



**University of Fort Hare**  
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**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 12 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*

## Short Questions 1

Each response carries half a mark

1. Difference between low birthweight and preterm babies? (1)

**Answer:**

- Preterm babies are below 38 weeks and weight is below 2.5 kg
- Low birth weight are below 2.5 kg and are term babies

2. Maintenance of blood sugar levels for both low and high birth weight babies.  
When and Why? (1)

**Answer**

- Four hourly
- For preventing hypoglycaemia

3. Management of breastfeeding mothers with an elevated viral load (VL) (1)

**Answer**

- Women with a VL equal or lower than 1000c/ml on first line ART recommended to continue breastfeeding
- Infant prophylaxis should be extended or restarted during the process of suppressing VL
- Breastfeeding in women who are failing regimen 2<sup>nd</sup> and 3<sup>rd</sup> line ART is not recommended

4. Clinical features of the obstructed jaundice (1)

**Answer**

- Persist beyond 3 weeks
- Stools pale and urine dark
- Hepatosplenomegaly

5. Vacuum hematoma (1)

**Answer**

Vacuum hematoma is the bleeding of the soft tissue in the area where the vacuum is attached.

6. Notification form of neonatal deaths (1)

**Answer**

Notification death form is DHA-16632. Briefly explain who can adopt

**Answer**

- A couple
- A widow, unmarried or divorced
- Married if one spouse is a parent of the child

7. The purpose of the of PPI (1)

**Answer**

- PPIP is for statistical purposes of all dead babies with gestational age of 22 weeks and more and weighing 500g and more
- They are regarded as perinatal deaths and
- Must be recorded in the Perinatal Problem Identification program (PPIP).

**7 marks**

**Question 2**

**Each response carries half a mark**

1. New-born babies predisposed to hyperthermia due to following aspects: (2)

**Answer**

- Poor temperature regulation not fully developed
- Loose body heat easily because of large body surface and
- Blood vessels that are closer to the skin surface and
- Through the body that is naked and wet.

2. Difference between preterm babies and IUGR babies and give rationale for your answer (2)

**Answer**

- Preterm baby are babies born before 37 weeks irrespective of the weight
- The weight is below 2.5 kg
- Intra uterine growth retardation (IUGR) and these babies are term babies e
- IUGR have small weight

3. Clinical signs common in hyaline membrane and respiratory distress (2)

**Answer**

- Tachypnea,
- Sternal recession,
- Expiratory grunting and
- Cyanosis if oxygen therapy is delayed

4. Maternal sensitization (2)

**Answer**

- It is when maternal immunology systems formed antibodies against fetal blood cells
- It occurs when the mother is Rh negative and the baby is Rh positive.
- The first pregnancy is safe due to less antibodies formed but
- Subsequent pregnancies will not survive unless anti D (Rho-D immune globulin) is given during pregnancy.

5. Babies are at risk of birth injuries (2)

**Answer**

- Large baby is at risk (shoulder dystocia)
- Malpresentation
- Right arm mostly affected
- Damage may involve:-upper, lower, or whole plexus

6. Babies at risk of necrotizing enterocolitis (2)

**Answer**

- Most common in preterm babies
- Low birth weight babies who are not breastfed
- Cow's milk feeding and
- Antibiotics and asphyxiated babies that damage the gut of the new born.

7. Custodian of perinatal review meeting action plan (2)

**Answer**

- The quality assurance manager of the facility is responsible for follow up on progress with implementing the action plan in between meetings.
- However, the top hospital management another suitable individual could delegate the role.
- The follow up is important to ensure that urgent action implemented promptly
- The manager responsible for action plan should send progress reports during the month to the quality assurance.

8. Process of stopping breast feeding during post-natal (2)

**Answer**

- Mothers decided to stop breastfeeding should do so gradually over a period of a month
- Abrupt cessation of breastfeeding is not recommended because
- It will increase the viral load in breast milk and the infant is at risk of becoming HIV infected

- Infants who have been receiving ART prophylaxis should continue prophylaxis for four weeks after stopping breastfeeding

(16 marks)

### Questions 3

Each response carries one mark

1. High-risk babies are only preterm babies and small for gestational age babies. False (1)
2. Defective chromosomes and teratogenic factors cause bowel atresia and club foot. False (1)
3. Multiple pregnancy should be delivered in any MOU or hospital. False (1)
4. Neurological immaturity is the end product of forceps or vacuum and abnormal presentation. True (1)
5. Vacuum hematoma is the bleeding of the soft tissue in the new born head. True (1)
6. Women with a VL equal or lower than 1000c/ml on first line ART recommended to continue breastfeeding. TRUE
7. PPIP is used for all delivery hospitals with labour ward and MOU's. True (1)
8. Distended abdomen is one of the manifestation of necrotizing enterocolitis. True (1)
9. Medication names cannot be abbreviated. True (1)
10. Legal notification form of death form is DHA-1663. True (1)
11. Wet lung syndrome affect all normal weight infants delivered normal vaginal and Caesarean Section. False (1)
12. Hypothermia and hypoglycaemia are the emergency problems of the newborn baby. True (1)
13. Pregnancies with an unusual wide and round uterus need referral for ultrasound. True. (1)
14. High birth weight babies are above the 90th percentile and they may be high risk babies although they have high birth weight. True (1)
15. High risk babies are categorized according to weight and gestational age. True (1)
16. Multiple pregnancy should be suspected on history and clinical examination. True. (1)
17. Dexamethasone prevents Hyaline membrane disease. True (1)
18. SBAR on maternity situation can reduce errors in recording clinical reports. True (1)
19. Epicranial sub aponeurotic hemorrhage is bleeding beneath aponeurotic sheath of the muscle of the epicranium and heal on its own. False. (1)
20. If the FDC is contraindicated and the woman is not eligible for lifelong HAART, the infant should not be breastfeed at all. False (1)

