

UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

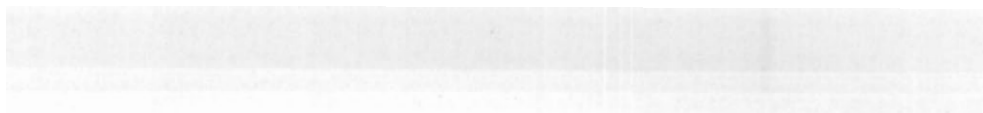
SUPPLEMENTARY EXAMINATION PAPER: JULY, 2016

TITLE OF PAPER : EMERGENCY OBSTETRIC AND NEONATAL CARE  
COURSE CODE : MID 504  
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

Select a single appropriate response from the options provided.

A midwife is monitoring a woman who is in labour; she observes that there is poor descent of the presenting part despite good uterine contractions. Question 1.1-1.5 relates to this scenario

1.1 Identify the cause of poor progress of labour from the list provided

- (a) Breech compaction
- (b) Cephalopelvic disproportion
- (c) Large foetus
- (d) Multiple births

1.2 Which emergency intervention can the midwife employ before arrival of an obstetrician?

- (a) Attempt to deliver the baby
- (b) Order an emergency Caesarean section
- (c) Infuse oxytocic drip in Ringers' Lactate
- (d) Determine the quality of uterine contractions, level of the presenting part, monitor maternal and foetal condition

1.3 Before the obstetrician arrives, the midwife notes that the uterus has an obvious band around, this is called:

- (a) Bandl's ring
- (b) Retraction ring
- (c) Physiologic ring
- (d) Uterine ring

1.4 From the list provided, identify the implication of this situation in 1.3

- (a) That labour will progress normally and this is a positive sign
- (b) That an assisted delivery is necessary to save the foetus
- (c) That a vacuum extraction delivery should be conducted
- (d) That the uterus may rupture anytime

1.5 Identify the reason for the uterus to respond in this way?

- (a) Labour will be obstructed
- (b) The uterus is exhausted and cannot cope with labour
- (c) Excessive retraction of the upper uterine contraction and excessive dilatation of the lower uterine contraction
- (d) The uterus for a multigravida client demonstrate that shape during labour

1.6 Select an appropriate reason for admitting a woman diagnosed with pre-eclampsia in a high level maternity ward

- (a) To monitor maternal and foetal condition
- (b) To plan for a safe delivery
- (c) To prevent eclampsia
- (d) All the above responses are correct

1.7 Identify one reason for foetal demise which may be a poor outcome on clients diagnosed with severe pre-eclampsia

- (a) Maternal and foetal blood pressure rises above normal values
- (b) Reduced nutrients and blood supply to the foetus due to constricted blood vessels
- (c) Early intervention result to a delivery of a premature neonate
- (d) Pre-eclampsia is a toxic condition to the neonate

1.8 Which one among the listed drugs is recommended to reduce blood pressure in an emergency situation?

- (a) Diazepam
- (b) Hydralazine
- (c) Magnesium sulphate
- (d) All responses are correct

1.9 Identify the recommended drug for controlling an eclamptic fit:

- (a) Nifedipin
- (b) Phenobarbitone
- (c) Hydrallazine
- (d) Magnesium sulphate

Mabizo is a gravida 6 who has given birth at home but she is bleeding from the genital track. Question 1.10-1.15 relates to this scenario.

1.10 Identify the emergency management by a midwife who is called to attend the client in a rural community?

- (a) Administer oxytocic drug and rub the uterus
- (b) Urgently transport the client to the hospital for advanced care
- (c) Encourage the client to breastfeed her neonate in order to produce oxytocin to control haemorrhage
- (d) All the responses are correct

