Comprehensive Exam Child Health Nursing

Circle the best answer for the following questions (only one answer should be selected):

1. Which of the following should be given to a child following a tonsillectomy?
   a. Stips of clear liquid or ice chips
   b. Milkshakes
   c. Liquid warm diet
   d. Keep NPO for the first 48 hours

2. Nursing care of the child who has had a tonsillectomy should include all of the following except:
   a. Observing for signs of bleeding.
   b. Pushing ice cream hourly to soothe the child’s throat.
   c. Placing the child on his or her abdomen with a pillow under the chest.
   d. Observing for excessive swallowing and throat clearing.

3. If bleeding occurs in a child following a tonsillectomy, the nursing action would be to:
   a. Elevate the child’s head and turn him or her on his or her side.
   b. Place the child in a prone position.
   c. Place the child in Trendelenburg position.
   d. Elevate the child’s feet and turn him or her in a prone position.

4. Hypertension in children most commonly:
   a. Manifests frequent severe symptoms.
   b. Cannot be treated with diet and daily exercise.
   c. Results as a secondary manifestation of another disease.
   d. Will resolve before adolescence without treatment if it is primary hypertension

5. A child with coarctation of the aorta might require which of the following nursing interventions?
   a. Assisting the child and parents with coping with this terminal illness
   b. Informing females with the condition that pregnancy seldom causes problems.
   c. Reassuring the child and parents that postoperative abdominal pain will subside.
   d. Scheduling the surgery during early infancy to prevent complications.
6. Nursing care of the child with an atrial septal defects would involve which of the following?
   a. Reporting splitting of the second heart sound immediately as a serious complication.
   b. **Preparing the child and family for cardiac catheterization.**
   c. Monitoring the diastolic murmur over the apical area that is diagnostic of the condition
   d. Teaching parents about the lifelong medication required to control the condition

7. Which of the following findings may be noted in a child with coarctation?
   a. Low blood pressure in the upper extremities
   b. High blood pressure in the lower extremities
   c. **A history of headache and nosebleeds**
   d. A capillary refill of less than 5 seconds

8. An ECG was ordered for an infant diagnosed with Ventricular septal defect. Which of the nurse's explanations to the mother is the most accurate?
   a. The ECG will identify the presence of arrhythmias.
   b. **The ECG will assist in evaluating the extent of the shunting that is present**
   c. An ECG assists in evaluating the dimensions of the cardiac chambers.
   d. An ECG is most helpful in identifying the presence of congestive heart failure.

9. A child is diagnosed with coarctation of the aorta. Which of the following signs or symptoms indicate shunting of blood from the aorta through the ductus and into the pulmonary circulation?
   a. Leg cramps at rest.
   b. High lower extremity pulses
   c. **Upper extremity hypertension**
   d. Severe chest pain

10. A newborn is diagnosed as having **patent ductus arteriosus.** Which physiologic event will most likely occur?
    a. A left-to-right shunt, which will cause mixing of arterial and venous blood.
    b. A right-to-left shunt, which will cause cyanosis.
    c. Pulmonary circulation will be bypassed.
    d. No significant shunting will occur.

11. The valve of the **foramen ovale** is pushed shut shortly after birth by which physiologic mechanism?
    a. The release of prostaglandins directly constricts the opening.
    b. **Higher pressures in the left atrium after birth cause the valve to shut.**
    c. Blood from the left ventricle regurgitates into the left atrium causing it to shut.
    d. Increased oxygen content of blood after birth allows adhesions to form over the ovale.
12. Which of the following is true about congestive heart failure?
   a. Edema is an early symptom of failure in children.
   b. Irritability and restlessness may indicate abdominal pain from hepatomegaly.
   c. Left heart failure initially present with jugular vein distention.
   d. Right heart failure results in pulmonary edema as an initial sign.

13. Which of the following would be most effective in reducing the workload of the heart of a child with heart failure?
   a. Bed rest in a semi-Fowler’s position.
   b. Digoxin administration daily, IV or orally.
   c. Oxygen therapy by mask, cannula, or tent.
   d. Intravenous infusion of 4,000 ml/day.

14. Reduction of complications from rheumatic fever can be accomplished through which of the following interventions?
   a. Beginning speech therapy to reverse after damage after antibiotics.
   b. Administration of penicillin to children with strep throat infection.
   c. Provide activity to strengthen muscles.
   d. Withholding salicylates to prevent joint hemorrhage.

15. A 9-year-old is admitted with suspected rheumatic fever. Which finding suggestive of polyarthritis?
   a. Irregular movements of the extremities and facial grimacing
   b. Painless swelling over the extensor surfaces of the joints
   c. Faint areas of red demarcation over the back and abdomen
   d. Joints become swelling, inflammation, painful & loss of function.

16. Nine-years-old Dema is admitted to the medical pediatric unit with a diagnosis of rheumatic fever. Her pediatrician ordered a strict bed rest. The primary reason for this intervention is to:
   a. Reduce the swelling of Dema's joints.
   b. Prevent respiratory complications.
   c. Reduce the workload on Dema's heart.
   d. Prevent complications of the central nervous system.

17. The most common cardiac defect after rheumatic heart disease is damage and scarring of the:
   a. Aortic valve
   b. Pulmonary valve
   c. Mitral valve
   d. Tricuspid valve

18. Mona is diagnosed with congestive heart failure. She receives digoxis. Which of the following findings indicates an early sign of digoxis toxicity?
   a. Sunken eyeballs.
   b. Anorexia, nausea & vomiting.
   c. Loose stools.
   d. Depressed respirations.
19. Which of the following action should the nurse take immediately of digitalis toxicity?
   a. Change position and give oxygen.
   b. Give potassium chloride & stop digitalis.
   c. Monitoring respiration.
   d. Stop digitalis & assess reflex.

20. Crying is to be avoided in a child who has had a cleft lip repair because it:
   a. Sustain a traumatic experience.
   b. Places tension on the suture line.
   c. Threatens maternal-infant bonding.
   d. Predisposes to respiratory difficulties.

21. In the initial history and physical examination, which of the following findings would help the nurse to arrive at a diagnosis of glomerulonephritis?
   a. Edema
   b. Nausea
   c. Lethargy
   d. Dark tea-colored urine

22. The plan of care for a child with bronchitis should include.
   a. Bed rest and minimal oral fluid.
   b. Keeping room air cool and dry.
   c. Expectorants and coughing to clear secretion.
   d. Shallow inspiration to decrease chest pain.

Questions from 23 to 25 related to the following situation

Zeyad is a 2 year old baby admitted to a pediatric inpatient unit with pitting edema, enlarged liver, low serum protein level, low weight gain than expected (60-80%) and he seemed uncooperative during examination.

Answer the following questions

23. The most appropriate nursing diagnosis is
   a. Inadequate protein supplementation less than daily requirements
   b. Hypoalbuminemia related to inadequate energy supplementation
   c. Low weight gain manifested by failure to thrive
   d. Anxiety related to hospitalization

24. The most common causes for this condition is related to:
   a. Maternal deprivation
   b. Vomiting and diarrhea
   c. Dietary inadequacy
   d. Infection
25. The appropriate intervention for zeyad includes all **Except one** of the following:
   a. Give high quality diet
   b. Daily weight with appropriate follow up.
   c. Psychotherapy
   d. appropriate immunization schedule

   **History:** 14-year-old Rame comes home from school crying. He tells his mother that when he was leaving school he had a terrible pain in his scrotum, and he wanted to die because it hurt so much. His mother asks how he is now. He tells her that he is hurting badly and he wants her to take him to the hospital. At the emergency room the doctor tells Rame's mother that Rame has a testicular torsion. His mother turns to the nurse and tells her that she wants to talk to her.

26. Rame's mother asks the nurse what treatment is indicated for children with testicular torsion. The nurse responds:
   a. Immediate surgery
   b. Complete bed rest
   c. Follow-up in 1 week
   d. Observation for 1 week

27. The nurse knows that the diagnosis of testicular torsion must be differentiated from epididymitis and conditions. An appropriate procedure to assess blood flow is:
   a. Surgical exploration
   b. Doppler examination
   c. Nuclear technetium
   d. Radionucleotide scanning

28. What should be the initial approach in the of child 5 years old complain from lower abdominal pain and frequency of urination?
   a. Rule out urethritis.
   b. Rule out trauma.
   c. Request an analgesic.
   d. Help localize the site of infection

29. In the initial history and physical examination, which of the following findings would help the nurse to arrive at a diagnosis of glomerulonephritis?
   a. Edema
   b. Nausea
   c. Lethargy
   d. Dark tea-colored urine

30. After all the lab studies were done among child with acute glomerulonephritis which of the following the **best intervention**?
   a. Supportive therapy.
   b. Prednisone therapy.
   c. Massive antibiotic therapy
   d. Complete bed rest for 2 weeks.
31. Which of the following interventions might be most effective in preventing glomerulonephritis?
   a. Daily administration of children's multivitamins and iron.
   b. Increasing all children's fluid intake to 3 liters daily.
   c. Prompt evaluation of childhood complaints of sore throat.
   d. Teaching children to void promptly when the urge is felt.

32. Which of the following would be noted in a child with acute glomerulonephritis?
   b. Hypovolemia and signs of dehydration.
   c. Hematuria and pulmonary edema.
   d. Fever, foul-smelling diarrhea.

33. Clinical manifestations of laryngotraechobronchitis (croup) in a child include:
   a. Absence of cough.
   b. Inspiratory stridor.
   c. Expiratory wheeze.
   d. Clear, frothy sputum.

34. Which one of the following is not a cause for bronchial asthma?
   a. Dog dander.
   b. Dust or dust mites.
   c. Grasses or other plants.
   d. Beta–hemolytic streptococcus.

35. The plan of care for a child with bronchitis should include.
   a. Bed rest and minimal oral fluid.
   b. Keeping room air cool and dry.
   c. Expectorants and coughing to clear secretion.
   d. Shallow inspiration to decrease chest pain.

36. The character of the first stool of the newborn should be:
   a. Yellow, soft, and mushy
   b. Pale green and formed
   c. Light brown and formed
   d. Dark green and sticky

37. Cold stress can cause which of the following?
   b. High blood oxygen concentration.
   c. Adequate circulatory pattern.
   d. Reduced consumption of calories.

38. Because the gastrointestinal tract does not initially have bacterial flora to produce it, the newborn is temporarily deficient in:
   a. Vitamin B6
   b. Vitamin B12
39. When developing the plan of care for an infant with a cleft lip before corrective surgery is performed, which of the following would be a priority?
   a. Maintaining skin integrity in the oral cavity.
   b. Using techniques to minimize crying.
   c. Altering the usual method of feeding.
   d. Preventing the infant from putting fingers in the mouth.

40. Which of the following measures would be most effective in helping the infant with a cleft lip and palate to retain oral feeding?
   a. Bubble the infant at frequent intervals.
   b. Feed the infant small amounts at one time.
   c. Place the end of the nipple far to the back of the infant's tongue.
   d. Maintain the infant in a lying position while feeding.

