

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

FINAL EXAMINATION: DECEMBER 2017

COURSE TITLE: POSTPARTUM WITH COMPLICATIONS

COURSE CODE: MID 506

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. CHECK THAT YOUR QUESTION PAPER HAS 4 PRINTED PAGES**
- 6. DO NOT OPEN THE QUESTION PAPER UNTIL PERMISSION HAS BEEN GRANTED BY THE CHIEF INVIGILATOR**

QUESTION 1

In your answer booklet, write only "T" for True or "F" for False for each of the following statements e.g. 1.12 T

- 1.1 A postpartum history excludes asking the woman about the colour and amount of her lochia.
- 1.2 Information about the woman's intended use of a family method is not important in the early postpartum period.
- 1.3 During the postpartum period, it is normal for the fundal height to increase slightly.
- 1.4 Assessment of breastfeeding is an important part of postpartum follow-up.
- 1.5 Breastfeeding has benefits for the baby only.
- 1.6 Ensuring that the woman and her family know the maternal and newborn danger signs is an important part of the complication readiness plan for the postpartum period.
- 1.7 Women who breastfeed exclusively and on demand may be protected from becoming pregnant for up to nine months postpartum
- 1.8 Iron/folate should be discontinued as soon as the woman has given birth.
- 1.9 A tonic uterus is a common cause of immediate postpartum hemorrhage
- 1.10 Bimanual compression of the uterus may be used to manage bleeding associated with an atonic uterus.

[Total: 10 marks]

QUESTION 2

- 2.1 Define primary postpartum haemorrhage [2]
- 2.2 Describe four (4) causes postpartum haemorrhage [8]
- 2.3 Giving rationales for your actions, discuss how you would manage a woman with primary postpartum haemorrhage [15]

[Total: 25 marks]

QUESTION 3

- 3.1 Women in the puerperium are at risk of thromboembolic conditions. Discuss what a midwife can do for the woman, including advice during delivery and the puerperium in order to prevent the occurrence of thromboembolic conditions during:
- 3.1.1 Delivery [5]
- 3.1.2 Puerperium [5]
- 3.2 Explain the **major** difference in the etiology of thrombophlebitis and phlebothrombosis [1]
- 3.3 Mention four (4) possible complications of amniotic fluid embolism among women during the postpartum period. [4]

[Total: 15 marks]

QUESTION 4

You assisted Mrs. Fipha during childbirth. Labour was prolonged and she received an IV drip of oxytocin to augment uterine contractions. Mrs. Fipha gave birth soon after the IV was started and you performed active management of the third stage of labour (AMTSL). Thirty minutes after delivery of the placenta, Mrs. Fipha is bleeding heavily. **Vital signs:** pulse: 112 beats/minute; blood pressure: 80/40; respirations: 36/minute; temperature: 36°C; conjunctivae are pale; extremities are cold; Mrs. Fipha is very anxious; you don't recall the last time she urinated.

- 4.1 State an immediate diagnosis of Mrs. Fipha's condition? [1]
- 4.2 Explain two predisposing factors which could have resulted in Mrs. Fipha's condition. [2]
- 4.3 In the scenario above, it is mentioned that "you performed active management of the third stage of labour (AMTSL)". Explain what AMTSL is all about. [4]
- 4.4 Explain why Mrs. Fipha is experiencing the following:
- 4.4.1 Pulse = 112 beats/min [2]
 - 4.4.2 BP = 80/40 [2]
 - 4.4.3 Respirations = 36/min [2]
 - 4.4.4 Cold extremities [2]
- 4.5 Explain how you would manage her condition, giving rationales for your actions. [10]

[Total: 25 marks]