

## **2023/2024 HESI Maternity OB Specialty Exam 55 Q&A (V1) Updated Questions with 100 Correct Answers**

- A patient is admitted to the labor and delivery unit with contractions that are 3-5 minutes apart, lasting 60-70 seconds. She reports that she is leaking fluid. A vaginal exam reveals that her cervix is 80 percent effaced and 4 cm dilated and a -1 station. The LPN/LVN knows that the patient is in which phase and stage of labor?
- Latent phase, First Stage
- Active Phase of First Stage
- Latent phase of Second Stage
- Transition

Ans:

B) Active Phase of First Stage Second stage = full dilation until birth

- To assess uterine contractions the LPN/LVN would
- Assess duration from the beginning of the contraction to the peak of the same contraction, frequency by measuring the time between the beginning of one contraction to the beginning of the next contraction.
- Assess frequency as the time between the end of one contraction and the beginning of the next contraction, duration as the length of time from the beginning to the end of contractions, and palpate the uterus for strength
- Assess duration from beginning to end of each contraction. Assess the strength of the contraction by the external fetal monitor reading. Measure frequency by measuring the beginning of one contraction to another.

- Assess duration from beginning to end of each contraction., frequency by measuring the time between the beginnings of

contractions, and palpate the fundus of the uterus for strength. Ans:

D) Assess duration from beginning to end of each contraction., frequency by measuring the time between the beginnings of contractions, and palpate the fundus of the uterus for strength.

- Which basic type of pelvis includes the correct description and percentage of occurrence in women?

- Platypelloid: flattened, wide, shallow; 3%
- Anthropoid: resembling the ape; narrower; 10%
- Android: resembling the male; wider oval; 15%
- Gynecoid: classic female; heart shaped; 75% Ans:

A) Platypelloid: flattened, wide, shallow; 3%

- What position would be least effective when gravity is desired to assist in fetal descent?

- Lithotomy
- Walking
- Kneeling
- Sitting Ans:

A) Lithotomy

- The factors that affect the process of labor and birth, known commonly as the five Ps, include all EXCEPT:

- Passageway.
- Powers.
- Passenger.
- Pressure.

D) Pressure.

Ans:

:: The 5 P's are:

- Powers (contractions)
  - Passengers (fetus & placenta)
  - Passageway (birth canal)
  - Position (of the mother)
  - Psychological Response
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- While evaluating an external monitor tracing of a woman in active labor, the nurse notes that the fetal heart rate (FHR) for five sequential contractions begins to decelerate late in the contraction, with the nadir of the decelerations occurring after the peak of the contraction. The

LPN/LVN first priority is to:

- Notify the care provider.
- Assist with amnioinfusion
- Change the woman's position
- Insert a scalp electrode.

Ans:  
C) Change the woman's position

- During labor a fetus with an average heart rate of 175 beats/min over a 15-minute period would be considered to have:
  - A normal baseline heart rate.
  - Bradycardia.
  - Hypoxia.
  - Tachycardia.

Ans:

D) Tachycardia.

- As a perinatal LPN/LVN you realize that a fetal heart rate that is

tachycardic, is bradycardic, or has late decelerations with loss of variability is nonreassuring and is associated with

- Cord compression
- Hypotension
- Hypoxemia/acidemia
- Maternal drug use. Ans:

C) Hypoxemia/acidemia

- The LPN/LVN providing care for the laboring woman should understand that amnioinfusion is used to treat:

- Fetal tachycardia.
- Fetal bradycardia.
- Variable decelerations
- Late decelerations. Ans:

C) Variable decelerations

- The most common cause of decreased variability in the fetal heart rate (FHR) that lasts 30 minutes or less is:

- Fetal hypoxemia
- Fetal sleep cycles
- Altered cerebral blood flow.
- Umbilical cord compression. Ans:

B) Fetal sleep cycles

- While evaluating an external monitor tracing of a woman in active labor whose labor is being induced, the nurse notes that the fetal heart rate (FHR) begins to decelerate in a slow curve at the onset of several contractions and returns to baseline before each contraction ends. The

LPN/LVN should:

- Insert an internal monitor
- Document the finding in the patient's record.
- Discontinue the oxytocin infusion
- Change the woman's position

Ans:  
B) Document the finding in the patient's record.

- What three measures should the nurse implement to provide intrauterine resuscitation? Select the response that best indicates the priority of actions that should be taken.
- Reposition the mother, increase intravenous (IV) fluid, and provide oxygen via face mask.
- Perform a vaginal examination, reposition the mother, and provide oxygen via face mask.
- Administer oxygen to the mother, increase IV fluid, and notify the care provider.
- Call the provider, reposition the mother, and perform a vaginal examination

Ans:

A) Reposition the mother, increase intravenous (IV) fluid, and provide oxygen via face mask.

- When using intermittent auscultation (IA) to assess uterine activity,

LPN/LVN should be aware that:

- The resting tone between contractions is described as either placid or turbulent
- The examiner's hand should be placed over the fundus before, during, and after contractions.
- The frequency and duration of contractions is measured in seconds