

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION PAPER: DECEMBER, 2015

TITLE OF PAPER : NORMAL LABOUR AND INTRAPARTUM CARE
COURSE CODE : MID409
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

Select the correct answer and write the letter that corresponds with it next to the question number, in your answer sheet. Example: 2. B

1. Which of the following is **NOT** a probable sign of the second stage of labour?
 - A. Expulsive uterine contractions
 - B. Trickling of blood from the vagina
 - C. Anus pouting and gaping
 - D. No cervix felt on vaginal examination

2. While progressing the POG1 woman in labour, you find that the cervix is fully dilated and the station is 0. What should be your next step?
 - A. You wait for less than 30 minutes for crowning to occur before instructing the woman to push
 - B. You instruct the woman to push because the cervix is already fully dilated
 - C. You instruct the woman to walk a bit for the foetal head to descend
 - D. You check the vital signs

3. How often should you monitor the foetal heart rate during the second stage of labour?
 - A. Every five minutes
 - B. Every 10 minutes
 - C. Every 15 minutes
 - D. During and after every contraction

4. All of the following are measures taken to ensure prevention of perineal lacerations during the second stage of labour **EXCEPT**:
 - A. Maintain flexion of the head to ensure that the smallest diameters are permitted to distend the vaginal orifice.
 - B. The actual birth of the head should take place slowly and without expulsive force.
 - C. Keeping hands on the perineum to prevent thinning and further bruising.
 - D. Delivering the head at the end of or in between contractions.

5. The administration of oxytocic drugs with the anterior shoulder or birth of the head enhances all of the following **EXCEPT**:
- A. Shortens the third stage of labour
 - B. Prevents postpartum haemorrhage
 - C. Activate the living ligatures of the myometrium
 - D. Enhances moulding
6. Which of the following statements correctly describe(s) the mechanism of placental separation?
- A. Before the end of the second stage of labour, the area of the placental site is somewhat diminished.
 - B. Separation usually begins in the centre of the placenta, but may begin at the lower edge, and at the level of the deep spongy layer of the decidua.
 - C. Bleeding is prevented by the blood clot which forms in the sinuses.
 - D. All of the above
7. Which of the following statements is an accurate description of the mechanism of the Mathews Duncan method of placental separation?
- A. The membranes trail behind like an inverted umbrella as they are peeled off the uterine wall.
 - B. The maternal surface of the placenta is not seen
 - C. The blood clot is inside the inverted sac.
 - D. The placenta slides down sideways and comes through the vulva with the lateral boarder first

Question 2

Pain relief and promotion of comfort are among the basic principles of management of the first stage of labour. Successful sedation of a woman in labour depends on certain factors. Discuss four of them. **(25 Marks)**

Question 3

Describe, **fully and in sequence**, the cardinal movements of the foetus as it navigates its path through the birth canal during labour (mechanism of labour) where the presentation is vertex. **(43 marks)**