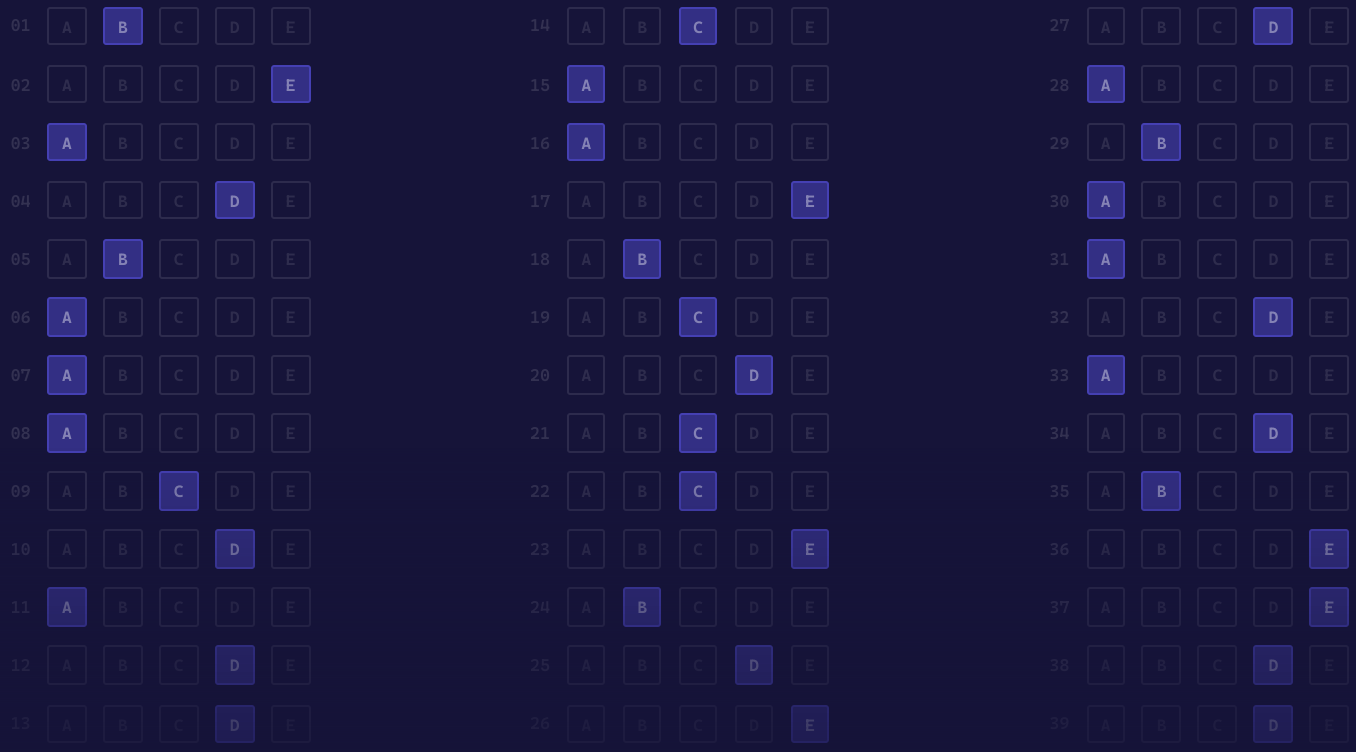
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

Dubai Health Authority (DHA)

MIDWI

Midwifery

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for Dubai Health Authority (DHA) `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.

mometrix.net

QUESTION 1 SINGLE CHOICE

A pregnant woman at 28 weeks' gestation presents with a blood pressure of 150/100 mmHg and 2+ proteinuria on urine dipstick. She reports a headache but no visual disturbances or epigastric pain. Which is the most appropriate initial classification of her condition?

A Chronic hypertension

B Gestational hypertension

C Pre-eclampsia

D Eclampsia

ANSWER C

WHY Pre-eclampsia is defined as new-onset hypertension (BP ≥140/90 mmHg) after 20 weeks' gestation accompanied by proteinuria or other end-organ involvement. The patient meets criteria with BP 150/100 mmHg and 2+ proteinuria. Chronic hypertension predates pregnancy, gestational hypertension has no proteinuria, and eclampsia requires seizures.

QUESTION 2 SINGLE CHOICE

Which finding in a pregnant woman's history is an absolute contraindication to a trial of labour after caesarean section (TOLAC)?

A One previous lower segment caesarean section

B Previous classical (vertical) uterine incision

C Previous caesarean section performed for breech presentation

D Interpregnancy interval of 18 months

ANSWER B

WHY A classical (vertical) uterine incision carries a significantly higher risk of uterine rupture (reported 4–9%) compared with a lower segment transverse incision (~0.5–1%). It is therefore considered an absolute contraindication to TOLAC. The other options either favour or do not preclude a trial of labour.

mometrix.net

QUESTION 3 SINGLE CHOICE

During the second stage of labour, the midwife observes that the fetal head has descended but retracted against the perineum after the contraction has ended (turtle sign). The most likely cause is:

A **Anterior shoulder impacted behind the symphysis pubis**

B Occipito-posterior position

C Face presentation

D Cord prolapse

ANSWER **A**

WHY The 'turtle sign' (head retracts back against the perineum after delivery attempt) is a classic sign of shoulder dystocia, most commonly caused by impaction of the anterior shoulder behind the maternal symphysis pubis. Immediate action is required to relieve the dystocia.

