

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

COURSE TITLE : **POSTPARTUM WITH COMPLICATIONS**
COURSE CODE : **MWF 406**
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. START EACH QUESTION ON A NEW PAGE**

- 4. QUESTIONS DO NOT CARRY EQUAL MARKS**

- 5. KINDLY USE BULLETS FOR EACH POINT IN YOUR ANSWER WHERE APPLICABLE**

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GRANTED BY THE INVIGILATOR**

SECTION A: MULTIPLE CHOICE QUESTIONS

QUESTION 1: 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.

- 1.1 If postpartum haemorrhage is due to blood coagulation disorders, which of the following intravenous fluids are essential in the management?
- A. Lactated ringers solution with 40units oxytocin
 - B. Dextrose water
 - C. Fresh plasma and fibrinogen
 - D. Normal saline
- 1.2 Which of the following is true about secondary postpartum haemorrhage?
- A. Is often caused by retained products of conception
 - B. Normally occurs within the first hour of puerperium
 - C. Occurs mainly in primigravid women
 - D. Is associated with vasa praevia
- 1.3 Identify the features that are associated with pathology of Eclampsia
- A. Fibrinoid deposition and albumin excretion
 - B. Arterio vaso constriction and disseminated intravascular coagulation
 - C. Cerebro vascular accident and haemorrhage
 - D. Hepatic vascular hypoxia and placenta abruption
- 1.4 During an eclamptic fit, which nursing action is essential?
- A. Position to encourage drainage
 - B. Insert a tongue depressor to avoid biting
 - C. Stay with the client
 - D. Restrain the client
- 1.5 How much of a woman's blood volume would have been lost for classical signs of shock to appear?
- A. 10 - 20%
 - B. 20 - 30%
 - C. 30 - 40%
 - D. 40 - 50%
- 1.6 Which of the following is the correct prophylactic management of septic shock?
- A. Careful monitoring of maternal and fetal condition
 - B. Liberal use of oxytocic drugs during the 3rd stage of labour
 - C. Using aseptic technique and avoiding malpractice during labour
 - D. Both A and C

1.7 In Swaziland, what is the adult HIV prevalence?

- A. 20%
- B. 26%
- C. 36%
- D. 46%

1.8 Which among the following is a stage 4 characteristic of HIV infection?

- A. Herpes
- B. Recurrent Fungal infections
- C. Kaposi Sarcoma
- D. All of the above

1.9 Which of the following statements describe the correct management of TB in postpartum in an infant whose mother has active TB

- A. The infant should be separated from the mother
- B. The infant should be initiated on full anti-TB drug regimen to prevent it from acquiring TB
- C. Breastfeeding is unacceptable unless the mother has poor adherence to therapy
- D. The infant should be initiated on Isoniazid Preventive Therapy

1.10 What could be a probable cause of vesicovaginal fistula in a postpartum woman?

- A. Prolonged pressure of fetal skull on the urethra
- B. Trauma during caesarean section
- C. Severe puerperal infection
- D. Strong uterine contractions during labour

Mrs Pinto comes to the clinic 4 weeks after delivery of her first child. She looks stressed and expresses her failure to cope with demands of motherhood. Further history reveals suicidal attitude. Questions 1.11 to 1.13 refer to this scenario.

1.11 What is the likely diagnosis for Mrs Pinto?

- A. Postpartum blues
- B. Post partum depression
- C. Postpartum psychosis
- D. Postpartum suicidal ideations

1.12 What could be the possible contributing factors to the condition identified above?

- A. Lack of social support
- B. Sleep deprivation
- C. Exhaustion
- D. Extreme feeling of anxiety and agitation

1.13 What priority interventions would you do to assist Mrs Pinto?

- A. Prescribe sleeping tablets once daily
- B. Assist with good attachment during breastfeeding
- C. Keep in the ward for longer to observe
- D. Encourage additional social support

Stacy now para 5 delivered a fresh still birth after four (4) miscarriages in 5years. She has no living child. The midwife understands the grieving process and wants to assess how Stacy is doing. Questions 1.14 to 1.17 refer to this scenario.

1.14 Stacy has episodes of crying. What is this outward expression of grief referred to as?

- A. Expressional grief
- B. Mourning
- C. Anger
- D. Normal grieving process

1.15 After a brief interaction Stacy told the midwife “I don’t care anymore” what stage of the grieving process are people apathetic to the loss?

