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MCQs in Midwifery/Obstetrics and Gynecological Nursing

With OSCEs and Image-based Questions



Semester VI & VII

2nd Edition

As per the Revised INC Syllabus for BSc Nursing

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JAYPEE

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UNIT 3

Pregnancy and Assessment and Management of Woman with Normal Pregnancy (Antenatal)

1. Which of the following signs of pregnancy persists throughout all trimesters?

a. Nausea and vomiting
b. Amenorrhea
c. Quickening
d. Braxton Hicks' contractions

2. Which of the following is a presumptive sign of pregnancy?

a. Morning sickness
b. Uterine enlargement
c. Auscultation of FHR
d. Chadwick's sign

3. In pregnancy, identification of fetal parts on USG and auscultation of FHR is grouped into the categories of:

a. Presumptive signs
b. Probable signs
c. Positive signs
d. Negative signs

4. In diagnosis of pregnancy, which of the following investigation is the most reliable?

a. Immunological tests
b. Radioreceptor test
c. Biologic test
d. Ultrasonography

5. A primigravida woman asks the nurse-midwife about the exact week at which she is likely to experience quickening. The correct answer from the nurse-midwife is:

a. 12 to 16th week
b. 16th to 20th week
c. 20th to 24th week
d. Any time during pregnancy

6. In which of the following trimester of pregnancy should the first antenatal examination be performed?

a. First
b. Second
c. Third
d. As per the woman's convenience

7. In documenting previous obstetric history, the term used to denote a woman who has carried one pregnancy and delivered a viable child is:

a. Nulligravida
b. Primipara
c. Primigravida
d. Grand multigravida

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8. **During antenatal history taking, the midwife notes that woman has previous history of prolonged labor and difficult vaginal delivery. The clinical significance of this is that it may be due to a possible problem of:**
   a. Incompetence cervical os
   b. Need for cesarean section
   c. Pathological conditions of uterus
   d. Contracted pelvis or mechanical dystocia
9. **During an antenatal examination, the nurse-midwife notices that the pregnant woman has a height of less than 4'8" (142 cm). The nurse-midwife makes the conclusion that woman is more prone to:**
   a. Mechanical dystocia and abnormal presentations
   b. Genetic defects in the growing fetus
   c. Abortion
   d. LBW or IUGR
10. **The midwife knows that in antenatal obstetric examination, the fundal height may be less than gestation week in all of the following cases, *except*:**
   a. IUGR
   b. Transverse or oblique lie of fetus
   c. Oligohydramnios
   d. Concealed accidental hemorrhage
11. **During antenatal abdominal palpation, the grip used to confirm external ballottement of the presenting part is known as:**
   a. First Leopold
   b. Second Leopold
   c. Third Leopold
   d. Fourth Leopold
12. **While performing Leopold maneuvers, to ensure maximum comfort for the woman, the nurse-midwife should ask her to:**
   a. Take deep breaths
   b. Empty the bladder
   c. Drink a glass of water
   d. Lie on left lateral side
13. **While performing the antenatal palpation for gravid woman, the first Leopold maneuver is performed to:**
   a. Determine the part of fetus which lies in lower pole of uterus
   b. Determine the part of fetus which lies in uterine fundus
   c. To locate fetal back and limbs
   d. To identify the degree of fetal descent and flexion

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14. During antenatal abdominal palpation, the uterine fundus can be felt at the level of maternal umbilicus at:
a. 12 weeks of gestation
b. 24 weeks of gestation
c. 32 weeks of gestation
d. 36 weeks of gestation

15. In nutritional requirements during the pregnancy, the daily calcium requirement is:
a. 50–65 g/day
b. 0.5–1.0 mg/day
c. 75–100 mg/day
d. 1,000–2,000 mg/day

16. In total weight gain in pregnancy, the average reproductive weight gain is:
a. 1 kg
b. 3 kg
c. 6 kg
d. 11 kg

17. The primigravida in her second trimester visiting the ANC asks about the rate of average weight gain in second trimester. The nurse-midwife answers that the average weight gain in the second trimester of pregnancy is approximately at the rate of:
a. 300–500 g/week
b. 500–1,000 g/week
c. 300–500 g/month
d. 500–1,000 g/month

