

# **МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ**

**УТВЕРЖДАЮ**

Ректор ММУ

\_\_\_\_\_ С.Ш. Тойматов

« \_\_\_\_ » \_\_\_\_\_ 2021г.

## **РАБОЧАЯ ПРОГРАММА ГОСУДАРСТВЕННОГО АТТЕСТАЦИОННОГО МЕЖДИСЦИПЛИНАРНОГО КОМПЛЕКСНОГО ЭКЗАМЕНА: АКУШЕРСТВО И ГИНЕКОЛОГИЯ**

Для выпускников 5 курса лечебного факультета

Специальность 560001 «Лечебное дело»

Программа рассмотрена на заседании кафедры

«Педиатрии, акушерства и гинекологии»

протокол № « \_\_\_\_ » \_\_\_\_\_

Зав. кафедрой «Педиатрии, акушерства и гинекологии»

Программа государственной итоговой аттестации

одобрена учебно -методической комиссией факультета

«Лечебное дело» протокол № от \_\_\_\_\_ 2021 г.

Председатель УМС

**Программа**  
**к Государственной аттестации студентов факультета «Лечебное дело» ММУ**  
**по предмету «АКУШЕРСТВО И ГИНЕКОЛОГИЯ»**

**1. Акушерство и гинекология**

Акушёрство (от фр. accoucher — родить, принимать роды) — область медицины, которая изучает физиологические и патологические процессы, происходящие в организме женщины в связи с зачатием и беременностью, в родах и послеродовом периоде, а также разрабатывает методы родовспоможения, профилактики и лечения осложнений беременности и родов, заболеваний плода и новорождённого. Ранее в акушерство входил уход за новорождённым, в настоящее время выделившийся в неонатологию.

Гинекология - отрасль медицины, изучающая заболевания, характерные только для организма женщины, прежде всего — заболевания женской репродуктивной системы.

Врач-гинеколог занимается наблюдением состояния женских половых органов и при наличии заболеваний их лечением в динамике, профилактикой возможных осложнений.

Врач-акушер наблюдает в динамике за развитием беременности предпочтительно с малых сроков, следит за состоянием внутренних органов беременной, направляет в стационар на родоразрешение. В последнее время в российском здравоохранении введено ограничение на работу в родильных домах врачей женских консультаций. То есть российский акушер — врач родильного дома, наблюдающий за здоровьем беременных, рожениц, родильниц.

Теснейшим образом гинекология связана с акушерством, изучающим явления в женском организме, относящиеся к беременности и родам, от момента зачатия до

конца послеродового периода; близко стоит она также к хирургии и другим отделам практической медицины, — нервным, внутренним болезням и т. д.; выдающиеся представители гинекологии были в громадном большинстве в то же время акушеры или хирурги; но половая жизнь женщины так сложна, столь влияет на отправления всех органов её организма, и патологические изменения её половой сферы так многочисленны и разнообразны, что гинекология сама собой выделилась в отдельную науку, поскольку существует большое количество заболеваний, характерных только для женского организма. Патологии, относящиеся к женской половой сфере характерны, как для совсем молодых женщин, так и для женщин более зрелого возраста.

Гинекология связана с урологией, эндокринологией, педиатрией и терапией. С урологией ее связывает общность элементов структуры мочевыделительной системы и репродуктивной системы, и целый ряд симптомов урологических нарушений связан с особенностями функционирования половых органов. Так, опущение матки или ослабление мышц тазового дна могут вести к недержанию мочи. Яичники как железы внутренней секреции входят в состав эндокринной системы. Педиатры и неонатологи призваны следить за здоровьем и развитием девочек в целом, включая формирование репродуктивной системы от рождения до достижения половой зрелости. Терапевты ведут женщину в течение всей взрослой жизни.

**МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ  
INTERNATIONAL MEDICAL UNIVERSITY**

**Для англоговорящих групп**

**For English-speaking groups**

**QUESTIONS FOR THE STATE EXAM**

**OBSTETRICS AND GYNECOLOGY**

**1. Which one of the following are external genital organ:**

- A. major labia
- B. minior labia
- C. bartholin glands
- D. all answers are correct

**2. Length of fallopian tube during reproductive age of woman is:**

- A. 7-8 cm
- B. 9-10 cm
- C. 10-12 cm
- D. 15-18 cm

**3. Oligomenorrhoea is:**

- A. rare and poor menstruation
- B. rare and painfull menstruation
- C. decreased amount of the blood loss during menstruation
- D. intermenstrual bloody allocation

**4. Menorrhagia is:**

- A. acyclic uterine bleeding
- B. cyclic uterine bleeding in connection with menstruation cycle
- C. painfull and abundant menstruation
- D. pre- & post menstruation bloody allocation

**5. Metrorrhagia:**

- A. changes in menstruation rhythm
- B. increased amount of the blood loss during menstruation cycle
- C. increased duration of menstruation cycle
- D. acyclic uterine bleeding

**6. For the luteinising phase of the menstruation cycle is not characteristic:**

- A. secretory transformation of the endometrium
- B. continues about 13 days
- C. the level of estrogen in blood is increasing
- D. corpus leuteum is present in ovarium

**7. Hypothalamus secretes the following hormones:**

- A. gonadotropine
- B. estrogen
- C. gestagen
- D. releasing-hormone

**8. Hypothalamus secretes the following hormones excluding:**

- A. gonadotropine
- B. releasing factor FSH
- C. releasing factor LH
- D. no one is correct

**9. Action of estrogen on the organism:**

- A. blocks receptor of uterus
- B. weaken proliferative process of endometrium
- C. causes secretory transformation of endometrium
- D. all are wrong

**10. Which hormone provides lactation process:**

- A. estrogen
- B. cortizol
- C. insulin
- D. prolactin

**11. The most exact method for the diagnosis of the reason of the uterine bleeding:**

- A. colposcopy
- B. laparoscopy
- C. USG
- D. hysteroscopy

**12. The main method for the diagnosis of the cancer of the uterine body:**

- A. hystologic study of the endometrium
- B. cytological study of the aspirate from the uterine cavity
- C. transvaginal echography
- D. hysteroscopy

**13. Amenorrhoea is the absence of menstruations during:**

- A. 4 months

- B. 5 months
- C. 6 months
- D. 1 year

**14. Which of the following factors does not increase risk of inflammatory diseases of genitals:**

- A. beginning of sexual activities at the age of 15
- B. medical abortion
- C. taking oral contraceptives
- D. hysterosalpingography

**15. Infection with which microorganisms causing colpitis demands the treatment of both partners:**

- A. trichomonads
- B. candidas
- C. streptococci
- D. staphylococci

**16. All the below methods may help in diagnosis inflammatory diseases of lower pelvis except:**

- A. laproscopy
- B. USG
- C. colpocentesis
- D. urine analysis by Zimnitski

**17. The factors which do not predispose to candida vaginosis are:**

- A. oral contraceptives
- B pregnancy and diabetes mellitus
- C. antidepressants
- D. hypotensive drugs

**18. What is involved into the process in the ascending gonorrhea:**

- A. canal of the cervix of uterus
- B. fallopian tubes
- C. paraurethral glands
- D. urethra

**19. Endometritis is:**

- A. inflammation of fallopian tube
- B. inflammation of muscles of uterus
- C. inflammation of mucous layer of uterus
- D. inflammation of parametrium

**20. Parametritis is :**

- A. inflammation of surrounding structure of uterus
- B. inflammation of ovaries

- C. inflammation of caecum
- D. inflammation of fallopian tube

**21. Pleuroperitonitis is:**

- A. inflammation of peritoneum of small pelvis
- B. inflammation of adipose tissue of small pelvis
- C. inflammation of serous membrane of uterus
- D. all of the above

**22. To a group at high risk to get AIDS pertain:**

- A. homosexual individuals
- B. narcomaniac
- C. hemophiliacs
- D. all the above

**23. Which of the following is not related to HIV-infection?**

- A. HIV-infection increases risk of developing cancer of uterine cervix
- B. sexual intercourse is the only way of infection
- C. this virus causes condyloma
- D. often combines with hepatitis B

**24. Complications of medical abortion is not:**

- A. infertility
- B. disturbance of ovarian function
- C. endometritis
- D. uterine perforation

