

**UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCES
FINAL EXAMINATION PAPER: DECEMBER; 2018**

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, WHERE APPLICABLE**
- 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 indirect obstetric cause for maternal mortality in Swaziland?

- A. HIV/AIDS related infections
- B. Ectopic pregnancy
- C. Post partum haemorrhage
- D. Chronic hypertension

1.2 Which **ONE** of the following is a clinical feature clinical chorio-amnionitis?

- A. Foul smelling vaginal discharge
- B. Non tender uterus on palpation
- C. Maternal temperature of 37.4 degrees Celsius
- D. Maternal pulse of 110 beats per minute

1.3 Which **ONE** of the following **CANNOT** predispose the foetus to chorio-amnionitis?

- A. Malnutrition
- B. Infection in maternal blood
- C. Amniocentesis
- D. Abdominal ultrasound

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

- A. Preterm birth
- B. Oligohydramnios
- C. Polyhydramnios
- D. Infectious morbidity

1.5 A nitrazine test is one of the diagnostic tests performed to confirm the presence of liquor on a yellow litmus paper when a woman presents with Preterm prelabour rupture of membranes. Which findings would indicate that membranes have ruptured?

- A. The litmus paper would turn from yellow to olive green
- B. The litmus paper would turn from yellow to blue green to deep blue

- C. The litmus paper would remain yellow because amniotic fluid does not react with the litmus paper
- D. The litmus paper would turn from yellow to pink

1.6 Which of the following **BEST** describes a third degree perineal tear?

- A. Injury to perineum involving perineal muscles
- B. Injury to perineal skin, includes the fourchette, the hymen, labia and vaginalmucosa
- C. Injury to perineum involving anal sphincter complex and anal epithelium
- D. Injury to perineum involving the anal sphincter complex

1.7 What is the greatest risk of retained products of conception in the immediate post partum period?

- A. Uterine atony
- B. Uterine inversion
- C. Uterine rupture
- D. Uterine tenderness

1.8 Which of the following is **NOT** an outcome for an occipito posterior position?

- A. Brow delivery
- B. Deep transverse arrest
- C. Persistent occipito posterior position
- D. Occipito anterior delivery

1.9 When assessing the progress of labour, the midwife should assess for the 4 Ps. Which **ONE** of the following represents the 4 Ps?

- A. Power, parity, passenger and passage
- B. Passenger, power, patient and passage
- C. Parity, progress, power and passenger
- D. Passenger, power, progress and passage

1.10 What is 3rd degree moulding?

- A. Change of the shape of the foetal skull that occurs during labour
- B. Sutures of the foetal skull are overridden, but are easily separable
- C. Sutures of the foetal skull are in close contact
- D. Sutures of the foetal skull are overridden and inseparable

- 1.11 Before performing an episiotomy, the nurse midwife needs to infiltrate the perineum. In the ward, lignocaine 1% is available. How should the midwife dilute the lignocaine before using it?
- A. Dilute 2 parts lignocaine 1% and 1 part sterile water/ normal saline
 - B. Dilute 1 part of lignocaine 1% and 1 part of sterile water/ normal saline
 - C. Dilute 1 part of lignocaine 1% and 3 parts of sterile water/ normal saline
 - D. Dilute 3 parts of lignocaine 1% and 1 part of sterile water/ normal saline
- 1.12 Which **ONE** of the following is **NOT** an indication for an episiotomy?
- A. Shoulder presentation
 - B. Foetal distress
 - C. Tight perineum
 - D. Assisted vaginal delivery
- 1.13 Which practice in labour would increase the chance of Mother to Child Transmission of HIV in HIV positive women?
- A. Performing an ultrasound to rule out placental localisation
 - B. Monitoring of maternal condition
 - C. Foetal heart monitoring using a cardiotocograph
 - D. Rupture of membranes 4 hours prior to child birth
- 1.14 Which **ONE** of the following is **NOT TRUE** about pre-requisites for a vacuum extraction?
- A. The contractions should not be adequate
 - B. The bladder should be empty
 - C. The cervix should be fully dilated
 - D. Membranes should have ruptured
- 1.15 In a brow presentation, what is the engaging diameter of the foetus into the maternal pelvis?
- A. Sub-mento vertical diameter
 - B. Occipito-frontal diameter
 - C. Mento-vertical diameter
 - D. Sub-mento bregmatic diameter
- 1.16 Which statement **BEST** describes a complete breech presentation?
- A. Both hips are flexed and both knees are extended
 - B. Both hips and both knees are flexed

