

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION PAPER: DECEMBER, 2013

TITLE OF PAPER : **ABNORMAL MIDWIFERY I**
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 MULTIPLE CHOICE

INSTRUCTIONS: SELECT THE MOST APPROPRIATE RESPONSE

Dlalisile is a 45 year old gravid 15 who reports to the clinic for routine antenatal care. Questions 1-10 relates to this scenario.

1.1 Which is the possible medical condition that is likely to complicate her pregnancy?

- (a) Tuberculosis
- (b) Anaemia
- (c) Diabetes
- (d) Malaria

1.2 The rationale for the risk to the condition mentioned in 1.1 is:

- (a) Rural based women are susceptible to malaria
- (b) Diabetes is common among women of advanced age
- (c) Tuberculosis is a common condition among childbearing women
- (d) High parity and short inter-pregnancy interval is a risk to anaemia because of the depletion in iron stores

1.3 One of the outcomes of pregnancy for the condition mentioned in 1.1 is:

- (a) Hydatidiform mole
- (b) Carneous mole
- (c) Stillbirth
- (d) Infant death

1.4 If Dlalisile is complaining of abdominal pain, feeling faint, collapses and pale yet she is not bleeding vaginally; she is likely to be diagnosed with:

- (a) Inevitable abortion
- (b) Ectopic pregnancy
- (c) Implantation bleeding
- (d) Bleeding from a vaginal polyp

- 1.5 Normally maternal and foetal blood does not mix during pregnancy. Explain why Dlalibile's foetus is at risk of being iso-immunized on the current pregnancy, if mother and baby have the same blood grouping:
- (a) She has changed partners three times in her lifetime
 - (b) Her husband died three years ago
 - (c) Was infused with incompatible blood
 - (d) Gave birth to twins
- 1.6 Towards term gestation Dlalibile started bleeding vaginally, what is the probable diagnosis for this condition:
- (a) Antepartum haemorrhage
 - (b) Placenta Praevia
 - (c) Placenta abruption
 - (d) Hydatidiform mole
- 1.7 Why is Dlalibile at risk of developing the condition identified in 1.6:
- (a) Grandmultiparity
 - (b) Mature age
 - (c) Short inter-pregnancy interval
 - (d) Diabetic
- 1.8 What is the essential advice that a midwife would give to Dlalibile concerning her pregnancy risk status:
- (a) Report to the health care facility as soon as labour commences
 - (b) Enroll in family planning services soon after giving birth
 - (c) Request the doctor to plan for a Caesarian section
 - (d) Give birth in a referral health care facility
- 1.9 Why is vaginal bleeding occurring when Dlalibile was completely at rest?
- (a) She ignored bleeding when she was engaged in her daily activities now it is more pronounced when she is at rest
 - (b) From 36 weeks gestation the cervix merges into the lower uterine segment and a placenta that is implanted in the lower uterine segment detaches
 - (c) Bleeding disorders are common among grandmultiparous clients
 - (d) The client is HIV positive and is susceptible to bleeding problems

1.10 Dlalisile would like to give birth at her home, where her family members will enjoy the birth experience. What would cause the midwife to object to Dlalisile's wish:

- (a) She is of mature age to give birth at home
- (b) Family members may disturb the normal process of birth
- (c) Dlalisile is at risk of bleeding excessively and will require advanced care in hospital
- (d) Universal precautions may be poorly applied at home risking her to infection

1.11 Malaria in pregnancy can result to the delivery of small for gestational age newborns, this is a result of:

- (a) Parasitization of the placenta
- (b) Hyperbilirubinemia
- (c) Anaemia
- (d) Hypoxia

1.12 Extreme age is unfavourable for childbearing because of:

- (a) Psychological immaturity displayed by adolescent mothers
- (b) Insufficient hormones to sustain pregnancy
- (c) Economic hardship experienced by mothers
- (d) Lack of support by partners

Miss Zulu, a gravida 1 is presenting at the antenatal clinic for her initial visit, she is 30 weeks pregnant. Question 1.13-1.20 relates to this scenario:

