UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

FINAL EXAMINATION QUESTION PAPER MAY, 2006

TITLE OF PAPER	:	ABNORMAL MIDWIFERY
COURSE CODE	:	MID 102
DURATION	:	TWO (3) HOURS
TOTAL MARKS	:	100
INSTRUCTIONS	:	ANSWER ALL QUESTIONS

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QUESTION 1: Select the **most appropriate** response

You are a midwife in charge of a maternity unit and you admit Mrs Ntombi Dlamini, a primigravida at term; who states that she has been in labour since yesterday. On *examination the lie is longitudinal*, presentation cephalic 4/5 above the brim , contractions 2/10/25; foetal heart 132 beats per minute, clear and regular; cervix 3cm dilated, membranes intact. The client was re-assessed by an obstetrician who confirmed that the pelvis was adequate and a normal delivery was anticipated.

Question 1 to 10 relates to the above situation.

1. What is a significant record that is lacking from the above situation which has a bearing on the obstetric outcome for this client.

(a) Weight
(b) Height
(c) Gravid state
(d) The last menstrual period

2. What would raise concern from the midwife in charge of this client regarding the outcome of labour even though the obstetrician anticipates a normal delivery?

(a) The foetal heart rate (132b/p/m)
(b) Cervical dilatation (3cm)
(c) Gravid state
(d) Non- engaged head at term

3. When monitoring the progress of labour, the midwife observed that Mrs Dlamini's blood pressure had suddenly dropped (90/50) and was sweating as she was lying on her back, the diagnoses for this condition is:

(a) Hypertension
(b) Hypoglycaemia
© Supine hyportension Syndrome
(e) Capal Tunnel syndrome

4. This condition is caused by prolonged pressure of the gravid uterus on the:

(a) Aorta
(b) Cardiac blood vessels
(c) Superio vena cava
(d) Inferior vena cava

5. The first aid management for the above condition is to:

(a) Position the client on her upright
(b) Maintain the client on the right side
(c) Turn the client on the left lateral position
(d) *Put the client in the shock position*

6. In order to prevent maternal distress, the midwife administered an intravenous drip of 10% dextrose water. What are the critical signs of maternal distress that are likely to be diagnosed from Mrs Dlamini?

(a) Dehydration, poor progress of labour, acetoneunria acetonuria
(b) Hypertention, glycosuria and albumenuria
(c) Hyportention, acidosis and severe chest pain
(d) Disordered uterine action

7. Ten hours later the client was in active labour, level of the presenting part 3/5 above the brim, foetal heart rate 154 clear but irregular, meconium stained liquor was draining, cervical dilatation was 6cm, caput present, molding ++. Identify three critical signs of foetal distress noted on this client.

(a) Molding, meconium stained liquor and irregular foetal heart
(b) Meconium stained liquor, irregular foetal heart and tachycardia
(c) Caput, molding and meconium stained liquor
(d) Bradycardia, irregular foetal heart and meconium stained liquor

8. Following the diagnoses of foetal distress and while waiting for the arrival of an obstetrician, the midwives' management will include:

(a) Regular monitoring and recording of the foetal heart
(b) Administration of an oxytocic agent intravenously to accelerate labour
(c) Continuous monitoring of the foetal heart, administration of ringers' lactate intravenously and oxygen inhalation
(d) Encourage the woman to bear down

9. Early rupture of membranes indicated above may be caused by:

(a) Disordered uterine contractions
(b) Malposition of the foetal skull
(c) Caput succedenum
(d) Ill fitting presenting part

9. During vaginal examination, the midwife noted that Mrs Dlamini's cervix is hanging like an 'empty sleeve' the obstetric rationale for this situation is:

(a) Un-effaced cervix
(b) Cervical dystocia
(c) *Malposition of the foetal skull*
(d) Poor application of the presenting part to the cervix

10. Disordered uterine contractions were eventually diagnosed on Mrs Dlamini, typically which type of disordered uterine contractions is common with primigravid clients?

