Time Allowed 1 hour and 50 Minutes

ID Number_____ year_____

General instruction

- ✓ The exam has parts only one part:
  - **Multiple Choice Questions # 120**
- ✓ Do not take Mobile phones into examination room. You must not keep it in your hand or put it in front of you even if it is **switched off** until the examination paper is handed over to the invigilator.
- ✓ Any form of cheating will automatically result **Disqualification**
- ✓ Don't start exam until you told to do so by **your invigilator.**
- ✓ **Don't encircle the questions, only fill on Answer sheet**

READ INSTRUCTIONS CAREFULLY BEFORE ANSWERING THE QUESTIONS**.**

GOOD LUCK

Multiple choice questions
Choose the best answer from given alternatives and encircles the a fill on answer sheet

1. Steps for instrument possessing
   A. Cleaning, decontamination, high level disinfection, proper Storage.
   B. Decontamination, cleaning ,high level disinfection, , proper storage
   C. Proper Storage, decontamination , cleaning, high level disinfection
   D. Cleaning, proper Storage, decontamination, high level disinfection
2. A Midwife in maternity ward knows that the second step for the management of PPH is directed therapy one of the following is correct statement:
   A. Manual removal, Curettage for thrombin
   B. Correct inversion, repair laceration for tissue
   C. Replace factors identify rupture for tissue
   D. Give oxytocin , massage, compress for tone
3. A Midwife is caring for post partum client after third post partum day: Client history reveal that para III and has history of labour greater than 18 hour she give birth dead male neonate due to distress in labour, on physical examination pink conjunctiva moist tong, breast firm tender, and warm and appear tense , the intervention may be:
   A. Incising and draining the abscess.
   B. Encouraging the mother to feed.
   C. Restriction of breast stimulation
   D. Administering intensive antibiotic
4. The patient hospitalized due to pelvic inflammatory disease is maintained on bed rest and is usually placed:
   A. Semi-Fowler's position
   B. Supine position
   C. Prone position
   D. Left lateral position

5. Several hours after delivery when assessing a client episiotomy the nurse find there is edema with severe ecchymosis, and the client is complaining of sever rectal pressure the fundus is firm. The vital sign are pulse 108, BP 105/60 this assessment most likely indicate
   A. Urinary tract infection
   B. Uterine infection
   C. Vaginal hematoma
   D. Postpartum hemorrhage
6. Preventive measure for cervical cancer includes all of the following except:
   A. Education related to safe sex practice
   B. Limiting child bearing two three years
   C. Regular pelvic examination
   D. Pap test
7. It helps the Midwife to differentiate Hydatid form mole from other disorders
   A. Expulsion of grapelike vesicles
   B. Bright red bleeding
   C. Continuous passage of urine
   D. Expulsion of fetus.
8. The Midwife is responsible to teach the client for correct procedure on:
   A. Pap test
   B. Mammography
   C. Breast self examination
   D. Clinical breast examination
9. A patient with pregnancy induced hypertension probably exhibits which of the following symptoms?
   A. .Proteinuria, headaches, double vision.
   B. Headaches,double vision,vaginal bleeding.
   C. Proteinuria,double vision,uterine constractions.
   D. Proteinuria,headaches,vaginal bleeding.
10. A pregnant client is diagnosed with partial placenta previa. In explaining the diagnosis the nurse tells the client that the usual treatment for partial placenta previa is which of the following?
    A. Immediate cesarrean delivery
    B. Platelet infusion
    C. Activity limited to bed rest
    D. Labour induction with oxytocin

11. A postpartum patient was in labour for 30 hours and had ruptured membrances for 24 hours .For which of the following would the nurse be alert?

    A. Pelvic thrombophlebitis
    B. Salpingitis
    C. Endometritis
    D. Endometriosis

Scenario 1: Darartu is 26 years old. She came to Jimma University specialized hospitals for delivery service. She is gravida III & para II. She is 38 weeks of gestation. The Nurse conducted PV the findings include palpating cord in front of fetal head, Membrane ruptured& Meconium stained amniotic fluid, Full cervical dilation, No suture overlapping and station zero. On abdominal Auscultation, Fetal heartbeat is decelerating.

