

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

**COURSE: PREGNANCY WITH COMPLICATIONS**

**COURSE CODE: MID 412**

**TIME ALLOWED: 2 HOURS**

**INSTRUCTIONS:**

- 1. ANSWER ALL QUESTIONS**
- 2. START EACH QUESTION ON A FRESH PAGE**
- 3. EACH QUESTION CARRIES 25 MARKS**

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**This paper consists of 8 printed pages**

**MAIN EXAMINATION QUESTION PAPER, COURSE CODE MID412/MWF412,  
MAY 2017**

**QUESTION 1**

Choose the most appropriate response; e.g. 1. 26 D.

**Read the following scenario. Questions 1.1 to 1.8 refer to this scenario.**

Loice is 25 years old Para 0 Gravida 1 presents herself at the Mbabane Public Health Unit at 42 completed weeks of pregnancy. Her vital signs are stable and the fetal heart is heard and regular at 140 beats per minute. The doctor reviews her and confirms a diagnosis of prolonged pregnancy (post term pregnancy).

- 1.1 Which of the following factors are associated with Loice's pregnancy?
- A. Post maturity
  - B. Diabetes mellitus
  - C. Nulliparity
  - D. Multigravida.
- 1.2 Which of the following is a potential risk associated with Loice's pregnancy?
- A. Delivering a macrocosmic baby
  - B. Antepartum haemorrhage
  - C. Genital tract infection
  - D. Gestational diabetes.
- 1.3 The possible risks for the baby associated with this pregnancy include
- A. Microsomia
  - B. Oligohydramnios
  - C. Placental insufficiency
  - D. Meconium aspiration.
- 1.4 Which of the following possible complications is linked to prolonged pregnancy?
- A. Postpartum haemorrhage
  - B. Antepartum haemorrhage
  - C. Both antepartum and postpartum haemorrhage
  - D. Puerperal pyrexia.

- 1.5 If placental dysfunction now at 42 weeks gestation, the fetus is likely to experience
- A. Intrauterine growth retardation
  - B. Intrauterine haemolysis
  - C. Intrauterine hypoxia
  - D. Birth trauma.
- 1.6 Midwives should refer to the doctor all pregnant women who present at 41 weeks gestation for one of the following reasons, to
- A. Decide on place of delivery
  - B. Mode of delivery
  - C. Choice of birthing method by the client
  - D. Decide on choice of pain relief in labour.
- 1.7 Which one of the following is Loice likely to experience?
- A. Precipitate labour related to prolonged pregnancy
  - B. Anxiety related to fear of the unknown
  - C. Exaggerated heartburn related to prolonged labour
  - D. Exaggerated labour pain related to prolonged pregnancy.
- 1.8 Which of the following refers to prolonged pregnancy?
- A. 40
  - B. 41
  - C. 42
  - D. 43

**Mrs M is 34 years old Para 5 Gravida 6 has presented with an unstable lie at Mbabane Public Health Unit at 37 weeks gestation. Her previous babies were born at term and the weight of all her babies was within normal ranges for a term baby. Questions 1.9 to 1.12 Refer to this scenario.**

- 1.9 An unstable lie that occurs in late pregnancy can be caused by any condition that
- A. Relates to the maternal pelvis
  - B. Relates to the size of the fetus
  - C. Is likely to contribute to fetal hypoxia
  - D. Increases mobility of the fetus or prevents engagement.

- 1.10 Which of the following is the contributory factor to the unstable lie for Mrs M?
- A. Contracted pelvis.
  - B. Cephalopelvic disproportion
  - C. Hydrocephalus
  - D. Lax uterine muscles.
- 1.11 Which of the following involves antenatal management for Mrs M?
- A. Admission to the hospital before onset of labour
  - B. Early admission to hospital at onset of labour
  - C. Delivering the baby by caesarean section
  - D. Allowing the mother to choose the place and mode of delivery.
- 1.12 An ultrasound can be used to
- A. Confirm the diagnosis
  - B. Decide on the mode of delivery
  - C. Exclude placenta praevia
  - D. Exclude cephalopelvic disproportion.

**Norma is 20 years old Para 1 Gravida 2, presents at Mbabane Public Health Unit at 26 weeks gestation with history of offensive creamish vaginal discharge for 2 days. The midwife prescribed treatment based on the syndromic approach. Questions 1.13 to 1.16 refer to this scenario.**

- 1.13 The advantage(s) of using the syndromic approach in managing sexually transmitted infections (STIs) is/are as follows:
- A. Improves diagnosis
  - B. Can be implemented easily by all members of the multidisciplinary team
  - C. Is cheap and cost effective.
  - D. Improves diagnosis, is cost-effective and treatment of symptomatic patient can be achieved at one clinic visit.
- 1.14 Which one of the following general principles is essential to ensure effective case management?
- A. Comprehensive health assessment, providing an appropriate health promotion
  - B. package and contact tracing.
  - C. Clinical follow up
  - D. Establishment of a diagnosis.

