Test Bank for Written Final Exam – Midwifery Program

Guidelines for test questions

1. Simple choice – one correct answer is possible
Please write the letter of the correct answer!

2. Multiple choice – one ore more than one answer may be correct (Key!)
Please write the letter of the correct answer!

Key for multiple choice:

If **1st and 2nd and 3rd statements are correct the answer is: A**
If **1st and 3rd statements are correct the answer is: B**
If **2nd and 4th statements are correct the answer is: C**
If **the 4th statement is correct the answer is: D**
If **all statements are correct the answer is: E**

3. True or false
Please write next to sentence is it true (**T**) or false (**F**)!

4. Analysis of relation – analysing of truth of statements and the connection
Please write the letter of the correct answer!

Key for analysis of relation:

First part of the sentence is true, second part is also true and <u>there is connection</u> (cause and effect) between the two sentences: A

First part of the sentence is true, second part is also true and there is <u>no</u> connection (cause and effect) between the two sentences: B

First part of the sentence is true, second part is <u>not</u> true: C

First part of the sentence is <u>not</u> true, second part is true: D

First part of the sentence is <u>not</u> true, second part is also <u>not</u> true: E

GENERAL NURSING CARE

Simple choice

1. Which one of the following is a nursing diagnosis?

C

A. Peptic ulcer
B. Pneumonia
C. **Ineffective airway clearence**
D. Myocardial infarction

2. Which one of the following is a medical diagnosis?

A

A. **Hiatal hernia**
B. Impaired mobility
C. Powerlessness
D. Anxiety

3. Which of the following should the nurse document under objective data?

C

A. Denies nausea
B. Shortness of breath
C. **Heart rate 72 beats per minute**
D. Midsternal chest pain

4. Which of the following is pressure ulcer stage III.? **C**

A. interruption of epidermis, dermis, presents as an abrasion, blister
B. full-thickness, penetrating the fascia with involvement of muscle, bone and supporting structures
C. **full-thickness crater involving damage and/or necrosis down to, not penetrating fascia**
D. intact, erythemic area

5. Patient has asthma. He usually use medication by: **A**

A. **inhalation route**
B. intravenous route
C. parenteral administration
D. buccal administration

6. Which of the following can we use only for local effect? **D**

A. suppository for rectal use
B. transdermal disk or patch
C. inhaler
D. **suppository for vaginal use**

7. Which of the following is what you shouldn't ask the patient in drug history? **C**

A. Do you know if you are allergic to any drug?
B. Are you taking any medication at the moment?
C. **What kind of medication administration do you prefer?**
D. Do you get any side effects?

8. Which of the following isn't indicated for wounds with moderate to heavy exudates? **B**

A. hydrocolloids
B. **transparent films**
C. absorptive dressings
D. alginates

9. Which of the following intravenous solutions is hypotonic? **B**

A. normal saline
B. **0.45% saline**
C. Ringer's lactate
D. 5% dextrose in normal saline

10. Which of the following hormones retains sodium in the body? **C**

A. Antidiuretic hormone
B. Thyroid hormone
C. **Aldosterone**
D. Insulin

11. Which patient is most at risk for fluid volume overload? **B**

A. The 40-year-old with meningitis
B. **The 35-year-old with kidney failure**
C. The 60-year-old with psoriasis
D. The 2-year-old with influenza

12. Which patient should be monitored most closely for dehydration? **A**

A. **The 50-year-old with an ileostomy**
B. The 19-year-old with chronic asthma
C. The 70-year-old with diabetes mellitus
D. The 28-year-old with a broken femur

13. Which food is recommended for the patient who must increase intake of potassium? **D**

A. bread
B. egg
C. cereal
D. **potato**

14. Which nursing action is most appropriate for the weak patient with osteoporosis?

C

A. maintain bedrest
B. encourage fluids
C. **ambulate with assistance**
D. provide a high-protein diet

15. Which organ(s) is/are most at risk for dysfunction in a patient with a potassium level of 6.2 mEq/l?

D

A. lungs
B. kidneys
C. liver
D. **heart**

16. Which of the following complications can occur if a clotted cannula is aggressively flushed?

A

A. **A clot can enter the circulation**.
B. An air embolism can enter the circulation.
C. A painful arterial spasm can occur.
D. Fluid extravasation into surrounding tissue can occur.

17. Which of the following IV solutions is hypertonic?

B

A. Normal saline
B. **5% dextrose in 0.9% NaCl**
C. 0.45% NaCl
D. 0.225% NaCl

18. What is the last step when inserting an IV cannula?

B

A. Secure the cannula with tape.
B. **Document insertion site, date, and type of cannula used**.
C. Assess the site.
D. Place a sterile dressing over the insertion site.

19. Which of these actions would be most appropriate for the nurse to take while providing patient care to help prevent the spread of infection?

C

A. Sterilizing hands with a germicide once a day
B. Washing hands at the beginning of patients rounds
C. **Washing hands before and after each patient contact**
D. Wearing gloves for all patient care

20. Which of the following actions can the nurse take to help prevent nosocomial infections in an incontinent patient? **A**

A. **Avoid requesting urinary catheter**
B. Applying absorbent briefs
C. Toileting patient every four hours
D. Restricting fliuds

21. Which is the best definition of health? **B**

A. Health is the absence of disease or infirmity
B. Health is a state of complete physical, mental, and social well-being
C. Health is a positive sense of wellbeing – when you feel good.
D. Health is eating the right food and doing the right amount of exercise.

22. How much activity should adults generally do? **C**

A. 30 minutes a week
B. 60 minutes a week
C. 30 minutes most days
D. 60 minutes every day

23. Which type of food should make up the largest part of our diet? **E**

A. Fats and oils
B. Meat and protein
C. Dairy products, such as milk and cheese
D. Fruit and vegetables
E. Grains (rice, cereals, pasta, bread)

24. Which of the following is a nursing theory commonly used in practice? **C**

A. Science of Unitary Human Beings
B. Theory of Human Becoming
C. The Nursing Process
D. Health as Expanding Consciousness

25. What is the first step in the nursing process? **C**

A. Evaluation
B. Planning
C. Assessment
D. Implementation
E. Diagnosis

26. In the nursing process implementation normally follows: **C**

A. Assessment
B. Diagnosis
C. Planning
D. Evaluation

27. Which of these is a nursing diagnosis? **B**

A. Diabetes mellitus
B. Impaired mobility
C. Rheumatoid arthritis
D. Cardiovascular disease

28. Which of these is an example of subjective data? **B**

A. Temperature
B. Pain
C. Weight
D. Blood Pressure
E. Body Mass index

29. Where does blood pressure measurement usually appear in the nursing process? **C**

A. Evaluation
B. Planning
C. Assessment
D. Implementation
E. Diagnosis

30. Which one is not the part of the Henderson's 14 fundamental needs? **B**

A. Sleeping
B. Sexuality
C. Discovering
D. Avoiding dangers

31. What is a normal body temperature? **C**

A. 31-33 ºC
B. 33-35 ºC
C. 36-38 ºC
D. 39-41 ºC
E. 42-44 ºC

32. Among the following statements, which should be given the highest priority? **B**

A. Client has pain
B. Client's blood pressure is 60/40 mmHg
C. Client's temperature is 40 degree Celsius
D. Client is cyanotic

33. Which of the following is the correct sequence of the Methods of Data Collection? **C**

A. Collection of data, Validating data, Organising data, Documenting data
B. Organising data, Collection of data, Validating data, Documenting data
C. **Collection of data, Organising data, Validating data, Documenting data**
D. Collection of data, Organising data, Documenting data, Validating data

34. Considered as the most accessible and convenient method for temperature taking! **D**

A. Oral
B. Rectal
C. Tympanic
D. Axillary

35. The following are correct actions when taking radial pulse except: **B**

A. Count it for 1 minute
B. Use the thumb to palpate the artery
C. Use two or three fingers to palpate the pulse at the inner wrist
D. Assess the pulse rate, rhythm, strength

36. The difference between the systolic and diastolic pressure is termed as: **D**

A. Apical rate
B. Cardiac rate
C. Pulse deficit
D. Pulse pressure

37. Which of the following is incorrect in assessing client's BP? **C**

A. The sound heard during taking BP is known as KOROTKOFF sound
B. Patient should be at rest
C. Measure BP on arm with A-V shunt
D. Measure BP on arm with 2 years after breast surgery in the same side

38. Who recognized that contact infection was a cause of childbed fever? **D**

A. Pasteur
B. Henderson
C. Nightingale
D. Semmelweis

39. What is the last step in the nursing process? **A**

A. Evaluation
B. Planning
C. Assessment
D. Interventions

40. What is a **normal heart rate for adults**? **A**

A. 60-80bpm
B. 50-60bpm
C. 100-120bpm
D. 120-150bpm

Multiple choice

1. What can we use for pressure ulcer risk assessment?

A

1. Braden Risk Assessment Scale
2. Gosnell Score
3. Norton Scale
4. Glasgow Coma Scale

2. What are the major sites of injections?

A

1. IM
2. SQ/SC
3. IV
4. IO

3. What are the purposes of wound management?

A

1. cleaning
2. treating
3. protecting
4. dehydrating

4. Which of the following are medical conditions of pressure ulcer? **E**

1. malignancies
2. peripheral vascular disease
3. obesity
4. bowel or bladder incontinence

5. When do you wash your hands? **E**

1. Starting work
2. After touching a patient
3. When these are visibly dirty
4. Finishing work

6. In case of medication administration nurses need to have knowledge about:

E

1. actions and effects of the medications
2. human anatomy and physiology
3. pharmacokinetics
4. mathematics

7. In case of administration of SC injection the angle of injection might be: **C**

1. $10\text{-}15^0$
2. 90^0
3. 60^0
4. 45^0

8. Risk factors of delay of wound healing include:

E

1. Nutritional deficiencies (vitamin C, protein, zinc)
2. Mechanical friction on wound
3. Infection
4. Corticosteroid drugs

9. Which disease is characterized by Kussmaul-respiratory? **D**

1. Drug overdose
2. Hyperpyrexia
3. Bronchospasm
4. Diabetic coma

10. Which of the following are listed in self-actualization needs? **E**

1. Freedom
2. Work
3. Acquisition of knowledge
4. Feeling of usefulness

11. Which of the following are influencing the body temperature? **E**

1. Diurnal fluctuations
2. Age
3. Physical activity
4. Extreme external temperature

12. Which of the following are antipyretic treatment methods? **B**

1. Medication
2. Dietary
3. Physical
4. Routine

13. Which of the following are exogenous source of infections? **E**

1. Infusion therapy
2. Drains
3. Gloves
4. Endotracheal tube

14. Which of the following are consequences of immobility? **C**

1. Malnutrition
2. Decubitus
3. Hypertension
4. Constipation

True or false

1. Pressure ulcers are areas of damaged skin caused by staying in one position for too long. **T**

2. The Braden Risk Assessment scale is used for assessment of patients' nutritional conditions. **F**

3. Pressure Ulcer Stage III means: full-thickness, penetrating the fascia with involvement of muscle, bone and supporting structures. **F**

