



UNIVERSITY OF ESWATINI
FACULTY OF HEALTH SCIENCES
DEPARTMENT OF MIDWIFERY SCIENCE
FINAL EXAMINATION PAPER; AUGUST, 2020

TITLE OF PAPER : LABOUR WITH COMPLICATIONS

COURSE CODE : MWF402

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. ALL QUESTIONS CARRY EQUAL MARKS**

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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 Which of the following is a direct obstetric cause of maternal mortality?

- A. Malaria
- B. HIV
- C. Ectopic pregnancy
- D. Pulmonary Tuberculosis

1.2 Which ONE of the following can be classified as Delay II?

- A. Waiting for the husband to ask for permission to go to hospital
- B. Lack of money to travel to hospital
- C. Religious beliefs held concerning health related issues
- D. A closed nearby clinic because it is afterhours

1.3 At what gestational age should a woman who presents with preterm labour be allowed to progress?

- A. At more or equal to 32 weeks gestational age
- B. At more or equal to 34 weeks gestational age
- C. At more or equal to 35 weeks gestational age
- D. At more or equal to 36 weeks gestational age

1.4 What is the other use of magnesium sulphate in preterm labour apart from being a tocolytic agent?

- A. Provide foetal neuroprotection
- B. Prevents infection to the foetus
- C. Boosts magnesium levels of the neonate
- D. Prevents foetal distress

1.5 Why are neonates born where liquor was meconium stained at risk of infection?

- A. Meconium is an irritant to foetal skin, irritant can show after birth
- B. Meconium sticks on the skin of the baby for some time after birth which predisposes the baby to perinatal bacterial infections
- C. Meconium alters the pH of amniotic fluid, reducing antibacterial activity and subsequently increasing the risk of perinatal bacterial infection
- D. The risk occurs only if the mother has an amniotic fluid infection

1.6 Which of the following best describes the cause for facial bruising in a face presentation?

- A. The force of uterine contractions and progressive descent during labour
- B. Vaginal examinations done during labour
- C. Premature bearing down of the mother as she may have an urge to push earlier
- D. Prolonged labour which may expose the foetus to prolonged exposure to uterine contractions leading to bruising

1.7 What is the best way to determine if a pelvis is adequate at term?

- A. Clinical pelvimetry
- B. Pelvic assessment
- C. Determining maternal shoe size
- D. Trial of labour

1.8 Which tocolytic agent is an oxytocin antagonist?

- A. Salbutamol
- B. Magnesium sulphate
- C. Hexoprenaline
- D. Atosiban

1.9 Lettie is in the second stage of labour at 35 weeks gestational age. The head is on the perineum, but Lettie has poor maternal effort. The foetal heart rate is 108beats per minute. The obstetrician is called and he decides on assisted vaginal deliveries. What is the best action for Lettie?

- A. Vacuum extraction
- B. Augmentation of labour to expedite delivery
- C. Forceps delivery
- D. Caesarean section

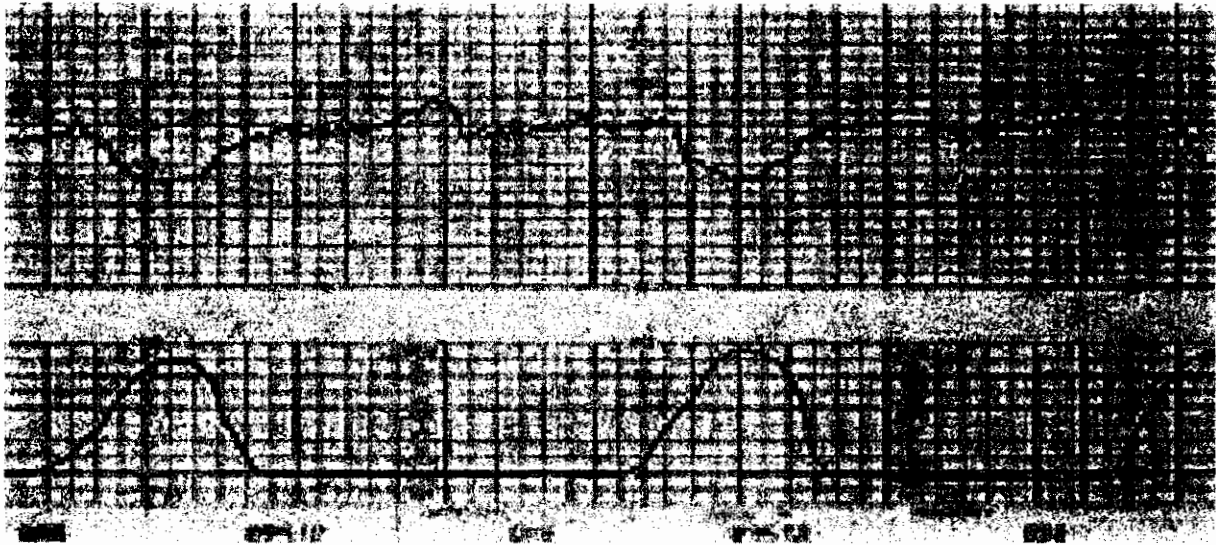
1.10 Nono presents to the labour ward at 39 weeks gestational age reporting labour pains. Her antenatal clinic card shows that the foetus was a breech presentation at 38 weeks gestational age. The midwife in the labour ward confirms the breech presentation. Where will the midwife auscultate the foetal heart rate?

