

SAMPLE QUESTIONS ON ESSAY TYPE QUESTIONS

問答題考試範例

Question 1

Mrs LEE who has suspected macrosomia is admitted today due to show. The followings are the findings of her vaginal examination.

李太疑胎兒過大，她今天因見紅入院。以下是她的陰道檢查結果。

- (a) Mark the Per Vaginal (PV) findings below onto the partograph IN THE ANSWER BOOK. (6 marks)

將以下陰道檢查的結果記錄在答題簿產程圖上。(六分)

<p>1) Vaginal examination No. 1 Time: 08:00 Cervical Dilatation: 4cm Presenting part: Cephalic Position: ROP Station: S⁻¹</p>	<p>1) 第一次陰道檢查 時間：08:00 宮頸擴張：4cm 先露部：頭 胎位：右枕後 先露部下降水平：S⁻¹</p>
<p>2) Vaginal examination No. 2 Time: 10:00 Cervical Dilatation: 4cm Presenting part: Cephalic Position: ROP Station: S⁻¹</p> <ul style="list-style-type: none"> • Membranes ruptured with clear liquor • Start syntocinon infusion for augmentation of labour 	<p>2) 第二次陰道檢查 時間：10:00 宮頸擴張：4cm 先露部：頭 胎位：右枕後 先露部下降水平：S⁻¹</p> <ul style="list-style-type: none"> • 胎膜穿破，羊水清澈 • 開始滴入催產素以促進產程
<p>3) Vaginal examination No. 3 Time: 12:00 Cervical Dilatation: 6cm Presenting part: Cephalic (Caput+ , Moulding +) Position: ROT Station : S⁰</p> <ul style="list-style-type: none"> • clear liquor 	<p>3) 第三次陰道檢查 時間：12:00 宮頸擴張：6cm 先露部：頭 (兒頭水腫+ , 兒頭變形+) 胎位：右枕橫 先露部下降水平：S⁰</p> <ul style="list-style-type: none"> • 羊水清澈
<p>4) Vaginal examination No. 4 Time: 14:00 Cervical Dilatation: 6cm Presenting part: Cephalic (Caput++ , Moulding ++) Position: ROT Station: S⁰</p> <ul style="list-style-type: none"> • clear liquor 	<p>4) 第四次陰道檢查 時間：14:00 宮頸擴張：6cm 先露部：頭 (兒頭水腫++ , 兒頭變形++) 胎位：右枕橫 先露部下降水平：S⁰</p> <ul style="list-style-type: none"> • 羊水清澈

- (b) Based on the partograph, what is 1) the diagnosis (1 mark), 2) contributing factors (2 marks) & 3) action (1 mark)? (4 marks)

根據產程圖的顯示，1)診斷(一分)，2)誘發因素(兩分)和3)行是什麼(一分)?

Question 2

Mrs CHAN, a primipara, has given birth 3 days ago and she breastfeeds her baby well. Today, her baby's serum bilirubin level is 250 $\mu\text{mol/L}$ and she is transferred to neonatal unit.

陳太，初產婦，三日前誕下新生兒，且母乳餵哺良好。今天，她嬰兒的血清膽紅素水平為 250 $\mu\text{mol/L}$ ，且轉往新生兒病房。

Diagram 圖一



- (a) Referring to the above diagram, what treatment is her baby undergoing? (1 mark)
根據上圖，她的嬰兒正接受什麼治療? (一分)
- (b) List TWO side effects of the above treatment. (1 mark)
列出上述治療的兩個副作用。 (一分)
- (c) State the care of her baby on the above treatment. Give THREE. (3 marks)
說明接受上述治療時的三個護理。 (三分)
- (d) As a midwife, how are you going to advise Mrs CHAN as a breastfeeding mother whose baby is admitted to neonatal unit for this treatment? (5 marks)

陳太的初生嬰兒入住了新生兒病房並接受上述的治療。作為一位助產士，你打算如何指導身為哺乳母親的陳太？ (五分)

Question 3

Mrs WONG is a 38-year-old, gravida 1 parity 0 clerk. Her pre-pregnancy body mass index (BMI) = 30kg/m^2 . She has no history of diabetes mellitus. The result of 75gm Oral Glucose Tolerance Test (OGTT) at 20 weeks' gestation shows 6.5 mmol/l (fasting) & 12.0 mmol/l (2 hours postprandial).

