

Maternity and

Women's Health

Care 13th

Edition

Lowdermilk Test Bank

Chapter 01: 21st Century Maternity and Women's Health Nursing Lowdermilk: Maternity & Women's Health Care, 12th Edition

- MULTIPLE CHOICE** 1. In evaluating the level of a pregnant woman's risk of having a low-birth-weight (LBW) infant, which factor is the most important for the nurse to consider?
- a. African-American race
 - b. Cigarette smoking
 - c. Poor nutritional status
 - d. Limited maternal education

ANS: A

The rise in the overall LBW rates were due to increases in LBW births to non-Hispanic black women (13.35%) and Hispanic women (7.21%); non-Hispanic black infants are almost twice as likely as non-Hispanic white infants to be of LBW and to die in the first year of life.. Race is a nonmodifiable risk factor. Cigarette smoking is an important factor in potential infant mortality rates, but it is not the most important. Additionally, smoking is a modifiable risk factor. Poor nutrition is an important factor in potential infant mortality rates, but it is not the most important. Additionally, nutritional status is a modifiable risk factor. Maternal education is an important factor in potential infant mortality rates, but it is not the most important. Additionally, maternal education is a modifiable risk factor.

PTS: 1 DIF: Cognitive Level: Understand TOP: Nursing Process: Assessment

MSC: Client Needs: HealthPromotionandMaintenance, Antepartum Care

2. A 23-year-old African-American woman is pregnant with her first child. Based on current statistics for infant mortality, which intervention is most important for the nurse to include in the client's plan of care?
- a. Perform a nutrition assessment.
 - b. Refer the woman to a social worker.
 - c. Advise the woman to see an obstetrician, not a midwife.
 - d. Explain to the woman the importance of keeping her prenatal care appointments.

ANS: D

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Consistent prenatal care is the best method of preventing or controlling risk factors associated with infant mortality. Nutritional status is an important modifiable risk factor, but it is not the most important action a nurse should take in this situation. The client may need assistance from a social worker at some time during her pregnancy, but a referral to a social worker is not the most important aspect the nurse should address at this time. If the woman has identifiable high-risk problems, then her health care may need to be provided by a physician. However, it cannot be assumed that all African-American women have high-risk issues. In addition, advising the woman to see an obstetrician is not the most important aspect on which the nurse should focus at this time, and it is not appropriate for a nurse to advise or manage the type of care a client is to receive.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

3. The nurses working at a newly established birthing center have begun to compare their performance in providing maternal-newborn care against clinical standards. This comparison process is most commonly known as what?
- Best practices network
 - Clinical benchmarking
 - Outcomes-oriented practice
 - Evidence-based practice

ANS: C

Outcomes-oriented practice measures the effectiveness of the interventions and quality of care against benchmarks or standards. The term *best practice* refers to a program or service that has been recognized for its excellence. Clinical benchmarking is a process used to compare one's own performance against the performance of the best in an area of service. The term *evidence-based practice* refers to the provision of care based on evidence gained through research and clinical trials.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Evaluation

MSC: Client Needs: Safe and Effective Care Environment

4. During a prenatal intake interview, the nurse is in the process of obtaining an initial assessment of a 21-year-old Hispanic client with limited English proficiency. Which intervention is the most important for the nurse to implement?
- Use maternity jargon to enable the client to become familiar with these terms.
 - Speak quickly and efficiently to expedite the visit.
 - Provide the client with handouts.
 - Assess whether the client understands the discussion.

ANS: D

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Nurses contribute to health literacy by using simple, common words, avoiding jargon, and evaluating whether the client understands the discussion. Speaking slowly and clearly and focusing on what is important will increase understanding. Most client education materials are written at a level too high for the average adult and may not be useful for a client with limited English proficiency.

PTS: 1 DIF: Cognitive Level: Apply
TOP: Nursing Process: Implementation
MSC: Client Needs: Health Promotion and Maintenance

5. Which statement best exemplifies contemporary maternity nursing?
- Use of midwives for all vaginal deliveries
 - Family-centered care
 - Free-standing birth clinics
 - Physician-driven care

ANS: B

Contemporary maternity nursing focuses on the family's needs and desires. Fathers, partners, grandparents, and siblings may be present for the birth and participate in activities such as cutting the baby's umbilical cord. Both midwives and physicians perform vaginal deliveries. Free-standing clinics are an example of alternative birth options. Contemporary maternity nursing is driven by the relationship between nurses and their clients.

PTS: 1 DIF: Cognitive Level: Understand
TOP: Nursing Process: Planning
MSC: Client Needs: Health Promotion and Maintenance

6. A 38-year-old Hispanic woman vaginally delivered a 9-pound, 6-ounce baby girl after being in labor for 43 hours. The baby died 3 days later from sepsis. On what grounds could the woman have a legitimate legal case for negligence?
- Inexperienced maternity nurse was assigned to care for the client.
 - Client was past her due date by 3 days.
 - Standard of care was not met.
 - Client refused electronic fetal monitoring.

ANS: C

Not meeting the standard of care is a legitimate factor for a case of negligence. An inexperienced maternity nurse would need to display competency before being assigned to care for clients on his or her own. This client may have been past her due date; however, a term pregnancy often goes beyond 40 weeks of gestation. Although fetal monitoring is the standard of care, the client has the right to refuse treatment. This refusal is not a case for negligence, but informed consent should be properly obtained, and the client should have signed an *against medical advice* form when refusing any treatment that is within the standard of care.

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PTS: 1 DIF: Cognitive Level: Analyze

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

7. When the nurse is unsure how to perform a client care procedure that is high risk and low volume, his or her best action in this situation would be what? a. Ask another nurse. b. Discuss the procedure with the client's physician. c. Look up the procedure in a nursing textbook. d. First consult the agency procedure manual

ANS: D

Following the agency's policies and procedures manual is always best when seeking information on correct client procedures. These policies should reflect the current standards of care and the individual state's guidelines. Each nurse is responsible for his or her own practice. Relying on another nurse may not always be a safe practice. Each nurse is obligated to follow the standards of care for safe client care delivery. Physicians are responsible for their own client care activity. Nurses may follow safe orders from physicians, but they are also responsible for the activities that they, as nurses, are to carry out. Information provided in a nursing textbook is basic information for general knowledge. Furthermore, the information in a textbook may not reflect the current standard of care or the individual state or hospital policies.