18. During antenatal period, a primigravida is being prescribed daily folic acid supplements. When she asks about its purpose, the nurse-midwife answers that the folic acid supplement during pregnancy helps to prevent:
a. Leg cramps at night
b. Neural tube defects in the fetus
c. Birth of LBW baby
d. Depletion of iron store

19. As per the recommended dietary allowances (RDA) for Indian pregnant woman, the daily iron requirement is:
a. 1 mg
b. 20 mg
c. 40 mg
d. 60 g

20. In biochemical antepartum monitoring, the screening test for open neural tube defect in the fetus is:
a. Shake or bubble test
b. Maternal serum alpha fetoprotein
c. Amniocentesis
d. Nonstress test

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21. A primigravida client whose last menstrual period was on 3rd December enquires about her estimated date of delivery. The nurse-midwife answers that her EDD using Naegele's rule will be:

a. 10th September
b. 10th October
c. 12th September
d. 12th October

22. After instructing a woman about the radioimmunoassay pregnancy test, the nurse-midwife ensures that the woman understands the teaching when she states that the hormone evaluated by this test is:

a. Prolactin
b. hCG
c. LH
d. FSH

23. Out of the following, the hormone that is not a placental hormone is:

a. Estrogen
b. Progesterone
c. hCG
d. Testosterone

24. The fetal heart rate can be heard by a Doppler ultrasound device as early as at gestation age of:

a. 4 weeks
b. 8 weeks
c. 12 weeks
d. 16 weeks

25. During an antenatal vaginal speculum examination, the nurse-midwife observes that the cervix feels soft, similar to the lips of the mouth. This sign is termed as:

a. Chadwick sign
b. Goodell sign
c. Hegar sign
d. Jacquemier sign

26. At 12th week of gestation the shape of the uterus corresponds to the size of:

a. Hen's egg
b. Cricket ball
c. Fetal skull
d. Pear shape

27. Which of the following changes in the breasts are seen in primigravida at 16th weeks of pregnancy?

a. Darkening of areola
b. Growth of milk ducts
c. Secretion of colostrum
d. Enlargement of breast

28. During a routine speculum examination during the pregnancy, the nurse-midwife notes that the cervix is passively dilated and effaced with a shining or bulging bag of membrane. This may be due to:

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a. Hyperemia
b. Cervical incompetence
c. Monilial vaginitis
d. Microhemorrhage

29. Out of the following cases, the genetic evaluation is indicated in all of the following, *except:*
a. Woman aged 40 years and above
b. Family history of genetic defects
c. Teratogenic exposure
d. Polyhydramnios

30. The nurse-midwife knows that the primigravida has understood the antenatal advice when she states that she should immediately report to the hospital in case of all of the following, *except:*
a. Slight vaginal bleeding
b. Uterine contraction for at least one hour
c. Hemorrhoids and constipation
d. Gush of watery fluid per vagina

31. During antenatal assessment the nurse-midwife notices that the woman is having slight ankle edema. Which of the following is the most suitable intervention to be done by the nurse-midwife?
a. Advise the woman to take rest with slight elevation of the limbs
b. Ask her to visit the obstetrician for a prescription of medicine
c. Advise her to decrease the water intake
d. Consult obstetrician for hospitalization

32. While instructing about the immunization during pregnancy, the nurse-midwife advice a group of antenatal women that the vaccine which should be withheld in pregnancy, except during epidemics, is:
a. Rubella
b. Typhoid
c. Antirabies
d. Yellow fever

33. While teaching about the Kegel exercises to a group of expectant mothers, the nurse-midwife states that the main goal of these exercises is:
a. To strengthen the perineal muscles
b. To strengthen the abdominal muscles

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c. To alleviate low back pain
d. To increase the placental circulation

34. During the last weeks of pregnancy, the following prenatal exercises can help reduce lower back pain:
a. Squatting
b. Tailor sitting
c. Deep breathing
d. Pelvic rocking

