BASIC EMERGENCY OBSTETRIC AND NEWBORN CARE IN CRISIS SETTINGS: SELECT SIGNAL FUNCTIONS

PRE-COURSE KNOWLEDGE ASSESSMENT

Date:	Name / Number of Trainee (ID):
Professional cadre:	Number of years provider has been in service:

Gender: □ Female □ Male □ Other/prefer not to say

Please answer the following questions. Please read the questions carefully and provide what you think to be the most true and honest answer. For questions marked, "Select all that apply," you may select one or more answer. If you do not understand a question or an answer, feel free to ask the facilitators for an explanation.

- 1. Interventions that have proven most successful in reducing maternal mortality include:
 - a. Use of risk approach to determine which women need specialised care
 - b. The use of a skilled birth attendant who has access to emergency care
 - c. Providing universal antenatal care
 - d. Increasing the number of caesarean sections
- 2. Maternal and newborn mortality in humanitarian settings is usually lower than global average.
 - a. True
 - b. False
- 3. All women can make informed choices about the services they receive, and the reasons for interventions or outcomes should be clearly explained.
 - a. True
 - b. False
- 4. Women do not have a right to have a companion with them during labor and childbirth
 - a. True
 - b. False
- 5. Women and newborns have the right to remain together at all times even if the newborn is small or premature
 - a. True
 - b. False

Emergency Obstetric and Newborn Care

- 6. Which of the following lists contain the three MAIN causes of bleeding after birth?
 - a. Soft uterus, a retained placenta, and perineal tearing
 - b. Soft uterus, malaria, and dehydration
 - c. Retained placenta, malaria, and perineal tearing
 - d. Soft uterus, twins, and perineal tearing
- 7. Which of the following lists contain the three parts of Active Management of the Third Stage of Labor?
 - a. Give uterotonic, manually remove the placenta, and check for tears
 - b. Cut the cord, wait for the placenta to deliver, and give uterotonic
 - c. Give uterotonic, provide controlled cord traction, and check tone of the uterus
 - d. Wait for the placenta to deliver, check for tears, and check the tone of the uterus

8. Which uterotonic medication does not have any temperature requirements for storage?

- a. Misoprostol
- b. Oxytocin
- c. Ergometrine
- 9. If you have not been trained to suture, and if the mother is bleeding from tears that you can see, which of the following actions is MOST correct?
 - a. Fill the mother's vagina with clean gauze
 - b. Use clean technique to apply steady pressure with clean gauze
 - c. Massage her uterus to stop the bleeding
 - d. Leave the tear as it will heal itself

10. Criteria for diagnosing pre-eclampsia include which of the following? Select all that apply.

- a. Gestational age less than 20 weeks
- b. Blood pressure greater than 140/90 mmHG on two occasions four hours apart
- c. Blood pressure greater than 160/100 mmHG on one occasion
- d. 1+ proteinuria
- e. Ankle oedema

11. Magnesium sulfate 50% solution must be diluted to a 20% solution prior to IV administration.

- a. True
- b. False

12. What is the correct loading dose of magnesium sulfate?

- a. 2 g of 20% solution IV slowly over 20 minutes AND 5 g of 50% solution IM into each buttock
- b. 2 g of 50% solution IV slowly over 10 minutes
- c. 4 g of 20% solution IV slowly over 5 minutes AND 5 g of 50% solution IM into each buttock
- d. 4 g of 50% solution IV slowly over 10 minutes

13. If a woman with severe pre-eclampsia does not have convulsions, when should birth take place?

- a. Within 24 hours of the onset of symptoms
- b. Within 24 hours of admission to hospital
- c. Within 12 hours of the onset of symptoms
- d. At 40 weeks' gestation

14. Which of the following are signs of puerperal sepsis?

- a. Temperature 37C, tender uterus, lower abdominal pain
- b. Temperature 39C, tender uterus, chills
- c. Temperature 37C, vaginal bleeding, abdominal cramping
- d. Temperature 38C, vaginal bleeding, soft uterus

15. Factors that may predispose to intrapartum and postpartum infection:

- a. Prolonged labour and prolonged rupture of membranes
- b. Frequent vaginal exams during labour and Cesarean section
- c. A and B
- d. Prescribing antibiotics in labour

16. What is the preferred route of administration for antibiotics in the case of severe puerperal sepsis?

- a. Oral
- b. Intramuscular (IM)
- c. Intravenous (IV)

17. If a patient is showing signs of hypovolemic shock, including rapid pulse and pallor, then it is best to administer intravenous fluids at a

- _____ rate.
- a. Slow
- b. Moderate
- c. Rapid

18. Routine care for a healthy baby at birth includes:

- a. Drying, removing the wet cloth and bathing the baby
- b. Drying, removing wet cloth and positioning skin to skin
- c. Weighing, bathing and putting clean clothes on baby
- d. Drying baby and covering with wet cloth

19. A newborn who is born through meconium-stained amniotic fluid who starts breathing on their own needs routine suction.

- a. True
- b. False

20. A baby's chest is not moving with bag and mask ventilation. What should you do?

- a. Stop ventilation
- b. Reapply mask to get better seal
- c. Slap the baby's back
- d. Give medicine to the baby