

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCES
FINAL EXAMINATION: DECEMBER 2016

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 PART OF A QUESTION**
- 3. ANSWER EACH QUESTION ON A NEW PAGE**
- 4. THE QUESTIONS DO NOT CARRY EQUAL MARKS**
- 5. KINDLY USE BULLETS FOR EACH POINT IN YOUR ANSWER**
- 6. THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION IS GRANTED BY THE INVIGILATOR**

Question 1

Multiple choice questions- (25 Marks)

Choose the most appropriate response from each of the following statements and write the number and letter which you think is the best. For example, 30. A

1.1 Which **ONE** of the following is the leading direct obstetric cause for maternal mortality in Swaziland?

- A. HIV/AIDS related infections
- B. Sepsis
- C. Post partum haemorrhage
- D. Obstructed labour

1.2 Which **ONE** of the following is not a clinical feature clinical chorio-amnionitis?

- A. Foul smelling vaginal discharge
- B. Foetal bradycardia
- C. Maternal pyrexia
- D. Maternal tachycardia

1.3 To confirm rupture of membranes, in the presence of liquor, what colour should a blue litmuspaper turn to?

- A. Yellow
- B. Pink
- C. Blue
- D. White

1.4 Which **ONE** of the following is NOT a complication of preterm prelabour rupture of membranes?:

- A. Infectious morbidity
- B. Polyhydramnios
- C. Oligohydramnios
- D. Prolapse of umbilical cord

1.5 Which of the following is **NOT** an indication for induction of labour?

- A. Intrauterine growth retardation
- B. Post dates
- C. Prelabour rupture of membranes
- D. Previous uterine scar

- 1.6 Which of the following is **NOT** a tocolytic agent?
- A. Adalat
 - B. Aminophylline
 - C. Atosiban
 - D. Gynipral
- 1.7 The doctor orders augmentation with syntocinon to a poorly progressing primigravida. Before commencing the augmentation, what should the nurse midwife determine?
- A. Temperature
 - B. Pulse
 - C. Blood pressure
 - D. Respirations
- 1.8 Which **ONE** is the most common complication for augmentation with syntocinon?
- A. Hypertonic uterine contractions
 - B. Foetal distress
 - C. Hypotonic uterine contractions
 - D. Obstructed labour
- 1.9 Which **ONE** of the following is **NOT** a complication for meconium aspiration in the newborn?
- A. Pneumothorax
 - B. Cerebral palsy
 - C. Respiratory failure
 - D. Pneumonia
- 1.10 Abnormal foetal heart rate patterns with meconium are indicative of foetal distress. Which statement is **FALSE** concerning other parameters in the diagnosis of foetal distress?
- A. A sudden decrease in activity followed by increased activity
 - B. Loss of beat to beat variability
 - C. A sudden increase in activity followed by decreased activity
 - D. A decrease in foetal heart rate
- 1.11 Before performing an episiotomy, the nurse midwife needs to infiltrate the perineum. In the ward, lignocaine 2% is available. What should the nurse midwife do with the available lignocaine before using it?
- A. Dilute 2 parts lignocaine 2% and 1 part sterile water/ normal saline
 - B. Dilute 1 part of lignocaine 2% and 1 part of sterile water/ normal saline
 - C. Dilute 1 part of lignocaine 2% and 3 parts of sterile water/ normal saline
 - D. Dilute 3 parts of lignocaine 2% and 1 part of sterile water/ normal saline

- 1.12 Miss X gives birth to a baby weighing 3kg. The neonate's condition at 1 minute is as follows: heart rate- 110bpm; respiratory rate- 60 bpm; muscle tone- absent; flaccid to stimulation; and pale in colour. What is the Apgar score for the neonate at 1 minute?
- A. 3/10
 - B. 4/10
 - C. 5/10
 - D. 6/10
- 1.13 Which **ONE** of the following are the engaging diameters in a face presentation?
- A. Mentovertical and biparietal
 - B. Sub-mentobregmatic and biparietal
 - C. Occipito-frontal and biparietal
 - D. Sub-occipitofrontal and biparietal
- 1.14 Which **ONE** of the following is **NOT** an outcome of an occipito- posterior position?
- A. Face to pubis delivery
 - B. Deep transverse arrest
 - C. Occipito-anterior position
 - D. Face presentation delivery
- 1.15 A 26 year old P0G1 presents at the labour ward at 39/40 gestation reporting labour pains. She had an uncomplicated antenatal course. On initial examination, cervix- 5cm dilated, 90% effaced, 0 station, and membranes have ruptured, with clear liquor draining. Over the next 3 hours, she progresses to 9 cm, 100% effaced, +1 station. Two hours later, the findings are the same, 9cm dilated, 100% effaced and +1 station. The doctor reviews her and orders augmentation with syntocinon, drop rate to be increased every 30 minutes. After two hours, still findings are the same. Foetal heart rate tracing is normal.
- Which of the following is the most appropriate intervention?
- A. Forceps assisted vaginal birth
 - B. Vacuum extraction assisted vaginal birth
 - C. Caesarean section
 - D. Continue with augmentation for the next hour and monitor foetal heart rate

