

UNIVERSITY OF ESWATINI  
FACULTY OF HEALTH SCIENCES  
MAIN EXAMINATION PAPER, DECEMBER 2018

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TITLE	ADVANCED MIDWIFERY I
COURSE CODE	MWF609
DURATION	3 HOURS
TOTAL MARKS	100 MARKS

**INSTRUCTIONS:**

1. ANSWER ALL QUESTIONS IN SECTION A
2. ANSWER ANY THREE QUESTIONS OF YOUR CHOICE IN SECTION B
3. BEGIN ANSWERING EACH QUESTION ON A FRESH PAGE
4. DO NOT OPEN THIS PAPER UNTIL PERMISSION IS GRANTED BY THE INVIGILATOR

## SECTION A

### Question 1

Answer all questions in this section. Write the question number and alphabet of the selected response only in your answer sheet (E.g. 1.1 a)

1.1 Which of the following statements best defines the goal of antenatal care?

- a. To control hypertension in pregnancy
- b. To comprehensively monitor the mother' pregnancy to promote the birth of a healthy baby and mother
- c. To screen for foetal abnormalities and treat accordingly
- d. To promote the end result of a normal vaginal delivery

1.2 Which of the following is done once during ANC?

- a. Determine the gestational age
- b. Take a blood specimen for HIV testing
- c. Give a dose of tetanus toxoid
- d. Take a blood specimen for the reactive protein regimen

1.3 Which of the following would a midwife not do in a subsequent ANC visit?

- a. Perform a pregnancy test
- b. Perform a head-to-toe physical examination
- c. Do a cardiotocograph
- d. Screen for multiple pregnancy

On the 3<sup>rd</sup> of October, Nancy, 15 year old grade 9 school girl, comes into your clinic complaining of irregular periods, and amenorrhoea since the 15<sup>th</sup> of September. Nancy also reports that her nipples are sore. Questions 1.4 to 1.10 relate to this scenario

1.4 What is the most likely cause for Nancy's complaints?

- a. Urinary tract infection
- b. Menopause  
Emesis gravidarum
- c. Pregnancy

1.5 Which of the following tests would be the best to confirm the condition above?

- a. An enzyme immune assay
- b. A radio-immune assay
- c. An ultra-sound
- d. An x-ray

You are manning a community ANC clinic. Nonziwakazi, a 40 year-old woman is referred in from a local clinic following a return ANC visit and has an elevated BP of 160/115mmHg at 27 weeks gestation. She also reports epigastric pain since early morning of the same day. Questions 1.6 to 1.10 relate to this scenario;

1.6 Which of the following is the best way to determine if Nonziwakazi has a complication of hypertension in pregnancy?

- a. Repeat the blood pressure after 4 hours to confirm if it will remain elevated
- b. Repeat the blood pressure after 10 minutes to confirm if it will be still elevated
- c. Refer Nonziwakazi for the obstetrician's review tomorrow morning
- d. Ask Nonziwakazi if she had hypertension in the previous pregnancy

1.7 What is the most appropriate treatment give Nonziwakazi in these circumstances

- a. Methyldopa 150mg tid

- b. Lasix 20mg in stat
- c. Diazepam 10mg im
- d. Magnesium sulphate 4mg im stat

1.8 Which of the following is a preferred anti-convulsant to prevent eclampsia:

- a. Rivotril
- b. Diazepam
- c. Magnesium sulphate
- d. Promethazine

1.9 If a urine dipstick shows a trace of proteins in Nonziwakazi's urine, we can suspect that Nonziwakazi;

- a. Has early onset preeclampsia
- b. Has late onset gestational hypertension
- c. Has gestational diabetes mellitus
- d. Has anaemia in pregnancy

1.10 Vomiting and elevated liver enzymes in a liver function test of a pregnant woman with an elevated blood pressure could mean;

- a. The woman has eclampsia
- b. The woman has thrombocytopenia
- c. The woman has HELLP syndrome
- d. Eclampsia is imminent

1.11 Which of the following is the most common anaemia in pregnancy?

- a. Megaloblastic anaemia
- b. Thalassaemia
- c. Thrombocytopenia
- d. Sickle cell anaemia

1.12 Susie, a 41 year old woman just gave birth to a baby with a myelomeningocele. Which of the following is likely the cause of it?

