

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION PAPER: MAY, 2012

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

Tsandzile, an elderly primigravida at term, with a cephalic presentation at 2/5, is actively in labour. An attending midwife observes that she has disordered uterine contractions. Questions 1-10 relates to this scenario.

1.1 The midwife reflects from her knowledge of disordered uterine contraction that an elderly primigravida is likely to present with one of these variations:

- (a) Tetanic uterine contraction
- (b) Tonic uterine contractions
- (c) Reverse polarity
- (d) Hypotonic uterine contractions

1.2 The rationale for the quality of uterine contractions identified in 1.1 is:

- (a) High hormonal response at term gestation
- (b) Administration of oxytocic drugs during labour
- (c) Low hormonal response in advanced reproductive age
- (d) Maternal exhaustion during labour

1.3 If Tsandzile's cervix is tight and unyielding the doctor is likely to prescribe a/an:

- (a) Inhalation analgesia
- (b) Oxytocic agent
- (c) Vacuum extraction
- (d) Caesarian section

1.4 Suppose Tsandzile's labour is prolonged and she suffers from severe backache and premature bearing down; the occiput is likely to be positioned:

- (a) Frontally
- (b) Posteriorly
- (c) Laterally
- (d) Vertically

1.5 If a mento anterior position was presenting, what would be the engaging diameter? :

- (a) Mento bregmatic
- (b) Sub-mento bregmatic
- (c) Mento vertical
- (d) Mento posterior

1.6 During the active stage of labour, Tsandzile's pulse rate rises to 140 beats per minute, the blood pressure is low (100/60), she is restless and sweating; urine test reveals ketone bodies, the midwife alerts the doctor since the client is developing:

- (a) Septicaemia
- (b) Intrapartum infection
- (c) Maternal distress
- (d) Malaria

1.7 The essential drug to be infused to Tsandzile in order to control the condition diagnosed in 1.6 is:

- (a) Oxytocic agents
- (b) Dextrose water solution
- (c) Antibiotics
- (d) Ringers lactate

1.8 If the occipito frontal diameters were caught between the bi-spinous diameters of the outlet, the midwife would diagnose:

- (a) Breech presentation
- (b) Persistent Occipito Posterior (POP)
- (c) Brow presentation
- (d) Deep transverse arrest

1.9 If a digital vaginal examination was conducted by a midwife on the client in order to diagnose a condition mentioned in question 1.8, the following findings may be relevant.

- (a) The coronary suture will be lying on the AP diameter of the foetal skull
- (b) The saggital suture will be lying on the transverse diameter of the foetal skull
- (c) The anterior fontanelle will be positioned posterior
- (d) The posterior fontanelle will be positioned laterally

1.10 The outcome of a condition mentioned in 1.8 is:

- (a) Caesarian section delivery
- (b) Vaccum extraction delivery
- (c) A Persistent Occipito Posterior
- (d) A normal delivery following a 3/8th rotation of the foetal skull

- 1.11 One of the complications that may occur as a consequence of an ill fitting presenting part is premature rupture of membranes leading to:
- (a) Dry labour
 - (b) Furnic presentation
 - (c) Cord prolapse
 - (d) All of the above responses are relevant
- 1.12 The immediate reaction for a midwife when spontaneous rupture of amniotic fluids occur is:
- (a) Replace amniotic fluid by administering Ringers Lactate infusion
 - (b) Assess foetal condition
 - (c) Expedite delivery
 - (d) Prepare for a Caesarian section
- 1.13 Foetal compromise is diagnosed when there is:
- (a) Bradycardia
 - (b) Tachycardia
 - (c) Meconium stained amniotic fluids
 - (d) All the responses are relevant
- 1.14 The 'after-coming head' on a breech presentation should be delivered by which maneuver?
- (a) Thorn
 - (b) Mauriceau-Smellie- Veit
 - (c) Lovset
 - (d) Burns Mashall
- 1.15 The most common cause for 'breast milk insufficiency' is:
- (a) Poor attachment to the breast
 - (b) Inefficient breast milk removal
 - (c) Infrequent breast feeding
 - (d) All responses are relevant
- 1.16 According to the 2010 PMTCT Guidelines, post natal clients newly diagnosed with HIV infection should receive:
- (a) ART prophylaxis irrespective of their CD4 cell count
 - (b) HAART
 - (c) Be screened for Tuberculosis
 - (d) A and C are relevant responses
 - (e) None of the above is a correct response

- 1.17 Ruptured uterus is a serious obstetric condition occurring in underdeveloped countries, one of the causes for the obstetric outcome is:
- (a) Low parity among women
 - (b) Liberal use of traditional drugs/herbs during the first stage of labour
 - (c) Poor monitoring of clients during the labour
 - (d) High Caesarian section delivery
- 1.18 An obstetrician is explaining to a student midwife about radiological signs which confirms foetal death as 'overlapping of the foetal skull bones' due to shrinkage of the brain, this condition is termed:
- (a) Spalding's sign
 - (b) Bishop score
 - (c) Biparietal cephalometry
 - (d) Braxton Hicks sign
- 1.19 Disseminated Intravascular Coagulation (DIC) is a complication of which of the following conditions?
- (a) Post partum haemorrhage
 - (b) Amniotic fluid embolism
 - (c) Placenta praevia
 - (d) Cardiac failure
- 1.20 Vesico vaginal fistula is a puerperal complication caused by:
- (a) Puerperal infection
 - (b) Inco ordinate uterine action
 - (c) Prolonged pressure of the foetal skull on the urethra
 - (d) Cephalo pelvic disproportion
- 1.21 Uterine inversion is a condition that can be prevented by:
- (a) Skillful delivery of the shoulders
 - (b) Forceful traction on the umbilical cord
 - (c) Liberal use of oxytocic agents
 - (d) Promoting low gravid state among women

1.22 A client diagnosed with puerperal sepsis may present with one of the following symptoms:

- (a) Sub-involution of the uterus
- (b) Persistent lochia rubra
- (c) Retroverted uterus
- (d) Hyperbilirubinaemia

1.23 Obstetric shock may be caused by the following conditions:

- (a) Sepsis
- (b) Sudden emptying of an over distended uterus
- (c) Haemorrhage
- (d) All responses are relevant

1.24 The placenta is the common site which harbour pathogenic organism which may results to septicaemia. Identify the common pathogens responsible for puerperal infection.

- (a) E coli
- (b) Gram negative organism
- (c) A & B are correct responses
- (d) None of the above is relevant response

1.25 Puerperal psychosis is a condition characterized by:

- (a) Minor depressive moods
- (b) Deep sleep most of the time
- (c) Normal bounding with the baby
- (d) Visual and auditory hallucination

QUESTION 2 (a)

Discuss how a midwife can safely assist a woman who is giving birth to a foetus presenting by breech (LSA). Begin your discussion from the time the breech is distending the vulva. Provide a rationale for the care rendered.

15 Marks

QUESTION 2 (b)

Mrs Nunn is a gravida 1 at term and in active labour. The midwife has confirmed face presentation.

Identify five (5) complications that may occur to a foetus who is presented by face; provide a rationale for each complication identified. (10 Marks)

10 Marks

QUESTION 3

You are a midwife in charge of a night shift in a maternity hospital; Mrs Zikhali, a 30 year old gravid 4 has just given birth to a live male infant. Post delivery vital signs indicate that she is in shock, vaginal bleeding is minimal but she is pale. Discuss how a midwife will manage this client before the arrival of an obstetrician/doctor.

25 marks