

UNIVERSITY OF ESWATINI

FACULTY OF HEALTH SCIENCES

DEPARTMENT OF MIDWIFERY SCIENCE

FINAL EXAMINATION: DECEMBER, 2021

COURSE TITLE : POSTPARTUM WITH COMPLICATIONS

COURSE CODE : MWF406

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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## 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 Which of the following complications may be indicated by continuous seepage of blood from the vagina of a postpartum client when palpation of the uterus reveals a firm uterus 1cm below the umbilicus?
- A. Urinary tract infection
  - B. Uterine atony
  - C. Cervical laceration
  - D. Retained placental fragments
- 1.2 Which of the following circumstances is most likely to cause uterine atony and lead to post-partum haemorrhage?
- A. Abnormal clotting factors
  - B. Urine retention
  - C. Cervical and vaginal tears
  - D. Uterine inversion
- 1.3 Psychological morbidity is “normal” during puerperium. Why it is mostly undiagnosed and poorly managed?
- A. It is attributed to the expected emotionality of pregnancy
  - B. It is thought to only occur during puerperium
  - C. Women are constantly monitored for psychosis
  - D. It is only common in primigravidae
- 1.4 Which of the following complaints from women during postpartum period may lead to the suspicion of puerperal sepsis?
- A. Severe headache
  - B. Chest pains
  - C. Lower abdominal pains
  - D. Calf pain
- 1.5 Disseminated Intravascular Coagulation (DIC) is a complication of which of the following conditions?
- A. Postpartum haemorrhage
  - B. Amniotic fluid embolism
  - C. Placenta praevia
  - D. Cardiac failure

- 1.6 Which of the following conditions is responsible for the development of Vesicovaginal fistula?
- A. Severe puerperal infection
  - B. Inco-ordinate uterine action and poor maternal effort
  - C. Prolonged pressure of the fetal skull on the urethra
  - D. Cephalopelvic disproportion
- 1.7 Which of the following is a characteristic of Puerperal psychosis?
- A. Minor depressive moods immediate postpartum
  - B. Deep sleep most of the time
  - C. Normal bonding with the baby
  - D. Visual and auditory hallucination
- 1.8 Which term would best describe a woman who became pregnant while on hypertensive medications and who still requires management in the postpartum period?
- A. Gestational hypertension
  - B. Chronic hypertension
  - C. Pre-eclampsia
  - D. Moderate hypertension
- 1.9 What are the two (2) features in the pathology of pregnancy induced hypertension?
- A. Kidney and renal failure
  - B. Arterio vasoconstriction and disseminated intravascular coagulation
  - C. Hepatic vascular hypoxia and plasma osmolasis
  - D. Fibrinogenosis and oliguria of less than 30mls/hr
- 1.10 Which drug is used as a convulsion prophylaxis in the management of severe pre-eclampsia?
- A. Hydralazine
  - B. Aspirin
  - C. Methyldopa sublingual
  - D. Magnesium sulphate
- 1.11 Which of the following complications would be suspected if a post caesarean section woman suddenly develops chest pains, dyspnoea and cough?
- A. Tuberculosis
  - B. Disseminated intravascular coagulation
  - C. Thrombo-embolism
  - D. Pulmonary embolism

1.12 Which advise is correct for an HIV positive woman who has developed a breast abscess?

- A. Feed of the non-affected breast and express milk from the affected one
- B. Stop breast feeding immediately to prevent passing the infection to the baby
- C. Use alternative milk and bottle feed until breast condition improves
- D. Wean the baby to prevent mother to child transmission of HIV

Ms T is overjoyed to be in labour ward at the end of her pregnancy. It is her first pregnancy but suddenly there was sadness when the midwife could not hear the fetal heart on her admission in labour. The obstetrician confirms and explains that the baby is no longer alive. (Question 1.13 to 1.15 refer to this scenario).

Which stage of the grieving process do these reactions belong?

1.13 Efforts to hold a conversation with Ms T results in monosyllabic responses of “yes” and “no”

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

1.14 “Lord, if you return my baby, I will become a better person”

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

1.15 “Why was my angel taken away?”

