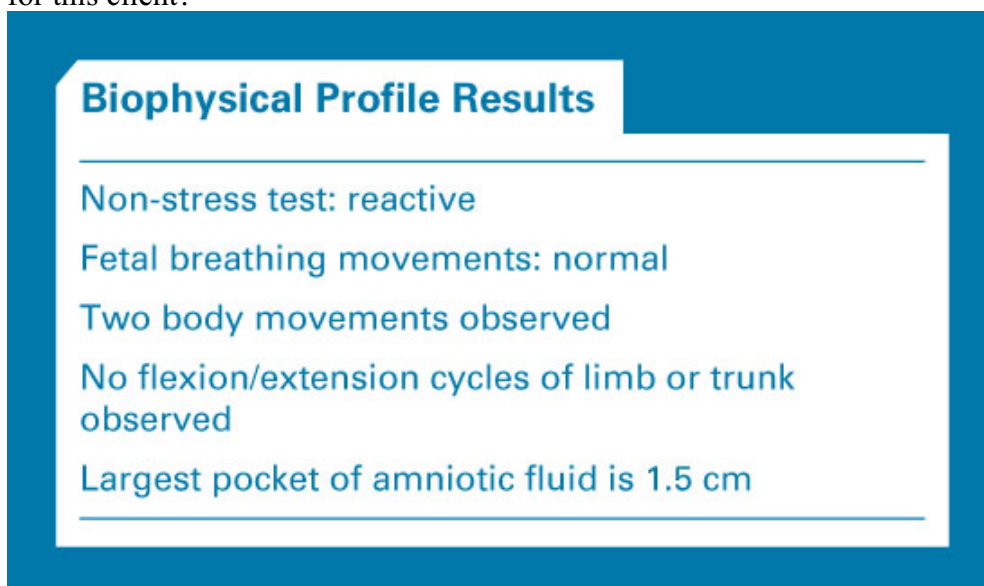


1. Which statement by the client indicates she understands how her newly inserted progestin-release intrauterine system (IUS) works? Select all that apply.
 - A) "It keeps my cervical mucus thick."
 - B) "I can expect to see a decrease in menstrual bleeding."
 - C) "It prevents the release of an egg from the ovary."
 - D) "It secretes a spermicide to immobilize and kill sperm."
 - E) "It provides protection against sexually transmitted infections."
2. The nurse is collecting the health history on a newly pregnant 37-year-old client. This client is at increased risk for which gene-mediated complication of the pregnancy?
 - A) Trisomy
 - B) Neural tube defect
 - C) Cystic fibrosis
 - D) Tay-Sachs disease
3. The nurse is reviewing a client's history. Which findings would indicate increased risk for postpartum hemorrhage? Select all that apply.
 - A) Previous history of postpartum hemorrhage
 - B) Current diagnosis of low-lying placenta
 - C) Premature rupture of membranes in current pregnancy
 - D) Oxytocin augmentation of labor in previous pregnancy
 - E) Polyhydramnios in current pregnancy
4. The nurse assesses a client for signs of hypovolemic shock. What signs indicate the presence of hypovolemic shock? Select all that apply.
 - A) Restlessness
 - B) Tachypnea
 - C) Urine output of 20 mL/hr
 - D) Back pain
 - E) Increased fundal height
5. At 32 weeks' gestation a woman is diagnosed with a mild placental abruption. The fetus is active and the vaginal bleeding and uterine pain have decreased. The nurse will implement which interventions in the care of this client? Select all that apply.
 - A) Assess blood pressure
 - B) Place an external fetal monitor
 - C) Initiate IV fluids
 - D) Insert a Foley catheter
 - E) Administer oxygen
6. The nurse is reviewing a client's health history. Which risk factors for placental abruption exist during this pregnancy? Select all that apply.
 - A) Previous pregnancy was 12 years ago

- B) Postpartum hemorrhage with previous delivery
 - C) Maternal age 36
 - D) Maternal cigarette smoking
 - E) Chronic hypertension
7. At 16 weeks' gestation laboratory tests are drawn as a follow-up to the first-trimester integrated screening. The results are in the chart (above). Based on these findings, what procedure would the health care provider recommend for this client? Select all that apply.
- A) Amniocentesis
 - B) Chorionic villi sampling
 - C) Biophysical profile
 - D) Percutaneous umbilical blood sampling
 - E) Nuchal translucency scan
8. The nurse is educating a client about an upcoming a biophysical profile. What behaviors of the fetus will be assessed by ultrasound examination? Select all that apply.
- A) Fetal breathing movement
 - B) Fetal activity
 - C) Fetal cardiac response
 - D) Fetal muscle tone
 - E) Fetal renal function
9. The nurse is caring for a client at 30 weeks' gestation with a diagnosis of placental abruption. The client has a weekly biophysical profile ordered. The nurse reviews the results of the day's biophysical profile (below). What is the recommended management for this client?



