

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY
FINAL EXAMINATION QUESTION PAPER, DECEMBER, 2007**

**TITLE OF PAPER: ETHOS AND PROFESSIONAL PRACTICE OF
MIDWIFERY**

COURSE CODE: MID104

DURATION: Two (2) Hours

TOTAL MARKS: 75

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

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**ETHOS AND PROFESSIONAL PRACTICE IN MIDWIFERY (MID 104)
FINAL EXAMINATION QUESTION PAPER
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ANSWER ALL QUESTIONS

Question 1

Each correct answer carries 1 mark. Total 25 marks

The following statements reflect components /issues addressed by the definition of the midwife as adopted by the World Health Organisation (WHO). Indicate **True or false**.

- 1.1 A midwife is any person who assists the woman at child birth. **True / False**
- 1.2 The care rendered by the midwife includes preventive measures only
True /False
- 1.3 The educational program where the midwife is admitted should stipulate the prescribed courses and the educational program should be recognised in the country it is located. **True/False**
- 1.4 The midwife is responsible for normal pregnancy and delivery and should refer all newborn babies for further management. **True /False**
- 1.5 Resuscitation of the newborn is not the midwife's primary responsibility except in the absence of medical help. **True /False**
- 1.6 **Choose the most appropriate response, e.g. 1.6.8d**
- 1.6.1 The following is true with reference to the roles and responsibilities of the midwife.
- (a) The midwife is an expert in normal Midwifery
 - (b) The midwife should conduct all deliveries under supervision
 - (c) Some of the important tasks to be done by the midwife include health counselling and education for the families and communities.
 - (d) a & b
 - (e) a& c

1.6.2 The midwife in Swaziland is licensed to conduct deliveries in certain settings and these include:-

- (a) Hospitals and clinics
- (b) Health care settings and domiciliary conditions
- (c) Other settings as determined by the Swaziland Nursing Council and communicated to the midwife
- (d) Hospitals and other health care settings in cases of emergency
- (e) All of the above

1.6.3 The following are some of the work the midwife is allowed to do:-

- (a) Antenatal education and preparation for parenthood only
- (b) Certain areas of gynaecology and family planning
- (c) Adolescent and child care
- (d) Antenatal education, preparation for parenthood, certain areas of gynaecology, child care, family planning, health counselling for women, families and the community, care during pregnancy, labour, childbirth and postpartum care.
- (e) a, &b

1.6.4 For midwives to practice midwifery the midwives should meet the following criteria.

- (a) The midwife should have undergone a midwifery educational program recognised in the country the midwife has to practice
- (b) Be a highly respected person in the community she resides
- (c) The midwife should successfully complete the prescribed courses in a designated Midwifery Education Program
- (d) She must be legally licensed to practice midwifery.
- (e) a, c and d

1.6.5 The role of the midwife in informed consent involves:-

- (a) Giving the client enough information to make an informed decision
- (b) The midwife having an understanding of what the client needs to know
- (c) Respecting the decision which the client has made
- (d) Understanding and negotiating with the client
- (e) All the above

1.7 .The following are some of the responsibilities of the midwife:-

- (a) Promotion of health of the clients
- (b)Assessment of the health of the clients
- (c)Initiating the care of other health care providers
- (d)Effective communication with the clients
- (e) All the above

1.8 A midwifery philosophy should be:-

- (a) A statement about what women assume midwifery to be
- (b) An expression about the beliefs and values of midwives
- (c) An expression of honest thoughts about what midwifery means
- (d) A statement about the concepts used in Midwifery Practice
- (e) b and c

1.9 Midwifery philosophical statements should reflect:-

- (a) Clients' expectations
- (b) The midwife and mother relationship
- (c) How care is organised
- (d) How care is practiced
- (e) All the above

1.10 An ultrasound scan has revealed that the woman is carrying a grossly malformed fetus in utero. Indicate the role of the midwife in this circumstance.

- (a) Counsel the client on the abnormalities and continue managing the client until delivery.
- (b) Explain the results to the woman and offer appropriate counselling and then refer to the doctor /obstetrician
- (c) Explain to the client that she will have to see the doctor / obstetrician for an interpretation of the results and be advised on further management.
- (d) a, b & c
- (e) a & c

1.10 The following can be classified as Midwifery clients:-

- (a) The pregnant woman
- (b) The children under five
- (c) All pregnant women, their partners, families, children and the community
- (d) All women, children under five years old, spouse/partner, family members or the community in need of Midwifery Care
- (e) All the above

1.11 A moral dilemma can be described as a situation where:-

- (a) One is faced with two alternative choices
- (b) One is faced with two apparently equal alternate choices
- (c) One is faced with one distinct choice to make a decision
- (d) One is faced with two "apparently equal" alternative choices, neither of which seems a satisfactory solution to the problem.
- (e) All the above

1.12 As a midwife you are personally responsible for your practice and professional accountability. This means:-

- (a) The midwife should always act to promote the interests and wellbeing of the clients
- (b) The midwife should always ensure no action or omission on her/his part within the scope of practice is detrimental to the interests, condition or safety of the clients in her /his care.
- (c) The midwife remains accountable for all her /his actions
- (d) a and c
- (e) All the above

