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PRACTICE QUESTIONS

Sharjah Health Authority (SHA)

MIDWI

Registered Midwife

EDITION

Original Demo

QUESTIONS

15

ISSUED

October 14, 2026

Before you begin

What this is

15 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

Original Mometrix demo. This free sample contains fewer questions than the full paid edition.

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

According to WHO recommendations, what is the recommended duration of exclusive breastfeeding for a healthy term infant?

- ☐ A Up to 3 months of age
- ☐ B Up to 4 months of age
- ☒ C Up to 6 months of age
- ☐ D Up to 12 months of age

ANSWER C

WHY WHO recommends exclusive breastfeeding for the first 6 months of life, followed by continued breastfeeding with complementary foods up to 2 years and beyond.

QUESTION 3

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 4

SINGLE CHOICE

A woman at 30 weeks of gestation presents with a small amount of painless vaginal bleeding following sexual intercourse. The uterus is soft and non-tender and the fetal heart rate is normal. Which is the most likely cause?

- ☐ **A** Placenta praevia
- ☐ **B** Placental abruption
- ☒ **C** Cervical ectropion
- ☐ **D** Vasa praevia

ANSWER C

WHY Cervical ectropion (eversion of the columnar endocervical epithelium onto the ectocervix) is a common benign cause of postcoital spotting in pregnancy because the exposed columnar cells are friable. Placenta praevia typically causes painless bleeding but the history specifically links it to intercourse, pointing to a cervical cause. Abruption is painful with a tense uterus. Vasa praevia causes painless bleeding with rupture of membranes and rapid fetal compromise.

QUESTION 5

SINGLE CHOICE

A woman 5 days after a normal vaginal delivery reports she feels low in mood, is not sleeping, and is struggling to bond with her baby. Which is the most appropriate initial midwife response?

- ☐ A Reassure her that 'baby blues' always resolve by day 10
- ☒ B Use the Edinburgh Postnatal Depression Scale (EPDS) to formally assess her mood
- ☐ C Advise her to stop breastfeeding as it may be contributing
- ☐ D Refer her immediately to social services for safeguarding concerns

ANSWER B

WHY Symptoms persisting beyond the first 2 weeks postpartum warrant formal assessment using a validated tool such as the EPDS. 'Baby blues' typically resolve by day 10-14; ongoing symptoms may indicate postnatal depression requiring further support and referral.

QUESTION 6

SINGLE CHOICE

A 30-week pregnant woman presents with sudden severe constant abdominal pain, vaginal bleeding, a tense 'wooden' abdomen and absent fetal movements. What is the most likely diagnosis?

- ☐ A Placenta praevia
- ☒ B Placental abruption (abruptio placentae)
- ☐ C Preterm labour
- ☐ D Vasa praevia

ANSWER B

WHY The combination of sudden severe constant abdominal pain, concealed or revealed bleeding, a tense tender ('wooden') uterus and absent fetal movements is classic for placental abruption. Placenta praevia typically presents with painless bleeding and a soft non-tender uterus; preterm labour presents with contractions; vasa praevia presents with painless bleeding and fetal bradycardia at rupture of membranes.

QUESTION 7

MULTIPLE CHOICE

A woman 24 hours after a normal vaginal delivery reports heavy, foul-smelling lochia, lower abdominal tenderness and a temperature of 38.5°C. Which two actions are most appropriate for the midwife to take immediately? (Choose two.)

- ☒ **A** Notify the obstetric team for urgent review
- ☐ **B** Encourage oral fluids only and review in 48 hours
- ☒ **C** Obtain samples for culture and sensitivity as ordered
- ☐ **D** Perform a single vaginal examination and document

ANSWER A - C

WHY These features suggest puerperal sepsis, a leading cause of maternal mortality. The midwife must escalate urgently to the obstetric team and facilitate prompt microbiological investigations (blood, lochia, urine cultures). Delaying review or performing only one examination does not address the underlying sepsis.

QUESTION 8

SINGLE CHOICE

During a routine newborn examination at 6 hours of life, the midwife observes that the infant has passed meconium but has not yet voided. The baby is term, alert, and feeding well, with stable vital signs. Which is the most appropriate midwifery action?

- ☒ **A** Document the finding and continue routine surveillance, as most newborns void within 24 hours
- ☐ **B** Catheterise the infant immediately and obtain a urine sample
- ☐ **C** Withhold oral feeds until the infant has passed urine
- ☐ **D** Transfer the infant urgently to the special care baby unit

ANSWER A

WHY Approximately 95% of term newborns pass urine within 24 hours of birth and most do so within the first 12 hours. A delay in voiding beyond 24 hours, or associated signs such as a palpable bladder or poor feeding, would warrant escalation. In a well, term infant who is otherwise normal, continued routine surveillance with clear documentation and parental reassurance is appropriate.

QUESTION 9

SINGLE CHOICE

At a routine 2-week postnatal contact, a primiparous woman reports persistent low mood, tearfulness, anxiety about her baby's health, and difficulty sleeping despite the baby sleeping well. She denies thoughts of harming herself or her baby. Which is the most appropriate midwifery action?

- ☐ A Reassure her that 'baby blues' always resolve by day 10 and review at 6 weeks
- ☒ B Administer the Edinburgh Postnatal Depression Scale (EPDS) and arrange appropriate follow-up
- ☐ C Advise her to stop breastfeeding as it may be contributing to her low mood
- ☐ D Recommend over-the-counter herbal sedatives and a warm bath before bed

ANSWER B

WHY Symptoms persisting beyond 2 weeks are suggestive of postnatal depression rather than the baby blues, which typically resolves by day 10-14. The EPDS is the validated screening tool recommended for use by midwives and health visitors in the postnatal period to identify women who require further mental health assessment. Discontinuation of breastfeeding is not indicated, and pharmacological herbal remedies are not appropriate without professional review.

