

**UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCES
FINAL EXAMINATION PAPER; MAY, 2018**

**TITLE OF PAPER : EMERGENCY OBSTETRICS AND NEONATAL CARE
COURSE CODE : MID 504
DURATION : TWO (2) HOURS
TOTAL MARKS : 75**

INSTRUCTIONS:

- 1. ANSWER ALL QUESTIONS**
- 2. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO EACH PART OF A QUESTION**
- 3. BEGIN EACH QUESTION ON A NEW PAGE**
- 4. QUESTIONS DO NOT CARRY EQUAL MARKS**
- 5. USE BULLETS FOR ANSWERING, WHERE APPLICABLE**

**THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION IS GRANTED BY
THE INVIGILATOR**

QUESTION 1

1.1 Indicate whether each of the following statements are **True** or **False**.

1.1.1 The **Rubin's manoeuvre** for delivering shoulder dystocia includes positioning the woman in all fours, inserting your hands in the vagina and identify the foetal chest, exerting pressure on posterior foetal shoulder until rotation achieved (1)

1.1.2 A frank umbilical cord prolapsed is positioned alongside, but not past the presenting part (1)

1.1.3 A neonate who is not breathing or crying at birth requires immediate positive pressure ventilation (1).

1.2 Discuss the midwifery care of a woman presenting with hypovolaemic shock after childbirth (12)

[15]

Question 2

Read the following scenario and answer the questions that follow.

Zelda is a black 17 year old primigravida who is brought to the hospital by her relatives in an unconscious condition after she had several convulsions at home 5 hours ago. No other convulsions were noted. She is 33 weeks pregnant.

On examination, fundal height- 33 cm, lie- longitudinal, presentation- breech, descent- 5/5 above the brim, foetal heart rate-130 beats per minute. Vital signs: temperature- 37.1 degrees Celsius, pulse- 90 beats per minute, respirations- 17 breaths per minute, blood pressure- 170/120mmHg, proteinuria 3+

2.1 State the possible diagnosis for Zelda (1)

2.2 Explain your response in 1.1 above (2.5)

2.3 State the predisposing factors to Zelda's condition (1.5)

2.4 Discuss Zelda' management (22)

[27]

Question 3

Read the following scenario and answer the questions that follow.

Thuli is a 34 year old Para 5 Gravida 6 who is in labour at 38 weeks gestational age. During the progress of labour, you diagnose her with poor progress of labour

secondary to inefficient uterine contractions. Cervix- 5 cm for 4 hours, membranes- ruptured and draining clear liquor, no moulding. Foetal heart rate 130 beats per minute. Maternal vital signs are within normal limits.

You decide to notify the doctor about Thuli. The doctor comes and orders augmentation with 5 IU of syntocinon added to 1 litre of Ringer Lactate.

Two hours after the commencement of the augmentation, you note uterine tenderness on palpation, cessation of uterine contractions and easily palpable foetal parts. Foetal heart rate- 70 beats per minute, temperature- 36.5 degrees Celsius, pulse rate- 120 beats per minute, blood pressure- 70/40mmHg.

- 3.1 State Thuli's possible diagnosis (1)
 - 3.2 Justify your response in 3.1 (5)
 - 3.3 Discuss Thuli's management (10)
- [16]**

Question 4

4.1 Define the following terms:

- 4.1.1 Amniotic fluid embolism (3)
 - 4.1.2 Ectopic pregnancy (2)
- [5]**

4.2 The following question is for an emergency condition of the neonate

A neonate was delivered naturally one day ago, had an Apgar score of 4/10 – 7/10 after resuscitation. Post resuscitation care was done and the neonate was given to her mother after close observation. The midwife then finds the neonate having convulsions in the post natal ward. Discuss how the midwife should manage the neonate

(12)

[17]

TOTAL [75]