

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
RE-SIT EXAMINATION PAPER: JULY, 2017

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: Multiple Choice questions.

Select the correct answer and write the letter that corresponds with it in your answer sheet. Example: 2. B (12 marks)

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

2. In your midwifery care of Ms. V, during the second stage, you notice a persistent fetal heart rate bradycardia of 110 bpm. Which one of the following options will be appropriate?
 - A. left lateral position, nasal oxygen, 1000 cc serum, fetal monitoring
 - B. detecting fetal blood PH
 - C. after 40 min intervention is needed
 - D. It is a normal event in this stage . No further step is needed.

3. Which one of the following is *wrong* about late deceleration of the foetal haert?
 - A. it occurs after the peak and nadir of uterine contraction
 - B. lag phase represents fetal PO₂ level not fetal blood PH
 - C. the less the fetal PO₂ before uterine contraction, the more is the lag phase before deceleration
 - D. reduced fetal PO₂ level below critical level activates chemoreceptors and decelerations

4. Which one of the following interventions relate to the **Robin maneuver** to release shoulder dystocia?
 - A. rotation of post. shoulder to deliver ant. Shoulder
 - B. abduction of shoulders
 - C. flex of mother's knees and suprapubic pressure
 - D. rotation and extraction of anterior Shoulder

5. Which one option is *wrong* in PGE₂ administration for labour induction?
 - A. It reduces submucosal water content
 - B. Vaginal tablet is superior to vaginal gel
 - C. It better affects on a cervix with Bishop score below 4
 - D. It can be used instead of oxytocin for cervical Bishop score of 5-7

6. Which one is *wrong* in breech delivery mechanism?
- Anterior hip has a more rapid decent than post hip
 - Anterior hip is beneath the symphysis pubis and intertrochanteric diameter rotates around a 45 degree axis
 - If posterior hip is beneath the symphysis pubis it has to go through 225 degree axis rotation
 - For sacrum anterior or posterior position, the axis of rotation is around 45 degrees
7. Mrs. L, 35 years old, P2 G1 of 38 weeks gestation with estimated foetal weight (EFW) of 2 kg presents herself in the labour with face and posterior shoulder presentation. How would you manage her delivery?
- Induction of labor
 - Internal rotation to make mentum anterior position
 - Observation to allow spontaneous rotation
 - Caesarean Section
8. In high dose oxytocin labor stimulation, what is the maximum dose (mu/min) of oxytocin ?
- 20
 - 30
 - 42
 - 60
9. Mrs. Q. is a G4, 38wks gestation. Following an examination on her you conclude the following: cervix fully dilated and effaced, frank breech station=1 membranes =intact and FHR=100 BPM . x-ray shows flexion of the head. What is the best management?
- Frank breech extraction
 - Caesarean Section
 - Modified Prague maneuver
 - Observation for non assisted breech delivery
10. Which one of the following is *wrong* about PGE2 gel?
- The intracervical dose is 0.3-0.5 mg
 - The vaginal dose is 3-5 mg
 - The vaginal application releases 10 mg Q4h
 - If contractions and FHR are normal in a 2 hour observation, the patient can be discharged
11. Which one of the following statements related to shoulder dystocia is *incorrect*?
- Most of shoulder dystocia cases can not be predicted
 - Shoulder dystocia can be diagnosed with high accuracy using modern imaging studies
 - Ultrasound is not reliable
 - Caesarean Section is recommended in diabetic mothers with babies more than 4500 g and in non diabetic mothers with babies more than 5000 g

12. Which one of the following is the general term for an abnormal labor?

- A. Dystocia
- B. CPD
- C. Nulliparous
- D. Braxton-Hicks

Part B:

Explain the indications for induction of labour. Include reasons for the induction as per indication. **(13 marks)**

Total marks = 25

Question 2

Ms. Kuhlase , P1 G2, 29 weeks gestation is admitted in the labour ward with a history of ruptured membranes for the past four hours.

2.1 Describe how you would diagnose preterm premature rupture of membranes (PPROM) **(6 marks)**

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

2.3 Explain the specific midwifery care of this patient. **(10 marks).**

Total marks = 25

Question 3

After 5 hours of progressing Mrs. J, P2 G3 who 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 Discuss the specific midwifery care for this patient? **(15 marks)**

3.2 Mrs. B, P3 G4 is admitted into your 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.

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

Total marks = 25