

1) Requirements for a birth room

A) Must have all the emergency equipment

B) According to the woman's choice

C) Good lightening

2) If a midwife is tired after a really long and busy shift and was assigned an extra shift at the end of the day, what should she do?

A) Decline it because it's what's best for her health and wellbeing

B) Do it anyways as it's for the good of the unit

C) Sort for the support of another Midwife so they can do it together (not so sure if this option was there again).

3) A midwife delegates emptying of urinary bag to a final year student. What should she do?

A) Supervise her to ensure competence

B) Leave her to it to do it

There are other options I forgot

4) A student Midwife asks you of the treatment of pre eclampsia and eclampsia

A) Tell her to go check her books for the drugs

B) Tell her to check other materials for the answer

C) Tell her the treatment and dosage

5) Indication for electronic fetal monitoring

- A) Rupture of membrane
- B) Maternal pyrexia
- C) Maternal pulse between 60-80bpm
- D) Fetal Heart rate between 120-140bpm

6) Common infection that can be transmitted easily in the hospital is caused by ?

- A) Clostridium difficile
- B) Streptococci

7) Bacteruria is caused by what organism

- A) Streptococci
- B) Staphylococci
- C) E.coli

8) Which infection is caused by nutrition deficiency in pregnancy

- A) Thalassemia
- B)

9) Trisomy 13 is called what

- A) Turner syndrome
- B) Edwards syndrome
- C) Patau syndrome

10) The area between the anterior fontanelle and the glabella is called what?

- A) Face
- B) Sinciput
- C) Vault

D) Occiput

11)What is Salutogenesis

12)Which branch of science is Epigenetics

13)A midwife tells you she made a drug error, what will you do?

14)A woman reports to you that she is facing domestic violence, what will you do? Go for homevisiting or help her plan?

15)How do you lie infants down to prevent SIDS? Abdomen down, back down, left lateral?

16)SBAR full meaning

17)A woman that doesn't understand English comes to antenatal appointment with the husband and the husband offers to interpret for her ? What will you do? Tell him to interpret, look for a member of staff that understands, get the help of a professional interpreter ?

18)You come to your shift and found out that a controlled drug(pethidine) is missing from the CD cupboard? What will you do? A) Check the report book, order book, call the senior midwife to report to her and fill the incidence book ? B)Check

the report book, inform the pharmacy, call the midwife in charge of the shift and fill the incidence book? C) Inform the pharmacy, fill the incidence book, check report book.

19) What is antepartum haemorrhage)

A) Bleeding between 24 weeks and before birth

B) Bleeding between 12 weeks and before birth

A multigravida at risk for placenta previa is

A) One with 3 previous normal vaginal delivery

B) One with 3 previous Caesarean sections

20) Folic acid daily requirement in pregnancy

A) 5mg

B) 400mcg

C) 400mg

21) Magnesium sulfate is given for what reason during pregnancy)

A) To treat seizures

B) To reduce the blood pressure

C) To reduce oedema

D) To control hypertension

22) WHO recommended drug for 3rd stage management of labour

A) Syntometrine

- B) Oxytocin 10 I.U
- C) Ergometrine
- D) Syntocinon

23) Third stage of labor according to NICE involves

- A) Uterotonics, immediate clamping of the cord and cutting after birth, controlled cord traction after signs of placenta separation...
- B) Uterotonics, delayed clamping and cutting of the cord after birth, controlled cord traction after signs of placenta separation
- And others

24) Midwife A says she normally use her hand to assist the head during crowning (Hands on) while midwife B uses the hands off technique.

While eating lunch, Midwife A argues that the second Midwife is wrong. What should be the response/action of Midwife B?

- A) Refuse to eat lunch with her again
- B) Research more on it and critically analyse the results to adopt an evidence based approach
- C) Report Midwife A to the matron
- D) Ignore her and continue her former practice

25) A woman with mastitis, what advise

should the midwife give her to prevent it ?

- A) Use of pacifiers
- B) Breastfeeding the baby at night
- C) Breastfeeding the baby on demand
- D) Breastfeeding the baby all the time

26) A woman was told not to breastfeed in public again in the community. As a midwife, what advice will you give to her ?

- A) Tell her that breastfeeding in public is her right
- B) Tell her to seek community support on breastfeeding in public
- C) Tell her to ignore them and continue doing it.

27) A woman with gestational diabetes

- A) The woman should adopt a feeding method that works for both her and her child
- B) She should continue Breastfeeding the infant as it will reduce her demands for insulin

Can't remember the rest. Read more on gestational diabetes.

