UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION, QUESTION PAPER, APRIL/MAY 2014

TITLE OF PAPER: NORMAL MIDWIFERY 11

COURSE CODE: MID 111

DURATION: TWO (2) HOURS

TOTAL MARKS: 75

INSTRUCTIONS:

1. THE PAPER CONSISTS OF THREE QUESTIONS
2. ANSWER ALL QUESTIONS
3. ALL QUESTIONS CARRY EQUAL MARKS
4. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO A QUESTION OR PART OF A QUESTION
5. START EACH QUESTION ON A FRESH PAGE

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(MID111) NORMAL MIDWIFERY 11

FINAL EXAMINATION QUESTION PAPER, APRIL, 2014

QUESTION 1

Answer all questions. Choose the most appropriate response e.g. 1.26 A Each correct response carries one (1) mark. Total 25 marks.

The following scenario refers to Questions 1-10.
Lulu is 25 years old. Para 1 Gravida 2, reports at Mbabane maternity ward at 06.00 hours, with a history of uterine contractions accompanied by show since 02.00hours.On admission, presentation cephalic and head 4/5 above the pelvic brim. Contractions 3 in ten minutes lasting 30 seconds, fetal heart 140 beats per minute and regular. Cervix fully effaced and 4 cms dilated. Membranes intact.

1.1. The following history indicates that Lulu is in labour:-
a) Dilatation of the cervix which is 4 cms
b) Presence of uterine contractions and show
c) Cervical effacement and dilation
d) Head 4/5 above the pelvic brim

1.2. The following indicate that Lulu is in established labour
a) Presence of show
b) Cervix fully effaced
c) Cervix fully dilated
d) All the above.

1.3. Descent of the presenting part is made possible by the following:
a) Tetanic uterine contractions
b) Lack of fetal axis pressure
c) Contraction and retraction of the uterine muscles
d) Internal rotation of the head.

1.4. Lulu is in the /at the
a) Latent phase of labour
b) Active phase of labour
c) Established phase of labour
d) Onset of labour

1.5. Based on the expected progress of labour for a multigravida. Lulu is likely to progress to the second stage of labour in the next
   a) 4-6 hours
   b) 4-8 hours
   c) 6-8 hours
   d) 5-8 hours.

1.6. In a normal cephalic presentation. With increased flexion the leading part is the
   a) Sagittal suture
   b) Biparietal diameter
   c) Subocciptofrontal diameter
   d) Occiput.

1.7. The diameter of the fetal skull which lies in the transverse diameter of the pelvic brim during engagement is the
   a) Subocciptiofrontal
   b) Biparietal diameter
   c) Subocciptobregmatic diameter
   d) Anteroposterior diameter

1.8. During the mechanism of Lulu's labour, when the leading part reaches the pelvic floor, it
   a) Rotates 2/8 of a circle towards the symphysis pubis.
   b) Rotates 1/8 of a circle towards the symphysis pubis
   c) Displaces the pelvic floor muscles
   d) All the above.

1.9. Following examination of Lulu on admission, the midwife plots the findings on the partogram on the
   a) Latent phase
   b) Active phase
   c) Alert line
   d) None of the above.

1.10. The midwife's diagnosis /impression for Lulu on admission is
   a) In labour
   b) Latent phase of labour
   c) Early labour
   d) Established labour

Lulu's labour has progressed well and now she is in the second stage of labour. Answer questions 11-13.

1.11. Crowning of the head refers to
   a) The head no longer recedes between contractions
   b) The occiput escapes under the symphysis pubis
   c) The widest diameter of the fetal skull lies in the transverse diameter of the pelvic outlet
   d) All the above.

1.12. Midwives should wait for restitution to take place to
   a) Allow shoulders to lie in the anteroposterior diameter of the pelvic outlet
   b) Allow for smaller diameters to present
   c) To prevent shoulder dystocia
   d) All the above.