PTS: 1 DIF: Cognitive Level: Understand TOP: Nursing Process: Implementation

MSC: Client Needs: Physiologic Integrity

8. A nurse caring for a pregnant client should be aware that the U.S. birth rate shows what trend?
- Births to unmarried women are more likely to have less favorable outcomes.
 - Birth rates for women 40 to 44 years of age are declining.
 - Cigarette smoking among pregnant women continues to increase.
 - Rates of pregnancy and abortion among teenagers are lower in the United States than in any other industrialized country.

ANS: A

LBW infants and preterm births are more likely because of the large number of teenagers in the unmarried group. Birth rates for women in their early 40s continue to increase. Fewer pregnant women smoke. Teen pregnancy and abortion rates are higher in the United States than in any other industrial country.

PTS: 1 DIF: Cognitive Level: Understand TOP: Nursing Process: Assessment MSC:

Client Needs: Psychosocial Integrity

9. A recently graduated nurse is attempting to understand the reason for increasing health care spending in the United States. Which information gathered from research best explains the rationale for these higher costs compared with other developed countries? a. Higher rate of obesity among pregnant women b. Limited access to technology

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- c. Increased use of healthca reservicesalongwith lower prices
- d. Homogeneity of the population

ANS: A

Health care is one of the fastest growing sectors of the U.S. economy. Currently, 17.5% of the gross domestic product is spent on health care. Higher spending in the United States, as compared with 12 other industrialized countries, is related to higher prices and readily accessible technology along with greater obesity rates among women. More than one third of women in the United States are obese. In the population in the United States, 16% are uninsured and have limited access to health care. Maternal morbidity and mortality are directly related to racial disparities.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Teaching and Learning

MSC: Client Needs: Safe and Effective Care Environment

10. Which statement best describes maternity nursing care that is based on knowledge gained through research and clinical trials?
- a. Maternity nursing care is derived from the Nursing Intervention Classification.
 - b. Maternity nursing care is known as evidence-based practice.
 - c. Maternity nursing care is at odds with the Cochrane School of traditional nursing.
 - d. Maternity nursing care is an outgrowth of telemedicine.

ANS: B

Evidence-based practice is based on knowledge gained from research and clinical trials. The Nursing Intervention Classification is a method of standardizing language and categorizing care. Dr. Cochrane systematically reviewed research trials and is part of the evidence-based practice movement. Telemedicine uses communication technologies to support health care.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Diagnosis

MSC: Client Needs: Safe and Effective Care Environment

11. What is the minimum level of practice that a reasonably prudent nurse is expected to provide?
- a. Standard of care
 - b. Risk management
 - c. Sentinel event
 - d. Failure to rescue

ANS: A

Guidelines for standards of care are published by various professional nursing organizations. Risk management identifies risks and establishes preventive practices, but it does not define the standard of care. Sentinel events are unexpected negative occurrences.

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They do not establish the standard of care. Failure to rescue is an evaluative process for nursing, but it does not define the standard of care.

PTS: 1 DIF: Cognitive Level: Remember

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

12. Using social media technology, nurses can link with other nurses who may share similar interests, insights about practice, and advocate for clients. Which factor is the most concerning pitfall for nurses using this technology?
- Violation of client privacy and confidentiality
 - Institutions and colleagues who may be cast in an unfavorable light
 - Unintended negative consequences for using social media
 - Lack of institutional policy governing online contact

ANS: A

The most significant pitfall for nurses using this technology is the violation of client privacy and confidentiality. Furthermore, institutions and colleagues can be cast in an unfavorable light with negative consequences for those posting information. Nursing students have been expelled from school and nurses have been fired or reprimanded by their Board of Nursing for injudicious posts. The American Nurses Association has published six principles for social networking and the nurse. All institutions should have policies guiding the use of social media, and the nurse should be familiar with these guidelines.

PTS: 1 DIF: Cognitive Level: Analyze

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

13. During a prenatal intake interview, the client informs the nurse that she would prefer a midwife to provide both her care during pregnancy and deliver her infant. Which information is most appropriate for the nurse to share with this client about resulting care?
- Midwifery care is a good option for clients who are uninsured.
 - She will receive fewer interventions during the birth process.
 - She should be aware that midwives are not certified.
 - Her delivery can take place only at home or in a birth center.

ANS: B

This client will be able to participate actively in all decisions related to the birth process and is likely to receive fewer interventions during the birth process. Midwifery services are available to all low-risk pregnant women, regardless of the type of insurance they have. Midwifery care in all developed countries is strictly regulated by a governing body to ensure that core competencies are met. In the United States, this body is the American College of Nurse-Midwives (ACNM). Midwives can provide care and delivery at home, in freestanding birth centers, and in community and teaching hospitals.

PTS: 1 DIF: Cognitive Level: Understand

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TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment

14. While obtaining a detailed history from a woman who has recently immigrated from Somalia, the nurse realizes that the client has undergone female genital mutilation. What is the nurse's most appropriate response in this situation?
- "This is a very abnormal practice and rarely seen in the United States."
 - "Are you aware of who performed this mutilation so that it can be reported to the authorities?"
 - "We will be able to restore fully your circumcision after delivery."
 - "The extent of your circumcision will affect the potential for complications."

ANS: D

The extent of the circumcision is important. The client may experience pain, bleeding, scarring, or infection and may require surgery before childbirth. Although this practice is not prevalent in the United States, it is very common in many African and Middle Eastern countries for religious reasons. Mentioning that the practice is abnormal and rarely seen in the United States is culturally insensitive. The infibulation may have occurred during infancy or childhood; consequently, the client will have little to no recollection of the event. She would have considered this to be a normal milestone during her growth and development. The International Council of Nurses has spoken out against this procedure as harmful to a woman's health.

