

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

**TITLE OF PAPER:   NORMAL PREGNANCY AND ANTENATAL CARE**

**COURSE CODE:     MWF 407**

**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**

**7. TOTAL NUMBER OF PAGES NINE (7).**

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GRANTED BY THE INVIGILATOR.**

**MWF407: NORMAL PREGNANCY AND ANTENATAL CARE; MAIN  
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**QUESTION 1**

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

1.1 Human fertilization usually occurs in the

- A. Ovary by the time the ovum is expelled.
- B. Fallopian tubes.
- C. Ampulla.
- D. Uterus.

1.2 The development of the zygote consists of the pre-embryonic and the embryonic periods.

The embryonic period refers to:

- A. 8-10 weeks.
- B. 2- 8 weeks.
- C. 4-8 weeks.
- D. 10-14 weeks.

1.3 Which one of the following can be used to assess fetal wellbeing during pregnancy?

- A. Weight of the mother.
- B. Weight of the baby.
- C. Fetal heart rate and fetal movements.
- D. The maternal nutrition.

1.4 Important investigations done on the first antenatal care visit include

- A. Haemoglobin, HIV test, RPR
- B. Full Blood Count
- C. ABO Incompatibility.
- D. Liver function tests for the purposes of initiating ARVs

1.5 Heamodilution in pregnancy occurs because

- A. The blood volume increases.
- B. The red cell mass remains constant.
- C. There is great need to supply the fetus during pregnancy.
- D. Plasma volume increases more than the red cell mass.

- 1.6 The placenta is kept in position by the .....villi.
- A. Both the nutritive and anchoring.
  - B. Anchoring.
  - C. Nutritive villi.
  - D. None of the above.
- 1.7 Some of the benefits of pre-conception care include: -
- A. Provides an opportunity to prevent some congenital malformations.
  - B. Ability to monitor pregnancy.
  - C. Provides time to stabilize some medical conditions.
  - D. All the above.
- 1.8 Obtaining the client's social history at the time of booking assists to determine: -
- A. The possible complications during pregnancy.
  - B. The type of social support the client has or requires.
  - C. The place of delivery to prevent prolonged labour.
  - D. All the possible risk factors that may occur during pregnancy.
- 1.9 Midwives are concerned if a client tests positive for syphilis during pregnancy because the fetus is at risk of developing/acquiring
- A. Spina Bifida
  - B. Congenital syphilis.
  - C. Ophthalmia neonatorum.
  - D. Hydrops fetalis.
- 1.10 An early first antenatal booking visit allows for
- A. Calculating a more accurate date based on the time fertilization occurred.
  - B. Screening for Diabetes Mellitus.
  - C. Screening for those women who require ARVs.
  - D. Obtaining more accurate baseline observations to use when monitoring pregnancy.
- 1.11 The accurate diagnosis of pregnancy is based on
- A. Special investigations.
  - B. Presumptive signs.
  - C. Signs and symptoms of pregnancy.
  - D. Biological tests.

1.12 Measuring the mid upper arm circumference (MUAC) of the woman during pregnancy provides information on

- A. The possible factors which may place the pregnancy at risk.
- B. The possible weight of the mother.
- C. The possible effect on the fetus.
- D. The nutritional status of the mother and pregnancy risk.

1.13 The MUAC less than 23cms in pregnancy may be suggestive of

- A. Under nutrition
- B. Chronic wasting.
- C. Undernutrition or chronic wasting.
- D. Acute wasting.

1.14 MUAC of more than 33cm is associated with

- A. Increased risk of giving birth to big babies.
- B. Increased risk of developing diabetes mellitus.
- C. Increased risk of developing pre-eclampsia.
- D. All the above.

**Questions 1.15 to 24 to refer to abdominal examination of a pregnant woman and the possible findings.**

1.15 The midwife performs an abdominal examination at every antenatal visit to

- A. Confirm pregnancy.
- B. Satisfy the client's needs and requests.
- C. Affirm that the growth of the fetus is consistent with the gestational age as pregnancy progresses.
- D. Identify congenital malformations.

1.16 The following is **TRUE** when the lie of the fetus is longitudinal

- A. The height of fundus appears big for gestational age.
- B. The shape of the uterus is longer than it is broad.
- C. The shape of the uterus is broader than it is long.
- D. The shape of the uterus is boarder obliquely.

- 1.17 The height of fundus correlates well with the gestational age during the
- A. Early weeks of pregnancy.
  - B. Late third trimester.
  - C. Late second trimester in a singleton fetus.
  - D. Third trimester.
- 1.18 The height of fundus is palpated at the Xiphi-sternum at
- A. 40 weeks.
  - B. 38 weeks.
  - C. 36 weeks.
  - D. 34 weeks.
- 1.19 Pawlik's grip/manoeuvre can assist the midwife to judge the
- A. Size, flexion and mobility of the head.
  - B. Presenting part.
  - C. Position of the fetus.
  - D. Maturity of the fetus.
- 1.20 Lateral palpation is used to
- A. Locate the back and limbs.
  - B. Locate the back that will also assist to determine the position of the fetus.
  - C. Determine the position of the fetal limbs.
  - D. Determine the fetal heart.
- 1.21 Normal fetal heart is between
- A. 110- 160 beats per minute.
  - B. 122-160 beats per minute.
  - C. 120-150 beats per minute.
  - D. 110-150 beats per minute.
- 1.22 The fetal heart should be checked for
- A. Regularity and rhythm.
  - B. Rhythm.
  - C. Regularity.
  - D. Regularity, rhythm and continuity.

1.23 In a primigravida, lighting occurs at

- A. 34 weeks.
- B. 36 weeks.
- C. 38 weeks.
- D. 40 weeks.

1.24 Pelvic palpation is used to determine

- A. The presentation.
- B. The position.
- C. The state of the fetus.
- D. The condition of the fetus in utero.

1.25 Frequency of micturition during pregnancy usually occurs because of

- A. The engagement of the head in early pregnancy.
- B. The bladder competes for space with the fetus.
- C. The growing uterus and the bladder competing for space in the pelvis
- D. Pyelonephritis.

## QUESTION 2

2.1 Briefly describe and outline the possible changes which occur in the cardiovascular system during pregnancy and highlight their possible effects on the woman or pregnancy. **(10 marks)**.

**Consider five points.** One (1) mark for each correct point and another mark for the correct explanation.

2.2 The placenta is responsible for growth development and total survival of the fetus and this makes the fetus dependent on the mother for survival. Discuss how the placenta contributes to this function. **Consider 6 points. (12 marks)**. One mark for each correct point and another mark for description / discussion.

2.3 Varicosities are common during pregnancy. Briefly explain the contributory factors to varicosities of the lower limbs in pregnancy. **(3 marks)**.

**[Total 25 marks]**

## QUESTION 3

One of the responsibilities of the midwife is to perform abdominal examination on women during every antenatal visit.

3.1 Describe four aims of abdominal examination during pregnancy **(8 marks)**. One (1) mark for each correct point and another mark for the explanation.

3.2 Nausea and vomiting is common in early pregnancy, particularly in the first trimester.

3.2.1 Describe the possible causes of nausea and vomiting during pregnancy? **(5 marks)**.

3.2.2 Explain what can lead the midwife to suspect that a woman is experiencing morning sickness? **(2 marks)**.

3.2.3 Describe how the midwife can manage nausea and vomiting during pregnancy.

**(10 marks)**.

**[Total 25 marks]**