

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY
FINAL EXAMINATION PAPER, MAY 2007

TITLE OF PAPER: COMMUNITY MIDWIFERY

COURSE CODE: MID 103

TIME ALLOWED: THREE (3) HOURS

TOTAL MARKS: 100

- INSTRUCTIONS:**
1. ANSWER ALL QUESTIONS.
 2. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO A QUESTION OR PART OF A QUESTION.
 3. ANSWER EACH QUESTION ON A NEW PAGE.

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

134

QUESTION I

Select the most appropriate answer. Write this answer in the answer booklet for example; 1 a.

Mrs. X has come for ANC booking. Her husband died 5 years ago. She states that she is 5 months pregnant. She has had 6 pregnancies that resulted in one (1) abortion, two (2) infant deaths, and three (3) live children. During physical assessment you notice that she has vulval warts and a greenish frothy vaginal discharge that is foul smelling and itchy. Based on this history please answer the following questions.

1.1 Using the three digit form how would you express this woman's obstetrical history?

- (a) G6 P3 +3
- (b) G7 P3 +3
- (c) G7 P5 +1
- (d) G6 P5 +1

1.2 She is a high risk case because:

- (a) She has the vaginal discharge that can infect the baby during vaginal birth.
- (b) She has vulval warts
- (c) Both (a) and (b) are correct
- (d) None of the above is correct.

1.3 Vulval warts pose danger to the mother because:

- (a) They can scratch the baby's eyes during delivery which can cause emotional trauma to the mother.
- (b) They can be torn at the base causing severe bleeding.
- (c) They tend to be smelly so the woman can be embarrassed.
- (d) They are very painful.

1.4 Another high risk factor for this woman is that she is:

- (a) Grande-Gravida, with an abortion and two children dead.
- (b) Grande-multipara with an abortion and two children dead.
- (c) A widow.
- (d) A single parent.

1.5 Syndromic management of STIs in this case will treat:

- (a) Vulval warts and vaginal discharge.
- (b) Gonorrhoea, Chlamydia, Trichomonas vaginalis
- (c) Gonorrhoea, Chlamydia, Trichomonas vaginalis and syphilis

135

(d) Gonorrhoea, Chlamydia, Trichomonas vaginalis and vulval warts

1.6 Social factors that place her at risk are:

- (a) Widowhood
- (b) Single parenthood
- (c) Unprotected sex
- (d) Widowhood and a single parent that she practices unsafe sex.

1.7 As you palpate you notice that the height of fundus is on the umbilicus. This means that she is probably:

- (a) 16 – 18 weeks pregnant
- (b) 18 – 20 weeks pregnant
- (c) 20 – 22 weeks pregnant
- (d) 22 – 24 weeks pregnant

1.8 The PMTCT Unit uses the following abbreviations 'C' 'T' 'R' 'MD' 'ID' to indicate that:

- (a) The woman has gone through VCT.
- (b) The service that has been rendered will be circled.
- (c) C- Counselling, T- Testing, R- Result, MD- Mother Dose, ID- Infant dose has been given to the mother.
- (d) Both (a) and (b) are correct.

1.9 Rate is :

- (a) A measure of frequency of a health event
- (b) A defined population in a specified time
- (c) A ratio not a proportion
- (d) A measure of frequency of a health event in "a defined population in a specified period of time".

1.10 Risk:

- (a) Refers to something that is dangerous.
- (b) Refers to the probability that an event will occur within a specified time period.
- (c) Refers to communicable diseases
- (d) All of the above.

1.11 Prevalence proportion:

- (a) Is affected by factors that influence risk.
- (b) Refers to incidence of a health event.

136

- (c) Is a measure of existing disease in a population at a particular time.
- (d) Is useful for screening cases.

1.12 Total fertility rate:

- (a) The total number of children in families.
- (b) The average number of children that would be born to a woman (or a group of women) during her lifetime if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year.
- (c) The average number of children born to all women in a specific place.
- (d) The total number of children born to all women at a specified time period.

Annie is a young woman of 22 years who works in one of the factories in Matsapha. She has two children from different men. She lives in a rented flat with her children and their minder. One day as she was walking to her flat, after work, a certain man followed her from a safe distance until she reached a bushy path, when this man pounced on her and raped her. Annie is now 3 months pregnant and worried about her HIV status since she is a single parent without any other source of support. What will happen to my children if I die? What should I do about this pregnancy of a rapist?