(a) Hyportonic
(b) Hypertonic
(c) Tonic
(d) Tetanic

11. A midwife is looking after a client who is diagnosed with puerperal psychosis; which is the ideal midwifery care:

(a) To protect the baby by separating her from mother
(b) To prevent mother from participating in the care since she is likely to hurt the baby
(c) To encourage the mother to care for the baby even if she is not interested
(d) To support the mother in the decision she takes regarding baby care

12. A deflexed head is presenting at the pelvis outlet, what are the presenting diameters?

(a) 9.5 cm
(b) 10.5 cm
(c) 11.5cm
(d) 13.5cm

13. The scientific name for chicken pox is:

(a) Cytomegalovireu
(b) Varicella zoster virus
(c) Toxoplasmosis
(d) Human parvovirus

14. Tuberculosis has re-emerged in Swaziland because of the low immune status associated with HIV infection, which tuberculosis treatment may complicate to fetal auditory and vestibular nerve damage when administered to pregnant women?

(a) Streptomycin
(b) Rifampicin
(c) Ethambutol hydrochloride
(d) Isoniazid

15. The most common species of malaria parasites found in Swaziland is:

(a) Plasmodium vivax
(b) Plasmodium malariae
(c) Plasmodium ovale
(d) Plasmodium falciparum

16. Hyperemesis gravidarum is associated with all the above conditions except for:

(a) Multiple pregnancy
(b) Multigravidae
(c) Unsuccessful pregnancy
(d) Hydatidiform mole

17. The causative organism for syphilis is:

(a) Spirochaetes
(b) Neisseria gonorrhoea
(c) Candida albicans
(d) Triconomas vaginalis

18. A greenish and watery profuse vaginal discharge is associated with:

(a) Pelvic inflammatory disease
(b) Syphilis
(c) Gonorrhoea
(d) Chlamydia

19. Grand multiparous clients are likely to have prolonged labour, this may be due to:

(a) Poor hormonal function
(b) Inefficient uterine action
(c) Abnormal lie
(d) Malpresentation

20. Placenta praevia is a common complication among grandmultiparous clients; the rationale for this condition is:

(a) Delayed embedment of the embryo
(b) Inadequate uterine blood supply to the lower uterine segment
(c) Atrophic and inflammatory endometrial changes at the upper uterine segment
(d) Multiple pregnancy

21. A client is admitted in the second trimenster of pregnancy, complaining of swollen ankles, palpitations and fatigue; the most probable diagnoses is:

(a) Tuberculosis
(b) Cardiac diseases
(c) Thrombo-embolic conditions
(d) Pre-eclampsia

22. Following a twin delivery, a midwife examines a placenta and noted that there were two amnions, one chorion, and one placenta; how would you classify this type of multiple pregnancy:

(a) Monozygotic
(b) Dizygotic
(c) Triplets
(d) Singleton

23. The favorable vaginal findings on a client diagnosed with minor degree of cephalo pelvic disproportion include:

(a) Cervical dilatation and application of the presenting part to the cervix
(b) Caput formation, molding ++ + and cervical dilatation
(c) Caput formation, progressive cervical dilatation and 1st degree molding
(d) Cephalhaematoma, cervical dilatation and ++ molding

24. You are conducting a vaginal examination and cannot clearly identify a breech from a face presentation. Which vaginal findings will aid you to confirm that this is a face presentation?