12. Based on Scenario 1: What is the possible diagnosis?

    A. Overt UCP
    B. Occult UCP
    C. Cord presentation
    D. Nuchal cord

13. What amount of oxytocin is requred in induction and augmentation respectively?

    A. 6 IU and 12 IU
    B. 6 IU and 6 IU
    C. 3 IU and 3 IU
    D. 6 IU and 3 IU

14. What is adequate number of contraction to stop Induction and Augmentation?

    A. 2 contraction/10 minutes lasting 20-40
    B. 3 contraction/10 minutes lasting 40-60
    C. 4 contraction/10 minutes lasting 60-90
    D. 5 contraction/10 minutes lasting 60-90

15. The Presentation when fetus lies flexed attitude, the legs are flexed on the abdomen, and the presenting part is bulky and consists of buttocks external genitalia and both feet is:

    A. Frank breech
    B. Complete breech
    C. Footling breech
    D. Knee presentation

16. If bleeding occurs after 28 weeks or during labour but before delivery we can suspect:

A. Abortion
B. Ectopic
C. Molar pregnancy
D. Ruptured uterures

Case Scennnario 1: W/ro Sinbon is 38 years old. She comes to a health centre where you are working. Her LMP is 5/12/2007 E.C. Her previous history of gravida include, 20 weeks, 27 weeks termination of pregnancy, 34 weeks dead fetus were born and she gave birth alive three single female children's and two boys which are twin.

17. Based on Case scenario 1, what are W/ro Sinbon Gravida and Para respectively?

A. 7 and 3
B. 7 and 4
C. 7 and 5
D. 8 and 6

18. The dose of iron given during pregnancy as supplementation

A. 325 mg tid for 7 days
B. 325 mg daily for 3 months
C. 325 mg bid for 3 months
D. 325 mg tid for 3 months

19. Which drug Combination is currently used to PMTCT?

A. AZT + 3TC + NVR
B. TDF + 3TC + EFV
C. TDF + 3TC + NVR
D. AZT + 3TC + EFV

20. If the Female pelvis characterized as Heart shaped brim: Narrow fore-pelvis, The side wall is converged, The ischial spins are prominent and Pubic arch <90.

A. Gynacoid pelvis
B. Anthropoid
C. Platypelloid
D. Android pelvis

21. The effectiveness of Hormonal contraceptions may be reduced by the following drugs, except:

A. Rifampicin
B. Amoxaicillin
C. Carbamazepine
D. Phenytoin

22. The sequence to delivery of fetus is 1. Move up ward, 2. Clean the mouth, 3. Delivery the head, 4. Check the cord tie on the neck, 5. Move down ward, based on this

A. 2, 3, 5, 4,1
B. 3, 4,5,2,1
C. 3,2,4,5, 1
D. 1, 2,3,4,5

23. W/ro Aylech is 30 years old and she is gravid IV, come to Yabu Health Center for ANC follow up. On physical exanination She is 32 weeks of pregnant and FHB is positive. Her BP 120/70mmhg, PR 88 bpm, laboratory investigation, on urine analysis; Protein is positive, hgb 9 g/dl and VDRL Positive, based on this what is her diagnosis?

