

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCE
FINAL EXAMINATION: NOVEMBER 2019

TITLE OF PAPER: PREGNANCY WITH COMPLICATIONS

COURSE CODE: MID512

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 PAGE
4. USE BULLETS FOR EACH POINT IN YOUR ANSWER WHERE POSSIBLE

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QUESTION 1

MULTIPLE CHOICE QUESTIONS

Choose the most appropriate response from each of the following statements and write the number and letter which you think is the best. For example 40. A

Prolonged pregnancy can complicate pregnancy and brings forth risks to both the mother and the foetus. Use this statement to answer Question 1 .1 to 1.6

- 1.1 Pregnancy is considered prolonged if it goes beyond _____ completed weeks of gestation.
- A. 40
 - B. 43
 - C. 42
 - D. 44
- 1.2 Which of the following will be a complication of prolonged pregnancy to the woman?
- A. Excessive labour pain
 - B. Anaemia due to increased demand by the foetus
 - C. Increased anxiety
 - D. Antepartum infection
- 1.3 In case of prolonged pregnancy, confirmation can be determined by _____
- A. Examining the size of the head on abdominal palpation
 - B. Estimating the fundal height on abdominal palpation
 - C. Performing a cardiotocograph (CTG)
 - D. Ultrasound Scan
- 1.4 Which one of the following is a predisposing factor for prolonged pregnancy?
- A. Anencephaly
 - B. Fetal microsomia
 - C. Sulfatase sufficiency
 - D. Maternal underweight
- 1.5 What are the possible maternal risk(s) in prolonged pregnancy?
- A. Anaemia following delivery
 - B. Risk of shoulder dystocia during delivery
 - C. Risk of operative delivery and its possible complications
 - D. Risk of developing diabetes mellitus
- 1.6 Which one of the following is a possible complication of prolonged pregnancy to the fetus?
- A. Intrauterine death
 - B. Jaundice
 - C. Rhesus iso-immunization due to placental insufficiency
 - D. Ophthalmia Neonatorum

- 1.7 Which statement is true about congenital spine deformities?
- A. Are identified at menarche
 - B. Are a result of abnormal vertebrae development in the embryo
 - C. Are as a result of abnormal vertebrae development in the oocyte
 - D. A by-product of anomalous fertilization
- 1.8 Which statement is true about the etiology of congenital spinal abnormalities?
- A. It is a recoverable difference in spine development at the embryonic level
 - B. It is an irrecoverable difference in spine development at the embryonic level
 - C. Double-nucleotide polymorphisms in glucose metabolizing has been linked to its occurrence
 - D. It is common in single tone pregnancies as compared to multiple pregnancies
- 1.9 What is the total fertility rate per woman in Swaziland according to 2017 statistics?
- A. 3.00 children per woman
 - B. 2.69 children per woman
 - C. 2.15 children per woman
 - D. 2.08 children per woman
- 1.10 What is the percentage of couples who are affected by infertility in the world?
- A. 2 %
 - B. 22 %
 - C. 20%
 - D. 40%
- 1.11 Which type of infertility is more prevalent worldwide?
- A. Sub-fertility
 - B. Infertility
 - C. Primary
 - D. Secondary
- 1.12 Which type of infertility is more prevalent in developing countries?
- A. Sub-fertility
 - B. Infertility
 - C. Primary
 - D. Secondary
- 1.13 In which race group is infertility most prevalent?
- A. Asians
 - B. Blacks
 - C. Whites
 - D. Mixed race

1.14 What are the benefits of preconception care to the childbearing women and their partners?

- A. It reduces intended pregnancies
- B. Promotes unintended pregnancies
- C. It encourages the women to conceive pregnancies without risk factors
- D. It promotes antenatal health such as developing a positive attitude about sexuality

1.14 Which of the following is NOT a component of preconception care assessment?

- A. Nutritional status
- B. Genetic condition
- C. Environmental health
- D. Educational status

Mrs Simelane, a 25 years old primigravida comes to the Antenatal care clinic at 30 weeks gestation for her second antenatal care visit. She presents with history of ankle oedema and a slight headache. Her blood pressure during the last visit was 110/70 mmHg and today is 130/90 mmHg. Use the above history to answer questions 1.16 to 1.19

1.16 What is the probable diagnosis for Mrs Simelane?

- A. Diabetes mellitus
- B. Pregnancy induced hypertension
- C. Eclampsia
- D. Epilepsy

1.17 Which of the following signs would assist the midwife to come up with the diagnosis?

- A. Blood pressure and foetal movements
- B. Blood pressure and oedema
- C. Urinalysis which will confirm proteinuria
- D. Oedema and anaemia

1.18 Which of the following conditions may complicate the condition diagnosed in 1.16?

- A. Diabetes mellitus
- B. Renal failure
- C. Eclampsia
- D. Anaemia

1.19 What is the reason of advising the patient who experiences the diagnosis in 1.16 to have enough rest?

- A. Promote foetal development
- B. Improve renal circulation and also improve placental blood flow
- C. To improve relationship with the health care team
- D. Assist in improving the relations of the woman and her family

Oligohydramnios may affect pregnancy and the health of both the fetus and the mother. Use the statement to answer question 1.20 and 1.21

1.20 What will be the amount of amniotic fluid volume in Oligohydramnios?

- A. Less than 1500 mls
- B. Less than 50 mls
- C. Less than 2500 mls
- D. Less than 500 mls

1.21 Women who are at high risk of Oligohydramnios are those _____

- A. With prolonged pregnancies
- B. In the first trimester
- C. With pregnancy induced hypertension
- D. With fundal height that is smaller for gestational age

1.22 Which of the following may occur as a result of Oligohydramnios when diagnosed in third trimester?

- A. Compression of fetal organs resulting in birth defects
- B. Increased chance of miscarriage
- C. Preterm labour
- D. Prolonged pregnancy

1.23 Which statement is true about ABO incompatibility?

- A. People with blood group A develops blood group O antigen
- B. People with blood group AB develops B antigen
- C. People with blood group O develops AB antigen
- D. A fetus can inherit one or more group factors from the father

1.24 Which of the following statement is true about RH incompatibility?

- A. It is also called positive-negative isoimmunisation
- B. Women who are Rh negative have Dd genes
- C. Women who are Rh negative have DD genes
- D. Women who are Rh negative have dd genes

1.25 What is the relationship between ABO and Rh incompatibility?

- A. ABO cause a smaller number of incompatibilities three to four time less than Rh incompatibility
- B. The chances of sensitisation are reduced in Rh incompatibility yet the chances of sensitisation in ABO incompatibility are increased because haemolysins anti A and anti B antibodies are too large to enter the placenta
- C. In ABO incompatibility first babies are affected yet in Rh incompatibility first babies are not affected
- D. ABO incompatibility is common if the mother is blood group A and the fetus is blood group B, AB and O yet Rh incompatibility is common when the mother is DD and the father is Dd

[25]

QUESTION 2

Haemorrhage is one of the leading causes of maternal mortality in the kingdom of Eswatini (WHO, 2015).

2.1 Describe the factors that aid in differential diagnosis between placenta praevia and placenta abruption (25)

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QUESTION 3

Mrs Gidi a gravida 2 para 1 has been diagnosed with pregnancy induced hypertension at 22 weeks gestation.

3.1 Discuss the antenatal care management for Mrs Gidi throughout pregnancy. (12)

3.2 Explain 5 antihypertensive drugs that can be used for Mrs Gidi during pregnancy (10)

3.3 Outline 3 complications of pregnancy induced hypertension (3)

[25]

Total [75 marks]