

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCE
MAIN EXAMINATION: MAY 2019

TITLE OF PAPER: THE NEONATE WITH COMPLICATIONS

COURSE CODE: MID 508

DURATION: 2 HOURS

TOTAL MARKS: 75

INSTRUCTIONS

1. ANSWER ALL QUESTIONS
2. FIGURES IN BRACKETS INDICATES MARKS ALLOCATED FOR EACH OR PART OF QUESTION
3. START EACH QUESTION ON A NEW PAPER
4. KINDLY USE BULLETS FOR EACH POINT IN YOUR ANSWER WHERE POSSIBLE
5. QUESTIONS CARRY EQUAL MARKS

THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION HAS BEEN GRANTED BY THE INVIGILATOR

Question 1

Select the best answer from the following questions then write the letter that corresponds to the selected answer in your answer sheet. For an example: 1.30. B

Miss Zama a 24 years old G1 Para 0, came complaining of strong labour pain with an urge to push at 40 weeks gestation. Labour progressed to a male neonate with Apgar score of 2/10 in 1 minute with very poor breathing patterns in 60 seconds. The baby birth weight was 1.8 kg. Use the above statement to answer question 1.1 to 1.3.

- 1.1 Based on the Apgar score what is the possible diagnosis for the neonate?
- A. Neonatal sepsis
 - B. Prematurity
 - C. Meconium aspiration
 - D. Neonoturum asphyxia
- 1.2 Which of the following is the possible cause of the neonatal condition identified in question 1.1?
- A. Prematurity
 - B. Foetal distress
 - C. Placenta praevia
 - D. Intrauterine growth restriction
- 1.3 In which of the following physiological categories can the neonate in question fall into?
- A. Primary apnoea
 - B. Secondary apnoea
 - C. Secondary anoxia
 - D. Primary hypoxia
- 1.4 Which of the following is the most appropriate feature seen in symmetric growth retarded infant?
- A. Weight is depressed more than length or head circumference.
 - B. Fetal growth retardation probably has occurred in the last trimester of pregnancy.
 - C. Weight, length and head circumference are below normal and babies look like miniature normal babies.
 - D. It is mostly linked with cigarette smoking.
- 1.5 A new born infant was delivered in your maternity unit an hour ago. The skin of this infant appears to be red, wrinkly with ribs visible under the skin. When was the infant probably born?
- A. Before 24 and 27 weeks
 - B. Before 30 and 32 weeks
 - C. Before 29 and 32 weeks
 - D. Around 35 weeks

- 1.6 Which practice would be in appropriate in the management of the baby in question 1.5 in relation to body temperature?
- A. Skin to skin contact with mother and not covering with blanket
 - B. Drying up and wrapping the baby after birth
 - C. Decrease environmental temperature to prevent overheating
 - D. Bath the baby in warm water in a warm room
- 1.7 Preterm babies need energy for growth and iron supplement. What is the daily requirement of energy and iron respectively for preterm neonates?
- A. 460kJ/kg/day and 2.5mg/kg/day
 - B. 450kcal/kg/day and 2mg/kg/day
 - C. 420Kj/kg/day and 4mg/kg/day
 - D. 480KJ/kg/day and 2mg/kg/day
- 1.8 Assisted ventilation should be delivered at what rate of breaths per minute to prompt achieve or maintain a heart rate 100 per minute
- A. 10 to 30
 - B. 40to 60
 - C. 70 to 90
 - D. None of the above
- 1.9 Which following the following is **Not** a sign that indicate admission for low birth weight babies?
- A. Birth weight 1900 g
 - B. Gestation <34 wks.
 - C. Unable to feed
 - D. Sick neonate
- 1.10 Which statement is true about clinical characteristics of respiratory distress syndrome?
- A. Tachypnea (80 to 120 breaths/min)
 - B. Tachycardia (80 to 120 breath/min)
 - C. Bradycardia (80 to 120 breaths/min)
 - D. None of the above
- 1.11 During neonatal resuscitation what is the reason for aiming at achieving resuscitation objectives within 7 minutes?
- A. To avoid cerebral damage
 - B. To avoid cerebral palsy
 - C. To avoid handicap
 - D. All of the above

