

**UNIVERSITY OF SWAZILAND**  
**FACULTY OF HEALTH SCIENCES**  
**FINAL EXAMINATION PAPER: MAY, 2011**

**TITLE OF PAPER** : **ABNORMAL MIDWIFERY 2**  
**COURSE CODE** : **MID 121**  
**DURATION** : **TWO (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.

A midwife is conducting an intra-partum examination to Mrs Mabila at 5 am, who is 38 years of age, gravid 7 in labour; post-term gestation, presentation cephalic 4/5, uterine contractions 2/10/20, cervix 4cm dilated. At 10 am the findings were as follows: presentation 3/5, uterine contractions 3/10/30, cervix 5cm, station 0.

Question 1-10 relates to this scenario.

1.1 Mrs Mabila is classified as an obstetric risk case; indicate the risk factors for this client.

- (a) Age and gravid state
- (b) Age, gravid state, post-maturity
- (c) Age, gravid state, post- maturity and prolonged latent phase of labour
- (d) Age, gravid state, post-maturity, prolonged labour and maternal distress

1.2 The disordered uterine contractions which are identified in this scenario are classified as:

- (a) Hypotonic
- (b) Hypertonic
- (c) Tonic
- (d) Titanic

1.3 Full dilatation of the cervical os is expected to occur at what time:

- (a) 8 am
- (b) 8.80 am
- (c) 9.00 am
- (d) 9.30 am

1.4 If an occipito posterior position was diagnosed on this client, one of the possible outcomes which may result to obstructed labour is:

- (a) Face presentation
- (b) Deep transverse arrest
- (c) Breech presentation
- (d) Persistent Occipito Posterior

1.5 How can the condition identified in 1.4 be diagnosed by a vaginal examination?

- (a) By detecting the sagittal suture on the anterior posterior diameter of the outlet
- (b) By detecting the frontal sutures on the AP diameter of the outlet
- (c) By detecting the anterior fontanel on the AP diameter of the outlet
- (d) By detecting the sagittal suture on the transverse diameter of the outlet

1.6 If the occiput is pointing at the left sacro-iliac joint, the position of the foetus is:

- (a) Left-sacro anterior
- (b) Right sacro anterior
- (c) Left occipito posterior
- (d) Right occipito posterior

1.7 What is the appropriate interventions by a midwife who is caring for Mrs Mabila at 10 am

- (a) Record vital signs and wait for the doctor to advise appropriately
- (b) Start intravenous 5% dextrose water, measure vital signs and inform doctor
- (c) Start intravenous 5% dextrose, augment labour and measure vital signs
- (d) Prepare the client for a Caesarian section and document all care rendered

1.8 Amniotic membranes ruptured at 6am, this complication could be attributed to:

- (a) Prolonged labour
- (b) Malpresentation
- (c) Hypertonic uterine contractions
- (d) Unengaged head

1.9 Post-term pregnancy is usually associated with disordered uterine contractions; this is a consequence of:

- (a) Hypoxia
- (b) Decreased pregnancy hormones
- (c) Sexually transmitted infections
- (d) Intra-uterine malnutrition

1.10 A client who is gravid 7 is at risk of all the following obstetric conditions, except for:

- (a) Malposition
- (b) Malpresentation
- (c) Ruptured uterus
- (d) Uterine inversion

1.11 A breech presentation is classified as a:

- (a) Malposition
- (b) Malpresentation
- (c) Abnormal presentation
- (d) Normal presentation

1.12 The presenting diameter in a breech presentation is the:

- (a) Bispinous
- (b) Biparietal
- (c) Bisacral
- (d) Bitrochanteric

1.13 Bands ring commonly occur as a consequence of:

- (a) Retraction of the uterine muscles
- (b) Reverse polarity
- (c) Obstructed labour
- (d) Cervical dystocia

