UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

FINAL EXAMINATION PAPER: DECEMBER, 2015

TITLE OF PAPER : NORMAL LABOUR AND INTRAPARTUM CARE

COURSE CODE

MWF409

DURATION

TWO (2) HOURS

TOTAL MARKS

75

INSTRUCTIONS:

- 1. ANSWER ALL QUESTIONS
- 2. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO EACH OR PART OF A QUESTION
- 3. ANSWER EACH QUESTION ON A NEW PAGE

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Question 1

Select the correct answer and write the letter that corresponds with it next to the question number, in your answer sheet. Example: 2. B (13 marks)

- 1. What is the normal Blood Pressure during the third stage of labour?
 - A. The dystolic should not exceed 90 mm Hg
 - B. The dystolic should not exceed 80 mm Hg
 - C. The systolic not should exceed 110 mm Hg
 - D. The systolic should not exceed 100 mm Hg
- 2. When giving narcotic analgesics to the woman in labor, the special consideration to follow is ...
- A. The progress of labor is well established reaching the transitional stage
- B. Uterine contraction is progressing well and delivery of the baby is imminent
- C. Cervical dilatation has already reached at least 8 cm. and the station is at least (+)2
- D. Uterine contractions are strong and the baby will not be delivered yet within the next 3 hours.
- 3. A primigravida patient is admitted to the labor delivery area. Assessment reveals that she is in early part of the first stage of labor. Her pain is likely to be most intense ...
 - A. Around the pelvic girdle
 - B. Around the pelvic girdle and in the upper arms
 - C. Around the pelvic girdle and at the perineum
 - D. At the perineum
- 4. Nomthandazo is in the second stage of labor. How frequently should you assess her pulse rate
 - A. Every 5 minutes
 - B. Every 15 minutes
 - C. Every 30 minutes
 - D. Every 60 minutes

- 5. A gravida 2 para 1 is admitted to labor and delivery has the following assessment findings: estimated 40 weeks' gestation, contractions 2 minutes apart, lasting 45 seconds, vertex +4 station. Which of the following would be the priority at this time?
 - A. Placing the client in bed to begin fetal monitoring
 - B. Preparing for immediate delivery.
 - C. Checking for ruptured membranes.
 - D. Providing comfort measures
- 6. A laboring client is in the first stage of labor and has progressed from 4cm to 7 cm in cervical dilation. In which of the following phases of the first stage does cervical dilation occur most rapidly?
- A. Preparatory phase
- B. Latent phase
- C. Active phase
- D. Transition phase
- 7. A multiparous client who has been in labor for 2 hours states that she feels the urge to move her bowels. How would you respond?
- A. Let the client get up to use the potty
- B. Allow the client to use a bedpan
- C. Perform a pelvic examination
- D. Check the fetal heart rate
- 8. Labor is a series of events affected by the coordination of the five essential factors. One of these is the passenger (fetus). Which are the other four factors?
- A. Contractions, passageway, placental position and function, pattern of care
- B. Contractions, maternal physiological response, placental position, psychological response
- Passageway, contractions, placental position and function, psychological response
- D. Passageway, placental position and function, paternal response, psychological response

- 9. A G3 P0 is admitted to the labor and delivery unit. The doctor performs an amniotomy. Which observation would you be expected to make after the amniotomy?
 - A. Fetal heart tones 160bpm
 - B. A moderate amount of straw-colored fluid
 - C. A small amount of greenish fluid
 - D. A small segment of the umbilical cord
- 10. A primigravida is admitted to the labour unit. A vaginal exam reveals that she is 2cm dilated. Which of the following statements would the midwife expect her to make?
- A. "We have a name picked out for the baby."
- B. "I need to push when I have a contraction."
- C. "I can't concentrate if anyone is touching me."
- D. "When can I get my epidural?"
- 11. A client is having fetal heart rates of 90–110bpm during the contractions. The first action the nurse should take is:
 - A. Reposition the monitor
 - B. Turn the client to her left side
 - C. Ask the client to ambulate
 - D. Prepare the client for delivery
- 12. The rationale for inserting a French catheter every hour for the client with epidural anesthesia is:
 - A. The bladder fills more rapidly because of the medication used for the epidural.
 - B. Her level of consciousness is such that she is in a trancelike state.
 - C. The sensation of the bladder filling is diminished or lost.
 - D. She is embarrassed to ask for the bedpan that frequently.

- 13. A client telephones the emergency room stating that she thinks that she is in labor. The nurse should tell the client that labor has probably begun when:
 - A. Her contractions are 2 minutes apart.
 - B. She has back pain and a blood-tinged mucous discharge.
 - C. She experiences abdominal pain and frequent urination.
 - D. Her contractions are 5 minutes apart.

Question 2

When admitting a woman in labour, the midwife has to perform a head -to-toe physical assessment, which includes a vaginal examination.

2.1 Describe the vaginal examination of a woman in the first stage of **normal labour** (14marks)

Question 3

Discuss nine (9) factors that influence the progress of labour. (26 marks)

Question 4

- 4.1 Describe in detail the mechanism of placental separation. (12 marks)
- 4.2 Explain one of the two methods of placental expulsion through the birth canal after separation (5 marks)
- 4.3 Describe the control of bleeding during the third stage of labour. (5 marks)