1.13 On general inspection of the uterus, the fundal height is larger than the weeks of gestation, what history should the midwife collect in order to make differential diagnoses:

- (a) Previous births of low birth weight babies
- (b) Duration of last pregnancy
- (c) Multiple pregnancy in the family
- (d) Congenital malformation

1.14 When palpating the uterus, three (3) foetal poles are identified, this is suggestive of:

- (a) Singleton pregnancy
- (b) Large foetus
- (c) Breech presentation
- (d) Multiple pregnancy

1.15 The definite diagnosis of multiple pregnancy at 10 weeks gestation is:

- (a) Palpating more than one foetal backs
- (b) Detection of a second foetal heart
- (c) Ultrasound scan which will outline the fetuses
- (d) Radiographer which will identify the number of fetuses

1.16 Monozygotic twins originate from:

- (a) Two ova, one spermatozoon
- (b) One ovum, one spermatozoon
- (c) Two ova, two spermatozoa
- (d) One ovum, two spermatozoa

1.17 Vuliwe has teenage twins of different gender, they are always socializing together, they study the same courses and both engaged in physical sports. What type of twins can you categorize them?

- (a) Dizygotic
- (b) Monozygotic
- (c) Fraternal
- (d) None of the above

1.18 Twins conceived as a result of two coital acts occurring in different menstrual cycles is called:

- (a) Superfecundation
- (b) Superfetation
- (c) Superplacental
- (d) None of the above is correct

1.19 Polyhydramnios is a common complication associated with:

- (a) Diamniotic twins
- (b) Dichorionic twins
- (c) Monochorionic twins
- (d) Monoamniotic twins

1.20 Oligohydramnios is diagnosed when the volume of amniotic fluid is between:

- (a) 100-200 ml
- (b) 200-300 ml
- (c) 300-400ml
- (d) 300-500 ml

Mrs Nkambule is a 20 year old primigravida at 32 weeks gestation. She reports to the antenatal clinic for the second ANC visit. She says she is not feeling well and has ankle oedema and headache. Question 1.21-1.25 relates to this scenario.

1.21 What is the probable diagnosis for Mrs Nkambule?

- (a) Anaemia
- (b) Pre-eclampsia
- (c) Eclampsia
- (d) Diabetes

1.22 What other two (2) signs/symptoms would assist a midwife to confirm the diagnosis

- (a) Vital signs and foetal movements
- (b) General oedema and abdominal pain
- (c) Glycosuria and high blood pressure
- (d) High blood pressure and albuminuria

1.23 The development of ----- is considered a serious complication of the condition mentioned in 1.21

- (a) Glycosuria
- (b) Hypertension
- (c) Proteinuria
- (d) Anaemia

1.24 Bed rest is advised to clients affected by the condition diagnosed in 1.21. The benefits of bed rest are:

- (a) Improving the appetite and general wellbeing of clients
- (b) Lowers the blood pressure and reduces pain
- (c) Improves renal function, lowers the blood pressure and enhances placental blood flow
- (d) Promoted foetal growth and absorption of nutrients

1.25 The client may complain of epigastric pain, this is caused by:

- (a) Oedema of the liver cells and intracapsular haemorrhage
- (b) Endothelial dysfunction
- (c) Vasospasm of the afferent arteries
- (d) Coagulation disturbances

QUESTION 2 (a)

Bonisile is a 34 year old gravida 4 para 0, she is coming for her 1st antenatal examination. Discuss the history that will make a midwife suspect that Bonisile is a candidate for gestational diabetes.

20 Marks

QUESTION 2 (b)

Discuss the effects of glycosylated haemoglobin on foetal health

5 Marks

QUESTION 3

Dolly is a primigravida at term, she is brought in maternity ward by an emergency response team, semi-conscious, pale with a low blood pressure. There are no relatives accompanying her.

(a) What is the possible diagnose for Dolly? Give a rationale for the diagnoses identified

(5 Marks)

(b) What are possible signs and symptoms that will be identified by a midwife when examining this client

(10 marks)

(c) Discuss the management of this client before the arrival of the doctor/obstetrician

10 marks