

**UNIVERSITY OF SWAZILAND  
FACULTY OF HEALTH SCIENCES  
FINAL EXAMINATION QUESTION PAPER; DECEMBER 2015**

**TITLE OF PAPER: PREGNANCY WITH COMPLICATIONS**

**COURSE CODE: MID512**

**DURATION: Two (2) Hours**

**TOTAL MARKS: 75**

- INSTRUCTIONS:**
- 1. THE PAPER CONSISTS OF THREE (3) QUESTIONS**
  - 2. ANSWER ALL QUESTIONS**
  - 3. ALL QUESTIONS CARRY EQUAL MARKS**
  - 4. READ THE QUESTIONS CAREFULLY**
  - 5. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO A QUESTION OR PART OF A QUESTION**
  - 6. START EACH QUESTION ON A FRESH PAGE**

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## MID512: PREGNANCY WITH COMPLICATIONS

### QUESTION 1

Indicate the most appropriate response e.g. 1.26 A. Each correct response carries one (1) mark.  
Total possible marks 25.

**Lolo is a 28 year old primigravida, reports at the antenatal clinic at 29 weeks gestation for the subsequent antenatal care visit. On examination the midwife noted ankle oedema and Lolo indicates that she has a slight headache. Blood pressure during the last visit was 100/70 and today is 130/90. Questions 1.1 to 1.7 relate to this scenario.**

1.1 The probable diagnosis for Lolo is

- a) diabetes mellitus
- b) pre-eclampsia
- c) eclampsia
- d) epilepsy.

1.2 What signs would assist the midwife to come up with the diagnosis?

- a) Urinalysis which will confirm proteinuria
- b) Blood pressure and foetal movements
- c) Oedema and anaemia.
- d) Blood pressure and oedema.

1.3 Which of the following condition (s) may complicate the condition diagnosed in 1.1.

- a) Diabetes mellitus
- b) Renal failure
- c) Eclampsia
- d) Anaemia.

1.4 The patients who experience the diagnosis under 1.1 are usually advised to have enough rest to

- a) promote foetal development.
- b) improve renal circulation and also improve placental blood flow.
- c) improve relations with the health care team.
- d) assist in improving the relations of the woman and her family.

1.5 Which of the following complication(s) can occur as a result of the condition diagnosed in 1.1?

- a) Cerebral haemorrhage
- b) Urine retention
- c) Retention with overflow
- d) Essential hypertension.

1.6 If the condition diagnosed in 1.1 does not worsen, foetal outcome is usually

- a) compromised by the blood pressure
- b) not compromised
- c) dependent on the skills of the doctor
- d) compromised by persistent proteinuria.

1.7 The condition diagnosed in 1.1 at times contributes to

- a) macrosomia
- b) uncontrollable headaches
- c) Postpartum haemorrhage always
- d) Intrauterine growth restriction.

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**Prolonged pregnancy can complicate pregnancy and can bring forth risks to both the mother and the foetus. Questions 1.8 to 1.15 refer to this statement.**

1.8 The mother may experience ,

- a) increased anxiety.
- b) excessive labour pain.
- c) depression as midwives usually lack counselling skills
- d) polyhydramnious.

1.9 Prolonged pregnancy can be confirmed through/by

- a) examining the size of the fetal head on abdominal palpation.
- b) estimating the fundal height on abdominal palpation
- c) performing a cardiotocograph (CTG)
- d) Ultrasound Scan.

1.10 One /some of the signs of placental deterioration include

- a) consistent loss of weight during pregnancy.
- b) consistent static maternal weight gain.
- c) gold stained meconium liquor.
- d) foetal heart rate of 165 beats per minute.

1.11 Possible foetal complications in case of prolonged pregnancy include

- a) intrauterine death
- b) jaundice
- c) Rhesus iso-immunisation due to placental insufficiency
- d) Ophthalmia neonatorum.

1.12 Possible maternal risk(s) in prolonged pregnancy include

- a) anaemia following delivery
- b) risk of shoulder dystocia during delivery
- c) risk of operative delivery and its possible complications
- d) risk of developing diabetes mellitus.

