

UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
FINAL EXAMINATION PAPER: MAY, 2019

TITLE OF PAPER : **LABOUR WITH COMPLICATIONS**
COURSE CODE : **MWF/MID402**
DURATION : **TWO (2) HOURS**
TOTAL MARKS : **70**

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 questions: Select the correct answer and write the letter that corresponds to it next to the question number. For example: 26. B

1. You are a midwife and are assigned to care for a client with hypotonic uterine dysfunction and signs of a slowing labor. You are reviewing the physician's orders and would expect to note which of the following prescribed treatments for this condition?
 - A. Medication that will provide sedation
 - B. Increased hydration
 - C. Oxytocin (Pitocin) infusion
 - D. Administration of tocolytic medication

2. A laboring client has external electronic fetal monitoring in place. Which of the following assessment data can be determined by examining the fetal heart rate strip produced by the external electronic fetal monitor?
 - A. Gender of the foetus
 - B. Foetal position
 - C. Labour progress
 - D. Oxygenation

3. You are a midwife performing an assessment of a client who is scheduled for a cesarean delivery. Which assessment finding would indicate a need to contact the physician?
 - A. Foetal heart rate of 180 beats per minute
 - B. White blood cell count of 12 000
 - C. Maternal pulse rate of 85 beats per minute
 - D. Haemoglobin of 11.0 g/dl

4. You are a midwife in the labor room performing a vaginal assessment on a pregnant client in labour. You note the presence of the umbilical cord protruding from the vagina. Which of the following would be your initial action?
 - A. Place the patient in Trendelenburg position
 - B. Call the delivery room to notify the staff that the client will be transported immediately
 - C. Gently push the cord into the vagina
 - D. Find the closest telephone and stat page the physician

5. Which of the following observations indicates fetal distress?
 - A. Foetal scalp pH of 7.14
 - B. Foetal heart rate of 144 beats/minute
 - C. Acceleration of foetal heart rate with contractions
 - D. Presence of long-term variability

6. When examining the fetal monitor strip after rupture of the membranes in a laboring client, you, as midwife, note variable decelerations in the

- fetal heart rate. Which of the following should be your immediate action?
- Stop oxytocin infusion
 - Change client's position
 - Prepare for immediate delivery
 - Take the client's blood pressure
7. You, as midwife, are monitoring a client in labor who is receiving Pitocin and note that the client is experiencing hypertonic uterine contractions. List in order of priority the actions that you would take. 1. Stop of Pitocin infusion 2. Perform a vaginal examination 3. Reposition the client 4. Check the client's blood pressure and heart rate 5. Administer oxygen by face mask at 8 to 10 L/min
- 1,2,3,4,5
 - 1,4,2,3,5
 - 1, 4, 3, 5,2
 - 1, 2, 4, 5, 3
8. Late deceleration patterns are noted when assessing the monitor tracing of a woman whose labor is being induced with an infusion of Pitocin. The woman is in a side-lying position, and her vital signs are stable and fall within a normal range. Contractions are intense, last 90 seconds, and occur every 1 1/2 to 2 minutes. What would be the midwife's immediate action?
- Change the woman's position
 - Stop the Pitocin
 - Elevate the woman's legs
 - Administer oxygen via a tight mask at 8 – 10 Litres/minute
9. You are a midwife reviewing orders on a patient admitted for PPRM. Which physician order will you question?
- Perform a vaginal examination every shift
 - Monitor maternal temperature every four hours
 - Continuous foetal heart rate monitoring
 - Ampicillin 1gm IVPB q6h
10. All of the following are risks of infants born preterm **except**:
- Respiratory Distress Syndrome
 - Infection
 - Extraventricular haemorrhage
 - Cardiac defects
11. All of the following are tocolytic drugs **except**:
- Indomethazine
 - Tetrazine Nitride
 - Nifedipine
 - Terbutaline

