College of Health Science

Department of Midwifery

COMPREHNSSIVE EXAM FOR MIDWIVE STUDENT

DIRECTION

- **Total number of questions= 134**
  PART I- Obstetrics= 1-72
  PART II- Geynecology , FP and RH= 73-104
  PART III- Neotatology and pediatrics= 105-120
  PART IV- Public health= 121-134
- **Total number of pages-**
- **All questions are multiple choice**
- **Select the best answer and write on the answer sheet**

Time allowed

PART I- OBSTETRICS

1. Which one of the following is **false** about Gynecoid type of female pelvis?
   A. It is the normal female type
   B. Inlet is slightly transverse oval
   C. Sacrum is wide with average convexity and inclination
   D. Side walls are straight with blunt ischial spines
2. Which one of the following is **true** about posterior fontanel?
   A. Formed from the sagital, coronal and frontal sutures are meet and diamond in shape
   B. Formed at the junction of the lambdoidal and sagital sutures and triangular in shape
   C. Formed from the sagital, coronal and frontal sutures are meet and triangular in shape
   D. Formed at the junction of the lambdoidal and sagital sutures and diamond in shape
3. Which of the following statement(s) is/are correctly describes menstruation?
   A. In a normal menstrual cycle you expect menstruation to last approximately 21-35 days
   B. During menstruation only the functional layer of the endometrium is shed, with the basal layer remaining intact
   C. During menstruation only the basal layer of the endometrium is shed, with the functional layer remaining intact
   D. During menstruation the entire endometrium is shed
4. Physiologic anemia is one of change occurring during pregnancy. The cause is__?
   A. Due to reduction of RBC production
   B. Unbalanced increment of RBC production and total blood volume
   C. Increment of total blood volume keeping RBC production constant
   D. None
5. The acommoA 23-year-old woman gravida 2, para 2 calls her midwife 7 days postpartum because she is concerned that she is still bleeding from the vagina. It would be appropriate to tell this woman that it is normal for bloody lochia to last up to:
   A. 5 days
   B. 8 days
   C. 11 days
   D. 14 day
6. A midwifery instructor is conducting a lecture and is reviewing the functions of the female reproductive system. He asks student X to describe the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH), The student accurately responds by stating that:

A. FSH and LH stimulate the formation of milk during pregnancy

B. FSH and LH are secreted by the corpus luteum of the ovary

C. FSH and LH are secreted by the adrenal glands

D. FSH and LH are released from the anterior pituitary gland.

7. A woman is 22 years old and has missed two of her regular menstrual periods. Her midwife confirms early intrauterine pregnancy and this is her first pregnancy. She is married and works as a salesperson in local department store. To determine woman's due date, which of the following statements more important?

   A. Date of first menstrual period
   B. Date of last intercourse
   C. Date of last normal menstrual period
   D. Age at menarche

8. A woman missed her menstrual period 1 week ago and has come to your clinic for a pregnancy test. Which placental hormone is measured in pregnancy tests

   A.Progesterone
   B. Estrogen
   C. Human placental lactogen
   D. Human chorionic gonadotropin

9. A 16 weeks age of pregnant woman come to you clinic for antenatal check up. In history you assured that the client had two previous pregnancies. The first pregnancy was terminated at 21 wks of gestation, and the second was born dead at 38 weeks of gestation. From this history which option describes the respective Gravidity, parity, abortion and stillbirth of the mother?

   A. 2, 0,1,0
   B. 3, 1, 1, 1
   C. 2, 0, 1,1
   D. 3, 2, 1,1

10. Focused antenatal care (FANC) is a new model of antenatal care which replaced the traditional type. Which statement best describes this model of antenatal care?

    A. It has maximum of four visit
    B. It works for normal and abnormal pregnancy
    C. It emphasis on risk classification
    D. It is individualized and client centered

11. When a grand multiparas mother comes to your health institution and you take history and physical examination, then your assessment is active 1st stage of labor. While you are

following this laboring mother with a partograph which component of a partograph do you interpret in relation to alert and action lines?

A. Descent
C. Cervical dilation
B. FHB
D. Molding

12. Which is false about partograph?
    A. It is diagrammatic presentation of fetal and maternal condition and progress of labor
    B. Plotting will not be started at latent first stage of labor
    C. Following with partograph is not recommended in hospitals
    D. It helps for early diagnosis and referral of prolonged or obstrated labor
13. A 20 yrs old gravida II, para I mother on her 39+2wks of GA presented with compliant of pushing down pain 8 hrs duration. On P/E the FHB =142 BPM, cervix 8 cm dialated, with vertex presentation, frequent uterine contraction, then the woman is on__

