

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY
FINAL EXAMINATION PAPER, MAY, 2005

TITLE OF PAPER : **ABNORMAL MIDWIFERY**
COURSE CODE : **MID 102**
TIME ALLOWED : **THREE (3) HOURS**
TOTAL MARKS : **100**
INSTRUCTIONS : **1. ANSWER ALL QUESTIONS**

**THIS QUESTION PAPER SHOULD NOT BE OPENED UNTIL PERMISSION
HAS BEEN GRANTED BY THE INVIGILATOR**

QUESTION 1 MULTIPLE CHOICE

SELECT THE MOST APPROPRIATE RESPONSE FOR EACH OF THE FOLLOWING. WRITE ONLY THE ANSWER eg 1 (D).

EACH RESPONSE IS ALLOCATED 1/2 MARK

1.1 Weight loss of a pregnant woman at term may be due to:

- (a) Prematurity
- (b) Polyhydramnios
- (c) Microcephaly
- (d) Intra-uterine growth retardation

1.2 A typical sign of an ectopic pregnancy is:

- (a) Nausea and vomiting
- (b) Bradycardia
- (c) Respiratory distress
- (d) Heavy bright red vaginal bleeding

1.3 Folic acid deficiency anaemia is characterized by:

- (a) Microcytic red blood cells
- (b) Macrocytic red blood cells
- (c) Sickle shaped cells
- (d) Haemolytic anaemia

1.4 One of the complications of gestational diabetes is:

- (a) Unexplained stillbirths
- (b) Preterm births
- (c) Proteinuria
- (d) Occasional glycosuria

1.5 A condition whereby the chorionic villi deeply invade the myometrium is called planenta:

- (a) Accreta
- (b) Increta
- (c) Percreta
- (d) Velamentosa

1.6 If the mother had pre-eclampsia, the fetus is in danger of:

- (a) Being delivered prematurely
- (b) Being born with a congenital abnormality
- (c) Suffering intra-uterine growth retardation
- (d) Fetal distress
- (e) A and C are correct responses
- (f) B and C are correct responses

1.7 In pregnancies complicated by diabetes Mellitus:

- (a) Insulin requirements increase immediately after birth
- (b) Insulin requirements decreases immediately after birth
- (c) Insulin requirements decreases during pregnancy
- (d) The prenatal mortality is markedly decreased

1.8 Which of the following statements below **does not** describe a brow presentation

- (a) The mento-vertical diameter of 13.5 cm presents
- (b) The bi-temporal diameter of 8.2 cm presents
- (c) The head is completely extended
- (d) The head is partially extended

1.9 The vertex is that part of the fetal head, which is bounded by all **except**:

- (a) Lambda posteriorly
- (b) Parietal eminences laterally
- (c) Bregma anteriorly
- (d) Coronal suture inferiorly

1.10 The longest diameter of 13.5 cm engages when the fetus presents with:

- (a) Face
- (b) Occipito posterior
- (c) Brow
- (d) Breech

1.11. Alpha-feto protein is a screening test for:

- (a) A hypoplastic brain
- (b) An open neural canal
- (c) An encephalocele
- (d) A hyperplastic brain

1.12. Aspiration of acid stomach contents into the lungs causes a condition known as:

- (a) Mendelson's syndrome
- (b) Supine hypotensive syndrome
- (c) Respiratory distress syndrome
- (d) Pawlik's syndrome

1.13. Which sign is mostly diagnostic of a multiple pregnancy by a midwife?

- (a) Round abdomen on inspiration
- (b) Excessive fetal movements
- (c) Palpating excessive fetal parts
- (d) Palpating multiple fetal heads

1.14. Tocolytic drugs are commonly used in the management of:

- (a) Postpartum Haemorrhage
- (b) Pre-eclampsia
- (c) Malaria
- (d) Preterm labour

1.15. Intra-uterine fetal death may be diagnosed per vaginal examination by identifying overlapping of the cranial bones, this condition is known as:

- (a) Apgar score
- (b) Spalding's sign
- (c) Roberts sign
- (d) Bishop's score

1.16. In order to correct itself from occipito-posterior position to a normal anterior position, the head rotates:

- (a) 1/8 of a circle forward
- (b) 1/8 of a circle backwards
- (c) 3/8 of a circle forward
- (d) 3/8 of a circle backwards

1.17. The recommended drug for accelerating fetal production of lung surfactant is:

- (a) Pethidine
- (b) Vitamin K
- (c) Dexamethasone
- (d) Antibiotics

1.18. Which of the following does not fall within the competent practice of the midwife?

- (a) To advise mothers on health care both pre and post childbirth
- (b) To assist the obstetrician during delivery
- (c) To manage mothers perinatally
- (d) To participate actively in midwifery research

1.19. If the mother is prescribed valium (diazepam) in late pregnancy or in labour, the neonate is likely to be more difficult to resuscitate and to suffer from:

- (a) Hyper-pyrexia
- (b) Paroxysmal tachycardia
- (c) Eczema
- (d) Muscular hypotonia

1.20. A client who is Rh negative, must have Anti D administered when she is:

- (a) In labour with a 10cm dilatation
- (b) Within 72 hours after delivery
- (c) About to deliver the placenta
- (d) Bringing the baby for immunizations

1.21. Bleeding per vaginam in early pregnancy could be due to:

- 1. Tubal pregnancy
- 2. Accidental antepartum haemorrhage
- 3. Threatened abortion
- 4. Cervical polyp
- 5. Haemorrhoids

CHOOSE the answer from the alphabets below

- (a) 1. 2. 3
- (b) 1. 3. 4.
- (c) 2. 4. 5.
- (d) 2. 3. 5.
- (e) 3. 4. 5.

