TITLE OF PAPER:

**ABNORMAL MIDWIFERY 1** 

**COURSE CODE:** 

**MID120** 

FINAL EXAMINATION:

**NOVEMBER 2010** 

TIME:

2 HOURS

**TOTAL MARKS** 

75

## **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 QUESTIONS

Miss Salaphi is a seventeen (17) year old primigravida who lives at Sithobela. She is 32 weeks gestation and complains of palpitations, dizziness and chills since three (3) days ago. On examination she is pale, no history of vaginal bleeding. The next four (4) questions address this situation.

- 1.1 What are two conditions that Salaphi should be screened for in order to arrive to a definite diagnosis
- (a) Anaemia as a consequence of Placenta abruption
- (b) Malaria and urinary tract infection
- (c) HIV and Tuberculosis
- (d) Anaemia and cardiac failure
- 1.2 Foetal risks associated with Salaphi's diagnosis are:
  - (a) Congenital malformation and low birth weight
  - (b) Intra-uterine infection and stillbirth
  - (c) HIV and abortion
  - (d) Abortion, stillborn or intrauterine growth restriction
- 1.3 The ideal screening test for the diagnosis of this condition is:
- (a) Blood group
- (b) Urinalysis
- (c) Haemoglobin
- (d) Eliza test
- 1.4 Miss Salaphi is classified as:
- (a) A biologically immature adolescent
- (b) A biologically and psychologically immature adolescent
- (c) A biologically matured and psychologically immature adolescent
- (d) A physically and psychologically matured adolescent
- 1.5 Direct observed treatment short course (DOTS) is used to enhance ----- to clients diagnosed with Tuberculosis:
- (a) Compliance
- (b) Motivation
- (c) Resilience
- (d) Stigma

- 1.6 Women are more vulnerable to HIV infection than their male counterparts, the reason for this discrepancy is:
- (a) Women have lower CD4 Cell count than men
- (b) Women have a larger surface area which can be easily traumatized
- (c) Women are passive participants in sexual intercourse
- (d) Women are more vulnerable to a variety of sexually transmitted infections
- 1.7 Intra-uterine death may occur as a consequence of prolonged pregnancy, this complication is caused by:
- (a) Insufficient progesterone hormone to support the wellbeing of the foetus
- (b) Foetus is overgrown to be accommodated in utero
- (c) Reduced blood flow to the placenta
- (d) Polyhydramnious
- 1.8 One of the symptoms of gonorrhoea is:
- (a) Generalised skin rash
- (b) Recurrent abortions
- (c) Profuse vaginal discharge
- (d) Warts on vagina
- 1.9 If a client is diagnosed with gestational diabetes, which hormone is likely to produce a resistance to insulin
- (a) Progesterone
- (b) Human chorion gonadothrophic
- (c) Cortisone
- (d) Human placental lactogen
- 1.10 Severe vomiting in pregnancy is referred to as:
- (a) Hyperemesis gravidarum
- (b) Morning sickness
- (c) Gastritis
- (d) Gestational ulcers
- 1.11 The recommended drug for preventing a fit in pre-eclampsia is:
- (a) Hydrallazine
- (b) Nifedipene
- (c) Asprin
- (d) Magnesium sulphate

- 1.12 A gravida 2 who is 1.49 metres height gives a history of having delivered vaginally a baby weighing 1.6 kg without any difficulty; the midwife concludes that the client has which type of pelvis:
- (a) Gynecoid
- (b) Platypeloid
- (c) Android
- (d) Justo minor
- 1.13 A grand-multiparous client is at risk for which one of the antenatal complications
- (a) Post mature pregnancy
- (b) Cephalo-pelvic disproportion
- (c) Abnormal lie
- (d) Hypotension
- 1.14 Fresh stria gravidarum identified on the abdomen of a pregnant woman may be an indication of:
- (a) Polyhydramnious
- (b) Previous pregnancy signs
- (c) Hydatidiform mole
- (d) An abnormal lie
- 1.15 The term uterine apoplexy is associated with which condition
- (a) Placenta acumilata
- (b) Placenta abruption
- (c) Placenta praevia
- (d) Placenta succenturia
- 1.16 A condition whereby the amniotic fluid is less than 500 ml at term is referred to as:
- (a) Potters syndrome
- (b) Polyuria
- (c) Oligohydramnios
- (d) Polyhydramnios
- 1.17 A client who gives a history of having delivered a live birth followed by a neonatal death, and re-current abortion should be investigated for:
- (a) Blood disorders
- (b) HIV infection
- (c) Sexually transmitted infections
- (d) Rhesus incompatibility

- 1.18 Most pregnant women treated with anti-epileptic drugs develop anaemia because:
- (a) Anti-epileptic drugs are contra indicated during pregnancy
- (b) Anti-epileptic drugs are iron antagonists
- (c) Anti-epileptic drugs are folic acid antagonists
- (d) Anti-epileptic drugs do not have adverse reactions during pregnancy
- 1.19 The most accurate test for confirming placenta praevia is:
- (a) A speculum exam to visualise the placenta
- (b) An ultrasound test which localises the placenta
- (c) A radio-active device which traces the location of the placenta
- (d) A placenta monitor which outlines the size and shape of the placenta
- 1.20 A pregnant client who is HV positive is advised to wear a condom if she engages in sexual intercourse, the benefit of this practice is to:
- (a) Minimize the risk of other variants of HIV infection
- (b) Prevent further fertilization which may complicate the current pregnancy
- (c) Discourage pregnant women from engaging in sexual intercourse
- (d) Prevent bleeding disorders
- 1.21 In a multiple pregnancy, if one foetus dies and is retained in utero while pregnancy continues to term, the dead foetus is referred to as:
- (a) Carneous mole
- (b) Stillbirth
- (c) Fetus papyraceous
- (d) Abortion
- 1.22 One of the most severe sign of impending eclampsia is:
- (a) Occult oedema
- (b) Oliguria
- (c) Loss of memory
- (d) Hypotension
- 1.23 Smoking is generally discouraged during pregnancy since:
- (a) It transmits smoke fumes to the foetus
- (b) It interferes with blood flow to the placental site
- (c) It competes with oxygen in the haemoglobin and may have adverse effects on the foetus
- (d) It competes with the excretion of carbon dioxide from the foetal circulation

- 1.24 An elderly primigravida is generally classified as a risk case for poor obstetric outcome, the reason for this situation is:
- (a) Poor compliance to obstetric interventions
- (b) Immovable joints which occur at an advanced age thus interfering with 'the give' of pelvic joints
- (c) Older women are at risk of developing diabetes due to the declining hormones
- (d) There is increased incidence of placental insufficiency among elderly primigravid clients
- 1.25 One of the critical situations for the transmission of maternal HIV to the unborn baby is:
- (a) High maternal viral load
- (b) High maternal CD4 cell count
- (b) Normal maternal CD4 cell count

## Question 2 (a)

Mrs Mgabhi is 42 years old and in the second trimester of pregnancy. She reports that she is bleeding vaginally since last night.

(a) Describe in detail the obstetric history that shall be obtained by a midwife in order to offer relevant care to this client.

#### 15 marks

(b) Discuss how a midwife can manage the client that is discussed in Question 1 (a)

#### 10 marks

### **Ouestion 3**

You are a midwife in charge of maternity ward; you are aware of the high prevalence rate of HIV infection among pregnant women in Swaziland; your main role is to reduce mother to child transmission of HIV. Discuss in detail measures that will be taken by the midwife in order to reduce the transmission of HIV infection while rendering care to clients admitted in maternity wards

### 25 marks: