

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCE

FINAL EXAMINATION: DECEMBER 2015

COURSE TITLE: POSTPARTUM WITH COMPLICATIONS

COURSE CODE: MID 506

TIME ALLOCATED: 2 HOURS

MARKS ALLOCATED: 75

INSTRUCTIONS:

- 1. PLEASE ANSWER ALL QUESTIONS**
 - i) SECTION A: MULTIPLE CHOICE [25 MARKS]**
 - ii) SECTION B: SHORT ANSWERS [50 MARKS]**
- 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 9 PRINTED PAGES**
- 6. DO NOT OPEN THE QUESTION PAPER UNTIL PERMISSION HAS BEEN GRANTED BY THE CHIEF INVIGILATOR**

SECTION A: 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. D

1. Which of the following is/are true about the definition of postpartum haemorrhage?
 - A. Any vaginal bleeding during puerperium that compromises the general condition of the mother
 - B. Any bleeding occurring during the puerperium
 - C. Vaginal bleeding of more than 500ml of blood after delivery
 - D. Both A and C

2. Thuli comes for her 7 days postpartum visit complaining of having poor appetite since 3 days ago. On examination, you observe an offensive, scanty lochia, and that she has a temperature of 38°C. Thuli may be suffering from:
 - A. Perineal wound infection
 - B. Pelvic inflammatory disease
 - C. Puerperal pyrexia
 - D. Cancer of the cervix

3. A positive Homans sign is suggestive of which of the following conditions?
 - A. Varicose veins
 - B. Embolism
 - C. Deep vein thrombosis
 - D. Both A and C

4. Which of the following practices by a midwife is a prophylactic measure for puerperal infection?
 - A. Reducing prolonged labour
 - B. Performing frequent vaginal examinations
 - C. Rupturing membranes as soon as possible in the first stage of labour
 - D. Routine catheterization of the bladder before childbirth

5. Primary postpartum haemorrhage can be due to
 - A. Uterine atony
 - B. Genital trauma
 - C. Retained placenta
 - D. All of the above

6. The most effective way to **immediately** control postpartum eclamptic convulsions is to
- A. Administer diazepam
 - B. Administer magnesium sulfate
 - C. Administer nifedipine
 - D. Both A and B
7. Delisile comes for her 7 days postpartum visit, and you notice that she is limping. You ask her if she has hurt herself. She mentions a sudden ache in one of her legs. What do you suspect?
- A. Postpartum hypertension
 - B. Trauma or injury
 - C. Varicose veins
 - D. Deep vein thrombosis
8. The correct management by the midwife for Delisile (in question 7 above) would be to:
- A. Refer her to a higher-level health facility as quickly as possible
 - B. Suggest that the client be on bedrest for the most part of her day
 - C. Start an IV line
 - D. All of the above
9. Prophylactic management of postpartum haemorrhage include
- A. Liberal use of oxytocic drugs during labour
 - B. Prescribing oral contraceptive soon after delivery
 - C. Active management of the 3rd stage of labour
 - D. Both A and C
10. Vaginal bleeding immediately after birth in the presence of a well-contracted uterus is most often due to:
- A. Uterine atony
 - B. Genital trauma
 - C. Abnormal clotting mechanism
 - D. Genital trauma

Mrs. Thomo is a 35-year-old gravida 4, para 4. She gave birth at Sithobela Health Center to a healthy, full-term baby weighing 3.5 kg. You administered 10 units of oxytocin IM following birth of the anterior shoulder of the baby. The placenta was delivered 5 minutes later without complication. However, 30 min after childbirth, Mrs. Thomo tells you that she is having heavy vaginal bleeding.

11. What do you suspect is wrong with Mrs. Thomo?

- A. Sub-involution of the uterus
- B. Primary postpartum haemorrhage
- C. Puerperal pyrexia
- D. Secondary postpartum haemorrhage

12. What is the **first** action you would take?

- A. Administer more oxytocin
- B. Perform bimanual compression of the uterus
- C. Check the uterus to see whether it is contracted
- D. Perform manual exploration of the uterus

13. On examination, you find that Mrs. Thomo's uterus is firm and well contracted, the placenta is complete and she has no perineal trauma. A speculum vaginal examination by the doctor reveals that Mrs. Thomo has a cervical tear, of which it is immediately repaired. After repair of the cervical laceration, Mrs. Thomo's hemoglobin is found to be 10g/dl and her vital signs are stable. What is the most appropriate plan of care by the midwife?