4. Excessive hunger is called polyphagia. **T**

5. Constant stress can cause hypertension. **F**

6. Once a person is infected with HIV, the diagnosis can be made using laboratory tests within 1 to 2 days. **F**

Analysis of relation

1. Tachypnoe means that the patient's respiratory rate is less than 10/min, *because* in this case the patient can breathe easely. **E**

2. If the patient has fever the pulse and the respiratory rate is increasing, *because* fever increase the metabolism. **A**

3. Orthostatic hypotension may occur in case of immobilization, *because* the cardiovascular system is affected by immobilization. **A**

4. V.A.C. therapy is an effective method for wound healing, because the negative pressure helps promote this process. **A**

5. The correct position of the patient during insertion of NG tube is high-Fowler's, *becuse* this position is comfortable for the patient. **B**

ETHICS in MIDWIFERY

Simple choice

1. Hospital Liaison Committees deal with

B

A. the cases of severely impaired newborns
B. **the cases of Jehovah's Witnesses**
C. the cases of patient with AIDS
D. the cases of the women after artificial abortion

2. Which one does NOT belong to the "Rights and obligations of the pregnant women"?

C

A. The fetus has rights during the intrauterine life
B. Pregnant woman is responsible for her unborn baby
C. **Rather the fetus is the patient of the doctor than the pregnant woman**
D. Fetus isn't the patient of the doctor, firstly he/she must be born

3. What is the normative ethics?

C

A. It deals with how moral norms are acquired from birth to adulthood.
B. A study of the theoretical background of the system of our moral views.
C. **A system of values, it has a special place in moral decision-making.**
D. This discipline describes the moral principles and behavioural norms of a society.

4. What kind of ethical principle appears in the person's respect, choice, freedom of choice and the right to self-determination?

B

A. the principle of 'do no harm'
B. **the principle of respect for autonomy**
C. the principle of justice
D. the principle of beneficence

5. Which one is the midwives' responsibility in compliance with professional guidelines?

C

A. personal responsibility
B. ethical responsibility
C. **professional responsibility**
D. legal responsibility

Multiple choice

1. What are the characteristics of Jehovah's Witnesses denomination and their health care:

A

1. The need for treatment, respect and freedom of religion can confront each other
2. If the parents are the members of the Jehovah's Witnesses denomination, the saving of children's rights is the most important if transfusion therapy is necessary
3. The artificial abortion is prohibited for them
4. The baptism of infants is proper

2. Artificial abortion….

B

1. …..is not a therapeutic activity
2. …..there are complications in the 10-20% of cases
3. …..is a forced entry into uterus
4. …..has no moral and spiritual effects

3. Which are the human/female factors of abortion?

E

1. Medical reasons
2. Eugenics indication (negative eugenics)
3. Social reasons
4. Moral indication

True or false

1. According to the standpoint of „Pro Choice" the human life begins at birth, the fetus is not a person. **T**

Analysis of relation

1. The selection of genetically damaged fetuses in the form of arteficial abortion is morally acceptable, because the nature also performs such a selection in the form of spontaneous abortions.

D

OBSTETRICS and GYNECOLOGY and Nursing care

Simple choice

1. Obese women are classed as having a BMI of at least:

B

A. 18 kg/m^2
B. **30 kg/m^2**
C. 28 kg/m^2
D. 24 kg/m^2

2. Fetal wellbeing can be assessed by:

D

A. palpating and measuring uterine size and comparing with gestational age
B. hearing a fetal heart rate that is regular and between 110 and 160 beats per minute
C. by asking the mother if fetal movements follow a regular pattern from time to time
D. **all of the above**

3. Which of the following are considered to be risk factors for gestational diabetes?

D

A. first-degree relative with diabetes
B. BMI above 30 kg/m^2
C. previous baby weighing 4.6 kg
D. **all of the above**

4. Women with the following will require additional care in pregnancy:

D

A. severe astma
B. drug users
C. autoimmune disorders
D. **all of the above**

5. When is active labour distinguished from the latent phase?

B

A. when the membranes rupture
B. **when the cervix is 3-4 cm dilated with regular contractions**
C. when contractions become regular
D. when the mother requires analgesia

6. The inclusion of the cervical canal into the lower uterine segment is called:

C

A. replacement
B. infusion
C. **effacement**
D. displacement

7. The passage of meconium by the fetus could be an indication that the fetus is:

A

A. **hypoxic**
B. hyperbole
C. hypoglycaemic
D. hyperglycaemic

8. What is the rate of 'normal' progress once labour is established?

D

A. 0.5 cm/hour
B. 0.75 cm/hour
C. 1 cm/hour
D. **no strict definition**

9. Which of the following are variables that are considered when interpreting a CTG?

D

A. baseline rate
B. baseline variability
C. presence or absence of decelerations
D. **all of the above**

10. On vaginal examination in labour if the head is fully flexed:

B

A. the anterior fontanelle is almost central
B. **the posterior fontanelle is almost central**
C. both anterior and posterior fontanelles are felt
D. none of the above

11. Mobility during labour is likely to:

A

A. **result in more effective uterine action**
B. be only possible at home
C. cause prolapse of the cord
D. cause incoordinate uterine action

12. Complications of epidural analgesia include: **A**

A. **dural tap**
B. tentorial tap
C. jugular tap
D. sinus tap

13. Advantages of epidural analgesia include: **A**

A. **effective pain relief**
B. hypotension
C. less incidence of assisted birth
D. shorter second stage of labour

14. What position should be avoided in second stage?

A

A. **dorsal position**
B. left lateral position
C. squatting
D. all of the above

15. What is the definition of the fourth degree tear?

B

A. damage involves the fourchette only
B. **damage includes a disruption of the anal sphincter muscles with a breach of the rectal mucosa**
C. damage includes partial or complete disruption of the anal sphincter muscles
D. damage involves the fourchette and the superficial perineal muscles

16. Which of the following could cause delay in the delivery of the placenta:

B

A. dorsal position
B. **a full bladder**
C. an episiotomy
D. use of entonox apparatus

17. Which of the following is a method of separation of the placenta:

C

A. Malcolm Duncan
B. Matthews Drew
C. **Matthews Duncan**
D. Malcolm Drew

18. Expectant management of the third stage of labour:

D

A. can be speeded up with oxytocin
B. requires the baby to be put to the breast
C. reduces the amount of bleeding
D. **involves gravity or maternal effort**

19. A predisposing factor for primary postpartum haemorrhage might be:

A

A. **high parity**
B. nulliparity
C. preterm labour
D. previous third degree tear

20. The midwife should try to stop postpartum bleeding by which of the following:

D

A. massage the uterus
B. give a uterotonic
C. empty the uterus
D. **all of the above**

21. The puerperium is defined as the period: **C**

A. from 6 hours after birth until discharge by the midwife
B. after delivery of the placenta and membranes and continues for 2 weeks
C. **immediately after delivery of the placenta and membranes and continues for 6 weeks**
D. immediately after delivery of the placenta and membranes and continues for 10 days

22. The main purpose of care after birth includes: **D**

A. observing and monitoring the health of the mother
B. observing and monitoring the health of the baby
C. offering support and guidance in feeding and parenting skills
D. **all of the above**

23. Lochia rubra:

D

A. the first three to five days of postpartum vaginal discharge
B. contains a large amount of red blood cells
C. have an odour similar to that of normal menstrual flow
D. **all of the above**

24. The volume of blood loss during the labour normally:

B

A. maximum 200 ml
B. **not more than 500 ml**
C. not more than 100 ml
D. maximum 300 ml

25. On the day of the delivery the fundal height is(normally):

B

A. above the umbilicus (2 fingers)
B. **at the level of the umbilicus**
C. under the umbilicus (2 fingers)
D. all of the above is normal

26. A 20-year-old woman has a miscarriage in her first pregnancy at 9 weeks gestation. Which one of the following would be the most likely cause for the loss of her pregnancy?

C

A. maternal infection
B. cervical incompetence
C. **fetal chromosomal abnormality**
D. bicornuate uterus

27. A 28-year-old woman presents with lower abdominal pain and vaginal bleeding at 10 weeks gestation. On examination there is fresh bleeding coming through the cervix and the cervix is open. She has no fever. An ultrasound scan shows a gestation sac and fetus in the uterus but no fetal heart motion cen be seen.
Which one of the following terms most accurately describes this clinical presentation?

B

A. threatened miscarriage
B. **inevitable miscarriage**
C. missed miscarriage
D. complete miscarriage

28. A 19-year-old woman presents at 16 weeks gestation with a 4-day history of right lower quadrant abdominal pain and nausea. On examination she is tender in the same area but there is no evidence of guarding or rebound. Ultrasound confirms a viable intrauterine pregnancy and no ovarian cyst. Urine analysis is negative. Blood investigations are normal except for a raised white cell count.
Which one of the following would be the most likely diagnosis?

