

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION QUESTION PAPER; DECEMBER, 2015.**

TITLE OF PAPER: NORMAL PREGNANCY AND ANTENATAL CARE

COURSE CODE: MWF407

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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GRANTED BY THE INVIGILATOR.**

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MWF407: NORMAL PREGNANCY AND ANTENATAL CARE

QUESTION 1

Indicate the most appropriate response e.g.1.26 D

1.1 Health hazards during pregnancy include all the following **except**

- a) Smoking more than 10 cigarettes per day
- b) Exposure to lead
- c) Indulging in sexual intercourse till term
- d) Any pre-existing infection

1.2 The following physiological changes occur in the cardiovascular system during pregnancy.

- a) Fibrinogen and platelets are decreased
- b) Capacity of clotting is not increased
- c) Neutrophils are increased
- d) All the above

1.3 The following is true about iron in pregnancy

- a) Iron demand is increased greatly in the first trimester
- b) The fetus needs iron for digestion purposes
- c) Iron is produced by the fetus to improve fetal haemoglobin
- d) Absorption of iron is enhanced in the last four weeks of pregnancy.

1.4 Effects of progesterone on the gastro-intestinal system include

- a) gastric reflux
- b) sluggish gut motility
- c) heartburn
- d) All the above.

1.5 Probable signs of pregnancy include all the following **except**

- a) Hegar's sign
- b) Jacquemier's sign
- c) Osiander's sign
- d) Quickening.

1.6 Frequency of micturition in pregnancy may occur as a result of

- a) the uterus and the bladder competing for space in the pelvis
- b) the head engaging in early pregnancy
- c) bladder irritability due to over distension
- d) vulval varicosities.

1.7 Aim(s) of abdominal examination include, to

- a) detect any deviation from normal
- b) assess maternal height
- c) assess fetal weight
- d) weigh the mother.

1.8 Deep pelvic palpation is performed to

- a) confirm what is occupying the fundus
- b) detect fetal parts
- c) confirm lie
- d) confirm what is occupying the lower pole of the uterus.

1.9 The normal fetal heart rate during pregnancy is expected to be between....beats per minute.

- a) 110-120
- b) 140-160
- c) 110-130
- d) 110-160.

- 1.10 Indicator(s) of fetal well being include,
- increased maternal weight gain.
 - increased maternal body size.
 - fetal movements felt by the woman.
 - increasing maternal weight associated with uterine size which is compatible with gestational age.
- 1.11 The lining of the pregnant uterus is called the
- Myometrium
 - Perimetrium
 - Endometrium
 - Decidua
- 1.12 The following muscles support the vagina, the
- Ischiocavernosus.
 - Bulbocavernosus.
 - Transverse perineal.
 - Gluteus medius.
- 1.13 The vertex is the region bounded by the
- anterior and posterior fontanelles and parietal eminences
 - mentum glabella and malar bones
 - parietal eminences, anterior fontanelle and occipital protuberance
 - glabella, anterior fontanelle and parietal eminences.
- 1.14 In a gynaecoid pelvis the smallest diameter of the pelvic outlet is the.....diameter.
- Bituberous
 - Bispinous
 - Antero-posterior
 - Oblique.

- 1.15 One of the functions of the prostate gland is to
- a) produce spermatozoa
 - b) produce testosterone
 - c) secrete lubricant for spermatozoa
 - d) secrete testosterone.
- 1.16 The female breast secretes colostrum as fromweeks gestation irrespective of parity.
- a) 10-12
 - b) 14-16
 - c) 16-18
 - d) 18-20
- 1.17 The placenta produces mainly
- a) steroids for nutrition.
 - b) oestrogen and progesterone to maintain pregnancy.
 - c) the human placental lactogen hormone to facilitate ovulation.
 - d) All the above.
- 1.18 The function of the Wharton's Jelly is to
- a) protect the umbilical blood vessels from damage.
 - b) produce gammaglobulin.
 - c) excrete waste products from the fetus
 - d) keep the umbilical blood vessels soft.
- 1.19 The following is true about the fetal circulation **except**
- a) The ductus venosus connects the umbilical vein with the inferior vena cava.
 - b) The two hypogastric arteries are continuous with the two umbilical veins.
 - c) The two ventricles connect through the two atria.
 - d) Most of the blood is partially de-oxygenated.

- 1.20 In a gynaecoid pelvis
- The brim is narrow posteriorly.
 - All babies are delivered head first.
 - The brim is triangular and narrowest anteriorly.
 - The brim is oval with the widest transverse diameter.
- 1.21 The following is true about the Human chorionic gonadotrophin (HCG) hormone **except**
- HCG is secreted by the trophoblast.
 - HCG is produced by the deciduas,
 - that in late pregnancy HCG is produced in large quantities.
 - None of the above.
- 1.22 Pregnancy can be positively diagnosed in the presence of
- amenorrhoea.
 - progressive consistent growth of the uterus.
 - striae gravidarum.
 - audible fetal heart sounds.
- 1.23 The following is true about aims of antenatal care except to
- monitor the progress of pregnancy.
 - assist the mother in the choice of infant feeding.
 - review the woman's HIV status,
 - offer advice on parenthood.
- 1.24 Increased whitish vaginal discharge in pregnancy occurs because of
- increase in food intake by the mother during pregnancy.
 - increased blood supply to the heart due to haemodilution.
 - mainly due to the effect of oestrogen.
 - None of the above.

1.25 Proteinuria may be an indication of

- a) diabetes mellitus.
- b) renal tumour.
- c) adrenal tumour.
- d) urinary tract infection or sometimes pre-eclampsia.

QUESTION 2

Lungisi is Para 1 Gravida 2, reports at the antenatal clinic for a repeat visit at 32 weeks gestation.

2.1 Describe how the midwife will monitor the physical and emotional well-being of Lungisi for the remaining period of the pregnancy **(15 marks)**.

2.2 Describe the physiological changes which take place in the uterus during Lungisi's pregnancy and give rationale for each point **(10 marks)**.

QUESTION 3

Lolo is 20 years old Para 1 Gravida 2, and 28 weeks pregnant and has come to the antenatal care clinic for the first (initial) antenatal visit. No other history is presented.

Describe in detail how the midwife will manage Lolo under the following headings:

3.1 Assessment of general health status **(5 marks)**

3.2 Abdominal examination **(10 marks)**.

3.3 What investigations will be done for Lolo at the time of booking? Give rationale. **(5marks)**.

3.4 Identify risk factors (consider ten points) which should be screened in pregnant women at the time of booking. **(5 marks)**.

[25marks]