

**UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION, JUNE 2020**

COURSE: PREGNANCY WITH COMPLICATIONS

COURSE CODE: MWF 412

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

7. TOTAL NUMBER OF PAGES INCLUDING COVER PAGE

8

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FINAL EXAMINATION, JUNE 2020
MWF 412 PREGNANCY WITH COMPLICATIONS

QUESTION 1

- 1.1 Preconception care in a woman with cardiac disease includes the following:
- A. Help the woman to eat a diet rich in fat
 - B. Help the woman to select and follow a balance diet which will prevent anaemia
 - C. Help the woman to keep her haemoglobin at 11 gms/dl
 - D. Help the woman to promote morality.
- 1.2 Which of the following will aid in confirming the diagnosis of cardiac disease in pregnancy?
- A. Clinical picture
 - B. Electroencephalogram
 - C. Electrocardiogram and Echocardiography
 - D. Radiography.
- 1.3 Which of the following is a safer period to perform termination of pregnancy due to medical reasons in a woman with cardiac disease?
- A. After 16 weeks' gestation
 - B. In the second trimester
 - C. In the first trimester
 - D. After 14 weeks' gestation
- 1.4 Antenatal care in a woman with cardiac disease is aimed at
- A. Reducing incidence of palpitations
 - B. Preventing hypoglycaemia
 - C. Keeping a steady haemodynamic state and preventing complications
 - D. Maintaining the psychological well-being of the mother and foetus.
- 1.5 Which of the following is one of the predisposing factors to prolonged/post term pregnancy?
- A. Macrosomia
 - B. Family history of anencephaly
 - C. Multiple pregnancy
 - D. Nulliparity

- 1.6 The following is /are some of the psychological issues /effects related to prolonged /post-term pregnancy.
- A. Anxiety related to fear of pregnancy loss
 - B. Depression related to loss of morale and fear of loss of the baby
 - C. Anxiety, depression and possible extra expense and inconvenience.
 - D. Depression and fear
- 1.7 Which of the following is /are effects of prolonged pregnancy on the foetus?
- A. Increased intrauterine growth leading to macrosomia as the foetus grows rapidly.
 - B. Increased risk of intrauterine growth retardation due to placental insufficiency.
 - C. Oxygen saturation increases leading to polycythaemia.
 - D. The fetal mortality rate is trebled after 42 weeks' gestation
- 1.8 Which of the following is true about accurate diagnosis of prolonged pregnancy?
- A. Maternal and fetal condition is assessed the time baseline observations are obtained.
 - B. The midwife should ask the mother about her last normal menstrual (LNMP) period on every second antenatal care visit.
 - C. Accurate information from the mother about her LNMP and early baseline measurements.
 - D. An ultrasound scan done at 30 weeks' gestation provides accurate information.
- 1.9 Diagnosing prolonged pregnancy can also be done by ultrasound scan and the accurate bi-parietal diameter measurements are used based on gestational age. The following gestational periods can be used to obtain accurate measurements of the BPD.
- A. 9-28 weeks
 - B. 12-32 weeks
 - C. 0-29 weeks
 - D. 0-30 weeks
- 1.10 What is the role of the midwife in the management of a woman presenting with prolonged / post-term pregnancy?
- A. Providing psychological support
 - B. Allay anxiety by being truthful in all communications and close monitoring of both maternal and fetal conditions including referral.
 - C. Monitoring fetal heart rate every 30 minutes of admission and referral
 - D. Initiating the management of the woman in a multidisciplinary team.

Scenario: Tshengisile is Para 0 Gravid 1, aged 20 years, presents at Mbabane Public Health for the initial(booking) antenatal visit. On blood investigations, Tshengisile is found to be Rh-negative and her husband is Rh -positive. Questions 1.11 to 1.15 refer to this scenario.

- 1.11 Which of the following is true about the antigen Tshengisile is carrying?
- A. Tshengisile does not have the “D” antigen
 - B. Tshengisile does not have the “d” antigen
 - C. Tshengisile has the “d” antigen while her husband has does not have.
 - D. Tshengisile received the antigen from her husband.
- 1.12 Which of the following is true about what will happen to Tshengisile at the time of delivery?
- A. When the placenta separates fetal blood will trickle into Tshengisile’s blood circulation.
 - B. Nothing will happen
 - C. Tshengisile’s blood will trickle into her baby’s circulation.
 - D. The midwife will cut the umbilical cord after one minute to prevent mixing of Tshengisile’s blood and that of her baby.
- 1.13 Which of the following is likely to occur in Tshengisile’s foetus in the next pregnancy?
- A. Hydrops fetalis as a result of a low haemoglobin in Tshengisile
 - B. Rhesus iso-immunisation leading to haemolysis of the fetal red blood cells
 - C. Haemolysisas result of the low haemoglobin
 - D. Low haemoglobin leading to congenital anaemia.
- 1.14 What will the midwife administer to Tshengisile to prevent the condition in 1.13?
- A. There is no need for medication unless Tshengisile will have experienced an abortion.
 - B. Usually the midwife monitors Tshengisile for signs of anaemia
 - C. Anti-D Immunoglobulin to prevent development of antibodies
 - D. Vitamin k to prevent haemorrhagic disease of the new born
- 1.15 What is the timing of administering the prophylaxis mentioned in 1.14 above?
- A. Within 72 hours of birth of Tshengisile’s baby.
 - B. Within 48 hours of the birth of Tshengisile’s baby
 - C. Within 24 hours of the birth of Tshengisile’s baby
 - D. Within 48-72hours of the birth of Tshengisile’s baby.

