

TITLE OF PAPER:	ABNORMAL MIDWIFERY 1
COURSE CODE:	MID120
SUPPLEMENTARY EXAMINATION:	JULY 2012
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**

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

QUESTION 1

MULTIPLE CHOICE QUESTIONS

Instruction: select the MOST appropriate response

Mrs Dube, a 32 year old pregnant client, has a bad obstetric history: 1 st born died at 40 weeks gestation during delivery. The 2nd pregnancy was lost at 38 weeks gestation for an unknown cause. The third pregnancy was an abortion at 20 weeks. Question 1-7 relates to this scenario.

1.1 Mrs Dube is classified as Para --- gravida ---

- (a) Para 0 gravida 4
- (b) Para 1 gravida 3
- (c) Para 2 gravida 4
- (d) Para2 gravida 3

1.2 The past obstetric history that should be established from Mrs Dube in order to find the cause of poor pregnancy outcome includes:

- (a) Size of all foetal deaths
- (b) Health status during pregnancy
- (c) Number of sexual partners
- (d) Bleeding disorders during pregnancy

1.3 If Mrs Dubes' HIV status was positive, when would a midwife initiate prophylactic Antiretroviral therapy?

- (a) At 14 weeks gestation
- (b) At 28 weeks gestation
- (c) At 32 weeks gestation
- (d) At 41 weeks gestation

1.4 What is one condition that Mrs Dube should be screened for during the preconception period?

- (a) Cervical incompetence
- (b) Pneumonia
- (c) Gonorrhoea
- (d) Rhesus iso immunization

1.5 If syphilis was the cause of poor pregnancy outcome, how would foetal death have occurred?

- (a) Foetuses may have acquired infection during childbirth.
- (b) Maternal blood may have been transmitted to the foetus
- (c) Spirochetes are capable of crossing the placental barrier and infect the foetus
- (d) Mother may have acquired the infection through blood transfusion

1.6 What is the appropriate advice that a midwife should give to Mrs Dube regarding future pregnancies?

- (a) To avoid getting pregnant as there are indications that she will lose the baby
- (b) Report to the clinic for screening tests before embarking on pregnancy
- (c) To stay in hospital throughout pregnancy for monitoring
- (d) To use contraceptives for two years before attempting to get pregnant

1.7 Mrs Dube lives in a remote area and the midwife has noticed that there were socio-cultural constraints in accessing health care facilities. Which is the important question to ask Mrs Dube regarding birthing practices?

- (a) Administration of drugs/herbs during pregnancy
- (b) Time of birth of all the children
- (c) Type of food she craved during pregnancy
- (d) Support person during childbirth

1.8 One of the possible causes of iron deficiency anaemia during pregnancy is:

- (a) Moderate intake iron tablets during the reproductive stage
- (b) High consumption of alcohol during pregnancy
- (c) Poor absorption of iron which normally occurs during pregnancy
- (d) Gap in dietary advice on a balanced diet during pregnancy

1.9 Polyhydramnios is a condition that can be diagnosed by detecting:

- (a) Fluid thrill
- (b) Meconium stained liquor
- (c) Bloody liquor
- (d) 800ml liquor

1.10 Oligohydramnios is associated with:

- (a) Multiple foetuses
- (b) Singleton pregnancies
- (c) Foetal abnormalities
- (d) Foetal death

1.11 In a stable malaria country, there is potent resistance to the disease in the community except for:

- (a) The elderly and children
- (b) Adolescents and young adults
- (c) Women of reproductive age
- (d) Pregnant women and young children

1.12 One of the signs of placental deterioration is:

- (a) Increases secretion of hormones
- (b) Static maternal weight
- (c) Increased foetal movements
- (d) Normal heart rate patterns

1.13 Hydrallazine is one of the recommended drugs in treating Pre-eclampsia, its main effect is :

- (a) Diuresis
- (b) Inhibit calcium ion activity
- (c) Vasodilator
- (d) Prevents intra-uterine growth retardation

