

UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

SUPPLEMENTARY EXAMINATION PAPER : JULY, 2014

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**

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

QUESTION 1 MULTIPLE CHOICE

INSTRUCTIONS: SELECT THE MOST APPROPRIATE RESPONSE

Sabisile, a 41 year old gravid 3 client at 35 weeks gestation is admitted to the antenatal ward complaining of headache and double vision since last night. She bled vaginally two days ago but now the bleeding has stopped. Sabisile is accompanied by her new partner to the ward and they are anxious about the outcome of pregnancy. Question 1-10 relates to this scenario:

1.1 Sabisile is diagnosed pre-eclampsia, what are the risk factors for pre-eclampsia on this client:

- (a) Grandmultiparity and diabetes
- (b) Anxiety and headache
- (c) New partner and mature age
- (d) Vaginal bleeding and haedache

1.2 Why is the client having double vision?

- (a) Oedema of the retina
- (b) Increased extracellular pressure
- (c) Cataract
- (d) Headache

1.3 A change in sexual partner influences the development of pre-eclampsia, this is caused by

- (a) The stress associated with a new partner result to the development of pre-eclampsia
- (b) Transminase levels rise as a consequences of a new partner
- (c) A foetus respond poorly to new DNA
- (d) Maternal immune response to foetal antigens

1.4 Poverty increases the risk to pre-eclampsia, this is associated with:

- (a) Lack of good nutrition which prevents the occurrence of pre-eclampsia
- (b) Poor access to regular antenatal services
- (c) Lack of support from partner
- (d) Inadequate resources to prevent the onset of pre-eclampsia

1.5 A 24 hour urine collection is required to:

- (a) Determine fluid loss
- (b) Provide accurate quantitative assessment of protein loss
- (c) Assess the level of albumen in urine
- (d) To exclude the presence of bilirubin in urine

1.6 What is the probable cause of vaginal bleeding

- (a) Abortion
- (b) Ectopic pregnancy
- (c) Placenta abruption
- (d) Placenta Praevia

1.7 Why is condition identified in 1.6 result to vaginal bleeding ?

- (a) Foetus may be grossly malformed
- (b) Rupture of uterine blood vessel occurred
- (c) Congested blood vessel from the genital tract rupture when the blood pressure is high
- (d) Vasoconstriction of uterine blood vessels reduces the uterine blood flow, ischaemia and vascular lesion occurs resulting to bleeding

1.8 If Sabisile gains weight excessively, she may be diagnosed:

- (a) Occult oedema
- (b) Clinical oedema
- (c) Generalized oedema
- (d) Pitting oedema

1.9 What is the essential management for Sabisile:

- (a) Advise client to rest at home until labour commences
- (b) Admit client in hospital for rest as she is likely to have poor obstetric outcome
- (c) Prepare for a Caesarian section to enhance good foetal outcome
- (d) Admit to ward, evaluate condition and refer to the doctor for advanced management

1.10 Identify two (2) typical features in the pathology of pre-eclampsia:

- (a) Oedema and albumenuria
- (b) Placental necrosis and haemorrhage
- (c) Arteriovascular constriction and disseminated intravascular coagulation
- (d) Hepatic vascular bed hypoxia and intravascular bleeding

1.11 An Rh negative mother who delivered an Rh negative neonate should receive --- treatment

- (a) Blood transfusion
- (b) Anti D immunoglobulin G
- (c) Konakion
- (d) Vitamin B complex

1.12 Asymptomatic bacteriuria is a commonly diagnosed to pregnant women, the prophylactic management is:

- (a) Increase fluid intake up to 3 litres of water per day
- (b) Antibiotic treatment to prevent ascending infection
- (c) Ignore the condition it will disappear
- (d) Refer to the doctor for advanced care

