

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCE**

FINAL EXAMINATION: MAY 2016

COURSE TITLE: POSTPARTUM WITH COMPLICATIONS

COURSE CODE: MID 406

TIME ALLOCATED: 2 HOURS

MARKS ALLOCATED: 75

INSTRUCTIONS:

- 1. PLEASE ANSWER ALL QUESTIONS**
- 2. USE THE PROVIDED ANSWER BOOKLET FOR ALL YOUR ANSWERS**
- 3. START ALL QUESTIONS IN A NEW PAGE**
- 4. USE BULLETS FOR EACH POINT IN YOUR ANSWERS (DO NOT INVENT YOUR OWN NUMBERING)**
- 5. CHECK THAT YOUR QUESTION PAPER HAS 7 PRINTED PAGES**
- 6. DO NOT OPEN THE QUESTION PAPER UNTIL PERMISSION HAS BEEN GRANTED BY THE CHIEF INVIGILATOR**

QUESTION 1: Multiple Choice Questions

For each of the following questions, write clearly the question number and letter that corresponds with the most appropriate answer e.g. 1.26 D. Each question has only one correct option as an answer.

- 1.1 The two most common complications during the postnatal period in Swaziland that are life threatening are _____ and _____.
- A. postpartum depression and postpartum haemorrhage
 - B. puerperal sepsis and postpartum haemorrhage
 - C. convulsions and obstetric shock
 - D. puerperal sepsis and thromboembolism
- 1.2 All the following are risk factors for developing endometritis during the puerperium, **except**:
- A. Prolonged labour
 - B. Multiple vaginal examinations
 - C. Old age
 - D. Young age
- 1.3 Which one of the following statements is true about puerperal infection?
- A. Puerperal infection is more prevalent among women who have delivered vaginally compared to those who have delivered by caesarian section
 - B. There is no difference in the incidence and prevalence of puerperal infection by mode of delivery
 - C. Puerperal infection is more prevalent among women who have delivered by caesarian section compared to those who have delivered vaginally
 - D. Puerperal infection is any infection of the genital tract in the first 2-10 days postpartum (including the first 24 hours), indicated by a temperature of at least 38°C or more for at least two days of the first 14 days post delivery
- 1.4 Mrs. Siyaya gave birth 15 minutes ago. You actively managed the third stage of labour; the placenta was complete, and she had no vaginal or perineal lacerations. You find Mrs. Siyaya in a pool of blood and her uterus is soft. The most probably cause for Mrs. Siyaya's bleeding is _____
- A. Trauma of the fallopian tubes
 - B. Uterine atony
 - C. Endometritis
 - D. Genital fistula

- 1.5 Which one of the following may occur as a result of unrelieved breast engorgement?
- A. Mastitis
 - B. Sore nipples
 - C. Breast abscess
 - D. Thrush on the nipple
- 1.6 Which one of the following statements describe the correct management for TB in the postpartum for the infant whose mother has active TB?
- A. The infant should not be separated from its mother but contact should be limited until both the mother and infant are on appropriate therapy
 - B. Treatment for TB is generally considered a contra-indication as amounts of anti-TB drugs are excreted in breastmilk
 - C. Breastfeeding is unacceptable unless the mother has MDR disease or poor adherence to therapy.
 - D. The infant should be initiated on a full anti-TB drug regimen immediately to prevent it from acquiring TB
- 1.7 If a retained placenta is undelivered 30 minutes after oxytocin administration and controlled cord traction, and the uterus is contracted, the next step is to
- A. attempt more aggressive controlled cord traction
 - B. attempt controlled cord traction and fundal pressure
 - C. attempt manual removal of the placenta
 - D. administer ergometrine
- 1.8 The prophylactic management of postpartum haemorrhage includes _____.
- A. Liberal use of oxytocic drugs during labour
 - B. Prescribing combined oral contraceptives
 - C. Active management of the 3rd stage of labour
 - D. Applying cord traction when delivering the placenta
- 1.9 On examination of a postnatal client, you observe the presence of offensive, scanty lochia, and fever. This client may be suffering from:
- A. Infected caesarean section wound
 - B. Cervical cancer
 - C. Puerperal sepsis
 - D. Uterine fibroids

