Ethiopian Health Professionals' Licensure Examination
Midwifery Exam

Hidar 2012/December 2019
PART TWO

BOOKLET CODE: 024
Number of Items: 100

SUBJECT CODE: 14
Time Allowed: 2:30 hours

DIRECTTIONS: Each of the following questions is followed by four possible alternative answers. Read each question carefully and **blacken** the letter of your best choice on the separate answer sheet provided.

1. A 27-year-old Gravida I Para 0 women with GA of 39 weeks was admitted to labor ward at 8 am. On P/E: Vital sign was stable, uterine contraction=3/10'/45", Cervix was fully dilated and station was 0.

   When is the most appropriate time to evaluate the degree of decent?
   (A) 8:15 am
   (B) 8:30am
   (C) 8:45am
   (D) 9:00 am

2. A 34 weeks Gravida II Para I woman came to hospital with a complaint of vaginal bleeding for 8 hours duration. On P/E: BP=70/30mmHg, PR=110 beat/minute, RR=28 breath/minute, no uterine contraction and FHB was positive. Shock management was initiated. After 30 minutes, re-evaluation was done and pulse rate is 90/minute, blood pressure is 100/30 mmHg and urine output is 30ml.

   What further management is expected?
   (A) Blood transfusion
   (B) The mother is not yet stable and need extra fast running fluid
   (C) The mother is responding to treatment and needs maintenance fluid
   (D) Maternal condition is not improving and need to add,2000 ml fluid/30 minute

3. A midwife has started examining the genitalia of a woman who had a normal child birth. While the woman was examined, she started to hold and relax her perineal muscle as if she was ceasing urination.

   What kind of exercise was she doing?
   (A) Keagel's exercise
   (B) Rectal exercise
   (C) Pelvic exercise
   (D) Psoas exercise

BOOKLET CODE: 023

20. A 30-year-old woman comes with complaint of heavy and prolonged bleeding, breast tenderness and headache with blurring of vision at a certain hospital. The woman started monthly injectables three months ago.

What would be the most likely management for this woman?
(A) Evaluate her because prolonged bleeding is not caused by monthly injectables
(B) She should stop and change to a method without estrogen
(C) Recommend her to avoid from using a supportive bra
(D) Continue monthly injectables with backup methods

21. A 30-year-old woman comes to a family planning clinic with complaint of expulsion of IUD with her menstrual cycle six days before. She has history of unprotected sexual contact.

What would be the best emergency contraceptive method for this woman?
(A) Ulipristal acetate
(B) Cooper bearing IUD
(C) One dose regimen of COC
(D) Two dose regimen of POP

22. A 34 -year-old woman who uses injectable contraceptive to delay her next pregnancy came to a hospital with a fear of pregnancy as a result of missing her injection.

What would be the appropriate time to administer emergency contraceptive method for this woman?
(A) More than 4 weeks late for her repeat injection of DMPA
(B) More than 1 weeks late for her repeat injection of NET-EN
(C) More than 3 days late for her repeat monthly injection
(D) More than 1 week for all injectables contraceptive

23. A 38-year-old woman presented at family planning clinic for complaints of bleeding which lasted for 9 days after implant insertion. She didn't start any medication for this problem. On examination her blood pressure was 120/80mmHg.

What is the most appropriate management for this client?
(A) Combined oral contraceptives with 50 µg of ethinyl estradiol
(B) Provide Combined oral contraceptives for two weeks
(C) Provide Ibuprofen 400mg daily after meals for 5 days
(D) Provide 50 µg ethinyl estradiol daily for one week

8. A 36-year-old married and sexually active woman who came to gynecologic OPD with the complaint of vaginal discharge of 1 month duration. STI was diagnosed and managed accordingly with her partner. After initial treatment the woman didn't respond.

What is the next management for this woman?
(A) Asses for HIV infection
(B) Change the regimen of the treatment
(C) Continuing the initial management
(D) Doing culture and sensitivity test

9. A 34-year-old woman comes to your hospital to delay her next pregnancy. She has no history of irregular vaginal bleeding and smoking. After counseling, she decides to use progesterone only pills.

