UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

FINAL EXAMINATION PAPER: DECEMBER, 2016

TITLE OF PAPER

NORMAL LABOUR AND INTRAPARTUM CARE

COURSE CODE

: MID409/MWF409

DURATION

: TWO (2) HOURS

TOTAL MARKS : 75

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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

Multiple Choice

Select the correct answer, write the number and the letter that corresponds to it on your answer book. For example 3. D

- - A. Between 37 and 42 weeks from the last menstrual period
 - B. Before 37 weeks gestation
 - C. After 42 weeks gestation
 - D. After 24 weeks gestation
- 2. What is the term given to the relationship of the foetal presenting part to the level of the ischial spines during labour?
 - A. Attitude
 - B. Station
 - C. Position
 - D. asyncliticism
- 3. Which one of the following describes true onset of labour?
 - A. Passage of bloody sow
 - B. Occurrence of uterine contraction
 - C. Cervical dilatation and effacement
 - D. Gush of vaginal fluid
- **4.** all of the following are characteristics of effective uterine contractions **EXCEPT:**
 - A. Occur at regular intervals
 - B. Pain is felt at the back and abdomen
 - C. Pain stops with sedation
 - D. Cervix dilate
- 5. Which one of the following statements is **TRUE** about retraction?
 - A. Relaxation after uterine contraction
 - B. Intensity of uterine contraction in the upper and lower segments
 - C. The myometrium of the upper uterine segment becomes shorter after contraction
 - D. The pacemaker in the right cornu of the uterus

- 6. Mrs. N, P0 G1 is 37 weeks pregnant and she asks you as her midwife "when can I call you". Which one of the following will be your best response?
 - A. When you start experiencing contractions approximately every 5 minutes lasting for 1 minute for one hour.
 - B. When you see a sudden gush of fluid from the vagina or a constant leakage or wetness.
 - C. When you start having vaginal bleeding or a blood stained mucoid vaginal discharge.
 - D. All of the above
- 7. Which of the following are three components of cervical examination?
 - A. Dilation, presentation and effacement
 - B. Effacement, station and position
 - C. Dilation, effacement and station
 - D. Station, dilation and descent
- 8. Which of the following best describes the stages of labour?
 - A. First stage of labour ends with delivery of the foetus
 - B. Second stage of labour is divided into latent and active phases
 - C. Third stage of labour lasts for one hour
 - D. Third stage of labour begins immediately after delivery of the baby and end ends with placental delivery.
- 9. All of the following are cardinal movements of labour EXCEPT:
 - A. Flexion
 - B. Descent
 - C. Extension
 - D. Backward rotation
- **10.** Active management of the third stage of labour include all of the following **EXCEPT**:
 - A. IV oxytocin after delivery of the anterior shoulder
 - B. Controlled cord traction
 - C. Suprapubic massage
 - D. Uterine massage

- 11. Internal rotation of the foetal head occurs when it meets resistance from which one of the following?
 - A. Pelvic floor
 - B. Cervix
 - C. Pelvic walls
 - D. All of the above
- 12. Which one of the following BEST describes "crowning"?
 - A. When the greatest diameter of the foetal head comes through the vulva
 - B. When the presenting part reaches the pelvic floor
 - C. When the perineum bulges in front of the foetal head
 - D. When the foetal head is visible at the vulva and no longer recedes in between uterine contractions.
- 13. Mrs. T is in the second stage of labour. Which one of the following should she use as a breathing technique during crowning of the foetal head?
 - A. Blowing
 - B. Slow chest movement
 - C. Shallow breathing
 - D. Accelerated-decelerated
- 14. You are a midwife assisting with the delivery of a newborn baby. After delivery of the newborn, you assist with delivering the placenta. Which observation would indicate that the placenta has separated from the uterine wall and is ready for delivery?
 - A. The umbilical cord shortens in length and changes colour
 - B. A soft and boggy uterus
 - C. Mother complains of severe uterine cramping
 - D. Changes in the shape of the uterus
- 15. As a midwife, you should realise that the most common and potentially harmful maternal complication of epidural anaesthesia would be which one of the following?
 - A. Severe postpartum headache
 - B. Limited perception of bladder fullness
 - C. Increase in respiratory rate
 - D. Hypotension

- 16. A client arrives at the hospital in the second stage of labour. The foetal head is crowning, she is bearing down and the birth appears imminent. You should:
 - A. Transfer her immediately by stretcher to the delivery room
 - B. Tell her to breath through the mouth and not bear down
 - C. Instruct her to pant during contractions and to breathe through the mouth
 - D. Support the perineum with the hand to prevent tearing and tell her to pant
- 17. Mrs. R, gravida 1, para 0 is admitted in labour. Her cervix is 100% effaced, and she is dilated to 3 cm. Her foetus is at +1 station. What would be your conclusion of the findings regarding the foetal head?
 - A. Not yet engaged
 - B. Entering the pelvic inlet
 - C. Below the ischial spines
 - D. Visible at the vaginal opening
- 18. You are caring for a client in labour and you determine that she is beginning in the second stage of labour when which one of the following assessments is noted?
 - A. When the client begins to expel clear vaginal fluid
 - B. The contractions are regular
 - C. The membranes have ruptured
 - D. The cervix is fully dilated
- 19. You admit Mrs. M to your labour ward in active labour. what would be the priority intervention on her admission?
 - A. Auscultating the foetal heart rate
 - B. Taking the obstetric history
 - C. Asking her when she last ate
 - D. Ascertaining whether the membranes were ruptured
- 20. You are caring for a client in labour and prepare to auscultate the foetal heart rate by using a Doppler ultrasound device. You accurately determine that the foetal heart sounds are heard by:
 - A. Noting if the foetal heart rate is greater than 140 beats per minute
 - B. Placing the diaphragm of the Doppler on the client's abdomen
 - C. Performing Leopold's manoeuvres first to determine the location of the foetal heart.
 - D. Palpating the maternal radial pulse while listening to the foetal heart rate.

Question 2

The questions below refer to the following scenario.

It is 8:00 am, you arrive in the labour ward for the morning shift and the midwife who is on her way out gives you a report on all the women who have been admitted. Among them is Mrs. Q,, primigravida, who is in the active phase of labour. The midwife tells you that she was admitted at 6:00 am with three moderate uterine contractions 10 minutes, a cervical dilatation of 4 cm, descent of 4/5, intact membranes, no moulding. Foetal heart rate of 140 beats/minute. Vital signs: BP 120/80 mmHg, Temperature 37 degrees, Pulse 80 beats/minute and Respirations 16 breaths/minute. 120 ml of urine was measured and no other abnormalities noted.

At 10:00 am you examine her and find the following: five, strong uterine contractions in 10 minutes, a cervical dilatation of 8 cm, descent of 2/5, intact membranes, +1 moulding. Foetal heart rate of 130 beats/minute. Vital signs: BP 120/80 mmHg, Temperature 37 degrees, Pulse 80 beats/minute and Respirations 16 breaths/minute. No urine measured.

Describe your next steps in progressing her labour (24 marks)

Question 3

Plot the findings from the scenario in Question 2 (above) on the provided partograph (16 marks)

Question 4

You have delivered Mrs. R's baby in the past five (5) minutes. Discuss your actions of her management in the next minutes, including describing how you would deliver the placenta. (15 marks).

Total marks = 75

Question 3

PARTOGRAPH

