

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCES
FINAL EXAMINATION PAPER; MAY, 2019

TITLE OF PAPER : EMERGENCY OBSTETRICS AND NEONATAL CARE
COURSE CODE : MWF 404
DURATION : TWO (2) HOURS
TOTAL MARKS : 75

INSTRUCTIONS:

- 1. ANSWER ALL QUESTIONS**
- 2. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO EACH PART OF A QUESTION**
- 3. BEGIN EACH QUESTION ON A NEW PAGE**
- 4. QUESTIONS CARRY EQUAL MARKS**
- 5. USE BULLETS FOR ANSWERING, WHERE APPLICABLE**

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THE INVIGILATOR**

QUESTION 1

The following are multiple choice questions. Choose the most appropriate response from each of the following statements and write the letter that corresponds with it next to the question number in your answer sheet. For example, 1.30 A

- 1.1 Which **ONE** of the following statements best defines perinatal mortality?
- A. Death of a newborn in the first week of life
 - B. Death of a newborn within the first month of life
 - C. Stillbirth and death of a neonate in the first month of life
 - D. Stillbirth and death of a neonate in the first week of life
- 1.2 Which **ONE** of the following drugs should be used first to a non hypertensive woman presenting with post partum haemorrhage occurring due to uterine atony?
- A. Syntometrine
 - B. Oxytocin
 - C. Misoprostol
 - D. Ergometrine
- 1.3 A woman presents to a clinic 7 days after normal childbirth with a fever of 37.9 Degrees Celsius and an offensive vaginal discharge. According to the Emergency Obstetrics and Neonatal Care signal functions, where should the woman be managed?
- A. Clinic
 - B. Health Centre
 - C. Hospital
 - D. Intensive Care Unit (ICU)
- 1.4 Which **ONE** of the following statements best defines a Direct Obstetric Case Fatality Rate?
- A. The percent of women admitted with major direct obstetric complications, or who develop such complications after admission, and die before discharge
 - B. The percent of women admitted with direct obstetric complications, or who develop such complications after admission, and die after discharge

- C. The percent of women admitted with major direct obstetric complications who die before discharge
- D. The percent of women admitted with direct obstetric complications who die after discharge

1.5 What is the problem associated with visual estimation of blood loss in women presenting with an obstetric haemorrhage after childbirth?

- A. Midwives are normally accurate with the blood loss estimation
- B. The differences between the estimated blood and measured blood loss are usually insignificant
- C. Visual estimation of blood loss is documented in clinical practice guidelines, therefore midwives have to use the guidelines
- D. Midwives are inaccurate with their estimations and they tend to underestimate more bleeding and overestimate less bleeding

1.6 What is the dose for Anti-D rhesus prophylaxis that should be given to a Rh-negative woman who had an ectopic pregnancy?

- A. 250IU
- B. 300IU
- C. 500IU
- D. 750IU

1.7 Which is the **MOST** informative test that should be used to diagnose an ectopic pregnancy?

- A. Pelvic ultrasound
- B. Trans vaginal ultrasound
- C. Abdominal ultrasound
- D. Laparoscopy

1.8 Which **ONE** of the following conditions **DOES NOT** constitute expectant management in a woman presenting with placenta praevia?

- A. Foetal maturity
- B. Major bleeding
- C. Minor bleeding

- 1.9 After childbirth, Grace, Para 3 is soaked in blood. On examination, pulse- 130 beats per minute, blood pressure- 70/40mmHg, respirations-28beats per minute. A Foley catheter was inserted and is draining 10mls of urine. Which stage of obstetric shock is Grace in?
- A. Stage 0
 - B. Stage 1
 - C. Stage 2
 - D. Stage 3
- 1.10 In which phase of amniotic fluid embolism (AFE) would a midwife expect a woman present with cardio-vascular collapse?
- A. Phase 1
 - B. Phase 2
 - C. Phase 3
 - D. Phase 4
- 1.11 Gigi presents to the antenatal clinic for her initial ANC at 22 weeks gestational age. She informs the midwife that she has been on anti-hypertensive medications for the past two years. Today, her blood pressure is 148/98 mmHg, protenuria-2+. What is Gigi's diagnosis?
- A. Gestational hypertension
 - B. Chronic hypertension
 - C. Chronic hypertension with superimposed pre-eclampsia
 - D. Pre eclampsia with protenuria
- 1.12 Lee presents to the labour ward reporting labour pains at 39 weeks gestational age. Her blood pressure is 158/110 mmHg with no accompanying symptoms. Which first line anti-hypertensive drug should the midwife give to Lee to reduce the blood pressure?
- A. Methyldopa
 - B. Hydralazine
 - C. Propanolol
 - D. Magnesium sulphate

