



“Investing in Africa’s future”

COLLEGE OF HEALTH, AGRICULTURE AND NATURAL SCIENCES

NSNS 423 : MATERNAL, NEWBORN AND CHILD HEALTH

END OF FIRST SEMESTER FINAL EXAMINATIONS

NOVEMBER 2020

LECTURER: DR.G. MUGADZA

DURATION: 24 HRS

INSTRUCTIONS

Answer ONE question

Answer each question on a new page

Each question carries equal marks (100).

DO NOT repeat material.

Clinical Scenario

Mrs. X is a 23 years old prim gravida at term, admitted to a primary-care perinatal clinic at 06:00 with a history of painful contractions for several hours. She received antenatal care and is known to be HIV negative. The maternal and fetal conditions are satisfactory. Maternal blood pressure is 110/ 70 mmHg, pulse 90 beats/ minute, respirations 17 b/minute and urine output 60mls. On abdominal examination a single fetus with a longitudinal lie is detected. Fetal heart is heard and regular, 140 beats / minute. The presenting part is the fetal head, and 3/5 is palpable above the brim of the pelvis. Two moderate contractions in 10 minutes, each lasting 15 seconds are noted. On vaginal examination the cervix is centrally situated, 100 % effaced and 6 cm dilated. The fetal head is in the right occipito-posterior position and is at 0 station. Membranes are intact and there is no cord presentation.

(1a). What is the clinical diagnosis for this client, justify your answer.....(4)

(1b) Plot the above information on the partograph.....(16)

(1c). How often do you monitor uterine contractions, to derive what information?.....(5)

(1d). How often should you monitor fetal heart, to derive what information?(5)

(1e). How do you use the information derived from vaginal examination to manage a laboring woman.....(5)

The partograph is a validated and useful tool in child labour monitoring for positive maternal child birth outcome. Despite this fact, partograph utilisation during labour process has left a lot to be desired.

(1f) From your experience as a nurse, what acts of commission and omissions have been associated with partograph use and its implication on maternal health.....(25)

Maternal morbidity and mortality have become a hindrance towards achieving safe motherhood. Currently the maternal mortality rate is at 614/ 100 000 live births which is quite an alarming figure due to the three delays.

(1g) In view of the above, what strategies can you propose to address each of the delay attributing to maternal mortality of mortality?..... (20)

You have been newly appointed as a reproductive health coordinator in your district. One of your thrust is to improve child health services.

1h). What strategies can you put in place to prevent girl child marriages?.....(10)

i). How would you would you advocate for improved nutrition for the girl child?(10)

2. The Apgar score is a simple method of quickly assessing the health and vital signs of a newborn baby. It was postulated by Dr. Virginia Apgar in 1952.

(2a). Discuss the strengths and short falls of this tool.....(25)

(2b) How can a nurse midwife apply Apgar scoring information to reduce early neonatal deaths (15)

Despite the Apgar scoring tool be a valid tool in assessing newborn wellness at time of birth, its utilisation has not been desirable due to varied factors.

(2c) In view of the above, what factors are likely to interfere with effective Apgar scoring and for each factor what lasting solutions can you propose.....(15)

Postpartum haemorrhage is one of the leading causes of maternal mortality globally, regionally and nationally.

(2d) How do you work towards preventing post-partum haemorrhage during the labor and delivery(15)

(2e) How does placental anomalies contribute to post-partum haemorrhage and for each anomaly, how do you prevent it.....(15)

(2f) What practical steps can you take to manage post-partum haemorrhage.....(15)

3. Obstructed labour is one leading cause of maternal mortality apart from post-partum haemorrhage

(3a) How as a nurse midwife can you work towards preventing obstructed labour(25)

Sepsis is one of the leading causes of neonatal deaths

(3b) How can you work towards reducing neonatal sepsis before, during and after birth(25)

(3c) Hospital user fees stand as barrier in accessing maternal child health services discuss.....(25)

(3d) How can you use your knowledge of the fertilization process to educate couples on:

Timing of emergency contraception..... (7)

Infertility.....(7)

Sex determination.....(5)

Genetic variation.....(6)

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