**25. The main clinical manifestations of progressive ectopic pregnancy:**

- A. paroxysmal pain at the lower regions of abdomen
- B. smearing discharges of blood from the vagina
- C. weakly positive symptoms of irritation of peritoneum
- D. none of the above symptoms

**26. Which method of diagnosing ectopic pregnancy is most accurate?**

- A. culpocentesis
- B. endometrial biopsy
- C. laparoscopy
- D. serial determination of CHG

**27. Ectopic pregnancy can be located in all the following organs except:**

- A. cervix
- B. rudimentary horn of uterus
- C. ovary
- D. vagina

**28. With progressive ectopic pregnancy is used:**

- A. conservative anti-inflammatory treatment
- B. operation
- C. hemotransfusion
- D. all of the above

**29. Apoplexy of ovary more frequently begins:**

- A. in the period of ovulation
- B. in the stage of the vascularization of the corpus luteum
- C. in the period of maturation of Graafian follicle;
- D. in the period of atresia of follicles

**30. Basic clinical symptoms of the hemorrhagic shock:**

- A. arterial pressure (high or low?)
- B. oliguria and anuria
- C. frequent thready pulse
- D. all symptoms mentioned above.

**31. Oral contraceptives can be applied to the cancer prophylaxis of:**

- A. vagina
- B. fallopian tube
- C. endometrium
- D. uterine cervix

**32. Atresia is:**

- A. secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process
- B. absence of a part of organ
- C. absence of organ
- D. obliteration in places of anatomic narrowing of a sexual tract

**33. Agnesia is:**

- A. secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process
- B. absence of a part of organ
- C. absence of organ
- D. obliteration in places of anatomic narrowing of a sexual tract

**34. Aplasia is:**

- A. secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process
- B. absence of a part of organ
- C. absence of organ
- D. obliteration in places of anatomic narrowing of a sexual tract

**35. Risk factors of precancer of endometrium are the following,**



**excluding:**

- A. anovulatory menstruation cycle
- B. obesity
- C. ovular menstruation cycle
- D. diabetes mellitus

**36. Major method for diagnosis of cancer of the uterine body:**

- A. histological study of the scrape of endometrium
- B. cytological study
- C. trans-vaginal echography
- D. hystero-graphy

**37. Major clinical symptom of cancer of the uterine body:**

- A. chronic pelvic pain;
- B. contact hemorrhages;
- C. acyclic hemorrhages;
- D. disturbance of the function of adjacent organs;

**38. Krukenberg's tumour:**

- A. is a metastasis of a cancer of the GIT;
- B. is a rule, affects both the ovaries;
- C. has a solid structure;
- D. all answers are true;

**39. What period is more important for a future mother?**

- A. the first month
- B. the first 3 months
- C. the 6 months
- D. the last 3 months

**40. A pregnant woman needs approximately ... more calories per day than before she becomes pregnant.**

- A. 500
- B. 300
- C. 900
- D. 100

**41. For the diagnosis of early pregnancy, the most important is:**

- A. assessment of questionable signs of pregnancy
- B. assessment of probable signs of pregnancy
- C. vaginal examination data
- D. ultrasound data

**42. Immunological tests for pregnancy are based on determining:**

- A. estrogen in urine
- B. progesterone in the blood

- C. placental lactogen
- D. luteinizing hormone

**43. The most important sign of pregnancy on vaginal examination:**

- A. softening in the isthmus
- B. induration of the uterus on palpation
- C. asymmetry of one of the corners of the uterus
- D. an increase in the size of the uterus in accordance with the period of delay in menstruation, its soft consistency

**44. The height of the standing of the fundus of the uterus at a gestational age of 20 weeks - by:**

- A. navel level
- B. 2 fingers above the navel
- C. 2 fingers below the navel
- D. the middle of the distance between the navel and the bosom

**45. The height of the standing of the fundus of the uterus at gestational age 36 weeks:**

- A. in the middle of the distance between the navel and the bosom
- B. midway between the navel and the xiphoid process
- C. reaches the xiphoid process
- D. 2 fingers below the xiphoid process

**46. Auscultation of fetal heart sounds becomes possible from gestational age:**

- A. 22 weeks
- B. 20 weeks
- C. 16 weeks
- D. 25 weeks

**47. The fundus of the uterus at the level of the bosom corresponds to the gestational age:**

- A. 5-6 weeks
- B. 7-8 weeks
- C. 9-10 weeks
- D. 12 weeks

**48. Vaginal examination to determine the degree of maturity of the birth canal should be carried out at the gestational age:**

