

**UNIVERSITY OF SWAZILAND  
FACULTY OF HEALTH SCIENCES  
FINAL EXAMINATION, MAIN QUESTION PAPER, MAY, 2012**

**TITLE OF PAPER:   NORMAL   MIDWIFERY 11**

**COURSE CODE:       MID 111**

**DURATION:           TWO (2) HOURS**

**TOTAL MARKS:       75**

**INSTRUCTIONS:**

- 1. ANSWER ALL QUESTIONS**
- 2. ALL QUESTIONS CARRY EQUAL MARKS**
- 3. READ THE QUESTIONS CAREFULLY**
- 4. FIGURES IN BRACKETS INDICATE MARKS  
ALLOCATED TO A QUESTION OR PART OF A  
QUESTION**

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**(MID111): NORMAL MIDWIFERY 11**

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**QUESTION 1**

Choose the most appropriate response. Each correct response carries one (1) mark.  
Total: 25 marks.

1.1 The following is true about normal labour.

- a) Onset should occur between 37 and 42 weeks.
- b) Show is present
- c) Contractions should be regular and rhythmic
- d) All the above.

1.2 The following refers to the latent phase of the first stage of labour.

- a) When the cervix is 2 cms dilated and 50% effaced
- b) When membranes are still intact
- c) When the woman reports labour pains without accompanying cervical dilatation
- d) All the above.

1.3 The fetal skull can allow for moulding during labour because

- a) The bones are made of cartilage
- b) The bones are membranous
- c) There is incomplete ossification of bones
- d) All the above.

1.4 The signs of true labour include

- a) Rupture of the membranes
- b) Observation of show
- c) Presence of show accompanied by cervical dilatation
- d) None of the above.

1.5 The third stage of labour can be managed actively. This means:-

- a) An oxytocic drug is administered with the delivery of the anterior shoulder
- b) The placenta is delivered by controlled cord traction
- c) The woman is requested to bear down.
- d) a and b.

- 1.6 In a cephalic presentation; increased descent is aided by
- A well flexed head
  - Strong uterine contractions
  - Fetal axis pressure
  - All the above.
- 1.7 Engagement occurs when the widest part of the fetus enters the pelvic brim. When the fetus presents by the vertex presentation the widest diameter is
- the occipitofrontal diameter
  - the bi-parietal diameter
  - the occipitobregmatic diameter
  - None of the above.
- 1.8 The midwife should allow for internal rotation of the fetal shoulders and external rotation of the fetal head during the second stage of labour. This process may contribute to
- Delivery of the anterior shoulder first
  - Small diameters of the fetal skull presenting at the pelvic outlet
  - Reduction of perineal tears
  - All the above.
- 1.9 The following is true about factors which affect the fetus during labour
- The type of the woman's pelvis
  - Hypertonic uterine contractions may contribute to fetal hypoxia
  - The size of the fetus affects progress of labour
  - All the above.
- 1.10 Normal uterine contractions tend to start in the
- Cornua of the uterus and radiate to the fundus
  - Fundus
  - Cervix and radiate upwards
  - All the above.
- 1.11 The midwife can use the partograph to monitor
- the maternal condition
  - the fetal condition
  - the progress of labour
  - All the above.

- 1.12 The following is true about the mechanism of normal labour.
- a) During restitution the head untwist the neck in the opposite direction.
  - b) In crowning the head escapes under the symphysis pubis.
  - c) Extension of the head is expected during the process of descent
  - d) All the above.
- 1.13 Some of the factors which can facilitate progress of labour include,
- a) Hypotonic uterine contractions
  - b) Early rupture of membranes
  - c) Presence of a gynaecoid pelvis
  - d) All the above.
- 1.14 Some of the natural methods for pain relief in labour include,
- a) hydrotherapy
  - b) presence of a doula during childbirth
  - c) mobility during the first stage of labour
  - d) All the above.
- 1.15 The following is/are some of the observations the midwife should carry out during the second stage of labour.
- a) Maternal pulse
  - b) Auscultation-fetal heart rate and assess abdominal descent
  - c) Engagement of the fetus
  - d) All the above.
- 1.16 The following factors determine the progress of the second stage of labour.
- a) The maternal condition
  - b) The fetal condition
  - c) The uterine contractions
  - d) All the above.
- 1.17 The following is true about active management of the third stage of labour.
- a) Reduce the chances for antepartum haemorrhage
  - b) Facilitates the process of bearing down by the woman
  - c) Reduces the incidence of postpartum haemorrhage
  - d) None of the above.

- 1.18 Examination of the placenta post-delivery assists the midwife to exclude,
- Retained membranes
  - Retained products of conception
  - A retained cotyledon
  - All the above.
- 1.19 Key legal consideration(s) for using the partogram include
- Correct and comprehensive recordings
  - Managing all abnormalities at the lowest level of health care
  - Working as an independent practitioner
  - Managing retained products of conception.
- 1.20 The following is true about managing a woman who presents with postpartum blues.
- Reassure the woman that the feelings are normal
  - Explain the hormonal influences that come into play
  - Observe for signs of psychosis within the first week following childbirth
  - All the above.
- 1.21 Involution of the uterus occurs as a result of
- Autolysis
  - Ischaemia of the myometrium
  - A and b
  - Cellular barrier.
- 1.22 The following hormone(s) have a role to play during the physiology of the puerperium.
- Oxytocin
  - Progesterone
  - Oestrogen
  - All the above
- 1.23 Sexual function for both the woman and her partner may change and be modified in the puerperium as a result of
- anatomical and physiological problems
  - the presence and stress from coping with parenthood
  - psychosocial factors
  - All the above.

1.24 Immediately, following the delivery of the placenta and membranes, the midwife's first priority is to

- a) Give the baby to the mother
- b) Quickly check the placenta and membranes for completeness
- c) Inspect the perineum for lacerations
- d) Establish bonding between the mother and the baby.

1.25 Following delivery of the placenta, uterine atony may occur as a result of

- a) The desire of the mother to feed the baby immediately
- b) A full bladder
- c) The excitement of the mother to hold the baby
- d) A retroverted uterus.

## **QUESTION 2**

Mrs X is 25years old; Para 2 Gravida 1; presents at 40 weeks gestation in the active phase of normal labour.

2.1 Describe how a midwife will determine that Mrs X's labour is progressing well.

Motivate your answer .Consider 5 points. (10 marks).

One of the causes of maternal mortality in Swaziland as outlined in the mid-triennial report on maternal deaths is postpartum haemorrhage. The role of the midwife during the third stage of labour is to effectively manage the third stage of labour.

2.2 Briefly describe how the midwife can actively manage the third stage of labour. (10 marks).

2.3 Explain why it is important to examine the placenta and membranes following delivery of the placenta and membranes (5 marks).

**[25 marks]**

## **QUESTION 3**

3. One of the responsibilities of the midwife is to manage the mother and the baby during the puerperium.

3.1. Define the Puerperium (3 marks).

3.2 Briefly describe the interventions/ role of the midwife in the immediate Puerperium prior to discharge. Motivate your answer. Consider 5 points.

3.3 Briefly describe the standard procedures for post natal care for a woman following normal childbirth (17 marks). One (1) point carries one mark.

**[25 marks]**

**END OF QUESTION PAPER**