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

1.16 Which of the following situations contain the highest risk for possible transmission of HIV from mother to child?

- A. All infants born to women with HIV infection
- B. Mother’s unprotected sexual contact in pregnancy
- C. A mother’s undetectable high viral load
- D. A mother’s newly diagnosed HIV infection

- 1.17 ART follow up in pregnant and lactating women includes routine monitoring of Viral Load (VL). How often is it monitored?
- A. Every 6months until the infant is weaned
  - B. Every 12months until the infant is weaned
  - C. Every 3months until the infant is weaned
  - D. Every 6weeks until the infant is weaned
- 1.18 Which of the following characteristics classify Urinary tract infection as complicated?
- A. The person has diabetes mellitus
  - B. The person is pregnant
  - C. The person is male
  - D. all the above
- 1.19 Which of the following is a iatrogenic risk factor to urinary tract infection?
- A. Antibiotic use
  - B. Pregnancy
  - C. Voiding dysfunction
  - D. Vaginal mucus properties
- 1.20 Which of the following conditions is associated with HELLP syndrome?
- A. Diabetes mellitus
  - B. Pre-eclampsia
  - C. Hypovolemnia
  - D. Systemic infection

[20Marks]

## SECTION B: STRUCTURED QUESTIONS

### QUESTION 2

Mrs Dlomo had a spontaneous vaginal delivery of a live male infant weighing 3.6kgs with one week ago. She has reported at Pigg's Peak Hospital where she delivered for her 7days postnatal visit complaining of severe headache, epigastric pain and poor vision which started a few days earlier. Her initial B/P was 161/112 and a repeat reading taken 6hrs later was 160/110 she has oedema 1+ and 3+ urine protein. Further enquiry revealed that she has been normotensive throughout her pregnancy, labour and delivery.

2.1 What is Mrs Dlomo's likely diagnosis? Justify your response. (5)

2.2 Upon her arrival in the ward, she starts convulsing. With explanations, how would you manage Mrs Dlomo for the next 48hrs? (12)

2.3 You are delegating midwifery students in the postpartum ward to continue monitoring Mrs Dlomo who is currently on Magnesium sulphate maintenance. Last maintenance dose was given 2hrs ago. What information would you provide to assist them with the monitoring regarding the following?

- a. Medication to administer if convulsions recur prior to the next maintenance dose administration (2)
- b. When to stop giving magnesium sulphate maintenance doses (1)

[20Marks]

### QUESTION 3

Lindiwe a 24yr old has just delivered a live and healthy baby girl. Oxytocin 10IU was administered intramuscularly as the anterior shoulder was being delivered however the placenta failed to deliver after controlled cord traction. A repeat administration of IM Oxytocin 10IU was given and a further 40units commences via an IV infusion. It's been 30minutes now, the obstetrician is in theatre but the placenta is still in situ, uterus is flabby and Lindiwe has started bleeding profusely.

3.1 Describe how you would attempt to deliver the placenta manually to manage the bleeding. (10)

3.1 How would you manage the effects of the procedure above to the woman? Provide two (2) specific and priority management for each with rationales

- a. Pain (2)
- b. Infection (2)
- c. Retained products (2)
- d. Bleeding (2)
- e. Psychological (2)

[20Marks]

### QUESTION 4

Xolile a 16 year-old walks into your facility with her mother. She reports that she was married to her uncle at a tender age of 9, got pregnant at 12 but the baby died during delivery despite a large episiotomy which took time to heal. Her second pregnancy was at 15 and she delivered a 3.9kgs baby boy vaginally after a long and hard labour 4weeks ago. She is now complaining that she is failing to control her urine flow. On assessment she looks malnourished, her dress is wet and she is producing a strong smell.

4.1 What is the likely diagnosis for Xolile? (1)

4.2 Explain four (4) potential risk factors for the above mentioned condition in her case. (4)

4.3 A plan to do a surgical repair was done and she is now back from theatre.

- a. Explain her specific management for the next 48hrs (6)
- b. Xolile's recovery has been uneventful and she is being discharged on day7 post-op. What education would you give her on discharge to maintain integrity of repair? (4)

[15Marks]

**TOTAL [75 Marks]**

**GOODLUCK**