

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION PAPER: MAY, 2014

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.

Mrs Thabitha Jele is a 40 year old grand multiparous woman at term gestation; admitted in labour since 3 hours ago.

Question 1-10 relates to this scenario.

1.1 Mrs Jele is at obstetric risk for which of the following intrapartum complications?

- (a) Preeclampsia
- (b) Prolonged latent phase of labour
- (c) Maternal distress
- (d) Malpresentation

1.2 An hour later, Mrs Jele informs the midwife that her amniotic membranes has ruptured spontaneously, what is the initial reaction of a midwife when amniotic membranes have ruptured?

- (a) Inform the obstetrician
- (b) Conduct a digital vaginal examination
- (c) Assist the client to adopt a Sims position
- (d) Conduct childbirth

1.3 What is the possible complication that may occur as a result of premature rupture of amniotic membranes on this client?

- (a) Shoulder dystocia
- (b) Poor application of the presenting part on the cervix
- (c) Malpresentation
- (d) Cord presentation

1.4 If a persistent occipito posterior (POP) position was diagnosed on Mrs Jele, 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 If labour was obstructed while the presenting diameter is unengaged, yet labour is active, the digital vaginal examination will reveal which one of the following findings:

- (a) An oedematous cervix
- (b) Cervix hanging like an empty sleeve
- (c) Cervical dystocia
- (d) Cervix well applied to the presenting part

1.6 As labour progresses, foetal compromise is diagnosed; which of the following signs will indicate foetal compromise?

- (a) Normal foetal heart rate
- (b) Excessive foetal movements
- (c) Maternal tachycardia
- (d) Meconium stained liquor on a breech presentation

1.7 Mrs Jele's labour progresses fast and she gives birth within 4 hour of labour, which type of labour did she experience?

- (a) Precipitate labour
- (b) Induced labour
- (c) Disordered uterine action
- (d) Prolonged labour

1.8 If labour was hypotonic, what would be the appropriate interventions by the midwife:

- (a) Wait for the doctor to re-assess the client
- (b) Infuse intravenous syntocinon
- (c) Institute 5% Dextrose in water intravenously
- (d) Any of the above responses is appropriate

1.9 Mrs Jele is at the end of her childbearing period and is at risk of giving birth to a neonate with one of the following congenital conditions:

- (a) Congenital hip displacement
- (b) Roberts syndrome
- (c) Pott's syndrome
- (d) Down's syndrome

1.10 During the early postnatal period, Mrs Jele bled profusely per vagina; the reason for developing post-partum haemorrhage is:

- (a) Blood coagulation disorders
- (b) Low Hb and poor nutrition
- (c) Maternal distress
- (d) Atonic uterine muscle

1.11 You are conducting a digital vaginal examination to confirm onset of second stage of labour and you feel a soft pulsating mass in front of the presenting part, your reaction as a midwife is to:

- (a) Rupture the membranes and examine the mass
- (b) Expedite the delivery
- (c) Keep the client calm until seen by the doctor
- (d) Monitor foetal wellbeing

1.12 In an occipito posterior position, obstructed labour may occur if the presenting diameters are caught in a transverse diameter of the outlet, this condition is referred to as:

- (a) Persistent occipito posterior
- (b) Mento posterior arrest
- (c) Mento vertical arrest
- (d) Deep transverse arrest

1.13 Before an induction of labour is instituted, the assessment of the cervix is made, using one of the following tests

- (a) Apgar score
- (b) Bishop score
- (c) Cervicograph
- (d) Cervical score

1.14 A midwife is conducting a breech delivery, and realizes that the upper limbs are extended, which manoeuvre should she apply to expedite the delivery

- (a) Burns Marshall
- (b) Mauriceau-Smellie Veit
- (c) Lovset
- (d) Deflex and extension

1.15 The term used to describe 'failure of the shoulders to transverse the pelvis spontaneously' is:

- (a) Shoulder presentation
- (b) Shoulder obstruction
- (c) Shoulder dystocia
- (d) Shoulder malpresentation

1.16 A midwife is called to attend a woman giving birth at home, she discovers that the foetus is presenting by breech and the entire body is delivered but the head is retained. How will the midwife determine that the head has entered the pelvic outlet and is ready to be delivered?