35. To avoid the problem of insomnia during the antenatal period, the nurse-midwife advices the woman to do which of the following?
a. Practice the relaxation technique before bedtime
b. Drink a cup of tea before going to bed
c. Exercise for at least 30 minutes before going to bed
d. Have heavy dinner at night

36. While developing a nursing plan for newly diagnosed primigravida with amenorrhea, nausea and vomiting, the priority nursing diagnosis would be:
a. Compromised family coping related to the discomfort of pregnancy
b. Imbalance nutrition, less than body requirement related to increased demand in pregnancy
c. Ineffective individual coping related to diagnosis of pregnancy
d. Knowledge deficit related to signs and symptoms of pregnancy

37. During antenatal history taking, the multigravida complains of numbness and 'pins and needles' in her fingers and hands. This is termed:
a. Ptyalism
b. Pica
c. Carpal tunnel syndrome
d. Pyrosis

38. During a routine examination of primigravida, the nurse-midwife notices that a woman has increased vaginal secretions which are clear and highly acidic. The nurse-midwife interprets these findings as a response related to:
a. Decrease in vaginal glycogen store
b. Expulsion of cervical mucus plug
c. Sign of sexually transmitted illness
d. Control of pathogenic bacteria

39. When measuring the fundal height of a 20 weeks primigravida, the nurse-midwife anticipates the fundus to be:

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a. Halfway between symphysis pubis and umbilicus
b. At the level of woman's umbilicus
c. In between umbilicus and xiphisternum
d. At the level of symphysis pubis

40. While instructing the antenatal group about a balanced diet, the nurse-midwife advises the group to avoid mega intake of which of the following to reduce the risk of fetal malformations.

a. Egg yolk
b. Milk and milk products
c. Tomatoes
d. Green leafy vegetables

41. To avoid experiencing occasional heartburn, which of the following recommendations would be the most appropriate as a preventive measure for a gravid woman?

a. Eat smaller and more frequent meals throughout the day
b. Take a pinch of baking soda with water before meal
c. Decrease the water intake
d. Drink several cups of tea throughout the day

42. The need for continued prenatal care throughout pregnancy in an adolescent primigravida should be reinforced because:

a. Adolescent often develops gestational diabetes during pregnancy
b. An adolescent needs additional teaching about pregnancy
c. Adolescent are at high risk for pregnancy induced hypertension
d. Adolescent lack support system during pregnancy

43. While giving dietary teaching to antenatal woman, which of the following food should a nurse-midwife recommend for meeting the daily requirements of folic acid:

a. Banana
b. Spinach
c. Seafood
d. Pulses

44. In a doubtful case about the state of gravida, while performing the examination the nurse-midwife notices that the woman's perineum is lax with evidence of old scaring from laceration or episiotomy. To confirm the previous childbirth which of the following sign may help the nurse-midwife?

a. The vagina is less roomy
b. The cervix is cylindrical, and the external os is a transverse patulous slit

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c. Absence of slivery white striae and linea alba on the abdomen
d. The introitus is rigid and difficult for finger insertion

45. Which of the following complication can occur as unexplained, unpredicted and unnoticeable, even with regular and thorough antenatal care?
a. Intrauterine death
b. Pre-eclampsia
c. Anemia in pregnancy
d. Placenta previa

46. The three integral components of preconception counseling include all of the following, *except:*
a. Identification of risk factors related to pregnancy
b. Patient education
c. Initiation of intervention
d. Improvement in maternal and child health

47. When a woman cannot remember her last menstrual date but has a regular menstrual cycle then the EDD is calculated by date of quickening. This formula is given by:
a. Naegele
b. Rawlings and Mores
c. Parikh
d. Pinard

48. The nurse-midwife understands the need of additional instructions to primigravida about calcium tablets when the woman says to her that:
a. I will take two tablets at one time
b. I will not take calcium tablet on empty stomach
c. I will take calcium and folic acid tablets at different time
d. I will ensure that I take vitamin D tablet with calcium

49. In the drugs used in pregnancy and lactation, the group of drugs that have been used in pregnancy without any adverse effects are classified into:
a. Category A
b. Category B
c. Category C
d. Category D

