

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION PAPER: DECEMBER, 2017

TITLE OF PAPER : NORMAL LABOUR AND INTRAPARTUM CARE
COURSE CODE : MWF/MID409
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**

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

Question 1: Multiple Choice questions. Select the correct answer and write its letter next to the question number. Example 1.1 e)

1.1 Which one of the following **does not** influence the onset of labour?

- a) Oestrogen
- b) Uterine distension
- c) Foetal cortisol
- d) Amniotic sac

1.2 All of the following are signs of true labour **except**:

- a) Regular uterine contractions begin around the abdomen and radiate towards the symphysis pubis.
- b) The intervals between uterine contractions shorten
- c) Intervals between contractions shorten and the duration of a contraction lengthens
- d) Show is present and it increases as the cervix changes

1.3 The woman experiences more rapid descent of the presenting part in which of the following?

- a) Transitional phase of labour
- b) Active phase of labour
- c) First stage of labour
- d) Second stage of labour

1.4 You come in the labour ward at 7:30 am for your morning shift and the night shift midwife reports that Tibusiso, a Primigravida at term, has been in the second stage of labour since 6:30 am. What will be your best action?

- a) Continue to monitor the foetal heart rate and the mother's pulse rate
- b) Monitor the foetal heart rate, the mother's pulse rate and uterine contractions
- c) Start IV fluids of Ringers Lactate and call the doctor
- d) Prepare the patient for operating theatre

1.5 Which of the following is **not** a correct description of a basal tone?

- a) Is a period that follows a uterine contraction
- b) Reduction of intra-amniotic pressure occurs
- c) Gradually increases from about one contraction in 10 minutes to three or four contractions in 10 minutes
- d) Is a period of relaxation of uterine muscles

1.6 All of the following are characteristics of a uterine contraction **except**:

- a) Duration
- b) Frequency
- c) Density
- d) Wavelike sensation

- 1.7 Polarity refers to.....
- The organised coordination of contraction and retraction of the upper uterine segment and relaxation of the lower uterine segment
 - Formation of the boundaries between the upper uterine segment and lower segment
 - Is the shortening of the uterine muscle during a contraction without it returning to the original length
 - When intrauterine pressure increases.
- 1.8 All of the following are applicable to the Left Occipito-Anterior position **except**:
- The presentation is cephalic
 - The long axis of the foetus is parallel to the long axis of the mother
 - The foetal attitude is that of flexion
 - The foetal heart is heard clearly in the right lower quadrant of the woman's abdomen.
- 1.9 All of the following statements are true with regard to variability of the foetal heart rate **Except**:
- Variability is the alteration in the baseline heart rate
 - It is measured over a period of one minute
 - The baseline variability should not exceed 5 beats per minute
 - The administration of analgesia may reduce the baseline variability
- 1.10 What is your priority action, as a midwife, to ensure that the baby will breathe as soon as the head is delivered?
- Suction the nose and mouth to remove mucous secretions
 - Slap the baby's buttocks to make the baby cry
 - Clamp the cord about 6 inches from the base
 - Check the baby's colour to make sure it is not cyanotic
- 1.11 The first thing that a midwife must ensure when the baby's head comes out is
- The cord is intact
 - No part of the cord is encircling the baby's neck
 - The cord is still attached to the placenta
 - The cord is still pulsating
- 1.12 The mechanisms involved in foetal delivery is
- Descent, extension, flexion, external rotation
 - Descent, flexion, internal rotation, extension, external rotation
 - Flexion, internal rotation, external rotation, extension
 - Internal rotation, extension, external rotation, flexion

- 1.13 The foetal heart rate should be monitored every 15 minutes during the second stage of labour. The characteristic of a normal foetal 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
- 1.14 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
- 1.15 When determining the duration of a uterine contraction the correct technique is to time it from...
- a) The beginning of one contraction to the end of the same contraction
 - b) The end of one contraction to the beginning of another contraction
 - c) The acme point of one contraction to the acme point of another contraction
 - d) The beginning of one contraction to the end of another contraction
- 1.16 To monitor the frequency of the uterine contraction during labour, the correct technique is to time the contraction
- a) From the beginning of one contraction to the end of the same contraction
 - b) From the beginning of one contraction to the beginning of the next contraction
 - c) From the end of one contraction to the beginning of the next contraction
 - d) From the deceleration of one contraction to the acme of the next contraction
- 1.17 The correct technique to monitor the intensity of a uterine contraction is ...
- a) Place the palm of the hands on the abdomen and time the contraction
 - b) Place the finger tips lightly on the supra-pubic area and time the contraction
 - c) Put the tip of the fingers lightly on the fundal area and try to indent the abdominal wall at the height of the contraction
 - d) Put the palm of the hands on the fundal area and feel the contraction at the fundal area

- 1.18 What is the primary power involved in labour and delivery?
- Bearing down ability of mother
 - Cervical effacement and dilatation
 - Uterine contraction
 - Valsalva technique
- 1.19 The foetal heart rate is checked following rupture of membranes in order to....
- Check if the foetus is suffering from head compression
 - Determine if cord compression followed the rupture
 - Determine if there is utero-placental insufficiency
 - Check if foetal presenting part has adequately descended following the rupture
- 1.20 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 dilatation was 7 cm. The correct interpretation of this result is....
- Labour is progressing as expected
 - The latent phase of Stage 1 is prolonged
 - The active phase of Stage 1 is protracted
 - The duration of labour is normal
- 1.21 When giving narcotic analgesics to mother in labour, the special consideration to follow is ...
- The progress of labour is well established and has reached the transitional stage
 - Uterine contractions are 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.
- 1.22 A primigravida is admitted to the labour room. Assessment reveals that she is in early part of the first stage of labour. 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

1.23 Maggie is in the second stage of labour. How frequently should you assess her pulse rate?

- a) Every 5 minutes
- b) Every 15 minutes
- c) Every 30 minutes
- d) Every 60 minutes

1.24 Suzy, a gravida 2 para 1 is admitted in labour and 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?

- a) Placing the client in bed to begin foetal monitoring
- b) Preparing for immediate delivery.
- c) Checking for ruptured membranes.
- d) Providing comfort measures

1.25 Which of the following statements is **not** true regarding cervical effacement and dilatation?

- a) Dilatation is the opening and enlargement of the external cervical os from a few millimeters during pregnancy to 10cm at complete dilatation in labour.
- b) Dilatation is caused by the retraction of the cervix into the lower uterine segment as a result of labour contractions
- c) In a primigravid woman: both the external os and internal os may be closed at the beginning of labour or admit a tip of a finger during the process of taking up of the cervix.
- d) In the multiparous woman: the external os usually admits one finger prior to the onset of labour and the dilatation of the external os and internal os proceeds simultaneously with the taking up of the cervix.

Total marks: 25

Question 2

Explain the Matthews Duncan method of placental separation **(3 marks)**

Question 3

Describe foetal adaptation during labour in line with the following:

- 3.1 Foetal heart rate **(2 marks)**
- 3.2 Foetal gas exchange **(2 marks)**
- 3.3 Foetal Circulation **(8 marks)**
- 3.4 Gastrointestinal system **(2 marks)**
- 3.5 Moulding **(5 marks)**
- 3.6 Integumentary system **(3 marks)**

Total marks: 22

Question 4

Nokukhanya, G1P0 is admitted into the labour ward at term and is confirmed to be in the first stage of labour. Describe the first stage of labour, according to the phases and highlight the key midwifery care points in each phase.

Total marks: 25