

<b>TITLE OF PAPER:</b>	<b>ABNORMAL MIDWIFERY 1</b>
<b>COURSE CODE:</b>	<b>MID120</b>
<b>MAIN EXAMINATION:</b>	<b>DECEMBER 2011</b>
<b>TIME:</b>	<b>2 HOURS</b>
<b>TOTAL MARKS</b>	<b>75</b>

**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**

### **MULTIPLE CHOICE QUESTIONS**

#### **SELECT THE MOST APPROPRIATE RESPONSE**

Mrs Dudu Dlamini, a pregnant woman presents herself in a rural clinic for management. She complains of vaginal bleeding. Question 1-5 addresses this scenario.

- 1.1 If Dudu has not missed a period but is expecting it anytime this week; the midwife concludes that the bleeding may be due to:
- (a) Hydatidiform mole
  - (b) Ectopic pregnancy
  - (c) Ovulation bleeding
  - (d) Tubal mole
- 1.2 Suppose Dudu was at 32 weeks gestation and has recently been involved in a motor vehicle accident, then started bleeding vaginally; what would be the probable cause of bleeding?
- (a) Placenta praevia
  - (b) Placenta Velamentosa
  - (c) Placenta Bipartio
  - (d) Placenta abruption
- 1.3 If Dudu was a grand multigravid client and she started bleeding vaginally at 36 weeks gestation, when she was at complete rest; what is the common cause of bleeding at this stage of pregnancy?
- (a) Implantation bleeding
  - (b) Abortion
  - (c) Placenta praevia
  - (d) Coagulation disorders
- 1.4 Type 3 placenta praevia is a condition whereby the placenta is localised:
- (a) At the fundus of the uterus
  - (b) Wholly covering the cervical os
  - (c) Partly covering the cervical os
  - (d) At the lower pole of the uterus

1.5 Cervical ectropion is a condition which is associated with:

- (a) Bleeding from the cervical os
- (b) Bleeding in the fallopian tubes
- (c) Bleeding in the chorion villa
- (d) Bleeding in the muscles of the uterus

1.6 An elderly primigravid client is a high risk for poor obstetric outcome due to:

- (a) Lax uterine muscles as a result of aging
- (b) Declining hormones which may not function optimally in supporting pregnancy
- (c) Stiff pelvic joints poorly responding to the effects of oestrogen
- (d) Repeated pelvic infections

1.7 Prolonged pregnancy has poor obstetric outcome, one of which may be:

- (a) Intra-uterine death
- (b) Large for date babies
- (c) Congenital deformed babies
- (d) Premature babies

1.8 An obstetric history that would lead a midwife to suspect multiple pregnancy is:

- (a) Small for gestational age
- (b) Previous delivery of large babies
- (c) Excessive foetal movements
- (d) Bleeding tendencies in early pregnancy

1.9 A midwife is examining a placenta which is large in size, with 2 amniotic sacs, one chorion; he/she concludes that this type of twin pregnancy is:

- (a) Dizygotic
- (b) Monozygotic
- (c) Superfetation
- (d) Superfecundation

1.10 Premature labour is one of the outcomes of multiple pregnancy, this occurs as a result of:

- (a) Large size of foetuses
- (b) Oligohydramnios
- (c) Term gestation
- (d) Over distension of the uterus

1.11 After the delivery of the first twin the second foetus is at risk of intra-uterine death due to:

- (a) Hypoxia
- (b) Intrauterine growth retardation
- (c) Intrauterine malnutrition
- (d) Asphyxia neonatorum

