

**UNIVERSITY OF ESWATINI**  
**FACULTY OF HEALTH SCIENCES**  
**MIDWIFERY SCIENCE**  
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**TITLE OF PAPER:   NORMAL PREGNANCY AND ANTENATAL CARE**

**COURSE CODE:     MWF 407**

**DURATION:         Two (2) Hours**

**TOTAL MARKS:     75**

**INSTRUCTIONS:    1. THE PAPER CONSISTS OF THREE (3) QUESTIONS**  
**2. ANSWER ALL QUESTIONS**  
**3. START EACH QUESTION ON A FRESH PAGE**  
**4. ALL QUESTIONS CARRY EQUAL MARKS IN TOTAL**  
**5. READ THE QUESTIONS CAREFULLY**  
**6. TOTAL NUMBER OF PAGES NINE (9).**

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

## MWF407: NORMAL PREGNANCY AND ANTENATAL CARE.

### QUESTION 1

Multiple Choice: Choose the most appropriate response e.g. 1.26 D. Each correct answer carries one (1) mark. **Total 25 marks.**

Read the following scenario and answer questions 1.1 to 1.11 Nkosinathi is aged 25 years, Para 2 Gravida 3, gestation 10 weeks, presents alone at the Mbabane Public Health Unit for the initial antenatal care visit (ANC). Her pregnancy is classified as low risk. Vital signs, Blood Pressure 120/80mmHg, Temperature 37.5 °C, Pulse 78 beats per minute. Her weight is 60kgs and height is 160 cms. She has tested positive for HIV today through the provider initiated HIV testing and counselling.

- 1.1 Which of the following is one of the key issues the midwife should ensure during this visit?
- A. Facilitate development of a birth plan with the partner.
  - B. Enhance confidentiality with the midwives.
  - C. Establish a trusting relationship with Nkosinathi.
  - D. Share Nkosinathi's history and profile with other health professionals to provide holistic care.
- 1.2 According to the World Health Organization model of Focused Antenatal Care, how many ANC visit should Nkosinathi attend for the duration of her pregnancy?
- A. Four to six visits
  - B. Four visits
  - C. Six to eight visits
  - D. An average of three to eight visits.
- 1.3 Nkosinathi has reported for the initial booking visit at 10 weeks gestation. Which of the following is considered one of the aims of this ANC visit?
- A. Provision of optimum care as prescribed by the Eswatini Nursing Council.
  - B. Obtaining baseline observations and screen Nkosinathi of any risk factors at the opportune time.
  - C. Screening for HIV infection to ensure Nkosinathi is initiated on ARVS in the first trimester.
  - D. Commence Nkosinathi early, on TB treatment for the benefit of the fetus.

- 1.4 Which one of the following is true about the purpose of Nkosinathi's initial antenatal visit?
- A. It provides an opportunity for the midwife to share social issues with Nkosinathi to promote social wellbeing if the fetus.
  - B. Comprehensive interaction with Nkosinathi to obtain the relevant information to ensure delivery of a normal term baby.
  - C. The midwife will identify all the complications Nkosinathi can present with during this current pregnancy.
  - D. Comprehensive baseline health assessment is done to inform future monitoring of the maternal and fetal condition.
- 1.5 During this visit, the midwife will obtain previous childbearing history from Nkosinathi. How will the history obtained help the midwife in providing appropriate care to Nkosinathi?
- A. The history will assist the midwife to decide on the place of delivery for Nkosinathi.
  - B. The history will assist the midwife to establish a lasting trusting relationship between the midwife and the Nkosinathi.
  - C. The midwife will be able to determine the possible outcome of labour.
  - D. The midwife will be able to decide on the type of pain relief to give to Nkosinathi during labour.
- 1.6 The midwife will ask Nkosinathi for a specimen of urine and do a urinalysis. Which of the following is the rationale for testing Nkosinathi's urine?
- A. To rule out glucose.
  - B. To rule out acetone and glucose
  - C. To rule out proteinuria and HIV infection.
  - D. To rule out glucose and proteinuria.
- 1.7 Which of the following tests/investigations will be done on Nkosinathi?
- A. Blood group and Hepatitis B.
  - B. FBC, Blood group, Liver function test and Rhesus factor.
  - C. Full blood count, Blood group and Rhesus factor.
  - D. Tuberculosis screening
- 1.8 Which of the following will the midwife administer to Nkosinathi during this current visit?
- A. Ferrous Sulphate only to boost maternal iron stores.
  - B. Tetanus Toxoid<sup>1</sup>.
  - C. Calcium to boost growing of fetal teeth..
  - D. Albendazole as prophylaxis.