C

A. ectopic pregnancy
B. ovarian torsion
C. **appendicitis**
D. renal colic

29. Physiological causes of abdominal pain in pregnancy may include:

D

A. ectopic pregnancy
B. placental abruption
C. placenta praevia
D. **round ligament pain**

30. A vaginal birth is possible when:

B

A. the placenta completely covers the internal os of cervix
B. **the placenta reaches the internal os of cervix**
C. the placenta is situated over the internal os but not centrally
D. none of the above

31. A concealed antepartum haemorrhage may:

B

A. pass unnoticed by the mother
B. **cause severe abdominal pain**
C. make the fetus more active
D. be caused by a low-lying placenta

32. Causes of excessive amounts of amniotic fluid are:

A

A. **oesophageal atresia**
B. breech presentation
C. maternal diabetes insipidus
D. prolonged pregnancy

33. Locked twins can occur when:

A. **both are vertex** **A**
B. both are breech
C. first twin is vertex second is breech
D.none of the above

34. Delay in the birth of the second twin can result in:

B

A. precipitate birth
B. **intrauterine hypoxia**
C. neonatal jaundice
D.rhesus isoimmunization

35. A primigravida is being monitored in her prenatal clinic for preeclampsia. What finding concerns her midwife? **C**

A. blood pressure (BP) increase to 135/85 mm Hg
B. weight gain of 0.5 kg during the past 2 weeks
C. **a dipstick value of 3+ for protein in her urine**
D. pitting pedal edema at the end of the day

36. The labor of a pregnant woman with preeclampsia is going to be induced. Before initiating the oxytocin (Pitocin) infusion, the nurse reviews the woman's latest laboratory test findings, which reveal a platelet count of 90,000, an elevated aspartate transaminase (AST) level, and a falling hematocrit. The nurse notifies the physician because the lab results are indicative of: **C**

A. eclampsia
B. Disseminated intravascular coagulation (DIC)
C. **HELLP syndrome**
D. idiopathic thrombocytopenia

37. A woman with preeclampsia has a seizure. The nurse's primary duty during the seizure is to: **D**

A. insert an oral airway
B. suction the mouth to prevent aspiration
C. administer oxygen by mask
D. **stay with the client and call for help**

38. A woman at 39 weeks of gestation with a history of preeclampsia is admitted to the labour and birth unit. She suddenly experiences increased contraction frequency of every 1 to 2 minutes, dark red vaginal bleeding, and a tense, painful abdomen. The nurse suspects the onset of: **D**

A. eclamptic seizure
B. rupture of the uterus
C. placenta previa
D. **abruptio placentae**

39. Acute hydramnios:

B

A. starts gradually
B. **commences suddenly**
C. only occurs in late pregnancy
D. the most common type of hydramnios

40. Nitrazine test is used:

C

A. for checking liver enzymes
B. for checking clotting factors
C. **for checking vaginal pH**
D. for checking AFP

41. The current rise of the twin pregnancy is probably due to the:

D

A. increased use of oral contraceptives
B. modern lifestyle
C. superfecundation
D. **increased use of various kinds of treatments for infertility (IUI, IVF)**

42. A laboring woman's temperature is elevated as a result of an upper respiratory infection. The FHR pattern that reflects maternal fever is:

C

A. diminished variability
B. variable decelerations
C**. tachycardia**
D. early decelerations

43. When assessing a woman in labor, the midwife is aware that the relationship of the fetal body parts to one another is called fetal:

C

A. lie
B. presentation
C. **attitude**
D. position

44. What position is least effective when gravity is desired to assist in fetal descent?

A

A. **lithotomy**
B. kneeling
C. sitting
D. walking

45. The midwife has received a report about a woman in labor. The woman's last vaginal examination was recorded as 3 cm, 30%, and –2. The nurse's interpretation of this assessment is that: **B**

A. The cervix is effaced 3 cm, it is dilated 30%, and the presenting part is 2 cm above the ischial spines

B**. The cervix is 3 cm dilated, it is effaced 30%, and the presenting part is 2 cm above the ischial spines**

C. The cervix is effaced 3 cm, it is dilated 30%, and the presenting part is 2 cm below the ischial spines

D. The cervix is dilated 3 cm, it is effaced 30%, and the presenting part is 2 cm below the ischial spines

46. To provide the necessary assessment of parent education, the midwife must know which part is *not* a bone in the fetal skull?

D

A. Parietal
B. Occipital
C. Temporal
D. **Fontanel**

47. The two primary areas of risk for sexually transmitted infections (STIs) are:

D

A. Sexual orientation and socioeconomic status
B. Age and educational level
C. Large number of sexual partners and race
D. **Risky sexual behaviors and inadequate preventive health behaviors**

48. When evaluating a client for sexually transmitted infections (STIs), the nurse should be aware that the most common bacterial STI is:

C

A. Gonorrhea
B. Syphilis
C. **Chlamydia**
D. Candidiasis

49. A woman has a thick, white, lumpy, cottage cheese–like discharge, with patches on her labia and in her vagina. She complains of intense pruritus. The doctor orders which preparation for treatment?

A

A. **Fluconazole**
B. Tetracycline
C. Clindamycin
D. Acyclovir

50. Which sexually transmitted infection is *not* bacterial and thus *not* treatable with antibiotics?

C

A. Chlamydia
B. Gonorrhea
C. **Genital herpes**
D. Syphilis

51. A primary nursing responsibility when caring for a woman experiencing an obstetric hemorrhage associated with uterine atony is to:

B

A. Establish venous access
B. **Perform fundal massage**
C. Prepare the woman for surgical intervention
D. Catheterize the bladder

52. A midwife caring for a postpartum woman understands that late postpartum hemorrhage (PPH) is most likely caused by:

A

A. **Subinvolution of the uterus**
B. Defective vascularity of the decidua
C. Cervical lacerations
D. Coagulation disorders

53. The most effective and least expensive treatment of puerperal infection is prevention. What is the most important strategy?

C

A. Large doses of vitamin C during pregnancy
B. Prophylactic antibiotics
C. **Strict aseptic technique, including handwashing, by all health care personnel**
D. Limited protein and fat intake

54. The perinatal nurse assisting with establishing lactation is aware that acute mastitis can be minimized by:

B

A. Washing the nipples and breasts with mild soap and water once a day
B. **Using proper breastfeeding techniques**
C. Wearing a nipple shield for the first few days of breastfeeding
D. Wearing a supportive bra 24 hours a day

55. A woman in preterm labor at 30 weeks of gestation receives two 12-mg doses of betamethasone intramuscularly. The purpose of this pharmacologic treatment is to:

A

A. **Stimulate fetal surfactant production**
B. Reduce maternal and fetal tachycardia associated with ritodrine administration
C. Suppress uterine contractions
D. Maintain adequate maternal respiratory effort and ventilation during magnesium sulfate therapy

56. Prostaglandin gel has been ordered for a pregnant woman at 43 weeks of gestation. The midwife recognizes that this medication is administered to:

C

A. Enhance uteroplacental perfusion in an aging placenta
B. Increase amniotic fluid volume
C. **Ripen the cervix in preparation for labor induction**
D. Stimulate the amniotic membranes to rupture

57. A client is to have an amniotomy to induce labor. The nurse recognizes that the priority intervention after the amniotomy is to:

D

A. Apply clean linens under the woman
B. Take the client's vital signs
C. Perform a vaginal examination
D. **Assess the fetal heart rate (FHR)**

58. A nurse caring for a woman hospitalized for hyperemesis gravidarum expects that initial treatment will involve:

B

A. Corticosteroids to reduce inflammation
B. **IV therapy to correct fluid and electrolyte imbalances**
C. An antiemetic, such as pyridoxine, to control nausea and vomiting
D. Enteral nutrition to correct nutritional deficits

59. A nurse providing care for a woman with gestational diabetes understands that a laboratory test for glycosylated hemoglobin A_{1c}:

C

A. Is done for all pregnant women, not just those with or likely to have diabetes
B. Is a snapshot of glucose control at the moment
C. **Levels should remain at less than 7**
D. Is done on the woman's urine, not her blood

60. Bleeding disorders in late pregnancy include all of these *except:*

D

A. Placenta previa
B. Cord insertion
C. Abruptio placentae
D**. Spontaneous abortion**

61. Signs of molar pregnancy:

D

A. bleeding
B. ultrasound -'snowstorm' appearance
C. high level of hCG
D. **all of the above**

62. Methotrexate is recommended as part of the treatment plan for which obstetric complication?

C

A. Placenta praevia
B. Missed abortion
C. **Unruptured ectopic pregnancy**
D. Abruptio placentae

63. A 26-year-old pregnant woman, gravida 2, para 1 is 28 weeks pregnant when she experiences bright red, painless vaginal bleeding. On her arrival at the hospital, what will be the diagnostic procedure?

B

A. Amniocentesis for fetal lung maturity
B. **Ultrasound for placental location**
C. Non stress test (NST)
D. Internal fetal monitoring

64. Which laboratory marker is indicative of disseminated intravascular coagulation (DIC)?

B

A. Bleeding time of 10 minutes
B. **Presence of fibrin split products**
C. Thrombocytopenia
D. Hyperfibrinogenemia

65. A prophylactic cerclage for an incompetent cervix is usually placed at:

A

A. **11 to 15 weeks of gestation**
B. 6 to 8 weeks of gestation
C. 23 to 24 weeks of gestation
D. after 24 weeks of gestation

66. A 36-year-old woman has been diagnosed as having uterine fibroids. When planning care for this client, the nurse should know that:

C

A. Fibroids are malignant tumors of the uterus that require radiation or chemotherapy
B. Fibroids increase in size during the perimenopausal period
C. **Menorrhagia is a common finding**
D. The woman is unlikely to become pregnant as long as the fibroids are in her uterus

67. During her annual gynecologic checkup, a 17-year-old woman states that recently she has been experiencing cramping and pain during her menstrual periods. The nurse documents this complaint as:

D

A. Amenorrhea
B. Dyspareunia
C. Premenstrual syndrome (PMS)
D. **Dysmenorrhea**

68. With regard to endometriosis, nurses should be aware that:

C

A. It is characterized by the presence and growth of endometrial tissue inside the uterus
B. It is found more often in African-American women than in Caucasian or Asian women
C. **It may worsen with repeated cycles or remain asymptomatic and disappear after menopause**
D. It is unlikely to affect sexual intercourse or fertility

69. One of the alterations in cyclic bleeding that occurs between periods is called:

D

A. Oligomenorrhea
B. Menorrhagia
C. Leiomyoma
D. **Metrorrhagia**

70. An unmarried young woman describes her sex life as "active" and involving "many" partners. She wants a contraceptive method that is reliable and does not interfere with sex. She requests an intrauterine device (IUD). The nurse's most appropriate response is:

B

A. "The IUD does not interfere with sex."
B. **"The risk of pelvic inflammatory disease will be higher for you."**
C. "The IUD will protect you from sexually transmitted infections."
D. "Pregnancy rates are high with the IUDs."

71. Which contraceptive method best protects against sexually transmitted infections (STIs) and human immunodeficiency virus (HIV)?

B

A. Periodic abstinence
B. **Barrier methods**
C. Hormonal methods
D. They all offer about the same protection.

72. A woman is at 14 weeks of gestation. The nurse expects to palpate the fundus at which level?

D

A. Not palpable above the symphysis at this time
B. At the level of the umbilicus
C. Slightly above the umbilicus
D. **Slightly above the symphysis pubis**

73. A nurse caring for a pregnant client must understand that the hormone essential for maintaining pregnancy is:

A

A. **Progesterone**
B. Estrogen
C. Oxytocin
D. Human chorionic gonadotropin (hCG)

74. The transverse diameter of the pelvic brim is:

C

A. 11 cm
B. 12 cm
C. **13 cm**
D. 11.5 cm

75. The process of human fertilization normally takes approximately:

B

A. 1 hour
B. **24 hours**
C. 48 hours
D. 4 hours

76. The placenta is completely formed and functioning in:

B

A. 8 weeks after fertilization
B. **10 weeks after fertilization**
C. 12 weeks after fertilization
D. 14 weeks after fertilization

77. The water in amniotic fluid is exchanged approximately:

B

A. hourly
B. **three- hourly**
C. six- hourly
D. daily

78. The volume of amniotic fluid is greatest at approximately:

A

A. **38 weeks' gestation**
B. 36 weeks' gestation
C. 40 weeks' gestation
D. none of the above

79. Hyperventilation during pregnancy may lead to mild:

A

A. **respiratory alkalosis**
B. respiratory acidosis
C. metabolic alkalosis
D. metabolic acidosis

80. A 41-week pregnant multigravida presents in the labor and delivery unit after a nonstress test indicated that her fetus could be experiencing some difficulties in utero. Which diagnostic tool yields more detailed information about the fetus?