PTS: 1 DIF: Cognitive Level: Analyze TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

15. Maternity nurses can enhance communication among health care providers by using the SBAR technique. The acronym SBAR stands for what?
- Situation, background, assessment, recommendation
 - Situation, baseline, assessment, recommendation
 - Subjective, background, analysis, recommendation
 - Subjective, background, analysis, review

ANS: A

SBAR is an easy-to-remember, useful, and concrete mechanism for communicating important information that requires a clinician's immediate attention. *Baseline* is not discussed as part of SBAR. *Subjective* and *analysis* are not specific to the SBAR acronym. *Subjective*, *analysis*, and *review* are not specific to the SBAR acronym.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

1. **MULTIPLE RESPONSE** Greater than one third of women in the United States are now obese (body mass index [BMI] of 30 or greater). Less than one quarter of women in Canada exhibit the same BMI. Obesity in the pregnant woman increases both maternal

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medical risk factors and negative outcomes for the infant. The nurse is about to perform an assessment on a client who is 28 weeks pregnant and has a BMI of 35. What are the most frequently reported complications for which the nurse must be alert while assessing this client? (*Select all that apply.*)

- Potential miscarriage
- Diabetes
- Fetal death in utero
- Decreased fertility
- Hypertension

ANS: B, E

The two most frequently reported maternal medical risk factors associated with obesity are hypertension associated with pregnancy and diabetes. Decreased fertility, miscarriage, fetal death, and congenital anomalies are also associated with obesity. These clients often experience longer hospital stays and increased use of health services.

PTS: 1 DIF: Cognitive Level: Apply TOP: Nursing Process: Assessment
MSC: Client Needs: Physiologic Integrity

- The Patient Protection and Affordable Care Act (ACA) was signed into law by President Obama in early 2010. The Act provides some immediate benefits, and other provisions will take place over the next several years. The practicing nurse should have a thorough understanding of how these changes will benefit his or her clients. Which outcomes are goals of the ACA? (*Select all that apply.*)
- Insurance affordability
 - Improve public health
 - Treatment of illness
 - Elimination of Medicare and Medicaid
 - Cost containment

ANS: A, B, E

The ACA goals are to make insurance more affordable, contain costs, and strengthen Medicare and Medicaid. The Act contains provisions that promote the prevention of illness and improve access to public health. The ultimate goal of the Act is to improve the quality of care for all Americans while reducing waste, fraud, and abuse of the current system.

PTS: 1 DIF: Cognitive Level: Comprehend

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment

- Which statements indicate that the nurse is practicing appropriate family-centered care techniques? (*Select all that apply.*)
- The nurse commands the pregnant woman to do as she is told.
 - The nurse allows time for the partner to ask questions.
 - The nurse allows the mother and father to make choices when possible.
 - The nurse informs the family about what is going to happen.

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- e. The nurse tells the client's sister, who is a nurse, that she cannot be in the room during the delivery. ANS: B, C

Including the partner in the care process and allowing the couple to make choices are important elements of family-centered care. The nurse should never tell the client what to do. Family-centered care involves collaboration between the health care team and the client. Unless an institutional policy limits the number of attendants at a delivery, the client should be allowed to have whomever she wants present (except when the situation is an emergency and guests are asked to leave).

PTS: 1 DIF: Cognitive Level: Analyze TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

4. Which methods help alleviate the problems associated with access to health care for the maternity client? (*Select all that apply.*)
- Provide transportation to prenatal visits.
 - Provide child care to enable a pregnant woman to keep prenatal visits.
 - Increase the number of providers that will care for Medicaid clients.
 - Provide low-cost or no-cost health care insurance.
 - Provide job training.

ANS: A, B, C, D

Lack of transportation to prenatal visits, child care, access to skilled obstetric providers, and affordable health insurance are prohibitive factors associated with the lack of prenatal care. Although job training may result in employment and income, the likelihood of significant changes during the time frame of the pregnancy is remote.

PTS: 1 DIF: Cognitive Level: Understand
TOP: Nursing Process: Planning
MSC: Client Needs: Health Promotion and Maintenance

Chapter 02: Community Care: The Family and Culture Lowdermilk: Maternity & Women's Health Care, 12th Edition

MULTIPLE CHOICE

1. A married couple lives in a single-family house with their newborn son and the husband's daughter from a previous marriage. Based on this information, what family form best describes this family?
- Married-blended family
 - Extended family
 - Nuclear family
 - Same-sex family

ANS: A

Married-blended families are formed as the result of divorce and remarriage. Unrelated family members join to create a new household. Members of an extended family are kin or family members related by blood, such as grandparents, aunts, and uncles. A nuclear family

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is a traditional family with male and female partners along with the children resulting from that union. A same-sex family is a family with homosexual partners who cohabit with or without children.

PTS: 1 DIF: Cognitive Level: Remember
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity 2.

Which key factors play the most powerful role in the behaviors of individuals and families?

- a. Rituals and customs
- b. Beliefs and values
- c. Boundaries and channels
- d. Socialization processes

ANS: B

Beliefs and values are the most prevalent factors in the decision-making and problemsolving behaviors of individuals and families. This prevalence is particularly true during times of stress and illness. Although culture may play a part in the decision-making process of a family, ultimately, values and beliefs dictate the course of action taken by family members. Boundaries and channels affect the relationship between the family members and the health care team, not the decisions within the family. Socialization processes may help families with interactions within the community, but they are not the criteria used for decision making within the family.

PTS: 1 DIF: Cognitive Level: Understand TOP: Nursing Process: Planning
MSC: Client Needs: Psychosocial Integrity

3. What is the primary difference between hospital care and home health care?
- a. Home care is routinely and continuously delivered by professional staff.
 - b. Home care is delivered on an intermittent basis by professional staff.
 - c. Home care is delivered for emergency conditions.
 - d. Home care is not available 24 hours a day.

ANS: B

Home care is generally delivered on an intermittent basis by professional staff members. The primary difference between health care in a hospital and home care is the absence of the continuous presence of professional health care providers in a client's home. In a true emergency, the client should be directed to call 9-1-1 or to report to the nearest hospital's emergency department. Generally, home health care entails intermittent care by a professional who visits the client's home for a particular reason and provides on-site care for periods shorter than 4 hours at a time.

PTS: 1 DIF: Cognitive Level: Understand
TOP: Nursing Process: Implementation

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MSC: Client Needs: Safe and Effective Care Environment

4. The woman's family members are present when the nurse arrives for a postpartum and newborn visit. What should the nurse do?
- Observe the family members' interactions with the newborn and one another.
 - Ask the woman to meet with her and the baby alone.
 - Perform a brief assessment on all family members who are present.
 - Reschedule the visit for another time so that the mother and infant can be privately assessed. ANS: A

The nurse should introduce her or himself to the client and to the other family members who are present. Family members in the home may be providing care and assistance to the mother and infant. However, this care may not be based on sound health practices. Nurses should take the opportunity to dispel myths while family members are present. The responsibility of the home care maternal-child nurse is to provide care to the new postpartum mother and to her infant, not to all family members. The nurse can politely ask about the other people in the home and their relationships with the mother. Unless an indication is given that the woman would prefer privacy, the visit may continue.

