# Maternal Nclex Questions

Bachelor of Science in Nursing (College Of Our Lady Mt. Carmel)



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| 1. | **The doctor suspects that the client has an ectopic pregnancy. Which symptom is consistent with a diagnosis of ectopic pregnancy?**<br><br>**a. Painless vaginal bleeding**<br>**b. Abdominal cramping**<br>**c. Throbbing pain in the upper quadrant**<br>**d. Sudden, stabbing pain in the lower quadrant** | Answer D is correct. The signs of an ectopic pregnancy are vague until the fallopian tube ruptures. The client will complain of sudden, stabbing pain in the lower quadrant that radiates down the leg or up into the chest. Painless vaginal bleeding is a sign of placenta previa, abdominal cramping is a sign of labor, and throbbing pain in the upper quadrant is not a sign of an ectopic pregnancy, making answers A, B, and C incorrect. |
| 2. | **A client telephones the emergency room stating that she thinks that she is in labor. The nurse should tell the client that labor has probably begun when:**<br><br>**a. Her contractions are 2 minutes apart.**<br>**b. She has back pain and a bloody discharge.**<br>**c. She experiences abdominal pain and frequent urination.**<br>**d. Her contractions are 5 minutes apart.** | Answer D is correct.<br><br>The client should be advised to come to the labor and delivery unit when the contractions are every 5 minutes and consistent. She should also be told to report to the hospital if she experiences rupture of membranes or extreme bleeding. She should not wait until the contractions are every 2 minutes or until she has bloody discharge, so answers A and B are incorrect. Answer C is a vague answer and can be related to a urinary tract infection |
| 3. | **Which of the following instructions should be included in the nurse's teaching regarding oral contraceptives?** | Answer B is correct.<br><br>When the client is taking oral |

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**a. Weight gain should be reported to the physician.**
**b. An alternate method of birth control is needed when taking antibiotics.**
**c. If the client misses one or more pills, two pills should be taken per day for 1 week.**
**d. Changes in the menstrual flow should be reported to the physician.**

contraceptives and begins antibiotics, another method of birth control should be used. Antibiotics decrease the effectiveness of oral contraceptives. Approximately 5-10 pounds of weight gain is not unusual, so answer A is incorrect. If the client misses a birth control pill, she should be instructed to take the pill as soon as she remembers the pill. Answer C is incorrect. If she misses two, she should take two; if she misses more than two, she should take the missed pills but use another method of birth control for the remainder of the cycle. Answer D is incorrect because changes in menstrual flow are expected in clients using oral contraceptives. Often these clients have lighter menses.

4. **A nursing instructor is conducting lecture and is reviewing the functions of the female reproductive system. She asks Mark to describe the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH). Mark accurately responds by stating that:**

**a. FSH and LH are released from the anterior pituitary gland.**
**b. FSH and LH are secreted by the corpus luteum of the ovary**
**c. FSH and LH are secreted by the adrenal glands**

a. FSH and LH are released from the anterior pituitary gland.

FSH and LH, when stimulated by gonadotropin-releasing hormone from the hypothalamus, are released from the anterior pituitary gland to stimulate follicular growth and development, growth of the graafian follicle, and production of progesterone.


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| | **d. FSH and LH stimulate the formation of milk during pregnancy.** | |
| 5. | **A woman who's 36 weeks pregnant comes into the labor & delivery unit with mild contracts. Which of the following complications should the nurse watch out for when the client informs her that she has placenta prevue?**<br><br>**a. sudden rupture of membranes**<br>**b. vaginal bleeding**<br>**c. emesis**<br>**d. fever** | b. vaginal bleeding<br><br>contractions may disrupt the microvascular network in the placenta of a client with placenta prevue and result in bleeding. If the separation of the placenta occurs at the margin of the placenta, the blood will escape vaginally.<br><br>Sudden rupture of the membranes isn't related to placenta prevue. Fever would indicate an infectious process, and emesis isn't related to placenta previa |
| 6. | **A 21y.o. client has been diagnosed with hydatidiform mole. Which of the following factors is considered a risk factor for developing hydatidiform mole?**<br><br>**1. age in 20s or 30s**<br>**2. high in SES**<br>**3. Primigravida**<br>**4. prior molar gestation** | 4.<br><br>previous molar gestation increases risk for developing subsequent molar gestation by 4-5 times. Adolescents and women ages 40+ are at increased risk for molar pregs. MULTIGRAVIDAS, esp women with prior preg loss, and women with LOWER SES are at increased risk for this problem. |
| 7. | **A 21 y.o. has arrives to the ER with c/o cramping abdominal pain and mild vaginal bleeding. Pelvic exam shows a left adnexal mass that's tender when palpated. Culdo-** | 2. Ecoptic pregnancy<br><br>most ecoptic pregnancies dont appear as obvious life |