B

A. Ultrasound for fetal anomalies
B. **Biophysical profile (BPP)**
C. Maternal serum alpha-fetoprotein (MSAFP) screening
D. Percutaneous umbilical blood sampling (PUBS)

81. G2 P1 28 yrs female comes to the clinic with the chief complaint of reduced fetal movement. Her gestational age is uncertain. In ultrasound AF is normal and the fetus is reported as term. What should be done for her? **B**

A. Doppler velocimetry
B. **labor induction**
C. immediate C/S
D. US twice weekly

82. What is the indication for Doppler velocimetry?

A

A. **IUGR**
B. postterm
C. SLE
D. Antiphospholipid antibody syndrome

83. Which is <u>wrong</u> about fever after delivery?

D

A. fever more than 39 C in the first 24 hours after delivery is a sign of severe infection
B. fever in bacterial mastitis usually is late and persistent
C. pulmonary infection usually occurs in the first 24 hours mostly after C/S
D. **pyelonephritis is one of the most common reason of infection and is most often mistaken for pelvic infection**

84. A woman 35 years old- P2 – GA of 38 wks -EFW of 2 kg presents face and posterior shoulder presentation. How do you manage her delivery? **D**

A. induction of labor
B. internal rotation to make mentum ant position
C. observation to allow spontaneous rotation
D. **C/S**

85. What is the most common complication of eclampsia?

A

A. **abruption of placenta**
B. aspiration pneumonia
C. pulmonary edema
D. direct maternal mortality

86. Which is the most common reason of DIC (disseminated intravascular coagulopathy) in obstetrics?

B

A. IUGR
B. **abruption of placenta**
C. preeclampsia
D. septic shock

87. What is the first step in treating a woman with late postpartum hemorrhage (after stabilizing her condition)?

B

A. curettage
B. **uterotonics**
C. uterine artery ligation
D. hypogastric artery ligation

88. A woman suffers intractable heavy vaginal bleeding after C/S. Laparatomy is performed. The bleeding does not stop. What is the management? **D**

A. total hysterectomy
B. bilateral uterine and ovarian arteries ligation
C. bilateral hypogastric arteries ligation
D. **bilateral ovarian arteries ligation**

89. Which is <u>wrong</u> in abruption? **A**

A. **It is more likely in heroin addicts than cocaine addicts**
B. uterine fibroid is one of the causes
C. positive past history is a risk factor
D. a life threatening situation

90. During C/S a continuous bleeding is present. Uterotonic therapy is ineffective. What should be done for this case? **C**

A. uterine artery ligation
B. ovarian artery ligation
C**. hypogastric artery ligation**
D. hysterectomy

91. Which is <u>wrong</u> about fetal complications of abruption? **D**

A. 20-25 percent of cases demise perinatally
B. 40 % are delivered prematurely
C. 12-15 % is having IUGR
D**. if the fetus doesn't die in uterus, there would be no serious neonatal complication**

92. A pregnant woman G2 GA=38 wks has the chief complaint of vaginal spotting. There is no sign of abruption or previa by ultrasound. What is the best management? **B**

A. observation
B. **termination of pregnancy**
C. discharge
D. referring patient to another center

93. Which is true about abruption? **C**

A. The chance of repeated abruption is twice
B. fetal assessment techniques can predict abruption with good precision
C. **there is no means to predict abruption**
D. The chance of repeated abruption is not different

94. What should be done in a post term pregnancy when NST is normal? **C**

A. repeat NST after 3 days
B. C/S
C. **repeat NST next day**
D. Doppler velocitometry

95. An induction for a 41 wk gestational age pregnancy failed. What should be done? **C**

A. C/S
B. starting induction 6 hours later
C. **Starting induction next day**
D. fetal well-being monitoring for one week

96. What should be done for a diabetic woman 28 yrs old –G2 – Estimated fetal weight: 4600 gr. GA=41 weeks **A**

A. **C/S**
B. AF measurement twice a week
C. NST and OCT daily
D. PG gel to ripen cervix

97. What is the most important reason for hypoglycemia of macrosome newborns? **D**

A. increased fetal consumption
B. decreased endogenous glucose production
C. hyperinsulinemia
D. **the suddenly reduced glucose supply**

98. What should be done for a woman 31 week gestation with twin pregnancy and one fetus dead? **C**

A. ultrasound
B. C/S
C. **observation**
D. tocolytics

99. What is <u>not</u> a reason of oligohydamnios in a woman GA=36w with IUGR pregnancy? **B**

A. reduced fetal urine
B. **increased swallowing of the fetus due to asphyxia**
C. reduced fetal renal blood perfusion
D. premature ruptures of membranes

100. A woman is hospitalized for oligohydramnios. GA=34 What do you suggest? **B**

A. pregnancy termination
B. **observation**
C. labour induction
D. diuretics

101.Which examination is indicated in case of gestational diabetes? **A**

A. **fetal echocardiography**
B. fetal skull MRI
C. maternal serum-AFP sampling
D. CRP-evaluation

102. What is the 120-minutes borderline value of the oral glucose tolerance test? **B**

A. 8.9 mmol/l
B. **7.8 mmol/l**
C. 6.4 mmol/l
D. 5.6 mmol/l

103. Which malformation is caused with the highest probability gestational diabetes? **C**

A. renal agenesis
B. omphalocele
C. **cardiovascular malformations**
D. diaphragmatic hernia

104. What is the preferred therapy of gestational diabetes? **D**

A. oral antidiabetic therapy
B. diet and oral antidiabetic therapy
C. nothing
D. **diet and/or insulin therapy**

105. Which disorder <u>does not</u> influence the fertility?

D

A. hyperprolactinaemia
B. diabetes mellitus
C. hypothyroidism
D. **asthma bronchiale**

106. Mendelson's syndrome is:

A

A. **A chemical pneumonitis caused by the inhalation of gastric contents**
B. Excessive production of gastric acid during labour
C. Reduction in gastrointestinal activity during pregnancy
D. An increase in blood pressure during labour

107. Sensory receptors that respond to pain are called:

C

A. Proprioreceptors
B. Baroreceptors
C. **Nociceptors**
D. Somatic receptors

108. The time taken for Lidocaine (local anaesthetic) to take effect is:

C

A. < 1 minute
B. between 1 and 2 minutes
C. **between 3 and 4 minutes**
D. > 4 minutes

109. Gestational age is accurately assessed by crown-rump length (CRL):

A

A. **Before 13 weeks' gestation**
B. In early second trimester
C. In mid pregnancy
D. In late pregnancy

110. The most common cause of shoulder presentation is due to:

C

A. Contracted pelvis .
B. Low uterine fibroid
C. **Lax abdominal and uterine muscles**
D. Cervical fibroid

Multiple choice

1. Urine should be screened at every antenatal appointment for:

A

1. **glucose**
2. **protein**
3. **pus**
4. urine culture

2. When is gestational diabetes screening performed? **B**

1. **usually between 24 and 28 weeks**
2. usually between 6 and 8 weeks
3. **earlier than 24 weeks if the woman has additional risk factors**
4. usually between 36 and 38 weeks

3. What are the two parameters by which normal physiological labour are measured?

C

1. strong uterine contractions
2. **descent of the fetal head**
3. bloody discharge
4. **dilation of the cervix**

4. Which are the correct answers for the positioning of the TENS electrodes:

B

1. **T10 and L1**
2. L10 and T1
3. **S2 and S4**
4. S5 and S6

5. Identify <u>two</u> circumstances when ergometrine should not be administered for management of the third stage of labour:

B

1. **when the mother has high blood pressure**
2. when the mother has had an antepartum haemorrhage
3. **when the mother has cardiac disease**
4. when the mother has a precipitate labour

6. Obstetric events that trigger DIC :

E

1. placental abruption
2. intrauterine fetal death including delayed miscarriage
3. intrauterine infection including septic abortion
4. pre-eclampsia, eclampsia

7. Complications of polyhydramnios are:

A

1. maternal ureteric obstruction
2. cord presentation and prolapse
3. placental abruption when the membranes rupture
4. urinary tract infection

8. Predisposing factors of ectopic pregnancy are:

E

1. previous PID
2. previous tubal surgery
3. assisted reproductive tecniques
4. previous history of ectopic pregnancy

9. Signs that precede labor include:

A

1. lightening
2. bloody show
3. rupture of membranes
4. decreased fetal movement

10. Which factors influence cervical dilation?

A

1. strong uterine contractions
2. the force of the presenting fetal part against the cervix
3. scarring of the cervix
4. the size of the pelvic

11. Medications used to manage postpartum hemorrhage (PPH) include:

B

1. Oxytocin
2. Magnesium sulfate
3. Methergine
4. Terbutaline

12. The midwife recognizes that uterine hyperstimulation with oxytocin requires emergency interventions. What clinical cues alert the nurse that the woman is experiencing uterine hyperstimulation?

A

1. Uterine contractions lasting >90 seconds and occurring <2 minutes in frequency
2. Increased uterine activity accompanied by a nonreassuring fetal heart rate (FHR) and pattern
3. Uterine tone >20 mm Hg
4. Uterine contractions lasting <90 seconds and occurring >2 minutes in frequency

13. A client who has undergone a dilation and curettage (D&C) for early pregnancy loss is likely to be discharged the same day. In order to promote an optimal recovery, discharge teaching should include:

A

1. Diet high in iron and protein
2. Referral to a support group if necessary
3. Emphasizing the need for rest
4. Resumption of intercourse at 6 weeks postprocedure

14. Which statements might the nurse appropriately include when teaching a client about calcium intake for osteoporosis?

B

1. Calcium is contraindicated in women with a history of kidney stones.
2. "It is best to take calcium in one large dose."
3. "You should take calcium with vitamin D because the vitamin D helps your body absorb calcium better."
4. "You should try to increase your protein intake when you are taking calcium."

