

UNIVERSITY OF SWAZILAND  
FACULTY OF HEALTH SCIENCES  
MAIN EXAMINATION QUESTION PAPER, DECEMBER 2009.

**COURSE:** NORMAL MIDWIFERY 1

**COURSE CODE:** MID 110

**TIME ALLOWED:** 2 HOURS

**TOTAL MARKS:** 75

**INSTRUCTIONS:**

- 1. ANSWER ALL QUESTIONS**
- 2. ALL QUESTIONS CARRY EQUAL MARKS**
- 3. NUMBERS IN BRACKETS INDICATE MARKS ALLOCATED PER QUESTION OR PART OF THE QUESTION**

## QUESTION 1

**Choose the most appropriate response e.g.1.26 C. Each correct answer carries 1 mark.  
Total 25 marks**

1.1 Attitude is the relationship of

- a) The fetal limbs to the trunk
- b) The fetal head to the spine
- c) The fetal spine to the maternal spine
- d) The fetal head and limbs to its trunk
- e) None of the above

1.2 The following physiological changes occur in the cardiovascular system during pregnancy:

- a) Fibrinogen and platelets are decreased
- b) Capacity of clotting is not increased
- c) Neutrophils are increased
- d) None of the above

1.3 The following is true about iron in pregnancy

- a) Absorption of iron is enhanced in the last four weeks of pregnancy
- a) Iron demand is increased greatly in the first semester
- b) The fetus needs iron for digestion purposes
- c) Iron is produced by the fetus to improve fetal haemoglobin

1.4 Effects of progesterone on the gastro-intestinal system include:

- a) Gastric reflux
- b) Sluggish gut motility
- c) Heartburn
- d) All of above

1.5 Probable signs of pregnancy include all the following except:

- a) Hegar's sign
- b) Jacquemier's sign
- c) Oslander's sign
- d) Quickening

- 1.6 Frequency of micturition in pregnancy may occur as a result of:
- The uterus and the bladder competing for space in the pelvis
  - The head engaging in late pregnancy
  - Bladder irritability due to infection
  - All the above
- 1.7 Aim(s) of abdominal examination include:
- To detect any deviation from normal
  - To assess maternal height
  - To assess fetal weight
  - To weigh the mother
  -
- 1.8 Pelvic palpation is performed to :
- Confirm what is occupying the fundus
  - Detect fetal parts
  - Confirm lie
  - Confirm what is occupying the lower pole of the uterus
- 1.9 The normal fetal heart rate during pregnancy is expected to be between:
- 110-120beats per minute
  - 140-160 beats per minute
  - 110-130 beats per minute
  - 110-160 beats per minute
- 1.10 Some of indicator(s) for fetal well being include:
- Increased maternal weight gain
  - Increased maternal body size
  - Fetal movements felt by the mother alone
  - Increasing maternal weight associated with uterine size which is compatible with gestational age of the fetus
- 1.11 The lining of the pregnant uterus is called the
- Myometrium
  - Perimetrium
  - Endometrium
  - Decidua
- 1.12 The following muscles support the vagina
- Ischiocavemosus
  - Bulbocavemosus
  - Transverse perinea
  - Gluteus medius

- 1.13 The vertex is the region bounded by
- Anterior and posterior fontanelles and parietal eminences
  - Mentum glabella and malar bones
  - Parietal eminences, anterior fontanelle and occipital protuberance
  - Glabella, anterior fontanelle and parietal eminences
- 1.14 In a gynaecoid pelvis the smallest diameter of the pelvic outlet is the
- Bituberous
  - Bispinous
  - Antero-posterior
  - Oblique
- 1.15 The function of the prostate gland is to
- Produce spermatozoa
  - Produce neurosterone
  - Secrete lubricant for spermatozoa
  - Secrete testosterone
- 1.16 The female breast
- Is an exocrine gland
  - Is also called a mammary gland
  - Contains a considerable amount of fat
  - All the above
- 1.17 The placenta produces
- Steroids
  - Oestrogen and progesterone
  - Human placental lactogen
  - All the above
- 1.18 The function of the Wharton's Jelly is to:
- Protect the umbilical vessels from damage
  - Produce gamma globulin
  - Excrete waste products from the fetus
  - Keep the umbilical vessels soft
- 1.19 The following is true about the fetal circulation except
- The ductus venosus connects the umbilical vein with the inferior vena cava
  - The two hypogastric arteries are continuous with the two umbilical veins
  - The two ventricles connect through the two arteries.
  - Most of the blood is partially de-oxygenated

- 1.20 In a gynaecoid pelvis
- The brim is narrow posteriorly
  - All babies are delivered head first
  - The brim is triangular and narrowest anteriorly
  - The brim is oval with the widest diameter in the transverse
- 1.21 The following is true about the Human chorionic gonadotrophin hormone except
- Is secreted by the trophoblast
  - Is produced by the deciduas
  - In late pregnancy is produced in large quantities
  - None of the above
- 1.22 Pregnancy can be positively diagnosed in the presence of
- Amenorrhea
  - Progressive consistent growth of the uterus
  - Striae gravidarum
  - Audible fetal heart sounds
- 1.23 The following is true about aims of antenatal care except
- To monitor the progress of pregnancy
  - To assist the mother in the choice of infant feeding
  - To review the woman's HIV status
  - To offer advice on parenthood
- 1.24 Increased whitish vaginal discharge in pregnancy occurs because of
- Increase in food intake by the mother during pregnancy
  - Increased blood supply to the heart due to haemodilution
  - Mainly due to the effect of oestrogen
  - None of the above
- 1.25 Proteinuria may be an indication of
- Diabetes mellitus
  - Renal tumour
  - Adrenal tumour
  - urinary tract infection or sometimes pre-eclampsia

## QUESTION 2

- a) Outline any five (5) physiological changes which can take place in the cardiovascular system as a result of pregnancy and explain their effects on pregnant woman. ( 10 marks)
- b) The fetus in utero is dependent on the mother for survival. Describe how the placenta contributes to this function (12 marks).
- c) Give three reasons why Pawlik's manoeuvre is performed when the midwife is examining a pregnant woman (3 marks).

**[Total 25 marks]**

## QUESTION 3

Mrs Y is 22 years old Para 4 Gravida 6, Alive 3, One stillbirth. Her last child is one 1(year) old. Mrs Y presents for an antenatal visit at the Mbabane Public Health Unit (PHU) at 36 weeks gestation. Mrs Y gives a history of nocturia and oedema of the lower limbs. She has not been able to sleep well for the past two weeks. Mrs Y has recently tested positive for HIV. She became aware of her HIV status during her last ANC visit. Her blood pressure is 140/90mmHg on two consecutive readings. You are the midwife on duty.

- 3.1 Outline the risk factors Mrs Y presents with? (8 marks)
- 3.2 What is the possible diagnosis for Mrs Y? Explain your answer. (4 marks)
- 3.3 What history would you ask Mrs Y to assess fetal well being? (2 marks)
- 3.4 Identify any two topics which you can educate Mrs Y in preparation for infant feeding and give reasons. (4 marks)
- 3.5 Outline the investigations which can be carried out on Mrs Y. (5 marks)

**Total [25marks].**