




## 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:
- Degree 1 moulding (1+).
  - Degree 2 moulding (2+).**
  - Degree 3 moulding (3+).

- 8-10. Match the fetal position with the graphic:
- Occiput anterior.
  - Occiput posterior.
  - Occiput transverse.

8. c	 <p>A model of a fetal skull in the occiput posterior position, viewed from above. The skull bones are arranged in a circular pattern, with the occipital condyles pointing towards the back of the skull.</p>
9. a	 <p>A model of a fetal skull in the occiput anterior position, viewed from above. The skull bones are arranged in a circular pattern, with the occipital condyles pointing towards the front of the skull.</p>
10. b	 <p>A model of a fetal skull in the occiput transverse position, viewed from above. The skull bones are arranged in a diamond shape, with the occipital condyles pointing towards the sides of the skull.</p>

11. Which of the following statements about duration of different phases and stages of labour is **FALSE**?
- 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.
  - In first labours, active phase of first stage (from 5 cm until full cervical dilatation) usually does not extend beyond 12 hours.
  - In first labours, second stage is usually completed within 3 hours.
  - 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**?
- The routine administration of IV fluids for all women in labour reduces women's mobility and unnecessarily increases costs.
  - 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.
  - Augmentation of labour with oxytocin should be attempted any time uterine contractions are 2 or less in 10 minutes, lasting less than 20 seconds.**
  - 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?
- Supine**
  - Left lateral
  - Squatting
  - 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.
- True
  - False**
15. How should you assess the fetal heart rate?
- For at least 60 seconds between contractions
  - For at least 90 seconds between contractions
  - For at least 60 seconds during a uterine contraction and continue for at least 30 seconds after the contraction**
  - For at least 90 seconds during a uterine contraction and continue for at least 60 seconds after the contraction