12. Management of preterm delivery includes all of the following **except**:
- A. Documentation of evidence of preterm labour
 - B. Tocolysis in all cases of suspected preterm labour
 - C. Adjunctive treatment of administration of steroids to the mother
 - D. Timely transfer of patient to referral hospital
13. Preventive measures to minimise the risk of future preterm labour include all of the following **except**:
- A. Improve general health, nutritional status, inculcate healthy lifestyle changes, avoid intoxicants, rest, exercises and stress reduction
 - B. Watch out for signs of uterine irritability and report the same
 - C. Undergo a prophylactic cerclage operation
 - D. Serial assessment of cervical status: clinically or sonographically
14. A 29 year old G2 P1 with a twin pregnancy presents at 25 weeks gestation complaining of irregular uterine contractions and back pain. She also reports an increased amount of vaginal discharge but denies any "gush" of fluid. She reports that she had some light vaginal bleeding in the morning which has since subsided. She has no gastrointestinal or urinary symptoms. She is placed on an external foetal monitor, which indicates uterine contractions every 2 – 4 minutes. She is afebrile and her vital signs are normal. Her gravid uterus is non-tender. You are called to evaluate the patient. You decide to implement all of the following **except**:
- A. Sterile digital vaginal examination
 - B. Intravenous hydration
 - C. Bedside ultra sound
 - D. Urinalysis and urine culture
15. You are a midwife preparing to care for a pregnant client in labour who will be delivering twins. How and where would you place the external foetal monitor to monitor the fetal heart rates?
- A. Over the foetus that is most anterior to the mother's abdomen
 - B. Over the foetus that is most posterior to the mother's abdomen
 - C. So that each foetal heart rate is monitored separately
 - D. So that one of the foetuses is monitored for a 15 - minute period followed by a 15 - minute foetal monitoring period for the second foetus
16. During the period of induction of labor, a client should be observed carefully for what signs?
- A. Severe pain
 - B. Uterine tetany
 - C. Hypoglycaemia
 - D. Umbilical cord prolapse
17. You, as a midwife, are preparing for the admission of a client in the 3rd trimester of pregnancy that is experiencing vaginal bleeding and has a suspected diagnosis of placenta praevia. You review the physician's orders, which one would you question?
- A. Prepare the client for an ultra-sound

- B. Obtain equipment for electronic foetal heart rate monitoring
 - C. Obtain equipment for manual pelvic examination
 - D. Prepare to draw Hgb and Hct blood sample
18. After doing Leopold's maneuvers, you, a midwife, determines that the fetus is in the ROP position. Where would you place the Doppler to best auscultate the fetal heart tones ?
- A. Above the umbilicus at the midline
 - B. Above the umbilicus on the left side
 - C. Below the umbilicus on the right side
 - D. Below the umbilicus near the left groin
19. You, a midwife, are monitoring a client in labor. You would suspect umbilical cord compression if which of the following is noted on the external monitor tracing during a contraction?
- A. Early decelerations
 - B. Variable decelerations
 - C. Late decelerations
 - D. Short-term variability
20. You, a midwife, are developing a plan of care for a client experiencing dystocia and include several midwifery interventions in the plan of care. Which of the following interventions will be ranked as the highest priority?
- A. Keeping the significant other informed of the labour progress
 - B. Providing comfort measures
 - C. Monitoring foetal heart rate
 - D. Changing client's positions frequently
21. A pregnant client is admitted to the labor room. An assessment is performed, and the midwife notes that the client's hemoglobin and hematocrit levels are low, indicating anemia. The midwife determines that the client is at risk for which of the following?
- A. A loud mouth
 - B. Low self-esteem
 - C. Haemorrhage
 - D. Post-partum infections
22. You are in a labour room and assisting with the vaginal delivery of a newborn infant. You would monitor the client closely for the risk of uterine rupture if which of the following occurred?
- A. Hypotonic uterine contractions
 - B. Forceps delivery
 - C. Schultz delivery
 - D. Weak bearing down efforts

23. You are caring for a client in labour who is receiving Pitocin by IV infusion to stimulate uterine contractions. Which assessment finding would indicate to you that the infusion needs to be discontinued?
- A. 3 contractions occurring within a 10-minute period
 - B. A foetal heart rate of 90 beats per minute
 - C. Adequate resting tone of the uterus palpated between contractions
 - D. Increased urinary output
24. Which of the following statements about late deceleration is true of an intrapartum CTG?
- A. It is rectified by maternal position on left side
 - B. It is due to compression of foetal head mediated by vagus
 - C. It is caused by umbilical cord compression
 - D. It is mostly due to placental insufficiency
25. Which of the following statements is true regarding foetal heart rate variability and/ or accelerations:
- A. Variability is the result of push pull of sympathetic and para sympathetic
 - B. Acceleration is > 2 elevation of baseline FHR above 25 beats per minute in 30 minute period
 - C. Acceleration with absent variability is reassuring trace.
 - D. Moderate variability and lack of acceleration is worrisome

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Question 2

Mrs M, P2 G3, is admitted at term in the labour ward with a history of having ruptured membranes in the past 36hours.

2.1 Discuss management of her condition.

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Question 3

Mrs. P, P3G4 and 37 weeks pregnant, comes to your clinic which is about 30 km away from the referral hospital. She has bearing down uterine contractions and ruptured membranes. You get ready to perform a vaginal examination, and before you can proceed she had a contraction and you see what looks like an umbilical cord protruding from her vaginal introitus.

3.1 Describe your actions to ensure that you provide the best midwifery care for the above client.

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