1.22. Gestational age may be assessed by:

- 1. The firmness of the ear cartilage
- 2. Scarf sign
- 3. serum bilirubin

4. alignment of heel to opposite ear
5. Blood glucose estimates

CHOOSE the answer from the alphabets below

- (a) 1.2.3.
- (b) 1.3.5.
- (c) 1.2. 4.
- (d) 1.3. 4.
- (e) 1. 3. 5.

1.23.Amniocentesis may be used to determine:

1. Alpha-fetoproteins
2. Lecithin –sphingomyelin ratio
3. Fetal distress
4. Congenital dislocation of the hip
5. Bilirubin level

CHOOSE the answer from the alphabets

- (a) 1.2.3.
- (b) 2.3.4.
- (c) 3.4.5.
- (d) 1.2.5.
- (e) 2.4.5.

1.24.An infant with Downs syndrome (Trisomy 21) often has:

1. A flat occiput
2. A single palmer creas
3. A bulging anterior fontanelle
4. Physiological jaundice at birth
5. Hypotonicity

CHOOSE the answer from the alphabets below:

- (a) 1. 2. 3.
- (b) 2. 3. 4.
- (c) 3. 4. 5.
- (d) 1. 2. 5.
- (e) 1. 3. 4.

1.25. Which of the following are serious forms of neonatal infections ?

1. Pemphigus neonatorum
2. Milia neonatorum
3. Gonococcal ophthalmia neonatorum
4. Choanal atresia neonatorum
5. Meningitis neonatorum

CHOOSE the answer from the alphabets below

- (a) 1.2.3.
- (b) 1.3.5.
- (c) 2.3.5.
- (d) 2.4.5.
- (e) 3.4.5.

1.26. The common cause of a transverse lie may include:

1. Pelvic contraction
2. Primiparity
3. Placenta praevia
4. Frank breech

CHOOSE the answer from the alphabets below:

- (a) 1 only
- (b) 1 and 3
- (c) 1,2 and 3
- (d) 2 and 3

1.27. Dizygotic twins:

- (a) Are always of different sex
- (b) Can develop within one amniotic sac
- (c) Are attached to each other and may be impossible to separate
- (d) Develop from two ova and two sperms

1.28. All the following about abdominal pregnancy are true EXCEPT that:

- (a) Secondary implantations are more common than primary
- (b) Symptoms include abdominal discomfort and fetal movements in the abdomen
- (c) It can be diagnosed by failure of oxytocin induction of labour
- (d) Ultrasound is a safe and effective means of diagnosis
- (e) The placenta should be removed at the time of delivery to prevent eventual uncontrolled haemorrhage.

1.29. Meticulous observation of maternal condition is necessary for a client who is undergoing a 'trial of scar'. One of the signs of impending uterine rupture is:

- (a) Tonic uterine contractions
- (b) Titanic uterine contractions
- (c) Pain and tenderness of scar
- (d) Excessive vaginal bleeding

1.30. An ultrasonic scanning is used to confirm the existence of:

- (a) Placenta praevia
- (b) Placenta abruption
- (c) Placenta accreta
- (d) Placenta succenturia

1.31. One of the factors which aid in the differential diagnoses of Antepartum Haemorrhage is:

- (a) Invisible blood loss
- (b) X-ray
- (c) Degree of shock
- (d) Regularity of fetal heart

1.32. In eclampsia, cerebral oedema may occur and can cause:

- (a) Convulsion
- (b) Purpura
- (c) Severe frontal
- (d) Vomiting
- (e) Tetany

1.33. Which factor is a contra-indication for using oxytocin to augment labour?

- (a) Fetal distress
- (b) Prolonged labour
- (c) An extended period since rupture of membranes
- (d) Postmaturity
- (e) None of the above is a correct responses

1.34. An occipito-posterior position may be diagnosed on abdominal examination by finding:

- (a) The fetal heart below the umbilicus
- (b) A well flexed head
- (c) The sinciput and occiput are at the same level

(d) All of the above are correct responses.

