

**APPENDIX J:
SBMA WRITTEN EXAMS AND CASE STUDIES FOR
MIDWIVES**

SBMA Written Exams and Case Studies for Midwives

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Written Evaluation

Midwives

Basic Care

- 1) The fundus usually reaches the umbilicus at
 - a. 22 weeks
 - b. 22 to 24 weeks
 - c. 16 weeks
 - d. None of the above

- 2) External rotation of the fetal head indicates that the shoulders are
 - a. in the anterior diameter of the pelvic outlet
 - b. in the posterior diameter of the pelvic outlet
 - c. in the antero-posterior diameter of the pelvic outlet
 - d. stuck behind the symphysis pubis

- 3) On vaginal examination, the posterior fontanelle will feel
 - a. large and diamond shaped
 - b. small and diamond shaped
 - c. large and triangular in shape
 - d. small and triangular in shape

- 4) When performing abdominal aortic compression to control postpartum hemorrhage, the point of compression is
 - a. just below and slightly to the right of the umbilicus
 - b. just below and slightly to the left of the umbilicus
 - c. just above and slightly to the right of the umbilicus
 - d. just above and slightly to the left of the umbilicus

Antepartum

- 5) The expected date of delivery (EDC) is calculated
 - a. from the first day of the last normal menstrual period
 - b. from the last day of the last normal menstrual period
 - c. from the middle of the month of the last normal menstrual period
 - d. from the beginning of the month of the last normal menstrual period

- 6) Fetal well-being is assessed
 - a. by listening to the fetal heart
 - b. fetal movements felt during abdominal palpation
 - c. by comparing uterine size to the gestational age of the fetus
 - d. all of the above

- 7) Dizziness or fainting during pregnancy, accompanied by fatigue, pallor, breathlessness and rapid heart beat may indicate
 - a. ruptured ectopic pregnancy
 - b. food poisoning
 - c. severe anemia
 - d. heart disease

- 8) The presenting symptoms for threatened abortion include
- heavy vaginal bleeding, dilated cervix and uterus larger than dates
 - light vaginal bleeding, closed cervix and uterus that corresponds to dates
 - heavy vaginal bleeding, dilated cervix and uterus that corresponds to dates
 - light vaginal bleeding, dilated cervix and uterus smaller than dates
- 9) A woman who has an unruptured ectopic pregnancy usually presents with
- collapse and weakness
 - hypotension and hypovolemia
 - symptoms of early pregnancy, abdominal distension and rebound tenderness
 - symptoms of early pregnancy and abdominal and pelvic pain
- 10) Pre-eclampsia is a condition specific to pregnancy which occurs
- after the 20th week of gestation
 - after the 10th week of gestation but before the 20th week
 - before the 20th week of gestation
 - before the 10th week of gestation
- 11) In a patient with hypertension and proteinuria, severe headache is a symptom of
- mild pre-eclampsia
 - moderate pre-eclampsia
 - severe pre-eclampsia
 - impending eclampsia
- 12) Abdominal or groin pain in the 2nd and 3rd trimesters of pregnancy may be due to
- excessive weight gain
 - stretching of the ligaments and muscles surrounding the enlarging uterus
 - a sexually transmitted disease
 - lack of exercise
- 13) Back pain during labor and birth may be relieved if the woman
- assumes the hands and knees or knee-chest position to aid in rotation and descent of the fetal head
 - remains in an upright position
 - lies on her side
 - increases her fluid intake

Postpartum

- 14) Postpartum abdominal examination should include
- palpating the uterus for hardness and roundness
 - checking the surface of the abdomen for incisions
 - checking whether the bladder is palpable
 - all of the above
- 15) Following the birth, the fundus
- decreases about 3 cm/day for the first 9-10 days
 - decreases about 2 cm/day for the first 9-10 days
 - decreases about 1 cm/day for the first 9-10 days
 - increases first and then decreases
- 16) Continuous slow bleeding or sudden bleeding after childbirth
- should be monitored closely for 24 hours before treatment
 - should be measured accurately and treated when more than 500mL of blood is lost
 - requires early and aggressive intervention
 - does not require oxytocic drugs

- 17) Prostaglandins should not be given
- intravaginally
 - by IM injection
 - by IV
 - by mouth
- 18) Bloody or serous discharge from a perineal wound could be due to
- wound abscess
 - wound seroma
 - wound hematoma
 - all of the above

