



University of Fort Hare
Together in Excellence

MIDWIFERY 4B

MODULE CODE: NBM 422E

SPECIAL (LAST OUTSTANDING) EXAMINATION

JUNE/JULY

2023

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Time: 3HOUR

Subject: NBM 422E

Marks: 100

This paper consists of 8 pages including the cover page

Internal Examiners
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External Moderator
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INSTRUCTIONS

Answer ONLY four questions
Write clearly and legibly

Questions 1

Answer all the questions

Each response carries half a mark

1. Noxie grav 3 para 2, gestational age 34 weeks, unbooked, delivered a live male infant at 08hours this morning. His Apgar score were 7/10, 8/10, 9/10 and the weight was 2.1kg. on observation the mother was also pale and looks exhausted.

- 1.1. Explain the differences between low birthweight and preterm babies? (1)
- 1.2. Midwives maintain blood sugar levels of both low and high birth weight babies Briefly describe the monitoring intervals of hypoglycaemia. Motivate your answer. (1)
- 1.3. Explain the in full FDC (1)
- 1.4. Describe the clinical features of obstructed jaundice. (1)
- 1.5. Define the term vacuum hematoma (1)
- 1.6. Recall the form used for reporting stillborns and neonatal deaths. (1)
- 1.7 List two possible candidates who may qualify for adoption of infants or children (1)
- 1.8. Describe the purpose of the of the Perinatal Problem Identification Program (PPIP) (1)

7 marks

Question 2

Answer all the questions and each response carries half a mark

- 2.1. Explain the physiological reasons why all new-born babies are predisposed to hyperthermia.: (2)
- 2.2. Differentiate between preterm babies and IUGR babies and give rationale for your answer (2)
3. Describe the clinical signs common in hyaline membrane and respiratory distress (2)
4. Briefly explain maternal sensitization and ABO rhesus incompatibility in rhesus-negative women. (2)
5. List the neonates at risk for birth injuries. (2)
6. List the neonates at risk for necrotizing enterocolitis. (2)
7. Describe the custodian of perinatal reviews and responsible for meeting the action plans. (2)

8. Describe the advice given to mothers who choose to stop breast feeding during the post-natal period. (2)

(16 marks)

Questions 3

Answer all the questions with TRUE / FALSE response

Each response carries one mark

- 3.1. High-risk babies are only preterm babies and small for gestational age babies. (1)
- 3.2. Defective chromosomes and teratogenic factors cause bowel atresia and club foot. (1)
- 3.33. Multiple pregnancy should be delivered in any MOU or hospital. (1)
4. Neurological immaturity is the product of forceps or vacuum and abnormal presentation. (1)
5. Vacuum delivery is the best form of delivery if vaginal delivery failed. (1)
6. Women with a VL equal or lower than 1000c/ml on first line ART recommended to continue breastfeeding. (1)
7. PPIP is used for all delivery hospitals with labour ward and MOU's. (1)
8. Distended abdomen is one of the manifestations of necrotizing enterocolitis. (1)
9. Medication names cannot be abbreviated. (1)
10. 4. In facial palsy, the eyes on the affected side remains open during crying. (1)
11. Wet lung syndrome affect all normal weight infants delivered normal vaginal and Caesarean Section. (1)
12. Hypothermia and hypoglycaemia are the emergency problems of the new born baby. (1)
13. Pregnancies with an unusual wide and round uterus need referral for ultrasound. (1)
14. High birth weight babies are above the 90th percentile and they may be high risk babies although they have high birth weight. (1)
15. High risk babies are categorized according to weight and gestational age. (1)
16. Multiple pregnancy should be suspected on history and clinical examination. (1)
17. Dexamethasone prevents Hyaline membrane disease. (1)
18. SBAR on maternity situation can reduce errors in recording clinical reports. (1)
19. Epicranial sub-aponeurotic hemorrhage is bleeding beneath aponeurotic sheath of the muscle of the epicranium and heal on its own. (1)
20. If the Fixed dose combination (FDC) is contraindicated and the woman is not eligible for lifelong Highly active antiretroviral therapy (HAART), the infant should not breastfeed at all. (1)

21. Legal issues deal with miscarriage ectopic pregnancy. (1)
22. Malformations and deformation start at the stage of an embryo. (1)
23. FAS and cleft lip are reversible (1)
24. High risk babies are categorized according to weight and gestation (1)
26. Respiratory distress means inability to initiate breathing at birth within 5minutes. (1)
27. Brachial plexus and cranial injuries are temporal and need no treatment. (1)

(27 marks)

Question 4

Answer all the MC question

Each question carries half a mark

- 4.1. Briefly explain classes of congenital abnormalities and give examples (3)
- 4.2. Briefly define asphyxiated baby (1)
- 4.2.1 Describe the causes of asphyxiated baby (3)
- 4.3 Discuss the primary prevention of teenage pregnancies. (3)

