

**TITLE OF PAPER: ABNORMAL MIDWIFERY 1**

**COURSE CODE: MID120**

**SUPPLEMENTARY EXAMINATION: JULY 2015**

**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

1.1 Severe vomiting during pregnancy is referred to as:

- (a) Morning sickness
- (b) Gastritis
- (c) Gestational ulcers
- (d) Hyperemesis gravidarum

1.2 Large blood cells which are few in number result to which type of anaemia from the list provided?

- (a) Megaloblastic
- (b) Microcytic
- (c) Sickle cell
- (d) Aplastic

1.3 A gravida 1 who is 1.48 metres height gives birth to a 1.5kg baby at home without any problems; the midwife concludes that she has a --- type of pelvis

- (a) Gynecoid
- (b) Justominor
- (c) Platypeloid
- (d) Android

1.4 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

1.5 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

1.6 Post maturity is associated with one of the foetal complications listed below, identify the appropriate one

- (a) Prolonged labour due to hormonal imbalance
- (b) Intrauterine growth retardation as a consequence of declining hormones
- (c) Intrauterine death as a result of placental insufficiency
- (d) Meconium stained liquor as a result of post term pregnancy

1.7 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

1.8 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

1.9 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

1.10 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) Abortion
- (d) Fetus papyraceous

1.11 One of the most severe sign of impending eclampsia is:

- (a) Occult oedema
- (b) Oliguria
- (c) Loss of memory
- (d) Hypotension

1.12 An elderly primigravida is generally classified as a risk case for poor obstetric outcome, the reason for this situation is which one of the listed conditions?

- (a) There is increased risk to placental insufficiency among elderly clients
- (b) Poor compliance to obstetric interventions
- (c) Immovable joints which occur at an advanced age thus interfering with 'the give' of pelvic joints
- (d) Mature age predisposes women to diabetes due to hormonal imbalance

1.13 Which of the following terms is NOT associated with abortion

- (a) Habitual
- (b) Threatened
- (c) Recurrent
- (d) Septic

1.14 Which of the following conditions can be classified as obstetric risk

- (a) Multiple pregnancy
- (b) Gravida 2
- (c) Singleton pregnancy
- (d) Vaginal delivery

1.15 A client diagnosed with cardiac failure is requesting advice related to future pregnancies, your response as a midwife caring for this client is:

- (a) Consult your medical doctor as he/she is more familiar with your condition
- (b) Never conceive because you may have poor outcome of pregnancy.
- (c) To advice the client based on the outcome of the current pregnancy and the prognosis of the client.
- (d) Encourage client to become pregnant after two years to ensure proper recuperation.

1.16 Polyhydramnios is associated with multiple pregnancy, identify the type at risk for polyhydramnios:

- (a) Superfecundation
- (b) Monozygotic
- (c) Dizygotic
- (d) Triplets

Dumile reports to the antenatal department complaining of vaginal bleeding since 2 hours ago. Question 1.17-1.25 relates to this scenario.

1.17 What is the most essential data to collect in order to arrive to a diagnosis

- (a) Past obstetric history
- (b) Dietary history
- (c) Condition of the amniotic fluid
- (d) Quality and quantity of blood loss

1.18 If the amount of blood loss is not commensurate to the general condition of the client; the midwife should rule out the possibility of which condition from the list provided?

- (a) Internal haemorrhage
- (b) Both visible and concealed haemorrhage
- (c) Placenta accreta
- (d) External haemorrhage

1.19 The situation may be aggravated by one of the following procedures that may be conducted by a midwife.

- (a) A speculum examination
- (b) An ultrasound scan
- (c) A digital vaginal examination
- (d) An ultraviolet ray

1.20 When measuring the blood pressure for Dumile, you find that she is hypertensive, what is the probable cause of bleeding?

- (a) Pregnancy induced hypertension
- (b) Placenta praevia
- (c) Placenta abruptio
- (d) Placenta Acreta

- 1.21 If the client is a grand multipara at 36 weeks gestation, what would be the probable cause of vaginal bleeding?
- (a) Placenta abruption
  - (b) Placenta praevia
  - (c) Placenta velamentosa
  - (d) Placenta accrete
- 1.22 You realise that the client has a distended abdomen which is tender on palpation, this condition is called:
- (a) Uterine inertia
  - (b) Apoplexy
  - (c) Hypertonicity
  - (d) Atonic uterus
- 1.23 Blood disorders is the main complication in the condition identified in 1.21, this condition is called:
- (a) Blood haemolysis
  - (b) CD4 count
  - (c) Disseminated intravascular coagulation
  - (d) Sickle cell anaemia
- 1.24 What is the usual foetal outcome on the condition identified in 1.21
- (a) Foetal demise due to hypoxia
  - (b) Intrauterine growth retardation due to malnutrition
  - (c) Small for gestational age
  - (d) Large for dates
- 1.25 If the lie of the foetus was transverse, what would be the cause of the abnormal lie?
- (a) The foetus would be large for dates
  - (b) The foetus is preterm and can adopt any lie
  - (c) The placenta would be located on the lower uterine segment
  - (d) The upper uterine segment would be inadequate to accommodate the placenta

**TOTAL MARKS 25**

### **Question 2**

A midwife admits a young primigravida at 34 weeks gestation, obese, with multiple pregnancy, living in a rural community, and has never attended antenatal care services. The accompanying relative reports that the client is not responding well since early morning. At that instance the client has an eclamptic seizure.

- (a) Describe in detail the emergency care that should be rendered to the client before the arrival of an obstetrician.

**15 marks**

- (b) Identify factors that causes the client to be at risk of developing pregnancy induced hypertension (give a relevant rationale for each point mentioned)

**10 marks**

### **Question 3**

Mrs Dlodlu is a 38 years grandmultiparous client is 30 weeks pregnant. She is attending antenatal care for the first time. You suspect that she has multiple pregnancy.

- (a) Describe in detail the obstetric history that you will obtain from the client in order to confirm multiple pregnancy.

**15 marks**

- (b) Discuss how a midwife will manage multiple pregnancy until term gestation

**10 marks**