**UNIVERSITY OF SWAZILAND**

**FACULTY OF HEALTH SCIENCES**

**FINAL EXAMINATION PAPER: MAY, 2018**

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| **TITLE OF PAPER** | **:** | **LABOUR WITH COMPLICATIONS** |
| **COURSE CODE** | **:** | **MWF/MID402** |
| **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**

**Instruction:** Select the correct answer and write the letter that corresponds to it next to the question number. For example: 1.26 B

1.1 Mrs. Maseko, a 32 year-old P1G2, 37 weeks pregnant, presents in the labour and delivery ward with a history having ruptured membranes four (4) hours ago. You ask her if she feels any pain and she says "No". What is the best diagnosis for her condition?

A. Prelabour rupture of membranes
B. Preterm Premature rupture of membranes (PPROM)
C. Prolonged rupture of membranes
D. Preterm rupture of membranes

1.2 Which one of the following is NOT a clinical feature of chorioamnionitis?

A. Fetal tachycardia
B. Maternal bradycardia
C. Uterine tenderness and irritability
D. Foul-smelling vaginal discharge

1.3 Which one of the following is the most probable cause of umbilical cord compression during labour?

A. Oligohydramnios
B. Polyhydramnios
C. Prolonged rupture of membranes
D. Fetal heart rate decelerations

1.4 Which one of the following abnormalities of the fetal heart rate is the most probable manifestation of umbilical cord compression during labour?

A. Early decelerations
B. Severe tachycardia
C. Sinusoidal pattern
D. Late decelerations.

1.5 Mrs. Jones a 28-year-old G1 P0 at term is undergoing an induction of labor for elevated blood pressure. The patient is receiving 14 mu of Pitocin and is experiencing contractions every 3 minutes. The fetal heart rate has a baseline of 150 beats per minute with recurrent variable decelerations. Her cervix is dilated 4-5 cm, and it has not changed in more than an hour. The attending obstetrician asks you, themidwife to increase the rate of Pitocin. What will be your best response?

A. Increase the Pitocin rate as instructed by the obstetrician since you want the patient to deliver as soon as possible and before the fetus is distressed.
B. Youexpress your concerns about the variable decelerations and state there are adequate contractions.
C. You suggest that a fetal scalp electrode (FSE) and an intrauterine pressure catheter (IUPC) be inserted to obtain more information on the fetal well-being before increasing the Pitocin.
D. You continue to monitor the fetal and maternal conditions

1.6 AnnaGule, a patient at term with oligohydramnios is admitted for induction of labor. She is examined by the senior resident who determines she has an unfavorable cervix and is therefore a candidate for cervical ripening. The senior resident tells the intern to order Prostin and insert it. The intern has never inserted Prostin except in second trimester terminations. He therefore instructs you, as a midwife to order a 20-mg Prostin suppository. What is supposd to be your immediate action?

A. Check for cervical effacement and dilatation
B. You double check the dose of Prostin with the intern and resident before placing the order.
C. You place the order and and the Prostin suppository is brought to the labour and delivery ward by the Pharmacy.
D. You think it is "strange".

1.7 Christine Gama, a 37-year-old G4 P3 at 39 weeks gestation arrives in the labour and delivery ward in labor. Christine is dilated 6 cm with intact membranes. Christine receives regional anesthesia and states, "My water just broke." The fetal heart rate baseline, which had been 140, begins to fall. A prolonged deceleration occurs. What would be your immediate action?

A. ExamineChristine for a possible umbilical cord prolapse.
B. Elevate the presenting part
C. Place the patient in a knee-chest position,
D. Call the obstetrician to for a "stat" C-section

1.8 Mrs. Lukhele, a 28-year old P2G3 at 34 weeks gestations presents to the labour and delivery ward with a history of lower abdominal pain. You, as a midwife, examines her and find that she is 4-5 cm dilated. The ultrasound scan estimates the fetal weight to be >2000g. What would be the best management of the patient?

A. Put the patient on bed rest
B. Allow labour to proceed
C. Give Dexamethasone and nifedipine

D. Consider a Caesarean Section

1.9 Which one of the following actions is NOT effective in the management of an abnormal Cardiotocograph (CTG) in labour?

A. Change maternal posture
B. Check blood pressure
C. Assess uterine activity
D. Empty the bladder

1.10 Which one of the following is NOT a contraindication of labour induction?

A. Previous uterine scar
B. Primigravida
C. Above Para 3
D. Fetal weight >4 Kg

1.11 Which one of the following does not constitute a Bishop's Score?

A. Cervical length
B. Station
C. Fetal position
D. Cervical dilatation

1.12 Which one of the following is the drug of choiceforchorioamnionitis prophylaxis following diagnosis of preterm premature rupture of membranes (PPROM) after 26 weeks gestation?

A. Oral Metronidazole 500mg twice a day for seven (7) days
B. Oral erythromycin 500mg every six (6) hours for 10 days
C. Intramascular (IM) Dexamethazone 8mg eight (8) hourly for 24 hours
D. Intramascular (IM) Gentamycin 8mg eight (8) hourly

1.13 Which is the best time to admit patients, with a previous Caesarean Section scar, to the labour ward?

A. 36 weeks gestation
B. 37 weeks gestation
C. 38 weeks gestation
D. 39 weeks gestation

1.14 Which 4 P's are critical in the assessment of prolonged labour?

A. Patient, powers, passage and passenger
B. Position, powers, passage and passenger
C. Patient, Psyche, passage and passenger
D. Powers, Passage, Passenger and Physique

1.15 Which one of the following is a characteristic of hypotonic labour?

A. Elevated uterine tone and an abnormal contraction pressure gradient
B. Elevated uterine tone and a normal contraction pressure gradient
C. Contractions that have a normal pressure gradient and just sufficient to achieve cervical dilatation
D. Contractions that have a normal pressure gradient but are insufficiently intense or frequent to achieve normal labour progress.