- 4.4. Briefly discuss the regulations requirements for adoption. (3)

- 5.5. List the causes of hypoglycemia? (3)
- 5.6. Explain the duties of the midwives during time of stillbirth and neonatal death (3)
- 5.7. Briefly explain the SBAR communication tool used for midwifery referral purposes. (4)
- 5.8. Explain why phototherapy is an effective method of treatment for neonatal jaundice. (3)

9. Describe the clinical signs and symptoms of meconium aspiration. (4)

30 marks

Question 5

Each response carries one mark

Select the most appropriate wording, or sentence or phrase

Write the alphabet next to the correct answer

5.1. Small gestational age and high birth weight babies are prone to suffering from a serious complication

- (a) Hypothermia

- (b) Hypoglycemia
 - © Respiratory problems
 - (d) All of the above
- 5.2. Appropriate gestational age is between 10 to 90th percentile which is (1)
- (a) 2.0 – 2.5kg
 - (b) 2.5 – 3.0kg
 - © 2.5 – 3.5kg
 - (d) None of the above
- 5.3. The babies that are predispose to birth injuries are (1)
- (a) Very low birth weight infant
 - (b) Primigravida
 - © Multigravida
 - (d) Malnourished mother
- 5.4. In advanced gestational age (above 40 weeks gestation) babies: (1)
- (a) Sutures can be seen
 - (b) Fontanelles can be seen
 - © Head circumference is above tenth percentile
 - (d) All of the above
5. Preterm babies are categorized (1)
- (a) Low birth weight – is less than 2.5 kg
 - (b) Very low -low birth weight baby - is less than 1.0 kg
 - © Very low- medium birth weight baby – is less than 1.5 kg
 - (d) All of the above
6. Complications of hypoglycemia is (1)
- (a) Brain damage and severe intellectual retardation
 - (b) Hypothermia
 - © Lethargic
 - (d) Seizures
7. Quick intervention is needed when blood glucose is below the following: (1)

- (a) Blood glucose becomes lower than 3.5mmol/l
 - (b) Blood glucose becomes lower than 3.0mmol/l
 - © Blood glucose becomes lower than 2.5mmol/l
 - (d) Blood glucose becomes lower than 2.0mmol/l
8. All high-risk babies are suffering the following conditions (1)
- (a) Gastrointestinal conditions
 - (b) Respiratory conditions
 - © None of the above
 - (d) A and B
9. Omphalitis is a condition that affect new-born babies if: (1)
- (a) The cord is warm and dry
 - (b) The nappy is so tight and covered cord
 - © The cord stump detached early
 - (d) The cord is moist and redness around the cord.
10. Malformations and disruption occurred during: (1)
- (a) Fetal stage
 - (b) Embryonic stage
 - © Zygotic stage
 - (d) All of the above
11. Fractures of shoulder dystocia mainly affect the following: (1)
- (a) Arm
 - (b) Scapular
 - (c) The whole clavity
 - (d) None of the above
12. Intracranial hemorrhage causes the following: (1)
- (a) Hyperthermia
 - (b) Jaundice
 - © Swelling in the soft tissues
 - (d) Lethargy
13. Facial palsy is a condition that affects: 1)
- (a) Facial Muscles

- (b) Facial Nerves
- © Both sides of the face
- (d) A & B

14 There are legal implications for issues in maternity that deal with the death. Select the relevant one in the following below (1)

- (a) Miscarriage
- (b) Abortion
- © Stillbirth
- (d) B & C

15. The perinatal meeting is a forum for maternity personnel for the following reasons: (1)

- (a) Disciplining
- (b) Capacitating
- © Correcting
- (d) B & C

16. All community health centre and midwife obstetric units (MOU) should have perinatal meetings: (1)

- (a) Weekly
- (b) Fortnightly
- (c) A & B
- (d) Monthly

17. In case of a stillbirth and/or neonatal death, midwives should complete: (1)

- (a) - the notification form of birth
- (b) the notification form of death
- © the identification form
- (d) All the above

18 An abortion may be undertaken at gestational age: age of (1)

- (a) Less than 20 and below – 12 and below 26 weeks
- (b) Less than 12 and below – 16 and above 26 weeks
- (c) Less than 21 and below – 12 and below 28 weeks
- (d) Less than 20 and below – 20 weeks and below 28 weeks

19. It is considered a neonatal death during the following period: (1)

- (a) Whatever the duration of the pregnancy
- (b) From delivery until 6weeks gestation
- (c) All the above
- (d) None of the above

20. Kangaroo Mother Care is a strategy for supportive care for the newborn if only the midwives are (1)

- (a) Midwives will learn from mothers of the newborn baby
- (b) Midwives trained on KMC
- © Midwives have a good relationship with the baby
- (d) All of the above