28) A woman's EBL was calculated wrongly, hence she suffered from the effects of low blood volume after birth and was treated. As a midwife, what will you do?

- A) Don't bother bringing it up again since she has been treated.

- B) Explain everything to her honestly
- C) Treat her normally

29) A woman came to the ward with bruises and other injuries from domestic violence. What will you do?

- A) Report to the police
- B) Listen to her, plan the next action with her
- C) Report to the safeguarding Midwife

30) Immediately after birth of a preterm at 23 weeks, what do you do?

- A) Dry baby and put a hat on his head
- B) Access baby in a resuscitaire
- C) Immediately give baby to mother for skin to skin

31) A woman came to the antenatal clinic and told you she has epilepsy. What will you do?

- A) Refer her to the consultant for review
- B) Tell her to continue with her general practitioner
- C) Book her for 2 weekly appointments with you
- D) Book her for appointments like other women.

32) What position is adopted during labour?

- A) Semi recumbent
- B) Supine

C)Lateral

33) Neonatal period is

A)The first 28days

B)The first 21days

C)The first 3months after birth

34)To prevent SIDS, the infant should sleep

A)On the bed with the parents

B)Face down in the cot

C)Face up

D)On his sides

35)The condition in the newborn where the intestines protrude from the abdominal wall is known as

A) Gastroschisis

B) Exomphalos

C)

36) Universal donor is

A) O rhesus D positive

B) O rhesus D negative

C)

37)The action of drug on the human body is

A)Pharmakinetics

B) Pharmacodynamics

C) Pharmacokinetics

D)Pharmadynamics

38)How do you handle a case of Female genital mutilation

- A)Report to the police immediately
- B)Treat the woman and render due care
- C) Report to the safeguarding Midwife
- D)Refer the woman

39)What do you do when you are delegated a task that is above your competence level?

- A)Reject it
- B)Seek the support of your colleagues to do it
- C)Report to the Senior Midwife
- D)Accept it and try to do it.

40)A woman came to the ward and rejected IOL that she was booked for. What do you do?

- A)Tell her to do it, that it's for the safety of the baby
- B) Discharge her home
- C) Respect her wishes

41)What are the routine checks in first stage

- A)Half hourly contraction checks and four hourly check of blood pressure and temperature
- B)Hourly checks of contraction and four hourly checks of vaginal examination
- C)Half hourly checks of contraction

42)What's the essence of interdiscipline training

A)To be able to perform each other's duties when required

B) Because it's necessary

C)

D)

43)A senior midwife wants to introduce a new policy and change to practice. What does she do to ensure this?

A)Trust the other midwives that they can do a good job

B)Carry out the new policies when practicing to ensure competence

C)Enforce the policies on others

D)

44) Revalidation is done

A)50hours every 3years

B)35hours every 3years

C)50hours every 5years

D)35hours every 5years

45)Anterior pituitary gland produces which hormone

A)FSH and LH

B) Oestrogen and progesterone

C)

D)

46)What is the essence of keeping records by the midwife

- A) For her personal use
- B) For use by the other professionals
- C) Forgot what's here
- D)

47) The Act something something requires a midwife to share the patient's information to

- A) The court
- B) Herself alone
- C) Her other colleagues

I think we should read on Acts and Laws

48) When a woman and a midwife are working together to achieve care Do they use the combined strength of both the woman and the midwife equally ? Use more of the woman's strength or use more of the midwife's strength?

49) When should maintenance of health and wellbeing be maintained?

- A) Antenatal
- B) Intrapartum
- C) Postpartum
- D) Preconception

50) If a woman says she doesn't want episiotomy and then the obstetrician comes to do ventouse delivery for her, then attempts to do episiotomy because he

wasn't aware, what will you do?

A) Stop him and tell him the woman's wishes

B) Remind the woman again to see if she will change her mind

C) Let the obstetrician do it because it's for her own good

51) A midwife can do artificial rupture of membrane at 23 weeks when there is signs of labor when

1) On maternal request

2) A high head

3) Preterm labour

4) HIV/AIDS

52) In preeclampsia

What is a warning sign

A) Diastolic blood pressure of 90mmHg twice taken at 30mins interval

B) Protein 1+ in urine

C) A single systolic reading of 160mmHg

D)

53) If a woman with breech pregnancy in labour insists on delivering at home, what will you do ?

A) Respect her choices

B) Tell her the benefits and risks associated

54) A woman tells you she has I think

epilepsy on appointment

- A) Refer her to consultant for review
- B) Book her for normal appointments like others
- C) Book her for 2 weekly appointments
- D)

55) A woman tells you that her financial burdens is having effects on her mental health. What will you do?