A. Active first stage of labour
C. Second stage of labour
B. Latent first stage of labour
D. Third stage of labor

14. While you are managing third stage of labor actively which one is **not** included as component ?
    A. CCT
    B. Uterine massage
    C. Fundal pressure
    D. Give uterotonic drug
15. While you are examining placenta after delivery the correct combination of umbilical vessels is_____
    A. Two arteries and two veins
    B. Two arteries and one vein
    C. One artery and two veins
    D. One artery and one vein
16. A 22-year-woman, gravida 1, para 0, at 40 weeks of gestation, presents to labor and delivery reporting regular contractions for the last 2 hours. She denies loss of fluid from the vagina and reports good fetal movement. Her cervix is dilated 2 cm and 50% effaced, and fetal vertex is at 0 station. There is a regular uterine contraction every 2 to 3 minutes and fetal heart rate is 154 bpm without decelerations. What is the next step in management?
    A. Cesarean section
    B. Oxytocin administration
    C. Fundal massage
    D. Walk for 1 to 2 hours then return to check her cervix
    E. Admit and follow with partograph
17. A mother comes to your hospital with pushing down pain; you assess her and put your diagnosis in relation with fetal condition, maternal condition, and progress of labour. Fetal condition highly determined using?
    A. Color of amniotic fluid
    B. Descent
    C. Cervical dilation
    D. Uterine contraction
18. Monitoring contractions is very important during labor. To monitor uterine contractions, what should the midwife do?
    A. Observe for the client's facial expression to know that the contraction has started or stopped.
    B. Instruct the client take note of the duration of her contractions.
    C. Offer ice chips to the woman.
    D. Spread the fingers lightly over the fundus to monitor the contraction

19. A 22 years old unmarried lady came to your clinic with the complaint of loss of appetite, nausea and vomiting for a week. She has history of irregular menses but amenhoric for the last 8 wks. Her BP was 90/50mmHg and PR of 102bpm. Then you intend to rule in hyper emesis gravidarum. What will help you to rule in hyper emesis gravidarum?
    A. Urine HCG positive
    B. Ova or parasite seen
    C. Urine ketone negative
    D. History of watery diarrhea
20. Based on the above case scenario after you rule in sever hyperemesis gravidarum, what will you do?
    A. Give PO anti emetics and send her home
    B. Keep nothing per os(PO)
    C. Give vitamin B-complex tablet
    D. Rehydrate with soft drinks
21. You are at a primary hospital and someone from nearby health center called you for consultation. He told you that a pregnant woman with gestational age of 30wks visited the health center for the complaint of three episodes tonic clonic types of body movement at home. At arrival she was confused and not oriented to time, person and place Her BP was 160/105mmHg. The diploma midwife from the health center was writing the referral paper to your hospital when he called you. What will you recommend to do upon referral?
    A. Secure an IV line and resuscitate aggressively
    B. Position the mother on supine position
    C. Suck secretions from mouth
    D. Don't give any antihypertensive or anticonvulsant
22. The mother in the above scenario arrived to your hospital with BP of 150/100, PR of 100 and RR of 24. She was conscious and oriented to TPP and quiescent uterus. Which of the following could be your plan management?
    A. Assess biophysical profile twice per week
    B. Start induction of labor with oxytocin
    C. Discontinue anticonvulsant
    D. Appoint after a week and send her home with methyldopa
23. From the above case description for which complication do you prescribe prophylactic medication for this particular mother?
    A. Acute renal failure
    B. Disseminated intravascular coagulation(DIC)
    C. Aspiration pneumonia
    D. Hemi paralysis
24. For management of preeclampsia which will **not** go into consideration.
    A. Gestational age
    B. Parity
    C. Severity of the disease
    D. Fetal maturity

25. Correct about maintenance dose of magnesium sulfate?
    A. Given every 6 hours
    B. Given at each buttock alternately
    C. Continued for 24 hours postpartum
    D. Give irrespective of vital signs
26. Of the following which one **cannot** be differential diagnosis of vaginal bleeding in late pregnancy?
    A. Abortion
    B. Vasa previa
    C. Cervical polyp
    D. Uterine rupture
27. On your day duty, a woman visited obstetrics ward with vaginal bleeding for two hours duration. At arrival she was in labor (2 moderate uterine contractions per ten minutes) and the gestational age was 39 weeks. What could be the next management after you put her on intravenous fluid?
    A. Digital vaginal examination
    B. Cesarean section
    C. Obstetrics ultrasound
    D. Augmentation
28. A gravida 2 mother by her 28 weeks of gestation came to MCH clinic for routine ANC follow up and upon scanning the placenta was posterior marginalis. You appointed her to be scanned at term and the result was the same. So what will you do?
    A. Elective cesarean section
    B. Induction of labor
    C. Wait for spontaneous labor
    D. Emergency cesarean section
29. Which one of the following is the possible cause of polyhydraminous?
    A. Renal agenesis
    B. Esophageal atresea
    C. Premature rupture of membrane
    D. Prolonged pregnancy
30. Which could be intrapartum complication of polyhydramnious?
    A. Unstable lie and malpresentation
    B. Premature labor
    C. Cord presentation
    D. Cord prolapsed
31. If you faced a mother with premature rupture of membrane in your clinic by the gestational age of 32 weeks and no sign of labor, how will you manage?
    A. Try to shorten latency period
    B. Assess cervical dilatation
    C. Start corticosteroids
    D. Encourage ambulation
32. Production of natural surfactant is vital event for lung maturity. Which of the following is not correct about surfactant?
    A. Help to reduce surface tension in the lung
    B. Its production increase with gestational age
    C. Corticosteroid drugs are important to enhance its production
    D. It usually causes birth asphyxia

