

**UNIVERSITY OF ESWATINI**

**FACULTY OF HEALTH SCIENCES**

**MAIN EXAMINATION QUESTION PAPER; MAY/JUNE 2019**

**TITLE OF PAPER: PREGNANCY WITH COMPLICATIONS**

**COURSE CODE: MWF412**

**DURATION: TWO (2) HOURS**

**TOTAL MARKS: 75**

**INSTRUCTIONS:**

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

**THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION HAS BEEN  
GRANTED BY THE INVIGILATOR.**

**MAIN EXAMINATION QUESTION PAPER; MAY/JUNE 2019**  
**MWF412: PREGNANCY WITH COMPLICATIONS**

**QUESTION 1**

**Choose the most appropriate response. Indicate the correct answer e.g. 1.26 D**

- 1.1 Which of the following contribute to 20% of maternal deaths worldwide?
- A. Pregnancy induced hypertension and Proteinuria.
  - B. Maternal under nutrition and iron deficiency anaemia.
  - C. Teenage pregnancy and gender based violence
  - D. Preeclampsia and diabetes mellitus.
- 1.2 Preconception care contributes to improved maternal health. Which of the following health outcome is a positive effect of preconception care?
- A. Lowered risk of type 2 diabetes later in life
  - B. Reduction in maternal deaths related to eclampsia
  - C. Reduction in incidence of pregnancy induced hypertension in women of child bearing age
  - D. Reduced incidence of malaria.
- 1.3 Which of the following is **NOT TRUE** about gaps in preconception care?
- A. All pregnancies end up with complications
  - B. All healthy pregnant women do not carry risky pregnancies
  - C. All public health programs ensure that women enter pregnancy in good health.
  - D. Preconception care initiatives are implemented in both high and low income countries.
- 1.4 Which of the following is an evidence based intervention addressed by the preconception care package by the World Health Organization (WHO)?
- A. Treating substance use disorders in pregnant women
  - B. Recommending family planning for all males
  - C. Initiating all teenagers on contraception
  - D. Community mobilization.
- 1.5 Which of the following body mass index is associated with infertility?
- A. Twenty-five (25)
  - B. Thirty (30) and above
  - C. Thirty –five (35)
  - D. Forty (40)

- 1.6 Nothando is Gravida 1 Para 0, gestation 34 weeks. She has been smoking a cigarette of tobacco on alternate days and drinking 2 litres of alcohol a day from the time of conception till now. Which of the following is Nothando's baby likely to present with at birth?
- A. Snuffles from tobacco and alcohol use.
  - B. Microsomia from the effect of Nicotine
  - C. Intrauterine growth retardation.
  - D. Foetal alcohol syndrome
- 1.7 You are a midwife working at Clinic X. This clinic has recorded a high rate of induced abortions among women aged between 17 and 20 years of age. Which of the following will be one of your best interventions to mitigate this high incidence?
- A. Engage the Ministry of Health
  - B. Lobby for improved access to contraceptives to women within the catchment area.
  - C. Advocate for the legalization of abortions.
  - D. Educate the women in the community on abortions.
- 1.8 Lizzie is Gravida 1 Para 0, presents at Mbabane Public Health Unit at 10.00 hours at 12 weeks gestation with moderate vaginal bleeding since yesterday at 22.00hours. All vital signs are normal. Cervix 3cms dilated. Which of the following is the most likely management for Lizzie?
- A. Provide antibiotics and allow Lizzie to go home.
  - B. Refer Lizzie to the doctor immediately for further management
  - C. Immediately refer Lizzie to the doctor for intravenous antibiotics
  - D. Refer Lizzie to the doctor for possible blood transfusion.
- 1.9 Phumzile is Gravida 2 Para 3. Last child is aged 10 years old. Phumzile was treated for pelvic inflammatory disease two years ago. Despite having regular unprotected sexual intercourse with her partner for the past year and half, she has not been able to have a baby. What is the likely cause?
- A. Faulty ovulation
  - B. Immature sperms from the partner
  - C. Blocked fallopian tubes
  - D. Acidic vaginal secretions.

**Read the following scenario and answer questions 1.10 to 1.13. Nathi is 30 years old Para 5 Gravida 5 presents at Mbabane maternity Unit at 11.00 hours at 34 weeks gestation with history of mild vaginal bleeding since last night .Bleeding started while Nathi was sleeping with no history of trauma.**

**1.10 Which of the following is the likely diagnosis of Nathi?**

- A. Placenta abruption**
- B. Concealed placenta abruption**
- C. Placenta Praevia**
- D. Mild antepartum haemorrhage.**

**1.11 How will Nathi's diagnosis be confirmed?**

- A. By performing an abdominal X-ray**
- B. By radiology**
- C. Speculum Examination**
- D. By performing an ultrasound scan.**

**1.12 Which of the following actions is the doctor likely to take in managing Nathi?**

- A. Do a speculum examination to exclude cervical polyps**
- B. Exclude onset of labour and manage Nathi conservatively**
- C. Admit Nathi for investigations and close observation**
- D. Augment labour.**

