

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCE**

FINAL EXAMINATION: MAY 2018

COURSE TITLE: POSTPARTUM WITH COMPLICATIONS

COURSE CODE: MID/MWF406

TIME ALLOCATED: 2 HOURS

MARKS ALLOCATED: 75

INSTRUCTIONS:

- 1. ANSWER ALL QUESTIONS**
- 2. USE THE PROVIDED ANSWER BOOKLET FOR ALL YOUR ANSWERS**
- 3. START ALL QUESTIONS ON A NEW PAGE**
- 4. USE BULLETS FOR EACH POINT IN YOUR ANSWERS (DO NOT INVENT YOUR OWN NUMBERING)**
- 5. CHECK THAT YOUR QUESTION PAPER HAS 8 PRINTED PAGES**
- 6. DO NOT OPEN THE QUESTION PAPER UNTIL PERMISSION HAS BEEN GRANTED BY THE CHIEF INVIGILATOR**

QUESTION 1: Multiple Choice Questions

For each of the following questions, write clearly the question number and letter that corresponds with the most appropriate answer e.g. 1.16 D.

- 1.1 Which of the following situations would alert you that a patient has postpartum haemorrhage caused by tears of the cervix, vagina, or perineum?
- A. In the presence of a complete placenta, and a contracted uterus.
 - B. In the presence of an incomplete placenta, and a contracted uterus.
 - C. In the presence of a complete placenta, and an atonic uterus.
 - D. In the presence of an incomplete placenta, and an atonic uterus.
- 1.2 Which of the following actions should the midwife institute if an atonic uterus does not contract after fundal massage?
- A. give additional uterotonic drugs
 - B. call the doctor who will order a laparotomy
 - C. start a blood transfusion to safeguard against anaemia
 - D. refer to the doctor who will order an emergency hysterectomy
- 1.3 If a retained placenta is undelivered 30 minutes after oxytocin administration and applying controlled cord traction, and the uterus is well contracted, the midwife should:
- A. apply more aggressive controlled cord traction.
 - B. apply controlled cord traction and fundal pressure.
 - C. call the doctor who will attempt manual removal of the placenta.
 - D. administer ergometrine.
- 1.4 Which one of the following statements is true about second degree inversion of the uterus?
- A. The uterus turns inside-out but does not protrude through the cervix
 - B. The uterus is visible outside the vaginal wall and cervix
 - C. The uterus protrudes through the cervix, but is within the vaginal wall
 - D. The uterus hangs outside the vagina with placenta attached

1.5 Mrs. X gave birth 40 minutes ago. You actively managed the third stage and, on examination, the placenta was complete. Her uterus is well-contracted and she has no vaginal or perineal tears, yet she is still bleeding. All her lab results for clotting factors are normal. Which one the following is the most probably cause for Mrs. X's bleeding?

- A. Uterine atony
- B. Retained products of conception e.g. clots
- C. Uterine inversion
- D. Cervical tears

1.6 Which one of the following statements correctly describes bimanual compression of the uterus?

- A. Placing a gloved fist into the anterior fornix and applying pressure against the posterior wall of the uterus, while the other hand presses against the anterior wall of the uterus through the abdomen.
- B. Placing one hand on the abdomen and applying pressure downward toward the spine.
- C. Placing a gloved fist into the anterior fornix and applying pressure against the anterior wall of the uterus, while the other hand presses against the posterior wall of the uterus through the abdomen.
- D. Placing both hands on the abdomen and applying pressure upward toward the diaphragm.

1.7 All the following are elements of post-abortion care **EXCEPT**:

- A. Counselling
- B. Contraceptive and family planning services
- C. Treatment of complete and safe abortion and related complications
- D. Reproductive health services

- 1.8 A new mother has read in the discharge booklet that postpartum women are at risk for thrombophlebitis, and she asks the midwife how she can prevent this from happening. Which one of the following is the correct instruction by the midwife to the client?
- A. Remain on strict bed rest.
 - B. Ambulate frequently.
 - C. Cross her legs while sitting.
 - D. Avoid elevating her legs.
- 1.9 Mrs. Makhoba gave birth 20 minutes ago. You actively managed the third stage of labour and the placenta was complete. Mrs. Makhoba is bleeding heavily now, and her uterus is well contracted and has no genital tears. Which one the following is the most probably cause for her bleeding?
- A. Retained products of conception
 - B. Genital tears
 - C. Uterine rupture
 - D. Blood coagulation disorders
- 1.10 Which of the following statements about the management of a client with an inverted uterus is **INCORRECT**:
- A. Let the client lie on the back and elevate the foot of the bed and her legs to allow the uterus to fall back into its place
 - B. Start an IV line with Ringers Lactate to maintain adequate circulation
 - C. Call the doctor who may order pethidine to relieve pain
 - D. Instruct the woman to avoid carrying heavy loads after discharge
- 1.11 Which of the following statements about threatened abortion is **NOT** correct?
- A. Pain may be a prominent feature
 - B. It is bleeding in an intra-uterine pregnancy when the cervix is closed and the fetus is alive
 - C. The pregnancy is complicated by vaginal bleeding before the 20th week of gestation.
 - D. A lower abdominal dull ache sometimes accompanies the bleeding

