# UNIVERSITY OF SWAZILAND FACULTY OF HEALTH SCIENCES FINAL EXAMINATION QUESTION PAPER, DECEMBER 2014

TITLE OF PAPER: NORMAL PREGNANCY AND ANTENATAL CARE

**COURSE CODE**: MWF407

**DURATION:** TWO (2) HOURS

TOTAL MARKS: 75

## INSTRUCTIONS

- 1. ANSWER ALL QUESTIONS
- 2. ALL QUESTIONS CARRY **EQUAL** MARKS
- 3. READ THE QUESTIONS CAREFULLY
- 4. FIGURES IN BRACKETS INDICATE MARKS
  ALLOCATED TO A QUESTION OR PART OF A
  QUESTION
- 5. START EACH QUESTION ON A FRESH PAGE
- 6. TOTAL NUMBER OF PAGES 8.

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1.4	Mr	s X will return for the repeat visit between
	a)	28-32 weeks
	b)	24-26 weeks
	c)	12-18 weeks
	d)	36-40 weeks
1.5	To	prevent congenital syphilis will be carried out on Mrs X.
	a)	Coomb's
	b)	Rhesus factor
	c)	Rapid Plasma Reagent Test
	d)	Total blood count
1.6	Mr	s X will receive albendazole in the trimester
	a)	second
	b)	first
	c)	third
	d)	second and third
1.7 Mrs X will be advised to note the pattern of fetal movements as fromweeks of gestati		
	a)	16 to 18
	b)	18 to 20
	c)	20 to 24
	d)	14 to 16
		cording to the World Health Organisation, focused antenatal care model, Mrs X will be uired to attend a total ofup to the time she reports for childbirth.
	a)	5-6 weeks
. :	b)	4 weeks
	c)	6-8 weeks
	d)	6 weeks.
		<b>3</b>

- 1.9 All pregnant women should have ......checked on the initial (booking) antenatal visit.
  - a) Antibody screen for HIV
  - b) Anti-Rhesus factor
  - c) Viral load
  - d) Haemoglobin.
- 1.10 When the midwife performs an abdominal palpation on Mrs X at 24 weeks, the height of fundus will be felt at
  - a) the umbilicus
  - b) just below the umbilicus
  - c) the upper border of the umbilicus
  - d) the Xi-phisternum.

# Read the following scenario and answer questions 1.11-1.15

Mrs Y, aged 25 years, reports to Mbabane Public Health Unit at 32 weeks gestation. She is Para 3 Gravida 4. Mrs Y is noted to have a gynaecoid (normal female) pelvis. This means that Mrs Y can have normal vaginal delivery if she is carrying a normal sized fetus. Considering Mrs Y's pelvis,

- 1.11 The important obstetric landmark(s) on the pelvic brim include the
  - a) promontory of the sacrum
  - b) coccyx
  - c) obturator foramen
  - d) sacrum.
- 1.12 The diameters measured on Mrs Y's pelvic cavity all should measure
  - a) 13 cms
  - b) 11,5cms
  - c) 12 cms
  - d) 10 cms.

a)	sacrotuberous
b)	ischial spines
c)	pubic bones
d)	symphysis pubis
1.14	Mrs Y has delivered all her babies normally. This suggests that all the babies presented
	by the vertex which is the area bound by an imaginary line drawn between the
a)	anterior and posterior fontanelles
b)	posterior fontanelle, the two parietal eminences and the anterior fontanelle
c)	bregma and lambda
d)	temporal bone, the parietal eminences and the sinciput
1.15	In the fetal skull theare referred to as cranial joints.
a)	fontanelles
b)	the fontanelles and sutures
(c)	ossification
d)	sutures
1.16	Physiological changes Mrs Y can present with include
a)	nausea and vomiting
b)	physiological anaemia
c)	nocturia
d)	diabetes mellitus

The .....on Mrs Y's pelvic outlet should be smooth and round and not protruding

1.13

- 1.17 The following is /are one/some of the measures the midwife will use to monitor fetal well-being during pregnancy
  - a) Maternal weight gain
  - b) Fetal heart rate and rhythm
  - c) Fetal movements as reported by the client
  - d) All the above
- 1.18 Mrs Y is 32 weeks by gestation. By 32 weeks Mrs Y is expected to have gained
  - a) 8kgs
  - b) 10kgs
  - c) 12kgs
  - d) 2kgs

# Questions 1.19-1.21 refer to the fetal circulation.

- 1.19 Fetal circulation differs from the maternal circulation (adult circulation) in that
  - a) circulation of blood in the fetus occurs in the lungs only and in adults circulation of blood occurs in the heart only.
  - b) blood in the adult circulation is oxygenated in the lungs and in the fetus is oxygenated in the placenta
  - c) fetal blood is rich in oxygen content and the blood of the adult is rich in carbon dioxide
  - d) the aorta pumps blood to the rest of the body in the adult circulation while the ductus ovale does the same action in the fetal circulation.
- 1.20 In the fetal circulation the ductus venosus connects the
  - a) umbilical vein to the inferior vena cava
  - b) two atria
  - c) umbilical arteries to the placenta
  - d) the two ventricles

- 1.21 The foramen ovale allows for the majority of the blood to pass through the
  - a) ductus arteriosus to supply the rest of the body
  - b) lungs for oxygenation
  - c) two atria
  - d) heart to supply the rest of the body.

Questions 1.21 to 1.25 refer to some of the physiological changes and minor disorders Mrs Y may experience during her current pregnancy.

- 1.22 Mrs Y may experience physiological anaemia which may occur because of
  - a) heamodilution
  - a) pregnancy because pregnancy causes anaemia
  - b) the fact that all pregnant women suffer from physiological anaemia
  - c) fetal demands which are too high in pregnancy.
- 1.23 Mrs Y may complains of heartburn which may become worse between .....weeks of gestation.
  - a) 20-32
  - b) 34-40
  - c) 30-40
  - d) 36-40
- 1.24 Mrs Y may relieve the heartburn by
  - a) sleeping with more pillows than usual
  - b) lying upright in bed
  - c) taking small meals
  - d) All the above.

- 1.25 Mrs Y can also suffer from constipation as a result of relaxation and reduced peristalsis of the gut. The midwife will explain to Mrs Y that, this occurs as a result of the effect of pregnancy
  - a) Progesterone and the growing uterus
  - b) Progesterone and oestrogen
  - c) Progesterone, oestrogen and the Human chorionic gonadotrophin hormone
  - d) Progesterone and the chorionic gonadtrophin hormone.

## **QUESTION 2**

Lungile is 25 years old, Para 2 Gravida 3, and 32 weeks pregnant. She visits the Mbabane Public Health Unit for a repeat antenatal care visit. Based on the World Health Organization (WHO) focused (goal oriented) antenatal care model, describe the activities the midwife will carry out from this visit until term. Give rationale for each of these activities. (25 marks).

### **QUESTION 3**

# Refer to the scenario in Question 2 and answer both questions.

- 3.1 Explain how the midwife will monitor and ensure the maternal well-being for Lungile for the remainder of her pregnancy (i.e. from 32 weeks gestation till the pregnancy is term).
  (15 marks).
- 3.2 Explain how the midwife will monitor and promote fetal well-being for Lungile as from 32 weeks till term (10 marks).

END OF QUESTION PAPER