

**UNIVERSITY OF ESWATINI**

**FACULTY OF HEALTH SCIENCES**

**RESIT/SUPPLEMENTARY EXAMINATION PAPER: JANUARY 2019**

**TITLE OF PAPER : NORMAL LABOUR AND INTRAPARTUM CARE**  
**COURSE CODE : MWF/MID409**  
**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 questions

Select the correct answer and write the letter that corresponds with it next to the question number, in your answer sheet. Example: 2. B

1. Which one of the following is *NOT* a probable sign of the second stage of labour?
  - A. Expulsive uterine contractions
  - B. No cervix felt on vaginal examination
  - C. Rupture of membranes
  - D. Bulging of the perineum
  
2. You explain the purpose of effleurage to a woman in early labour and tell her that it is:
  - A. A form of biofeedback to enhance bearing down efforts during delivery
  - B. Light stroking of the abdomen to facilitate relaxation during labour and provide tactile stimulation to the fetus
  - C. The application of pressure to the sacrum to relieve a backache
  - D. Performed to stimulate uterine activity by contracting a specific muscle group while other parts of the body rest
  
3. You are caring for a woman in the second stage of labor. The client is experiencing uterine contractions every 2 minutes and cries out in pain with each contraction. This behaviour is best described as:
  - A. Exhaustion
  - B. Fear of losing control
  - C. Involuntary grunting
  - D. Valsalva's maneuver
  
4. Ms. D is admitted to the labour ward in early active labour. The priority intervention on admission of this woman would be:
  - A. Auscultating the fetal heart
  - B. Taking an obstetric history
  - C. Asking the client when she last ate
  - D. Ascertaining whether the membranes were ruptured
  
5. A woman who is gravida 1, para 0 is admitted in active labour. Her cervix is 100% effaced, and she is dilated to 3 cm. The presenting part is at +1 station. The midwife is aware that the fetus' head is:
  - A. Not yet engaged
  - B. Entering the pelvic inlet
  - C. Below the ischial spines
  - D. Visible at the vaginal opening

6. In order to ascertain the frequency of the woman's contractions, the midwife times from the beginning of one contraction:
- A. Until the time it is completely over
  - B. To the end of a second contraction
  - C. To the beginning of the next contraction
  - D. Until the time that the uterus becomes very firm
7. The breathing technique that the mother should be instructed to use as the foetus' head is crowning is:
- A. Blowing
  - B. Slow chest
  - C. Shallow
  - D. Accelerated-decelerated
8. A woman in labour receives a pudendal block. The midwife plans to tell the her that once the block is working she:
- A. Will not feel the episiotomy
  - B. May lose bladder sensation
  - C. May lose the ability to push
  - D. Will no longer feel contractions
9. Which one of the following foetal positions is most favourable for birth?
- A. Vertex presentation
  - B. Transverse lie
  - C. Frank breech presentation
  - D. Posterior position of the fetal head
10. Which one 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 fetus
  - B. Fetal position
  - C. Foetal heart rate in relation to contractions
  - D. Oxygenation
11. Mrs. Peters is experiencing contractions every 2 minutes. She is in which stage of birth?
- A. First
  - B. Second
  - C. Third
  - D. Fourth
12. The average length of the latent phase in the first stage of labour in a multiparous patient is less than or equal to:
- A. 30 minutes
  - B. 14 hours
  - C. 20hours
  - D. 48 hours

13. In which one of the following stages is the placenta delivered?
- A. Stage 1, latent phase
  - B. Stage 1, active phase
  - C. Stage 2
  - D. Stage 3
14. Endogenous oxytocin is released from the:
- A. anterior pituitary gland
  - B. cervix
  - C. posterior pituitary gland
  - D. uterus
15. The average length of the latent phase of the first stage of labor in the nulliparous patient is less than or equal to:
- A. 20 hours
  - B. 14 hours
  - C. 30 minutes
  - D. 48 hours
16. In what stage of labour does complete cervical dilation to 10 centimeters occur?
- A. Stage 1, latent phase
  - B. Stage 1, active phase
  - C. Stage 2
  - D. Stage 3
17. The midwife is caring for a woman in labour. She determines that the woman is beginning in the 2nd stage of labour when which of the following signs is noted?
- A. The woman begins to expel clear vaginal fluid
  - B. The contractions are regular
  - C. The membranes have ruptured
  - D. The cervix is dilated completely
18. The midwife is caring for a client in labor and prepares to auscultate the foetal heart rate by using a Doppler ultrasound device. The midwife most accurately determines that the foetal heart sounds are heard by:
- A. Noting if the heart rate is greater than 140 BPM
  - B. Placing the diaphragm of the Doppler on the mother abdomen
  - C. Performing Leopold's maneuvers first to determine the location of the fetal heart
  - D. Palpating the maternal radial pulse while listening to the fetal heart rate
19. A midwifery student is reviewing the record of a client in the labor room and notes that the midwife has documented that the presenting part is at -1 station. The student determines that the fetal presenting part is:
- A. 1 cm above the ischial spine
  - B. 1 fingerbreadth below the symphysis pubis
  - C. 1 inch below the coccyx
  - D. 1 inch below the iliac crest

20. You conduct the vaginal delivery of a newborn infant. After the delivery, you observe the umbilical cord lengthen and a spurt of blood from the vagina. These observations are signs of:
- A. Hematoma
  - B. Placenta previa
  - C. Uterine atony
  - D. Placental separation

(20)

**Question 2**

2.1 You admit Mrs. E to the labour and delivery room after an abdominal and vaginal examination with the following findings:

- uterine contractions each lasting for 60 seconds at two minutes intervals.
- FHR of 144 beats per minute and
- cervixis 10 cm dilated and 100% effaced
- station of the vertex is at +2.

Discuss the key points of her management during this particular stage of labour.

(30)

**Question 3**

Describe five essential factors that influence normal labour.

(25)

**Total: 75 marks**