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38	A	B	C	D	E
39	A	B	C	D	E

PRACTICE QUESTIONS

Sharjah Health Authority (SHA)

MIDWI

Registered Midwife

Uploaded by Community B

EDITION

Original Demo

QUESTIONS

8

ISSUED

October 14, 2026

Before you begin

What this is

8 practice questions for Sharjah Health Authority (SHA) MIDWI , each with its answer key and an explanation. Answer a question before you read its key - the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, MIDWI
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

Licence

Free Mometrix practice demo. The complete question bank is available through a paid account.

QUESTION 1

SINGLE CHOICE

During the routine newborn examination, the midwife notes a single palmar crease on each hand, a flat facial profile and upslanting palpebral fissures. Which condition is most strongly suggested by these findings?

- ☐ A Turner syndrome
- ☒ B Down syndrome (Trisomy 21)
- ☐ C Edwards syndrome (Trisomy 18)
- ☐ D Patau syndrome (Trisomy 13)

ANSWER B

WHY Single transverse palmar (Simian) crease, flat facial profile and upslanting palpebral fissures are classic features of Down syndrome. Edwards syndrome typically presents with clenched hands with overlapping fingers, rocker-bottom feet and micrognathia. Patau syndrome presents with polydactyly, microphthalmia and cleft lip/palate. Turner syndrome features webbed neck and lymphoedema.

QUESTION 2

SINGLE CHOICE

A 26-year-old primigravida at 20 weeks of gestation reports a whitish, non-offensive vaginal discharge with no itching or soreness. Which is the most appropriate midwife response?

- ☐ A Take a high vaginal swab and commence empirical antifungal treatment
- ☒ B Reassure her that this is physiological leucorrhoea of pregnancy
- ☐ C Refer her immediately to the obstetric team for suspected vaginitis
- ☐ D Advise her to use a topical oestrogen cream until symptoms resolve

ANSWER B

WHY Increased oestrogen during pregnancy produces a physiological, non-offensive, milky-white discharge (leucorrhoea) that does not require treatment. Itching, soreness, or an offensive odour would warrant investigation.

QUESTION 3

SINGLE CHOICE

At the booking visit, a pregnant woman is found to have a body mass index (BMI) of 32 kg/m². Which antenatal complication should the midwife specifically counsel her about as being more likely because of her raised BMI?

- ☐ A Anencephaly
- ☐ B Vasa praevia
- ☒ C Gestational diabetes mellitus
- ☐ D Ectopic pregnancy

ANSWER C

WHY Maternal obesity (BMI ≥ 30 kg/m²) is a recognised independent risk factor for gestational diabetes mellitus, alongside pre-eclampsia, macrosomia, venous thromboembolism and stillbirth. Anencephaly is a neural tube defect associated with folate deficiency; vasa praevia is associated with velamentous insertion of the cord; and ectopic pregnancy is not a recognised complication of obesity in an ongoing intrauterine pregnancy.

QUESTION 4

SINGLE CHOICE

Intermittent auscultation of the fetal heart is being performed on a low-risk woman in the active phase of labour. What is the minimum frequency and duration of auscultation recommended?

- ☐ A Every 5 minutes for at least 30 seconds
- ☒ B Every 15-30 minutes for at least 1 minute, palpating the maternal pulse simultaneously
- ☐ C Every 60 minutes for at least 2 minutes
- ☐ D Continuous for 10 minutes after each contraction

ANSWER B

WHY For low-risk women in active labour, intermittent auscultation is performed every 15-30 minutes for at least 60 seconds (1 minute) after a contraction, and the maternal pulse should be palpated simultaneously to differentiate maternal and fetal heart rates.

QUESTION 5

SINGLE CHOICE

A midwife is conducting a postpartum haemorrhage drill. Which is the most appropriate first pharmacological step in the management of an atonic postpartum haemorrhage?

- ☒ **A Intravenous oxytocin infusion**
- ☐ B Intramuscular ergometrine
- ☐ C Intramuscular carboprost (Hemabate)
- ☐ D Oral misoprostol

ANSWER A

WHY The first-line pharmacological management of uterine atony following active third stage is an intravenous infusion of oxytocin. Other uterotonics such as ergometrine, carboprost and misoprostol are second- or third-line agents depending on the clinical situation and contraindications.

QUESTION 6

MULTIPLE CHOICE

Which two of the following are recognised risk factors for a small-for-gestational-age (SGA) fetus and warrant serial growth scans during pregnancy? (Choose two.)

- ☐ A Previous baby weighing more than 4.5 kg
- ☒ **B Maternal smoking**
- ☒ **C Maternal hypertension**
- ☐ D Maternal obesity

ANSWER B - C

WHY Smoking causes vasoconstriction and reduced placental perfusion, while maternal hypertension (especially pre-eclampsia) is associated with placental insufficiency and SGA. A previous macrosomic infant (>4.5 kg) is a risk factor for gestational diabetes and a large-for-gestational-age fetus, not SGA. Maternal obesity is associated with macrosomia rather than SGA.

QUESTION 7

SINGLE CHOICE

According to WHO recommendations, daily oral iron and folic acid supplementation is recommended for all pregnant women starting as early as possible. What is the recommended standard daily dose of elemental iron?

- ☒ **A** 30-60 mg elemental iron and 400 µg folic acid
- ☐ **B** 100-120 mg elemental iron and 1 mg folic acid
- ☐ **C** 10-20 mg elemental iron and 200 µg folic acid
- ☐ **D** 5 mg elemental iron and 50 µg folic acid

ANSWER A

WHY WHO recommends a standard daily dose of 30-60 mg of elemental iron and 400 µg (0.4 mg) of folic acid for all pregnant women to prevent maternal anaemia and neural tube defects. Higher doses are reserved for women with established anaemia.

QUESTION 8

MULTIPLE CHOICE

A 10-day-old breastfed infant is brought to the midwife because the mother reports the baby has had 8 wet nappies and 3 yellow, seedy stools in the past 24 hours. The baby is alert, has regained birth weight, and breastfeeds 8-10 times in 24 hours. Which two findings indicate that breastfeeding is going well? (Choose two.)

- ☒ **A** The baby has regained birth weight by day 10
- ☒ **B** The baby is feeding 8-10 times in 24 hours
- ☐ **C** The baby passes meconium on day 10
- ☐ **D** The baby has lost more than 10% of birth weight

ANSWER A • B

WHY Effective, established breastfeeding is characterised by regaining birth weight by approximately day 10-14, feeding on demand (typically 8-12 times in 24 hours), producing 6 or more wet nappies per day after day 5, and passing yellow seedy stools. Passing meconium on day 10 would be highly abnormal, and weight loss greater than 10% is a red flag for feeding problems requiring assessment.