1.13 The fact that Annie is a single parent of 2 children from different men means that:

- (a) She has loose morals, and the man knew that that is why he raped her.
- (b) the rapist must be found and probably marriage should be arranged.
- (c) She needs more social, emotional, spiritual support. More over she might even need financial help.
- (d) She needs medical attention because the rapist might have infected her with STIs.

1.14 This type of rape could be best categorized as:

- (a) Acquaintance rape
- (b) Blitz rape
- (c) Confidence rape
- (d) Anger rape

1.15 The routine type of services that are available for this woman in Swaziland are:

- (a) Post-traumatic counselling
- (b) Antenatal care and PMTCT opt-out services
- (c) Abortion
- (d) Social services.

137

- 1.16 If her HIV test result is positive she will:
- (a) Be put on ARVs immediately.
 - (b) Be given Niverapine mother dose and infant dose at 36 weeks gestation to take home.
 - (c) Be given short course Zidovudine and Niverapine starting from 28 weeks gestation to 1 week postpartum for mother and baby.
 - (d) Wait for the baby to be born then start ARV for both mother and baby.
- 1.17 If she came to see you immediately after being raped you should have done the following for her:
- (a) Take history in a sensitive manner, do thorough physical examination also in a sensitive manner.
 - (b) Put her clothes in paper bag not plastic bag.
 - (c) All answers above are correct.
 - (d) All answers above are wrong.
- 1.18 The Doctor could most probably have prescribed for her:
- (a) Post exposure prophylaxis and morning after pill.
 - (b) Antibiotics
 - (c) Sedatives
 - (d) All of the above.
- 1.19 Perinatal mortality comprises:
- (a) All still-births
 - (b) All deaths in the first month
 - (c) All deaths in the first week
 - (d) All still-births plus deaths in the first week.
- 1.20 Maternal mortality is:
- (a) Deaths of women of child bearing age.
 - (b) Deaths of pregnant women.
 - (c) Deaths of women during labor and delivery.
 - (d) Deaths due to pregnancy and childbearing.
- 1.21 Demographic transition is:
- (a) An observation made by students of population studies Western Europe populations that tended to undergo first fall in mortality then fall in fertility.

- (b) An observation made by students of population studies Western Europe populations that tended to undergo first fall in fertility then fall in mortality.
- (c) A branch of demography.
- (d) A historical perspective of demography.

1.22 One of the factors that determine fertility is age at menarche and menopause because:

- (a) The age of menarche is getting younger
- (b) The age of menopause is getting later
- (c) It is the biologic childbearing period of a woman. The longer it is the more the possibility of having more children and the shorter the period, the more the possibility of having fewer children.
- (d) It depends on chance.

1.23 Empathy is very critical in counselling because:

- (a) The client who is seeking counselling has a specific problem and s/he needs to feel that the counsellor understands her/his situation so well it is like the counsellor is walking in the client's shoes.
- (b) When a counsellor cry together with the client, the client feels reassured therefore s/he doesn't feel embarrassed.
- (c) The counsellor sympathises with the client.
- (d) None of the above is correct.

1.24 Fear of gaining weight coupled with disturbances in perceptions of the body, excessive loss of weight. Depression, obsessive symptoms and social phobias are signs that may indicate that the person has this condition:

- (a) Anorexia nervosa
- (b) Bulimia nervosa
- (c) All of the above are correct.
- (d) None of the above are correct.

1.25 Persistent concern with the shape of the body, recurrent episodes of binge eating, a loss of control during these binges, and use of extreme methods to prevent weight gain, such as purging, strict diet, fasting, and use of laxatives or diuretics, or vigorous exercise. The person has this condition:

- (a) Anorexia nervosa
- (b) Bulimia nervosa
- (c) All of the above are correct.
- (d) None of the above are correct.

QUESTION 2

- 2.1 Discuss the advantages and disadvantages of being a working woman outside of your home. (13)
- 2.2 Explain advantages of a home delivery. (12)

QUESTION 3

- 3.1 Discuss management of breastfeeding in a woman who is HIV positive and has a cracked nipple. (10)
- 3.2 Explain "heat treatment" of breast milk (4)
- 3.3 How does abuse affect pregnancy? (5)
- 3.4 How does pregnancy affect abuse? (6)

QUESTION 4

- 4.1 Explain 5 (five) functions of a policy (10)
- 4.2 Discuss 5 (five) negative cultural maternity practices in Swaziland (10)
- 4.3 Why must extra care be taken when providing ANC services to a widow (5)

140