

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
SUPPLEMENTARY EXAMINATION QUESTION PAPER; JULY 2018

TITLE OF PAPER: PREGNANCY WITH COMPLICATIONS

COURSE CODE: MID412

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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GRANTED BY THE INVIGILATOR.**

SUPPLEMENTARY EXAMINATION QUESTION PAPER; JULY 2018

MID412 PREGNANCY WITH COMPLICATIONS

QUESTION 1

Mrs Y is 26 years old, Para 1 Gravida 2 presents at Mbabane Public Health Unit (PHU) during a subsequent antenatal visit at 30 weeks gestation with a history of mild headache which is on and off. Vital signs on the booking visit were: BP 100/70mmHg, Pulse 72 beats per minute and Temperature 37 °C. On examination on the repeat visit, oedema of the lower limbs noted. Vital signs - Blood Pressure 120/85mmHg, Pulse 80bpm and Temperature 37.2°C. Questions 1. 1 to 1.10 refer to this scenario.

1.1 Mrs Y's diagnosis might be

- a) Pregnancy Induced Hypertension
- b) Essential hypertension
- c) Diabetes Mellitus
- d) Gestational Diabetes.

1.2 If the midwife performs urinalysis on Mrs Y's urine, the midwife is likely to note

- a) Ketones and glycosuria
- b) Proteinuria
- c) Glycosuria
- d) Ketones.

1.3 Mrs Y's condition is likely to cause

- a) Prematurity
- b) Post maturity
- c) Intra-uterine growth restriction
- d) None of the above.

1.4 Mrs Y's condition usually occurs as from the

- a) Third trimester
- b) First trimester
- c) Second trimester
- d) First and second trimesters.

1.5 Risk factor(s) associated with this condition include

- a) Obesity
- b) HIV infection
- c) Age over 25 years
- d) All the above.

1.6 Proteinuria in this case may occur as a result of

- a) Excess loss of fluid
- b) Excess loss of fluid associated with osmotic diuresis
- c) Damage to some parts of the renal system
- d) Oedema.

1.7 Some of the symptoms associated with complications of Mrs Y's condition include

- a) Sudden vision changes and numbness of feet.
- b) Blurred vision
- c) Recurrent infections which quickly respond to treatment
- d) Diarrhoea and nausea.

1.8 One of the goals in the treatment of Mrs Y's condition is to control the condition in order to prevent babies born with

- a) Congenital diabetes mellitus
- b) Hyperglycaemia
- c) Low birth weight
- d) Anaemia.

1.9 Early stages of the disease may cause

- a) Hyperglycaemia
- b) Anaemia
- c) Hypoglycemia
- d) Elevated cardiac output.

1.10 Women suffering from this condition may develop

- a) Low blood pressure
- b) Pulmonary oedema
- c) Intrapartum infection
- d) Postpartum infection.

Read the following scenario and answer questions 1.11 to 1.15. 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.

1.11 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.

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

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

1.13 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.

1.14 The cause of the vaginal bleeding could be

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

1.15 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.

Read the following scenario and answer questions 1.16-1.25

Mrs X is aged 25 years old, Para 0 Gravida 1 presents at Mbabane Public Health Unit (PHU) at 20 weeks gestation with a history of nocturia, excessive weight gain for gestational age and excessive thirst. She booked her pregnancy at 12 weeks gestation and all vital signs and other tests done on the initial antenatal visit are normal.

1.16 Mrs X's diagnosis may be

- a) Pregnancy Induced Hypertension
- b) Essential hypertension
- c) Diabetes Mellitus
- d) Gestational Diabetes.

1.17 If the midwife performs urinalysis, she is likely to note/observe the following.

- a) Ketones and glycosuria
- b) Proteinuria
- c) Glycosuria
- d) Ketones.

1.18 This condition is likely to cause birth of ababy.

- a) premature
- b) macrosomic
- c) microsomic
- d) None of the above.

1.19 The condition identified in question 1 usually occurs in the

- a) first trimester
- b) second and third trimester
- c) third trimester
- d) any of the three trimesters.

1.20 Risk factors associated with this condition include

- a) Previous personal history of this previous condition
- b) Family history of this same condition
- c) Age over 30 years
- d) All the above.

1.21 Polyuria in this case may occur as a result of

- a) Excessive loss of fluid
- b) Excess loss of fluid associated with osmotic diuresis
- c) Skin lesions
- d) Oedema.

1.22 Some of the symptoms associated with this condition include the following,

- a) Sudden vision changes and numbness of feet.
- b) Skin lesions and soft skin
- c) Recurrent infections which quickly respond to treatment
- d) Diarrhoea and nausea.

1.23 One of the goals in the treatment of this condition is to control the condition in order to prevent

- a) Development of arterial complications
- b) Development of neuropathic complications
- c) Eating a diet high in protein and low salt
- d) Development of cardiac conditions.

1.24 Management of the condition diagnosed in 1.16 includes

- a) Normalising lipids and blood pressure to prevent heart disease
- b) Controlling diet to including prescribing a high protein diet
- c) Pharmacological therapy
- d) Vigorous exercises.

1.25 Effects of the condition diagnosed in 1.16 in pregnancy include

- a) Increased incidence of caesarean section due to fetal compromise
- b) Increased risk of antepartum haemorrhage
- c) Increased risk of intrapartum infection
- d) Increased risk of microsomic babies.

QUESTION 2

Lucia presents at Mbabane Public Health Unit at 32 weeks gestation with a history of vaginal bleeding since last night.

2.1 Explain the factors that will aid in differential diagnosis focussing on placenta praevia and placenta abruption (20 marks).

2.2 What are the test(s) or investigation(s) which will be done to confirm the diagnosis in

2.1? Include the possible findings from this test(s) / investigation (s) (5marks).

[25marks]

QUESTION 3

Lulu is Para 2 Gravida 3, gestation 36 weeks; presents at Mbabane Public Health Unit for a repeat antenatal care visit. On abdominal palpation, the height of fundus is small for gestational age (small for dates).

3.1 Explain the possible causes of intrauterine growth restriction. (15marks).

3.2 Discuss the effects of multiple pregnancies to the women during pregnancy? (10marks).

[25marks]