

**UNIVERSITY OF SWAZILAND  
FACULTY OF HEALTH SCIENCES**

**TITLE OF PAPER: ABNORMAL MIDWIFERY MAIN EXAMINATION**

**COURSE CODE: MID 120**

**FINAL EXAMINATION, DECEMBER, 2008**

**TIME ALLOWED: 2 HOURS**

**TOTAL MARKS: 75 MARKS**

**INSTRUCTIONS:**

- 1. ANSWER ALL QUESTIONS.**
- 2. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO EACH OR PART OF A QUESTION.**
- 3. ANSWER ANY OF THE QUESTIONS ON A NEW PAGE.**
- 4. DO NOT CHEAT, IF YOU CHEAT YOU WILL BE PENALISED**

**THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION IS GRANTED BY THE INVIGILATOR.**

## **QUESTION 1**

### **MULTIPLE CHOICE QUESTIONS**

1. One of the effects of malaria on pregnancy is:
  - (a) An increase in workload of the heart
  - (b) Megaloblastic anaemia
  - (c) A disturbance in the clotting factor
  - (d) A high haemoglobin level
  
2. Which of the following investigations is essential for the diagnosis of anaemia in pregnancy?
  - (a) Size of foetus
  - (b) Estimated date of delivery
  - (c) History of infection
  - (d) Diet in the last pregnancy
  
3. Megaloblastic anaemia is a result of:
  - (a) Vitamin B deficiency
  - (b) Folic acid deficiency
  - (c) Vitamin B 12 deficiency
  - (d) Iron deficiency
  
4. One of the drivers of HIV epidemic in Swaziland is:
  - (a) Public awareness of the epidemic
  - (b) Secrecy and denial of the existence of HIV
  - (c) High mortality rate
  - (d) Availability of essential interventions
  
5. Which one of the following persons is at risk for Post Exposure Prophylaxis for HIV?
  - (a) Rape survivors
  - (b) School teachers
  - (c) Road workers
  - (d) All of the above
  
6. In a case where a midwife sustains a needle stick injury from a client who is HIV positive and the midwife's HIV test results are negative, the midwife has to:

- (a) Practice the universal precautions
- (b) Squeeze the bleeding wound
- (c) Ensure that guidelines for PEP are available in maternity ward
- (d) Receive follow-up care and counselling

7. A uniovular twin pregnancy can be referred to as:

- (a) Binovular
- (b) Dizygotic
- (c) Identical
- (d) Fraternal

8. Preterm labour is one of the complications that may occur as a result of multiple pregnancy, this may be caused by:

- (a) Pregnancy induced hypertension.
- (b) Large size of foetuses
- (c) Over-distended uterus
- (d) Oligohydramniotic

9. Prolonged pregnancy may be caused by:

- (a) A disturbance in the hormones
- (b) Ripening of the cervix
- (c) Low doses of aspirin tablets
- (d) Intra-uterine pregnancy

10. Intra-uterine death may occur as a result of prolonged pregnancy, this complication is due to:

- (a) Over-secretion of pregnancy hormones.
- (b) Decreased blood flow to the placenta
- (c) Insufficient progesterone to support pregnancy
- (d) Foetus too large to be accommodated in utero

11. One of the signs and symptoms of gonorrhoea is:

- (a) Profuse vaginal discharge
- (b) Diarrhoea and vomiting
- (c) Itching skin rashes
- (d) Cervical atrophy

12. Gonorrhoea can be transmitted to the foetus through:

- (a) The vertical route
- (b) Placental transfer
- (c) The vaginal delivery process
- (d) Breast feeding

13. Severe vomiting in pregnancy may be referred to as:

- (a) Morning sickness
- (b) Nausea
- (c) Hyperemesis gravidarum
- (d) Normal physiology

14. Which diet can a midwife recommend for a client who is having mild nausea and vomiting in early pregnancy.

- (a) Nothing by mouth till nausea subsides.
- (b) Dry toast
- (c) A blend diet
- (d) Fluid diet only

15. Which vitamin is likely to be compromised in the body when a client vomits in pregnancy.

- (a) Vitamin A
- (b) Vitamin C
- (c) Vitamin B complex
- (d) Vitamin D

16. A high risk pregnancy implies one that:

- (a) Is caused by medical conditions in pregnancy
- (b) May lead to foetal death
- (c) Usually causes maternal death
- (d) May have poor outcome for both mother and foetus

17. In a diabetic client, the hormone which produces resistance to insulin in maternal pancreas is:

- (a) Oestrogen
- (b) Progesterone
- (c) Cortisone
- (d) Human placental lactogen

18. The history that can make a midwife suspect gestational diabetes is one of the following:

- (a) Delivery of a baby with congenital deformities.
- (b) Previous delivery of a small for gestational age infant.
- (c) Persistent albumenuria
- (d) Post maturity

19. One of the causes of maternal morbidity and mortality in Swaziland is:

- (a) Gestational diabetes.
- (b) Hypertensive diseases in pregnancy
- (c) Asthma
- (d) Syphilis

20. One of the pre-disposing factors to pregnancy induced hypertension is:

- (a) A multigravid state.
- (b) Singleton pregnancy
- (c) A diet low in calcium.
- (d) All of the above

21. The two features in the pathology of pre-eclampsia are:

- (a) Fibrinoid deposition and albumen excretion.
- (b) Arterio vaso constriction and disseminated intravascular coagulation.
- (c) Cerebro vascular accident and haemorrhage
- (d) Hepatic vascular hypoxia and placenta abruption

22. The drug used as a convulsion prophylaxis is:

- (a) Hydralazine
- (b) Nifedipine
- (c) Asprin
- (d) Magnesium sulphate

23. The most essential nursing care for a client with an eclamptic fit is to:

- (a) Position in such a way as to encourage drainage of secretions.
- (b) Avoid interventions until the doctor arrives
- (c) Stay with the client
- (d) Restrain the client

24. A primigravid client who is below 1.5 metres in height tells a midwife that she delivered a 1.8kg baby without any difficulty; the midwife concludes that the client has which type of pelvis:

- (a) Gynecoid

- (b) Platypeloid
- (c) Android
- (d) Justo minor

25. A grand-multiparous client is at risk for which one of the antenatal complications:

- (a) Post mature pregnancy
- (b) Cephalo-pelvic disproportion
- (c) Abnormal lie
- (d) Hypotension

**Total marks 25 (1 mark per correct response)**

### **QUESTION 2**

Mrs Dlamini, a 27 year old gravida 2 para 1 reports to the antenatal clinic at 37 weeks gestation with history of severe abdominal pains and backache since last night. She has not felt any foetal movements since the onset of the pain and she is not bleeding vaginally. The midwife suspects concealed placenta abruption.

(a) Explain the specific management of Mrs Dlamini from 37 weeks gestation until term

**15 Marks**

(b) Briefly describe factors which will aid in making differential diagnosis between placenta praevia and placenta abruption

**10 marks**

### **QUESTION 3**

Miss Thoko Goje is a 32 year old multigravid who is 36 weeks pregnant. She reports to the antenatal department for a routine check-up. As a midwife caring for Mrs Goje, you suspect multiple pregnancy.

(a) Describe how a midwife can diagnose multiple pregnancy at 36 weeks gestation.

**15 marks**

(b) Briefly describe three complications that Mrs Goje is likely to have at this stage of her pregnancy.

**10 marks**