**Subject No. 7.**

**Anomalies of uterine activity. Prematurely born and prolonged pregnancy.**

MSQs

1. How many bones fuse in adulthood to form the pelvis bone?

1. 2

2. 3

3. 4

4. 5

2. Which component forms the superior part of the pelvis bone?

1. ilium

2. pubis

3. ischium

4. Sacrum

3. Which of the following supports body weight when sitting?

1. iliac crest

2. ischial tuberosity

3. ischiopubic ramus

4. pubic body

4. Which of the following provides a quantitative measurement of the strength of uterine contractions?

1. Manual palpation of maternal abdomen;

2. Intrauterine pressure catheter;

3. "Indentation" of uterus on palpation during contraction;

4. Tocodynamometer.

5. The pelvis :

1. has a subpubic angle that is larger in females

2. consists of the two hip bones, but does not include the sacrum or coccyx

3. has an obturator foramen, an opening that is defined in part by the sacrospinous and sacrotuberous ligaments

4. has a space located inferior to the pelvic brim called the greater pelvis

6. The human pelvis is characterized by all of the following statements EXCEPT:

1. Absolute fetal pelvic disproportion is common.

2. The pelvic outlet is composed of two triangular areas which are not in the same plane, but share the same base.

3. The posterior wall of the pelvis measures approximately 10 cm.

4. The pelvic inlet is bounded laterally by the iliopectineal line.

5. The obstetrical conjugate is usually greater than 10 cm.

7. Which of the following is MOST correct:

1. Approximately 80% of women have a gynecoid pelvis.

2. The android pelvis has a narrow fore pelvis and parallel sidewalls.

3. The sacrum of the anthropoid pelvis contains 6 segments.

4. A platypelloid pelvis is characterized by a large anteriorposterior diameter.

5. The android pelvis has the most appropriate dimensions for breech delivery.

8. Which of the following statements characterizes fetal presentation during active labor?

1. The suboccipital bregmatic diameter is the largest presenting dimension of the fetal skull.

2. Fetal malpresentation is the most common etiology for dystocia.

3. Fetal face presentation can only deliver vaginally if the chin presents posteriorly.

4. Occiput posterior occurs in approximately 25% of vertex deliveries.

5. Asynclitism is when the vertex does not orient the sagittal suture in the midplane of the pelvis.

9. Which of the following statements concerning fetal macrosomia and shoulder dys¬tocia is MOST correct?

1. Complications of shoulder dystocia include meconium aspiration, asphyxia, Bell's palsy, and traumatic midforceps.

2. Sonographic estimations of fetal weight are most accurate when the fetus is macrosomic.

3. Most cases of shoulder dystocia are predictable.

4. Diabetics with an estimated fetal weight over 4500 g should have cesarean delivery.

5. The McRoberts maneuver involves delivery of the posterior arm.

10. Choose the correct statement concerning control of uterine contractility.

1. Oxytocin is an octapeptide that is synthesized in the hypothalamus.

2. Ocytocin is released in pulses occurring in 3 to 5minute intervals during normal labor.

3. Oxytocin and prostaglandins increase calcium binding and decrease its release.

4. Stimulation of βreceptors causes inhibition of adenylate cyclase with increased cyclic AMP and subsequent decreased contractility.

5. Intrinsic nervous control is essential for normal uterine contractility.

11. Which statement about uterine contractility is NOT correct?

1. Nitrous oxide and halothane can be used to achieve uterine relaxation.

2. Epidural anesthesia is associated with prolonged second stage.

3. Local prostaglandin E2 is thought to ripen the cervix only via contractions.

4. Pulsatile administration of oxytocin results in a smaller total amount of drug used to achieve adequate contractions.

5. Epidural anesthesia is associated with an increased risk of operative delivery.

12. If there has been no descent of the presenting part for over 1 hour during the second stage of labor, this would be classified as:

