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3rd Year



GNM Exam Excellence Solved Papers

Midwifery and Gynecological Nursing

2025-2015

As Per the INC Syllabus

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JAYPEE

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FEBRUARY 2024

MIDWIFERY AND GYNECOLOGICAL NURSING

Time: 3 hours **Maximum Marks:** 75

Note: Attempt all the questions in serial order.

Q1. Define the following terms: **(5 × 2 = 10)**

a. Gestational diabetes
b. Crowning
c. Fertilization
d. Puberty
e. Embryo

Q2. Write note on any three of the following: **(3 × 5 = 15)**

a. Signs and symptoms of placental separation
b. Signs and symptoms of onset of labor
c. Signs and symptoms of abortion
d. Signs and symptoms of eclampsia

Q3. a. Define ectopic pregnancy. **(2 + 4 + 3 + 6 = 15)**

b. Signs, symptoms of ectopic pregnancy and sites of ectopic pregnancy
c. Diagnosis of ectopic pregnancy
d. Nursing management of a patient with ectopic pregnancy

Q4. Write note on any three of the following: **(3 × 5 = 15)**

a. Complications of a patient with forceps delivery
b. Complications of prolonged labor
c. Complications of abortion
d. Complications of gestational diabetes

Q5. Write short notes on any four of the following: **(4 × 5 = 20)**

a. Twin pregnancy
b. Postnatal care
c. 3rd stage of labor
d. Breastfeeding

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Q1. Define the following terms:

a. Gestational diabetes
b. Crowning
c. Fertilization
d. Puberty
e. Embryo

Ans:

a. Gestational Diabetes

Gestational diabetes is a type of diabetes that develops during pregnancy (usually after 20 weeks) and is characterized by high blood sugar levels that were not present before pregnancy.

b. Crowning

Crowning is the stage during the second stage of labor when the fetal head becomes visible at the vaginal opening and does not recede between contractions, indicating imminent birth.

c. Fertilization

Fertilization is the process by which a sperm cell unites with an ovum (egg) to form a zygote, usually occurring in the fallopian tube.

d. Puberty

Puberty is the biological process of physical and hormonal changes that leads to sexual maturity, enabling an individual to reproduce. It typically begins between 8 and 14 years of age.

e. Embryo

An embryo is the early stage of human development from the time of fertilization up to 8 weeks of gestation, after which it is called a fetus.

Q2. Write note on any three of the following:

a. Signs and symptoms of placental separation
b. Signs and symptoms of onset of labor
c. Signs and symptoms of abortion
d. Signs and symptoms of eclampsia

Ans:

a. Signs and Symptoms of Placental Separation

- Uterus becomes firm and globular in shape.
- Uterus rises upward in the abdomen.
- Sudden gush of blood per vagina.
- Lengthening of the umbilical cord outside the vulva.
- Feeling of vaginal fullness or urge to bear down.
- Contraction and retraction of uterus felt on palpation.
- Separation confirmed by controlled cord traction (Schultze or Duncan mechanism).

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b. Signs and Symptoms of Onset of Labor

- Regular, rhythmic uterine contractions.
- Pain begins in the back and radiates to the abdomen.
- Cervical effacement and dilatation begin.
- Show: Mucous plug mixed with blood is expelled.
- Rupture of membranes (spontaneous or artificial).
- Increased frequency and intensity of contractions.
- Descent of presenting part into the pelvis.

c. Signs and Symptoms of Abortion

- Vaginal bleeding—the most common symptom; may be light spotting or heavy with clots.
- Lower abdominal pain or cramping—similar to menstrual cramps or more intense.
- Passage of products of conception—tissue or clots may be expelled through the vagina.
- Backache—dull or severe pain in the lower back, often accompanying cramps.
- Dilated cervical os—observed during per vaginal examination, especially in inevitable or incomplete abortion.
- Decreased pregnancy symptoms—such as loss of breast tenderness or morning sickness.
- Uterine tenderness—may be present in septic or incomplete abortion.
- Fever and foul-smelling discharge—in cases of septic abortion.
- Ultrasound findings—absence of fetal heartbeat or an empty gestational sac.

d. Signs and Symptoms of Eclampsia

Refer to Solved Question Paper, November 2016, Question No. 3b.

Q3. a. Define ectopic pregnancy
b. Signs, symptoms of ectopic pregnancy and sites of ectopic pregnancy
c. Diagnosis of ectopic pregnancy
d. Nursing management of a patient with ectopic pregnancy

Ans:

a. Ectopic Pregnancy

Is a condition in which the fertilized egg implants and begins to develop outside the uterine cavity, most commonly in the fallopian tubes. It can also occur in the cervix, ovaries, or abdominal cavity.

b. Signs, Symptoms of Ectopic Pregnancy and Sites of Ectopic Pregnancy

Signs and Symptoms

- **Abdominal pain:** Often unilateral and sharp, located in the lower abdomen.
- **Vaginal bleeding:** Light to moderate bleeding may occur, often darker than regular menstrual blood.
- **Amenorrhea:** A missed period or delayed menstruation.
- **Shoulder pain:** Due to internal bleeding irritating the diaphragm.