**1.13 If the doctor orders Dexamethasone for Nath, 12 mgs 12 hourly x 2 doses. Which of the following indicates the purpose for administering Dexamethasone?**

- A. To stop onset uterine contractions.**
- B. To prevent onset of preterm labour**
- C. To facilitate foetal lung maturity**
- D. To minimize incidence of foetal distress.**

**Read the following scenario and answer questions 1.14 to 1.18. Thandi is 35 years old, gravida 3, Para 2, gestation 36 weeks, presents at Mbabane Public Health Unit for routine antenatal care. On examination BP 140/90 mmHg, urinalysis, proteinuria + with no peripheral oedema. Foetal heart rate 140bpm and regular. General condition stable.**

- 1.14 Which of the following is the most likely diagnosis for Thandi?
- A. Pregnancy Induced Hypertension
  - B. Severe pre-eclampsia
  - C. Moderate pre-eclampsia
  - D. Mild pre-eclampsia.
- 1.15 Based on the diagnosis in question 1.13. Which of the following signs and symptoms is Thandi likely to present with?
- A. Asymptomatic
  - B. Shortness of breath
  - C. Epigastric pain
  - D. Frontal headache.
- 1.16 As a midwife what action will you take to promote maternal and foetal well being?
- A. Refer Thandi to the doctor for advanced management
  - B. Initiate Thandi on antihypertensive medication according to facility protocol
  - C. Advise Thandi to rest about 30 minutes and re-check Blood Pressure
  - D. Give Thandi a kick chart.
- 1.17 As a midwife attending to Thandi, what advice would you give Thandi regarding the next review date? Advise Thandi to return after
- A. One week
  - B. Two weeks
  - C. Three weeks
  - D. Four weeks.
- 1.18 Which of the following complications are likely to occur as a result of Thandi's condition?
- A. Diabetes Mellitus
  - B. Hypertension
  - C. Intrauterine growth retardation
  - D. Macrosomia.

- 1.19 Which of the following Hb readings define anaemia in pregnancy at term in the Kingdom of Eswatini?
- A. < 9.5 g/dl
  - B. < 10.5 g/dl
  - C. < 11g/dl
  - D. <11.5g/dl
- 1.20 Louise is aged 25 years, Para 3 G4, gestation 28 weeks, presents at Mbabane Public Health Unit for a routine antenatal care visit. Her HB is < 7.5g/dl. Which of the following actions will the midwife take?
- A. Transfuse Louise with 2 units of Packed cells
  - B. Advise Louise to deliver in hospital
  - C. Initiate iron supplementation and refer to the doctor immediately
  - D. Collect blood for total blood count and transfuse Louise with 2 units packed cells.

**Read the following scenario and answer questions 1.21 to 1.24. Lorraine is Para 3 Gravida 4, at 28 weeks' gestation presents at the clinic for the 3<sup>rd</sup> antenatal visit. Her previous babies weighed 3kgs; 3,5kgs and 4kgs at birth respectively. Lorraine has been diagnosed with gestational diabetes.**

- 1.21 Which of the following relates to Lorraine's condition?
- A. The body produces a lot of insulin
  - B. The liver fails to synthesize glucose
  - C. The pancreas may be unable to meet the increased demands for insulin production
  - D. Lorraine has excessive weight gain.
- 1.22 Lorraine's insulin requirements started increasing towards the end of the first trimester. What was the rational for such an increase?
- A. The needs of insulin are fairly high in the first trimester
  - B. Glucose use and glucose storage increases for both the mother and the foetus towards the end of the first trimester.
  - C. This is one of the effects of metabolism on pregnancy.
  - D. The maternal level of circulating maternal glucose is always the same throughout pregnancy.

- 1.23 Which of the following complications is Lorraine likely to develop?
- A. Polyhydramnios
  - B. Neonatal hypoglycemia
  - C. Hypoglycemic coma
  - D. Shoulder dystocia.
- 1.24 Which of the following applies to implementation and collaborative health care for Lorraine?
- A. Monitoring Lorraine for maternal and foetal well-being.
  - B. Excluding glycosuria
  - C. Changing the medication for treating Lorraine for diabetes
  - D. Deciding on the mode of delivery.
- 1.25 Which of the following best describes the function of insulin in the body?
- A. Facilitates movement of insulin from the pancreas
  - B. Facilitates absorption of fats
  - C. Facilitates movement of insulin from the tissues into the blood
  - D. Facilitates movement of glucose from blood into the tissue cells for either storage or energy use.

[25marks]

## QUESTION 2

- 2.1 Explain the problems/complications which may be experienced by a woman following a diagnosis of antepartum haemorrhage? (10 marks)

- 2.2 Phumzile is 40 years old Gravida 6 Par 5, gestation 36 weeks, presents at Mbabane Public Health Unit at 10.00 hours with vaginal bleeding which started this morning at 05.00 hours. Describe the initial assessment which the midwife will do on Phumzile. Give rationale. (15 marks)

[25 marks]

3. Discuss five factors which place a pregnancy at risk? [25 marks]