

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION PAPER: MAY, 2016

TITLE OF PAPER:	EMERGENCY OBSTETRIC AND NEONATAL CARE
COURSE CODE:	MID 404
DURATION:	TWO (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

Select a single appropriate response from the options provided.

A midwife is working in a health centre at night and a young woman who is highly pregnant, semi-unconscious with the tongue bleeding is brought in by relatives requiring emergency intervention. Question 1-10 relates to this scenario.

- 1.1 Which one of the following histories will assist the midwife to make a diagnosis for this client?
- (a) Attended antenatal care services x 3
 - (b) Multi-gravid state
 - (c) Convulsion
 - (d) High blood pressure
- 1.2 Before the woman is admitted, what critical assessment should a midwife perform?
- (a) Rapid assessment
 - (b) Pelvic assessment
 - (c) Physical assessment
 - (d) All of the assessments are critical
- 1.3 You examine the woman and confirm that she is 35 weeks pregnant, her blood pressure reading is 150/110 and she complains of severe headache. What is the probable diagnosis?
- (a) Chronic hypertension
 - (b) Pregnancy-induced hypertension
 - (c) Severe hypertension
 - (d) Eclampsia
- 1.4 Identify the most serious sign of the condition listed in 1.3 that should be identified from the client?
- (a) Albumenuria
 - (b) Headache
 - (c) Nausea and vomiting
 - (d) Onset of labour
- 1.5 If this woman was bleeding from the genital track what could be the cause of bleeding?
- (a) Placental haemorrhage
 - (b) Placenta abruption
 - (c) Placenta praevia
 - (d) None of the above is a correct response

- 1.6 Identify one type of bleeding that may occur if a client is diagnosed with the condition mentioned in 1.5?
- (a) Profuse
 - (b) Internal
 - (c) Concealed
 - (d) Continuous
- 1.7 Which one among the following danger signs would cause a midwife to omit the administration of Magnesium Sulphate to this client?
- (a) Respiratory rate of less than 16 breaths per minute
 - (b) Blood pressure of 180/110
 - (c) Urine output of 30 Ml per hour
 - (d) Pre-tibia oedema
- 1.8 Which one among the listed drugs is recommended to reduce the blood pressure
- (a) Diazepam
 - (b) Hydralazine
 - (c) Magnesium sulphate
 - (d) Both B and C are correct responses
- 1.9 Identify the recommended drug for controlling an eclamptic fit:
- (a) Nifedipin
 - (b) Phenobarbitone
 - (c) Hydrallazine
 - (d) Magnesium sulphate
- 1.10 Which one among the listed conditions/situation is a direct cause of postpartum haemorrhage among women in health care facilities in Swaziland?
- (a) Atonic uterus
 - (b) Adherent placenta
 - (c) Placenta velamentous
 - (d) Full bladder
- 1.11 If a midwife is conducting a delivery which one of the following is a critical intervention for preventing postpartum haemorrhage?
- (a) Apply bimanual compression of the uterus
 - (b) Administer oxytocic agents during the delivery of the anterior shoulder
 - (c) Infuse blood transfusion
 - (d) Check the haemoglobin

- 1.12 Which among the listed conditions can cause puerperal sepsis among women in Swaziland as indicated in the Ministry of Health Confidential Enquiry into Maternal Deaths Audit Report (2014)?
- (a) Malnutrition
 - (b) Poor use of postnatal services
 - (c) Severe bleeding
 - (d) Septic abortion
- 1.13 Identify one condition/situation which may result to obstetric shock from the list provided
- (a) Sudden emptying of an over-distended uterus
 - (b) Severe infection
 - (c) Intrapartum haemorrhage
 - (d) B and C are correct responses
 - (e) All of the above are relevant responses
- 1.14 Shock and sudden onset of lower abdominal pain soon after childbirth is associated with which one of the following conditions?
- (a) Acute inversion of the uterus
 - (b) Sudden distension of the abdomen
 - (c) Antepartum haemorrhage
 - (d) Obstructed labour
- 1.15 When a midwife has diagnosed the condition identified in 1.14, which emergency intervention should be instituted by a midwife before the arrival of an obstetrician
- (a) Administer a narcotic drug to relieve pain
 - (b) Infuse Dextrose water intravenously to replace fluid lost
 - (c) Elevate the lower limbs in order to replace the uterus thus relieving traction from the ovaries
 - (d) Prepare the client for surgery
- 1.16 Which among the listed conditions/situations may result to amniotic fluid embolism
- (a) Caesarean section delivery
 - (b) Precipitate labour
 - (c) Disordered uterine contractions
 - (d) A and C are correct responses
 - (e) All the above statements are relevant responses
- 1.17 A Bandl's ring may be diagnosed in which one of the following conditions/situations
- (a) Precipitate labour
 - (b) Obstructed labour
 - (c) Disordered uterine contractions
 - (d) Transverse lie

