

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCE
FINAL EXAMINATION: NOVEMBER 2019

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 INDICATES MARKS ALLOCATED FOR EACH OR PART OF QUESTION
3. START EACH QUESTION ON A NEW PAPER
4. KINDLY USE BULLETS FOR EACH POINT IN YOUR ANSWER WHERE POSSIBLE

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

Question 1

Multiple choice questions

Choose the most appropriate response from each of the following statements and write the number and letter which you think is the best. For example 30. A. Each answer equal 1 mark.

1.1 Which of the following is true about normal spontaneous labour?

- A. It occurs from 37 weeks of gestation
- B. It occurs to any woman who had vaginal delivery
- C. It occurs in multiparous women only
- D. It occurs when a woman whose labour progresses well after induction of labour

1.2 Which of the following is true about the first stage of labour in a primigravida?

- A. Cervical dilatation occurs first and effacement follows
- B. Cervical dilatation and effacement occurs concurrently
- C. Cervical dilatation follows effacement of the cervix
- D. It is impossible for the cervix to efface

1.3 Which statement is true about the latent phase of first stage of labour in a multiparous woman?

- A. The cervix dilates at a rate of 1cm per hour
- B. It ends when the cervix is 4cm dilated
- C. It last for 10 hours in multiparous woman
- D. The cervix will be fully effaced at the end of the latent phase of labour.

1.4 Which of the following hormones has a relaxing effect on uterine muscles during pregnancy, thereby inhibiting contractions?

- A. Prolactin
- B. Oxytocin
- C. Progesterone
- D. Oestrogen

1.5 Which of the following hormones stimulates prostaglandins production as pregnancy advances?

- A. Oestrogen
- B. Progesterone
- C. Oxytocin
- D. Prolactin

1.6 Syntometrine is an oxytocic agent that is widely used in maternity units. What does 1 ml of syntometrine contain?

- A. 5 units syntocinon and 0.2mg ergometrine
- B. 2 units syntocinon and 0.5mg ergometrine
- C. 5 units syntocinon and 0.5 mg ergometrine
- D. 3 units syntocinon and 5.0mg ergometrine

1.7 How long does the third stage of labour last when managed passively?

- A. 5 to 15 minutes
- B. 10 to 25 minutes
- C. 20 to 35 minutes
- D. 45 to 60 minutes

1.8 Which of the following refers to fundal dominance?

- A. Contractions start and are more intense from the fundus
- B. The early separation of the placenta from the fundus
- C. Contractions are stronger because of the action of the oblique muscle fibres
- D. Contractions starts from the corpus and spread towards fundus

1.9 Which of the following hormones will fetal adrenal glands secrete to help stimulate onset of labour?

- A. Oxytocin
- B. Cortisol
- C. Prolactin
- D. Relaxin

1.10 Which part from the following will be leading in a normal cephalic presentation with increased flexion?

- A. Sagittal suture
- B. Biparietal diameter
- C. Suboccipitofrontal diameter
- D. Occiput

1.11 In a normal vertex presentation which diameter lies at the pelvic brim before labour starts?

- A. Sub-mentovertical diameter
- B. Sub - occipitobregmatic diameter
- C. Occipitofrontal diameter
- D. Sub-occipitofrontal diameter

1.12 What happens when the leading part during the mechanism of labour reaches the pelvic floor?

- A. It rotates 2/8 of a circle towards the symphysis pubis
- B. Rotates 1/8 of a circle towards the symphysis pubis
- C. It displaces the pelvic floor muscles
- D. It occupies the smallest diameter of the outlet

Nomsa a 23 years old primigravida reports at Mbabane Maternity unit at 0600 hours with history of uterine contractions accompanied by show since 0200hrs. On examination presentation cephalic, head 1/5 above pelvic brim. Contractions are 3 in ten minutes; fetal heart is 140 beats per minute. Her vital signs B/P 140/ 90 mmHg, T = 36.5 °c, Pulse 78bpm Cervix fully effaced and 8cm dilated. Membranes intact. Use the above scenario to answer question 1.13 to 1.15.

