

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION QUESTION PAPER; MAY, 2016**

TITLE OF PAPER: PREGNANCY WITH COMPLICATIONS

COURSE CODE: MID412

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, 2016

MID412: PREGNANCY WITH COMPLICATIONS

QUESTION 1

Mrs X is aged 25 years old, Para 0 Gravida 1 presents at Mbabane Public Health Unit (PHU) at 20 weeks gestation with a history of nocturia, excessive weight gain for gestational age and excessive thirst. She booked her pregnancy at 12 weeks gestation and all vital signs and other tests done on the initial antenatal visit are normal. Questions 1.1 to 1.10 refer to this scenario.

1.1 Mrs X's diagnosis may be

- a) Pregnancy Induced Hypertension
- b) Essential hypertension
- c) Diabetes Mellitus
- d) Gestational Diabetes.

1.2 If the midwife performs urinalysis, she is likely to note/observe

- a) Ketones and glycosuria
- b) Proteinuria
- c) Glycosuria
- d) Ketones.

1.3 This condition is likely to cause birth of ababy.

- a) premature
- b) macrosomic
- c) microsomic
- d) None of the above.

1.4 The condition identified in question 1 usually occurs in the

- a) first trimester
- b) second and third trimester
- c) third trimester
- d) any of the three trimesters.

1.5 Risk factors associated with this condition include

- a) Previous personal history of this previous condition
- b) Family history of this same condition
- c) Age over 30 years
- d) All the above.

1.6 Polyuria in this case may occur as a result of

- a) Excessive loss of fluid
- b) Excess loss of fluid associated with osmotic diuresis
- c) Skin lesions
- d) Oedema.

1.7 Some of the symptoms associated with this condition include the following,

- a) Sudden vision changes and numbness of feet.
- b) Skin lesions and soft skin
- c) Recurrent infections which quickly respond to treatment
- d) Diarrhoea and nausea.

1.8 One of the goals in the treatment of this condition is to control the condition in order to prevent

- a) Development of arterial complications
- b) Development of neuropathic complications
- c) Eating a diet high in protein and low salt
- d) Development of cardiac conditions.

1.9 Management of this condition in 1.1 includes

- a) Normalising lipids and blood pressure to prevent heart disease
- b) Controlling diet to including prescribing a high protein diet
- c) Pharmacological therapy
- d) Vigorous exercises.

1.10 Effects of this condition in 1.1 in pregnancy include

- a) Increased incidence of caesarean section due to fetal compromise
- b) Increased risk of antepartum haemorrhage
- c) Increased risk of intrapartum infection
- d) Increased risk of microsomic babies.

Mrs Y is 26 years old, Para 1 Gravida 2 presents at Mbabane Public Health Unit (PHU) during a subsequent antenatal visit at 30 weeks gestation with a history of mild headache which is on and off. Vital signs on the booking visit were: BP 100/70mmHg, Pulse 72 beats per minute and Temperature 37 °C. On examination on the repeat visit, oedema of the lower limbs noted. Vital signs - Blood Pressure 120/85mmHg, Pulse 80bpm and Temperature 37.2°C. Questions 1.11 to 1.20 refer to this scenario.

1.11 Mrs Y's diagnosis might be

- a) Pregnancy Induced Hypertension
- b) Essential hypertension
- c) Diabetes Mellitus
- d) Gestational Diabetes.

1.12 If the midwife performs urinalysis on Mrs Y's urine, the midwife is likely to note

- a) Ketones and glycosuria
- b) Proteinuria
- c) Glycosuria
- d) Ketones.

1.13 Mrs Y's condition is likely to cause

- a) Prematurity
- b) Post maturity
- c) Intra-uterine growth restriction
- d) None of the above.

1.14 Mrs Y's condition usually occurs as from the

- a) Third trimester
- b) First trimester
- c) Second trimester
- d) First and second trimesters.

1.15 Risk factor(s) associated with this condition include

- a) Obesity
- b) HIV infection
- c) Age over 25 years
- d) All the above.

1.16 Proteinuria in this case may occur as a result of

- a) Excess loss of fluid
- b) Excess loss of fluid associated with osmotic diuresis
- c) Damage to some parts of the renal system
- d) Oedema.

1.17 Some of the symptoms associated with complications of Mrs Y's condition include

- a) Sudden vision changes and numbness of feet.
- b) Blurred vision
- c) Recurrent infections which quickly respond to treatment
- d) Diarrhoea and nausea.

1.18 One of the goals in the treatment of Mrs Y's condition is to control the condition in order to prevent babies born with

- a) Congenital diabetes mellitus
- b) Hyperglycaemia
- c) Low birth weight
- d) Anaemia.

1.19 Early stages of the disease may cause

- a) Hyperglycaemia
- b) Anaemia
- c) Hypoglycemia
- d) Elevated cardiac output.

1.20 Women suffering from this condition may develop

- a) Low blood pressure
- b) Pulmonary oedema
- c) Intrapartum infection
- d) Postpartum infection.

Read the following scenario and answer questions 1.21 to 1.25. Mary is a Para 4 Gravida 5, gestational age 34 weeks. She reports at Mbabane Public Health Unit (PHU) with a history of abdominal pains for the past two days. This morning, Mary started vaginal bleeding and states that the bleeding is moderate. She does not think that the pain is related to the vaginal bleeding.

1.21 The cause of Mary's abdominal pain could be physiological as a result of

- a) Round ligament pain.
- b) Ectopic pregnancy.
- c) Appendicitis.
- d) Placental abruption.

1.22 The cause of Mary's abdominal pain can also be pathological but related to pregnancy as a result of

- a) Braxton Hick's contractions
- b) Abdominal pregnancy
- c) Pressure from the growing uterus
- d) Heartburn.

- 1.23 The cause of Mary's abdominal pain may also be incidental as a result of
- a) Psychological causes
 - b) Placental abruption
 - c) Ectopic pregnancy
 - d) Pyelonephritis.
- 1.24 The cause of the vaginal bleeding could be
- a) Placental abruption
 - b) Placenta praevia
 - c) Threatened abortion
 - d) Severe uterine torsion.
- 1.25 The doctor has performed a speculum examination to rule out
- a) Placenta abruption
 - b) Placenta praevia
 - c) Ruptured uterus
 - d) Incidental causes of vaginal bleeding in pregnancy.

QUESTION 2

Lolo is 35 years old, Para 6 Gravida 7, gestational age 32 weeks, presents at Mbabane Public Health Unit with history of slight painless vaginal bleeding (which started at night while sleeping) since a day ago. She has noted gradual increase in the amount of blood and the blood is bright red.

2.1 Lolo has been diagnosed with type 2 placenta praevia. Describe how the midwife will assess the condition of Lolo (emotionally and physically) and the foetus. **(20 marks)**.

2.2 Outline the possible complications which Lolo may experience as a result of this placenta praevia **(5 marks)**.

[25 marks]

QUESTION 3

Lulu is Para 3 Gravida 4, gestational age 34 weeks, presents at Mbabane Public Health Unit for a repeat antenatal care visit. The height of fundus is big for dates.

3.1 Explain what will lead the midwife to suspect a twin pregnancy? Include both subjective and objective data. **(12marks)**.

3.2 Discuss the likely effects of this twin pregnancy on Lulu? **(13marks)**.

[25 marks]