



UNIVERSITY OF ESWATINI

FACULTY OF HEALTH SCIENCES

DEPARTMENT OF MIDWIFERY SCIENCE

FINAL EXAMINATION: NOVEMBER 2021

TITLE OF PAPER : LABOUR WITH COMPLICATIONS

COURSE CODE : MWF402

DURATION : TWO (2) HOURS

TOTAL MARKS : 75

INSTRUCTIONS

- 1. ANSWER ALL QUESTIONS**
- 2. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO EACH PART OF A QUESTION**
- 3. BEGIN EACH QUESTION ON A NEW PAGE**
- 4. QUESTIONS CARRY EQUAL MARKS**
- 5. USE BULLETS FOR EACH POINT IN YOUR ANSWER WHERE APPLICABLE**

THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION IS GRANTED BY THE INVIGILATOR

Question 1: Multiple choice questions

Choose the most appropriate response from each of the following statements and write the letter that corresponds with it next to the question number in your answer sheet. For example, 1.30 A

1.1 Which of the following is an indirect cause of maternal mortality?

- A. Pre-eclampsia
- B. Gestational diabetes
- C. Malaria
- D. Ectopic pregnancy

1.2 Recently, the Ministry of Health purchased ambulances to be used by pregnant women when they require emergency transport services. By providing these ambulances, which Delay is the Ministry of Health addressing?

- A. Delay I
- B. Delay II
- C. Delay III
- D. Delay IV

1.3 Which of the following is a maternal complication for Prelabour rupture of membranes (PROM)?

- A. Chorioamnionitis
- B. Meconium stained amniotic fluid

C. Intrapartum asphyxia

D. Preterm labour

1.4 Which of the following statements describes prolonged PROM?

A. Membranes ruptured after 6 hours

B. Membranes ruptured after 8-10 hours

C. Membranes ruptured after 12-16 hours

D. Membranes ruptured after 18-24 hours

1.5 Which of the following intrapartum interventions increases the risk of mother to child transmission of HIV?

A. Supporting the perineum during childbirth

B. Performing an episiotomy routinely

C. Rupture of membranes during the birth of the head

D. Keeping membranes intact during labour

1.6 Which is the best mode of delivery for a pregnant woman who has an uncomplicated labour, and diagnosed with COVID-19?

A. Vacuum extraction

B. Normal vaginal delivery

C. Caesarean section

D. Forceps delivery

1.7 What is the main indication for intravenous magnesium sulphate in preterm labour, as prescribed by the World Health Organization (WHO)?

- A. Prevents maternal convulsions
- B. Controls maternal heart rate
- C. Provides foetal neuro protection
- D. Prevents birth asphyxia

1.8 Which of the following is a risk factor for primary cervical dystocia?

- A. Previous caesarean section
- B. Cervical carcinoma
- C. Shirodkar suture
- D. Premature bearing down

1.9 Which of the following conditions is a contraindication for vaginal birth after caesarean section (VBAC)?

- A. Previous caesarean section for eclampsia
- B. Previous caesarean section for Cephalo pelvic disproportion
- C. Previous caesarean section for cord prolapse
- D. Previous caesarean section for foetal distress

1.10 How frequent should the foetal heart rate be monitored with a foetoscope in the second stage of labour?

- A. Continuously
- B. Every three minutes and after a uterine contraction
- C. Every five minutes and after a uterine contraction
- D. Every ten minutes and after a uterine contraction

1.11 A woman presents with preterm labour at 31 weeks gestational age. Vital signs are within normal ranges. Uterine contractions- 3 in 10 minutes lasting for 35 seconds each, presentation- cephalic, descent-4/5 above brim, foetal heart rate- 130 beats per minute, cervical dilatation- 4 centimetres, membranes- intact. According to the National Obstetric Guidelines, what is the best management for the woman?

- A. Administer a tocolytic agent to the woman
- B. Encourage the woman to be on bed rest
- C. Allow the woman to ambulate
- D. Allow the woman to go home and come back when labour pains intensify

1.12 Which of the following statements best describes the administration of atosiban?

- A. Give 0.1-0.2mg IV over 5minutes, then add 10mg to 1L NS, to run at 60ml/hr. Increase by 10mls/hr every 30 minutes until contractions stop, or maternal heart rate reaches 120bpm/ infusion rate reaches 120ml/hr
- B. Give initial dose of 6.75 mg IV over 1 minute, followed by an infusion of 18mg/hour for 3 hours, then 6mg/hour up to 45 hours

C. Give 10 micrograms IV slowly over 5 minutes, then add 300 micrograms to 1 litre Ringer Lactate/ NS to run at 60mls/hour, increasing by 10mls/hour every 30 minutes until contractions stop, or until maternal pulse rate reaches 120bpm, or the infusion rate reaches 120ml/hr

D. Give 20mg orally, then 10mg after 30 minutes if painful contractions persist. Follow with 10mg orally every 4hours if uterine contractions persist up to 48 hours

1.13 A midwife is assisting a woman during childbirth. After the head has crowned, the midwife notices a nuchal cord around the neonate's neck. Which manoeuvre should the midwife apply to release the nuchal cord as she delivers the neonate?