黃太，38 歲初胎文員。她於懷孕前的身高體重指數為 30kg/m^2 。她沒有糖尿病史。在妊娠 20 週，她的 75 克葡萄糖耐量測試結果顯示 6.5mmol/l (空腹)及 12.0 mmol/l (餐後 2 小時)。

- (a) What is the diagnosis? (1 mark)
診斷是什麼？ (一分)

She is advised by a Dietitian to start on a 1,800 kcal diet with home blood glucose (H'stix) monitoring and her H'stix results are as follows:

營養師建議她開始 1,800 卡路里餐，同時進行家居血糖監察。她的血糖測試結果如下：

Figure 1 (see P.4) 圖一 (見第 4 頁)

- (b) Give THREE comments on her glucose control. (3 marks)
在她的血糖控制方面，寫出三個意見。 (三分)
- (c) What will be the subsequent management of her pregnancy? (6 marks)
在妊娠期間，其後將會如何處理？ (六分)

Question 3
Figure 1 圖一

Department of Obstetrics and Gynaecology 婦產科 Home blood sugar monitoring for antenatal women 家中血糖監測 (孕婦用)	Name 姓名 : Mrs Wong 黃太 Age 年歲 : 38
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Date 日期	Maturity 妊娠週數	Blood sugar reading 血糖讀數					
		Breakfast 早餐		Lunch 午餐		Dinner 晚餐	
		Half hour before meal 餐前半小時	2 hours after meal 餐後兩小時	Half hour before meal 餐前半小時	2 hours after meal 餐後兩小時	Half hour before meal 餐前半小時	2 hours after meal 餐後兩小時
12-3-2019	21 ^{2/7}	6.3	7.5	5.8	8.1	5.7	8.7
15-3-2019	21 ^{5/7}	6.1	8.0	6.0	7.2	6.2	8.2
19-3-2019	22 ^{2/7}	6.0	7.9	5.9	7.8	6.3	8.9

Question 4

- (a) Define Disseminated Intravascular Coagulation (DIC). (2 marks)
界定瀰散性血管內凝結。 (兩分)
- (b) State FOUR obstetric events that may cause DIC. (2 marks)
寫出四個能引致瀰散性血管內凝結的產科情況。 (兩分)
- (c) Regarding replacement therapy for DIC, give THREE types of replacement and list their related functions. (6 marks)
在瀰散性血管內凝結的體液補充方面，寫出三種補充品，並列出它們的相關功能。 (六分)

Question 5

Mrs CHAN is a 36-year-old, gravida 3 parity 2 housewife with 2 previous normal vaginal delivery at term. Her antenatal course is uneventful.

Premature rupture of membranes occurs at 39 weeks with blood-stained liquor. The fetus is in cephalic presentation, therefore, an induction of labour by syntocinon infusion is started.

陳太，36 歲家庭主婦，G3P2，曾足月自然分娩兩次。是次懷孕的產前檢查一切正常。於妊娠 39 週胎膜早期穿破，羊水含血，頭先露，並開始以催產素作引產。

- (a) Identify risk factors for Mrs CHAN. (1 mark)

鑑定陳太的危險因素。(一分)

- (b) Figure 1 (see P.7) shows the cardiotocography (CTG) when syntocinon infusion starts. Describe the CTG tracing. (3.5 marks)

圖一(見第 7 頁)顯示催產素引產後的胎心率宮縮描圖，請描述此描圖。(三點五分)

- (c) Figure 2 (see P.8) shows the CTG tracing when the cervix is 6 cm dilated. Describe the changes in the CTG tracing. (2 marks)

