

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
MAIN EXAMINATION QUESTION PAPER; DECEMBER, 2016.**

TITLE OF PAPER: PREGNANCY WITH COMPLICATIONS

COURSE CODE: MID 512

DURATION: Two (2) Hours

TOTAL MARKS: 75

INSTRUCTIONS: 1. THE PAPER CONSISTS OF THREE (3) QUESTIONS

2. ANSWER ALL QUESTIONS

3. READ THE QUESTIONS CAREFULLY

**4. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED
TO A QUESTION OR PART OF A QUESTION**

5. START EACH QUESTION ON A FRESH PAGE

6. TOTAL NUMBER OF PAGES TEN (10).

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GRANTED BY THE INVIGILATOR.**

MID512; MAIN EXAMINATION QUESTION PAPER, DECEMBER, 2016

QUESTION 1

Answer all questions. Choose the most appropriate response e.g. 1.26 D. Each correct answer carries one (1) mark.

Mrs X is 38 years old, Para 3 Gravida 4, gestation 25 weeks, presents at Mbabane Public Health Unit with a history of moderate morning sickness and moderate oedema of the lower limbs which does not pit on examination. On palpation, height of fundus 30 weeks, cephalic presentation. Mrs X reports that she feels excessive fetal movements most of the time.

Questions 1.1 to 1.6 relate to this scenario.

1.1 Mrs X is likely to be presenting with

- A. Twins.
- B. Multiple pregnancy.
- C. Pregnancy Induced Hypertension.
- D. Gestational Diabetes.

1.2 Based on the diagnosis in 1.1. The midwife on abdominal palpation is likely to palpate

- A. The head in the fundus.
- B. Multiple fetal parts.
- C. The breech in the lower uterine segment.
- D. All the above.

1.3 The fetal heart is most likely to be heard on the

- A. Borderline of the pelvic brim.
- B. Umbilicus.
- C. Maternal spine.
- D. On the lateral aspects of the maternal abdomen.

1.4 The fetal head on palpation is likely to feel

- A. Big for gestational age.
- B. Small for gestational age.
- C. Large, hard and firm.
- D. Small, hard and firm.

1.5 One of the possible complications Mrs X is likely to present with is

- A. Polyhydramnios.
- B. Oligohydramnios.
- C. Normal amount of amniotic fluid.
- D. All the above.

1.6 The following condition is usually associated with the diagnosis in 1.1

- A. Pulmonary Tuberculosis.
- B. HIV infection.
- C. Pregnancy Induced Hypertension.
- D. Abortion at 20 weeks gestation.

Prolonged pregnancy can contribute to some risks to both the mother and the foetus.

Questions 1.7 to 1.16 refer to this statement.

1.7 When the duration of the pregnancy goes beyondcompleted weeks of gestation, it is referred to as "prolonged pregnancy".

- A. 44
- B. 43
- C. 42
- D. 40.

1.8 Prolonged pregnancy may contribute to

- A. Increased anxiety in the mother.
- B. Excessive labour pain.
- C. Depression as midwives usually lack counselling skills
- D. Polyhydramnios.

1.9 The following can be performed to assist in decision making as regards confirming the gestational age and deciding on the timing of the delivery of the baby.

- A. Performing a Cardiotocograph (CTG).
- B. Estimating the fundal height on abdominal palpation
- C. Ultrasound scan.
- D. Estimating the head maturity on abdominal palpation (Pawlik's grip).

1.10 Prolonged pregnancy can contribute to deterioration in the function of the placenta. One of the signs of placental deterioration include

- A. Consistent weight loss during pregnancy.
- B. Consistent static maternal weight.
- C. Gold meconium stained liquor.
- D. Fetal heart rate of 165 beats per minute.

1.11 As the placental function deteriorates, possible fetal complications may include

- A. Intrauterine death
- B. Jaundice
- C. Rhesus iso-immunisation due to placental insufficiency
- D. Ophthalmia Neonatorum.

1.12 Maternal risk(s) in prolonged pregnancy include

- A. Risk of preterm labour.
- B. Risk of shoulder dystocia.
- C. Risk of operative delivery and its possible complications.
- D. Risk of developing diabetes mellitus.

