

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION PAPER: DECEMBER, 2018

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**

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Question 1

Multiple choice

Instruction: Select the correct answer and write the letter that corresponds to it next to the question number. For example: 1.26 B

1.1 Which of the following responses is the primary rationale for providing general information as well as breathing and relaxation exercises in childbirth education classes?

- A. Mothers who are doing breathing exercises during labor will refrain from yelling.
- B. Breathing and relaxation exercises are less exhausting than crying and moaning.
- C. Knowledge learned at childbirth education classes helps to break the fear-tension- pain cycle.
- D. Childbirth education classes help to promote positive maternal-newborn bonding.

1.2 In addition to breathing with contractions, which of the following actions can help a woman in labor to work with the pain of the first stage of labor?

- A. Lying in the lithotomy position.
- B. Performing effleurage.
- C. Practicing Kegel exercises.
- D. Pushing with each contraction.

1.3 Mrs. X is in the second stage of labor. She falls asleep immediately after a contraction. Which of the following actions should the nurse perform as a result?

- A. Cover the woman's perineum with a sheet, let her rest and awaken her at the beginning of the next contraction.
- B. Awaken her to push.
- C. Assess the woman's blood pressure and pulse.
- D. Administer oxygen to the woman via face mask.

1.4 Mrs. B, G3 P2, was examined 5 minutes ago. Her cervix was 8 cm dilated and 90% effaced. She now states that she needs to move her bowels. Which of the following actions should you perform first?

- A. Offer her a bedpan.
- B. Evaluate the progress of labor.
- C. Notify the physician.
- D. Encourage the patient to push.

1.5 You auscultate a fetal heart rate of 152 on a client in early labor. Which of the following actions would you consider as appropriate?

- A. Inform the mother that the rate is normal.
- B. Reassess in 5 minutes to verify the results.
- C. Immediately report the rate to the health care practitioner.
- D. Place the client on her left side and apply oxygen by face mask.

1.6 You document in a laboring woman's chart that the fetal heart is being "assessed via intermittent auscultation." To be consistent with this statement, using a Doppler electrode, you should assess the fetal heart at which of the following times?

- A. After every contraction.
- B. For 10 minutes every half hour.
- C. Periodically during the peak of contractions.
- D. For 1 minute immediately after contractions.

1.7 Which of the following assessments must the midwife make immediately following artificial rupture of membranes?

- A. Maternal blood pressure.
- B. Maternal pulse.
- C. Fetal heart rate.
- D. Fetal fibronectin level.

1.8 You have just performed a vaginal examination on a client in labor. You palpated the baby's head on the mother's right side. Where should the nurse place the external fetal monitor electrode?

- A. Left upper quadrant (LUQ).
- B. Left lower quadrant (LLQ).
- C. Right upper quadrant (RUQ).
- D. Right lower quadrant (RLQ).

1.9 Upon examination, a midwife notes that a woman is 10 cm dilated, 100% effaced, and 3-station. Which of the following actions should the midwife perform during the next contraction?

- A. Encourage the woman to push.
- B. Provide firm fundal pressure.
- C. Move the client into a squat.
- D. Assess for signs of rectal pressure.

1.10 You are assessing a client who states, "I think I'm in labor." Which of the following findings would positively confirm the client's belief?

- A. She is contracting q 5 min 60 sec.
- B. Her cervix has dilated from 2 to 4 cm.
- C. Her membranes have ruptured.
- D. The fetal head is engaged.

1.11 You are evaluating the learning of four women, 38 to 40 weeks' gestation, regarding when they should go to the hospital. You determine that the client who makes which of the following statements needs additional teaching?

- A. The client who says, "If I feel a pain in my back and lower abdomen every 5 minutes."
- B. The client who says, "When I feel a gush of clear fluid from my vagina."
- C. The client who says, "When I go to the bathroom and see the mucus plug on the toilet tissue."
- D. The client who says, "If I ever notice a greenish discharge from my vagina."

1.12 You determine that Mrs. R is carrying a fetus in the longitudinal lie. Your judgment should be questioned if the fetal presenting part is which of the following?

- A. Sacrum.
- B. Occiput.
- C. Mentum.
- D. Scapula.

1.13 Which of the following choices includes the correct order of the cardinal movements of labor?

- A. Internal rotation, extension, external rotation.
- B. External rotation, descent, extension.
- C. Extension, flexion, internal rotation.
- D. External rotation, internal rotation, expulsion.

1.14 You advise a mother that her obstetric conjugate is of average size. How should you interpret that information for her?

- A. The anterior to posterior diameter of the pelvis will accommodate a fetus with an average-sized head.
- B. The fetal head is flexed so that it is of average diameter.
- C. The mother's cervix is of average dilation for the start of labor.
- D. The distance between the mother's physiological retraction ring and the fetal head is of average dimensions.

