

UNIVERSITY OF SWAZILAND
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION PAPER, MAY 2018

TITLE : NORMAL LABOUR AND INTRAPARTUM CARE

COURSE CODE : MID409

DURATION : TWO (2) HOURS

TOTAL MARKS : 75 MARKS

INSTRUCTIONS:

- 1. ANSWER ALL QUESTIONS**
- 2. FIGURES IN BRACKETS REFLECT MARKS ALLOCATED TO EACH QUESTION OR PART OF A QUESTION**
- 3. ANSWER EACH QUESTION IN A NEW PAGE**
- 4. DO NOT OPEN THIS PAPER UNTIL PERMISSION IS GRANTED BY THE INVIGILATOR**

Question 1

Select the best answer in each of the following questions. In your answer sheet write the question number and the letter that corresponds to the selected answer in each question. E.g. 1.26a

1.1 Which of the following is true about Braxton Hicks contractions?

- a. They start from the first week of pregnancy and stop at term
- b. They may be accompanied by cervical changes
- c. They may be painful
- d. They are a sure sign that labour has begun

1.2 Which of the following is true about normal spontaneous physiological labour?

- a. It occurs from 37 weeks gestation
- b. It does not occur unless a pelvic assessment is made
- c. It occurs on multiparous women only
- d. It occurs only if a woman had a caesarean section delivery on her first pregnancy

1.3 How would you best prepare a woman for labour?

- a. Tell her where to give birth
- b. Give her information on the options available for assisted delivery
- c. Give her information to enable understanding brought about by the changes of labour
- d. Give information her information on the route of administration of pain management during labour

1.4 The mean duration of the first stage of labour is;

- a. 20 hours for multiparous women
- b. 36 hours for primiparous women
- c. 4 hour for multiparous women
- d. 8 hours for primiparous women

1.5 Which of the following is true about a contraction?

- a. It starts at the highest point of the fundus and radiates downward, spreading across the uterus
- b. It starts in the fundus near a cornua and spreads across the uterus downward
- c. It starts in the isthmus, gradually spreading to the fundus and radiates downward to the rest of the uterus
- d. It starts in the mid-segment and intensifies in the fundus before retracting

1.6 Which of the following statements are true about normal uterine action?

- a. There is formation of the retraction ring, polarity, and fundal dominance

- b. There is fundal dominance, formation of the upper and lower uterine segment, and no polarity
- c. There is formation of the upper and lower uterine segments, but no fundal dominance, retraction ring, or polarity
- d. There is fundal dominance, polarity, and formation of the upper and lower uterine segments

1.7 The following is true about the first stage of labour in primiparous women;

- a. Cervical dilation occurs first, and effacement of the cervix follows
- b. Cervical dilation follows effacement of the cervix
- c. Effacement never occurs if dilation occurs
- d. It is impossible for the cervix to efface or dilate

1.8 The first stage of labour is comprised of;

- a. False, spurious, and active labour
- b. Spurious and true labour
- c. Passive and active labour
- d. Spurious and active labour

1.9 Which of the following statement is false?

- a. Primiparous women normally have a very short labour
- b. Childbirth is a normal physiological process
- c. A show is a sign of true labour
- d. The uterus contracts and retracts in labour

1.10 Which of the following statements is true?

- a. Physiological labour is a risk to the woman's well-being
- b. Normal labour culminates in spontaneous vaginal delivery of the baby
- c. Oxytocin should be given to all women in the first stage of labour
- d. All women in the active stage of labour should have intravenous Ringers lactate in situ

Lomalanga is a 27 year old woman, pregnant with her fourth baby and is at 39 weeks gestation. Lomalanga works at hair salon, and she comes to the clinic at noon reporting a clear water-like pelvic discharge that she had noted this morning around 0900 hours while washing a client's hair. She reports no discomfort otherwise. Questions 1.11 to 1.15 relate to this scenario;

