UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

MAIN EXAMINATION QUESTION PAPER; DECEMBER, 2017

TITLE OF PAPER: PREGNANCY WITH COMPLICATIONS

COURSE CODE: MID512

DURATION: Two (2) Hours

TOTAL MARKS: 75

INSTRUCTIONS:

1. THE PAPER CONSISTS OF THREE (3) QUESTIONS
2. ANSWER ALL QUESTIONS
3. ALL QUESTIONS CARRY EQUAL MARKS
4. READ THE QUESTIONS CAREFULLY
5. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO A QUESTION OR PART OF A QUESTION
6. START EACH QUESTION ON A FRESH PAGE

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MAIN EXAMINATION QUESTION PAPER; DECEMBER,2017

MID512: PREGNANCY WITH COMPLICATIONS

QUESTION 1

Mrs O is 20 years old, Gravida 2 Para 1. She presents at Mbabane Public Health Unit at 28 weeks gestation with a genital ulcer. On examination the midwife notes a single ulcer with a firm border. Mrs O reports that the ulcer is painless. **Questions 1.1 to 1.3 refer to this scenario.**

1.1 What is the most likely diagnosis?

a) Chancroid

b) Genital ulcer

c) Granuloma Inguinale

d) Syphilis.

1.2 When treating Mrs O for the above condition, the best way to treat both Mrs O and her sexual partner is to

a) advise Mrs O to take her sexual partner to a private health facility for treatment.

b) give Mrs O a tracing form which the sexual partner can take to any health facility.

c) give Mrs O a tracing form which the partner will bring to the antenatal clinic.

d) advise Mrs O to talk to her sexual partner about the infection and avoid treatment.

1.3 The recommended test(s) to confirm Mrs O's diagnosis is

a) genital smear from the skin cells.

b) serology test which requires pre-test counseling.

c) Rapid plasma reagent test.

d) a cervical smear.

1.4 One of the challenges which malaria may pose during pregnancy includes

a) improved health status of the foetus but poor maternal health.

b) enhanced resistance to infection.

c) enhanced phagocytic and bacterial properties.

d) poor maternal and foetal outcome.

1.5 Deficiency of folic acid during pregnancy, usually contributes to adverse effect to the foetus resulting in

a) congenital iron deficiency anaemia.

b) congenital malformations.

c) neural tube defects.

d) adverse effect on physiological changes which take place in the baby at birth.

1.6 Malaria in pregnancy can cause the following **EXCEPT**

a) Placenta circumvallate.

b) Abortions.

c) placental insufficiency.

d) haemolytic anaemia.

1.7 Complications of malaria include

a) massive haemolysis.

b) very mild jaundice.

c) retention of urine.

d) infertility.

Swaziland is one of the countries in Sub-Saharan Africa with a high rate of HIV infection among pregnant women and has embraced the Prevention of Mother to Child Transmission of HIV Programme. Questions 1.8 – 1.12 refer to this statement.

1.8 Women are more vulnerable to HIV infection than their male counterparts as a result of the fact that women

a) are vulnerable to all sexually transmitted infections.
b) have low resistance to HIV infection.
c) do not initiate sexual intercourse.
d) have a large mucus surface area which is easily traumatized and creates a door for the hiv to access the human body.

1.9 A woman who has a history of giving birth to a live baby followed by a neonatal death and recurrent abortions should be investigated for

a) HIV infection.
b) anaemia.
c) Gestational Diabetes Mellitus.
d) blood disorders.

1.10 A pregnant woman living with HIV is advised to use a condom consistently, with every act of sexual intercourse to

a) prevent bleeding in early pregnancy.
b) minimize infection by other variants of HIV.
c) minimize risk of acquiring malaria.
d) discourage sexual intercourse in pregnant women living with HIV.

1.11 One of the critical situations to consider for the transmission of HIV to the unborn baby is

a) high maternal CD4 count.

b) normal maternal viral load and low CD4 count

c) high maternal viral load.

d) the normal CD4 count with an HIV positive result.

1.12 All pregnant women diagnosed with Tuberculosis (TB) should be screened for HIV because

a) TB is one of the opportunistic infections.

b) TB and HIV cannot exist separately.

c) TB is a differential diagnosis of HIV.

d) Usually TB and HIV co-exist.

1.13 Rhesus incompatibility can contribute to intrauterine death. A woman diagnosed with Rhesus incompatibility should be given............ within 72 hours following delivery/childbirth.

a) Anti-D Immunoglobulin.

b) Anti-retroviral treatment.

c) Tetanus toxoid.

d) Syntometrine.

