

THE NATIONAL UNIVERSITY OF LESOTHO

BSC. NURSING AND MIDWIFERY EXAMINATION

NURS 519: LABOUR AND CHILD BIRTH

AUGUST 2023

MARKS: 100

TIME: 3 HOURS

INSTRUCTIONS

1. Answer all questions.
2. Write neatly and legibly.
3. Number your answers correctly.
4. Start a new question on a new page.
5. This paper consists of nine (9) pages including the cover page.
6. Figures in brackets indicate marks allocated.

QUESTION 1.

Select the most appropriate answer for the following multiple choice questions.

Do not re-write the statements. Example:- 1.30. A

1.1 Descent of the foetus into the lower uterine segment from 36th week of gestation:

- A. Brixton hicks.
- B. Engagement.
- C. Ferguson reflex.
- D. Lightening.

1.2 Which of the following conditions is responsible for unstable lie during pregnancy and labour?

- A. Polydramnios.
- B. Posterior position
- C. Primigravida.
- D. Small for gestational

1.3 Which of the following statements is true about restitution?

- A. Aids crowning.
- B. Increases flexion of the head.
- C. Reduces the incidence of shoulder dystocia.
- D. Reduces internal rotation of the shoulders.

1.4 Decrease in oestrogen levels in pregnancy leads to production of _____ that initiates uterine contractions.

- A. Cortisol.
- B. Oxytocin.
- C. Prostaglandins.
- D. Relaxin.

1.5 Which enzyme breaks the collagen fibers in the cervix?

- A. Amylase.
- B. Catalase.
- C. Elastase.
- D. Hydrolase.

1.6 Presence of a companion in labour helps to enhance labour progress by:

- A. Assisting with labour activities required for the woman.
- B. Observing the midwives' attitudes.
- C. Preventing ill treatment.
- D. Providing security and alleviate anxiety.

1.7 Bregma that is palpated at the right iliopectineal eminence during vaginal examination is suggestive of _____ position.

- A. Left occipitoanterior.
- B. Left occipitoposterior.
- C. Right occipitoanterior.
- D. Right occipitoposterior.

1.8 The denominator in complete breech presentation is:

- A. Acromion process
- B. Anus.
- C. Buttocks.
- D. Sacrum.

1.9 Which risk is associated with multiple pregnancy that the midwife should guard against during labour and childbirth?

- A. Haemorrhage
- B. Placenta abruption.
- C. Placenta previa.
- D. Uterine rupture.

1.10 The following are the composition of lochia serosa except:

- A. Epithelial cells.
- B. Erythrocytes.
- C. Serous exudate.
- D. Shreds of degenerating decidua

1.11 Post childbirth, ovulation return is directly associated with high levels of:

- A. Oestrogen.
- B. Relaxin.
- C. Prolactin.
- D. Progesterone.

1.12 Immediately after childbirth, prolactin secretion _____ .

- A. Decreases.
- B. Increases.
- C. Is absent.
- D. Remains constant.

1.13 Failure of diuresis leads to:

- A. Brain damage.
- B. Cardiac problems.
- C. Hepatic problems.
- D. Kidney failure.

1.14 Pain during the first stage of labour is due to:

- A. Cervical dilatation.
- B. Distention of the vagina and perineum.
- C. Stretching of the lower uterine segment.
- D. Uterine contractions.

1.15 The synthesis of prostaglandins E₂ and F is stimulated by which hormone?

- A. Adrenocorticotrophic hormone.
- B. Corticotropin –Releasing Hormone.
- C. Oestrogen.
- D. Progesterone.

1.16 The placental site heals by a process of:

- A. Debridement.
- B. Dry gangrene
- C. Exfoliation.
- D. Proliferation

1.17 The following factors retard uterine involution except:

- A. Anaesthesia.
- B. Full bladder
- C. Prolonged labour.
- D. Uncomplicated labour and childbirth

1.18 Which of the following is a method of placental delivery?

- A. Controlled Cord Traction.
- B. Manual aspiration.
- C. Matthew's Duncan.
- D. Schultze.

1.19 Intramuscular oxytocin is administered after:

- A. Birth of anterior shoulder.
- B. Complete childbirth.
- C. Exclusion of additional baby.
- D. Expulsion of the placenta.

1.20 The first priority in the immediate care of the newborn is maintaining:

- A. Heart rate.
- B. Respiration.
- C. Oxygen saturation.
- D. Warmth.

[20]

QUESTION 2.

Differentiate by definition the following terms:

- 2.1 Amniotic sac and Amniotic fluid.
- 2.2 Augmentation and Induction.
- 2.3 Descent and Engagement
- 2.4 Hypotonic uterine action and Hypertopic uterine action
- 2.5 Presentation and presenting part.

