

UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

FINAL EXAMINATION PAPER: DECEMBER, 2014

TITLE OF PAPER : NORMAL LABOUR AND INTRAPARTUM CARE
COURSE CODE : MWF409
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:

PART A: Multiple Choice

Select the correct answer, write the number and the letter that corresponds to it. For example 1.1 d

- 1.1 What is your priority action, as a midwife, to ensure that the baby will breath as soon as the head is delivered?
 - a. Suction the nose and mouth to remove mucous secretions
 - b. Slap the baby's buttocks to make the baby cry
 - c. Clamp the cord about 6 inches from the base
 - d. Check the baby's color to make sure it is not cyanotic

- 1.2 The first thing that a midwife must ensure when the baby's head comes out is
 - a. The cord is intact
 - b. No part of the cord is encircling the baby's neck
 - c. The cord is still attached to the placenta
 - d. The cord is still pulsating

- 1.3 The mechanisms involved in fetal delivery is
 - a. Descent, extension, flexion, external rotation
 - b. Descent, flexion, internal rotation, extension, external rotation
 - c. Flexion, internal rotation, external rotation, extension
 - d. Internal rotation, extension, external rotation, flexion

- 1.4 The fetal heart rate should be monitored every 15 minutes during the second stage of labor. The characteristic of a normal fetal heart rate is ...
 - a. The heart rate will decelerate during a contraction and then go back to its pre-contraction rate after the contraction
 - b. The heart rate will accelerate during a contraction and remain slightly above the pre-contraction rate at the end of the contraction
 - c. The rate should not be affected by the uterine contraction.
 - d. The heart rate will decelerate at the middle of a contraction and remain so for about a minute after the contraction

- 1.5 All of the following are physiological changes that occur during labour **except...**
 - a. Contraction and retraction of the uterine muscle
 - b. Shortening and thickening of the lower uterine segment
 - c. Development of the retraction ring
 - d. Taking up of the cervix

- 1.6 When determining the duration of a uterine contraction the right technique is to time it from...
- The beginning of one contraction to the end of the same contraction
 - The end of one contraction to the beginning of another contraction
 - The acme point of one contraction to the acme point of another contraction
 - The beginning of one contraction to the end of another contraction
- 1.7 To monitor the frequency of the uterine contraction during labor, the right technique is to time the contraction is to ...
- From the beginning of one contraction to the end of the same contraction
 - From the beginning of one contraction to the beginning of the next contraction
 - From the end of one contraction to the beginning of the next contraction
 - From the deceleration of one contraction to the acme of the next contraction
- 1.8 The proper technique to monitor the intensity of a uterine contraction is ...
- Place the palm of the hands on the abdomen and time the contraction
 - Place the finger tips lightly on the suprapubic area and time the contraction
 - Put the tip of the fingers lightly on the fundal area and try to indent the abdominal wall at the height of the contraction
 - Put the palm of the hands on the fundal area and feel the contraction at the fundal area
- 1.9 What is the primary power involved in labor and delivery?
- Bearing down ability of mother
 - Cervical effacement and dilatation
 - Uterine contraction
 - Valsalva technique
- 1.10 The fetal heart rate is checked following rupture of the bag of waters in order to:
- Check if the fetus is suffering from head compression
 - Determine if cord compression followed the rupture
 - Determine if there is utero-placental insufficiency
 - Check if fetal presenting part has adequately descended following the rupture
- 1.11 The cervical dilatation taken at 8:00 A.M. in a G1P0 patient was 6 cm. A repeat that was done at 10 A.M. showed that cervical dilation was 7 cm. The correct interpretation of this result is...
- Labor is progressing as expected
 - The latent phase of Stage 1 is prolonged
 - The active phase of Stage 1 is protracted
 - The duration of labor is normal

- 1.12 When giving narcotic analgesics to mother in labor, the special consideration to follow is ...
- The progress of labor is well established reaching the transitional stage
 - Uterine contraction is progressing well and delivery of the baby is imminent
 - Cervical dilatation has already reached at least 8 cm. and the station is at least (+)2
 - Uterine contractions are strong and the baby will not be delivered yet within the next 3 hours.
- 1.13 A primigravida patient is admitted to the labor delivery area. Assessment reveals that she is in early part of the first stage of labor. Her pain is likely to be most intense ...
- Around the pelvic girdle
 - Around the pelvic girdle and in the upper arms
 - Around the pelvic girdle and at the perineum
 - At the perineum
- 1.14 Tholi is in the second stage of labor. How frequently should you assess her pulse rate
- Every 5 minutes
 - Every 15 minutes
 - Every 30 minutes
 - Every 60 minutes
- 1.15 Nosizo, a gravida 2 para 1 is admitted to labor and delivery has the following assessment findings: estimated 40 weeks' gestation, contractions 2 minutes apart, lasting 45 seconds, vertex +4 station. Which of the following would be the priority at this time?
- Placing the client in bed to begin fetal monitoring
 - Preparing for immediate delivery.
 - Checking for ruptured membranes.
 - Providing comfort measures

PART B: State whether the following statements are true or false

- 1.16 Retraction is evidenced by the shortening of the thickening of the upper and lower segments.
- 1.17 Polarity refers to the neuromuscular harmony that prevails between the upper and lower uterine segments.

- 1.18 With the head in complete flexion, the smallest diameter, suboccipitobregmatic, enters the true pelvis
- 1.19 Internal rotation usually occurs during the 2nd stage of labour.
- 1.20 Ferguson's reflex refers to the increase of the contractions in intensity, frequency and duration throughout labour as stimulated by the mechanical stretching of the uterus.
- 1.21 The upper segment of the uterus becomes thicker as its muscle fibres become shorter as labour advances.
- 1.22 Effacement is the softening, thickening and shortening of the cervical canal.
- 1.23 Oxytocin stimulates the endometrium to contract and initiate labour.
- 1.24 A trickle of blood may appear vaginally towards the end of the first stage of labour due to the slight laceration of the cervix which usually takes place when it is dilated to the maximum.
- 1.25 A vaginal examination should be made prior to administering any analgesic type of drug.

Total marks = 25

Question 2

Nomalanga, G1P0 is admitted into the labour ward and is confirmed to be in the first stage of labour. Describe the first stage of labour, highlighting the key principles of midwifery care.

Total marks = 25

Question 3

Discuss seven essential factors for normal labour to occur.

Total marks = 25