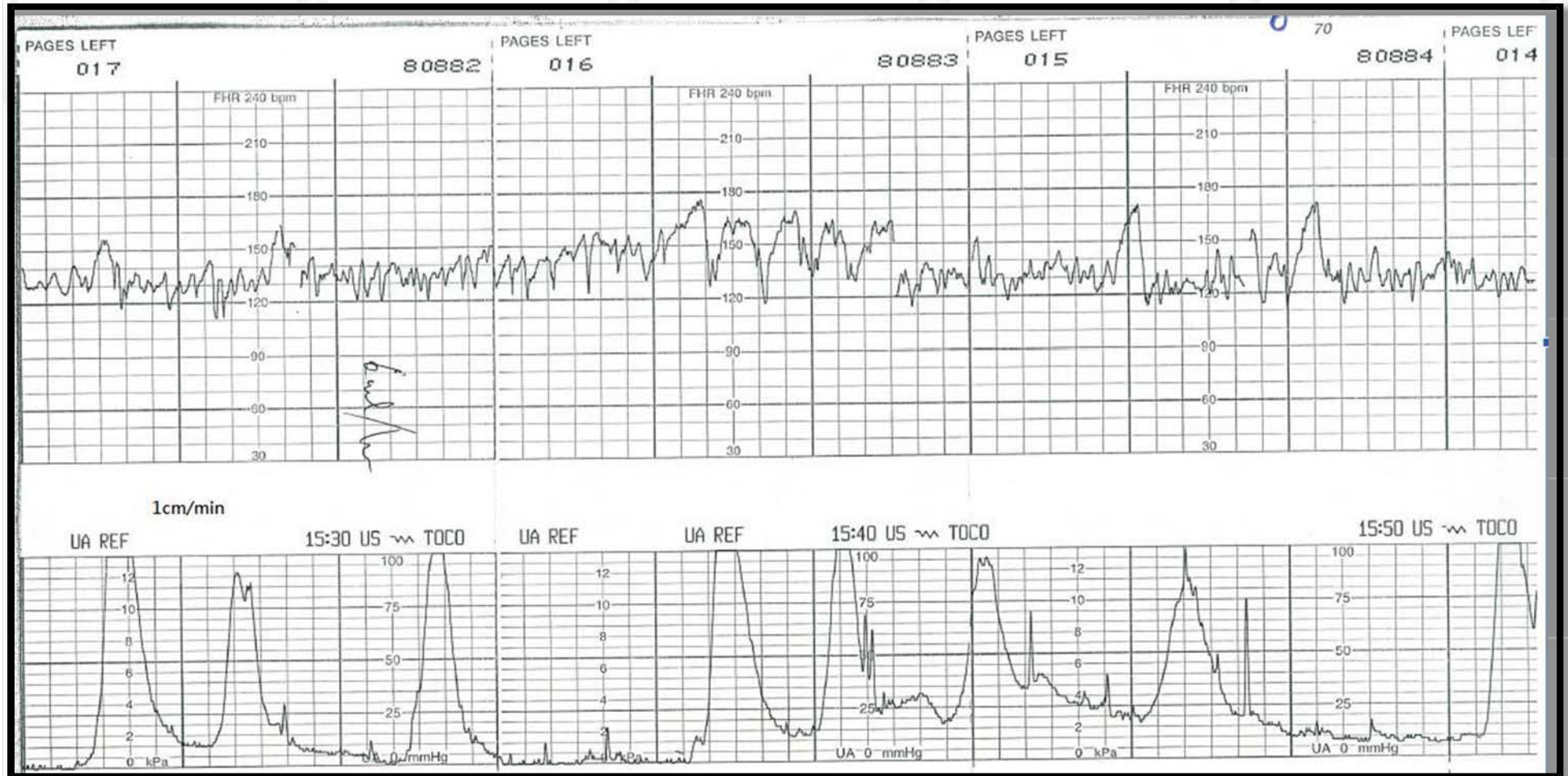
圖二(見第 8 頁)顯示在宮頸擴張 6 厘米時胎心率宮縮描圖，描圖中顯示什麼改變?(兩分)