1.13 Pregnancy is considered prolonged if it goes beyond .....completed weeks of gestation.

- a) 40
- b) 43
- c) 42
- d) 44.

1.14 When a woman has a prolonged pregnancy, which one of the following may indicate that she is now suffering from pre-eclampsia?

- a) Sudden weight gain with proteinuria
- b) Proteinuria
- c) Rising blood pressure
- d) Oedema.

1.15 If a woman develops pre-eclampsia she may experience epigastric pain. This is as a result of

- a) Intracapsular haemorrhages
- b) Oedema of the liver cells
- c) Abdominal tension
- d) Proteinuria.

**Lolo is a Para 2 Gravida 3. Gestational age 32 weeks. Foetal heart heard and regular. She reports that at times she feels inconsistent foetal movements. On examination she looks pale with progressive anorexia, glossitis and gingivitis.**

1.16 Lolo's diagnosis is

- a) iron deficiency anaemia.
- b) vitamin b12 deficiency.
- c) haemolytic anaemia.
- d) folic acid deficiency anaemia.

1.17 The cause of the diagnosis in 1.16 is

- a) reduced absorption in cases of coeliac disease and tropical sprue
- b) haemorrhage
- c) lack of iron intake
- d) inadequate fluid intake to facilitate synthesis.

1.18 Complications of the condition diagnosed in 1.16 include

- a) Infection as the antibodies are few
- b) Abortions
- c) Possible congenital malformations
- d) None of the above.

**Women are at risk of acquiring HIV infection. During pregnancy efforts are made to screen for HIV in women who attend antenatal care. Questions 1.19 to 1.121 refer to this statement. Choose the most appropriate option to complete the following statements.**

1.19 Women are considered at high risk of acquiring HIV infection because women

- a) cannot negotiate safer sex
- b) require authority to access ARVs
- c) are always shy when it comes to sexual issues.
- d) are biologically more vulnerable to HIV than men

1.20 In Swaziland, one of the drivers of HIV infection include

- a) syphilis
- b) availability of emergency contraception
- c) promotion of male condoms only
- d) multiple concurrent sexual partners.

1.21 Swaziland is faced with some challenges to successfully implement PMTCT services and these include

- a) inadequate involvement of men in reproductive health issues
- b) poor data tracking on men involved in PMTCT services
- c) poor attendance of women at PMTCT clinics
- d) All the above.

1.22 All pregnant women who present at a health facility for antenatal care in Swaziland are screened for

- a) syphilis
- b) genital ulcer(s)
- c) AIDS
- d) Gonorrhoea.

**Occasionally a breech may present in any woman during pregnancy. The midwife can diagnose a breech presentation during abdominal examination. Questions 1.23 to 1.25 refer to this statement. Choose the most appropriate response to complete the following statements.**

1.23 The midwife may find the following on fundal palpation, a

- a) round immobile mass
- b) round hard mass which may move independently of the body
- c) round soft mass which is ballotable.
- d) None of the above.

1.24 On auscultation, the foetal heart can be heard clearly

- a) on the umbilicus
- b) slightly below the umbilicus
- c) above the umbilicus
- d) on either side of the abdomen.

1.25 Breech presentation during pregnancy is not significant until .....weeks of gestation.

- a) 38
- b) 36
- c) 32
- d) 30

### QUESTION 2

Lulu is Para 2 Gravida 3, gestation 36 weeks presents at Mbabane Public Health Unit for a repeat antenatal care visit. On abdominal palpation, the height of fundus is small for gestational age.

2.1 Explain the possible causes of intrauterine growth restriction. **(15marks)**.

2.2 Discuss the effects of multiple pregnancies to the women during pregnancy? **(10marks)**.

**[25marks]**

### QUESTION 3

Lucia presents at Mbabane Public Health Unit at 32 weeks gestation with a history of vaginal bleeding since last night.

3.1 Explain the factors that will aid in differential diagnosis focussing on placenta praevia and placenta abruption **(20 marks)**.

3.2 What test (s) /investigation(s) which will be done to confirm the diagnosis in 3.1, explain the possible findings from this test(s) / investigation (s) **(5marks)**.

**[25marks]**