PTS: 1 DIF: Cognitive Level: Analyze TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

5. What is a limitation of a home postpartum visit?
- Distractions limit the nurse's ability to teach.
 - Identified problems cannot be resolved in the home setting.
 - Necessary items for infant care are not available.
 - Home visits to different families may require the nurse to travel a great distance.

ANS: D

One limitation of home health visits is the distance the nurse must travel between clients. Driving directions should be obtained by telephone before the visit. The home care nurse is accustomed to distractions but may request that the television be turned off so that attention can be focused on the client and her family. Problems cannot always be resolved; however, appropriate referrals may be arranged by the nurse. The nurse is required to bring any necessary equipment, such as a thermometer, baby scale, or laptop computer, for documentation.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment

6. When the services of an interpreter are needed, which is the most important factor for the nurse to consider?
- Using a family member who is fluent in both languages
 - Using an interpreter who is certified, and documenting the person's name in the nursing notes

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- c. Directing questions only to the interpreter
- d. Using an interpreter only in an emergency

ANS: B

Using a certified interpreter ensures that the standards of care are met and that the information exchanged is reliable and unaltered. The name of the interpreter should be documented for legal purposes. Asking a family member to interpret may not be appropriate, although many health care personnel must adopt this approach in an emergency. Furthermore, most states require that certified interpreters be used when possible. When using an interpreter, the nurse should direct questions to the client. The interpreter is simply a means by which the nurse communicates with the client. Every attempt should be made to contact an interpreter whenever one is needed. During an emergency, health care workers often rely on information interpreted by family members. This information may be private and should be protected under the rules established by the Health Insurance Portability and Accountability Act (HIPAA). Furthermore, family members may skew information or may not be able to interpret the exact information the nurse is trying to obtain.

PTS: 1 DIF:CognitiveLevel: Apply

TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

7. Which traditional family structure is decreasing in numbers and attributable to societal changes?
- a. Extended family
 - b. Binuclear family
 - c. Nuclear family
 - d. Blended family

ANS: C

The nuclear family has long represented the traditional American family in which husband, wife, and children live as an independent unit. As a result of rapid changes in society, this number is steadily decreasing as other family configurations are socially recognized. Extended families involve additional blood relatives other than the parents. A binuclear family involves two households. A blended family is reconstructed after divorce and involves the merger of two families.

PTS: 1 DIF: Cognitive Level: Understand TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

8. Which pictorial tool can assist the nurse in assessing the aspects of family life related to health care?
- a. Genogram
 - b. Ecomap
 - c. Life-cycle model

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- d. Human development wheel

ANS: A

A genogram depicts the relationships of the family members over generations. An ecomap is a graphic portrayal of the social relationships of the woman and her family. The life-cycle model, in no way, illustrates a family genogram; rather, it focuses on the stages that a person reaches throughout life. The human development wheel describes various stages of growth and development rather than the family members' relationships to each other.

PTS: 1 DIF: Cognitive Level: Remember TOP: Nursing Process:
Assessment MSC: Client Needs: Psychosocial Integrity

9. When attempting to communicate with a client who speaks a different language, which action is the most appropriate?
- Promptly and positively respond to project authority.
 - Never use a family member as an interpreter.
 - Talk to the interpreter to avoid confusing the client.
 - Provide as much privacy as possible.

ANS: D

Providing privacy creates an atmosphere of respect and puts the client at ease. The nurse should not rush to judgment and should ensure she or he clearly understands the client's message. In crisis situations, the nurse may need to use a family member or neighbor as a translator. The nurse should speak directly to the client to create an atmosphere of respect.

PTS: 1 DIF:CognitiveLevel: Apply
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

10. Which key point is important for the nurse to understand regarding the perinatal continuum of care?
- Begins with conception and ends with the birth
 - Begins with family planning and continues until the infant is 1 year old
 - Begins with prenatal care and continues until the newborn is 24 weeks old
 - Refers to home care only

ANS: B

The perinatal continuum of care begins with family planning and continues until the infant is 1 year old. It takes place both at home and in health care facilities. The perinatal continuum does not end with the birth. The perinatal continuum begins before conception and continues after the birth. Home care is one delivery component; health care facilities are another.

PTS: 1 DIF: Cognitive Level: Remember
TOP: Nursing Process: Planning
MSC: Client Needs: Health Promotion and Maintenance

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11. What information should the nurse be aware of regarding telephonic nursing care such as *warm lines*?
- Were developed as a reaction to impersonal telephonic nursing care
 - Were set up to take complaints concerning health maintenance organizations (HMOs)
 - Are the second option when 9-1-1 hotlines are busy
 - Refer to community service telephone lines designed to provide new parents with encouragement and basic information

ANS: D

Warm lines are one aspect of telephonic nursing care specifically designed to provide new parents with encouragement and basic information. Warm lines and similar services sometimes are set up by HMOs to provide new parents with encouragement and basic information. The name, *warm lines*, may have been suggested by the term *hotlines*, but these are not emergency numbers but are designed to provide new parents with encouragement and basic information.

PTS: 1 DIF: Cognitive Level: Remember

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

12. When weighing the advantages and disadvantages of planning home care for perinatal services, what information should the nurse use in making the decision?
- Home care for perinatal services is more dangerous for vulnerable neonates at risk of acquiring an infection from the nurse.
 - Home care for perinatal services is more cost-effective for the nurse than office visits.
 - Home care for perinatal services allows the nurse to interact with and include family members in teaching.
 - Home care for perinatal services is made possible by the ready supply of nurses with expertise in maternity care.

ANS: C

Treating the whole family is an advantage of home care. Forcing neonates out in inclement weather and in public is more risky. Office visits are more cost-effective for the providers such as nurses because less travel time is involved. Unfortunately, home care options are limited by the lack of nurses with expertise in maternity care.