Biophysical Profile Results

Non-stress test: reactive

Fetal breathing movements: normal

Two body movements observed

No flexion/extension cycles of limb or trunk observed

Largest pocket of amniotic fluid is 1.5 cm

- A) If cervix is favorable, induce labor today
- B) Repeat the biophysical profile today
- C) Cesarean delivery today
- D) Repeat biophysical profile in 2 days

10. The nurse is caring for Lisa, who is 36 hours post-cesarean birth, due to a complete placental abruption. The infant was stillborn. At the beginning of the shift, the nurse observes the client in bed, dressed in a gown, with the bed covers on the floor, and mumbling. The client is pale and cool to touch. The radial pulse is 52 and weak. Suddenly the client says, "They stole my baby." The nurse asks the client, "What is your name", and the client responds "Susan," and then says "Get out of my house." Based on this interaction, what is the nurse's priority action?
- A) Assess for hypovolemic shock
 - B) Assess for postpartum depression
 - C) Assess for postpartum psychosis
 - D) Assess for postpartum hemorrhage
11. While reviewing standard obstetric care with a newly pregnant client, the nurse informs her that pregnant women are screened for which complication during the second trimester?
- A) Gestational diabetes
 - B) Preeclampsia
 - C) Preterm labor
 - D) Ectopic pregnancy
12. The charge nurse is reviewing the clients admitted to labor and delivery. Which client is at greatest risk for a postpartum hemorrhage after birth?
- A) A woman on magnesium sulfate for the past 36 hours for preeclampsia and receiving oxytocin to induce labor
 - B) A primigravida in spontaneous labor with twins at 28 weeks' gestation with intact amniotic membranes
 - C) A 42-year-old woman with five children, who is admitted for a primary cesarean birth for a breech presentation
 - D) A primiparous woman who progressed to 7cm dilation but is being prepared for a cesarean birth for fetal distress
13. A postpartum hemorrhage emergency is called for a woman who gave birth 45 minutes ago. Which medications does the nurse anticipate will be administered in this situation? Select all that apply.
- A) Oxytocin
 - B) Misoprostol
 - C) Methylergonovine maleate
 - D) Magnesium sulfate
 - E) Morphine sulfate

14. The nurse receives the client with the below transfer notes. Which risk factors for postpartum hemorrhage are present in this client? Select all that apply.

Transfer of Care Notes

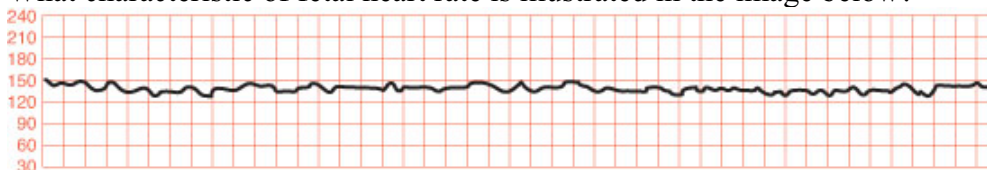
Client is a 32-year-old G5P5, who gave birth by primary cesarean birth 2 hours ago. Client presented late yesterday with rupture of membranes. Labor was induced with oxytocin and progressed rapidly. Cervix was completely dilated after 6 hours. Client pushed for 2 hours but presenting part never progressed beyond 0 station. Client was taken to the delivery room and the health care provider attempted a forceps-assisted delivery X2, without success. Client was prepared for a cesarean birth. A male infant weighing 7 lb (3175 g) was born, Apgar scores 6 and 9.

D. Smith, RN

- A) Maternal age
B) Induction of labor with oxytocin
C) Large-for-gestational age infant
D) Failure to progress in the second stage
E) Hypertensive disorders
15. After a postpartum hemorrhage the provider orders methylergonovine maleate 0.2 mg PO every 6 hours. The nurse takes the medication to the client. The client refuses to take the medication and tells the nurse, "It makes my uterus cramp really bad and it hurts too much." Which action by the nurse is **best** in this situation?
- A) Offer the client pain medication with the methylergonovine maleate.
B) Document the client's refusal in the medication administration record.
C) Tell the client she might bleed again without the methylergonovine maleate.
D) Hide the pill in the client's food.
16. The nurse examines a woman at 34 weeks' gestation who presents to labor and delivery with vaginal bleeding and back pain. Which finding would lead to a diagnosis of placental abruption?
- A) Uterus is soft with no contractions.
B) Second trimester sonogram showed the placenta covering the cervical os.
C) Fetus is in a breech position.
D) Onset of vaginal bleeding was sudden and painful.