- A. 36 weeks
- B. 38-39 weeks
- C. 39-40 weeks
- D. 40-41 weeks

**49. The second method of Leopold - Levitsky determines:**

- A. nature of the presenting part

- B. position, position and appearance of the fetus
- C. ratio of the presenting part to the entrance to the pelvis
- D. the height of the fundus of the uterus

**50. At 40 weeks of gestation and the average size of the fetus, the height of the fundus of the uterus and the circumference of the abdomen must correspond to:**

- A. 105 and 38 cm
- B. 85 and 32 cm
- C. 95 and 32 cm
- D. 90 and 32 cm

**51. Measurement of the diagonal conjugate becomes impossible when the head is standing:**

- A. pressed against the entrance to the pelvis
- B. fixed by a small segment at the entrance to the pelvis
- C. fixed by a large segment at the entrance to the pelvis
- D. in the pelvic cavity

**52. Based on the size of the diagonal conjugate, you can calculate:**

- A. straight dimension of the plane of entry into the pelvis
- B. true conjugate
- C. external conjugate
- D. straight size of the wide part of the pelvic cavity

**53. The middle of the inner surface of the bosom, the middle of the acetabulum, the articulation of the II and III sacral vertebrae limit the plane:**

- A. entrance to the small pelvis
- B. wide part of the pelvic cavity
- C. the narrow part of the small pelvis
- D. pelvic outlet

**54. The head of the fetus in a primary pregnant woman with a period of 40 weeks should be located in relation to the planes of the pelvis:**

- A. above the entrance to the pelvis
- B. pressed against the entrance to the pelvis
- C. fixed by a small segment at the entrance to the pelvis
- D. fixed by a large segment at the entrance to the pelvis

**55. The main criterion for assessing the maturity of the fetus is:**

- A. fetal length
- B. fetal weight
- C. gestational age
- D. Apgar score

**56. Fetal maturity is determined on the basis of:**

- A. fetal conditions

- B. body weight
- C. gestational age
- D. signs of physical development of the fetus

**57. The most common placenta attachment in the uterus:**

- A. in the upper part of the uterus along the anterior wall
- B. in the upper part of the uterus along the back wall
- C. in the lower segment
- D. in the fundus

**58. The rate of opening of the uterine pharynx in primiparous:**

- A. 1 cm per hour
- B. 2 cm per hour
- C. 3 cm per hour
- D. 3 cm in 2 h

**59. Premature discharge of amniotic fluid is considered to be the discharge of water:**

- A. before the onset of contractions
- B. if irregular contractions occur
- C. when regular contractions appear
- D. in active labor

**60. The early discharge of amniotic fluid is considered to be the discharge of water:**

- A. before the onset of contractions
- B. if irregular contractions occur
- C. when the cervix is dilated by less than 6 cm
- D. at the appearance of attempts

**61. Timely discharge of water should occur:**

- A. before the onset of contractions
- B. if irregular contractions occur
- C. when regular contractions appear
- D. if the cervix is dilated more than 6 cm  
when cervical dilatation is less than 6 cm

**62. The beginning of labor should be considered:**

- A. the appearance of regular contractions, leading to shortening and flattening of the cervix
- B. the appearance of irregular contractions
- C. the appearance of regular contractions
- D. discharge of amniotic fluid

**63. The midwife proceeds to the delivery:**

- A. with the beginning of attempts
- B. from the time the uterine os is fully dilated
- C. when embedding the head of the fetus

D. when erupting the head of the fetus

**64. After the appearance of signs of separation of the placenta, it is necessary to start isolating the separated placenta:**

- A. immediately after the onset of signs
- B. after 5 min
- C. after 10 minutes
- D. after 20 minutes