1.35. A bruised and oedematous uterus due to concealed haemorrhage into the muscle is called:

- (a) Hypotonic uterus
- (b) An hour glass constriction uterus
- (c) Tetanic uterus
- (d) Couvelaire uterus

1.36. One of the events which trigger disseminated intravascular coagulation (DIC) is :

- (a) excessive blood loss
- (b) Intra-uterine fetal death
- (c) Placenta praevia
- (d) Post maturity

1.37. Congenital abnormalities are a common feature associated with:

- (a) Singleton pregnancies
- (b) Dizygotic twins
- (c) Monozygotic twins
- (d) Triplets

1.38. One of the possible outcomes of labour on an occipito posterior position is the short internal rotation leading to an:

- (a) Occipito anterior position
- (b) Mento anterior position
- (c) Face presentation
- (d) Persistent occipito posterior position

1.39. Mrs X delivered vaginally 12 hours ago. She complains of low backache and faintness. On examination the height of fundus is 20 cm, pulse 100 and the blood pressure recording is 90/50. The most probable diagnosis is:

- (a) Retained twin
- (b) Post partum Haemorrhage
- (c) Ruptured uterus
- (d) Placenta abruption

1.40. A postpartum client who develops an acute chest pain, dyspnoea and slight haemoptysis should be managed by.

- (a) Hypotensive therapy
- (b) Anti TB therapy

- (c)Anti-diabetic therapy
- (d)Anti-coagulant therapy

1.41.Acute inversion of the uterus may be caused by:

- (a)A sudden expulsion of a large fetus
- (b)The delivery of twins
- (c)Forcibly attempting to expell the placenta by using fundal pressure
- (d)Liberal use of oxytocic drugs

1.42.Following a vaginal delivery, Mrs X is in shock yet the blood loss is moderate (about 400 ml). The most probable diagnoses is:

- (a)Obstetric shock
- (b)HIV related infections
- (c)Incomplete rupture of the uterus
- (d)Ante-partum haemorrhage

1.43.Cleidotomy is used in the management of:

- (a)Breech delivery
- (b)Shoulder dystocia
- (c) Prolapsed cord
- (d)Brow presentation

1.44.HELLP syndrome is associated with which one of the following conditions:

- (a)Pre-eclampsia
- (b)Diabetes mellitis
- (c)Anaemia
- (d)Systemic infection

1.45.The first aid management by a midwife to a client who has an eclamptic fit is to:

- (a)Call a doctor
- (b)Deliver the client before the fetus die
- (c)Clear the airway and protect from injury
- (d)Measure the blood pressure

1.46.The diameter which sweeps the perineum on a face presentation is the:

- (a)Sub-mento bregmantic
- (b)Sub-mento vertical
- (c)Mento-vertical
- (d)Sub-occipito frontal

1.47. The manoeuvre used to deliver an after coming head on a breech presentation is the:

- (a) Burns-Marshall
- (b) Lovset
- (c) Mauriceau-Smellie-Veit
- (d) Frank

1.48. Mrs X is in labour and the cervix is 6cm dilated ; On further exploration of the vagina a soft irregular mass and a grid-iron pattern is felt. The possible diagnoses is:

- (a) Breech presentation
- (b) Funic presentation
- (c) Face presentation
- (d) Shoulder presentation

1.49. Rifampicin treatment may be the recommended drug for active tuberculosis in pregnancy but there may be:

- (a) No side effects on the fetus
- (b) Increase in neural tube defects
- (c) Damage to fetal auditory nerves
- (d) Cardiac defects on the fetus

1.50. A midwife is observing clients in the labour ward and a client reports that her membranes are ruptured, the most appropriate intervention by a midwife is to:

- (a) Call an obstetrician
- (b) Record on the partogram
- (c) Encourage the client to push
- (d) Monitor the fetal heart

QUESTION 2

2.1 Mrs Tsabedze is a 17 year old primigravida, 34 weeks pregnant, admitted in maternity ward, diagnosed with Malaria .

2.1.1 Describe in detail the management of this client by a midwife before the onset of labour.

(Marks 15)

2.2 Describe in detail the effects of malaria on pregnancy.

(Marks 10)

TOTAL MARKS 25

QUESTION 3

3.1 Identify the variations in a fetal heart rate.

(Marks 7)

3.2 During a vaginal examination of a woman (Gravida 5, para 4). You feel an anterior lip of the cervix, and a loop of the umbilical cord can be felt pulsating inside the vaginal canal. The membranes have ruptured a few moments ago.

3.2.1 Describe the emergency management of this patient in the absence of a medical practitioner or until help arrives.

(Marks 9)

3.2.2 Identify two (2) complications following a prolapse of an umbilical cord

(Marks 2)

3.3 List the symptoms of an imminent eclampsia. Add a rationale for each one.

(Marks 7)

TOTAL MARKS 25

QUESTION 4

4.1 You are conducting the delivery of a gravida 3 para 2. The baby boy has just been born and you have separated him from his mother. Suddenly, your client bleeds heavily with the placenta is still undelivered. Describe in detail how you will manage this situation in the absence of a medical practitioner or until help arrives.

(Marks 10)

4.2 Identify the responsibilities of a midwife when a still birth has occurred in her/his practice

(Marks 15)

TOTAL MARKS 25