

**UNIVERSITY OF SWAZILAND**  
**FACULTY OF HEALTH SCIENCES**  
**DEPARTMENT OF MIDWIFERY**  
**FINAL EXAMINATION PAPER, MAY 2007**

**TITLE OF PAPER:** ABNORMAL MIDWIFERY

**COURSE CODE:** MID 102

**TIME ALLOWED:** THREE (3) HOURS

**TOTAL MARKS:** 100

**INSTRUCTIONS:** ANSWER ALL QUESTIONS.

**THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION HAS BEEN GRANTED BY THE INVIGILATOR.**

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## QUESTION 1

INSTRUCTION: SELECT A SINGLE CORRECT RESPONSE

1.1 Occult cord prolapse is diagnosed when the umbilical cord lies:

- (a) In front of the presenting part
- (b) Behind the presenting part
- (c) Along-side the presenting part
- (d) Outside the vaginal orifice

1.2 Placenta accreta is a condition whereby the placenta is:

- (a) Adhered to the decidua
- (b) Morbidly adhered to the uterus
- (c) Adhered to the peritoneum
- (d) Adhered to the lower pole of the uterus

1.3 Acute inversion of the uterus may occur as a consequence of:

- (a) Controlled cord traction
- (b) Nulliparity
- (c) Abnormal localisation of the placenta
- (d) Mismanagement of the third stage of labour

Mrs Gule, an antenatal client, is diagnosed as having a multiple pregnancy at 30 weeks gestation. With reference to this scenario answer questions 1.4-1.7 .

1.4 In multiple pregnancy, the presence of fetuses can be identified by an ultrasound scan as early as :

- (a) 8 weeks gestation
- (b) 15 weeks gestation
- (c) 23 weeks gestation
- (d) 28 weeks gestation

1.5 Foetal abnormality is one of the possible complications associated with:

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

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1.6 After the delivery of the first twin the midwife notices poor uterine contractions; this may be a consequence of:

- (a) Early separation of the placenta
- (b) Premature rupture of amniotic membranes
- (c) Malpresentation
- (d) Foetal distress

1.7 Mrs Gule develops post partum haemorrhage soon after delivery of the second twin; the immediate management is to:

- (a) Examine the placenta to identify retained products of conception
- (b) Administer uterotonic agents
- (c) Expel blood clots
- (d) Institute intravenous infusion

1.8 A midwife is conducting a vaginal examination on a client who has been diagnosed as having an obstructed labour. She locates the sagittal suture in the transverse diameter of the outlet, fontanelles are situated in each side of the bi-spinous diameter. What is the provisional diagnosis of this client?

- (a) Persistent occipito posterior
- (b) Brow presentation
- (c) Face presentation
- (d) Deep transverse arrest

1.9 A midwife is conducting a delivery of a face presentation. The diameter that will sweep the perineum is the:

- (a) Submento vertical
- (b) Submento bregmatic
- (c) Mento vertical
- (d) Mento bregmatic

1.10 The term shoulder dystocia describes:

- (a) Shoulders lying in the transverse diameter of the outlet
- (b) Failure of the shoulder to transverse the pelvis spontaneously
- (c) Restitution of the presenting part
- (d) Spontaneous delivery of the shoulder

1.11 Neisseria gonorrhoea can be transmitted from mother to foetus

- (a) During the first trimester of pregnancy
- (b) Before onset of labour
- (c) During delivery
- (d) At any time during the puerperium