- 1.13 Sue becomes eclamptic during labour and is initiated on magnesium sulphate protocol intramuscularly. Two hours later, she delivers a live healthy female neonate. What is the maintenance dose for the magnesium sulphate that should be given to Sue?
- A. 1g in alternate buttocks 4 hourly in 24 hours
 - B. 2g in alternate buttocks 4 hourly in 24 hours
 - C. 4g in alternate buttocks 4 hourly in 24 hours
 - D. 5g in alternate buttocks 4 hourly in 24 hours
- 1.14 Which **ONE** of the following predisposes a woman to uterine inversion after childbirth?
- A. A short umbilical cord
 - B. Performing Active Management of the Third Stage of Labour well
 - C. A long umbilical cord
 - D. A non-adherent placenta
- 1.15 For a woman who presents with puerperal sepsis, which broad spectrum antibiotics should be administered?
- A. Gentamycin IV (8mg/kg) divided in 6 hours, Ampicillin 1g IV 6hrly, Metronidazole 500mg 8hrly
 - B. Gentamycin IV (8mg/kg) divided in 8 hours, Ampicillin IV 8hrly, Metronidazole 500mg 6 hrly
 - C. Gentamycin IV (8mg/kg) divided in 6 hours, Ampicillin IV 8hrly, Metronidazole 500mg 12 hourly
 - D. Gentamycin IV (8mg/kg) divided in 8 hours, Ampicillin 1g IV 6hrly, Metronidazole 500mg 8hrly
- 1.16 Which **ONE** of the following **BEST** describes the role of McRobert's Manoeuvre in the delivery of shoulder dystocia?
- A. It pushes the impacted shoulder back in the chest direction so that the shoulder can dislodge.
 - B. It increases the width of the impacted foetal shoulder
 - C. It widens the pelvic outlet by flattening the sacral promontory and increasing the lumbosacral angle

D. It increases the Antero- Posterior diameter of the pelvic inlet to allow for more room in the pelvic cavity

1.17 Which of the following signs and symptoms are suggestive of infection in the neonate?

- A. Septic shock, renal failure
- B. Cardiac failure, bronchopneumonia
- C. DIC, multi organ failure
- D. Feeding problems, lethargy

1.18 Which of the following causative organisms is associated with early sepsis in the neonate?

- A. Escherichia coli
- B. Klebsiella
- C. Candida
- D. Entero bacter

1.19 After childbirth, the midwife has to ask three questions which inform him or her whether the neonate requires resuscitation or not. What are those three questions?

- A. What is the skin colour, is the neonate breathing, what is the heart rate?
- B. What is the muscle tone, what is the skin colour, is the neonate breathing?
- C. What is the gestational age, is the baby breathing, what is the muscle tone?
- D. What is the gestational age, what is the heart rate, is the neonate breathing?

1.20 Keeping a hypothermic neonate in an incubator is one way of preventing heat loss and maintaining a neutral thermal environment. What is the recommended temperature for the incubator for a 2800gram 4 day old neonate who has been diagnosed with hypothermia?

- A. 35.0 °C
- B. 34.0 °C

- C. 33.5 °C
- D. 32.5 °C

1.21 Zuzu is a 2 day old neonate whose weight is 4 kilograms. She is brought in the clinic by her mother who reports that the baby seems to be sick. The midwife performs a Random Blood Sugar, among other tests and the results show a blood sugar of 2 mmol/L. How much of glucose 10% should the midwife give the neonate before referral?

- A. 8mls
- B. 12mls
- C. 16mls
- D. 18mls

1.22 Baby Joy had an Apgar score of 3/10 at 1 minute and 6/10 at 5 minutes after resuscitation and a birth weight of 3kg. The neonate was admitted into the neonatal unit. Two days after birth, the neonate presents with generalized seizures which were observed only once. What is the appropriate initial antiepileptic therapy for baby Joey?

- A. Phenobarbitone 20mg IV bolus then 5mg daily for 3 days
- B. Phenobarbitone 20mg IV bolus then 15mg daily for 3 days
- C. Phenobarbitone 60 mg IV bolus then 5 mg daily for 3 days
- D. Phenobarbitone 60mg IV bolus then 15mg daily for 3 days

(22)

MATCHING ITEMS

The following questions 1.23 to 1.25 are matching items. Match each description of intravenous fluid in column B to the best solution in column A. No items may be used more than once.

Column A	Column B
1.23 Hypertonic crystalloid	A. Concentration the same as body plasma
1.24 Isotonic crystalloid	B. Concentration less than the body plasma

1.25 Hypotonic crystalloid	C. Contain large protein and molecules that tend to stay within the vascular space
	D. Concentration greater than the body plasma

(3)

[25]

Question 2

2.1 Lolo is a 20 year old Para 1 who delivered a live neonate 30 minutes ago. During the fourth stage of labour monitoring, the midwife finds Lolo in a pool of blood, confused and pale in colour. Discuss the actions that the midwife will undertake in this situation (16)

2.2 Name **one** complication for retained products of conception (RPOCs) (1)

2.3 Baby Zoe was born with an Apgar Score of 3/10 at 1 minute and resuscitation was initiated. At 5 minutes, the Apgar Score was 7/10. Discuss the post resuscitation care for baby Zoe (8)

[25]

Question 3

3.1 Read the following scenario and answer the questions that follow.

Nono is a 28 year old Para 4 Gravida 5 who is brought in the labour ward by her family, with history of labour pains for 14 hours ago. Upon assessment, the midwife makes a diagnosis of obstructed labour and whilst attending to Nono, she states that she cannot breathe. The midwife observes breathlessness. She also observes that Nono is cyanotic, sweating and with uterine hypertonus. Vital signs: blood pressure 70/30mmHg, pulse-130 beats per minute

3.1.1 State the possible diagnosis for Nono (1)

3.1.2 Explain your response for the possible diagnosis mentioned in 2.2.1 above (3)

3.1.3 Discuss the management for Nono (11)

(15)

3.2 Differentiate between uterine rupture and placental abruption, with specific references to the following:

3.2.1 Abdominal pains (4)

3.2.2 Foetal condition (2)

3.3.3 Haemorrhage (4)

(10)

[25]

Total [75 Marks]