A. Anemia and preeclampsia
B. Eclampsia and syphilis
C. Syphilis and preeclampsia
D. Anemia and syphilis

24. W/ro Ayelech is 25 years old and she is para III. She delivered at home and come to Adola Hospital with her mother with the history of vaginal bleeding while you are working at Oby/gyne ward. When you took history from her mother, the bleeding was started immediately after the delivery of the fetus, the placenta was complete, the uterus was well contracted, and then what is the cause of bleeding?
    A. Tissue
    B. Tone
    C. Thrombin
    D. Truama
25. If one laboring mother comes to Shebe Health Center with history of pushing down pain while you are working at maternity ward, she is gravid II. When you perform physical examination FH is 34 weeks, FHB is positive, on vaginal examination Cervix is fully dilated and station is zero. Which laboratory request is must at this time?
    A. Hgb
    B. VDRL
    C. PITC
    D. BG and Rh
26. When comparing medial episiotomy with medolateral episiotomy which on e false?
    A. Medial episiotomy is less blood loss than medolateral episiotomy
    B. Medial episiotomy heal in less time than medolateral episiotomy
    C. Medial episiotomy is less pain full than med lateral episiotomy
    D. Medial episiotomy is less extension to anal sphincter than medolateral episiotomy
27. W/ro Chaltu is 28 years old. She wants to use natural method of family planning. She adjusts her menstrual cycle for the first six months. She saw her menstrual cycle on the 1st month on December 28, 2015, on the 2nd month January 27, 2016, 3rd on February 29, 2016, 4th on March 25/2016, 5th month on April 30/2016 and on the last month May 26/2016. Based on this when does she protect from sexual intercourse to avoid unplanned pregnancy?
    A. 6--20
    B. 7--20
    C. 7--19
    D. 6--19
28. A woman has undergone elective abortion one week ago. Now she comes to the clinic with the chief complaint of hemorrhage. In PE cervix is closed, uterine is contracted with no tenderness. Her temperature is normal. What is the best treatment?
    A. Doxy 100 mg bid for two weeks
    B. Again dilate and evacuate uterus
    C. Observation and check of Hg and Hct
    D. Hormone therapy

29. Case seniero W/ro Ayantu is 32 years old comes to Asedabo Health Health center while you are working at labour ward with history of pushing down pain. She is gravid V, Para IV (Two are alive and one still birth) She has delivered her last pregnancy after two days of labour. She has history of vesico vaginal fistula repairing two years back at JUSH. After you have done physical examination you have got the following findings: BP 100/70 mmhg, PR 96 bpm, FHB 146/min cervix is 4cm dilated,
Based on this what is your plan for w/ro Ayantu?
    A. Follow up the labour by partograph
    B. Catheterize her and follow up the labour by pantograph
    C. Catheterize her and refer to the Hospital for immediate c/s to avoid recurrence fistula
    D. Catheterize her and refer to the Hospital
30. The third stage of labour:
    A. The routine use of oxytocics has been shown to improve hemoglobin level
    B. Ergometrine should be routinely used in all patients in the third stage
    C. Ergometrine may be used safely in management of the third stage of labour
    D. The incidence if retained placenta after vaginal delivery is 2 per cent
    E. Waiting 60 min rather than 30 min will have the number of women requiring anesthetics for manual removal
31. The women came with bright red vaginal bleeding; her gestational age is 30 weeks, on examination the lie is transverse, no pain during palpation thus the cause of bleeding might be:
    A. Placenta abruption
    B. Placenta previa
    C. Local lesion.
    D. Abortion
32. The four pronged National Strategies of prevention of MTCT includes all, except
    A. Primary prevention of HIV infection.
    B. Prevention of unintended pregnancies among HIV infected women
    C. Prevention of MTCT among HIV non-infected women
    D. Treatment, care and support of HIV infected women, infants and their families
33. Which one of the following intervention is important in reducing MTCT during labor and delivery?
    A. Shorten second stage by using vacuum
    B. Perform artificial rupture of membrane to fasten the first stage of labor
    C. Follow labour using partograph and minimize vaginal examination
    D. Assist delivery by performing episiotomy