- 1.12 What is the recommended daily feed for low birth weight babies?
- A. 20 to 40ml/kg/day
 - B. 10 to 30ml/kg/day
 - C. 60 to 80ml/kg/day
 - D. None of the above
- 1.13 Which statement is true about meconium?
- A. Meconium is 1st found in the foetal ileum between the 20th and 26th weeks of gestation
 - B. Meconium passage is uncommon before 36 weeks but its common in pregnancies beyond 42 weeks
 - C. In utero passage of meconium is uncommon because the anal sphincter tone is poor
 - D. All of the above
- 1.14 Which of the following is NOT diagnostic of twin to twin transfusion?
- A. Both are of same sex
 - B. It results from venous communication of both foetuses
 - C. Both are of different growth
 - D. Both are of different amniotic fluid.
- 1.15 Which of the following is true about twin to twin transfusion syndrome?
- A. The smaller twin has the greatest risk of cardiac compromise
 - B. The larger twin is often stuck to the uterine wall
 - C. Serial amnio reduction improves perinatal survival
 - D. Fetoscopic laser ablation of the placental vessels increases survival for both
- 1.16 What would be the result of splitting a single fertilized ovum between 8 to 12 days after fertilization?
- A. Conjoined twin
 - B. Monochorionic monoamniotic twin
 - C. Dichorionic diamniotic twin
 - D. Monochorionic diamniotic twin
- 1.17 A twin pregnancy is identified at 12 weeks gestation on antenatal ultrasound. One placenta and one amnion sac are identified. What would be the probable cause?
- A. ICSI with single embryo transfer
 - B. Ovulation induction
 - C. Maternal age over 35 years
 - D. Family history of multiple pregnancies
- 1.18 Which of the following best describes large for gestational age?
- A. Large for gestational age is weight, length, or circumference that lies above the 90th percentile for that gestational age.
 - B. Large for gestational age is defined as birth weight more than 2 standard deviations above the mean.
 - C. Large for gestational age is an indication of high prenatal growth.

D. Large for gestational age is weight of 3500g at birth despite gestational age.

1.19 Which of the following is true about congenital abnormalities?

- A. It refers to defects in the body structure at birth
- B. It is always occult at birth making it difficult to detect
- C. Congenital abnormalities are all inherited from the family
- D. It results from unknown fetal development that are always difficult to predict

1.20 Which of the following congenital abnormalities are common in girl as compared to boys?

- A. Harelip
- B. Club foot
- C. Hydrocephalus
- D. Anencephaly

1.21 Which of the following congenital abnormalities is more common in boys as compared to girls?

- A. Spinal bifida
- B. Hypertrophic pyloric stenosis
- C. Dislocation of the hip
- D. Anencephaly

1.22 When resuscitating a neonate who has neonatal asphyxia after how long should the midwife use ambubag?

- A. After 30 seconds of oxygen by face mask
- B. When the baby remains apnoeic after 30 minutes of facemask oxygen therapy.
- C. When the neonate is no longer cyanosed
- D. When the neonate PO₂ level has increased

1.23 When should a midwife put an asphyxiated neonate on intubation and ventilation?

- A. When the heart beat is more than 100 beats per minute
- B. When the heart beat is less than 100 beats per minute
- C. When the heart rate has improved
- D. When resuscitation measures are performed without medical assistance

1.24 Which neonate from the listed below is at risk of developing severe jaundice?

- A. Breast feed neonates
- B. Conjoined twins
- C. Neonates with haemorrhagic conditions
- D. Term neonates

- 1.25 A midwife working in labour room, while doing initial observations for a neonate who was born term with birth weight of 3.6 kg, you notice that her blood glucose level is 2.5 mmol/l (45mmg/dl). What should be the appropriate action by the midwife for this baby?
- A. Give the baby glucose 50% stat
 - B. Call the paediatrician to come and review baby
 - C. Tell the mother that the glucose level is normal continue with breast feeding
 - D. Keep the neonate in the ward for close monitoring of glucose levels

Question 2

Mumcy delivered an alive male neonate with difficulty in breathing at 35 weeks gestation, cyanosis and expiratory grunting and respirations of 80 breaths per minute. His birth weight is 1.8 kg.

- 2.1 Name the possible diagnosis for the above neonate (1)
- 2.2 Explain in details your answer for question 2.1 (14)
- 2.3 Write short notes about the significant of Apgar scoring in the condition identified in question 2.1 (10)

[25 marks]

Question 3

Baby Zama is three days old and her mother has brought her to the clinic where you are working. Zama has some yellowish discoloration of the skin.

- 3.1 Name the diagnosis of baby Zama? (1)
- 3.2 Describe the other signs and symptoms that you will look out for in baby Zama. (2)
- 3.3 Describe how you will manage baby Zama in the clinic and later in the hospital. (10)
- 3.4 Explain the different types of the condition identified in question 3.1 (12)

[25 marks]

Total [75 marks]