1.13 The following may indicate onset of pre-eclampsia in a woman presenting with prolonged pregnancy.

- A. Proteinuria.
- B. Rising blood pressure.
- C. Unresolved pitting oedema of the lower limbs.
- D. Sudden weight gain with proteinuria.

1.14 Gonorrhoea in pregnancy is mostly associated with

- A. Neonatal hypoxia
- B. Neonatal tetanus.
- C. Gross congenital malformations if not treated adequately
- D. Ophthalmia Neonatorum.

Questions 1.15 to 1.18 refer to the following scenario. Mrs Y is Para 6 Gravida 7, aged 45 years, 38 weeks gestation, reports to the Public Health Unit for the 3rd antenatal care visit. Height of fundus 38 weeks, fetal heart heard and regular at 135 beats per minute. Vital signs are within normal ranges.

1.15 Mrs Y is referred to as a

- A. Grandmultipara.
- B. Primigravida
- C. Multigravida
- D. None of the above.

1.16 One of the obstetric complications which can occur in Mrs Y include

- A. Loss of weight towards term.
- B. Inconsistent weight gain.
- C. Reduced risk of malnutrition as she is experienced with pregnancy related issues.
- D. Placenta praevia.

1.17 Mrs Y, because of her age is also susceptible to

- A. Cancer of the cervix.
- B. Endometritis.
- C. Puerperal psychosis.
- D. Puerperal sepsis.

1.18 Grandmultiparity refers to women who have had

- A. More than 6 children.
- B. More than 5 children.
- C. More than five viable babies.
- D. Six children but less than seven children.

1.19 An elderly primigravida is a woman who is aged over

- A. 35 years and is pregnant for the first time.
- B. 30 years and has one child.
- C. 30 years and has never been pregnant.
- D. 34 years and is pregnant for the first time.

1.20 The following is /are the complication(s) associated with the elderly primigravida.

- A. Risk of malnutrition.
- B. Fibroids are more likely to be absent.
- C. Increased risk of pregnancy induced hypertension.
- D. Risk of tetanus.

1.21 The risk of having a child with Down's Syndrome increases with

- A. Genetic exposition.
- B. Maternal age.
- C. Fetal condition.
- D. The state of the placenta.

1.22 Gross obesity increases the woman's risk of

- A. Developing gestational diabetes.
- B. Developing Pregnancy Induced Hypertension.
- C. Having a big baby.
- D. All the above.

1.23 Teenagers require intensive focused antenatal care follow up because

- A. Teenagers are emotionally immature.
- B. Teenagers are at risk psychologically and financially.
- C. Teenagers occasionally are uncomfortable reporting for antenatal care where they meet with elderly women.
- D. All the above.

1.24 The woman should be routinely screened for the following during pregnancy.

- A. Gonorrhoea.
- B. Syphilis.
- C. Tetanus.
- D. Endometritis.

1.25 The diagnosis of candidiasis in pregnancy can be confirmed through

- A. Vaginal smear.
- B. Blood to isolate candida cells.
- C. Vaginal culture.
- D. Pap smear.

QUESTION 2

Read the following scenario and answer the questions that follow.

Mrs O is Para 6 Gravida 7; presents at Mbabane Public Health Unit at 32 weeks gestation with history of painless vaginal bleeding which started while she was sleeping last night. Mrs O has been diagnosed with placenta praevia, Type 2.

2.1 Describe how the midwife can come up with the possible diagnosis of placenta praevia before the diagnosis is confirmed by ultrasound scan **(15marks)**.

2.2 Describe the management for placenta praevia Type 2 with mild bleeding **(10marks)**.

Total [25 marks]

QUESTION 3

3.1 What is "Pregnancy Induced Hypertension **(4 marks)**."

3.2 Identify the factors that predispose women to developing pregnancy induced hypertension. **(10 marks)**.

3.3. Describe the effects of diabetes mellitus to both the mother and the fetus. **(11 marks)**.

Total [25 marks]