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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 B

EDITION

Original Demo

QUESTIONS

8

ISSUED

October 14, 2026

Before you begin

What this is

8 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

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QUESTION 1

SINGLE CHOICE

A primigravida at 34 weeks' gestation reports sudden painless bright-red vaginal bleeding. Her abdomen is soft and non-tender, the uterus is non-tender and not contracting, and the fetal heart rate is 148 bpm. There is no history of trauma. Which condition is the most likely cause?

- ☒ **A** Placenta praevia
- ☐ **B** Placental abruption (abruptio placentae)
- ☐ **C** Vasa praevia
- ☐ **D** Bloody show associated with onset of preterm labour

ANSWER A

WHY The classic features of placenta praevia are painless, bright-red bleeding in the second or third trimester with a soft, non-tender uterus and no uterine tenderness or contractions. Abruption typically presents with painful, tender, rigid uterus and dark bleeding with fetal distress. Vasa praevia classically causes painless bleeding at membrane rupture with rapid fetal compromise and fetal blood. 'Bloody show' is associated with cervical change and contractions of labour, not a soft non-tender uterus. The clinical picture therefore fits placenta praevia.

QUESTION 2

SINGLE CHOICE

During a routine newborn examination at 2 hours of age, the midwife observes that the baby has a soft, fluctuant swelling over the right parietal bone that does not cross suture lines and is not associated with bruising of the scalp. The baby is alert, feeding well and has stable vital signs. Which is the most likely diagnosis?

- ☐ A Caput succedaneum
- ☒ B Cephalohaematoma
- ☐ C Subgaleal haemorrhage
- ☐ D Encephalocele

ANSWER B

WHY A cephalohaematoma is a subperiosteal collection of blood, typically over a parietal bone, which is firm, fluctuant and confined by suture lines. Caput succedaneum crosses suture lines and involves scalp oedema. Subgaleal haemorrhage crosses suture lines and fontanelles, is associated with significant blood loss, and is a medical emergency. Encephalocele is a neural tube defect with a soft tissue sac, usually in the midline, often involving the occipital region.

QUESTION 3

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.

QUESTION 4

SINGLE CHOICE

A woman delivered vaginally 20 minutes ago. Estimated blood loss is 600 mL and the uterus is soft and poorly contracted. The midwife has already emptied the bladder and performed uterine massage. What is the most appropriate next pharmacological intervention?

- ☒ A Administer oxytocin 10 IU intramuscularly
- ☐ B Administer methylergometrine 0.2 mg intravenously as a bolus
- ☐ C Administer misoprostol 800 µg per rectum
- ☐ D Administer tranexamic acid 1 g orally

ANSWER A

WHY Uterine atony is the most likely cause and the first-line uterotonic is oxytocin 10 IU intramuscularly (or 5 IU IV slowly). Methylergometrine is contraindicated intravenously as a bolus because of the risk of severe hypertension, and it is also contraindicated in hypertension. Misoprostol is a second-line agent, and tranexamic acid 1 g IV (not oral) is an adjunct, not the next uterotonic.

QUESTION 5

SINGLE CHOICE

A multigravida at 34 weeks' gestation presents with a small amount of bright-red vaginal bleeding following a speculum examination. The bleeding has now stopped, the abdomen is soft and non-tender, and the cardiotocograph is reassuring. What is the most likely cause?

- ☐ A Placenta praevia
- ☐ B Placental abruption
- ☒ C Cervical ectropion or local trauma following the speculum examination
- ☐ D Vasa praevia

ANSWER C

WHY A small amount of fresh bleeding provoked by a speculum examination, in the presence of a soft, non-tender abdomen and a reassuring cardiotocograph, is most consistent with a benign cervical cause such as ectropion or local contact bleeding. Placenta praevia and vasa praevia typically present with painless, larger, often ongoing bleeding, and abruption presents with a tense, tender abdomen and a non-reassuring trace.

QUESTION 6

SINGLE CHOICE

A primigravida at 24 weeks' gestation attends her routine antenatal visit and has not yet received any vaccines in this pregnancy. Which vaccine is recommended to be given during pregnancy to protect the newborn through transplacental antibody transfer?

- ☐ A Measles, mumps and rubella (MMR) vaccine
- ☒ B Tetanus, diphtheria and acellular pertussis (Tdap) vaccine
- ☐ C Varicella vaccine
- ☐ D Live attenuated influenza vaccine (intranasal)

ANSWER B

WHY Tdap (tetanus, diphtheria and acellular pertussis) is recommended in each pregnancy, ideally between 27 and 36 weeks, to provide passive protection against pertussis to the newborn via transplacental antibody transfer. MMR, varicella and intranasal influenza vaccines are live attenuated and contraindicated in pregnancy; the inactivated intramuscular influenza vaccine is recommended but is not a live vaccine.

QUESTION 7

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 8

MULTIPLE CHOICE

According to the WHO Essential Newborn Care framework applied in DHP/MOPH practice, which of the following are core components of immediate care for a healthy term newborn who is breathing well at birth? (Choose two.)

- ☒ **A** Thorough drying of the baby while assessing tone and breathing
- ☐ **B** Routinely suctioning the airway before placing the baby skin-to-skin
- ☒ **C** Delayed cord clamping (after 1-3 minutes) while initiating skin-to-skin contact
- ☐ **D** Immediate separation of the baby from the mother for weighing and bathing

ANSWER A - C

WHY A and C are correct. The WHO Essential Newborn Care steps include thorough drying (which simultaneously stimulates breathing and assesses tone) and skin-to-skin contact, along with delayed cord clamping for 1-3 minutes (or until pulsations cease). Routine suctioning of a vigorous newborn is no longer recommended, and immediate separation for weighing and bathing interrupts thermal regulation and bonding.