

MATERNITY ATI  
VERSION 4

1. A nurse in the labor and delivery unit receives a phone call from a client who reports that her contractions started about 2 hr. ago, did not go away when she had two glasses of water and rested, and became stronger since she started walking. Her contractions occur every 10 min and last about 30 seconds. She hasn't had a fluid leak from her vagina. However, she saw some blood when she wiped after voiding. Based on this report, which of the following clinical findings should the nurse recognize that the client is experiencing

- a. Braxton hick's contractions
  - b. Rupture of membranes
  - c. Fetal descent
  - d. True contractions
- D - true contractions

2. A nurse in the labor and delivery unit is caring for a client in labor and applies an external fetal monitor and tocotransducer. The FHR is around 140/min. contractions are occurring every 8 min and 30 to 40 seconds in duration. The nurse performs a vaginal exam and finds the cervix is 2 cm dilated, 50% effaced, and the fetus is at a -2 station. Which of the following stages and phases of labor is the client experiencing

- a. First stage, latent phase
  - b. First stage, active phase
  - c. First stage, transition phase
  - d. Second stage of labor
- A - first stage, latent phase

3. A client experiences a large gush of fluid from her vagina while walking in the hallway of the birthing unit. Which of the following actions should the nurse take first?

- a. Check the amniotic fluid for meconium
  - b. Monitor FHR for distress
  - c. Dry the client and make her comfortable
  - d. Monitor uterine contractions
- B - monitor the fetal hear rate for distress

4. A nurse in labor and delivery unit is completing an admission assessment for a client who is at 39 weeks of gestation. The client reports that she has been leaking fluid from her vagina for 2 days. Which of the following conditions is the client at risk for developing

- a. Cord prolapse
  - b. Infection
  - c. Postpartum hemorrhage
  - d. Hydramnios
- B - infection

5. A nurse is caring for a client who is in active labor and becomes nauseous and vomits. The client is very irritable and feels the urge to have a bowel movement. She states, "I've had enough. I can't do this anymore. I want to go home right now" which stage of labor is the client experiencing?

- a. Second stage
  - b. Fourth state
  - c. Transition phase
  - d. Latent phase
- C - transition phase

1. A nurse is caring for a client who is at 40 weeks of gestation and experiencing contractions every 3 to 5 minutes and becoming stronger. A vaginal exam reveals that the clients cervix is 3 cm dilated, 80% effaced, and -1 station. The client asks for pain medication. Which of the following actions should the nurse take? (select all that apply)

- a. Encourage the use of patterned breathing techniques
  - b. Insert an indwelling urinary catheter
  - c. Administer opioid analgesic medication
  - d. Suggest application of cold
  - e. Provide ice chips
- A - encourage the use of patterned breathing techniques  
C - administer opioid analgesic medication  
D - suggest application of cold

2. A nurse is caring for a client who is in active labor. The client reports lower back pain. The nurse suspects this pain is related to a persistent occiput posterior fetal position which of the following nonpharm nursing interventions should the nurse recommend to the client?

- a. An abdominal effleurage
  - b. Sacral counterpressure
  - c. Showering if not contraindicated
  - d. Back rub and massage
- B - sacral counterpressure