- C. One or both hips are extended with the knees extended
 - D. One or both hips are extended with the knees or knee flexed
- 1.17 Which of the following are the engaging diameters in a face presentation?
- A. Sub-occipitofrontal and biparietal
 - B. Occipito-frontal and biparietal
 - C. Mentovertical and biparietal
 - D. Sub-mentobregmatic and biparietal
- 1.18 Which **ONE** of the following **IS NOT** a precaution for tocolytics?
- A. Measure blood pressure hourly
 - B. Give one tocolytic agent at a time
 - C. Do not give tocolytics to women with a heart rate greater than or equal to 120 beats per minute
 - D. Auscultate the mother's lungs every 2 hours
- 1.19 Which **ONE** of the following conditions **DOES NOT** require continuous foetal heart monitoring during labour?
- A. Maternal diabetes
 - B. Maternal hypertension
 - C. Poor uterine contractions
 - D. Meconium stained amniotic fluid
- 1.20 Zukisa is a 44 year old Para 4 Gravida 5 who has pre-eclampsia at 41 weeks gestational age. Presentation- cephalic; foetal heart rate-136 beats per minute. The obstetrician decides to induce labour on her. Is the obstetrician's decision justified?
- A. Yes because the sooner Thuli delivers the baby, the better for her health and for that of the baby.
 - B. Yes because Zukisa has preeclampsia, and is post dates which are indications for induction of labour.
 - C. No because of Thuli's parity, regardless of the other indications for an induction of labour.

D. No because Thuli should await spontaneous labour to occur as she has several risk factors which might compromise her life and that of the foetus during the induction.

1.21 Thembi is primigravida at 39 weeks gestational age. She requested induction of labour because she is a student in one of the universities, in preparation for her examination. On examination: Presentation- cephalic, Fundal height- 40cm, foetal heart rate 148 beats per minute. Before induction, the obstetrician examines her and the findings are as follows: cervix-mid position; firm; station-3; length-2cm; and cervical dilatation: 1-2 cm. What is Thembi's Bishop Score?

- A. 2
- B. 3
- C. 4
- D. 5

1.22 Which statement is **FALSE** concerning augmentation of labour?

- A. The uterus always responds effectively to oxytocin used as administration
- B. Augmentation is required if labour contractions are weak and ineffective in the absence of cephalo pelvic disproportion
- C. Augmentation must be gradually increased and when strong uterine contractions occurring 3 in 10 minutes have been achieved, augmentation should be stopped
- D. Augmentation requires close monitoring because of the risk of uterine hyperstimulation

1.23 What is cervical dystocia?

- A. When the cervix dilates at the normal expected rate during labour
- B. When the cervix fails to dilate in the absence of malpresentation and cephalopelvic disproportion
- C. When the cervix dilates more rapidly than the expected rate
- D. Failure of the cervix to dilate despite adequate uterine contractions

1.24 Which statement **BEST** describes late decelerations on the cardiotocograph strip during labour?

- A. Late decelerations occur before, during or after a contraction, and are caused by intermittent compression of the umbilical cord.
- B. Appear after completion of a contraction and the underlying cause is placental insufficiency and hypoxia
- C. Are less than 5 beats per minute and occur as a sign of foetal sedation
- D. Occur simultaneously with a contraction and are caused by stimulation of the vagus nerve during a contraction

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

- A. Multiple pregnancy
- B. History of sepsis following the previous caesarean section
- C. Previous caesarean section for cord prolapse
- D. Breech presentation

[25]

Question 2

Dudu is a Para 1 Gravida 2 who presents at the hospital at 39 weeks gestational age and is in labour. Dudu was done a caesarean section 2 years ago for foetal distress. On examination: foetal heart rate is 132 beats per minute, presentation- cephalic, descent- 4/5 above the pelvic brim, cervix 4 cm dilated membranes- intact. Vital signs are within normal ranges. The midwife notifies the obstetrician about the woman who orders vaginal birth after caesarean section.

- 2.1 Is the obstetrician's order justified? (1)
- 2.2 Explain your response to 2.1 above (2)
- 2.3 Discuss Dudu's management during labour until the immediate post partum (1½)
- 2.4 List 2 possible complications to Dudu during labour and/or immediate post partum (2)

[16½]

Question 3

3.1 Discuss the actions a midwife has to institute for an abnormal cardiotocograph (CTG) during labour (7½)

3.2 Discuss how the midwife can diagnose an occipito posterior position through auscultation of the foetal heart and vaginal examination during labour (6)

3.3 Explain **ONE** maternal effect and **ONE** foetal and/ or neonatal effects of an occipito-posterior position (4)

3.4 Differentiate between augmentation of labour and induction of labour, with specific reference to the **objective of each intervention, the focus of action of the agents used, the class of drugs used, and 1 example of each class of drug** (9)

[26½]

Question 4

4.1 Define the following terms:

4.1.1 Maternal mortality (3½)

4.1.2 Direct obstetric cause of maternal mortality (2½)

4.2 Name the fourth stage of grieving, as outlined by Kubler- Ross (1)

[7]

Total [75 Marks]