

**UNIVERSITY OF SWAZILAND  
FACULTY OF HEALTH SCIENCES  
MAIN EXAMINATION, QUESTION PAPER, MAY, 2011.**

**TITLE OF PAPER:   NORMAL MIDWIFERY**

**COURSE CODE:       MID 111**

**DURATION:           TWO (2) Hours**

**TOTAL MARKS:      75**

- INSTRUCTIONS:**
1. THE PAPER CONSISTS OF THREE (3) QUESTIONS
  2. ANSWER ALL QUESTIONS
  3. ALL QUESTIONS CARRY EQUAL MARKS
  4. READ THE QUESTIONS CAREFULLY
  5. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO A QUESTION OR PART OF A QUESTION
  6. START EACH QUESTION ON A FRESH PAGE

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## QUESTION 1

Indicate the most appropriate response e.g. 1. 26 D. Each correct answer carries one (1) mark. Total 25 marks.

1.1 The following is true about an ideal/ normal labour.

- a) The woman's ability to maintain a low level of anxiety.
- b) The fetus is of average size.
- c) The true pelvis is adequate.
- d) All the above.

1.2 The fetal lie is

- a) The relation of the longitudinal axis of the fetus to the longitudinal axis of the mother.
- b) The relation of the fetal parts to the rest of the body.
- c) The part of the fetus in the lower pole of the uterus
- d) None of the above.

1.3 The station is

- a) The relationship of the presenting part to the pelvic brim
- b) The relation of the presenting part of the fetus to an imaginary line drawn between the ischial spines of the maternal pelvis
- c) The relationship between the pelvic outlet and the fetal skull
- d) None of the above.

1.4 Engagement in normal labour occurs when

- a) The sinciput enters the pelvic cavity
- b) The occipito-frontal diameter has passed the ischial spines
- c) The bi-parietal diameter enters the pelvic brim
- d) None of the above.

1.5 The following is true about complete flexion when talking about the fetal attitude

- a) The fetal chin rests on the neck with the occiput presenting
- b) The vertex presents and both fontanelles can be felt.
- c) The occiput presents at the perineum.
- d) The fetal chin rests on the chest and the occiput presents.

- 1.6 The following is/are some of the information which can be obtained on vaginal examination, during labour.
- The degree of moulding.
  - Presentation, position and attitude of the fetus.
  - The relationship of the presenting part to the cervix.
  - All the above.
- 1.7 The acceptable beat to beat variation for fetal heart rate during labour is
- 5-10 beats per minute
  - 6 beats per minute
  - 5 beats per minute
  - 10 beats per minute.
- 1.8 The following is true about establishing rapport with the woman during labour.
- Without rapport the midwife is not able to support the woman when pain overwhelms her.
  - Helps the woman to build trust in the midwife.
  - A strong relationship between the woman and the midwife should start during pregnancy.
  - All the above.
- 1.9 Abdominal palpation during normal labour provides information to determine.
- That labour will progress normally.
  - That the woman is able to bear down effectively during the second stage of labour.
  - The descent of the head
  - All the above.
- 1.10 Following delivery of the baby; the placenta is examined to exclude:-
- A full rectum.
  - Retained products of conception
  - Presence of blood clots
  - All the above.
- 1.11 Some women may complain of tiredness and fatigue during the puerperium. This may be due to/attribution to:-
- Anaemia
  - Inadequate sleep
  - Exhaustion from the processes of labour
  - All the above.

- 1.12 The following are some of the methods to relieve labour pain.
- Music therapy
  - Breathing techniques
  - Effective communication to allay anxiety
  - All the above.
- 1.13 The woman can be allowed to walk up and about during the first stage of normal labour up until the cervix is about:-
- 5 cms dilated
  - 4-5cms dilated
  - 7 cms dilated
  - All the above.
- 1.14 During the second stage of labour, fetal heart should be checked
- Ideally after every 10 minutes
  - After every uterine contraction.
  - Following every episode of bearing down.
  - All the above.
- 1.15 Clients in early labour are advised to be mobile to prevent
- Fetal distress
  - Giving pharmacological pain relief
  - Prolonged labour
  - Obstructed labour.
- 1.16 The following is /are the source(s) of pain during labour.
- Intensity of labour contractions
  - Dilatation and stretching of the cervix
  - Size and position of the fetus
  - All the above.
- 1.17 Following childbirth, every woman should have the perineum examined to
- Note the passage where the fetus passed through
  - exclude any cervical and perineal lacerations
  - determine the condition of the neonate
  - All the above.

- 1.18 The second stage of labour is characterized by
- Forceful uterine contractions
  - Usually an increase in bloody show
  - Contractions being 2-3 minutes in frequency
  - All the above.
- 1.19 The term used to describe the fetal surface which appears first during delivery of the placenta is
- The Matthew Duncan
  - The dirty Duncan
  - The Schultze
  - All the above
- 1.20 The mechanisms which come into play to control haemorrhage following delivery of the placenta include the following:-
- Uterine walls come into apposition and the empty uterus contracts.
  - The myometrium continues to contract and retract intermittently
  - Blood clotting at the site of placental attachment is initiated
  - All the above.
- 1.21 The following is true about the physiological health changes occurring during the postnatal period.
- Involution of the uterus occurs
  - Lactation is established in case of Breast feeding mothers
  - Involution of other parts of the genital tract occurs
  - All the above.
- 1.22 The following has/have been used by midwives to relieve perineal pain following vaginal delivery.
- Oral analgesics
  - Topical applications e.g. ice packs
  - Suppositories e.g. Diclofenac
  - All the above
- 1.23 Active management of the third stage of labour includes the following.
- The placenta is delivered by controlled cord traction
  - An oxytocic drug is administered once the anterior shoulder is delivered
  - The umbilical cord is clamped after 20 minutes following delivery of the baby.
  - All the above.

1.24 The following is / are some of the minor problems which may occur during the postnatal period.

- a) Urinary incontinence
- b) Urinary tract infection
- c) Constipation
- d) All the above.

1.25 Commonly reported symptom(s) of postpartum blues include

- a) Irritability and tearfulness
- b) Fear of labour
- c) Excitement
- d) All the above.

### **QUESTION 2**

Lulu presents at Mbabane Maternity with history of labour pains for the past three hours. She is 40 weeks pregnant, Para 2 Gravida 3, Alive 2. Presentation; Cephalic, Cervix 4cms dilated. You are the midwife on duty.

2.1 Describe how you as a midwife will assess the pelvis for adequacy (digital pelvic assessment). Motivate /explain your answer. (14 marks).

2.2 Describe how you as a midwife will assess the progress of the first stage of labour for Lulu. Consider three (3) points/ factors only. (11 marks).

**[25 marks]**

### **QUESTION 3**

Lolo is Para 4 Gravida 3, term booked at Mbabane PHU. Lolo presents in labour at Mbabane Maternity. The presentation is cephalic, lie longitudinal, head  $\frac{1}{5}$  above the pelvic brim, cervix 10 cms dilated. Fetal heart heard and regular 140 beats per minute.

3.1 Discuss how you as a midwife will reduce the spread of infection during the first stage of labour. Consider two (2) points only. (4marks).

3.2 Describe the mechanism of the second stage of labour. (12 marks).

3.3 Discuss the management of the woman within the first 24 hours following delivery. Consider three (3) points (9 marks).

**[25 marks]**