- 1.13 In which phase of labour is Nomsa in?
- A. Latent phase of labour
 - B. Transition phase of labour
 - C. Second stage of labour
 - D. Resting phase of labour
- 1.14 Based on expected labour progress for primigravida, after how long is Nomsa likely to reach 3rd stage of labour?
- A. 2 hours
 - B. 3 hours
 - C. 4 hours
 - D. 5 hours
- 1.15 Which of the following prophylactic uterotonic drugs will you give to Nomsa during the third stage of labour?
- A. Syntocinon
 - B. Syntometrine
 - C. Ergometrine
 - D. Syntocinon, Syntometrine, Ergometrine
- 1.16 Which of the following statements is true about non pharmacological pain relief approach during labour?
- A. Pain is perceived as a side effect of abnormal process of labour
 - B. Its intention is to stop pain completely from the women
 - C. The midwife and other caregivers use it in order to assist the woman cope with labour pains
 - D. It is used in low resource countries where pharmacological pains are not affordable due to financial constrain.
- 1.17 Which of the following is **NOT** a principle of non-pharmacological pain relief approach?
- A. Reassurance
 - B. Guidance
 - C. Encouragement
 - D. Pharmacological pain medication given once

- 1.18 In the labour room the midwife found that there was a lady who was admitted by the morning shift an hour ago in active stage of labour 6 cm dilated. What is the most appropriate initial care action by the midwife?
- A. Do feto-maternal condition monitoring including the vaginal examination to have baseline findings.
 - B. Perform maternal and fetal observations excluding vaginal exam
 - C. Do not disturb the woman as she has been examined an hour ago
 - D. Wait for 4 hours then assess the feto-maternal condition
- 1.19 What is the neuromuscular harmony that occurs between the upper and lower poles of the uterus called?
- A. Polarity
 - B. Retraction
 - C. Contractions
 - D. Pacemakers
- 1.20 Which of the following are factors that influence the onset of labour?
- A. Hormonal effect
 - B. Mechanical stimulation
 - C. Cervical irritation
 - D. All of the above
- 1.21 You were performing a vaginal examination on Mrs Zulu (G2P1) who is admitted in the maternity unit and discovered that her membranes have ruptured. Which observation would you make immediately?
- A. Check the fetal heart rate
 - B. Check her vital signs more especially her temperature
 - C. Assess the amount of the amniotic fluid
 - D. Confirm the presenting part to rule out cord prolapsed
- 1.22 Mrs Dladla (G3P2) is fully dilated but all of a sudden has no contractions and she feels sleepy instead of an urge to push. What is the most appropriate action that the midwife should take?
- A. Commence her on syntocinon in order to augment her labour and facilitate labour progress
 - B. Inform the doctor about the sudden change in the woman's labour progress and prepare her for possible caesarean session.
 - C. Wait and watch for normal labour progress while continuing with routine feto-maternal condition assessment
 - D. None of the above
- 1.23 In which phase of labour is Mrs Dladla in?
- A. Latent phase of first stage of labour
 - B. Latent phase of second stage of labour
 - C. Transition phase
 - D. Active phase of second stage of labour

- 1.24 How will the midwife control bleeding from where the placenta has detached for Mrs Dladla?
- A. The midwife should pack the uterus with gauze to apply direct pressure into the placental site
 - B. Massage the uterus and ensure that the uterus is well contracted
 - C. Hydrate the woman at all times
 - D. Encourage the woman to rest so that the uterus can contract well
- 1.25 Which tear involves the fouthette superficial muscles and in some cases the pubococcygeous?
- A. First degree tear
 - B. Second degree tear
 - C. Third degree tear
 - D. Fourth degree tear

[25 marks]

Question 2

2.1 Describe the physiological changes that occur in the uterus during the first stage of labour under the following sub headings

- A. Polarity (5)
- B. Contraction and retraction (10)
- C. The upper and the lower uterine segment and retraction ring (10)

[25 marks]

Question 3

Sibongile a Gravida 3 Para 2 came to the labour ward at 1000 hours complaining of labour pains since 0100 hours. On vaginal examination the cervix was 6 cm dilated, descent 5/5 above pelvic brim cervix 50% effaced.

- 3.1 Discuss in detail the vaginal examination finding for this client (10)
- 3.2 Discuss the management of the third stage of labour that you will use in Sibongile which will aid in preventing post partum haemorrhage. (15)

[25 marks]

TOTAL [75 marks]