

**UNIVERSITY OF SWAZILAND  
FACULTY OF HEALTH SCIENCES  
SUPPLEMENTARY EXAMINATION, QUESTION PAPER, JULY 2011.**

**TITLE OF PAPER:   NORMAL   MIDWIFERY**

**COURSE CODE:     MID 111**

**DURATION:         TWO (2) Hours**

**TOTAL MARKS:     75**

- INSTRUCTIONS:**
- 1. THE PAPER CONSISTS OF THREE (3) QUESTIONS**
  - 2. ANSWER ALL QUESTIONS**
  - 3. ALL QUESTIONS CARRY EQUAL MARKS**
  - 4. READ THE QUESTIONS CAREFULLY**
  - 5. FIGURES IN BRACKETS INDICATE MARKS  
ALLOCATED TO A QUESTION OR PART OF A  
QUESTION**
  - 6. START EACH QUESTION ON A FRESH PAGE**

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**(MID111) NORMAL MIDWIFERY**

**SUPPLEMENTARY EXAMINATION QUESTION PAPER, JULY 2011.**

**QUESTION 1**

Answer all questions: Choose the most appropriate response e.g. 1.26 A. Each correct answer carries one (1) mark. **Total: 25 marks.**

- 1.1 The following is/are some of the factor(s) which influence the duration of labour:-
- a) Psychological state of the mother and position of the fetus
  - b) State of membranes
  - c) Children under the age of two years
  - d) All the above.
- 1.2 The exact cause of onset of labour remains uncertain but is thought to be caused by:-
- a) Low levels of oestrogen at term
  - b) High levels of progesterone at term
  - c) The fall in prostaglandins
  - d) A combination of hormonal and mechanical factors
- 1.3 A woman's perception of labour pain may be influenced by :-
- a) Personality and fatigue
  - b) Expectations, fear and anxiety
  - c) Cultural and social factors
  - d) All the above
- 1.4 Following childbirth if the height of fundus remains high the midwife may suspect:-
- a) Multiple pregnancy
  - b) Retained products of conception
  - c) A full bladder
  - d) All the above
- 1.5 Tiredness and fatigue during the puerperium may be due to:-
- a) Early signs of depression
  - b) Anaemia
  - c) Inadequate sleep
  - d) All the above

- 1.6 Infection in the genital tract in the puerperium may be suspected if on abdominal palpation the midwife notes:-
- Sub involution of the uterus
  - A retained second twin
  - Infection
  - A full bladder
- 1.7 In the puerperium the possible foci of infection is:-
- The genito-urinary tract system
  - Infection of the breast
  - Genital tract infection
  - All the above
- 1.8 The following is not true about normal labour
- The onset is spontaneous and occurs at term
  - The fetus presents by the vertex
  - No complications arise
  - The process is complete within 24 hours
- 1.9 The third stage of labour can be defined as that of
- Separation and expulsion of the fetus
  - Separation of the umbilical cord
  - Separation, expulsion of the placenta and membranes and control of bleeding
  - All the above
- 1.10 The following is true about spurious labour
- Contractions are painless and regular
  - Dilatation of the cervix is present
  - Contractions are painful and may be regular
  - None of the above
- 1.11 Fundal dominance assists in the control of contraction of the uterus and means that:-
- Uterine contractions are weaker in the fundus
  - Uterine contractions start in the fundus near the cornua, spread across and downwards the uterus.
  - Uterine contractions are strong and regular
  - All the above.