41. Which of the following would the nurse identify as a priority nursing diagnosis for a neonate diagnosed with a cleft palate at 1 hour postpartum?
   a. Activity intolerance related to respiratory distress syndrome.
   b. Risk for infection related to potential aspiration during feedings.
   c. Compromised family coping related to congenital malformation of the neonate.
   d. Impaired skin integrity related to frequent treatments and feedings.

42. The parent of an infant with a cleft lip and palate asks the nurse when the infant's cleft palate will repaired. The nurse responds by stating that the first repair of a cleft palate is usually done at which of the following times?
   a. Before the eruption of teeth.
   b. When the child weighs approximately 10Kg.
   c. Before the development of speech.
   d. After the child learns to drink from a cup.

43. When the infant returns to the unit after imperforate anus repair, the nurse places the infant in which of the following positions?
   a. On the abdomen, with legs pulled up under the body.
   b. On the back, with legs extended straight out.
   c. Lying on the side with the hips elevated.
   d. Lying on the back in a position of comfort.

44. The plan of care for a child with bronchitis should include.
   a. Bed rest and minimal oral fluid.
   b. Keeping room air cool and dry.
   c. Expectorants and coughing to clear secretion.
   d. Shallow inspiration to decrease chest pain.
45. Clinical manifestations of laryngotracheobronchitis (croup) in a child include:
   a. Absence of cough.
   b. **Inspiratory stridor**.
   c. Expiratory wheeze.
   d. Clear, frothy sputum.

46. Which one of the following is not a cause for bronchial asthma?
   a. Dog dander.
   b. Dust or dust mites.
   c. Grasses or other plants.
   d. **Beta–hemolytic streptococcus**.

47. Clinical manifestations of laryngotracheobronchitis (croup) in a child include:
   a. Absence of cough.
   b. **Inspiratory stridor**.
   c. Expiratory wheeze.
   d. Clear, frothy sputum.

48. A 3-month-old infant is admitted to the pediatric unit from the emergency department with RSV bronchiolitis. What equipment should the nurse have in the room?
   a. Intubation tray, IV pump, cardiorespiratory monitor.
   b. **IV pump, oxygen, chest physiotherapy, bronchodilators**.
   c. Tracheotomy tray, oxygen, infant formula.
   d. Cardiorespiratory monitor, antibiotics, IV pump

49. The nurse is assessing the lung sounds of a child with asthma. Which sound is the nurse most likely to hear:
   a. Vesicular sound.
   b. **Wheeze**.
   c. Frolike.
   d. Stridor.

50. Nursing care of the child with bronchiolitis focuses to all except one of the following.
   a. Preventing the spread of infection.
   b. **Prevention of bleeding**.
   c. Effective airway clearance.
   d. Maintaining hydration.

51. A child is diagnosed with **coarctation of the aorta**. Which of the following signs or symptoms indicate shunting of blood from the aorta through the ductus and into the pulmonary circulation?
   a. Leg cramps at rest.
   b. High lower extremity pulses.
   c. **Upper extremity hypertension**.
   d. Sever chest pain.
52. Clinical manifestations of laryngotracheobronchitis (croup) in a child include:
   a. Absence of cough.
   b. **Inspiratory stridor.**
   c. Expiratory wheeze.
   d. Clear, foamy sputum.

53. The plan of care for a child with bronchitis should include.
   a. Bed rest and minimal oral fluid.
   b. Keeping room air cool and dry.
   c. **Expectorants and coughing to clear secretion.**
   d. Shallow inspiration to decrease chest pain.

54. Because the gastrointestinal tract does not initially have bacterial flora to produce it, the newborn is temporarily deficient in:
   a. Vitamin B6
   b. Vitamin B12
   c. Vitamin C
   d. Vitamin K

55. When developing the plan of care for an infant with a cleft lip before corrective surgery is performed, which of the following would be a priority?
   a. Maintaining skin integrity in the oral cavity.
   b. Using techniques to minimize crying.
   c. **Altering the usual method of feeding.**
   d. Preventing the infant from putting fingers in the mouth.

56. When caring for a woman who was exposed to an environmental agent that selectively attacks the fetal ectoderm when she was in her early first trimester, the nurse know that the body system of the fetus most likely to be affected is the:
   - Gastrointestinal system.
   - Respiratory system.
   - Musculoskeletal system.
   - **Nervous system.**

57. The nurse is aware that infants of diabetic mothers are larger than other newborns because of:
   a. Increased somatotropin and lowered glucose utilization.
   b. **Increased somatotropin and increased glucose utilization.**
   c. Decreased somatotropin and lowered glucose utilization.
   d. Decreased somatotropin and decreased glucose utilization.

58. The primary risk to the fetus when the mother has pregnancy induced hypertension results from.
   a. Enlargement of her liver.
   b. Reduced maternal nutrient absorption.
   c. **Spasm of the vessels supplying the placenta.**
   d. Increase in urinary output.
59. The priority nursing care for a severely preeclamptic client would include:
   a. Putting her in a crowding room.
   b. Maintaining her in a supine position.
   c. Encouraging her to drink clear fluids.
   d. Protecting her against extraneous stimuli.

60. In dealing with a couple who has been identified as having an infertility problem, the nurse should know that:
   a. Infertility is usually psychological in origin.
   b. Infertility and sterility are essentially the same problem.
   c. The couple has been unable to have a child after trying at least one year.
   d. One partner has a problem that makes them unable to have children.
1. A postpartum patient was in labor for 30 hours and had ruptured membranes for 24 hours. For which of the following would the nurse be alert?
   a. Endometritis
   b. Endometriosis
   c. Salpingitis
   d. Pelvic thrombophlebitis

2. A client at 36 weeks’ gestation is scheduled for a routine ultrasound prior to an amniocentesis. After teaching the client about the purpose for the ultrasound, which of the following client statements would indicate to the nurse in charge that the client needs further instruction?
   a. The ultrasound will help to locate the placenta
   b. The ultrasound identifies blood flow through the umbilical cord
   c. The test will determine where to insert the needle
   d. The ultrasound locates a pool of amniotic fluid

3. While the postpartum client is receiving heparin for thrombophlebitis, which of the following drugs would the nurse Mica expect to administer if the client develops complications related to heparin therapy?
   a. Calcium gluconate
   b. Protamine sulfate
   c. Methylegonovine (Methergine)
   d. Nitrofurantoin (macrodantin)

4. When caring for a 3-day-old neonate who is receiving phototherapy to treat jaundice, the nurse in charge would expect to do which of the following?
   a. Turn the neonate every 6 hours
   b. Encourage the mother to discontinue breast-feeding
   c. Notify the physician if the skin becomes bronze in color
   d. Check the vital signs every 2 to 4 hours

5. A primigravida in active labor is about 9 days post-term. The client desires a bilateral pudendal block anesthesia before delivery. After the nurse explains this type of anesthesia to the client, which of the following locations identified by the client as the area of relief would indicate to the nurse that the teaching was effective?
   a. Back
   b. Abdomen
   c. Fundus
   d. Perineum

6. The nurse is caring for a primigravida at about 2 months and 1 week gestation. After explaining self-care measures for common discomforts of pregnancy, the nurse determines that the client understands the instructions when she says:
   a. “Nausea and vomiting can be decreased if I eat a few crackers before arising”
   b. “If I start to leak colostrum, I should cleanse my nipples with soap and water”
c. “If I have a vaginal discharge, I should wear nylon underwear”
d. “Leg cramps can be alleviated if I put an ice pack on the area”

7. Thirty hours after delivery, the nurse in charge plans discharge teaching for the client about infant care. By this time, the nurse expects that the phase of postpartal psychological adaptation that the client would be in would be termed which of the following?
   a. Taking in
   b. Letting go
   c. Taking hold
   d. Resolution

8. A pregnant client is diagnosed with partial placenta previa. In explaining the diagnosis, the nurse tells the client that the usual treatment for partial placenta previa is which of the following?
   a. Activity limited to bed rest
   b. Platelet infusion
   c. Immediate cesarean delivery
   d. Labor induction with oxytocin

9. Nurse Julia plans to instruct the postpartum client about methods to prevent breast engorgement. Which of the following measures would the nurse include in the teaching plan?
   a. Feeding the neonate a maximum of 5 minutes per side on the first day
   b. Wearing a supportive brassiere with nipple shields
   c. Breast-feeding the neonate at frequent intervals
   d. Decreasing fluid intake for the first 24 to 48 hours

10. When the nurse on duty accidentally bumps the bassinet, the neonate throws out its arms, hands opened, and begins to cry. The nurse interprets this reaction as indicative of which of the following reflexes?
    a. Startle reflex
    b. Babinski reflex
    c. Grasping reflex
    d. Tonic neck reflex

11. A primigravida client at 25 weeks’ gestation visits the clinic and tells the nurse that her lower back aches when she arrives home from work. The nurse should suggest that the client perform:
    a. Tailor sitting
    b. Leg lifting
    c. Shoulder circling
    d. Squatting exercises

12. Which of the following would the nurse in charge do first after observing a 2-cm circle of bright red bleeding on the diaper of a neonate who just had a circumcision?
    a. Notify the neonate’s pediatrician immediately
    b. Check the diaper and circumcision again in 30 minutes
c. Secure the diaper tightly to apply pressure on the site
d. Apply gently pressure to the site with a sterile gauze pad

13. Which of the following would the nurse Sandra most likely expect to find when assessing a pregnant client with abruption placenta?
   a. Excessive vaginal bleeding
   b. Rigid, boardlike abdomen
   c. Titanic uterine contractions
   d. Premature rupture of membranes

14. While the client is in active labor with twins and the cervix is 5 cm dilates, the nurse observes contractions occurring at a rate of every 7 to 8 minutes in a 30-minute period. Which of the following would be the nurse’s most appropriate action?
   a. Note the fetal heart rate patterns
   b. Notify the physician immediately
   c. Administer oxygen at 6 liters by mask
   d. Have the client pant-blow during the contractions

15. A client tells the nurse, “I think my baby likes to hear me talk to him.” When discussing neonates and stimulation with sound, which of the following would the nurse include as a means to elicit the best response?
   a. High-pitched speech with tonal variations
   b. Low-pitched speech with a sameness of tone
   c. Cooing sounds rather than words
   d. Repeated stimulation with loud sounds

16. A 31-year-old multipara is admitted to the birthing room after initial examination reveals her cervix to be at 8 cm, completely effaced (100 %), and at 0 station. What phase of labor is she in?
   a. Active phase
   b. Latent phase
   c. Expulsive phase
   d. Transitional phase

17. A pregnant patient asks the nurse Kate if she can take castor oil for her constipation. How should the nurse respond?
   a. “Yes, it produces no adverse effect.”
   b. “No, it can initiate premature uterine contractions.”
   c. “No, it can promote sodium retention.”
   d. “No, it can lead to increased absorption of fat-soluble vitamins.”

