

MOD4-MW320-Intrapartum Complications

1. Choose the following statement that is true about women who have a history of previous cesarean section:
 - a. Women with a previous vertical or horizontal incision have approximately the same risk of uterine rupture in a subsequent birth.
 - b. Women with double layer suturing are at an increased risk for uterine rupture then women with single layer suturing.
 - c. Women with a low horizontal incision have the lowest statistical risk experiencing uterine rupture.
 - d. Women with a low vertical incision have the lowest statistical risk for experiencing uterine rupture.
2. Which of the following definitions best describes a placenta accreta?
 - a. When the placenta encroaches on the cervical os
 - b. What the placenta partially separates from the uterus prior to delivery
 - c. When the placenta has an accessory lobe that is not attached to the primary lobe by blood vessels
 - d. When the placenta invades beyond the normal implantation depth in the uterine wall
3. During an initial labor check a midwife finds that the laboring woman has a temperature of 101.1 degrees F and foul-smelling discharge is noted on the vaginal exam. As assessment of fetal heart tones reveals that heart tones range between 150-175 bpm. What should the midwife's assessment be?
 - a. The woman is exhibiting signs of chorioamnionitis and should be managed for active infection
 - b. The woman is exhibiting signs of preeclampsia and should be managed for possible seizure activity
 - c. The woman is exhibiting signs of cholestatis and should be managed for liver dysfunction
 - d. The woman is exhibiting signs of cystitis and should be managed for an active bladder infection
4. After several hours of active labor with no fetal distress the membranes spontaneously rupture. The midwife checks fetal heart tones and discovers a non-reassuring pattern. Upon vaginal exam she identifies that the cervix is 6cm dilated and a loop of the umbilical cord can now be felt in the vagina, pressed beneath the fetal head that is presenting. Which of the following actions would be an appropriate response to this situation?

- a. Place the woman on hands and knees and attempt to replace the cord in the uterus until the cervix dilates enough to facilitate birth of the baby.
 - b. Place the woman in a knee-chest position and transport for an emergency c-section, while continuing to elevate the fetal head off the cord.
 - c. Place the woman in a squatting position and encourage aggressive pushing for a quick delivery of the baby.
 - d. Place the woman in a lunge and attempt to keep the cord warm to prevent spasming while transport is initiated.
5. Which of the following fetal heart tone patterns is a sign of utero-placental insufficiency?
 - a. Early accelerations during a contraction
 - b. Late accelerations during a contraction
 - c. Early decelerations during a contraction
 - d. Late decelerations during a contraction
6. A woman is in labor with her fourth child. She has progressed with regular contractions to 5 cm. Over the last two hours her contractions have become less painful and appear to be spacing out. Upon exam the midwife notes that the fetus is at -2 station and the cervix is 50% effaced. The woman appears to be feeling tired and the baby shows no signs of distress. What should the midwife's assessment be?
 - a. The woman is displaying signs of a hypotonic uterus. Exhaustion and fetal malpresentation should be ruled out.
 - b. The woman is displaying signs of hypotonic uterus. Infection and pelvic inadequacy should be ruled out.
 - c. The woman is displaying signs of a hypertonic uterus. Exhaustion and fetal asynclitism should be ruled out.
 - d. The woman is displaying signs of a hypertonic uterus. Infections and utero-placental insufficiency should be ruled out.
7. A woman has been in labor for 12 hours. She is now 7 cm and 80% effaced. Throughout labor she has had frequent emesis and trouble keeping any fluids down. She is feeling weak and states she can't keep going for much longer. Upon physical exam the midwife notes that her pulse has risen from a baseline of 90bpm to 116bpm. A urinalysis reveals large ketones and trace protein. What should the midwife's assessment be?
 - a. The woman is showing signs and symptoms of uterine atony.
 - b. The woman is showing signs and symptoms of uterine infection.
 - c. The woman is showing signs and symptoms of maternal exhaustion.
 - d. The woman is showing signs and symptoms of hypotonic uterus.
8. After 6 hours of regular strong contractions a woman reports a sharp pain at the height of the contraction. A trickle of bright red blood is noted coming from the

vagina. Upon palpation the fetus is easily identified as well as a firm mass beside it. What should the midwife's assessment be?

- a. These are the signs of a concealed placental abruption.
 - b. These are the signs of a hypertonic uterus.
 - c. These are the signs of minor scar dehiscence.
 - d. These are the signs of catastrophic uterine rupture.
9. Which of the following is an example of a strategy for the management of a shoulder dystocia?
- a. Placing the mother on hands and knees and performing the "cork-screw" maneuver
 - b. Applying subrapubic pressure while attempting to reinsert the presenting part in the vagina
 - c. Place the mother in McRobert's Position and attempt to deliver the anterior arm.
 - d. Maintain flexion of the fetal head while applying firm downward traction.
10. Which of the following is a sign of fetal hypoxia even in the absence of any other signs?
- a. Meconium stained fluids.
 - b. Persistent late decelerations of the fetal heart rate.
 - c. Decreased fetal movement.
 - d. Premature rupture of membranes.