# UNIVERSITY OF SWAZILAND

#### **FACULTY OF HEALTH SCIENCES**

# MAIN EXAMINATION QUESTION PAPER, MAY, 2016.

**COURSE: NORMAL PREGNANCY AND ANTENATAL CARE** 

**COURSE CODE: MID407** 

**TIME ALLOWED: 2 HOURS** 

**TOTAL MARKS: 75** 

#### **INSTRUCTIONS:**

- 1. ANSWER ALL QUESTIONS
- 2. READ THE QUESTIONS CAREFULLY
- 3. ALL QUESTIONS CARRY EQUAL MARKS
- 4. NUMBERS IN BRACKETS INDICATE MARKS ALLOCATED PER QUESTION OR PART OF THE QUESTION
- 5. START EACH QUESTION ON A FRESH PAGE
- 6. TOTAL NUMBER OF PAGES NINE (9)

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# MID407: NORMAL PREGNANCY AND ANTENATAL CARE MAIN EXAMINATION QUESTION PAPER, MAY, 2016.

#### **QUESTION 1**

Answer all questions. Select the most appropriate response and write the corresponding letter e.g. 1.26 A. Each correct response carries 1 mark. Total marks allocated for the question 25.

# Questions 1.1 to 1.7 refer to maternal and foetal anatomy and physiology.

- 1.1 A pregnant woman may experience backache due to
  - a) Stretching of the sacro-illiac ligaments
  - b) Excessive stretching of the sacro-coccygeal joint
  - c) Stretching of the lumbosacral joint
  - d) Stretching of the sacral joint.
- 1.2 The symphisis pubis is a cartilagenous joint formed between the
  - a) Two iliac joints
  - b) Two ischial tuberosities
  - c) The coccyx and the spine
  - d) Fifth lumbar vertebrae and the sacrum
- 1.3 One of the important landmarks on the brim include the
  - a) Ischial spines
  - b) Iliac crest
  - c) Ischial tuberosities
  - d) Promontory of the sacrum.

- 1.4 The ischial spines are important obstetric landmarks because they
  - a) Determine the size of baby
  - b) Serve as important indicators for the type of pelvis
  - c) Serve as reference points to indicate the station of the presenting part
  - d) a and b.
  - 1.5 The midwife performs pelvic palpation to:
    - a) Confirm what is occupying the fundus
    - b) Confirm what is occupying the lower pole of the uterus
    - c) Detect fetal parts
    - d) Confirm the lie.
- 1.6 In the foetal skull, the vertex is the region bounded by the
  - a) Mentum, glabella and molar bones
  - b) Imaginary line drawn from the parietal eminences, anterior fontanelle and occipital protuberance
  - c) Imaginary line drawn from the anterior fontanelle to one of the parietal eminences, the posterior fontanelle to the other parietal eminence and back to the anterior fontanelle
  - d) Imaginary line drawn from the glabella, anterior fontanelle and the parietal eminences.
- 1.7 The following is true about the fetal circulation except
  - a) The two hypogastric arteries are continuous with the two umbilical veins
  - b) The ductus venosus connects the umbilical vein with the inferior vena cava
  - c) The two ventricles connect through the two atria
  - d) Most of the blood is partially de-oxygenated.

#### Questions 1.8 to 1.14 refer to the mother and antenatal care.

- 1.8 Some of the health hazards during pregnancy include:
  - a) Smoking more than 10 cigarettes per day
  - b) Exposure to other women living with HIV
  - c) One antenatal care visit
  - d) A baby exposed to HIV.
- 1.9 The aim(s) of abdominal examination include the following except to
  - a) Confirm the presentation
  - b) Assess the fundal height
  - c) Monitor foetal well being
  - d) Evaluate the maternal condition.
- 1.10 Obtaining history on the available social support system for the client helps to
  - a) Identify the potential psychological and cultural needs of the client
  - b) Identify the support the pregnant woman is likely to receive during pregnancy
  - c) Provide the relevant information to the client during counseling sessions
  - d) Train the client for the labour process.
- 1.11 The following is true about the aims of childbirth education
  - a) The mother is not an active player
  - b) Ensures that the mother is consuming a balanced diet
  - c) Prepares the pregnant women to manage postpartum haemmorrhage
  - d) Empowers the pregnant women to identify dangers signs.