15. The diagnosis of pregnancy is based on which positive signs of pregnancy?

A

1. Identification of fetal heartbeat
2. Visualization of the fetus
3. Verification of fetal movement
4. Positive human chorionic gonadotropin (hCG) test

16. Which of the following statements relates to Doderlein's bacillus:

A

1. This is normal commensal of the vagina
2. It metabolizes glycogen to lactic acid
3. It leads to increased vaginal acidity
4. It can cause vaginal yeast infection

17. Intrauterine growth restriction (IUGR) is associated with what pregnancy-related risk factors?

E

1. Poor nutrition
2. Maternal collagen disease
3. Gestational hypertension
4. Smoking

18. Which assessment is not included in the fetal biophysical profile (BPP)?

B

1. Placental grade
2. Fetal tone
3. Cervical length
4. Amniotic fluid index

19. Which method of contraception is recommended for lactating mothers:

A

1. Progestogen oral pill
2. Progestogen implants
3. Progestogen-releasing intrauterine system
4. Combined oral contraception

20. Predisposing factors of prolonged pregnancy are:

B

1. **previous prolonged pregnancy**
2. female fetus
3. **pre-pregnancy BMI of 25 kg/m2 or more**
4. advanced maternal age

21. Risks associated with use of intravenous oxytocin include:

E

1. fetal hypoxia and asphyxia
2. postpartum haemorrhage
3. uterine rupture
4. fluid retention

22. Initial examination of the infertile couple include:

E

1. Semen analysis
2. Hormone analysis
3. Ultrasonography
4. HYCOSY

23. Normal semen analysis values (WHO 1999) include:

C

1. morphology >50% normal forms
2. **sperm concentration >20 million/mL**
3. semen volume < 2–5 mL
4. **motility >50% progressive motility**

24. Indications of intrauterine insemination (IUI) include:

B

1. **antisperm antibodies**
2. azoospermia
3. **low sperm count or premature ejaculation**
4. uterine tube occlusion

25. Associated risk factors of OHSS include:

A

1. polycystic ovarian syndrome (PCOS)
2. lean physique
3. HCG administration
4. advanced age

26. Investigations in case of severe OHSS include: **E**

1. US scan
2. coagulation profile
3. hourly urine output
4. chest X-ray

27. Which are the contraindications of birth by ventouse? **C**

1. Asthma bronchiale
2. Deflection disorders
3. Epilepsia
4. Pre-term birth

28. Which are the advantages of OAC? **D**

1. Low PI
2. Smoking is not recommended
3. Bleeding disorders
4. PMS is reduced

29. What is the proper treatment of pre-term labour? **E**

1. Sideways lie
2. Bed rest
3. Tocolytic therapy
4. AB profilaxis

30. How can we recognise the intrauterine death? **A**

1. Spalding-sign
2. Kehrer-sign
3. Lack of fetal heart rates
4. Perineal pain

31. Which are the mechanical methods of contraception? **A**

1. Cervical cap
2. Condom
3. Vaginal pessary
4. Coitus interruptus

32. Which are the symptoms of intrauterine death? **C**

1. IUGR
2. Descent of uterus
3. Maternal hypertension
4. Smaller abdomen

33. What kind of complication can happen during birth by forceps? **E**

1. Dysuria or urinary retention
2. Cephalhaematoma
3. Haemorrhage
4. Facial paresis

34. Which are the predisposing factors of pre-term labour? **E**

1. Previous abortion
2. Maternal periodontal disease
3. Pregnancy induced hypertension
4. Malnutrition

35. Which are the contraindications of cervix ripening? **D**

1. Headache
2. Chills
3. Sweating
4. Epilepsia

36. What type of forceps do we know? **E**

1. Kielland
2. Simpson's
3. Pajot-Naegele
4. Piper

37. Which are the parts of the Bishop's pre-induction pelvic scoring system? **A**

1. Cervical canal lenght
2. Station of presenting part
3. Position of cervix
4. Conjugata vera obstetrica

38. What are the possible causes of pre-term labour? **E**

1. Premature rupture of membranes
2. Multiple gestation
3. Cervical incompetence
4. Congenital abnormality

39. Which are hormon related contraception methods? **D**

1. Diaphragm
2. Spermicidal creams
3. Coitus interruptus
4. Pills

40. What are the possible complications of epidural analgesia? **E**

1. loss of bladder sensation
2. dural puncture and consequent headache
3. local anaesthetic toxicity leading to cardiac arrest
4. hypotensive incident

True or false

1. Cultures for Group B Streptococcus are standard at 35 weeks. **T**

2. Displacement of the appendix from McBurney's point is common in pregnancy. **T**

3. Anxiety can decrease the production of adrenaline during the labour. **F**

4. The optimum physiological time for the membranes to rupture spontaneously is at the beginning of the first stage of labour. **F**

5. Spurious labour means: the effacement and dilatation of cervix are absent but the contractions are real. **T**

6. Full bladder can causes delay in labour. **T**

7. The fetal heart sound should be auscultated every 30 min. **F**

8. After the episiotomy it is not necessary to protect the perineum. **F**

9. After the birth of the placenta thorough inspection must be carried out in order to make sure that no part of the placenta or membranes has been retained. **T**

10. After the internal rotation the anteroposterior diameter of the head lies in the widest (anteroposterior) diameter of the pelvic outlet. **T**

12. Prostaglandins are effective uterotonic drugs. **T**

13. The early puerperium takes up to 14 days. **F**

14. Increased diuresis is normal for 2-3 days after the delivery. **T**

15. Secondary postpartum haemorrhage means: there is any abnormal or excessive bleeding from the genital tract occuring between 24 hrs and 12 weeks postnatally. **T**

16. Negative serum hCG will effectively exclude ectopic pregnancy. **T**

17. Ectopic pregnancy should be considered in any woman presenting with pain or bleeding in early pregnancy. **T**

18. Recurrent (habitual) miscarriage is defined as at least 2 consecutive pregnancy losses prior to viability (in the first trimester). **F**

19. In case of complete hydatiform mole there is no evidence of an embryo. **T**

20. Most cases of ectopic pregnancy can be treated laparoscopically. **T**

21. In case of type 2 placenta praevia vaginal birth is not possible. **F**

22. Aims of management of DIC includes the replacement of the 'used up' clotting factors.

T

23. The average gestation for triplets is 37 weeks. **F**

25. In case of placental abruption the uterus is firm to boardlike, with severe continuous pain. **T**

27. In case of polyhydramnios the uterus is small and fetal parts are easily felt. **F**

28. Expected outcome of breastfeeding: newborn will be unable to latch on appropriately during breastfeeding session.

F

29. In the first half of pregnancy oligohydramnios is often found to be associated with renal agenesis. **T**

30. Cord prolapse is one of the risks of PPROM. **T**

31. After a fetal loss including miscarriage, the woman should be offered the option of seeing the products of conception. **T**

32. The use of ovulation induction increases the number of eggs reaching maturity in a single cycle to increase chances for conception. **T**

Analysis of relation

1. DIC is never a primary disease , *because* it always occurs as a response to another disease process. **A**

2. In case of atonic uterus using of urinary catheter is necessary *because* the catheter can prevent the infection. **C**

3. If a 'twin monitor' is available, both heartbeats can be monitored simultaneously, *because* it gives a more reliable reading. **A**

4. In case of type 3 placenta praevia the vaginal birth is inappropriate, *because* the placenta precedes the fetus. **A**

5. The 1-degree tear should be repaired by an experienced obstetrician, *because* it involves the superficial perineal muscles. **E**

6. In case of precipitate labour the first stage is not recognized, *because* the contractions are more painful than in case of a normal labour. **C**

7. In case of pregnancy-induced hypertension midwife should check the BP after hours and days following the birth, *because* eclampsia can develop in the puerperium. **A**

8. Constipation is not common during pregnancy, *because* this is a result of the influence of progesterone on smooth muscle. **D**

9. Fully empty the breasts during breast-feeding is important, *because* if a breast doesn't completely empty at feedings, one of the milk ducts can become clogged. **A**

10. Follicle stimulating hormone is an important indicator of fertility, *because* levels over 20 mIU/ml indicate premature ovarian failure and a low, but not impossible chance of pregnancy. **A**

11. ICSI is a useful technique when sperm quality is poor, *because* this variant of IVF treatment involves the injection of 2-3 spermiums into the cytoplasm of an egg with a fine glass needle. **C**

Pharmacology in obstetrics and gynaecology

Simple choice

What does „generic name" means?

c

a. the name under which a manufacturer markets a medication
b. rarely used name of drugs in clinical practice
c. given by the manufacturer who first develops the medication
d. common name of different types of medications

The effect of Magnesium sulphate administration might be (on the CTG trace):

b

a. sinusoid pattern
b. reduced variability
c. tachycardia
d. variable decelerations

Which medicament may cause hypothiroidism?

c

a. Steriods
b. Sertaline
c. Propylthiouracil (PTU)
d. Metyldopa

Which factor should not be take into consideration in drug therapy during pregnancy?

d

a. risk of teratogenicity
b. gestational age
c. placental transport
d. number of parities

Which is the contraindeicated antihypotensive drug in pregnancy?

a

a. ACE inhibitor
b. CA channel blocker
c. Methyldopa
d. Hydralasine

When the tocolysis is contraindicated?

c

a. asthma bronchiale
b. in chronic hypertension
c. in severe praeeclampsia
d. in diabetes mellitus

What was the largest teratogenic "catastroph" in the XXth century? Which medicine was in the background?

c

a. Contramal (tramadol)
b. Seduxen (diazepam)
c. Thalidomid (contergan)
d. Clostilbegyt (clomiphene citrate)

Multiple choice

The most common errors in medication are: **E**

1. an incomplete medication prescription
2. inappropriate medication labelling
3. inadequate staffing levels
4. miscommunication among the members of the healthcare staff

Prophylactic therapy of GBS is necessary in case of: **A**

1. positive GBS screening (present)
2. threatened and started preterm delivery
3. unknown reason of fetal tachycardia
4. preterm rupture of membranes over 2 hours

True statements for Atosiban: **B**

1. It behaves as a competitive antagonist for oxytocin receptors
2. Administration is suggested at 24-37. weeks of gestation
3. It is recommended as the first line drug for the management of preterm labour
4. The maximum administration time is 72 hours

Contraindications to oxytocin administration: **B**

1. tachysystole of the uterus
2. EDA
3. transverse or oblique lie of the fetus
4. GDM

Which fetal organ's development problem, malformation are the most frequent caused by teratogenes? **A**

1. central nervous system
2. skeletal system
3. cardiovascular system
4. reproductive system

What are the mechanisms of action of hormonal contraception?

A

1. GnRH-release, FSH- and LH-production inhibition: inhibition of folliculogenesis, anovulation
2. Cervical mucus thick, unpermeable for sperms
3. Endometrium unsuitable for implantation
4. Increase in tubal motility

True or false

In case of hypermagnesaemia patellar reflex is always suppressed after respiratory depression occurs.

False

Methergine acts directly on the smooth muscle of the uterus.

True

Prepidil gel is contraindicated in patients with placenta previa or unexplained vaginal bleeding during this pregnancy.

True

Hypotension is one of the contraindications of methylergometrine administration.