- A. Above the umbilicus
- B. On maternal same side as foetal back
- C. On the same side as the limbs
- D. On the midline above the symphysis pubis, below the umbilicus

1.11 What is normal uterine intensity in the first stage of labour?

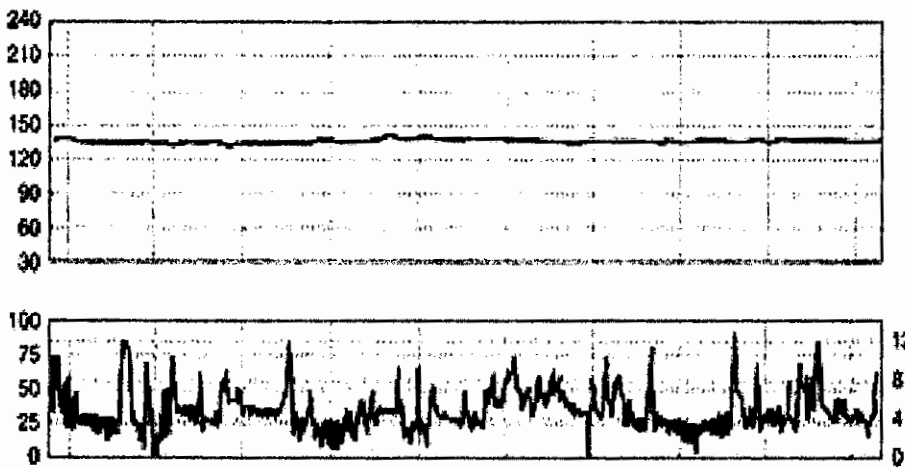
- A. Less than 40mmHg
- B. 40-70mmHg
- C. 80mmHg and above
- D. 150mmHg and above

1.12 Which type of deceleration does the cardiocotograph (CTG) strip show below?



- A. Early deceleration
- B. Late deceleration
- C. Variable deceleration
- D. Mixed deceleration

1.13 Interpret the CTG strip below



- A. Reassuring
- B. Suspicious
- C. Pathological
- D. Normal

1.14 Which one of the following conditions contributes to uterine irritability?

- A. Foetal macrosomia
- B. Maternal dehydration
- C. Multiple pregnancy
- D. Pre- eclampsia

1.15 Which statement defines a perineal haematoma?

- A. It is swelling that occurs after suturing of extensive perineal tears, which results to excessive bleeding and pain
- B. It is an injury to the perineum which involves the anal sphincter complex, which results to swelling
- C. It is a condition whereby the woman has urine incontinence after childbirth
- D. It is a condition caused by rupture of subcutaneous blood vessels, with ensuing rapid dissection of blood into tissue planes

1.16 In an occipito posterior position, on vaginal examination what would inform the midwife that the foetus is in deep transverse arrest?

- A. The sagittal suture is under the symphysis pubis and only the anterior fontanelle is palpable
- B. The sagittal suture is in the oblique diameter of the pelvis and no fontanelle is palpable
- C. The sagittal suture is in the transverse diameter of the pelvis and both fontanelles are palpable
- D. The sagittal suture is in the antero posterior diameter of the pelvis and both fontanelles are palpable

1.17 A midwife suspects a shoulder presentation after performing a pelvic and fundal palpation. What would be the findings that confirms the midwife's suspicions?