- 1.12 You are a midwife in charge of the labour ward. What measure can you take in order to limit the risk of perinatal HIV-1 transmission
- (a) Discourage augmentation of labour
  - (b) Amniotomy is encouraged
  - (c) Promote the use of artificial feeding to babies whose mother's HIV status is unknown
  - (d) Avoid invasive procedures
- 1.13 The known anti-tuberculosis therapy which is associated with congenital malformation is:
- (a) Streptomycin
  - (b) Rifampicin
  - (c) Isoniazid
  - (d) Pyrazinamide
- 1.14 Megaloblastic anaemia is typically associated with:
- (a) Iron deficiency
  - (b) Vitamin B12 deficiency
  - (c) Vitamin C deficiency
  - (d) Sickle cell disorders
- 1.15 Intra-uterine growth retardation commonly occurs in pregnant diabetic clients. This is a consequence of:
- (a) Physiological anaemia
  - (b) Ascending infection caused by the candida albicans
  - (c) Glycosylated Hb releases oxygen poorly
  - (d) Maternal ketosis
- 1.16 An initiation of labour by artificial means is called:
- (a) Augmentation of labour
  - (b) Induction of labour
  - (c) Prolongation of labour
  - (d) Premature labour
- 1.17 You are advising an antenatal client about the detrimental effects of smoking cigarettes during pregnancy. Your rationale for discouraging her from smoking is that:
- (a) Cigarette smoking should be minimized during pregnancy
  - (b) Cigarette is capable of causing various infections
  - (c) Cigarette smoking is linked with intra-uterine growth retardation
  - (d) Cigarette smoking is done privately, away from health care facilities

- 1.18 A method of assessing whether the cervix is favourable for induction of labour is called the:
- (a) Apgar score
  - (b) Dubowitz score
  - (c) Willard score
  - (d) Bishop's score
- 1.19 When managing the second stage of labour in a persistent occipito posterior, the midwife will allow the:
- (a) Sinciput to escape under the pubic arch
  - (b) Sinciput to sweep the perineum
  - (c) Occiput to escape under the pubic arch
  - (d) Occiput to sweep the perineum
- 1.20 An anti- D immunoglobulin is administered to post natal clients who have been diagnosed
- (a) HIV positive
  - (b) Rhesus negative
  - (c) AOB incompatible
  - (d) Sickle cell anaemia
- 1.21 A midwife is conducting a vaginal examination during the intrapartum period; and the presenting part is soft. How can she definitely diagnose a face presentation.
- (a) The presence of meconium on the examining finger.
  - (b) A caput succedaneum will be identified
  - (c) Orbital ridges will be felt
  - (d) A grid-iron pattern will be diagnostic
- 1.22 Acute inversion of the uterus may be accompanied by shock. This is a consequence of:
- (a) Anaemia
  - (b) Poor general maternal health
  - (c) Minimal blood loss
  - (d) Severe pain
- 1.23 The recommended position for an intrapartum client diagnosed with cord prolapse is a:
- (a) Squatting position
  - (b) Fowlers position
  - (c) Sims' position
  - (d) Footballers' position

1.24 One of the consequences of precipitate labour is:

- (a) Puerperal psychosis
- (b) Amniotic fluid embolism
- (c) Prolapsed umbilical cord
- (d) Deep venous thrombosis

1.25 You are encouraging a post partum Caesarean section client at 8 weeks to enroll in a family planning programme; the rationale for delaying pregnancy is to:

- (a) Allow complete healing of the perineal incision
- (b) Promote exclusive breastfeeding
- (c) Prevent uterine rupture
- (d) Prevent post partum infections

1.26 A third degree tear involves the following structures

- (a) Fourchette and perineal muscle
- (b) Fourchette, superficial muscles and rectal mucosa
- (c) Fourchette only
- (d) Fourchette superficial muscles and anal sphincter

1.27 If an ultrasonic scan identifies a placenta situated at the lower pole of the uterus completely covering the uterine os, the definite diagnosis is:

- (a) Placenta accreta
- (b) Placenta praevia
- (c) Placenta abruption
- (d) Placenta velamentosa