QUESTION 4 SINGLE CHOICE

A woman in the third stage of labour has lost approximately 800 mL of blood, the uterus is atonic and boggy, and the placenta has not yet delivered. What is the first-line pharmacological management?

A Intramuscular ergometrine alone

B **Intravenous oxytocin infusion**

C Intramuscular carboprost

D Oral misoprostol

ANSWER **B**

WHY The first-line uterotonic for postpartum haemorrhage due to uterine atony is intravenous oxytocin (10 units in 1 L of crystalloid), because it acts within minutes and has minimal side effects. Ergometrine and carboprost are second-line agents used when oxytocin is ineffective or contraindicated (e.g., carboprost is avoided in asthma).

mometrix.net

QUESTION 5 MULTIPLE CHOICE

Which of the following are recommended steps when assisting a mother to initiate breastfeeding within the first hour after birth? (Choose two.)

- **A** **Place the baby in skin-to-skin contact on the mother's chest**
- **B** Routinely offer water or formula before the first breastfeed
- **C** **Ensure the baby's mouth is wide open and covers most of the areola**
- **D** Limit feeding to 5 minutes per breast to prevent sore nipples

ANSWER **A · C**

WHY Skin-to-skin contact (A) promotes oxytocin release, helps thermoregulation, and stimulates the newborn's natural breastfeeding reflexes. A wide latch covering most of the areola (C) ensures effective milk transfer and prevents nipple trauma. Routine supplementation (B) is not recommended unless medically indicated, and time limits (D) are outdated and may reduce milk supply.

QUESTION 6 SINGLE CHOICE

On day 3 postpartum, a breastfeeding mother reports her breasts feel heavy, full, and slightly painful, and the baby is latching but struggling to attach. What is the most appropriate initial intervention?

- **A** Stop breastfeeding and express milk manually only
- **B** **Apply warm compresses before feeding and ensure correct latch and positioning**
- **C** Prescribe a lactation suppressant
- **D** Advise the mother to reduce fluid intake

ANSWER **B**

WHY Day 3 postpartum corresponds to the onset of milk 'coming in' with associated engorgement. Warm compresses before feeds aid let-down, and ensuring correct latch and positioning helps the baby drain the breast effectively, relieving engorgement and preventing progression to mastitis or lactation failure.

mometrix.net

QUESTION 7 SINGLE CHOICE

When performing a focused antenatal abdominal examination at 34 weeks' gestation, which is the correct sequence of steps for fundal palpation?

A **Inspection, measurement of symphysio-fundal height, fundal grip, lateral grip, deep pelvic grip**

B Fundal grip, lateral grip, deep pelvic grip, symphysio-fundal height, inspection

C Inspection, fundal grip, lateral grip, deep pelvic grip, symphysio-fundal height

D Symphysio-fundal height, fundal grip, inspection, lateral grip, deep pelvic grip

ANSWER **A**

WHY Standard obstetric abdominal palpation follows the sequence: Inspection first (scars, shape, movements), then measurement of symphysio-fundal height, followed by the four Leopold's manoeuvres (fundal grip, lateral grip, deep pelvic grip, then pelvic grip). Although Leopold's maneuvers themselves follow fundal–lateral–pelvic order, the overall examination always begins with inspection and SFH measurement.

QUESTION 8 SINGLE CHOICE

A 24-year-old woman at 32 weeks' gestation presents with painless, bright-red vaginal bleeding. Her abdomen is soft and non-tender, and the fetal heart rate is normal. What is the most likely diagnosis?

A Placental abruption

B **Placenta praevia**

C Vasa praevia

D Cervical incompetence

ANSWER **B**

WHY Painless, bright-red bleeding in the second or third trimester without uterine tenderness or fetal distress is characteristic of placenta praevia. Placental abruption typically presents with painful, dark bleeding and a tense, tender uterus. Vasa praevia presents with bleeding at membrane rupture with fetal bradycardia, and cervical incompetence presents with painless cervical dilation without bleeding.

mometrix.net

QUESTION 9 MULTIPLE CHOICE

Which of the following are core components of respectful maternity care as promoted by the WHO? (Choose two.)

A **Obtaining informed consent before procedures**

B **Maintaining privacy and confidentiality during examinations**

C Allowing women to choose their birth position freely

D Performing routine episiotomy on all primigravid women

ANSWER **A** · **B**

WHY The WHO's framework on respectful maternity care emphasises dignity, informed consent (A), privacy and confidentiality (B), freedom from mistreatment, and shared decision-making. Allowing free choice of birth position is a separate but related principle; routine episiotomy is explicitly NOT recommended as it constitutes an unnecessary intervention.

mometrix.net