34. A 25-year-old man has been unable to father children. He and his wife undergo an infertility workup. His wife's reproductive function is normal. On physical examination he has descended testes that appear normal in size. A testicular biopsy is performed and on microscopic examination only Sertoli cells are present in the seminiferous tubules. Which of the following laboratory test findings is the most likely to have?
    A. Decreased sperm count
    B. Elevated serum human chorionic gonadotrophin
    C. Decreased serum luteinizing hormone
    D. Increased serum testosterone
    E. Increased serum alpha-fetoprotein
35. A 21 year old woman comes in for first prenatal visit .On LMP she is 12 wks of she was certain. Upon examination you noted 20 wks uterus, therefore an US is performed and revealed bilaterally enlarged adnexa and a snowstorm pattern in the uterus . Based on these findings what is diagnosis of her?
    A. Ectopic pregnancy
    B. Twin pregnancy
    C. Molar pregnancy
    D. Polyhydroaminous
36. W/ ro Talile is 30 years old. She is 10 weeks pregnancy when she presents at Shenen Gibe Hospitals while you are working at maternity ward with history of light vaginal bleeding. This is Talile's second pregnancy. The pregnancy was planned and wanted. After you have completed your assessment of Talile's and your main finding including the following: Talile's BP 100/70mmhg, her PR 92bpm her temperature is 37.4She has no skin pallor. She has slight lower abdominal pain and light vaginal bleeding; her uterus is corresponding to the date; She has no uterine tenderness, no cervical motion tenderness. The cervix is closed; based on the above what is Talile's diagnosis?
    A. Threatened abortion
    B. Inevitable abortion
    C. Incomplete abortion
    D. Missed abortion
37. Chaltu is 17 years old. She has normal menstrual flow for 6 months after her first menses. Now she starts with heavy bleeding which lasts many days. The pelvic findings by Ultasonic scaning are normal. What will be the possible diagnosis of Chaltu?
    A. Puberty menorrhagia
    B. Metropathia Haemorrhagica
    C. Premenopausal Menorrhagia
38. All are true regarding post-menopausal bleeding except
    A. It can only be determined after 12 months of spontaneous amenorrhoea for a woman not on Hormonal replacement therapy(HRT)
    B. Endometrial evaluation is needed for any postmenopausal woman on HRT less than 6 months with persistent uterine bleeding
    C. The major cause of post-menopausal bleeding is endometrial cancer
    D. Endometrial evaluation is needed for any woman previously amenorrheic on HRT who begins bleeding without apparent cause

39. Fenet is 21 years old. She has heavy menstrual flow, which lasts 11 days. She is married. She is Para I and gravid II. She is using Injection hormal contraceptives. Which History is the most important to diagnosis the problem?
    A. Psychosocial History
    B. Surgical History
    C. Gynecologic History
    D. Medical history
40. Which one of the following is not true concerning management of Vesico-vaginal fistula?
    A. It will heal if the bladder is drained continuously for 21 to 28 days
    B. Surgery can be conducted as soon as it is diagnosed
    C. Most of the cases is repaired vaginally
    D. If the cause is cancer, biopsy should have been conducted before surgery is performed
41. All are true concerning Clinical Manifestations of Vaginal Prolapse except
    A. The patient may report a sense of pelvic pressure
    B. Back pain and pelvic pain may occur
    C. Rectocele resembles all symptoms cystocele
    D. Prolapse can result in feelings of pressure and ulcerations and bleeding
42. W/ro Asiya is 28 years old. She is gravida II Para I. She gave birth one month ago. She complains loss of Urine during standing position. What is possible diagnosis of W/ro Asiya?
    A. Urge incontinence
    B. Stress incontinence
    C. Total Incontinence
    D. Overflow incontinence
43. W/ro Bontu is 28 years old. She is gravid II and Para II. She complains pain of the lower out quadrant of her breast on left breast. Breast examination reveals, there is bloody discharge from nipple and orange peel skin of breast. Mammographic examination shows the tumor size of 2cm. The X-ray shows enlargement in supra clavicular area and pectorals muscle involvement. She is diagnosed with breast cancer. What is the Stage of the cancer?
    A. Stage III
    B. Stage II
    C. Stage I
    D. Stage IV
44. Which one of the following is not true about management of Urinary incontinency?
    A. Behavioral intervention can be the only management
    B. Behavioral intervention can be integrated to Medical management
    C. Behavioral intervention can be integrated with surgical management
    D. None

45. Which one of the following urinary incontinency is occur due to a problem related to postoperative period?
    A. Overflow incontinency
    B. Stress incontinency
    C. Urge incontinency
    D. Total incontinency
46. If the presenting part of the fetus is 1 cm above the ischial spines, the station will be recorded as:
    A. +2 B. -1 C. +1 D. -2
47. In obstetrics ward A 28 year's old Primigravida mother was gave birth two days ago by cesarean section due to cephalo pelvic disproportion secondary to contracted pelvis. You are the one who is giving post partum care for the mother. After all you want to council her postpartum care both for her child and herself before discharge. What is the optimal birth spacing you counsel the mother to minimize adverse health effect of the child?
    A. Three years and older
    B. Two years and older
    C. Four years and older
    D. One year and older
48. Which one of the following is incorrect regarding the GDM during post Partum period?
    A. Insulin is not required in the first 24 hour or only one forth of previous dose.
    B. Maternal insulin requirement fall because fall in HPL after Placenta separation.
    C. If the mother has elevated blood glucose and she is lactating provide Oral hypoglycemic
    D. The baby born from mother with GDM may develop Hypoglycemia.
49. WHO recommendations for prevention and control of malaria during Pregnancy in sub-Saharan Africa includes all of the following except
    A. Intermittent preventive treatment.
    B. Febrile malaria case management.
    C. Insecticide treated bed net
    D. Continues preventive treatment.
50. Among the following one considered as commonest causes of Mastitis
    A. Candida albicanus.
    B. Staphylococcus aureus.
    C. Escherichia coli.
    D. Clostridium welchi