33. Which one is **not** important in determining biophysical profile?

A. Fetal movement C. Fetal breathing movement

B. Amniotic fluid volume D. None

34. Which one is correct about asymmetric intrauterine growth restriction?
    A. HC/AC ratio elevated C. Rare than symmetric
    B. Early insult D. Both cell size and number are restricted
35. If you diagnosed intrauterine fetal death and the mother didn't agree to have induction of labor, for how long the dead fetus can be kept in utero for spontaneous onset of labor to the maximum?
    A. One week C. Three weeks
    B. Two weeks D. Four weeks
36. For the above case (IUFD), Which of the following problem is a feared complication?
    A. Obstructed labor C. Disseminated intravascular coagulation
    B. Oligohydramnios D. Polyhydramnios
37. Which of the following is **not** complication of post term pregnancy?
    A. Macrosomia C. Meconium Aspiration
    B. Fetal Asphyxia D. Prematurity Syndrome
38. In principles of multiple gestation which **cannot** occur?
    A. Dichorionic diamniotic C. Dichorionic monoamniotic
    B. Monochorionic diamniotic D. Monochorionic monoamniotic
39. Which one of the following is allowed to vaginal delivery in case of multiple gestations?
    A. Twin A breech twin B cephalic
    B. Twin A cephalic twin B breech
    C. Both breech
    D. Twin A Breech Twin B unknown presentatition
40. For occurrence of Rh isoimmunization, which one of the following is the prerequisite?
    A. Rh positive mother carrying Rh negative fetus
    B. Entry of fetal compatible blood cells into maternal circulation??
    C. Development of Rh antibodies for rh by the mother
    D. Irrespective with paternal blood type
41. A multigravid mother at ANC clinic was having pale conjunctiva, light headedness, she was barefooted and from non malaria endemic rural area. Her Hgb was 8.1gm/dl, blood exam negative. How do you manage this patient?
    A. Give iron sulfate with folic acid 325mg po
    B. Transfuse at least one unit cross matched blood
    C. No need of antihelmentic drug
    D. Appoint with regular visit.
42. Prevention of mother to child transmission by administering (3TC+ EFV+NVP) is:
    A. Prong-1 B. Prong 2 C. Prong 3 D. Prong 4

43. You are following labor in labor ward and you get 2cont/10mins lasting 25-35secs, cervix persists 4cm for the last four hours and the position of presenting part was ROA, she gave birth 3 years back vaginally. What could be your plan of management?
    A. Prepare for c/s
    B. Augment
    C. Follow for 4 more hours
    D. Instruct the mother to ambulate
44. A gynecologist diagnoses a pregnant woman & he decides the pregnancy should be terminated with induction. Which one of the following can be his possible indication of induction?
    A. Placenta previa
    B. Previous c/s scar
    C. Abruptio placenta
    D. Twin pregnancy
45. What will be the outcome of properly unmanaged obstructed labor
    A. End up with rupture of uterus
    B. Fetal death
    C. Maternal sepsis
    D. All
46. Which one the following is **wrong** combination of causes of prolonged labor with its example?
    A. Maternal factor - contracted pelvis
    B. Fetal factor – macrosomia
    C. Power related- hypertonic uterus
    D. None
47. As a professional midwife what will you do in second stage of labor
    A. Assist the labor accordingly
    B. Follow labor with partograph
    C. Administer 10 IU oxytocin IM
    D. Monitor fetal heart beat every 30 mins
48. In case of face presentation which one of the following positions **does not** allowed for vaginal birth?
    A. Direct mento anterior
    B. Right mento transverse
    C. Left mento transverse
    D. Direct mento posterior
49. Hip flexed and knee extended describes:
    A. Frank breech presentation
    B. Complete breech presentation
    C. Footling breech presentation
    D. Knee breech presentation
50. As a Midwife you are delivering a fetus with breech presentation. When the arm fails to deliver spontaneously you tried to deliver with certain maneuver. Which maneuver will help you to deliver the baby's arm?
    A. Lovset’s maneuver
    B. MauriceauSmellieVeit maneuver
    C. Pinard maneuver
    D. Modified Prague maneuver
51. When you examine the mother for Bishop Score the membrane ruptured and you felt anterior cord prolapse. Then you consulted the senior clinical midwife and he told you to prepare for emergency c/s. Which position you prefer for this mother?
    A. Left lateral position
    B. Knee chest position
    C. Supine position & buttock up
    D. In the position she preferred
52. Of the following which **can not** be manifestation of ruptured uterus?