Health Promotion

- 19) To maintain standards, the midwife needs to
- update her knowledge and learn new skills
 - reflect on her practice regularly and learn from her experience
 - understand and practice accountability
 - all of the above
- 20) The many types of continuing education activities include
- study days
 - lectures
 - workshops and symposia
 - all of the above
- 21) Family planning improves the health of mothers and children because
- it helps young married girls attain full growth by delaying pregnancy until after 18 years of age
 - it decreases the risk of having a low birth weight baby
 - spacing pregnancies allows more time for the mother to take care of the youngest baby
 - all of the above
- 22) A reproductive health history involves asking questions about
- number of children ever born and desire for more children
 - if last baby is less than six months old and whether breastfeeding exclusively
 - date of last menstrual period and regularity of bleeding
 - all of the above
- 23) Encouraging children to play and explore
- helps them to learn and develop socially and emotionally
 - helps them to learn and develop physically and intellectually
 - helps them to learn and develop socially, emotionally, physically and intellectually
 - has very little effect on their growth and development
- 24) Because play is important to a child's learning and development
- girls should be given more opportunities for play than boys
 - boys need more opportunities for play than girls
 - girls and boys need the same opportunities for play
 - not all children need opportunities to play
- 25) Most cases of PID are thought to stem from
- frequent pregnancies
 - unsafe abortion
 - sexually transmitted infections (STIs)
 - all of the above

- 26) The two most common sexually transmitted infections (STIs) leading to PID are
- syphilis and gonorrhea
 - syphilis and chlamydia
 - chlamydia and gonorrhea
 - gonorrhea and genital herpes
- 27) Symptoms of PID include
- vaginal discharge with a bad odor and abnormal uterine bleeding
 - painful urination and pain in the lower abdomen
 - fever, chills, nausea and vomiting
 - all of the above
- 28) PID is first treated with
- vaginal douching
 - antibiotics
 - anti-inflammatory drugs
 - antihistamines
- 29) Infertility is the inability to have children
- after trying to conceive for one year during which no contraception was used
 - after trying to conceive for one month during which no contraception was used
 - after trying to conceive for six months during which no contraception was used
 - none of the above
- 30) The medical risk factors for infertility include
- malnutrition
 - delayed diagnosis and treatment of pelvic inflammatory disease
 - unsafe abortion
 - all of the above
- 31) Dysfunctional uterine bleeding (DUB) is
- any bleeding that occurs between menstrual periods
 - heavy menstrual bleeding that is not caused by an underlying anatomic abnormality
 - irregular menstrual bleeding that is caused by an underlying anatomic abnormality
 - heavy or irregular menstrual bleeding that is not caused by an underlying anatomic abnormality
- 32) Treatment of DUB depends on the patient's age, severity, and timing of bleeding but may include
- radical hysterectomy
 - tubal ligation
 - hormone therapy
 - antibiotic therapy
- 33) The postpartum woman should be
- asked which family planning methods she has used and whether she wants to use a method in the future
 - told that family planning is not necessary during the immediate postpartum period
 - told that she must begin using a family planning method immediately if she is not fully breastfeeding
 - all of the above
- 34) A disadvantage of oral contraceptives is that they
- interfere with sexual activity
 - do not protect against sexually transmitted infections
 - cause prolonged spotting/bleeding
 - cause cramps and increased bleeding during menstruation

- 35) Following removal of the Copper T intrauterine device, fertility returns
- in one month
 - in two months
 - immediately
 - very slowly
- 36) Lactational amenorrhea is 98% effective
- if there is no menses and the baby is fully breastfeeding
 - if the woman is less than six months postpartum, there is no menses, and the baby is fully breastfeeding
 - if the woman is less than six months postpartum
 - if the woman is less than twelve weeks postpartum
- 37) Advice and counseling should be provided to all postpartum women about
- hygiene
 - hygiene and nutrition
 - hygiene, nutrition, rest and sleep
 - hygiene, nutrition, rest and sleep, family planning, and breast feeding
- 38) Key message on hygiene for the woman during the postpartum period include
- washing hands before and after washing the genitals and changing perineal pads/cloths at least six times a day
 - douching at least twice daily
 - using a sitz bath at least twice daily
 - taking a shower at least twice daily
- 39) Counseling about danger signs and the need to seek help immediately, day or night, if they occur
- is not necessary after delivery
 - is an essential part of postpartum care
 - is necessary only if the mother experienced a complication during delivery
 - none of the above
- 40) Newborn eye care includes applying an antimicrobial preparation to both eyes
- within 1 hour after birth
 - the day following birth
 - if the mother has a vaginal infection
 - if the baby's eyes appear infected at birth
- 41) It is recommended that BCG, OPV, and Hepatitis B immunizations be given to the newborn
- in the first week of life, but preferably before discharge from the health facility
 - at age two weeks
 - at age three weeks
 - at age four weeks
- 42) If a woman has her first tetanus toxoid vaccination at her first antenatal visit, she should be advised to have the next vaccination
- in at least six months
 - in at least four weeks
 - in at least one year
 - in one week
- 43) Antenatal care for women living in malaria-endemic areas must include
- intermittent preventive treatment
 - counseling about the use of insecticide impregnated bednets
 - case management of malaria illness
 - all of the above

