

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY
RE-SIT EXAMINATION QUESTION PAPER, JULY 2017**

**TITLE OF PAPER: PROFESSIONALISM AND MANAGEMENT IN
MIDWIFERY**

COURSE CODE: MWF445

DURATION: TWO (2) HOURS

TOTAL MARKS: 75

INSTRUCTIONS:

- 1. ANSWER ALL QUESTIONS**
- 2. FIGURES IN BRACKETS INDICATE MARKS
ALLOCATED TO A QUESTION OR PART OF A
QUESTION**
- 3. START EACH QUESTION ON A FRESH PAGE**
- 4. TOTAL NUMBER OF PAGES NINE (9)**

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GRANTED BY THE INVIGILATOR.**

RE-SIT EXAMINATION QUESTION PAPER, JULY 2017

MWF445: PROFESSIONALISM AND MANAGEMENT IN MIDWIFERY

QUESTION 1

Choose the most appropriate response, e.g. 1.26D. Each correct answer carries one (1) mark. **Total possible marks 25 marks.**

1.1 A philosophy is

- A. A statement about what you trust
- B. A statement about values
- C. The values and beliefs that affect the way you behave
- D. A statement about what you believe and what values you hold.

1.2 According to the International Confederation of Midwives (2011) midwifery clients include: -

- A. All women, children under five years of age and family.
- B. Members of the community in need of Midwifery care.
- C. Women of childbearing age, pregnant women, their partners, family children under five years and the community in relation to reproductive health.
- D. All pregnant women and their partners.

1.3 A midwife is responsible for her /his profession. Accountability means that

- A. A midwife is responsible for the actions of the multidisciplinary team.
- B. The midwife is expected to function within her scope of practice.
- C. The midwife remains accountable for all her /his actions.
- D. B & C.

1.4 Team Midwifery care allows for

- A. Choice of place of delivery.
- B. Control of birth by the client.
- C. Continuity of care for the client.
- D. Individualism in provision of care.

1.5 The following is **TRUE** about one to one midwifery care

- A. Problem solving approach is used
- B. Care starts at the beginning of pregnancy to child birth
- C. Only low risk women are provided with care
- D. Care is provided in the woman's home

1.6 Benefits of the Midwifery model of care include

- A. Midwives are allowed to give pain relief drugs in labour
- B. Lower rate of clinical interventions and lower level of continuity of care.
- C. Midwives are able to use their knowledge and skills.
- D. All the above.

1.7 The following statements are true about one to one Midwifery care

- A. The care is geographically based
- B. Care is provided in the woman's own home
- C. The midwife is responsible for all care for women with low risk pregnancies
- D. All the above.

1.8 For a client to make an informed consent the midwife should: -

- A. Provide clear and accurate information
- B. The information should be provided in the language the client easily understands.
- C. The information should include all possible outcomes of the intervention
- D. All the above.

1.9 The following are some of the philosophical statements which refer to Midwifery Practice

- A. Cultural sensitivity and focus on curative care
- B. Viewing pregnancy as a normal life event
- C. Health promotion and disease prevention
- D. B & C.

1.10 Midwifery philosophical statements reflect the following: -

- A. Clients' expectations
- B. The midwife and mother relationship
- C. How care is organised and practiced
- D. All the above.

1.11 Key elements of the definition of the midwife include

- A. A person who has been admitted to a University degree program
- B. A person who has successfully completed prescribed courses of
- C. A person who has successfully completed studies in Midwifery and is licensed to practice in the country which the studies are offered.
- D. A person who has obtained non-requisite qualifications to be registered /

1.12 Some of the responsibilities /duties of the midwife include: -

- A. Preparation of clients for health education
- B. Early recognition and referral of abnormal conditions in the mother and child
- C. Provision of antenatal care and emergency post-abortion care
- D. B & C.

1.13 A midwife must be able to

- A. Supervise care and give advice to women during pregnancy
- B. Provide care to new-born babies and the infants
- C. Provide care to women as regards normal midwifery care
- D. All the above.

1.14 The structure of Midwifery philosophical statements should include

- A. Clients' quality care
- B. Midwife client bonding
- C. How care is organised
- D. A & C.

1.15 Some of the clients' expectations about Midwifery care include: -

- A. Autonomy
- B. Values and positive attitudes about women
- C. That pregnancy is an abnormal physiological event.
- D. A & B

1.16 Midwifery autonomy implies

- A. Professional control of issues relating to "normal midwifery."
- B. Professional control of pregnant women.
- C. Professional control of midwifery values.
- D. All the above.