- A. Neither breech nor head was felt
- B. Only the head was felt
- C. Only the breech was felt
- D. Both the head and breech were felt

1.18 Which of the following is an indication for performing an episiotomy in the second stage of labour?

- A. Primigravida
- B. Grande multipara
- C. Preterm labour
- D. Foetal distress

1.19 On assessment of a woman who had just given birth, the midwife identifies a tear. The tear involves the perineum and the anal sphincter complex. Which class of perineal tear is this?

- A. 4th Degree tear
- B. 3rd Degree tear (3c)
- C. 3rd Degree tear (3a)
- D. 2nd Degree tear

1.20 Which of the following is a secondary cause of cervical dystocia?

- A. Surgery to the cervix
- B. Shirodkar scars
- C. Congenital abnormalities of the cervix
- D. Premature bearing down

1.21 At 7am, Gilly a 22-year-old Para 1 Gravida 2 presented into the labour ward reporting labour pains since 6am. On examination: fundal height- 38 centimetres, lie- longitudinal, presentation- cephalic, descent 3/5 brim, foetal heart rate 148 beats per minute, uterine contractions: 3 in 10 minutes lasting for 40 seconds. Vaginal examination: cervical os- 5 centimetres dilated, membranes intact, station: -1. Vital signs were within normal limits. Lilly was admitted for progress of labour. At 830am, Lilly reported an urge to bear down, and she delivered a live neonate. Which abnormality of labour did Lilly experience?

- A. Precipitate labour
- B. Prolonged labour
- C. Normal labour as people respond differently
- D. Shortened active phase of labour

1.22 What is the Bishop Score for a woman who presents with an anteriorly positioned cervix, 1centimetre long, soft, at 0 station and a cervical dilatation of < than 1?

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

1.23 Which of the following describes a compound presentation?

- A. Is when one foot or arm prolapses alongside the head
- B. Is when there is deflexion at the joint and knee of one leg
- C. Is when the umbilical cord is adjacent to the presenting part
- D. Is when orbital ridges and root of nose are felt on examination

1.24 Which of the following manoeuvres is used for delivery of the after coming head in a breech presentation?

- A. McRoberts Manoeuvre
- B. Woods Manoeuvre
- C. Rubin Manoeuvre
- D. Burns- Marshall Manoeuvre

1.25 Which fistula is common in women who experience prolonged and obstructed labour?

- A. Rectovaginal fistula
- B. Vesicovaginal fistula
- C. Anal fistula
- D. Arteriovenous fistula

(25)

Question 2

Study the attached partograph and answer the questions that follow

2.1 Explain the problems that manifested during the progress of Ellen, including the midwifery care rendered (12)

2.2 Outline the management for Ellen and the foetus (13)

(25)

Question 3

3.1 Identify criteria for a failed vacuum extraction (3)

Read the following scenario and answer the question that follows

3.2 Tasha is a 25-year-old Para 1 Gravida 2 who presents with labour pains with a diagnosed twin pregnancy. According to an ultrasound scan, both twins are cephalic. No other problems were identified in her history and examination. Vital signs are within normal limits.

Abdominal examination: height of fundus- 41 centimetres, descent 4/5↑ brim, foetal heart rate 130 beats per minute and 140 beats per minute respectively. Uterine contractions: 3 in 10 minutes lasting for 45 seconds each. Vaginal examination: cervical os- 10 centimetres dilated and membranes intact. The obstetrician is notified and the woman has an urge to bear down.

