

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

TITLE OF PAPER: PREGNANCY WITH COMPLICATIONS

COURSE CODE: MWF412

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.MWF412: PREGNANCY WITH COMPLICATIONS

QUESTION 1

Indicate the most appropriate response e.g. 1.26 A. Each correct response carries one (1) mark. Total possible marks 25.

Mrs X is a primigravida aged 27years, reports at Mbabane Public Health Unit at 32 weeks gestation for the subsequent antenatal care visit. Mrs X presents with a history of dsypnoea, fatigue and occasional fainting attacks. On examination the midwife notes that Mrs X has pale mucous membrane. Questions 1.1 to 1.2 relate to this scenario.

1.1 What is the probable diagnosis for Lolo is

- a) Preeclampsia
- b) Anaemia
- c) Diabetes Mellitus
- d) Pregnancy Induced Hypertension.

1.2 The effects of this condition on the mother include

- a) Reduced resistance to infection
- b) Predisposes to postpartum haemorrhage
- c) Maternal mortality.
- d) A&B.

1.3 Candidiasis in pregnancy is usually common in women presenting with

- a) Diabetes mellitus
- b) Renal failure
- c) Eclampsia
- d) Anaemia.

1.4 A woman presenting with candidiasis may complain of

- a) A whitish offensive vaginal discharge
- b) A greenish curd like vaginal discharge
- c) Scanty or thick and white vaginal discharge with a curd like consistency
- d) Profuse thick curd like whitish vaginal discharge

1.5 A woman suffering from bacterial vaginosis usually presents with

- a) Grey and white fishy smelling vaginal discharge
- b) Greenish fishy smelling vaginal discharge
- c) Accompanying urethritis
- d) Yellowish fishy foul smelling vaginal discharge.

1.6 One of the aims of care for a woman presenting with hyperemesis gravidarum includes, to

- a) Identify the focal point of vomiting.
- b) Provide a tranquil atmosphere of which the mother can return to good health
- c) Provide antibiotics according to blood culture results
- d) Inform the husband about all procedures done to his wife.

1.7 Most of the pregnant women who present at health facilities to access antenatal care in

Swaziland are screened for

- a) a genital ulcer
- b) AIDS
- c) Gonorrhoea
- d) Syphilis.

The midwife can diagnose a breech presentation during abdominal examination. Questions 1.8 to 1.10 refer to this statement. Choose the most appropriate response to complete the following statements.

1.8 The midwife may find the following on fundal palpation, a

- a) Round immobile mass
- b) Round hard mass which may move independently of the body
- c) A&B
- d) Round soft mass which is ballotable.

1.9 On auscultation, the foetal heart can be heard clearly

- a) above the umbilicus
- b) on the umbilicus
- c) slightly below the umbilicus
- d) on either side of the abdomen.

1.10 Breech presentation during pregnancy is not significant untilweeks of gestation.

- a) 38
- b) 32
- c) 36
- d) 30

1.11 A midwife may suspect multiple pregnancy when on abdominal palpation, she palpates

- a) Two poles
- b) Fours poles
- c) Three poles
- d) A&B

Read the following scenario and answer questions 1.12 to 1.16 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.

1.12 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.

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

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

1.14 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.

1.15 The cause of the vaginal bleeding can also be associated with

- a) Placental abruption
- b) Placenta Praevia
- c) Threatened abortion
- d) Severe uterine torsion.

1.16 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.

Phumlile is Para 1 Gravida 2, gestational age 34 weeks, foetal heart heard and regular. She presents at Mbabane Public Health Unit and reports that at times she feels inconsistent foetal movements. On examination she looks pale with progressive anorexia, glossitis and gingivitis.

1.17 Phumlile's diagnosis is

- a) Iron deficiency anaemia
- b) Folic acid deficiency anaemia.
- c) Vitamin B12 deficiency
- d) Haemolytic anaemia

1.18 The likely cause of the diagnosis in 1.17 is

- a) Lack of iron intake
- b) Haemorrhage
- c) Reduced absorption related to the diagnosis in 1.17, in cases of coeliac disease and tropical sprue
- d) Inadequate fluid intake to facilitate synthesis.

1.19 The complication(s) of the condition diagnosed in 1.16 include

- a) Infection as the antibodies are few
- b) Abortions
- c) Possible congenital malformations particularly neural tube defects
- d) Low Haemoglobin level.

1.20 In Swaziland, the drivers of HIV infection include

- a) Syphilis and gonorrhoea
- b) Easy access to ARVs
- c) Multiple concurrent sexual partners.
- d) Women empowerment.

1.21 Swaziland has strengthened PMTCT of HIV by

- a) Strengthening HIV prophylaxis
- b) Introducing effective programs on male involvement
- c) Allocating ARV's to women and children only
- d) Initiating ART to women who test positive for HIV during pregnancy.

1.22 Pregnancy Induced hypertension **usually** manifests / is **usually** diagnosed in the

- a) First trimester
- b) Second trimester after foetal viability
- c) Second trimester before foetal viability
- d) In both the second and third trimesters.

1.23 Complications of pre-eclampsia in the woman include

- a) Progression to eclampsia.
- b) Urinary tract infection
- c) Maternal death
- d) Photophobia.

1.24 Complications of pre-eclampsia to the foetus during pregnancy include

- a) Unexplained foetal deaths.
- b) Intra-uterine growth restriction
- c) Macrosomia
- d) Microsomia.

1.25 The cardinal signs to diagnose pre-eclampsia include

- a) Pitting oedema
- b) Oedema of the lower limbs
- c) Proteinuria, oedema and raised Blood Pressure.
- d) Oedema and raised Blood Pressure.

QUESTION 2

Mrs X is 35 years old, 10 weeks gestation, Para 6 Gravida 7 reported at Mbabane Public Health for the initial visit (booking visit) and is considered high risk.

2.1 Describe the possible contributory factors to grandmultiparity (10 marks).

2.2 Discuss the potential complications which Mrs X is likely to experience during this current pregnancy as a grandmultipara. (15 marks).

[25marks]

QUESTION 3

Loice is 35 years old, Para 5 Gravida 6, presents at 09.00 hours today at Mbabane Public Health Unit at 34 weeks gestation with a history of mild painless vaginal bleeding since early this morning while she was asleep at around 02.00 hours. On arrival, BP 120/80mmHg, Pulse 85 beats per minute temperature 37.2°C. Foetal heart heard and regular, 140 beats per minute. The mother reports normal foetal movements.

3.1 What is the possible diagnosis for Loice? Justify your answer (2marks).

3.2 Describe the factors that will aid the midwife to come up with the diagnosis in 3.1

(23 marks).

[25marks]