- (d) An hour later, the cervix becomes fully dilated. The fetus is in vertex presentation, and at S⁺² level. Figure 3 (see P.9) shows the CTG tracing at the 2nd stage of labour. What does the CTG tracing show (1.5 marks)? What should be your immediate action (2 marks)? (3.5 marks)

隨後一小時內，宮頸完全擴張，頂先露，S⁺² 水平。圖三(見第 9 頁)顯示第二產程的胎心率宮縮描圖，描圖顯示甚麼現象(一點五分)。應該採取什麼即時行動(兩分)? (三點五分)

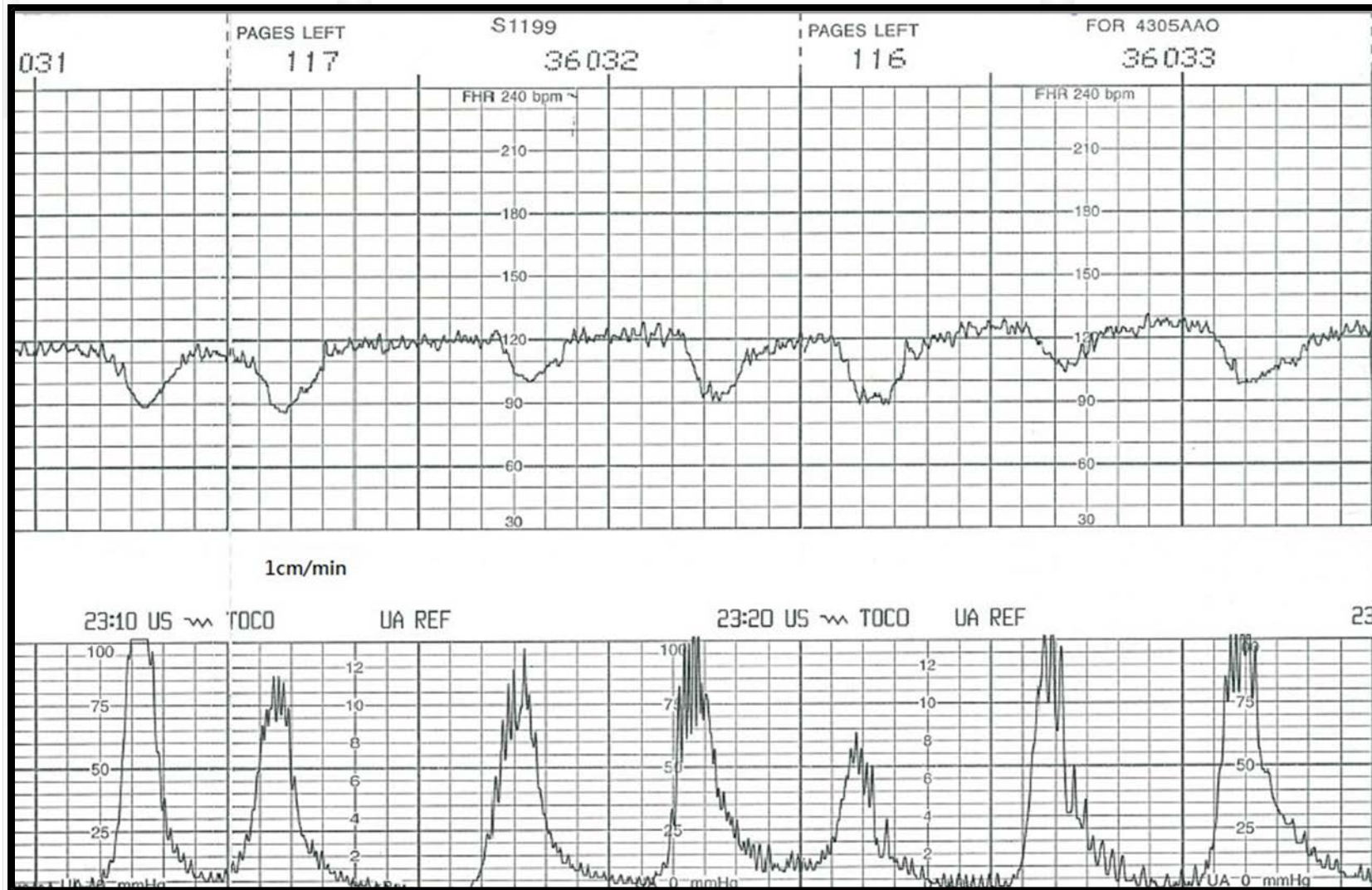
Question 5

Figure 1 圖一



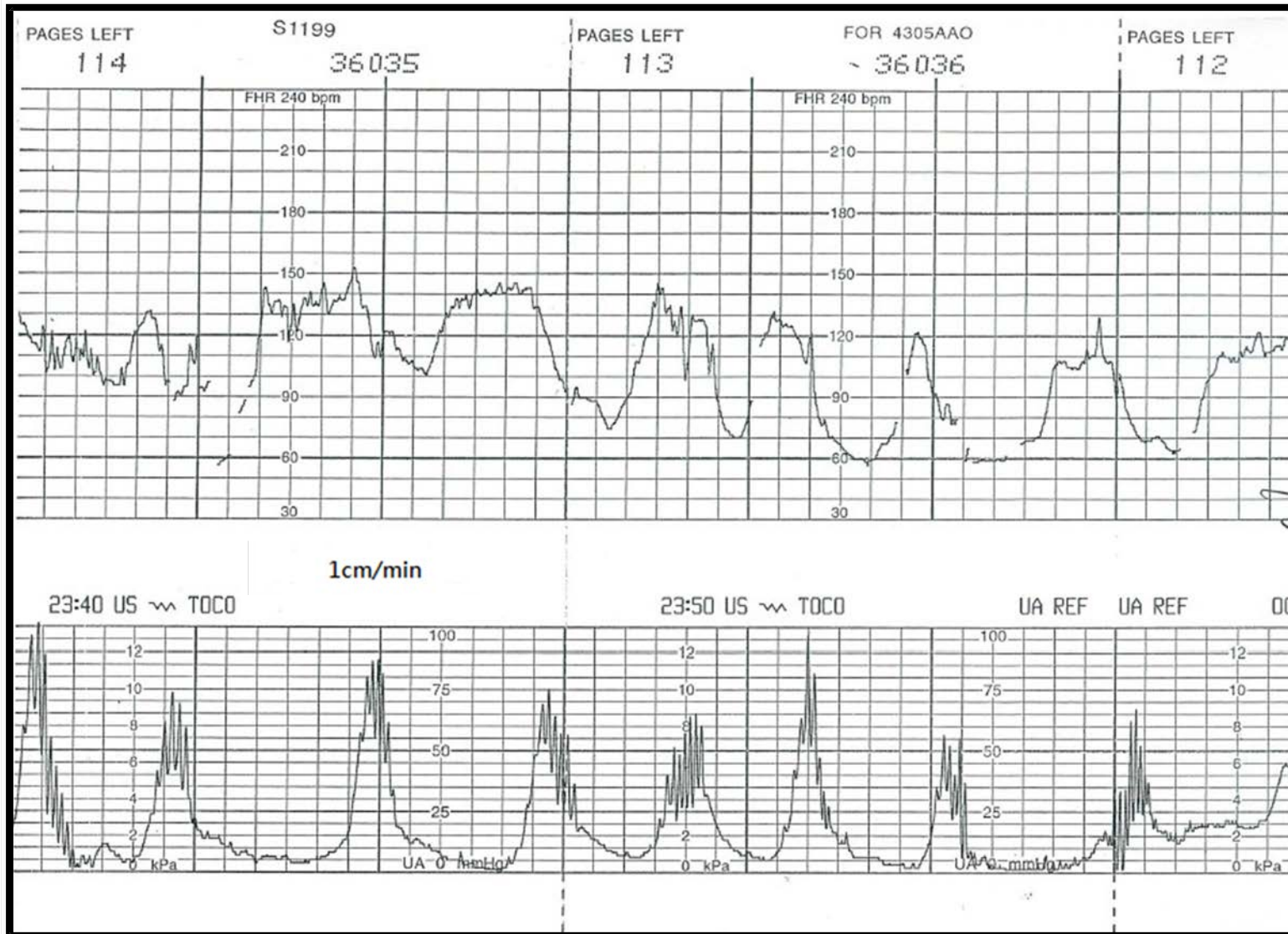
Question 5

Figure 2 圖二



Question 5

Figure 3 圖三



Question 6



- (a) Name the above instrument. (1 mark)
寫出上圖中儀器的名稱。 (一分)
- (b) State the indication for using this instrument during labour. (2 marks)
說明在分娩期中，使用上述儀器的適應症。 (兩分)
- (c) Describe how to use this instrument during the active phase of the first stage of labour? (5 marks)
描述在分娩第一期的活躍期中，如何使用此儀器? (五分)