- 1.9 During this antenatal visit Nkosinathi has tested positive for the first time through the Provider initiated HIV testing and counseling. Which of the following actions will the midwife take?
- A. Counsel Nkosinathi to live positively with HIV and abstain from sexual intercourse to prevent re-infection.
  - B. Provide posttest counseling to Nkosinathi and tell her to practice exclusive breastfeeding.
  - C. Provide posttest counselling and initiate Nkosinathi on ARV prophylaxis.
  - D. Provide posttest counseling and initiate Nkosinathi on lifelong ART.
- 1.10 Nkosinathi is likely to experience frequency of micturition towards the end of the first trimester till pregnancy gets to term. Which of the following is one of the contributory factors?
- A. Nkosinathi is likely to take plenty of oral fluids during pregnancy specially water.
  - B. The oedema which occurs in the lower limbs in pregnancy contributes to increased diuresis.
  - C. Increased diuresis and reduced bladder capacity due to the growing uterus.
  - D. The growing uterus puts pressure on the bladder.
- 1.11 When Nkosinathi experiences frequency of micturition late in pregnancy. Which of the following is the likely contributing factor?
- A. Displacement of the bladder due to the increase in size of the uterus resulting in reduced bladder capacity.
  - B. Infection as a result of bacteriuria.
  - C. Dysuria thereby the pain and irritation results in frequency .
  - D. Frequency occurs in all women who are pregnant.

**This scenario refers to questions 1.12 to 1.16. Mrs Dlamini is Para 4 Gravida 5, presents today at the Mbabane Public Health Unit at 36 weeks gestation. Mrs Dlamini's haemoglobin is 11.5g/dl, down from 12g/dl at the time of booking. Her Blood pressure at the time of booking (at 12 weeks gestation) was 120/80mmHg and today, her BP is 110/75mmHg.**

- 1.12 Which of the following is the likely to have caused Mrs Dlamini's drop in Blood Pressure?
- A. The high levels of progesterone and oestrogen in pregnancy cause a drop in BP in most women at 32 weeks gestation.
  - B. The effect of progesterone contributes to blood pressure reaching its lowest dip around 32 weeks gestation.
  - C. The effect of progesterone on the blood vessels is more marked from 30 weeks gestation.
  - D. The cardiac muscles are more affected by progesterone and oestrogen during this period.
- 1.13 Which of the following is the likely cause of the drop in Mrs Dlamini's Haemoglobin?
- A. Haemo-concentration of the red blood cells during pregnancy.
  - B. The effect of haemodilution in pregnancy.
  - C. The need to prevent anaemia in pregnancy.
  - D. The effect of supplements in all pregnant women.
- 1.14 The midwife dispensed ferrous sulphate to Mrs Dlamini. Which of the following explains why the midwife dispensed ferrous sulphate?
- A. To boost the iron levels for Mrs Dlamini to meet the iron demands of the growing fetus.
  - B. There is increased iron demand in pregnancy.
  - C. All pregnant women get iron supplementation at 36 weeks.
  - D. All pregnant women receive ferrous sulphate towards term.
- 1.15 Which of the following explains why Mrs Dlamini's Hb level should be at normal levels?
- A. To prevent neonatal megaloblastic anaemia.
  - B. To prevent varicosities and neonatal anaemia.
  - C. To prevent neonatal anaemia and preterm labour.
  - D. To prevent neonatal anaemia and alleviate effects of postpartum haemorrhage.

1.16 The midwife noticed that Mrs Dlamini is smoking cigarettes and has advised her to stop or reduce the number of cigarettes per day. Why did the midwife provide such advice?

- A. Smoking in pregnancy increases the risk of macrosomia.
- B. Smoking in pregnancy increases the risk of miscarriage.
- C. Smoking in pregnancy results to poor pregnancy outcome.
- D. Smoking in pregnancy results in poverty because the woman will spent most of her money buying cigarettes.