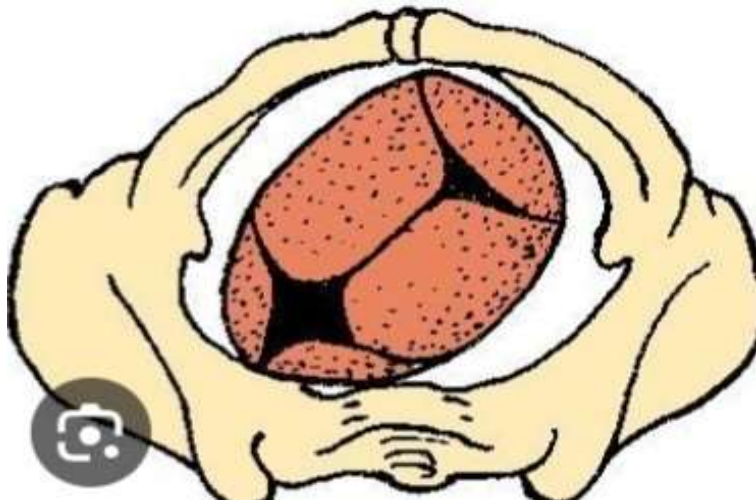
[10]

QUESTION 3.

Use the picture below to answer questions 3.1 to 3.6.

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- 3.1 Mention any **three (3)** parts of the fetal head you would feel during vaginal examination. [3]
- 3.2 What is the attitude and position of the foetus? [2]
- 3.3 During labour how much does the occiput rotate in the position mentioned in 3.2 above? [1]
- 3.4 Give the location of the lambda. [1]
- 3.5 Which **two (2)** diameters present? [2]
- 3.6 Mention the denominator. [1]

QUESTION 4.

Read the scenario below and respond to questions 4.1 to 4.3.

Ms Khalase, Gravida 2, Para 1 was diagnosed with **POSTDATISM** and the plan was for her to be induced. **BISHOP SCORE** needed to be done to determine whether her cervix was favourable for induction.

Here follow vaginal examination findings:

Vagina was warm and moist, Cervix = soft, anteriorly located and 1.5cm long, Os = 3cm dilated, presenting part = vertex tipped at - 1. Fetal position = Unidentified, Membranes = Intact. Slight show seen on examination glove.

4.1 Copy and fill in the provided table based on the read scenario of Ms Khalase.

[6]

FACTOR	0	1	2	3
Cervical dilatation (1)				
Cervical effacement (2)				
Fetal station (1)				
Cervical consistency (1)				
Cervical position (1)				

4.2 Provide the TOTAL SCORE **[2]**

4.3 Can Ms Khalase be induced? **[2]**

QUESTION 5.

- 5.1 Describe the **three (3)** phases of the first stage of labour. [6]
- 5.2 How can you (the student midwife) assist the woman in labour to relax?
Consider any **four (4)** points. [4]

QUESTION 6.

Read the narrative below and respond to questions 6.1 to 6.5

You have just conducted childbirth for Ms. Mobu Seretse and baby Seretse was born with the following features:

- He was apnoic,
- Heart rate was slow at 80 beats per minutes,
- He was centrally cyanosed,
- He responded to foot flicking,
- Some flexion of the limbs was noted.

- 6.1 Using APGAR SCORE method, score baby Seretse. [6]
Show your work and indicate the final score.

Note: (½ mark per character, ½ mark per score and 1 mark for total score)

- 6.2 Why is it important to do apgar score at first (1st) and fifth (5th) minutes [2]
- 6.3 What is the diagnosis of baby Seretse? [1]
- 6.4 Which action are you going to take for baby Seretse? [1]
- 6.5 Mention any **five (5)** maternal factors that can affect apgar score. [5]

QUESTION 7.

Post-partum haemorrhage is one of the major leading causes of maternal mortality globally. It is categorized into two.

- 7.1 Distinguish by definition the **two (2)** categories of postpartum haemorrhage. **[2]**
- 7.2 Outline any **two (2)** contributing factors to post- partum haemorrhage. **[2]**
- 7.3 Describe the intranatal preventive measures for postpartum haemorrhage. Consider any **four (4)** points. **[4]**
- 7.4 Formulate **one (1)** **actual nursing diagnosis** for a client who had postpartum haemorrhage within a day post childbirth. Support the nursing diagnosis with **four (4)** nursing interventions. **[7]**

QUESTION 8.

- 8.1 Describe any **five (5)** categories of disrespectful care and abuse for woman in labour. **[10]**