



UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCES
FINAL EXAMINATION PAPER; AUGUST, 2020

TITLE OF PAPER : EMERGENCY OBSTETRICS AND NEONATAL CARE
COURSE CODE : MWF404
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**

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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 Zozo is a 17-year-old Para 1 who presents with puerperal sepsis four days after childbirth. Clinically, she is pale. Her vital signs are: temperature- 38.5 C, Pulse- 110 beats per minute, Blood Pressure- 90/50mmHg. She has an offensive vaginal discharge. According to the EmONC signal functions, which healthcare facility should the midwife refer Zozo to for further management?

- A. National referral hospital
- B. Health Centre
- C. Regional referral hospital
- D. Public Health Unit

1.2 Which ONE of the following is a most common symptom for ectopic pregnancy?

- A. Abdominal distension
- B. Dizziness
- C. Pallor
- D. Severe abdominal pain

1.3 After reviewing an ultrasound scan, the obstetrician informs the midwife that the results show that the lower edge of placenta reaches internal os, but does not cover it. Which grade of placenta praevia is this?

- A. Grade I
- B. Grade II
- C. Grade III
- D. Grade IV

1.4 What is the mechanism of action for tranexamic acid?

- A. Exerts a stimulatory effect on myometrial contractility

- B. Is a smooth muscle constrictor which causes myometrial contraction
- C. Is an antifibrinolytic and it improves blood clotting
- D. Is a powerful contractile agent that works on the myometrium

1.5 In which stage of placental abruption would the findings include foetal death, no vaginal bleeding to heavy vaginal bleeding, a very painful tetanic uterus, and maternal shock with evidence of DIC?

- A. Grade I
- B. Grade II
- C. Grade III(a)
- D. Grade III (b)

1.6 Before initiating intravenous fluids in a woman who presents with hypovolemic shock, the midwife collects blood for complete blood count, among other tests. Which bottle should the midwife use for blood collection?

- A. Red bottle
- B. Green bottle
- C. Purple bottle
- D. Blue bottle

1.7 Zee presents to the clinic with history of vaginal bleeding and she reports that she is 8 weeks pregnant. On physical examination, the cervix is open and products of conception have not been expelled. Which form of a miscarriage is Zee presenting with?

- A. Septic miscarriage
- B. Incomplete miscarriage
- C. Missed miscarriage
- D. Threatening miscarriage

1.8 Which of the following are components of Active Management of Third Stage of Labour (AMTSL)?

A. Perform uterine massage after delivery of the placenta, administer oxytocin 10IU IM or IV immediately after the birth of the baby and wait for placental separation

B. Wait for signs of placental separation, perform controlled cord traction and administer oxytocin 5IU IM or IV

C. Administer oxytocin 5IU IM or IV immediately after the birth of the baby, perform uterine massage after delivery of the placenta and perform controlled cord traction

D. Perform uterine massage after delivery of the placenta, administer oxytocin 10IU IM or IV immediately after the birth of the baby and perform controlled cord traction

1.9 Which of the following is a symptom suggestive of early uterine rupture in a woman during labour?

A. Pain between uterine contractions

B. Good progress of labour

C. Pelvic pain

D. Feeling of tearing inside

1.10 Zuko is an 18 year old Para 1 who lost 250mls of blood during childbirth 20 minutes ago. She now presents with dizziness. Heart rate is 130beats per minute, blood pressure- 70/40mmHg, respirations- 23breaths per minute. What is the possible diagnosis for Zuko?

A. DIC

B. HELLP syndrome

C. Post partum haemorrhage

D. Placental abruption

1.11 Which of the following conditions is a predisposing factor to umbilical cord prolapse?

- A. Breech presentation
- B. Baby born at 37 completed weeks
- C. Engaged presenting part
- D. Oligohydramnios

1.12 Nono presents to the antenatal clinic for her routine antenatal care (ANC) at 28 weeks gestational age. She has no complains and has no history of medical illnesses. On examination, foetal heart rate is 134beats per minute, pulse- 80 beats per minute, Blood Pressure- 140/94mmHg. Protenuria- 1+. What is the diagnosis for Nono?

- A. Chronic hypertension
- B. Pre-eclampsia
- C. Pregnancy induced hypertension
- D. Essential hypertension

1.13 What is the mechanism of action for hydralazine?

- A. Prevents calcium from entering cells of the heart and blood vessel walls, which results in lowering of blood pressure
- B. Cerebral vasodilator reverses cerebral vasospasms, thereby increasing cerebral blood flow
- C. Is a vasodilator that works on the smooth muscles, reducing peripheral resistance
- D. Is a long acting false transmitter which primarily acts in the brain stem and vasomotor centres

1.14 Which of the following describes the Wood's manoeuvre for delivering shoulder dystocia?

- A. Two fingers placed in the anterior aspect of the posterior shoulder and maintain rotation in the original direction
- B. Includes suprapubic rocking to dislodge the anterior shoulder. Then vaginally, identify most accessible shoulder, push shoulder to chest direction which reduces the bisacromial diameter
- C. Two fingers are placed in the posterior aspect of the posterior shoulder and rotation of 180° is done.
- D. Insert the hand into the vagina posteriorly and sweep two fingers up to the posterior aspect of the anterior shoulder and push it into the oblique diameter of the pelvis.