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- **Dizziness or fainting:** Caused by internal bleeding and hypovolemic shock.
- **Nausea and vomiting:** May also occur in some cases.

Sites of Ectopic Pregnancy

- Fallopian tubes (most common site, 90% of cases).
- Ovary
- Cervix
- Abdominal cavity

c. Diagnosis of Ectopic Pregnancy

- **Transvaginal ultrasound:** To visualize the pregnancy location and check for a gestational sac outside the uterus.
- **Serum beta-hCG levels:** A lower than expected rise in hCG can suggest ectopic pregnancy.
- **Pelvic exam:** To detect tenderness or masses in the pelvic region.
- **Laparoscopy:** In some cases, a diagnostic laparoscopy is performed to confirm the location of the pregnancy.

d. Nursing Management of a Patient with Ectopic Pregnancy

- **Assessment:**
  - Monitor vital signs (pulse, BP) to detect signs of shock due to hemorrhage.
  - Assess pain level and abdominal tenderness.
  - Observe for signs of bleeding, and record the amount and type.
  - Check lab values, especially hCG levels and hemoglobin.
- **Emotional support:**
  - Provide reassurance and address the patient's concerns about fertility and emotional impact.
  - Offer counseling as ectopic pregnancy can be emotionally distressing.
- **Prepare for surgery or medical treatment:**
  - Administer preoperative care if surgery is planned (e.g., laparotomy or laparoscopy).
  - Administer methotrexate (in certain cases) to dissolve the ectopic pregnancy if it's diagnosed early and the condition is stable.
- **Pain management:**
  - Provide analgesics as ordered to manage pain.
  - Monitor for signs of internal bleeding or ruptured ectopic pregnancy (severe pain, dizziness, hypotension).
- **Postoperative care:**
  - Monitor for signs of complications, such as infection, hemorrhage, or shock after surgery.
  - Provide postsurgical care, including wound care and observing for complications like abdominal distention or fever.
- **Follow-up:**
  - Ensure follow-up visits to monitor hCG levels and assess recovery.
  - Discuss future pregnancy plans and contraceptive options if necessary.

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Q4. Write note on any three of the following:

a. Complications of a patient with forceps delivery
b. Complications of prolonged labor
c. Complications of abortion
d. Complications of gestational diabetes

Ans:

a. Complications of a Patient with Forceps Delivery

Maternal Complications

- **Immediate:**
  - Injury—vaginal laceration or sulcus tear, cervical tear, extension of episiotomy to involve the vaginal vault, complete perineal tear.
  - Nerve injury—femoral (L2, 3, 4), lumbosacral trunk (L4, 5) with midforceps delivery.
  - Postpartum hemorrhage.
  - Anesthetic complications.
  - Puerperal sepsis and maternal morbidity.
- **Remote:** Painful perineal scars, dyspareunia, low backache, genital prolapse, stress urinary incontinence, and anal sphincter dysfunction.

Fetal Complications

- **Immediate:**
  - Asphyxia, facial bruising, intracranial hemorrhage.
  - Cephalohematoma.
  - Facial palsy.
  - Skull fractures.
  - Cervical spine injury.
- **Remote:** Cerebral or spastic palsy due to residual cerebral injury (rare).

b. Complications of Prolonged Labor

Definition: The labor is said to be prolonged when the combined duration of the first and second stage is more than the arbitrary time limit of 18 hours.

- **Fetal:** The fetal risk is increased due to the combined effects of—
  1. Hypoxia due to diminished uteroplacental circulation, especially after rupture of the membranes.
  2. Intrauterine infection.
  3. Intracranial stress or hemorrhage following prolonged stay in the perineum and/or supermoulding of the head.
  4. Increased operative delivery.
- **Maternal:** There is an increased incidence of—
  1. Distress.
  2. Postpartum hemorrhage.
  3. Trauma to the genital tract—concealed or revealed, such as cervical tear or rupture uterus.

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4. Increased operative delivery (vaginal instrumental or difficult cesarean).
5. Puerperal sepsis.
6. Subinvolution.

c. Complications of Abortion

Definition: Abortion is the expulsion or extraction from its mother of an embryo or fetus weighing 500 g or less when it is not capable of independent survival (WHO).

Complications of Abortion

- **Infection:** Includes pelvic infection, endometritis, and sepsis.
- **Heavy bleeding:** Can lead to hypovolemic shock, especially if there are retained products of conception.
- **Uterine perforation:** Injury to the uterus during the procedure.
- **Cervical injury:** Damage to the cervix during dilation, leading to potential future pregnancy complications.
- **Embolism:** Air or amniotic fluid embolism is a rare but serious complication.
- **Retained products of conception:** Tissue left in the uterus, requiring further treatment like dilation and curettage (D&C).
- **Psychological effects:** Includes depression, guilt, anxiety, and postabortion syndrome.
- **Infertility:** Due to complications such as scarring or damage to the reproductive organs.
- **Shock:** Caused by excessive bleeding or infection.
- **Disseminated intravascular coagulation (DIC):** A severe clotting disorder that can occur in the case of severe bleeding.

d. Complications of Gestational Diabetes

Gestational diabetes mellitus (GDM) is defined as carbohydrate intolerance of variable severity with onset or first recognition during the present pregnancy.

