**Subject N. 3.**

**PHYSIOLOGICAL LABOR.**

1. Which is a primary power of labor?

–1. uterine contractions

–2. pushing of the mother

–3. intrathoracic pressure

–4. abdominal contraction

2. The lower uterine segment is formed from the:

–1. cervix

–2. isthmus

–3. body of the uterus

3. Dilatation of the cervix occurs during the:

–1. first stage

–2. second stage

–3. third stage

4. In the second stage of labor, uterine contractions last for:

–1. 20 seconds

–2. 30 seconds

–3. 60 seconds

–4. 120 seconds

5. The time between uterine contractions is:

–1. intensity

–2. interval

–3. duration

–4. frequency

6. Which is the fastest stage of labor:

–1. 1st Stage

–2. 2nd Stage

–3. 3rd Stage

–4. Pre–1st Stage

7. During the 1st Stage of Labor there are a few phases, what is not the phase?

–1. Latent

–2. Active

–3. Agonal

–4. Slow

8. What is the cervical dilation for the latent phase?

–1. 4–8 cm

–2. 0–4 cm

–3. 8–12 cm

–4. 12–14 cm

9. In the active phase of the first stage of labor, the cervix of a parous patient should dilate at least:

–1. 0.5 cm per hour

–2. 1.0 cm per hour

–3. 1.5 cm per hour

–4. 2.0 cm per hour

10. The normal basal uterine tone in labor is:

–1. 10–15 mm Hg

–2. 20–25 mm Hg

–3. 30–35 mm Hg

–4. 40–45 mm Hg

11. What marks the beginning of the active phase of the first stage of labor?

−1.the contractions occur every 3 min

−2. 2–cm dilatation

−3. 3–cm dilatation

–4. 4–cm dilatation

−5. 100% effacement

12. The onset of labor in women is associated with:

−1.a fall in serum progesterone concentration

−2.a surge in fetal Cortisol secretion

−3.a decrease in oxytocin receptors

–4. an increase in myometrial gap junctions

−5.a decrease in prostaglandin production

13. In the active phase of the first stage of labor, the cervix of a multiparous patient should dilate at least:

−1. 0.5 cm per hour

−2. 1.0 cm per hour

–3. 1.5 cm per hour

−4. 2.0 cm per hour

−5. 2.5 cm per hour

14. The normal basal uterine tone in labor is:

–1. 10–15 mm Hg

−2. 20–25 mm Hg

−3. 30–35 mm Hg

−4. 40–45 mm Hg

−5. 50–55 mm Hg

15. The pain of a uterine contraction is first perceived when the intraamniotic pressure achieves what value above resting tonus?

−1.5 mm Hg

−2.10 mm Hg

–3. 15 mm Hg

−4. 20mmHg

−5. 30mmHg

16. Respiratory depression occurring after epidurally administered morphine is *best* antagonized by the administration of which one of the following:

−1. nalorphine

−2. Flumazenil

−3. Duramorph

–4. naloxone

−5. physostigmine

17. The pain associated with uterine contractions can usually be alleviated by all of the following regional blocks EXCEPT:

–1. pudendal block

−2. epidural block

−3. spinal block

−4. paracervical block

−5. lumbar sympathetic block

18. Which of the following drugs, administered during labor to control pain and/or anxiety, has the shortest duration of action:

−1. meperidine

−2. morphine

−3. butorphanol

−4. nalbuphine

–5. Fentanyl

19. The onset of labor

−1. is associated with a marked maternal oxytocin release

−2. can be predicted in man by a sudden fall in blood progesterone levels

−3. is unaffected by administering antitoxemia drugs such as Apresoline or MgS04

−4. results from phospholipase A2 release from nuclei and the synthesis of palmitic acid