- A) Refer her to the mental and social service units
- B) Refer her to specialist services, signpost support for her and help her get financial support

56) What areas does MRBBACE covers ?

- A) Maternal death, infant death and postnatal
- B) All maternal services
- C) Maternal mortality only

57) What's the expected ratio of senior Midwives to midwives in the ward?

58) When a student Midwife fails and you as a supervisory midwife is giving feedback to her, what do you do?

- A) Tell them their errors in an interview with them before giving them feedback
- B) Give them the feedback of their poor performance directly
- C) Tell them they are dull and need to try

harder.

59)What's the expected ratio of midwives to patients in the ward?

60)Repeated question

If a woman has perineal tear, what do you do?

A)Advise her that personal hygiene will help to reduce the incidence of infection.

B)Give her antibiotics

C)Tell her to use warm compress

61)What stage closely follow menstruation?

A) Ovulation

B) Proliferation

C) Secretion

They repeated the Woman with mastitis own.

62)If a woman has mastitis, how do you encourage her ?

A) Tell her to breastfeed always especially at night

B)Use of pacifiers

C)

D)

63)When a client is rushed to the hospital with intracranial hemorrhage from RTA, what do you do?

- A) Rush to the emergency room as implied consent is given
- B) Seek consent from the law court.
- C) Inform the police
- D) Do not do anything.

64) Where does research start?

- A) selection of topic
- B) Discussion with colleagues
- C)
- D)

65) During a face presentation, what is presenting?

- A) Mentum
- B) Face
- C) Vertex
- D) Brow and Chin

66) The largest diameter of the pelvic brim is what?
Transverse.

67) How do you describe rhesus incompatibility?

- A) Baby rh negative, mother rh positive
- B) Baby rh positive, mother rh negative
- C) Baby rh negative, mother rh negative
- D) Baby rh positive, mother rh positive.

68) During a breech presentation, what is the presenting part?

69) During a brow presentation, what is presenting?

70) They repeated that GBS question... Group B streptococcus. Does it affect UK women more? Or Asian women.

71) Which drug is contraindicated in pregnancy?

- A) Tetracycline
- B) Anti D immunoglobulin
- C) Metformin
- D) Insulin

72) What's the minimal progress of labour?

- A) 1cm every 4hours
- B) 2cm every 4hours
- C) 3cm every 4hours
- D) 4cm every 4hours

73) Folic acid reduces what in pregnancy?

- A) Neural tube defect
- B) Spinal bifida

74) What areas does MRBBACE covers ?

- A) Maternal death, infant death and postnatal
- B) All maternal services
- C) Maternal mortality only

75) When you are to carry out a research

on the standards of care in the hospital you work, where do you get your data from ?

- A) Colleagues
- B) Patients, asking them about their experiences with care
- C) Other research subjects
- D) Past research work

76) Immediately after birth of a preterm at 23 weeks, what do you do?

- A) Dry baby and put a hat on his head
- B) Access baby in a resuscitaire
- C) Immediately give baby to mother for skin to skin contact

77) When a midwife is providing care for a woman, whose strength is used more in the partnership?

- A) More of the midwife's strength
- B) More of the woman's strength
- C) Equally from both of them.
- D) None

78) A woman was told by her community to stop breastfeeding in public.

What do you do when she reports it to you?

- A) Tell her to seek support from support groups in her community
- B) Tell her that breastfeeding in public is her right.
- C) Do nothing

79) Before doing a vaginal examination, what kind of consent do you seek from the mother ?

A) Verbal

B) Written

C) I don't remember if it's both verbal and written.

80) A colleague tells you in confidence that she committed a drug error and told you not to tell someone else. What do you do?

A) Tell her to go and report to the senior midwife herself

B) Report her to the senior Midwife

C) Do nothing

81) A woman came to the clinic with her 5-year-old son who looks hungry and thin. The child says he wants to eat food but the woman quickly puts in that the son eats too much, that you should ignore him.

Seeing that this is a case of malnourishment and child abuse, what will you do ?

A) Report this case to the safeguarding Midwife immediately

B) Challenge the woman and tell her that the child is suffering from malnutrition

C) Report the case to the police

82) At 20 weeks of pregnancy the fundus of the uterus can be palpated at the level of the

- A. Pelvic brim
- B. Symphysis pubis
- C. Umbilicus
- D. Diaphragm

83). At what speed does the blood flow to the placenta at term

- A. 300 ml/min
- B. 600 ml/min
- C. 500 ml/min
- D. 200 ml/min

84). What is normal variability?

