

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
MAIN EXAMINATION QUESTION PAPER; DECEMBER, 2016.**

TITLE OF PAPER: NORMAL PREGNANCY AND ANTENATAL CARE

COURSE CODE: MID 407

DURATION: Two (2) Hours

TOTAL MARKS: 75

INSTRUCTIONS: 1. THE PAPER CONSISTS OF THREE (3) QUESTIONS

2. ANSWER ALL QUESTIONS

3. READ THE QUESTIONS CAREFULLY

**4. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED
TO A QUESTION OR PART OF A QUESTION**

5. START EACH QUESTION ON A FRESH PAGE

6. TOTAL NUMBER OF PAGES NINE (9).

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GRANTED BY THE INVIGILATOR.**

MID 407: MAIN EXAMINATION QUESTION PAPER, DECEMBER, 2016

QUESTION 1

Answer all questions. Choose the most appropriate response e.g. 1.26 D. Each correct answer carries one (1) mark.

Questions 1.1 to 1.10 refer to change and adaptation in pregnancy (physiological changes in pregnancy).

1.1 As pregnancy advances the heart shifts its position. Which one of the following is true about this change in position?

- A. The heart shifts to the left.
- B. The heart shifts to the right.
- C. The heart shifts upwards and to the left.
- D. The heart becomes retroverted.

1.2 The change(s) in blood during pregnancy include(s) the following

- A. Increased capacity to clot.
- B. The blood increases in volume by 25%.
- C. Oedema of the lower limbs is marked due to osmosis.
- D. There is marked reduced blood flow to the vital signs.

1.3 Varicose veins are common during pregnancy, partially as a result of which one of the following changes?

- A. Haemodilution.
- B. Pulmonary vasodilatation.
- C. Low haemoglobin content.
- D. Vasodilatation and sluggish venous return in the lower extremities.

1.4 The change in the position of the heart during pregnancy brings about a shift in the following parameters for cardiac assessment.

- A. An exaggerated impression of cardiac enlargement.
- B. Atrial or ventricular systoles.
- C. Increased susceptibility to supraventricular tachycardia.
- D. All the above.

1.5 Haemodilution in pregnancy occurs as a result of the following

- A. Plasma volume increases by 30 to 50% and red cell mass by approximately 18 %.
- B. Plasma volume increases by 40-50% while red cell mass increases by 15-20%
- C. Plasma volume increases by 40-50% while red cell mass increases by 30-40%.
- D. Plasma volume increases by 50-60% while red cell mass increase by 30-40%.

1.6 During pregnancy there is

- A. No increase in iron absorption from the gut.
- B. Moderate increase of iron absorption from the gut.
- C. Slight reduction of iron absorption from the gut.
- D. No iron absorption which occurs from the gut.

1.7 With which of the following is insomnia in pregnancy associated?

- A. Increased duration of labour.
- B. Increased rates of caesarean section
- C. Tendency for postpartum depression.
- D. All the above.

1.8 Insomnia during pregnancy can be attributed to

- A. Nocturia.
- B. Nocturia and nasal congestion.
- C. Nocturia, stress and anxiety, nasal congestion and muscular aches and pains.
- D. Exaggerated fluid intake during the day.

1.9 Urinary stasis may occur as a result of

- A. Dilated ureters with reduced peristalsis and mechanical obstruction from the gravid uterus (growing uterus).
- B. Increased varicosities.
- C. Vasoconstriction of the urethra.
- D. Hypertonic bladder.

1.10 There is increased risk of urinary tract infection in pregnancy as a result of

- A. The effect of oestrogen on the bladder.
- B. The effect of progesterone.
- C. Varicosities.
- D. Stasis of urine in the ureters.

During pregnancy the midwife is responsible for monitoring maternal and fetal well-being. Questions 1.11-1.17 refer to maternal and fetal well-being.

1.11 The midwife should always be vigilant about

- A. Signs of domestic abuse/violence, social instability and emotional fragility in women.
- B. Sacral instability.
- C. Domestic abuse/violence.
- D. None of the above.

