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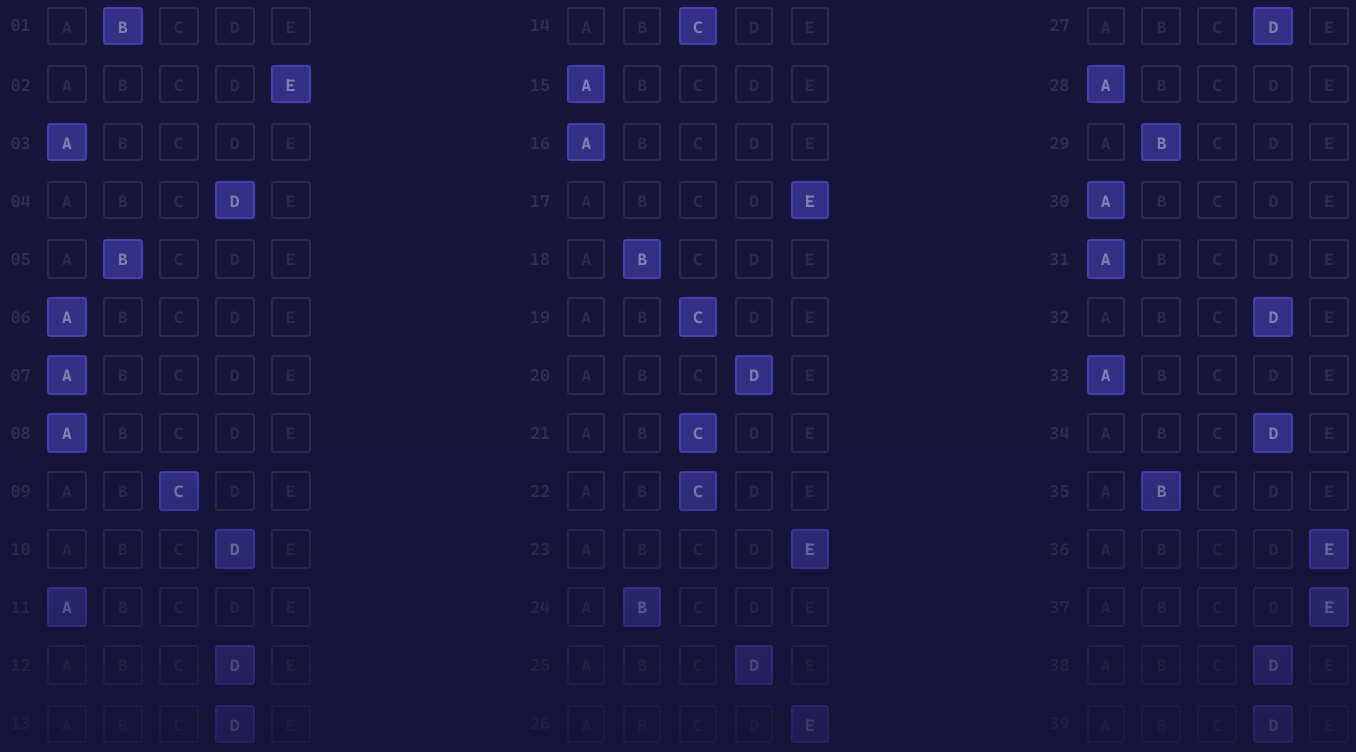

PRACTICE QUESTIONS

Saudi Commission for Health Specialties (SCFHS)

MIDWI

Midwifery

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Saudi Commission for Health Specialties (SCFHS) `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.

QUESTION 1 SINGLE CHOICE

A couple presents for preconception counseling. The woman has a BMI of 32 kg/m^2 and a history of gestational diabetes in a previous pregnancy. Which intervention is the most appropriate recommendation for this visit?

A **Advise the woman to lose weight before conceiving and counsel on the risk of recurrence of gestational diabetes**

B Prescribe a high-dose folic acid supplement of 5 mg daily

C Recommend starting metformin immediately to prevent gestational diabetes

D Advise the couple that weight loss during pregnancy is the safest approach

ANSWER **A**

WHY Preconception counseling for women with obesity and prior gestational diabetes should emphasize weight loss before conception to reduce the risk of recurrence and improve pregnancy outcomes. High-dose folic acid (5 mg) is reserved for women with a previous infant with neural tube defects, diabetes, or on antiepileptic drugs — not indicated here. Metformin is not the first-line preconception intervention for this profile. Weight loss during pregnancy is generally not recommended because it can harm fetal growth.

QUESTION 2 SINGLE CHOICE

During the active phase of the first stage of labor, which finding on vaginal examination would be most concerning for obstructed labor and prompt immediate intervention?

A Cervical dilation of 6 cm with the fetus at station 0

B Caput succedaneum and increasing moulding of the fetal skull

C Bloody show immediately after rupture of membranes

D Mild variable decelerations that recover quickly

ANSWER B

WHY Increasing caput succedaneum and moulding of the fetal skull in the active phase are signs of cephalopelvic disproportion and obstructed labor, requiring urgent reassessment and likely intervention (e.g., cesarean section). Cervical dilation of 6 cm at station 0 can be normal in active labor. Bloody show after rupture of membranes is a common physiological finding. Mild, quickly recovering variable decelerations may simply reflect cord compression and are not by themselves an emergency.