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| | **centesis shows blood in the culdesac. This client probably has which of the following conditions?**<br><br>**1. Abruptio placentae**<br>**2. Ecoptic pregnancy**<br>**3. Hydatidiform mole**<br>**4. Pelvic Inflammatory Disease** | threatening med emergencies. THey must be considered in any sexually active woman of childbearing age who c/o menstrual irregularity, cramping abdominal pain, and mild vaginal bleeding.<br><br>PID, abruptio placentae and hydatidiform moles wont show blood in the cul de sac |
| 8. | **A client, 34 weeks pregnant, arrives at the ER with SEVERE abdominal pain, uterine tenderness and an increased uterine tone. The client denies vaginal bleeding. The external fetal monitor shows fetal distress with severe, variable decels. The client most likely has which of the following?** | 1. Abruptio placentae<br><br>a client w/ severe abruptio placentae will often have SEVERE abdominal pain. The uterus will have increased tone w/ little to no return to resting tone btw/ contractions.<br><br>The fetus will start to show signs of distress, with decels in the HR or even fetal death w/ large placental separation.<br><br>Placenta previa usually involves PAINLESS vaginal bleeding w/out UCs.<br><br>A molar preg. generally would be detected before 34 weeks gestation.<br><br>An ecoptic preg. which usually occurs in the FALLOPIAN TUBES, would rupture well before 34 weeks gestation |


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9. **Before the placenta functions, the corpus luteum is the primary source for synthesis of which of the following hormones?**

   **1. cortisol and thyroxine**
   **2. estrogen and progesterone**
   **3. LH and FSH**
   **4. T4 and T3**

2. estrogen and progesterone

The CL produces progesterone and estrogen for the 1st 8-10 weeks of pregnancy until the placenta takes over this function.

The high levels of estrogen and progesterone cause suppression of LH and FSH.

T4 and T3 are produced in the adrenal gland

10. **Which of the following changes in resp functioning during pregnancy is considered normal?**

    **1. increased tidal volume**
    **2. increases expiratory volume**
    **3. decreased inspiratory capacity**
    **4. decreased oxygen consumption.**

1. increased tidal volume

a pregnant client breathes deeper, which increases the tidal volume of gas moved in and out of the respiratory tract w/ each breath.

The expiratory volume and residual volume DECREASE as the preg. progresses.

The inspiratory capacity INCREASES during preg.
The increases oxygen consumption in the preg client is 15-20% greater than in the nonpreg state

11. **Which of the following conditions is common in pregnant clients in the 2nd trimester of preg?**

    **1. mastitis**

3. physiologic anemia

Hgb and Hct values DECREASE during preg as the INCREASE in plasma volume

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| | **2. metabolic alkalosis**<br>**3. physiologic anemia**<br>**4. respiratory acidosis** | exceeds the increase in RBC production.<br><br>Alterations in acid-base balance during pregnancy result in a state of resp. alkalosis, compensated by mild metabolic acidosis.<br><br>Mastitis is an infection in the breast characterized by a swollen tender breast and flu like Sx. this condition is most freq. seen in breast feeding clients. |
| 12. | **a 21 y.o. client, 6 weeks pregnant, is diagnosed with hyperemesis gravidum. This excessive vomiting during pregnancy will often result in which of the following?**<br><br>**1. bowel perforation**<br>**2. electrolyte imbalance**<br>**3. miscarriage**<br>**4. PIH** | 2. ELECTROLYTE IMBALANCE<br><br>Excessive vomiting in clients with hyperemesis grav often causes weight loss / fluid and electrolyte, acid base imbalance.<br><br>PIH and bowel perforation arent r/t hyper grav<br><br>the effects of hyper grav on the fetus depend on the severity of the disorder.<br><br>clients w/ severe hyper grav may have low birth weight infant, but the disorder isnt life threatening to the fetus. |
| 13. | **a client is being admitted to the antepartum unit for hypovolemia secondary to hyper-** | 1. Trophoblastic disease |


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**emesis gravidarum. WHich of the following factors predisposes a client to the development of this?**

**1. trophoblastic disease**
**2. maternal age > 35 y.o.**
**3. malnourished or underweight clients**
**4. low levels of HCG**

is associated w/ hyperemesis grav
obesity and maternal age younger than 20 y.o. are risk factors too.

High levels of estrogen HCG have also been associated with the development.

14. **Clients with gestational diabetes are usually managed by which of the following therapies?**

**1. diet**
**2. long acting insulin**
**3. oral hypoglycemic drugs**
**4. oral hypoglycemic drugs/insulin**

1. diet

oral hypoglycemics are contraindicated in preg.
long acting insulin usually inst needed for blood glucose control in the client with GDM

15. **Rh isoimmunization in a pregnant client develops during which conditions?**

**1. Rh positive maternal blood crosses into fetal blood, stimulating fetal antibodies.**
**2. Rh positive fetal blood crosses into maternal blood, stimulating maternal antibodies.**
**3. Rh Negative fetal blood crosses into maternal blood, stimulating maternal antibodies.**
**4. Rh negative maternal blood crosses into fetal blood, stimulating fetal antibodies.**

2. Rh positive fetal blood crosses into maternal blood, stimulating maternal antibodies.

Rh isoimmunization occurs when Rh positive fetal blood cells cross into the maternal circulation and stimulate maternal antibody production.

