

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCE
MAIN EXAMINATION PAPER; OCTOBER 2021

TITLE OF PAPER: PREGNANCY WITH COMPLICATIONS

COURSE CODE: MWF412 & MWF 512

DURATION: TWO (2) HOURS

TOTAL MARKS: 75

INSTRUCTIONS

- 1. TOTAL NUMBER OF QUESTIONS: THREE (3)**
- 2. ANSWER ALL QUESTIONS**
- 3. ALL QUESTIONS CARRY EQUAL MARKS**
- 4. READ THE QUESTIONS CAREFULLY**
- 5. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED FOR A QUESTION OR PART OF A QUESTION**
- 6. START EACH QUESTION ON A FRESH PAGE.**
- 7. TOTAL NUMBER OF PAGES: TEN (10)**

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

QUESTION 1

Choose the most appropriate response and write only the question number and the alphabet for the response you have chosen, e.g. **1.26 A**. Each correct response carries one (1) mark.

Note that some of the questions are based on the specific scenarios.

Pholile is Para 0 Gravida 1, aged 25 years old, gestation 32 weeks. During the initial ANC contact (booking visit), her blood pressure was 110/70 mmHg. She presents at Mbabane Public Health with a history of a headache and oedema of the lower limbs. An ultrasound scan has been done and Pholile is diagnosed with twins. Her blood pressure is 130/90 mmHg and urinalysis reveals protein+. On auscultation, the fetal heart was heard and regular. Questions 1.1 to 1.7 refer to this scenario.

1.1 What is the likely diagnosis of Pholile?

- A. Diabetes Mellitus
- B. Gestational hypertension
- C. Essential hypertension
- D. Pre-eclampsia.

1.2 Which of the following is a /are predisposing factor(s) to the condition in 1.1 above?

- A. Pholile is complaining of a headache which is an indicator of pre-eclampsia.
- B. Young age as Pholile has just passed the age of being a teenager.
- C. Pholile is a primigravida with multiple pregnancy.
- D. The blood pressure of Pholile qualifies for a definition of pre-eclampsia.

1.3 Which of the following is true about the condition in 1.1 above?

- A. There is vasoconstriction which leads to decreased placental perfusion ultimately leading to early fetal hypoxia.
- B. The placenta is unduly large; hence the hormones are highly produced.
- C. The large placental site contributes to improving the well-being of the fetus.
- D. The placenta usually separates prematurely in pregnancy leading to fetal hypoxia.

1.4 Pholile's condition may be associated with abnormalities of some electrolytes. Which of the following may be associated with Pholile's condition?

- A. High magnesium levels
- B. Low plasma zinc levels
- C. A combined increase in levels of magnesium and calcium
- D. A combined increase in levels of Zinc and Calcium.

1.5 Which of the following have a correlation in Pholile's condition?

- A. Proteinuria and glycosuria
- B. Glycosuria and generalised oedema
- C. High Blood Pressure levels and proteinuria.
- D. High blood pressure and oedema.

1.6 Which of the following can be used to evaluate fetal condition in Pholile's condition?

- A. Fetoscope.
- B. Antenatal cardiotocograph (CTG)
- C. Use of diuretics
- D. Ultrasound scan on admission.

1.7 Pholile was diagnosed with twins. Which of the following is likely to be experienced by Pholile?

- A. Nausea and vomiting
- B. Peripheral oedema
- C. Gastric reflux
- D. Exaggerated minor disorders in pregnancy.

Precious is Gravida 1 Para 0, aged 20 years, presents at Mbabane Public Health Unit at 22 weeks gestation with a history of nocturia, excessive weight gain for gestational age and excessive thirst. She booked (initial ANC visit) her pregnancy at 10 weeks gestation. On the initial visit, all vital signs, urinalysis, full blood count and other tests done on the initial antenatal visit were normal. Questions 1.8 to 1.15 refer to this scenario.

1.8 Which of the following is the likely diagnosis of Precious's condition?

- A. Pregnancy Induced Hypertension
- B. Essential hypertension
- C. Gestational diabetes mellitus
- D. Diabetes mellitus

1.9 Which of the following is/are the likely finding(s) if a urinalysis is done?

- A. Ketones and glycosuria
- B. Proteinuria
- C. Glucosuria
- D. Ketones

1.10 Which of the following is one of the possible complications of this condition?

- A. Macrosomia
- B. Premature birth
- C. Hypotension
- D. Microcephaly.

1.11 In which trimester(s) is the condition diagnosed in 1.8 likely to manifest/occur?

- A. Second and third trimesters
- B. First trimester
- C. Third trimester
- D. Any of the three trimesters.

1.12 Which of the following is/are some of the symptom(s) or complication(s) associated with the condition diagnosed in 1.8?

- A. Pruritic rash on the upper abdomen
- B. Recurrent infections which require no treatment
- C. Sudden changes in the vision and/or numbness of feet.
- D. Diarrhoea, nausea and vomiting.

1.13 Which of the following risk factors are associated with this condition?

- A. Obesity
- B. Gradual weight gain in pregnancy
- C. Age 35 years and above
- D. Engaging in multiple sexual partners.