51. A midwife receive 5 client in postnatal ward from a duty midwife after one hour of delivery from those client in postnatal unit one women develop PPH: the client history reveled she is para six and elevated BGL after 28 weeks of gestation the whole phase of labour completed within 2 hour on physical examination that uterus soft and relaxed based of the history the midwife suspect that the risk for developing this complication might be
    A. Functional/anatomic distortion and infection
    B. Uterine muscle exhaustion and over distention
    C. Uterine anomalies fibroid and multiple gestations
    D. Intra amniotic infection due to prolonged PROM
52. A client at 36 weeks of gestation with history of one spontaneous delivery being induced the Midwife recognize that possible indication for induction might be
    A. PROM
    B. Prolonged pregnancy
    C. Multiple pregnancy
    D. Multiparity
53. Midwife understand "retained placenta"
    A. Related to time after full dilation
    B. Related to time after birth of baby
    C. Abnormal throphoblast invasion
    D. Related to time after active phase
54. A Midwife identify cord prolapsed with absent FHB cervical dilatation 8cm station +1 the appropriate intervention might be
    A. Elevate the foot of the bed
    B. Pushing back presenting part
    C. Wait for SVD
    D. Immediate cesarean section
55. Primary PPH is bleeding which occur
    A. From 24 hour to 6 week.
    B. The first 24 month
    C. The first 24 hour
    D. After 24 hour
56. Among the following, one is true about forceps and Vacuum delivery.
    A. If forceps fails vacuum can be used and Vise versa
    B. Vacuum helps to rotate the head of the fetus
    C. If the station is above zero Forceps can be used
    D. Forceps can be used for pre-term labour

57. The loading dose of magnesium sulfate is given via
    A. IV over 5 minutes, followed by deep IM injection into each buttock
    B. IV over 5 minutes, followed by deep IM injection into one buttock
    C. Simultaneous IV and IM injections
    D. IV bolus, followed by deep IM injection into each buttock
58. Midwife is caring for post partum client after forceps birth with local anesthesia what the midwifery action is appropriate in the immediate post partal period?
    A. Assess the client perineum for hematoma
    B. Check the client dressing every 30 minute
    C. Asses bishop score for oxytocin administration
    D. Teach the client to cough and deep breathe
59. Painful menstruation commonly associated with to pathology
    A. Secondary dysmenorrhea
    B. Primary dysmenorrhea
    C. Primary amenorrhea
    D. Secondary amenorrhea
60. Which one of the following is false about post partum psychosis?
    A. The cause can be infections, drug intoxication, toxemia & blood loss
    B. The symptoms includes hallucination, delusion, feelings of not wanting to care for the baby , suspiciousness & confusion
    C. Suicide and infanticide are very rare
    D. Subsequent pregnancies are associated with an increased risk to develop the disorder
61. A 28wks pregnant mother with the c/m of intractable vomiting and nausea and decreased BP and increased pulse with weight loss and dry tongue is diagnosed as
    A. Morning sickness
    B. Mulitply pregnancy
    C. Hydated formole
    D. Hyperemesis gravidrum
62. Chronic hypertension with new protein urea is defined as
    A. Preeclampsia superimposed on chronic hypertension
    B. Eclampsia
    C. Chronic hypertension
    D. Pre-eclampsia
63. The diagnostic criteria for mild preeclampsia is
    A. Diastolic BP $\geq$ 90-110 and Proteinuria 3+
    B. Diastolic BP Between 100 and 110 mm Hg and Proteinuria 2+
    C. Diastolic BP $\geq$ 90-110 and Proteinuria 2+
    D. Diastolic BP $\geq$110 mm Hg or more and Proteinuria 3+

