# FACULTY OF HEALTH SCIENCES DEPARTMENT OF NURSING SCIENCE



**PROGRAM** : NURSING SCIENCE 2: FAMILY HEALTH

NURSING SCIENCE AND MIDWIFERY

**SUBJECT** : MODULE 3: PROBLEMS DURING PREGNANCY AND THE NEONATAL

PERIOD MODULE 4: PROBLEMS DURING LABOUR AND THE

**POSTNATAL PERIOD** 

CODE : VPK2B30

DATE : SUPPLEMENTARY EXAMINATION JANUARY 2018

**DURATION** : 3 HOURS

**WEIGHT** : 50: 50

TOTAL MARKS : 100

**EXAMINER** : DR JML MALESELA (SMU)

**MODERATORS** : PROF AGW NOLTE (UJ)

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NUMBER OF PAGES : THIS PAPER CONSIST OF SIX (6) PAGES

**INSTRUCTIONS**: ANSWER ALL QUESTIONS.

# **INSTRUCTIONS TO CANDIDATES:**

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(1)

# **QUESTION 1**

1.1 Choose one of the most correct answer to each of the following questions or statements related to hypertensive conditions during pregnancy

NB: Write the number and the letter. For example 1.1.11 e

- 1.1.1 Hypertension in pregnancy is diagnosed when...
  - a) A diastolic blood pressure is 80 mm Hg or above.
  - b) A rise in diastolic blood pressure of 10 mm Hg.
  - c) A diastolic blood pressure is 90 mm Hg or above.
  - d) A diastolic blood pressure is 100 mm Hg or above.
- 1.1.2 One of the following statements defines pre-eclampsia. (1)
  - a) Hypertension and proteinuria present before the start of pregnancy.
  - b) Hypertension and proteinuria presenting in the first half of pregnancy.
  - c) Hypertension and proteinuria presenting in the second half of pregnancy.
  - d) Hypertension and proteinuria presenting any time during pregnancy.
- 1.1.3 One of the following statements defines chronic hypertension. (1)
  - a) Hypertension without proteinuria that is present in the first half of pregnancy.
  - b) Hypertension with proteinuria, that is present in the first half of pregnancy.
  - c) Hypertension that is present in the first half of pregnancy plus proteinuria that is present in the second half of pregnancy.
  - d) Hypertension present in pregnancy at the time of booking at 26 weeks.
- 1.1.4 A patient at 36 weeks of gestation develops a blood pressure of145/105 mm Hg and 2+ proteinuria should be diagnosed as aving: (1)
  - a) Pre-eclampsia.
  - b) Severe pre-eclampsia
  - c) Imminent eclampsia
  - d) Eclampsia.

# SUPPLEMENTARY EXAMINATION JANUARY 2018 MODULE 3: PROBLEMS DURING PREGNANCY AND THE NEONATAL PERIOD MODULE 4: PROBLEMS DURING LABOUR AND THE POSTNATAL PERIOD VPK2B30

MODU	ILE 4	PROBLEMS DURING LABOUR AND THE POSTNATAL PERIOD VPK2B30	
1.1.5	The most probable sign of imminent eclampsia is:		
	a)	3+ proteinuria.	
	b)	Increased tendon reflexes.	
	c)	A diastolic blood pressure of 110 mm Hg or more.	
	d)	Tenderness on palpating the calves.	
1.1.6	On	One of the following women has the increased risk of developing pre- eclampsia during	
1.1.6	pre	pregnancy. (1	
	a)	A woman with a history of pre-eclampsia starting early in the third trimester of a previous pregnancy.	
	b)	A woman with a history of pre-term birth in her a previous pregnancy.	
	c)	Grande multipara woman.	
	d)	A woman who previously had a twin pregnancy.	
1.1.7	One of the following is the most probable method of treatment for woman diagnosed with		
	sev	vere pre-eclampsia at a Midwifery Obstetric Unit. (1)	
	a)	The woman should be stabilised first, then referred to a level two hospital for further management.	
	b)	The woman should immediately be rushed to the nearest level three hospital for stabilisation.	
	c)	The woman should be managed at level one hospital.	
	d)	The infant must be delivered by caesarean section at level two hospital.	
1.1.8	One of the following is the management of pre-eclampsia at 36 weeks of gestation. (1)		
	a)	Oral antihypertensive drugs.	
	b)	Diuretics to reduce edema.	
	c)	Hospitalisation.	
	d)	A loading dose of magnesium sulphate.	
1.1.9	The most common drug that is used to manage a diastolic pressure of 110 mm Hg or more		
	during pregnancy is (1)		
	a)	Alpha-methyldopa.	
	b)	Nifedipine	

c) Diazepamd) Propranolol.

- 1.1.10 The important sign of magnesium over dosage is... (1)
  - a) Vomiting.
  - b) Hyperventilation.
  - c) A urine output of less than 20 ml per hour.
  - d) Depressed tendon reflexes.
- Describe the management of a pregnant woman with a Hemoglobin content that is less than or equals to 7.9 g/dL. (15)

\*[25]

#### **QUESTION 2**

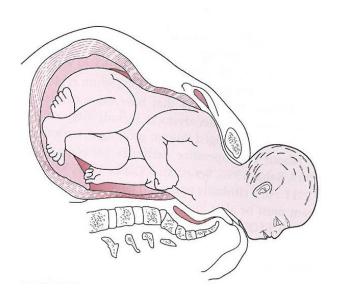
- 2.1 Discuss the complications of a preterm infant under the following headings:
  - 2.1.1 Pathophysiology of hyaline membrane disease. (3)
  - 2.1.2 The pathophysiology of hypothermia. (7)
  - 2.1.3 The prevention of hypothermia. (5)
  - 2.1.4 The prevention of hypoglycaemia. (5)
  - 2.1.5 The management of apnoea. (5)

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# **QUESTION 3**

# Read the scenario below and answer the questions that follow.

Nomzamo, a 29 years old P3G4 patient weighing 110 kg progresses to full cervical dilatation. After 30 minutes in the second stage of labour, the infant's head is delivered with difficulty. The attending midwife observed the following as depicted by picture 2 below. The midwife applied non-invasive manoeuvres and the patient gave birth to a live male infant weighing 4350grams. The patient suffered third degree tear and she also developed postpartum haemorrhage 30 minutes following birth



Picture 1 (Marshal, Raynor & Nolte, 2014:447)

- 3.1 Explain the most probable condition depicted in picture 1 above. (1)
  - 3.1.1 Relate the pathophysiological process leading to the condition explained in the scenario above. (3)
  - 3.1.2 Describe the non-invasive manoeuvres that a midwife should implement in order to be able to proceed with the birth process (second stage of labour). (6)
- 3.2 Differentiate between the four types of vagina and perineal tears that are likely to occur whilst assisting Nomzamo to give birth. (4)
- 3.3 Describe the management of postpartum haemorrhage. (6)
- 3.4 Describe the oxytocin as one of the preferred uterotonic medications under the following headings:

3.4.2 Disadvantages (2)

\*[25]

# **QUESTION 4**

- 4.1 Distinguish between the signs and symptoms of the following breastfeeding problems.
  - 4.5.1 Engorged breast. (6)
  - 4.5.2 Mastitis. (6)
- 4.2 Describe the self-care advice / information to be given to a breastfeeding mother who have developed mastitis (8)
- 4.3 Describe the management of a woman who is newly diagnosed with Human Immunodeficiency Virus during breastfeeding. (5)

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