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| **Academic year:2022 /2023** | **Course title: Obstetrics and Gynecology nursing**  **(Cod *Nur304* )** |
| **Academic level: third** | **Second semester/ final exam** |
| **Date: 4/1/2022** | **Total marks: 100 marks** |
| **Time allowed: 3hrs** | **Course’s teacher: prof/ Dr: Nagat Salah**  **Asisst/ prof/ Manar fathy , Asisst/ prof/Gehan elbahlwan** |

**Answer all of the following questions**

**Part I- Choose the best correct answer (40 marks)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **The joint between the two pubic bones is called the:** | | | | | | | | | | | | | | | | |
|  | a. | | Sacroiliac joint. | | | | | | | | | b. | | Pubis symphysis. | | | |
|  | c. | | Sacrococcygeal joint. | | | | | | | | | d. | | Sacral promentary | | | |
| **2** | **The greatest diameter of the fetal head is:** | | | | | | | | | | | | | | | | |
|  | a. | | Suboccipit bregmatic. | | | | | | | | | b. | | | Occipitofrontal. | | |
|  | c. | | Occipitomental. | | | | | | | | | d. | | | Biparietal. | | |
| **3** | **Which hormone plays an important role in significant proliferation of fat around the breast?** | | | | | | | | | | | | | | | | |
|  | a. | | Estrogen | | | | | | | | | b. | | | Progesteron. | | |
|  | c. | | Prolactin | | | | | | | | | d. | | | Testosterone | | |
| **4** | **Permanent cessation of menstruation is termed as-** | | | | | | | | | | | | | | | | |
|  | a. | | Menarche | | | | | | | | | b. | | | Dysmenorrhea | | |
|  | c. | | Amenorrhea | | | | | | | | | d. | | | Menopause | | |
| **5** | **Which structure is responsible for the maturation of sperm (spermatozoa)?** | | | | | | | | | | | | | | | | |
|  | a. | | Bulbo-urethral glands | | | | | | | | | b. | | | Seminal vesicles. | | |
|  | c. | | Epididymis. | | | | | | | | | d. | | | Prostate gland | | |
| **6** | **Which of the following is function of cilia in the fallopian tube** | | | | | | | | | | | | | | | | |
|  | a | | Enhance the rapid division of the zygote. | | | | | | | | | b. | | | . Transport the ovum towards the uterus | | |
|  | c. | | Transport the ovum towards the peritoneal cavity. | | | | | | | | | d. | | | Remove the zona pellucida which surrounds the ovum. | | |
| **7** | **All the following characteristics are applied to a pelvis favorable to vaginal delivery EXCEPT:** | | | | | | | | | | | | | | | | |
|  | a. | | Sacral promontory cannot be felt. | | | | | | | | | b. | | | Obstetric conjugate is less than 10 cm. | | |
|  | c. | | Subpubic arch accepts 2 fingers. | | | | | | | | | d. | | | Ischial spines are not prominent. | | |
| **8** | **Ovulation occurs:** | | | | | | | | | | | | | | | | |
|  | a. | | Immediately after LH surge. | | | | | | | | | b. | | | After follicles ripened in the ovary. | | |
|  | c. | | After Prolactin surge. | | | | | | | | | d. | | | 36 hours after LH surge | | |
| **9** | **The last menstrual period was June 30. the expected date of delivery (EDD) is**  **approximately:** | | | | | | | | | | | | | | | | |
|  | a. | | March 7 | | | | | | | | | b. | | | March 28 | | |
|  | c. | | April 7 | | | | | | | | | d. | | | April 23 | | |
| **10** | **The Expected date of delivery of a human pregnancy can be calculated:** | | | | | | | | | | | | | | | | |
|  | a. | | From a change in the patient's weight. | | | | | | | | | | | | | | |
|  | b. | | As 10 lunar months after the time of ovulation. | | | | | | | | | | | | | | |
|  | c. | | As 40 weeks after last menstrual period. | | | | | | | | | | | | | | |
|  | d. | | As 36 weeks after the last menstrual period. | | | | | | | | | | | | | | |
| **11** | **The hormone responsible for a positive pregnancy test is:** | | | | | | | | | | | | | | | | |
|  | a. | | | | Estrogen | | | | | | | b. | | | | | Progesterone. |
|  | c. | | | | Human Chorionic Gonadotropin | | | | | | | d. | | | | | Follicle Stimulating hormone |
| **12** | **The condition in which there is spermatozoa are absent in the semen, is termed as**- | | | | | | | | | | | | | | | | |
|  | a. | | | | Aspermia | | | |  | | | | | Azoospermia | | | |
|  | b. | | | | Asthenospermia | | | |  | | | | | Tetratozoospermia | | | |
| **13** | **Lowered Hemoglobin during normal pregnancy is a physiological finding. It's mainly due to:** | | | | | | | | | | | | | | | | |
|  | a. | | | | low iron stores in all women | | | | | | | | | | | | |
|  | b. | | | | Blood lost to the placenta | | | | | | | | | | | | |
|  | c. | | | | Increased cardiac output resulting in greater red cell destruction. | | | | | | | | | | | | |
|  | d. | | | | Increased plasma volume | | | | | | | | | | | | |