A. Tetanic uterine contraction
B. Absent fetal heart beat
B. Easily palpable fetal part
D. Tender abdomen

53. Which is **correct** about secondary postpartum hemorrhage?
    A. Mostly caused by uterine atony
    B. Keeping the mother for at least 6 hours postpartum to prevent it
    C. Give 10 IU oxytocin IM to prevent it
    D. It is the rare and associated with sepsis
54. For a mother refered to you with a diagnosis of retained palcenta, all activities are recommended immediately at admission. But which activity is recommended later?
    A. Catetherization of the mother
    B. Securing IV line and resuscitate her with fluids
    C. Administer uterotonic drug
    D. Manual removal of placenta
55. While you are working in MCH clinic, a 34 weeks pregnant mother came to you with complaints of frontal headache, and epigastric pain. You measured all her vital signs and she was having elevated blood pressure. What will you do next?
    A. Give potent anti pain and send her home with appointment card
    B. Workup for urinalysis and organ function test
    C. Secure line and put her on maintenance fluid
    D. Give antacids
56. Which one of the following is **not correct** about management of premature rupture of membrane?
    A. Give antibiotics
    C. Encourage ambulation
    B. Administer corticosteroids
    D. Counsel the mother to record kick count
57. Three delays are killing mothers in developing countries like Ethiopia. If you heard a scenario as a mother died after she arrived to the primary hospital due to no light for emergency c/s. which category of delay is it?
    A. First B. Second C. Third
58. Which statement is **wrong** about episiotomy?
    A. Appropriate time to make incision is when the head is crowning.
    B. Routine administration of prophylactic antibiotics before incision is not required.
    C. Lidoicaine is infiltrated to one of single layer of vaginal layer before incision
    D. Suturing of episiotomy involves the mucus membrane, muscle and skin.
59. Which one of the following is the advantage of mediolateral episiotomy over median type?
    A. Less blood loss
    C. Less extension of the incision
    B. Ease for incision and repair
    D. Less dyspareunia
60. When you are following a labor in health center, the labor was precipitated and the mother gave birth to macrosomic baby. In perianal examination you have seen a tear which extend

the whole layer of vaginal wall and internal and external anal sphicnicters. Which of the following is **correct** statement based on the case?

A. It is fourth degree tear, and need to refer for specialized management in hospital
B. It is third degree tear, and need to refer for specialized management in hospital
C. It is second degree tear and can be repaired at your health facility
D. It is second degree tear and need to refer for specialized management

61. Which of the following statement is **correct** about instrumental delivery?
    A. In assisting delivery of preterm fetus, vacuum delivery is more preferred than forceps
    B. In case of failed vacuum application, forceps application is recommended procedure
    C. Forceps delivery usually not helps to achieve rotation and traction to the fetous
    D. Instrumental delivery is not recommended in unengaged presenting part
62. The correct application of vacuum extraction is achieved when the centre of the cub is superimposed on the flexion point. The correct application site is__
    A. 3 cm in front of the posterior fontanelle at the sagittal suture.
    B. 3 cm posterior of the posterior fontanelle at sagittal suture
    C. 3 cm infront of anterior fontanel at sagital suture
    D. 3 cm posterior to anterior fontanel at sagital suture
63. When applying vacume delivery, in which condition it is said failed?
    A. The head does not advance with each pull
    B. The fetus is not delivered with a single pulls
    C. The fetus is not delivered within 10 minutes
    D. With correct application, the vacume slips off slips off the head once
64. A 25 year old multigravida woman is diagnosed for prolonged 2nd stage of labor. Her physical examination findings were; contraction 2/ 10min lasting 45-50 seconds, FHB 100 BPM, Cx = 10 cm, presentation= vertex with excessive caput, position= ROA, and station +2 and poor maternal effort, which type of forceps is appropriate to assist this mother for delivery?
    A. Low forceps
    B. Outlet forceps
    C. Mid forceps
    D. High forceps
65. In which of the following condition forceps delivery is contraindicated?
    A. Prolonged second stage
    B. To shorten second stage in cases of maternal distress
    C. Diagnosed cepalopelvic disproportion
    D. After-coming head in breach presentation

