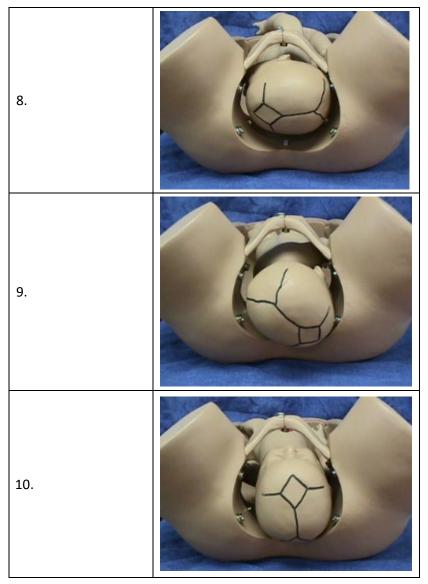
## Using the labour care guide: Post-module questionnaire (Response key)

## Participant ID number: \_\_\_\_\_

- 1. The labour care guide should be started when:
  - a. Cervical dilatation is 3 cm
  - b. Cervical dilatation is 4 cm
  - c. Cervical dilatation is 5 cm
  - d. Cervical dilatation is 6 cm
- 2. Where should the labour care guide be used?
  - a. Only in peripheral facilities to improve timely referral.
  - b. Only in facilities where doctors and an operating theatre are not available.
  - c. Only in facilities that do not care for "high risk" women.
  - d. In all levels of care by all cadres of maternity care providers.
- 3. Which of the following parameters are used to assess labour progress?
  - a. Fetal heart rate and cervical dilatation.
  - b. Uterine contractions, cervical dilatation, and fetal descent.
  - c. Urine protein/acetone, fetal heart rate and cervical dilatation.
  - d. Cervical dilatation and fetal descent.
- 4. Which of the following statements about reference threshold values for the different assessment parameters on the labour care guide is *FALSE*?
  - a. Reference threshold values for labour observations define normal, expected ranges for the different parameters.
  - b. Reference threshold values should replace the clinical judgement of a care provider.
  - c. Reference threshold values are largely based on WHO guidance that is at times based on expert consensus rather than a clear evidence base.
  - d. Understanding reference threshold values should reduce unnecessary interventions.
- 5. Which of the following statements about active phase of first stage of labour is *FALSE*?
  - a. For women with spontaneous labour onset, cervical dilatation slower than 1 cm/hour during active phase of first stage of labour is a reason to augment labour.
  - b. The decision to augment labour when cervical dilatation during active phase of first stage of labour appears to be prolonged must not be taken on the basis of duration alone.
  - c. Labour may not naturally accelerate until a cervical dilatation threshold of 5 cm is reached.
  - d. A minimum cervical dilatation rate of 1 cm/hour **from 5 to 10 cm dilatation** is unrealistically fast for some women.
- 6. When the fetal heart rate lowers below baseline *after* the peak of a contraction, this is:
  - a. A normal response of the fetus to the contraction.
  - b. An early deceleration
  - c. A variable deceleration
  - d. A late deceleration

- 7. When assessing the fetal head, you feel that one skull bone is overlapping another, but when you gently push the overlapped bone it goes back easily. This is called:
  - a. Degree 1 moulding (1+).
  - b. Degree 2 moulding (2+).
  - c. Degree 3 moulding (3+).
- 8-10. Match the fetal position with the graphic:
  - a. Occiput anterior.
  - b. Occiput posterior.
  - c. Occiput transverse.



- 11. Which of the following statements about duration of different phases and stages of labour is *FALSE*?
  - a. Active phase of first stage (from 5 cm until full cervical dilatation) usually does not extend beyond 10 hours in labours subsequent to the first labour.
  - b. In first labours, active phase of first stage (from 5 cm until full cervical dilatation) usually does not extend beyond 12 hours.
  - c. In first labours, second stage is usually completed within 3 hours.
  - d. Latent phase of first stage (from 0 cm until 4 cm cervical dilatation) usually does not extend beyond 6 hours in any labour.
- 12. Which of the following statements about medications is FALSE?
  - a. The routine administration of IV fluids for all women in labour reduces women's mobility and unnecessarily increases costs.
  - b. Where available and depending on a woman's preferences, you may offer pethidine as a labour pain relief option to healthy pregnant women requesting pain relief during labour.
  - c. Augmentation of labour with oxytocin should be attempted any time uterine contractions are 2 or less in 10 minutes, lasting less than 20 seconds.
  - d. When the second stage has extended beyond the standard duration, intervention to expedite childbirth should be considered.
- 13. Which of the following postures the woman may adopt in labour should be discouraged?
  - a. Supine
  - b. Left lateral
  - c. Squatting
  - d. None of the above, she should be allowed to assume any posture she wishes during labour and childbirth
- 14. True or False: When an alert value is noted, you should take the action required and inform the woman and her family; her consent is not required because she may not understand the medical situation and options for care.
  - a. True
  - b. False
- 15. How should you assess the fetal heart rate?
  - a. For at least 60 seconds between contractions
  - b. For at least 90 seconds between contractions
  - c. For at least 60 seconds during a uterine contraction and continue for at least 30 seconds after the contraction
  - d. For at least 90 seconds during a uterine contraction and continue for at least 60 seconds after the contraction