- 1.12 Vaginal examination during admission of a woman in labour is done mainly to
- exclude cord prolapse
  - assess the presentation
  - monitor the nature of contractions
  - make a positive diagnosis of labour
- 1.13 The following is not true about physiological changes in the first stage of labour  
Include:-
- Effacement and dilatation of the cervix
  - Membranes rupture during a contraction
  - Show
  - Formation of the bag of fore waters and hind waters
- 1.14 The following is true about the reasons for assessing the cervix during labour, to check for
- Effacement and dilatation of the cervix
  - Dilatation of the cervix
  - Consistency, effacement and dilatation of the cervix
  - None of the above.
- 1.15 Mobility and ambulation in the early first stage of labour is associated with
- Less incidence of fetal distress
  - Shorter duration of labour
  - Less need for pharmacological analgesia
  - All the above.
- 1.16 The following is not one of the methods of natural methods of pain relief in labour
- Entonox
  - Warm bath
  - Self hypnosis
  - Massage
- 1.17 The rationale for inspecting the repaired perineum following childbirth include
- To ensure the trauma has been sutured correctly
  - To check if there is no excessive bleeding
  - To ensure haemostasis has been achieved
  - All the above.

- 1.18 The average normal duration of labour is considered to be:-
- 8-12 hours
  - 12-24 hours
  - 8-18 hours
  - 4-16 hours
- 1.19 The expulsive uterine contractions in the second stage of labour are complimented by
- The mother
  - The fetus and the mother
  - The involuntary muscles of the diaphragm and abdomen
  - All the above.
- 1.20 The following is true about crowning of the head
- The head recedes between contractions
  - The occipito-frontal diameter presents
  - The head emerges under the pubic arch
  - All the above.
- 1.21 Following internal rotation of the shoulders, the shoulders present in the
- Transverse diameter of the pelvic outlet
  - Oblique diameter of the pelvic outlet
  - Anteroposterior diameter of the pelvic outlet
  - None of the above
- 1.22 Restitution means
- The head is delivered
  - The head rests on the pubic arch
  - The head is delivered by lateral flexion
  - The head is born and rights itself with the shoulders
- 1.23 The following is true about performing an episiotomy
- To prevent a severe perineal laceration
  - To expediate the second stage of labour if requested by the mother
  - To assist midwives to practice repair of an episiotomy
  - To assist the mother to deliver in the shortest time.

- 1.24 When the placenta presents at the vagina in the schultze way it means
- The placenta appears with all membranes intact
  - The placenta appears with all membranes ragged
  - The placenta appears with the fetal surface first with membrane trailing behind
  - The placenta slips into the vagina with the maternal surface first
- 1.25 The following is not true about use of uterotonic drugs during the third stage of labour
- To prevent the mother from puerperal infection
  - Prophylactically to prevent postpartum haemorrhage
  - As planned treatment when post partum haemorrhage is anticipated
  - As treatment in emergencies in cases of uterine atony

## QUESTION 2

Evidence based care indicate that active management of the third stage of labour is associated with reduced risk of postpartum haemorrhage.

- 2.1 Briefly describe how you as a midwife will actively manage the third stage of labour. (3marks).
- 2.2. Define the puerperium. (2 marks).
- 2.3 Describe three (3) principles under which postnatal care should be given during the puerperium. (6marks)
- 2.4 Describe the physiological changes that occur in the puerperium under the following Headings:-
- 2.4.1 The Lochia (10 marks).
  - 2.4.2 The process of involution of the uterus (4 marks).

**[25 marks]**

### **QUESTION 3**

Lulu is 23years old; Para 1 Gravida 2, presents at Mbabane PHU at term with history of labour pains for the past 4 hours. On abdominal examination the lie is longitudinal, cephalic presentation head 4/5 above the pelvic brim; fetal heart heard and regular 140 beats per minute. Membranes intact, cervix 4cms dilated.

3.1 Describe how you as a midwife will manage Lulu during the first stage of labour.

(8 marks).

3.2 What history will you as a midwife ask Lulu that will lead you to suspect that Lulu is in true labour? Motivate/explain your answer (6 marks).

3.3. List the stages of the mechanism of labour; the fetus is likely to go through when Lulu's labour is progressing well (11 marks).

**[25 marks]**

**END OF QUESTION PAPER**