

UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

MAIN EXAMINATION QUESTION PAPER, DECEMBER 2010.

**COURSE: NORMAL MIDWIFERY**

**COURSE CODE: MID 110**

**TIME ALLOWED: TWO (2) HOURS**

**TOTAL MARKS: 75**

**INSTRUCTIONS:**

- 1. ANSWER ALL QUESTIONS**
- 2. ALL QUESTIONS CARRY EQUAL MARKS**
- 3. READ THE QUESTIONS CAREFULLY**
- 4. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO A QUESTION OR PART OF A QUESTION**

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## QUESTION 1

Answer all questions. Select the most appropriate response and write the corresponding letter  
e.g. 1.26 A. Each correct response carries 1 mark. Total marks allocated for the question 25.

1.1 The ligament(s) which form the posterior wall of the pelvic outlet are the

- a) sacrospinous ligament
- b) sacrotuberous ligament
- c) cotyloid ligament
- d) sacrospinous and sacrotuberous ligaments

1.2 Feature(s) of the gynaecoid pelvis include but are not limited to

- a) a rounded brim
- b) a wide cavity
- c) a generous fore pelvis, well curved sacrum and straight side walls
- d) Rounded brim well curved sacrum and well curved side walls.

1.3 The true pelvis consists of the

- a) The cavity, the sub-pubic angle of  $90^{\circ}$
- b) The sacrum, the ischial spines and the ischial tuberosity
- c) The brim, the cavity and the outlet.

1.4 The three principal diameters of the pelvis are the

- a) antero-posterior diameter, the transverse diameter and the oblique diameter
- b) sacro-cotyloid diameter, the intertuberous diameter and the sacro-spinous diameter
- c) sacrospinous diameter, the intertuberous diameter and the antero-posterior diameter
- d) intertuberous diameter, the transverse diameter and the antero-posterior diameter.

1.5 The diameter(s) of the pelvic cavity measures

- a) 12-13 cms
- b) 13 cms
- c) 12 cms
- d) 11 cms.

1.6 One of the diameters which is of obstetrical importance at the pelvic outlet is the

- a) ischial tuberosity
- b) sacrospinous
- c) transverse diameter
- d) oblique diameter

- 1.7 The function(s) of the pelvic floor include;
- provide support for pelvic organs
  - assists in maintaining continence of the urinary sphincter
  - influences passive movements of the fetus during childbirth
  - all the above.
- 1.8 The violet colour in the vagina during pregnancy is characteristic of the
- Homan's sign.
  - Osiander's sign
  - Chadwick's sign.
  - All the above.
- 1.9 The uterine muscle fibres which are of obstetrical significance during delivery of the fetus are
- the longitudinal and circular fibres
  - the longitudinal and oblique muscle fibres
  - the oblique, longitudinal, and circular muscle fibres
  - None of the above.
- 1.10 Fertilisation takes place in the fallopian tubes, in the
- interstitial portion
  - isthmus
  - infundibulum
  - ampulla.
- 1.11 The ischial spines are important obstetric landmarks because
- they determine the size of the baby
  - they serve as important indicators for the type of pelvis
  - they serve as reference points to indicate the station of the presenting part
  - b and c.
- 1.12 Urinary tract infection during pregnancy is usually made worse by urinary stasis as a result of
- Dilatation and kinking of the ureters due to the effect of progesterone
  - Major diuresis
  - Increased glomerular filtration
  - None of the above.
- 1.13 The inner cell mass of the blastocyst develops into the
- placenta
  - placenta and chorion
  - embryo, amnion and umbilical cord
  - embryo and amnion.

- 1.14 The following is true about fetal circulation except
- Blood passes from the left atrium to the left ventricle
  - The hypogastric arteries branch off from the internal iliac arteries
  - The ductus venosus connects the umbilical vein to the inferior vena cava
  - All the above
- 1.15 The following are regions of the fetal skull except the
- posterior fontanelle
  - face
  - vertex
  - sinciput.
- 1.16 The impact of the following medical condition (s) can be alleviated through pre-conception care
- Diabetes mellitus
  - Hypertension
  - Epilepsy
  - All the above.
- 1.17 Engagement during pregnancy leads to
- longitudinal lie
  - immediate onset of labour
  - lightening
  - increased descent.
- 1.18 Constipation in pregnancy may occur mainly as a result of
- enhanced absorption of sodium and water in the colon due to the effect of progesterone
  - lack of insufficient dietary fibre intake
  - insufficient iron intake
  - All the above.
- 1.19 Fundal palpation helps to
- auscultate the fetal heart properly
  - diagnose fetal distress
  - diagnose the lie and the presentation
  - All the above.
- 1.20 Lower back pain in pregnancy occurs due to the effect of ..... on the pelvic ligaments.
- progesterone
  - progesterone and relaxin
  - relaxin and oestrogen
  - progesterone and oestrogen.

- 1.21 The following is true about cramps in pregnancy
- a) It is more common in sedentary women
  - b) Causes are unclear
  - c) May be related to changes in calcium and magnesium levels
  - d) All the above.
- 1.22 The following is true about factors that influence fetal movements
- a) Use of habit forming drugs
  - b) Blood sugar level
  - c) Nutrition
  - d) All the above.
- 1.23 The following is true about the aims of childbirth education
- a) The mother is empowered with problem solving skills
  - b) Ensures optimum health for the mother
  - c) Allows for identification of risk factors
  - d) All the above.
- 1.24 The following is true about the fetal circulation except
- a) The ductus venosus connects the umbilical vein with the inferior vena cava
  - b) The two hypogastric arteries are continuous with the two umbilical veins
  - c) The two ventricles connect through the two atria
  - d) Most of the blood is partially de-oxygenated.
- 1.25 The following information is true about aims of antenatal care except
- a) to monitor progress of pregnancy
  - b) to assist the mother in the choice of infant feeding
  - c) to provide options about the place of delivery
  - d) to review the mother's HIV status.

## QUESTION 2

Read the following scenario and answer all the questions that follow.

Mrs X is aged 45 years; presents at Mbabane PHU for the initial antenatal visit at 10 weeks gestation. Mrs X says she has three children alive, two died around birth. She was diagnosed with pregnancy induced hypertension during her second pregnancy and diabetes mellitus during her fifth pregnancy.

- 2.1 Describe how you as a midwife will assess /monitor fetal well-being during her pregnancy. Consider 4 points. **(8 marks)**.
- 2.2. Indicate the investigations which will be carried out during pregnancy. Give the rationale for each investigation. (Consider 5 points) **(10 marks)**.
- 2.3. Identify the risk factors Mrs X presents with and justify your answer with implications for both the fetus and the mother (consider two points for each). **(5 marks)**
- 2.4 Identify the prophylaxis (including frequency); you as a midwife; will give Mrs X for her pregnancy till she reaches term. Motivate your answer. **(2marks)**.

**[25Marks]**

## QUESTION 3

Mrs Y is 25 years old Para 1 Gravida 2, presents at Mbabane PHU at eight (8) weeks gestation with history of painful retrosternal burning sensation , nausea and sometimes accompanied by vomiting especially in the morning.

3. 1 What is/are the possible diagnosis of Mrs Y? Motivate your answer. Consider two (2) points. **(5 marks)**.
- 3.2 Outline the possible causes of the diagnoses in 3.1 **(5marks)**.
- 3.3 Describe the management of each including advice to give to the mother. **(15 marks)**.

**[25 Marks]**