



**UNIVERSITY OF ESWATINI**

**FACULTY OF HEALTH SCIENCES**

**DEPARTMENT OF MIDWIFERY SCIENCES**

**FINAL EXAMINATION PAPER; NOVEMBER, 2019**

**TITLE OF PAPER : LABOUR WITH COMPLICATIONS**

**COURSE CODE : MID502**

**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. BEGIN EACH QUESTION ON A NEW PAGE**
- 4. QUESTIONS CARRY EQUAL MARKS**
- 5. USE BULLETS FOR ANSWERING, WHERE APPLICABLE**
- 6. THIS PAPER CONSISTS OF NINE PAGES**

**THIS PAPER SHOULD NOT BE OPENED UNTIL PERMISSION IS GRANTED BY THE INVIGILATOR**

### Question 1

The following are multiple choice questions. Choose the most appropriate response from each of the following statements and write the letter that corresponds with it next to the question number in your answer sheet. For example, 1.30 A

1.1 A midwife is performing a vaginal examination to confirm the foetal presentation. She identifies the area between the bregma and the orbital ridges. What is the presentation for this foetus?

- A. Compound presentation
- B. Breech presentation
- C. Face presentation
- D. Brow presentation

1.2 How frequent should the foetal heart rate be monitored with a foetoscope in the second stage of labour?

- A. Continuously
- B. Every three minutes and after a uterine contraction
- C. Every five minutes and after a uterine contraction
- D. Every ten minutes and after a uterine contraction

1.3 What is the **BEST** method for diagnosing Cephalo- Pelvic Disproportion (CPD)?

- A. Clinical pelvimetry
- B. X ray pelvimetry
- C. Pelvic assessment
- D. Trial of labour

1.4 Jane presents with labour pains at 32 weeks' gestational age. She has no history of cardiac disease. Cervical dilatation is 5cm, descent- 4/5 above brim, uterine contractions- 3 in 10 minutes lasting for 30 seconds. Which **ONE** of the following tocolytic drugs can be used as a first line management for Jane?

- A. Indomethacin
- B. Hexoprenaline
- C. Magnesium sulphate

D. Atosiban

1.5 What is the indication for stopping salbutamol tocolysis in a woman presenting with preterm labour, and a cervical dilatation of 4 centimetres?

- A. Tocolysis should be stopped when the pulse rate reaches 120 beats per minute
- B. Tocolysis should be stopped when the respirations are reach 16 breathes per minute
- C. Tocolysis should be stopped when the temperature reaches 37.5 Degrees
- D. Tocolysis should be stopped when the level of consciousness decreases

1.6 A 28 year old Para 1 woman has just delivered a fresh still birth at term. She blames the midwives and doctors in the maternity ward for not being able to detect the problem that led to the death of her baby. According to Kubler Ross, which stage of the grieving process is the woman in?

- A. Denial
- B. Anger
- C. Bargaining
- D. Depression

1.7 Which presentation is a transverse lie associated with?

- A. Brow presentation
- B. Breech presentation
- C. Shoulder presentation
- D. Face presentation

1.8 Which **ONE** of the following conditions is classified as an indirect cause of maternal mortality?

- A. Pulmonary embolism
- B. Post- partum haemorrhage
- C. HIV infection
- D. Sepsis

1.9 Amy is Para 1 Gravida 2 and presents to the maternity ward with post- dates. The obstetrician makes a decision to induce labour for Amy. Maternal and foetal conditions are physiologically normal. On cervical assessment, the following findings were detected: 1cm dilated, 1-2cm long, -2 station, soft, and anteriorly positioned. What is the Bishop Score for Amy?

- A. 5
- B. 6
- C. 7
- D. 8

1.10 A 22-year-old Para 1 Gravida 2 woman is in labour at 35 weeks gestational age. She has been in the second stage of labour for 1 hour 30 minutes. On assessment: presentation- cephalic, descent- 0/5 above brim, foetal heart rate- 106 beats per minute, membranes- draining clear liquor, contractions- 3 in 10 minutes lasting 35 seconds. What is the **BEST** mode of delivery for the woman?

- A. Forceps delivery
- B. Vacuum extraction
- C. Caesarean section
- D. Spontaneous vaginal delivery

1.11 On assessment of a woman in active labour, the midwife detects the following: offensive liquor, maternal temperature- 38 degrees Celsius, foetal heart rate- 170 beats per minute, descent-3/5 above brim, cervical os- 7 centimetres dilated. What is the condition that this woman is presenting with?

- A. HIV infection
- B. Pulmonary tuberculosis
- C. Chorioamnionitis
- D. Malaria

1.12 Which statement **BEST** describes late decelerations in a cardio tocograph strip?

- A. The heart rate slows at the onset of uterine contractions, returning to normal by the end of the contractions
- B. Vary in appearance and are not always related to the commencement or duration of uterine contractions
- C. Show a foetal heart rate less than 100 beats per minute for three minutes or less than 80 for two minutes
- D. Consistent slowing of the foetal heart rate, starting at the onset of each contraction and not returning to baseline after the contraction has ended

1.13 Which decelerations are indicative of foetal distress in a cardio tocograph strip?

- A. Late decelerations
- B. Variable decelerations
- C. Early decelerations
- D. Prolonged decelerations

1.14 In an occipito posterior position, what are the engaging diameters?

- A. Mento vertical and biparietal diameters
- B. Sub-mentobregmatic and biparietal diameters
- C. Occipito frontal and biparietal diameters
- D. Suboccitipo frontal and biparietal diameters

1.15 A primigravid woman presents to the maternity ward, as referral for severe pre-eclampsia at 34 weeks gestational age. After review by the obstetrician, the woman is scheduled for an emergency caesarean section. In the operating theatre, the obstetrician decides to prepare for a classical caesarean section. Is his decision justified?

