



Helping Mothers Survive Prolonged and Obstructed Labor Knowledge Assessment



Circle the **ONE** correct answer.

1. The primary purpose of performing a Rapid Assessment on a pregnant woman experiencing a complication is to:
 - a. Make the woman feel welcome and cared for.
 - b. Get a baseline for the woman when you start caring for her.
 - c. Decide where the woman should receive care.
 - d. Identify women that need urgent or advanced care.**
2. To participate in decisions about her care, a pregnant woman should be:
 - a. Alert and able to communicate.**
 - b. Literate.
 - c. Mobile.
 - d. Educated to at least the 8th grade level.
3. Which of the following women is in shock, based on her vital signs?
 - a. Ms. A.: T 37.8°C, P 102 beats per minute, R 24 breaths per minute, BP 96/62 mmHg
 - b. Ms. B.: T 36.8°C, P 112 beats per minute, R 32 breaths per minute, BP 86/42 mmHg**
 - c. Ms. C.: T 39.8°C, P 92 beats per minute, R 26 breaths per minute, BP 92/62 mmHg
 - d. Ms. D.: T 37°C, P 86 beats per minute, R 18 breaths per minute, BP 102/82 mmHg
4. What will you do *first* if you are unable to hear a fetal heart?
 - a. Confirm fetal death by ultrasound.
 - b. Confirm fetal death by X-Ray.
 - c. Ask another provider to confirm the absence of a fetal heart rate.**
 - d. Inform the woman compassionately that the fetus is dead.
5. Which of the following statements about using a communication tool like SBAR is *FALSE*?
 - a. It helps ensure that critical information is shared.
 - b. It helps ensure that changes in the woman's status are not missed.
 - c. It helps ensure that clear, concise information is shared.
 - d. It helps women feel safer.**
6. A woman is gravida 1 para 0 and cervical dilatation has gone from 5-6 cm in 4 hours. All findings from the Rapid Assessment and assessment of the four Ps (Patient-Passenger-Power-Passage) are within normal limits. Membranes are intact. She says she is tired and has been lying down most of the time except to go to the bathroom. How will you care for her?
 - a. Augment labor with oxytocin
 - b. Rupture membranes
 - c. Encourage mobility**
 - d. Seek advanced care
7. If the fetal head is well flexed, what will you note on vaginal examination?
 - a. The fetal sinciput is lower in the vagina than the occiput.
 - b. The fetal sinciput and occiput are at the same level in the vagina.
 - c. You cannot identify if the fetal head is well flexed on vaginal examination.
 - d. The fetal occiput is lower in the vagina than the sinciput.**

8. What finding indicates that a woman whose cervix is dilating slower than normally may have obstructed labor or CPD/FPD during the active phase of first stage?
 - a. Face presentation with chin anterior position
 - b. **3+ molding and/or 3+caput**
 - c. Active labor has lasted longer than 7 hours
 - d. This is her first labor (i.e. she is nulliparous)

9. A woman who is gravida 1, para 0 is admitted in labor. Her cervix is 100% effaced, and she is dilated to 5 cm. Her fetus is at -1 station. The fetal head is:
 - a. **Not yet engaged**
 - b. Entering the pelvic inlet
 - c. Below the ischial spines
 - d. Visible at the vaginal opening

10. During a vaginal examination, you find that the center of the head is not in the middle of the pelvis and cervix is thicker on one side and thinner on the other side when the cervix is 7 cm dilated. What fetal position will you diagnose?
 - a. Occiput posterior
 - b. **Asynclitic**
 - c. Occiput anterior
 - d. Chin posterior

11. Which of the following malpresentations will most likely result in a vaginal birth?
 - a. Brow
 - b. Frank breech with a poorly flexed fetal head
 - c. **Complete breech with a well-flexed fetal head**
 - d. Footling breech.

