sup>2</sup>)**
- (2). **Family history of diabetes**
- (3). **previous gestational diabetes**
- (4). **previous macrosomic baby weighing >4.5 kgs**
- (5). **women older than 25 years**
- (6). **Race (African American, South Asian, black Caribbean, Middle Eastern)**



22. Among the common risk factors that increase the risk of pre-eclampsia are:

- (1). **first pregnancy,**
- (2). **multiple pregnancies.**
- (3). **pregnancy interval of more than 10 years**
- (4). **women older than 40 years**
- (5). **pre-eclampsia in a previous pregnancy,**
- (6). **history of pre-eclampsia in a close relative,**
- (7). **chronic hypertension,**
- (8). **diabetes,**
- (9). **body mass index 30 kg/m<sup>2</sup> or above**
- (10). **pre-existing renal disease**

### **23. Medical reasons for a C-section**

- (1). **Prolonged labor “failure to progress” “stalled labor”:**
- (2). **Abnormal positioning of the baby**
- (3). **Fetal distress**
- (4). **Repeat cesarean**
- (5). **Birth defects** e.g. excess fluid in the brain or congenital heart diseases
- (6). **Mothers with certain chronic health condition** e.g. heart disease, high blood pressure, or gestational diabetes.
- (7). **Cord prolapse**
- (8). **Cephalopelvic disproportion (CPD),** "Mother's pelvis is too small to deliver the baby vaginally, OR the baby's head is too large for the birth canal"
- (9). **Placenta issues** e.g. placenta previa "the placenta partially or completely covers the cervix" or placenta abruption "the placenta separates from the uterine lining, causing the baby to lose oxygen"
- (10). **Carrying multiples** causing prolonged labor, also, One or more of these babies may be in an abnormal position.

**24. Carrying multiples are among the medical reasons for a C-section because:**

- (1). **causes prolonged labor, which put mom in distress.**
- (2). **One or more of these babies may be in an abnormal position.**

25. The labor is considered "Prolonged or stalled labor" when the labor is delayed for:

- (1). **20 hours or more for a new mothers OR**
- (2). **14 hours or more for mothers giving birth before.**

26. Among the non-life-threatening illnesses from which the women suffer after labor are;-

- (1). **urinary incontinence,**
- (2). **uterine prolapse,**
- (3). **pain following poor repair of episiotomy**
- (4). **perineal tears,**
- (5). **nutritional deficiencies,**
- (6). **depression**
- (7). **puerperal psychosis,**
- (8). **mastitis.**

**27. The followings are signs of an umbilical cord stump infection:-**

- (1). **The baby cries when touching the cord or the skin next to it.**
- (2). **Redness of the skin around the base of the cord**
- (3). **The stump smells foul or has a yellowish discharge.**

**28. hemorrhoids during pregnancy can avoided through:-**

- (1). **Avoiding constipation** by high-fiber diet, drinking water and regular exercise
- (2). **Don't wait to go when you feel the urge** to have a bowel movement, and try not to strain.
- (3). **Don't sit on the toilet longer** than necessary
- (4). **Do Kegel exercises daily**
- (5). **Don't sit or stand for long stretches** of time

29. The American Diabetes Association recommends screening for gestational diabetes in pregnant women with diabetes risk factors at the **first** antenatal visit. If the woman is diagnosed as non diabetic, testing should be performed at the **24- 28th** week of gestation, but if she is diagnosed as GDM, she should be screened for persistent diabetes **6-12** weeks postpartum. Women with a history of GDM should undergo lifelong screening for diabetes every **3** years.

30. If the mother had adequate iron in her diet, the infant liver usually stores enough iron to keep forming blood cells for **4 - 6** months afterbirth.