- 1.12 An abdominal palpation will assist a midwife to diagnose twin pregnancy, one of the findings will be:
- (a) Identifying more than one backs
  - (b) Detecting two foetal poles
  - (c) Detecting multiple limbs
  - (d) Identifying two foetal hearts
- 1.13 One of the complications of pregnancy that is commonly associated with multiple pregnancy is:
- (a) Bleeding disorders
  - (b) Urinary tract infection
  - (c) Constipation
  - (d) Hyperemesis gravidarum
- 1.14 In multiple pregnancy where one foetus dies in utero and is retained until delivery is called:
- (a) Tubal mole
  - (b) Hydatidiform mole
  - (c) Fetus papyraceous
  - (d) Stillbirth
- 1.15 Miss Deleni, an apparently healthy gravid 2, gives a history of having delivered a large foetus which was premature and died within the first hour of birth. A midwife suspects that Deleni might have been having which one of these conditions?
- (a) HIV during pregnancy
  - (b) Pre-eclampsia
  - (c) Antepartum haemorrhage
  - (d) Gestational diabetes
- 1.16 Which blood test may be conducted to Deleni to confirm the diagnoses made in 1.15
- (a) Fasting blood glucose
  - (b) Thick blood film
  - (c) Clotting test
  - (d) Full blood count
- 1.17 One of the complications of the condition diagnosed in 1.15 is intra-uterine death; this is a consequence of:
- (a) Jaundice
  - (b) Glycosylated haemoglobin
  - (c) Glycosuria
  - (d) Congenital abnormalities

1.18 Some clients diagnosed with a condition mentioned in 1.15 may give birth to a low birth weight baby, this may be a result of:

- (a) Intrauterine infection
- (b) Intrauterine inversion
- (c) Intrauterine haemorrhage
- (d) Intrauterine growth restriction

1.19 All clients diagnosed with Tuberculosis (TB) should be screened for HIV because:

- (a) HIV is caused by TB
- (b) Socio cultural factors responsible for HIV applies to TB as well
- (c) TB is a common opportunistic infection for HIV infection
- (d) HIV is one of the differential diagnosis for TB

1.20 According to the 12<sup>th</sup> sero-surveillance report (2010) the HIV prevalence among pregnant women in Swaziland is at:

- (a) 32.3%
- (b) 41.1%
- (c) 45.2%
- (d) 50.3%

1.21 One of the factors which may enhance Mother to Child Transmission of HIV is:

- (a) High maternal viral load during pregnancy
- (b) High maternal CD4 cell count during pregnancy
- (c) Maternal sickle cell anaemia
- (d) Polygamy

1.22 A client diagnosed with Rhesus iso incompatibility should be given ---- within 72 hours post delivery:

- (a) Syntocinon
- (b) Tetanus toxoid
- (c) Anti D immunoglobulin
- (d) Antiretroviral treatment

1.23 A client diagnosed Rhesus incompatibility may give a history of:

- (a) Recurrent stillbirths
- (b) Jaundice babies at birth
- (c) Infertility
- (d) A & B are correct responses
- (e) All responses are relevant

1.23 Malaria during pregnancy may result to a delivery of Low Birth Weight (LBW) babies due to all of the following except for:

- (a) Parasitisation of the placenta
- (b) Fever and chills
- (c) Anorexia
- (d) Vomiting tendencies

1.24 Hyperemesis gravidarum is commonly diagnosed to clients with:

- (a) Abdominal pregnancy
- (b) Singleton pregnancy
- (c) Postmature pregnancy
- (d) None of the above is a relevant response

1.25 A rapid increase in maternal body weight is associated with:

- (a) Physiologic oedema
- (b) Occult oedema
- (c) Facial oedema
- (d) Sacral oedema

### Question 2

Miss Gugu Masuku, a 17 year old primigravida is admitted at 37 weeks gestation complaining of headache, blurred vision, epigastric pain and pitting oedema.

- (a) What is the provisional diagnosis for this client (1 mark)
- (b) Briefly describe five factors which predisposes the client to the diagnosis given to the client (7marks)
- (c) Describe the care that a midwife should render to this client  
17 marks

Total : 25 Marks

### Question 3

A midwife is working in a health care unit where clients are likely to have obstetric problems based on high maternal and high infant mortality rate. Discuss in detail how a midwife can diagnose risk obstetric conditions during the last trimester of pregnancy.

**25 marks**