12. For how long will you continue antibiotics for women diagnosed with a uterine infection during labor?
 - a. Stop antibiotics immediately after a vaginal birth.
 - b. Continue antibiotics for 48 hours if the woman has a cesarean birth.
 - c. Stop antibiotics as soon as her temperature is 38°C or less.
 - d. **Continue antibiotics after birth for 24-48 hours after the last clinical signs and symptoms of infection have ended.**

13. The cervical dilatation of a woman who is gravida 3 para 2 has gone from 5-7 cm in four hours. The woman's vital signs are within normal limits, the fetal heart rate is normal, there are no signs of obstruction, the woman is coping well with contractions, and membranes are intact. She is having 2-3 contractions every 10 minutes, each lasting 30-40 seconds. What will you do?
 - a. Augment labor with oxytocin.
 - b. **Provide emotional support and pain relief; help the woman change her position, increase mobility, and take fluids/food as she desires.**
 - c. Rupture membranes.
 - d. Plan to begin assessing cervical dilatation every 1-2 hours to see if labor is progressing.

14. You are caring for Ms. E. who has a frank breech presentation. Gestational age is 34 weeks. What is the risk for her baby if she gives birth vaginally?
 - a. Fetal distress
 - b. Prolapsed cord
 - c. Placental abruption
 - d. **Entrapped head**

15. You are caring for a woman in labor who is receiving oxytocin by IV infusion to stimulate uterine contractions. Which assessment finding would indicate that the infusion needs to be increased when the maternal and fetal conditions are reassuring?
- Two contractions occurring within a 10-minute period, each lasting 30-40 seconds.**
 - Three contractions occurring within a 10-minute period, each lasting 40-50 seconds.
 - Four contractions occurring within a 10-minute period, each lasting 50-60 seconds.
 - Five contractions occurring within a 10-minute period, each lasting 50-60 seconds.
16. Ms. X. received an oxytocin infusion to stimulate uterine contractions during active phase of labor. She has now given birth to the baby. How will you manage the third stage of labor?
- Continue the IV infusion drip at the same rate and do not give an additional uterotonic drug.
 - Open the IV infusion and infuse the oxytocin solution rapidly.
 - Continue the IV infusion drip but give an additional 10 IU of oxytocin by IM or slow IV injection.**
 - Continue the IV infusion drip but give misoprostol 600 mcg by mouth.
17. Which of the following statements about shoulder dystocia is *TRUE*?
- Cesarean birth should be routinely performed in the case of multiple risk factors for shoulder dystocia.
 - Shoulder dystocia cannot be predicted.**
 - Once shoulder dystocia is diagnosed, you will have about ten minutes to deliver the baby before asphyxia and permanent damage can occur.
 - Clinical pelvimetry will help predict shoulder dystocia.
18. When you diagnose shoulder dystocia, what is the first maneuver you will attempt?
- Gaskin maneuver
 - Hyperflexion of the legs and suprapubic pressure**
 - Internal pressure on the anterior shoulder
 - Grasp the humerus of the posterior arm
19. You have just diagnosed shoulder dystocia and note there is a nuchal cord. How will you manage the cord?
- Immediately cut the cord to facilitate delivery of the shoulder.
 - Cut the cord after the anterior shoulder is delivered.
 - Cut the cord 1-3 minutes after birth of the baby.
 - Maintain an intact cord as long as possible.**
20. Which of the following women can most likely give birth vaginally?
- Ms. A: Presentation is complete breech, the fetal head is well flexed, fetal weight is approximately 3000 g, gestational age is 37 weeks.**
 - Ms. B: Presentation is complete breech, the fetal head is hyperextended, the fetal weight is approximately 3500 g, gestational age is 40 weeks.
 - Ms. C: Presentation is frank breech, the fetal head is well flexed, the fetal weight is approximately 2500 g, gestational age is 34 weeks.
 - Ms. D: Presentation is frank breech, flexion or extension of the head is unknown, the fetal weight is approximately 3500 g, gestational age is 38 weeks.