1. Prolonged latent phase;

2. Protraction disorder;

3. Arrest disorder;

4 Normal labor.

13. Which statement regarding normal and abnormal labor is most correct?

1. There is active descent of the vertex during the deceleration phase.

2. The cervix dilates at least 1.5 cm per hour in nulliparous women during active phase.

3. Latent phase arrest is predictive of fetal macrosomia.

4. Protracted active phase dilation is an indication for vacuum delivery.

5. Secondary arrest of dilation is most sensitive to pulsatile oxytocin.

14. The hypotonic uterine dysfunction may be managed by:

1. Augmentation with oxytocin;

2. Amniotomy;

3. All of above.

15. All of the following are risks to the fetus from prolonged labor EXCEPT:

1. Sepsis;

2. subdural hematoma;

3. Cerebral damage;

4. Hemorrhage.

16. A 32 year old G3P2 at 39 weeks of gestation presented to the hospital with ruptured membranes, and 4cm dilatation. She had a history of 2 prior vaginal deliveries, with her largest child weighing 3.8kg at birth. Over the next 2 hrs, she progresses to 7 cm dilatation. 4 hrs later, she remains 7 cm. The estimated fetal weight is 3.2 kg. which of the following labor abnormality best describes this patient

1. Prolonged latent phase

2. Protracted active phase dilatation

3. Hypertonic dysfunction

4. Secondary arrest of dilatation

17. Contracted pelvis:

1. Android

2. Anthropoid

3. Gynecoid

4. Platypelloid

18. Etiology of contracted pelvis:

1. Rickets

2. Osteomalacia

3. Bone tyberculosis

4. Anemia

19. Gynecoid pelvis is:

1. Trangular shape

2. Sacral angle less than 90o

3. Sacral angle more than 90o

20. Which is a primary power of labor?

1. uterine contractions

2. pushing of the mother

3. intrathoracic pressure

4. abdominal contraction

21. The lower uterine segment is formed from the:

1. cervix

2. isthmus

3. body of the uterus

22. Dilatation of the cervix occurs during the:

1. first stage

2. second stage

3. third stage

23. In the second stage of labor, uterine contraction last:

1. 20 seconds

2. 30 seconds

3. 60 seconds

4. 120 seconds

24. The time between uterine contractions is:

1. intensity

2. interval

3. duration

4. frequency

25. Which is the fastest Stage of labor:

1. 1st Stage

2. 2nd Stage

3. 3rd Stage

4. Pre1st Stage

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

1. Latent

2. Active

3. Agonal

4. Slow

27. 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

28. Congenital narrow pelvis:

1. Small gynaecoid pelvis

2. Small android pelvis

3. Clinically narrow pelvis

4. Simple flat pelvis

29. Causes of narrow pelvis:

1. Developmental

2. Metabolic

3. Traumatic

30. Pelvimetry includes:

1. Internal pelvimetry

2. External pelvimetry

3. Imaging pelvimetry

31. Imaging pelvimetry includes

1. Xray.

2. Computerised tomography (CT).

3. Magnetic resonance imaging

4. Vaginal examination

32. Simple flat pelvis:

1. 26-28-30-18

2. 24-26-28-18

3. 26-28-30-20

4. 25-26-28-20

33. Small gynaecoid pelvis (generally contracted pelvis):

1. 26-28-30-18

2. 24-26-28-18

3. 26-28-30-20

4. 25-26-28-20

34. Complications of contracted pelvis:

1. Malpresentations

2. Postpartum haemorrhage

3. Necrotic genitourinary fistula

4. Asphyxia

Clinical cases:

1. A 19-year-old primigravida was admitted to the maternity hospital with regular contractions in 5-6 minutes. The term of pregnancy is 40 weeks. The dimensions of the pelvis: 24 - 26 - 29 - 18 cm. The abdominal circumference - 90 cm, the fundal height - 37 cm. The fetal head is pressed to the pelvis inlet.

