# UNIVERSITY OF SWAZILAND

## FACULTY OF HEALTH SCIENCES

## SUPPLEMENTARY EXAMINATION PAPER: JULY, 2013

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| 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

**Select the MOST appropriate response.**

A midwife in charge of a rural clinic is examining Mrs Sitsebe, a gravid 2, at term, in active labour since 2 hours ago. Abdominal findings reveal that the lie is longitudinal, presentation breech, uterine contractions at 2/10/30. While examining the client, membranes ruptured spontaneously, draining liquor with thick meconium.

Question 1-10 relates to this scenario.

1.1 What is the midwives' immediate intervention when the umbilical cord prolapses?

(a) Expedite the delivery
(b) Inform the client and relatives about the danger of cord prolapse
(c) Help the client to adopt the Sims' position
(d) Monitor the foetal heart

1.2 What is the possible cause for early rupture of membranes, on this client?

(a) Unengaged head at term
(b) Malpresentation
(c) Malposition
(d) Wider presenting diameter at outlet

1.3 For the response given on question 1.2, what is the possible reason for draining thick meconium?

(a) Vertex presentation
(b) Face presentation
(c) Brow presentation
(d) Breech presentation

1.4 What would be the rationale for cord prolapse on Mrs Sitsebe?

(a) Premature onset of labour
(b) Proximity of the cord to the pelvic outlet
(c) Foetal compromise
(d) Ill fitting presenting part

1.5 If the doctor allows the client to deliver vaginally, what are obstetric indicators that should guide his decision?

(a) Maternal age and weight
(b) Parity, age and lie of the foetus
(c) Quality of the foetal heart and uterine contractions
(d) Size of the foetus and quality of the uterine contractions

1.6 In order for labour to progress well, three Ps should work harmoniously, identify the Ps:
(a) Parity, powers and poles of the uterus
(b) Presentation, parity and passage
(c) Passage, passenger and powers
(d) Passenger, pelvis and powers

1.7 What information should be conveyed to the client regarding the possible outcome of labour on this client?
(a) Maternal and foetal health can be assured
(b) Risk foetal outcome due to malpresentation
(c) Possible foetal trauma due to malposition of the foetal
(d) Conduct a Caesarien section delivery to mitigate maternal and foetal mortality

1.8 What is the rationale for assisting the delivery of the foetus when the cervix is fully dilated on this presentation?

(a) To expedite delivery of the 'after-coming head'
(b) To minimize perineal trauma
(c) To allow midwives to observe mechanism of labour
(d) To prevent cord prolapse

1.9 Which are the presenting diameters for this client?

(a) Mento vertical
(b) Bitrochenteric
(c) Sub mento vertical
(d) Sub occipito bregmatic

1.10 If the client was delivered by an unqualified person, what is the possible foetal outcome?

(a) Normal foetal outcome
(b) A moderately distressed neonate
(c) Foetal hypoxia
(d) Neonatal trauma

1.11 The presenting diameter on an occipito posterior position is the:

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

1.12 You are assisting a student midwife to conduct a delivery and the face is presenting. The mechanism for face presentation includes one of the following:

(a) The occiput escapes under the pubic arch and normal delivery occurs
(b) The sacrum meets the resistance of the pelvic flow and the anterior buttock is born
(c) The mentum escapes under the pubic arch and the occiput sweeps the perineum
(d) The brow sweeps the pelvic floor and normal delivery occurs

1.13 When delivering an extended head on a breech presentation, which manoeuvre should a midwife apply to expedite the delivery:

(a) Burns' Marshall
(b) Mauriceau-Smelli Veit
(c) Lovset
(d) Popliteal

1.14 What is the rationale for allowing the body of the foetus to hang before attempting to deliver the after-coming head on a breech presentation
(a) To allow the foetus to rotate interiorly
(b) To prevent injuries to the foetal skull
(c) To assist the head to descend to the pelvic outlet
(d) To deliver the shoulders

1.15 A midwife is conducting a digital vaginal examination on a client in active labour. She detects the sagittal suture lying transversely to the pelvic outlet. She concludes that the labour is obstructed due to:

(a) Deep transverse arrest
(b) Brow presentation
(c) Persistent occipito posterior
(d) Mento posterior position

1.16 In a face presentation, the engaging diameter measures:

(a) 13.5 cm
(b) 11.5 cm
(c) 10cm
(d) 9.5cm

1.17. A grand multiparous client is at risk of post-partum haemorrhage due to:

(a) Retained placental membranes
(b) HIV infection
(c) Atonic uterus
(d) Displaced urinary bladder

1.18 The midwifes' management of retained products of conception is to:

(a) Encourage the client to bear down and stimulate expulsive forces
(b) Institute oxytocic agents to stimulate uterine contractions
(c) Refer to theatre for evacuation of the uterus
(d) Allow relatives to advise client on safe delivery of the placenta

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 The condition identified in 1.19 may be caused by which type of organism:
(a) Exogenous
(b) Endogenous
(c) HIV
(d) Both A and B

1.21 A collaborative role of a midwife implies that midwives discusses the plan of reproductive health services in the community with:

(a) Traditional birth attendants
(b) Families
(c) Clients
(d) A, B and C

1.22 Disseminated intravascular coagulation is seen on two of the following conditions these are:

(a) Convulsions and haemorrhage
(b) Placenta abruption and amniotic fluid embolism
(c) Placenta praevia and placenta abruption
(d) PPH and APH

1.23 The most relevant definition for post partum haemorrhage is:

(a) Vaginal bleeding of more than 500ml of blood after delivery
(b) Bleeding of 300-500 ml of blood
(c) Vaginal bleeding during puerperium, which compromises the general condition of the client, irrespective of the amount
(d) Any bleeding occurring during puerperium

1.24 A puerperal client who is receiving AZT for HIV infection should be monitored for:
(a) Anaemia
(b) Infection
(c) Tuberculosis
(d) Cancer of the uterus

1.25 A post Caesarian section client is encouraged to ambulate early, as a prophylactic measure to:
(a) Wound infection
(b) Thrombo-embolic conditions
(c) Vaginal bleeding
(d) Urinary tract infection

**QUESTION 2**

Miss Delisa, a gravida 4 gives a history that membranes ruptured spontaneously at home, six (6) hours ago. Labour is not established on admission, maternal and foetal conditions are good. The doctor orders an induction of labour.

(a) Discuss in detail obstetric considerations for induction of labour on Miss Delisa. Give a rationale for each response.

15 marks

(b) Discuss in detail how a midwife should care for Mrs Delisa during the induction of labour.

10 marks

**QUESTION 3**

Mrs Buthelezi, has given birth to her seventh (7th) baby. On the third postpartum day she reports that she is not feeling well and she has fever. Discuss how a midwife should manage puerperal pyrexia in a rural maternity setting.

**25 marks**