

TITLE OF PAPER:	ABNORMAL MIDWIFERY 1
COURSE CODE:	MID120
FINAL EXAMINATION:	DECEMBER, 2014
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**

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QUESTION 1

MULTIPLE CHOICE QUESTIONS

Mrs Gumedze is a thirty (30) year old gravida 3 who lives at Siteki. She is 33 weeks pregnant and complains of headache, chills, palpitations and dizziness since three (3) days ago. On examination she is pale, no history of vaginal bleeding but she has mild uterine contractions. The next five (5) questions address this situation.

1.1 What is the probable diagnosis for Mrs Gumedze?

- (a) Cardiac failure
- (b) Placenta abruption
- (c) Malaria
- (d) HIV

1.2 Mrs Gumedze is having mild uterine contractions as a consequence of which condition/situation?

- (a) Intra-uterine infection
- (b) Preterm labour
- (c) Abortion
- (d) Urinary tract infection

1.3 The ideal screening test for a definite diagnosis is:

- (a) Blood group
- (b) Urinalysis for Urinary tract infection
- (c) Blood smear for malaria
- (d) Eliza test for HIV

1.4 The condition diagnosed in 1.1 can invade the placenta resulting to the foetus developing:

- (a) Asphyxia neonatorum
- (b) Intra-uterine growth restriction
- (c) Congenital malformation
- (d) Tachycardia

1.5 One of the complications associated with the condition diagnosed in 1.1 is:

- (a) Splenomegaly
- (b) Cystitis
- (c) Pyelonephritis
- (d) Ascites

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 are passive participants in sexual intercourse
- (c) Women are more likely to be sexually abused
- (d) Women have a larger fragile surface area which can be easily traumatized during sexual intercourse

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 Identify one of the complications of gonorrhoeal infection, from the list provided:

- (a) Recurrent abortions
- (b) Chronic vaginal discharge
- (c) Genital warts
- (d) Ectopic pregnancy

1.9 If a client is diagnosed with gestational diabetes, identify one of the hormone which is likely to produce a resistance to insulin?

- (a) Progesterone
- (b) Human placental lactogen
- (c) Human chorion gonadotrophic
- (d) Cortisone

1.10 The recommended drug for 'aborting a fit' when a client has eclampsia is:

- (a) Nifedipene
- (b) Aspirin
- (c) Hydrallazine
- (d) Magnesium sulphate

Ntombizodwa is a grandmultiparous client who is 36 weeks pregnant, she reports to maternity ward that she has been bleeding vaginally since last night. Question 1.11-1.16 relates to this scenario.

1.11 Normally maternal and foetal blood does not mix during pregnancy. What could be the reason for Ntombizodwa's foetus to be at risk for being Rh iso-immunized on the current pregnancy, if mother and baby have the same blood grouping:

- (a) Her husband died three years ago
- (b) She was transfused with incompatible blood
- (c) She has changed partners three times in her lifetime
- (d) She gave birth to triplets last year

1.12 Vaginal bleeding occurred while Ntombizodwa was at complete rest, what is the probable cause of vaginal bleeding?

- (a) Abortion
- (b) Antepartum haemorrhage
- (c) Placenta abruption
- (d) Placenta Praevia

1.13 Vaginal bleeding is caused by:

- (a) Physiologic changes that occur on the lower uterine segment
- (b) Short duration of pregnancy
- (c) Multiple pregnancy
- (d) Grandmultiparity

1.14 What is the essential advice that a midwife should give to Ntombizodwa concerning her pregnancy risk status:

- (a) Report to the health care facility as soon as labour commences
- (b) Advise your doctor to plan for a Caesarian section
- (c) Give birth in a referral health care facility
- (d) Report to a referral hospital for advanced obstetric care

1.15 What is the differential diagnosis between placenta praevia and placenta abruption?

- (a) Abdominal girth, headache and low blood pressure
- (b) Pain, quality of blood loss and consistency of the abdomen
- (c) Bleeding disorders and hypotension
- (d) Uterine size and vaginal bleeding

1.16 Ntombizodwa expresses a wish to give birth at her home, where her family members will enjoy the birth experience. What would cause the midwife to object to Ntombizodwa's wish:

- (a) She is likely to need more staff members for collaborative care in hospital than at home
- (b) Family members may disturb the normal process of birth
- (c) Ntombizodwa is at risk of bleeding excessively and will require advanced care in hospital
- (d) Transport may not be available to ferry Ntombizodwa to hospital should there be need for advanced care

1.17 Mpumi, a 16 year old gravida 2 is 1.49 metres tall, she gives a history of having delivered vaginally a baby weighing 1.3 kg without any difficulties; the midwife concludes that the client has ----- type of pelvis:

- (a) Gynecoid
- (b) Justo minor
- (c) Android
- (d) Platypeloid

1.18 A grand-multiparous client is at risk of developing one of these antenatal complications

- (a) Small for gestational stage neonate
- (b) Cephalo-pelvic disproportion
- (c) Transverse lie
- (d) Hypotension

1.19 Fresh stria gravidarum identified on the abdomen of a pregnant woman may be an indication of which one of the listed conditions?

- (a) Singleton pregnancy
- (b) Polyhydramnious
- (c) Previous pregnancy signs
- (d)) An abnormal lie

1.20 The term uterine apoplexy is associated with which condition from the list below?

- (a) Placenta acumilata
- (b) Placenta succenturia
- (c) Placenta praevia
- (d) Placenta abruption

1.21 A condition whereby the amniotic fluid is less than 500 ml at term is referred to as which one of the listed conditions?

- (a) Potters syndrome
- (b) Polyuria
- (c) Oligohydramnios
- (d) Polyhydramnios

1.22 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

1.23 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

1.24 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 that outlines the size and shape of the placenta

1.25 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) Abortion
- (c) Stillbirth
- (d) Fetus papyraceous

TOTAL MARKS: 25

QUESTION 2 (a)

Dolly Buthelezi is a 38 year old multigravid client and is 34 weeks pregnant. She has come for her initial booking at the antenatal department. A midwife obtains a comprehensive history in order to rule out gestational diabetes.

- (a) Describe in detail the obstetric history that will be presented by Dolly which will enable a midwife to suspect that the client is a candidate for gestational diabetes.

15 marks

- (b) Discuss the midwifery's management of a client diagnosed with gestational diabetes during pregnancy.

10 marks

QUESTION 3

You are a midwife in charge of an antenatal department; you are aware of the high prevalence rate of HIV infection among pregnant women in Swaziland; your main role is to reduce the impact of the pandemic among pregnant women. Discuss in detail measures that will be taken by the midwife in order to reduce mother to child transmission of HIV infection

25 marks: