UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

FINAL EXAMINATION PAPER: MAY, 2015

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 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. For example 1. D

1. Intrapartum late deceleration, as shown on the CTG:

   A. Can be rectified by maternal position on left side
   B. Signifies compression of foetal head mediated by vagus
   C. Is caused by umbilical cord compression
   D. Is mostly due to placental insufficiency

2. Which of the following statements are true about foetal heart rate (FHR) variability and accelerations:
   A. Variability is the result of push pull of sympathetic and para sympathetic nervous systems
   B. Acceleration is > 2 elevation of baseline FHR above 25 beats per minute in 30 minute period
   C. Acceleration with absent variability is reassuring trace.
   D. Moderate variability and lack of acceleration is worrisome

3. Contraction stress test is considered positive if late deceleration occur in:
   A. 50% or more of contraction
   B. All of contraction
   C. 25% or more of contraction
   D. One out of three contraction

4. Signs of placental separation include:
   A. A gush of blood
   B. Lengthening of the umbilical cord
   C. Rebound of the uterus
   D. All of the above

5. Active management of the third stage include all of the following ***EXCEPT:***
   A. Intravenous oxytocin after delivery of the anterior shoulder
   B. Controlled cord traction
   C. Suprapubic massage
   D. Uterine massage

6. Progress in labour is determined by which of the following?
   A. Dilatation and intensity of contraction
   B. Dilatation and effacement
   C. Dilatation and descent
   D. All of the above

7. All of the following cause labour dystocia ***EXCEPT:***
   A. Hydrocephalus
   B. Occipito-anterior
   C. Face presentation
   D. Shoulder dystocia

8. How long do you let a woman push during the second stage of labour?
   A. 1 hour if multi, 2 hours if nulli, add 1 hour if epidural
   B. 2 hours if nulli, 3 hours if multi, add 1 hour if epidural
   C. 1,5 hours if multi, 2.5 hours if nulli, add 1 hour if epidural
   D. None of the above

9. Effects of labour dystocia include all of the following ***EXCEPT:***
   A. Chorioamnionitis
   B. Uterine rupture
   C. Reassuring FHR trace
   D. Pelvic floor injury

10. Correct manoeuvre of breech delivery is:
   A. Pinard manoeuvre to deliver leg, rotate sacrum anterior, wrap trunk in towel, deliver arm when scapula visible, downward press on maxilla to deliver the head
   B. Pinard manouver to deliver leg, rotate sacrum anterior, wrap trunk in towel, deliver arm when scapula visible, downward press on mandible to deliver the head
   C. Pinard manouver to deliver leg, rotate sacrum posterior, wrap trunk in towel, deliver arm when scapula visible, downward press on mandible to deliver the head

11. Which is ***WRONG*** in breech delivery mechanism?
   A. Anterior hip has a more rapid descent than the posterior hip
   B. Anterior hip is beneath the symphysis pubis and intertrochanteric diameter rotates around a 45 degree axis
   C. If posterior hip is beneath the symphysis pubis, it has to go through 225 degree axis rotation
   D. For sacrum anterior or posterior position, the axis of rotation is around 45 degrees

12. Under which one of the following conditions is external cephalic version allowed in breech or transverse position?
   A. Multiparity
   B. Placenta praevia
   C. Presenting part engagement
   D. CPD

13. Which one of the following is ***UNTRUE*** in a face presentation?
    A. This is a rare condition above inlet
    B. Brow presentation most of the time changes to face presentation
    C. Descent mechanism is completely different from vertex presentation
    D. Delivery is possible if mentum appears beneath the symphysis

14. Ms. G is a 35 years old P2, gestational age of 38 weeks, estimated foetal weight of 2 kg presents face and posterior shoulder presentation. How do you manage her delivery?
    A. Induction of labour
    B. Internal rotation
    C. Observation to allow spontaneous rotation
    D. Caesarean Section

15. Which one of the following is ***UNTRUE*** about persistent occipito-posterior?
    A. Forceps can be applied
    B. Manual rotation of the head can be done
    C. Manual rotation of the head cannot be done
    D. There is no place for observation

16. Clinical pelvimetry shows the following possible signs of a contracted pelvis, ***EXCEPT:***
    A. Ability to touch sacral promontory with index finger
    B. Significant divergence of the pelvic side wall
    C. Forward inclination of a straight sacrum
    D. Sharp ischial spines with a narrow inter-spinous diameter.