QUESTION 10

SINGLE CHOICE

Intermittent auscultation of the fetal heart is being performed on a woman in the active phase of labour. What is the minimum recommended frequency for auscultation during the active phase in a low-risk pregnancy according to NICE guidance?

- ☐ A Every 15 minutes
- ☒ B Every 30 minutes
- ☐ C Every 60 minutes
- ☐ D Every 5 minutes

ANSWER B

WHY NICE guidance recommends intermittent auscultation every 15 minutes during the second stage and at least every 30 minutes during the active first stage of labour in low-risk women. Every 5 minutes corresponds to continuous electronic fetal monitoring requirements in high-risk labours. Every 60 minutes would be too infrequent.

QUESTION 11

SINGLE CHOICE

A 34-week pregnant woman presents with a sudden gush of clear fluid from the vagina followed by continuous dampness, with no uterine contractions and no evidence of maternal fever or fetal distress. Speculum examination confirms pooling of clear liquor in the vagina, and a nitrazine test is positive. What is the most appropriate initial management?

- ☐ **A** Immediate induction of labour with oxytocin to terminate the pregnancy
- ☒ **B** Administer a course of antenatal corticosteroids and broad-spectrum antibiotics, and monitor closely with expectant management
- ☐ **C** Perform an immediate caesarean section because of the risk of cord prolapse
- ☐ **D** Send the woman home with a sanitary pad and advise her to return only if contractions begin
- ☐ **E** Carry out a digital vaginal examination to assess cervical dilatation

ANSWER B

WHY In confirmed preterm pre-labour rupture of membranes (PPROM) at 34 weeks without infection, fetal distress or labour, the recommended management is expectant and includes a single course of antenatal corticosteroids (to accelerate fetal lung maturity) and prophylactic broad-spectrum antibiotics (to prolong latency and reduce chorioamnionitis and neonatal sepsis), together with observation of maternal and fetal wellbeing. Immediate induction (A) is not first-line at 34 weeks without complications; immediate caesarean (C) is not indicated in the absence of fetal compromise; sending the woman home unmonitored (D) is unsafe; and digital vaginal examination (E) should be avoided in PPROM until active labour is suspected, as it increases the risk of infection.

QUESTION 12

SINGLE CHOICE

A 28-week pregnant woman presents with a blood pressure of 150/98 mmHg and 2+ proteinuria on urine dipstick. She reports a persistent occipital headache but no visual disturbances or epigastric pain. Which condition best fits this clinical picture?

- ☐ A Gestational hypertension
- ☒ B Pre-eclampsia
- ☐ C Chronic hypertension
- ☐ D Essential hypertension in pregnancy

ANSWER B

WHY Pre-eclampsia is defined as new-onset hypertension ($\geq 140/90$ mmHg) after 20 weeks of gestation accompanied by proteinuria or other end-organ dysfunction. Gestational hypertension is hypertension alone without proteinuria or systemic features, while chronic hypertension predates pregnancy. The combination of hypertension, proteinuria and a persistent headache (a cerebral symptom) supports pre-eclampsia and warrants urgent escalation.

QUESTION 13

SINGLE CHOICE

A pregnant woman in labour refuses a recommended intervention. According to the principles of respectful maternity care and client autonomy, what should the midwife do?

- ☐ A Proceed with the intervention because she is in labour and considered unable to make decisions
- ☒ B Respect her decision, document it, and continue to provide safe supportive care
- ☐ C Obtain consent from her husband or family member instead
- ☐ D Discharge her from care for non-compliance

ANSWER B

WHY Respectful maternity care emphasizes the woman's right to informed decision-making and autonomy. The midwife must respect her decision, ensure she is fully informed, document her refusal, and continue to provide safe care. Labouring women retain full capacity to make decisions, and consent cannot be transferred to family members.

QUESTION 14

SINGLE CHOICE

A postnatal woman on day 10 after a normal vaginal delivery reports heavy, bright red vaginal bleeding, a boggy uterus palpable at the umbilicus, and dizziness on standing. Which is the most appropriate first midwifery action?

- ☐ A Encourage the woman to breastfeed to stimulate uterine contractions
- ☒ B Rub up the uterus, express any clots, and summon emergency assistance
- ☐ C Administer a dose of oral tranexamic acid and recheck in one hour
- ☐ D Apply a cold compress to the perineum and observe the lochia

ANSWER B

WHY A boggy uterus with heavy bleeding in the postnatal period is a postpartum haemorrhage until proven otherwise and requires immediate action. The midwife must first rub up the uterus to stimulate contraction, express any clots to allow the uterus to retract, and escalate for emergency help. Oral tranexamic acid and breastfeeding alone are not sufficient first-line measures for an active secondary PPH with a boggy uterus.

QUESTION 15

SINGLE CHOICE

On the partograph, the action line is plotted how many hours to the right of the alert line?

- ☐ A 2 hours
- ☒ B 4 hours
- ☐ C 6 hours
- ☐ D 8 hours

ANSWER B

WHY In the WHO-modified partograph, the alert line is drawn from the cervical dilatation at the time of admission (or at the latent-to-active transition), and the action line is drawn 4 hours to the right of and parallel to the alert line. Crossing the action line indicates the need for obstetric intervention.