- 44) For the prevention of anemia in the postpartum period
- a. iron 60 mg + folate 400 mcg should be taken by mouth once daily for one month
 - b. iron 60 mg + folate 400 mcg should be taken by mouth once daily for two months
 - c. iron 60 mg + folate 400 mcg should be taken by mouth once daily for three months
 - d. iron 60 mg should be taken by mouth once daily for three months

Examinee _____

Vaginal Bleeding in Early Pregnancy Case Study # 2

Mrs. B. is a 20 year old Para 2 who came to the health center 2 days ago complaining of irregular vaginal bleeding & abdominal & pelvic pain. Symptoms of early pregnancy were detected & confirmed with a pregnancy test. Mrs. B. was advised to avoid strenuous activity & sexual intercourse & return immediately if her symptoms persisted. Mrs. B. returns to the health center today & reports that irregular vaginal bleeding has continued & she now has acute abdominal pain that started 2 hours ago.

What will you include in your initial assessment of Mrs. B. & why?

What particular aspects of Mrs. B.'s physical examination will help you make a diagnosis & why?

What screening procedures / laboratory tests will you include in your assessment of Mrs. B & why?

You have completed your assessment of Mrs. B, & your main findings include the following:
Mrs. B.'s temperature is 36.8 degrees C, her pulse rate is 130 beats per minute & weak, her blood pressure is 85/60 & her respirations are 20 per minute. Her skin is pale & sweaty. Mrs. B. has acute abdominal & pelvic pain, her abdomen is tense & she has rebound tenderness. She has light vaginal bleeding. On vaginal exam, the cervix is found to be closed & cervical motion tenderness is present. The 6 week size uterus is softer than normal.

Based on these findings, what is Mrs. B.'s diagnosis & why?

Based on your diagnosis, what is your plan of care for Mrs. B & why?

Mrs. B's postoperative course was without complications and notable for patient tolerating oral intake, having minimal complaints of abdominal pain, ambulating well & spontaneously voiding. She is now ready to be discharged: however, her hemoglobin is 9g/dL. She has indicated that she would like to become pregnant again, but not for at least a year.

Based on these findings, what is your continuing plan of care for Mrs. B. & why?

Examinee _____

Shoulder Dystocia Case Study

Mrs. A. is a 35 year old gravida 7, para 6. She was admitted to RBH in active labor at 10:00 pm. Labor has progressed well, as indicated on her partograph. It is now 4:00 am & the fetal head has just delivered & remains tightly applied to the vulva.

What will you include in your initial assessment of Mrs. A & why?

Immediate assessment of the situation reveals the following:

The chin retracts & depresses the perineum

Traction on the head fails to delivery the shoulder, which is caught behind the symphysis pubis.

Based on these findings, what is Mrs. A.'s diagnosis & why?

Based on your diagnosis, what is your plan of care for Mrs. A & why?

No further progress has been made

Based on these findings, what is your continuing plan of care for Mrs. A & why?

Examinee _____

Partograph Case Study # 2

Record all information on the partograph

Mrs. B was admitted at 10:00 on September 4, 2006.
Membranes intact
Gravida 1, Para 0
Medical Record number 1443
The fetal head is 5/5 palpable above the symphysis pubis
The cervix is 4cm dilated
There are 2 contractions in 10 minutes, each lasting less than 20 seconds
FH 140
Membranes intact
Blood pressure 100/70
Temperature 36.2
Pulse 80 per minute
Urine output 400mL: negative protein & acetone

What is your diagnosis? _____

What action will you take? _____

10:30 FH 140, Contractions 2/10 each 15 sec, pulse 90
11:00 FH 136, Contractions 2/10 each 15 sec, pulse 88, membranes intact
11:30 FH 140, Contractions 2/10 each 20 sec, pulse 84
12:00 FH 136, Contractions 2/10 each 15 sec, pulse 88, Temp 36.2
The fetal head is 5/5 palpable above the symphysis pubis
The cervix is 4cm dilated, membranes intact

What is your diagnosis? _____

What action will you take? _____

12:30 FH 136, Contractions 1/10 each 15 sec, pulse 90
13:00 FH 140, Contractions 1/10 each 15 sec, pulse 88
13:30 FH 130, Contractions 1/10 each 20 sec, pulse 88
14:00 FH 140, Contractions 2/10 each 20 sec, pulse 90, temp 36.8, blood pressure 100/70
The fetal head is 5/5 palpable above the symphysis pubis
Urine output is 300 mL, negative protein & acetone

