

<b>TITLE OF PAPER:</b>	<b>ABNORMAL MIDWIFERY 2</b>
<b>COURSE CODE:</b>	<b>MID121</b>
<b>SUPPLEMENTARY EXAMINATION:</b>	<b>JULY 2010</b>
<b>TIME:</b>	<b>2 HOURS</b>
<b>TOTAL MARKS</b>	<b>75</b>

**INSTRUCTIONS:**

- 1. ANSWER ALL QUESTIONS**
- 2. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO EACH OR PART OF A QUESTION**
- 3. ANSWER EACH QUESTION ON A NEW PAGE**

**THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION IS GRANTED BY THE INVIGILATOR**

## QUESTION 1

### MULTIPLE CHOICE SECTION: SELECT THE MOST APPROPRIATE RESPONSE

1.1 A breech presentation is a:

- (a) Malposition
- (b) Malpresentation
- (c) Abnormal lie
- (d) Vertex presentation

1.2 When assisting the delivery of the head on a persistent occipito posterior, the midwife should apply one of the following techniques:

- (a) Maintain flexion to deliver the occiput in the usual fashion
- (b) Extend and deliver the mentum before the occiput is delivered.
- (c) Deliver the sinciput up to the glabella then deliver the occiput
- (d) Deliver the occiput before the sinciput

1.3 In a brow presentation the engaging diameter on the pelvic inlet measures;

- (a) 9.5 Cm
- (b) 10 Cm
- (c) 11.5 Cm
- (d) 13.5 CM

1.4 The immediate reaction of a midwife when she observes that amniotic membranes have ruptured from a client is to:

- (a) Conduct a vaginal examination to establish the condition of the cord
- (b) Monitor the foetal heart  $\frac{1}{4}$  hourly to establish foetal well-being
- (c) Measure the amount of amniotic fluid in order to estimate fluid loss
- (d) Call the doctor for advanced management

1.5 One of the complications which may occur following external cephalic version on a breech presentation is:

- (a) Spontaneous onset of labour
- (b) Silent rupture of the uterus
- (c) Development of placenta praevia
- (d) Re-occurrence of a breech presentation

1.6 Mauriceau-Smellie- Veit manoeuvre is applied for delivering:

- (a) Extended shoulders
- (b) Extended legs
- (c) Extended feet
- (d) Extended head

1.7 One of the possible complications which may follow a vaginal examination on a transverse lie is:

- (a) Ruptured membranes
- (b) Knotting of the cord
- (c) Profuse vaginal bleeding
- (d) Foot prolapse

1.8 The rationale for the complication identified in question 1.8 is:

- (a) Proximity of the amniotic membranes to the outlet
- (b) A change in foetal position can knot an umbilical cord
- (c) Examining fingers may go through the placenta
- (d) The foot can easily be swept by membranes and present

1.9 Unstable lie is diagnosed when the lie of the foetus varies:

- (a) At term
- (b) After 36 weeks gestation
- (c) After 28 weeks gestation
- (d) After conceiving

1.10 If a midwife is confronted with a cord presentation he/she should avoid handling the cord as he/she may:

- (a) Cause bleeding on the small blood vessels
- (b) Contaminate the cord and cause infection to occur
- (c) Interfere with the integrity of the Wharton's jelly
- (d) Initiate spasms of the cord

1.11 Over stimulation of the uterus with oxytocic agents during labour may predispose clients to:

- (a) Excessive intrapartum haemorrhage
- (b) Hypotonic uterine contractions
- (c) Amniotic fluid embolism
- (d) Silent uterine rupture

1.12 Uterine rupture is a serious labour complication seen mostly in underdeveloped countries because of all the following except for:

- (a) Poor use of PMTCT services
- (b) High parity
- (c) Poor monitoring during labour
- (d) Late booking

- 1.13 A destructive operation whereby the cerebrospinal fluid is released and skull bones collapse to allow vaginal delivery to occur is called:
- (a) Craniotomy
  - (b) Decapitation
  - (c) Cleidotomy
  - (d) Evisceration
- 1.14 Causes of maternal mortality in Swaziland as identified by the Demographic Health Survey are all of the following except for:
- (a) Haemorrhage
  - (b) Thrombo-embolic conditions
  - (c) Sepsis
  - (d) HIV and AIDS
- 1.15 One of the pre-disposing causes of inversion of the uterus is:
- (a) Nulliparity
  - (b) Prolonged labour
  - (c) Placenta accreta
  - (d) A long umbilical cord
- 1.16 One of the circumstances leading to disseminated intravascular coagulation is:
- (a) Gram negative bacterial infection
  - (b) Retained thriving foetus
  - (c) Mild vaginal bleeding
  - (d) Diabetes mellitus
- 1.17 A morbidly adhered placenta is referred to as:
- (a) Placenta peccreta
  - (b) Placenta accreta
  - (c) Placenta velamentos
  - (d) Placenta praevia
- 1.18 A client who usually feels well in the morning and becomes worse as the day goes on may be suffering from:
- (a) Puerperal psychosis
  - (b) Schizophrenia
  - (c) Post natal depression
  - (d) Puerperal blues
- 1.19 Puerperal psychosis is associated with one of the following signs or symptoms:
- (a) Drowsiness
  - (b) Awake most of the time
  - (c) Withdrawn
  - (d) Visual and auditory hallucinations

- 1.20 A placenta that is situated on the anterior wall of the uterus may predispose a/an:
- (a) Occipito-posterior position
  - (b) Face presentation
  - (c) Breech presentation
  - (d) Brow position
- 1.21 Trial of labour may be indicated to one of the following conditions/situations:
- (a) Foetal abnormalities
  - (b) Breech presentation
  - (c) Mild degree of cephalo-pelvic disproportion
  - (d) Shoulder presentation
- 1.22 The emergency management of foetal compromise during labour is to:
- (a) Send the client to theatre for a Caesarian section
  - (b) Administer oxygen inhalation
  - (c) Start an IV infusion of Ringers' Lactate
  - (d) Establish the cause and the stage of labour before intervention is done
- 1.23 The stages of grief include one of the following behaviours except for:
- (a) Denial
  - (b) Desertion
  - (c) Acceptance
  - (d) Shock
- 1.24 A client who is grieving a stillbirth usually experience:
- (a) Shame
  - (b) Delayed grief
  - (c) Postponed grief
  - (d) Hidden grief
- 1.25 In order to improve maternal health services in Swaziland, midwives have to work collaboratively with:
- (a) Modern trained health care workers
  - (b) Community health care workers
  - (c) Mothers and their partners
  - (d) All of the above is correct
  - (e) None of the above is applicable

## **QUESTION 2**

A para 2 gravida 3 client is admitted in the labour ward; she is at term and gives a history of ruptured membranes 25 hours ago, uterine contractions are weak. She is apprehensive and worried about the outcome of labour. Discuss in detail how a midwife will look after this client until she gives birth.

**25 marks**

## **QUESTION 3 (a)**

Describe in detail how a midwife can diagnose a face presentation during labour

**10 marks**

## **QUESTION 3 (b)**

Mrs Dlomo has delivered an alive 4.2kg baby by a Caesarian section under general anesthesia. Discuss in detail the care that should be rendered by a midwife to Mrs Dlomo during the first 24 hours of puerperium.

**15 marks**