| **14** | **The source of progesterone that maintains the pregnancy during early 1ST trimester:** | | | | | | | | | | | | | | | | |
|  | a. | | | | Corpus luteum. | | | | | | | b. | | | | | Placenta |
|  | c. | | | | Endometrium. | | | | | | | d. | | | | | Adrenal glands |
| **15** | **During normal pregnancy, a weight gain anticipated. The average weight gain is approximately:** | | | | | | | | | | | | | | | | |
|  | a. | | | | 5-10 kg. | | | | | | | b. | | | | | 10-15 kg. |
|  | c. | | | | 15-20 kg | | | | | | | d. | | | | | 20-30 kg. |
| **16** | **A couple is seeking family planning advice. They are newly married and wish to delay childbearing for at least 3 years. The woman, age 26, G0 P0000, has no medical problems and does not smoke. She states, however, that she is very embarrassed when she touches her vagina. Which of the following methods would be most appropriate for the nurse to suggest to this couple?** | | | | | | | | | | | | | | | | |
|  | a. | | | | Diaphragm. | | | | | | | b. | | | | | Cervical cap. |
|  | c. | | | | Birth control pills | | | | | | | d. | | | | | Intrauterine device (IUD**)** |
| **17** | **An antenatal client is informing the nurse of her prenatal signs and symptoms. Which of the following findings would the nurse determine are presumptive signs of pregnancy? Select all that apply.** | | | | | | | | | | | | | | | | |
|  | a. | | | | Breast tenderness. | | | | | | | b. | | | | | Frequent urination. |
|  | c. | | | | Amenorrhea | | | | | | | d. | | | | | Quickening. |
| **18** | **Because nausea and vomiting are such common complaints of pregnant women, the nurse provides anticipatory guidance to a 6-week gestation client by telling her to do which of the following?** | | | | | | | | | | | | | | | | |
|  | a. | Avoid eating greasy foods. | | | | | | | | b | | | Eat 3 large meals plus a bedtime snack. | | | | |
|  | c. | Drink orange juice before rising. | | | | | | | | d. | | | Consume 1 teaspoon of nutmeg each morning. | | | | |
| **19** | **19- The nurse tells a woman who is trying to conceive to check her cervical mucus for changes. A few days before ovulation, the cervical mucus is:** | | | | | | | | | | | | | | | | |
|  | a. | | | | cloudy and tacky. | | | | | | | b. | | | | | scant and thick. |
|  | c. | | | | thin and white. | | | | | | | d. | | | | | clear and slippery. |
| **20** | **Molding of the fetal head:** | | | | | | | | | | | | | | | | |
|  | a. | Becomes progressively easier as gestational age increase. | | | | | | | | | | | | | | | |
| b. | Increase the difficulty of delivery. | | | | | | | | | | | | | | | |
| c. | Does not happen when maternal pelvis is adequate. | | | | | | | | | | | | | | | |
| d. | Does NOT have time to occur in breech delivery. | | | | | | | | | | | | | | | |
| **21** | **the fetal head engaged,,** | | | | | | | | | | | | | | | | |
|  | a. | | | | When the widest transverse diameter of the fetal head has passed through the entrance of the birth canal. | | | | | | | | | | | | |
|  | b. | | | | When the suboccipito-bregmatic diameter has passed through the entrance of the birth canal | | | | | | | | | | | | |
|  | c. | | | | When the occiput has passed through the entrance of the birth canal | | | | | | | | | | | | |
|  | d. | | | | When the vertex has passed through the entrance of the birth canal | | | | | | | | | | | | |
| **22** | **Which of the following medications, when given before & during pregnancy may help to protect neural tube defects?** | | | | | | | | | | | | | | | | |
|  | a. | Folic acid. | | | | | b. | | | | Iron. | | | | | | |
|  | c. | Vitamin B6. | | | | | d. | | | | . Zinc. | | | | | | |
| **23** | **The softening of the cervical isthmus that occurs early in gestation is called:** | | | | | | | | | | | | | | | | |
|  | a. | Cullen's sign. | | | | b. | | Hegar's sign. | | | | | | | | | |
|  | c. | Chadwick's sign. | | | | d. | | Braxton Hick's contraction. | | | | | | | | | |
| **24** | **-During the first hours following delivery, the post-partum client is given IV with oxytocin added to them. The nurse understands the primary reason for this is----?** | | | | | | | | | | | | | | | | |
|  | a. | To promote uterine involution. | | | | | | b. | | | | To promote uterine contraction. | | | | | |
|  | c. | To promote healing. | | | | | | d. | | | | To promote breast feeding. | | | | | |
| **25** | **The relationship of the long axis of the fetus to the long axis of the mother is called:** | | | | | | | | | | | | | | | | |
|  | a. | | | | Lie. | | | | | | | b. | | | | Presentation. | |
|  | c. | | | | Attitude. | | | | | | | d. | | | | Position. | |