**65. The drug most often used at the time of eruption of the head for the prevention of bleeding during childbirth:**

- A. oxytocin
- B. methylergometrine
- C. quinine
- D. ergotal

**66. Meconium is present in a newborn during the first:**

- A. 1-2 days
- B. 2-3 days
- C. 4-5 days
- D. 6-7 days

**67. Heart rate in a newborn:**

- A. 80-100 bpm
- B. 100-120 bpm
- C. 120-160 bpm
- D. 160-180 bpm

**68. The amount of hemoglobin in a newborn:**

- A. 80-100 g / l
- B. 100-120 g / l
- C. 120-140 g / l
- D. 160-180 g / l

**69. Prevention of ophthalmoblenorrhea is carried out:**

- A. 2% silver nitrate solution
- B. 3% silver nitrate solution
- C. 20% solution of sodium albucid
- D. 30% solution of sodium albucid

**70. Duration of the early postpartum period:**

- A. 1 h
- B. 2 h
- C. 4 h
- D. 12 h

**71. The duration of the postpartum period is determined by:**

- A. the appearance of the first menstruation
- B. involution of the cervix
- C. cessation of discharge from the uterus
- D. involution of the uterus

**72. The height of the fundus of the uterus after the birth of the fetus:**

- A. at the level of the navel
- B. 2 fingers above the navel
- C. 2 fingers below the navel
- D. in the middle of the distance between the bosom and the navel

**73. The height of the fundus of the uterus after the birth of the placenta:**

- A. at the level of the navel
- B. 2 fingers above the navel
- C. midway between the navel and the bosom
- D. 2 fingers below the navel

**74. The height of the standing of the fundus of the uterus on the 1st day after childbirth:**

- A. at the level of the navel
- B. 2 fingers above the navel
- C. 2 fingers below the navel
- D. in the middle of the distance between the navel and the bosom

**75. The height of the fundus of the uterus on the 5th day after childbirth (before discharge):**

- A. in the middle of the distance between the navel and the bosom
- B. 2 fingers below the navel
- C. 3 fingers above the bosom
- D. at the level of the upper edge of the bosom

**76. The nature of lochia on the 5th day after childbirth (before discharge):**

- A. bloody
- B. serous bloody
- C. bloody serous
- D. mucous membranes

**77. Cervical canal on the 10th day after childbirth:**

- A. pass for 1 finger
- B. pass for 2 fingers
- C. closed
- D. we pass to the area of the internal pharynx

**78. Lactation begins under the influence of:**

- A. placental lactogen
- B. progesterone

- C. estrogen
- D. prolactin

**79. The onset of lactation is considered normal:**

- A. immediately after childbirth
- B. 1-2 days after delivery
- C. on the 3rd day after childbirth
- D. on the 4-5th day after childbirth

**80. Complete restoration of the structure of the endometrium after childbirth occurs through:**

- A. 10-15 days
- B. 2-3 weeks
- C. 4-5 weeks
- D. 6-8 weeks

**81. The lower edge of the pubic articulation, ischial spines, sacrococcygeal articulation limit the plane of the small pelvis:**

- A. entrance
- B. wide part
- C. narrow part
- D. exit

**82. In the anterior occipital presentation, the birth of the head occurs:**

- A. small oblique size 9.5 cm
- B. small oblique size 10.5 cm
- C. Medium oblique size 10.5 cm
- D. vertical dimension 9.5 cm

**83. In the posterior view of the occipital presentation of the second position, the sagittal suture is located in:**

- A. left oblique size
- B. right oblique size
- C. Medium oblique size
- D. straight size

**84. The height of the uterine fundus at the level of the navel is determined by:**

- A. after the birth of the fetus
- B. after separation of the placenta
- C. after the birth of the placenta
- D. on the 2nd day after childbirth

**85. The small fontanelle is a conductive point when:**

- A. anterior occipital presentation
- B. posterior occipital presentation
- C. frontal presentation

D. anteroparietal presentation

**86. The synthesis of chorionic gonadotropin occurs in:**

- A. adrenal glands
- B. pituitary gland
- C. ovaries
- D. placenta

**87. Physiological pregnancy continues:**

- A. 240 days
- B. 280 days
- C. 320 days
- D. 300 days

**88. Duration of rapid labor in primiparous:**

- A. 2-4 h
- B. 4-6 h
- C. 6-8 h
- D. 8-10 h

**89. Uterine arteries depart from:**

- A. internal iliac arteries
- B. common iliac artery
- C. external iliac artery
- D. aorta

