

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION QUESTION PAPER; MAY 2015**

TITLE OF PAPER: NORMAL PREGNANCY AND ANTENATAL CARE

COURSE CODE: MID407

DURATION: Two (2) Hours

TOTAL MARKS: 75

INSTRUCTIONS: 1. THE PAPER CONSISTS OF THREE (3) QUESTIONS

2. ANSWER ALL QUESTIONS

3. ALL QUESTIONS CARRY EQUAL MARKS

4. READ THE QUESTIONS CAREFULLY

**5. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED
TO A QUESTION OR PART OF A QUESTION**

6. START EACH QUESTION ON A FRESH PAGE

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GRANTED BY THE CHIEF INVIGILATOR.**

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QUESTION 1

Indicate the most appropriate response to the question e.g. 1.26 A. Each correct response carries one (1) mark. Total possible marks 25.

Read the following scenario and answer questions 1.1- 1.6.

Sibo is a 26 year old, woman and newly married. She presents at Mbabane Public Health Unit (PHU) with her husband. They inform the midwife on duty that they are planning to have a baby next year (2016). Sibbo has never attempted to fall pregnant.

1.1. The midwife who takes history from Sibbo would probably ask

- a) for Sibbo's previous mode of delivery
- b) for the size of her previous babies
- c) if Sibbo has used any or is using any contraceptives.
- d) if Sibbo had any previous history of retained placenta.

1.2 The midwife will perform a pre-conception assessment which involves

- a) obtaining appropriate history
- b) physical examination
- c) carrying out appropriate screening tests
- d) All the above.

1.3 Which of the following medical condition(s) may require treatment and control prior to Sibbo getting pregnant?

- a) Pregnancy Induced Hypertension
- b) Diabetes Mellitus
- c) Malaise
- d) None of the above.

1.4 The immunization(s) Sibbo may receive prior to pregnancy include

- a) Anti-tuberculosis
- b) HIV antigen
- c) Anti-tetanus toxoid
- d) Anti-malarial.

1.5 With reference to pre-conception assessment, the midwife will obtain the following history from Sibbo and her husband.

- a) History of cardiac disease
- b) Previous history of tuberculosis
- c) History of amenorrhoea
- d) History of sexually transmitted infections.

1.6 When Sibbo eventually gets pregnant, the following signs and symptoms may alert the midwife

- a) Discolouration of the areola
- b) Silvery striae gravidarum
- c) Amenorrhoea accompanied by morning sickness
- d) Increase in the size of the abdomen.

Thandiwe is a 25 year old woman, Para 1 Gravida 2 and 32 weeks pregnant. The presentation is cephalic. She presents at Mbabane Public Health Unit for a repeat antenatal care visit. Questions 1.7-1.18 refer to the adaptation to pregnancy which Thandiwe may experience. Complete the following statements by choosing the most appropriate option.

1.7 Thandiwe may suffer from anaemia due to

- a) diluted blood cells
- b) increased blood volume not proportional to clotting factors
- c) increase in plasma volume consistent with increase in red blood cells.
- d) increased plasma volume not proportionate to the increase in red blood cells.

1.8 During pregnancy there is an increase in white cells resulting in

- a) increased resistance to all infections
- b) increased resistance to viral and bacterial infections
- c) enhanced phagocytic and bacterial properties.
- d) increased resistance to antifungal infections.

1.9 Vasodilation during pregnancy may

- a) increase venous return
- b) accelerate venous return
- c) predispose the pregnant woman to varicosities
- d) cause increased permeability of the kidneys.

1.10 Blood pressure during pregnancy may reach its lowest peak during theweek of pregnancy.

- a) 32nd
- b) 28th
- c) 34th
- d) 30th

1.11 By the 36th week of pregnancy on abdominal palpation the uterine fundus will be palpated

- a) slightly below the xiphisternum
- b) at the xiphisternum
- c) midway between the umbilicus and symphysis pubis
- d) just above the symphysis pubis as by now it is an abdominal organ.

1.12 Thandiwe may report that she is having an increased thick whitish vaginal discharge. This discharge is known as

- a) Osendar's sign
- b) bacteraemia
- c) Chadwick's sign
- d) leucorrhoea.

