

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES**

TITLE OF PAPER: COMMUNITY MIDWIFERY (SEMESTER 2)

COURSE CODE: MID 131

FINAL EXAMINATION, MAY, 2010

TIME ALLOWED: 2 HOURS

TOTAL MARKS: 75

INSTRUCTIONS:

- 1. ANSWER ALL QUESTIONS, A TOTAL OF THREE (3) 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.**

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

SECTION ONE:

QUESTION I: MULTIPLE CHOICE QUESTIONS.

1. The body's ability to fight disease is called:
 - a. Immunization.
 - b. Resistance.
 - c. Nutrition.
 - d. Antibiotic.

2. An extra-uterine pregnancy is suggested by:
 - a. A uterus that is larger than expected for the duration of pregnancy.
 - b. Morning sickness and breast tenderness.
 - c. Lower abdominal pain and vaginal bleeding.
 - d. The absence of fetal movements.

3. A woman should book for antenatal care:
 - a. Before she falls pregnant.
 - b. When she has missed her second menstrual cycle.
 - c. When she first feels fetal movements.
 - d. When she is 28 weeks pregnant.

4. Which of the following risk factors from a patient's past obstetric history carries the highest risk in a subsequent pregnancy?
 - a. A previous caesarean section.
 - b. An infant weighing more than 4000 g at birth.
 - c. A previous perinatal death.
 - d. A previous ectopic pregnancy.

5. A woman books for antenatal care at 12 weeks gestation. Which of the following in her present obstetric history would worry you most?
- Flu-like symptoms associated with rash.
 - Nausea and vomiting in the mornings.
 - Heartburn and constipation.
 - Slight ankle oedema.
6. The last normal menstrual period may be used to calculate the duration of pregnancy.
- If that was the last menstrual period while the patient was on her last packet of oral contraceptive pills.
 - If the patient has a regular cycle and she was not on contraceptives.
 - If the last menstrual period had started earlier and had been shorter than the patient would have expected.
 - Patient information about their last menstrual period is always wrong.
7. A cervical smear for cytology must be done during the first antenatal visit as part of the gynaecological examination:
- In all women.
 - Only if the cervix appear abnormal.
 - From all women 30 years or more who have not had a previous smear which had? been reported as normal.
 - Only if there is a symptomatic vaginal discharge (e.g itching or burning).
8. The abdominal assessment is a useful assessment of the duration of pregnancy:
- From 8 to 12 weeks.
 - From 10 to 16 weeks.
 - From 13 to 21 weeks.
 - From 22 to 36 weeks.

9. If a patient is 10 weeks pregnant:
- The fundus will be palpable 2 cm above the pelvic symphysis.
 - The fundus is not palpable abdominally and it is, therefore not possible to determine whether the dates correlate with the size of the uterus.
 - It would be better to ask her to return in 6 weeks time for booking.
 - The uterine size may be determined vaginally with fair accuracy.
10. Which of the following statements about intra-uterine growth retardation is correct?
- The cause of severe intra-uterine growth retardation is usually unknown.
 - Both maternal and fetal factors may cause intra-uterine growth retardation.
 - Primary placental insufficiency is a common cause of intra-uterine growth retardation.
 - Poor maternal weight gain during pregnancy is of great value in the diagnosis of intra-uterine growth retardation.
11. The fetal condition can best be determined during the antenatal period by:
- Weighing the client at every antenatal visit.
 - Measuring the patient's blood pressure.
 - Counting the fetal heart rate.
 - Counting fetal movements.
12. What is the definition of hypertension in pregnancy?
- A diastolic blood pressure of 80 mm Hg or above.
 - A diastolic blood pressure of 90 mm Hg or above.
 - A diastolic blood pressure of 100 mm Hg or above.
 - A rise in diastolic blood pressure of 10 mm Hg.