- 1.11 If bleeding is not controlled despite interventions mentioned in 1.10, what further emergency management should be employed by a midwife who is transporting the client to the next level of care?
- (a) Teach the client to massage her uterus every 15 minutes
  - (b) Suture identified lacerations
  - (c) Apply bimanual compression of the uterus
  - (d) Infuse 0 positive blood
- 1.12. If the woman still bleeds despite all the interventions mentioned above, what could be the cause of postpartum haemorrhage?
- (a) Failure of blood clotting mechanism
  - (b) Trauma of the birth canal
  - (c) Poor uterine contraction
  - (d) Low haemoglobin level
- 1.13 Identify a condition(s)/situation(s) which may result to obstetric shock from the list provided
- (a) Sudden emptying of an over-distended uterus
  - (b) Severe infection
  - (c) Intrapartum haemorrhage
  - (d) Cardiac conditions
  - (e) All of the above are relevant responses
- 1.14 Shock and sudden onset of lower abdominal pain soon after childbirth is associated with which one of the following conditions?
- (a) Sudden relief of an over-distended uterus
  - (b) Postpartum haemorrhage
  - (c) Acute inversion of the uterus
  - (d) Obstructed labour
- 1.15 Select one group of clients from the list provided, who is at risk of developing the condition identified in 1.14 above
- (a) Primigravidas
  - (b) Nullipara
  - (c) The elderly
  - (d) Grandmultiparous
- 1.16 Choose a synonym of a retraction ring from the list provided
- (a) Physiologic ring
  - (b) Bandls' ring
  - (c) Obstetric ring
  - (d) Uterine ring

- 1.17 Identify the correct definition for shoulder dystocia among the list provided.
- (a) Difficult delivery of the shoulders
  - (b) Impacted shoulders
  - (c) Shoulders that are too large to be delivered
  - (d) Failure of the shoulders to transverse after delivery of the head
- 1.18 Which initial manoeuvre should be used by a midwife when diagnosing shoulder dystocia? Identify one from the list provided:
- (a) Woods
  - (b) Obstetric
  - (c) Mc Roberts
  - (d) None of the above is correct
- 1.19 For which of the following emergency obstetric complications is a knee chest position indicated?
- (a) Shoulder dystocia
  - (b) Cord prolapse
  - (c) Hand prolapse
  - (d) Face presentation
- 1.20 Foetal distress is one of the emergency obstetric conditions. Identify the need for seeking emergency intervention when foetal distress is diagnosed?
- (a) Foetuses have a shorter lifespan
  - (b) There are limited interventions that could be employed when the foetus is in utero
  - (c) A foetus can be efficiently managed after delivery hence it is important to expedite the delivery
  - (d) A & C are correct responses
  - (e) All the responses are correct
- 1.21 The three main causes of neonatal death in Swaziland are one of the following options:
- (a) Asphyxia neonatorum, jaundice and cord sepsis
  - (b) Malnutrition, sepsis and fever
  - (c) Respiratory distress syndrome, infection and asphyxia neonatorum
  - (d) Asphyxia neonatorum, infection and prematurity
- 1.22 Baby Gamedze is severely asphyxiated. Which one among the following signs will be displayed by the neonate?
- (a) Muscle placid, colour pale, heart rate 89bpm, no reflex response, no respiratory effort
  - (b) Muscle tone poor, respiratory effort poor, heart rate 100bpm, reflex grimace, colour central cyanosis
  - (c) Muscle tone poor, colour blue, respiratory effort minimal, heart rate 101bpm, grimace
  - (d) No muscle tone, colour pale, no respiratory effort, no heart rate, no reflex response

1.23 When a neonate is having a convulsion, which among the listed drugs is the essential drug to be administered?

- (a) Diazepam
- (b) Phenobarbitol
- (c) Hydrocortisone
- (d) Vitamin K

1.24. Which one of the following groups of babies is at risk for meconium aspiration syndrome?

- (a) Normal term neonates
- (b) Large for gestational age
- (c) Premature neonates
- (d) Postmature neonates

1.25 What are the advantages of practicing Kangaroo Mother Care for premature neonates?

- (a) Bonding purposes
- (b) To promote breast feeding
- (c) To monitor breathing of the neonate
- (d) All of the above responses are appropriate

## QUESTION 2

Bongiwe, a gravida 2 is admitted in a maternity ward with a history of vaginal bleeding at 36 weeks gestation.

- (a) Discuss emergency interventions that you will employ before you refer the client to a high level facility for advanced care (10 marks)
- (b) Explain the history that will assist a midwife to confirm that the client has placenta abruption (15 marks)

**Total Marks =25**

## QUESTION 3

Mrs Dube, a primigravida is admitted with severe pre-eclampsia, she is reporting to the clinic for the first time and she is worried about the outcome of pregnancy

- (a) Describe the impending signs of eclampsia that you should note from the client (10 marks)
- (b) Discuss how you as a midwife will manage this client before the arrival of the doctor (15 marks)

**Total Marks =25**