False

In case of oxytocin administration palpation of the uterus should be regular in order to recognize tachysystole.

True

Anatomy

Simple choice

1.The most abundant connections between cells in the stratified non-keratinized and stratified keratinized epithelium are:

A. intermediate junctions
B. gap junctions
C. desmosomes
D. tight junctions

ANSWER: C

2. Large muscle fibers that are multinucleated, striated and voluntary are found:

A. cardiac muscle tissue
B. skeletal muscle tissue
C. smooth muscle tissue
D. the first, second and third answers are all correct

ANSWER: B

3. Meniscs are found in the ....

A. hip joint
B. knee joint
C. subtalar joint
D. costovertebtral joint

ANSWER: B

4. Borders of the subinguinal hiatus

A. m. gluteus maximus
B. inguinal ligament
C. m. piriformis
D. inferior ramus of the pubic bone

ANSWER: B

5. The common fibular artery is a branch of the:

A. internal iliac artery
B. femoral artery
C. popliteal artery
D. abdominal aorta

ANSWER: C

6. The paranasal sinuses are:

A. frontal, mastoid, maxillary, tympanic cavity
B. maxillary, ethmoideal, frontal, sphenoidal
C. maxillary, common nasal cavity, sphenoid
D. frontal, tympanic cavity, sphenoidal

ANSWER: B

7. The ribcage represents:

A. 14 true ribs
B. 10 false ribs
C. 2 floating ribs
D. 4 floating ribs

ANSWER: D

8. Which muscle is present on the anterior side of thigh?

A. biceps femoris
B. quadriceps femoris
C. triceps brachii
D. triceps surae

ANSWER: B

9. What is the collective name for ankle bones?

A. metatarsals
B. tarsals
C. carpals
D. metacarpals

ANSWER: B

10. What is the name of the longest muscle in the body?

A. sartorius
B. soleus
C. gastrocnemius
D. gracilis

ANSWER: A

11. Choose the correct number regarding the number of bronchopulmonary segments of right lung:

A. 7
B. 9
C. 10
D. 6
E. 12

ANSWER: C

12. Choose the nerve innervating the lungs parasympatheticly:

A. sympathetic plexus
B. vagus nerve
C. phrenic nerve
D. hypoglossal nerve
E. intercostal nerves

ANSWER: B

13. Which one of the following nerves innervate the diaphragm?

A. vagus
B. glossopharyngeal
C. splanchnic nerves
D. phrenic
E. accessory

ANSWER: D

14. Where does the inferior vena cava pass through the diaphragm?

A. lumbar part
B. costal part
C. central tendon
D. sternocostal triangle (Larrey's cleft)
E. lumbocostal (Bochdalek's) triangle

ANSWER: C

15. Where does the fertilization usually occur?

A. On the fimbriae of uterine (Fallopian) tube
B. In the uterine cavity
C. In the infundibulum of uterine (Fallopian) tube
D. In the isthmus of uterine (Fallopian) tube
E. In the ampulla of uterine (Fallopian) tube

ANSWER: E

16. The umbilical cord normally contains:

A. two umbilical veins and one umbilical arteries
B. one umbilical artery and one umbilical vein
C. two umbilical arteries and one umbilical vein
D. two umbilical arteries and two umbilical veins
E. three umbilical arteries and three umbilical veins

ANSWER: C

17. The urinary bladder:

A. is preperitoneal
B. is intraperitoneal
C. is retroperitoneal
D. is infraperitoneal
E. has no peritoneal covering

ANSWER: D

18. The transverse colon is:

A. retroperitoneal
B. semi-intraperitoneal
C. intraperitoneal
D. infraperitoneal
E. preperitoneal

ANSWER: C

19. The McBurney's point indicates the:

A. beginning of the colon
B. beginning of the vermiform appendix
C. end of the colon
D. end of the vermiform appendix
E. end of the duodenum

ANSWER: B

20. Epithelial cells are attached to the basement membrane by:

A. desmosome
B. zonula occludens
C. zonula adherens
D. nexus
E. hemidesmosome

ANSWER: E

Multiple choice

1. The atlanto-occipital joint:

A. is a biaxial joint
B. is a hinge joint
C. is a pivot joint
D. is built up by the occipital condyles and the atlas

ANSWER: A, D

2. The somatic nervous system:

A. regulates he function of the internal organs
B. works on the striated muscle
C. is voluntary
D. is unvoluntary
E. is segmented

ANSWER: B, C, E

3. The autonomic nervous system

A. has sympathetic efferent functions
B. has parasympathetic efferent functions
C. is voluntary
D. is involuntary

ANSWER: A, B, D

4. The dorsal root ganglia:

A. are sensory ganglia
B. represent multipolar neurons
C. represent pseudounipolar neurons
D. the peripheral fibers of the pesudounipolar neurons are coming from the spinal cord

ANSWER: A, C

5. The midbrain:

A. is the upper part of the brainstem
B. contains the nuclei of the III. And IV. cranial nerves
C. the cerebral aqueduct passes through it
D. is found caudally to the pons

ANSWER: A, B, C

6. Extensor muscles of the forearm:

A. are arranged in superficial and deep layers
B. are innervated by the median nerve
C. are innervated by the radial nerve
D. are innervated by the ulnar nerve
E. the median nerve runs between the superficial and deep extensor dig. muscle

ANSWER: A, C

7. Flexor muscles of the elbow joint:

A. biceps brachii m.
B. brachialis m.
C. coracobrachialis m.
D. brachioradialis m.
E. flexor carpi radialis longus and brevis muscles

ANSWER: A, B, D

8. Nerves coming from the medial cord:

A. radial nerve
B. sup. ulnar collateral nerve.
C. ulnar nerve
D. lateral cutaneus antebrachial nerve
E. medial cutaneus brachial nerve

ANSWER: C, E

9. The merocrine secretion:

A. the secretory cells are diying during the secretion
B. the secretory cells are renewing
C. part of the cytoplasm is lost during secretion
D. is continuous exocytosis
E. is the typical secretory pathway of the sweat glands

ANSWER: D, E

10. The round ligament of the uterus:

A. originates at the body of uterus
B. originates at the uterine horns
C. leaves the pelvis through the inguinal canal
D. is located between the ovary and uterus
E. is located between the uterine tube and ovary

True / False

1. The testes descend through the inguinal canal to the scrotum

A. True
B. False
ANSWER: A

2. The ejaculatory duct opens to the prostatic urethra

A. True
B. False
ANSWER: A

3. The ovary is entirely covered by peritoneum

A. True
B. False
ANSWER: B

4. The kidneys are intraperitoneal organs

A. True
B. False
ANSWER: B

5. The medulla of the kidney contains the functional unit of the kidney

A. True
B. False
ANSWER: B

6. The functional unit of the kidney is the nephron

A. True
B. False
ANSWER: A

7. The pancreatic juice flows through the major duodenal papilla

A. True
B. False
ANSWER: A

8. The costodiaphragmatic recess is the deepest pleural recess

A. True
B. False
ANSWER: A

9. The coracoacromial ligament is the broadest ligament of the shoulder joint.

A. True
B. False
ANSWER: A

10. Prolactin is a hypothalamic hormone.

A. True
B. False
ANSWER: B

Analysis of relation

1 The right kidney has a higher position, because the right lobe of the liver is larger D

2. The Langerhans islands' cells are producing insulin, insulin increases the blood sugar level C

3. The deferent duct in male and the round ligament of uterus in female pass through the subinguinal hiatus, where the femoral canal starts from D

4. The number of the carpal bones and tarsal bones is the same, because they are analog structures D

5. The coronary sulcus divides the heart, because it separates the atria from the ventricles. A

6. The fossa ovalis is located on the interatrial wall, because it was a shunt during the intrauterine life. A

7. The ligament of head of femur is the strongest ligament of the hip joint, because it carries blood supply for the head of femur. D

The Douglas pouch is the deepest point of the female abdominal cavity, therefore in pathological circumstances fluids can accumulate there.. A

9. The vagus nerve is the most prominent parasympathetic nerve, because it innervates the whole small and large intestines. C

10. The neutrophils are the most abundant type of leukocytes, because they produce immunoglobulins. C

Physiology

Simple choice

1./ Peripheral resistance is

A. measured in capillaries.
B. resistance of brain vessels
C. resistance against low pO_2.
D. developing in veins and venules.
E. resistance built up in small arteries and arterioles.

ANSWER: E

2./ Which of the following changes will result in an increase in myocardial O2 consumption?

A. Decrease aortic pressure
B. Decreased heart rate
C. Decreased contractility
D. Increased size of the heart
E. Increased influx of Na+ during the upstroke of action potential

ANSWER: D

3./ Which of the following is least likely to cause sustained hypertension?

A. increased secretion of the adrenal medulla
B. increased secretion of the adrenal cortex
C. pheochromocytoma
D. oral contraceptives (estrogen therapy)
E. increased angiotensinogen concentration in the blood

ANSWER: E

4./ Active forces contributing to lymphatic flow include

A. cardiac function
B. skeletal muscle function
C. positive intrathoracic pressure
D. lymphatic valves preventing retrograde flow
E. specific gravity of the lymph

ANSWER: B

5./ In highly trained athletes, the development of bradycardia may be due to

A. less tendency of the person to react with anxiety or fear
B. better peripheral circulation, especially to the muscles
C. greater stroke volume per beat, with associated circulatory reflex feedback
D. better relaxation of the heart muscle with each stroke
E. increased oxygen intake with each respiratory effort

ANSWER: C

6./ Cardiac tamponade is a result of

A. dry pericarditis
B. accumulation of fluid in the lungs
C. accumulation of fluid in the pericardium
D. formation of fibrin deposits in the pericardium
E. valvular stenosis

ANSWER: C

7./ Anaphylactic shock is due to

A. marked vasodilation
B. incomplete heart block
C. tumor
D. pulmonary embolism
E. burns

ANSWER: A

8./ Binding of O_2 to Fe^{2+} ion is

A. oxygenation
B. oxidation

C. reduction.
D. irreversible
E. very slow
ANSWER: A

9./ Pneumothorax -
A. expiratory muscle.
B. the brake off of negative intrapleural pressure.
C. abdominal respiration.
D. physiological lung function.
E. relaxation of lung muscles.
ANSWER: B

10./ CO_2 is transported in the blood
A. bound to Fe^{2+} ion
B. by white blood cells
C. bound to thrombocytes
D. from the lung to the tissues
E. in form of carbamino compounds
ANSWER: E

11./ Which of the following is responsible for the movement of O2 from the alveoli into the blood in the pulmonary capillaries?
A. Active transport
B. Filtration
C. Secondary active transport
D. Facilitated diffusion
E. Passive diffusion
ANSWER: E

12./ Carbohydrate degrading enzyme in the saliva
A. ptyalin (amylase)
B. maltase
C. lactase
D. lipase
E. aminopeptidase
ANSWER: A

13/ The satiety center in the hypothalamus is found in the
A. n. dorsolateral
B. n. ventrolateral
C. n. ventromedial
D. n. paraventricular
E. n. accumbens

ANSWER: C

14./ Type II epithelial cells are found in the

A. trachea.
B. alveoli
C. bronchi
D. bronchioles
E. nasal cavity

ANSWER: B

15./ Not synthesized in the body

A. proteins
B. essential amino acids
C. amino acids
D lipids
E. sugars

ANSWER: B

16/ Pneumothorax

A. expiratory muscle.
B. abdominal respiration.
C. atmospheric pressure in the intrapleural space
D. physiological lung function.
E. relaxation of lung muscles

ANSWER: C

17./ When compared with the cones of the retina, the rods

A. are more sensitive to low-intensity light
B. adapt to darkness before the cones
C. are most higly concentrated on the fovea
D. are primarily involved in color vision

ANSWER: A

18./ Cutting which structure on the left side causes total blindness in the left eye?