| **26** | **The relation of the fetal parts to one another determines:** | | | | | | | | | | | | | | | | |
|  | a. | | | | Presentation of the fetus. | | | | | | | b. | | | | Attitude of the fetus. | |
|  | c. | | | | Lie of the fetus. | | | | | | | d. | | | | Position of the fetus. | |
| **27** | **Which of the following indicates satisfactory progress during the second stage of labour?** | | | | | | | | | | | | | | | | |
|  | a. | | | | The infant is delivered within 20 minutes of the start of the second stage of labour. | | | | | | | | | | | | |
|  | b. | | | | The infant is delivered within 45 minutes of the start of the second stage of labour. | | | | | | | | | | | | |
|  | c. | | | | The infant is delivered after the patient bears down well with 4 contractions. | | | | | | | | | | | | |
|  | d. | | | | The patient should continue bearing down for 30 minutes**.** | | | | | | | | | | | | |
| **28** | **How many fifths of the fetal head will be palpable above the brim of the pelvic when engagement has taken place?** | | | | | | | | | | | | | | | | |
|  | a. | | | | 5/5 | | | | | | | b. | | | | 4/5 | |
|  | c. | | | | 3/5 | | | | | | | d. | | | | 2/5 | |
| **29** | **The perineum should be supported during the second stage of labour in order to:** | | | | | | | | | | | | | | | | |
|  | a. | | | | Prevent the patient from passing faeces | | | | | | | b. | | | | Prevent the fetal head from being delivered too fast | |
|  | c. | | | | Help the internal rotation of the fetal head | | | | | | | d. | | | | Increase flexion of the fetal head | |
| **30** | **The diameter of the fetal skull , where the normal delivery is IMPOSSIBLE is** | | | | | | | | | | | | | | | | |
|  | a. | | | | Sub occipital frontal diameter. | | | | | | | b. | | | | Occipital frontal diameter. | |
|  | c. | | | | Mento vertical diameter. | | | | | | | d. | | | | Sub mento vertical diameter. | |
| **31** | **What is the maximum time the second stage of labor expected to last?** | | | | | | | | | | | | | | | | |
|  | a. | | | | 2 hours | | | | | | | b. | | | | 2.5 hours | |
|  | c. | | | | 3 hours | | | | | | | d. | | | | 3.5 hours | |
| **32** | **What is the term used for measurement of the baby relative to the ischial spines?** | | | | | | | | | | | | | | | | |
|  | a. | | | | Flexion. | | | | | | | b. | | | | Station. | |
|  | c. | | | | Effacement. | | | | | | | d. | | | | Restitution. | |
| **33** | **Immediately after delivery:** | | | | | | | | | | | | | | | | |
|  | a. | | | The uterine fundus at the level of umbilicus . | | | | | | | | | | | | | |
|  | b. | | | | The uterus weighs about 500 gm | | | | | | | | | | | | |
|  | c. | | | | The lochia is yellowish in color. | | | | | | | | | | | | |
|  | d. | | | | There is decreased venous return to the heart. | | | | | | | | | | | | |
| **34** | **Immediately after the completion of a normal labor, the uterus should be :** | | | | | | | | | | | | | | | | |
|  | a. | | | | Firm & hard and well contracted | | | | | | | b. | | | | Immobile. | |
|  | c. | | | | At the level of the symphysis pubis. | | | | | | | d. | | | | Atonic. | |
| **35** | **The main cause of vaginal dryness during menopause is** | | | | | | | | | | | | | | | | |
|  | a. | | | | Drop of estrogen hormone | | | | | | | b. | | | | Drop of progesterone hormone | |
|  | c. | | | | Bartholin gland obstruction | | | | | | | d. | | | | Ovarian atrophy | |
| **36** | **The nurse assesses the vital signs of a client, 4 hours postpartum that are as follows: BP 90/60; pulse 100 weak, thread; 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 | |
| **37** | **Vasectomy is a procedure done on a male for sterilization. The organ involved in this procedure is** | | | | | | | | | | | | | | | | |
|  | a. | | | | Prostate gland | | | | | | | b. | | | | Seminal vesicle | |
|  | c. | | | | Vas deferens | | | | | | | d. | | | | Testes | |
| **38** | **Mean age for menopause is:** | | | | | | | | | | | | | | | | |
|  | a. | | | | 40 years | | | | | | | b. | | | | 45 years | |
|  | c. | | | | 51 years | | | | | | | d. | | | | 48 years | |
| **39** | **After menopause, a woman becomes more prone to development of osteoporosis because** | | | | | | | | | | | | | | | | |
|  | a. | | | | Fall in oestrogen level | | | | | | | b. | | | | Fall in LH level | |
|  | c. | | | | Increase in oestrogen level | | | | | | | d. | | | | Fall in FSH level | |
| **40** | **Endocrinological changes occure during menopause include except-** | | | | | | | | | | | | | | | | |
|  | a. | | | | Fall in serum oestradiol level | | | | | | | b. | | | | Fall in FSH level | |
|  | c. | | | | Increase level of androgens | | | | | | | d. | | | | Increase in LH level | |