64. The treatment of metritis should include
    A. IV ampicillin or IV gentamicin or IV metronidazole
    B. Iv ampicillin, plus iv gentamicin and iv metronidazole
    C. A combination of oral antibiotics
    D. A broad spectrum oral antibiotic
65. The correct rate for ventilating a newborn is:
    A. 20 breaths per minute
    B. 30 breaths per minute
    C. 40 breaths per minute
    D. 80 breaths per minute
66. To help prevent heat loss, the newborn should be
    A. Dried thoroughly immediately after birth
    B. Dried thoroughly after the cord has been cut
    C. Dried thoroughly and covered with a clean cloth immediately after birth
    D. Covered with a clean, dry cloth after the cord has been cut
67. Newborn cord care involves
    A. Applying a dry dressing to the cord stump
    B. Swabbing the cord stump with alcohol and applying a dry dressing
    C. Keep the cord stump dry without putting any substance on it
    D. Covered with antiseptic soaked wet gauze
68. Prostaglandins should not be given
    A. Per vaginum
    B. By IM injection
    C. By IV
    D. By mouth
69. An antihypertensive drug should be given for hypertension in severe pre-eclampsia or eclampsia if diastolic blood pressure is
    A. Between 100 and 110 mm Hg
    B. 110 Hg or more
    C. 115 mm Hg or more
    D. 120 mm Hg or more
70. Eclamptic fits may occur in the
    A. Antepartum period only
    B. Intrapartum period only
    C. Postpartum period only
    D. Antepartum, intrapartum or postpartum periods
71. In a breech presentation, the fetal heart beat
    A. Can usually be heard at a location higher than expected for a vertex presentation
    B. Can usually be heard at a location lower than expected for vertex presentation
    C. Can usually be heard in the same location as for a vertex presentation
    D. Is not able to be heard

72. External rotation of the fetal head indicates that the shoulders are:
    A. In the anterior diameter of the pelvic outlet
    B. In the posterior diameter of the pelvic outlet
    C. In the antero-posterior diameter of the pelvic outlet
    D. Stuck behind the symphysis pubis
73. Cervical dilation plotted to the right of the alert line on the partograph indicates
    A. Satisfactory progress of labor
    B. Unsatisfactory progress of labor
    C. The end of the latent phase
    D. The end of the active phase
74. Before applying controlled cord traction during active management of the third stage of labor
    A. Oxytocin is administered intramuscularly and the attendant waits for the uterus to contract
    B. The woman's bladder is catheterized
    C. Pressure is applied to the fundus
    D. All of the above
75. Plotting on the partograph should begin
    A. In the active phase of the first stage of labor
    B. In the latent phase
    C. When the cervix reaches full dilatation
    D. When the woman is admitted to the labor ward
76. A woman who suffers shock as a result of an obstetric emergency may have
    A. A weak, fast pulse
    B. High blood pressure
    C. Normal breathing
    D. A good urine output
77. Infection can be transmitted from clients to health care workers through
    A. Contaminated needles or other sharps instruments that pierce the health worker's skin
    B. Splashes in the health care worker's eye of contaminated blood or body fluids
    C. Broken skin that is exposed to contaminated blood and body fluids
    D. All of the above
78. The single-most practical procedure for preventing the spread of infection is
    A. Wearing gloves
    B. Wearing a mask
    C. Hand washing
    D. Cleaning skin with alcohol before injections

79. Following insertion of an IUCD, you should recommend that the client, even if she has no problems, have it checked after:
    A. Three days
    B. Three to six weeks
    C. One week
    D. Three to six months
80. Iucds can be inserted during:-
    A. Any time during the menstrual cycle provided that the client is not pregnant.
    B. Immediately after delivery
    C. Immediately after non-complicated abortion.
    D. All of the above
81. Which one of the following is incorrect about counseling?
    A. REDI framework for counseling helps in assessing and addressing the needs of the client
    B. Clients have the right and responsibility to make decisions and carry them out.
    C. The steps of REDI counseling framework have to be followed strictly in sequential order.
    D. An important role for family planning (FP) counselor is to assist clients in anticipating and strategizing about how to overcome the barriers that might prevent them from implementing their decisions.
82. For a client who is late for her DMPA injection, the grace period is:
    A. 1 week
    B. 2 weeks
    C. 3 weeks
    D. 4 weeks
83. The IUCD may not be the best method for women who have:
    A. Gallbladder disease
    B. No child
    C. Acute/sub acute pelvic infections
    D. Hypertension
84. All except one of the following are warning signs that you should teach to an IUCD client, which indicate that she may be having a problem with her IUCD and should seek medical attention
    A. Amenorrhea
    B. Change in menstrual bleeding pattern in the first 3 months of use.
    C. Sexual partner has abnormal penile discharge
    D. String is longer than usual
    E. Pain with intercourse