50. The X category of medicines taken during pregnancy includes those that:
a. Can be used during any trimester of pregnancy with practically no risk for use
b. Have shown adverse fetal effects in animal model

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c. Are known to be potentially harmful
d. Have been proven to exert harmful effects on the fetus both in animal and human

51. During the antenatal history taking nurse notices that the gravid client is addicted to a tobacco. In making her to understand about the common teratogenic drugs and chemicals, the nurse explains her that the use of tobacco in pregnancy causes:
a. Fetal alcohol syndrome
b. Deafness in fetus
c. IUGR
d. Abortion

52. Among the following medications, the antibiotic that is safe to use against variety of infections during pregnancy is:
a. Streptomycin
b. Norfloxacin
c. Tetracycline
d. Ciprofloxacin

53. The following statement regarding the usage of iron preparation during the prenatal period is not true.
a. The daily dose of 60 to 100 mg elemental iron is adequate during pregnancy
b. Addition of vitamin C helps in the absorption of iron
c. Liquid iron preparation tends to stain teeth and tongue
d. Iron supplements should be taken on an empty stomach

54. Which of the following medication does not cross the placenta when used as an anticonvulsant?
a. Diazepam
b. Phenytoin
c. Heparin
d. Warfarin

55. Out of the following, which vaccine is contraindicated in pregnancy?
a. Tetanus toxoid
b. Hepatitis A
c. Hepatitis B
d. MMR

Answers with Explanation

1. b. The correct answer is b. Amenorrhea persist throughout the pregnancy. It is the first sign to appear. The menstrual cycle is suppressed due to production of hCG by trophoblast.
a. Nausea and vomiting are subjective signs and experienced by 50% women in first trimester with onset about the

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fourth week and it usually lasts until the thirteenth week of pregnancy.

c. Quickening means first fetal movement felt by the pregnant mother and it occurs by the sixteenth to eighteenth week.

d. BHCs are felt as painless uterine tightening during the third trimester.

2. a. The correct answer is a. Morning sickness is the presumptive sign of pregnancy that could easily be an indication of other condition.

b. Uterine enlargement is probable sign of pregnancy.

c. Auscultation of FHR is positive sign of pregnancy which confirms the presence of fetus and pregnancy.

d. Chadwick's sign is also probable sign of pregnancy.

3. c. The correct answer is c. Identification of fetal parts on USG and auscultation of FHR is grouped into the categories of the positive sign of pregnancy which confirms the pregnancy and presence of fetus. These are also known as absolute signs of pregnancy.

a. Presumptive sign could easily be an indication of other conditions. It includes amenorrhea, morning sickness, increased frequency of micturition, fatigue, skin changes, and breast changes. Presence of fetal parts and FHR are definite signs of pregnancy.

b. The probable signs of pregnancy are abdominal enlargement, BH contractions, external ballottement, changes in the uterus, and many more.

d. Negative sign term is not applicable for any signs of pregnancy.

4. d. The correct answer is d. Ultrasonography is the most reliable test. By USG the gestational sac can be identified as early as by 5th week of pregnancy.

a. Though immunological tests are modern sensitive tests for early diagnosis of pregnancy, these are less reliable in second and third trimester.

b. Radioreceptor tests are not very useful because they cross-react with LH.

c. Biological tests are performed on animals and are only of historical interest and no longer in use.

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5. b. The correct answer is b. The primigravida woman is able to appreciate the feeling of fetal movements as flutter or bubbles inside by 16th to 20th week of gestation.
a. This is applicable for multipara, who feels quickening earlier than primigravida by 12 to 16th week of gestation.
c. 20th to 24th week is too late for both primi and multi. As both may feel quickening much prior to that.
d. Any time during pregnancy is not correct as the earliest period for quickening is after the first trimester. The specific period for quickening is typically between 18 and 20 weeks.applicable.

6. a. The correct answer is a. The initial antenatal examination should be carried out in the first trimester of pregnancy. This is of immense help and serves as baseline data.
b. The second trimester is not the ideal time for an initial antenatal examination. But any time if woman fails to report in first trimester, the necessary examination should be done in first visit.
c. The third trimester is too late period for the initial antenatal assessment.
d. Initial antenatal examination as per the woman's convenient time is not ideal.