A. Optic nerve
B. Optic chiasm
C. Optic tract
D Geniculocalcarine tract

ANSWER: A

19./ A women has hirsutism, hyperglycemia, obesity, muscle wasting and increased circulating levels of adrenocorticotropic hormone (ACTH). The most likely cause of her symptoms is

A. primary adrenocortical insufficiency (Addison's disease)

B. pheochromocytoma

C. primary overproduction of ACTH (Cushing's disease)

D. treatment with exogenous glucocorticoids

E. hypophysectomy

ANSWER: C

20./ Which of the following substances is derived from proopiomelanocortine (POMC)?

A. Adrenocorticotropic hormone (ACTH)

B. Follicle-stimulating hormone

C. Melatonine

D. Cortisol

E. Dehydroepiandrosterone

ANSWER: A

Multiple choice

1./ Administration of a drug that blocks β adrenergic receptors would be expected to

A. decrease the heart rate
B. decrease the force of cardiac contraction
C. decrease the secretion of renin from the kidneys
D. decrease the secretion of insulin from the B cells in the pancreatic islets

ANSWER: A, B, C, D

2./ Administration of a drug that blocks conversion of L-DOPA to dopamine would be expected to

A. increase the diameter of the trachea and bronchi
B. disrupt the function of the SIF cells in the sympathetic ganglia
C. decrease peristaltic activity in the small intestine
D. decrease the amount of norepinephrine in the circulating blood

ANSWER: B, D

3./ In a patient with a long QT syndrome, one might find

A a mutation in a cardiac Na^+ channel.
B. abnormal endolymph in the middle ear.
C. a loss of function mutation in the HERG gene.
D. an abnormal cardiac Na+Ca2+ antiport.

ANSWER: A, B, C

4./ Parts of regulatory circuits

A. set point
B. control mechanisms
C. actual value
D. concentration units

ANSWER: A, B, C

5./ Intracellular concentrations of ions

A. 142 mM of Na^+ ion
B. 15 mM of Na^+ ion
C. 4 mM of K^+ ion
D. variable mM of Ca^{++}

ANSWER: B, D

6./ The major elements of homeostasis are

A. isosmosis
B. isothermia
C. isohydria
D. isovolemia

ANSWER:A, B, C, D

7./ Physiological concentrations of plasma ingredients

A. 142 mM of Na^+ ion

B. 102 mM of Na^+ ion

C. 4.4 mM of K^+ ion

D. 5.8 mM of K^+ ion

ANSWER: A, C

8./ Typical membrane molecules

A. receptors

B. ion channels

C. surface markers

D. phospholipids

ANSWER: A, B, C, D

9./ Active transport could be

A. symport

B. antiport

C. electroneutral

D. electrogenic

ANSWER: A, B, C, D

10./ Erythropoiesis takes place in

A. fetal spleen

B. fetal liver

C. fetal bone marrow

D. fetal kidney

ANSWER: A, B, C

Biology

Simple choice

1. What is created in the process of neurulation?
A) neural tube
B) third germ layer
C) two haploid cells make a diploid cell
D) the stomach
ANSWER: A

2. What is the correct order in which the following things happen?
A) cortical reaction, gastrulation,acrosomal reaction, neurulation
B) cortical reaction, acrosomal reaction, gasztrulation, neurulation
C) acrosomal reaction, cortical reaction, gastrulation, neurulation
D) acrosomal reaction, gastrulation, neurulation, cortical reaction
ANSWER: C

3. Mesoderm is created in which process?
A) neurulaton
B) segmentation (cleavage)
C) gastrulation
D) ovulation
ANSWER: C

4. What does "acrosomal reaction" mean?
A) enzymes released from a modified lysosome in the head of the sperm cell start digesting the zona pellucida around the egg
B) A reaction triggered by the first sperm cell touching the egg cell's membrane. It results in the zona pellucida becoming impenetrable so no more sperm cells can get through it.
C) a pathological immune reaction caused by proteins present in the sperm cell's membrane
D) an abnormality in the development of the fetal brain
ANSWER: A

5. What is the "zona pellucida"?
A) a modified cell organelle in the sperm
B) a layer in the brain cortex
C) a layer of keratinized epithelium
D) a protective fibrous shell surrounding the egg cell
ANSWER: D

6. What happens if the mother's diet doesn't have enough folate (folic acid) during pregnancy?
A) it may cause macular degeneration and blindness

B) it may disturb the development of the spine and spinal cord (spina bifida)
C) the fetus's red blood cells fall apart
D) increases the risk of Down's syndrome
ANSWER: B

7. What does "teratogenesis" mean?
A) it's the geological process which created the Earth
B) a process that leads to the death of the embryo
C) another name for the intrauterine development
D) abnormalities / changes of the intrauterine development and their consequences
ANSWER: D

8. What can be the consequences of the mother contracting toxoplasmosis during pregnancy?
A) miscarriage / abnormalities in the brain development/ blindness
B) haemolysis
C) spina bifida
D) abnormal limb development
ANSWER: A

9. Which is the most sensitive period of the intrauterine development, when teratogogens are the most likely to cause congenital defects?
A) pre-embryonic period (0-2. wk)
B) embryonic period (2-8.wk)
C) fetal period (3rd month and after)
D) there is no change in sensitivity to teratogens during the 9 months of intrauterine development
ANSWER: B

10. In which case can Rh incompatibility happen and damage the developing embryo?
A) if the mother is Rh- and the child is Rh+
B) If the mother is Rh+ and the child is Rh-
C) If the mother’s immune system is compromised
D) If the mother contracts toxoplasmosis during pregnancy
ANSWER: A

Multiple choice

1. Which of the following conditions are caused by missing or extra sex chromosomes?

A. Klinefelter's syndrome
B. Down's syndrome
C. Turner's syndrome
D. red-green color blindness

ANSWER: A, C

2. Which of the following conditions are caused by missing or extra autosomes?

A. Klinefelter's syndrome
B. Down's syndrome
C. Edwards' syndrome
D. red-green color blindness

ANSWER: B, C

3. In a family, the mother has blood type „0" and the father has blood type „AB". What blood type(s) can their children have?

A. A
B. B
C. AB
D. 0

ANSWER: A, B

4. Which of the following can be true for recombinant vaccines?

A. they are produced by genetically modified cells
B. they can contain viral proteins
C. they can contain intact pathogens
D. they can change your DNA

ANSWER: A, B

5. In a family, the mother has blood type „A" , and the father has blood type „B" . They already have a daughter with blood type „0". What blood types are possible for their future children?

A. A
B. B
C. 0
D. AB

ANSWER: A, B, C, D

6. What tissues / organs develop from the endoderm?

A. muscles
B. liver
C. the inner lining of the digestive tract

D. the brain and spinal cord

ANSWER: B, C

7. What tissues / organs develop from the ectoderm?

A. muscles
B. the epithelial layer of the skin
C. the inner lining of the digestive tract
D. the brain and spinal cord

ANSWER: B, D

8. What tissues / organs develop from the mesoderm?

A. muscles
B. liver
C. bones
D. the brain and spinal cord

ANSWER: A, C

Analysis of relation

1. Genetic sex is determined by the sperm cell at conception, because the egg can only contain X chromosome. (A)

2. Balanced structural mutations of the chromosome usually don't affect the phenotype, because there is no added or missing information. (A)

3. Albinism is inherited in an autosomal recessive manner, because it is caused by a non-functional enzyme. B

4. Mature sperm cells and egg cells are diploid cells, therefore the chromosome number of the zygote is the same as all somatic cells of the species. D

5. Homologous chromosomes form pairs in meiosis, therefore DNA exchange between chromosomes can happen in this type of cell division. A

6. The nucleus and the centrosome are the same organelle, because the nucleus is the information center of the cell . D

7. The first living organisms were eukaryotes, because eukaryotes are simple cells with no nucleus or organelles. E

8. Fats have a lower melting point than oils, because oils contain more unsaturated fatty acids than fats. D

9. Triglycerols can form bilayers, because triglycerols are amphipatic molecules that have hydrophilic and hydrophobic parts as well. E

10. The tRNA can bind to the mRNA, because its anticodon can form base pairs with a complementary codon on the mRNA. A

PEDIATRICS and NEONATOLOGY and nursing

Simple choice:

1. **When does the umbilical cord have to be strangulated?**
   a. Right after the child was born
   b. After the placenta was born **C**
   c. **If the cord stopped pulsating**
   d. After cutting it

2. **Which are the five parameters the Apgar-score includes?**
   a. **Pulse, breathing, muscle tone, reflex irritability, color**
   b. Breathing, crying, muscle tone, reflex irritability, color **A**
   c. Blood pressure, pulse, breathing, temperature, color
   d. Pulse, color, breathing, muscle tone, blood pressure

3. **What cannot cause neonatal seizure?**
   a. Toxic and electrolyte disturbances **D**
   b. Trauma at birth
   c. Congenital malformations
   d. **Klumpke-palsy**

4. **Which factor isn't included in the development of necrotizing enterocolitis?**
   a. Intestinal ischemia
   b. Excess substrate in the intestinal lumen **C**
   c. **Duodenal atresia**
   d. Colonization

5. **When is a newborn postmature?**
   a. Born after the 39th week of gestation
   b. Born after the 40th week of gestation **D**
   c. Born after the 41st week of gestation
   d. **Born after the 42nd week of gestation**

6. **What is the pricipal indication for umbilical vascular catheterisation?**
   a. Prevention from exsiccosis
   b. To gain vascular access during emergency resuscitation **B**
   c. To provide central venous route
   d. To take venous blood samples