- 1.18 Which definition among the listed describes shoulder dystocia?
- (a) Impacted shoulders
 - (b) Shoulders that are too large to be delivered
 - (c) Failure of the shoulders to transverse after delivery of the head
 - (d) Difficult delivery of the shoulders
- 1.19 Identify the recommended technique that should be used by midwives to relieve shoulder dystocia.
- (a) Woods manoeuvre
 - (b) Rubin manoeuvre
 - (c) Mc Robert's manoeuvre
 - (d) Zavanelli manoeuvre
- 1.20 Which among the listed statements justify the need for emergency intervention when cord prolapse is diagnosed?
- (a) Cord prolapse may interfere with normal progress of labour
 - (b) The blood vessels in the cord may go into spasm limiting blood and nutrition supply to the foetus
 - (c) Knotting of the cord may occur resulting to anoxia
 - (d) The cord may be contaminated and ascending infection may occur
- 1.21 Identify the emergency intervention that should be employed by a midwife when a client present with cord prolapse
- (a) Conduct a digital vaginal examination to establish the stage of labour
 - (b) Expedite the delivery
 - (c) Call for help and do not leave the client alone
 - (d) Reassure the client
- 1.22 Which one among the listed conditions is the major indirect cause of maternal mortality among Swazi women, as stated by the Confidential Enquiry into maternal death report (2014)?
- (a) HIV infection
 - (b) Postpartum haemorrhage
 - (c) Grand-multiparity
 - (d) Poor use of family planning practices
- 1.23 One of the causes of neonatal mortality among neonates in Swaziland is:
- (a) Asphyxia neonatorum
 - (b) Pneumonia
 - (c) Malnutrition
 - (d) Respiratory distress syndrome

1.24 Baby Bhozongo is severely asphyxiated, which one among the following signs will he display?

- (a) Muscle tone poor, respiratory effort poor, heart rate 100bpm, reflex grimace, colour central cyanosis
- (b) Muscle tone poor, colour blue, respiratory effort minimal, heart rate 101bpm, grimace
- (c) Muscle placid, colour pale, heart rate 99bpm, no reflex response, no respiratory effort
- (d) No muscle tone, colour pale, no respiratory effort, no heart rate, no reflex response

1.25 When a neonate is having a convulsion, which among the listed is the essential drug to administer?

- (a) Diazepam
- (b) Dextrose 10 %
- (c) Cortisone
- (d) Phenergan

TOTAL MARKS 25

QUESTION 2

Miss Dlamini has just given birth (15 minutes ago) at Nkwene clinic, she is bleeding profusely from the genital track.

- (a) Discuss four (4) major causes of bleeding from the genital track that will threaten the woman's life, soon after childbirth (15 Marks)
- (b) Describe emergency interventions that will be employed by a midwife when a client is presenting with primary postpartum haemorrhage in a rural health facility (10 marks)

TOTAL MARKS 25

QUESTION 3

A postpartum woman who gave birth 1 week ago is reporting to the clinic with foul smelling lochia and fever,

- (a) What is the diagnosis for this client? (2 marks)
- (b) Explain why this condition needs emergency intervention (8 marks)
- (c) Discuss emergency interventions that will be employed by a midwife in a rural health facility before referring the client for advanced care (15 marks)

TOTAL MARKS 25