- 1.16 Labour may be induced in which **ONE** of the following cases?
- A. Presenting part engaged
 - B. Premature foetus
 - C. A foetus is transverse lie
 - D. Cephalopelvic disproportion
- 1.17 A woman is to undergo labour induction. Which **ONE** of the following assessment findings should be present?
- A. A breech presentation
 - B. A cephalopelvic disproportion
 - C. A premature foetus
 - D. A ripe cervix
- 1.18 Miss Y presents in the labour ward giving history of spontaneous rupture of membranes at term, but not having uterine contractions. The doctor decides on induction of labour, but first has to determine the Bishop Score. On assessment, the cervix is mid-anterior, average, station of presenting part is -2, cervix is 2-4 cm long, and 1-2 cm dilated. What is the Bishop Score for Miss Y?
- A. 4
 - B. 6
 - C. 5
 - D. 7
- 1.19 When is it appropriate to artificially rupture membranes in an HIV negative woman?
- A. After full cervical dilatation
 - B. Before augmentation with syntocinon
 - C. Before dilatation starts
 - D. After cervical ripening
- 1.20 Which statement is **FALSE** about augmentation of labour?
- A. Augmentation must be increased in large amounts to speed up the labour process
 - B. Augmentation is required if labour contractions are weak and ineffective

- C. The uterus responds effectively to oxytocin used as administration
- D. Precautions for oxytocin administration are the same as with primary induction of labour

1.21 The nurse midwife delivers the placenta using controlled cord traction, without supporting the uterus. She then recognizes that the woman is experiencing uterine inversion. Which **ONE** of the following symptoms is suggestive of uterine inversion?

- A. Sharp chest pain
- B. Sudden gush of a large amount of blood
- C. Two distinct swellings in the uterus
- D. Unusually low or infrequent contractions

1.22 Which of the following statements is **FALSE** about uterine inversion?

- A. Replace the inversion and remove the placenta
- B. Do not administer oxytocic drugs as that could make the uterus tense
- C. Give nitro glycerine intravenously to relax the uterus
- D. Inform the woman that a future pregnancy would need to be delivered via caesarean section

1.23 A nurse-midwife is monitoring a woman in labour. The nurse-midwife suspects umbilical cord compression. What is the best action to manage the situation?

- A. Notify the medical practitioner
- B. Commence oxygen therapy at 6l/min per face mask
- C. Change maternal position
- D. Take the woman's blood pressure

1.24 A nurse-midwife notices an umbilical cord prolapse during an examination of a woman in labour. In the cardiotocograph strip, what should the nurse-midwife expect?

- A. Early decelerations
- B. Late decelerations
- C. Variable decelerations
- D. Absence of decelerations

1.25 Which of the following is **NOT** a contra-indication for a trial of scar?

- A. Two or more previous C/S
- B. One previous C/S due to a non-recurrent cause
- C. Multiple pregnancy
- D. Previous hysterotomy

[25 marks]

Question 2

2.1 Miss B is to undergo induction of labour for prelabour rupture of membranes at 37/40 gestational age. Describe the monitoring for Miss B before and during the induction. Give rationale for your responses, where applicable (6 marks)

2.2 What are the complications of medical induction of labour for the mother and foetus and/or neonate? List two complications for the mother and two for the neonate/ foetus (4 marks)

2.3 Differentiate between induction of labour and augmentation of labour, with reference to definitions, drugs used, and routes for drug administration (11 marks)

2.4 Miss N is a 17 year old primigravida at term presenting in the labour ward reporting labour pains. She had an uncomplicated antenatal period. The moment you are about to examine her, you suspect an occipito-posterior position.

Question: Describe the findings would you obtain from abdominal palpation that would confirm your suspicion? (6 marks)

Total marks [27 marks]

Question 3

You are a midwife working in the labour ward and you identify that a primigravida is progressing poorly. She is HIV negative. Your findings: presentation- cephalic,

position- occipito-anterior, average sized foetus, no caput, no moulding, and cervix 6 cm dilated for 5 hours, membranes- intact. Uterine contractions- 2 in 10 minutes, lasting for 20-30 seconds. The woman looks exhausted and is anxious

3.1 What do you think is the cause (s) of the poor progress? (2 marks) Motivate/ give rationales for your answer. ½ mark for each motivation= [3 marks]

3.2 Discuss how would you manage the woman? (20 marks)

[23 marks]