1.28 Polyhydramnios is a common complication associated with multiple pregnancy especially in:

- (a) Monozygotic twins
- (b) Dizygotic twins
- (c) Triplets
- (d) Quintuplets

1.29 The malaria species which is common in Swaziland is the:

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

- 1.30 The two features in the pathology of pre-eclampsia are
- (a) Oedema and liver failure
  - (b) Arterio vaso constriction & Disseminated intravascular coagulation
  - (c) Albumenuria and hypertension
  - (d) Kidney disfunctioning and albumenuria
- 1.31 One of the prophylactic measures for preventing breast engorgement is:
- (a) Scheduled breastfeeding
  - (b) Exclusive breastfeeding
  - (c) Giving breast and bottle feeds
  - (d) Breastfeeding on demand
- 1.32 External cephalic version is not favoured by all obstetricians, and is definitely contra-indicated in:
- (a) HIV sero-positive mothers
  - (b) Anaemia
  - (c) Malposition of the occiput
  - (d) Malpresentations
- 1.33 A typical "Fluid thrill" is a diagnosis for:
- (a) Multiple pregnancy
  - (b) Polyhydramnios
  - (c) Oligohydramnios
  - (d) Singleton pregnancy
- 1.34 An elderly primigravida aged +35 years:
- (a) Is at risk of precipitate labour
  - (b) Is likely to deliver spontaneously without any complications
  - (c) Has a low risk of perinatal mortality
  - (d) Has an increased incidence of Down's syndrome
- 1.35 Which of the following statements is true about a breech delivery:
- (a) Placenta abruption is a common complication
  - (b) Engaging diameter is the mento vertical
  - (c) Has a high incidence of perinatal mortality
  - (d) Is always associated with polyhydramnios

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1.36 A diabetic baby may be large (over 4 kg in weight), due to fat disposition; this situation may complicate to:

- (a) Shoulder distocia
- (b) Cephalo-pelvic disproportion
- (c) Malpresentation
- (d) Malposition

1.37 A woman with a moderate to severe cardiac lesion is mostly at risk during

- (a) 12<sup>th</sup>-16<sup>th</sup> weeks of pregnancy
- (b) First stage of labour
- (c) Second stage of labour
- (d) Third stage of labour

1.38 A constriction ring is:

- (a) Incoordinate uterine action
- (b) Retraction ring
- (c) Localized tonic spasm of the uterine muscle
- (d) Bandl's ring

1.39 Ketonuria in labour is the result of one of the following being metabolized:

- (a) Carbohydrates
- (b) Fats
- (c) Proteins
- (d) Amino acids

1.40 Patients receiving intravenous syntocinon during labour must be carefully monitored for:

- (a) Uterine inertia
- (b) Atonic contractions
- (c) Hypotonic uterine contractions
- (d) Hypertonic uterine contractions

1.41 Shoulder presentation produces an ill fitting presenting part with one of the following complications:

- (a) Early rupture of membranes
- (b) Vasa praevia
- (c) Footling breech



(d) Shoulder distocia

1.42 Incoordinate uterine action may be characterised by:

- (a) Progressive cervical dilatation
- (b) Prolonged labour
- (c) Polarity
- (d) Low incidence of foetal distress

1.43 Which statement is true about placenta accreta

- (a) Is associated with antepartum haemorrhage
- (b) Causes hydatidiform mole
- (c) Will necessitate manual removal
- (d) Invades the peritoneum

1.44 An occipito posterior position may be diagnosed on abdominal examination by finding:

- (a) The foetal heart loudest above the umbilicus
- (b) Foetal parts located posterior
- (c) A well flexed head
- (d) The sinciput and occiput at the same level

1.45 The main factor influencing the successful outcome of a trial of labour is:

- (a) The determination of a woman to deliver vaginally
- (b) Moulding of the foetal head
- (c) Lightning
- (d) Dilatation of the cervical os

1.46 A positive Homan's sign may indicate

- (a) Deep vein thrombosis
- (b) Pulmonary embolism
- (c) A low thrombin level
- (d) Thrombocytopenia

1.47 Pulmonary embolism is commonly associated with:

- (a) Thrombophlebitis
- (b) Phlebothrombosis
- (c) Christmas disease
- (d) A low prothrombin level

1.48 Which of the following would cause a midwife to suspect a serious psychosis in the early puerperium

- (a) Tearfulness
- (b) Excessive thirst
- (c) Mild depression
- (d) Persistent insomnia

1.49 Secondary post partum haemorrhage:

- (a) Is often caused by infected, retained products of conception
- (b) Normally occurs within the first hour of puerperium
- (c) Occurs mainly in primigravid women
- (d) Is associated with vasa praevia

1.50 Breast infection is always associated with:

- (a) Inverted nipples
- (b) Post date pregnancy
- (c) Staphylococcus Aureus
- (d) Demand feeding of infants

25 Marks (1/2 mark per correct response)

## QUESTION 2

Mrs Dudu Khoza, an antenatal client (36 weeks pregnant), is admitted to the maternity ward complaining of vaginal bleeding. Discuss the relevant history and investigations that is required in order to make a provisional diagnosis for this client

(25 Marks)

## QUESTION 3

Mrs Dumile Dladla has been referred from Mankaiane Hospital. Details of her labour history, progress and management are recorded on the partogram (see attached partogram). Based on this information, answer the following questions.