1.13 Thandiwe at some stage may report some episodes of insomnia. This is likely to be due to

- a) an unplanned pregnancy
- b) various hormonal and mechanical influences
- c) increased cardiac output
- d) physiological oedema.

1.14 Thandiwe may be at risk of urinary tract infection as a result of

- a) dilated ureters leading to renal stasis
- b) increased renal circulation
- c) lowered resistance to infection
- d) increased phagocytosis.

1.15 In late pregnancy, Thandiwe may complain of heartburn. Some of the advice the midwife can give include lifestyle modification such as

- a) drinking milk just before she goes to bed
- b) frequent chewing gum
- c) increasing the use of spices in her diet
- d) taking small frequent meals.

1.16 Thandiwe may also complain of constipation as a result of

- a) taking a lot of fluids
- b) increased peristalsis
- c) taking oral iron supplements
- d) taking bulk-forming laxatives.

1.17 At 32 weeks gestation, the midwife should expectin Thandiwe's Blood Pressure.

- a) a slight fall
- b) the lowest reading
- c) a slight increase
- d) no change.

1.18 To assist in determining the mode of delivery for Thandiwe, the midwife will ask Thandiwe the following history.

- a) Size of her previous baby
- b) Previous mode of delivery
- c) Duration of the previous labour
- d) All the above.

Questions 1.19-1.20 refer to the importance of preparing Thandiwe for childbirth and parenting including how the midwife will prepare Thandiwe for labour during the antenatal period.

1.19 The need to teach Thandiwe relaxation techniques when she goes into labour is essential as muscle tension occurs as a result of

- a) excitement of finally having her baby
- b) anxiety, fear and pain.
- c) the flight response
- d) tension.

1.20 The midwife will teach Thandiweto cope with discomfort and pain of contractions.

- a) massage.
- b) how to lean forward.
- c) how to bear down during the second stage of labour
- d) breathing techniques.

1.21 Prior to onset of true labour, the fetal head will engage. Engagement means the widest

- a) antero-posterior diameter has passed through the brim of the pelvis
- b) transverse diameter has passed through the brim of the pelvis
- c) oblique diameter has passed through the brim of the pelvis.
- d) transverse and antero-posterior diameters have passed through the brim of the pelvis .

1.22 The lie of Thandiwe's foetus is

- a) cephalic
- b) longitudinal
- c) transverse
- d) vertex.

1.23 The midwife will monitor the foetus during pregnancy. Which means according to WHO focused antenatal care (ANC) model, Thandiwe should have at leastantenatal visits during the course of this pregnancy.

- a) 6
- b) 4
- c) 1-4
- d) 4-6.

1.24 In Swaziland about % of pregnant women attend at least one antenatal care visit during the course of their pregnancies.

- a) 92
- b) 90
- c) 97
- d) 87.

1.25 In Swaziland, provider initiated HIV counseling and testing through the Prevention of Mother to Child transmission of the Human Immune Deficiency Virus (PMTCT) programme is offered to

- a) women residing in Swaziland
- b) pregnant women who do not know their HIV status at the time of booking
- c) pregnant women reporting for antenatal care
- d) women of child bearing age.

QUESTION 2

Read the following scenario and answer questions that follow.

Mrs X is Para 2 Gravida 3 and 12 weeks pregnant. She presents at Mbabane PHU for the initial antenatal care visit. She stays with her husband who is gainfully employed. One of the responsibilities of the midwife is to obtain relevant history on the initial antenatal visit.

2.1 Identify the obstetric history (consider 10 points) a midwife will obtain from Mrs X during this initial antenatal visit (booking visit) and give rationale for each point (20 marks).

2.2 Outline five (5) factors that might require additional antenatal surveillance or advice and give rationale (5 marks).

Total

[25marks]

QUESTION 3

Mrs X is a primigravida aged 25 years. She has reported at Mbabane Public Health Unit for the initial booking visit at 12 weeks gestation. Midwives view pregnancy as a normal developmental stage which is associated with a number of physiological changes in the various body systems.

3.1 Explain the physiological changes which take place in the uterus during Mrs X's pregnancy (12 marks).

3.2 Describe the significance of the physiological changes which take place in the cardiovascular system during pregnancy (13 marks).

Total

[25marks].