

TITLE OF PAPER: ABNORMAL MIDWIFERY 1
COURSE CODE: MID120
FINAL EXAMINATION: NOVEMBER 2009
TIME: 2 HOURS
TOTAL MARKS 75

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**

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Question 1

Select the most appropriate response

1.1 A condition whereby a woman conceives when already pregnant is called:

- (a) Superfecundation
- (b) Superfetation
- (c) Fraternal
- (d) Monochorionic

1.2 Fresh stria gravidarum identified on the abdomen of a pregnant woman may be an indication of:

- (a) Previous pregnancy signs
- (b) An abnormal lie
- (c) Hydatidiform mole
- (d) Polyhydramnios

1.3 Possible outcomes of tubal pregnancy are all the following except for:

- (a) Tubal mole
- (b) Tubal abortion
- (c) Tubal implantation
- (d) Abdominal pregnancy

1.4 When managing sexually transmitted infections, midwives usually stress the importance of partner treatment, reason for this advice is to:

- (a) Treat the source of infection
- (b) Blame partner for infecting the woman
- (c) Identify sexual network of the client
- (d) Ensure that re-infection does not occur

1.5 Clients diagnosed with sexually transmitted infections are normally encouraged to know their HIV status, what is the rationale for this advice:

- (a) To rule out HIV infection as they are a risk group for other sexually transmitted infections.
- (b) For statistics purposes.
- (c) To protect the partner in case the client has acquired HIV infection.
- (d) To offer comprehensive treatment.

1.6 Excessive vomiting is referred to as:

- (a) Bulimia
- (b) Morning sickness
- (c) Moderate vomiting
- (d) Hyperemesis gravidarum

1.7 One of the serious signs for the condition mentioned in question 1.6 is:

- (a) Jaundice
- (b) Mild dehydration
- (c) Avitaminosis
- (d) Hunger

1.8 Pregnancy induced hypertension is not common to multigravid clients, except if a client has a new partner, this is usually a result of:

- (a) Reaction of the woman to a new partner
- (b) Guilt felt by a woman for deserting her former partner
- (c) Genetic dissimilarity of the partner
- (d) Rhesus incompatibility

1.9 A midwife is teaching pregnant women how to monitor abnormal oedema on the ankles. Which of the following statements is correct in diagnosing pre-eclampsia.

- (a) Oedema is not detected by the examiner
- (b) Oedema subsides overnight
- (c) Oedema is accompanied with varicose veins
- (d) Oedema pits on pressure

1.10 The term uterine apoplexy is associated with one of the conditions listed below, identify the condition

- (a) Placenta abruption
- (b) Placenta praevia
- (c) Velamentous
- (d) Placenta succenturia

1.11 A condition whereby the amniotic fluid is less than 500ml at term is called:

- (a) Polyhydramnios
- (b) Polyuria
- (c) Oligohydramnios
- (d) Potter's syndrome

1.12 Pregnant women are particularly vulnerable to H1N1 virus, because (of):

- (a) High HIV infection rate among pregnant women
- (b) Low immunity associated with pregnancy
- (c) Influenza viruses are airborne.
- (d) Poor intake of essential vitamins

1.13 Streptomycin sulphate is contra-indicated to pregnant women because one of the side effects may occur to the foetus, identify the condition:

- (a) Abortion
- (b) Foetal death
- (c) Foetal abnormality
- (d) Foetal auditory and vestibular nerve damage

1.14 Valvular heart diseases is often recognised in pregnancy when profound haemodynamic changes that normally occur during pregnancy put additional strain on the heart. The most common rheumatic valvular lesion encountered during pregnancy is:

- (a) Mitral stenosis
- (b) Aortic stenosis
- (c) Mitral and aortic valve incompetence
- (d) Congestive cardiac failure

1.15 A client diagnosed with cardiac failure is requesting advice related to future pregnancies, your response as a midwife caring for this client is:

- (a) Consult your medical doctor as he/she is more familiar with your condition
- (b) Never conceive because you may have poor outcome of pregnancy.
- (c) To advice the client based on the outcome of the current pregnancy and the prognosis of the client.
- (d) Encourage client to become pregnant after two years to ensure proper recuperation.