1.17 The following is true about the Medical Model of care

- A. Emotional and social status is promoted
- B. Shorter labour periods have been reported
- C. Child birth is medicalised
- D. Continuity of care is scarce.

1.18 According to World Health Organisation, International Confederation of Midwives and the Federation of Gynaecologists and Obstetricians, a midwife can practice in the following settings

- A. Hospitals
- B. Health care settings and domiciliary conditions
- C. Clinics and hospitals
- D. Hospitals, clinics, health units, domiciliary conditions or provide any other service.

1.19 The principle of autonomy means

- A. Do not inflict harm
- B. Promote good
- C. Confidentiality
- D. Respect of unconditional worth of individuals.

1.20 The Principle of Veracity implies

- A. Requirement for informed consent
- B. Enforcing truth telling for both nurse and patient
- C. Autonomy
- D. All the above.

1.21 An ultrasound scan has revealed that the woman is carrying a grossly malformed fetus in utero. Indicate the role of the midwife in this circumstance.

- A. Counsel the client on the abnormalities and continue managing the client until delivery.
- B. Explain the results to the woman and offer appropriate counselling and then refer to the doctor /obstetrician
- C. Explain to the client that she will have to see the doctor /obstetrician for an interpretation of the results and be advised on further management.
- D. A, B & C.

- 1.22 The following are considered / classified as Midwifery clients: -
- A. The pregnant woman and the children under five years of age.
 - B. All pregnant women, their partners, families, children and the community
 - C. All women, children under five years old, spouse/partner, family members or the community in need of Midwifery Care.
 - D. None of the above.
- 1.23 A moral dilemma can be described as a situation where: -
- A. One is faced with two alternative choices
 - B. One is faced with two apparently equal alternate choices
 - C. One is faced with one distinct choice to make a decision
 - D. One is faced with two "apparently equal" alternative choices, neither of which seems a satisfactory solution to the problem.
- 1.24 A midwife is recognized as a responsible and accountable professional. This implies that
- A. A midwife is autonomous
 - B. A midwife can be sued in her own right for malpractice
 - C. A midwife is responsible for her own acts of omission and commission
 - D. A, B & C.
- 1.25 Counselling and education in Midwifery Practice involve the following
- A. Antenatal education
 - B. Preparation for parenthood, labour and infant feeding
 - C. Family Planning
 - D. All the above.

QUESTION 2

A midwife is staying in a peri-urban area and has decided to open a maternal and child health clinic in this peri urban community. Before the midwife sets up the clinic she should be well versed with the population she will serve.

2.1 Identify who are your clients? (5 marks). One mark for each point explained.

2.2 In each category of the clients identified in 2.1, explain why they are considered Midwifery clients? Consider 4 points. (20 marks). One mark for each correct point.

[Total 25marks]

QUESTION 3

The issue of autonomy and consent is critical to Midwifery Practice and Midwifery care. Read through the scenario and answer the questions that follow.

Mrs X is 25 years old and has just given birth to her first baby. Her pregnancy was uneventful ("normal"). During pregnancy Mrs X and her husband attended antenatal classes to prepare them for labour. The couple requested that the labour should be "normal" without any interventions as per their birth plan. The midwife committed herself to their birth plan. One of Mrs X's request was that the membranes should only be ruptured at the time of delivery. The hospital policy states that artificial rupture of membranes (ARM) should be done at 3- 4 cms cervical dilatation. The doctor came to review Mrs X and challenged the midwife for not rupturing the membranes in line with hospital policy on ARM. The midwife informed the doctor of Mrs X's wishes as per birth plan, but the doctor asked for an amniohook to rupture the membranes. The midwife was hesitant. Mrs X became aware of the tension in the room and on asking what was wrong, the midwife replied "nothing." The doctor ruptured the membranes and Mrs X's husband asked what the doctor was doing, but the membranes were already ruptured..

Mrs X and her husband later complained in writing that: -

- Their wishes were not considered by the doctor
- Unnecessary intervention was carried out without their consent
- They felt that the midwife deceived them
- They accepted the midwife was acting under the doctor's instructions
- The midwife provided good care.

Answer the following questions.

3.1 Was the doctor at liberty to disregard the couple's request? Explain. **(5 marks).**

3.2 Could the midwife have prevented the situation from happening? Explain. **(10 marks).**

3.3 Could the midwife have prevented the couple from feeling deceived? Explain. **(10 marks).**

[Total 25marks]