

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY
FINAL EXAMINATION QUESTION PAPER
MAY 2008**

TITLE OF PAPER: THE NEONATE

COURSE CODE: MID105

DURATION: TWO (2) HOURS

TOTAL MARKS: 75

INSTRUCTIONS:

- 1. ANSWER ALL QUESTIONS**
- 2. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO A QUESTION OR PART OF A QUESTION**
- 3. ALL QUESTIONS CARRY EQUAL MARKS**
- 4. START EACH QUESTION ON A FRESH PAGE**
- 5. HAND IN THE QUESTION PAPER WITH YOUR ANSWER BOOK**

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

**MID 105 THE NEONATE
FINAL EXAMINATION QUESTION PAPER
MAY 2008**

ANSWER ALL QUESTIONS

QUESTION 1

Choose the most appropriate answer e.g. 1.26d. Each correct answer carries one (1) mark. Total 25 marks.

1.1 A neonate is a

- (a) A newborn baby
- (b) A newborn baby within 7 days of life
- (c) A newborn baby within one year of life
- (d) A newborn baby up to 28 days of life

1.2 Perinatal death is

- (a) death of a neonate soon after birth
- (b) death of a neonate within 28 days of life
- (c) either a stillbirth or death occurring within 28 days of life
- (d) a stillbirth or death occurring within 7 days of life

1.3 Infant death is

- (a) death of an infant occurring within 7 days of life
- (b) death of an infant occurring within 28 days of life
- (c) death of an infant occurring one year of life
- (d) death of an infant within 2 weeks of life

1.4 The absence of a moro reflex at birth may signify

- (a) post maturity
- (b) prematurity
- (c) brain damage or prematurity
- (d) Meningeal irritation

1.4 The absence of a moro reflex at birth may signify

- (a) post maturity
- (b) prematurity
- (c) brain damage or prematurity
- (d) Meningeal irritation

1.5 The following are necessary for the baby to adapt to extra uterine life

- (a) Initiation of respirations
- (b) Initiation of digestion and excretion
- (c) Establishment of respirations and maintainance of body heat
- (d) b and c

1.6 The ductus arteriosus constricts after birth due to

- (a) Sudden increase of pressure in the left ventricle
- (b) Sudden inflow of blood in the right ventricle
- (c) Establishment of pulmonary respirations and increased oxygen concentration in the blood stream
- (d) reduced blood flow returning to the right side of the heart.

1.7 The normal respiratory rate of a newborn at birth should be

- (a) 30-60 breaths per minute
- (b) 40-60 breaths per minute
- (c) 20-60 breaths per minute
- (d) 40-50 breaths per minute

1.8 Neonatal ophthalmia or Ophthalmia Neonatorum can be prevented by

- (a) Wiping the eyes of the baby with dry cotton wool swabs
- (b) Applying topical eye ointment (erythromycin or tetracycline)
- (c) Administering systemic antibiotics
- (d) a and b

1.9 Routine suctioning of the baby at birth is discouraged .Potential hazards for routine suctioning include

- (a) respiratory distress
- (b) respiratory distress syndrome
- (c) laryngospasm and cardiac arrhythmias
- (d) Respiratory distress syndrome and cardiac arrhythmias

1.10 A newborn should be reviewed 2-3 days after birth to

- (a) identify any feeding problems and signs of neonatal infection
- (b) review adherence to prophylactic ARV regime if indicated
- (c) assess skin colour for jaundice
- (d) All the above

1.11 Danger signs in a newborn include

- (a) redness of skin or abnormal rash
- (b) Swelling, redness or foul smelling odour around the cord/umbilicus
- (c) Convulsions
- (d) All the above

1.12 The newborn baby is considered healthy and safe if

- (a) the baby feeds 8-12 times in 24 hours
- (b) Sleeps between feeds
- (c) Urinates at least six times during 24 hours
- (d) All the above

1.13 Jaundice due to ABO incompatibility usually occurs within

- (a) 48 hours of life
- (b) 24-48 hours of life
- (c) 24 hours of life
- (d) 72 hours of life