1.14 One of the objectives of controlling this condition is to prevent which of the following?

- A. Malnutrition related to consuming a diet high in low salt
- B. Complications related to blood vessels such as arteries.
- C. Development of neuropathic complications
- D. Development of cardiac related conditions.

1.15 Polyuria may occur as a result of:

- A. excess loss of fluid associated with osmotic diuresis
- B. excess loss of fluid associated with diabetes mellitus
- C. unexplained skin lesions
- D. oedema of the lower limbs.

1.16 Which of the following conditions increases in incidence because of fluctuations in blood glucose levels during pregnancy?

- A. Trichomoniasis
- B. Candida albicans
- C. Syphilis
- D. Gonorrhoea.

1.17 Which of the following is true about candidiasis in pregnancy?

- A. Candidiasis contributes to infertility in pregnancy.
- B. Treatment for candidiasis is topical or vaginal pessaries
- C. Candidiasis adversely affects the outcome of pregnancy.
- D. Candidiasis is one of the contributing factors to fetal hypoxia.

- 1.18 Which of the following test(s) is/ are done to confirm diagnosis of candidiasis?
- A. Blood for RPR
 - B. Blood for culture and sensitivity
 - C. Pap smear
 - D. High vaginal swab for microscopy
- 1.19 Which of the following pelves has a prominent ischial spines and narrow sciatic notch?
- A. The gynaecoid pelvis
 - B. The android pelvis
 - C. The platypelloid pelvis
 - D. The anthropoid pelvis.
- 1.20 Which of the following pelves has a very wide sciatic notch and subpubic angle?
- A. The anthropoid pelvis
 - B. The android pelvis
 - C. The platypelloid pelvis
 - D. The gynaecoid pelvis.
- 1.21 Prolonged pregnancy is defined as a pregnancy that goes beyond ...
- A. 43 completed weeks gestation
 - B. 42 completed weeks gestation
 - C. 38 completed weeks gestation
 - D. 37 completed weeks gestation

Lulu is aged 35 years, Para 5 Gravida 6, gestation 32 weeks presents at Mbabane Public Health Unit for the 3rd antenatal care contact with history of vaginal bleeding on and off for the past two days. The doctor orders an ultrasound scan on Lulu which confirms a diagnosis of placenta praevia. Questions 1.22 to 1.25 refers to this scenario.

1.22 Which of the following best describes placenta praevia?

- A. Bleeding from early separation of a low-lying placenta before onset of labour.
- B. Bleeding from separation of a normally situated placenta before the onset of labour.
- C. Profuse bleeding from abnormal placentation before the onset of labour
- D. Mild to moderate bleeding from an abnormally situated placenta before the onset of labour.

1.23 Based on the nature of the bleeding, which type of placenta praevia is Lulu likely to be presenting with?

- A. Type 1
- B. Type 1 or Type 2
- C. Type 3
- D. Type 3 or Type 4

1.24 Which of the following will aid in the diagnosis of placenta praevia?

- A. Digital vaginal examination
- B. Speculum examination under good light
- C. History of painless vaginal bleeding and nature of blood.
- D. History of sharp pain on the abdomen at onset of bleeding.

1.25 Which of the following information relates to the other purpose of doing an ultrasound scan on Lulu?

- A. To confirm bleeding to guide management.
- B. To determine onset of bleeding and degree of placental separation.
- C. To localize the placenta, confirm gestational period, and evaluate fetal condition.
- D. To localise the placenta, assess fetal, and maternal condition.

QUESTION 2

Phumzile is aged 19 years, Para 0 Gravida 1, single, presents at Mankayane Public Health Unit for the first antenatal care contact at 33 weeks gestation and reports that she is sure of the gestation. She further reports that she has not felt any fetal movements since this morning. Phumzile reports that she is a known hypertensive patient on Methyldopa 500 mgs twice a day. Vital signs were checked: BP 140/90 mmHg, Pulse 76 beats per minute, urinalysis revealed protein +, and glucose +. She smokes 2-4 cigarettes a day and occasionally takes about two pints of beer per day. Questions 2.1 and 2.2 relate to this scenario.

2.1 Discuss the factors or potential risk factors which classify Phumzile's pregnancy as a high risk pregnancy. **(10 marks)**

2.2 Describe how the midwife will establish the factors / reasons why Phumzile has not felt any fetal movements since morning. **(15 marks)**

[25 marks]

QUESTION 3

Mrs Dlamini is aged 30 years, Para 4 Gravida 5, presents at Mbabane public Health Unit at 37 completed weeks gestation. Her blood pressure (BP) is 140/95mmHg and her pulse is 80 beats per minute. Mrs Dlamini's BP during the initial antenatal care contact (time of booking) was 120/80 mmHg. On abdominal palpation, the height of fundus is small for gestation. Oedema of the lower limbs is noted, urinalysis protein+ glucose negative. The following questions relate to this scenario.

3.1 What is the likely diagnosis of Mrs Dlamini? Explain your answer. **(2 marks).**

3.2 Describe the management of Mrs Dlamini until term, including mode of delivery.

(23marks)

[25 marks]