In subsequent pregnancies w/ Rh positive fetuses, maternal antibodies may cross back into the fetal circulation and destroy fetal blood cells.

16. **Which of the following doses of Rh immune globulin RhoGAM is appropriate for a pregnant client at 28 weeks gestation?**

4. 300 mcg in a unsensitized client

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| | **1. 50 mcg in a sensitized client**<br>**2. 50 mcg in an unsensitized client**<br>**3. 300 mcg in a sensitized client**<br>**4. 300 mcg in a unsensitized client** | An Rh negative unsensitized woman should be given 300 mcg of RhoGAM at 28 weeks after an indirect Coombs test is done to verify that sensitization hasn't occurred.<br><br>For a 1st trimester abortion or ectopic pregnancy, 50 mcg of RhoGAM is given. |
| 17. | **A client hospitalized for premature labor tells the nurse she's having occasional contractions. Which of the following nursing interventions would be the most appropriate?**<br><br>**1. Teach the client the possible complications of premature birth.**<br>**2. Tell the clients to walk to see if she can get rid of the contractions.**<br>**3. Encourage her to empty her bladder and drink plenty of fluids, IV fluids**<br>**4. Notify anesthesia for immediate epidural placement to relieve the pain associated with contractions.** | 3. Encourage her to empty her bladder and drink plenty of fluids, IV fluids<br><br>An empty bladder and adequate hydration may help decrease or stop labor contractions.<br><br>Walking may encourage contractions to become stronger.<br><br>Teaching the potential complications is likely to increase the clients anxiety rather than relax her<br><br>It would be inappropriate to call anesthesia |
| 18. | **The phrase gravida 4, para 2 indicated which of the following prenatal histories?**<br><br>**1. a client has been pregnant 4 times and had 2 miscarriages.**<br>**2. a client has been pregnant 4 times and had 2 live born children**<br>**3. a client has been pregnant 4 times and** | 2. a client has been pregnant 4 times and had 2 live born children<br><br>Gravida refers to the number of times a client has been pregnant. |


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| | **had 2 c-sections**<br>**4. a client has been pregnant 4 times and 2 spontaneous abortions.** | Para refers to the # of viable children born.<br><br>Therefore, the client who's gravida 4, para2 has been pregnant 4x and had 2 live born children. |
| 19. | **Which of the following factors would contribute to a high risk pregnancy?**<br><br>**1. Blood type O positive**<br>**2. first pregnancy at age 33y.o.**<br>**3. Hx of allergy to honey bee pollen**<br>**4. Hx of insulin dependent DM** | 4. a woman w/ a hx of diabetes has an increased risk for perinatal complications, including HTN, preeclampsia, and neonatal hypoglycemia.<br><br>The age of 33 years w/out other risk factors doesn't increase risk, nor does type O positive blood or environmental allergens. |
| 20. | **Which of the following complications can be potentially life threatening and can occur in a client receiving a tocolytic agent?**<br><br>**1. diabetic ketoacidosis**<br>**2. hyperemesis gravidarum**<br>**3. pulmonary edema**<br>**4. sickle cell anemia** | 3. pulmonary edema<br><br>Tocolytics are used to stop labor contractions.<br><br>The most common adverse effect associated with the use of these drugs is pulmonary edema.<br><br>Clients who dont have diabetes dont need to be observed for diabetic ketoacidosis.<br><br>Hyperemesis gravidium doesnt result from tocolytic use. |


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| | Sickle cell anemia is an inherited genetic condition and doesnt develop spontaneously |
| 21. **Which of the following hormones would be administered for the stimulation of uterine contractions?**<br><br>**1. Estrogen**<br>**2. Fetal cortisol**<br>**3. Oxytocin**<br>**4. Progesterone** | Oxytocin is the hormone responsible for stimulating UCs.<br><br>Pitocin, the synthetic form, may be given to clients who are past their due date.<br><br>Progesterone has a relaxation effect on the uterus<br><br>Fetal cortisol is believed to slow the production of progesterone by the placenta<br><br>although estrogen has a role in UC, it isnt given in a synthetic form to help UC |
| 22. **Which of the following answers best describes the stage of pregnancy in which maternal and fetal blood are exchanged?**<br><br>**1. conception**<br>**2. 9 weeks gestation when the fetal heart is well developed**<br>**3. 32-34 weeks gestation 3rd Trimester**<br>**4. maternal and fetal blood are never exchanged** | 4. maternal and fetal blood are never exchanged<br><br>only nutrients and waste products are transferred across the placenta.<br><br>blood exchange never occurs<br><br>complications and some medical procedures can cause an exchange to occur accidentally |
| 23. **Which of the following rationales best explains why a pregnant client should lie on** | 3. to prevent compression of vena cava |