1.16 Which one of the following occurs when fundal dominance of the contraction pattern is disrupted often because two or more pacemakers are stimulating contractions?

A. Hypotonic uterine action
B. Hypertonic uterine action
C. Precipitous labour
D. Obstructed labour.

1.17Lauren, a 30-year-old nullipara is experiencing protracted labor with clearly inadequate contractions, and her temperature is beginning to rise. The obstetrician (OB) decides to augment her labor and orders Oxytocin. Whenever you, as a midwife,tries to increase the Oxytocin, the fetus exhibits heart rate abnormalities, so the contractions remain inadequate. The OB becomes frustrated with the slow progress and states that he just wants you to "push the pit." If Lauren gets into better labor, that is great. Alternatively, if the baby "declares" itself, then they will need to do a Caesarean section. You realize that the situation is getting risky. What would you suggest be done?

A. An intrauterine pressure catheter be inserted
B. A fetal scalp electrode be inserted
C. An epidural anaesthesia to make the situation safer.
D. All of the above

1.18 During a delivery, the obstetrician (OB) experiences difficulty delivering the infant's shoulders. He asks you, the midwife, to provide fundal pressure. You state, "Don't you mean suprapubic pressure?" The OB replies, "I said fundal pressure!" Which of the two would be the best option in this situation?

A. Fundal pressure
B. Suprapubic pressure
C. Both A and B
D. None of the above.

1.19 Dora Johnson, a G1 P0 patient in second stage is 41 weeks gestation, in spontaneous labor. A reactive non-stress test is administered on admission, and a reassuring fetal heart rate (FHR) pattern occurs throughout the first stage of labor. Dora has a prolonged second stage with a resulting FHR tachycardia with decelerations. The attending obstetrician (OB) and the senior midwife (SM), are both present during the last 2 hours of the second stage. Both are coaching Dora and viewing the FHR pattern. You, a novice midwife, begin to express concern, on the FHR, to both the SM and OB. Both providers in the room state that everything is OK and that delivery is imminent. What do you anticipate later happening in this situation?

A. After an hour, a severely compromised baby will be delivered from a posterior occipital position.
B. Subsequent neonatal demise.
C. Both A and B
D. A baby with an Apgar score of 6 to 10 will be delivered

1.20 A 16 year old G2P0 Fezile presents at 38 weeks pregnant in early labour. While being transferred to the labour and delivery room she tells you her 'waters broke'. Her labourprogresses quickly and she starts pushing. You, the midwife becomes concerned and calls the obstetrician upon noticing fetal heart rate (FHR) decelerations. What would be your immediate intervention?

A. Quickly deliver the baby
B. Check for umbilical cord prolapse,
C. Check for cervical dilatation and descent
D. Check the FHR

1.21 Which one of the following does not cause labour dystocia?
A. Hydrocephalus
B. Occipito-anterior
C. Face presentation
D. Shoulder dystocia

1.22 How long do you let a woman push during the second stage of labour?
A. 1 hour if multipara, 2 hours if nullipara, add 1 hour if she is on epidural
B. 2 hours if nullipara, 3 hours if multipara, add 1 hour if she is on epidural
C. 1,5 hours if multipara, 2.5 hours if nullipara, add 1 hour if she is on epidural
D. None of the above

1.23 Which one of the following is NOT an effect of labour dystocia?
A. Chorioamnionitis
B. Uterine rupture
C. Reassuring FHR trace
D. Pelvic floor injury.

1.24 Which one of the following is the correct manoeuvre of breech delivery?

A. Pinard manoeuvre to deliver leg, rotate sacrum anterior, wrap trunk in towel, deliver arm when scapula visible, downward press on maxilla to deliver the head
B. Pinardmanouver to deliver leg, rotate sacrum anterior, wrap trunk in towel, deliver arm when scapula visible, downward press on mandible to deliver the head
C. Pinardmanouver to deliver leg, rotate sacrum posterior, wrap trunk in towel, deliver arm when scapula visible, downward press on mandible to deliver the head

1.25 Which of the following is ***WRONG*** in breech delivery mechanism?

A. Anterior hip has a more rapid descent than the posterior hip
B. Anterior hip is beneath the symphysis pubis and intertrochanteric diameter rotates around a 45 degree axis
C. If posterior hip is beneath the symphysis pubis, it has to go through 225 degree axis rotation
D. For sacrum anterior or posterior position, the axis of rotation is around 45 degrees

**Question 2**

2.1Mrs.Nozibele, 33 year old G2P0,is admitted in thelabour ward with premature contractions at 23 weeks gestation. A vaginal examination reveals her cervix to be 5 cm dilated with intact membranes. Discuss the steps you will take to manage her situation.**(15 marks)**

2.2Describe the maternal, foetal and neonatal complications of preterm labour. **(10 marks).**

**[25]**

**Question 3**

Sibu, a 23 year old G2P1, is admitted at 4:00 am in the labour unit at 38 weeks gestation with having ruptured membranes a day and a half ago. You further ask her if she has abdominal pains and she says "No". She gives you history of a previous premature rupture of membranes followed by a normal vaginal delivery and the baby that weighed 3200 g at birth. Discuss how you would manage her condition.

**[25]**

**Total [75]**