- (d) List THREE normal findings which can be obtained by using this instrument. (2 marks)
列出透過使用此儀器能夠發現的三個正常情況。 (兩分)

Question 7

Mrs WONG, parity 1 and aged 38, is admitted to the antenatal ward at 34 weeks of gestation. Her body temperature is 39°C, and pulse rate is 110 beats/min. She has complained of chills and mild lower abdominal pain since last night. She denies any leakage sensation or sign and symptom of Flu in the past few days.

王太，38 歲，曾分娩一次，於妊娠 34 週入住產前病房。她的體溫是 39 °C，脈搏每分鐘 110 次。她申訴由昨晚開始有寒顫情況和下腹部有微痛，過去數天並沒有穿水或感冒徵狀。

- (a) Based on the above clinical features, what are the possible diagnoses? (2 marks)
根據上述的臨床徵狀，診斷可能是什麼？ (兩分)
- (b) Give FOUR laboratory investigations to confirm the diagnosis: (2 marks)
寫出四個用以確診的化驗室檢查。 (兩分)
- (c) Besides laboratory investigations, describe FOUR other crucial management plans for Mrs WONG. (4 marks)
除了化驗檢查，描述王太其他四個首要的處理計劃。 (四分)
- (d) Give FOUR signs of deterioration in Mrs WONG's condition. (2 marks)
寫出四個能顯示王太情況惡化的徵狀。 (兩分)

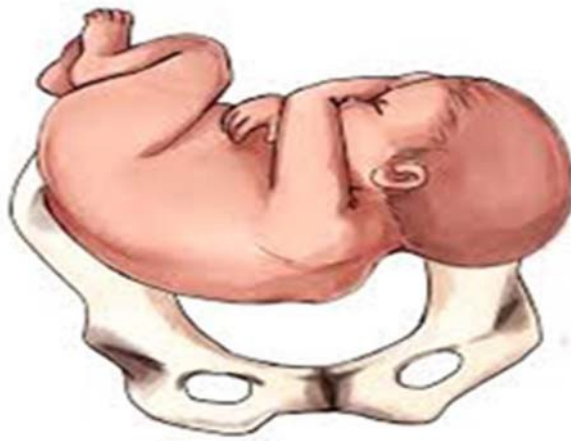
Question 8

Mary attends the Midwife-led Clinic today. This is her first pregnancy at 37 weeks of gestation, her antenatal course is uneventful.

瑪莉今天到助產士診所覆診。這是她的第一次懷孕，妊娠 37 週，她的產前情況一切正常。

On abdominal palpation, you note the following condition:

腹部檢查時，你發現以下情況：



- (a) Document your findings. (3 mark)
記錄你所發現的現象。 (三分)
- (b) List THREE possible causes of the above condition. (3 mark)
列出上述情況的三個可能因素。 (三分)
- (c) State FOUR immediate management. (4 marks)
說明四個即時處理。 (四分)

Question 9

Choose the single most appropriate answer from below. Each answer can be used once, more than once or not at all. (4 marks)

於下列選出一個最適當的答案，每答案可選擇一次、多次或不選擇。(4分)