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| | **her left side when resting or sleeping in the later stages of pregnancy?**<br><br>**1. to facilitate digestion**<br>**2. to facilitate bladder emptying**<br>**3. to prevent compression of vena cava**<br>**4. to avoid fetal anomalies** | the weight of the preg uterus is sufficiently heavy to compress the vena cava, which could impair blood flow to the uterus, possibily decreasing oxygen to the fetus. The side lying position hasnt been shown to prevent fetal anolmaies nor bladder emptying and or digestion |
| 24. | **Because uteroplacental circulation is compromised in clients with preeclampsia, a NST is performed to detect which conditions?**<br><br>**1. Anemia**<br>**2. Fetal well being**<br>**3. IUGR**<br>**4. oligohydarminos** | An NST is based on the theory that a healthy fetus will have transient fetal heart rate accelerations with fetal movement.<br><br>A fetus with compromised uteroplacental circulation usually wont have these accelerations, which indicate a nonreactive NST.<br><br>Serial US wil detect IUGR and oligohydramnios in a fetus.<br><br>An NST cant detect anemia in a fetus |
| 25. | **A client is 33 weeks pregnant and has had diabetes since she was 21. When checking her fasting blood sugar level, which values indicate the clients disease was controlled.**<br><br>**1. 45 mg/dl**<br>**2. 85 mg/dl**<br>**3. 120 mg/dl**<br>**4. 136 mg/dl** | 2. 85 mg/dl<br><br>recommended fasting blood sugar levels in pregnant clients w/ dm are 60-90 mg/dl<br><br>a fasting blood sugar level of 45mg/dl is low and may result in hypoglyecemia |


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| | a bs level below 120mg/dl is recommeded for 1hour post-prandial values<br><br>a bs level above 136 mg/dl in a pregnant client indicates hyperglycemia |
| 26. **Which of the following is best to monitor a fetus of a client with diabetes in her 3rd trimester**<br><br>**1. US exam weekly**<br>**2. NST 2x/week**<br>**3. Daily contraction stress test at 32 weeks**<br>**4. monitoring fetal activity by client weekly** | 2. NST 2X/week<br><br>NST is the preferred antepartum HR screening test for pregnant clients with diabetes.<br><br>NSTs should be done at least 2x per week staring at 32 weeks gestation, as fetal deaths in clients w/ diabetes have been noted within 1 week of a reactive NST.<br><br>US should be done ever 4-6 weeks to monitor fetal growth.<br><br>CST wouldnt be initiated at 32 weeks<br><br>Maternal fetal activity monitoring should be done daily |
| 27. **A client diagnosed with preterm labor at 28 weeks gestation. Later, she comes to the emergency dept saying "I think im in labor" The nurse would expect her physical exam to show which condition?**<br><br>**1. painful contractions with no cervical dila-** | 2. regular uterine contractions (every 10 min or more) along with cervical dilation change before 36 weeks = PTL<br><br>no cervical change with UC isnt' PTL |


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**tion**
**2. regular uterine contractions with cervical dilation**
**3. irregular uterine contractions with no cervical dilation**
**4. irregular uterine contractions with cervical effacement**

28. **Which drug would the nurse choose to utilize as an antagonist for magnesium sulfate?**

**1. Oxytocin**
**2. Terbutaline**
**3. Calcium gluconate**
**4. Narcan**

3.

Calcium gluconate should be kept at the bedside while a client is recieivng mag sulfate infusion. If magnesium toxicity occurs, calcium gluconate is admined as an antidote

oxytocin is the synthetic form of the naturally occurring pituitary hormone used to initiate or augment UCs

Terbutaline is a beta2 adrenergic agonist that may be used to relax smooth muscle of the uterus, esp for PTL and uterine hyperstimulation

Naloxone is an opiate antagonist admin to reverse resp distress

29. **The nurse receives an order to start an infusion for a client whos hemorrhaging due to a placenta previa. What supplies will be needed?**

**1. Y tubing, normal saline solution, and 20G cathether**

3. Y tubing, normal saline, 18G cath

blood transfusions require Y tubing
Normal Saline solution to mix with the blood prod-


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| | **2. Ytubing, lactated Ringers solution and 18G cath**<br>**3. Y tubing, normal saline, 18G cath**<br>**4. Y tubing, lactated RIngers, 20G cath** | uct and an 18G cath to avoid lysing breaking the RBCs.<br><br>A 20G cath lumen isnt large enough for a blood transfusion.<br><br>Lactated RIngers solutions isnt the IV solution of choice for blood transfusions |
| 30. | **During the last 6 weeks of gestation, which of the following tests isnt used to determine FWB?**<br><br>**1. BPP**<br>**2. NST**<br>**3. Maternal blood count**<br>**4. FM count** | 3. Maternal Blood count<br><br>- evaluates maternal, not fetal well being<br><br>BPP<br>- uses US to eval fetal body movements, breathing movements, muscle tone, reactive fetal cardiac rate, amniotic fluid volume<br><br>NST<br>- evals the FHR for accels during FM<br><br>FM<br>- counts are used during the last trimester to obtain a rough index of fetal health<br>- the number of FM are counted at diff times throughout the day and then charted to detect any change in overall activity over a number of days |
| 31. | **Which of the following conditions isnt dx by abdominal US during the prenatal period?** | 3. maternal diabetes |


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**1. fetal presentation**
**2. fetal heart activity**
**3. maternal diabetes**
**4. amniotic fluid volume**

abdominal US evals fetal presentation, fetal heart activity, amniotic fluid volume

although it may show increased amnitoic flud, thus helping to diagnose maternal diabetes, it isnt used for that purpose.