1.12 The following are indicators of fetal well being

- A. Increased uterine size compatible with maternal weight.
- B. Fetal heart rate inconsistent with gestational age.
- C. Increasing uterine size compatible with gestational age of the fetus.
- D. Fetal heart ranging 110-160 beats per minute.

1.13 The Cardiotocograph (CTG) enables midwives and other skilled birth attendants to document the

- A. Pattern of fetal heart rate.
- B. Consistency of the fetal heart.
- C. Condition of the mother.
- D. Mother's pulse in comparison of that of the fetus.

1.14 The variability of fetal heart rate that indicates fetal wellbeing is considered to be

- A. Ten beats or more.
- B. Eight beats or more.
- C. Five beats or more.
- D. 15 beats or more.

1.15 The total weight gain for women in pregnancy is expected to be between

- A. 6-20 kgs.
- B. 8-20 kgs.
- C. 8-12 kgs.
- D. 8-16 kgs.

1.16 The fundal height measurements taken between 20-36 weeks should correlate with the

- A. Gestational age based on the last menstrual period, the expected date of delivery as well as results of the ultrasound.
- B. Maternal weight
- C. Fetal heart rate.
- D. All the above.

1.17 The fetal condition can be evaluated based on the fetal movements felt by the mother.

What is the number of fetal kick considered to be normal per day?

- A. 8-10
- B. 10
- C. 12
- D. 14.

Questions 1.18 to 1.20 relate to the female (gynaecoid pelvis).

1.18 One of the important obstetric landmarks on the female pelvic brim is the

- A. Hollow of the sacrum
- B. Antero-posterior diameter
- C. Bi-parietal diameter
- D. Oblique diameter.

1.19 The important obstetric landmark(s) on the pelvic outlet is the

- A. Ischial spines.
- B. Sacrum.
- C. Obturator foramen.
- D. Promontory of the sacrum.

1.20 The ischial spines in a gynaecoid pelvis should be

- A. Long and blunt.
- B. Smooth and round.
- C. Sharp and round.
- D. None of the above.

Questions 1.21 to 1.23 refer to some of the physiological changes and minor disorders that may occur during pregnancy.

1.21 Most pregnant women complain of heartburn and the heartburn may become worse betweenweeks of gestation.

- A. 36-40
- B. 34-40
- C. 30-40
- D. 24-40.

1.22 Physiological anaemia may occur during pregnancy because of

- A. Fetal demands which are generally too high during pregnancy.
- B. Pregnancy which causes anaemia.
- C. the fact that all pregnant women suffer from physiological anemia
- D. Haemodilution.

1.23 Some pregnant women may experience constipation. The midwife will explain to these pregnant women that, this occurs as a result of the effects of

- A. Reduced peristalsis.
- B. Progesterone and oestrogen.
- C. Progesterone, oestrogen and the human chorionic gonadotrophin hormone.
- D. Progesterone and the chorionic gonadotrophin hormone.

Questions 1.24 and 1.25 refer to the fetus and other events around the fetus.

1.24 In the fetal circulation, the foramen ovale allows for the majority of the blood to pass through the

- A. Maternal lungs
- B. Ventricles to supply the rest of the body.
- C. Ductus arteriosus to supply the rest of the body
- D. Right atrium to the left atrium.

1.25 In the fetal skull theis/are referred to as cranial joints.

- A. Fontanelles and sutures
- B. Ossification
- C. Sutures.
- D. Fontanelles

QUESTION 2

Read the scenario and answer the following questions.

Mrs X is Para O Gravida 1, aged 22 years reports for the second antenatal care visit at 24 weeks gestation. Mrs X informs the midwife that she would like to start doing some exercises during pregnancy.

2.1 What advice on exercises will the midwife give to Mrs X? (20 marks). Consider 10 points. (One mark for the correct point and another mark for the explanation).

2.2 Mrs X has complained of backache, what advice the midwife will give Mrs X. (5marks). Consider 5 points. (½ a mark for each correct point and another ½ a mark for the explanation).

[Total 25 Marks]

QUESTION 3

Describe the minor disorders which may occur during pregnancy in the third trimester. Consider 5 points. Provide rationale for your responses. Include the advice the midwife would offer the client on self-management on each of these. (25marks).

[Total 25 Marks]