

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCE
MAIN EXAMINATION: JUNE 2021

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 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

Select the best answer for the following questions then write the letter that corresponds to the selected answer in your answer sheet. For an example: 1.30. B

1.1 Which of the following is **true** about the operculum?

- A. The operculum provides protection against ascending infections during labour
- B. The operculum indicates that the cervix has started to dilate when shed
- C. The operculum is one of the signs of foetal well being during pregnancy
- D. They last between 30 to 40 seconds

1.2 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

1.3 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

1.4 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 lasts for 10 hours in multiparous woman
- D. The cervix will be fully effaced at the end of the latent phase of labour.

1.5 Which of the following hormones has a relaxing effect on uterine muscles during pregnancy, there by inhibiting contractions?

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

D. Oestrogen

1.6 Which of the following hormones stimulates prostaglandins production as pregnancy advances

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

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

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

1.9 Which of the following hormones will foetal 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. It 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

Read the following scenario and use it to respond to questions 1.13 to 1.17

Nomsa 23 years old primigravida reports in Mbabane Maternity unit at 0600 hours with history of uterine contractions accompanied by shows 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, 5cm dilated and membranes intact. Use the above scenario to answer question 1.13 to 1.17.

1.13 In which phase of labour is Nomsa in?

- A. Latent phase of labour
- B. Active phase of labour
- C. Transition phase of labour
- D. Second stage of labour

1.14 Based on expected labour progress for primigravida, after how long is Nomsa likely to progress to the 2nd stage of labour?

- A. 2 hours
- B. 3 hours
- C. 4 hours
- D. 5 hours

- 1.15 Which statement is true about the second stage of labour for Nomsa?
- A. It is likely to end at 1300 hours
 - B. It will last for 10 minutes
 - C. It will end at 0700 hours
 - D. It will end the placenta and membranes are completely expelled
- 1.16 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
- 1.17 Which of the following will make engagement of the presenting part possible in Nomsa's case
- A. Tetanic uterine Contractions
 - B. Lack of fetal axis pressure
 - C. Contraction and dilatation of uterine muscles
 - D. Bracing action of firm abdominal muscles
- 1.18 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. Itsintention is to stop pain completely from the women
 - C. The midwife and other caregivers use it in order toassist the woman cope with labour pains
 - D. It is used in low resource countries where pharmacological pains are not affordable due to financial constrain.
- 1.19 Which of the following women will you consider as high risk during labour
- A. A woman who is 15 years old primigravida
 - B. A woman who delivered a pre tern baby in her previous pregnancy
 - C. All women coming to the maternity clinic
 - D. Any women who come to the labour room with false labour

- 1.20 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 at 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
- 1.21 How many contractions would you expect to find if labour of the above client is progressing well?
- A. 3 contractions in 10 minutes
 - B. 3 contractions in 5 minutes
 - C. 5 contractions in 10 minutes
 - D. More than 5 contractions
- 1.22 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
- 1.23 You were performing a vaginal examination on Mrs Zulu (G3P2) who is admitted in the maternity unit and discovered that her membranes have ruptured. Which observation would you make immediately?
- A. Check the foetal 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 prolapse
- 1.24 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 syntocinonin 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 fetomaternal condition assessment
- D. Inform the senior midwife while commencing the woman on intravenous fluid

1.25 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

[25 marks]

Question 2

Nono is a 17 year old primigravida who comes to Maternity Unit complaining of labour pains at 38 weeks of gestation.

- 2.1 How would you determine if Nono is having false labour or true labour (10)
- 2.2 Discuss the premonitory signs of labour (20)

[30 marks]

Question 3

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

- a) Polarity (5)
- b) Fundal dominance (5)

3.2 Explain the purpose of vaginal examinations during labour (10)

[20 marks]

Total = [75 marks]