Scenario: Lonny is Par 5 Gravida 6 presents at Mankayane Public Health Unit with a history of a dull headache at 39 weeks' gestation. Lonny has attended four (4) previous visits and today is the 5th visit, and on each visit her blood pressure was being checked. The following table shows Lonny's BP at each of the five visits. Questions 1. 16 to 1.20 refer to this scenario.

Number of ANC visit	Gestation	BP	Urinalysis	Comments and Midwife's action
1	12	110/70	Protein -ve	No complaints-no action
2	26	125/80	Protein -ve	No complaints- no action
3	30	130/85	Protein -trace	No complaints- no action
4	34	140/90	Protein +	No complaints- no action
5(Current visit-today)	39	150/100	Protein ++	Dull headache and oedema of the lower limbs- no action

- 1.16 What is the potential midwifery diagnosis of Lonny?
- A. Low cardiac output related to low diastolic pressure
 - B. Severe pre-eclampsia
 - C. Moderate pre-eclampsia
 - D. Activity intolerance related to headache and oedema of the lower limbs.
- 1.17 What observation should the midwife have done at 26weeks gestation?
- A. That Lonny is growing up as BP increases with age
 - B. That Lonny is doing well as BP changes in pregnancy
 - C. That Lonny is responding well to the change and adaptation if pregnancy.
 - D. That Lonny's blood pressure readings are gradually increasing.
- 1.18 Which condition should the midwife have suspected at 26 weeks?
- A. Essential hypertension
 - B. Chronic hypertension
 - C. Pregnancy induced hypertension/gestational hypertension (PIH)
 - D. Preeclampsia.

- 1.19 What is the likely diagnosis for Lonny at the 4th visit?
- A. Severe PIH
 - B. Severe chronic hypertension
 - C. Severe preeclampsia
 - D. Imminent eclampsia.
- 1.20 What action is the doctor likely to take during this visit?
- A. Admit Lonny in the mothers' waiting shelters and advise her to wait for a spontaneous delivery of the baby.
 - B. Advise the midwives to accompany Lonny to the mothers' waiting shelters for orientation about her stay.
 - C. Advise Lonny that she is fine since she is Para 4.
 - D. Educate Lonny about the condition and recommend immediate induction of labour.
- 1.21 The following is true about candidiasis in pregnancy.
- A. Candidiasis affects fertility.
 - B. Treatment for candidiasis is mainly topical or vaginal pessaries.
 - C. Candidiasis adversely affects pregnancy outcome.
 - D. Candidiasis affects the foetus and contributes to fetal hypoxia.
- 1.22 Which of the following tests/procedure is done in the process of confirming the diagnosis of candidiasis?
- A. Blood tests.
 - B. High vaginal swab
 - C. Sight-clinical picture
 - D. None of the above

Scenario: Phumi is aged 30 years old, Para 0 Gravida 1 presents at Mbabane Public Health Unit (PHU) at 22weeks' gestation with a history of nocturia despite not taking fluids after 5pm every day, excessive weight which is not consistent with the gestational age and feeling thirst most of the time. She booked her pregnancy at 10weeks' gestation and all vital signs and other tests done on the initial antenatal visit were normal. Today all vital signs are within normal ranges. Questions 1.23 to 1.25 relate to this scenario.

1.23 What is the most likely diagnosis for Phumi?

- A. Pregnancy induced hypertension
- B. Pre-eclampsia
- C. Imminent eclampsia
- D. Gestational diabetes.

1.24 The midwife has performed a urinalysis. What is the midwife likely to note from the results?

- A. Acetone
- B. Albumin
- C. Glucose
- D. Protein

1.25 Which of the following is the condition likely to contribute to?

- A. Intrauterine hypoxia with resultant meconium aspiration
- B. Multiple pregnancy
- C. Microsomic babies
- D. Macrosomic babies.

QUESTION 2

Nkosinathi is Para 4 Gravida 5, aged 40 years old and 34 weeks' gestation. She presents at Mbabane maternity at 08.00 hours with a history of vaginal bleeding since 07.00 hours this morning. Describe the initial assessment the midwife will do on Nkosinathi including factors to consider to aid differential diagnosis. **(25 marks)**

QUESTION 3

3.1 Describe the factors that the midwife will consider in making a diagnosis of twin pregnancy? Give rationale for each point. **Consider both subjective and objective data.**
(12marks)

3.2 Explain the effects of twin pregnancy on the woman.

(13 marks)

[25 marks]