- 1.12 Which of the following would be characteristic of the behaviour of parents who had a miscarriage and are still at the phase of intense grief?
- A. Tell her Shock
 - B. Numbness
 - C. Intense crying
 - D. Loneliness and resentment
- 1.13 A 28 year old mother of three had a normal birth 4 hours ago. She reports that she is “bleeding a lot,” and her perineal pad, changed 45 minutes earlier, is fully saturated with blood. Abdominal palpation reveals a boggy uterus. Which of the following should be the priority actions by the midwife in this situation?
- A. Inspect the perineum for genital tears
 - B. Catheterize her bladder and transfuse two units of blood
 - C. Expel any products of conception, while massaging her uterus until it is firm
 - D. Refer to theatre for possible laparotomy and emergency hysterectomy as indicated
- 1.14 Lolo gave birth 30 minutes ago. You actively managed the third stage, but she is now bleeding heavily and her uterus is well contracted. She has no vaginal or perineal lacerations. What is the most likely cause for her condition?
- A. Blood coagulation disorders
 - B. Atony of the uterus
 - C. Retained placental load/cotyledon
 - D. Both A and C
- 1.15 All the following predisposes a woman to genital fistulas, **EXCEPT?**
- A. Inadequate or unavailable transport
 - B. Female genital mutilation
 - C. Large baby
 - D. Unassisted vaginal delivery

For Questions 1.16 to 1.25, in your answer booklet, write only “T” for True or “F” for False for each of the following statements e.g. 1.26 T

- 1.16 All infants born of HIV negative mothers and who were never breastfed since birth, should be tested for HIV at 9 months.
- 1.17 Information about the woman’s intended use of a family method is not important in the early postpartum period as she will initiate them at 6 weeks postpartum visit anyway.
- 1.18 During the postpartum period, it is normal for the fundal height to increase slightly.
- 1.19 All women must be tested for HIV at every postnatal visit, regardless of their HIV status.
- 1.20 Unrelieved breast engorgement causes mastitis.
- 1.21 Ensuring that the woman and her family know the maternal danger signs is an important part of the complication readiness plan for the postpartum period.
- 1.22 When assessing the criteria for replacement feeding, if the woman answers no to only one of the questions, she is advised to opt for exclusive breastfeeding.
- 1.23 Iron/folate should be discontinued as soon as the woman has given birth.
- 1.24 A tonic uterus is a common cause of immediate postpartum hemorrhage.
- 1.25 O’Sullivan’s hydrostatic technique involves the use of 1L of R/L in the delivery room to correct second degree uterine inversion.

[Total: 25 marks]

QUESTION 2

2.1 Explain the steps you would employ to ensure successful early diagnosis and treatment of an HIV exposed infant on whom you have just performed a DNA-PCR test. [5]

2.2 Explain the infant feeding care, support and advice you would give to mothers presenting with the following situations:

2.2.1 An HIV-positive mother whose infant is also HIV-positive [2]

2.2.2 A mother whose HIV status is unknown [2]

2.2.3 A mother on lifelong ART whose infant's HIV status is unknown [6]

[Total: 15 marks]

QUESTION 3

On her first 7-days postnatal visit, Zena, a 21-year-old mother of new-born twins reports that besides being overwhelmed by having 'two' newborn babies, her 2 year-old son is also ill. She is a stay-home mom who has been married for 2 years. Her pregnancy was uncomplicated and she had a normal vaginal delivery at term. She has been experiencing thoughts about hurting herself and her children. She describes feeling sleep deprived, guilty and hopeless. She also states that she has been having crying spells and a decreased appetite for the last two months. She can go "a day or two" without being hungry or eating, and she reports feeling like her children "would be better off without me or if they weren't here." She has made no plans to act on these feelings, although she notes that these feelings have increased in frequency over the past two months. Zena states that sometimes when she hears the newborns crying, she wishes she could "just shake them until they stop crying."

3.1 What condition is Zine suffering from? [1]

3.2 Giving rationales, discuss the midwifery management you would render to her in relation to the condition identified in 3.1 above. [10]

3.3 State whether you would refer Zine for a psychological consult or not, and why? [4]

[Total: 15 marks]

QUESTION 4

Rose, a 33-year-old G3P2 presents to labour and delivery at 38 weeks gestation with spontaneous rupture of membranes an hour earlier. She is experiencing intermittent, moderately painful contractions. She progresses and delivers a 3.5kg healthy male baby, and the placenta is delivered about 15 minutes after the birth of the baby. The perineum appears intact. However, thirty minutes into the postpartum ward, the midwife discovers that Rose is experiencing abrupt heavy vaginal bleeding that does not respond to uterine massage. On examination, the midwife discovers that she has a rapid and irregular heartbeat; rapid shallow respirations; and a BP of 80/60 mmHg.

4.1 Based on the examination findings of the midwife in Rose's case, what do you suspect is the diagnosis of Rose's current condition? [1]

4.2 Briefly describe the pathophysiology underlying Rose's condition. [3]

4.3 Besides the symptoms mentioned in the scenario, mention six (6) other clinical manifestations Rose is mostly likely to exhibit due to the condition identified in 4.1. [6]

4.4 Giving rationales, discuss how you would manage Rose's condition. [10]

[Total: 20 marks]