21. Legal issues deal with miscarriage ectopic pregnancy. False (1)
22. Malformations and deformation start at the stage of an embryo. False (1)
23. FAS and cleft lip are reversible False (1)
24. High risk babies are categorized according to weight and gestational age. True (1)
25. The negative outcome of meconium is 50% babies die of HIE. True (1)
26. Respiratory distress means inability to initiate breathing at birth within 5minutes. False (1)
27. Brachial plexus and cranial injuries are temporal and need no treatment. False (1)

(27 marks)

#### Question 4

Each response carries half a mark

1. Classes of congenital abnormalities and give examples (3)

##### Answer

- Malformations-Start at the stage of an embryo, caused by defective chromosomes and teratogenic factors, and are irreversible example FAS, cleft lip
- Disruptions Start at the stage of an embryo, caused by amniotic bands and are irreversible – example small bowel atresia
- Deformations - Start at the stage of foetus, caused by mechanic constraints are reversible - example club foot

2. High-risk babies (4)

##### Answer

- Low birth weight – whether term or not
- Préterm babies – irrespective of the weight
- Small for gestational age (SGA) – although they are term baby
- High birth weight babies (LGA) – although they are big babies

3. Primary prevention of teenage pregnancy (3)

##### Answer

- Put emphasis on cultural attitudes and values
- Resocialization of teenage boys
- Discourage teenage girls from enticing the boys
- Prevent sexual intercourse at early ages
- Teach sexuality at home, schools and churches
- Empower kids with communication as well as decision making skills

4. Regulations for adoption (3)

**Answer**

- Application in the children's court
- Parents to be of the same cultural and religious background as the parents of the baby
- Application can be denied if
- Adoptive parents cannot afford the child
- Best interests of the child is at stake
- The adoptive parents did not consent

5. Causes of hypoglycemia? (3)

**Answer**

- Preterm baby
- Post maturity
- Low birth weight or small for gestational age
- Diabetic baby
- Growth retardation (IUGR)
- Asphyxia and fetal distress

6. The duties of the midwives during time of stillbirth and neonatal death (3)

**Answer**

- Identify the baby in front of the parents
- Weigh and measure the baby- depending on the level of maceration
- Cover the baby with a shroud and put a mortuary label
- Baby taken to the mortuary
- A doctor fills in the stillbirth certificate
- Certificate sent to the police station and a burial order issued
- Midwife need to complete a notification of birth

7. SBAR summary and its importance (4)

**Answer**

- Situation: Is the complaints, observations (TPR, BP, urine, respiration of the pregnant woman and fetal well-being of the fetus (CTG). Then categorize as orange (no problem) and red (immediate intervention is needed)
- Background: Obstetric history from ANC, labour and post-natal, treatment given.
- Assessment: Final diagnosis after all the above observation
- Recommendation: Either admission or referral
- Record your name and surname, rank, date and time

8. Phototherapy as a treatment for a jaundice (3)

**Answer**

- When bilirubin is exposed to light it becomes water soluble which is readily excreted in stools and urine
- Changed unconjugated bilirubin to conjugated
- Reduces the need for exchanged transfusion
- No long term side effects
- Level at which to start phototherapy is determined by the age
- As well as the gestational age of the baby

9. Clinical picture of meconium in a newborn (4)

**Answer**

- Meconium can be seen in the skin and pharynx
- If was passed long time the staining is the cord, finger nails and placenta is brownish
- Low Apgar's
- Signs of foetal distress
- Asphyxia is common
- Chest will be over-extended
- Crepitation may be heard
- Gastric fluid has meconium
- Blood and protein in urine
- May result in Hypoxic Ischemic Encephalopathy (HIE)

**30 marks**

**Question 5**

**Each response carries one mark**

**Select the most appropriate**

1. Small gestational age and high birth weight babies are prone to suffering from a serious complication (1)

- (a) Hypothermia
- (b) Hypoglycemia
- © Respiratory problems
- (d) All of the above

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

3. Small gestational age and high birth weight babies are prone to suffering from a serious complication (1)
- (a) Hypothermia
  - (b) Hypoglycemia
  - © Respiratory problems
  - (d) All of the above
4. Advanced gestational growth babies have (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 (1)
- (a) Preterm babies
  - (b) Small weight babies
  - © Big weight babies
  - (d) All of the above

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. Shoulder dystocia fracture always affect the following: (1)
- (a) Arm
  - (b) Scapular
  - (c) The whole clavity
  - (d) None of the above
12. Intracranial hemorrhage is the bleeding in the brain which causes the following (1)
- (a) Hyperthermia
  - (b) Jaundice
  - © Swelling in the soft tissues
  - (d) Lethargy
13. Facial palsy affect the face (1)
- (a) Muscles
  - (b) Nerves
  - © Both sides of the face
  - (d) A & B
- 14 Legal issues in maternity deal with the following (1)
- (a) Miscarriage
  - (b) Abortion
  - © Stillbirth
  - (d) B & C
15. The perinatal meeting is a forum of the 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 meeting (1)

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

17. Midwives are responsible for women who experiences stillbirth and neonatal death (1)

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

18 Miscarriage and abortion has to do with gestational 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. Neonatal death is a death after a live birth (1)

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

20. KMC is a strategy for supportive care for the new born if the (1)

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

## References

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