85. The recommended regimen for medical abortion up to 9 completed weeks in Ethiopia is
    A. Mifepristone 600mg orally followed 48 hrs later by misoprostol 400 microgram vaginally.
    B. Mifepristone 600mg orally followed 48 hrs later by misoprostol 600 microgram vaginally
    C. Mifepristone 200mg orally followed 48 hrs later by misoprostol 800microgram vaginally
    D. Mifepristone 200mg orally followed 48 hrs later by misoprostol 600microgram vaginally
86. All are long acting family planning implants, except
    A. IUCD
    B. Transdermal patches
    C. Jaddle
    D. Sino-implants
87. Which of the following is correct about the importance of male involvement in reproductive health?
    A. Men's role in preventing unwanted pregnancy is often limited to encouraging their wife's to use family planning
    B. Male involvement slow the transmission of sexually transmitted infections
    C. They make motherhood safer
    D. All of the above
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89. Which of the following Abortion care is not given at community level?
    A. Distribution of emergency contraceptives
    B. Referral to post-abortion and safe abortion services
    C. Training of Community level workers and junior health professionals
    D. None of the above

90. During maternal and child health care in the community, which is the best intervention to reduce maternal and child mortality and morbidity.
    A. Promotive care
    B. Curative care
    C. Preventive care
    D. A and C
91. The one included in the basic safe abortion care services is:
    A. Blood transfusion
    B. Removal of retained products greater than 12 week
    C. Administer uterotonics
    D. Perform laparatomy
92. Concerining adolescent health, when we do say adolescents are healthy?
    A. When they feel guilty of antisocial behaviors
    B. When they are able to cope with environmental stressors life
    C. When they are unable to engage in the developmental tasks of adolescence
    D. When they experience a sense of illness and worry
93. Early sexual debut is one of adolescent health problems. One is not true about the reason of this problem?
    A. Hormonal change leading to early sexual maturation and early menarche
    B. Socio-economic problems
    C. Permissive attitude of society towards premarital sexual relations for girls
    D. Conflict and forced migration
94. All are correct reasons about the limited contraceptive use among adolescents except one.
    A. Lack of awareness to anticipate the consequences
    B. Feeling on not being vulnerable
    C. Lack of life skill life skill to negotiate sexual indulgence
    D. User friendliness of reproductive health services
95. All are the problems of adolescents but which one exposes them to morbidity and mortality in developing countries?
    A. Malnutrition
    B. Addictive Behavior
    C. Unsafe sex
    D. Gender based violence
96. All are true about the importance of school health services but one is not.
    A. It has an influence of health on the ability to learn
    B. Most problems arises as a result of attending school
    C. Address large group at one place
    D. It focuses on preventive health care

97. Which type of the female genital mutilation could lead to higher risk of obstetric complications?
    A. Clitordectomy
    B. Excision
    C. Infibulation
    D. Unclassified
98. Which of the following is/are not true about the concepts of reproductive health?
    A. It should primarily focus on women in child bearing age
    B. It is integral to human development
    C. It is the Rights of every Human being to be have access to RH
    D. It addresses health from womb to the tomb
99. What is the importance of serial measurement on child growth monitoring except one?
    A. To detect the position of the child on the growth curve
    B. To detects the direction of growth and explores hidden problems
    C. To makes right decision regarding the interventions required
    D. To assess of normal growth of infants and young children
100. Women's policy state different issues about women, among these issues which is not correct?
    A. Women shall have equal to men in the enjoyment of human rights
    B. Women have the right to be free from the influence of HTP
    C. Women have the right to maternity leave without remuneration
    D. Women have equal rights as men with regard to marriage
101. Following are the target diseases of EPI except
    A. Tb
    B. Mumbs
    C. Measles
    D. Tetanus
102. Vaccine can be stored at health facility level for,
    A. 1 month
    B. 2 months
    C. 3 months
    D. 6 months
103. Status epilepticus is a condition where the seizure last for ,
    A. 5 minutes
    B. 30 minutes
    C. 45 minutes
    D. 60 minutes
104. Following are the causes of Acute Rheumatic Fever except
    A. Previous infection with group B streptococcus
    B. Substandard health practices
    C. Overcrowded living condition
    D. Poor socioeconomic status and living condition

