UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

FINAL EXAMINATION PAPER: MAY, 2013

TITLE OF PAPER	**:**	**ABNORMAL MIDWIFERY II**
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**

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

QUESTION 1

MULTIPLE CHOICE QUESTIONS

Instruction:

Select the MOST appropriate response.

A Midwife admits Mrs Dudu Dlamini, a 25 year old primigravida with an unengaged presenting part at term 5/5. Dudu has been in labour since 1 AM (5 hours ago), uterine contractions are at 3/10/20, cervix is 4cm dilated. At 10 am, an evaluation of client's condition revealed that: the presenting part is 4/5, uterine contractions occur at 4/10/30, cervix 5cm dilated, membranes ruptured and draining clear liquor. Maternal pulse is 90 beats per minute, blood pressure 130/90 and foetal heart is 150 beats per minute clear and regular.

Question 1-10 relates to this scenario.

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

(a) Age and gravid state
(b) Gravid state, post-maturity, premature rupture of membranes
(c) Gravid state, prolonged 1st stage of labour, maternal distress
(d) Age, gravid state, prolonged labour and foetal compromise

1.2 The quality of uterine contractions reported in this scenario are classified as:

(a) Disordered
(b) Hypertonic
(c) Hypotonic
(d) Titanic

1.3 What is the rationale for poor dilatation of the cervical os:

(a) Cervical dystocia
(b) Poor application of the presenting part on the cervix
(c) Malpresentation
(d) Malposition of the foetal skull

1.4 If a persistent occipito posterior (POP) position was diagnosed on this client, one of the adverse outcome is obstructed labour as a consequence of a conversion to which presenting diameters?

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

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

(a) By detecting the sagittal suture on the AP 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 one of the sacro-illiac joint, the engaging diameter lies in which diameter of the pelvic inlet?

(a) Anterior posterior diameter
(b) Transverse diameter
(c) Oblique diameter
(d) Posterior diameter

1.7 What is the appropriate intrapartum interventions for Mrs Dudu Dlamini at 10 AM

(a) Infuse with 5% Dextrose water, monitor maternal vital signs
(b) Prepare the client for a Caesarien section and document all interventions in the clients record
(c) Inform doctor for advanced management
(d) Refer to doctor, infuse with 10% dextrose water, document and prepare for Caesarian section

1.8 Premature rupture of membranes occurred as a consequence of:

(a) Disordered uterine contractions
(b) Ill-fitting presenting part
(c) Malpresentation
(d) Hypotonic uterine contractions

1.9 What is one of the complications that might occur as a result of early rupture of membranes on this client?

(a) Hypoxia
(b) Hypertonic uterine contractions
(c) Cord prolapse
(d) Spurious labour

1.10 Failure of the presenting part to engage at term on a primigravida is an indication of:

(a) Cephalo-pelvic disproportion at the inlet
(b) Cephalo-pelvic disproportion at the outlet
(c) Malposition
(d) Malpresentation

1.11 Cord prolapse is one of the emergency obstetric conditions. What is the essential management that should be applied by a midwife should cord prolapse occur during the first stage of labour:

(a) Call the doctor
(b) Help client to adopt a Sim's position, refer the client to the doctor and monitor foetal wellbeing
(c) Monitor maternal and foetal condition continuously
(d) Expedite delivery and resuscitate neonate

1.12 How can a midwife diagnose a breech presentation using a digital pelvic examination:

(a) Meconium stained liquor may be observed
(b) The frontal suture may be detected
(c) The sacrum can be clearly identified
(d) A soft mass is detected accompanied by thick meconium

Puerperal infection is one of the major causes of poor maternal outcomes among Swazi women. Question 1.11-1.15 relates to this statement.