**Part II - Fill in the blanks: ( *30 marks****) :*

**1. Mention 4 changes of gastrointestinal system during pregnancy:**

* Weakening of the colonic muscular wall Increased hunger
* Decreased appetite
* Cravings
* Aversions
* Nausea and vomiting

1. produces diverticula
2. Achlorhydria is associated with malabsorption of some forms of iron and calcium. Vitamin D malabsorption aggravates **3. Characteristics of normal uterine bleeding include ….. relaxation and slowing of digestion in the stomach and the small and large intestines. The gallbladder is also affected with delayed emptying. That can increase the chances of gallstone formation. Many of the digestive discomforts of pregnancy such as morning sickness (nausea or vomiting), constipation, and heartburn are all related to the relaxed tone and slowed action of the digestive system**

**2. What are the component** of preconception care?

### Key components include risk assessment, health promotion, and medical and psychosocial interventions. Patients should formulate a reproductive life plan that outlines personal goals about becoming pregnant based on the patient's values and resources & Screen for Infectious Diseases, Treat, Immunize, Counsel& Environmental Toxins

Medical Assessment

* Evaluate overall health and opportunities for improving health
* Determine if woman suffers from any undiagnosed or uncontrolled medical problems (e.g. diabetes, thyroid disease, dental caries or gum disease, heart disease, asthma)
* Diabetes – optimize control

**4. List the characteristics of normal labor**

1. The fetus is born at full term (>completed 37 weeks).
2. The fetus is living.
3. The fetal presentation is vertex.
4. The process of labor is completed spontaneously.
5. The process of labor is completed through the natural passage.
6. The time of labor does The process of labor is completed .
7. **5. Premonitory S&S of labor::**
8. Lightening (relief of the upper abdominal pressure as dyspnea and dyspepsia).
9. Shelfing (The funds of the uterus descends slightly &falls forward).
10. False labor pain.
11. Increased vaginal discharge.
12. Frequent micturation.