(a) The presenting part will be high and soft
(b) Hard gums will be felt when the mouth is open
(c) Thick meconium may be diagnostic
(d) Both fontanelles will be felt

25. The engaging diameter on a face presentation is the:

(a) Mentovertical
(b) Submentovertical
(c) Mentobregmantic
(d) Submentobregmatic

26. You are assisting a breech delivery and you note that the after-coming head is extended, which manoeuvre will you employ:

(a) Lovset
(b) Burns Marshall
(c) Mauriceau- Smellie- Veit
(d) Internal rotation

27. Prolonged pressure of the foetal head on the cervix may produce an ischaemic area, which inhibits dilatation; this condition may result to:

(a) Cervical dystocia
(b) Annular detachment of cervix
(c) Constriction ring dystocia
(d) Uneffaced cervix

28. A gravida 2 asthmatic client is seen at the antenatal department for a regular check-up; you observe that her pregnancy is post-mature. Which is the most significant history that should be taken by a midwife, which may cause the delay of onset of labour?

(a) Drug history
(b) Last Menstrual Period
(c) Past- obstetric history
(d) Age of last baby

29. A client is admitted from a rural clinic (Lavumisa), as she walks in the clinic an umbilical cord is hanging between her legs, still pulsating and the amniotic fluid has been draining since ten (10) minutes ago. Describe the immediate management by a midwife:

(a) Replace cord to the uterus and deliver the client without delay
(b) Cover cord with warm moist towel and call the obstetrician
(c) Check the foetal heart, condition of cervix, if fully dilated conduct the delivery
(d) Put client on Sims position and send to hospital

30. Mrs Khanyile has delivered triplets and blood loss was 150 mls, post delivery vital signs were normal. Twenty minutes later she is in shock, this condition is caused by:

(a) Post partum infection
(b) Sudden emptying of an over distended uterus
(c) Embolism
(d) Ruptured uterus

31. Post partum haemorrhage is one of the conditions that is likely to occur on Mrs Khanyile, what is the important midwifery management for this condition:

(a) Monitor blood loss
(b) Prepare the client for theatre
(c) Encourage mother to empty her bladder
(d) Give an oxytocic drug by intravenous or intramuscular route

32. If post partum haemorrhage is due to blood coagulation disorders, the essential management by the doctor would be to administer intraveneous fluids such as:

(a) Dextrose water
(b) Fresh plasma and fibrinogen
(c) Ringers solution with 5 units oxytocin
(d) Normal saline

33. If the placenta is morbidly adhered to the uterus after delivery and bleeding does not occur, the condition is called:

(a) Placenta velamentosa
(b) Placenta praevia
(c) Placenta accreta
(d) Placenta circumvallate

34. A client has delivered at home two (2) days ago and she complains of pain in the bones, joints and abdomen. She is pale though she reports that bleeding was scanty during delivery. The most probable diagnoses for this client is:

(a) Sickle cell anaemia
(b) Megaloblastic anaemia
(c) Pueperal sepsis
(d) Rheumatic fever

35. A client who is HIV positive has a high risk of transmitting the virus to her baby post natally if she has all the listed breast conditions **except** for:

(a) Breast abscess
(b) Cracked nipples
(c) Mastitis
(d) Inverted nipples

36. Rhesus antibodies (anti-D immunoglobulin) must be administered within 72 hours post delivery of an RH negative mother; the effect of this drug is to:

(a) Convert the RH negative into RH positive state
(b) Coat and destroy foetal red cells
(c) Promote maternal immunity
(d) Prevent jaundice

37. The additional treatment for urinary tract infection during the puerperium is oral administration of potassium citrate mixture; the benefit of this treatment is:

(a) Converting urine into alkaline thus inhibiting growth of E coli
(b) Changing urine into acid which favours urinary antiseptic treatment
(c) The antibiotic effect
(d) The diuresis effect

38. Oestrogen is effective in suppressing lactation; however, it pre-disposes to:

(a) Pulmonary embolism
(b) Amniotic fluid embolism
(c) Thrombosis
(d) Thrombophlebitis

39. A client who delivers by Caesarian section is likely to complicate to thrombo-embolic conditions due to:

(a) Delayed feeds
(b) Trauma of leg veins due to rough handling during the unconscious stage
(c) Early ambulation
(d) Post- partum haemorrhage

40. Immediately after delivery, a client develops an eclamptic fit; what is the reaction by a midwife?

(a) Call a doctor
(b) Check and record the blood pressure
(c) Prevent from injury
(d) Give diazepam 10 mg intravenous or intramuscular

41. A midwife may have noticed the clients face bloated and congested before the onset of a fit; these features are common at which stage of an eclamptic fit?

