

UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

SUPPLEMENTARY EXAMINATION PAPER: JULY, 2014

TITLE OF PAPER : ABNORMAL MIDWIFERY II
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

Select the **MOST** appropriate response.

A student midwife is examining Lomthandazo Gamedze, a gravid 2, at term, in active labour since 5 hours ago. Abdominal findings reveal that the lie is longitudinal, cephalic presentation 2/5, uterine contractions occurring at 4/10/40. While examining the client, amniotic membranes rupture spontaneously, draining clear liquor but the umbilical cord is compressed between the bony pelvis and the foetal skull.

Question 1-10 relates to this scenario.

1.1 What is the midwives' immediate intervention when the umbilical cord is compressed?

- (a) Inform the client and relatives about the danger of cord compression
- (b) Help the client to adopt the high Fowlers' position
- (c) Manually relieve pressure from the compressed cord
- (d) Monitor the foetal heart

1.2 Vaginal examination reveals that the cervix is 5 cm dilated. What is the possible intervention by an obstetrician to this client?

- (a) Caesarian section
- (b) Forceps delivery
- (c) Vacuum extraction
- (d) Normal vaginal delivery

1.3 On further vaginal exploration, the midwife is in contact with the anterior fontanel and cannot identify the posterior fontanel, she concludes that the presentation is a/an:

- (a) Occipito posterior
- (b) Face presentation
- (c) Brow presentation
- (d) Breech presentation

1.4 What would be the rationale for cord presentation on Lomthandazo?

- (a) Polyhydramniotic
- (b) Malposition
- (c) Disordered uterine contractions
- (d) Ill fitting presenting part

1.5 Which diameters are presenting on the presentation identified in 1.3

- (a) Occipito frontal
- (b) Mentovertical
- (c) Submentobregmatic
- (d) Bitrochanteric

1.6 If both the fore-waters and hind-waters drained from the uterine cavity, the uterus is likely to mold around the foetus, causing which type of uterine contractions?

- (a) Tonic
- (b) Hypertonic
- (c) Hypotonic
- (d) Tetanic

1.7 Prolonged compression of the umbilical cord may result to:

- (a) Intra-uterine death
- (b) Irregular foetal heart
- (c) Cord trauma
- (d) Cord infection

1.8 The midwife realizes that there are undiagnosed twins, the foetus presenting by vertex is delivered first, identify one intrapartum complications that the second twin is subjected to before birth?

- (a) Placenta praevia
- (b) Hypoxia
- (c) Post partum haemorrhage
- (d) Prematurity

1.9 The midwife realized that Lomthandazo has hypotonic uterine contractions, which delays the birth of the second twin. What is the cause of hypotonic uterine contractions on this client?

- (a) Maternal distress
- (b) Grand multiparity
- (c) Uterine inertia
- (d) Polyhydramnios

1.10 The obstetrician was called to augment labour, what is the critical intervention that should be done by a midwife and/or obstetrician before the delivery of the second twin?

- (a) Ensure that the lie is longitudinal
- (b) Monitor maternal blood pressure
- (c) Inform the mother that a second twin will be delivered
- (d) Prepare oxytocic agents

1.11 Measurements of the engaging diameters on a breech presentation is:

- (a) 11.5 cm
- (b) 13.5 cm
- (c) 9.5 cm
- (d) 10 cm

1.12 You are assisting a student midwife to conduct a delivery and the face is presenting. The mechanism for face presentation includes one of the following:

- (a) The occiput escapes under the sub-pubic arch and normal delivery occurs
- (b) The sacrum meets the resistance of the pelvic floor and the anterior buttock is born
- (c) The mentum escapes under the sub-pubic arch and the occiput sweeps the perineum
- (d) The brow sweeps the pelvic floor and normal delivery occurs

1.13 When delivering a Frank breech, which manoeuvre should a midwife apply to safely deliver extended arms:

- (a) Burns' Marshall
- (b) Mauriceau-Smelli Veit
- (c) Lovset
- (d) Popliteal Fossa

1.14 What is the rationale for allowing the body of the foetus to hang before attempting to deliver the after-coming head on a breech presentation

- (a) To assist the head to descend to the pelvic outlet
- (b) To allow the foetus to rotate interiorly
- (c) To prevent injuries to the foetal skull
- (d) To safely deliver the shoulders

1.15 A midwife is conducting a digital vaginal examination on a client in active labour. She detects the sagittal suture is lying transversely to the pelvic outlet. She concludes that the labour is obstructed due to:

- (a) Brow presentation
- (b) Deep transverse arrest
- (c) Face presentation
- (d) Mento posterior position

1.16 Molding may not occur on a face presentation due to:

- (a) Ill-fitting presenting part
- (b) Irregular bones of the face
- (c) Impacted face against the cervix
- (d) Fusion of the face bones at term gestation

1.17. On a face presentation, the diameters that distend the vulval orifice are the:

- (a) Mento vertical
- (b) Submento vertical
- (c) Mentobregmatic
- (d) Submentobregmatic

1.18 A post natal client who complains of offensive scanty lochia, fever and poor appetite may be suffering from:

- (a) Pelvic inflammatory condition
- (b) Cancer of the cervix
- (c) Puerperal pyrexia
- (d) Infected perineal laceration

1.19 The condition identified in 1.18 may be caused by which type of organism:

- (a) Exogenous
- (b) Endogenous
- (c) HIV
- (d) Both A and B

1.20 A collaborative role of a midwife implies that midwives discuss the plan of reproductive health services in the community with:

- (a) Traditional birth attendants
- (b) Families
- (c) Clients
- (d) A, B and C

1.21 Disseminated intravascular coagulation is seen on two of the following conditions these are:

- (a) Convulsions and haemorrhage
- (b) Placenta abruption and amniotic fluid embolism
- (c) Placenta accreta and placenta abruption
- (d) Prenatal haemorrhage and Postnatal haemorrhage

1.22 The most relevant definition for post partum haemorrhage is:

- (a) Vaginal bleeding of more than 500ml of blood after delivery
- (b) Bleeding of 300-500 ml of blood
- (c) Vaginal bleeding during puerperium, which compromises the general condition of the client
- (d) Any bleeding occurring during puerperium

1.23A post Caesarian section client is encouraged to ambulate early, as a prophylactic measure against:

- (a) Wound infection
- (b) Thrombo-embolic conditions
- (c) Vaginal bleeding
- (d) Urinary tract infection

1.24 A woman who has experienced a stillbirth must receive emotional support because she suffers from:

- (a) Hidden grief
- (b) Shameful grief
- (c) Chronic grief
- (d) Absence grief

1.25 The initial phase of the grieving process is:

- (a) Crying and pinning
- (b) Premonition of the dead person
- (c) Shock and numbness
- (d) Depression

Total marks 25

QUESTION 2

Miss Duduzile, a gravida 4 is admitted in the labour ward in advanced labour, while the midwife is admitting her she has spontaneous rupture of membranes and the sinciput is emerging in the vulva.

- (a) Describe how a midwife will safely deliver a head on a persistent occipito posterior position.

15 marks

- (b) Discuss the mechanism of labour for an occipito posterior which ends up being a normal occipito anterior position.

10 marks

QUESTION 3

Mrs Gule, has given birth to her tenth (10th) baby. On the third postpartum day she had severe vaginal bleeding and passes clots. Discuss how a midwife should manage this client in a rural maternity setting.

25 marks