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) Albuminuria
   (b) Headache
   (c) Nausea and vomiting
   (d) Onset of labour

1.5 If this woman was bleeding from the genital tract 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) Postpartum
(b) Internal
(c) Concealed
(d) Continuous

1.7 Which one among the following danger signs would cause a midwife to order 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) Nifedipine
(b) Phenobarbital
(c) Hydralazine
(d) Magnesium sulphate

1.10 Which one among the listed conditions is a direct cause of postpartum haemorrhage among women in health care facilities in Swaziland?
(a) Atonic uterus
(b) Adherent placenta
(c) Placenta previa
(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 antenatal 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 asphyxia
(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, hear 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 tract.

(a) Discuss four (4) major causes of bleeding from the genital tract 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