105. Which of the following would the nurse need to keep in mind as a predisposing factor when formulating a teaching plan for child with UTI?
    A. A shorter urethra in females
    B. Frequent empting of the bladder
    C. Increased fluid intake
    D. Ingestion of acidic juice
106. Which of the following nursing diagnosis would be inappropriate for the infant with gastro esophageal reflux disorder
    A. Fluid volume deficit
    B. Risk for aspiration
    C. Altered nutrition less than body requirement
    D. Altered oral mucous membrane
107. Following are the medical complications of the child who is reffered for in-patient therapeutic management of SAM except
    A. Bilateral pitting edema
    B. Severe vomiting
    C. Extensive skin lesion
    D. Fever 38 o c
108. Recommended duration of out-patient antibiotic therapy for child with SAM,
    A. 7 days
    B. 10 days
    C. 14 days
    D. Until therapy finishes
109. The definitive diagnosis for dehydration in marasmic patient is from,
    A. A skin pinch
    B. Sunken eyes
    C. History
    D. Mental status

110. For treatement SAM in infant less than 6 months the nurse must prepare diluted F100 by following technique,
    A. Use 100 ml F100 already prepared and add 35 ml of water
    B. Use 200 ml F100 already prepared and add 35 ml of water
    C. Use 100 ml F100 already prepared and add 70 ml of water
    D. Use 300 ml F100 already prepared and add 35 ml of water
111. Which of the following functions or activities requires recruiting and placing qualified personnel needed for the organization so that it may achieve its objectives and goals?
    A. Planning
    B. Organizing
    C. Controlling
    D. Staffing
    E. Leading
112. All are the primary responsibility of the first level manager except
    A. Directing the day-to-day activity of the organization
    B. Establishing organizational goals and strategic plan
    C. Supervising the work of non-managerial personnel
    D. None of the above
113. Which of the following is a potential environmental obstacle to delegation?
    A. Standards
    B. Insecurity
    C. Inexperience
    D. All of the above
114. Which of the following characteristics is NOT related to Laissez-faire leadership?
    A. Very little guidance from leaders
    B. Complete freedom for followers to make decisions
    C. Leaders provide the tools and resources needed
    D. There is little time for group decision-making
    E. Group members are expected to solve problems on their own
115. The Midwife is studying the difference between a manager and a leader. Which of the following is the major difference between managers and leaders?
    A. Leaders do not make good managers
    B. Managers seldom are leaders
    C. Managers always have legitimate power
    D. Leaders always have legitimate power

116. He recalls that the management process involves five functions which follow the following sequence.
    A. Planning, staffing, organizing, controlling, directing
    B. Planning, organizing, directing, staffing, controlling
    C. Organizing, planning, directing, staffing, controlling
    D. Planning, organizing, staffing, directing, controlling

117. Midwife Edris is aware that there are three levels of skills, which he should possess as manager. These are:
    A. Conceptual skills, literary skills, technical skills
    B. Political skills, conceptual skills, human skills
    C. Interpersonal skills, technical skills, human skills
    D. Conceptual skills, interpersonal skills, technical skills

118. A type of interpersonal power that is based on the possession of unique skills, knowledge and competency of the manager is
    A. Reward power
    B. Referent power
    C. expert power
    D. Coercive power

119. Which management function requires managers to make decisions on the four fundamental elements of objectives, actions, resources, and implementation?
    A. Controlling
    B. Planning
    C. Organizing
    D. Leading

120. Organizing involves the following:
    A. Motivating employees
    B. Defining goals
    C. Monitoring employees' activities
    D. Grouping tasks into departments
    E. Determining appropriate tasks and resources