

UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

FINAL EXAMINATION PAPER: DECEMBER, 2012

TITLE OF PAPER : **ABNORMAL MIDWIFERY 1**
COURSE CODE : **MID 120**
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

INSTRUCTION:

This section is multiple choice format: candidates are advised to select the **MOST** appropriate response and write the serial number and the relevant response eg: 1.1=B

1.1 A high risk obstetric condition is one that may:

- (a) Cause both abortion and stillbirth
- (b) Result to paternal demise
- (c) Cause poor pregnancy outcome
- (d) Carry low risk to both mother and foetus.

An 18 year old orphaned gravid 2 client with a height of 148cm gave birth to a 1.8kg baby vaginally 2 years ago, and resides at Sigombeni. Question 1.2-1.5 relates to this scenario.

1.2 Which type of pelvis is the client likely to have, based on the information provided?

- (a) Gynecoid
- (b) Justo minor
- (c) Platypeloid
- (d) Android

1.3 Indicate factors/situations that qualifies this client to be regarded an obstetric risk case

- (a) Age, height and parity
- (b) Rural residence, age, height and parity
- (c) Parity, age, orphan-hood and residential location
- (d) Birth weight of child, age, height and low socio-economic status

1.4 A midwife in charge of this client should advise her to give birth:

- (a) At home to promote family involvement in birthing practices
- (b) In a rural clinic where she was monitored by a midwife
- (c) In a nearby health care centre to enhance family support
- (d) In a referral centre for optimal obstetric care

1.5 The client is a known epileptic case; the aim of the management is to:

- (a) Prevent future pregnancies
- (b) Counsel her on abstinence
- (c) Prevent epileptic seizures
- (d) Offer high doses of antiepileptic treatment

1.6 Hypertension during pregnancy is one of the risk conditions among women in Swaziland; which organ is primarily responsible for the development of pregnancy induced hypertension?

- (a) Heart
- (b) Liver
- (c) Placenta
- (d) Uterus

1.7 Miss Xaba, a para 2 is pregnant from a new partner, the client is at risk of developing pregnancy induced hypertension because of:

- (a) Maternal immune response to foetal antigens
- (b) Abnormal paternal antigens
- (c) Dysfunctioning endothelial system
- (d) Poorly functioning prostacyclin and nitrous oxide

1.8 Two features in the pathology of pregnancy induced hypertension occur, these are:

- (a) Kidney and renal failure
- (b) Arterio vaso constriction and disseminated intravascular coagulation
- (c) Hepatic vascular hypoxia and plasma osmolasis
- (d) Fibrigenosis and oliguria

1.9 Which drug is used as convulsion prophylaxis in the management of pre-eclampsia

- (a) Hydralazine
- (b) Magnesium sulphate
- (c) Asprin
- (d) Nifedipine

1.10 Diuretics are not recommended in the management of pregnancy induced hypertension because they:

- (a) Exaggerate oedema
- (b) Cause dehydration
- (c) Increase blood viscosity
- (d) Result to abnormal blood chemistry

- 1.11 Type 4 placenta praevia is characterized by the placenta which is:
- (a) Located on the upper uterine segment
 - (b) Situated in the vaginal os
 - (c) Partly covering the uterus
 - (d) Centrally covering the cervical os
- 1.12 A client at 37 weeks of gestation is presenting with vaginal bleeding and transverse lie, she is likely to be diagnosed with:
- (a) Hydatidiform mole
 - (b) Placenta praevia
 - (c) Placenta abruption
 - (d) Abdominal pregnancy
- 1.13 A client diagnosed with gestational diabetes is likely to give an obstetric history of:
- (a) Unexplained stillbirths
 - (b) Pruritis vulva
 - (c) Obesity
 - (d) Normal size babies
- 1.14 One of the effects of diabetes on pregnancy is:
- (a) High fertility
 - (b) Oligohydramnios
 - (c) Ketosis
 - (d) Cephalo pelvic disproportion
- 1.15 A midwife should teach diabetic clients about self management skills which include all of the following except for:
- (a) Self monitoring of blood glucose levels
 - (b) Developing techniques to reduce stress
 - (c) Utilizing a wide range of hyperglycaemic therapy
 - (d) Engaging in a daily physical activity
- 1.16 One of the physiological changes in pregnancy which causes a pre-diabetic state is:
- (a) Low blood glucose state caused by progesterone
 - (b) Human placental lactogen which produces a resistance of insulin in maternal tissues
 - (c) Sluggish venous return resulting to varicosity
 - (d) High levels of cortisol production in late pregnancy

1.17 All of the following are the effects of malaria on pregnancy except for:

- (a) Abortion
- (b) Haemolytic anaemia
- (c) Placental insufficiency
- (d) Placenta accreta

1.18 A gravid client who presents with severe vomiting, dehydration and jaundice may be diagnosed:

- (a) Gastro-enteritis
- (b) Hyperemesis gravidarum
- (c) Mild vomiting
- (d) Urinary tract infection

1.19 The essential midwifery management for the condition mentioned in 1.18 is to:

- (a) Measure ketone bodies
- (b) Attend to the psychological aspect of care
- (c) Record vital signs
- (d) Keep in hospital until she has given birth

1.20 Folic acid deficiency anaemia is sometimes referred to as:

- (a) Megaloblastic anaemia
- (b) Microcytic anaemia
- (c) Aplastic anemia
- (d) Haemoglobinopathy

1.21 One of the challenges posed by anaemia during pregnancy is:

- (a) Enhancing resistance to infection
- (b) Controlling minor disorders of pregnancy
- (c) Poor maternal and foetal outcome
- (d) Promoting foetal growth and development

1.22 Pregnant women in Swaziland are particularly at risk of transmitting HIV to their infants because of the following except for:

- (a) Inaccessible maternal child health care services
- (b) Care giving responsibility for PLWHIV
- (c) Delayed booking for antenatal care
- (d) Giving birth at home

1.23 One of the risk factors for MTCT of HIV during pregnancy is:

- (a) Low maternal viral load
- (b) Low CD4 cell count
- (c) Invasive delivery procedures
- (d) Breast conditions

1.24 The most convenient prophylactic treatment for urinary tract infection is to:

- (a) Drink more than 3 liters of water per day
- (b) Take urinary diuretics every six hours
- (c) Consult a doctor who will order antibiotics
- (d) Ignore the condition as it is asymptomatic

1.25 A woman presenting with greenish/watery irritating vaginal discharge may be diagnosed with:

- (a) Syphilis
- (b) Chlamydia
- (c) Gonorrhoea
- (d) Herpes simplex virus

Question 2

Thoko, aged 39, gravid 7 at 36 weeks of gestation is presenting for the first time at the antenatal clinic; a midwife suspects that Thoko has multiple pregnancy.

- (a) Discuss how a midwife can diagnose multiple pregnancy at 36 weeks gestation.

(10 marks)

- (b) Indicate the obstetric risk conditions that a client diagnosed multiple pregnancy is likely to develop; give rationale for your responses.

15 marks

TOTAL MARKS 25

Question 3

Mrs Dube has been monitored by a midwife since she was 20 weeks pregnant; at mid-pregnancy she complained of headache and pitting oedema.

- (a) What is the diagnosis for this obstetric risk condition? (1 mark)
(b) Discuss relevant history that will enable the midwife to confirm the diagnosis for this client.

9 marks

- (c) Discuss how a midwife should manage Mrs Dube before she delivers her baby.

15 marks

TOTAL MARKS 25