32. **When teaching an antepartal client about the passage of the fetus through the birth canal during labor, the nurse describes the cardinal mechanisms of labor. Place these events in the proper sequence in which they occur:**

**1. Flexion**
**2. External rotation**
**3. Descent**
**4. Expulsion**
**5. Internal Rotation**
**6. Extension**

1. Descent
2. Flexion
3. Internal rotation
4. Extension
5. External rotation
6. Expulsion

DFI EEE

33. **A client who is 32 weeks pregnant is being monitored in the antepartum unit for PIH. She suddenly complains of continuous abdominal pain and vaginal bleeding. Which of the following nursing internventions should be included in the care of this client? Check all that apply**

**1. Evaluate VS**
**2. Prepare for vaginal delivery**
**3. Reassure client that she'll be able to continue pregnancy**
**4. Evaluate FHT**
**5. Monitor amt of vaginal bleed**
**6. Monitor I&O**

1. Evaluate VS
4. Evaluate FHT
5. Monitor amt of vaginal bleed
6. Monitor I&O

The clients Sx indicate that she's experiencing abruptio placenta.

The nurse must immed eval the moms well being by eval VS, FWB, by auscultation of heart tones, monitoring amt of blood loss and eval the vol

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| | | status by measuring I&O.<br><br>After the severity of the abruption has been determined and blood and fluid have been replaced, prompt C-SECTION delivery of the fetus (not vaginal) is indicated if the fetus is in distress |
| 34. | **A woman with a term, uncomplicated pregnancy comes into L&D in early labor saying that she thinks her water broke. Which action should the nurse take?**<br><br>**1. prep the woman for delivery**<br>**2. note color, amt and odor of fluid**<br>**3. immed contact doctor**<br>**4. collect sample of fluid for microbial analysis** | 2. Noting color, amount and odor of the fluid as well as the time of the rupture, will help guide the nurse in her next action.<br><br>There's no need to call the doctor immed or prep the client for delivery if the fluid is clear and delivery isnt imminent.<br><br>ROM isnt unusual in early stages of labor.<br>Fluid collection for microbe analysis isnt routine and theres no concern for infection/maternal fever. |
| 35. | **A woman who's 36 week preg comes into L&D with mild contractions. Which of the following complications should the nurse watch for when the client informs her that she has placenta previa?**<br><br>**1. sudden ROM**<br>**2. Vaginal bleeding**<br>**3. emesis**<br>**4. fever** | 2. Vaginal bleeding<br><br>contractions may disrupt the microvascular network in the placenta of the client with placenta previa and result in bleeding.<br><br>if the separation of the placenta occurs at the margin of |


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| | | the placenta, the blood will escape vaginally.<br><br>sudden ROM isnt r/t placenta previa<br><br>fever would indicate an infections process, and emesis isnt r/t placenta previa |
| 36. | **A clients labor doesnt progress. After ruling out CPD, the doctor orders IV admin of 1,000 ml normal saline w/ Pitocin 10 units to run at 2 miliunits / min. 2 miliunits/min is equivalent to how many ml/unit**<br><br>**1. 0.002**<br>**2. 0.02**<br>**3. 0.2**<br>**4. 2.0** | 3 = 0.2<br><br>each unit of oxytocin contains 1,000 miliunits. Therefore, 1,000 ml of IV fluid contains 10,000 miliunits (10 units) of Pitocin |
| 37. | **A client at 42 weeks gest is 3cm dilated, 30% effaced, with membranes intact and the fetus at +2 station. FHR is at 140-150 bpm. After 2 hours, the nurse notes on the EFM that, for the past 10 min, the FHR ranged from 160-190bpm. The client states that her baby has been extremely active. UCs are strong, occurring every 3-4 min. and lasting 40-60 sec. Which of the following findings would indicate fetal hypoxia?**<br><br>**1. Abnormally long UCs**<br>**2. Abnormally strong uterine intensity**<br>**3. Excessively frequent contractions with rapid fetal movement**<br>**4. Excessive fetal activity and fetal tachycardia** | 4. Excessive fetal activity and fetal tachycardia<br><br>Fetal tachycardia and excessive fetal activity are the FIRST SIGNS OF FETAL HYPOXIA<br><br>The duration of UCs is w/in normal limits.<br><br>Uterine intensity can be mild-strong and still be w/in normal limit.<br><br>The frequency of contractions is w/in normal limits for the active phase of labor. |


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38. **A client at 33 weeks gestation and leaking amniotic fluid is place on an EFM. The monitor indicates uterine irritability and contractions occuring every 4-6 min. The doctor orders terbutaline. Which of the following teaching statements is approp for this client?**

**1. This medicine will make you breathe better**
**2. You may feel fluttering or tight sensation in your chest**
**3. This will dry your moth and make you thirsty**
**4. You'll need to replace potassium lost by this drug**

2. You may feel fluttering or tight sensation in your chest

A fluttering or tight sensation in the chest is a common adverse reaction to terbutaline

It relives bronchospasm but the client is getting it to reduce uterine motility.

