

**UNIVERSITY OF SWAZILAND**

**FACULTY OF HEALTH SCIENCES**

**MAIN EXAMINATION PAPER: DECEMBER, 2015**

**TITLE OF PAPER : LABOUR WITH COMPLICATIONS**  
**COURSE CODE : MID 502**  
**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

### MULTIPLE CHOICE QUESTIONS

**Instruction:**

**Select the MOST appropriate response.**

Bethusile, a 15 year old primigravida at 34 weeks gestation is admitted complaining of labour which started at 6 am on the 30<sup>th</sup> October, 2015. Her amniotic membranes ruptured spontaneously at 10am the previous day (29<sup>th</sup> October, 2015). Questions 1-5 related to this scenario.

1.1 Which one of the following statements confirms that Bethusile is in premature labour?

- (a) Ruptured amniotic membranes
- (b) Progressive uterine contractions
- (c) Vaginal bleeding
- (d) Lower abdominal pain

1.2 Tocolytic drugs may be prescribed by the obstetrician; its main effect is to:

- (a) Control bleeding
- (b) Augment premature labour
- (c) Arrest premature labour
- (d) Regulate uterine contractions

1.3 From the list provided, identify one of the common causes of preterm labour among women attending health care facilities in Swaziland:

- (a) Genito-urinary infections
- (b) AIDS
- (c) Cancer of the reproductive system
- (d) Premature rupture of amniotic membrane

1.4 When managing pain associated with preterm labour, a midwife should NOT administer pethidine because it may:

- (a) Augment labour
- (b) Depress the respiratory centre of the preterm neonate
- (c) Cause hyperactivity of the foetus
- (d) Result to foetal abnormalities

1.5 When assisting a woman who is giving birth to a preterm baby, a midwife should make an episiotomy prematurely in order to:

- (a) Prevent obstructed labour
- (b) Deliver the head without complications
- (c) Shorten the perineal phase
- (d) Prevent prolonged pressure on the soft foetal skull bones

Zandile is a 38 year old grand multiparous woman at term gestation; she has been in labour for the past 10 hours with weak uterine contractions.

Question 1.6-1.12 relates to this scenario.

1.6 Which among the listed obstetric conditions is Zandile at risk of?

- (a) Hypertonic uterine contractions
- (b) Prolonged active phase of labour
- (c) Maternal distress
- (d) Malposition of the foetal skull

1.7 Two hours later, Zandile reports to the midwife that her amniotic membranes ruptured spontaneously, and the umbilical cord has prolapsed. What is the initial reaction of a midwife to this situation?

- (a) Assist the woman to adopt an exaggerated Sims position
- (b) Conduct a digital rectal examination
- (c) Measure the length of the cord
- (d) Conduct a safe delivery

1.8 What is the possible complication that may occur following prolonged rupture of amniotic membranes on this client?

- (a) Shoulder dystocia
- (b) Poor application of the presenting part on the cervix
- (c) Malpresentation
- (d) Uterine infection

1.9 If a persistent occipito posterior (POP) position was diagnosed on Zandile, one of the adverse outcomes may be obstructed labour as a consequence of a conversion to which presenting diameters?

- (a) Sub-mentobregmatic
- (b) Occipito frontal
- (c) Mentovertical
- (d) Sub-occipito bregmatic

1.10 If obstructed labour was diagnosed at the pelvic inlet, a digital vaginal examination will reveal which one of the following findings:

- (a) Cervix well applied to the presenting part
- (b) Cervix hanging like an apron
- (c) Cervical dystocia
- (d) An oedematous cervix

1.11 As labour is prolonged which one of the following signs will indicate that the foetus is distressed?

- (a) Normal foetal heart rate
- (b) Normal foetal movements
- (c) Foetal tachycardia
- (d) Meconium stained liquor on a breech presentation

1.12 Which drug should be given with caution if augmentation of labour was recommended by an obstetrician?

- (a) 5% Dextrose in water intravenously
- (b) Infusion of oxytocic drugs
- (c) Pethidine intramuscular
- (d) All of the above responses are relevant

1.12 During labour, Zandile reports that she is bleeding from the genital tract, identify the possible cause of bleeding from the list provided:

- (a) Placenta praevia
- (b) Placenta abruption
- (c) Maternal distress
- (d) Poor tone of the uterine muscle

1.13 A midwife is conducting a breech delivery, and realizes that the upper limbs are extended, which manoeuvre should she apply to expedite the delivery