PTS: 1 DIF: Cognitive Level: Apply TOP: Nursing Process:

Implementation MSC: Client Needs: Psychosocial Integrity 13.

In what form do families tend to be the most socially vulnerable?

- Married-blended family
- Extended family

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- c. Nuclear family
- d. Single-parent family

ANS: D

The single-parent family tends to be economically and socially vulnerable, creating an unstable and deprived environment for the growth potential of children. The married-blended family, the extended family, and the nuclear family are not the most socially vulnerable.

PTS: 1 DIF: Cognitive Level: Understand TOP: Nursing Process: Planning MSC: Client Needs: Psychosocial Integrity

14. A client's household consists of her husband, his mother, and another child. To which family configuration does this client belong? a. Multigenerational family b. Single-parent family
- c. Married-blended family
 - d. Nuclear family

ANS: A

A multigenerational family includes three or more generations living together. Both parents and a grandparent are living in this extended family. Single-parent families comprise an unmarried biologic or adoptive parent who may or may not be living with other adults. Married-blended families refer to those who are reconstructed after divorce. A nuclear family comprises male and female partners and their children living together as an independent unit.

PTS: 1 DIF: Cognitive Level: Apply TOP: Nursing Process: Assessment
MSC: Client Needs: Psychosocial Integrity

15. Which term is an accurate description of the process by which people retain some of their own culture while adopting the practices of the dominant society? a. Acculturation b. Assimilation
- c. Ethnocentrism
 - d. Cultural relativism

ANS: A

Acculturation is the process by which people retain some of their own culture while adopting the practices of the dominant society. This process takes place over the course of generations. Assimilation is a loss of cultural identity. Ethnocentrism is the belief in the superiority of one's own culture over the cultures of others. Cultural relativism recognizes the roles of different cultures.

PTS: 1 DIF: Cognitive Level: Understand TOP: Nursing Process: Planning

MSC: Client Needs: Psychosocial Integrity 16. Which statement about the development of cultural competence is inaccurate?

- a. Local health care workers and community advocates can help extend health care to underserved populations.

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- b. Nursing care is delivered in the context of the client's culture but not in the context of the nurse's culture.
- c. Nurses must develop an awareness of and a sensitivity to various cultures.
- d. Culture's economic, religious, and political structures influence practices that affect childbearing. ANS: B

Although the cultural context of the nurse affects the delivery of nursing care and is very important, the work of local health care workers and community advocates, developing sensitivity to various cultures, and the impact of economic, religious, and political structures are all parts of cultural competence.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Planning

MSC: Client Needs: Psychosocial Integrity

MULTIPLE RESPONSE

1. While completing an assessment of a homeless woman, the nurse should be aware of which of the following ailments this client is at a higher risk to develop? (*Select all that apply.*)
- a. Infectious diseases
 - b. Chronic illness
 - c. Anemia
 - d. Hyperthermia
 - e. Substance abuse
- ANS: A, B, C, E

Poor living conditions contribute to higher rates of infectious disease. Many homeless individuals engage in sexual favors, which may expose them to sexually transmitted infections (STIs). Poor nutrition can lead to anemia. Lifestyle factors also contribute to chronic illness. Exposure to cold temperatures and harsh environmental surroundings may lead to hypothermia. Many homeless people turn to alcohol and other substances as coping mechanisms.

PTS: 1 DIF: Cognitive Level: Analyze

TOP: Nursing Process: Assessment

MSC: Client Needs: Safe and Effective Care Environment

Chapter 03: Nursing and Genomics Lowdermilk: Maternity & Women's Health Care, 12th Edition

MULTIPLE CHOICE

1. A father and mother are carriers of phenylketonuria (PKU). Their 2-year-old daughter has the condition. The couple tells the nurse that they are expecting a second baby. Because their daughter has PKU, they are certain that this baby will not be affected. Which response by the nurse is the most accurate?

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- a. "Good planning. You need to take advantage of the odds that are in your favor."
- b. "I think you'd better first check with your physician."
- c. "You are both carriers; therefore, each baby has a 25% chance of being affected."
- d. "The ultrasound indicates a boy, and boys are not affected by PKU."

ANS: C

Each child conceived by this couple has a one-in-four chance of being affected with the PKU disorder. This couple still has an increased likelihood of having a child with PKU; having one child already with PKU does not guarantee that they will not have another. These parents need to discuss their options with their physician since the pregnancy has already occurred. However, an opportune time has presented itself for the couple to receive correct teaching about inherited genetic risks. No correlation exists between gender and inheritance of the disorder, because PKU is an autosomal recessive disorder.

PTS: 1 DIF: Cognitive Level: Apply

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

2. A client is 5 months pregnant. On a routine ultrasound scan, the physician discovers that the fetus has a diaphragmatic hernia. The woman becomes distraught and asks the nurse what she should do. Which response would be most suitable?
 - a. Talk to the client and refer her to a genetic counselor.
 - b. Suggest that the client travel to a fetal treatment center for intrauterine surgery.
 - c. Tell her that everything is going to be fine.
 - d. Sit with the client, and calmly suggest that she consider terminating this pregnancy.

ANS: A

Before the client makes any decisions, she should discuss this newly discovered information with a genetic counselor. Genetic counselors can help with the diagnosis and management of families affected by genetic conditions. The discussion of potential surgery should be pursuant to genetic counseling. Telling the woman that everything is going to be fine may give her false hope and is not accurate. All options should be discussed with the genetic counselor. Furthermore, the guiding principle for genetic counseling is nondirection, which respects the right of the individual or family who are being counseled to make autonomous decisions.

PTS: 1 DIF: Cognitive Level: Apply

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

3. A new father has just been told that his infant has trisomy 18. Which identifying physical feature is unique to an infant with this genetic disorder?
 - a. Microcephaly and capillary hemangiomas
 - b. Epicanthal folds and a simian crease
 - c. Oblique palpebral fissures and Cri du chat syndrome
 - d. Rocker-bottom feet and clenched hands with overlapping fingers

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ANS: D

Rocker-bottom feet and clenched hands with overlapping fingers are associated with trisomy 18. Microcephaly and capillary hemangiomas are associated with trisomy 13. Epicanthal folds and a simian crease are associated with trisomy 21 (Down syndrome). Deletion of the short arm of chromosome number 5 is manifested by Cri du chat syndrome.