18. A patient in her 14th week of pregnancy has presented with abdominal cramping and vaginal bleeding for the past 8 hours. She has passed several cloth. What is the primary nursing diagnosis for this patient?
   a. Knowledge deficit
   b. Fluid volume deficit
   c. Anticipatory grieving
   d. Pain
19. Immediately after a delivery, the nurse-midwife assesses the neonate’s head for signs of molding. Which factors determine the type of molding?
   a. Fetal body flexion or extension
   b. Maternal age, body frame, and weight
   c. Maternal and paternal ethnic backgrounds
   d. Maternal parity and gravidity

20. For a patient in active labor, the nurse-midwife plans to use an internal electronic fetal monitoring (EFM) device. What must occur before the internal EFM can be applied?
   a. The membranes must rupture
   b. The fetus must be at 0 station
   c. The cervix must be dilated fully
   d. The patient must receive anesthesia

21. A primigravida patient is admitted to the labor delivery area. Assessment reveals that she is in early part of the first stage of labor. Her pain is likely to be most intense:
   a. Around the pelvic girdle
   b. Around the pelvic girdle and in the upper arms
   c. Around the pelvic girdle and at the perineum
   d. At the perineum

22. A female adult patient is taking a progestin-only oral contraceptive, or minipill. Progestin use may increase the patient’s risk for:
   a. Endometriosis
   b. Female hypogonadism
   c. Premenstrual syndrome
   d. Tubal or ectopic pregnancy

23. A patient with pregnancy-induced hypertension probably exhibits which of the following symptoms?
   a. Proteinuria, headaches, vaginal bleeding
   b. Headaches, double vision, vaginal bleeding
   c. Proteinuria, headaches, double vision
   d. Proteinuria, double vision, uterine contractions

24. Because cervical effacement and dilation are not progressing in a patient in labor, Dr. Smith orders I.V. administration of oxytocin (Pitocin). Why must the nurse monitor the patient’s fluid intake and output closely during oxytocin administration?
   a. Oxytoxin causes water intoxication
   b. Oxytocin causes excessive thirst
   c. Oxytoxin is toxic to the kidneys
   d. Oxytoxin has a diuretic effect

25. Five hours after birth, a neonate is transferred to the nursery, where the nurse intervenes to prevent hypothermia. What is a common source of radiant heat loss?
26. After administering bethanechol to a patient with urine retention, the nurse in charge monitors the patient for adverse effects. Which is most likely to occur?
   a. Decreased peristalsis
   b. Increase heart rate
   c. Dry mucous membranes
   d. Nausea and Vomiting

27. The nurse in charge is caring for a patient who is in the first stage of labor. What is the shortest but most difficult part of this stage?
   a. Active phase
   b. Complete phase
   c. Latent phase
   d. Transitional phase

28. After 3 days of breast-feeding, a postpartal patient reports nipple soreness. To relieve her discomfort, the nurse should suggest that she:
   a. Apply warm compresses to her nipples just before feedings
   b. Lubricate her nipples with expressed milk before feeding
   c. Dry her nipples with a soft towel after feedings
   d. Apply soap directly to her nipples, and then rinse

29. The nurse is developing a teaching plan for a patient who is 8 weeks pregnant. The nurse should tell the patient that she can expect to feel the fetus move at which time?
   a. Between 10 and 12 weeks’ gestation
   b. Between 16 and 20 weeks’ gestation
   c. Between 21 and 23 weeks’ gestation
   d. Between 24 and 26 weeks’ gestation

30. Normal lochial findings in the first 24 hours post-delivery include:
   a. Bright red blood
   b. Large clots or tissue fragments
   c. A foul odor
   d. The complete absence of lochia

1. **Answer A.** Endometritis is an infection of the uterine lining and can occur after prolonged rupture of membranes. Endometriosis does not occur after a strong labor and prolonged rupture of membranes. Salpingitis is a tubal infection and could occur if endometritis is not treated. Pelvic thrombophlebitis involves a clot formation but it is not a complication of prolonged rupture of membranes.

2. **Answer B.** Before amniocentesis, a routine ultrasound is valuable in locating the placenta, locating a pool of amniotic fluid, and showing the physician where to insert the needle. Color Doppler imaging ultrasonography identifies blood flow through the umbilical cord. A routine ultrasound does not accomplish this.
3. **Answer B.** Protamine sulfate is a heparin antagonist given intravenously to counteract bleeding complications caused by heparin overdose.

4. **Answer D.** While caring for an infant receiving phototherapy for treatment of jaundice, vital signs are checked every 2 to 4 hours because hyperthermia can occur due to the phototherapy lights.

5. **Answer D.** A bilateral pudendal block is used for vaginal deliveries to relieve pain primarily in the perineum and vagina. Pudental block anesthesia is adequate for episiotomy and its repair.

6. **Answer A.** Eating dry crackers before arising can assist in decreasing the common discomfort of nausea and vomiting. Avoiding strong food odors and eating a high-protein snack before bedtime can also help.

7. **Answer C.** Beginning after completion of the taking-in phase, the taking-hold phase lasts about 10 days. During this phase, the client is concerned with her need to resume control of all facets of her life in a competent manner. At this time, she is ready to learn self-care and infant care skills.

8. **Answer A.** Treatment of partial placenta previa includes bed rest, hydration, and careful monitoring of the client’s bleeding.

9. **Answer C.** Prevention of breast engorgement is key. The best technique is to empty the breast regularly with feeding. Engorgement is less likely when the mother and neonate are together, as in single room maternity care continuous rooming in, because nursing can be done conveniently to meet the neonate’s and mother’s needs.

10. **Answer A.** The Moro, or startle, reflex occurs when the neonate responds to stimuli by extending the arms, hands open, and then moving the arms in an embracing motion. The Moro reflex, present at birth, disappears at about age 3 months.

11. **Answer A.** Tailor sitting is an excellent exercise that helps to strengthen the client’s back muscles and also prepares the client for the process of labor. The client should be encouraged to rest periodically during the day and avoid standing or sitting in one position for a long time.

12. **Answer D.** If bleeding occurs after circumcision, the nurse should first apply gentle pressure on the area with sterile gauze. Bleeding is not common but requires attention when it occurs.

13. **Answer B.** The most common assessment finding in a client with abruption placenta is a rigid or boardlike abdomen. Pain, usually reported as a sharp stabbing sensation high in the uterine fundus with the initial separation, also is common.

14. **Answer B.** The nurse should contact the physician immediately because the client is most likely experiencing hypotonic uterine contractions. These contractions tend to
be painful but ineffective. The usual treatment is oxytocin augmentation, unless cephalopelvic disproportion exists.

15. **Answer A.** Providing stimulation and speaking to neonates is important. Some authorities believe that speech is the most important type of sensory stimulation for a neonate. Neonates respond best to speech with tonal variations and a high-pitched voice. A neonate can hear all sound louder than about 55 decibels.

16. **Answer D.** The transitional phase of labor extends from 8 to 10 cm; it is the shortest but most difficult and intense for the patient. The latent phase extends from 0 to 3 cm; it is mild in nature. The active phase extends from 4 to 7 cm; it is moderate for the patient. The expulsive phase begins immediately after the birth and ends with separation and expulsion of the placenta.

17. **Answer B.** Castor oil can initiate premature uterine contractions in pregnant women. It also can produce other adverse effects, but it does not promote sodium retention. Castor oils is not known to increase absorption of fat-soluble vitamins, although laxatives in general may decrease absorption if intestinal motility is increased.

18. **Answer B.** If bleeding and clot are excessive, this patient may become hypovolemic. Pad count should be instituted. Although the other diagnoses are applicable to this patient, they are not the primary diagnosis.

19. **Answer A.** Fetal attitude—the overall degree of body flexion or extension—determines the type of molding in the head a neonate. Molding is not influence by maternal age, body frame, weight, parity, or gravidity or by maternal and paternal ethnic backgrounds.

20. **Answer A.** Internal EFM can be applied only after the patient’s membranes have ruptures, when the fetus is at least at the -1 station, and when the cervix is dilated at least 2 cm. Although the patient may receive anesthesia, it is not required before application of an internal EFM device.

21. **Answer A.** During most of the first stage of labor, pain centers around the pelvic girdle. During the late part of this stage and the early part of the second stage, pain spreads to the upper legs and perineum. During the late part of the second stage and during childbirth, intense pain occurs at the perineum. Upper arm pain is not common during ant stage of labor.

22. **Answer D.** Women taking the minipill have a higher incidence of tubal and ectopic pregnancies, possibly because progestin slows ovum transport through the fallopian tubes. Endometriosis, female hypogonadism, and premenstrual syndrome are not associated with progestin-only oral contraceptives.

23. **Answer C.** A patient with pregnancy-induced hypertension complains of headache, double vision, and sudden weight gain. A urine specimen reveals proteinuria. Vaginal bleeding and uterine contractions are not associated with pregnancy-induces hypertension.
24. **Answer A.** The nurse should monitor fluid intake and output because prolonged oxytoxin infusion may cause severe water intoxication, leading to seizures, coma, and death. Excessive thirst results form the work of labor and limited oral fluid intake—not oxytoxin. Oxytoxin has no nephrotoxic or diuretic effects. In fact, it produces an antidiuretic effect.

25. **Answer C.** Common source of radiant heat loss includes cool incubator walls and windows. Low room humidity promotes evaporative heat loss. When the skin directly contacts a cooler object, such as a cold weight scale, conductive heat loss may occur. A cool room temperature may lead to convective heat loss.

26. **Answer D.** Bethanechol will increase GI motility, which may cause nausea, belching, vomiting, intestinal cramps, and diarrhea. Peristalsis is increased rather than decreased. With high doses of bethanechol, cardiovascular responses may include vasodilation, decreased cardiac rate, and decreased force of cardiac contraction, which may cause hypotension. Salivation or sweating may gently increase.

27. **Answer D.** The transitional phase, which lasts 1 to 3 hours, is the shortest but most difficult part of the first stage of labor. This phase is characterized by intense uterine contractions that occur every 1 ½ to 2 minutes and last 45 to 90 seconds. The active phase lasts 4 ½ to 6 hours; it is characterized by contractions that starts out moderately intense, grow stronger, and last about 60 seconds. The complete phase occurs during the second, not first, stage of labor. The latent phase lasts 5 to 8 hours and is marked by mild, short, irregular contractions.

28. **Answer B.** Measures that help relieve nipple soreness in a breast-feeding patient include lubrication the nipples with a few drops of expressed milk before feedings, applying ice compresses just before feeding, letting the nipples air dry after feedings, and avoiding the use of soap on the nipples.

29. **Answer B.** A pregnant woman usually can detect fetal movement (quickening) between 16 and 20 weeks’ gestation. Before 16 weeks, the fetus is not developed enough for the woman to detect movement. After 20 weeks, the fetus continues to gain weight steadily, the lungs start to produce surfactant, the brain is grossly formed, and myelination of the spinal cord begins.

30. **Answer A.** Lochia should never contain large clots, tissue fragments, or membranes. A foul odor may signal infection, as may absence of lochia.

