Examination No: _____ Signature .....

UGANDA HEALTH PROFESSIONS ASSESSMENT BOARD
YEAR 2: SEMESTER 2: EXAMINATIONS

CERTIFICATE IN MIDWIFERY

Midwifery II and Tropical Medicine
Paper Code: CM 221

June 2025
3 HOURS

IMPORTANT

1. *Write your Examination number on the question paper and answer sheets*
2. *Read the questions carefully and answer **only** what has been asked in the question*
3. *Answer all the questions*
4. *The paper has three sections*

Section A: *Objective questions.*

Section B: *Short essay questions.*

Section C: *Long essay questions.*

For Examiner's use only

Section	Qn.	Result	Initials
A	MCQs		
	Fill in		
B	31		
	32		
C	33		
	34		
Total			

Turn over

SECTION A: Objective Questions

Circle the correct answer (20 marks)

1. The engaging diameter in face presentation is
   (a) Sub occipital bregmatic.
   (b) Sub mento vertical.
   (c) Mental vertical.
   (d) Sub mento bregmatic.

2. Which of the following diameters is felt vaginally by the midwife as she examines a labouring woman with occipital position?
   (a) Coronal suture in oblique.
   (b) Sagittal suture in transverse.
   (c) Sagittal suture in oblique.
   (d) Frontal suture in transverse.

3. Which of the following strategies is used in the delivery of impacted shoulders?
   (a) Lovset's manoeuvre.
   (b) Mc Roberts manoeuvre.
   (c) Mauriceau smellie viet.
   (d) Burns marshal method.

4. In which of the following presentations does the midwife expect hyper-extension?
   (a) Face.
   (b) Vertex.
   (c) Brow.
   (d) Breech.

5. While nursing a client with eclampsia the midwife specifically watches out for signs of
   (a) Cord prolapse.
   (b) Placenta previa.
   (c) Abruptio placentae.
   (d) Pulmonary oedema.

6. Blindness that arises from an eclamptic fit lasts at least.....days.
(a) 10.
(b) 8.
(c) 6.
(d) 4.

7. Midwives refrain from performing digital vaginal examination in clients suspected of placenta previa for fear of
(a) bleeding.
(b) infection.
(c) pain.
(d) lacerations.

8. For which of the following reasons does a midwife administer dexamethosone to a pregnant woman with preterm labour?
(a) Labour suppression.
(b) Bleeding control.
(c) Pain relief.
(d) Lung maturity.

9. In which of the following twin type is hydramnios more common?
(a) Fraternal.
(b) Siamese.
(c) Monozygotic.
(d) Dizygotic.

10. Which of the following presentations commonly leads to interlocked twins?
(a) Breech-cephalic.
(b) Breech-breech.
(c) Cephalic-cephalic.
(d) Cephalic-breech.

11. Which of the following pregnancy abnormalities is associated with fetal renal agenesis?
(a) Polyhydramnios.
(b) Oligohydramnios.
(c) Multiple pregnancy.
(d) Molar pregnancy.

12. Which of the following plasmodium types causes asymptomatic ma
(a) Falciparum.
(b) Ovale.
(c) Malariae.
(d) Vivax.

13. Which of the following outcomes is least expected in a pregnant woman suffering from Measles?
(a) Birth defects.
(b) Preterm labour.
(c) Risk of abortion.
(d) Low birth weight.

14. Patients suffering from severe malaria present with jaundice as a result of
(a) accumulation.
(b) obstruction.
(c) haemorrhage.
(d) haemolysis.

15. Which of the following infestations leads to epilepsy?
(a) Anaylostomiosis.
(b) Taeniasis.
(c) Enterobiasis.
(d) Ascariasis.

16. How many doses of intermittent presumptive treatment should a pregnant woman in Uganda recieve?
(a) 4.
(b) 3.
(c) 2.
(d) 1.

17. Which of the following infestations causes intestinal perforation?
(a) Hookworm.
(b) Pinworm.
(c) Roundworm.
(d) Whipworm.

18. In which of the following fluids is schistosoma haematobium detected?
(a) Plasma.
(b) CSF.
(c) Blood.
(d) Urine.

19. Trypanasomes are able to invade the host immune system because they
(a) continuously alter their antigens.
(b) produce enzymes that digest antibodies.
(c) have an anti phagocytic capsule.
(d) are obligate intercellular parasites.

20. Which of the following is a recognised feature of onchocerciasis?
(a) Diarrhoea.
(b) Keratitis.
(c) Lymphangitis.
(d) Eosenophilia.

Fill in the blank spaces (10 marks)

21. The term used to refer to liquor amni less than 100 mls is.....
22. Bloody diarrhoea is a characteristic feature of .....
23. What transits severe pre-eclampsia into eclampsia is presence of
.....
24. Eclampsia occurring suddenly with no warning signs is referred to as
.....
25. Failure of the cervix to dilate despite good uterine contractions is referred to as
.....
26. Assisted delivery performed by creating a suction in poorly progressing labour is referred to as.....
27. The treatment of choice for all types of tapeworms is called .....
28. Brucellosis suis is acquired by eating poorly cooked.....
29. Another name for onchocerciasis is.....
30. The organ mainly affected by schistosoma haematobium is called
.....

Answer Sections B and C in the answer booklets provided

SECTION B: Short Essay Questions (20 marks)

31. (a) Outline five (5) obstetric causes of anaemia in pregnancy. **(5 marks)**
(b) Outline five (5) measures midwives teach post partum women to improve urinary continence. **(5 marks)**

32. (a) Outline five (5) clinical features of brucellosis. **(5 marks)**
(b) Outline five (5) preventive measures of ascariasis. **(5 marks)**

SECTION C: Long Essay Questions (50 marks)

33. (a) Explain five (5) predisposing factors to prolonged pregnancy. **(10 marks)**
(b) Outline ten (10) effects of prolonged pregnancy to the woman and her baby. **(10 marks)**
(c) List five (5) indications for induction of labour . **(5 marks)**

34. (a) List ten (10) clinical features of severe malaria. **(10 marks)**
(b) Outline ten (10) specific actions the midwife performs for a woman at 28 weeks of gestation admitted with severe malaria for the first 24 hours. **(10 marks)**
(c) Outline five (5) complications of malaria in pregnancy. **(5 marks)**

END