

**UNIVERSITY OF SWAZILAND**  
**FACULTY OF HEALTH SCIENCES**  
**DEPARTMENT OF MIDWIFERY SCIENCE**

**FINAL EXAMINATION: MAY 2017**

**COURSE TITLE: POSTPARTUM WITH COMPLICATIONS**

**COURSE CODE: MWF 406**

**TIME ALLOCATED: 2 HOURS**

**MARKS ALLOCATED: 75**

**INSTRUCTIONS:**

1. ANSWER ALL QUESTIONS
2. USE THE PROVIDED ANSWER BOOKLET FOR ALL YOUR ANSWERS
3. START ALL QUESTIONS IN A NEW PAGE
4. USE BULLETS FOR EACH POINT IN YOUR ANSWERS (DO NOT INVENT YOUR OWN NUMBERING)
5. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO EACH QUESTION OF PART OF A QUESTION
6. CHECK THAT YOUR QUESTION PAPER HAS 6 PRINTED PAGES
7. DO NOT OPEN THE QUESTION PAPER UNTIL PERMISSION HAS BEEN GRANTED BY THE CHIEF INVIGILATOR

**QUESTION 1: Multiple Choice and Matching Questions**

**For each of the following questions, write clearly the question number and letter that corresponds with the most appropriate answer e.g. 1.26 D. Each question has only one correct option as an answer. Each correct answer carries 1 mark.**

- 1.1 Which of the following situations would alert you that a patient has postpartum haemorrhage caused by tears of the cervix, vagina, or perineum?
- A. In the presence of a complete placenta, and a contracted uterus.
  - B. In the presence of an incomplete placenta, and a contracted uterus.
  - C. In the presence of a complete placenta, and an atonic uterus.
  - D. In the presence of an incomplete placenta, and an atonic uterus.
- 1.2 Which of the following actions should the midwife institute if an atonic uterus does not contract after fundal massage?
- A. give additional uterotonic drugs.
  - B. perform bimanual compression of the uterus.
  - C. start an IV infusion.
  - D. explore the uterus for remaining placental fragments.
- 1.3 If a retained placenta is undelivered 30 minutes after oxytocin administration and applying controlled cord traction, and the uterus is contracted, the midwife should:
- A. apply more aggressive controlled cord traction.
  - B. apply controlled cord traction and fundal pressure.
  - C. attempt manual removal of the placenta.
  - D. administer ergometrine.
- 1.4 Which one of the following statements correctly describes bimanual compression of the uterus?
- A. Placing a gloved fist into the anterior fornix and applying pressure against the posterior wall of the uterus, while the other hand presses against the anterior wall of the uterus through the abdomen.
  - B. placing a gloved fist into the anterior fornix and applying pressure against the anterior wall of the uterus, while the other hand presses against the posterior wall of the uterus through the abdomen.
  - C. placing one hand on the abdomen and applying pressure downward toward the spine.
  - D. placing both hands on the abdomen and applying pressure upward toward the diaphragm.

- 1.5 While assessing a 32 year old mother of three, the midwife notices uterine bleeding and finds that the client's uterus is displaced upward and to the right. This is probably caused by which of the following?
- A. Retained placental fragments.
  - B. Rupture of the uterus.
  - C. Distention of the bladder.
  - D. Uterine inversion
- 1.6 A 17 year old mother has just given birth to a healthy baby boy 6 hours ago. Whenever the midwife is in the postnatal ward, she hears the new mother talking on her cell phone. She refuses to touch or hold her infant, even when he cries. The midwife overhears the woman tell someone that the baby "is ugly like his father." Which one of the following conditions is the woman exhibiting?
- A. Puerperal psychosis
  - B. Malattachment.
  - C. Postnatal blues.
  - D. Postpartum depression.
- 1.7 A new mother has read in the discharge booklet that postpartum women are at risk for thrombophlebitis, and she asks the midwife how she can prevent this from happening. Which one of the following is the correct instruction by the midwife to the client?
- A. Remain on strict bed rest.
  - B. Ambulate frequently.
  - C. Cross her legs while sitting.
  - D. Avoid elevating her legs.
- 1.8 Mrs. X had a normal birth 8 hours ago. She has uterine cramping and rates her pain as a "9" on a scale of 0 to 10 but refuses any pain medication. Which of the following is the best response by the midwife regarding the client's pain?
- A. Tell her she should take the ibuprofen her physician prescribed.
  - B. Encourage her to "fight through the pain" because it will make her stronger.
  - C. Re-assure that it is normal for her woman at her postpartum to experience pain
  - D. Offer her a nondrug option such as a hot pack or massage.

