

UNIVERSITY OF SWAZILAND

FACULTY OF HEALTH SCIENCES

SUPPLEMENTARY PAPER: JULY, 2015

TITLE OF PAPER : LABOUR WITH COMPLICATIONS
COURSE CODE : MWF402
DURATION : TWO (2) HOURS
TOTAL MARKS : 75

INSTRUCTIONS:

- 1. ANSWER ALL QUESTIONS**
- 2. FIGURES IN BRACKETS INDICATE MARKS ALLOCATED TO EACH OR PART OF A QUESTION**
- 3. ANSWER EACH QUESTION ON A NEW PAGE**

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Question 1

Part A: True/false

Indicate if the following statements are true or false. Write in your answer sheet the correct response next to the question number. **Example:** 9. False

The following interventions have been shown to be effective in preterm labour:

1. Oral metronidazole in women at high risk of preterm labour who are positive of bacterial vaginosis. (1)
2. Treatment of asymptomatic bacteriuria with antibiotics (1)
3. Hospitalisation for bed rest for women at high risk (1)
4. Antibiotics for women presenting with threatened preterm labour with intact membranes (1)
5. Oral tocolysis for women at high risk for preterm labour (1)
6. With regard to preterm labour, tocolysis for threatened preterm labour reduces the risk of delivery within 48 hours (1)
7. With regard to prelabour rupture of membranes (PROM) at term:
 - 7.1 ninety percent of women will labour within 24 hours (1)
 - 7.2 women should be allowed to choose whether to wait or whether to undergo induction immediately as the outcomes are the same (1)
8. For women with preterm prelabour rupture of membranes (PPROM):
 - 8.1 Cervical length measurement is useful in predicting preterm labour (1)
 - 8.2 The risk of placental abruption is approximately 5 % (1)
 - 8.3 Maternal steroid administration does not increase the incidence of neonatal respiratory distress syndrome (1)
 - 8.4 Antibiotic therapy improves neonatal morbidity and mortality rates (1)

Part B: Multiple Choice questions.

Select the correct answer and write the letter that corresponds with it in your answer sheet. Example: 2. B

9. What is the *least likely* indication for a Caesarean section?
 - A. breech position.
 - B. the mother elects to have one.
 - C. baby's head is too large.
 - D. mother is bleeding vaginally.

10. In your management of Ms. V. in the second stage, you notice a persistent fetal heart bradycardia of 110 bpm. Which one of the following will be the appropriate way to intervene?
- left lateral position, nasal oxygen, 1000 cc serum, fetal monitoring
 - detecting fetal blood PH
 - after 40 min intervention is needed
 - It is a normal event in this stage . No further step is needed.
11. Which one of the following statements is **WRONG** about a foetal heart rate pattern that shows a late deceleration?
- it occurs after the peak and nadir of uterine contraction
 - the lag phase represents fetal PO₂ level not fetal blood PH
 - the less the fetal PO₂ before uterine contraction, the more is the lag phase before deceleration
 - reduced fetal PO₂ level below critical level activates chemoreceptors and decelerations
12. Which one of the following is known as the **Robin maneuver** to release shoulder dystocia?
- rotation of post. shoulder to deliver ant. Shoulder
 - abduction of shoulders
 - flex of mother's knees and suprapubic pressure
 - rotation and extraction of ant. Shoulder
13. Which of the following is **WRONG** in PGE₂ administration for labor induction?
- It reduces submucosal water content
 - vaginal tablet is superior to vaginal gel
 - It better affects on a cervix with Bishop score below 4
 - It can be used instead of oxytocin for cervical Bishop score of 5-7
14. Which of the following statements is **WRONG** in breech delivery mechanism?
- ant hip has a more rapid decent than post hip
 - ant hip is beneath the symphysis pubis and intertrochanteric diameter rotates around a 45 degree axis
 - if post hip is beneath the symphysis pubis it has to go through 225 degree axis rotation
 - for sacrum ant or post position, the axis of rotation is around 45 degrees
15. Mrs. L, 35 years old, P2 with gestational age of 38 weeks with estimated foetal weight (EFW) of 2 kg presents face and posterior shoulder presentation. Which one of the following is the correct way to manage her delivery?
- induction of labor
 - internal rotation to make mentum ant position
 - observation to allow spontaneous rotation
 - Caesarean Section

16. In high dose oxytocin labor stimulation, what is the maximum dose (mu/min) of oxytocin ?
- A. 20
 - B. 30
 - C. 42
 - D. 60
17. Mrs. Q. is a G4, 38weeks gestation. The following is found on assessment: full dilatation and effacement, frank breech, station=1, membranes =intact and FHR=100 BPM . X-ray shows flexion of the head. What is the best management?
- A. Frank breech extraction
 - B. Caesarean section
 - C. modified Prague maneuver
 - D. observation for non assisted breech delivery
18. Which one of the following is **WRONG** about PGE2 gel?
- A. The intracervical dose is 0.3-0.5 mg
 - B. The vaginal dose is 3-5 mg
 - C. The vaginal application releases 10 mg q4h
 - D. If contractions and FHR are normal in a 2 hour observation, the patient can be discharged
19. Which one of the following statements is **WRONG** in shoulder dystocia?
- A. Most of shoulder dystocia cases can not be diagnosed or predicted
 - B. Shoulder dystocia can be diagnosed with high accuracy using modern imaging studies
 - C. ultrasound is not reliable
 - D. C/S is recommended in diabetic mothers with babies more than 4500 g and in non diabetic mothers with babies more than 5000 g
20. Which one of the following is general term for an abnormal labour?
- A. Dystocia
 - B. CPD
 - C. Nulliparous
 - D. Braxton-Hicks

21. All of the following are contraindications for the administration of Pitocin®
EXCEPT:

- A. prolapsed umbilical cord
- B. cephalopelvic disproportion (CPD)
- C. placenta previa
- D. weak contractions in the active phase of stage 1

Total marks = 25

Question 2

Ms. K, P1 G2, 29 weeks gestation, is admitted in the labour ward with a history of leaking membranes for the past 48 hrs.

2.1 Explain the principles of care under management of her condition. **(10 marks)**.

2.2 Describe how you would diagnose preterm prelabour rupture of membranes (PPROM) **(6 marks)**

2.3 Outline the maternal, foetal and neonatal implications of the condition in 2.2 above. **(9 marks)**

Total marks = 25

Question 3

After 5 hours of labour, Mrs. J, P2 G3 is in the active phase of labour. You notice the contractions have reduced to less than 2 – 3 in 10 minutes, the cervical dilatation remains at 5 cm where it was when you examined her four hours ago. Membranes are intact and the foetal heart rate varies between 100 and 110 at the end of every contraction.

3.1 explain what is likely to be happening to Mrs. J. and how best can you manage the condition? **(15 marks)**

3.2 Mrs. B, P3 G4 is admitted to labour ward at term with a history of all her babies having been previously delivered by Caesarean section. She presents with abdominal tenderness in between uterine contractions and vaginal bleeding. You examine her further and conclude that 99% chances are that she has a uterine rupture.

Describe ten signs and symptoms of a uterine rupture. **(10 marks)**

Total marks = 25