QUESTION 1

Mrs AC Pl G3 35 weeks gestation is admitted in the labour ward with mild uterine contractions, cervical dilatation of 3 cm and a history of having ruptured membranes a day before. Upon further examination you find that she has tachypnoea, a pulse rate of 110, a foetal heart rate of 180 beats per minute, Blood Pressure of 120/80 and a temperature of 38.7 degrees Celsius.

1.1 What could possibly be her diagnosis? (2 marks)

1.2 Describe other investigations you would carry out to assist in your management of the above condition? (9 marks)

1.3 How will you, as a midwife, manage the condition? (19 marks)

Total marks: 30

QUESTION 2

You are a midwife working at a clinic which is about 30 km from the referral hospital. Mrs. KB, P2 G3, who is 37 weeks pregnant is brought with strong uterine contractions and ruptured membranes. You get ready to perform a vaginal examination, and before you can proceed, she has a contraction and you see the umbilical cord protruding from the vaginal introitus.

2.1 Describe your actions to ensure that you provide the best midwifery care for the above client. (15 marks)

2.2 Describe the three types of cord prolapse in relation to the presenting part. (6 marks)

Total marks: 21

QUESTION 3

You admit a woman at term, in the active phase of labour, after having examined her and concluded that the foetus is in the Occipito Posterior (OP) position. Respond to the following questions in relation to the scenario.

3.1 How would you diagnose an OP position? (5 marks)

3.2 Describe the maternal and foetal implications in an OP position. (8 marks)
3.3 Describe the treatment and midwifery care implications for a woman who is in labour where the foetus is in an OP position. (11 marks)

Total marks: 24