- a. Iron deficiency anaemia
- b. Megaloblastic anaemia
- c. Thalassemia
- d. Thrombocytopenia

1.13 Which of the following haemoglobin readings reflect an iron deficiency anaemia requiring intervention in pregnancy?

- a. 10g/dl
- b. 15g/dl
- c. 6.8g/dl
- d. 10.2g/dl

1.14 Which of the following is NOT a consequence of anaemia in pregnancy?

- a. Abortion
- b. Pre-term labour
- c. Diabetes mellitus
- d. Sepsis

1.15 Which of the following best represents the amount of additional iron requirements in pregnancy?

- a. 600mg-1000mg of iron
- b. 800-1000mg of iron
- c. 200-400mg of iron
- d. 1000-1200mg of iron

1.16 Which of the following would be a drug of choice to treat acute pyelonephritis in pregnancy?

- a. cotrimoxazole
- b. Kefazol

c. tetracycline

d. doxycycline

1.17 Which of the following is true about glomerulonephritis in pregnancy?

a. Results in an elevated blood pressure

b. Is asymptomatic

c. The drug of choice for its treatment is tetracycline

d. Affects adults for the first time in pregnancy

1.18 Identify a diagnostic test for renal function from the following;

a. CT-scan

b. Palpation of the supra-pubic areas

c. Liver function test

d. Pyelography

1.19 Which of the following disease manifests with peri-orbital oedema

a. pyelonephritis

b. glomerulonephritis

c. urothiliasis

d. asymptomatic

Sylvia a 25 year old woman G2 P1 and 34 weeks gestation. She presents in the labour ward at 10h00 complaining of sudden pelvic bleeding since at 0800hrs of the same day. On examination, Sylvia not in labour, descent 5/5 above brim, and has a cephalic presentation. Questions 1.20 to 1.24 relate to this scenario;

1.20 Which of the following history should be checked as part of the diagnosis of the cause of the bleeding?

a. Last normal menstrual period

b. Hypertension and pre-eclampsia

- c. Socio-economic status and intake of iron
  - d. The level of support partner in the pregnancy
- 1.21 If untreated, the outcome of this condition will likely be;
- a. An abortion
  - b. Foetal death
  - c. Nothing, as this condition normally resolves spontaneously
  - d. The need for a forceps delivery
- 1.22 If Sylvia suddenly collapses, the best medical management for Sylvia would be to;
- a. Put her on bed rest
  - b. Refer Sylvia to the academic hospital 5 hours away
  - c. Resuscitate Sylvia and then perform an emergency Caesar
  - d. Observe oxygen saturations, and intervene in less than 60%
- 1.23 A medical officer examines Sylvia's and concludes that she has hypovolaemic shock. Which of the following statements is true about the condition?
- a. Hypovolaemic shock is usually out of proportion to the volume of vaginal blood loss
  - b. hypovolaemic shock is usually directly proportional to the volume of vaginal blood loss
  - c. Hypovolaemic shock is a sign of cardiac dysfunction
  - d. Hypovolaemic shock is due to intrauterine foetal bleeding
- 1.24 Sylvia could be suffering from;
- a. An abortion
  - b. Abrutio placentae
  - c. Vaginitis
  - d. Mettle-schmetz

Nomalungelo is a 29 year old woman G7 P6 and at 35 weeks gestation. She presents in the labour ward at 10h00 complaining of sudden pelvic bleeding since at 0800hrs of the same day. On examination, Nomalungelo is not in labour, descent 5/5 above brim, and has a breech

presentation. On vaginal examination, the cervix is 3cm. An ultrasound scan confirms a low-lying placenta. Questions 1.24 relates to this scenario;

1.25 Which of the following is a likely pelvic finding given Nomalungelo's condition?

- a. A vaginal haematoma
- b. A placental mass palpable from the cervix
- c. A compound presentation
- d. A footling breech

**[25 marks]**



## SECTION B

Choose any three questions of your choice in this section.

### Question 2

A 44 year old woman presents at the clinic complaining of amenorrhoea in the last two months. She also reports irregular periods in the last 12 months, frequency in micturition, as well as breast prickling sensation.

2.1 What condition is this woman likely to be suffering from? [2]

2.2. Discuss the diagnosis to confirm your suspicion. [23]

[25 marks]

### Question 3

On the 2<sup>nd</sup> of September, Lucy Leiu, an 18 year old woman presents at 30 weeks gestation for her first antenatal visit at Mbabane Public Health Unit. She is a first time mom, who took a self-administered pregnancy test a day ago, and is very excited at the news. On examination, you found the following; HOF 22cm, descent 5/5 above brim, FH 145beats/min, BP 128/85mmhg, P78 beats/min, T37.1<sup>0</sup>C, proteins trace, glucose trace, RPR negative. Refer to this background to answer the following questions;

3.1 Discuss the management you would give Lucy. Justify your decisions. [20]

3.2 Briefly outline the classification of hypertension in pregnancy. [5]

[25 marks]

### Question 4

Discuss the pathophysiology of pre-eclampsia.

[25 marks]

**Question 5**

Lillian, a 23 year old hair salon stylist is 37 weeks pregnant and presents at 10h00. She is G5 Para 4.

She complains of spotting since 0830hrs. She reports that the baby is still kicking and she also feels fine.

5.1 What condition has Lillian? **[1 mark]**

5.2 Briefly outline 2 common causes for this condition. **[4 marks]**

5.3 Discuss the medical management that Lillian should obtain. **[20 marks]**

**[25 marks]**

**[Total marks: 100]**