1.15 During delivery, you note that the baby's head has just been delivered. You conclude that the baby has just gone through which of the following cardinal movements of labor?

- A. Flexion.
- B. Internal rotation.
- C. Extension.
- D. External rotation.

1.16 You wish to assess the variability of the fetal heart rate. Which of the following actions must precede this assessment?

- A. Place the client in the lateral recumbent position.
- B. Insert an internal fetal monitor electrode.
- C. Administer oxygen to the mother via face mask.
- D. Ask the mother to indicate when she feels fetal movement.

1.17 A woman is in active labor and is being monitored electronically. She has just received Stadol 2 mg IM for pain. Which of the following fetal heart responses would you expect to see on the internal monitor tracing?

- A. Variable decelerations.
- B. Late decelerations.
- C. Decreased variability.
- D. Transient accelerations.

1.18 The midwife is assessing an internal fetal heart monitor tracing of an unmedicated, full-term gravida who is in the transitional phase. Which of the following heart rate patterns would the midwife interpret as normal?

- A. Variable baseline of 140 with V-shaped decelerations to 120 unrelated to contractions.
- B. Variable baseline of 140 with decelerations to 100 that mirror each of the contractions.
- C. Flat baseline of 140 with decelerations to 120 that return to baseline after the end of the contractions.
- D. Flat baseline of 140 with no obvious decelerations or accelerations.

1.19 You are coaching a woman who is in the second stage of labor. Which of the following should you encourage her to do?

- A. Hold her breath for twenty seconds during every contraction.
- B. Blow out forcefully during every contraction.
- C. Push between contractions until the fetal head is visible.
- D. Take a slow cleansing breath before bearing down.

1.20 A primigravida is pushing with contractions. You note that her perineum is beginning to bulge and that there is an increase in bloody show. Which of the following actions is appropriate at this time?

- A. Report the findings to the woman's health care practitioner.
- B. Immediately assess the woman's pulse and blood pressure.
- C. Provide encouragement during each contraction.
- D. Place the client on her side with oxygen via face mask.

1.21A multipara, LOA, station 3, who has had no pain medication during her labor, is now in stage 2. She states that her pain is 6 on a 10-point scale and that she wants an epidural. Which of the following responses by the midwife is appropriate?

- A. "Epidurals do not work well when the pain level is above level 5."
- B. "I will contact the doctor to get an order for an epidural right away."
- C. "The baby is going to be born very soon. It is really too late for an epidural."
- D. "I will check the fetal heart rate. You can have an epidural if it is over 120."

1.22 Which of the following physiological changes occur in chronological order during the third stage of labour?

- A. Hematoma forms behind the placenta, membranes separate from the uterine wall, the uterus contracts firmly, the uterine surface area dramatically decreases.
- B. Membranes separate from the uterine wall, the uterus contracts firmly, the uterine surface area dramatically decreases, hematoma forms behind the placenta,
- C. The uterus contracts firmly, the uterine surface area dramatically decreases, hematoma forms behind the placenta, membranes separate from the uterine wall,
- D. the uterine surface area dramatically decreases, hematoma forms behind the placenta, membranes separate from the uterine wall, the uterus contracts firmly,

1.23 A woman had a baby by normal spontaneous delivery 10 minutes ago. You note that a gush of blood was just expelled from the vagina and the umbilical cord lengthened. What should you conclude?

- A. The woman has an internal laceration.
- B. The woman is about to deliver the placenta.
- C. The woman has an atonic uterus.
- D. The woman is ready to expel the cord bloods.

1.24 A client is in the third stage of labor. Which of the following assessments should the midwife make/observe?

- A. Fetal heart assessment after each contraction.
- B. Uterus rising in the abdomen and feeling globular.
- C. Rapid cervical dilation to ten centimeters.
- D. Maternal complaints of intense rectal pressure.

1.25 Mrs. D, G1 P0, 40 weeks gestation, entered the labor ward stating that she is in labor. Upon examination it is noted that she is 2 cm dilated, 30% effaced, contracting every 12 min 30 sec. Fetal heart rate is 140 with good variability and spontaneous accelerations. What should the midwife conclude?

- A. The woman is high risk and should be placed on tocolytics.
- B. The woman is in early labor and could be advised to come back later.
- C. The woman is high risk and could be induced.
- D. The woman is in active labor and should be admitted to the unit.

(25)

Question 2

2.1 You have been managing the labor and delivery of Mrs. J, G2 P1. The placenta and membranes have been delivered. You immediately notice that she is bleeding, you massage the uterus and it is well contracted. You check for the perineum and notice that she has sustained a first degree tear. Describe your responsibility as a midwife to ensure the prevention of perineal tears during the second stage of labour.

(11)

2.2 Describe five (5) probable signs of the second stage of labour.

(5)

Question 3

Describe the immediate midwifery care for Mrs. J above from the time you delivered the placenta and membranes until you transfer her to the postnatal ward.

(34)

Total: 75 marks