

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
MAIN EXAMINATION QUESTION PAPER; MAY, 2018

TITLE OF PAPER: PREGNANCY WITH COMPLICATIONS

COURSE CODE: MID412/ MWF412

DURATION: TWO (2) HOURS

TOTAL MARKS: 75

INSTRUCTIONS:

1. TOTAL NUMBER OF QUESTIONS THREE(3)
2. ANSWER ANY THREE QUESTIONS ONLY
3. ALL QUESTIONS CARRY EQUAL MARKS
4. READ THE QUESTIONS CAREFULLY
5. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED FOR A QUESTION OR PART OF A QUESTION
6. START EACH QUESTION ON A FRESH PAGE.
7. TOTAL NUMBER OF PAGES 3

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MAIN EXAMINATION QUESTION PAPER; MAY, 2018
MID412 and MWF412: PREGNANCY WITH COMPLICATIONS

QUESTION 1

1.1 Define the “term high risk pregnancy.” (1).

1.2 .1 Describe four categories of factors that can place the pregnancy at risk. Consider **four factors** (4).

1.2.2 Explain how each of the factors mentioned in 2.1 above, places the pregnancy at risk.

One mark for each correct point inclusive of the rationale. (20).

[25]

QUESTION 2

Loice is a primigravida from Ngwenya in the HhoHho region. She has reported at the Mbabane Public Health (PHU) for the first antenatal care visit. According to her, she is 34 weeks of gestation. She reports that she has not felt any fetal movements since this morning. All her vital signs are normal including screening tests such as urinalysis.

2.1 Describe how the midwife will manage Loice in an effort to establish the reasons why she has not felt any fetal movements. One mark for each correct point presented including the rationale. (15).

2.2 Explain the roles and responsibilities of the midwife in health education, prevention and managing women who present with pre-eclampsia. (Consider ten points). (10).

[25]

QUESTION 3

Nomsa is 34 weeks gestation, Para 2 Gravida 4. She has reported at Mbabane Public Health for her initial (first) antenatal care visit. Her last normal menstrual period was 6 February 2018. She had slight vaginal bleeding on 13 March 2018 which stopped on 20 March 2018 following a period of rest in hospital. During that admission period, no investigations were done. Today Nomsa presents at Mbabane Public Health Unit with history of vaginal bleeding which started when she was giving food to her husband last night. You are the midwife attending to Nomsa

3.1 What is the possible diagnosis for Nomsa? Give rationale. (1).

3.2 What factors will you consider when coming up with the diagnosis? Include the history you will obtain from Nomsa. (12).

3.3 Explain why the doctor would order an ultrasound scan on Nomsa? (5).

3.4 What are the possible complications which may occur in both Nomsa and her fetus? (7).

[25]

QUESTION 4

4.1 What is prolonged pregnancy? (1).

4.2 What are some of the factors to consider when coming up with a diagnosis of prolonged pregnancy? (10).

4.3 One of the responsibilities of the midwife is to identify the factors which place the pregnant woman at risk or potential risks. Outline some of the factors which may increase the risk of prolonged pregnancy. (5).

4.4 Describe the midwifery management of the client who presents with prolonged pregnancy. (9).

[25]