- A. 525 bpm
- B. 515 bpm
- C. 210bpm
- D. 520 bpm

85). What do you need to ensure safe administration of medication

- A. Right patient, right drug
- B. Right patient, right drug, right dose, right route, right time
- C. Right time, right patient
- D. Right route, right patient, right dose, right time, right role

86). What traction should be applied to the baby's head in case of shoulder

dystocia

- A. Gentle, routine, axial traction
- B. Forceful downward traction
- C. No traction should be applied
- D. Upward traction

87). At booking the woman is routinely tested for following infectious diseases and health conditions

- A. Rubella, syphilis, toxoplasmosis, hepatitis B, HIV
- B. HIV, Hepatitis B, syphilis, sickle cell, thalassemia
- C. Hepatitis B, hepatitis C, rubella, HIV, listeria
- D. Rubella, syphilis, toxoplasmosis, listeria, hepatitis B and HIV

88). Which contraceptive pill is compatible with breastfeeding

- A. None, breastfeeding mothers should choose alternative type of contraception
- B. Progesterone pill, often called minipill such as cerazette
- C. Combined contraceptive pill
- D. Any contraceptive pill is compatible with breastfeeding, as only insignificant amount goes to the breast milk

89). What is the common neonatal complication due to planned Caesarian birth

- A. Accidental cut during the surgery

- B. Transient Tachypnea of Newborn
- C. Meconium aspiration syndrome
- D. Respiratory distress

90). The woman in your care does not speak English you need to discuss her care plan. Please choose the best possible answer

- A. You carry on with your care plan without discussion
- B. You get the family member to translate for you
- C. You request professional interpreter
- D. You ask a colleague who speaks the woman language to translate for you

91). Elements of the SBAR communication tool

- A. Situation, Benefit, Algorithm, Reason
- B. Situation, Background, Assessment, Recommendation
- C. Situation, Background, Anticipation, Recommendation
- D. Situation, Backdrop, Assessment, Recommendation

92)What are the four domains of the code

- A. Prioritize people, practice effectively, preserve safety, promote professionalism and trust
- B. Prioritize people, communicate well,

prioritize maternal health, promote wellbeing

C. Promote normality, practice effectively, prioritize clients wellbeing, promote safety

D. Prioritize people, documents thoroughly, maintain safety, improve your skills

93) What pain relief is accessible at any Birth setting

A. Pethidine

B. Gas and air (enthonox)

C. Epidural anaesthesia

D. Aromatherapy

94) What is the minimal progress of labour

A. 1 cm every hour

B. 4 cm every 2 hours

C. 4cm every 4 hours

D. 2cm every 4 hours

95). What is variability

A. Bit to bit variation in the fetal heartbeat

B. Deceleration and acceleration

C. Transient decrease of the fetal heart rate

D. Increase of fetal heart rate for over 15bpm lasting over 30 minutes

96). What screening ultrasound scans (USS) are recommended by the department of health

A. Two USS, at 12 and 20 weeks

B. Three USS , at 12, 20 and 36 weeks

C. There is no exact guidance it depends on individual clinicians discretion

D. Four USS at 6 weeks, 12 weeks, 20 weeks and 36 weeks

97)What does acronym CHIN stand for in breastfeeding Education

A. Close, head free, in line, nose to nipple

B. Caring, head free, irresistible, nipple available

C. Close, head supported, in line, nose to nipple

D. Clean, head supported, in line, nose to areola

98). Layla is G2P1, 36 weeks pregnant. Today at clinic she is discussing her birth preferences . She is young and healthy and has had uneventful pregnancy this time round. However during her First pregnancy she has forceps delivery and third degree tear. Layla request for a Caesarian birth. What would be your action?

A. Inform Layla that she is not allowed to have Caesarian birth, because there are

no clinical indications for her to have one

B. Refer Layla for an urgent consultant appointment to discuss mode of delivery, as this should have been discussed earlier in pregnancy by obstetric team. Book an appointment for another birth preference discussion after consultant appointment

C. Tell Layla that Vaginal birth is better for her baby so she is a bad mother if she wants Caesarian birth

D. Inform Layla that she should have another vaginal birth, but with an episiotomy to prevent another tear

99) Amy has had some rest with pethidine, but her contractions are getting stronger. You start routine monitoring and observe short decelerations at every contraction. What do you do?

