

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
MAIN EXAMINATION QUESTION PAPER; MAY 2017**

TITLE OF PAPER: NORMAL PREGNANCY AND ANTENATAL CARE

COURSE CODE: MID407

DURATION: Two (2) Hours

TOTAL MARKS: 75

INSTRUCTIONS:

- 1. THE PAPER CONSISTS OF THREE (3) QUESTIONS**
- 2. ANSWER ALL QUESTIONS**
- 3. EACH QUESTION CARRIES 25 MARKS**
- 4. MARKS ALLOCATED TO A QUESTION ARE INDICATED
IN BRACKETS**
- 5. START EACH QUESTION ON A FRESH PAGE**

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GRANTED BY THE INVIGILATOR.**

This paper consists of 8 printed pages

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QUESTION 1

Answer all questions. Choose the most appropriate response e.g. 1.26 D. Each correct answer carries one (1) mark. Total marks 25.

Read the following scenario and answer questions 1.1 to 1.7.

Mrs X is Para 0 Gravida 1, aged 24 years presents at Mbabane Public Health Unit for the initial antenatal visit (booking visit) at nine (9) weeks gestation. Her general condition appears satisfactory and all her vital signs are within normal range.

1.1 The observations and vital signs are done for the following reason (s):

- A. To identify deviations from normal.
- B. To provide a baseline for comparison as pregnancy progresses.
- C. To guide the midwife to provide generalized antenatal care to Mrs X.
- D. To educate Mrs X on pregnancy risk factors.

1.2 The following standard screening tests will be done on Mrs X:

- A. Hb
- B. FBC, Rhesus factor, RPR and Hb
- C. Fasting blood sugar to screen for gestational diabetes.
- D. FBC, Rhesus factor and RPR

1.3 Mrs X will receive the following standard prophylaxis to protect the baby during this visit.

- A. Benzathine Penicillin for treatment of Syphilis
- B. HIV Counseling and Testing.
- C. Anti-Tetanus Toxoid (TT)
- D. Lifelong anti-retroviral drugs.

1.4 One of the objectives of this initial visit is to

- A. Identify factors and potential complications which put the pregnancy at risk.
- B. Identify potential risk factors
- C. Identify potential complications.
- D. Educate the mother about good parenthood.

1.5 Mrs X is Para 0 Gravida 1 which means Mrs X

- A. Has been pregnant before
- B. Has had a child before
- C. Previous pregnancy ended prematurely
- D. Is pregnant for the first time.

1.6 One of the baseline measurements to be checked on Mrs X will include the mid upper arm circumference (MUAC). This measurement provides useful information on:

- A. Potential weight gain and weight loss
- B. Pregnancy outcome
- C. Nutritional status of the mother and pregnancy risk
- D. The status of fetus during pregnancy.

1.7 The World Health Organization recommends the focused antenatal care model to enhance individualized holistic care during pregnancy. Mrs X is presenting with a low risk pregnancy. So according to the World Health Organization, focused antenatal care model, Mrs X should have at total of at least.....visits for the duration of her current pregnancy.

- A. Four (4)
- B. Five (5)
- C. Six (6)
- D. 4-6.

Questions 1.8 to 1.10 refer to the female (gynaecoid) pelvis.

1.8 One of the important landmarks on the pelvic brim include:

- A. The ischium
- B. The promontory of the sacrum
- C. The subpubic angle
- D. The gluteus muscles.

1.9 The ischial spines are found on the

- A. Pelvic cavity
- B. Hollow of the sacrum
- C. Pelvic inlet
- D. Pelvic outlet.

1.10 The subpubic angle is formed where

- A. The two ischial spines meet
- B. The two pubic bones meet
- C. The two ischial tuberosity meet.
- D. At the symphysis pubis.

Questions 1.11 to 1.25 relate to change and adaptation in pregnancy.

1.11 In most pregnant woman, colostrum is secreted from about.....weeks of pregnancy.

- A. 12
- B. 14
- C. 16
- D. 18 weeks.

