

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

**SUPPLEMENTARY/RE-SIT EXAMINATION: JULY 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 10 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. D. Each question has only one correct option as an answer.**

- 1.1 Which one of the following indicates prophylactic management of postpartum haemorrhage?
- A. Liberal use of oxytocic drugs during labour
  - B. Prescribing combined oral contraceptives
  - C. Active management of the 3<sup>rd</sup> stage of labour
  - D. Applying cord traction when delivering the placenta
- 1.2 Mrs. Zungu, a postpartum client, complains of sudden chest pain, dyspnea and coughing. Which one of the following condition is Mrs. Zungu suffering from?
- A. Pulmonary Embolism
  - B. Thrombophlebitis
  - C. Phlebothrombosis
  - D. Shock
- 1.3 Which one of the following can predispose a woman to uterine inversion?
- A. Long cord
  - B. Primiparity
  - C. Liberal use of oxytocic drugs
  - D. Avoiding fundal fiddling
- 1.4 In which one of the following conditions is disseminated intravascular coagulation (DIC) most likely to be present?
- A. Amniotic fluid embolism
  - B. Varicose veins
  - C. Uterine inversion
  - D. Cardiogenic shock

- 1.5 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
- 1.6 All the following are risk factors for amniotic fluid embolism, **EXCEPT**:
- A. Primiparity
  - B. Liberal use of oxytocic drugs
  - C. Fundal fiddling
  - D. Precipitate labour
- 1.7 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 of 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
- 1.8 Which of the following refers to a midwife's management of retained products of conception?
- A. Administer oxytocic agents to stimulate uterine contractions
  - B. Refer to theatre for evacuation of the uterus
  - C. Encourage the client to bear down
  - D. Both A and C
- 1.9 Zinhle, a 25 year-old gravida 3, para 2, gave birth to a healthy baby 3 hours ago. While doing a postnatal check-up on her, you discover that she has a rapid and irregular heartbeat, with rapid and shallow respirations. She also reports blurred vision. What would you suspect?
- A. Uterine inversion
  - B. Puerperal pyrexia
  - C. Shock
  - D. Amniotic fluid embolism

- 1.10 Which one of the following statements is true about deep vein thrombosis?
- A. Occurs in small veins of the leg which may carry a clot to the pulmonary system, thus causing pulmonary embolism
  - B. Usually occurs in large veins of the leg
  - C. Is usually present when a Homan's sign test is negative
  - D. Is a minor disorder of the puerperium
- 1.11 Which one of the following instructions by the midwife to a client with deep vein thrombosis would be **incorrect**?
- A. "Avoid smoking"
  - B. "Restrict exercise"
  - C. "Avoid home remedies"
  - D. "See the doctor for prescription of combined oral contraceptives"
- 1.12 Which of the following statements reflect the correct prophylactic management of obstetric shock?
- A. Careful monitoring of maternal and foetal conditions during labour
  - B. Liberal use of oxytocic drugs during the 3<sup>rd</sup> stage of labour
  - C. Using septic technique and avoiding malpractice during labour
  - D. Both A and C
- 1.13 Which of the following statements about amniotic fluid embolism is **incorrect**?
- A. Is the passage of amniotic fluid into the foetal circulation through a laceration in the uterus
  - B. May be caused by sudden rupture of membranes
  - C. May be caused by any condition in which the uterine muscle is cut or tears easily
  - D. All of the above are correct
- 1.14 If bleeding continues after delivery of the placenta, which of the following should be the first thing that the midwife should do?
- A. Start an IV line
  - B. Massage the uterus
  - C. Insert a urinary catheter
  - D. Check the placenta to make sure it is complete
- 1.15 Which one of the following statements reflects the correct traditional definition of postpartum haemorrhage?
- A. Vaginal bleeding of any amount after childbirth
  - B. Sudden bleeding after childbirth
  - C. Vaginal bleeding in excess of 300 ml after childbirth
  - D. Vaginal bleeding in excess of 500 ml after childbirth

- 1.16 Mrs. X gave birth 15 minutes ago. You actively managed the third stage of labour; the placenta was complete, and she had no vaginal or perineal lacerations. You find Mrs. Siyaya in a pool of blood and her uterus is soft. Which one the following is the most probably cause for Mrs. X's bleeding?
- A. Trauma of the fallopian tubes
  - B. Uterine atony
  - C. Endometritis
  - D. Shock

**Questions 1.17 to 1.19 relate to Mrs Y's situation, described below:**

Mrs. Y is a 35-year-old gravida 4, para 4. She gave birth at Sithobela Health Center to a healthy, full-term baby weighing 3.5 kg. You administered 10 units of oxytocin IM following birth of the anterior shoulder of the baby. The placenta was delivered 5 minutes later without complication. However, 30 min after childbirth, Mrs. Y tells you that she is having heavy vaginal bleeding.