- 1.15 Which of the following drugs can be recommended for treatment for Norma, in Swaziland?
- A. Metronidazole 2g stat
  - B. Spectinomycin 2g stat
  - C. Metronidazole 500mgs 2g stat, Spectinomycin 2g stat and Erythromycin 500mgs 6 hourly for 7days
  - D. Doxycycline 100mgs 12 hourly for 7 days and Spectinomycin 2g stat.
- 1.16 Risk reduction counselling will be done to assist Norma to
- A. Adhere to treatment
  - B. Prevent treatment failure
  - C. Eat a balanced diet
  - D. Promote treatment adherence and behaviour modification and enhance coping with social consequences.

**Vesta is Para 2 Gravida 2 aged 30 years. She reports at Mbabane Public Health Unit at 34 weeks gestation. All vital signs are normal. On abdominal palpation height of fundus is 36 weeks. Vestas reports experiencing excessive morning sickness during the first 12 weeks of this pregnancy. On physical examination, Vesta has oedema+ of the lower limbs and a few varicose veins. Questions 1.17 to 1.20 refer to this scenario focussing on multiple pregnancy. Questions 1.21 to 1. 22 refer to this scenario.**

- 1.17 What will lead the midwife to suspect multiple pregnancy on Vesta during history taking?
- A. Previous twins.
  - B. The size of the uterus is larger than expected for gestational age
  - C. Slight varicosities
  - D. Excessive nausea and vomiting.
- 1.18 Which of the following will alert the midwife to suspect multiple pregnancy during abdominal inspection?
- A. The height of fundus has reached the Xiphi-sternum
  - B. Oedema of the lower limbs and varicosities
  - C. Previous history of twins.
  - D. The fundal height is larger than expected for the duration of the pregnancy.

- 1.19 What will lead the midwife to suspect a diagnosis of multiple pregnancy on abdominal palpation?
- A. The height of fundus is bigger than gestational age
  - B. Two or more fetal poles are palpated
  - C. Two fetal backs are palpated
  - D. The fetal head feels smaller than gestational age.
- 1.20 What will alert the midwife to suspect multiple pregnancy on auscultation?
- A. Hearing two fetal hearts simultaneously
  - B. Hearing various fetal hearts simultaneously
  - C. Listening to the fetal heart using a sonicaid
  - D. Hearing two fetal hearts simultaneously with at least 10 beats per minute difference.
- 1.21 One of the effects of multiple pregnancy Vesta may experience include:
- A. Gestational diabetes
  - B. Iron and folic acid deficiency anaemia
  - C. Pregnancy induced asthma
  - D. Exaggerated morning sickness.
- 1.22 Vesta may also experience the following pressure symptoms
- A. Asthma
  - B. Heartburn
  - C. Marked dyspnoea and indigestion
  - D. Frequency of micturition throughout pregnancy.

**Polyhydramnios may complicate pregnancy and affect the health of both the mother and the fetus. Questions 1.23 to 1.25 refer to this statement.**

- 1.23 Polyhydramnios is defined as the amount of amniotic fluid which exceeds.....mls.
- A. 1500
  - B. 2000
  - C. 2500
  - D. 3000.

1.24 Which of the following options may contribute to Polyhydramnios?

- A. Pregnancy where the fundal height is larger than gestational age
- B. Hydrocephalus
- C. Pregnancy Induced Hypertension
- D. Multiple pregnancy in case of monozygotic twins.

1.25 Which of the following may occur as a result of Polyhydramnios?

- A. Prolonged pregnancy due to low hormone levels
- B. Prolonged labour due to lax abdominal muscles
- C. Unstable lie due to increased fetal mobility
- D. Precipitate labour due to the increased amniotic fluid levels.

## QUESTION 2

Mrs X is 30 years old, Para 0 Gravida 1. She is 26 weeks pregnant and presents at Mbabane Public Health Unit today, for the second antenatal care visit. The midwife notes that Mrs X has a blood pressure of 130/90mmHg, pulse 80 beats per minute and temperature 37<sup>0</sup>C. Fetal heart is heard and regular, 140 beats per minute. During the first visit, which was at 12 weeks gestation, Mrs X's blood pressure was 110/70mmHg, pulse 78 beats per minute, temperature 37.1<sup>0</sup>C, urinalysis no abnormalities noted and no oedema of the lower limbs.

2.1 What is Mrs X likely to be presenting with (potential diagnosis). Give rationale.

**(3 marks).**

2.2 Describe the specific management of Mrs X till term. Give rationale for each point described. **(17 marks).**

2.3 Discuss the severe form of the possible complication which can result from the condition in 2.1 if not well controlled. **(5marks).**

**[Total 25 marks]**

### **QUESTION 3**

Cardiac disease affects the outcome of most pregnancies. The midwives are the entry point of the health care delivery system and at the centre of collaboration for provision of health care services to pregnant women suffering from cardiac disease or those who develop cardiac disease in pregnancy.

3.1 Describe **TWO** contributory factors to cardiac disease? **(2marks)**.

3.2 Explain **TWO** factors which affect morbidity and mortality related to cardiac disease. **(4 marks)**.

3.3 Describe the specific management of a pregnant woman who presents with cardiac disease as follows:

3.3.1 Preconception **(4marks)**.

3.3.2 Antenatally **(15marks)**.

**[Total 25 marks]**