- (a) Part of the head will emerge from the vagina
- (b) The client will have an urge to bear down
- (c) The foetal back will be uppermost and foetus facing down
- (d) The foetus will lie laterally

1.17 Identify one of the following conditions which are likely to cause uterine inversion during puerperium?

- (a) Morbid adhered placenta
- (b) Grandmultiparity
- (c) Retained clot
- (d) Abnormal lie

1.18 One of the predisposing obstetric conditions for a silent uterine rupture is:

- (a) Grandmultiparity
- (b) Classic Caesarian section
- (c) Strenuous exercises
- (d) Over distension of the uterus

1.19 A postnatal client who leaks urine in the vagina has developed one of the following conditions:

- (a) Recto-vaginal fistula
- (b) Vesico-vaginal fistula
- (c) Ruptured urethra
- (d) Septic extensive perineal wound

1.20 The immediate midwives' intervention when a placenta is retained is to:

- (a) Institute effective oxytocic agents
- (b) Empty the urinary bladder
- (c) Encourage the client to bear down and expel the placenta
- (d) Refer the client to a referral hospital

1.21 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

1.22 Prenatal screening tests for congenital deformities include one of the listed points:

- (a) Full blood count
- (b) Environmental analysis
- (c) Chromosomes and gene analysis
- (d) All of the above is correct

1.23 Recto-vaginal fistula is a puerperal complication caused by which presentation:

- (a) Face to pubis
- (b) Persistent mento posterior
- (c) Brow presentation
- (d) Persistent occipito posterior

1.24 Which of the following signs is a positive diagnosis of a macerated stillborn:

- (a) Reduced foetal movements
- (b) Scarf sign
- (c) Spalding's sign
- (d) Late deceleration of the foetal heart

1.25 Which of the following advice is appropriate with an HIV client who has developed a breast abscess:

- (a) Feed on non-affected breast and express milk from the affected one
- (b) Stop breastfeeding immediately and offer non-human milk
- (c) Alternate breast and bottle feeds until the condition improves
- (d) Wean the baby to prevent Mother to child transmission of HIV

QUESTION 2

Miss Dudu Guliwe, a 17 year old primigravida was admitted at 8am, 20th March 2014 in active labour for the past six hours. On examination, her height was 152cm, vital signs were as follows; the blood pressure was 130/90, temperature 37.8 degrees Celsius, pulse 90 per minute, respirations 18 per minute. Abdominal examination confirms term gestation, lie longitudinal, cephalic presentation 3/5. Uterine contractions were 4 in 10 minutes lasting for 30 seconds. Foetal heart rate 150, clear but irregular. Vaginal examination findings confirm cephalic presentation, positions LOA, membranes ruptured at 4am, meconium stained liquor draining, cervix 4 cm dilated, caput formed and molding 2+. Urine voided 40 ml, albumin and ketone bodies identified.

Question 2 (a)

Plot the above findings on a partograph that is provided

Marks 5

Question 2 (b)

Explain to a student midwife the course of labour

Marks 8

Question 2 (c)

Discuss the management of this client before the arrival of an obstetrician

Marks 12

QUESTION 3

Puerperal pyrexia is a common cause of maternal mortality in underdeveloped countries.

Question 3 (a)

Discuss 4 causes of puerperal pyrexia among clients who attend health care facility in Swaziland.

10 marks

Question 3 (b)

Discuss how a midwife will manage a client diagnosed with uterine infection at Sithobela maternity unit.