1.14 Predisposing factors to Hypothermia Neonatorum include

- (a) Exposure and prematurity
- (b) Intracranial injury
- (c) Poor metabolism
- (d) All the above

1.15 The following are some of the factors influencing child development

- (a) Adequate nutrition
- (b) Emotional support
- (c) Adequate space for the child to play
- (d) All the above

1.16 A preterm baby

- (a) has weight which is equivalent to the gestational age
- (b) is delivered after fetal viability but before 37 weeks of gestation
- (c) has plenty of lanugo hair
- (d) All the above

1.17 Phenylketonuria is

- (a) caused by plenty of phenylalanine
- (b) an inborn error of metabolism
- (c) due to protein metabolism
- (d) All the above

1.18 Low birth weight babies can present with the following problems

- (a) birth asphyxia
- (b) meconium aspiration, hypoglycaemia ,hypothermia and infection
- (c) anaemia
- (d) hypothermia

1.19 The following are some activities to promote normal child development

- (a) examination of the baby at birth
- (b) monitoring growth of the child based on the baby card(road to health card)
- (c) Immunisations
- (d) All the above

1.20 Hypothermia can be prevented by

- (a) providing a warm environment at delivery
- (b) avoiding early bathing of the baby except where HIV status is known
- (c) Feeding the baby as soon as possible(breast milk or alternative)
- (d) All the above

1.21 Hypoglycaemia can be prevented by

- (a) Small frequent feeds
- (b) Wrapping the baby in a warm towel
- (c) Treating under-current infection and giving small frequent feeds
- (d) All the above

1.22 Assessing the Apgar score at birth assists

- (a) to determine if the child is breathing
- (b) the midwife to ask for help
- (c) the midwife to decide if the baby needs resuscitation
- (d) a and b

1.23 Resuscitation of the newborn should start immediately if

- (a) the colour of the skin is pink, having 60 breaths per minute
heart rate 80 beats per minute
- (b) extremities blue, heart rate 100 beats per minute and respiratory rate 50
breaths per minute
- (c) blue lips, heart rate 95 beats per minute with good respirations
- (d) respiratory rate 35 and heart rate 55 beats per minute

1.24 The Apgar score is calculated at 1 minute and 5 minutes and is used to

- (a) assess if the baby needs resuscitation
- (b) to decide on feeding options
- (c) to evaluate the baby's condition at birth
- (d) to guide resuscitation

1.25 The following measures are discouraged when resuscitating the newborn

- (a) hold the baby upside down or slap the baby on the back
- (b) give respiratory stimulants if not breathing well
- (c) Pour cold water on the baby
- (d) All the above

QUESTION 2

Mrs Philile Dlamini has two children aged 3 years and 2 weeks old respectively. Mrs Dlamini presents to Mbabane PHU and you are the midwife on duty. Mrs Dlamini has just tested positive for HIV following delivery of her baby. She was tested prior to delivery but did not take her results. After delivery she decided to re-test following an educational talk from a midwife on Infant feeding. Mrs Dlamini has been breastfeeding her baby and now she needs help to decide how she can feed her baby as she is now aware that her baby can get HIV from breast milk. She has approached you for advice.

Outline the steps you as a midwife will take to assist Mrs Dlamini to come up with a feeding option which will be best suited for her situation. Clearly describe each step. **(25 marks)**

QUESTION 3

Phumzile Dlamini delivered her baby at the Mbabane maternity hospital 4 days ago. She was not discharged because the baby had respiratory problems. You are assessing babies for possible discharge and you make the following observations on Phumzile's baby. Respiratory problems, respiratory rate less than 30 per minute, heart rate more than 60 beats per minute. Central cyanosis is noted (lips, tongue, face and / or torso), fever, red swollen eyelids and pus discharging from the eyes. Describe how you would manage Phumzile's baby under the following headings.

- (a) History (10 marks)
- (b) Emergency management (5 marks)
- (c) Supportive Care (8 marks)
- (d) Fluid management (2 marks)

END OF QUESTION PAPER