17. Which one of the following is ***TRUE*** concerning interventions in the first stage of labour?
    A. In a case where there is prolonged latent phase: the midwife should question if it is false labour, treat with observation and sedation if needed
    B. In a case where there is protraction disorder of active phase: the midwife should augment with amniotomy or oxytocin
    C. In a case where there is an arrest disorder with adequate contractions: a Caesarean section is required.
    D. All of the above

18. Management of shoulder dystocia include all of the following ***EXCEPT***
    A. Mc Robert's Manoeuvre: sharply flex maternal thigh
    B. Cut episiotomy if needed for more room
    C. Fundal pressure
    D. Woods screw manoeuvre

19. What is the Robin manoeuvre to release shoulder dystocia?
    A. Rotation of posterior shoulder to deliver anterior shoulder
    B. Abduction of shoulders
    C. Flex of mother's knees and suprapubic pressure
    D. Rotation and extraction of anterior shoulder

20. All of the following are indications for operative vaginal delivery ***EXCEPT:***
    A. Maternal heart disease, pulmonary compromise
    B. Prolonged first stage of labour
    C. Maternal exhaustion
    D. Non-reassuring foetal heart rate pattern

21. All of the following are contraindications to an operative vaginal delivery ***EXCEPT:***
    A. Inability to definitely determine position of foetal vertex
    B. Foetus with presentation other than vertex or face with chin anterior
    C. Foetal head is not engaged or above +2 station
    D. Cephalo-pelvic-disproportion (CPD) and an estimated foetal weight >4000 g

22. All of the following statements are true about obstetrical lacerations degrees ***EXCEPT:***
    A. First degree involve the forchette, perineal skin, and vaginal mucous membrane
    B. Second degree involves the fascia and muscles of the perineal body
    C. Third degree involves the anal canal
    D. Fourth degree extends through the rectal mucosa to expose the lumen of the rectum

23. Ms. V comes for consultation a week after a Normal Vaginal Delivery (NVD) with an episiotomy dehiscence. What will be your intervention?
    A. Repair the dehiscence immediately
    B. Advise her to come back for repair of the dehiscence three months later
    C. Advise her to come back for repair of the dehiscence six months later
    D. Advise her to come back for repair of the dehiscence nine months later

24. Mrs. J, a 25 years old G3 P1 + 1, at 35 weeks gestation is in the second stage of labour at +2 station, and has been pushing for 2 hours. Maternal exhaustion occurs and you are concerned about foetal distress. Which of the following is the appropriate device to use to deliver the foetus?
    A. Low forceps
    B. Mid forceps
    C. Soft cup vaccum
    D. Piper forceps

25. Mrs. D, a 26 year old P1 G 2 +0 at 41 weeks gestations comes for induction of labour. Cervical exam shows 1 cm dilated, firm, anterior, 50% effaced -2 station. She has a Bishop score of:

A. 4
B. 5
C. 6
D. 8

Total marks = 25

QUESTION 2

2.1 Mrs. N is admitted in the labour ward with premature contractions at 23 weeks gestation. A vaginal examination reveals her cervix to be 5 cm dilated with intact membranes. Discuss the steps you will take to manage her situation. **(15 marks)**

2.2 Outline the maternal, foetal and neonatal complications of preterm labour. **(10 marks).**

Total marks = 25

QUESTION 3

3.1 You are a midwife working in the Mbabane Government labour ward and admit a patient in labour referred from Sithobela Health Centre. She is a primigravida at term, and has progressed from 7 cm to 10 cm cervical dilatation in 5 hours. She has been pushing for an hour and a half without success. Explain your management of this case. **(20 marks)**

3.2 Describe five points in the diagnosis of a Breech presentation. **(5 marks)**

Total marks = 25