Vaginal examination: the cervix is effaced, dilatation 3 cm, the amniotic membranes are intact, be in tension during the contractions. Sagittal suture occupies the left oblique diameter of the pelvis, small fontanel is on the interiorly right. Diagonal conjugate - 11 cm.

Diagnosis. Tactics.

2. Nulliparous, labor in term. The abdominal circumference - 90 cm, the fundal height - 34 cm. The diameters of the pelvis: 26 - 28 - 30 - 18 cm. The head presentation. The fetal heart sound is 140 beats per minute. Pushes start.

Vaginal examination: the cervix is not detected, the amniotic membranes are absent, the station of the head of the fetus is a large segment (“just engaged”) at pelvis inlet, sagittal suture occupies the right oblique diameter, small fontanel is on the left interiorly, caput succedaneum is absent. The diagonal conjugate is 11 cm. The discharge is clear fluid.

Diagnosis. Tactics.

3. A 28-year-old primiparous. Pregnancy 40 weeks. Delivered to the maternity hospital from the house. Delivery lasts 24 hours. The woman doesn’t feel fetal movement. Rupture of amniotic membranes happened 20 hours before entering the maternity hospital. Body temperature - 38.5 C.

Diameters of the pelvis: 25 - 28 -31 - 20 cm. The abdominal circumference - 105 cm. The small segment of the fetal head is pressed to the pelvis inlet. The symptom of Genkel-Vasten is positive. The fetal heart sound is not audible.

Vaginal examination: complete cervix dilatation. The anterior edge of the cervix is swollen. The amniotic membranes absent, the fetal head is on the pelvis inlet (“on the brim”). The fontanels are not determined due to a large caput succedaneum. The promontory is not reached. Smelling discharge.

Diagnosis. Tactics.

4. A 28-year-old woman with regular labor was admitted to the maternity ward at 40 weeks of pregnancy. The first birth was 2 years ago, ended with the birth of a fetus weighing 4050 g. through the natural birth canal.

Labor lasts 6 hours. The rupture of amniotic membranes happened an hour ago. Contractions in 3-4 min., moderate strength, prolonged. The lie of the fetus is longitudinal, cephalic presentation. Vasten's symptom is positive. Fetal heart rate 134 beats/min. The circumference of the abdomen is 110 cm, the height of the uterus fundus is 43 cm. Pelvic dimensions: Dist. spinarum-26 cm, cristarum 29 cm, trochanterica-31 cm, external conjugate -20 cm.

In a vaginal examination, the opening of the cervix is 7-8 cm, the fetal bladder is absent. The head is pressed to the pelvis inlet, the sagittal suture is in the right oblique size, the small fontanelle on the left in front, the large one is not determined. The promontory is not reached.

Diagnosis. Tactics of the doctor

5. The primiparous 30 years old at 39 weeks gestation is in the second stage of labor, which lasts 2 hours. During the active phase, the fetal heartbeat increased to 170 beats/min, but then began to decrease to 100 - 90 beats/min. During vaginal examination, the fetal head is located in pelvic outlet, the sagittal suture is antero-posterior view, and the small fontanelle is near the womb.

Diagnosis. Doctor's tactics.

6. A 23-year-old primiparous woman with regular labor activity that started 6 hours ago at 39 weeks was admitted to the maternity ward. Contractions in 8-9 minutes. weak strength, lasting 25-30 seconds. The lie of the fetus is longitudinal, the head is presented. Fetal heart rate 134 beats/min. The circumference of the abdomen is 96 cm, the height of the uterus fundus is 37 cm. The size of the pelvis is normal. During vaginal examination, the cervix is smoothed, dilatation 2-3 cm. The fetal bladder is intact, slightly inflated during labor. The head is pressed to the pelvis inlet, the sagittal suture in the right oblique size, the small fontanelle on the right posteriorly, the large one is not determined. The promontory is not reached. Diagnosis. Tactics of the doctor