Outline the management for Tasha in the second stage of labour (10)

3.3 Zono is a Primigravida who presents with prelabour rupture of membranes at 38 weeks gestational age. The rupture occurred 24 hours ago. After review by the obstetrician on admission, the obstetrician decides to induce labour with misoprostol solution as there were no contraindications to induction of labour. The Bishop Score was 9. Describe the management of Zono before and during the induction of labour (10)

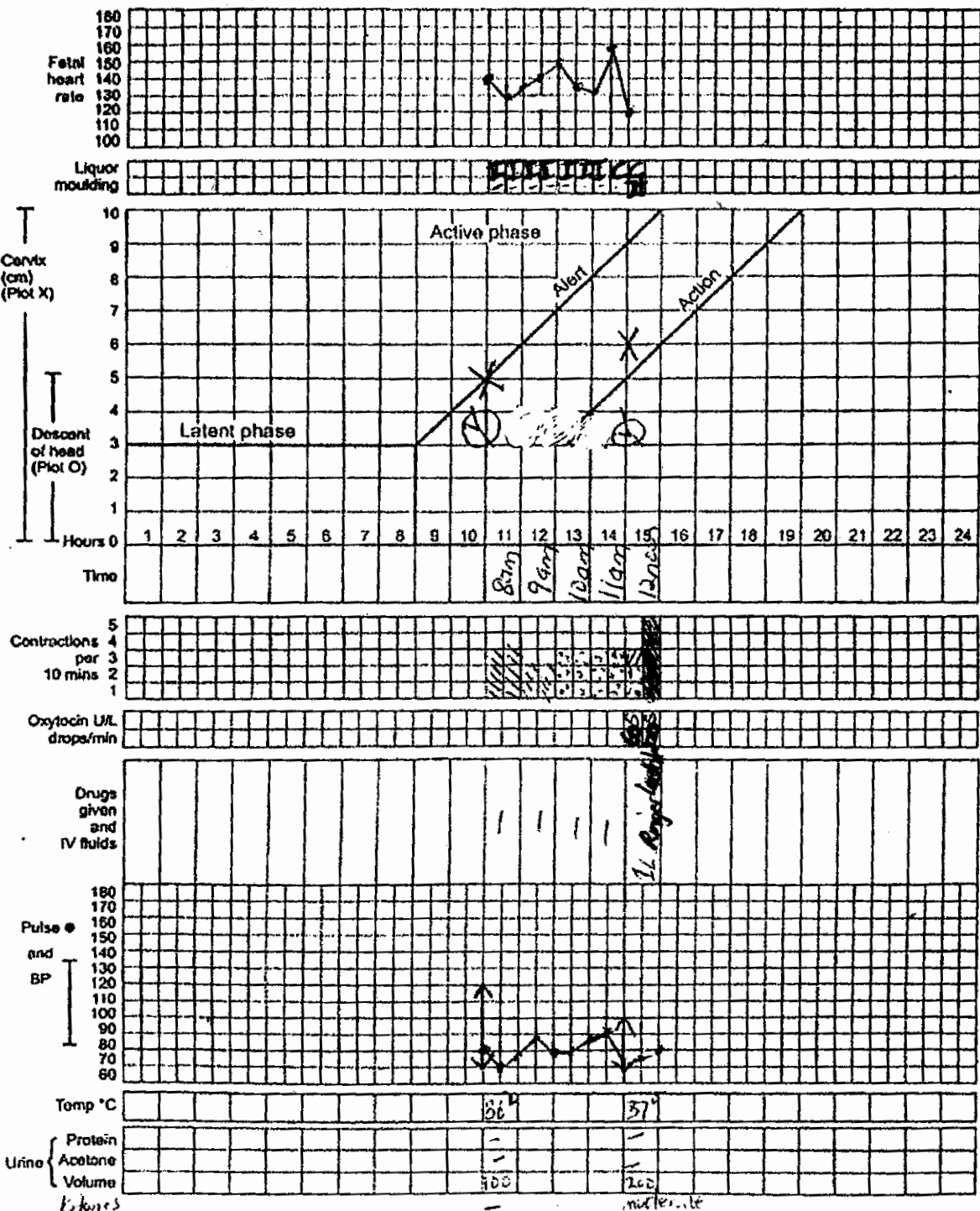
3.4 Explain the effect of long rotation in an occipito posterior position (2)

(25)

[Total: 75 Marks]

xure 2

Name Ellen Diqmini Age: 16 years EDD: 25/02/2020 Height: 1.52cm
 Gravida 1 Para. 0 Hospital No. 201/2020
 Date of admission 18/02/2020 Time of admission 08h00 Ruptured membranes 11h30 Hours



Oxytocin augmentation started with 60gtt/min
 After 30 minutes, the drop rate was 120gtt/min.

lotsa