UNIVERSITY OF ESWATINI FACULTY OF HEALTH SCIENCES DEPARTMENT OF MIDWIFERY SCIENCE FINAL EXAMINATION: AUG 2020

TITLE OF PAPER: THE NEONATE WITH COMPLICATIONS

COURSE CODE: MWF408/ MID508

DURATION: 2 HOURS

TOTAL MARKS: 75

INSTRUCTIONS

- 1. ANSWER ALL QUESTIONS
- 2. FIGURES IN BRACKETS INDICATES MARKS ALLOCATED FOR EACH OR PART OF QUESTION
- 3. START EACH QUESTION ON A NEW PAPER
- 4. KINDLY USE BULLETS FOR EACH POINT IN YOUR ANSWER WHERE POSSIBLE
- 5. QUESTIONS CARRY EQUAL MARKS

THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION HAS BEEN GRANTED BY THE INVIGILATOR

Question 1

The following are multiple choice Questions. Select the best answer from the following questions then write the letter that corresponds to the selected answer in your answer sheet. For an example: 1.30. B

- 1.1 Assisted ventilation should be delivered at what rate of breaths per minute to prompt achieve or maintain a heart rate 100 per minute
- A. 10 to 30
- B. 40to 60
- C. 70 to 90
- D. None of the above
- 1.2 Which following the following is **not** a sign that indicate admission for low birth weight babies?
- A. Birth weight 1900 g
- B. Gestation <34 wks.
- C. Unable to feed
- D. Sick neonate
- 1.3 Which statement is true about clinical characteristics of respiratory distress syndrome?
- A. Tachypnea (80 to 120 breaths/min
- B. Tachycardia (80 to 120 breath/min)
- C. Bradycardia (80 to 120 breaths/min)
- D. None of the above
- 1.4 During neonatal resuscitation what is the reason for aiming at achieving resuscitation objectives within 7 minutes?
- A. To avoid cerebral damage
- B. To avoid cerebral palsy
- C. To avoid handicap
- D. All of the above

Nosipho G3P2 comes to the labour ward with history of draining third grade meconium stained liquor, cervix fully dilated, fetal heart rate below 100 beats per minute. Use the above statement to answer questions 1.5 and 1.6

- 1.5 What would be the best midwifery management for the baby during second stage of labour
- A. Delay the delivery of the baby and commence the mother on Oxygen therapy
- B. Inform the theatre team and prepare the patient for Ceasaren section to save the baby
- C. Call for another midwife who would help you suction the baby mouth and nostrils before shoulder are born
- D. Initiate positive pressure ventilation as soon as the baby's head is born to prevent respiratory distress syndrome

- 1.6 Which of the following will be the best midwifery management for the neoanate immediately after complete expulsion of the baby?
- A. Delaying drying and stimulation of the baby
- B. Delaying cord clamping
- C. Delaying administration of free flow oxygen
- D. Delaying suctioning of the baby
- 1.7 Which of the following is **NOT** diagnostic of twin to twin transfusion?
- A. Both are of same sex
- B. It results from venous communication of both foetuses
- C. Both are of different growth
- D. Both are of different amniotic fluid.
- 1.8 Which of the following is true about twin to twin transfusion syndrome?
- A. The smaller twin has the greatest risk of cardiac compromise
- B. The larger twin is often stuck to the uterine wall
- C. Serial amnio reduction improves perinatal survival
- D. Fetoscopic laser ablation of the placental vessels increases survival for both
- 1.9 Which of the following best describes large for gestational age?
- A. Large for gestational age is weight, length, or circumference that lies above the 90th percentile for that gestational age.
- B. Large for gestational age is defined as birth weight more than 2 standard deviations above the mean.
- C. Large for gestational age is an indication of high prenatal growth.
- D. Large for gestational age is weight of 3500g at birth despite gestational age.
- 1.10 Which of the following is true about congenital abnormalities?
- A. It refers to defects in the body structure at birth
- B. It is always occult at birth making it difficult to detect
- C. Congenital abnormalities are all inherited from the family
- D. It results from unknown fetal development that are always difficult to predict
- 1.11 Which of the following congenital abnormalities are common in girl as compared to boys?
- A. Harelip
- B. Club foot
- C. Hydrocephalus
- D. Anencephaly
- 1.12 Which of the following congenital abnormalities is more common in boys as compared to girls?
- A. Spinal bifida

- B. Hypetrophic phyloric stenosis
- C. Dislocatation of the hip
- D. Anencephaly
- 1.13 When resuscitating a neonate who has neonatal asphyxia after how long should the midwife use ambubag?
- A. After 30 seconds of oxygen by face mask
- B. When the baby remains apnoeic after 30 minutes of facemask oxygen therapy.
- C. When the neonate is no longer cyanosed
- D. When the neonate PO2 level has increased
- 1.14 When should a midwife put an asphyxiated neonate on intubation and ventilation?
- A. When the heart beat is more than 100 beats per minute
- B. When the heart beat is less than 100 beats per minute
- C. When the heart rate has improved
- D. When resuscitation measures are performed without medical assistance
- 1.15 A midwife working in labour room, while doing initial observations for a neonate who was born term with birth weight of 3.6 kg, you notice that her blood glucose level is 2.5 mmol/l (45mmg/dl). What should be the appropriate action by the midwife for this baby?
- A. Give the baby glucose 50% stat
- B. Call the paediatrician to come and review baby
- C. Tell the mother that the glucose level is normal continue with breast feeding
- D. Keep the neonate in the ward for close monitoring of glucose levels

[15]

Question 2

Mumcy delivered an alive male neonate with difficulty in breathing at 35 weeks gestation, cyanosis and expiratory granting and respirations of 80 breaths per minute. His birth weight is 1.8 kg. The Apgar score was 4/10 in 1 minute and 6/10 in 5 minute.

- 2.1 Name the possible diagnosis for the above neonate (1)
- 2.2 Explain in details your answer for question 2.1 (14)
- 2.3 Write short notes about the significance of Appar scoring in the condition identified in question 2.1 (10)
- 2.4 List five (5) early problems of prematurity the above neonate may experience (5)

[30 marks]

Question 3

Baby Zama a three days old female baby is brought by her mother to the clinic where you are working. Zama has some yellowish discoloration of the skin.

- 3.1 Name the diagnosis of baby Zama? (1)
- 3.2 Describe the other signs and symptoms that you will look out for in baby Zama. (2)
- 3.3 Explain the different types of the condition identified in question 3.1 (12)
- 3.4 Explain in details how managing this baby under phototherapy will help alleviate the condition. (5)
- 3.5 Describe how you will manage this baby in the clinic and later at the hospital. (10)

[30marks]

Total [75 marks]