

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

**TITLE OF PAPER: PREGNANCY WITH COMPLICATIONS**

**COURSE CODE: MWF412**

**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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**FINAL EXAMINATION QUESTION PAPER; MAY 2015.**

**MWF412: PREGNANCY WITH COMPLICATIONS**

**QUESTION 1**

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

Prolonged pregnancy can complicate pregnancy and brings forth risks to both the mother and the foetus. Questions 1.1 to 1.7 refer to this statement.

1.1 The mother may experience ,

- a) excessive labour pain.
- b) anaemia due to increased demand by the foetus.
- c) increased anxiety.
- d) antepartum infection.

1.2 In case of post maturity during pregnancy, confirmation can be can be determined by

- a) examining the size of the head on abdominal palpation.
- b) estimating the fundal height on abdominal palpation
- c) performing a cardiotocograph (CTG)
- d) Ultrasound Scan.

1.3 One /some of the signs of placental deterioration include

- a) consistent loss of weight during pregnancy.
- b) consistent static maternal weight gain.
- c) gold stained meconium.
- d) foetal heart rate of 165 beats per minute.

1.4 Possible foetal complications in case of prolonged pregnancy include

- a) intrauterine death
- b) jaundice
- c) Rhesus iso-immunisation due to placental insufficiency
- d) Ophthalmia Neonatorum.

1.5 Possible maternal risk(s) in prolonged pregnancy include

- a) anaemia following delivery
- b) risk of shoulder dystocia during delivery
- c) risk of operative delivery and its possible complications
- d) risk of developing from diabetes mellitus.

1.6 Pregnancy is considered prolonged if it goes beyond .....completed weeks of gestation.

- a) 40
- b) 43
- c) 42
- d) 44.

1.7 When a woman has a prolonged pregnancy, which one of the following may indicate that she is now suffering from pre-eclampsia?

- a) Sudden weight gain with proteinuria
- b) Proteinuria
- c) Rising blood pressure
- d) Oedema.

At times malposition of the occiput and malpresentation can complicate pregnancy. Questions 1.8 to 1.12 refer to this statement.

1.8 Occipito-posterior position is sometimes associated with

- a) a platypelloid pelvis
- b) an android pelvis
- c) an anthropoid pelvis
- d) a gynaecoid pelvis.

1.9 The antenatal diagnosis of an occipito-posterior position on abdominal examination includes

- a) a deflexed head
- b) a saucer shaped depression at or immediately below the umbilicus
- c) a sign of a full bladder
- d) a broad abdomen due to the malposition.

1.10 In an occipito-posterior position, the head is usually

- a) engaged at term in a primigravida
- b) engaged in a multigravida at the onset of labour
- c) not engaged at term in a primigravida
- d) None of the above.

1.11 On auscultation, the foetal heart is heard more clearly

- a) on the umbilicus
- b) where there is a depression on the abdomen
- c) midway between the umbilicus and the symphysis pubis
- d) most easily in the flank.

1.12 On abdominal palpation foetal limbs are felt

- a) mostly in the fundus
- b) mostly over the saucer like depression
- c) on both sides of the midline
- d) mostly laterally.

Occasionally a breech may present in any woman during pregnancy. The midwife can diagnose a breech presentation during abdominal examination.

Questions 1.13 to 1.14 refer to this statement. Choose the most appropriate response to complete the following statements.

1.13 The midwife may find the following on fundal palpation, a

- a) round hard mass which may move independently of the body
- b) round immobile mass
- c) round soft mass which is ballotable
- d) None of the above.

1.14 On auscultation, the foetal heart can be heard clearly

- a) on the umbilicus
- b) slightly below the umbilicus
- c) above the umbilicus
- d) on either side of the abdomen.

Women are at risk of acquiring HIV infection. During pregnancy efforts are made to screen for HIV in women who attend antenatal care. Questions 1.15 to 1.17 refer to this statement. Choose the most appropriate option to complete the following statements.

1.15 Women are considered at high risk of acquiring HIV infection because women

- a) are biologically more vulnerable to HIV than men
- b) cannot negotiate safer sex
- c) require authority to access ARVs
- d) are always shy when it comes to sexual issues.

1.16 In Swaziland, one of the drivers of HIV infection include

- a) syphilis
- b) availability of emergency contraception
- c) multiple concurrent sexual partners
- d) promotion of male condoms only.

1.17 Swaziland is faced with some challenges to successfully implement PMTCT services and these include

- a) Poor data tracking on men involved in PMTCT services
- b) Inadequate involvement of men in reproductive health issues
- c) Poor attendance of women at PMTCT clinics
- d) All the above.

1.18 A pregnant woman who presents at the antenatal clinic with inflamed Bartholin's glands might have acquired:

- a) Syphilis
- b) a genital ulcer
- c) AIDS
- d) Gonorrhoea.

1.19 The following are people at high risk for accidental exposure to body fluids contaminated by HIV

- a) community people
- b) health related emergency response teams
- c) Housewives as opposed to working women
- d) Man in monogamous marriages.

Mrs Siphon, a 25 year old primigravida, reports at the antenatal clinic at 29 weeks gestation for the second antenatal care visit. She presents with ankle oedema and a slight headache. Blood pressure during the last visit was 110/70 and today is 130/90. Questions 1.20 to 1.25 relate to this scenario.

1.20 The probable diagnosis for Mrs Siphon is

- a) Diabetes mellitus
- b) Pregnancy induced hypertension
- c) Eclampsia
- d) Epilepsy.

1.21 What signs would assist the midwife to come up with the diagnosis?

- a) Blood pressure and foetal movements
- b) Blood pressure and oedema
- c) Urinalysis which will confirm proteinuria
- d) Oedema and anaemia.

1.22 The following condition may complicate the condition diagnosed in 1.20.

- a) diabetes mellitus
- b) renal failure
- c) eclampsia
- d) anaemia.

1.23 The patients who experience the diagnosis under 1.20 are usually advised to have enough rest to

- a) promote foetal development
- b) improve renal circulation and also improve placental blood flow
- c) improve relations with the health care team
- d) assist in improving the relations of the woman and her family.



1.24 Which of the following complication(s) can occur as a result of the condition diagnosed in

1.20?

- a) Cerebral haemorrhage
- b) Urine retention
- c) Retention with overflow
- d) Essential hypertension.

1.25 If the condition diagnosed in 1.20 does not worsen, foetal outcome is usually

- a) compromised by the blood pressure
- b) not compromised
- c) dependent on the skills of the doctor
- d) compromised by persistent proteinuria.

## **QUESTION 2**

Mrs X is Para 2 Gravida 3, 32 weeks pregnant and presents at Mbabane Public Health Unit for a repeat antenatal care visit. The height of fundus is big for dates.

2.1 Describe both the subjective and objective data that will lead the midwife to suspect that Mrs X is carrying a twin pregnancy. **(12marks)**.

2.2 Discuss the effects of multiple pregnancies to the women? **(13marks)**.

**Total [25marks]**

## **QUESTION 3**

One of the leading causes of maternal deaths in Swaziland is haemorrhage.

3.1. Outline the causes of bleeding in late pregnancy. **(5marks)**.

3.2 Explain the factors that aid in differential diagnosis in a woman presenting at Mbabane Maternity Unit with vaginal bleeding at 32 weeks gestation **(15marks)**.

3.3 Describe the supportive management the midwife should provide to a woman who presents with Antepartum haemorrhage. **(5 marks)**.

**Total**

**[25marks]**