1.17 Louis is 20 years old Para 1 Gravida 2, gestation 37 weeks, presents at the clinic complaining of constipation. Which of the following can be attributed to the constipation Mrs Dlamini is experiencing?

- A. There is decreased peristalsis hence the constipation
- B. There are high levels of oestrogen resulting in gestational constipation.
- C. There is increased the risk of constipation in promigravida.
- D. Mrs Dlamini has poor appetite hence she is not taking a lot of fluids.

1.18 Which of the following is considered a challenge in parenting?

- A. Selecting an infant feeding option
- B. Adapting to parental roles
- C. Ignorance of the physical changes in the mother
- D. Feeding the baby during the day.

1.19 Which of the following may contribute to teratogenesis during the development of the embryo?

- A. The woman's ignorance of the last menstrual period.
- B. When the pregnant woman has an abdominal X-ray at 36 weeks gestation.
- C. Administration of oral medication.
- D. Administration of certain oral hypoglycaemics at 6 weeks gestation.

1.20 One of the responsibilities of the midwife is to monitor fetal well-being during pregnancy.

Which of the following will the midwife base the fetal condition on during pregnancy?

- A. Gestational age considered at the time of booking.
- B. A regular and rhythmic fetal heart rate, ranging between 110-160 beats per minute.
- C. A stable maternal condition reflected by consistent reading of BP
- D. Maternal weight gain irrespective of gestational age.

1.21 Which of the following is one of the benefits for having an informative and easy to implement birth plan?

- A. The birth plan may help to allay some fears and anxiety about pregnancy and immediate care of the baby.
- B. A birth plan always relieves parental anxiety.
- C. A birth plan may help to allay maternal fear and anxiety related to labour and immediate care of the baby.
- D. A birth plan helps parents to be the best parents.

1.22 Which of the following is one of the benefits for giving folic acid to pregnant women preconception and from early pregnancy?

- A. Prevents neural tube defects and anaemia.
- B. Prevents iron deficiency anaemia.
- C. Reduce incidence of physiological anaemia.
- D. Prevents neural tube defects and increases absorption of maternal iron.

1.23 Which of the following justifies the administration of Tetanus Toxoid immunization to young girls and pregnant women?

- A. Prevents mother to child transmission of tetanus.
- B. Reduces the chances of the exposed infants getting tetanus.
- C. Babies will be delivered with acquired immunity against tetanus
- D. This process serves to eliminate tetanus from the endemic areas.

1.24 Which of the following are some of the parameters that are used at 28 weeks gestation to estimate gestational age by ultrasound?

- A. Gestational sac.
- B. The head circumference and crown rump length.
- C. The abdominal girth measurements and crown rump length.
- D. The bi-parietal diameter and abdominal girth measurements.

1.25 Which of the following periods indicate the crucial period for organogenesis in the development of the human being?

- A. The first 2-3 weeks
- B. The first 3-4 weeks
- C. The first 4-6 weeks
- D. The first 4-8 weeks.

**[25marks]**



## QUESTION 2

Read the scenario and answer the following questions.

Nathi is Para O Gravida 1 aged 22 years, presents at the Mbabane Public Health Unit at 36 weeks gestation for the subsequent antenatal visit. All the findings following comprehensive health assessment and abdominal examination are within the expected ranges.

2.1 Describe how the midwife will prepare Nathi for labour. **(20 marks).**

2.2 Outline the important obstetric landmarks on the gynaecoid pelvis. which should be considered in deciding the adequacy of a pelvis for labour. **Consider 5 points.** Give rationale for each point. **(5 marks).**

**[25]**

## QUESTION 3

3.1 Phiwo is aged 30 years old, Para 3 Gravida 4, presents at the Public Health Unit for the initial antenatal care visit at 12 weeks gestation. Outline the past obstetric history which the midwife will obtain from Phiwo. Give rationale for each. **(15marks).**

3.2. Londiwe is aged 33 years, Para 1 Gravida 2, presents at the Public Health Unit for a subsequent antenatal care visit. The midwife performs an abdominal examination on Londiwe. What are the aims of performing an abdominal examination on Londiwe? **(10 marks).**

**[25marks]**