A. Burns Marshall manoeuvre

B. Loveset manoeuvre

C. MacRoberts manoeuvre

D. Somersault manoeuvre

1.14 On vaginal assessment, the midwife feels the hand lying alongside with the head. Which presentation is this?

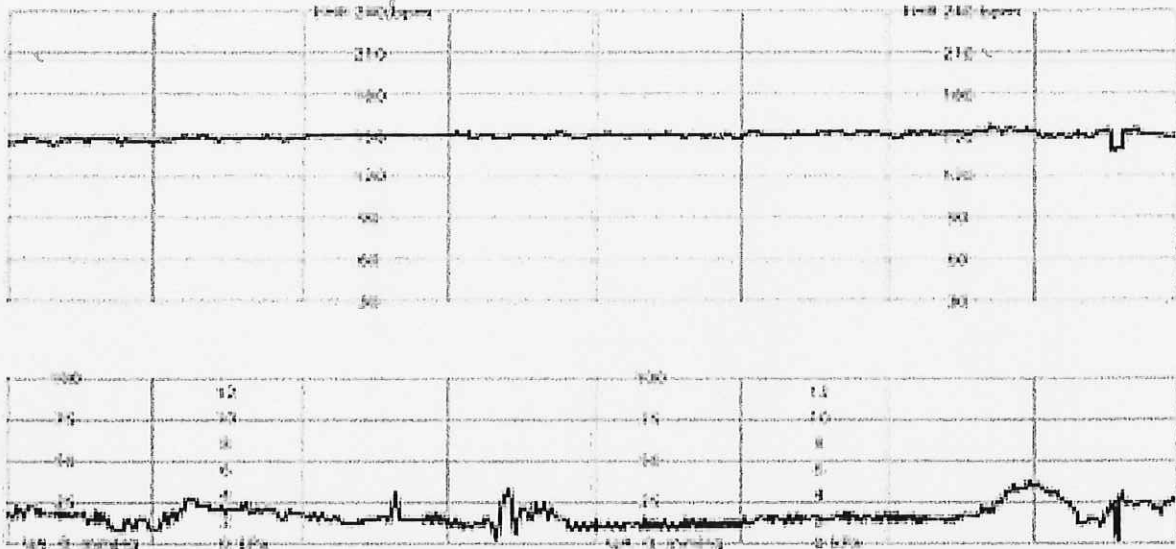
A. Brow presentation

B. Compound presentation

C. Face presentation

D. Occipito posterior position

1.15 Study the attached cardio tocograph (CTG) strip below and answer the question that follows:



What is the interpretation of the CTG strip shown above?

- A. Pathological
- B. Reassuring
- C. Suspicious
- D. Normal

1.16 Lilly is a 22 year old primigravida in labour at term. Two hours ago, the obstetrician ordered augmentation of labour with 10IU oxytocin due to inefficient uterine contractions. As the midwife is monitoring the progress of labour, she identifies that the foetal heart rate is 100 beats per minute. What is the priority action for the midwife?

- A. Administer oxygen
- B. Encourage the woman to adopt an upright position
- C. Stop the oxytocin infusion

D. Infuse Ringer Lactate

1.17 The obstetrician decides on induction of labour for Lolo, a primigravida at term who presented to the labour ward with prolonged PROM. Before the induction, the obstetrician conducts an assessment on Lolo and comes up with the following findings: cervical dilatation: 1-2 centimetres, cervical position: mid position, cervical consistency: soft, station:-2, cervical length: 2-4 centimetres. What is the Bishop Score for Lolo?

A. 6

B. 5

C. 4

D. 3

1.18 Which of the following describes the administration of prostin tablet for induction of labour?

A. Dissolve the tablet and shake well before you give the woman

B. Insert the tablet into the cervical canal just below the level of the internal os.

C. Insert the tablet into the vagina

D. Insert the tablet high into the posterior fornix

1.19 Lilly, a 25 year old Para 0 Gravida 1 at term. She is brought into the labour ward by her relatives at 8am and they give history that she had been in labour since 7pm last night. Lilly looks dehydrated and exhausted. On abdominal assessment, the midwife notices a constriction ring between the lower and upper uterine segments. The midwife also smells an offensive vaginal discharge from Lilly. What is the primary diagnosis for Lilly?