- A. Send her home to recuperate
- B. Begin a blood transfusion immediately
- C. Monitor her vital signs for 24 hours and begin folate/iron supplementation, and encourage breastfeeding
- D. Continue administration of oxytocin for 24 hours

14. Which of the following situations would predispose a woman to post-partum haemorrhage?

- A. Uterine atony
- B. HIV infection
- C. Grand multiparity
- D. All of the above

15. A woman returns to the postnatal clinic for her 7-days visit and states that she feels persistently guilty and negative towards herself, cries easily and feels tired and agitated. What might she be suffering from?
- A. Anxiety
 - B. Postpartum psychosis
 - C. Postpartum depression
 - D. Postpartum blues
16. What other symptoms would you ask the client in question 15 above, to confirm your diagnosis?
- A. Disturbed sleep, sleeping too much or sleeping too little
 - B. Diminished ability to think or concentrate
 - C. Marked loss of appetite
 - D. All of the above
17. The correct management by the midwife for the client in question 15 above would be to:
- A. Refer her to a doctor who may prescribe an antidepressant
 - B. Separate the mother from the baby as she may harm the baby
 - C. Reassure the woman that the feelings she experiences are normal and that they will resolve soon before the puerperium is over
 - D. All of the above
18. A 20 year old just delivered a healthy baby boy 6 hours ago. She describes feeling sleep deprived, guilty and hopeless. She refuses to touch or hold her baby, even when it cries. You over hear her talking on her cell phone, telling someone that the baby "is ugly like his father." The client is most likely exhibiting signs of:
- A. Postnatal blues
 - B. Malattachment
 - C. Postpartum depression.
 - D. None of the above

19. A postpartum client has read on the internet that postpartum women are at risk for thrombophlebitis, and she asks you how she can prevent this from happening. Your correct response would be to instructs her to:
- A. Ambulate frequently
 - B. Cross her legs while sitting
 - C. Avoid elevating her legs.
 - D. Both A and C
20. A 25 year old gravida 3, para 3 delivered vaginally 4 hours ago. She reports that she is “bleeding a lot,” and her perineal pad, changed 45 minutes earlier, is fully saturated with blood. Palpation reveals a boggy uterus. Which is the priority action by the midwife in this situation?
- A. Start intravenous fluids
 - B. Catheterize her bladder
 - C. Massage her uterus until it is firm
 - D. Call the doctor
21. Encouraging a post Caesarian section client to ambulate early is a prophylactic measure to:
- A. Genital fistulas
 - B. Urinary tract infection
 - C. Thromboembolic conditions
 - D. Endometritis
22. Which of the following refers to a midwife’s management of retained products of conception?
- A. Administer oxytocic agents to stimulate uterine contractions
 - B. Refer to theatre for evacuation of the uterus
 - C. Encourage the client to bear down
 - D. Both A and C

23. 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
24. Which one of the following is the preferred ART regimen for all HIV positive children <3 years in Swaziland, as per the 2015 Integrated HIV guidelines?
- A. ABC + 3TC + EFV
 - B. AZT + 3TC + LPV/r
 - C. ABC + 3TC + LPV/r
 - D. ABC + 3TC + NVP
25. Genital fistulas may be a result of
- A. Episiotomy
 - B. Infection
 - C. Obstetric trauma
 - D. All of the above

[Total: 25 marks]

SECTION B: SHORT ANSWERS

Question 1

- a) State six (6) avoidable risk factors of endometritis [6]
- b) During your clinical placement at the Mankayane Government Hospital postpartum ward, you are talking to one of the year 4 midwifery students who has just started her midwifery training and is curious about the following terms and what their key symptoms are. What would you say to her about each of the following? (*1 mark for each definition*)
- i. Secondary postpartum haemorrhage [3]
 - ii. Puerperal sepsis [4]
 - iii. Mastitis [3]
 - iv. Postpartum hypertension [3]
 - v. Postpartum depression [4]

[Total: 23 marks]

Question 2

- a) Mrs. Dladla, a 35 years old para 4 has just given birth to a live female neonate at the Mbabane Government Hospital. She reports to have soaked 4 perineal pads in the last 2 hours. On examination, you observe that her blood pressure is dropping and that she is pale. You conclude that Mrs. Dladla is in shock. Describe how you would manage her condition, giving rationales for your actions. [10]
- b) Women delivering in developing countries like Swaziland are more likely to suffer from puerperal sepsis than their counterparts in developed countries. Explain the causes of puerperal sepsis in developing countries? [6]

- c) Complete the following table referring to complications in the puerperium. In your answer sheet, only write the answer next to the question number (do not redraw the table). [5]

Symptom	Sign	Possible diagnosis	Action
i)	ii)	Urinary tract infection	iii)
Pain in the perineum	Torn perineum with yellowish discharge, painful to touch	iv)	v)

- d) While collecting history and conducting a physical examination on a woman who has come for her 7 days postnatal visit, you conclude that she has a urinary tract infection. State 6 psychological factors that might influence micturition during the puerperium which may have predisposed the woman to develop a UTI [6]

[Total: 27 marks]