PTS: 1 DIF: Cognitive Level: Applying

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

4. A nurse is assessing the knowledge of new parents of a child born with Klinefelter syndrome. Which statement accurately describes this genetic disorder?
- Klinefelter syndrome is a sex chromosome abnormality.
 - It affects only female children.
 - The disorder is expressed as trisomy XYY.
 - The child with this disorder will grow to be infertile.

ANS: A

Klinefelter syndrome, also known as trisomy XXY, is a sex chromosomal deviation that is expressed in males. Turnersyndrome (monosomyX) is displayed in females. Most males with Klinefelter syndrome are tall, may be infertile, and are slow to learn; however, those who have mosaic Klinefelter syndrome may be fertile as adults.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

5. A 32-year-old woman is pregnant for the third time. One child was born with cystic fibrosis, and the other child is healthy. The client and her partner wonder what chance this child has of having cystic fibrosis. This type of testing is most commonly known as what?
- Occurrence risk
 - Recurrence risk
 - Predictive testing
 - Predisposition testing

ANS: B

The couple already has a child with a genetic disease; therefore, this couple will be given a recurrence risk test. If a couple has not yet had a child but is known to be at risk for having a child with a genetic disease, then an occurrence risk test is administered. Predictive testing clarifies the genetic status of an asymptomatic family member. Predisposition testing differs from pre-symptomatic testing in that a positive result does not indicate 100% risk of a condition developing.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Planning

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MSC: Client Needs: Health Promotion and Maintenance

6. Cancer is now recognized as a genetic disorder that begins with one or more genetic mutations. Which type of cancer is specifically being investigated in this regard?
- Lung cancer
 - Liver cancer
 - Colorectal cancer
 - Oral cancer

ANS: C

Colorectal cancer usually results from one or more predisposing genes and is the third leading cause of cancer deaths in women. Although tobacco smoke is a known causative factor for lung cancer, an acquired mutation of an oncogene may also be present. Liver cancer is not being investigated in this regard. Oral cancer may be caused by an inherited mutation of one or more oncogenes.

PTS: 1 DIF: Cognitive Level: Remember

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

7. Which statement describes a key finding of the Human Genome Project?
- Humans produce one protein per gene.
 - All human beings are 99.9% identical at the deoxyribonucleic acid (DNA) level.
 - The Human Genome Project has not yet been able to translate the accumulating raw research into anything.
 - Humans have more genes than other species.

ANS: B

The majority of the 0.1% genetic variations are found within and not among populations. Most human genes produce at least three proteins. The project's research has been very valuable in the identification of genes involved in disease and in the development of genetic testing. There are 20,500 genes in the human genome; scientists originally estimated more than 50,000 genes. Human genes are more efficient than the genes in other species, thereby increasing the human genetic complexity.

PTS: 1 DIF: Cognitive Level: Remember

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

8. Which condition or treatment reduces the risk of morbidity in women with the inherited factor V Leiden disorder?
- Anticoagulant therapy
 - Pregnancy
 - Oral contraceptives

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- d. Hormone replacement therapy

ANS: A

Factor V Leiden is the most common inherited risk factor for primary or recurrent venous thromboembolism. It is an autosomal recessive disorder that increases an individual's risk for blood clots in the legs and pulmonary emboli making anticoagulant therapy a primary management intervention. This risk significantly increases if the woman is pregnant or is taking oral contraceptives or hormone replacement therapy. Prophylactic anticoagulation therapy decreases the risk of comorbidities.

PTS: 1 DIF: Cognitive Level: Understand TOP: Nursing Process: Planning MSC: Client Needs: Physiologic Integrity

9. Nurses who elect to practice in the field of obstetrics must have a basic working knowledge of genetics. What is the correct term used to describe an individual's genetic makeup? a. Genotype b. Phenotype
c. Karyotype
d. Chromotype

ANS: A

The genotype comprises all the genes the individual can pass on to a future generation. The phenotype is the observable expression of an individual's genotype. The karyotype is a pictorial analysis of the number, form, and size of an individual's chromosomes. Genotype refers to an individual's genetic makeup.

PTS: 1 DIF: Cognitive Level: Remember
TOP: Nursing Process: Assessment
MSC: Client Needs: Health Promotion and Maintenance

10. The U.S. Department of Health and Human Services has designated Thanksgiving Day as National Family History Day. The U.S. Surgeon General encourages family members to discuss important family health information while sharing in holiday gatherings. Why is this initiative significant to nurses?
a. Few genetic tests are available that identify this information.
b. Only physicians should obtain this detailed information.
c. Clients cannot accurately complete these histories on their own.
d. Family history is the single most cost-effective source for genetic information.

ANS: D

Although more than 1000 genetic tests are available, the single most cost-effective piece of genetic information is the family history. Nurses are ideally suited to take the lead in ongoing efforts to recognize the significance of the family history as an important source of genetic information. A computerized tool called *My Family Health Portrait* is available free of charge (<https://familyhistory.hhs.gov/fhh-web/home.action>). Other tools designed to help the lay community in completing their family histories are available to the public.

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PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

11. Which statement regarding genetic health care is considered a priority to the nurse practicing in this specialty?
- Genetic disorders equally affect people of all socioeconomic backgrounds, races, and ethnic groups.
 - Genetic health care is more concerned with populations than individuals.
 - Providing emotional support to the family during counseling is the most important of all nursing functions.
 - Taking genetic histories is the province of large universities and medical centers.

ANS: C

Perhaps the most important of all nursing functions is the ability to provide emotional support. Nurses should be prepared to help with various stress reactions from a couple facing the possibility of a genetic disorder. Although anyone may have a genetic disorder, certain disorders appear more often in certain ethnic and racial groups. Genetic health care is highly individualized because treatments are based on the phenotypic responses of the individual. Individual nurses at any facility can take a genetic history, although larger facilities may have better support services.

PTS: 1 DIF: Cognitive Level: Analyzing TOP: Nursing Process:

Planning MSC: Client Needs: Psychosocial Integrity 12. Which

statement most accurately describes dominant genetic disorders?