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1. **Accompanied by her husband, a patient seeks admission to the labor and delivery area. The client states that she is in labor, and says she attended the hospital clinic for prenatal care. Which question should the nurse ask her first?**

   a. “Do you have any chronic illness?”
   b. “Do you have any allergies?”
   c. “What is your expected due date?”
   d. “Who will be with you during labor?”
2. A patient is in the second stage of labor. During this stage, how frequently should the nurse in charge assess her uterine contractions?
   a. Every 5 minutes
   b. Every 15 minutes
   c. Every 30 minutes
   d. Every 60 minutes

3. A patient is in last trimester of pregnancy. Nurse Jane should instruct her to notify her primary health care provider immediately if she notices:
   a. Blurred vision
   b. Hemorrhoids
   c. Increased vaginal mucus
   d. Shortness of breath on exertion

4. The nurse in charge is reviewing a patient’s prenatal history. Which finding indicates a genetic risk factor?
   a. The patient is 25 years old
   b. The patient has a child with cystic fibrosis
   c. The patient was exposed to rubella at 36 weeks’ gestation
   d. The patient has a history of preterm labor at 32 weeks’ gestation

5. A adult female patient is using the rhythm (calendar-basal body temperature) method of family planning. In this method, the unsafe period for sexual intercourse is indicated by;
   a. Return preovulatory basal body temperature
   b. Basal body temperature increase of 0.1 degrees to 0.2 degrees on the 2nd or 3rd day of cycle
   c. 3 full days of elevated basal body temperature and clear, thin cervical mucus
   d. Breast tenderness and mittelschmerz

6. During a nonstress test (NST), the electronic tracing displays a relatively flat line for fetal movement, making it difficult to evaluate the fetal heart rate (FHR). To mark the strip, the nurse in charge should instruct the client to push the control button at which time?
   a. At the beginning of each fetal movement
   b. At the beginning of each contraction
   c. After every three fetal movements
   d. At the end of fetal movement

7. When evaluating a client’s knowledge of symptoms to report during her pregnancy, which statement would indicate to the nurse in charge that the client understands the information given to her?
   a. “I’ll report increased frequency of urination.”
   b. “If I have blurred or double vision, I should call the clinic immediately.”
   c. “If I feel tired after resting, I should report it immediately.”
   d. “Nausea should be reported immediately.”

8. When assessing a client during her first prenatal visit, the nurse discovers that the client had a reduction mammoplasty. The mother indicates she wants to breast-feed. What information should the nurse give to this mother regarding breast-feeding success?
   a. “It’s contraindicated for you to breast-feed following this type of surgery.”
   b. “I support your commitment; however, you may have to supplement each feeding with formula.”
c. “You should check with your surgeon to determine whether breast-feeding would be possible.”

d. “You should be able to breast-feed without difficulty.”

9. Following a precipitous delivery, examination of the client’s vagina reveals a fourth-degree laceration. Which of the following would be contraindicated when caring for this client?
   a. Applying cold to limit edema during the first 12 to 24 hours
   b. Instructing the client to use two or more peripads to cushion the area
   c. Instructing the client on the use of sitz baths if ordered
   d. Instructing the client about the importance of perineal (Kegel) exercises

10. A client makes a routine visit to the prenatal clinic. Although she’s 14 weeks pregnant, the size of her uterus approximates that in an 18- to 20-week pregnancy. Dr. Diaz diagnoses gestational trophoblastic disease and orders ultrasonography. The nurse expects ultrasonography to reveal:
   a. an empty gestational sac.
   b. grapelike clusters.
   c. a severely malformed fetus.
   d. an extrauterine pregnancy.

11. After completing a second vaginal examination of a client in labor, the nurse-midwife determines that the fetus is in the right occiput anterior position and at −1 station. Based on these findings, the nurse-midwife knows that the fetal presenting part is:
   a. 1 cm below the ischial spines.
   b. directly in line with the ischial spines.
   c. 1 cm above the ischial spines.
   d. in no relationship to the ischial spines.

12. Which of the following would be inappropriate to assess in a mother who’s breast-feeding?
   a. The attachment of the baby to the breast.
   b. The mother’s comfort level with positioning the baby.
   c. Audible swallowing.
   d. The baby’s lips smacking

Answer C. When obtaining the history of a patient who may be in labor, the nurse’s highest priority is to determine her current status, particularly her due date, gravidity, and parity. Gravidity and parity affect the duration of labor and the potential for labor complications. Later, the nurse should ask about chronic illness, allergies, and support persons.

2. Answer B. During the second stage of labor, the nurse should assess the strength, frequency, and duration of contraction every 15 minutes. If maternal or fetal problems are detected, more frequent monitoring is necessary. An interval of 30 to 60 minutes between assessments is too long because of variations in the length and duration of patient’s labor.

3. Answer A. Blurred vision of other visual disturbance, excessive weight gain, edema, and increased blood pressure may signal severe preeclampsia. This condition may lead to eclampsia, which has potentially serious consequences for both the patient and fetus. Although hemorrhoids may be a problem during pregnancy, they do not require immediate attention. Increased vaginal mucus and dyspnea on exertion are expected as pregnancy progresses.
4. **Answer B.** Cystic fibrosis is a recessive trait; each offspring has a one in four chance of having the trait or the disorder. Maternal age is not a risk factor until age 35, when the incidence of chromosomal defects increases. Maternal exposure to rubella during the first trimester may cause congenital defects. Although a history or preterm labor may place the patient at risk for preterm labor, it does not correlate with genetic defects.

5. **Answer C.** Ovulation (the period when pregnancy can occur) is accompanied by a basal body temperature increase of 0.7 degrees F to 0.8 degrees F and clear, thin cervical mucus. A return to the preovulatory body temperature indicates a safe period for sexual intercourse. A slight rise in basal temperature early in the cycle is not significant. Breast tenderness and mittelschmerz are not reliable indicators of ovulation.

6. **Answer A.** An NST assesses the FHR during fetal movement. In a healthy fetus, the FHR accelerates with each movement. By pushing the control button when a fetal movement starts, the client marks the strip to allow easy correlation of fetal movement with the FHR. The FHR is assessed during uterine contractions in the oxytocin contraction test, not the NST. Pushing the control button after every three fetal movements or at the end of fetal movement wouldn’t allow accurate comparison of fetal movement and FHR changes.

7. **Answer B.** Blurred or double vision may indicate hypertension or preeclampsia and should be reported immediately. Urinary frequency is a common problem during pregnancy caused by increased weight pressure on the bladder from the uterus. Clients generally experience fatigue and nausea during pregnancy.

8. **Answer B.** Recent breast reduction surgeries are done in a way to protect the milk sacs and ducts, so breast-feeding after surgery is possible. Still, it’s good to check with the surgeon to determine what breast reduction procedure was done. There is the possibility that reduction surgery may have decreased the mother’s ability to meet all of her baby’s nutritional needs, and some supplemental feeding may be required. Preparing the mother for this possibility is extremely important because the client’s psychological adaptation to mothering may be dependent on how successfully she breast-feeds.

9. **Answer B.** Using two or more peripads would do little to reduce the pain or promote perineal healing. Cold applications, sitz baths, and Kegel exercises are important measures when the client has a fourth-degree laceration.

10. **Answer B.** In a client with gestational trophoblastic disease, an ultrasound performed after the 3rd month shows grapelike clusters of transparent vesicles rather than a fetus. The vesicles contain a clear fluid and may involve all or part of the decidual lining of the uterus. Usually no embryo (and therefore no fetus) is present because it has been absorbed. Because there is no fetus, there can be no extrauterine pregnancy. An extrauterine pregnancy is seen with an ectopic pregnancy.

11. **Answer C.** Fetal station — the relationship of the fetal presenting part to the maternal ischial spines — is described in the number of centimeters above or below the spines. A presenting part above the ischial spines is designated as −1, −2, or −3. A presenting part below the ischial spines, as +1, +2, or +3.

12. **Answer D.** Assessing the attachment process for breast-feeding should include all of the answers except the smacking of lips. A baby who’s smacking his lips isn’t well attached and can injure the mother’s nipples.
51. A child is diagnosed with **coarctation of the aorta**. Which of the following signs or symptoms indicate shunting of blood from the aorta through the ductus and into the pulmonary circulation?
   - a. Leg cramps at rest.
   - b. High lower extremity pulses
   - c. **Upper extremity hypertension**
   - d. Sever chest pain

52. Clinical manifestations of laryngotracheobronchitis (croup) in a child include:
   - a. Absence of cough.
   - b. **Inspiratory stridor**
   - c. Expiratory wheeze.
   - d. Clear, frothy sputum.

53. The plan of care for a child with bronchitis should include:
   - a. Bed rest and minimal oral fluid.
   - b. Keeping room air cool and dry.
   - c. **Expectorants and coughing to clear secretion.**
   - d. Shallow inspiration to decrease chest pain.

54. Because the gastrointestinal tract does not initially have bacterial flora to produce it, the newborn is temporarily deficient in:
   - a. Vitamin B6
   - b. Vitamin B12
   - c. Vitamin C
   - d. **Vitamin K**

55. When developing the plan of care for an infant with a cleft lip before corrective surgery is performed, which of the following would be a priority?
   - a. Maintaining skin integrity in the oral cavity.
   - b. Using techniques to minimize crying.
   - c. **Altering the usual method of feeding.**
   - d. Preventing the infant from putting fingers in the mouth.

56. When caring for a woman who was exposed to an environmental agent that selectively attacks the fetal ectoderm when she was in her early first trimester, the nurse know that the body system of the fetus most likely to be affected is the:
   - Gastrointestinal system.
   - Respiratory system.
   - Musculoskeletal system.
   - **Nervous system.**

57. The nurse is aware that infants of diabetic mothers are larger than other newborns because of:
   - a. Increased somatotropin and lowered glucose utilization.
   - b. **Increased somatotropin and increased glucose utilization.**
   - c. Decreased somatotropin and lowered glucose utilization.
d. Decreased somatotropin and decreased glucose utilization.

58. The primary risk to the fetus when the mother has pregnancy induced hypertension results from.
   a. Enlargement of her liver.
   b. Reduced maternal nutrient absorption.
   c. Spasm of the vessels supplying the placenta.
   d. Increase in urinary output.

4. The priority nursing care for a severely preeclamptic client would include:
   a. Putting her in a crowding room.
   b. Maintaining her in a supine position.
   c. Encouraging her to drink clear fluids.
   d. Protecting her against extraneous stimuli.

5. In dealing with a couple who has been identified as having an infertility problem, the nurse should know that:
   a. Infertility is usually psychological in origin.
   b. Infertility and sterility are essentially the same problem.
   c. The couple has been unable to have a child after trying at least one year.
   d. One partner has a problem that makes them unable to have children.

13. During a prenatal visit at 4 months gestation, a pregnant client asks whether tests can be done to identify fetal abnormalities. Between 18 and 40 weeks’ gestation, which procedure is used to detect fetal anomalies?
   a. Amniocentesis.
   b. Chorionic villi sampling.
   c. Fetoscopy.
   d. Ultrasound

14. A client, 30 weeks pregnant, is scheduled for a biophysical profile (BPP) to evaluate the health of her fetus. Her BPP score is 8. What does this score indicate?
   a. The fetus should be delivered within 24 hours.
   b. The client should repeat the test in 24 hours.
   c. The fetus isn’t in distress at this time.
   d. The client should repeat the test in 1 week.