- (a) Describe five (5) problems associated with Mrs Dladla's course of labour. Use clinical evidence from the chart to support your findings.

(20 Marks)

- (b) What is your impression about Mrs Khozas' care during labour? Give four (4) reasons to justify your impression.

(5 Marks)

## QUESTION 4

Mrs Tikholisile Manana, a para one, who delivered vaginally 2 days ago, following prolonged rupture of membranes has been re-admitted. She complains of flu-like symptoms. On examination the temperature is 39 degrees Celsius, pulse over 100 beats per minute and respiration 24 beats per minute. Lochia is scanty and offensive.

- (a) Discuss the management of this client during the next 48 hours.

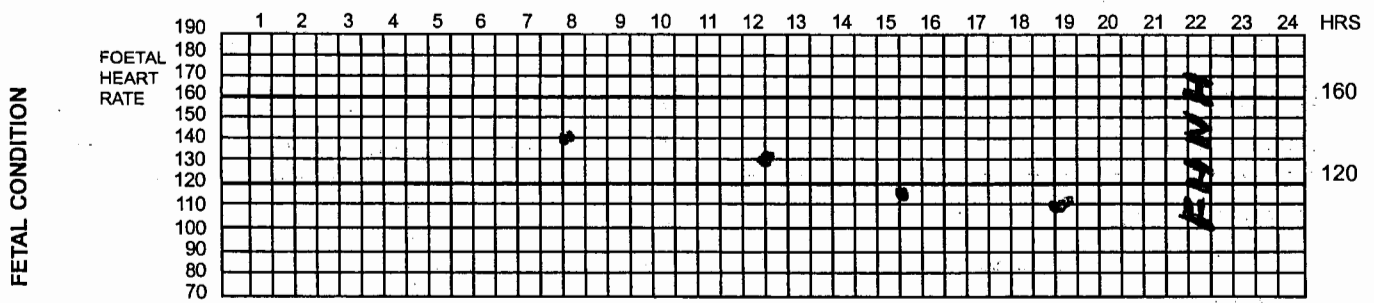
(12 Marks)

- (b) You retrieve Mrs Manana's chart in order to understand events which took place before delivery. What findings are you likely to note on the partogram that might have indicated that the client was at risk for post-partum infection?

(13 Marks)

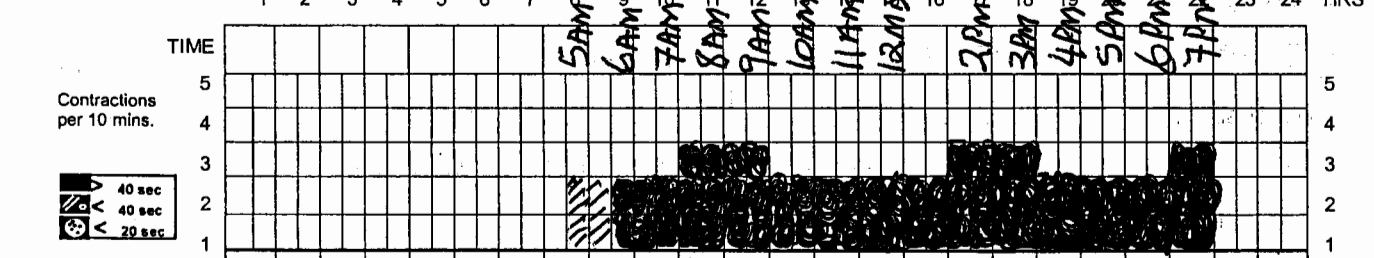
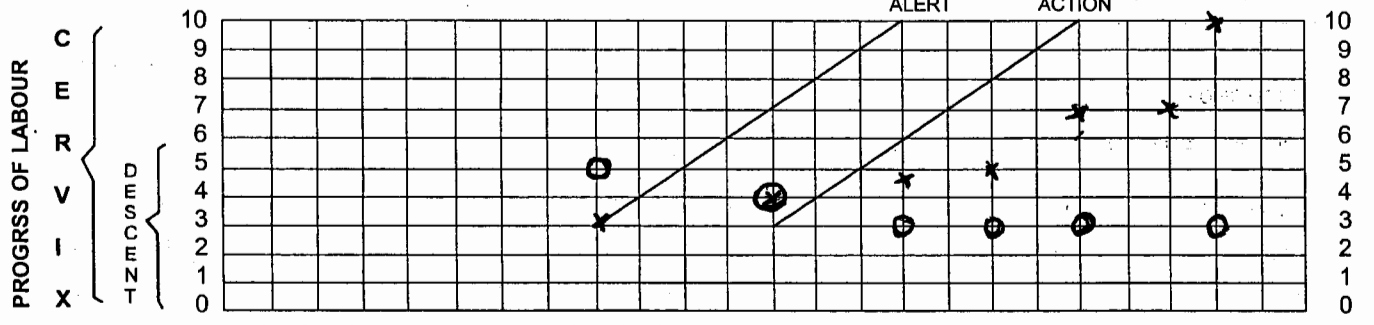
# SWAZILAND GOVERNMENT LABOUR RECORD

