



UNIVERSITY EXAMINATIONS

**EXAMINATION FOR THE AWARD OF DEGREE OF BACHELOR OF SCIENCE IN
NURSING**

NURS 283: MIDWIFERY III (LABOUR AND DELIVERY)

STREAMS: Y1S2

TIME: 2 HOURS

DAY/DATE: WEDNESDAY 18/12/2024

2.30 P.M – 4.30 P.M

INSTRUCTIONS:

- 1. Do not write anything on the question paper.**
- 2. Mobile phones and any other reference materials are NOT allowed in the examination room.**
- 3. The paper has three sections. All questions are compulsory**

PART I: MULTIPLE CHOICE QUESTIONS (20 MARKS)-choose the most appropriate response

1)The greatest diameter of the fetal head is:

- Occipitofrontal.
- Occipitomenal.
- Suboccipit bregmatic.
- Bitemporal

2)The fetal head

- Can be delivered vaginally in persistent occipito-mental Presentation.
- Can be delivered vaginally in persistent brow presentation.
- Is likely to be a vertex presentation when the head is deflexed.
- Considered to be engaged when the Biparietal diameter passes the level

of the pelvic inlet.

3) All the following characteristics are applied to a pelvis favorable to vaginal delivery EXCEPT:

- Sacral promontory cannot be felt.
- Obstetric conjugate is less than 10 cm.
- Subpubic arch accepts 2 fingers.
- Intertuberous diameter accepts 4 knuckles on pelvic exam.

- 4) A head of level (one fifth) indicates:
- Indicates that one fifth of the head is below the pelvic brim.
 - Indicates that the head is engaged.
 - Indicated that forceps may not be used.
 - Indicates that head is at the level of the ischial spines.
- 5) In a vertex presentation, the position is determined by the relationship of what fetal part to the Mother's pelvis:
- Mentum.
 - Acromian.
 - Occiput.
 - Sinciput.
- 6) Signs of Placental separation after delivery include:
- Bleeding.
 - Changes of uterine shape from discoid to globular.
 - Presentation of the placenta at the cervical os.
 - All of the above.
- 7) A primipara is in labor and an episiotomy to be cut. Compared with a mid line episiotomy, an advantage of medio-lateral episiotomy is:
- Ease of repair
 - Lower blood loss
 - Less dyspareunia
 - Less extension of the incision
- 8) What is the station where the presenting part is at the level of the ischial spines
- 2 .
 - 1 .
 - 0 .
 - +1 .
- 9) A laceration of the perineum during delivery involving the muscles of perineal body but not the anal sphincter would be classified as :
- A. First degree
 - B. Second degree
 - C. Third degree
 - D. Fourth degree
- 10) Repetitive late decelerations most commonly indicate:
- Fetal acidemia.

- b) Fetal hypoxia.
- c) Fetal sleep state.
- d) Rapid cervical dilation

11) If a primigravida has poor progress in labour in spite of good, painful uterine contractions, without any moulding, your diagnosis should be:

- a) Ineffective uterine contractions
- b) Cephalopelvic disproportion
- c) A small pelvis
- d) Braxton Hicks contractions

12) Cephalopelvic disproportion due to a small pelvic inlet should be diagnosed when:

- a) There is no further dilatation of the cervix
- b) There is 3/5 or more of the fetal head palpable above the pelvic brim and 3+ or more moulding is present
- c) There is 2/5 or less of the fetal head palpable above the pelvic brim and 1+ moulding is present
- d) The measurements of the pelvic inlet are assessed as small during a pelvic examination

13) The latent phase of the first stage of labour is period of time

- a) The cervix takes to dilate from 3 cm to full dilatation
- b) From the onset of labour to full cervical dilatation
- c) The period of time from the onset of labour to 3 cm cervical dilatation
- d) During which the cervix becomes effaced

14) What is the name given to the first oblique line on the partogram?

- a) The action line
- b) The alert line
- c) The normal cervical dilatation line
- d) The normal line

15) How many fifths of the fetal head will be palpable above the brim of the pelvic when engagement has taken place?

- a) 5/5
- b) 4/5
- c) 3/5
- d) 2/5

16) When should a patient in the second stage of labour start bearing down?

- a) When her cervix is fully dilated
- b) When her cervix is fully dilated and 1/5 of the fetal head is still palpable above the pelvic brim
- c) When her cervix is fully dilated and 2/5 of the fetal head is still palpable above the pelvic brim
- d) When her cervix is fully dilated and 3/5 of the fetal head is still palpable above the pelvic brim

- 17) What position should the patient adopt when she delivers?
- a) She should lie on her back (i.e. the dorsal position)
 - b) She should lie on her side (i.e. the lateral position)
 - c) She should squat upright (i.e. the vertical position)
 - d) Any position she prefers as long as it is practical under the clinical circumstances.
- 18) Which statement about suctioning an infant's airways at delivery is correct?
- a) The mouth and then the nose of all infants should be suctioned after delivery of the head but before the shoulders are delivered.
 - b) Only infants with meconium-stained liquor should have their nose and then their mouth suctioned after delivery of the head but before the shoulders are delivered.
 - c) Only preterm infants should be routinely suctioned at delivery as they have an increased risk of respiratory distress after birth.
 - d) All infants need not be routinely suctioned after delivery unless they fail to breathe spontaneously.
- 19) Which of the following is a contraindication to giving Syntometrine during the third stage of labour?
- a) An atonic uterus
 - b) Hypotension after delivery
 - c) Any of the hypertensive disorders of pregnancy
 - d) Factors during pregnancy which result in a large uterus
- 20) Passive management of the third stage of labour includes:
- a) Giving an oxytocic drug and then waiting for the signs of placental separation
 - b) Waiting for the signs of placental separation when the patient is then asked to bear down and spontaneously deliver the placenta
 - c) Pulling down steadily on the umbilical cord and pushing the uterus up when the patient has a contraction
 - d) Giving an oxytocic drug when the signs of placental separation appear so that the placenta can be spontaneously delivered

PART II: SHORT ANSWER QUESTIONS (30MARKS)

- 1) Compare and contrast Expectant and active management of third stage of labour. (8marks)
- 2) Differentiate between false and true labour. (6marks)
- 3) Describe the activities of the fourth stage of labour. (8marks)
- 4) Explain two measures during the first stage and two during second stage for prevention of mother to child transmission of HIV (8marks)

PART III: LONG ANSWER QUESTIONS (20MARKS)

- 1) 22 year old primi has been in labour for the last six hours. She has three uterine contractions lasting 35 secs, fetal heart rates are within normal range. A vaginal examination done yields the following- vaginal walls warm and moist, descent 2/5, cervix is fully dilated and adequate pelvis
- a) State the possible diagnosis and justify. (4marks)
 - b) Describe the nursing management to be offered as per the diagnosis. (12marks)
 - c) State two possible complications to the mother and two to the fetus. (4marks)
-