# MOD4-MW320-Intrapartum Risk Screening

1. After 18 hours of active labor a primip has reached 8 cm. She is tired but working with her strong contractions as best she can while laboring in the water. Her vitals have remained normal although she has not been able to keep down fluids since entering transition. During several fetal heart tone checks the midwife notices decelerations from 140bpm down to 80 bpm lasting around 45 seconds. These decelerations begin after the peak of the contraction and recovery to the baeline fetal heart rate occurred 10-15 seconds after the end of the contraction What is the best assessment of fetal well-being?

    a. This type of deceleration is a sign of utero-placental insufficiency and indicates that there is risk of compromise to the fetus.
    b. This type of deceleration is a sign of head compression and indicates that the fetus is descending further into the pelvis.
    c. This type of deceleration indicates that the fetus has good variability and is tolerating labor well.
    d. This type of deceleration is a sign of body compression and could indicate that the cord is being compressed.

2. After 8 hours of active labor and an hour of pushing a baby is beginning to crown. The head is born and has a dark bluish color. The midwife checks for a cord and finds that there is a tight nuchal cord. She is unable to slip the cord over the baby's neck to facilitate delivery. Which of the following techniques should the midwife try next?

    a. Suction on the perineum and prepare for resuscitation immediately following the delivery.
    b. Attempt to somersault the baby out, slipping the cord over the shoulder and unwrap the cord after the body has been born.
    c. Wait for the next contraction and apply firm downward pressure on the baby to facilitate the birth of the shoulders.
    d. Perform the cork-screw maneuver, working to dislodge the cord further so that it can be slipped over the baby's head before delivery of the body.

3. During a slow second stage for the first time during labor the midwife notes a deceleration in fetal heart rate at the beginning of the contraction. The mother is sitting on a birth stool and pushing continuously through each contraction with all her strength. Her labor has been lengthy but her vital signs and fetal heart tones have been normal throughout. Which of the following steps would NOT be appropriate for the midwife to take?

    a. Have the woman change positions and continue to push
    b. Perform a vaginal exam to see if the fetus is descending
    c. Administer oxygen to mother through the remainder of the pushing stage
    d. Have the mother get in knee-chest position and attempt not to push

4. After a slow second stage the fetal head is visible with each push during the contraction. The mother is pushing with all of her effort in a supine position as the fetal head slowly begins to emerge. After the head is born the midwife notes that it does not restitute and stays occiput anterior despite the onset of the next contraction. The maternal pushing effort along with the next contraction does not move the head further or birth the shoulders. The scalp begins to darken as the baby remains on the perineum while the mother continues to push vigorously. What steps should the midwife take to manage the situation?

    a. Cut an episiotomy and attempt to check for a tight cord that might be restraining the baby from being born.
    b. Perform the Leopold's maneuvers in an attempt to dislodge the posterior shoulder.
    c. Perform the Gaskin maneuver in an attempt to dislodge the anterior shoulder.
    d. Administer oxygen to the mother and attempt to break the baby's clavicle to facilitate birth.

5. After 1.5 hours of active pushing a primipara woman is beginning to get tired. The baby has descended to +2 station and a small caput can be felt forming. The mother pushes many times with each contraction but sustains the effort for only a few seconds before she cries out in pain from the pressure in her rectum. What should the midwife do to facilitate the birth of the baby?

    a. The midwife should offer the woman liquids to increase her energy and coach her to push more productively.
    b. The midwife should attempt manual dilation of the cervix and facilitate the birth of the baby by any means possible.
    c. The midwife should lubricate the perineum and attempt vigorous perineal massage to help the baby descend.
    d. The midwife should not intervene and leave the woman alone so that she can intuitively find her own way to help the baby be born.

6. After 10 hours of active labor a woman is starting to feel pressure in her rectum and a great desire to push. ROM occurred spontaneously at 7 cm with clear fluid. The midwife notices fresh undiluted meconium on her underpad for the first time during labor. Fetal heart tones are normal and there are no abnormal maternal vital signs. What is the most likely explanation for this situation?

    a. The baby has become compromised because of increased pressure from the uterus and is most likely hypoxic
    b. The baby is presenting in a frank breech position and meconium passage is normal at this stage in descent.
    c. The baby is descending in a face presentation and has passed meconium because of the stress of labor.
    d. The baby is impacted against the pubic bone and has passed meconium because of the increased compression on the umbilical cord.

7. After 8 hours of active labor a mother begins to feel a strong urge to push. She has been standing for most of her labor and is now bearing down uncontrollably at the peak of each contraction and asking if she can go ahead and push. Upon vaginal exam the midwife notes that she is 9cm dilated and that the anterior portion of her cervix is slightly swollen and rigid. What is the next step that the midwife should take?
    a. Change the woman to a position that reduces pressure on the cervix and attempt delay pushing until the cervix has dilated completely
    b. Change the woman to a position that increases pressure on the cervix and encourage active pushing to remove the remaining cervix.
    c. Keep the woman in the same position and encourage her to breathe through contractions and try not to push.
    d. Change the woman to a squatting position and attempt to relieve pressure on the cervix by manually elevating the fetal head.

8. A client goes into spontaneous labor at 37-weeks gestation. During the labor check the midwife notes that the baby feels small and is not well engaged in the pelvis. All vital signs are within normal limits and the mother is handling labor well. What is the greatest risk associate with this delivery?
    a. Placental problems
    b. Cephalopelvic Disproportion
    c. Premature rupture of membranes
    d. Cord prolapse

9. A woman at 39-weeks gestation calls to report that she has been having medium strength contractions for several hours. She reports that about 15 minutes ago she noticed that she is bleeding a steady stream of bright red blood. She does not feel pain associated with the bleeding but is worried because she did not experience this with her last birth. What steps should the midwife take to manage this situation?

    a. Advise her to put up her feet and drink some water while she waits for the midwife to come over to perform a vaginal exam to investigate.
    b. Advise her to take a bath and see if the contractions slow down and the bleeding stops.
    c. Advise her to come into the midwife's office right away so that she can perform a vaginal exam and investigate the source of the bleeding.
    d. Advise her to go directly to the hospital and the midwife will meet her there so that the consulting physician can rule out complications.

10. During a routine vaginal exam the midwife can feel a small soft region roughly the shape of a diamond on the fetal presenting part. What is this structure most likely?
    a. The anterior fontanel
    b. The posterior fontanel
    c. The anus
    d. The nostril