NAME MRS DUMILE DLADLA AGE 30yrs HOSPITAL No. MKH 1134/06  
 PARITY: ALIVE: 0 SB/NND — ABORTIONS — EDD 7/11/2006 HEIGHT 149cm CMS  
 PELVIS ADEQUATE / BORDERLINE RISK FACTORS: \_\_\_\_\_  
 REGULAR CONTRACTIONS STARTED AT: 6/11/2006 1AM MEMBRANES RUPTURED AT: 5/11/06 4AM



**LIQUOR MOULDING**

8	9	12	15	19	22
C		C	MBC	MBC	MBC
0		0	+	+	+

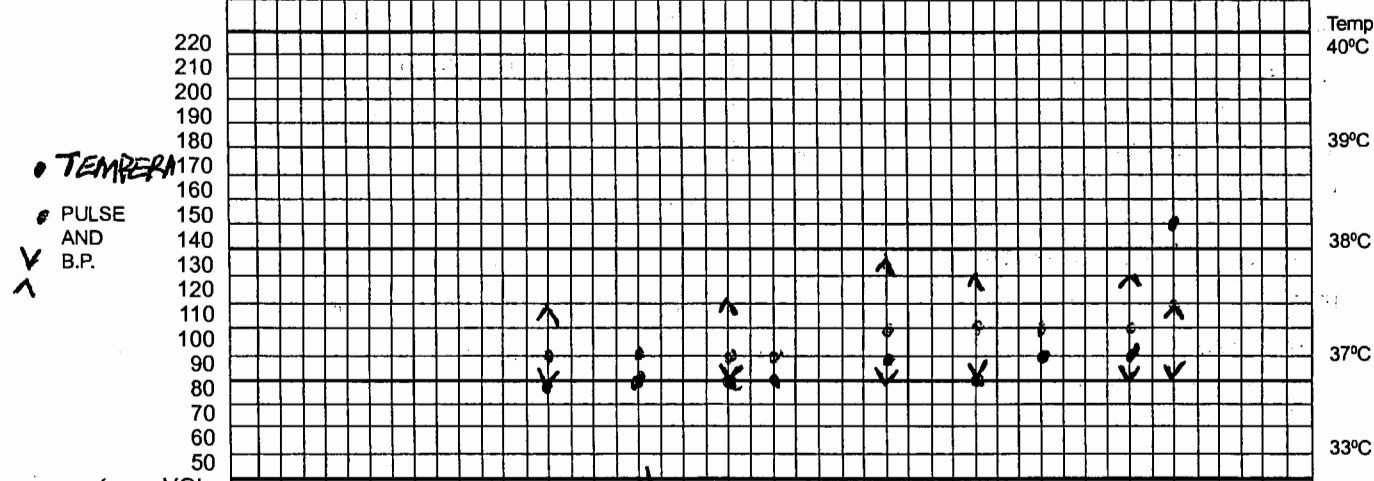


**TREATMENT**

DRUGS ORAL AND I.V. FLUIDS

108 B/W 108 B/W RINGERS LACTATE

OXYTOCIN Units/L.



**URINE**

VOL. ALB. ACET. GLUC. VOMITUS

90ml

130