

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
SUPPLEMENTARY EXAMINATION PAPER: JULY, 2011

TITLE OF PAPER : **ABNORMAL MIDWIFERY 2**
COURSE CODE : **MID 121**
DURATION : **TWO (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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QUESTION 1 MULTIPLE CHOICE

INSTRUCTIONS: SELECT THE MOST APPROPRIATE RESPONSE

Gugu is a young primigravida at term, cephalic presentation 4/5, in the latent phase of labour, a student midwife notes that the uterine contractions are not progressive and reports to the sister in charge of the labour ward. Questions 1-10 relates to this scenario.

- 1.1 The sister explains to the student midwife that disordered uterine contractions on a primigravida are typically:
 - (a) Hypertonic
 - (b) Hypotonic
 - (c) Reverse polarity
 - (d) Hour glass constriction

- 1.2 The student midwife also reports that the head is descending well since it is now at 4/5. But the sister in charge is worried because engagement on a primigravida should occur:
 - (a) At + 36 weeks gestation
 - (b) During onset of labour
 - (c) During the second stage of labour
 - (d) At any stage of labour

- 1.3 The cervix dilates slowly despite good uterine contractions and the midwife alerts the doctor as the client is at risk of:
 - (a) Uterine fibroid
 - (b) Uterine inertia
 - (c) Cervical tear
 - (d) Cervical dystocia

- 1.4 As labour progresses the presenting part remains at 4/5 and the midwife informs the doctor that she suspects:
 - (a) CPD at the outlet
 - (b) CPD at the cavity
 - (c) CPD at the inlet
 - (d) CPD generally

- 1.5 Gugu's height is 1.45 Metres and the student midwife concludes that she has a:
- (a) Gynecoid pelvis
 - (b) Justo minor pelvis
 - (c) Platipeloid pelvis
 - (d) Android pelvis
- 1.6 Gugu 's pulse rate is rapid and the temperature is elevated, she is anxious and restless; urine test show ketone bodies, the student midwife alerts the senior midwife as the client is developing:
- (a) Maternal distress
 - (b) Septicaemia
 - (c) HIV infection
 - (d) Intrapartum infection
- 1.7 During abdominal examination the midwife observes that the lower abdomen gives an impression of a distended bladder, on palpation larger presenting diameters were felt. The student midwife concludes that the engaging diameters were the:
- (a) Mento-vertical
 - (b) Sub-occipito posterior
 - (c) Sub-occipito frontal
 - (d) Occipito frontal
- 1.8 Pain relief in the form of narcotics may be given to this client during the latent phase of labour, but the side effect of the drug to the neonate is:
- (a) Anoxia
 - (b) Generalized paralysis
 - (c) Depression of the respiratory centre
 - (d) Biliribinaemia
- 1.9 The client progressed well and gave birth to a 1.9Kg baby, which advice should a midwife give regarding her future pregnancies?
- (a) Report to hospital early for close monitoring and possible an assisted delivery may be required
 - (b) You are a candidate for a home delivery for your next baby
 - (c) You should give birth in hospital but inform midwives that you had a successfully given birth in your previous pregnancy
 - (d) You are big enough to give birth normally to all your babies

- 1.10 Prolonged second stage of labour may result to one of the listed complications as a consequence of prolonged pressure of the foetal skull on the urethra, identify the relevant complication.
- (a) Cervical prolapse
 - (b) Uterine inversion
 - (c) Recto-vaginal fistula
 - (d) Vesico-vaginal fistula
- 1.11 How can a student midwife confirm a breech presentation using a digital vaginal examination?
- (a) The sacrum can easily be identified during the examination
 - (b) Thick meconium can be present on the examiners finger
 - (c) An ultrasound scan can be diagnostic
 - (d) The baby can suck the examiners' finger
- 1.12 A student midwife may confirm foetal compromise by detecting:
- (a) Absence of the foetal heart
 - (b) Slow foetal movements in utero
 - (c) A faint foetal heart
 - (d) A regular foetal heart
- 1.13 An initial reaction of a compromised foetus is:
- (a) Bradycardia
 - (b) Tachycardia
 - (c) Thick meconium expelled
 - (d) An attempt to breathe
- 1.14 Mother to child transmission of HIV is likely to occur if a puerperal client has:
- (a) A high CD4 cell count
 - (b) Been initiated on HIV prophylaxis
 - (c) A low HIV viral load
 - (d) Mastitis
- 1.15 Puerperal infection may occur due to an underlying maternal infection, this is called:
- (a) Endogenous infection
 - (b) Exogenous infection
 - (c) Cross infection
 - (d) Sexually transmitted infection