13. How would you define pre-eclampsia?
- Hypertension and proteinuria present before the start of pregnancy.
 - Hypertension and proteinuria presenting in the first half of pregnancy.
 - Hypertension and proteinuria presenting in the second half of pregnancy.
 - Hypertension and proteinuria presenting anytime in pregnancy.
14. Which fetal condition is common in pregnancies complicated by pre-eclampsia?
- Congenital malformations.
 - Heart failure due to hypertension.
 - Haemorrhagic disease of the newborn.
 - Intra-uterine growth retardation.
15. Pre-eclampsia can cause fetal distress because it results in:
- A decrease in placental blood flow.
 - Fetal hypertension.
 - Severe protein loss in the mother's urine.
 - Congenital abnormalities caused by antihypertensive drugs.
16. Which of the following women has the highest risk of pre-eclampsia?
- A patient with a history of pre-eclampsia starting early in the third trimester of a previous pregnancy.
 - A patient with a history of a preterm delivery in her previous pregnancy.
 - Grande multiparas.
 - A patient who previously had a twin pregnancy.
17. Which one of the following may be an early warning sign of pre-eclampsia?
- Weight loss during the last months of pregnancy.
 - Generalised oedema especially of the face.
 - Oedema of the feet at the end of the day.
 - Pain on passing urine.

18. What is an important complication of pre-eclampsia?
- Placenta praevia.
 - Oedema of the face.
 - Glycosuria.
 - Intracerebral haemorrhage.
19. What drug is used to prevent and manage eclampsia?
- Magnesium sulphate.
 - Magnesium trisilicate.
 - Alpha-methyldops (ALDOMET).
 - Diazepam (VALIUM).
20. Which of the following is an important sign of shock due to blood loss?
- A fast pulse rate.
 - A low haemoglobin concentration.
 - Concentrated urine.
 - Pyrexia.
21. An antepartum haemorrhage of unknown cause should be suspected:
- When the history and abdominal examination are not suggestive of an abruption placentae.
 - When local causes of bleeding have been excluded by a speculum examination.
 - When a placenta praevia is excluded.
 - When all the above causes of an antepartum haemorrhage have been excluded.
22. What is the definition of anaemia in pregnancy?
- A haemoglobin concentration of less than 12 g/dl.
 - A haemoglobin concentration of less than 11 g/dl.
 - A haemoglobin concentration of less than 10 g/dl.
 - Any patient with shortness of breath irrespective of the haemoglobin level.

23. What is the commonest cause of anaemia in pregnancy?
- Iron deficiency.
 - Folic acid deficiency.
 - Infection.
 - Blood loss.
24. The management of anaemia in pregnancy depends on:
- The presence or absence of oedema.
 - Whether the patient is pale or not.
 - the presence or absence of shortness of breath and tachycardia.
 - The presence or shortness of hypotension.
25. What should be the management of an anaemic patient if the haemoglobin concentration is less than 8 g/dl and the gestational age 37 weeks?
- Admit to hospital for bed rest and a good diet.
 - Admit to hospital for a blood transfusion.
 - Give an intramuscular injection of iron-dextran (IMFERON).
 - Prescribe one ferrous sulphate tablet 3 times a day until delivery.
26. Which patients should receive supplementary iron during pregnancy?
- All patients.
 - Only patients with a haemoglobin concentration of less than 11 g/dl.
 - Only patients with a full blood count suggesting iron deficiency.
 - Patients from communities where iron deficiency is common or socio-economic circumstances are poor.
27. The most important aim of family planning is to:
- Save money.
 - Improve the quality of life for everyone.
 - Prevent sexually transmitted diseases.
 - Ensure that each family has one child only.

