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

PRACTICE QUESTIONS

UAE Ministry Of Health And Prevention

MIDWI

MidWifery

Uploaded by Community A

EDITION

Original Demo

QUESTIONS

6

ISSUED

October 14, 2026

Before you begin

What this is

6 practice questions for UAE Ministry Of Health And Prevention **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 laboring woman receives epidural anesthesia. Her blood pressure drops to 90/60 mmHg. What is the priority intervention?

- ☐ A Administer ephedrine intravenously
- ☒ B Increase intravenous fluid rate and reposition to left lateral
- ☐ C Remove the epidural catheter
- ☐ D Administer oxygen by mask

ANSWER B

WHY The first-line management of hypotension following epidural anesthesia is fluid bolus and left uterine displacement (left lateral position) to relieve aortocaval compression. Ephedrine is used if hypotension does not respond to these measures. Removing the catheter is not first-line; oxygen is supportive but does not address the cause.

QUESTION 2 SINGLE CHOICE

A woman at 32 weeks gestation is Rhesus-negative with no prior anti-D antibodies. According to antenatal prophylaxis guidelines, when should routine antenatal anti-D immunoglobulin be administered?

- ☐ A Only at delivery if the newborn is Rh-positive
- ☒ B At 28 weeks gestation
- ☐ C At 36 weeks gestation
- ☐ D Only following any bleeding episode during pregnancy

ANSWER B

WHY For Rh-negative women without pre-formed antibodies, routine antenatal anti-D prophylaxis is given at 28 weeks gestation, with a further dose within 72 hours of delivery if the baby is confirmed Rh-positive. This reduces the incidence of maternal sensitisation and haemolytic disease of the newborn in subsequent pregnancies.

QUESTION 3

SINGLE CHOICE

A woman in the third trimester presents with sudden painless vaginal bleeding, a soft non-tender uterus, and a normal fetal heart rate. What is the most likely cause?

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

ANSWER A

WHY Painless, bright-red vaginal bleeding with a soft, non-tender uterus and normal fetal status is characteristic of placenta praevia. In contrast, placental abruption typically presents with painful bleeding, a tender, rigid uterus, and often fetal distress. Vasa praevia presents with painless bleeding at rupture of membranes and rapid fetal compromise.

QUESTION 4

SINGLE CHOICE

On the WHO-modified partograph, what does crossing of the ACTION line (as opposed to the alert line) signify?

- ☐ A The latent phase is progressing normally
- ☐ B Active first stage is complete and the woman should begin pushing
- ☒ **C** Prolonged/obstructed labour - urgent obstetric review and intervention required
- ☐ D Spontaneous rupture of membranes has occurred

ANSWER C

WHY The action line is drawn 4 hours to the right of (parallel to) the alert line. Crossing the alert line triggers close monitoring and preparation; crossing the action line signifies prolonged/obstructed labour and mandates immediate senior obstetric review and intervention, typically in a facility with surgical capability.

QUESTION 5

MULTIPLE CHOICE

Which of the following are recognised risk factors for developing gestational diabetes mellitus? (Choose two.)

- ☒ **A** Body mass index above 30 kg/m² before pregnancy
- ☐ **B** Maternal age under 20 years
- ☒ **C** Previous macrosomic baby weighing more than 4 kg
- ☐ **D** History of polycystic ovary syndrome

ANSWER A • C

WHY Maternal obesity (BMI ≥ 30) and a previous macrosomic infant (≥ 4 kg) are well-established risk factors for gestational diabetes. Other risk factors include a family history of diabetes, previous GDM, and certain ethnic backgrounds. Maternal age under 20 is not a recognised risk factor, and while PCOS is associated with insulin resistance, it is not consistently listed as a primary risk factor in standard antenatal guidelines.

QUESTION 6

SINGLE CHOICE

A woman is in the second stage of labour. The fetal head has crowned but the midwife notes the head retracts against the perineum after contractions. What does this sign indicate?

- ☐ **A** Normal progress in the second stage
- ☒ **B** Shoulder dystocia
- ☐ **C** Occipito-posterior position
- ☐ **D** Breech presentation

ANSWER B

WHY The 'turtle sign', where the delivered fetal head retracts back against the perineum, is a classic indicator of shoulder dystocia. This is an obstetric emergency requiring immediate, structured management such as the HELPER mnemonic (call for Help, Episiotomy, Legs (McRoberts), Pressure (suprapubic), Enter (rotational manoeuvres), Remove the posterior arm).