

**UNIVERSITY OF SWAZILAND  
FACULTY OF HEALTH SCIENCES**

**FINAL EXAMINATION QUESTION PAPER  
MAY 2008**

---

<b>TITLE OF PAPER:</b>	<b>NORMAL MIDWIFERY</b>
<b>COURSE CODE:</b>	<b>MID 111</b>
<b>DURATION:</b>	<b>TWO (2) HOURS</b>
<b>TOTAL MARKS:</b>	<b>75</b>

---

**INSTRUCTIONS:**

1. ANSWER ALL (3) QUESTIONS
2. THIS PAPER IS DIVIDED INTO SECTIONS A AND B
3. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED FOR EACH QUESTION OR PART OF A QUESTION.

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

## SECTION A

### INSTRUCTION:

IN EACH QUESTION, SELECT THE MOST CORRECT RESPONSE.  
IN YOUR ANSWER SHEET WRITE THE LETTER AGAINST THE CORRESPONDING NUMBER  
e.g. 1.4 - A

---

### Question 1.1

Labour that sets in at \_\_\_\_\_ weeks of gestation is said to be at term.

- A. 36
- B. 39
- C. 43
- D. 45

1

### Question 1.2

In labour, uterine contractions:

- A. Originate in the lower segment
- B. Are stronger and last longer in the upper segment than in the lower segment
- C. Are stronger and last shorter in the lower segment than upper segment.
- D. Are under voluntary control

1

### Question 1.3

It is theorized that an increase in all of the following hormones in the body plays a role in initiating the onset of labour EXCEPT for secretion of:

- A. Relaxin
- B. Oxytocin
- C. Progesterone
- D. Fetal corticosteroids
- E. Prostaglandins

1

Question 1.4

An unengaged fetal head in a primigravida at onset of labour should call for:

- A. Immediate caesarian section
- B. Stimulation of labour with I.V. oxytocin
- C. No particular concern
- D. Careful re-evaluation of the entire cephalo-pelvic picture

Question 1.5

When assessing labour contractions, the nurse-midwife does NOT describe:

- A. Location
- B. Intensity
- C. Duration
- D. Frequency

Question 1.6

Fetal heart rate (FHR) variability is NOT affected by:

- A. Maternal sleep
- B. The second stage of labour
- C. Fetal sleep
- D. Maternal drug use

Question 1.7

In normal labour:

1. There is steady cervical dilatation and descent of the presenting part
2. The fetal heart rate may vary between 100 – 160 beats/minute
3. The liquor-amnii may be meconium stained
4. Uterine contractions increase in length, strength and frequency
5. The blood pressure may fall significantly

CHOOSE the answer from the alphabets below:

- A. 1 and 4
- B. 1,3 and 4
- C. 1 and 5
- D. 1,2,3 and 5

Question 1.8

Moulding of the fetal head plays an important part during labour because:

- A. Size and shape of fetal head will be reduced
  - B. Size of the presenting diameter will be reduced and shape will be changed.
  - C. Only the presenting diameter will change
  - D. Only the shape of the fetal head will change
- 1

Question 1.9

One of the following is NOT responsible for the progress of labour

- A. The powers
  - B. The passages
  - C. The placenta
  - D. The passenger
- 1

Question 1.10

Thembi's membranes rupture spontaneously. All of the following actions are appropriate, however, which should be done first?

- A. Check fetal heart rate
  - B. Check colour of fluid
  - C. Assess quantity of fluid
  - D. Notify the obstetrician
- 1

Question 1.11

During childbirth, MTCT of HIV/AIDS may be prevented by:

- A. Encouraging the use of forceps delivery
  - B. Extracting the baby with a vacuum whenever possible
  - C. Cleaning all injection sites on the newborn before inserting the needle
  - D. Cutting the umbilical cord with the scissors facing down
- 1

Question 1.12

Babazile is in active labour and nearly approaching the transition stage. Her younger sister who is with her wants to know how long it will take before the baby is born. The nurse-midwife correctly responds with which of the following?

- A. Explores why she needs to know the information
  - B. Indicates that no one really knows but that the staff will help
  - C. Suggests a diversion for her to take her mind of the time
  - D. Gives a rough estimate based on averages and mentions uniqueness as a factor
  - E. Give her an exact time frame
- 1

Question 1.13

Identify the appropriate implementation used to reduce fear of a woman in labour.

- A. Arrange for her to be seen by a community mental health nurse or the psychiatrist
  - B. Obtain an order for tranquilizing medication
  - C. Reassure her that she has nothing to worry about now that she is in labour
  - D. Review the physiological processes of labour with her
- 1

Question 1.14

Smangele an unmarried 17 year old primigravida has been in the labour ward for ten (10) hours. She has not referred to the fetus / baby at all. This is likely due to which of the following?

- A. Difficulty in accepting the pregnancy
  - B. Experiencing an internal joy of parenthood
  - C. Saving comments for after the baby is born
  - D. Shyness in talking with authority figures, reflecting adolescent development
- 1

Question 1.15

The success of labour depends on the favourable intergration of which main concepts below?

- A. Inlet, mid-pelvis, outlet
- B. Passage, passenger, uterine power

- C. Position, descent, crowning
- D. Preliminary signs, presentation, passage 1

Question 1.16

During the latter part of labour and through delivery, Sibongile received intravenous (I.V.) therapy to replace fluid loss. What emphasis should the midwife give regarding the I V's to the client?