What is your diagnosis? _____

What action will you take? _____

The cervix is 4cm dilated, sutures apposed
Labor augmentation with oxytocin 2.5 units in 500 mL IV fluid at 10 drops per minute (dpm) is started
14:30 FH 140, Contractions 2/10 each 30 sec, pulse 88, infusion increased to 20 dpm
15:00 FH 140, Contractions 3/10 each 30 sec, pulse 90, infusion increased to 30 dpm
15:30 FH 140, Contractions 3/10 each 30 sec, pulse 88, infusion increased to 40 dpm
16:00 FH 144, Contractions 3/10 each 30 sec, pulse 92, fetal head is 2/5 palpable above the symphysis pubis, cervix is 6cm dilated, sutures apposed, infusion increased to 50 dpm

16:30 FH 140, Contractions 3/10 each 45 sec, pulse 90

What action will you take? _____

17:00 FH 138, Pulse 92, Contractions 2/10 each 40 sec, maintain at 50 dpm

17:30 FH 140, Pulse 94, Contractions 3/10 each 45 sec, maintain at 50 dpm

18:00 FH 140, Pulse 96, Contractions 4/10 each 50 sec, maintain at 50 dpm

18:30 FH 144, Pulse 94, Contractions 4/10 each 50 sec, maintain at 50 dpm

19:00 FH 144, Pulse 90, Contractions 4/10 each 50 sec, fetal head is 0/5 palpable above the symphysis pubis, the cervix is fully dilated

19:30 FH 142, Pulse 100, Contractions 4/10 each 50 sec

20:00 FH 146, Pulse 110, Contractions 4/10 each 50 sec

20:10 Spontaneous delivery of a live male infant, Wt 2.654kg

How long was the active phase of the first stage of labor?

How long was the second stage of labor?

Why was labor augmented?

Examinee _____

Pregnancy Induced Hypertension Case Study # 2

Mrs. C. is a 23 year old gravida 3 para 2 at 37 weeks gestation who is brought to the ER complaining of a severe headache & blurred vision. Mrs. C. has had 4 prenatal care visits during this pregnancy. Her prenatal course has been unremarkable. She was last seen 1 week ago, at which time she was counseled about danger signs in pregnancy & what to do about them.

What will you include in your initial assessment of Mrs. C & why?

What particular aspects of Mrs. C.'s physical examination will help you make a diagnosis or identify her problems / needs & why?

What screening procedures / laboratory tests will you include in your assessment of Mrs. C & why?

Mrs. C reports onset of severe headache 3 hours prior to admission, & blurred vision that began 2 hours after onset of headache. She denies upper abdominal pain, decreased urine output, convulsions or loss of consciousness. She reports normal fetal movement.

Mrs. C. is conscious & alert. Her blood pressure is 150/110. There is no abdominal tenderness. Uterus is 37 weeks size. Fetal movements are normal & fetal heart rate is 120 / minute. Urine shows 3+ protein.

Based on these findings, what is Mrs. C.'s diagnosis & why?

Based on your diagnosis, what is your plan of care for Mrs. C & why?

Examinee _____

Shock Case Study

Mrs. A. is 20 years old. She gave birth to a full-term newborn 2 hours ago at home. Her birth attendant was a local traditional birth attendant, who has brought Mrs. A. to the health center because she has been bleeding heavily since childbirth. The duration of labor was 12 hours, the birth was normal & the placenta was delivered 20 minutes after the birth of the newborn.

What will you include in your initial assessment of Mrs. A & why?

What particular aspects of Mrs. A.'s physical examination will help you make a diagnosis or identify her diagnosis & why?

What screening procedures / laboratory tests will you include in your assessment of Mrs. A & why?

You have completed your rapid assessment of Mrs. A & your main findings include the following:

Pulse rate 108 beats/minute BP 80/60 RR 22 breaths/minute Temp 36.8C

She is pale & sweating

Uterus is soft & does not contract with fundal massage. She has heavy, bright red vaginal bleeding

The TBA says she thinks the placenta & membranes were complete

Based on these findings, what is Mrs. A.'s diagnosis & why?

Based on your diagnosis, what is your plan of care for Mrs. A & why?

Some placental tissue has been removed from Mrs. A's uterus. 15 minutes after initiation of treatment, however, she continues to have heavy vaginal bleeding. Her bedside clotting test is 5 minutes. Her pulse is 100 beats/minute & BP 80/60 mmHg.

Based on these findings, what is your continuing plan of care for Mrs. A & why?

What are 2 examples of surgical treatment that may be performed?