

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCE
FINAL EXAMINATION: JUNE 2021

COURSE TITLE : POSTPARTUM WITH COMPLICATIONS
COURSE CODE : MID506
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. START EACH QUESTION ON A NEW PAGE**

- 4. QUESTIONS DO NOT CARRY EQUAL MARKS**

- 5. KINDLY USE BULLETS FOR EACH POINT IN YOUR ANSWER WHERE APPLICABLE**

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SECTION A: MULTIPLE CHOICE QUESTIONS

QUESTION 1: Choose the most appropriate response from each of the following statements and write the number and letter which you think is best. For example 40.A

1.1 A client diagnosed with puerperal sepsis may present with one of the following symptoms

- A. Sub-involution of the uterus
- B. Persistent lochia rubra
- C. Retroverted uterus
- D. Hyperbilirubinemia

1.2 Which of the following conditions is associated with HELLP syndrome?

- A. Hypovolemnia
- B. Diabetes mellitus
- C. Pre-eclampsia
- D. Systemic infection

1.3 What could be a probable cause of vesicovaginal fistula in a postpartum woman?

- A. Prolonged pressure of fetal skull against the pelvic bone
- B. Trauma during caesarean section
- C. Severe puerperal infection
- D. Strong uterine contractions during labour

1.4 It is possible to prevent urinary tract infections. Which is the most convenient prophylactic treatment?

- A. Clean with water after passing urine
- B. Take over the counter effective antibiotics
- C. Take prophylactic urinary diuretics once a day
- D. Drink more than 3litres of water per day

1.5 Why is postpartum depression commonly a missed or under diagnosed problem?

- A. Midwives are not educated on psychological conditions
- B. Symptoms are masked by common experiences of new mothers
- C. Health care providers do not take reports from patients seriously
- D. There is no treatment for postpartum depression

The following questions require short answers. Write the most probable cause/ diagnosis for each.

1.6 Lucy gave birth 4 hours ago. She complains of vomiting, her vital signs; blood pressure is 150\115 mmHg, complains of epigastric pain, severe headache and blurred vision and general body malaise.

1.7 Loma gave birth 30 minutes ago. You actively managed the third stage of labour, but she is now bleeding heavily per vaginally, your estimated blood loss is more than 500ml but her uterus is well contracted.

1.8 Mrs Gables developed localized edema, tachycardia, she became dyspnoeic and complained of chest pain immediately after administration of an antibiotic that she has never received before.

1.9 A 30year old woman who had an emergency caesarean section suddenly becomes breathless and complains of central chest pain. She subsequently loses consciousness.

1.10 Mrs. P gave birth 15 minutes ago. You actively managed the third stage of labour, the placenta was complete, and she has no vaginal or perineal lacerations. You find Mrs P in a pool of blood and her uterus is not contracted.

[10marks]

SECTION B: STRUCTURED QUESTIONS

QUESTION 2

Xolile just delivered her baby girl through a caesarean section due to prolonged labour. She is a Para 2 weighing 82kgs at delivery. She refused to eat or drink throughout her labour because she was not feeling hungry. It has been more than 24hrs since delivery and when you assist her to ambulate she complains of sharp pain in her left leg and limps a few steps.

2.1 What is the most likely diagnosis for Xolile? justify your response (1mark)

2.2 Explain four (4) risk factors for the above mentioned condition, in Xolile's case (4marks)

2.3 What other five (5) signs and symptoms would you look for to confirm the above diagnosis? (5marks)

2.4 Discuss seven (7) specific and priority midwifery interventions you would provide to Xolile (Give rationales) (7marks)

[17marks]

QUESTION 3

Susan a 16year year old girl comes to your hospital with history of PV bleeding after 14weeks amenorrhoea. She reports that she expelled some products per vaginal at home 4days ago but did not see clearly what it was. On assessment the uterus is tender, she is pyretic and the cervix is open.

3.1 What is the probable diagnosis for Susan? Justify your diagnosis giving two (2) specific reasons (3marks)

3.2 Explain seven (7) possible challenges that delayed Susan from accessing safe post-abortion care on time. (7marks)

3.3 Discuss five (5) specific management you would provide to Susan who is clinically stable. (5marks)

[15marks]

QUESTION 4

Mrs Dido, is a 35 year old married woman with previous history of two abortions at 6 months. She has now been done an emergency Caesarean section on her third pregnancy due to uterine rupture at 38 weeks gestation and a fresh stillbirth was extracted. She remembers being wheeled to the theatre and believes her baby is alive and well, she has refused that the baby be taken to the morgue. As a senior midwife on the day- shift, you are responsible for her care.

4.1 Describe the grieving process Mrs Dido and family are likely to go through according to Elisabeth Kübler-Ross. (5marks)

4.2 Discuss the care you would give as a midwife to the woman and her family to manage grief before discharge. (10marks)

[15marks]

QUESTION 5

Ms Mamba, now para 4 has just arrived from theatre 2hours ago where caesarean section was done due to Severe Pre-eclampsia. The Labour ward staff are worried that she may develop Eclampsia. You have been assigned her care for close monitoring.

5.1 Which warning signs and symptoms would you be assessing for impending Eclampsia? (5marks)

5.2 What would be your management of Ms Mamba before the Obstetrician arrives? (13marks)

[18marks]

TOTAL [75 marks]