QUESTION 1

Select a single appropriate response from the options provided.

A midwife has just completed assisting a woman who was giving birth. When examining the placenta she observes that the placenta has a missing lobe. Question 1-5 relates to this scenario.

1.1 What is the emergency management of a client whom the midwife realised that there is a missing lobe in the placenta?

(a) Wait for the obstetrician to review the client
(b) Attempt to remove the lobe
(c) Administer a 2nd dose of oxytocic drug and massage the uterus
(d) Apply pressure on the fundus to forcefully expel the lobe

1.2 If the woman is bleeding profusely from the genital tract which is the next step that a midwife should take in an effort to control postpartum haemorrhage?

(a) Apply fundal pressure to control bleeding
(b) Infuse Ringers Lactate with syntocinon 20-40 units added in the drip
(c) Repeat a 3rd dose of oxytocic
(d) Encourage the client to rub her uterus until bleeding is controlled

1.3 If bleeding is not controlled despite interventions mentioned in 1.2, which further emergency management should be employed by a midwife transporting the client to the next level of care?

(a) Teach the client to massage her uterus every 15 minutes
(b) Suture identified lacerations
(c) Infuse 0 positive blood
(d) Apply bimanual compression of the uterus

1.4 If the uterus is well contracted but there is fresh continuous bleeding noted from the genital tract, identify the cause of bleeding from the list provided.

(a) Ruptured uterus
(b) Vaginal laceration
(c) Perineal tear
(d) Haematoma

1.5 If the woman still bleeds despite all the interventions mentioned above, what could be the cause of postpartum haemorrhage?

(a) Deficiency in the clotting factor
(b) Trauma of the birth canal
(c) Poor uterine contraction
(d) Low haemoglobin level
1.6 Which one among the listed conditions/situation is a direct cause of postpartum haemorrhage among women in health care facilities in Swaziland?

(a) Low immune status of clients
(b) Atonic uterus
(c) Adherent placenta
(d) Full bladder

A single pregnant adolescent report in the clinic for the initial antenatal care, she weighs 98kg and is oedematoes in her lower limbs. Question 1.7-1.10 relates to this scenario

1.7 You examine the woman and confirm that she is 37 weeks pregnant, her blood pressure reading is 160/115 and she complains of severe frontal headache. Which of the following diagnoses applies to this client?

(a) Diabetes Mellitus
(b) Chronic hypertension
(c) Eclampsia
(d) Pregnancy-induced hypertension

1.8 Which among the listed is the most serious sign of the condition identified in 1.7

(a) Headache
(b) Nausea and vomiting
(c) Onset of labour
(d) Albumen in urine

1.9 If this woman is bleeding from the genital tract, which among the listed conditions may cause bleeding?

(a) Placenta praevia
(b) Placenta abruption
(c) Placental haemorrhage
(d) Haematoma

1.10 Early delivery of the neonate is advisable to this client, this recommendation is based on the fact that the condition mentioned in 1.7 may result to:

(a) Fetal demise
(b) Placental haemorrhage
(c) Degeneration of the decidua
(d) Depletion of hormones
1.11 Which one among the following danger signs will cause a midwife to omit the administration of Magnesium Sulphate to this client?

(a) Blood pressure of 180/110
(b) Urine output of 30 Ml per hour
(c) Respiratory rate of less than 16 breaths per minute
(d) A & C are correct responses

1.12 Which one among the listed drugs is recommended to reduce the blood pressure

(a) Diazepam
(b) Hydralazine
(c) Magnesium sulphate
(d) All responses are correct

1.13 Identify the recommended drug for controlling an eclamptic fit:

(a) Nifedipan
(b) Phenobarbitone
(c) Hydralazine
(d) Magnesium sulphate

1.14 If a client who is diagnosed with severe pre-eclampsia complains of epigastric pain, which one among the listed is the cause for this condition?

(a) Gastro-intestinal diseases
(b) Cerebral oedema
(c) Oedema of the uterus
(d) Oedema of the capsule of the liver

1.15 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

1.16 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 relief of an over-distended uterus
(c) Postpartum haemorrhage
(d) Obstructed labour
1.17 A Bandls’ ring may be diagnosed in which one of the following conditions/situations

(a) Disordered uterine contractions
(b) Obstructed labour
(c) Transverse lie
(d) Precipitate labour

1.18 Identify the correct definition for shoulder dystocia among the list provided?

(a) Difficult delivery of the shoulders
(b) Impacted shoulders
(c) Shoulders that are too large to be delivered
(d) Failure of the shoulders to transverse after delivery of the head

1.19 Identify the recommended technique that should be used by midwives to relieve shoulder dystocia.

(a) Woods manoeuvre
(b) Mc Robert’s manoeuvre
(c) Zavanelli manoeuvre
(d) Rubin manoeuvre

1.20 Which one among the listed is the indirect cause of maternal mortality among women in Swaziland, as stated by the Confidential Enquiry into maternal death report (2014)?

(a) Postpartum haemorrhage
(b) Grand-multiparity
(c) HIV infection
(d) Poor use of family planning practices

1.21 One of the causes of mortality among neonates in Swaziland is:

(a) Asphyxia neonatorum
(b) Jaundice
(c) Malnutrition
(d) Respiratory distress syndrome

1.22 Neonatal death is responsible for ______ under-five mortality rate as stated by the Ministry of Health (2014) report:

(a) 10%
(b) 20%
(c) 30%
(d) 40%
1.23 Baby Grace is severely asphyxiated, which one among the following signs will be diagnosed from her?

(a) Muscle tone poor, respiratory effort poor, heart rate 100 bpm, reflex grimace, colour central cyanosis
(b) Muscle tone poor, colour blue, respiratory effort minimal, heart rate 101 bpm, grimace
(c) No muscle tone, colour pale, no respiratory effort, no heart rate, no reflex response
(d) Muscle placid, colour pale, heart rate 89 bpm, no reflex response, no respiratory effort

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

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

1.25 Meconium aspiration syndrome is common among which gestational age neonates?

(a) Postmature neonates
(b) Normal term neonates
(c) Large for gestational age
(d) All neonates are prone to meconium aspiration syndrome
QUESTION 2

Zandile is admitted in active labour, term gestation with singleton pregnancy. While she was collecting a specimen of urine her amniotic membranes ruptured and the umbilical cord prolapses.

(a) Discuss your emergency interventions when amniotic membranes rupture and the umbilical cord prolapses (15 Marks)

(b) Discuss why spontaneous rupture of membranes during labour and prolapsed cord is an obstetric emergency (70 marks)

QUESTION 3

Zocile, a para 10 gave birth at home about 30 minutes ago, she reports that her labour was of short duration, she gave birth to a normal size neonate and she is bleeding profusely vaginally.

(a) Discuss four causes of postpartum haemorrhage with reference to Zocile’s scenario (15 Marks)

(b) Briefly explain emergency interventions that a midwife will employ in order to save Zociles’ life (10 marks)