

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY**

FINAL EXAMINATION QUESTION PAPER, MAY 2008

TITLE OF PAPER: INTRODUCTION TO MIDWIFERY

COURSE CODE: NUR 300

DURATION: **Two (2) Hours**

TOTAL MARKS: 75

- INSTRUCTIONS:**
1. ANSWER ALL QUESTIONS
 2. ALL QUESTIONS CARRY EQUAL MARKS
 3. READ THE QUESTIONS CAREFULLY
 4. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO A QUESTION OR PART OF A QUESTION
 5. START EACH QUESTION ON A FRESH PAGE
 6. HAND IN YOUR QUESTION PAPER TOGETHER WITH THE ANSWER BOOKLET

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**INTRODUCTION TO MIDWIFERY (NUR300)
FINAL EXAMINATION QUESTION PAPER, MAY 2008**

ANSWER ALL QUESTIONS

Question 1

Choose the most appropriate response e.g. 1.26d. Each correct answer carries 1 mark. Total 25 marks

1.1 One of the most important landmark on the pelvic outlet is

- (a) the ischial spines
- (b) the ischial tuberosities
- (c) the promontory of the sacrum
- (d) the alae / wings

1.2 Diameter (s) measured on the pelvic brim include

- (a) the diagonal conjugate and the oblique diameter
- (b) the obstetrical conjugate, the diagonal conjugate and the oblique diameter
- (c) the anteroposterior diameter
- (d) the anatomical and true conjugate

1.3 Some of the functions of the mature placenta include

- (a) Nutrition and respiration
- (b) Excretion
- (c) Protection and Storage
- (d) All the above

1.4 The placenta develops from the

- (a) inner cell mass
- (b) Chorion
- (c) trophoblast
- (d) amnion

1.5 The endometrium during pregnancy is called

- (a) the decidua
- (b) the blacytocst
- (c) the basal layer
- (d) the decidualis

- 1.6 During abdominal examination in pregnancy ,Pawlik's grip is done
- (a) to confirm pregnancy
 - (b) to confirm breech presentation
 - (c) to confirm that the head is occupying the lower most part of the pelvic brim
 - (d)All the above
- 1.7 Fetal well being can be assessed during pregnancy through
- (a) weighing the mother on each antenatal visit
 - (b) Assessing the nutrition of the mother
 - (c) Auscultation of the fetal heart and asking the mother about the state of the fetal movements
 - (d) a and b
- 1.8 Important investigations done on the first antenatal visit include
- (a) Full Blood Count
 - (b)HB, ABO, Rhesus incompatibility, HIV test, and VDRL
 - (c) Antibody screening and VDRL (RPR)
 - (d)Antibody screening, VDRL (RPR), and HIV
- 1.9 An early first antenatal booking visit allows for
- (a) calculating a more accurate date of conception
 - (b) more accurate baseline to assess and observe the progress of pregnancy
 - (c) screening complications/abnormalities detrimental to the mother and fetus
 - (d) All the above
- 1.10 The following are presumptive signs of pregnancy
- (a) Nausea and vomiting
 - (b)Enlarged uterus, fetal movements and enlarged breasts
 - (c) Quickening, frequency of micturition, enlarged uterus, nausea and vomiting
 - (d) All the above
- 1.11 Benefits of preconception care include
- (a) prevention of fetal abnormality
 - (b) the baby is likely to be delivered at term
 - (c)Mother is assured for good health
 - (d) All the above
- 1.12 Knowledge of the possible causes of previous stillbirth(s) the client has had is important to assist the midwife to advise the client
- (a) on infant feeding options
 - (b) about possible duration of labour
 - (c) about possible caesarean section

(d) about the most appropriate place of delivery

1.13 Pregnancy can be diagnosed through

- (a) Physical signs
- (b) Special investigations
- (c) Symptoms
- (d) Physical signs, symptoms and special investigations

1.14 The physiological changes which take place in the gastrointestinal system during pregnancy include

- (a) Cravings due to changes in taste
- (b) Ptyalism, nausea and vomiting, reduced gastric emptying and constipation
- (c) Heartburn associated with spongy gums
- (d) a and b

1.15 The following is / are true as regards physiological changes which take place in the cardiovascular system during pregnancy

- (a) Most pregnant women develop a systolic murmur
- (b) Increase in plasma volume cause haemodilution and pathological anaemia
- (c) Lymphocyte function is depressed
- (d) a and c

1.16 Match the term on the left with the appropriate description on the right

Brow	Fertilised cell first three weeks
Ovum	Amnion and chorion
Vertex	Cranial joint
Suture	Between two parietal bones
Sagittal suture	Head
Fontanelle	Opening between the atria
Cephalic	Junction of membranous space
Occiput	Between foramen magnum and posterior fontanelle
Foramen ovale	Bounded by the posterior fontanelle and two parietal eminences and anterior fontanelle
Fetal sac	Sinciput

QUESTION 2

Nomsa is 32 weeks gestation, Para 2 Gravida 4 .She has come for her initial (first) antenatal care visit. Her last normal menstrual period was 6 May 2007. She had slight vaginal bleeding on 13 May 2007. You are the midwife on duty .Describe the history you will obtain from Nomsa under the following headings.

- (a) Social history **(4 Marks)**
- (b) Risky habits **(2 marks)**
- (c) Medical history **(4 marks)**
- (d) Current obstetric history and calculate the EDD. **(7 marks)**–
- (e)Outline the abdominal examination (s) you will perform on Nomsa. **(7 marks)**
- (f) Explain what might have caused Nomsa to bleed vaginally on the 13 May 2007? **(1 mark)**

QUESTION 3

Philile is a primigravida from Lomahasha.She has reported at the Mbabane PHU for her first antenatal visit at 12 noon. According to her she is 34 weeks of gestation. She reports that she has not felt any fetal movements since morning.

- (a) Describe your management in an effort to establish why Philile has not felt any fetal movements. **(15 marks)**
- (b) Explain the methods which can be used to determine Philile's EDD. **(10 Marks).**

END OF QUESTION PAPER