1.13 Central obesity is a predisposing factor for developing:

- (a) Anaemia
- (b) Pre-eclampsia
- (c) Diabetes mellitus
- (d) Hypertension

1.13 Intra-uterine growth restriction may occur to fetuses of diabetic mothers due to:

- (a) Hypoxia
- (b) Hypoglycaemia
- (c) Glycocolated haemoglobin
- (d) Hyperemia

1.14 One of the complications of prolonged pregnancy is:

- (a) Increase in maternal weight
- (b) Normal foetal movements
- (c) Normal foetal heart pattern
- (d) Meconium stained liquor while membranes are intact

1.15 It is advisable to terminate pregnancy as soon as post maturity is diagnosed, failure to do that may result to:

- (a) Overgrowth of the foetus and normal childbirth may be impossible
- (b) Intra-uterine death may occur
- (c) Rupture of the uterus may occur
- (d) Abnormal presentation may result

1.16 Why are women at high risk of acquiring HIV infection?

- (a) Women have a low immunity to diseases including HIV and AIDS
- (b) Women are biologically vulnerable to HIV than males
- (c) Women refuse prophylactic measures for preventing HIV infection
- (d) ART is inaccessible to women

1.17 One of the drivers of HIV infection in Swaziland is:

- (a) The promotion of male condoms
- (b) Lack of resources to deal with the pandemic
- (c) Multiple concurrent sexual partners
- (d) Use of alternate health care services

1.18 One of the challenges in successful implementing PMTCT services in Swaziland is:

- (a) Data tracking for women enrolled in the service is non-existent
- (b) Breastfeeding is a normal practice for all childbearing women
- (c) Paediatric clinics are not readily available to all regions of Swaziland
- (d) Follow up care for exposed babies is available

1.19 People at risk for accidental exposure to fluids contaminated by HIV are all the following EXCEPT for:

- (a) Emergency response team
- (b) Community based care workers
- (c) Bus drivers
- (d) All of the above is applicable

1.20 A pregnant woman who complains of inflamed Bartholin's glands has probable acquired:

- (a) Syphilis
- (b) Gonorrhoea
- (c) Genital warts
- (d) AIDS

1.21 Which one of the following sexually transmitted infections can be acquired by a newborn baby during childbirth:

- (a) Gonorrhoea
- (b) HIV
- (c) Syphilis
- (d) All the above is relevant

1.22 Excessive vomiting during pregnancy is called:

- (a) Morning sickness
- (b) Epigastric distress
- (c) Hyperemia
- (d) Hyperemesis gravidarum

1.23 Why is it important to admit the client who is diagnosed hyperemesis gravidarum

- (a) Close monitoring in hospital is essential
- (b) The change of environment enhances psychological wellbeing of the client
- (c) To administering systemic medication
- (d) To prevent complications that may occur when the client is at home

1.24 A 17 year old primigravida who is apparently enjoying a healthy pregnancy would like to give birth at home. Your response is:

- (a) Since you have no complications, I can arrange that you deliver at home
- (b) A middle adolescent woman usually have problems during the second stage of labour, so it is advisable that you give birth in the nearest rural clinic
- (c) You should call the maternity ward once labour has started so that a midwife can come and assess the possibility of you having a normal childbirth
- (d) You must deliver in a referral hospital, in view of your gravid status and young age and you may require emergency intervention.

1.25 A grandmultiparous client is at risk for all the following conditions except for:

- (a) Post partum haemorrhage
- (b) Multiple pregnancy
- (c) Large fetuses
- (d) Uterine inversion

QUESTION 2 (a)

A young primigravid client who has been diagnosed pre-eclampsia is now complaining of severe frontal headache. Discuss in detail, the impending signs of eclampsia.

15 Marks

QUESTION 2 (b)

Describe the emergency management of a client who has an eclamptic fit before the arrival of the doctor/obstetrician.

10 Marks

QUESTION 3 (a)

Discuss the maternal and foetal complications that may occur to a woman who acquires malaria during pregnancy

15 Marks

QUESTION 3 (b)

Discuss the differential diagnosis for placenta abruption and placenta praevia

10 Marks