Mouth dryness and thirst occur w/ the inhaled form but are unlikely with subcut form

Hypokalemia is a potential adverse reaction following large doses of terbutaline but not at doses of 0.25 mg

39. **A 17 y.o. primpigravida with severe PIH has been receiving mag sulfate IV for 3 hours. The latest assessment reveals DTR of +1, BP 150/100 mmgHg, pulse 92 bpm, respiratory rate 10bpm and urine output 20ml/hr. Which of the following actions would be most approp?**

**1. Continue monitoring per standards of care**
**2. Stop the mag sulfate infusion**
**3. Increase infusion by 5gtt/min**
**4. Decrease infusion by 5gtt/min**

2. Stop the mag sulfate infusion

Mag sulfate should be withheld if the clients resp rate or urine output falls or if reflexes are diminished / absent.

The client also shows other signs of impending toxicity such as flushing / feeling warm.

Inaction wont resolve the clients suppressed DTRs and low RR / urine output.
The client is already showing CNS depression bc of excessive magsulfte so increasing



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the infusion is wrong.

Impending toxicity indicates that the infusion should be stopped rather than just slowed down.

40. **During a vaginal exam of a client in labor, the nurse palpates the fetus' larger, diamond shaped fontanelle toward the anterior portion of the clients pelvis. Which of the following statements best describes this situation?**

**1. The client can expect a brief and intense labor, which potential for lacerations.**
**2. The client is at risk for uterine rupture and needs constant monitoring**
**3. The client may need interventions to ease back pain and change fetal position**
**4. The fetus will be delivered using forceps or vacuum extractor**

3. The client may need interventions to ease back pain and change fetal position

The fetal position is occiput posterior, a position that commonly produces intense back pain during labor.

Most of the time, the fetus rotates during labor to occiput anterior position.

Positioning the client on her side can facilitate this rotation.

An occiput posterior position would most likely result in prolonged labor
POSTERIOR - PROLONGED.

occiput posterior alone doesnt create a risk of uterine rupture.

The fetus wont be delivered with forceps / vacuum only if its presenting part DOESNT rotate and descend spontaneously


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41. **The cervix of a 26 year old primigravida in labor is 5cm dilated and 75% effaced, and the fetus is at 0 station. The doctor prescribes an epidural regional block. Into which of the following positions should the nurse place the client when the epidural is admin?**

    **1. Lithotomy**
    **2. Supine**
    **3. Prone**
    **4. Lateral**

THe client should be placed on her left side or sitting up right, with her shoulders parallel and legs slightly flexed.

Her back shouldnt be flexed bc this position increases increases the possibility that the dura may be punctured and the anesthetic will accidentally be given as spinal, not epidural, anesthesia.

42. **Which of the following terms is used to describe the thinning and shortening of the cervix that occurs just before and during labor?**

    **1. Ballottement**
    **2. Dilation**
    **3. Effacement**
    **4. Muliparous**

3. Effacement

effacement is cervical shortening and thinning
while dilation is widening of the cervix

both facilitate opening the cervix in prep for delivery.

Ballottement is the ability of another individual to move the fetus by externally manipulating the maternal abdomen.

A ballotable fetus hasn't yet engaged in the maternal pelvis.

Multiparous refers to a woman who has had previous live births.

43. **Which of the following fetal positions is most favorable for birth?**

1. Vertex presentation

flexion of the fetal head is the


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1. **Vertex**
2. **Transverse lie**
3. **Frank breech presentation**
4. **Posterior position of the head**

optimal presentation for passage thru the birth canal.

Transverse lie is an unacceptable fetal position for vaginal birth and requires c-section

frank breech presentation, in which the buttocks presents first, can be difficult vaginal delivery.

posterior positioning of the fetal head can make it difficult for the fetal head to pass under the maternal symphysis pubis.