A. Cephalo pelvic disproportion

B. Poor progress of labour

C. Obstructed labour

D. Premature rupture of membranes

1.20 After the hands off approach in a breech delivery, the midwife assists with delivery of the after coming head. She inserts one finger in the baby's mouth and two on the malar bones. She places her other hand astride the baby's back and shoulders with the middle finger placed against the occiput in order to promote flexion of the head. Which manoeuvre did the midwife apply?

- A. Burns Marshall manoeuvre
- B. Maurice-Smellie-Veit manoeuvre
- C. Wigan- Martin manoeuvre
- D. Lovset manoeuvre

1.21 On vaginal examination of a woman who presents with labour pains, the midwife feels a high presenting part that is difficult to reach. On one side of the maternal pelvis, she feels the anterior fontanelle, the orbital ridges and the root of the nose. Which presentation is described in the midwife's findings?

- A. Brow presentation
- B. Cephalic presentation
- C. Face presentation
- D. Shoulder presentation

1.22 A midwife is working in the labour ward and one of her clients sustains a fourth degree tear. Which statement describes the fourth degree tear?

- A. Injury to perineum involving anal sphincter complex
- B. Injury to perineum involving more than 50% of the external anal sphincter thickness
- C. Injury to perineum involving less than 50% of external anal sphincter thickness
- D. Injury to perineum involving anal sphincter complex and anal epithelium

1.23 On assessment of a woman in the active phase of labour, the midwife detects the following: offensive liquor, maternal temperature- 38.3 degrees Celsius, foetal heart rate- 165

beats per minute, descent-4/5 beats per minute, cervical os- 4 centimetres dilated. What is the condition that this woman is presenting with?

- A. PROM
- B. Chorioamnionitis
- C. Malaria
- D. HIV

1.24 Lee is a 27 year old Para 3 Gravida 4 who presents to the labour ward with history of labour pains at term. Her past obstetric history indicates that in the first pregnancy she was done a caesarean section for poor progress of labour. In her second pregnancy, she had a normal childbirth. Currently, she has a multiple pregnancy. Which is the best mode of delivery for Lee?

- A. Caesarean section
- B. Normal vaginal delivery
- C. Vacuum extraction
- D. Forceps delivery

1.25 According to the National Institute for Health and Care Excellence (NICE), when is a placenta considered retained, if the third stage of labour was managed actively?

- A. The placenta is not delivered within 15 minutes of birth of neonate
- B. The placenta is not delivered within 20 minutes of birth of neonate
- C. The placenta is not delivered within 30 minutes of birth of neonate
- D. The placenta is not delivered within 60 minutes of birth of neonate

[25]

Question 2

The following questions require short answers

2.1 Define the following terms:

- | | |
|-----------------------------------|-----|
| 2.1.1 Umbilical cord presentation | (1) |
| 2.1.2 Uterine inversion | (1) |
| 2.1.3 Maternal mortality | (3) |
| 2.1.4 Precipitate labour | (1) |
| | (6) |

2.2 Read the following scenario and answer the questions that follow

Olga is a 25 years old Para 2 Gravida 3 in labour at term. Her previous obstetric history shows that she had normal vaginal deliveries. On admission, there were no abnormal findings on Olga and on the foetal condition, including the foetal presentation. Uterine contractions were 2 in 10 minutes lasting for 30 seconds. The estimated foetal weight is 3.0 kilograms. **Vaginal examination:** cervical dilatation- 4 centimetres, station- +1, position-right occipito anterior, membranes- intact, no caput, no moulding on presenting part.

After 4 hours of monitoring the progress of labour, no complications identified on maternal and foetal conditions. Uterine contractions were 3 in 10 minutes lasting for 30 minutes. **Vaginal examination:** cervical dilatation- 5 centimetres, membranes intact, no caput, no moulding on presenting part. The midwife then makes a diagnosis of poor progress of labour.

- 2.2.1 Utilising the 4Ps approach, identify 2 (two) possible causes of the poor progress of labour (2)
- 2.2.2 Describe in detail how the midwife would address the possible causes identified in 2.2.1 above, including pharmacological management where applicable (10)
- 2.2.3 Discuss other midwifery actions that should be carried out in the management of Olga (3)
- 2.2.4 Explain 1 (one) maternal and 1 (one) foetal or neonatal complication that can occur as a result of the poor progress of labour (4)

(18)

(25)

Question 3

The following questions require short answers

3.1 Identify the pre-requisites for a vacuum extraction (6)

3.2 Mention the engaging diameters and their lengths in a face presentation (4)

3.3 Explain 1 (one) maternal complication associated with premature rupture of membranes (1)

3.4 Explain 1 (one) outcomes of an occipito posterior position (2)

3.5 Explain 1 (one) neonatal complication associated with meconium aspiration (2)

3.6 Describe management of a woman who presents with a twin pregnancy in the second stage of labour, specifically after the birth of the first twin (10)

(25)

Total [75 Marks]