

TITLE OF PAPER:	ABNORMAL MIDWIFERY 2
COURSE CODE:	MID121
FINAL EXAMINATION:	MAY 2010
TIME:	2 HOURS
TOTAL MARKS	75

INSTRUCTIONS:

- 1. ANSWER ALL QUESTIONS**
- 2. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO EACH OR PART OF A QUESTION**
- 3. ANSWER EACH QUESTION ON A NEW PAGE**

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ABNORMAL MIDWIFERY (MID 121) FINAL EXAMINATION

Question 1

Multiple choice question: Select a single appropriate response

1.1 The term 'asynclitism' refers to:

- (a) The occiput becomes the leading part during labour
- (b) The sinciput becomes the leading part during labour
- (c) The parietal eminence becomes the leading part during labour.
- (d) The face becomes the leading part during labour

1.2 In an effort to relieve asynclitism, the midwife should encourage the client to:

- (a) Be confined in bed until she has delivered her baby.
- (b) Lie in the most comfortable position
- (c) Sit on a comfortable chair
- (d) Walk up stairs

1.3 Oblique lie is commonly diagnosed among which group of clients:

- (a) Nulliparous
- (b) Primigravidas
- (c) Gravida three
- (d) Multigravid

1.4 The rationale for the response given in 1.3 is:

- (a) Good uterine muscle tone
- (b) Good abdominal muscle tone
- (c) Lax uterine muscle tone
- (d) Lax abdominal muscle tone

1.5 When labour progresses to a certain level and then stops, the midwife has to rule out:

- (a) Malposition
- (b) Condition of the cervix
- (c) Multiple pregnancy
- (d) Hyper uterine action

1.6 When the biparietal diameters of the foetal skull are caught up in the bispinous diameter of the pelvis, the resulting condition is referred to as:

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

1.7 Prolonged first stage of labour may be a result of all the following except for:

- (a) Inefficient uterine contractions
- (b) Malpositioning of the foetus
- (c) Cephalopelvic disproportion
- (d) Intrapartum haemorrhage

1.8 When shoulder dystocia is diagnosed, the midwife should expedite the delivery by:

- (a) Encouraging the client to push hard until the baby is delivered.
- (b) Attempt to manually rotate shoulders before the delivery progresses.
- (c) Wait for a more experienced person to render quality care.
- (d) Perform a symphysiotomy

1.9 What is the rationale for the management recommended in question 1.8

- (a) Evidence supports that effective pushing may resolve the condition.
- (b) Shoulders should be delivered when lying in the anterior posterior diameter of the outlet.
- (c) A more experienced person is professionally accountable than a midwife.
- (d) One method of relieving the situation is to widen the pelvic capacity.

1.10 The injudicious use of oxytocic drugs may result to:

- (a) No uterine contractions
- (b) Uterine atony
- (c) Inefficient uterine contractions
- (d) Precipitate uterine contractions

1.11 Foetal scalp electrode or scalp pH assessment are procedures not recommended during labour as they enhance:

- (a) Mother to child transmission of HIV infection
- (b) Foetal distress
- (c) Foetal death
- (d) Foetal malformation

1.12 Augmentation of labour with an amniotomy has been advocated as an active management of labour; however one of the immediate risk of this procedure is foetal distress following:

- (a) Vaginal bleeding
- (b) Infection
- (c) Prolapsed cord
- (d) Abnormal lie

1.13 The presenting diameter on a face presentation is:

- (a) Mentovertica
- (b) Mentobregmantic
- (c) Submentovertical
- (d) Submentobregmatic

1.14 Prolonged pressure of the presenting part (head) on a rigid cervix may result to:

- (a) Prolapse of the cervix
- (b) Rigid cervix
- (c) Annular detachment of the cervix
- (d) Cervical dystocia

1.15 A visible retraction ring is called:

- (a) Bandl's ring
- (b) Cervical ring
- (c) Uterine ring
- (d) Muscle ring

1.16 In order to confirm the right occipitoposterior position (persistent) by a vaginal examination, the midwife should identify the position of the occiput and sagittal suture:

- (a) Occiput on the left and the sagittal suture on the left oblique diameter of the pelvis
- (b) Occiput on the right and sagittal suture on the right oblique position
- (c) Occiput across and the sagittal suture in transverse
- (d) Occiput on the left and sagittal suture on the right oblique diameter

1.17 The method of delivering an after-coming head of a breech presentation, whereby baby's feet and body are held on the stretch position is called:

- (a) Breech extraction
- (b) Lovset manoeuvre
- (c) Burns Marshall method
- (d) Mauriceau-Smellie-Veit manoeuvre

1.18 Compound presentation rarely occurs to primigravid clients because:

- (a) Engagement occurs before onset of labour
- (b) Engagement occurs simultaneously with labour
- (c) Engagement occurs after established labour
- (d) Engagement occurs during active phase of labour

1.19 Disseminated intravascular coagulation is seen on these conditions:

- (a) Convulsions
- (b) Placenta abruption
- (c) Amniotic fluid embolism
- (d) A&C are correct responses
- (e) B&C are correct responses

1.20 Which uterine scar is more likely to result to silent rupture of the uterus?

- (a) Transverse scar
- (b) Classic scar
- (c) Oblique scar
- (d) None of the above responses applies

1.21 A midwife observing a client recovering from anaesthesia should ensure that acid stomach content are suctioned before they are aspirated into the lungs, to prevent which condition:

- (a) Aspiration syndrome
- (b) Crash syndrome
- (c) Maternal distress
- (d) Mendelson's syndrome

1.22 In a referral maternity centre in Swaziland, doctors are routinely using epidural block for Caesarian section clients. One of the complications that may occur following this procedure is:

- (a) Hypotension
- (b) Hypertension
- (c) Foetal distress
- (d) Maternal distress

1.23 The drug that is routinely used to prevent the complication cited on question 1.22 is:

- (a) Dextrose in water
- (b) Hartmann's solution
- (c) Ringers lactate
- (d) Saline solution

1.24 Severe pain which usually follows inversion of the uterus is caused by:

- (a) Pain on the placental area
- (b) Traction of the ovaries
- (c) Bleeding from the placenta
- (d) Inverted uterus

1.25 One of the pathogens which commonly invade the genital tract is the:

- (a) Clostridium welchii
- (b) Diplococci
- (c) Escherichia coli
- (d) Pneumococci

Question 2 (a)

You are a midwife in charge of the labour ward, you are examining a primigravid client in the first stage of labour and you suspect a breech presentation. Discuss in detail how a midwife can diagnose a breech presentation during labour.

10 marks

Question 2 (b)

You are a midwife reporting for duty, you are looking after a multigravid client who has been in labour for the past 14 hours; discuss in detail your interventions before the client is reviewed by the doctor/obstetrician.

15 marks

Question 3 (a)

A midwife has been assisting Mrs Thomo who was giving birth to her 4th baby, the delivery process was normal but when the midwife was examining the placenta he/she noticed that the products of conception were incomplete. Discuss in detail the immediate management of this client by a midwife; give an appropriate rationale for the management.

15 marks

Question 3 (b)

Twenty four (24) hours post delivery, Mrs Thomo is feeling unwell. Describe the signs and symptoms that she will present if she has developed puerperal infection.

10 marks