- 1.9 A 28-year-old mother of three had a normal birth 4 hours ago. She reports that she is “bleeding a lot,” and her perineal pad, changed 45 minutes earlier, is fully saturated with blood. Abdominal palpation reveals a boggy uterus. Which of the following is the priority action by the midwife in this situation?
- A. Start intravenous fluids
  - B. Catheterize her bladder
  - C. Massage her uterus until it is firm
  - D. Call the doctor immediately
- 1.10 A client experienced premature rupture of membranes during her pregnancy and had an internal fetal monitor placed during labour. She later had a caesarean-section delivery. Twelve hours after delivery, her heart rate is 104 beats per minute and presents with a foul-smelling lochia. Which of the following is the midwife most likely to suspect that the client is suffering from?
- A. Vaginal fistula
  - B. Urinary tract infection
  - C. Sub-involution of the uterus
  - D. Endometritis.
- 1.11 The midwife is preparing to discharge a new mother from the postnatal ward. Which of the following statements by the client will inform the midwife that the mother understood the discharge teaching instructions?
- A. “It is normal for the first few days to experience breast engorgement.”
  - B. “I should not worry if I have a large red mass under my breast.”
  - C. “I should report to the nearest clinic if I saturate a pad with blood in one hour.”
  - D. “Suicidal thoughts are okay because the baby blues are normal.”

For **Questions 1.12 to 1.16** (next page), choose the **SINGLE** most appropriate phrase or word as an answer from the list below. Each of the phrases or words below may be used once, more than once, or not at all.

A. Baby blues	B. Postnatal depression
C. Puerperal psychosis	D. Caesarean-section wound infection
E. Endometritis	F. Retained products of conception
G. Shock	H. Postpartum haemorrhage
I. Pulmonary embolism	J. Post-partum eclampsia

- 1.12 A 26-year-old woman is admitted 7 days after having a Caesarean section, which was performed for failure to progress after augmentation for prolonged rupture of the fetal membranes. She is generally unwell and complains of a foul-smelling vaginal discharge. On examination, she has a temperature of 39.0°C. Abdominal examination reveals suprapubic tenderness. Vaginal examination confirms the offensive discharge and uterine tenderness.
- 1.13 A 40-year-old woman presents on the fifth day of the puerperium. Her husband has brought her in, after he noticed an abrupt change in her behaviour. He describes her as confused, restless and is expressing thoughts of self-harm.
- 1.14 A 32-year-old woman who had an emergency caesarean section, suddenly becomes breathless and complains of central chest pain. She subsequently loses consciousness.
- 1.15 A 32-year-old woman who had an emergency caesarean section 2 days earlier, is noted by the midwife to be having sleeping difficulties, and is tearful and short tempered.
- 1.16 You assisted Mrs. P. during childbirth. Labour was prolonged and she received an intravenous drip of oxytocin to augment uterine contractions. Ms. P. gave birth soon after the intravenous drip was started and you performed active management of the third stage of labour. Thirty minutes after delivery of the placenta, Ms. P. is still bleeding heavily. Vital signs: pulse: 112 beats/minute; blood pressure: 80/40; respirations: 36/minute; temperature: 36°C; conjunctivae are pale; extremities are cold; Ms. B is very anxious; you don't recall the last time she urinated.

**[Total: 16 marks]**

## QUESTION 2

2.1 Explain why the post-partum woman is at risk of (or susceptible to) puerperal sepsis or puerperal pyrexia. [12]

2.2 Explain how a midwife can prevent puerperal sepsis during:

2.2.1 Labour and delivery. [8]

2.2.2 Postpartum. [14]

**[Total: 34 marks]**

## QUESTION 3

Mrs. B., a para 3 from Sigwe, is brought into the Mphelandzaba postnatal clinic with her male infant by the Doctors-Without-Boarders home-based care team. She states that she never attended antenatal care; had a home delivery 6 weeks ago, and has never visited any health facility since her baby was born, because she did not see the need to. Her HIV status is unknown. You are the midwife attending to her and her baby on the day. You offer HIV testing and counselling, but she refuses to take the test. Discuss the care specific midwifery and management you would render to Mrs. B. and her baby **during this visit**. [25 marks]