



**Pre-test / Post-test (circle one)**  
**Helping Mothers Survive: Bleeding after Birth Complete**  
**Day 2 Knowledge Assessment**



Participant name or ID# \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS:** For each question, circle the letter for one correct answer.

1. Which of the following clinical findings indicate the woman is in shock?
  - a. Pulse 108 beats per minute, Respirations 16 breaths per minute, BP 108/68 mmHg
  - b. Pulse 118 beats per minute, Respirations 30 breaths per minute, BP 88/58 mmHg
  - c. Pulse 82 beats per minute, Respirations 14 breaths per minute, BP 92/60 mmHg
2. When you suspect that a woman is in shock, what will you do first?
  - a. Check airway, breathing, circulation
  - b. Shout for help and mobilize the team
  - c. Check vital signs
  - d. Start an IV infusion
3. When managing a woman in shock, how often should you check vital signs and bleeding?
  - a. Every 30 minutes
  - b. Every 15 minutes
  - c. Every 60 minutes
4. How long can a woman wear a NASG?
  - a. Less than 6 hours
  - b. Less than 24 hours
  - c. As long as necessary until definitive PPH treatment is obtained and woman stabilizes.
5. If PPH caused by uterine atony continues in spite of uterine massage, emptying the bladder, and an additional dose of oxytocin 10 IU IM, what medication should you administer next (medication, dosage, and route)?
  - a. 10 IU oxytocin in 1L fluid by IV infusion at 60 drops per minute
  - b. 20 IU oxytocin in 1L fluid by IV infusion at 60 drops per minute
  - c. 20 IU oxytocin IM
  - d. Carbetocin 100 mcg IV or IM
6. If oxytocin or other uterotonic drugs fail to stop bleeding, or if the bleeding may be partially due to trauma, which medication should you give and at what dosage?
  - a. Carbetocin 100 mcg IV
  - b. Tranexamic acid 5 g IV slowly over 5 minutes within 1 hour of birth
  - c. Tranexamic acid 1 g IV over 10 minutes within 3 hours of birth
  - d. Trichloroacetic acid, apply a small amount to tear site
7. If the uterus does not contract and bleeding continues despite uterine massage, emptying the bladder, and medications, what will you do to manage uterine atony?
  - a. Aortic compression
  - b. Bimanual uterine compression
  - c. Intrauterine balloon tamponade (UBT)
8. After inserting a UBT, you should seek advanced surgical care immediately if bleeding is not controlled in how many minutes?
  - a. 15 minutes
  - b. 30 minutes
  - c. 60 minutes
9. How long should a UBT be kept in place once bleeding is controlled and the woman is stable?
  - a. 2 – 4 hours
  - b. 6 – 12 hours
  - c. 12 – 24 hours
10. Which of the following are contraindications to insertion of a UBT?
  - a. twin pregnancy, pre-eclampsia
  - b. danger of uterine rupture, uterine anomalies
  - c. preterm birth, blood loss >1000 ml

11. If the woman is not bleeding, how long can you wait after birth of the baby before you attempt manual removal of placenta?
  - a. 30 minutes
  - b. 60 minutes
  - c. 2 hours
12. If the woman is bleeding heavily, how long can you wait after birth of the baby before you attempt manual removal of placenta?
  - a. Do not wait
  - b. 15 minutes
  - c. 30 minutes
  - d. 60 minutes
13. Which of the following medications should you give before performing manual removal of the placenta?
  - a. Ketamine and ampicillin
  - b. Diazepam and metronidazole
  - c. Diazepam and ampicillin
14. Using the clock face as a reference, where are you most likely to find cervical lacerations?
  - a. 12 and 6 o'clock
  - b. 4 and 8 o'clock
  - c. 3 and 9 o'clock
  - d. 10 and 2 o'clock
15. Anesthesia is not always necessary to repair cervical lacerations.
  - a. True
  - b. False
16. Which suture will you use for cervical tears?
  - a. size 0 chromic or polyglycolic suture
  - b. size 1-0 chromic or polyglycolic sutures
  - c. size 2-0 chromic or polyglycolic sutures
17. The decision to suture vaginal and perineal tears depends on the severity of the tear and amount of bleeding.
  - a. True
  - b. False
18. After the PPH has been safely managed, how often should you check vital signs and bleeding?
  - a. Every 15 minutes for 2 hours, then every 30 minutes for the next 4 hours
  - b. Every 30 minutes for 2 hours, then every hour for the next 4 hours
  - c. Every 60 minutes for 6 hours
19. For how long after giving birth should women who are severely anemic after PPH (hemoglobin less than 7 g/dL) receive daily iron and folic acid supplementation?
  - a. 3 months
  - b. 6 months
  - c. 9 months
20. For how long after giving birth should women whose hemoglobin is 7-11 g/dL receive daily iron and folic acid supplementation?
  - a. 3 months
  - b. 6 months
  - c. 9 months