

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION PAPER: MAY, 2016

TITLE OF PAPER : **ABNORMAL MIDWIFERY II**
COURSE CODE : **MID121**
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

Part A: True/false

Indicate whether the following statements are true or false. Write your response next to the question number. Example: 1. True

The following are of proven benefit with regard to preterm labour:

1. Oral metronidazole in women at high risk of preterm labour who are positive of bacterial vaginosis. (1)
2. Treatment of asymptomatic bacteriuria with antibiotics (1)
3. Hospitalisation for bed rest for women at high risk (1)
4. Antibiotics for women presenting with threatened preterm labour with intact membranes (1)
5. Oral tocolysis for women at high risk for preterm labour (1)
6. With regard to preterm labour, tocolysis for threatened preterm labour reduces the risk of delivery within 48 hours (1)
7. With regard to prelabour rupture of membranes (PROM) at term:
 - 7.1 Ninety percent of women will labour within 24 hours (1)
 - 7.2 Women should be allowed to choose whether to wait or whether to undergo induction immediately as the outcomes are the same (1)
8. For women with preterm prelabour rupture of membranes (PPROM):
 - 8.1 Cervical length measurement is useful in predicting preterm labour (1)
 - 8.2 The risk of placental abruption is approximately 5 % (1)
 - 8.3 Maternal steroid administration does not increase the incidence of neonatal respiratory distress syndrome (1)
 - 8.4 Antibiotic therapy improves neonatal morbidity and mortality rates (1)

Part B: Multiple Choice questions.

Select the correct answer and write the letter that corresponds with it in your answer sheet. Example: 2. B

9. What is the *least likely* situation for a Caesarean section to occur?
 - A. breech position.
 - B. the mother elects to have one.
 - C. baby's head is too large.
 - D. mother is bleeding vaginally.
10. In your management of Ms. V. in the second stage, you notice a persistent fetal heart rate bradycardia of 110 bpm. What would be your management?
 - A. left lateral position, nasal oxygen, 1000 cc serum, fetal monitoring
 - B. detecting fetal blood PH
 - C. after 40 min intervention is needed
 - D. It is a normal event in this stage . No further step is needed.

11. Which is the **wrong** statement about late deceleration?
- A. it occurs after the peak and nadir of uterine contraction
 - B. lag phase represents fetal PO₂ level not fetal blood PH
 - C. the less the fetal PO₂ before uterine contraction, the more is the lag phase before deceleration
 - D. reduced fetal PO₂ level below critical level activates chemoreceptors and decelerations
12. What is the **Robin maneuver** used to release shoulder dystocia?
- A. rotation of posterior shoulder to deliver ant. Shoulder
 - B. abduction of shoulders
 - C. flexion of mother's knees and suprapubic pressure
 - D. rotation and extraction of anterior shoulder
13. Which statement is **not true** in PGE₂ administration for labor induction?
- A. It reduces submucosal water content
 - B. vaginal tablet is superior to vaginal gel
 - C. Its effect is better recognized on a cervix with Bishop score below 4
 - D. It can be used instead of oxytocin for cervical Bishop score of 5-7
14. Which of the following is a **wrong** maneuver in breech delivery mechanism?
- A. anterior hip has a more rapid decent than the posterior hip
 - B. anterior hip is beneath the symphysis pubis and intertrochanteric diameter rotates around a 45 degree axis
 - C. if posterior hip is beneath the symphysis pubis it has to go through 225 degree axis rotation
 - D. for sacrum anterior or posterior position, the axis of rotation is around 45 degrees
15. Mrs. L, 35 years old- P2 – GA of 38 weeks with estimated foetal weight (EFW) of 2.0 kg presents with a face and posterior shoulder presentation. How would you manage her delivery?
- A. induction of labor
 - B. internal rotation to push the mentum into the anterior position
 - C. observation to allow spontaneous rotation
 - D. Caesarean Section
16. In high dose oxytocin labor stimulation, what is the maximum dose (mu/min) of oxytocin ?
- A. 20
 - B. 30
 - C. 42
 - D. 60

17. Mrs. Q. is a G4, 38weeks gestation. Following an examination on her you come up with the following findings: full dilatation and effacement, frank breech, station=1 membranes =intact and FHR=100 BPM. X-ray shows flexion of the head. What is the best management?
- A. Frank breech extraction
 - B. Caesarean Section
 - C. modified Prague maneuver
 - D. observation for non-assisted breech delivery
18. Which statement is *wrong* about PGE2 gel?
- A. The intracervical dose is 0.3-0.5 mg
 - B. The vaginal dose is 3-5 mg
 - C. The vaginal application releases 10 mg Q4h
 - D. If contractions and foetal heart rate are normal in a two - hour observation, the patient can be discharged
19. Which statement is *not true* with shoulder dystocia?
- A. Most of shoulder dystocia cases cannot be diagnosed or predicted
 - B. Shoulder dystocia can be diagnosed with high accuracy using modern imaging studies
 - C. ultrasound is not reliable
 - D. Caesarean Section is recommended in diabetic mothers with babies more than 4500 g and in non diabetic mothers with babies more than 5000 g
20. Which of the following is general term for an abnormal labor?
- A. Dystocia
 - B. CPD
 - C. Nulliparous
 - D. Braxton-Hicks
21. All of the following are contraindications for the administration of Pitocin® *except:*
- A. prolapsed umbilical cord
 - B. cephalopelvic disproportion (CPD)
 - C. placenta previa
 - D. weak contractions in the active phase of stage 1

Total marks = 25

QUESTION 2

Ms. Khumalo, P2 G3, 31 weeks gestation, is admitted in the labour ward with a history of leaking membranes for the past 48 hours, there are no uterine contractions palpable.

2.1 Explain the principles of care under management of her condition. **(10 marks).**

2.2 Describe how you would diagnose premature pre-labour rupture of membranes (PPROM) **(6 marks)**

2.3 Outline the maternal, foetal and neonatal implications of the condition in 2.2 above. **(9 marks)**

Total marks = 25

QUESTION 3

Mrs. Mzee P2 G3 presents with the following symptoms after eight hours of a home delivery of a bouncing 3.4 kg male neonate: uterine bleeding (changed four heavily soaked pads with clots, the previous night).

3.1 Describe how you, as a midwife can diagnose the above condition. **(5 marks)**

3.2 What are the possible causes of the above condition? **(10 marks)**

3.3 Describe how you would manage the above client's condition. **(10 marks)**

Total marks: 25