Marks 15

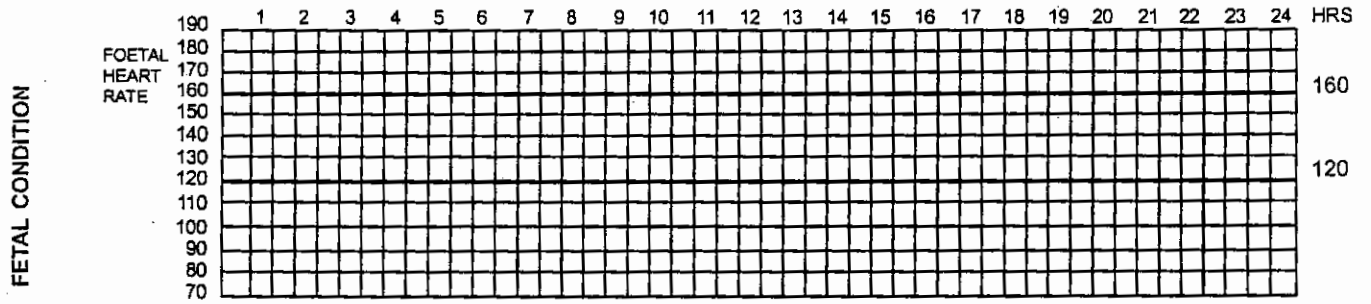
SWAZILAND GOVERNMENT LABOUR RECORD

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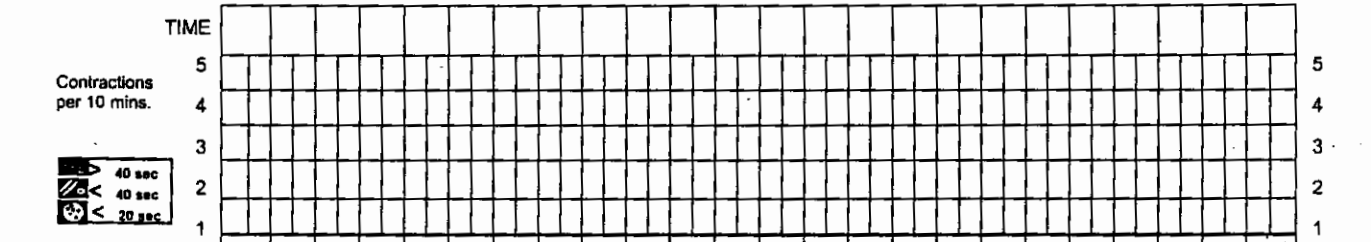
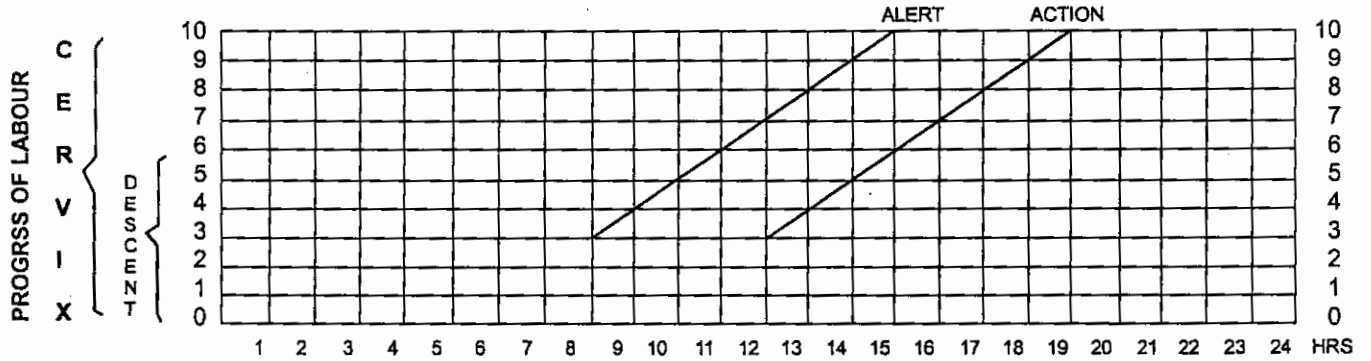
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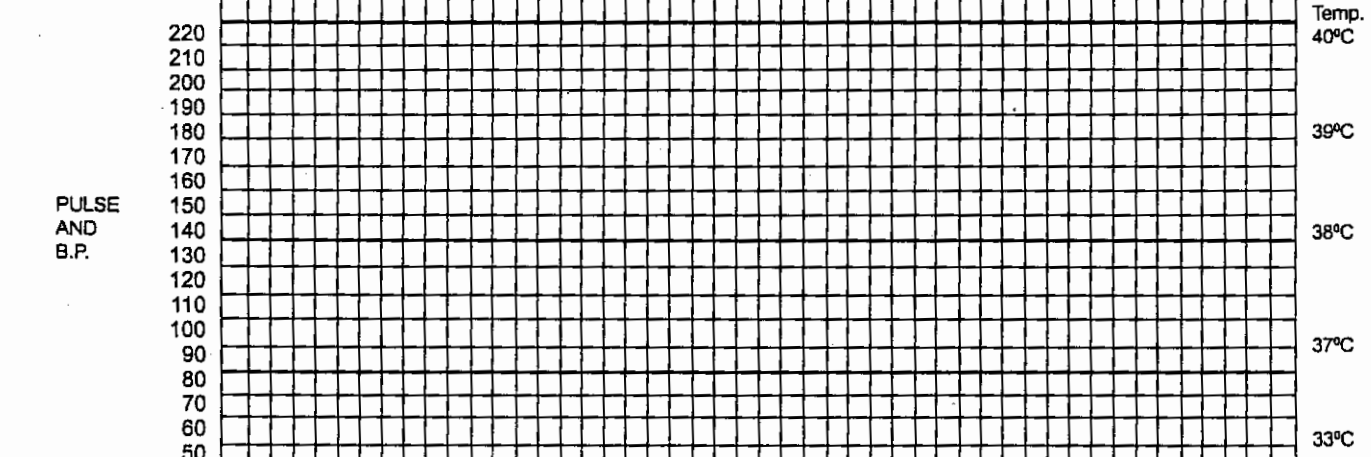


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