1.13. The following occurs during restitution.
   a) External rotation of the head
   b) Simultaneous external rotation of the head and internal rotation of the shoulders
   c) The anterior shoulder is delivered
   d) The head is delivered.

1.14. The midwife will monitor Lulu in labour. The following should be noted to determine progress of labour.
   a) Progress on descent of the presenting part
   b) Rate of cervical dilatation per hour
   c) Nature of uterine contractions
   d) All the above.

1.15. Lulu's cervix should dilate at the rate of 2cms per hour
   a) 2 cms per hour
   b) $1^1/2$-2cs per hour
   c) $1^1/2$ cms per hour
   d) 1-$1^1/2$ cms per hour.

1.16. The midwife will monitor the fetal well-being based on the following
   a) Fetal heart pattern
   b) Degree of moulding
   c) Colour of amniotic fluid
   d) All the above

1.17. Maternal vital signs are monitored during normal labour to identify early signs of
   a) maternal distress
   b) eclampsia
   c) diabetes mellitus
   d) cardiac disease.

1.18. The following needs to be observed to control/prevent infection during labour
   a) Membranes should be ruptured
   b) Keep invasive procedures to a maximum
   c) Vaginal examinations ideally should be performed 4 hourly in established labour
   d) All the above.

1.19. The following factors are involved in separation of the placenta
   a) Matthew Duncan's
   b) Contraction and retraction of the uterine muscles
   c) Effect of the retro placental clot
   d) A and B.

1.20. Active management of the third stage of labour involves
   a) Administering an oxytocic drug and delivering the placenta by controlled cord traction
   b) Administering syntometrine with the delivery of the anterior shoulder
   c) Delivering the placenta by controlled cord traction
   d) Allowing the woman to bear down to deliver the placenta.

1.21. Haemostatsis in the third stage of labour occurs as result of
   a) Contraction and retraction of the oblique uterine muscles
   b) Vigorous uterine contractions resulting in apposition of uterine walls
   c) Fibrin mesh which covers the placental site utilizing 5-10% of circulating fibrinogen
   d) All the above.

1.22. Active management of the third stage of labour is important to
   a) Assist the mother to deliver the placenta
   b) Prevent the other from bearing down
   c) Reduce the incidence of postpartum haemmorrhage
   d) All the above.

1.23. Prophylactic administration of uterotonic involves use of the following drugs
   a) Syntometrine
   b) Syntocinon
   c) Ergometrine,syntometrine or syntocinon
   d) Egormetrine.

1.24. The baby at birth is delivered on the mother's abdomen , to
   a) Promote/facilitate bonding
   b) Facilitate early breast feeding
   c) Allow the mother to identify the baby
   d) To make it easy for the midwife to clamp and cut the cord.

1.25. Immediately following childbirth, the midwife examines the perineum to exclude
   a) Cervical lacerations
   b) Vaginal lacerations
   c) Retained membranes
   d) All the above.

QUESTION 2

Mrs X is 25 years old presents at Mbabane Maternity at term, in established labour. She is Para 0. Gravida 1. Abdominal examination was performed. Presentation cephalic, head 4/5 above the pelvic brim, contractions 3 in ten minutes lasting 40 seconds. Fetal heart 140 beats per minute.

2.1 Describe how the midwife will assess the pelvic capacity for a possible vaginal delivery. Consider the digital examination by the midwife only (10 marks).

2.2 Describe how the midwife will monitor the condition of the fetus during labour up to the time the cervix is fully dilated (15 marks).

[25 marks]

QUESTION 3

The midwife should be vigilant during the immediate Puerperium when managing a woman following childbirth as some of the complications result from substandard care by the skilled attendants.

Describe the daily midwifery management of a woman during the Puerperium, following normal childbirth. Give rationale and indicate how the midwife contributes in preventing some of the possible complications during the Puerperium. Consider 5 points for the mother only. (25 marks).

END OF QUESTION PAPER