- With a dominant disorder, the likelihood of the second child also having the condition is 100%.
- An autosomal recessive disease carries a one-in-eight risk of the second child also having the disorder.
- Disorders involving maternal ingestion of drugs carry a one-in-four chance of being repeated in the second child.
- The risk factor remains the same no matter how many affected children are already in the family. ANS: D

Each pregnancy is an independent event. The risk factor (e.g., one-in-two, one-in-four) remains the same for each child, no matter how many children are born to the family. In a dominant disorder, the likelihood of recurrence in subsequent children is 50% (i.e., one-in-two). An autosomal recessive disease carries a one-in-four chance of recurrence. In disorders involving maternal ingestion of drugs, subsequent children would be at risk only if the mother continued to take the drugs; the rate of risk would be difficult to calculate.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Diagnosis

Bank

MSC: Client Needs: Health Promotion and Maintenance

13. Which type of genetic tests in clinical practice are most often offered to clients with a family history of disease?
- Single-gene disorders
 - Carrier screening
 - Predictive value testing
 - Pre-dispositional testing

ANS: A

Most tests now offered are tests for single-gene disorders in clients with clinical symptoms or clients who have a family history of a genetic disease. Carrier screening is used to identify individuals who have a gene mutation for a genetic condition but do not display symptoms. Predictive value testing is used only to clarify the genetic status of asymptomatic family members. Pre-dispositional testing differs from the other types of genetic screening in that a positive result does not indicate a 100% chance of developing the condition.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

MULTIPLE RESPONSE

1. Which congenital malformations result from multifactorial inheritance? (*Select all that apply.*)
- Cleft lip
 - Congenital heart disease
 - Cri du chat syndrome
 - Anencephaly
 - Pyloric stenosis

ANS: A, B, D, E

Cleft lip, congenital heart disease, anencephaly, and pyloric stenosis are associated with multifactorial inheritance. Cri du chat syndrome is related to a chromosomal deletion.

PTS: 1 DIF: Cognitive Level: Analyze

TOP: Nursing Process: Diagnosis MSC: Client Needs: Psychosocial Integrity

2. Which activities are included in the role of a nurse practicing in the field of genetics? (*Select all that apply.*)
- Assessing the responses of family members to a genetic disorder
 - Performing genetic testing, such as amniocentesis

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- c. Constructing a family pedigree of three or more generations
- d. Advising a pregnant mother whose fetus has a genetic disorder to have an abortion
- e. Offering parents information about genetics

ANS: A, C, E

Assessing the responses of family members, constructing a family pedigree, and offering parents information about genetics are activities that a genetics nurse would carry out in caring for a family undergoing genetic counseling. Physicians perform amniocentesis, but the nurse may assist in this procedure. Being aware of their own values and beliefs and refraining from attempting to influence the family are important responsibilities for nurses. The nurse must respect the right of the individual or family to make autonomous decisions.

PTS: 1 DIF: Cognitive Level: Applying

TOP: Nursing Process: Planning MSC: Client Needs: Psychosocial Integrity

3. One of the most promising clinical applications of the Human Genome Project has been pharmacogenomic testing (the use of genetic information to guide a client's drug therapy). Which conditions are potential candidates for pharmacogenomic application? (*Select all that apply.*)
- a. Fragile X syndrome
 - b. Deep vein thrombosis (DVT)
 - c. Breast cancer
 - d. Myocardial infarction
 - e. Hemophilia

ANS: B, C, D

Associations between genetic variation and drug effect have been observed for a number of commonly used drugs. The conditions for which these are applicable include: DVT, breast cancer, and myocardial infarction. Gene therapy has been unsuccessfully used in hemophilia treatment. Fragile X syndrome is the leading cause of intellectual disability and lacks effective treatment of any kind.

PTS: 1 DIF: Cognitive Level: Apply

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

Chapter 04: Assessment and Health Promotion Lowdermilk: Maternity & Women's Health Care, 12th Edition

MULTIPLE CHOICE

1. Due to the effects of cyclic ovarian changes in the breast, when is the best time for breast self-examination (BSE)?
- a. Between 5 and 7 days after menses ceases
 - b. Day 1 of the endometrial cycle

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- c. Midmenstrual cycle
- d. Any time during a shower or bath

ANS: A

The physiologic alterations in breast size and activity reach their minimal level approximately 5 to 7 days after menstruation ceases. Therefore, BSE is best performed during this phase of the menstrual cycle. Day 1 of the endometrial cycle is too early to perform an accurate BSE. After the midmenstrual cycle, breasts are likely to become tender and increase in size, which is not the ideal time to perform BSE. Lying down after a shower or bath with a small towel under the shoulder of the side being examined is appropriate teaching for BSE. A secondary BSE may be performed while in the shower.

PTS: 1 DIF: Cognitive Level: Applying

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

2. Individual irregularities in the ovarian(menstrual) cycle are most often caused by what?
- a. Variations in the follicular (preovulatory) phase
 - b. Intact hypothalamic-pituitary feedback mechanism
 - c. Functioning corpus luteum
 - d. Prolonged ischemic phase

ANS: A

Almost all variations in the length of the ovarian cycle are the result of variations in the length of the follicular phase. This information discounts the other options as being correct. An intact hypothalamic-pituitary feedback mechanism would be regular, not irregular. The luteal phase begins after ovulation. The corpus luteum is dependent on the ovulatory phase and fertilization. During the ischemic phase, the blood supply to the functional endometrium is blocked, and necrosis develops. The functional layer separates from the basal layer, and menstrual bleeding begins.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

3. How would the physiologic process of the sexual response best be characterized?
- a. Coitus, masturbation, and fantasy
 - b. Myotonia and vasocongestion
 - c. Erection and orgasm
 - d. Excitement, plateau, and orgasm

ANS: B

Physiologically, sexual response can be analyzed in terms of two processes: vasocongestion and myotonia. Coitus, masturbation, and fantasy are forms of stimulation for the physical

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manifestation of the sexual response. Erection and orgasm occur in two of the four phases of the sexual response cycle. Excitement, plateau, and orgasm are three of the four phases of the sexual response cycle.

PTS: 1 DIF: Cognitive Level: Knowledge

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

4. The nurse guides a woman to the examination room and asks her to remove her clothes and put on an examination gown with the front open. The woman replies, "I have special undergarments that I do not remove for religious reasons." Which is the most appropriate response from the nurse?
- "You can't have an examination without removing all your clothes."
 - "I'll ask the physician to modify the examination."
 - "I'll explain the examination procedure, and then we can discuss how you can comfortably have your examination."
 - "I have no idea how we can accommodate your beliefs."