- 1.12 The following information is true about the aims of antenatal care except to
  - a) Assist the mother in the choice of infant feeding
  - b) Monitor progress of labor
  - c) Provide options about the place of delivery
  - d) Review the mother's HIV status.
  - 1.13 All pregnant women should be prepared for labor and childbirth to include
    - a) Education strictly on pharmacological methods of pain relief in labor
    - b) Orientation to the labour ward and signs of onset of labour
    - c) Advice on the immediate care of the newborn only
    - d) Importance of lactational amenorrhoea.
  - 1.14 Focused antenatal care (FANC) refers to
    - a) All pregnant women must be seen every 4 weeks during pregnancy.
    - b) All pregnant women must be seen every 6 weeks during pregnancy.
    - c) Every pregnant woman should choose when to receive antenatal care
    - d) Women carrying low risks pregnancies receive antenatal care for 4 -6 visits for the duration of pregnancy.

# Questions 1.15 to 1.23 refer to physiological changes during pregnancy and the developing foetus.

- 1.15 The following physiological changes occur in the cardiovascular system during pregnancy except:
  - a) Increased plasma volume
  - b) Neutrophils are decreased
  - c) Plasma proteins are increased
  - d) Capacity for blood clotting is decreased.

- 1.16 The following is true about iron in pregnancy
  - a) Iron demand is increased in the last four weeks
  - b) The fetus needs iron for digestion purposes
  - c) Iron is produced by the fetus to improve fetal haemoglobin
  - d) Absorption of iron is enhanced in the second trimester.
- 1.17 The Human Chorionic Gonatrophin Hormone is
  - a) Secreted by the cytotrophoblast
  - b) Produced in large quantities in late pregnancy
  - c) Produced by the decidua
  - d) Required for milk production.
- 1.18 Pregnancy can be diagnosed clinically in the presence of
  - a) Consistent growth of the abdomen
  - b) Striae gravidarum
  - c) Amenorrhoea
  - d) Audible fetal heart sounds.
- 1.19 Proteinuria in pregnancy may be an indication of
  - a) Kidney damage due to pregnancy
  - b) Urinary tract infection or sometimes pre-eclampsia
  - c) Renal tumour
  - d) Adrenal tumour.
- 1.20 Some of the minor disorders during pregnancy include:
  - a) Increased gastric absorption
  - b) Increased appetite for the benefit of the foetus
  - c) Sluggish gut motility which may lead to constipation
  - d) Cardiac arrhythmias.

1.21 P	robable signs of pregnancy can be identified on pelvic examination focusing on the
fo	llowing organ(s.) The
a)	Vagina
b)	Uterus
c)	Cervical canal
d)	Fallopian tubes.
1.22 Frequency of micturition occurs in women during pregnancy partly as a result of:	
a)	Pressure of the growing uterus on the bladder
b)	The pregnant woman is not protected against urinary tract infection
c)	The bladder shrinks during pregnancy
d)	The capacity of the bladder is altered during pregnancy.
1.23 The midwife can use the following indicators to monitor fetal well being during pregnancy	
a)	Increased maternal weight gain
b)	Increased fetal movements.
c)	Maternal weight and fundal height in relation to gestational age of the fetus
d)	Maternal health in relation to fetal size and maternal weight gain.
Questions 1.24-1.25 refer to development of the embryo.	
1.24 T	he blastocyst lies in the uterus for at least before embedding
a)	4 days
b)	2-3 days
c)	3-4 days
d)	24-48 hours.

- 1.25 The following is true about development of the embryo.
  - a) Fertilisation occurs in the infundibulum
  - b) The ovum reaches the uterus in 24 hours
  - c) The fertilised ovum divides until it forms a cluster of cells called the morula.
  - d) The inner cell mass develops into the placenta.

[25 marks]

# **QUESTION 2**

- 2.1 Indicate and explain four aims of abdominal examination during pregnancy. (10) marks).
- 2.2 Explain how the midwife monitors and ensures the well being of the woman during pregnancy from 32 weeks gestation till the time the pregnancy gets to term. (15 marks).

[25marks]

# **QUESTION 3**

Mrs X is Para 1 Gravida 2 aged 25 years old and 11 weeks gestation, reports today at Mbabane Public Health Unit for the initial antenatal care visit (booking visit). The midwife is required to attend to Mrs X and provide the relevant antenatal care.

- 3.1 Indicate the investigations the midwife will carry out on Mrs X and give the rationale for each investigation. Consider 5 points. (10 marks).
- 3.2 Indicate any prophylaxis/immunizations Mrs X is likely to get during the current pregnancy. Explain/ motivate your answer. (7 marks).
- 3.3 Indicate four (4) points the midwife will consider when assessing fetal well being during Mrs X's current pregnancy. Explain your answer. (8marks).

**Total marks 25**