QUESTION 3 SINGLE CHOICE

In active management of the third stage of labor (AMTSL), which medication is administered within one minute of birth of the baby as a uterotonic?

A Oxytocin 10 IU intramuscular

B Misoprostol 800 µg per rectum

C Methylergometrine 0.2 mg intramuscular only

D Oxytocin 5 IU intravenous bolus over 20 minutes

ANSWER A

WHY Active management of the third stage of labor recommends oxytocin 10 IU IM given within one minute of delivery of the baby as the uterotonic of choice. Misoprostol is used when oxytocin is unavailable. Methylergometrine is contraindicated in hypertensive women. A slow IV infusion is not the WHO-recommended standard AMTSL practice; IM administration within one minute is.

QUESTION 4 SINGLE CHOICE

A pregnant woman at 35 weeks gestation presents with a blood pressure of 162/110 mmHg, proteinuria 2+, and a headache. Which is the most appropriate first-line medication for the prevention of eclampsia?

A Labetalol intravenously

B Magnesium sulfate

C Hydralazine orally

D Nifedipine sublingually

ANSWER B

WHY Magnesium sulfate is the first-line anticonvulsant for the prevention of eclampsia in women with severe pre-eclampsia. Antihypertensives such as IV labetalol, IV hydralazine, or oral nifedipine are used to control severe hypertension, but they do not prevent the progression to eclampsia. Oral hydralazine is also not appropriate for an acute hypertensive emergency.

QUESTION 5 SINGLE CHOICE

A 7-week pregnant woman presents with vaginal bleeding and right-sided lower abdominal pain. Her pulse is 96 bpm and blood pressure is 100/60 mmHg. The urine pregnancy test is positive. Which is the most appropriate initial investigation?

A Serum beta-hCG and transvaginal ultrasound

B Laparoscopy

C Dilatation and curettage

D Abdominal X-ray

ANSWER A

WHY The combination of serum beta-hCG and transvaginal ultrasound is the first-line investigation to differentiate between threatened miscarriage, incomplete miscarriage, and ectopic pregnancy. While she is hemodynamically stable, laparoscopy is not yet indicated as it is invasive. Dilation and curettage should not be performed before excluding ectopic pregnancy. Abdominal X-ray is contraindicated in pregnancy.

QUESTION 6 SINGLE CHOICE

A newborn is born at term and is not breathing after initial steps of newborn resuscitation. The heart rate is 80 beats per minute. What is the next step?

A Continue stimulation and provide warmth

B Provide positive pressure ventilation with room air

C Start chest compressions

D Administer epinephrine

ANSWER B

WHY If a newborn is not breathing (or gasping) after the initial steps of resuscitation and the heart rate is below 100 bpm, positive pressure ventilation (PPV) should be started immediately, beginning with room air for term infants. Chest compressions are only initiated when the heart rate remains below 60 bpm after adequate ventilation. Epinephrine is given when the heart rate remains below 60 bpm despite effective ventilation and chest compressions.

QUESTION 7 SINGLE CHOICE

A breastfeeding woman comes at 6 weeks postpartum requesting contraception. She has no medical contraindications and wants an effective method. According to the WHO Medical Eligibility Criteria, which contraceptive method is generally considered acceptable for a breastfeeding woman at 6 weeks postpartum?

A Combined oral contraceptives

B Levonorgestrel intrauterine system (IUS)

C Combined contraceptive patch

D Combined vaginal ring

ANSWER B

WHY The levonorgestrel intrauterine system (IUS) is a progestogen-only method and is generally acceptable for breastfeeding women from 4 weeks postpartum onward, as it does not affect milk production or increase the risk of thrombosis. Combined hormonal contraceptives (pill, patch, ring) are generally avoided in the first 6 weeks postpartum in breastfeeding women due to the increased risk of venous thromboembolism and potential effect on milk supply.

QUESTION 8 SINGLE CHOICE

During the second stage of a spontaneous vaginal delivery, the fetal head delivers but then retracts against the perineum (turtle sign). Which maneuver is the first-line intervention?

A Fundal pressure

B McRoberts' maneuver and suprapubic pressure

C Immediate low-transverse cesarean section

D Kristeller maneuver

ANSWER B

WHY Shoulder dystocia is recognized by the 'turtle sign' and failure of the shoulders to deliver after the head. The first-line interventions are McRoberts' maneuver (sharp flexion of the mother's hips) combined with suprapubic pressure to dislodge the anterior shoulder. Fundal pressure (Kristeller maneuver) is contraindicated as it can worsen impaction and cause uterine rupture. Cesarean section is not feasible at this stage of delivery.

QUESTION 9 MULTIPLE CHOICE

Which of the following are signs of correct attachment of the baby at the breast? (Choose two.)

A The baby's mouth is wide open with the lower lip turned outward

B More of the areola is visible above the baby's upper lip than below

C The baby's chin is touching the breast

D The baby takes only short, quick sucks throughout the feed

ANSWER A · C

WHY Signs of correct attachment include the baby's mouth being wide open with the lower lip turned outward, and the chin touching the breast, with more areola visible above the upper lip than below (not the other way around). Short, quick sucks throughout the feed indicate poor attachment and inadequate milk transfer; effective feeding is characterized by slow, deep sucks with pauses.