1.11 As the midwife receiving Lomalanga, you suspect that she could be;

- a. In labour

- b. experiencing leucorrhoea
 - c. suffering from urine incontinence
 - d. experiencing Braxton Hicks contractions
- 1.12 Your initial action in managing Lomalanga will be to;
- a. do a pelvic assessment
 - b. take the blood pressure
 - c. call the doctor
 - d. ask her to walk up and down
- 1.13 If Lomalanga told you that she had a normal vaginal delivery of her last baby 12 months ago, you would;
- a. anticipate a long and difficult delivery
 - b. anticipate a caesarean section
 - c. anticipate a normal but relatively short first stage of labour
 - d. anticipate delivery within 2 hours
- 1.14 Upon doing an abdominal examination on Lomalanga, you find that her descent is five fifths above brim. Your conclusion is that;
- a. The pelvis is contracted because the head has not engaged
 - b. Normal delivery is unlikely to occur
 - c. Normal progression of labour to delivery is unlikely unless she exercises to help the head to engage
 - d. All is normal and labour should progress well
- 1.15 You perform a vaginal examination on Lomalanga and finds that the cervix is 1cm dilated. You conclude that;
- a. Lomalanga is not yet in labour
 - b. She is in the passive phase of the first stage of labour
 - c. Lomalanga will likely give birth in the next 6 hours
 - d. None of the above

Lillian the midwife is managing a woman in labour, and the baby has just been born. Questions 1.16 to 1.20 relate to this scenario;

- 1.16 Which of the following should Lillian do to actively manage the woman as she delivers the placenta?
- a. Give oxytocin as soon as the placenta is spontaneously expelled from the uterus
 - b. Give oxytocin before the delivery of the membranes
 - c. Give oxytocin after the third stage of labour

- d. None of the above
- 1.17 To deliver the placenta, Lillian should;
 - a. Ask the woman to cough
 - b. Apply controlled cord traction
 - c. Massage the abdomen
 - d. Hydrate the woman
- 1.18 To actively manage the third stage of labour, which of the following will Lillian do first?
 - a. Massage the abdomen
 - b. Inspect the perineum for signs of trauma, to control bleeding
 - c. Apply controlled cord traction
 - d. Observe for signs of placental separation
- 1.19 To control bleeding from where the placenta has detached, Lillian should;
 - a. Staff the uterus with gauze
 - b. Ensure that the uterus is well contracted
 - c. Hydrate the woman at all times
 - d. Assure adequate rest
- 1.20 What time should Lillian expect the placenta to be normally delivered by?
 - a. Up to 2 hours after the baby has been born
 - b. Up to 1 hour 30 minutes after the baby has been born
 - c. Up to 1 hour 10 minutes after the baby has been born
 - d. Up to 1 hour after the baby has been born

Zinhle is a 15 year old woman, gravida 1 para 0, at 41 weeks gestation. She comes into the clinic with the cervix fully dilated and is promptly moved to the labour room. The following questions relate to this scenario;

- 1.21 As the midwife managing Zinhle, you would;
 - a. ask her to push with the next contraction
 - b. give her an analgesic to help ease the strong labour pains
 - c. assess the station and tell her to push only if the station is +3
 - d. give her oxytocin to accelerate labour
- 1.22 Zinhle keeps crying hysterically, and battles to follow any instruction that you give her. As the midwife you would;
 - a. Tell her to keep breathing to improve placental blood perfusion
 - b. Keep reassuring her
 - c. Give her a 'refusal of hospital treatment form' to sign

- d. Leave her alone till she finishes crying and is ready to push the baby out
 - e. call clinic management
- 1.23 How would you monitor Zinhle's baby's well-being during the third stage of labour?
- a. By monitoring the foetal heart
 - b. By assessing the foetal position
 - c. By assessing the presenting part
 - d. By taking Zinhle's vital signs
- 1.24 Although the cervix is fully dilated, you find that the station is -1. You anticipate that;
- a. Zinhle will deliver shortly as the head is out of the pelvis
 - b. Zinhle will need a caesarean section
 - c. Zinhle's baby is on the pelvic floor
 - d. Zinhle will need to push for some time till the head descends before delivery
- 1.25 Before Zinhle starts pushing the baby out, as the midwife you must make sure that;
- a. Zinhle's rectum is empty
 - b. Zinhle's perineum is clean
 - c. Zinhle's bladder is empty
 - d. Zinhle is not crying

(25 marks)

Question 2

Discuss any 5 birth friendly initiatives that you would employ in the management of a woman in labour. Include the reasons for the initiatives discussed.

(25 marks)

Question 3

Nomkhosi, a 16 year old primiparous woman presents herself at the clinic for antenatal care at 39weeks gestation.

3.1 Describe the pelvic assessment you would make to determine Nomkhosi's pelvic adequacy for normal labour.

(15 marks)

3.2 How would you determine if Nomkhosi is having spurious labour or true labour?

(10 marks)

(Total: 75 marks)