15. A client who’s 36 weeks pregnant comes to the clinic for a prenatal checkup. To assess the client’s preparation for parenting, the nurse might ask which question?
   a. “Are you planning to have epidural anesthesia?”
   b. “Have you begun prenatal classes?”
   c. “What changes have you made at home to get ready for the baby?”
   d. “Can you tell me about the meals you typically eat each day?”

16. A client who’s admitted to labor and delivery has the following assessment findings:
gravida 2 para 1, estimated 40 weeks’ gestation, contractions 2 minutes apart, lasting 45 seconds, vertex +4 station. Which of the following would be the priority at this time?

a. Placing the client in bed to begin fetal monitoring.
b. Preparing for immediate delivery.
c. Checking for ruptured membranes.
d. Providing comfort measures.

17. Nurse Roy is caring for a client in labor. The external fetal monitor shows a pattern of variable decelerations in fetal heart rate. What should the nurse do first?

a. Change the client’s position.
b. Prepare for emergency cesarean section.
c. Check for placenta previa.
d. Administer oxygen.

18. The nurse in charge is caring for a postpartum client who had a vaginal delivery with a midline episiotomy. Which nursing diagnosis takes priority for this client?

a. Risk for deficient fluid volume related to hemorrhage
b. Risk for infection related to the type of delivery
c. Pain related to the type of incision
d. Urinary retention related to periurethral edema

19. Which change would the nurse identify as a progressive physiological change in postpartum period?

a. Lactation
b. Lochia
c. Uterine involution
d. Diuresis

20. A 39-year-old at 37 weeks’ gestation is admitted to the hospital with complaints of vaginal bleeding following the use of cocaine 1 hour earlier. Which complication is most likely causing the client’s complaint of vaginal bleeding?

a. Placenta previa
b. Abruptio placentae
c. Ectopic pregnancy
d. Spontaneous abortion

21. A client with type 1 diabetes mellitus who’s a multigravida visits the clinic at 27 weeks gestation. The nurse should instruct the client that for most pregnant women with type 1 diabetes mellitus:

a. Weekly fetal movement counts are made by the mother.
b. Contraction stress testing is performed weekly.
c. Induction of labor is begun at 34 weeks’ gestation.
d. Nonstress testing is performed weekly until 32 weeks’ gestation

22. When administering magnesium sulfate to a client with preeclampsia, the nurse understands that this drug is given to:
a. Prevent seizures  
b. Reduce blood pressure  
c. Slow the process of labor  
d. Increase diuresis

23. What's the approximate time that the blastocyst spends traveling to the uterus for implantation?
   a. 2 days  
   b. 7 days  
   c. 10 days  
   d. 14 weeks

24. After teaching a pregnant woman who is in labor about the purpose of the episiotomy, which of the following purposes stated by the client would indicate to the nurse that the teaching was effective?
   a. Shortens the second stage of labor  
   b. Enlarges the pelvic inlet  
   c. Prevents perineal edema  
   d. Ensures quick placenta delivery

25. A primigravida client at about 35 weeks gestation in active labor has had no prenatal care and admits to cocaine use during the pregnancy. Which of the following persons must the nurse notify?
   a. Nursing unit manager so appropriate agencies can be notified  
   b. Head of the hospital’s security department  
   c. Chaplain in case the fetus dies in utero  
   d. Physician who will attend the delivery of the infant

26. When preparing a teaching plan for a client who is to receive a rubella vaccine during the postpartum period, the nurse in charge should include which of the following?
   a. The vaccine prevents a future fetus from developing congenital anomalies  
   b. Pregnancy should be avoided for 3 months after the immunization  
   c. The client should avoid contact with children diagnosed with rubella  
   d. The injection will provide immunity against the 7-day measles.

27. A client with eclampsia begins to experience a seizure. Which of the following would the nurse in charge do first?
   a. Pad the side rails  
   b. Place a pillow under the left buttock  
   c. Insert a padded tongue blade into the mouth  
   d. Maintain a patent airway

28. While caring for a multigravida client in early labor in a birthing center, which of the following foods would be best if the client requests a snack?
   a. Yogurt  
   b. Cereal with milk  
   c. Vegetable soup  
   d. Peanut butter cookies
29. The multigravida mother with a history of rapid labor who is in active labor calls out to the nurse, “The baby is coming!” which of the following would be the nurse's first action?

a. Inspect the perineum
b. Time the contractions
c. Auscultate the fetal heart rate
d. Contact the birth attendant

30. While assessing a primipara during the immediate postpartum period, the nurse in charge plans to use both hands to assess the client’s fundus to:

a. Prevent uterine inversion
b. Promote uterine involution
c. Hasten the puerperium period
d. Determine the size of the fundus

1. **Answer C.** When obtaining the history of a patient who may be in labor, the nurse’s highest priority is to determine her current status, particularly her due date, gravidity, and parity. Gravidity and parity affect the duration of labor and the potential for labor complications. Later, the nurse should ask about chronic illness, allergies, and support persons.

2. **Answer B.** During the second stage of labor, the nurse should assess the strength, frequency, and duration of contraction every 15 minutes. If maternal or fetal problems are detected, more frequent monitoring is necessary. An interval of 30 to 60 minutes between assessments is too long because of variations in the length and duration of patient’s labor.

3. **Answer A.** Blurred vision of other visual disturbance, excessive weight gain, edema, and increased blood pressure may signal severe preeclampsia. This condition may lead to eclampsia, which has potentially serious consequences for both the patient and fetus. Although hemorrhoids may be a problem during pregnancy, they do not require immediate attention. Increased vaginal mucus and dyspnea on exertion are expected as pregnancy progresses.

4. **Answer B.** Cystic fibrosis is a recessive trait; each offspring has a one in four chance of having the trait or the disorder. Maternal age is not a risk factor until age 35, when the incidence of chromosomal defects increases. Maternal exposure to rubella during the first trimester may cause congenital defects. Although a history or preterm labor may place the patient at risk for preterm labor, it does not correlate with genetic defects.

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the FHR accelerates with each movement. By pushing the control button when a fetal movement starts, the client marks the strip to allow easy correlation of fetal movement with the FHR. The FHR is assessed during uterine contractions in the oxytocin contraction test, not the NST. Pushing the control button after every three fetal movements or at the end of fetal movement wouldn’t allow accurate comparison of fetal movement and FHR changes.

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12. **Answer D.** Assessing the attachment process for breast-feeding should include all of the answers except the smacking of lips. A baby who’s smacking his lips isn’t well attached and can injure the mother’s nipples.

13. **Answer D.** Ultrasound is used between 18 and 40 weeks’ gestation to identify normal fetal growth and detect fetal anomalies and other problems. Amniocentesis is done during the third trimester to determine fetal lung maturity. Chorionic villi sampling is performed at 8 to 12 weeks’ gestation to detect genetic disease. Fetoscopy is done at approximately 18 weeks’ gestation to observe the fetus directly and obtain a skin or blood sample.

14. **Answer C.** The BPP evaluates fetal health by assessing five variables: fetal breathing movements, gross body movements, fetal tone, reactive fetal heart rate, and qualitative amniotic fluid volume. A normal response for each variable receives 2
points; an abnormal response receives 0 points. A score between 8 and 10 is considered normal, indicating that the fetus has a low risk of oxygen deprivation and isn’t in distress. A fetus with a score of 6 or lower is at risk for asphyxia and premature birth; this score warrants detailed investigation. The BPP may or may not be repeated if the score isn’t within normal limits.

15. **Answer C**. During the third trimester, the pregnant client typically perceives the fetus as a separate being. To verify that this has occurred, the nurse should ask whether she has made appropriate changes at home such as obtaining infant supplies and equipment. The type of anesthesia planned doesn’t reflect the client’s preparation for parenting. The client should have begun prenatal classes earlier in the pregnancy. The nurse should have obtained dietary information during the first trimester to give the client time to make any necessary changes.

16. **Answer B**. This question requires an understanding of station as part of the intrapartal assessment process. Based on the client’s assessment findings, this client is ready for delivery, which is the nurse’s top priority. Placing the client in bed, checking for ruptured membranes, and providing comfort measures could be done, but the priority here is immediate delivery.

17. **Answer A**. Variable decelerations in fetal heart rate are an ominous sign, indicating compression of the umbilical cord. Changing the client’s position from supine to side-lying may immediately correct the problem. An emergency cesarean section is necessary only if other measures, such as changing position and amnioinfusion with sterile saline, prove unsuccessful. Administering oxygen may be helpful, but the priority is to change the woman’s position and relieve cord compression.

18. **Answer A**. Hemorrhage jeopardizes the client’s oxygen supply — the first priority among human physiologic needs. Therefore, the nursing diagnosis of Risk for deficient fluid volume related to hemorrhage takes priority over diagnoses of Risk for infection, Pain, and Urinary retention.

19. **Answer A**. Lactation is an example of a progressive physiological change that occurs during the postpartum period.

20. **Answer B**. The major maternal adverse reactions from cocaine use in pregnancy include spontaneous abortion first, not third, trimester abortion and abruption placentae.

21. **Answer D**. For most clients with type 1 diabetes mellitus, nonstress testing is done weekly until 32 weeks’ gestation and twice a week to assess fetal well-being.

22. **Answer A**. The chemical makeup of magnesium is similar to that of calcium and, therefore, magnesium will act like calcium in the body. As a result, magnesium will block seizure activity in a hyper stimulated neurologic system by interfering with signal transmission at the neuromuscular junction.

23. **Answer B**. The blastocyst takes approximately 1 week to travel to the uterus for implantation.

24. **Answer A**. An episiotomy serves several purposes. It shortens the second stage
of labor, substitutes a clean surgical incision for a tear, and decreases undue stretching of perineal muscles. An episiotomy helps prevent tearing of the rectum but it does not necessarily relieves pressure on the rectum. Tearing may still occur.

25. **Answer D.** The fetus of a cocaine-addicted mother is at risk for hypoxia, meconium aspiration, and intrauterine growth retardation (IUGR). Therefore, the nurse must notify the physician of the client’s cocaine use because this knowledge will influence the care of the client and neonate. The information is used only in relation to the client’s care.

26. **Answer B.** After administration of rubella vaccine, the client should be instructed to avoid pregnancy for at least 3 months to prevent the possibility of the vaccine’s toxic effects to the fetus.

27. **Answer D.** The priority for the pregnant client having a seizure is to maintain a patent airway to ensure adequate oxygenation to the mother and the fetus. Additionally, oxygen may be administered by face mask to prevent fetal hypoxia.

28. **Answer A.** In some birth settings, intravenous therapy is not used with low-risk clients. Thus, clients in early labor are encouraged to eat healthy snacks and drink fluid to avoid dehydration. Yogurt, which is an excellent source of calcium and riboflavin, is soft and easily digested. During pregnancy, gastric emptying time is delayed. In most hospital settings, clients are allowed only ice chips or clear liquids.

29. **Answer A.** When the client says the baby is coming, the nurse should first inspect the perineum and observe for crowning to validate the client’s statement. If the client is not delivering precipitously, the nurse can calm her and use appropriate breathing techniques.