- 1.10 Mrs. Zungu, a postpartum client, complains of sudden chest pain, dyspnea and coughing. She may be suffering from _____
- A. Pulmonary Embolism
 - B. Thrombophlebitis
 - C. Phlebothrombosis
 - D. Shock
- 1.11 Which one of the following can predispose a woman to uterine inversion?
- A. Long cord
 - B. Primiparity
 - C. Liberal use of oxytocic drugs
 - D. Avoiding fundal fiddling
- 1.12 In which one of the following conditions is disseminated intravascular coagulation (DIC) most likely to be present?
- A. Amniotic fluid embolism
 - B. Varicose veins
 - C. Uterine inversion
 - D. Cardiogenic shock
- 1.13 Which of the following statements about the management of a client with an inverted uterus is **incorrect**:
- A. Let the client lie on the back and elevate the foot of the back and her legs to allow the uterus to fall back into its place
 - B. Start an IV line with Ringers Lactate to maintain adequate circulation
 - C. Call the doctor who may order pethidine to relieve pain
 - D. Instruct the woman to avoid carrying heavy loads after discharge
- 1.14 All the following are risk factors for amniotic fluid embolism, **except**:
- A. Primiparity
 - B. Liberal use of oxytocic drugs
 - C. Fundal fiddling
 - D. Precipitate labour
- 1.15 Which one of the following statements is true about second degree inversion of the uterus?
- A. The uterus turns inside-out but does not protrude through the cervix
 - B. The uterus is visible outside of the vaginal wall and cervix
 - C. The uterus protrudes through the cervix, but does not protrude through the vagina
 - D. The uterus hangs outside the vagina with placenta attached

- 1.16 Zinhle, a 25 year-old gravida 3, para 2, has delivered a healthy baby 3 hours ago. While doing a postnatal check-up on her, you discover that she has a rapid and irregular heartbeat, with rapid shallow respirations. She also reports blurred vision. What would you suspect?
- A. Uterine inversion
 - B. Puerperal pyrexia
 - C. Shock
 - D. Amniotic fluid embolism
- 1.17 All the following are signs of uterine inversion, **except**:
- A. Sudden severe pain
 - B. The woman will complain of a bearing down contraction after delivery of the baby due to uterine stimulation by the low lying placenta
 - C. Palpable dimple or depression felt after delivery
 - D. A mass may be felt on vaginal examination
- 1.18 Which one of the following statements is true about deep vein thrombosis?
- A. Occurs in small veins of the leg which may carry a clot to the pulmonary system, thus causing pulmonary embolism
 - B. Usually occurs in large veins of the leg
 - C. Is usually present when a Homan's sign test is negative
 - D. Is a minor disorder of the puerperium
- 1.19 The correct prophylactic management of obstetric shock includes:
- A. Careful monitoring of maternal and foetal conditions during labour
 - B. Liberal use of oxytocic drugs during the 3rd stage of labour
 - C. Using septic technique and avoiding malpractice during labour
 - D. Both A and C
- 1.20 Which one of the following instructions by the midwife to a client with deep vein thrombosis would be **incorrect**?
- A. "Avoid smoking"
 - B. "Restrict exercise"
 - C. "Avoid home remedies"
 - D. "See the doctor for prescription of combined oral contraceptives"

- 1.21 Which one of the following statements about amniotic fluid embolism is **incorrect**?
- A. Is the passage of amniotic fluid into the foetal circulation through a laceration in the uterus
 - B. May be caused by sudden rupture of membranes
 - C. May be caused by any condition in which the uterine muscle is cut or tears easily, or where strong contractions bring about tearing of the uterine muscle
 - D. None of the above
- 1.22 If an atonic uterus does not contract after fundal massage, the next step is to _____.
- A. give additional uterotonic drugs
 - B. perform bimanual compression of the uterus
 - C. start an IV infusion
 - D. explore the uterus for remaining placental fragments
- 1.23 Active management of the 3rd stage of labour should be practiced
- A. only on women who have a history of PPH.
 - B. only on the primipara.
 - C. only on the multipara.
 - D. on all women giving birth vaginally
- 1.24 Which one of the following may occur as a result of an untreated genital fistula?
- A. Stress continence
 - B. The woman may be compelled to deliver all future babies by caesarian section
 - C. Light scarring of the vaginal and bladder walls
 - D. Instant maternal death
- 1.25 A woman who has experienced a miscarriage is **LESS** likely to suffer from:
- A. Guilt
 - B. Relief
 - C. Depression
 - D. Anxiety

[Total: 25 marks]

QUESTION 2

- a) Loma presents to the postnatal clinic with her baby before her 6 week postnatal visit is due, complaining that her breastmilk is not enough, hence she is afraid her baby is starving. Explain how would you manage her problem? [5]
- b) State the clinical manifestations that would inform you whether a woman suffers from postnatal depression or from puerperal psychosis? Tabulate your answer (5 points on either side) [5]

[Total: 10 marks]

QUESTION 3

- a) Women in the puerperium are at risk of thromboembolic conditions. Discuss what a midwife can do for the woman, including advice during delivery and the puerperium in order to prevent the occurrence of thromboembolic conditions. [10]
- b) Explain the **major** difference in the etiology of thrombophlebitis and phlebothrombosis [1]
- c) Mention four (4) possible complications of amniotic fluid embolism among women during the postpartum period. [4]

[Total: 15 marks]

QUESTION 4

- a) Describe ten (10) causes of uterine atony which may predispose the woman to postpartum haemorrhage during the puerperium. [20]
- b) Explain the principles or guidelines a midwife must follow when managing a woman with postpartum haemorrhage [5]

[Total: 25 marks]