



AMREF INTERNATIONAL UNIVERSITY
SCHOOL OF MEDICAL SCIENCES
DEPARTMENT OF NURSING & MIDWIFERY SCIENCES
End of Semester December 2024 Examinations

COURSE CODE AND TITLE: BSM 226- Normal Labour and Delivery

DATE:

TIME: 2 HOURS

START: 9:00AM

END: 11:00AM

Instructions

- 1) This exam is out of 70
- 2) This paper has three sections: Section I: Multiple choice Questions (MCQ) (20 marks), Section II: Short answer questions (SAQ) (30 marks) and Section III: Long answer question (LAQ) (20marks)
- 3) Answer **ALL** questions in Section I and Section II and III
- 4) Answer all the questions in the examination booklets provided
- 5) Any rough work to be done at the back of the answer booklet

SECTION I: MULTIPLE CHOICE QUESTIONS**(20 MARKS)**

1. Definition of normal labor according WHO, s: -
 - A. Is one that is of high risk throughout, spontaneous in onset with the fetus presenting by the occiput, culminating in mother and infant being in good condition following birth.
 - B. Is one that is low risk throughout, spontaneous in onset with the fetus presenting by the vertex, culminating in mother and infant being in good condition following birth.
 - C. Is one that is low risk throughout, induced in onset with the fetus presenting by the face, culminating in mother and infant being in good condition following birth
 - D. Is one that is high risk throughout, spontaneous in onset with the fetus presenting by the brow, culminating in mother and infant being in good condition following birth
2. The difference between true and false labor in terms of lower abdominal pain :-
 - A. In true labor, woman experiences lower abdominal pain radiating to the back while in false labor the woman experiences lower abdominal pain that does not radiate to the back.
 - B. In true labor, woman experiences lower abdominal pain that does not radiate while in false labor the woman experiences lower abdominal pain that radiates to the back
 - C. In true labor, woman experiences only lower back pain abdominal pain while in false labor the woman experiences lower abdominal pain that does not radiate to the back.
 - D. In true labor, woman experiences epigastric pain radiating to the back while in false labor the woman experiences lower back pain that radiate to the abdomen
3. A partograph is a WHO tool used for monitoring labor, at how many centimeters dilatation should on begin a woman in labor on partograph: -
 - A. 5 cm
 - B. 6 cm
 - C. 4 cm
 - D. 3 cm
4. The labor care guide which was introduced by WHO in 2018 has how many sections: -
 - A. 4
 - B. 5
 - C. 6
 - D. 7
5. Latent phase of labor is:-
 - A. From onset of contractions to a cervical dilatation of 5-6 cm
 - B. From onset of contractions to a cervical dilatation of 3-4 cm
 - C. From onset of contractions to a cervical dilatation of 4-5 cm

- D. From onset of labor to a cervical dilatation of 2-3 cm
6. Transitional phase of labor is defined as: -
- A. It is the stage when the cervix is around 8 cm dilated until it is fully dilated
 - B. It is the stage when the cervix is around 7 cm dilated until when it is fully dilated
 - C. It is the stage when the cervix is 4 cm dilated until when it if fully dilated
 - D. It is the stage when the cervix is 5 cm dilated until when it is fully dilated
7. In a normal presentation while monitoring normal labor, which region of the fetal skull present: -
- A. The sinciput
 - B. The occiput
 - C. Vertex
 - D. The base
8. A hormone responsible for muscle relaxation, difficulty in walking and eventual lightening during the last two weeks is: -
- A. Estrogen Hormone
 - B. Progestogen Hormone
 - C. Oxytocin Hormone
 - D. Relaxin Hormone
9. Regarding duration in physiology of labor, how long should the active phase of labor take:-
- A. 7-10 hours
 - B. 6-12 hours
 - C. 8-10 hours
 - D. 9-12 hours
10. A statement that best describes cervical effacement in normal physiology of labor is :
- A. Inclusion of the external cervical OS into uterus
 - B. Inclusion of the external cervical OS into the vaginal canal
 - C. Inclusion of the cervical canal into the lower uterine segment
 - D. Inclusion of the cervical can into the upper uterine segment
11. Following cervical dilatation there is release of a mucoid blood stained substance known as SHOW, where does show come from :-
- A. Action of progesterone and oestrogen in pregnancy
 - B. Action of human chorionic gonadotrophin hormone in pregnancy
 - C. Operculum that had formed cervical plug in pregnancy
 - D. Retraction ring that forms between the upper and lower uterine segment

12. While monitoring normal labor strong contractions are :-
- A. Whenever the contraction last more than 30 seconds
 - B. Whenever the contraction last more than 20 seconds
 - C. Whenever the contraction last more than 10 seconds
 - D. Whenever the contraction last more than 40 seconds
13. How often should we monitor the fetal heart rate during normal labor :-
- A. Every one Hour
 - B. Every four hours
 - C. Every thirty minutes
 - D. Every twenty minutes
14. How long should we wait to clamp and cut the cord after delivery of the normal neonate: -
- A. 2-3 minutes
 - B. 3-4 minutes
 - C. 1-3 minutes
 - D. 2-4 minutes
15. Within which period should oxytocin be administered after delivery :-
- A. Within 2 minutes' post delivery
 - B. Within 1 minute post delivery
 - C. Within 3 minutes' post delivery
 - D. Within 4 minutes' post delivery
16. The following statement defines the fetal lie:-
- A. The relationship between the long axis of the uterus and long axis of the fetus
 - B. The relationship between the presenting part and the six uterine positions
 - C. The relationship between the denominator and long axis of the uterus
 - D. The relationship between position of the fetal presenting part and the placenta
17. While monitoring labor, the midwife ascertains the descend using which form of examination technique :-
- A. Abdominal palpation
 - B. Digital vaginal examination
 - C. Abdominal inspection
 - D. Abdominal inspection

18. After how long should the midwife wait to deliver the placenta following delivery of the fetus:-

- A. After evidence of placental separation
- B. After gush of blood
- C. Immediately
- D. After lengthening of the cord

19. While using a partograph, for how long should you observe for the contractions for recording:-

- A. 20 Minutes
- B. 30 Minutes
- C. 10 Minutes
- D. 40 minutes

20. From which point of the vulva should an episiotomy begin :-

- A. Centre of the prepue
- B. The centre of labia Majora
- C. Above the fourchette
- D. Fourchette

SECTION II: SHORT ANSWER QUESTIONS

(30 MARKS)

1. State the **Four (4)** stages of labor **(4 Marks)**
2. Outline **Six (6)** differences between true and false labor **(6 Marks)**

3. State **Five (5)** changes occurring during the last two weeks of pregnancy (5 Marks)
4. State **Four (4)** mechanical factors in the physiology of first stage of labor (4 Marks)
5. Explain **Three (3)** indications for vaginal examination (6 Marks)
6. State any **Five (5)** sections of the labor care guide (5 Marks)

SECTION III: LONG ANSWER QUESTION (20 MARKS)

1. Mrs **K Para 2+0** is brought to a County Referral Hospital accompanied by her husband where you are working as the labour ward in charge complaining of lower abdominal pain radiating to the back. On examination, you make a diagnosis of active phase of labor at **6 cm cervical dilatation**.
 - a) Define active phase of labor (1 Mark)
 - b) Describe five (5) specific management you would offer to Mrs K during her first stage of labor (9 Marks)
 - c) Explain at least two (2) **signs** that will make you confirm second stage of labor (4 Marks)
 - d) Explain any **three (3)** of the steps in active management of third stage of labor (6 Marks)