

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES

**TITLE OF PAPER: ABNORMAL MIDWIFERY SUPPLEMENTARY
EXAMINATION, MAY, 2009**

COURSE CODE: MID 120

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 EACH QUESTION 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: SELECT THE MOST APPROPRIATE RESPONSE, WRITE THE NUMBER AND THE RELEVANT ALPHABET CORRESPONDING CORRECT RESPONSE

1. How can a midwife differentiate occult oedema from clinical oedema
 - (a) Occult oedema pits on pressure
 - (b) Occult oedema is marked on the ankles
 - (c) Occult oedema is evident when there is marked increase in body weight
 - (d) Occult oedema is synonymous to clinical oedema

2. Couvelaine uterus is synonymous to:
 - (a) Placenta praevia
 - (b) Placenta abruption
 - (c) Uterine apoplexy
 - (d) Bandl's ring

3. The amount of protein in urine is frequently taken as an index for the severity of:
 - (a) Hypertension
 - (b) Pregnancy induced hypertension
 - (c) Diabetes
 - (d) Respiratory tract infection

4. One of the signs of impending eclampsia is:
 - (a) Diminished urinary output
 - (b) Decrease in proteinuria
 - (c) Severe backache
 - (d) Excessive foetal movements

5. Placenta praevia is accurately diagnosed by one of the following examinations:
 - (a) Pelvic examination
 - (b) Abdominal examination
 - (c) X ray
 - (d) Ultrasonic scanning

6. When examining a client diagnosed with antepartum haemorrhage, the midwife is advised to:
 - (a) conduct an abdominal examination first before establishing the severity of bleeding
 - (b) report all risk conditions to the doctor
 - (c) avoid doing a vaginal examination as torrential haemorrhage may be precipitated
 - (d) document all findings according to the hospital policy

7. Acute polyhydramnios is diagnosed at which gestational stage:
- (a) 10 weeks
 - (b) 20 weeks
 - (c) 30 weeks
 - (d) 40 weeks
8. One of the antenatal complications which may occur as a result of polyhydramnios is:
- (a) Exaggerated stria gravidarum
 - (b) Polyuria
 - (c) Spontaneous rupture of membranes
 - (d) Delayed onset of labour
9. A midwife may diagnose oligohydramnios at the antenatal department by observing:
- (a) Exaggerated height of fundus
 - (b) Signs of dehydration
 - (c) Reduced foetal movements
 - (d) A normal weight gain
10. You are a midwife caring for Mrs Gumedze who has just delivered a live infant; she is diagnosed with pulmonary tuberculosis. What advise can you give her regarding infant feeding?
- (a) Give artificial feeding as the tubercle bacilli is found in breast milk
 - (b) Offer milk formula as she may be having TB/HIV co-infection
 - (c) Breastfeed as breast milk is the safest method of feeding infants
 - (d) Breast feeding is contraindicated if the woman has an active TB infection
11. Iron deficiency anemia results in:
- (a) Megaloblastic red cells
 - (b) Sickle shaped red cells
 - (c) Microcytic red cells
 - (d) Abnormal red cells
12. Dietary advise that should be given to pregnant women diagnosed with anaemia should include:
- (a) Avoiding alcohol during pregnancy
 - (b) Eating green leafy vegetables and oranges
 - (c) Eating green vegetables only
 - (d) Avoiding red meat at all costs

13. Diabetic women are susceptible to:

- (a) *Candida albicans*
- (b) Gonorrhoea
- (c) Trichomoniasis
- (d) *Chlamydia trachomatis*

14. One of the outcomes of uncontrolled diabetes in pregnancy is:

- (a) Chronic diabetes
- (b) A large but premature baby (about 4kg)
- (c) A normal sized baby
- (d) A postmature infant

15. A midwife is examining a placenta following a twin delivery of babies of the same gender. What findings will confirm dizygotic twins.

- (a) One chorion one amnion
- (b) One chorion one placenta
- (c) Two chorions one amnion
- (d) Two chorion two amnions

16. In a multiple pregnancy, one foetus may die and be retained in the uterus while pregnancy continues, the dead foetus is expelled with the placenta; the dead foetus is called:

- (a) Conjoined twins
- (b) Anencephalic foetus
- (c) Foetus papyraceous
- (d) Locked twins

17. When the fundus of the uterus leans forward and the abdomen is unduly prominent, the condition is called:

- (a) Retroverted uterus
- (b) Prolapsed uterus
- (c) Bi-cornuate uterus
- (d) Pendulous abdomen

18. One of the signs of placental deterioration is:

- (a) Diminished amount of liquor
- (b) Increased foetal movements
- (c) Normal foetal heart patterns
- (d) Static or increase in maternal weight

19. Abdominal pregnancy occurs as a result of the ovum:

- (a) Fertilised in the abdomen
- (b) Fertilised in the fallopian tubes, aborted into the abdomen
- (c) Fertilised and embedded in the fallopian tubes
- (d) Fertilised and embedded in the uterus

20. HIV screening test in Swaziland is regarded as:

- (a) An entry point to antenatal services
- (b) A compulsory procedure in accessing mother and child services
- (c) An optional test in antenatal services
- (d) A test advised for primigravida clients

21. An unstable lie may be defined as:

- (a) A foetus adopting a transverse lie at term
- (b) A lie that is maintained at term gestation
- (c) A lie that varies after 36 weeks gestation
- (d) A lie influenced by foetal axis pressure

Mrs Dunn is 20 weeks pregnant, she gives a history that she delivered an alive baby five years ago, delivered a jaundice stillbirth three years ago and had an abortion a year ago. Question 22-25 relates to this case.

22. What is the possible diagnosis for Mrs Dunn

- (a) Sexually transmitted infections
- (b) Rhesus incompatibility
- (c) Neonatal jaundice
- (d) Gestational diabetes

23. Why would the first baby be safe while subsequent pregnancies were not viable in the condition mentioned in question 22

- (a) Maternal and foetal blood does not mix
- (b) High bilirubin level is noted on subsequent infants
- (c) Rhesus iso-immunisation occurs during the third stage of labour
- (d) Antepartum haemorrhage result to iso immunisation

24. Which treatment should be administered to Mrs Dunn within the first 72 hours of delivery?

- (a) Antiretroviral treatment
- (b) Mantox test

- (c) Anti D immunoglobulin
- (d) Vitamin K

25. What is the desired effect of the treatment cited in question 24 ?.

- (a) To prevent formation of antibodies in maternal system
- (b) To sustain pregnancy to term
- (c) To prevent abortion from occurring
- (d) To prevent neonatal deaths

QUESTION 2

Mrs Gule, a 20 year old primigravida is 36 weeks pregnant, she has been diagnosed with pregnancy induced hypertension.

- (a) Describe the management for Mrs Gule from this stage of pregnancy until term

25 marks

QUESTION 3

You are taking care of Miss Ncamsile Dlamini who is pregnant and attending her first antenatal visit.

- (a) Describe the obstetric history that is required in order for a midwife to render appropriate care.

15 Marks

- (b) At 20 weeks gestation Miss Dlamini had gained 2.0 kg weight from a baseline of 50 kg, at 30 weeks she weighed 55 kg at term she weighed 58kg. Comment about Miss Dlamini's weight gain and give her the relevant advice.

10 Marks