–5. none of the above

20. In the normal first stage of labor, the fetal head:

–1. Enters the pelvis in antero – posterior diameter

–2. Rotates when it comes into contact with pelvic floor

–3. Extends in the mid cavity

–4. Descends in occipito – anterior position

–5. Is responsible for dilating the cervix

21. The normal second stage of labor:

–1. Begins with full dilatation of cervix

–2. Lasts for 4 hours in a primigravida

–3. Ends with delivery of anterior shoulder

–4. Involves extension of fetal head

–5. Involves external rotation of fetal head to face laterally

22. In the third stage of labor:

–1. The uterus must be contracted

–2. Vaginal bleeding is a sign of placental separation

–3. Fundal massage is a component of active management

–4. Active management is indicated only in high risk pregnancies

–5. Ergometrine is contraindicated

23. Progress of labor is measured by:

–1. Frequency of uterine contractions

–2. Force of uterine contractions

–3. Dilatation of cervix

–4. Descent of the presenting part

–5. Length of time since rupture of membranes

24. Regarding labor:

–1. Epidural anaesthesia slow the progress of the first stage of labor

–2. extension of the fetal head will increase the presenting diameters

–3. in the latent phase, cervix dilates at the rate of 1 cm per hour in a multi

–4. the fetal heart rate of 180 beats per minute is normal

25. The second stage of labor:

–1. Duration is shorter in primi– compared to multiparous woman

–2. Ends with delivery of anterior shoulder

–3. Hydration is maintained by allowing the woman to take oral fluids

–4. Needs to be shortened in heart disease complicating pregnancy

26. The second stage of labor:

–1. Can causes bradycardia with contractions

–2. Duration is shorter in primi– compared to multiparous woman

–3. Ends with delivery of anterior shoulder

–4. Hydration is maintained by allowing the woman to take oral fluids

27. Active management of the 3rd stage do not include:

–1. Injection of 0.6 mg ergometrine IV with the delivery of the anterior shoulder

–2. Apply controlled cord traction if the placenta is not delivered by 30 min if you are skilled birth attendants

–3. Delayed cord clamping for 1–3 minutes to reduce the incidence of neonatal anaemia

–4.Oxitocin 10 IU, IV/IM immediately after the delivery of the baby for all births

–5. Ensure a continuous supply of high–quality oxitocine 10 IU intravenously

28. True contractions are characterized by all EXCEPT:

–1. Occur at regular intervals

–2. Intervals get gradually smaller

–3. Intensity of the contractions increase

–4. Pain stops with sedation

–5. Cervix Dilates

29. The large fontanelle is formed by the seams

–1.sagittal, lambdoid

–2.sagittal, frontal

–3.sagittate, coronal

–4.coronal, lambdoid

–5.sagittal, frontal, coronal

30. Physiological blood loss during childbirth does not exceed

–1.1.5% of the mass of a woman in labor

–2. 1.O% mass of a woman in labor

–3.3OO ml

–4.O.5% of the woman in labor

–5.15O ml

31. A cervical dilatation in primiparous women is

–1.sequential dilatation of the internal os and external os

–2.simultaneous dilatation of the internal os and external os

–3.consistent shortening and smoothing it

–4.the dilatation of the cervix, then its shortening and smoothing

–5. dilatation of the external os and then internal os

32. Premature rupture of amniotic fluid is

–1.before the onset of labor

–2.in the first stage of labor

–3.with pregnancy up to 38 weeks

–4. until the cervix dilatation by 7 cm

–5.when the cervix dilatation is from 5 cm to full

33. An amniotic fluid with meconium with cephalic presentations indicates about

–1.fetal malformations

–2.hemolytic disease of the fetus

–3.about fetal hypoxia

–4.chorioamnionitis

–5.intrauterine fetal infection

34. The fetus is considered large with a body weight of more

–1.3OOO g

–2.35OO g

–3.38OO g

–4.4OOO r

–5.45OO g

35. When assessing the condition of a newborn on the APGAR scale,

–1.body weight, length, gestational age

–2.heart rate and respiration rate, skin coloration, reflexes, muscle tone

–3.heart rate and respiration rate, skin coloration

–4.consciousness, degree of depression

–5.heart rate, general condition

36. Within 3O minutes after the birth of the fetus, there are no signs of placental separation, blood discharges. The doctor should

–1.apply the Crede–Lazarevich technique

–2. make manual separation and the detachment of the placenta

–3.apply the Abuladze technique

–4.apply Genter's trick

37. After the appearance of signs of separation of the placenta, the woman in labor pushed, the delivery of the placenta did not happen. The doctor should

–1. make a manual separation and the detachment of the placenta

–2.apply the techniques of Abuladze or Krede–Lazarevich

–3.start an oxytocin intravenously

–4.apply the Chukalov–Kustner technique

–5.perform bladder catheterization

38. Amniotomy must be performed

–1.with the appearance of regular contractions

–2.when the dilatation is 5–6 cm

–3.when the dilatation is 7–8 cm

–4.when pushings start

–5.after smoothing of the cervix

Clinical cases:

1.A 20-year-old woman in labor was admitted to the maternity ward with regular contractions at 38 weeks. Pelvis size: Dist. spinarum - 25 cm, cristarum - 28 cm, trochanterica - 31 cm, external conjugate - 20 cm.

Contractions in 4-5 minutes for 50-55 seconds. Labor lasts 7 hours. Fetal heartbeat 130 beats per minute. The abdominal circumference is 100 cm, the height of the uterine fundus is 35 cm.

Vaginal examination: the cervix is ​​smoothed, the dilatation is 6 cm, the edges are thin, easily stretchable. The amniotic membrane is intact. The fetal head is pressed to the pelvis inlet. Sagittal suture in the right oblique size, small fontanelle on the left in front. The promontory of the sacrum is not reached. There are no exostoses.

Diagnosis. Labor management.