28. In poor communities, the prevention of large families:
- Improve the health of women and children.
 - Increases the mortality of women during delivery.
 - Makes the financial status of the family worse.
 - Is not the priority in the planning of perinatal health?
29. The correct way to advise women regarding a suitable contraceptive method is to:
- Ask her which method she would like and then consider if it is a suitable choice.
 - Prescribe the method that you think would be the best.
 - Suggest that she uses OVRAL as a post coital contraceptive.
 - Allow her to use whatever method she wants.
30. Which of the following is the least effective contraception?
- An injection.
 - A condom.
 - An intra-uterine contraceptive device.
 - A combined contraceptive pill.
31. One of the very effective contraceptive method is:
- The condom.
 - Breastfeeding.
 - An intra-uterine contraceptive device.
 - Spermicides.
32. A young healthy women who is not a smoker and is on a combined pill should:
- Stop taking the pill after 1 year.
 - Stop taking the pill after 5 years.
 - Stop taking the pill for a few months periodically every few years.
 - Stop taking the pill at 45 years of age.

33. Lactation is reduced by:

- a. The progestogen-only pill (mini pill).
- b. An intrauterine contraceptive device.
- c. An injection.
- d. A combined contraceptive pill.

34. Tubal ligation causes:

- a. Menstrual abnormalities.
- b. Weight gain.
- c. Headaches.
- d. None of the above.

35. An advantage of the condom as a method of contraception is that it:

- a. Is very effective.
- b. Decreases the risk of sexually transmitted disease.
- c. Increases sensation during intercourse.
- d. Is socially accepted to everyone.

35 MARKS

SECTION TWO

QUESTION 1

Describe how the midwife should respond to each of the following client concerns and questions.

- A. Lungile is 14 weeks pregnant. She comes at the antenatal clinic to report to the midwife that she noticed slight, painless spotting this morning. She reveals that she did have intercourse with her partner the night before. **5 Marks**
- B. Ntombi suspects she is pregnant because her menstrual period is already 3 weeks late. She asks her friend who is a midwife, how to use the pregnancy test that she just bought so that she obtains the better results. **3 Marks**
- C. Thoko is 3 months pregnant, She tells the midwife that she is worried because a friend told her that vaginal and bladder infections are common during pregnancy. She wants to know if this could be true, if so why? **4 Marks**
- D. Zandile, who is 20 weeks pregnant, tells the midwife that she has noted some problems with her breasts. There are 'little nipples' near her nipples and her breasts feel lumpy and bumpy and leak a little when she does breast self examination. **4 Marks**
- E. Lindiwe, is concerned because she read in a book about pregnancy that a pregnant woman's position could affect her circulation, especially to the bay. She asks what positions are good for her circulation now that she is pregnant.

4 Marks

TOTAL 20 MARKS

QUESTION 2

Betty, a 35 year old primiparous woman beginning her second week postpartum at home, is bottle feeding her baby. She and her husband Fana moved from Matsanjeni, where they lived all their lives to Manzini 2 months ago to take advantage of carrier opportunity for Fana. They live at Ka Khoza community with many other young couples who are also starting families. Last month they joined a Roman Catholic Church near their home. Fana tries to help Betty with her baby but he has to spend long hours at work to establish his position. Betty's prenatal record reveals that she often exhibited anxiety about her well-being and that of her baby. During a home visit by a community midwife, as part of an early discharge program, Betty tells the midwife that she always wants to sleep and just cannot seem to get enough rest. Betty is very concerned that she is not being a good mother and states "Sometimes I just do not know what to do to care for my baby the right way and I am not even breastfeeding my baby. It seems that Fana enjoys spending what little time he has at home with the baby and not with me. I even find myself yelling at him for the silliest things". The midwife recognizes that Betty is exhibiting behaviours strongly suggestive of postpartum depression.

- A. Indicate the signs and symptoms that Betty exhibited to lead the midwife to suspect postpartum depression. **2 Marks**
- B. Specify the predisposing factors for postpartum depression that are in Betty's situation. **3 Marks**
- C. Write one nursing diagnosis that is reflective of Betty and Ana's current situation. **8 Marks**
- D. Describe the measures the midwife could use to help Betty and Fana cope with postpartum depression. **7 Marks**

TOTAL 20 MARKS