- A Gynaecoid pelvis
女性型骨盆
- B Android pelvis
男性型骨盆
- C Anthropoid pelvis
類人猿型骨盆
- D Platypelloid pelvis
扁型骨盆

	Answer答案
1. The shape of brim is kidney shaped 骨盆口呈腎形	
2. The pelvis is funnel shaped 骨盆成漏斗狀	
3. The ischial spine is blunt 坐骨棘鈍	
4. Type(s) of pelvis favor(s) OP position 枕後位常見於哪類型骨盆	
5. The sacrum is well-curved 骶骨彎度良好	

(b) Give four landmarks of an obstetric outlet. (2 marks)
寫出骨盆出口的四個標記。(2分)

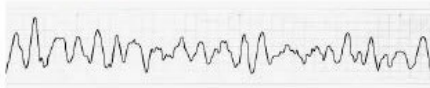
(c) Give four features of an adequate pelvis. (4 marks)
寫出適合分娩的骨盆的四個特徵

QUESTION 10

The following diagrams show the ECG stripes, please circle the correct answer: (2 marks)

下列為心電圖，請圈出正確答案：

Ventricular fibrillation



1. Shockable rhythm / Non-shockable rhythm

可電擊心律 / 不可電擊心律

Pulseless ventricular tachycardia



2. Shockable rhythm / Non-shockable rhythm

可電擊心律 / 不可電擊心律

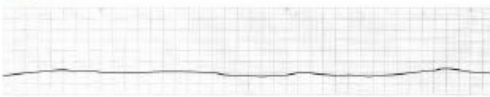
Pulseless electrical activity



3. Shockable rhythm / Non-shockable rhythm

可電擊心律 / 不可電擊心律

Asystole



4. Shockable rhythm / Non-shockable rhythm

可電擊心律 / 不可電擊心律

- (a) Give four causes of maternal collapse associated with pregnancy. (2 marks)
寫出與懷孕有關，引至婦女昏厥的四個原因。
- (b) Briefly describe four important components on high-quality Cardiopulmonary Resuscitation (CPR) for a pregnant woman. (6 marks)
簡述對孕婦施行高質素心肺復甦法的四個重要元素。

QUESTION 11

A 42 year-old primiparous has delivered a male baby with birth weight 3.0 kg by caesarean section. She has breastfed her baby exclusively since baby was born. On postpartum Day 3, the baby's transcutaneous bilirubin is raised and the serum bilirubin is checked to be 280 $\mu\text{mol} / \text{L}$. He also has weight loss to 2.76 kg. The mother is informed that her baby is confirmed to have G6PD deficiency.

一位 42 歲初產婦以剖腹產誕下一名重 3 公斤的男嬰，自男嬰出生後她以全母乳餵哺嬰兒。產後第三天，男嬰的經皮膽紅素上升而檢驗血清膽紅素為 280 $\mu\text{mol} / \text{L}$ ，他的體重亦下降至 2.76 公斤。產婦得知男嬰被確診為六磷酸葡萄糖去氫酵素缺乏症。

- (a) What assessments are required for the mother and baby? (2 marks)
需為母親和嬰兒進行甚麼評估？
- (b) State the management and care for the baby. (4 marks)
說明對嬰兒的處理和護理。
- (c) Briefly describe the education and counseling that should be offered to the mother. (4 marks)
簡述應對母親提供的教育和輔導。

QUESTION 12

Mrs Ho, a primipara, has had an OGTT done at 28 weeks of gestation. The result shows a fasting blood sugar of 5.4mmol/L and 2 hours postprandial of 8.7mmol/L. You are the midwife counselling her.

何太是初產婦，於妊娠 28 週進行口服葡萄糖耐量檢測。結果顯示空腹血糖值為 5.4 mmol/L 及服用葡萄糖後兩小時的血糖值為 8.7 mmol/L。你是輔導她的助產士。

1. Give dietary advice to Mrs Ho regarding her result. (5 marks)
按何太的檢驗結果給予她的飲食建議。
2. Explain the maternal complications of her condition. (5 marks)
解釋此情況下母親方面的併發症。