Complications of Gestational Diabetes

- Increased perinatal loss
- Increased incidence of macrosomia
- Polyhydramnios
- Birth trauma
- Recurrence of GDM in subsequent pregnancies
- Neonatal hypoglycemia
- Respiratory distress syndrome (RDS)
- Increased risk of childhood obesity and type 2 diabetes
- Preeclampsia
- Chronic hypertension in the mother

Q5. Write short notes on any four of the following:

a. Twin pregnancy
b. Postnatal care

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c. 3rd stage of labor
d. Breastfeeding

a. Twin Pregnancy

Twin pregnancy is a type of multiple pregnancy where two fetuses develop simultaneously in the uterus.

Types of Twin Pregnancy

1. **Dizygotic (fraternal) twins:**
   - Result from fertilization of two separate eggs by two different sperms.
   - Each has its own placenta and amniotic sac (diamniotic, dichorionic).
   - Genetically similar like siblings; may be same or different sex.
   - More common (about 70% of twin pregnancies).
2. **Monozygotic (identical) twins:**
   - Result from one fertilized egg that splits into two embryos.
   - Share the same genetic material (always same sex).
   - May share placenta or amniotic sac, depending on time of division:
     - Diamniotic, dichorionic (early split – day 1–3).
     - Diamniotic, monochorionic (day 4–8).
     - Monoamniotic, monochorionic (day 8–13).
     - Conjoined twins (split after day 13 – incomplete separation).

Common Complications of Twin Pregnancy

- Preterm labor and delivery.
- Low birth weight.
- Anemia in the mother.
- Preeclampsia and gestational diabetes.
- Twin-to-twin transfusion syndrome (TTTS) in monochorionic twins.
- Cord entanglement in monoamniotic twins.
- Increased risk of cesarean section.

Management and Care

- Regular antenatal checkups with close monitoring.
- Ultrasound to assess fetal growth, number of placentas/sacs.
- Monitor for complications (e.g., TTTS, anemia).
- Provide nutritional support and iron/folic acid supplementation.
- Plan for delivery at a well-equipped facility.

b. Postnatal Care (PNC)

Refers to the care provided to the mother and her newborn immediately after birth and throughout the postnatal period (42 days) following delivery.

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Objectives of Postnatal Care

- Ensure physical and psychological well-being of the mother and newborn.
- Detect and manage postpartum complications early.
- Promote successful breastfeeding.
- Provide family planning advice.
- Educate the mother on newborn care and self-care.

Components of Postnatal Care

1. **Maternal care**
   - Observation of vital signs (pulse, BP, temperature, respiration).
   - Assessment of uterus for involution (fundal height should decrease daily).
   - Monitoring vaginal discharge (lochia):
     - *Lochia rubra*: Red, 1–3 days.
     - *Lochia serosa*: Pink/brown, 4–10 days.
     - *Lochia alba*: Whitish/yellow, after 10 days.
   - Perineal care: Especially after episiotomy or perineal tear.
   - Pain management.
   - Emotional support: Assess for postpartum blues/depression.
   - Nutritional advice.
   - Breast care: Prevention of engorgement, mastitis; ensure proper latch.
   - Education on hygiene, rest, and self-care.
2. **Newborn care**
   - Immediate care: Thermal protection, cord care, eye care, initiation of breastfeeding.
   - Monitoring for danger signs: Jaundice, poor feeding, lethargy, fever.
   - Support for exclusive breastfeeding.
   - Immunization: BCG, OPV-0, and hepatitis B at birth.
   - Weighing and growth monitoring.
   - Newborn screening (where available).

Schedule of Postnatal Visits (as per WHO and Government of India Guidelines)

- First visit: within 24 hours of delivery.
- Second visit: on day 3 (48–72 hours).
- Third visit: on day 7–14.
- Fourth visit: at 6 weeks.

Role of Nurse in Postnatal Care

- Monitor maternal and newborn health status.
- Provide emotional and psychological support.
- Educate about self-care, newborn care, and family planning.
- Identify complications and refer if needed.
- Support breastfeeding and nutrition.

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c. 3rd Stage of Labor

It begins after expulsion of the fetus and ends with expulsion of the placenta and membranes (after-births).

Duration: Its average duration is about 15 minutes in both primigravidae and multiparae. The duration is, however, reduced to 5 minutes in active management.

Refer to Solved Question Paper, July 2017, Question No. 2b.

d. Breastfeeding

Refer to Solved Question Paper, September 2015, Question No. 5a.

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