30. **Answer A.** Using both hands to assess the fundus is useful for the prevention of uterine inversion.

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A primigravida patient is admitted to the labor delivery area. Assessment reveals that she is in early part of the first stage of labor. Her pain is likely to be most intense:

A. **Around the pelvic girdle**
B. Around the pelvic girdle and in the upper arms
C. Around the pelvic girdle and at the perineum
D. At the perineum

Explanation
During most of the first stage of labor, pain centers around the pelvic girdle. During the late part of this stage and the early part of the second stage, pain spreads to the upper legs and perineum. During the late part of the second stage and during childbirth, intense pain occurs at the perineum. Upper arm pain is not common during antr stage of labor.

A pregnant client is diagnosed with partial placenta previa. In explaining the diagnosis, the nurse tells the client that the usual treatment for partial placenta previa is which of the following?
A. Activity limited to bed rest
B. Platelet infusion
C. Immediate cesarean delivery
D. Labor induction with oxytocin

Explanation
Treatment of partial placenta previa includes bed rest, hydration, and careful monitoring of the client’s bleeding.

A postpartum patient was in labor for 30 hours and had ruptured membranes for 24 hours. For which of the following would the nurse be alert?
A. Endometritis
B. Endometriosis
C. Salpingitis
D. Pelvic thrombophlebitis

Explanation
Endometritis is an infection of the uterine lining and can occur after prolonged rupture of membranes. Endometriosis does not occur after a strong labor and prolonged rupture of membranes. Salpingitis is a tubal infection and could occur if endometritis is not treated. Pelvic thrombophlebitis involves a clot formation but it is not a complication of prolonged rupture of membranes.

While the postpartum client is receiving heparin for thrombophlebitis, which of the following drugs would the nurse Mica expect to administer if the client develops complications related to heparin therapy?
A. Calcium gluconate
B. Protamine sulfate
C. Methylegonovine (Methergine)
D. Nitrofurantoin (macrodantin)

Explanation
Protamine sulfate is a heparin antagonist given intravenously to counteract bleeding complications caused by heparin overdose.

Five hours after birth, a neonate is transferred to the nursery, where the nurse intervenes to prevent hypothermia. What is a common source of radiant heat loss?
A. Low room humidity  
B. Cold weight scale  
C. Cools incubator walls  
D. Cool room temperature  

**Explanation**  
Common source of radiant heat loss includes cool incubator walls and windows. Low room humidity promotes evaporative heat loss. When the skin directly contacts a cooler object, such as a cold weight scale, conductive heat loss may occur. A cool room temperature may lead to convective heat loss.

When the nurse on duty accidentally bumps the bassinet, the neonate throws out its arms, hands opened, and begins to cry. The nurse interprets this reaction as indicative of which of the following reflexes?  
A. Startle reflex  
B. Babinski reflex  
C. Grasping reflex  
D. Tonic neck reflex  

**Explanation**  
The Moro, or startle, reflex occurs when the neonate responds to stimuli by extending the arms, hands open, and then moving the arms in an embracing motion. The Moro reflex, present at birth, disappears at about age 3 months.

A female adult patient is taking a progestin-only oral contraceptive, or minipill. Progestin use may increase the patient’s risk for:  
A. Endometriosis  
B. Female hypogonadism  
C. Premenstrual syndrome  
D. Tubal or ectopic pregnancy  

**Explanation**  
Women taking the minipill have a higher incidence of tubal and ectopic pregnancies, possibly because progestin slows ovum transport through the fallopian tubes. Endometriosis, female hypogonadism, and premenstrual syndrome are not associated with progestin-only oral contraceptives.

The nurse is caring for a primigravida at about 2 months and 1 week gestation. After explaining self-care measures for common discomforts of pregnancy, the nurse determines that the client understands the instructions when she says:  
A. “Nausea and vomiting can be decreased if I eat a few crackers before arising”  
B. “If I start to leak colostrum, I should cleanse my nipples with soap and water”  
C. “If I have a vaginal discharge, I should wear nylon underwear”  
D. “Leg cramps can be alleviated if I put an ice pack on the area”  

**Explanation**
Eating dry crackers before arising can assist in decreasing the common discomfort of nausea and vomiting. Avoiding strong food odors and eating a high-protein snack before bedtime can also help.

After administering bethanechol to a patient with urine retention, the nurse in charge monitors the patient for adverse effects. Which is most likely to occur?

A. Decreased peristalsis  
B. Increase heart rate  
C. Dry mucous membranes  
D. Nausea and Vomiting  

**Explanation**
Bethanechol will increase GI motility, which may cause nausea, belching, vomiting, intestinal cramps, and diarrhea. Peristalsis is increased rather than decreased. With high doses of bethanechol, cardiovascular responses may include vasodilation, decreased cardiac rate, and decreased force of cardiac contraction, which may cause hypotension. Salivation or sweating may gently increase.

**Question 1**

A postpartum patient was in labor for 30 hours and had ruptured membranes for 24 hours. For which of the following would the nurse be alert?

A. Endometritis  
B. Endometriosis  
C. Salpingitis  
D. Pelvic thrombophlebitis  

**Question 1 Explanation:**

A client at 36 weeks gestation is schedule for a routine ultrasound prior to an amniocentesis. After teaching the client about the purpose for the ultrasound, which of the following client statements would indicate to the nurse in charge that the client needs further instruction?
| A | The ultrasound will help to locate the placenta |
| B | **The ultrasound identifies blood flow through the umbilical cord** |
| C | The test will determine where to insert the needle |
| D | The ultrasound locates a pool of amniotic fluid |

**Question 2 Explanation:**

**Question 3**

While the postpartum client is receiving heparin for thrombophlebitis, which of the following drugs would the nurse expect to administer if the client develops complications related to heparin therapy?

| A | Calcium gluconate |
| B | **Protamine sulfate** |
| C | Metylergonovine (Methergine) |
| D | Nitrofurantoin (macrodantin) |

**Question 3 Explanation:**

**Question 4**

When caring for a 3-day-old neonate who is receiving phototherapy to treat jaundice, the nurse in charge would expect to do which of the following?

<p>| A | Turn the neonate every 6 hours |</p>
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<tr>
<td><strong>B</strong></td>
<td>Encourage the mother to discontinue breast-feeding</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Notify the physician if the skin becomes bronze in color</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Check the vital signs every 2 to 4 hours</td>
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</table>

**Question 4 Explanation:**

**Question 5**

A primigravida in active labor is about 9 days post-term. The client desires a bilateral pudendal block anesthesia before delivery. After the nurse explains this type of anesthesia to the client, which of the following locations identified by the client as the area of relief would indicate to the nurse that the teaching was effective?

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<tr>
<td><strong>B</strong></td>
<td>Abdomen</td>
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<tr>
<td><strong>C</strong></td>
<td>Fundus</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Perineum</td>
</tr>
</tbody>
</table>

**Question 5 Explanation:**

**Question 6**

The nurse is caring for a primigravida at about 2 months and 1 week gestation. After explaining self-care measures for common discomforts of pregnancy, the nurse determines that the client understands the instructions when she says:
| A | “Nausea and vomiting can be decreased if I eat a few crackers before arising” |
| B | “If I start to leak colostrum, I should cleanse my nipples with soap and water” |
| C | “If I have a vaginal discharge, I should wear nylon underwear” |
| D | “Leg cramps can be alleviated if I put an ice pack on the area” |

**Question 6 Explanation:**

**Question 7**

Thirty hours after delivery, the nurse in charge plans discharge teaching for the client about infant care. By this time, the nurse expects that the phase of postpartum psychological adaptation that the client would be in would be termed which of the following?

| A | Taking in |
| B | Letting go |
| C | Taking hold |
| D | Resolution |

**Question 7 Explanation:**

**Question 8**

A pregnant client is diagnosed with partial placenta previa. In explaining the diagnosis, the nurse tells the client that the usual treatment for partial placenta previa is which of the following?

<p>| A | Activity limited to bed rest |</p>
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<tr>
<td><strong>B</strong></td>
<td>Platelet infusion</td>
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<tr>
<td><strong>C</strong></td>
<td>Immediate cesarean delivery</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Labor induction with oxytocin</td>
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</tbody>
</table>

**Question 8 Explanation:**

**Question 9**

The nurse plans to instruct the postpartum client about methods to prevent breast engorgement. Which of the following measures would the nurse include in the teaching plan?

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<tbody>
<tr>
<td><strong>A</strong></td>
<td>Feeding the neonate a maximum of 5 minutes per side on the first day</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>Wearing a supportive brassiere with nipple shields</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Breast-feeding the neonate at frequent intervals</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Decreasing fluid intake for the first 24 to 48 hours</td>
</tr>
</tbody>
</table>

**Question 9 Explanation:**

**Question 10**

When the nurse on duty accidentally bumps the bassinet, the neonate throws out its arms, hands opened, and begins to cry. The nurse interprets this reaction as indicative of which of the following reflexes?

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<td><strong>A</strong></td>
<td>Startle reflex</td>
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<td><strong>B</strong></td>
<td>Babinski reflex</td>
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<tr>
<td><strong>C</strong></td>
<td>Grasping reflex</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Tonic neck reflex</td>
</tr>
</tbody>
</table>

**Question 10 Explanation:**

**Question 11**

A primigravida client at 25 weeks gestation visits the clinic and tells the nurse that her lower back aches when she arrives home from work. The nurse should suggest that the client perform:

<p>| | |</p>
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<tbody>
<tr>
<td><strong>A</strong></td>
<td>Tailor sitting</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>Leg lifting</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Shoulder circling</td>
</tr>
<tr>
<td><strong>D</strong></td>
<td>Squatting exercises</td>
</tr>
</tbody>
</table>

**Question 11 Explanation:**

**Question 12**

Which of the following would the nurse in charge do first after observing a 2-cm circle of bright red bleeding on the diaper of a neonate who just had a circumcision?

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<tr>
<td><strong>A</strong></td>
<td>Notify the neonate’s pediatrician immediately</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>Check the diaper and circumcision again in 30 minutes</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Secure the diaper tightly to apply pressure on the site</td>
</tr>
</tbody>
</table>
Apply gentle pressure to the site with a sterile gauze pad

**Question 13**

Which of the following would the nurse most likely expect to find when assessing a pregnant client with abruption placenta?

<p>| | |</p>
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<tbody>
<tr>
<td>A</td>
<td>Excessive vaginal bleeding</td>
</tr>
<tr>
<td>B</td>
<td>Rigid, board-like abdomen</td>
</tr>
<tr>
<td>C</td>
<td>Titanic uterine contractions</td>
</tr>
<tr>
<td>D</td>
<td>Premature rupture of membranes</td>
</tr>
</tbody>
</table>

**Question 13 Explanation:**

**Question 14**

While the client is in active labor with twins and the cervix is 5 cm dilates, the nurse observes contractions occurring at a rate of every 7 to 8 minutes in a 30-minute period. Which of the following would be the nurse’s most appropriate action?