- A. Acceptance
- B. Denial
- C. Anger
- D. Depression

1.16 What would be your priority intervention for Stacy?

- A. Assist Stacy to achieve a healthy adjustment to the loss.
- B. Encourage verbalization about the baby.
- C. Guide Stacy through the stages of grief in the usual order.
- D. Teach about the grieving process and offer support

1.17 Which is not important when assessing for Grief?

- A. Coping style
- B. Electrolyte balance
- C. Relationships
- D. Personal goals
- E. Support systems
- F. Sources of hope

1.18 Which of the following advice is appropriate for an HIV positive woman who develops a breast abscess?

- A. feed on non-affected breast and express milk from the affected one
- B. Wean the baby to prevent Mother to child transmission of HIV
- C. Stop feeding immediately and start bottle feeding
- D. Feed on unaffected side and supplement with none human milk

- 1.19 The following describes management of breast engorgement, except
- A. Apply warm compresses to the breast, or take a warm shower before expressing
 - B. Express milk by hand or with a pump a few times until the breasts are softer
 - C. Use cold compresses after feeding or expressing, which helps to reduce the edema.
 - D. Make a small surgical incision for drainage to relieve oedema and improve attachment
- 1.20 A few days after delivery, Dali comes back to the clinic with the following complaint “I feel like my breast milk is insufficient” as the midwife in attendance what would you do?
- A. Observe breastfeeding, checking the baby’s attachment
 - B. Reassure Dali that her concern is only psychological
 - C. Squeeze the breast and assess milk production
 - D. All the above

[20marks]

SECTION B: SHORT ANSWER QUESTIONS

QUESTION 2

2.1 Philile who delivered through caesarean section under general anaesthesia for macrosomic baby after a prolonged labour has been staying in bed to recover. She is being discharged on day 7 and you notice that she is limping. Further enquiry reveals that she has a sudden ache in her left leg and this also happened in her previous pregnancy.

- 2.1.1 State the likely diagnosis for Philile? Justify your answer (1)
 - 2.1.2 Identify any eight (8) possible risk factors for the diagnosis stated in 2.1.1 (4)
 - 2.1.3 Discuss the specific midwifery care you would provide Philile for the next 48hrs. (Support your answers) (10)
- (15)**

2.2 Mrs Khumalo, now a primipara arrived back from theatre 4 hours ago where caesarean section was done due to Eclampsia and she is on Magnesium sulphate protocol. Her Blood pressure is 140/90 and she is being monitored closely for further convulsions.

- 2.2.1 Define post partum eclampsia. (1)
- 2.2.2 List the four (4) warning signs of eclampsia. (2)
- 2.2.3 Outline the stages of an eclamptic fit and mention one key feature for each. (4)

2.2.4 Mrs Khumalo received her last scheduled dose of Magnesium sulphate an hour ago but she is having convulsions now. What medication will you give her? (Dosage, route, frequency) and when will you give the last dose? (2)

2.2.5 If managed poorly, explain one (1) possible complication of eclampsia. (1)
(10)

2.3 Ms Pinto who delivered 3days ago is back in the clinic complaining of frequent and painful urination since discharge. After assessment a diagnosis of lower urinary tract infection is made.

2.3.1 The urinary tract above the urethra is normally sterile. Describe four (4) physiologic defence mechanisms that maintain this sterility. (4)

2.3.2 Describe the education you would give Ms Pinto to prevent recurrence of the condition and give rationales. (6)
(10)

[30marks]

SECTION C: ESSAY QUESTIONS

QUESTION 3

3.1 Mrs Mdluli an HIV positive mother, P2 delivered her baby vaginally 4days ago. Before delivery her membranes had ruptured after 48hours prior. She has just been readmitted today with complaints of fever and general malaise. On examination, Temperature is 39°C, respirations 26b/m and pulse rate 100beats/minute. She is draining offensive lochia.

3.1.1 After reviewing her chart you notice that Mrs Mdluli was at risk of post partum infection. Describe any possible antepartum and intrapartum indicators used to determine the risk. (Include indications not provided in the scenario) (5)

3.1.2 Name three (3) specific investigations you would perform on Mrs Mdluli and why. (3)

3.1.3 Discuss Mrs Mdluli's management in the next 48hours. (12)

[20marks]

Total [75marks]