17. The nurse is performing a nonstress test (NST) on a client at 36 weeks' gestation. The fetal heart rate is between 134 and 140, except for the three times the fetus moved. When the fetus moved the heart rate increased to between 155 and 170. The test was completed in 20 minutes. How would the nurse document the results of this client's NST.
- A) Baseline fetal heart rate 134 to 140, with accelerations, nonstress test reactive
 - B) Fetal heart rate 124 to 175, good movement, nonstress test positive
 - C) Nonreactive nonstress test, fetus tolerating activity without problems
 - D) Negative nonstress test. Fetal heart rate and activity within normal limits

18. What characteristic of fetal heart rate is illustrated in the image below?



- A) Variability
 - B) Acceleration
 - C) Deceleration
 - D) Tachycardia
19. The nurse performs a nonstress test (NST) on a client at 36 weeks' gestation. What criteria does the nurse look for on the tracing to determine that the NST is reactive?
- A) Presence of 2 accelerations in 20 minutes
 - B) Presence of 2 decelerations in 60 minutes
 - C) Presence of 2 accelerations per hour
 - D) Presence of 2 contractions during a 20 minute window
20. At 16 weeks' gestation laboratory tests are drawn as a follow-up to the first trimester integrated screening. The results are noted in the chart (below). Based on these results, the client is at higher risk of having a baby with:

Laboratory Results	
Test	Result
MSAFP (Maternal serum alpha-feto protein)	low
hCG (human Chorionic Gonadotropin)	high
uE3 (Estriol, Unconjugated, Serum)	low
inhA (inhibin A)	high

- A) Down syndrome.

- B) open neural tube defect.
- C) trisomy 18.
- D) fetal adrenal insufficiency.

Answer Key

1. A, B
2. A
3. A, B, E
4. A, B, C
5. A, B, C
6. C, D, E
7. A, B
8. A, B, D
9. B
10. A
11. A
12. A
13. A, B, C
14. B, D
15. A
16. D
17. A
18. A
19. A
20. A

1. A woman of northern European descent who is 6 weeks' pregnant is identified as a carrier of cystic fibrosis. When sharing this result with the client, what does the nurse recommend as the **next** nursing action?
 - A) Draw blood from the father to determine his carrier status.
 - B) Perform an amniocentesis to detect the gene for cystic fibrosis in the fetus.
 - C) Provide information to the client about raising a child with cystic fibrosis.
 - D) Prepare the client for a high-risk pregnancy.

2. During the pregnancy, it is discovered that the client is colonized with group B streptococcus (GBS). The client asks how this is treated. What is the nurse's response?
 - A) "You will be given IV antibiotics when you are in labor."
 - B) "You will take oral penicillin twice a day for the next 4 weeks."
 - C) "You will get an injection of penicillin once a week until you give birth."
 - D) "You will get an IV dose of an antibiotic today, and take an oral dose for the next 7 days."

3. The nurse is teaching a group of pregnant women how to cope with the discomfort from Braxton Hicks contractions. Which strategy would the nurse recommend?
 - A) Drink two glasses of water to rehydrate.
 - B) Contact the health care provider immediately when the contractions begin.
 - C) Eat a high-protein diet.
 - D) Maintain bed rest for 72 hours after the contractions stop.

4. A woman presents to the labor and delivery unit with contractions occurring every 4 to 25 minutes. The provider diagnoses Braxton Hicks contractions. When providing client teaching on this topic, which statement by the nurse is **most** accurate?
 - A) "These practice contractions help in softening and ripening the cervix."
 - B) "These practice contractions are an indicator that the birth will occur soon."
 - C) "These practice contractions are a sign of premature labor."
 - D) "These practice contractions begin to dilate the cervix."

5. The nurse is helping a new mother breast-feed her newborn and teaches her feeding readiness cues exhibited by the newborn. Which signs are indications that the newborn is ready to feed? Select all that apply.
 - A) Making sucking motions
 - B) Licking their lips
 - C) Bringing hands to their mouth
 - D) Crying
 - E) Coughing and spitting mucus

6. A nurse is giving instructions to a mother about how to breast-feed her newborn. Which statement by the mother indicates understanding of the teaching?
 - A) "When my baby is latched on, the baby's lips will be flanged out over my breast and not tucked in the baby's mouth."
 - B) "To latch the baby, I will insert the tip of the nipple into the baby's mouth and stroke the baby's head to encourage sucking."
 - C) "At the beginning of the feeding, I will place a few drops of water on my nipple to get the baby interested."
 - D) "At the end of the feeding I will remove my nipple from the baby's mouth to break the suction."

7. A postpartum client is experiencing excessive bleeding. The postpartum hemorrhage protocol is initiated. Thirty minutes later, what is the **best** parameter to estimate the amount of blood loss?
 - A) Weighing bloody pads
 - B) Measuring urine output
 - C) Monitoring for tachycardia
 - D) Observing for changes in blood pressure

8. During a postpartum hemorrhage, the health care provider prescribes methylergonovine maleate 0.2 mg IM. At current, the health care provider prescribes by 0.2 mg PO Q6h. Prior to administering the medication, the nurse alerts the health care provider to which condition in the client's history?
 - A) Hypertension
 - B) Hepatitis C
 - C) Polycystic ovary syndrome
 - D) Asthma