66. A 34 years old gravid 2 mother with history of classical type of CS come to your ANC clinic at GA of 35 weeks of gestation. You have identified that the presentation is breech, FHB is positive. Then best advice about plan of delivery will be ___
    A. You are candidate for vaginal birth after cesarean delivery (VBAC) and you can attempt the delivery here
    B. You are candidate for VBAC and you may attempt the spontaneous delivery at area where CS service is available
    C. You are candidate for VBAC and you may attempt with induction of labor at area where CS service is available
    D. You are not candidate for VBAC and you need to follow at area where CS service is available
67. Which one of the following practice is not recommended in preoperative preparation of women for cesarean section?
    A. Administration of prophylactic antibiotics
    B. Shaving of surgical site
    C. Administration of antiemetic
    D. Catheterization of the women
68. Which one of the following is **wrong** statement about post operative care after uncomplicated CS delivery?
    A. Triple antibiotics is recommended for 5 to 7 days post operatively
    B. Breast feeding is started immediately after the mother awake from anesthesia
    C. Sips are commonly recommended after appreciation of bowl sound
    D. Woman with lower uterine segment transverse CS stay shorter than classical type
69. Destructive deliveries are procedures performed on dead fetus to reduce the bulky size so as to facilitate vaginal delivery. In which condition the procedure is safe to perform?
    A. When cervix is partially dilated
    B. When the descent is 2/5 or lower
    C. When the membrane is intact
    D. In women with rupture of uterus
70. If a practitioner assessed sever hydrocephalous with absence of majority of brain tissue, and you decided to perform destructive delivery after discussing with the mother. The best fitting procedure for this case is__
    A. Craniotomy
    B. Decaptation
    C. Evisceration
    D. Cephalocentesis
71. Which of the following statement is **wrong** statement about amniotomy?
    A. It is a procedure performed to induce or augment labor
    B. Unengaged presenting part is relative contraindication for the procedure
    C. Controlled amniotomy is recommended in women's with polyhydramnious
    D. Cord prolapse is unlikely following the procedure

72. Post partum heamorage(PPH) is one of identified causes of maternal morbidity and mortality in our country. The majority of PPH is attributed to which cause?
    A. Infection
    B. Retained placenta and other conceptus tissue
    C. Atonia of uterus after delivery
    D. Trauma of genital tract

PART II. GYENECOLOGY, FAMILY PLANNING AND REPRODUCTIVE HEALTH

73. A22 year's old girl comes with complaint of irregular menstrual cycle. Which phase of menstrual cycle is responsible for irregularity of her menses?
    A. Proliferative phase
    B. Follicular Phase
    C. Secretory phase
    D. Luteal phase
74. A 24 years old woman comes with complaint of vaginal bleeding in early pregnancy, physical examination revealed that fundal height is equivalent to calculated GA, with PV examination the cervix is open. What is the most likely diagnosis?
    A. Incomplete abortion
    B. Complete abortion
    C. Inevitable abortion
    D. Threatened abortion
75. Which statement is **wrong** during utilization of MVA cannula?
    A. Gestational age has no importance to prefer cannula size
    B. If you are using canula with single aperture rotate your hand 360 degree
    C. If you are using cannula with double aperture , rotate your hand 360 degree
    D. If you are using cannula with single aperture rotate your hand 180 degree
76. A 26 years old woman diagnosed with incomplete abortion and based on her LMP GA is 9 weeks which one is preferable method to evacuate
    A. Medical abortion
    B. MVA
    C. D&E
    D. EVA
77. A primigravida woman with gestational age of eight weeks come with a complaint of lower abdominal pain with vaginal bleeding.in physical examination cervix is closed. In laboratory investigation progesterone level is 3IU/L and HCG level is 8000IU. Tran's abdominal ultrasound not able to visualize Gestational sac. What is the most likely diagnosis?
    A. Incomplete Abortion
    B. Complete abortion
    C. Molar pregnancy
    D. Ectopic Pregnancy

78. A23 year's old gravid I para 0 woman come with a complaint of vagional bleeding, her gestational age is 11 weeks. Ultrasound revealed snowball vesicles and fundal height is more than calculated gestational age. what will be the most likely DX

A. Ovarian torsion
C. GTD
B. Ectopic pregnancy
D. Inevitable abortion

79. Which one of the following could differentiate ruptured ectopic pregnancy from un ruptured

A. Culdocentesis
C. Vx bleeding in early pregnancy
B. Amenorrhea
D. Nausea &vomiting

80. Nineteen years old women come with complain of excessive vaginal discharge with fever. In physical examination there is lower abdominal tenderness, cervical and adnexal motion tenderness. In laboratory HCG negative. In ultrasound there is accumulation of fluid in posterior fornix of the Uterus. What is the most likely diagnosis?

A. Ovarian cyst
C. PID
B. Ovarian torsion
D. peritonitis

81. A 53 years old Gravida VII, Para V women with complaint of pelvic pressure and feeling of sitting on the ball. No history of prolonged labour and heavy lifting .what is the most likely risk factors?