- 1.12 Most women experience increased whitish vaginal discharge during pregnancy (leucorrhoea). This increased vaginal discharge may become infected with pathogens resulting in the following:
- A. Trichomonas vaginalis and/or Candida albicans
 - B. Syphilis
 - C. Puerperal Sepsis
 - D. Endometritis.
- 1.13 The blood pressure of a pregnant woman is likely to drop/decrease slightly in thetrimester (s)..
- A. First
 - B. Second
 - C. Third
 - D. First and second.
- 1.14 During pregnancy the drop inis a contributory factor to physiological oedema.
- A. Total protein
 - B. Albumin
 - C. Gamma globulin level
 - D. Serum protein.
- 1.15 Hypervolaemia may contribute to.....during pregnancy.
- A. A transient diastolic murmur
 - B. A combination of tachycardia and systolic murmur
 - C. Mitral valve stenosis
 - D. Cardiac failure.

- 1.16 The site for auscultating for heart sounds in a pregnant woman may change during pregnancy because the heart is displaced
- A. Downwards and to the right.
 - B. Downwards and to the left.
 - C. To the left.
 - D. Upwards and to the left.
- 1.17 The following can contribute to increased risk of urinary tract infection in pregnancy.
- A. Decreased tone of the bladder and distended ureters.
 - B. Decreased tone of the bladder.
 - C. Distended ureters.
 - D. The body's lowered resistance to infection.
- 1.18 Exercise in pregnancy is reported to also contribute to decreased risk of
- A. Gestational diabetes
 - B. Hypertension
 - C. Excessive weight gain in pregnancy
 - D. Epilepsy.
- 1.19 Folic acid is highly recommended as prophylaxis during early pregnancy for the following reasons
- A. Growth and development of the fetus
 - B. DNA synthesis and to enhance amino acid metabolism.
 - C. Prevention of iron deficiency anaemia
 - D. Essential in carbohydrate metabolism.

1.20 Assessment of nutritional needs of a woman during pregnancy should be based on the

- A. Woman's pattern of weight gain, pre-pregnancy body mass index, daily activities and dietary intake
- B. Woman's weight gain from the baseline weight at time of booking
- C. Weekly maternal weight gain
- D. Daily nutritional intake and daily activities

1.21 Which of the following symptoms are associated with heartburn during pregnancy?

- A. Retrosternal pain
- B. Epigastric pain
- C. Epigastric pain, regurgitation and acid taste in the mouth
- D. Retrosternal pain, epigastric pain, regurgitation and acid taste in the mouth.

1.22 Increased flatulence in pregnancy usually occurs as a result of

- A. Increased sodium and water retention
- B. Decreased motility and pressure of the uterus on the bowel
- C. Reduced colonic time
- D. Increased fluid intake by the mother.

1.23 Treatment of hemorrhoids during pregnancy include which of the following interventions?

- A. Correction of constipation
- B. Topical local anaesthetic and anti-inflammatory creams
- C. Anti-inflammatory creams
- D. Correction of constipation, applying anti-inflammatory creams, suppositories and topical local anaesthetics.

1.24 Physiological anaemia during pregnancy usually occurs as a result of

- A. Low Hb in pregnancy
- B. Increase in plasma volume
- C. Haemodilution
- D. Increased iron demands by the fetus.

1.25 Which of the following interventions can be used to decrease the impact of back pain in pregnancy?

- A. Applying heat pads
- B. Exercises prior to pregnancy to strengthen abdominal, back and pelvic muscles.
- C. Over the counter pain relief medication
- D. Good nutrition, preconception.

QUESTION 2

Mrs N is aged 30 years old Para 2 Gravida 3. She reports at the Public Health Unit for the initial antenatal care visit (antenatal booking visit).

2.1 Describe the obstetric history the midwife will obtain from Mrs N. Give rationale for each point **(15 marks)**.

2.2 Outline the screening tests that will be done on a woman on the initial visit (booking) during pregnancy and give rationale for each **(10marks)**.

QUESTION 3

Discuss how a midwife will monitor fetal well being in pregnancy **(25marks)**.