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<tbody>
<tr>
<td>A</td>
<td>Note the fetal heart rate patterns</td>
</tr>
<tr>
<td>B</td>
<td>Notify the physician immediately</td>
</tr>
<tr>
<td>C</td>
<td>Administer oxygen at 6 liters by mask</td>
</tr>
<tr>
<td>D</td>
<td>Have the client pant-blow during the contractions</td>
</tr>
</tbody>
</table>

**Question 14 Explanation:**
Question 15

A client tells the nurse, “I think my baby likes to hear me talk to him.” When discussing neonates and stimulation with sound, which of the following would the nurse include as a means to elicit the best response?

A. High-pitched speech with tonal variations
B. Low-pitched speech with a sameness of tone
C. Cooing sounds rather than words
D. Repeated stimulation with loud sounds

Question 15 Explanation:

Question 16

A 31-year-old multipara is admitted to the birthing room after initial examination reveals her cervix to be at 8 cm, completely effaced (100 %), and at 0 station. What phase of labor is she in?

A. Active phase
B. Latent phase
C. Expulsive phase
D. Transitional phase

Question 16 Explanation:

Question 17

A pregnant patient asks the nurse if she can take castor oil for her constipation. How should the nurse respond?
A  “Yes, it produces no adverse effect.”

B  “No, it can initiate premature uterine contractions.”

C  “No, it can promote sodium retention.”

D  “No, it can lead to increased absorption of fat-soluble vitamins.”

**Question 17 Explanation:**

**Question 18**

A patient in her 14th week of pregnancy has presented with abdominal cramping and vaginal bleeding for the past 8 hours. She has passed several cloth. What is the primary nursing diagnosis for this patient?

A  Knowledge deficit

B  **Fluid volume deficit**

C  Anticipatory grieving

D  Pain

**Question 18 Explanation:**

**Question 19**

Immediately after a delivery, the nurse-midwife assesses the neonate’s head for signs of molding. Which factors determine the type of molding?

A  **Fetal body flexion or extension**
Maternal age, body frame, and weight

Maternal and paternal ethnic backgrounds

Maternal parity and gravidity

Question 19 Explanation:

Question 20

For a patient in active labor, the nurse-midwife plans to use an internal electronic fetal monitoring (EFM) device. What must occur before the internal EFM can be applied?

A  The membranes must rupture

B  The fetus must be at 0 station

C  The cervix must be dilated fully

D  The patient must receive anesthesia

Question 20 Explanation:

Question 21

A primigravida patient is admitted to the labor delivery area. Assessment reveals that she is in early part of the first stage of labor. Her pain is likely to be most intense:

A  Around the pelvic girdle

B  Around the pelvic girdle and in the upper arms
Question 21 Explanation:

Question 22

A female adult patient is taking a progestin-only oral contraceptive, or mini pill. Progestin use may increase the patient’s risk for:

A  Endometriosis
B  Female hypogonadism
C  Premenstrual syndrome
D  **Tubal or ectopic pregnancy**

Question 22 Explanation:

Question 23

A patient with pregnancy-induced hypertension probably exhibits which of the following symptoms?

A  Proteinuria, headaches, vaginal bleeding
B  Headaches, double vision, vaginal bleeding
C  **Proteinuria, headaches, double vision**
D  Proteinuria, double vision, uterine contractions
Because cervical effacement and dilation are not progressing in a patient in labor, the doctor orders I.V. administration of oxytocin (Pitocin). Why must the nurse monitor the patient’s fluid intake and output closely during oxytocin administration?

A  Oxytocin causes water intoxication
B  Oxytocin causes excessive thirst
C  Oxytocin is toxic to the kidneys
D  Oxytocin has a diuretic effect

Five hours after birth, a neonate is transferred to the nursery, where the nurse intervenes to prevent hypothermia. What is a common source of radiant heat loss?

A  Low room humidity
B  Cold weight scale
C  Cools incubator walls
D  Cool room temperature

Question 25 Explanation:

Question 26
After administering bethanechol to a patient with urine retention, the nurse in charge monitors the patient for adverse effects. Which is most likely to occur?

A. Decreased peristalsis  
B. Increased heart rate  
C. Dry mucous membranes  
D. Nausea and vomiting

**Question 26 Explanation:**

The nurse in charge is caring for a patient who is in the first stage of labor. What is the shortest but most difficult part of this stage?

A. Active phase  
B. Complete phase  
C. Latent phase  
D. Transitional phase

**Question 27 Explanation:**

After 3 days of breast-feeding, a postpartal patient reports nipple soreness. To relieve her discomfort, the nurse should suggest that she:

A. Apply warm compresses to her nipples just before feedings
The nurse is developing a teaching plan for a patient who is 8 weeks pregnant. The nurse should tell the patient that she can expect to feel the fetus move at which time?

- **A**: Between 10 and 12 weeks’ gestation
- **B**: Between 16 and 20 weeks’ gestation
- **C**: Between 21 and 23 weeks’ gestation
- **D**: Between 24 and 26 weeks’ gestation

Normal lochial findings in the first 24 hours post-delivery include:

- **A**: Bright red blood
- **B**: Large clots or tissue fragments
- **C**: A foul odor
A postpartum patient was in labor for 30 hours and had ruptured membranes for 24 hours. For which of the following would the nurse be alert?

- Endometritis
- Endometriosis
- Salpingitis
- Pelvic thrombophlebitis

**Question 1 Explanation:**
Endometritis is an infection of the uterine lining and can occur after prolonged rupture of membranes. Endometriosis does not occur after a strong labor and prolonged rupture of membranes. Salpingitis is a tubal infection and could occur if endometritis is not treated. Pelvic thrombophlebitis involves a clot formation but it is not a complication of prolonged rupture of membranes.

A client at 36 weeks gestation is scheduled for a routine ultrasound prior to an amniocentesis. After teaching the client about the purpose for the ultrasound, which of the following client statements would indicate to the nurse in charge that the client needs further instruction?

- The ultrasound will help to locate the placenta

**Question 2**

**WRONG**
The ultrasound identifies blood flow through the umbilical cord

The test will determine where to insert the needle

The ultrasound locates a pool of amniotic fluid

**Question 2 Explanation:**
Before amniocentesis, a routine ultrasound is valuable in locating the placenta, locating a pool of amniotic fluid, and showing the physician where to insert the needle. Color Doppler imaging ultrasonography identifies blood flow through the umbilical cord. A routine ultrasound does not accomplish this.

**Question 3**

**CORRECT**

While the postpartum client is receiving heparin for thrombophlebitis, which of the following drugs would the nurse expect to administer if the client develops complications related to heparin therapy?

- Calcium gluconate
- Protamine sulfate
- Methylergonovine (Methergine)
- Nitrofurantoin (macrodantin)

**Question 3 Explanation:**
Protamine sulfate is a heparin antagonist given intravenously to counteract bleeding complications caused by heparin overdose.

**Question 4**

**WRONG**
When caring for a 3-day-old neonate who is receiving phototherapy to treat jaundice, the nurse in charge would expect to do which of the following?

- Turn the neonate every 6 hours
- Encourage the mother to discontinue breast-feeding
- Notify the physician if the skin becomes bronze in color
- Check the vital signs every 2 to 4 hours

**Question 4 Explanation:**
While caring for an infant receiving phototherapy for treatment of jaundice, vital signs are checked every 2 to 4 hours because hyperthermia can occur due to the phototherapy lights.

**Question 5**

WRONG

A primigravida in active labor is about 9 days post-term. The client desires a bilateral pudendal block anesthesia before delivery. After the nurse explains this type of anesthesia to the client, which of the following locations identified by the client as the area of relief would indicate to the nurse that the teaching was effective?

- Back
- Abdomen
- Fundus
- Perineum

**Question 5 Explanation:**
A bilateral pudendal block is used for vaginal deliveries to relieve pain primarily in the perineum and vagina. Pudendal block anesthesia is adequate for episiotomy and its repair.

**Question 6**

**CORRECT**

The nurse is caring for a primigravida at about 2 months and 1 week gestation. After explaining self-care measures for common discomforts of pregnancy, the nurse determines that the client understands the instructions when she says:

- “Nausea and vomiting can be decreased if I eat a few crackers before arising”
- “If I start to leak colostrum, I should cleanse my nipples with soap and water”
- “If I have a vaginal discharge, I should wear nylon underwear”
- “Leg cramps can be alleviated if I put an ice pack on the area”

**Question 6 Explanation:**

Eating dry crackers before arising can assist in decreasing the common discomfort of nausea and vomiting. Avoiding strong food odors and eating a high-protein snack before bedtime can also help.

**Question 7**

**CORRECT**

Thirty hours after delivery, the nurse in charge plans discharge teaching for the client about infant care. By this time, the nurse expects that the phase of postpartum psychological adaptation that the client would be in would be termed which of the following?

- Taking in
**Question 7 Explanation:**
Beginning after completion of the taking-in phase, the taking-hold phase lasts about 10 days. During this phase, the client is concerned with her need to resume control of all facets of her life in a competent manner. At this time, she is ready to learn self-care and infant care skills.

**Question 8**

**CORRECT**

A pregnant client is diagnosed with partial placenta previa. In explaining the diagnosis, the nurse tells the client that the usual treatment for partial placenta previa is which of the following?

- Activity limited to bed rest
- Platelet infusion
- Immediate cesarean delivery
- Labor induction with oxytocin

**Question 8 Explanation:**
Treatment of partial placenta previa includes bed rest, hydration, and careful monitoring of the client’s bleeding.

**Question 9**

**WRONG**
The nurse plans to instruct the postpartum client about methods to prevent breast engorgement. Which of the following measures would the nurse include in the teaching plan?

- Feeding the neonate a maximum of 5 minutes per side on the first day
- Wearing a supportive brassiere with nipple shields
- Breast-feeding the neonate at frequent intervals
- Decreasing fluid intake for the first 24 to 48 hours

**Question 9 Explanation:**
Prevention of breast engorgement is key. The best technique is to empty the breast regularly with feeding. Engorgement is less likely when the mother and neonate are together, as in single room maternity care continuous rooming in, because nursing can be done conveniently to meet the neonate’s and mother’s needs.

**Question 10**

**WRONG**

When the nurse on duty accidentally bumps the bassinet, the neonate throws out its arms, hands opened, and begins to cry. The nurse interprets this reaction as indicative of which of the following reflexes?

- Startle reflex
- Babinski reflex
- Grasping reflex
- Tonic neck reflex
**Question 10 Explanation:**
The Moro, or startle, reflex occurs when the neonate responds to stimuli by extending the arms, hands open, and then moving the arms in an embracing motion. The Moro reflex, present at birth, disappears at about age 3 months.

**Question 11**

**WRONG**

A primigravida client at 25 weeks gestation visits the clinic and tells the nurse that her lower back aches when she arrives home from work. The nurse should suggest that the client perform:

- Tailor sitting
- Leg lifting
- Shoulder circling
- Squatting exercises

**Question 11 Explanation:**
Tailor sitting is an excellent exercise that helps to strengthen the client’s back muscles and also prepares the client for the process of labor. The client should be encouraged to rest periodically during the day and avoid standing or sitting in one position for a long time.

**Question 12**

**WRONG**

Which of the following would the nurse in charge do first after observing a 2-cm circle of bright red bleeding on the diaper of a neonate who just had a circumcision?