1.13 The following statement(s) is /are true about team midwifery care

- (a) Brings greater satisfaction among clients
- (b) Midwives and women have greater autonomy
- (c) Midwives are better able to utilise their skills
- (d) Continuity is not always possible
- (e) All the above

1.14 The following statements are true about one to one Midwifery care

- (a) The care is geographically based
- (b) Care is provided in the woman's own home
- (c) The midwife is responsible for all care for women with low risk pregnancy
- (d) a and c
- (e) a, b and c

1.15 Benefits /Outcomes of one to one Midwifery are:-

- (a) Lower rate of clinical interventions
- (b) Individual needs of clients and families are met
- (c) A midwife can have support from colleagues (other midwives)
- (d) There is increased adherence to care
- (e) All the above

1.16 Effects of the Midwifery Model of care include:-

- (a) Closer relationships with clients are enhanced
- (b) Greater satisfaction with care received by clients
- (c) Reduced use of pharmaceutical analgesia
- (d) Shorter labour periods have been reported
- (e) All the above

1.17 The following statement (s) is /are true about the effects of the Medical Model of care:-

- (a) Physical trauma from procedures usually introduced without any systematic evaluation
- (b) Emotional and social distress has been reported
- (c) Lack of continuity
- (d) a and b
- (e) All the above

1.18 The following statement(s) is / are true about the Medical Model of Care:-

- (a) Pregnancy is viewed as normal in retrospect
- (b) Pregnancy requires medical intervention
- (c) Pregnancy is an illness
- (d) Woman are not involved in their care-information is given
- (e) All the above

1.19 The following statement(s) is/ are true about the Midwifery Model of Care

- (a) Pregnancy is normal in anticipation
- (b) Each pregnancy is a unique event
- (c) Pregnancy is a normal development process of an individual
- (d) Women are encouraged to view themselves as clients
- (e) All the above

1.20 A midwife is recognized as a responsible and accountable professional. This means:-

- (a) A midwife is autonomous
- (b) A midwife can be sued in her own right for malpractice
- (c) A midwife is responsible for her own acts of omission and commission
- (d) a and b
- (e) a,b and c

1.21 Counselling and education in Midwifery Practice involve the following:-

- (a) Antenatal education
- (b) Preparation for parenthood, labour and infant feeding
- (c) Family Planning
- (d) Certain areas of gynaecology
- (e) All the above

QUESTION 2

Record keeping is one of the important responsibilities of the midwife.

- (a) Identify the records which Midwives should keep. (5 marks)
- (b) Explain the purpose of keeping records in Midwifery Practice. (20 marks)

QUESTION 3

The debate on maternal rights versus fetal rights is a big challenge to Midwifery Practice. Read through the case study and answer the questions that follow.

Philile Dlamini is 28 years old, Para 1 Gravida 2 and is 35 weeks pregnant. She presented at the Mbabane PHU for her antenatal clinic appointment. The midwife examined her and realised that the fetus was a breech presentation. Philile was referred to a doctor who did an ultrasound sound scan which confirmed the diagnosis. She told the doctor that she (Philile) was one of the three children all born to her mother by vaginal breech delivery. She expressed that she was not worried until the doctor informed her that she will deliver by caesarean section. The doctor explained that the baby might have difficulty negotiating her pelvis during labour, hence the decision to perform a caesarean section. Philile could not understand since she had previously delivered "naturally" (normal vaginal delivery) a baby weighing 3, 5 kilograms. The doctor explained (without threatening) that it is his policy to perform caesarean sections at 38 to 39 weeks of pregnancy. Philile inquired about the possibility of the baby being 'turned', she was told that this procedure is very dangerous and it is highly unlikely the baby could turn on its own given that Philile is already 35 weeks pregnant.

Philile shared the information with her partner, Bongani Sithole. Bongani said the doctor was an expert, hence she should listen to him but also expressed that he will accept Philile's decision. Philile returned for an antenatal visit and explained to the midwife her views and requested if the midwife could assist.

The midwife, armed with the doll and pelvis, explained a breech delivery and why turning the baby (External cephalic version) is considered dangerous and the possible reasons for the doctor's policy with regards to breech presentation. Having tried to be unbiased in her explanations, the midwife told Philile that she had to make the final decision herself. Today Philile is going to see the doctor and inform him about her decision to refuse the caesarean section. Bongani will accompany her because Philile feels nervous about telling the doctor of her decision about the caesarean section. However, Philile agrees to a caesarean section if an actual problem occurs in labour. She feels confident however that it is the right decision for her and her baby.

3.1 Answer the following questions

3.1.1 What is the role of the midwife in this scenario? (3 marks)

3.1.2 Does Philile have a right to refuse the caesarean section? (4 marks)

3.1.3 What rights, if any does the fetus have in this situation? (3marks)

3.1.4 Can the doctor take any action to enforce the operation? (5 marks)

3.2 Identify two (2) ethical principles that were observed in the above scenario.

Give a brief description of each of the ethical principles identified. (10 marks)

END OF QUESTION PAPER