A. Request urgent senior review, change position, cannulate, commence IV fluids once prescribed. Consider removing proress

B. Request urgent senior review, wait for the obstetric registrar to come and tell you what to do

C. Continue monitoring and keep changing position until CTG improves, request review if CTG does not improve in the next hour

D. Discontinue CTG monitoring, suggest oral hydration and recommend CTG in one

or two hours

100) When is newborn blood spot screening performed

- A. Within 48 hours from birth, prior to discharge from the hospital
 - B. On day 3 post birth, at hospital prior to discharge or at GP surgery in case the baby has already been discharged home
 - C. At birth, in the first 24 hours of life
 - D. On day 5 post delivery, when most babies are already discharged home.
- Newborn spot blood test is usually performed by a community midwife during a 5 day home visit

101). What medicine student midwife cannot administer under Midwifery exemptions even when closely supervised by the mentor

- A. Ibuprofen
- B. Pethidine
- C. Lactulose
- D. Anti D

102). Which one of these emergencies is NOT followed by sudden drop in fetal heart beat

- A. Cord prolapse
- B. Placental abruption

- C. Maternal sepsis
- D. Uterine rupture

103). You work in a community. Your next door neighbor is nine months pregnant and was admitted to hospital overnight. You are very curious and would like to know if she has had a baby

- A. You have access to the local hospital database, so you look up your neighbor to see if she has already delivered
- B. When visiting Delivery suite to top up your community supplies you check on the board to see if your neighbor is admitted and if she has delivered
- C. Make a cake and visit your neighbors to see if they need any help and if there is any news on the baby
- D. You ask your friend who works in delivery suite if your neighbor hasn't delivered yet

104). What is the most common complication from epidural anesthesia that can be resolved with IV fluids

- A. Low blood pressure
- B. Incontinence
- C. Insomnia
- D. Fluid retention

105). What is the difference between First Rubin Maneuver and Second Rubin Maneuver in management of shoulder dystocia

A. Second Rubin maneuver is faster and easier to perform

B. First Rubin Maneuver is external and Second Rubin Maneuver is internal

C. First Rubin Maneuver is more effective

D. Second Rubin Maneuver is designed to push the baby's head back to the birth canal for Caesarian section

106). How does hemodilution in late pregnancy affect maternal iron levels

A. Iron levels in late pregnancy are higher than before pregnancy

B. Iron level in late pregnancy are relatively low despite of increased iron absorption - normal levels of hemoglobin in Second and third trimester are 105g/l and above

C. Iron levels in pregnancy decrease due to hemodilution; the midwife should carefully monitor level of hemoglobin to ensure it does not fall below 120g/l

D. Due to hemoglobin all women in later pregnancy are chronically anemic.

Therefore all expectant women should receive iron supplement from 28 weeks of pregnancy

107) You made a mistake in your documentation. What do you do

A. Tear out a page from the notes and rewrite the whole documents

B. Use a correction fluid pen to correct your mistake and keep your notes tidy

C. Draw a single line through the original record to ensure it is visible and ensure your new entry is signed, timed and dated

D. Cross out the original entry, ensure it is not visible and does not confuse the reader

108) You are looking after Amy who is G1P0, 38 weeks pregnant, induction of labour for IUGR. She has had a proress 12 hours ago. Now she reports feeling strong pain. She is having painful contractions, but only 2 in 10 minutes. Routine CTG is normal. She has requested for pain medication

A. Wait for obstetric ward round that will take place in more than two hours and then ask the registrar to prescribe pethidine

B. Bleep the registrar and request prescription for pethidine as soon as possible

C. Tell Amy that pain is normal part of labour and Advice mobilization and a bath

D. Tell Amy that her pain has not started yet and it will be more painful as she

progresses so she should keep quiet and bear it

109) In management of shoulder dystocia episiotomy might be necessary, why?

- A. To provide more room for the baby
- B. To reduce chances of extensive tearing
- C. To ensure access to the baby's shoulders or posterior arm when internal maneuvers are necessary
- D. To expedite the delivery

110). What is the most unsafe place for a baby to sleep

- A. Cot
- B. Moses blanket
- C. Sofa
- D. Parental bed

111) You are answering an emergency buzzer the baby has just been born, looking pale, no tone, not yet crying. Neonatal team has been called by your colleague but has not arrived yet , you need to provide basic life support to the baby until the neonatal team arrive

- A. Dry and stimulate the baby, suction, give ventilation breaths
- B. Dry and stimulate the baby, keep the

baby warm, open airway, give 5 inflation breaths, 30 seconds of ventilation, chest compressions (3 compressions to one breath) Reassess baby after each intervention

C. Dry and stimulate baby, keep the baby warm, open the airway , give 5 inflation breaths, 30 seconds of ventilation breaths, chest compressions (5 compressions to one breath) Reassess the baby after each intervention

D. Dry and stimulate the baby, give baby some oxygen , provide painful stimuli to the baby