A. Premature bearing down
C. Multiparity
B. Fundal pressure
D. Pelvic tumors

82. A 50 years old woman with complaint of unable to conceive for 3 years and Pelvic pressure. In examination myoma reaching the size of more than 12 weeks sized gravid uterus is diagnosed. What is the most likely management for this woman?

A. Myomectomy
C. Radiation
B. Chemotherapy
D. NSAID

83. A46 years- old women come with complain of vaginal bleeding during her douching and sexual intercourse. She had a history of multiple sexual partner and history of smoker five years ago. Which of the following is most likely causative agent?

A. HPV 9,11
C. HPV 31,40
B. HPV 16,18
D. HPV 44,52

84. Awoman is come to your clinic with a complain of vaginal bleeding which is irregular, and pain during intercourse. HCG was negative, and you feel offensive ordure when she undress

her underwear. In vaginal examination you felt irregular cervix with different texture. Then you decided to refer this woman to higher facility with high degree suspicion of___

A. Myoma
B. STIs
C. Cervical cancer
D. Cervical incompetence

85. A mother "X" is 39 years old gravida V para IV woman, has no any history of oral contraceptive utilization and no history of smoking. A mother "Y" is 35 years old gravida II para II woman, has history of oral contraceptive utilization for 2 consecutive years with history of smoking 5 years ago. A mother "Y" has Diagnosed with endometrial cancer so what will be the most likely risk factor?

A. Age
B. Oral contraceptive
C. Smoking
D. Lowerparity

86. Which method of family planning that is **not** recommended for the couples who have no children is:

A. IUCD
B. COC
C. Voluntary sterilization
D. Implanon

87. A 19 years old girl come with objection of unsafe sex with her boyfriend 2 days ago and needs post pills. in store there is only low dose combined oral contraceptive, so how could manage her with available drug?

A. Take 2pills as soon as possible and 2 pills after 12 hours
B. Take 4 pills as soon as possible and 4 pills after 12 hours
C. Take 20 pills as soon as possible and 20 pills after 12 hours
D. Take 1pill as soon as possible and 1 pill after 12 hours

88. A 25 years -old women come in to your health center for complain of missing three pills she took the missed one pill as soon as she remembered and continued her daily pill taking as usual and when you count the remaining active pills, eight pills are left. Which one of the following is the most likely intervention for such women?

A. Abstain for next 7 days, finish active pills, avoid inactive pills &start new pack immediately.
B. No need of Abstain for 7 days finish active pills, avoid inactive pills and start new pack immediately.
C. No need of Abstain for 7 days, finish both active and inactive pills
D. Abstain for next 7 days, finish both active and inactive pills

89. Which one of the following is **correct** about Implanon

A. Could insert Implanon for a women switching from Depoprovera after a week of reinjection time.
B. Could use as an emergency contraceptive method when there is no emergency contraceptive pills
C. Could use for lactating postpartum mother less than six week
D. If she switch from non-hormonal contraceptive and ≥7 days of LNMP no need of back up method

90. A 32 years old woman with history of breast cancer but not current cancer, seek jadlle family planning. To decide on administration of this, first you need to categorize based on WHO medical eligibility criteria. So in which category you put it?
A. Category I
B. Category 2
C. Category 3
D. Category 4

91. Which one of the following is correct complication management of implants
A. Supplement of COC pills in a women with heavy prolonged bleeding
B. Immediately remove implants if she complain darkness of incision area
C. Remove all roads if she complain spontaneous expulsion of one road
D. Remove the implants if she complain acne

92. Who is eligible for IUCD insertion from those three?
A. After septic abortion
B. Postpartum48hrs-4wks
C. Postpartum 4wks or longer
D. Puerperal sepsis

93. Which type of contraceptive is preferable for hypertensive mothers with BP of 160/100
A. Depoprovera
B. Oral contraceptives
C. Implants
D. Copper bearing IUD

94. A woman need to space her child with calendar method but she complain irregularity of her menses with a range of 27-32 days and you need to suggest her on **Rhythmic method** of family planning and she tells you dates of her menstrual cycle for six month was 27,29,30,28,32 and 27 .so tell her unsafe period

A. 16-24
B. 8-19
C. 25-27
D. 9-21

95. What will be your advice for a women who got pregnant despite presence of IUCD and come in second trimester to you for advice?
    A. Tell her it should be removed now
    B. Tell her to leave it there and continue pregnancy
    C. Encourage her for safe abortion
    D. None

96. A woman with pelvic infection after a month of IUD insertion. What is immediate intervention for her?
    A. Remove IUD
    B. Leave IUD there
    C. Administer antibiotics
    D. Need ultrasound evaluation