44. **Which of the following nursing actions is required before a client in labor receives an epidural?**

1. **Give a fluid bolus of 500 ml**
2. **check for maternal pupil dilation**
3. **assess maternal reflexes**
4. **assess maternal gait**

1. Give a fluid bolus of 500 ml

one of the major adverse effects of epidural admin is hypotension

therefore, a 500ml fluid bolus is usually admin to help prevent hypotension in the client who wishes to receive an epidural for pain relief.

assessments of meternal reflexes, pupil response and gait arent necessary

45. **Which of the following complications is possible with an episiotomy?**

1. **blood loss**
2. **uterine disfigurement**

3. prolonged dyspareunia - painful intercourse

may result when complications such as infection interef-


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| | | |
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| | **3. prolonged dyspareunia**<br>**4. hormonal flucuation postpartum** | ere with wound healing.<br><br>minimal blood loss occurs when an episitomy is done the uterus isnt affected bc its the perineum that's cut to accomodate the fetus<br><br>hormonal fluctuations that occur during the postpartum period arent the result of an episiotomy |
| 46. | **A client in early labor states that she has a thick yellow discharge from both of her breasts. Which of the following actions by the nurse would be correct?**<br><br>**1. tell her that her milk is starting to come in bc she's in labor**<br>**2. complete a thorough breast exam and document the results in the chart.**<br>**3. perform a culture on the discharge and inform the client that she might have mastitis**<br>**4. inform the client that the discharge is colostrum, normally present after the 4th month of preg.** | 4. after the 4th month, colostrum may be expressed.<br><br>the breasts normally produce colostrum for the first few days after delivery.<br><br>milk production begins 1-3 days PP<br><br>A clinical breast exam isnt indicated in intrapartum although a culture may be indicated, it requires advanced assessment as well as a medical order |
| 47. | **Which statement best describes lochia rubra?**<br><br>**1. it contains a mixture of mucus, tissue debris and blood**<br>**2. it contains placental fragments, and blood**<br>**3. it contains mucus, placental fragments** | 1. lochia rubra contains a mixture of<br>mucus<br>tissue debris<br>blood<br><br>normal lochia rubra contains NO PLACENTAL FRAGMENTS |


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**and blood.**
**4. it contains tissue debris and blood**

48. **Lochia alba follows lochia serosa and usually lasts from the 1st to 3rd week PP. Which of the following statements best describes lochia alba?**

**1. creamy white-brown, stale odor**
**2. creamy white to brown, contains decidual cells, may have stale odor**
**3. brown to red, tissue fragments, odor**
**4. brown to red contains decidual cells and leukocytes**

2. creamy white to brown, contains decidual cells, may have stale odor

also contais leukocytes but it shouldnt contain tissue fragments or have a foul odor

49. **At what gestational age is a conceptus considered viable (able to live outside the womb)?**

**1. 9 weeks**
**2. 14 weeks**
**3. 24 weeks**
**4. 30 weeks**

3. 23 / 24 weeks

the lungs are developed enough to sometimes maintain extrauterine life. the lungs are the most immature system during the gestational period.

medical care for premature labor begins much earlier (aggressively at 21 weeks0

50. **Neonates born to women infected with hepatitis B should undergo which Tx regimen**

**1. Hep B vaccine at birth and 1 month**
**2. Hep B immune globulin at birth, no hepatitis B vaccine**
**3. Hepatits B immune globulin within 48 hours of birth and Hep B vaccine at 1 month**
**4. Hep B immune globulin within 12 hours of birth and Hep B vaccine at birth, 1 month, 6 months**

4. Hep B immune globulin within 12 hours of birth and Hep B vaccine at birth, 1 month, 6 months

Hep B immune globulin should be given as soon as possible after birth but within 12 hours

neonates should also receive

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| | | |
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| | | hep B vaccine at regularly scheduled intervals<br><br>this sequence of care has been determined as superior to the others |
| 51. | **Two days after circumcision, the nurse notes a yellow - white exudate around the head of the neonates penis. What would be the most appropriate nursing intervention?**<br><br>**1. Leave the area alone as this is a normal finding**<br>**2. report findings to physician and document it**<br>**3. Take the neonate's temperature bc an infection is suspected**<br>**4. Try to remove the exudate with a warm washcloth** | 1. the yellow white exudate is part of the granulation process and a normal finding for a healing penis after circumcision<br><br>therefore, notifying the doctor isnt necessary<br><br>theres no indication of an infection that would necessitate taking the neonates temp<br><br>the exudate shouldnt be removed |
| 52. | **A client has just given birth at 42 weeks gestation. When assessing the neontate, which phsycial finding is expected?**<br><br>**1. a sleepy, lethargic baby**<br>**2. lanugo covering body**<br>**3. desquamation of the epidermis**<br>**4. vernix caseosa covering the body** | 3. desquamation of the epidermis<br><br>postdate fetuses lose the vernix caseosa and the epidermis may become desquamated<br><br>these neonates are usually VERY alert<br><br>lanugo is missing in the postdate neonate |
| 53. | **The SGA neonate is at increased risk during the transitional period for which complica-** | 4. polycythemia probably due to chronic fetal hypoxia |


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**tion?**

**1. anemia probably due to chronic fetal hypoxia**
**2. hyperthermia due to decreased glycogen stores**
**3. hyperglycemia due to decreased glycogen stores**
**4. polycythemia probably due to chronic fetal hypoxia**

the SGA baby is at risk for developing polycythemia during the transitional period in an attempt to decrease hypoxia

the neonates are also at increased risk for developing hypoglycemia due to decreased glycogen stores