What would be an appropriate medical history required before providing the above method?
(A) Iron deficiency anemia
(B) Mild hypertension
(C) Thyroid disorder
(D) Liver cirrhosis

10. A 34-year-old Para I clinical stage four HIV positive woman, came to family planning clinic to use contraceptive. She is unmarried and diagnosed for cervical pre-epithelial lesion. She has no history of allergy for latex.

What would be the best barrier method for this woman?
(A) Cervical cap
(B) Diaphragm
(C) Condom
(D) Spermicidal

11. A 29-year-old woman comes to family planning clinic for use of contraceptive and she complains vaginal discharge associated with lower abdominal pain for five weeks duration. She has no history of breast cancer. On physical examination, adnexal tenderness and cervical motion tenderness were noted. On laboratory examination, gram negative diplococcal were reported.

What contraceptive method would be contraindicated for this woman?
(A) IUCD
(B) Implant
(C) Injectables
(D) COCs

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53. A 38-year-old Gravida-II and Para-I woman was brought by ambulance to an emergency room. Her relatives witnessed one episodes of convulsion. On physical examination, she was unconscious, BP=130/90mmHg, PR=110beat per minute and RR=11breath per minute.

What would be the best initial management for this woman?
(A) Shout for help
(B) Provide nasal oxygen
(C) Send laboratory investigation
(D) Start loading dose of $MgSO_4$

54. A 32-year-old Gravida-III Para-II mother was presented with leakage of fluid from vagina for two hours duration at gestational age of 38weeks. On physical examination: BP=100/70mmHg, PR=88beat per minute, RR=20breath per minute, T^{O}=36°c, she has no uterine contraction and cephalic presentation. Speculum examination indicated fluid pooling in posterior fornix and cervix was closed with posterior position.

What is the most likely management for this woman?
(A) Admit to labor ward
(B) Admit to high risk ward
(C) Administer Ampicillin 2gm IV
(D) Ripen cervix using sublingual Misoprostol

55. A 38-year-old primigravida lady was presented with pushing down pain of 6hours duration at gestational age of 37 weeks. She was diagnosed with multiple pregnancies on ANC follow up. Physical examination revealed: fundal height 42cm, Single fetal heart rate 144beat per minute, Engagement 0/5, Presentation both cephalic, uterine contraction 3 over10 minute lasting 35-40 seconds and cervical dilatation of 3cm. Plain film of abdomen revealed that the head of both twin is at the same level.

What is the most likely management for this woman?
(A) Prepare for cesarean section
(B) Advice to ambulate
(C) Administer tocolytic drugs
(D) Admit and Follow progress of labor

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PART ONE

BOOKLET CODE: 023 **SUBJECT CODE: 13**
Number of Items: 100 **Time Allowed: 2:30 hours**

DIRECTTIONS: Each of the following questions is followed by four possible alternative answers. Read each question carefully and **blacken** the letter of your best choice on the separate answer sheet provided.

1. A woman who is planning to get pregnant comes for diabetes mellitus checkup after suspecting symptoms of diabetes.

   What diagnostic criterion satisfies the diagnosis of diabetes mellitus?
   (A) Two -hour post load glucose level of 210 mg/dl
   (B) Fasting plasma glucose of 110 mg/dl.
   (C) Decreased urination
   (D) Loss of appetite

2. A couple who has planned to conceive consulted a midwife for adequacy of her nutritional status for pregnancy. The woman weighs 40kg and measures 150cm height.

   What is true about the nutritional status of this woman?
   (A) The BMI measures 16.8 kg/m^2
   (B) Maintain the current weight gain
   (C) Higher weight gain is required
   (D) She should avoid intake of high protein foods

3. A 28-year-old married affluent engineer got pregnant despite her plan of conceiving a baby after completing her third degree education.

   What type of pregnancy is this couple facing?
   (A) Unwanted but supported pregnancy
   (B) Unwanted and unsupported pregnancy
   (C) Wanted and supported pregnancy
   (D) Wanted and unsupported pregnancy