- 1.16 One of the programs aimed at reducing maternal mortality is:
- (a) Training traditional birth attendants to manage risk deliveries
 - (b) Male involvement in reproductive health issues
 - (c) Promoting adolescent pregnancy
 - (d) Making birth safer for selected mothers
- 1.17 Severe pain which occurs following inversion of the uterus is caused by:
- (a) After birth pain
 - (b) Postpartum haemorrhage
 - (c) Traction exerted on the fallopian tubes
 - (d) Downward pulling of the uterus
- 1.18 Amniotic fluid embolism is one of the complications which may occur following a:
- (a) A normal vaginal delivery
 - (b) A face presentation
 - (c) A breech presentation
 - (d) A Caesarian section
- 1.19 A student midwife is giving dietary advice to clients who are at risk of developing thromboembolic conditions; which advice is appropriate:
- (a) Use processed foods as they are easily absorbed in the system
 - (b) Whole grain meals, fruits and vitamins should form part of your daily diet
 - (c) Ensure that your diet comprises red meat everyday
 - (d) Eat food high in calories
- 1.20 Disseminated intravascular coagulation is commonly diagnosed to which one of these conditions?
- (a) Epilepsy
 - (b) Mendelson's syndrome
 - (c) Amniotic fluid embolism
 - (d) Supine hypotension syndrome
- 1.21 The method used to deliver an extended head on a breech presentation is called: which manoeuvre?
- (a) Mauriceau-Smellie- Veit
 - (b) Lovset
 - (c) Popliteal fossa
 - (d) Burns Mashall

- 1.22 A gravid client at term gestation, who complains of a hard mobile mass at the epigastric region, may be having her foetus presenting in which manner?
- (a) Face
 - (b) Shoulder
 - (c) Brow
 - (d) Breech
- 1.23 The 2010 PMTCT guidelines indicates that an HIV positive mother wishing to breastfeed her neonate should:
- (a) Breastfeed exclusively for six months and complement feeds thereafter and offer ART treatment
 - (b) Breastfeed exclusively for six months, give prophylaxis ART during the entire breastfeeding period and one week after weaning, complement feeds after six months
 - (c) Offer breast milk and other nutritious milk feeds in the first six months of life
 - (d) Breastfeed exclusively and wean abruptly at six months of life, offer prophylaxis ART
- 1.24 Ruptured uterus is a common problem among women in developing countries, one of the causes for this obstetric emergency is:
- (a) A high Caesarian section delivery rate
 - (b) Poor obstetric history among obstetric clients
 - (c) Delay in making decisions related to the management of obstetric problems
 - (d) Ignorance related to common obstetric problems among clients
- 1.25 Spontaneous symphysiotomy may occur during the second stage of labour because of:
- (a) Poor monitoring of labour
 - (b) Hypertonic uterine contractions
 - (c) Prolonged pushing during the second stage of labour
 - (d) Cephalopelvic disproportion

QUESTION 2

A midwife is in charge of the labour ward in a rural clinic, Miss Nomcebo Gumedze, a primigravida, is admitted giving a history of early rupture of membranes six hours ago, she has been in labour since last night and has been encouraged to bear down in the past four hours. Uterine contractions are weak, with unengaged head at term; the client is exhausted. Describe in detail the care that will be rendered by a midwife to this client.

25 marks

QUESTION 3 (a)

Mrs Gadlela, a para 2, gave birth to a macerated baby at 11 pm after having a difficult labour at home.

- (a) Describe the care that will be rendered by a midwife to Mrs Gadlela in the first 24 hours postnatal.

15 Marks

QUESTION 3 (b)

Discuss the advice that a midwife will give to Mrs Gadlela regarding her future childbirth

10 Marks