1.14 Rhesus immunization occurs after the birth of the ....if Anti-D Immunoglobulin is not administered within 72 hours following childbirth.

a) second child.

b) first child or abortion.

c) third child.

d) second delivery or second abortion.

1.15 A history of ....is often/usually associated with Rhesus Incompatibility.

a) recurrent stillbirths and jaundice in the neonate at birth.

b) infertility.

c) jaundice in the neonate after birth.

d) anaemia at birth.

1.16 Mrs J is a 26-year-old woman, Gravida 3, Para 2 presents at King Sobhuza 11 Memorial clinic at 8 weeks gestation with history of vaginal bleeding since this morning. Which of the following problems/conditions can be suspected as the cause of the bleeding?

a) Tubal mole.

b) Ruptured ectopic pregnancy.

c) Ovarian cyst.

d) Postpartum haemmorrhage.

1.17 Mrs N is 34 weeks pregnant and gives a history of having been involved in a road traffic accident early this morning. What could be the cause of the vaginal bleeding?

a) Placenta praevia.

b) Placenta membranica.

c) Placenta Bipartite.

d) Placenta abruption.

1.18 If Mrs N above, continues to bleed profusely, she is likely to develop one of the following

a) Physiological anaemia.

b) Pathological anemia.

c) Haemmorrhagic anaemia.

d) Iron deficiency anaemia.

1.19 Type 4 placenta praevia may cause severe bleeding especially when the lower uterine segment incorporates into the upper uterine segment. This is because

a) the placenta wholly covers the cervical os.
b) the placenta partly covers the cervical os.
c) the placenta slightly covers the cervical os.
d) the placenta covers the whole section of the fundus.

1.20 Mrs Q is 37 weeks pregnant and reports at Mbabane Public Health Unit with history of vaginal bleeding which started while she was sleeping a night. The cause of the bleeding would most probably be due to

a) Placenta abruption.
b) Placenta praevia.
c) Incidental bleeding.
d) Hydatidform Mole.

1.21 Premature birth as a result of antepartum haemmorrhage is usually attributed to

a) Type 1 placenta praevia.
b) Type 2 placenta praevia.
c) Type 3 Placenta praevia.
d) Undiagnosed Type 2 and Type 3 placenta praevia.

Loice is 35 years old, Gravida 7, Para 6, presents at Mbabane Public Health Unit for a repeat antenatal care visit at 38 weeks gestation. Questions 1.22 to 1.25 refer to this scenario.

1.22. Loice presents with an unstable lie, one of the causes could be

a) lax abdominal muscles in a grand multipara
b) Loice has a plattypelloid pelvis
c) Loice has a reduced transverse diameter of the brim of the pelvis
d) Loice has a reduced pelvic outlet.

1.23 Which of the following risks may be present during Loice's pregnancy?

a) Threatened abortion

b) Anaemia

c) Retained placenta

d) Placenta tripartite.

1.24 High Parity is usually attributed to which one of the following?

a) poor access to family planning services.

b) poverty contributing to malnutrition.

c) inadequate knowledge on what a balanced diet constitutes.

d) lack of social support from the family.

1.25 The following is/are one/some of the other factors that contribute to women having five (5) or more pregnancies.

a) Anaemia

b) Use of contraceptives

c) High infant and child mortality

d) Good relationships of the woman with the in-laws.

[25marks]

QUESTION 2

Mrs T is 26 years old Gravida 4 Para 1, none alive. She is 10 weeks pregnant and presents at Mbabane Public Health Unit for the initial antenatal care visit. Mrs T gives a history of two previous abortions, one unexplained stillbirth and suffers from severe and persistent candidiasis.

2.1 What is the most likely diagnosis of Mrs T? Explain. **(2 marks).**

2.2 Describe the history the midwife will take from Mrs T to aid in the diagnosis. **(5marks).**

2.3 Explain the key points (principles of antenatal care) to consider when providing antenatal care to Mrs T. **(10marks).**

2.4 State eight (8) possible complications which may occur to both the mother and the foetus as a result of the diagnosis made in 2.1 above **(8marks).**

[25marks]

QUESTION 3

Mrs P is 35 years old, Gravida 6 Para 5 and 34 weeks pregnant. She presents at Mbabane Public Health Unit with a history of painless vaginal bleeding since a day ago. Bleeding started while she was sleeping at night. Bleeding is increasing gradually and the blood is bright red.

3.1. What is the possible diagnosis in Mrs P's case? Explain. **(1marks).**

3.2 Describe how the midwife will assess the condition of the mother and foetus in a woman who presents with the diagnosis made in 3.1 above, at 34 weeks gestation. **(20 marks).**

3.3 Explain the complications which may occur as a result of diagnosis made in 3.1 above. **(4 marks).**

[25marks]