A midwife has been accidentally contaminated with amniotic fluid on the hands while attending to a pregnant HIV positive client. Question 1.14-.1.16 relates to this scenario:

1.14 What should be the immediate reaction of a midwife to limit entrance of HIV contaminated fluids in her system?

- (a) Lay a charge against the client for purposely infecting her
- (b) Wash hands with clean running cold water
- (c) Rub hands with antiseptic solution
- (d) Measure the amount of amniotic fluid to establish risk of contamination

1.15 It is mandatory for a midwife to be counselled and tested for HIV in order to:

- (a) Establish her/his risk of exposure to HIV infection
- (b) Prevent mother to child transmission of the virus
- (c) Initiate prophylactic antiretroviral treatment
- (d) Offer treatment for AIDS

1.16 The spill of amniotic fluid on the floor should be:

- (a) Cleaned using a regular cleaning soap
- (b) Pour G cide at the centre of the spill and clean in the usual fashion
- (c) Use jik solution to clean the floor clean each side separately
- (d) Pour an acceptable disinfectant around the pool of amniotic fluid clean from outside towards the inside

1.17 The impact of HIV on health sector includes one of the following:

- (a) Decrease in crude death rate
- (b) Increase in life expectancy
- (c) Increase in morbidity
- (d) Decrease in mortality

1.18 Which one of the listed practices is the least driver of HIV among young people in Swaziland is:

- (a) Intergenerational sex
- (b) Socio-cultural practices
- (c) Less protective devices in workplaces
- (d) Lack of seriousness in dealing with HIV among the population

1.19 How can female education improve reproductive health of women

- (a) Women can make informed decisions about their reproductive life
- (b) Women can challenge unfair practices which are detrimental to their lives
- (c) Women can engage in income generating projects which will improve resources for promoting maternal health
- (d) A and C are relevant responses
- (e) All responses are relevant

1.20 A midwife is examining a client to confirm prolonged pregnancy, which history may assist a midwife to establish the gestational stage?

- (a) Past obstetric history
- (b) Past medical history
- (c) Nausea and vomiting
- (d) Quickening

1.21 Folic acid anaemia is referred to as:

- (a) Microcytic
- (b) Megaloblastic
- (c) Sickle cell
- (d) Haemolytic

1.22 During the intra-uterine life a foetus requires a high haemoglobin level in order to:

- (a) Enhance diffusion of oxygen from the placenta
- (b) Allow a good supply of hormones from the placenta
- (c) Draw enough micronutrients from maternal system
- (d) Attract immunoglobulin from maternal placenta

1.23 Which one of these conditions is NOT the effect of syphilis during pregnancy:

- (a) Stillbirth
- (b) Neonatal death
- (c) Intra-uterine growth retardation
- (d) Abortion

1.24 Urinary tract infection is a common condition diagnosed during a routine antenatal examination; the most common one is:

- (a) Cystitis
- (b) Pyelonephritis
- (c) Nephritis
- (d) Asymptomatic bacteriuria

1.25 Retention with overflow is a condition which occurs as a result of the damage of the

- (a) Pelvis of the kidney
- (b) Ureters
- (c) The base of the urinary bladder
- (d) The sphincter of the urinary bladder

Question 2

Mrs Motsa, a 16 year old primigravid client is examined by a midwife and suddenly she has an eclamptic fit.

- (a) Describe how a midwife should manage this client before the arrival of an obstetrician/doctor.

15 marks

- (b) One of the complications of eclampsia is placenta praevia. Discuss in detail how a midwife would recognise that the client has placenta praevia

10 marks

Question 3

Mrs Dlodlu is a young obese client with a poor obstetric history; the midwife suspects that the client is diabetic.

- (a) Discuss the history that would lead a midwife to confirm that the client is diabetic?

15 marks

- (b) Discuss the effects of diabetes on pregnancy

10 marks