1.15 Nelly is a 32 year old Para 5 Gravida 6 who presents to the labour ward reporting labour pains since 5 hours back. Abdominal findings are within normal limits, with a cephalic presentation. Vaginal examination: cervical os- 4 centimetres dilated membranes- intact, presentation- cephalic, no caput and no moulding. Nelly has no history of chronic illnesses or pregnancy related conditions. At 9 centimetres cervical dilatation, Nelly reports severe abdominal pains. The midwife attends to her, measures vital signs and informs the obstetrician. Tachycardia and hypotension are noted. Shortly, Nelly starts to manifest with shortness of breath and convulsions. What condition is Nelly likely to be presenting with?

- A. Eclampsia
- B. Epilepsy
- C. Amniotic fluid embolism
- D. Malaria

1.16 Which condition is associated with Disseminated Intravascular Coagulopathy (DIC)?

- A. Vasa praevia

B. Shoulder dystocia

C. Umbilical cord prolapsed

D. Preeclampsia

1.17 Lulu is a 22 year old Para 1 who presents to the Out Patient Department seven days after discharge. She was done a caesarean section and is HIV positive. She is complaining of pelvic pain and an offensive discharge from the incision. Her temperature is 38.4°C, pulse rate- 100 beats per minute, respiratory rate- 20 breaths per minute. What is the possible diagnosis for Lulu?

A. Sepsis

B. Systemic Inflammatory Response Syndrome

C. Severe sepsis

D. Septic shock

1.18 Which statement describes subacute uterine inversion?

A. It occurs after 4 weeks of childbirth

B. It occurs after the first twenty four hours, and within 4 weeks

C. It occurs within the first twenty four hours of childbirth

D. It only occurs immediately after childbirth

1.19 Which intravenous fluid therapy should be instituted for a woman who presents with stage I hypovolemic shock?

A. Colloids

B. Hypertonic crystalloids

C. Isotonic crystalloids

D. Hypotonic crystalloids

1.20 Which blood products should be given first to a woman who presents with post partum haemorrhage and a haemoglobin level of 7g/ dl?

A. Packed Red cells

B. Plasma expanders

C. Fresh frozen plasma

D. Platelet

1.21 According to the Helping Babies Breathe (HBB) programme, which parameter of the Apgar score should the baby have achieved within one minute?

A. Heart rate above 100 beats per minute

B. Breathing

C. Improved muscle tone

D. Pink in colour

1.22 How many breathes per minute should the midwife give the neonate during positive pressure ventilation (PPV)?

A. 20 breaths per minute

B. 30 breaths per minute

C. 40 breaths per minute

D. 60 breaths per minute

1.23 Which of the following describes clonic seizures in neonates?

A. Rhythmic movements of several body parts at the same time

B. Stiffening of limbs and extension or flexion of limbs

C. Lightning-like jerks of extremities, often non-rhythmical and often affects flexor muscles

D. Generalized seizures that occur all over the body at the same time

1.24 How much neolyte should be given to a neonate who weighs 6 kg, presenting with random blood glucose of 1.9mmol per litre?

A. 6mls

B. 12mls

C. 18mls

D. 24mls

1.25 Which blood test is done to determine the body's inflammatory response?

A. C-Reactive Protein

B. Cerebro Spinal Fluid

C. Complete Blood Count

D. White Blood Cell Count

(25)

Question 2

The following questions require short answers

2.1 Explain the significance of the following blood tests that should be done in a woman presenting with obstetric haemorrhage:

Complete blood count (1)

Urea and electrolytes (U&E) (1)

Platelet count (1)

Cross match (1)

Blood group (1)

(5)

2.2 Describe the pathophysiology of amniotic fluid embolism (AFE) (5)

2.3 Describe findings that would inform the midwife that the anterior foetal shoulder is impacted after delivery of the head (5)

(15)

2.4 Read the following scenario and answer the questions that follow

Gwen is a 40 year old Para5 Gravida6 who presents at the hospital at 35 weeks gestational age with history of abdominal pains and vaginal bleeding since 10 hours ago. On assessment, the midwife notes abdominal tenderness and a hard uterus, foetal heart rate of 108 beats per minute, sanitary pad stained with blood. Vital signs: temperature- 36.5 Degrees Celsius; Pulse- 110 beats per minute; Blood Pressure- 90/50mmHg.

2.4.1 Identify the possible diagnosis for Gwen (1)

2.4.2 Discuss the midwifery management for Gwen and the foetus (9)

(10)

(25)

Question 3

Read the following scenario and answer the questions that follow. The scenario applies to question 3.1 to 3.4

Baby Gillian was born vaginally six days ago with an Apgar Score of 3/10 in 1 minute and 7/10 in 5 minutes, respectively. After resuscitation, the newborn was transferred to the neonatal unit for management. Three days later the newborn was discharged. Today, the mother reports that she observed rhythmic movements of certain body parts which happen at the same time which started yesterday. Weight for today is 3.6 kilograms. As the mother is narrating the history, the neonate manifests with the same movements, as described earlier by the mother.

- 3.1 Identify the condition that baby Gillian is presenting with (1)
- 3.2 Explain the possible cause of the problem mentioned in 3.1 above (2)
- 3.3 Describe the management for baby Gillian (15)
- 3.4 Explain one complication that baby Gillian can suffer (2)

The following question requires short answers

- 3.5 Differentiate between gestational hypertension and chronic hypertension (5)
- (25)

Total [75 Marks]