1.14 The engaging diameter on a persistent occipito posterior is the:

- (a) Sub-mento bregmatic
- (b) Sub-occipito bregmatic
- (c) Sub-occipito frontal
- (d) Occipito frontal

1.15 In a well-flexed breech presentation the presenting part is the:

- (a) Anterior buttock
- (b) Posterior buttock
- (c) Sacrum
- (d) Knee

1.16 One of the prophylactic management of Post partum haemorrhage is:

- (a) Effective use of contraceptives
- (b) Early use of reproductive health services
- (c) Active management of third stage of labour
- (d) Liberal use of oxytocic drugs during labour

1.17 The immediate midwives' management of a retained placenta is:

- (a) Cord traction in order to forcefully detach the placenta
- (b) Repeat an oxytocic agents to stimulate uterine contractions
- (c) Apply fundal pressure to encourage expulsive force
- (d) Encourage ambulation to enhance expulsion of the placenta

1.18 A post partum client who complains of sudden chest pain, dyspnoea and coughing may be suffering from:

- (a) Tuberculosis
- (b) Disseminated intravascular coagulation
- (c) Thrombo-embolism
- (d) Embolism

1.19 A post natal client who complains of offensive scanty lochia, fever and poor appetite may be suffering from:

- (a) Pelvic inflammatory condition
- (b) Puerperal pyrexia
- (c) Cancer of the cervix
- (d) Infected perineal laceration

1.20 A woman who has given birth to a stillborn baby should be nursed:

- (a) In a ward with other mothers who have babies to facilitate the grieving process
- (b) In a semi-private ward where there is good interaction between the patient, relatives and midwives
- (c) In an isolated ward to allow her to grieve without disturbing other women
- (d) At home where emotional support is available to enhance normal grieving process

1.21 Which is the most appropriate breast care advice that a midwife should give to a client who has experienced a stillborn:

- (a) Wear breast support and avoid expressing milk from breasts
- (b) Express milk to relieve engorgement
- (c) Wet nurse until the milk dries off
- (d) Give ergometrine extracts to suppress breast milk production

1.22 Maternal death is the most tragic obstetric outcome that must be prevented by all midwives, one of the approach that is adopted by the Safe Reproductive Health Unit in Swaziland is to:

- (a) Promote the use of indigenous practices
- (b) Reduce the number of dependants in the household
- (c) Promote male participation in reproductive health issues
- (d) Utilize more Caesarian section in health care facilities

1.23 A compromised foetus may exhibit one of the following characteristics except for:

- (a) An abnormal pattern of the foetal heart
- (b) Passage of meconium on a breech presentation
- (c) Excessive foetal movement
- (d) Late deceleration of the foetal heart

1.24 The denominator in a face presentation is the:

- (a) Sinciput
- (b) Brow
- (c) Occiput
- (d) Mentum

1.25 The possible outcome of a persistent mento-posterior is:

- (a) Deep transverse arrest
- (b) The chin may be caught in the hollow of the sacrum
- (c) Impacted breech
- (d) 3/8 rotation of the occiput

### QUESTION 2 (a)

Mrs Gama, a gravid 1 has been in labour for the past 5 hours and she is progressing steadily; she complains of severe backache and has bearing down contractions. Membranes rupture spontaneously, while the cervix is 6 cm dilated and the umbilical cord has prolapsed. Discuss in detail the management of this client by a midwife; give a rationale for the action taken.

15 marks

### QUESTION 2 (b)

Mrs Gama may progress poorly resulting to obstructed labour as a consequence of deep transverse arrest, how can the midwife diagnose this condition?

10 Marks

### QUESTION 3

Mrs Jones, a gravid 8, has delivered twins in the past hour and she is bleeding excessively per vaginum following a difficult extraction of the second twin which was presenting by breech. A dose of oxytocic drug was given IM but she is still bleeding profusely. She is complaining of severe lower abdominal pain and dizziness. Discuss in detail the causes of postpartum haemorrhage based on this scenario.

25 marks