(a) Premonitory
(b) Tonic
(c) Clonic
(d) Coma

42. Which antihypertensive drug is likely to precipitate headache, vomiting and muscle tremors?

(a) Hydrallazine
(b) Methyldopa
(c) Diazepam
(d) Asprin

43. A condition whereby glycose is irrevesibly bound to haemoglobin is known as:

(a) Acidosis
(b) Glycosylated Hb
(c) Glycosuria
(d) Haemoglobin

44. Glycosylated Hb releases oxygen poorly to the foetus and this may lead to:

(a) Intra-uterine growth retardation
(b) Asphyxia neonatorum
(c) Cyanosis
(d) Congenital abnormalities

45. Diabetic women have a greater susceptibility to:

(a) HIV infection
(b) Pneumonia
(c) Tuberculosis
(d) Candida albicans

46. You are conducting a delivery and the head of the foetus is normally delivered but the shoulders are impacted; which is an emergency management for impacted shoulders.

(a) Make an extensive episiotomy to allow shoulders to be delivered spontaneously
(b) Allow the client to bear down until the shoulders are delivered
(c) Manually rotate shoulders to lie in the anterior posterior diameter of the outlet
(d) Call the doctor to do a Caesarian section

47. When the doctor arrives to assist with the delivery of impacted shoulders, the client is already delivered but is unable to move her lower limbs without causing severe sub-pubic pain. Your provisional diagnoses is:

(a) After birth pain
(b) Spontaneous symphysiotomy
(c) Displaced coccyx
(d) Fractured pelvis

48. Dudu, a gravida nine (9) has delivered at home and you are called to attend to her because she is in shock and cannot get to the maternity centre. On examination, a pinkish mass is protruding on the vulva. Your provisional diagnoses is:

(a) Inversion of the uterus
(b) Prolapsed cervix
(c) Obstructed labour
(d) Placenta praevia

49. The shock noted from Dudu is caused by :

(a) Post partum haemorrhage
(b) Sudden evacuation of an over distended uterus
(c) Pain due to traction on the fallopian tubes
(d) Sepsis

50. To confirm the condition mentioned above, the midwife may conduct an abdominal examination; the findings may reveal that:

(a) Involution of the uterus has occurred
(b) Sub-involution of the uterus is diagnosed
(c) The uterus is well contracted
(d) The uterus is not palpable abdominally

Question 2

Mrs Dube is 38 weeks pregnant, has been attending antenatal care regularly, and is in good physical health. Lately she complains of pressure at the epigastric region and cannot comfortable sit upright without feeling distressed.

(a) What diagnoses can you give to Mrs Dube (1 mark)
(b) Describe the abdominal findings for this condition/presentation (9 marks)
(c) Mrs Dube is also complaining of vaginal bleeding which is not severe; discuss the questions that a midwife should ask and the relevant examination in order to arrive to the actual diagnoses for this condition (15 marks)

Question 3

A midwife is in charge of a maternity centre at Lavumisa and is managing a client whom she suspects that deep transverse arrest has occurred.

(a) Discuss in detail the vaginal findings which will confirm 'Deep transverse arrest' (10 marks)
(b) A persistent occipito posterior position is diagnosed during delivery; describe the midwifery management of the second stage of labour for a persistent occipito-posterior.

(15 marks)

Question 4

(a) A day four postnatal client is complaining of fever and chills; describe the examination that will be conducted by a midwife in order to arrive to the possible diagnoses for this client. (15 marks).
(b) The client suddenly complains of chest pain and dyspoea, describe the pre-disposing causes for thrombo-embolic conditions (10 marks)