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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 B

EDITION

Original Demo

QUESTIONS

8

ISSUED

October 14, 2026

Before you begin

What this is

8 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 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 2

SINGLE CHOICE

A woman in the first stage of labour has a cord prolapse after rupture of membranes. The fetal heart rate is 110 beats per minute. What is the immediate priority action for the midwife?

- ☐ A Prepare for an immediate instrumental vaginal delivery
- ☒ B Reposition the mother to a knee-chest or Trendelenburg position with manual elevation of the presenting part and summon emergency obstetric assistance
- ☐ C Begin intravenous oxytocin to strengthen contractions
- ☐ D Administer oxygen at 15 L per minute via non-rebreather mask only

ANSWER B

WHY In cord prolapse, the priority is to relieve pressure on the cord to maintain fetal perfusion while preparing for emergency delivery. This is achieved by placing the mother in knee-chest or steep Trendelenburg position and using a gloved hand to lift the presenting part off the cord, alongside urgent summoning of obstetric and neonatal teams. Oxytocin is contraindicated (it worsens cord compression), and oxygen alone without relieving compression is inadequate.

QUESTION 3

SINGLE CHOICE

On a WHO-modified partograph, what is the 'Action Line' and how is it positioned relative to the Alert Line?

- ☐ A It coincides with the Alert Line and represents the time of admission.
- ☒ B It is drawn 4 hours to the right of the Alert Line and indicates the need for intervention if the cervical dilatation curve crosses it.
- ☐ C It is drawn 1 hour to the right of the Alert Line and indicates the limit for spontaneous delivery.
- ☐ D It represents the expected time of full cervical dilatation in a nulliparous woman.

ANSWER B

WHY The Action Line on the WHO partograph is drawn parallel to the Alert Line, 4 hours to its right. If the plotted cervical dilatation reaches or crosses the Action Line, prolonged labour is diagnosed and appropriate obstetric interventions (such as augmentation or operative delivery) should be considered.

QUESTION 4

MULTIPLE CHOICE

A breastfeeding mother on day 4 postpartum presents with bilateral breast engorgement, low-grade fever, and painful feeding. Which of the following are appropriate midwife-led interventions? (Choose two.)

- ☒ A Apply cold compresses between feeds and warm compresses immediately before feeding
- ☐ B Restrict fluid intake to reduce milk production
- ☒ C Ensure the baby is well-attached and feeds frequently, including night feeds
- ☐ D Apply a tight binder to the breasts to suppress lactation

ANSWER A - C

WHY Engorgement is best managed by frequent effective feeding with correct attachment, applying warmth before feeds to encourage let-down and cold compresses between feeds to reduce swelling and pain. Restricting fluids does not reduce engorgement and may impair hydration, while breast binding is outdated and may precipitate mastitis or blocked ducts.

QUESTION 5

SINGLE CHOICE

According to WHO recommendations, what is the minimum duration of skin-to-skin contact between a healthy term newborn and the mother immediately after birth?

- ☐ A At least 5 minutes
- ☐ B At least 15 minutes
- ☒ C At least 1 hour or until the first breastfeed is completed
- ☐ D At least 24 hours

ANSWER C

WHY WHO recommends uninterrupted skin-to-skin contact for at least one hour immediately after birth, or until the first breastfeed is accomplished, to support thermoregulation, breastfeeding initiation, and bonding. 24 hours refers to total rooming-in, not the immediate contact period.

QUESTION 6

SINGLE CHOICE

At the antenatal booking visit, which infection is screened using a vaginal swab rather than a blood sample?

- ☐ A Hepatitis B
- ☒ B Group B Streptococcus
- ☐ C Rubella immunity
- ☐ D HIV

ANSWER B

WHY Group B Streptococcus (GBS) screening involves a vaginal-rectal swab, typically performed at 35-37 weeks. Hepatitis B, rubella and HIV are all screened via maternal blood samples.

QUESTION 7

SINGLE CHOICE

A breastfeeding mother presents on day 7 postpartum with nipple pain only during feeds. The nipple appears pink and slightly compressed after feeding. Which is the MOST likely cause?

- ☐ A Thrush (Candida albicans) infection
- ☒ B Infant tongue-tie (ankyloglossia) causing poor attachment
- ☐ C Mastitis
- ☐ D Breast engorgement

ANSWER B

WHY Pain during feeding with a nipple that looks pinched or compressed after detachment is the classic sign of poor latch, often due to tongue-tie (ankyloglossia) restricting the baby's tongue movement. Thrush typically presents with pain between feeds and a shiny, flaky nipple; mastitis causes breast pain and systemic symptoms; engorgement causes generalised breast fullness.

QUESTION 8

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.