

**UNIVERSITY OF SWAZILAND**  
**FACULTY OF HEALTH SCIENCES**  
**FINAL EXAMINATION PAPER, MAY 2016**

**TITLE OF PAPER: NORMAL LABOUR AND INTRAPARTUM CARE**

**COURSE CODE: MID 409**

**DURATION : TWO (2) HOURS**

**TOTAL MARKS: 75**

**INSTRUCTIONS:**

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

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GRANTED BY THE CHIEF INVIGILATOR**

## INSTRUCTION:

1. In each of the twenty five (25) questions below, select **the most** correct response.
2. In your answer sheet write the letter against the corresponding number e.g., 1.8 – d.
3. Each correct response will earn **one** (1) mark

## QUESTION 1

### QUESTION 1.1

Which one of the pelvic conjugates below determines the adequacy of the pelvic inlet?

- A. Anatomical
- B. Obstetric
- C. Diagonal
- D. Transverse

### QUESTION 1.2

The chief purpose of exercises in preparation for labour is:

- A. To develop a strength for endurance
- B. To prevent excessive weight gain during pregnancy
- C. To promote relaxation and to train certain muscle groups for use during the second stage of labour
- D. All of the above

### QUESTION 1.3

A primigravida who is in labour has reached 6 centimeters of cervical dilatation and the vertex is low in the mid-pelvis. To alleviate discomfort during contractions, the nurse-midwife should instruct the client to:

- A. Breathe in through the nose and slowly exhale through the mouth
- B. Apply pelvic rocking
- C. Alternate superficial chest breathing with deep breathing
- D. Superficially pant

#### **QUESTION 1.4**

You are testing urine during the first stage of labour and find it contains ketones.

This indicates:

- A. Fetal distress
- B. Dehydration
- C. Urinary tract infection
- D. Lack of calories
- E. B and D

#### **QUESTION 1.5**

Which of the following terms is appropriate for the fetus:

- A. Lie : Cephalic
- B. Position : flexed
- C. Engagement : +3
- D. Fetal head 5/5

#### **QUESTION 1.6**

The relationship of the fetal parts to one another defines:

- A. Position
- B. Attitude
- C. Lie
- D. Presentation

#### **Question 1.7**

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

- A. Immediate caesarean section
- B. Stimulation of labour with intravenous (IV) oxytocin
- C. No particular concern
- D. Careful re-evaluation of the entire cephalo-pelvic picture.

### QUESTION 1.8

Dudzile, 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

### QUESTION 1.9

All of the following indicate making progress in labour EXCEPT:

- A. Increased blood stained vaginal discharge
- B. Lengthening of the interval between contractions
- C. Increasing frequency of the contractions
- D. Decreased length of the cervical stalk
- E. Increasing duration of the contractions

### QUESTION 1.10

The obstetrician orders that Mrs Dlamini have only fluids during labour, his primary reason MOST likely being that:

- A. Her appetite can be expected to be poor
- B. The body normally has a sufficient store of energy to make eating solid foods during labour unnecessary
- C. The digestion process is understood to be slower during labour
- D. Solid foods tend to cause nausea and vomiting during labour

### QUESTION 1.11

The passage of the fetus through the birth canal is influenced by the:

- A. Size of the fetal head and shoulders
- B. Dimensions of the pelvic girdle
- C. Fetal presentation and position
- D. A and C are correct responses
- E. All of the above statements are correct

### QUESTION 1.12

While assessing the length of a woman in labour, the nurse-midwife knows not to rely on the client to state when a contraction is beginning. What is the correct rationale for this?

- A. The nurse-midwife has expert knowledge her/himself and therefore has no need for client information.
- B. The nurse-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.
- D. The woman is often too concerned at this time to report accurate information.

### QUESTION 1.13

Identify the appropriate intervention used to reduce fear of a woman in labour:

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

### QUESTION 1.14

Thandi an unmarried 17years 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.

### QUESTION 1.15

Progress of labour is measured by:

- A. The frequency of the uterine contractions
- B. The force of uterine contractions
- C. Signs and symptoms of maternal distress
- D. Progressive dilation of cervical os
- E. E and D

**QUESTION 1.16**

In labour, uterine contractions:

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

**QUESTION 1.17**

The fetus goes through a sequence of manoeuvres during labour with a vertex presentation, the normal sequence is:

- A. Descent, flexion, external rotation, extension.
- B. Engagement, external rotation, flexion, expulsion
- C. Engagement, descent, flexion, internal rotation, extension, external rotation, expulsion
- D. Internal rotation, descent, engagement, restitution

**QUESTION 1.18**

The success of labour depends on the favourable integration of which main concepts below:

- A. Inlet, mid-pelvis, outlet
- B. Passage, passenger, uterine power
- C. Position, descent, crowing
- D. Preliminary signs, presentation, passage

**QUESTION 1.19**

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

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

### QUESTION 1.20

The second stage of labour:

- A. Is confirmed when the presenting part is visible
- B. Should last longer than one hour
- C. Is the most dangerous stage of labour for the mother
- D. Lasts from six hours after delivery
- E. Must be diagnosed by vaginal examination

### QUESTION 1.21

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

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

### QUESTION 1.22

Your assessment reveals the fetus in a vertex presentation and crowning. As you assist in the delivery of the head, which would be appropriate instructions to the mother:

- A. Pant during contractions to avoid forceful expulsion
- B. Bear down continuously to assist the abdominal muscles
- C. Breathe slowly and deeply to ensure proper oxygenation of the fetus
- D. Push during the contraction to aid delivery

### QUESTION 1.23

The nurse-midwife performs a medio-lateral episiotomy on Mrs Gule. This procedure is performed for all of the following reasons EXCEPT to:

- A. Prevent perineal lacerations
- B. Avoid stretching and tearing the perineum
- C. Shorten the third stage of labour
- D. Reduce the incidence of subsequent perineal relaxation with cystocele or rectocele

### QUESTION 1.24

The third stage of labour:

1. Begins with separation of the placenta and ends with delivery of the placenta and membranes
2. Is associated with the control of bleeding
3. Is accompanied by an average blood loss of 600mls
4. Is normally passively managed
5. Is best actively managed

**CHOOSE** the answer from the alphabets below:

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

### QUESTION 1.25

Syntometrine:

1. Contains 0.5mg of ergometrine and 5 units of syntocinon
2. Contains 5mg of ergometrine and 5 units of syntocinon
3. Given I.M. is effective in 7 minutes
4. Given I.M. is effective in 2 to 3 minutes

**CHOOSE** the answer from the alphabets below

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

### QUESTION 2

In detail, describe how the nurse-midwife assesses the progress of labour by:

2.1 Abdominal examination

(10)

2.2 Vaginal examination

(15)

(Total Marks 25)



**QUESTION 3**

- 3.1 Describe the physiology of the third stage of labour (7)
- 3.2 Describe active management of the third stage of labour. Give a detailed account on this topic (16)
- 3.3 State any two (2) advantages of active management of the third stage (2)

(Total Marks 25)

**GOOD LUCK!**

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