97. Assume you are assigned in a family planning room and you are the assigned midwife to give a reproductive health care in different aspects. Your target population of a service includes for whom the service is primarily or solely intended?
    A. All women of child-bearing age
    B. Both sexes of adolescent group
    C. All Children
    D. All adults

98. All are components of Reproductive Health **except**
    A. Family planning services
    B. Promoting safe motherhood
    C. Prevention & treatment of infertility
    D. Treatment of ovarian tumor

99. Which one of the following is an **indirect** cause of maternal Mortality?
    A. PPH
    B. preeclampsia
    C. Unsafe abortion
    D. Anemia

100. Unlawful kidnapping or carrying away of girls for marriage is___
    A. Rape
    B. Abduction
    C. Early marriage
    D. FGM

101. A pregnant woman comes to your clinic seeking safe abortion. For this service which activitiy is not legal for you?
    A. Comparing and checking whether the reason for abortion is permitted by abortion law
    B. Confirming the reason she gave for abortion is correct and real
    C. Checking gestational age is permitted for ones professional level
    D. Checking gestational age is permitted for the facility we are working

102. Which is **false** statement about syndromic management of STIs.
   A. Classification of the main causal pathogens by the clinical syndromes they produce
   B. Use of flow charts to manage a particular syndrome
   C. Education and counseling of the patient on how to prevent re-infection
   D. Notification and treatment of sex partners
   E. Expensive laboratory procedure required

103. When you take history and perform physical examination for the sake of applying syndromic management in your health institution you find that vulvar itching and vaginal discharge. Then for this case the most likely syndromic diagnosis is___

   A. Vaginal discharge syndrome C. Lower abdominal pain syndrome
   B. Genital ulcer syndrome D. Urethral discharge syndrome

104. Basic essential cares are obstetric procedures which are essential and practiced at health center level. Which one is not component of basic obstetric care service ?

   A. Administration of parenteral antibiotics
   B. Administration of antihypertensive drug
   C. Transfusion of blood
   D. Removal of retained products of conceptus

III– NEONATOLOGY AND PEDIATRICS

105. A child presents with nausea, vomiting, tenderness and pain in right lower quadrant of the abdomen and the diagnosis is appendicitis. Which one is true about appendicitis?
   A. psoas sign is right quadrant pain on medial rotation of the right thigh
   B. Obturator sign is there is right quadrant pain on flexion of the right thigh
   C. Rovsing's sign is pain in left lower quadrant when right lower quadrant palpated
   D. Rebound tenderness is production of pain when pressure is released

106. A Midwife is working in delivery room. Immediately after birth, she found newborn's heart beat is 80 beats /minute, crying, actively moving, sneezing and completely pink in color. What nursing care is required for the newborn?
   A. Refer immediately
   B. Start resuscitation
   C. Call for help
   D. Continue routine care as normal

107. What is the chance of transmission of HIV virus from mother to child without any prevention of mother to child transmission (PMTCT) intervention?
   A. About half of them
   B. About one third
   C. About one fourth
   D. About one fifth

108. A new born delivered with absence of scalp, skull and the upper part of the brain. What will be this congenital problem?
   A. Hydrocephalus
   B. Macrocephaly
   C. Microcephaly
   D. Anencephaly

109. For the above case, what will be your advise in planning for future pregnancy
   A. Pre pregnancy and early pregnancy folic acid supplementation
   B. Avoidance of pregnancy in the future
   C. Better to start folic acid supplementation after confirming pregnancy
   D. Tell her the case is un prevented and no need of any treatment

110. Which one of the following is component in correct positioning of breast feeding?
   A. Mouth opens wide
   B. Mother supports whole body's of infant
   C. Lower lip is turned outside
   D. Chin touching the breast

111. A 2 month old child comes to a clinic with a breathing problem and a health worker counts his breathing. A 2 month old infant is said to have fast breathing if:

A. Breathing is 40 breath per minute or more
B. Breathing is 50 breath per minute or more
C. Breathing is 60 breath per minute or more
D. Breathing is 70 breath per minute or more

112. Which statement is true about newborn resuscitation?

A. Neck should be in a neutral to slightly extended position
B. Nose will be suctioned first
C. The first two minute is called golden minute
D. Size zero face mask is used for term newborn

113. A child was on efavirenz, lamivudine and nevirapine ART regimen and rifampicin, isonized, pyrazinamide and ethambutol anti TB regimen. Which of the following first line anti TB drug forms drug interaction with ART drug?

A. Isoniazid (H)
B. Pyrazinamide (Z)
C. Rifampicin(R)
D. Ethambutol (E)

114. A 5- year old child on ART medication for the last one week came today to you because he had CNS problems and night mares. Which drug is the cause of the above problems?

A. Tenofovir
B. Ziwdovudin
C. Efavorinze
D. Neverapine

115. A four year old child comes with a chief complain of fever. When the health worker assesses the child, he gets generalized skin rash, cough and red eyes. What will be the classification of this disease?