2.The third pregnancy, first labor. Two previous pregnancies ended in miscarriages, curettage of the uterus was performed.

Half an hour after the delivering of a living full-term girl weighing 3 kg, profuse bleeding appeared from the genital tract. There are no signs of separation of the placenta.

Diagnosis. Doctor's tactics.

1. Term labor. 20 minutes after the delivering of a live boy weighing 3 kg, the uterus moved up and to the right. When pressed with the edge of the palm on the suprapubic region, the umbilical cord is not drawn in. An attempt by a woman in labor to deliver a placenta was ineffective.

Diagnosis. Management tactics.

4.A 20-year-old woman in labor was admitted with regular labor activity that began 5 hours ago. The term of pregnancy is 37 weeks 3 days. Pelvic size: Dist. spinarum - 25 cm, cristarum - 28 cm, trochanterica - 31 cm, external conjugate - 20 cm. Abdominal circumference 100, the height of the fundus 34 cm. The lie of the fetus is longitudinal, the head is pressed to the pelvis inlet. Fetal heartbeats are clear, rhythmic, 140 beats. in min.

 Vaginal examination. The vagina is free. The cervix is ​​smoothed, its edges are thin, pliable. The dilatation is 5 cm, the fetal bladder is intact. The head is pressed to the pelvis inlet. Sagittal suture in the right oblique size, small fontanelle on the left in front. The promontory of the sacrum is not reached.

 Diagnosis. Labor management plan.

5.A woman in labor of 29 years old, multiparous, was admitted to the maternity ward at 900. The term of pregnancy is 40 weeks. Regular contractions appeared at 600. The position of the fetus is longitudinal. The head is pressed to to the pelvis inlet. Tones are clear, rhythmic, 134 beats / min., on the right below the navel.

Vaginal examination: the vagina is free. The cervix is ​​smoothed, its edges are thin, pliable, the dilatation is 3 cm. The fetal bladder is absent. The head is pressed to the pelvis inlet. Sagittal suture in the left oblique size, a small fontanel on the right in front. The cape is not reached.

Diagnosis. Assess the rate of dilatation of the cervix.

6.A 27-year-old woman in labor, primiparous, was admitted to the maternity ward at 800. The term of pregnancy was 40 weeks. Regular contractions appeared at 300, the amniotic membranes ruptured at 300. The lie of the fetus is longitudinal. The head is pressed to the pelvis inlet. Fetal heartbeats are clear, rhythmic, 134 beats / min., on the right below the navel.

Vaginal examination: the vagina is free. The cervix is ​​smoothed, its edges are thin, pliable, the dilatation is 5 cm. The amniotic membranes are absent. The head is pressed to the pelvis inlet. Sagittal suture in the left oblique size, small fontanelle on the left in the back. The cape is not reached.

In 1200 cervix dilatation was 7 cm.

Diagnosis. Assess the rate of dilatation of the cervix.

7.The primiparous is 30 years old. Term of pregnancy is 39 weeks. Contractions in 4-5 minutes, 40-45 seconds each, began 3 hours ago. Pelvic dimensions :Dist. spinarum - 26 cm, cristarum - 29 cm, trochanterica - 31 cm, external conjugate - 20 cm. Abdominal circumference 100 cm. The height of the uterine fundus is 36 cm. The lie of the fetus is longitudinal. The head is pressed to the pelvis inlet. The tones are clear, rhythmic, 142 beats / min. left, below the navel.

Vaginal examination: the vagina is free. The cervix is ​​smoothed, its edges are thin, pliable, the dilatation is 2 cm. The fetal bladder is intact. The head is pressed to the pelvis inlet. Sagittal suture in the right oblique size, a small fontanelle on the left anteriorly. The promontory is not reached.

Diagnosis. Labor management.

8.The primiparous is 30 years old. Term of pregnancy is 39 weeks. She was admitted with regular labor activity that began 10 hours ago. The rupture of amniotic membranes happened 3 hours before the regular contractions. The lie of the fetus is longitudinal, the head is in the pelvic cavity. The fetal heartbeats are clear, rhythmic, 136 beats / min, on the left, below the navel. Contractoins after 2 min. 50-55 seconds each, good strength.

Vaginal examination: Complete dilatation of the cervix. There are no amniotic membranes. The head fills the inner surface of the symphysis and the entire surface of the sacrum. Stretch seam in straight size. Small fontanelle near the bosom.

Diagnosis. Determine the level of the head in the pelvis. Tactics.

9. Determine the duration of 1, 2 and 3 stages of labor and the total duration of labor in a primiparous woman:

Regular contractions - 10/09/20 at 600

Full dilatation - 10/09/20 g at 1500

Amniotic membranes rupture - 10/09/20 at 1445

The beginning of pushings -10/09/20 in 1535

The child was born on 10/09/20 in 1555

The placenta was born 15 minutes after the birth of the child.