1.16 A client diagnosed with multiple pregnancy is at risk of developing anaemia particularly in late pregnancy, this condition may be caused by:

- (a) Insufficient dietary intake
- (b) Excessive demands by foetuses for extra-uterine use.
- (c) Premature onset of labour resulting to the urgent need of iron supplementation
- (d) Excessive demands made by maternal cells

- 1.17 Risk groups for HIV exposure are all the following persons except for:
- (a) Rape survivors
 - (b) Home-based care providers
 - (c) Midwives
 - (d) Hospital administrators
- 1.18 Following contamination from HIV infected body fluids, one of the following measure is essential, identify the one that applies:
- (a) Use a detergent to wash the affected area in order to kill HIV organism.
 - (b) Squeeze the affected area in order to remove contaminated fluids
 - (c) Establish the HIV status of both clients and offer relevant advice.
 - (d) Advise the client on safe sexual practices.
- 1.19 A client who gives a history of having delivered a live birth followed by a neonatal death and an abortion is likely to be having a/an:
- (a) Blood disorders
 - (b) Rhesus incompatibility.
 - (c) Incompetent cervix
 - (d) Placenta praevia
- 1.20 A client diagnosed with malaria in pregnancy may give birth to a low birth weight infant, this condition is a consequence of:
- (a) Excessive destruction of red blood cells
 - (b) Intra-uterine growth malnutrition as a consequence of malaria parasites invading the placenta.
 - (c) Foetal distress due to blood and oxygen demands
 - (d) Poor maternal health due to a multigravid state.
- 1.21 Polyhydramnios is associated with multiple pregnancy, identify the type at risk for polyhydramnios:
- (a) Superfecundation
 - (b) Dizygotic
 - (c) Monozygotic
 - (d) Triplets
- 1.22 Insulin is a drug of choice in managing diabetes mellitus, the role of insulin is to:
- (a) Increase circulating blood glucose
 - (b) Decelerate glucose utilisation
 - (c) Increase glucogenesis
 - (d) Stimulate glycogen synthesis

Mrs Dladla reports to the mother baby care clinic for antenatal care; she is 36 weeks pregnant, reports that she is bleeding since last night. Question 23-25 relates to Mrs Dladla condition.

1.23 What is the most essential data to collect from Mrs Dladla

- (a) Support system by significant others.
- (b) General health history
- (c) Quality and quantity of blood loss
- (d) Last menstrual period

1.24 If the amount of blood loss is not commensurate to the general condition of the client; the midwife should rule out the possibility of:

- (a) Internal haemorrhage
- (b) Both visible and concealed haemorrhage
- (c) Placenta accreta
- (d) External haemorrhage

1.25 The situation may be aggravated by one of the following procedures that may be conducted by a midwife.

- (a) A speculum examination
- (b) An ultrasound scan
- (c) A digital vaginal examination
- (d) An ultraviolet ray

Question 2

A midwife is looking after Dumsile, a 16 year old primigravida at term, obese, with multiple pregnancy, living in a rural community, and has not been attending antenatal care. The accompanying relative reports that the client is not responding well since early morning. At that instance the client has an eclamptic seizure.

- (a) Discuss in detail the midwives management of the client before the arrival of a doctor or an obstetrician.

15 marks

- (b) Explain why Dumsile is at risk for pregnancy induced hypertension (give a relevant rationale for each point mentioned)

10 marks

Question 3

You are assigned to work in a rural maternity centre, as you are checking statistics for antenatal clinic you discover that pregnant women are not receiving an HIV test, yet country statistics indicate a high prevalence of HIV among pregnant women. Discuss in detail how a midwife would initiate a program aimed at preventing mother to child transmission of HIV in a rural clinic.

25 marks