A. Measle
B. No measle
C. Measle with mouth complication
D. Severe complicated measle

116. A “10 years-old” child is admitted to hospital. He is diagnosed with heart failure. The physician orders IV digoxin. What things most importantly be monitored after digoxin is given?

A. Weight
B. Level of consciousness
C. Vital signs
D. Input and output

117. A mother gave birth at 34-weeks of gestation. An hour after birth, you found the newborns respiration 65breaths/minute. On examination, he had bluish lips and mucous membrane and inspiratory subcostal retractions. Chest X-ray shows "low lung volume". What is the most likely diagnosis of the newborn?

A. Meconium aspiration syndrome(MAS)
C. Transient tachypnea of the newborn
B. Respiratory distress syndrome(RDS)
D. Severe asphyxia

118. A "14 months-old" child came to you. The mother reported the child had poor appetite and intermittent diarrhea since two months. History on the card reveals the child had doubled birth weight at twelve month. Which indice of nutritional status most likely used for the child?

A. Weight for height
C. Weight for age
B. Height for age
D. Abdominal girth

119. A mother came with her "10-week infant" for immunization as per her schedule. The mother reported the infant has diarrhea and he is under treatment for intestinal malformation. Which vaccine should temporarily be on hold at this visit?

A. PCV-2
C. Penta-2
B. Polio-2
D. Rota-2

120. A "12 years- old" child came to hospital with history of shortness of breath and intermittent dry coughing. History reveals symptoms worse at night. On physical examination, the child had expiratory wheeze. It is observed that the clinical condition improves and child gets better after salbutamol puff. What is the most likely problem of the child?

A. Bronchial asthma
C. Croup
B. Pneumonia
D. Bronchitis

PART V- PUBLIC HEALTH

121. In what order do managers typically perform their managerial functions?

A. Organizing, planning, controlling, leading
B. Organizing, leading, planning, controlling,
C. Planning ,organizing, leading, controlling
D. Planning, organizing, controlling, leading

122. The degree to which organizational tasks are subdivided into separate work jobs is called

A. Decentralization
B. Division of labor
C. Span of control
D. Centralization

123. ‘’ To reduce Infant Mortality Rate from 70/1000 Live Births to 50/1000 Live Births by 2018” What does it indicate?

A. Strategy B. Objective C. Mission D. Vision

124. Which of the following is a correct statement about communication in an organization?

A. One way communication considers feedback from receiver
B. Two way communication is open to feedback
C. One way communication allows more audience participation
D. Two way communication takes less time

125. One of the following is not a principle of primary health care?

A.Intersectoral collaboration
B.Community participation
C.Equality
D. Decentralization

126. The test score of a class of 10 students was recorded as 4, 5, 5, 8, 6, 7, 3, 6, 6, and 10 with a mean of 6. Which score has greatest effect on the variance of this data?

A. 3 B. 5 C. 6 D. 10

127. Which stages of demographic transition is characterized by high mortality and high fertility, with low (moderate) population growth (young population)?

A. Pre-transitional
B. Transitional
C. Post –transitional
D. Super-transitional

128. Suppose the population of country X is in 2016 is 50 million with a net growth rate of 2.5% per year. What will be the population doubling time for the country?

A. 32 years
B. 38 years
C. 28 years
D. 22 years

129. One of the following is **true** about type I (α) error during a hypothesis testing.
   A. It is the probability of rejecting the true null hypothesis
   B. It is the probability of failing to reject true null hypothesis
   C. It is the probability of rejecting false null hypothesis
   D. It is the probability of failing to reject false null hypothesis

130. One of the following is cause for increasing of prevalence of cases in a community
   A. High case-fatality rate from disease
   B. Longer duration of the disease
   C. Decrease in new cases
   D. In-migration of healthy people

131. One of the following results of odds ratio (OR) indicates that there is a preventive association between exposure and outcome.
   A. OR>1
   B. OR>2
   C. OR=1
   D. OR<1

132. Which one of the following is not a characteristic of a confounding variable?
   A. The variable should be associated with the exposure under study
   B. The variable should be independently associated with the outcome
   C. The variable should lie on the causal pathway between exposure and disease
   D. The variable should not lie on the causal pathway between exposure and outcome

133. Suppose patients admitted in Debre Markos Hospital with a diagnosis of coronary heart disease and without a diagnosis of coronary heart disease are interviewed about their past experience on smoking to assess the possible association of diabetes mellitus and diabetes mellitus. Which study design do you think more appropriate to study these patients?
   A. Case - control study
   B. Experimental study
   C. Cohort study
   D. Cross-sectional study

134. Which section of a research report helps to interpret and compare your study results with the other previous study results?
   A. Result
   B. Conclusion
   C. Discussion
   D. Recommendation