54. **WHich finding might be seem in a neonate suspected of having an infection?**

**1. flushed cheeks**
**2. increased temp**
**3. decreased temp**
**4. increased activity level**

3. decreased temp

temp instability esp when it resutls in low temp in the neonate, may be a sign of infection.

the neonate's color often changes with an infection process but generally becomes ashen or mottled

the neonate w/ an infection will usually show a decrease in activity level or lethargy

55. **Which Sx would indicate the neonate was adapting approp to extrauterine life w/out difficulty?**

**1. nasal flare**
**2. light audible grunting**
**3. resp rate 40-60 breaths/min**
**4. resp rate 60-80 breaths/min**

4. resp rate of 40-60 breaths/min is normal for a neonate during the transitional period

nasal flaring, resp rate > 60 and audible grunting = SIGNS OF RESP DISTRESS!

56. **After reviewing the client's maternal history of magnesium sulfate during labor, which condition would the nurse anticipate as a**

3. resp depression

mag sulfate crosses the pla-

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| | **potential problem in the neonate?**<br><br>**1. hypoglycemia**<br>**2. jitteriness**<br>**3. resp depression**<br>**4. tachycardia** | centa and adverse neonatal effects are:<br><br>resp depression<br>hypotonia<br>bradycardia<br><br>the serum blood sugar isnt affected by mag sulfate<br>the neonate wold be floppy, not jittery |
| 57. | **A neonate has been diagnosed with caput succedaneum. which statement is true?**<br><br>**1. usually resolves in 3-6 weeks**<br>**2. collection of blood btw/ skill and periosteum**<br>**3. doesnt cross the cranial suture line**<br>**4. it involves swelling of the tissue over the presenting part of the head** | 4. it involves swelling of the tissue over the presenting part of the head due to sustained pressure<br><br>this boggy edematous swelling is present at birth, CROSSES the suture line occurs in occipital area<br><br>a cephalohematoma is a collection of blood btw/ the skill and periosteum that DOESNT cross the suture lines and resolves in 3-6 weeks<br><br>caput seccedaneum resolves within 3-4 DAYS |
| 58. | **3 day old neonate needs phototherapy for hyperbilirubinemia. nursery care of a neonate getting phototherapy would include which nursing intervention?**<br><br>**1. tube feedings**<br>**2. feeding the neonate under phototheraphy lights** | 3. mask<br><br>the neonate's eyes must be covered with eye patches to prevent damage<br><br>the mouth of the neonate doesnt need to be covered |


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**3. mask over the eyes to prevent retinal damage**
**4. temp monitored every 6 hours during phototherapy**

the neonate can be removed from the lights and held for feeding

the neonates temp should be monitored at least every 2-4 hours due to risk of hyperthermia w/ phototherpahy

59. **Which assessment finding would be the most unlikely risk factor for RDS**

**1. second born of twins**
**2. neonate born at 34 weeks**
**3. neonate of diabetic mom**
**4. chronic maternal HTN**

4. CHRONIC MATERNAL HTN

unlikely factor bc chronic fetal stress tends to INCREASE LUNG MATURITY

premature neonates < 35 weeks are associated with RDS

Even with a mature lecithin to sphingomyelin ration, neonates of moms with diabetes still develop RDS

2nd born of twins may be prone to greater risk of asphyxia

60. **A male neonate has just been circumcised. Which nursing intervention is part of the initial care of a circumcised neonate?**

**1. apply alcohol to the site**
**2. Change the diaper as needed**
**3. keep the neonate in supine position**
**4. apply petroleum gauze to the site for 24 hours**

4.

Petroleum gauze is applied to the site for the 1st 24 hours to prevent the skin edges from sticking to the diaper

neonates are initially kept in the prone position


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| | diapers are changed more freq to insepct the site<br><br>alcohola is CONTRAINDICATED |
| 61. **When performing an assessment on a neonate, which assessment finding is MOST SUGGESTIVE of hypothermia?**<br><br>**1. bradycardia**<br>**2. hyperglycemia**<br>**3. metabolic alkalosis**<br>**4. shivering** | 1. bradycardia<br><br>hypothermic neonates become bradycardic proportional to the degree of core temp<br><br>HYPOGLYCEMIA is seen in HYPOTHERMIC NEONATES<br><br>Shivering is rarely observed in neonates<br><br>metabolic ACIDOSIS, not alkalosis is seen due to slowed resp |
| 62. **Which nursing ntervention helps prevent evaporative heat loss in the neonate immed after birth?**<br><br>**1. admin warm oxygen**<br>**2. controlling drafts in the room**<br>**3. immed drying the neonate**<br>**4. placing neonate on a warm, dry towel** | 3. immed drying the neonate<br><br>decreases evaoporative heat loss from moist body from birth<br><br>placing the neonate on a warm, dry towel decreases CONDUCTIVE losses.<br><br>controlling draft in the room and admin warm oxygen helps reduce CONVECTIVE LOSS |


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