7. **When does Erb-Duchenne paralysis occur?**
   a. If the upper extremity of the newborn is streched during delivery
   b. If the presentation is breech **C**
   c. **If the shoulder is streched or pulled away from the head**
   d. If the upper extremity is severily streched while the trunk is relatevily immobile

8. **Till which point is the weight loss physiological in newborns?**
   a. 5%
   b. 7% **D**
   c. 15%
   d. 10%

9. **When is a neonatal jaundice physiological?**
   a. If it starts in the first 24 hours
   b. If the level of bilirubin doesn't exceed 250 mmol/l in the blood **B**
   c. If it lasts more than two weeks
   d. If it only affects the sclera and the mucus membranes

10. **When is the newborn low birth weight?**
    a. If the birth weight is above 2500 grams regardless of gestational age **D**
    b. If the birth weight is less than 3500 grams regardless of gestational age
    c. If the birth weight is more than 1000 grams regardless of gestational age
    d. If the birth weight is less than 2500 grams regardless of gestational age

11. **Definition of the perinatal mortality:** **D**

    A. babies who were live born after the 24th week of gestation, but died in the first 170 hours
    B. babies who were live born after the 28th week of gestation, but died in the first 168 hours
    C. babies who were live born after the 26th week of gestation, but died in the first 160 hours
    D. babies who were live born after the 24th week of gestation, but died in the first 168 hours

12. **False for care of babies born from meconium stained fluid:** **B**

    A. sucking the mouth, throat and the nose after the head was born
    B. drying immediately after birth

C. antibiotic prophylaxis is proposed
D. in rare cases the sucking of the trachea can be necessary

13. True for physiologic icterus: **C**

A. direct bilirubin increase
B. starts on the 2nd day of life
C. indirect bilirubin increase
D. always lasts 2 weeks

14. True for fetal circulation: **B**

A. one part of the blood from the placenta drains through ductus arteriosus to the distal caval vein
B. ductus arteriosus Botalli is between the aorta and the pulmonary artery
C. the blood does not drain from the right atrium to the left atrium
D. the ductus venosus Arantii is between the aorta and the pulmonary artery

15. False for metabolic diseases: **C**

A. long lasting clinical signs
B. signs are similar to sepsis
C. metabolic alkalosis
D. neurological signs

16. Which is the odd chromosome in Down syndrome: **A**

A. 21
B. 18
C. 22
D. 13

17. False for diaphragmatic hernia: **D**

A. most cases involve the left diaphragm
B. fetal and neonatal mortality is still high
C. persistent pulmonary hypertension of the neonates may be the complication
D. the growth and maturation of the lung is normal

18. False for ROP: **B**

A. it is in close connection with prematurity
B. it has no late consequences
C. the O_2 supplementation has role in it
D. it has late consequences

19. True for premature neonates: **A**

A. the small fontanella is open
B. thick subcutaneous tissue
C. the head circumference is > 33 cm
D. the nails are longer than the fingers

20. False for necrotizing enterocolitis: **A**

A. more common in mature neonates
B. infection can cause it
C. more common in premature infants
D. patent ductus arteriosus can cause it

21. True for vitamin K: **C**

A. water soluble
B. the classic form of hemorrhagic disease of the newborn may occur within 24 hours after birth
C. the classic form of hemorrhagic disease of the newborn may occur within the first week of life
D. haemorrhagic disease of the newborn is always characterized by serious bleeding

22. False for renal tubular acidosis: **B**

A. inability of the kidney to maintain normal acid-base balance
B. hypochloremic metabolic acidosis
C. defects in bicarbonate conservation
D. defects in the excretion of hydrogen ions

23. True for asphyxia: **C**

A. intraventricular haemorrhage is common in mature infants
B. metabolic disturbances are rare
C. suprarenal bleeding can occur
D. quick recovery

24. True for Group B Streptococcal infection: **B**

A. can causes conjunctivitis
B. often causes meningitis
C. the early onset disease often causes osteomyelitis and arthritis
D. never causes meningitis

25. Signs of Erb-Duchenne paralysis: **C**

A. irregular breathing
B. diaphragm is in elevated position
C. affected arm is adducted and internally rotated
D. the forehead is smooth and full

Multiple choice:

1. **Clinical manifestations of prematurity includes:**

1. The nails reach the tip of the fingers
2. **The ear cartilages are poorly developed** **C**
3. The nipples emerge from the skin and the glands can be palpated in the areola
4. **Frequent episodes of apnea**

2. **What are the most important aspects of resuscitation?**

1. **Tactile simulation**
2. **Chest compressions** **E**
3. **Intubation**
4. **Positive pressure ventilation**

3. **Which of the following abnormalities can be diagnosed by inserting a sterile, disposable, thin tube into the newborn's mouth, nose and rectum?**

1. **Choanal atresia**
2. Duodenal atresia **B**
3. **Anal atresia**
4. Pylorus stenosis

4. **What do we call asphyxia?**

1. **If the Apgar-score is below 5 points**
2. **If hypoxia occurs with consequential acidosis** **A**
3. **The failure to initiate and sustain breathing at birth**
4. Permanent brain damage

5. **What are the initial steps of the basic resuscitation of newborns?**

1. **Thermal management**
2. **Suctioning** **E**
3. **Tactile stimulation**
4. **Positioning**

6. What can be the major causes of hemolytic disease of the newborn?

1. **Isoimmunisation**
2. **Hemolytic uremic syndrome** **A**
3. **AB0-incompatibility**
4. Hyperbilirubinaemia

7. Risk factors for SIDS: **E**

1. prone sleeping position

2. prematurity

3. growth retardation

4. lack of breast feeding

8. True for respiratory distress syndrome: **B**

1. more common in EBLW babies

2. the only used surfactant is a human recombinant surfactant

3. positive end expiratory ventilation mandatory

4. on the X-ray picture wide intercostal spaces can be seen

9. True for duodenal atresia: **A**

1. common in Down syndrome

2. prenatal ultrasound demonstrates polyhydramnios

3. postnatal X-ray picture demonstrates double-bubble

4. common in Patau -syndrome

10. True for physiologic jaundice: **C**

1. starts later in premature babies

2. the serum bilirubin level is higher in premature infants

3. the serum bilirubin level is lower in premature infants

4. starts earlier in premature babies

11. True for vitamin D metabolism: **C**

1. 25- (OH) vitamin D is the active form

2. 1,25- (OH) vitamin D is the active form

3. increases calcium and phosphorous intake in bones

4. release calcium and phosphorous from bones

12. True for spina bifida: **D**

1. failure of the bone fusion in the anterior midline of the vertebral column

2. folic acid intake increase the incidence

3. there aren't any teratogens that may cause spina bifida

4. in spina bifida occulta no neurologic deficits are present

13. True for wet lung: **A**

1. more common after cesarean section

2. more common in mature infants

3. babies may require ventilation support

4. babies always require long lasting intensive care

14. The cause of perinatal anemia can be: **E**

1. feto-fetal transfusion – donor side

2. Rh-isoimmunisation

3. placental abruption

4. early cord clamping

15. True for acute renal failure: **B**

1**. the clinical presentation may be oliguric or nonoliguric**

2. protein intake should be increased

3. **it can have vascular origin**

4. daily weights is not necessary

True or false

1. The newborn is mature if: born between the 36th and 41st week of gestation, the weight is above 2500 grams, and the length is above 40 centimeters.

F

2. In cephalhematoma, the boundaries of the hematoma extend across the midline and over suture lines, not keeping the limits of the bones. **F**

3. There is no hepato-splenomegaly in immune hydrops syndrome. **F**

4. In case of oesophageal atresia gas in the bowels on the X-ray picture never can be seen. **F**

5. In bronchopulmonary dysplasia the respiratory tract infections are more common.

T

Analysis of relation

1. The upper airway of the newborn has to be suctioned to remove fluid, blood or meconium, *because* the most important aspect of newborn resuscitation is achieving the adequate tissue oxygenation.

A

2. Surfactant has to be given to newborns suffering from respiratory distress syndrome, *because* surfactant relaxes bronchospasm, thereby opening the airway.

C

3. Premature infants require increased calcium, vitamin D_3 and phosphorous intake, *because* their body surface is large. **B**

4. Open ductus arteriosus can cause pulmonary hemorrhage, *because* left-right shunt through the open ductus arteriosus may cause steel effect on carotid arteries.

B

5. Bag-and-mask ventilation should not be used in diaphragmatic hernia cases, *because* this may distend the bowel and increase the compression of the lung.

A

Health Management Final Exam Questions
Specialization: Midwife

Single select multiple choice questions:

1. **What is an unrecognized (health) need?**
   A. The patient is unsure about the complaint, prefers not to go to the doctor
   B. No complaints, the patient does not go to the doctor, but may have a disease
   C. The patient notices a complaint but does not go to the doctor
   D. The patient consults a doctor but does not undergo treatment

ANSWER: B

2. **What would you look at if you wanted to determine the value of human life according to the human capital approach?**
   A. The amount of danger bonus
   B. Black market price for organs (e.g., kidneys)
   C. The amount of compensations
   D. The amount of salaries

ANSWER: D

3. **What is health demand?**
   A. Recognized and experienced health needs.
   B. The need to which purchasing power and currency are attached in the healthcare market.
   C. When the patient notices their complaints but does not consult a doctor.
   D. Aggregate gross earnings of healthcare workers.

ANSWER: B

4. **What is characteristic of moral risk?**
   A. If a person does not feel the price of a service directly and immediately, it results in a quantity of consumption that exceeds their needs
   B. If someone gives someone a gift that they wouldn't buy themselves, it's a waste.
   C. A two-player relationship where there is a conflict of interest between the opposing parties
   D. A three-player relationship where all three actors may have different interests

ANSWER: A

5. **During the introduction of which health insurance model were hospitals nationalised?**
   A. Bismarck model
   B. American (mixed) model
   C. Out of pocket model
   D. English model

ANSWER: D

Multiple choice questions (multi select)

1. **Which of the following can be considered a public good?**
   A. Mobile phone
   B. The degree obtained
   C. Public safety
   D. Public lighting

ANSWER: C, D

2. **Which aspects are part of the SWOT analysis?**
   A. Opportunities
   B. Characteristics
   C. Threats
   D. Failures

ANSWER: A, C

3. **What economic impacts does health have on the individual?**
   A. Affects the participation of an employed individual in the labour market
   B. Affects the time of an individual's retirement
   C. Its effect provides well-being
   D. Has an impact on the physical environment of the individual

ANSWER: A, B

True/False Questions

1. **The health market is characterised by the decisive role of price.**
   A. True
   B. False

ANSWER: B

2. **We're talking about a latent need when being overweight bothers the individual, but they don't do anything about it.**
   A. True
   B. False

ANSWER: A

3. **Price elasticity of demand shows how much the demand for a given product changes as a result of a unit price change.**
   A. True
   B. False

ANSWER: A