**6. Causes that prevents more than one sperm from entering the egg are ….**

* Fast block: The egg’s plasma membrane depolarizes within 1-3 seconds after binding
* The fast block wears off after 1 minute, but is replaced by the permanent slow block
* Slow block: Vesicles within the egg release enzymes to harden the plasma membrane

7. **List mechanism of action of hormonal contraceptive**

**Inhibition of ovulation by suppressing luteinizing hormone (LH), thickening of cervical mucus hampering the transport of sperm, and affecting the development of the endometrium1**

**Part IV- Read the following statements carefully and answer the related questions (30 Marks)**

1-Infertility can be categorized as a top subject in Egypt. Getting married and having children is the accepted way of life for many. So when a couple has problems conceiving, the shock and sadness is tinged with a kind of social stigma .on the light of this statement please answer the following

1. Enumerate the diagnostic Procedures for Infertility? Semen analysis.
2. Your doctor may ask for one or more semen specimens. ...
3. Hormone testing. You may have a blood test to determine your level of testosterone and other male hormones.
4. Genetic testing. ...
5. Testicular biopsy. .... ...
6. Other specialty testing
7. (5 Marks)
8. List the Essential Components of Fertility?
9. vulation factor. If you have regular menstrual cycles, you are probably ovulating (releasing ripe eggs from your ovary). ...

* Tubal factor. ...
* Male factor. ...
* Age factor. ...
* Uterine factor. ...
* Peritoneal factor infertility. ...
* Unexplained infertility. (5MARKS)

1. Design the nursing care plan for infertile couple? (10Marks )

**2- A primigravida presents in labour at term. She is having 2 contractions of 35 seconds each every 10 minutes. The cervix is 5 cm dilated and the membranes have ruptured. Her cervical dilatation is plotted on the alert line. 2 hours later the cervix is 7 cm dilated and her other observations are unchanged.**

### Q1. Is the patient in active labour? Why? (2 Marks)

### Q2. Is the progress of labour satisfactory? Why? (3 Marks)

### Q3. How should the third stage of labour be managed?

### early cord clamping and controlled cord traction to deliver the placenta. With expectant management, signs of placental separation are awaited and the placenta is delivered spontaneously.

### Evacuate the bladder by a catheter 2.wait until signs of placental separation appear. 3.Uterine massage until uterus contract. 4.Patient asked to bear down. 5.Attendant push the uterus downwards and 6.Gentle traction on the cord. 7. Inspection of placenta. 8. Uterine stimulant Ergometrine (0.25 – 0.5 mg IV) is given with crowning of head or with delivery of anterior shoulder

Q4. discuss the nursing role according to priority at fourth stage of labor?

* Palpate the uterus: if it remains firm, well contracted and does not increase in size, it is neither necessary nor desirable to stimulate it.
  + If it becomes soft and boggy because of relaxation, the fundus should be massaged immediately until it becomes contracted again.
* If the uterus is atonic, blood which collects in the cavity should be expressed with firm, but gentle, force in the direction of the outlet. This is done only after the fundus has been first massaged because it may result in inversion of the uterus and lead to serious complications Administer oxytocics (e.g. ergometrine 5 mg. TM) as ordered to control bleeding and to promote involution.
* Continue checking of vital signs.
* Encourage urination because full bladder impedes involution and may cause atony of the uterus leading to excessive bleeding.
* Check lochial discharge for color, amount, consistency and presence of clots.

Perineal care is performed under aseptic technique to prevent infection.

Offer food to mother if the policy permits, and after vital signs are stable.

Breast care may be employed.

General hygiene: shower may be permissible to clean, comfort and refresh the mother (after vital signs are stable) according to the hospital policy.

* **Encourage early initiation of breastfeeding to stimulate involution, lactation and to enhance emotional bonding.**
* **Correct dehydration promptly by offering fluid intake (orally), or starting IV fluid as ordered.**
* **Start leg exercises and early ambulation, especially following operative delivery.**
* **Administer prophylactic anticoagulant therapy as ordered.**

**GOOD LUCK**