- 1.17 What do you suspect is wrong with Mrs. Y?
- A. Sub-involution of the uterus
  - B. Primary postpartum haemorrhage
  - C. Puerperal pyrexia
  - D. Secondary postpartum haemorrhage
- 1.18 What is the **first** action you would take in Mrs. Y's case?
- A. Administer more oxytocin
  - B. Perform bimanual compression of the uterus
  - C. Check the uterus to see whether it is contracted
  - D. Perform manual exploration of the uterus

- 1.19 On examination, you find that Mrs. Y's uterus is firm and well contracted, the placenta is complete and she has no perineal trauma. A speculum vaginal examination by the doctor reveals that Mrs. Y has a cervical tear, of which it is immediately repaired. After repair of the cervical laceration, Mrs. Y's hemoglobin is found to be 6.8g/dl and her vital signs are stable. What is the most appropriate plan of care by the midwife?
- A. Send her home to recuperate
  - B. Begin a blood transfusion immediately
  - C. Monitor her vital signs for 24 hours and begin folate/iron supplementation, and encourage breastfeeding
  - D. Continue administration of oxytocin for 24 hours
- 1.20 In which of the following cases can transmission of HIV from mother to child occur?
- A. In all infants born to women with HIV infection
  - B. Most commonly as a result of sexual contact
  - C. Mostly when there is a large viral load in the mother's blood
  - D. Both A and C
- 1.21 Which one of the following statements is **INCORRECT** about the HIV care of infants during the postnatal period?
- A. Offer NVP to all HIV exposed infants for 6 weeks regardless of whether they are breastfeeding from birth or there have been on exclusive formula since birth
  - B. Offer a rapid HIV test to all infants at 9 months, regardless of their HIV exposure status
  - C. If the mother's HIV status is negative or unknown, exclusive breastfeeding should be encouraged for the first 6 months of life with addition of complementary feeds thereafter while breastfeeding continues for 24 months and beyond
  - D. All HIV exposed infants who have been breastfed should be offered a DNA-PCR test at 18 months to rule out HIV infection

- 1.22 Which of the following statements is true about interventions that aim to prevent the transmission of HIV to the newborn?
- A. Encouraging HIV positive women to opt for cesarean section mode of delivery reduces the risk of MTCT of HIV
  - B. Vigorously suctioning the infant's mouth and pharynx immediately after birth reduces infant exposure to HIV infected body fluids
  - C. Exclusive breastfeeding is the best method of feeding the infant since it eliminates the risk of MTCT of HIV to the new born
  - D. Both A and C
- 1.23 Which of the following tests would a midwife use to determine the HIV status of an 18 months old HIV exposed baby?
- A. DNA-PCR test
  - B. Rapid HIV antibody test, and if positive, followed by a DNA-PCR test to confirm the diagnosis
  - C. Rapid HIV antibody test
  - D. Any of the above
- 1.24 All the following are risk factors for developing endometritis during the puerperium, **except:**
- A. Prolonged labour
  - B. Multiple vaginal examinations
  - C. Normal vaginal delivery
  - D. Low socio-economic status
- 1.25 Which one of the following is **NOT** a complication of endometritis?
- A. Pelvic abscess
  - B. Septic pelvic thrombophlebitis
  - C. Peritonitis
  - D. Thromboembolism

- 1.26 When the HIV-exposed infant is six months old, which one of the following would you give as advice to a HIV positive mother who is practising exclusive breastfeeding?
- A. Stop breastfeeding abruptly and introduce solid foods to the baby
  - B. Continue breastfeeding exclusively until the baby is 24 months old or beyond
  - C. Start complementary feeds and continue breastfeeding for at least 12 months
  - D. Switch to formula feeds in order to reduce the risk of MTCT of HIV
- 1.27 Which of the following may occur as a result of unrelieved breast engorgement?
- A. Mastitis
  - B. Sore nipples
  - C. Breast abscess
  - D. Any of the above
- 1.28 Which one of the following is the preferred ART regimen for all HIV positive children < 3 years in Swaziland?
- A. ABC + 3TC + EFV
  - B. AZT + 3TC + LPV/r
  - C. ABC + 3TC + LPV/r
  - D. ABC + 3TC + NVP
- 1.29 Which one of the following statements correctly describes the management of TB in the postpartum for the infant whose mother has active TB?
- A. The infant should not be separated from its mother but contact should be minimal until both the mother and infant are on appropriate therapy
  - B. Treatment for TB is generally contra-indicated as significant amounts of anti-TB drugs are excreted in breastmilk
  - C. Breastfeeding is unacceptable unless the mother has MDR disease or poor adherence to therapy.
  - D. The infant should be separated from its mother and contact should be minimal between the mother and the baby



1.30 Pyrexia in the puerperium may be due to all of the following, **EXCEPT**:

- A. Pyelonephritis
- B. Mastitis
- C. Pneumonia
- D. Totally emptying the bladder when urinating

**[Total: 30 marks]**

## **QUESTION 2**

2.1 Explain the actions you would take when managing the 3<sup>rd</sup> stage of labour in order to prevent postpartum haemorrhage. [3]

2.2 Explain the main difference between active management of the 3<sup>rd</sup> stage of labour and expectant management of the 3<sup>rd</sup> stage of labour [2]

2.3 Would you use either Ergometrine or Syntocinon or both as the preferred drug(s) of choice in the prevention of post-partum haemorrhage? Justify your choice [4]

2.4 Explain the guidelines that midwives must follow when managing postpartum haemorrhage [5]

2.5 State six (6) complications that can occur to a woman with postpartum haemorrhage [6]

**[Total: 20 marks]**

### QUESTION 3

Loma comes for her 7 days postpartum visit, and you notice that she is limping. You ask her if she has hurt herself, of which she says she has not. She only mentions a sudden ache in one of calf muscles in her legs, which has restricted her movement in the last 2 days or so.

3.1 What condition do you suspect Loma is suffering from? Justify your answer. [2]

3.2 Explain the factors that predispose a woman to suffer from the condition identified in 3.1 above. [12]

3.3 State other clinical manifestations that you would look for that can help you to confirm your diagnoses made in 3.1 above [4]

3.4 Explain how you would manage Loma's condition, giving scientific rationales for your actions. [7]

**[Total: 25 marks]**