- A. As labour intensifies the client's fluids by mouth will decrease
- B. I V's are given as a prophylactic measure
- C. The I V's will keep the client's temperature normal
- D. They are provided as a curative remedy 1

Question 1.17

While assessing the length of Dolly's contractions, the midwife knows not to rely on the client to state when a contraction is beginning. What is the correct rationale for this?

- A. The midwife has expert knowledge herself and therefore has no need for client information
- B. The midwife will usually be able to palpate the contraction beginning before the woman feels it
- C. The pain of the contraction will be too mild throughout for the woman to clearly distinguish it 1
- D. The woman is often too concerned at this point to report accurate information

Question 1.18

Dumile, a primigravida is in labour. All of the following changes would be expected to take place EXCEPT:

- A. Thinning of the lower segment of the uterus
- B. Progressive dilatation of the cervical os
- C. Thickening of the fundus of the uterus
- D. Shortening of the length of the uterus 1

Question 1.19

Vena caval syndrome (supine hypotensive syndrome) can usually be solved by turning the client on her:

- A. Back administering oxygen
- B. Right side
- C. Left side
- D. Abdomen administering intravenous fluids

1

Question 1.20

A third degree tear:

1. Involves severe damage to the anal sphincter
2. May extend into the lower bowel
3. Can lead to a vesico-vaginal fistula
4. May be repaired by a midwife
5. If badly repaired, can cause incontinence of faeces

CHOOSE the answer from the alphabets below;

- A. 1 and 2
- B. 2, 3 and 4
- C. 1, 2 and 5
- D. 2, 3 and 5

1

Question 1.21

Progress of labour is measured by:

- A. The frequency of uterine contractions
- B. The force of uterine contractions
- C. Signs and symptoms of maternal distress
- D. Dilation of cervical os

Question 1.22

One of the major complications of the fourth stage of labour is:

- A. Infection
- B. Hypotension
- C. Hypertension

- D. Dehydration
  - E. All of the above
- 1

Question 1.23

Swazi is transferred from labour ward to postpartum ward. Routine care of the postpartum client would include all of the following EXCEPT;

- A. Maintain intake and output until client is voiding in sufficient quantities
  - B. Massage fundus firmly every fifteen minutes
  - C. Assess emotional status of new mother
  - D. Check breasts for engorgement and cracking of nipples
- 1

Question 1.24

During the puerperium the blood volume:

- A. Increases
  - B. Decreases
  - C. There is a greater decrease in red cells than in plasma, making the blood more dilute
  - D. There is a greater decrease in plasma than red cells, making the blood more viscous
- 1

Question 1.25

On the 7<sup>th</sup> day following delivery, the colour of the lochia should be:

- A. Yellow – white
  - B. Lochia should no longer be discharging
  - C. Pink – brown
  - D. Red
- 1

TOTAL = 25 MARKS



## SECTION B

### Question 2

INSTRUCTION: STATE WHETHER THE FOLLOWING STATEMENTS ARE **TRUE** OR **FALSE**

- 2.1 During true labour, uterine muscles contract and relax
- 2.2 First stage of labour begins with uterine contractions and full dilatation of the cervix
- 2.3 The rising oestrogen level may be responsible for the release of oxytocin
- 2.4 The lower uterine segment is about 8cm to 10cm in length
- 2.5 The onset of labour seems to be a combination of hormonal and mechanical factors
- 2.6 Cervical effacement causes the cervix to merge into the lower uterine segment
- 2.7 Physiological retraction ring is palpable and visible
- 2.8 Normal labour begins at term, spontaneously with or without complications
- 2.9 When the presenting part is 3cm above ischial spines, it is said to be -3
- 2.10 Normal delivery causes more trauma to maternal tissues than instrumental delivery

(10)

### Question 2.11

Give an account of how you would care for a woman already in the active phase of labour (NOTE EACH CORRECT FACT WILL EARN 0.5 MARKS)

(15)

### Question 3

INSTRUCTION: STATE WHETHER THE FOLLOWING STATEMENTS ARE **TRUE** OR **FALSE**. WHERE THE ANSWER IS FALSE, SUPPLY RATIONALE

- 3.1 The fall in the circulating level of progesterone helps in the recovery of normal muscle tone and the ligaments of the uterus
- 3.2 The fall in circulating progesterone allows reversal of the haemodilution and restores normal blood viscosity

- 3.3 Mild transient pyrexia may be associated with physiological vascular and or milk engorgement of the breast on days 3 to 4
- 3.4 In mild and transient pyrexia the temperature ranges between 37.4°c and 38°c
- 3.5 A rapid temperature alone is a cardinal sign of puerperal infection
- 3.6 Puerperal pyrexia arises from infection of the genital tract only
- 3.7 The diet of a woman during puerperium should include protein to aid maintenance of tissues and production of plasma albumin, calcium and folic acid to counteract anaemia on the part of the mother
- 3.8 The state of health in a newly delivered mother is a risk of infection due to bruises, lacerations in the birth canal and the placental site that measures 12.5cm at this time
- 3.9 Involution of the uterus is brought about by a phagocytic action of polymorphs and macrorphages in the blood and lymphatic system
- 3.10 In rooming – in, the mother is able to detect early any abnormality that the baby may develop

(15)

Question 3.11

- 3.11.1 Explain five factors that predispose the mother to infections during labour (5)
- 3.11.2 Briefly explain the information that a midwife gets following rupture of the membranes (4)
- 3.11.3 Explain briefly why the appearance of the presenting part at the vulva is NOT diagnostic of the second stage of labour (1)

(10)

TOTAL = 25 MARKS