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39	A	B	C	D	E

PRACTICE QUESTIONS

State of Qatar Department of Healthcare Professions (DHP) Ministry of Public Health (MOPH)

MIDWI

Registered Midwife

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

Before you begin

What this is

6 practice questions for State of Qatar Department of Healthcare Professions (DHP) Ministry of Public Health (MOPH) 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

A 26-year-old primigravida at 32 weeks' gestation in Qatar asks whether she should receive any vaccines during pregnancy. She has no documented immunisation record. Which vaccine is most appropriately recommended as a routine part of antenatal care?

- ☒ **A** Tetanus, diphtheria and acellular pertussis (Tdap) vaccine
- ☐ **B** Live attenuated measles, mumps and rubella (MMR) vaccine
- ☐ **C** Live attenuated varicella vaccine
- ☐ **D** Oral polio vaccine (OPV)

ANSWER A

WHY The Tdap vaccine is routinely recommended in pregnancy (ideally between 27 and 36 weeks in many guidelines, including in Qatar) to protect the newborn from pertussis via transplacental antibodies. MMR, varicella and OPV are live vaccines and are contraindicated in pregnancy.

QUESTION 2

SINGLE CHOICE

A 26-year-old primigravida at 36 weeks' gestation attends a routine antenatal visit. Her blood pressure is 162/108 mmHg on two readings taken 30 minutes apart. Urine dipstick shows 3+ protein. She reports a severe frontal headache but no visual disturbances or epigastric pain. According to DHP/MOPH guidance, what is the most appropriate initial classification and action?

- ☐ A Gestational hypertension; arrange routine follow-up in one week
- ☐ B Mild pre-eclampsia; start oral labetalol as an outpatient and review in 48 hours
- ☒ C Severe pre-eclampsia; arrange same-day admission, start antihypertensive treatment, give magnesium sulfate for seizure prophylaxis, and plan delivery
- ☐ D Chronic hypertension; continue current antenatal schedule and arrange postnatal review

ANSWER C

WHY Option C is correct. Severe pre-eclampsia is defined by severe hypertension ($\geq 160/110$ mmHg) with proteinuria and/or symptoms; a severe headache further supports severity. Initial action is urgent admission, antihypertensives (e.g., IV labetalol or hydralazine), magnesium sulfate for seizure prophylaxis, and planning delivery once stabilised. Option A is incorrect as the BP is in the severe range. Option B is incorrect as this is not mild pre-eclampsia (BP is severe). Option D is incorrect as proteinuria with new severe-range hypertension after 20 weeks indicates pre-eclampsia, not chronic hypertension.

QUESTION 3

SINGLE CHOICE

A term newborn is delivered vaginally. After thorough drying and stimulation, the baby is still not breathing. The heart rate is 70 beats per minute. What is the next step in newborn resuscitation?

- ☒ **A Give 5 inflation breaths and reassess the heart rate**
- ☐ B Start chest compressions at a ratio of 3:1 with ventilations
- ☐ C Suction the airway for 5 seconds before initiating ventilation
- ☐ D Administer intramuscular adrenaline 0.01 mg/kg immediately

ANSWER A

WHY Following the Newborn Life Support algorithm, if a newborn does not breathe after initial stimulation, the next step is to provide 5 inflation breaths (each 2-3 seconds) using a bag-and-mask or T-piece. The heart rate is reassessed after these breaths, and chest compressions are only started if the heart rate remains below 60 bpm despite effective ventilation.

QUESTION 4

SINGLE CHOICE

A postnatal woman is reviewed on day 10 after an uncomplicated spontaneous vaginal delivery. Which finding, reported by the woman, would be considered a deviation from normal puerperal recovery and warrant further assessment?

- ☐ A Lochia that has changed from red to pinkish-brown in colour
- ☐ B Mild lower abdominal cramping during breastfeeding
- ☒ **C A gush of bright-red vaginal bleeding after sitting up from rest, soaking a pad within 30 minutes**
- ☐ D Fatigue and difficulty sleeping due to night-time feeds

ANSWER C

WHY Option C is correct. Secondary postpartum haemorrhage presents with fresh, heavy bleeding, often after a brief period of lochia reduction, and is a deviation from normal puerperium requiring urgent assessment. Options A (normal lochia progression through rubra to serosa), B (common 'after-pains' due to oxytocin release with feeding), and D (common postnatal fatigue) all reflect expected physiological findings and do not warrant urgent review.

QUESTION 5

SINGLE CHOICE

A 28-year-old primigravida at 32 weeks' gestation presents with a persistent severe headache, visual disturbances (seeing 'flashes of light'), and a blood pressure of 162/110 mmHg. Urine dipstick shows 3+ proteinuria. Which is the most appropriate initial pharmacological management?

- ☐ A Oral methyldopa 250 mg as a single dose
- ☒ B Intravenous magnesium sulphate 4 g loading dose followed by 1 g/hour maintenance
- ☐ C Oral labetalol 100 mg as a single dose only
- ☐ D Intramuscular dexamethasone 12 mg and re-check blood pressure in 24 hours

ANSWER B

WHY This woman has severe pre-eclampsia (BP $\geq 160/110$ mmHg with proteinuria and symptoms). The priority is seizure prophylaxis with IV magnesium sulphate (4 g loading over 15-20 minutes, then 1 g/hour maintenance), together with antihypertensive treatment. Oral agents alone are inappropriate for severe hypertension, and delaying treatment with steroids without controlling BP risks eclamptic seizure.

QUESTION 6

SINGLE CHOICE

A nullipara in spontaneous active labour has progressed from 4 cm to 6 cm dilatation over the past 4 hours, with adequate contractions and reassuring fetal status. According to WHO partograph guidance, what is the most appropriate midwifery interpretation and action?

- ☐ A This is prolonged active phase labour; prepare for caesarean section
- ☒ B This is a normal rate of progress; continue supportive midwifery care with ongoing monitoring
- ☐ C Immediately augment labour with oxytocin regardless of contraction strength
- ☐ D Rupture the membranes to accelerate progress before further assessment

ANSWER B

WHY WHO defines adequate progress in active labour as cervical dilatation of at least 1 cm per hour in nulliparas, but progress between 4 and 6 cm can be slower without being abnormal if maternal and fetal conditions are reassuring. Moving from 4 to 6 cm in 4 hours, with adequate contractions and a reassuring fetal heart rate, falls within acceptable progress. Augmentation or caesarean section is not indicated; rupture of membranes should only be performed after full assessment and shared decision-making.