- (a) Burns Marshall
- (b) Mauriceau-SmellieVeit
- (c) Lovset
- (d) All of the above manoeuvres are recommended

1.14 The term used to describe 'failure of the shoulders to transverse the pelvis spontaneously' is:

- (a) Shoulder presentation
- (b) Shoulder obstruction
- (c) Shoulder dystocia
- (d) Impacted shoulders

- 1.15 In a face presentation, which one among the listed is the presenting diameter?
- (a) Sub-occipito bregmatic
  - (b) Mentovertical
  - (c) Occipito frontal
  - (d) Sub-mento bregmatic
- 1.16 What is the measurement of the diameter mentioned in 1.15?
- (a) 11.5 cm
  - (b) 9.5 cm
  - (c) 10.5cm
  - (d) 13.5 cm
- 1.17 The 'best practice' for managing a retained placenta:
- (a) Institute effective oxytocic agents
  - (b) Empty the urinary bladder
  - (c) Encourage the client to bear down and expel the placenta
  - (d) Refer the client to the obstetrician for advanced management
- 1.18 Which of the following signs is a positive diagnosis of a macerated stillborn:
- (a) Reduced foetal movements
  - (b) Scarf sign
  - (c) Spalding's sign
  - (d) Late deceleration of the foetal heart
- 1.19 Which one of the following steps should a midwife take in order to deliver the head when there is persistent occipito posterior
- (a) Flex the head until the occiput is born, then extend it until the rest of the head is born
  - (b) Extend the head up to the glabella, then flex it until the birth of the occiput
  - (c) Flex the head until the hair line is born, then extend until the chin is born
  - (d) None of the above is correct management
- 1.20 If a client is presenting with an occipito posterior position, identify the engaging diameter from the list provided.
- (a) Occipito frontal
  - (b) Mentovertical
  - (c) Submento-bregmatic
  - (d) Sub-occipito pregmatic

- 1.21 Which among the listed statements best describes the management of a Frank breech presentation?
- (a) Apply pressure on the foetal body
  - (b) Hands off the breech
  - (c) Apply pressure on the poplital fossa
  - (d) Apply pressure on the extended upper limbs
- 1.22 The definition of disordered uterine contractions includes one of the listed situations, identify the relevant statement
- (a) Contractions occurring at onset of labour
  - (b) Contractions occurring during the second stage of labour
  - (c) Hypertonic uterine contractions
  - (d) Expulsive uterine contractions
- 1.23 The cervix that fails to dilate despite good uterine contractions is called:
- (a) Cervical incompetency
  - (b) Cervical dystocia
  - (c) Cervical lesion
  - (d) Ripened cervix
- 1.24 You are admitting Simile who has been in labour for twelve hours at home, you suspect that she has obstructed labour, which condition among the listed, will be detected on abdominal inspection?
- (a) Bandy's ring
  - (b) Uterine ring
  - (c) Cervical ring
  - (d) Physiologic ring
- 1.25 You are conducting a digital vaginal examination on Simile and you palpate a soft mass presenting, no suture lines are felt; and there is no meconium on the gloved hand. Which one among the listed is a possible presentation?
- (a) Breech
  - (b) Shoulder
  - (c) Vertex
  - (d) Face

## QUESTION 2

Miss Dzeliwe, a 37year old primigravida, at term gestation reported labour which started six hours ago. On examination the vital signs are as follows; the blood pressure is 130/90, temperature 38 degrees Celsius, pulse rate 90 per minute, respirations 18 per minute. Abdominal examination confirms term gestation, lie longitudinal, cephalic presentation 3/5. Uterine contractions are 4/10/30. Baseline foetal heart rate was 140 after 3 hours it was 160 and irregular. Vaginal examination findings confirm cephalic presentation, positions LOA, membranes ruptured, meconium stained liquor draining, cervix 4 cm dilated. Urine voided 4 ml, ketone bodies identified.

### Question (a)

Plot the above findings on a partograph that is provided

Marks 5

### Question 2 (b)

Explain the complications the woman is experiencing at that stage of labour

Marks 8

### Question 2 (c)

Discuss how a midwife should manage a client diagnosed with maternal distress

Marks 12

### QUESTION 3

Nono, a 17 year old primigravida at term gestation, is presenting with an occipito posterior position. She progressed well during labour until the cervix was 8cm dilated and, the station of the presenting part was at zero.

(a) Discuss in detail how a midwife will diagnose obstructed labour

(15 Marks)

(b) Discuss vaginal findings that will make a midwife confirm that Nonos' labour is obstructed due to deep transverse arrest

(10 Marks)