7. b. The correct answer is b. Primipara is the term used to denote a woman who has carried one pregnancy and delivered a viable child.
a. Nulligravida is a woman who has never been pregnant.
c. Primigravida term is used for a woman who is pregnant for the first time.
d. Grand multigravida is a woman who has given birth to at least four viable children.

8. d. The correct answer is d. History of prolonged labor, difficult vaginal delivery are indicatives of contracted pelvis or mechanical dystocia problem.
a. A previous difficult forceps delivery followed by repeated painless second trimester abortion is indicative of incompetent os.
b. History of previous cesarean section, especially for recurrent indication warns about the need of repeat cesarean section.

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c. Previous repeated miscarriages may be due to pathological conditions of uterus or immunological causes.

9. a. The correct answer is a. The woman with short stature of less than 142 cm is often associated with a small pelvis which can lead to mechanical dystocia and abnormal presentations.
b. Genetic defects are associated with heredity factors and not with the height of woman.
c. Abortion is caused by various factors, such as fetal, maternal or idiopathic like chromosomal abnormalities, congenital defects, maternal infections, drugs, uterine anomalies and many more but not related to height of the woman.
d. LBW or IUGR are often associated with less maternal weight gain during pregnancy.

10. d. The correct answer is d. In concealed accidental hemorrhage, the blood may collect behind the placenta and in the membrane which increases the fundal height more than gestation age.
a. In IUGR, the fundal height is less than gestation age.
b. In transverse lie as well as oblique lie the fundal height decreases than normally expected.
c. In oligohydramnios, due to a reduced quantity of amniotic fluid, the fundal height does not correspond to the gestational age.

11. c. The correct answer is c. The grip which deals with confirmation of external ballottement of presenting part is known as third Leopold. It is also called as Pawlick grip.
a. First Leopold deals with identifying the part of the fetus which lies in the uterine fundus. It is also known as fundal grip.
b. Second Leopold is done to confirm the position of back and limbs of the fetus. It is also called as lateral grip.
d. Fourth Leopold deals with identifying the part of the fetus which lies in pelvis. So, it is also called as pelvic grip.

12. b. The correct answer is b. Leopold maneuvers involves abdominal palpation. Emptying the bladder before palpation ensures maximum comfort to woman and helps in accurate interpretation of findings.

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Salient Features

- This manuscript is prepared based on the syllabus of Midwifery/Obstetrics and Gynecology Nursing given under curriculum in The Indian Nursing Council (Revised Regulations and Curriculum for BSc Nursing Program) Regulations, 2020.
- This book comprises almost 600 multiple choice questions (MCQs) and seven types of Objective Structured Clinical Examination (OSCE) stations. The MCQs are organized into two distinct sections, aligned with the units outlined in the respective semester curriculum. Separate section on image based questions is included. A dedicated section for OSCE stations is provided at the end of the book.
- The MCQs are prepared based on domains of outcome-based learning and complexity of levels in it. The rationales provided for both the correct and incorrect options/answers are based on scientific reasoning. They are relevant, comprehensive, and easy to understand. Additionally, extra information is incorporated into the answer explanations where appropriate. Through the MCQ section, the students will be able to assimilate and synthesize knowledge, use and cultivate critical thinking skills, and rationalize the care strategies based on it.
- The inclusion of image-based questions would enhance learners' comprehension, increase their interest, promote active participation, and improve overall understanding.
- The OSCE stations are categorized as assessment station, planning station, clinical skills station, implementation, and station of instruments and drugs in midwifery, to evaluate the students' practice competencies. The learning opportunities through practice OSCE stations would help students to be more objective, specific, and skillful in clinical competencies.
- Nursing educators can refer to it for outcome-based teaching and learning, as well as for the objective assessment of students' knowledge, attitudes, and practice competencies.
- Overall, the manuscript provides a strong platform for both self-learning and self-assessment.
- It can be used by nursing students and teachers of diploma, UG, and PG programs.

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