1.13 How can a midwife diagnose uterine infection on a puerperal client

(a) Inflamed breasts
(b) Scanty, offensive lochia
(c) Normal process of involution
(d) General malaise

1.14 A postpartum client with pre-existing HIV infection is likely to show signs of:

(a) Tuberculosis
(b) Severe anaemia
(c) Dyspnoea
(d) Systemic infection

1.15 A postnatal client who has acquired infection should be:

(a) Discharged home early to prevent acquiring more infection in the ward
(b) Separated from neonate to prevent neonatal infection
(c) Isolated from other clients to prevent spread of infection
(d) Nursed by relatives to protect midwives from acquiring the infection

1.16 A postnatal client who has an infected perineal laceration will present with one of the following symptoms:

(a) Sub-involution of the uterus
(b) Meconium stained liquor amnion
(c) Vaginal bleeding
(d) Gaping of the perineal wound

1.17 One of the specific management of Post partum haemorrhage is:

(a) Active management of third stage of labour
(b) Liberal use of oxytocic drugs during labour
(c) Stop vaginal bleeding urgently
(d) Call the doctor for advanced management

1.18 The immediate midwifes' management of a retained placenta is:

(a) Refer to the doctor for advanced management
(b) Institute effective oxytocic agents to detach the placenta
(c) Encourage the client to cough thus increasing expulsive forces
(d) Insert a catheter and empty the bladder

1.19 A post Caesarian section client who complains of sudden chest pain, dyspnoea and coughing may be suffering from:

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

1.20 A client diagnosed with psychological conditions during the pueperium should be:

(a) Advised to have permanent sterilization
(b) Transferred to a psychiatric hospital for effective management
(c) Separated from her baby to ensure safety of the baby
(d) Constantly be attended by a midwife who will ensure safety of both mother and baby

1.21 Prenatal screening for congenital deformities include the listed points except for:

(a) Blood screening tests
(b) Family history of congenital deformities
(c) Exposure to terratogenes
(d) Chromosones and gene analysis

1.22 Vesico-vaginal fistula is a puerperal complication caused by:

(a) Prolonged pressure of the presenting part against the stretched urethra
(b) Pressure of the presenting part against the urinary bladder
(c) Pressure of the presenting part against the vagina
(d) Pressure of the presenting part against the rectum

1.23 A woman who has experienced neonatal loss may suffer from:

(a) Delayed grief
(b) Hidden grief
(c) Chronic grief
(d) Absence of grief

1.24 Which is the most appropriate reproductive health advice for a client who has experienced a stillborn:

(a) Consider another baby in order to replace the loss
(b) Never become pregnant again as another loss is inevitable
(c) Delay the next baby until you have completed the grieving process
(d) Change partners to rule out Rhesus incompatibility between you and your partner

1.25 Maternal death is the most tragic obstetric outcome that must be prevented by all midwives, the three pillars for preventing maternal deaths according to the United Nations (2011) are:

(a) Midwifery education, delaying pregnancy and avoiding the use of traditional drugs
(b) Family planning, skilled birth attendant and emergency obstetrics and neonatal care
(c) Male involvement, skilled birth attendant and effective reproductive health policy
(d) Screening for high risk pregnancy, use of partograph and effective management during labour

QUESTION 2 (a)

Mrs Dube, a 35 year old grandmultiparity is admitted in active labour. Uterine contractions are strong and descent is 3/5. Digital vaginal examination reveals that the cervix is 4 cm dilated, membranes ruptured an hour ago, and meconium stained liquor is draining. Ultrasonic scan results indicate that the foetal weight is 4.5 Kg

Discuss in detail the midwifery management of Mrs Dube before the arrival of the doctor; support your management with an appropriate rationale.

15 Marks

Question 2b

Discuss in detail how a midwife will diagnose foetal compromise on a client who is in active labour.

10 marks

QUESTION 3

One of the causes of maternal mortality among women in Swaziland as contained in the Maternal Deaths Audit Report (2011) is postpartum haemorrhage. Discuss in detail how a midwife should manage post partum haemorrhage in a rural maternity setting.

25 marks