- A. Yes, it is justified because the obstetrician anticipated more obstetric complications on the woman

- B. Yes, it is justified because there is a low risk for post- partum haemorrhage to the woman
- C. No, it is not justified because the lower uterine segment is not yet fully formed as the woman is 34weeks gestational age
- D. No, it is not justified because the classical caesarean section predisposes the woman to dehiscence in previous pregnancies

1.16 A woman presents at a Health Centre with labour pains at 33 weeks' gestational age. On assessment, she has moderate uterine contractions, cervical os- 4 cm dilated, descent-4/5 above brim. Vital signs are within normal limits. What is the **BEST** action for Lee?

- A. Administer dexamethasone 12mg IM and allow labour to progress
- B. Administer dexamethasone 12mg IM and refer her to a higher level of care
- C. Administer dexamethasone 12mg IM and Ampicillin 1gm IV and refer her to a higher level of care
- D. Administer dexamethasone 12mg IM and Ampicillin 1gm IV and allow labour to progress

1.17 What is the **MOST** common life threatening risk associated with manual removal of the placenta (MROP) immediately after the procedure?

- A. Infection
- B. Post partum haemorrhage
- C. Perineal tears
- D. Pain

1.18 Which **ONE** of the following statements **BEST** describes prolonged active phase of labour?

- A. Two contractions or fewer in 10 minutes, each lasting less than 40 seconds
- B. Cervix not dilated beyond 4 cm after eight hours of regular contractions
- C. Cervix fully dilated and woman has urge to push, but no descent
- D. Cervical dilatation to the right of the alert line on the partograph

1.19 A woman presents to the labour ward with bearing down uterine contractions. On vaginal assessment, feet are hanging. The midwife delivers the body. Thereafter, as soon as the hairline appears, she grasps the baby's ankles and holds the body on the stretch to keep the spine in alignment. She then lifts the legs and body in a wide arc of 180° over the woman's abdomen. Which manoeuvre did the midwife use for delivery of the head?

- A. Wigand-Martin method
- B. Maurice-Smellie-Veit manoeuvre
- C. Burns Marshall manoeuvre
- D. Zavanelli manoeuvre

1.20 A midwife is working in the labour ward and one of her clients sustains a third degree tear. Which **ONE** of the following **BEST** describes the third degree tear?

- A. Injury to perineum involving anal sphincter complex
- B. Injury to perineum involving more than 50% of the external anal sphincter thickness
- C. Injury to perineum involving less than 50% of external anal sphincter thickness
- D. Injury to perineum involving anal sphincter complex and anal epithelium

1.21 Which intervention increases mother to child transmission of HIV during labour and childbirth?

- A. Vaginal examinations done 4 hourly
- B. Episiotomy done due to a tight perineum
- C. Artificial rupture of membranes when the foetal head is delivered
- D. Suctioning of an active newborn after birth to remove maternal secretions

1.22 A 23 year old, Para 1 Gravida 2 woman presents to the labour ward with history of labour pains since 5 hours ago. She is 39 weeks pregnant and was done a caesarean section 2 years back for Cephalo Pelvic Disproportion (CPD). On assessment- Fundal height-38cm, lie-longitudinal, presentation- breech, descent- 4/5 above brim, uterine contractions- moderate, 2 in 10 minutes, Foetal heart rate- 144 beats per minute. Vital signs are within

normal limits. Vaginal examination: cervical os- 4 cm dilated, membranes- intact, station-4,  
What is the **BEST** way to manage the woman?

- A. Monitor the progress of labour
- B. Monitor the progress of labour and prepare her for assisted vaginal delivery should she experience problems in the second stage of labour
- C. Prepare her for a caesarean section
- D. Expedite delivery through augmentation of labour

1.23 Which maternal condition predisposes a foetus to sub-acute foetal distress?

- A. Hypertonic uterine contractions
- B. Severe maternal nutrition
- C. Cardiac disease
- D. Pre-eclampsia

1.24 Which classification of meconium has a high risk of meconium aspiration syndrome to the neonate?

- A. Grade 0
- B. Grade I
- C. Grade II
- D. Grade III

1.25 The “three delays framework” is used to explain the factors associated with maternal mortality, from the community to the health care facilities. In Eswatini, which delay contributes **SIGNIFICANTLY** to maternal mortality?

- A. Delay I
- B. Delay II
- C. Delay I, II and III
- D. Delay III

(25)



## **Question 2**

2.1 A primigravid woman is in labour, and on oxytocin augmentation. Suddenly, the foetal heart rate is 90 beats per minute, with late decelerations. Describe the immediate management for Elsie and the foetus (9)

2.2 A woman was admitted in the active phase of labour 4 hours ago, and had been diagnosed with an occipito- posterior position (OPP) on admission. You are the midwife that will take over the woman's management, but before you continue with her care, you want to confirm the OPP diagnosis.

2.2.1 State the expected findings on the following:

(i) Abdominal inspection (2)

(ii) Abdominal palpation (2)

(iii) Vaginal examination (4)

2.2.2 Explain why the woman could experience severe labour pains and an urge to bear down before her cervix is fully dilated (2)

2.3 Explain why women with obstructed labour present with the following:

(i) Haematuria (2)

(ii) Oedema of the cervix (2)

2.4 Name any two conditions that are contraindicated to vaginal birth after previous caesarean section (2)

**(25)**

## **Question 3**

3.1 Discuss midwifery considerations for a woman undergoing augmentation of labour (10)

3.2 Discuss the management of a woman living with HIV in labour (7)

3.3 Classify breech presentations according to the 4 types of breech

(8)

(25)

**Total [75 Marks]**