**90. Examination of a pregnant or parturient woman begins with:**

- A. palpation of the abdomen
- B. auscultation of the abdomen
- C. pelvic measurements
- D. Surveys by systems and organs

**91. In a correctly folded woman, the Michaelis rhombus has the shape:**

- A. geometrically regular rhombus
- B. triangle
- C. irregular quadrangle
- D. a vertically elongated quadrangle

**92. The position of the fetus is:**

- A. ratio of fetal limbs to trunk
- B. head-to-body ratio
- C. relationship between different parts of the fetus
- D. the relationship of the legs and buttocks of the fetus

**93. In the second stage of labor, the fetal heartbeat is controlled:**

- A. after every push



- B. every 15 min
- C. every 10 minutes
- D. every 5 min

**94. At the end of pregnancy, the primiparous cervix is normal:**

- A. shortened
- B. partially smoothed
- C. smoothed completely
- D. saved

**95. Management of the third stage of labor depends on:**

- A. degree of blood loss
- B. duration of labor
- C. the presence of signs of separation of the placenta
- D. conditions of the newborn

**96. A sign of the developed labor activity is:**

- A. outpouring
- B. increasing frequency of contractions
- C. shortening and smoothing of the cervix
- D. increasing pain in the lumbar region

**97. The largest volume of circulating blood during pregnancy is observed in:**

- A. mid-third trimester
- B. end of the second trimester
- C. period of labor
- D. mid-first trimester

**98. Fetal malformations in early pregnancy can cause:**

- A. rubella
- B. tuberculosis
- C. chickenpox
- D. chronic hepatitis

**99. The effectiveness of labor is objectively assessed by:**

- A. frequency and duration of contractions
- B. duration of labor
- C. dynamics of cervical dilatation
- D. fetal condition

**100. Estimated due date, if the last menstruation was on March 3:**

- A. December 30
- B. December 10
- C. November 10
- D. January 10

## Exam questions

1. How to properly plan a laboratory and instrumental examination to confirm obstetric pathology.
2. Parameters of the risk group in pregnant women.
3. Influence of harmful factors on the fetus.
4. The main methods of diagnosis of the fetus in the fetus and fetal hypoxia.
5. Rules for registration of the partograph according to WHO.
6. Diagnosis and management of Rh-isoimmunization.
7. Indications for cordocentesis.
8. Stages of spontaneous abortion.
9. incomplete abortion.
10. Signs of premature birth.
11. Acute tocolysis.
12. Diagnosis, management and principles of treatment of women with isthmico-cervical insufficiency.
13. Principles of treatment.
14. Stages of abortion. Clinical signs of premature labor. Treatment of pregnancy loss
15. Diagnosis and management of multiple pregnancy.
16. Obstetric tactics in case of polyhydramnios. Principles of treatment.
17. Clinical signs of postterm pregnancy and postmature syndrome. Management.
18. Abnormal uterine action. Partograph.
19. Diagnosis and management of multiple pregnancy.
20. Breech presentation. Clinical course and management during pregnancy, labor and delivery.
21. Abnormal pelvis. Diagnosis and management.
22. Abnormal fetal lie.
23. Malpresentations
24. Placenta previa.
25. Нырзада Бешбакова: Abruptio placenta.
26. Management of postpartum hemorrhage by protocol.
27. Obstetric traumatism. Clinical signs of uterine rupture.
28. Early gestose. Hypertensive disorders during pregnancy. Treatment of preeclampsia and eclampsia. First aid in eclampsia.
29. Perinatal infections. Risk of antenatal infection. Harmful factors affecting fetus.
30. Diagnosis and management of Rh-isoimmunization.
31. Signs of fetal antenatal fetal hypoxia (Fetal distress).
32. Diagnosis and treatment of placental insufficiency/
33. Obstetrics operations.
34. Destructive operations.
35. Postdelivery infection diseases.
36. Obstetric hemorrhage
37. Instrumental vaginal delivery. Cesarean section in modern obstetrics
38. Obstetrical maternal injuries
39. Postpartum septic diseases
40. isoimmunization. Etiopathogenesis. Clinic, diagnosis.

41. Anatomical narrow pelvis during pregnancy. Diagnosis, management. Biomechanism of labor with a narrow pelvis.