# UNIVERSITY OF SWAZILAND

# FACULTY OF HEALTH SCIENCES

# FINAL EXAMINATION PAPER, MAY, 2008

TITLE OF PAPER

: ABNORMAL MIDWIFERY

COURSE CODE

: MID 121

DURATION

TWO (2 HOURS)

TOTAL MARKS

75

INSTRUCTION

: ANSWER ALL QUESTIONS

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

### Semester 2 ABNORMAL MIDWIFERY MID 121

### **Question 1**

Mrs Magagula is a gravida 4 para 3. She has been admitted to the labour ward at 41 weeks gestation. She gives a history of draining liquor amnii for the past 48 hours prior to admission. Some of the findings are as follows:

- size of uterus corresponds to gestational age
- position is LOA
- descent is 5/5
- foetal heart rate is 140 beats per minute, clear and regular
- no contractions identified abdominally in 10 minutes
- 3 sanitary pads have been soaked with clear liquor within the past hour The obstetrician has ordered that Mrs Magagula's labour be induced with pitocin.
  - (a) Discuss reasons for the induction of labour

#### 5 marks

(b) Discuss how the midwife will manage Mrs Magagula during induction of labour

#### 20 marks

### Question 2

Mrs Dube, a 30 year old gravida 2 reports to the admission ward at 39 weeks gestation with a history of severe abdominal pain and backache for 5 hours. She has not felt any foetal movements since the onset of the pain and she is not bleeding vaginally. The midwife suspects a concealed placenta abruption.

(a) Discuss the specific management of Mrs Dube from admission until delivery.

### 25 Marks

# Question 3

Mrs Ginindza delivered at home 2 hours ago. After delivery of the baby, a relative claims that she bled heavily. She is still bleeding and is brought to your care in the maternity ward.

(a) Discuss additional data that is required in order to arrive at the appropriate diagnoses.

## 15 Marks

(b) Discuss interventions that a midwife could implement to control post partum haemorrhage. Prioritise your interventions.

10 Marks