- Notify the neonate’s pediatrician immediately
Check the diaper and circumcision again in 30 minutes

Secure the diaper tightly to apply pressure on the site

Apply gentle pressure to the site with a sterile gauze pad

**Question 12 Explanation:**
If bleeding occurs after circumcision, the nurse should first apply gently pressure on the area with sterile gauze. Bleeding is not common but requires attention when it occurs.

**Question 13**

**WRONG**

Which of the following would the nurse most likely expect to find when assessing a pregnant client with abruption placenta?

- Excessive vaginal bleeding
- Rigid, board-like abdomen
- Titanic uterine contractions
- Premature rupture of membranes

**Question 13 Explanation:**
The most common assessment finding in a client with abruption placenta is a rigid or boardlike abdomen. Pain, usually reported as a sharp stabbing sensation high in the uterine fundus with the initial separation, also is common.

**Question 14**

**WRONG**
While the client is in active labor with twins and the cervix is 5 cm dilates, the nurse observes contractions occurring at a rate of every 7 to 8 minutes in a 30-minute period. Which of the following would be the nurse’s most appropriate action?

- Note the fetal heart rate patterns
- Notify the physician immediately
- Administer oxygen at 6 liters by mask
- Have the client pant-blow during the contractions

**Question 14 Explanation:**
The nurse should contact the physician immediately because the client is most likely experiencing hypotonic uterine contractions. These contractions tend to be painful but ineffective. The usual treatment is oxytocin augmentation, unless cephalopelvic disproportion exists.

**Question 15**

**WRONG**

A client tells the nurse, “I think my baby likes to hear me talk to him.” When discussing neonates and stimulation with sound, which of the following would the nurse include as a means to elicit the best response?

- High-pitched speech with tonal variations
- Low-pitched speech with a sameness of tone
- Cooing sounds rather than words
- Repeated stimulation with loud sounds
Question 15 Explanation:
Providing stimulation and speaking to neonates is important. Some authorities believe that speech is the most important type of sensory stimulation for a neonate. Neonates respond best to speech with tonal variations and a high-pitched voice. A neonate can hear all sound louder than about 55 decibels.

Question 16

A 31-year-old multipara is admitted to the birthing room after initial examination reveals her cervix to be at 8 cm, completely effaced (100 %), and at 0 station. What phase of labor is she in?

- Active phase
- Latent phase
- Expulsive phase
- Transitional phase

Question 16 Explanation:
The transitional phase of labor extends from 8 to 10 cm; it is the shortest but most difficult and intense for the patient. The latent phase extends from 0 to 3 cm; it is mild in nature. The active phase extends from 4 to 7 cm; it is moderate for the patient. The expulsive phase begins immediately after the birth and ends with separation and expulsion of the placenta.

Question 17

A pregnant patient asks the nurse if she can take castor oil for her constipation. How should the nurse respond?

- WRONG
"Yes, it produces no adverse effect."

"No, it can initiate premature uterine contractions."

"No, it can promote sodium retention."

"No, it can lead to increased absorption of fat-soluble vitamins."

**Question 17 Explanation:**
Castor oil can initiate premature uterine contractions in pregnant women. It also can produce other adverse effects, but it does not promote sodium retention. Castor oils is not known to increase absorption of fat-soluble vitamins, although laxatives in general may decrease absorption if intestinal motility is increased.

**Question 18**

**WRONG**

A patient in her 14th week of pregnancy has presented with abdominal cramping and vaginal bleeding for the past 8 hours. She has passed several cloth. What is the primary nursing diagnosis for this patient?

- Knowledge deficit
- Fluid volume deficit
- Anticipatory grieving
- Pain

**Question 18 Explanation:**
If bleeding and clots are excessive, this patient may become hypovolemic. Pad count should be instituted. Although the other diagnoses are applicable to this patient, they are not the primary diagnosis.

**Question 19**

**WRONG**

Immediately after a delivery, the nurse-midwife assesses the neonate’s head for signs of molding. Which factors determine the type of molding?

- Fetal body flexion or extension
- Maternal age, body frame, and weight
- Maternal and paternal ethnic backgrounds
- Maternal parity and gravidity

**Question 19 Explanation:**
Fetal attitude—the overall degree of body flexion or extension—determines the type of molding in the head a neonate. Molding is not influenced by maternal age, body frame, weight, parity, and gravidity or by maternal and paternal ethnic backgrounds.

**Question 20**

**WRONG**

For a patient in active labor, the nurse-midwife plans to use an internal electronic fetal monitoring (EFM) device. What must occur before the internal EFM can be applied?

- The membranes must rupture
- The fetus must be at 0 station
The cervix must be dilated fully

The patient must receive anesthesia

**Question 20 Explanation:**
Internal EFM can be applied only after the patient’s membranes have ruptured, when the fetus is at least at the -1 station, and when the cervix is dilated at least 2 cm. Although the patient may receive anesthesia, it is not required before application of an internal EFM device.

**Question 21**

**WRONG**

A primigravida patient is admitted to the labor delivery area. Assessment reveals that she is in early part of the first stage of labor. Her pain is likely to be most intense:

- Around the pelvic girdle
- Around the pelvic girdle and in the upper arms
- Around the pelvic girdle and at the perineum
- At the perineum

**Question 21 Explanation:**
During most of the first stage of labor, pain centers around the pelvic girdle. During the late part of this stage and the early part of the second stage, pain spreads to the upper legs and perineum. During the late part of the second stage and during childbirth, intense pain occurs at the perineum. Upper arm pain is not common during any stage of labor.

**Question 22**

**WRONG**
A female adult patient is taking a progestin-only oral contraceptive, or mini pill. Progestin use may increase the patient’s risk for:

- Endometriosis
- Female hypogonadism
- Premenstrual syndrome
- Tubal or ectopic pregnancy

**Question 22 Explanation:**
Women taking the minipill have a higher incidence of tubal and ectopic pregnancies, possibly because progestin slows ovum transport through the fallopian tubes. Endometriosis, female hypogonadism, and premenstrual syndrome are not associated with progestin-only oral contraceptives.

**Question 23**

**WRONG**

A patient with pregnancy-induced hypertension probably exhibits which of the following symptoms?

- Proteinuria, headaches, vaginal bleeding
- Headaches, double vision, vaginal bleeding
- Proteinuria, headaches, double vision
- Proteinuria, double vision, uterine contractions

**Question 23 Explanation:**
A patient with pregnancy-induced hypertension complains of headache, double vision, and sudden weight gain. A urine specimen reveals proteinuria.
Vaginal bleeding and uterine contractions are not associated with pregnancy-induced hypertension.

**Question 24**

**WRONG**

Because cervical effacement and dilation are not progressing in a patient in labor, the doctor orders I.V. administration of oxytocin (Pitocin). Why must the nurse monitor the patient’s fluid intake and output closely during oxytocin administration?

- Oxytocin causes water intoxication
- Oxytocin causes excessive thirst
- Oxytocin is toxic to the kidneys
- Oxytocin has a diuretic effect

**Question 24 Explanation:**
The nurse should monitor fluid intake and output because prolonged oxytocin infusion may cause severe water intoxication, leading to seizures, coma, and death. Excessive thirst results from the work of labor and limited oral fluid intake—not oxytocin. Oxytocin has no nephrotoxic or diuretic effects. In fact, it produces an antidiuretic effect.

**Question 25**

**WRONG**

Five hours after birth, a neonate is transferred to the nursery, where the nurse intervenes to prevent hypothermia. What is a common source of radiant heat loss?

- Low room humidity
Cold weight scale
Cools incubator walls
Cool room temperature

**Question 25 Explanation:**
Common source of radiant heat loss includes cool incubator walls and windows. Low room humidity promotes evaporative heat loss. When the skin directly contacts a cooler object, such as a cold weight scale, conductive heat loss may occur. A cool room temperature may lead to convective heat loss.

**Question 26**

**WRONG**

After administering bethanechol to a patient with urine retention, the nurse in charge monitors the patient for adverse effects. Which is most likely to occur?

- Decreased peristalsis
- Increase heart rate
- Dry mucous membranes
- Nausea and Vomiting

**Question 26 Explanation:**
Bethanechol will increase GI motility, which may cause nausea, belching, vomiting, intestinal cramps, and diarrhea. Peristalsis is increased rather than decreased. With high doses of bethanechol, cardiovascular responses may include vasodilation, decreased cardiac rate, and decreased force of cardiac contraction, which may cause hypotension. Salivation or sweating may gently increase.
**Question 27**

**WRONG**

The nurse in charge is caring for a patient who is in the first stage of labor. What is the shortest but most difficult part of this stage?

- Active phase
- Complete phase
- Latent phase
- Transitional phase

**Question 27 Explanation:**
The transitional phase, which lasts 1 to 3 hours, is the shortest but most difficult part of the first stage of labor. This phase is characterized by intense uterine contractions that occur every 1 ½ to 2 minutes and last 45 to 90 seconds. The active phase lasts 4 ½ to 6 hours; it is characterized by contractions that starts out moderately intense, grow stronger, and last about 60 seconds. The complete phase occurs during the second, not first, stage of labor. The latent phase lasts 5 to 8 hours and is marked by mild, short, irregular contractions.

**Question 28**

**WRONG**

After 3 days of breast-feeding, a postpartal patient reports nipple soreness. To relieve her discomfort, the nurse should suggest that she:

- Apply warm compresses to her nipples just before feedings
- Lubricate her nipples with expressed milk before feeding
Dry her nipples with a soft towel after feedings

Apply soap directly to her nipples, and then rinse

**Question 28 Explanation:**
Measures that help relieve nipple soreness in a breast-feeding patient include lubrication the nipples with a few drops of expressed milk before feedings, applying ice compresses just before feeding, letting the nipples air dry after feedings, and avoiding the use of soap on the nipples.

**Question 29**

WRONG

The nurse is developing a teaching plan for a patient who is 8 weeks pregnant. The nurse should tell the patient that she can expect to feel the fetus move at which time?

- Between 10 and 12 weeks’ gestation
- Between 16 and 20 weeks’ gestation
- Between 21 and 23 weeks’ gestation
- Between 24 and 26 weeks’ gestation

**Question 29 Explanation:**
A pregnant woman usually can detect fetal movement (quickening) between 16 and 20 weeks’ gestation. Before 16 weeks, the fetus is not developed enough for the woman to detect movement. After 20 weeks, the fetus continues to gain weight steadily, the lungs start to produce surfactant, the brain is grossly formed, and myelination of the spinal cord begins.

**Question 30**

WRONG
Normal lochial findings in the first 24 hours post-delivery include:

<table>
<thead>
<tr>
<th><strong>Bright red blood</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Large clots or tissue fragments</strong></td>
</tr>
<tr>
<td><strong>A foul odor</strong></td>
</tr>
<tr>
<td><strong>The complete absence of lochia</strong></td>
</tr>
</tbody>
</table>

**Question 30 Explanation:**
Lochia should never contain large clots, tissue fragments, or membranes. A foul odor may signal infection, as may absence of lochia.