ANS: C

Explaining the examination procedure reflects cultural competence by the nurse and shows respect for the woman's religious practices. The nurse must respect the rich and unique qualities that cultural diversity brings to individuals. The examination can be modified to ensure that modesty is maintained. In recognizing the value of cultural differences, the nurse can modify the plan of care to meet the needs of each woman. Telling the client that her religious practices are different or strange is inappropriate and disrespectful to the client.

PTS: 1 DIF: Cognitive Level: Apply TOP: Nursing Process: Planning

MSC: Client Needs: Psychosocial Integrity

5. A woman tells the nurse that she thinks she has a vaginal infection, and has been using an over-the-counter cream for the past 2 days to treat it. How should the nurse initially respond?
- Determine when she first noticed the symptoms.
 - Reassure the woman that using vaginal cream is not a problem for the examination.
 - Ask the woman to describe the symptoms that indicate to her that she has a vaginal infection.
 - Ask the woman to reschedule the appointment for the examination.

ANS: C

An important element of the health history and physical examination is the client's description of any symptoms she may be experiencing. The best response is for the nurse to inquire about the symptoms the woman is experiencing. While relevant, when the symptoms began is not as important as what the symptoms are. Women should not douche, use vaginal medications, or have sexual intercourse for 24 to 48 hours before obtaining a Pap test. Although the woman may need to reschedule a visit for her Pap test, her current symptoms should still be addressed.

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PTS: 1 DIF: Cognitive Level: Apply TOP: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

6. Preconception and prenatal care have become important components of women's health. What is the guiding principal of preconception care?
- Ensure that pregnancy complications do not occur.
 - Identify the woman who should not become pregnant.
 - Encourage healthy lifestyles for families desiring pregnancy.
 - Ensure that women know about prenatal care.

ANS: C

Preconception counseling guides couples in how to avoid unintended pregnancies, how to identify and manage risk factors in their lives and in their environment, and how to identify healthy behaviors that promote the well-being of the woman and her potential fetus.

Preconception care does not ensure that pregnancy complications will not occur. In many cases, problems can be identified and treated and may not recur in subsequent pregnancies. For many women, counseling can allow behavior modification before any damage is done, or a woman can make an informed decision about her willingness to accept potential hazards. If a woman is seeking preconception care, then she is likely aware of prenatal care.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

7. Ovarian function and hormone production decline during which transitional phase? a.
- Climacteric
 - Menarche
 - Menopause
 - Puberty

ANS: A

The climacteric phase is a transitional period during which ovarian function and hormone production decline. *Menarche* is the term that denotes the first menstruation. *Menopause* refers only to the last menstrual period. *Puberty* is a broad term that denotes the entire transitional period between childhood and sexual maturity.

PTS: 1 DIF: Cognitive Level: Remember TOP: Nursing Process: Assessment MSC:

Client Needs: Physiologic Integrity

8. Which statement indicates that a client requires additional instruction regarding breast self-examination (BSE)?
- "Yellow discharge from my nipple is normal if I'm having my period."
 - "I should check my breasts at the same time each month, after my period."
 - "I should also feel in my armpit area while performing my breast examination."

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- d. "I should check each breast in a set way, such as in a circular motion."

ANS: A

Discharge from the nipples requires further examination from a health care provider. The breasts should be checked at the same time each month. The armpit should also be examined. A circular motion is the best method during which to ascertain any changes in the breast tissue.

PTS: 1 DIF: Cognitive Level: Analyze

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

9. A blind woman has arrived for an examination. She appears nervous and says, "I've never had a pelvic examination." What response from the nurse would be most appropriate? a. "Being visually impaired must be very anxiety producing." b. "Try to relax. I'll be very gentle, and I promise not to hurt you." c. "Your anxiety is common. I was anxious when I first had a pelvic examination." d. "I'll let you touch each instrument I'll be using as I tell you how it will be used."

ANS: D

The client who is visually impaired needs to be oriented to the examination room and needs a full explanation of what the examination entails before the nurse proceeds. The statement regarding her visual disability and anxiety does not address her concerns. The nurse should openly and directly communicate with sensitivity. Women who have physical disabilities should be respected and involved in the assessment and physical examination to the full extent of their abilities. Telling the client that she will not be hurt does not reflect respect or sensitivity. Although anxiety may be common, the nurse should not discuss her own issues nor compare them to the client's concerns.

PTS: 1 DIF: Cognitive Level: Apply TOP: Nursing Process: Planning

MSC: Client Needs: Psychosocial Integrity

10. Which female reproductive organ is responsible for cyclic menstruation? a. Uterus
b. Ovary
c. Vaginal vestibule
d. Urethra

ANS: A

The uterus is responsible for cyclic menstruation while also housing and nourishing the fertilized ovum and the fetus. The ovaries are responsible for ovulation and the production of estrogen. The vaginal vestibule is an external organ that has openings to the urethra and vagina. The urethra is not a reproductive organ, although it is found in the area.

PTS: 1 DIF: Cognitive Level: Remember

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

Bank

11. Which body part both protects the pelvic structures and accommodates the growing fetus during pregnancy? a. Perineum b. Bony pelvis
c. Vaginal vestibule
d. Fourchette

ANS: B

The bony pelvis protects and accommodates the growing fetus. The perineum covers the pelvic structures. The vaginal vestibule contains openings to the urethra and vagina. The area of thin, flat tissue called the fourchette is formed by the labia minor and is found underneath the vaginal opening.

PTS: 1 DIF: Cognitive Level: Knowledge

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

12. Which phase of the endometrial cycle best describes a heavy, velvety soft, fully matured endometrium? a. Menstrual b. Proliferative
c. Secretory
d. Ischemic

ANS: C

The secretory phase extends from the day of ovulation to approximately 3 days before the next menstrual cycle. During this secretory phase, the endometrium becomes fully mature again. During the menstrual phase, the endometrium is shed. The proliferative phase is a period of rapid growth. During the ischemic phase, the blood supply is blocked, and necrosis develops.

PTS: 1 DIF: Cognitive Level: Understand

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

13. Which part of the menstrual cycle includes the stimulated release of gonadotropin-releasing hormone (GnRH) and follicle-stimulating hormone (FSH)? a. Menstrual phase b. Endometrial cycle
c. Ovarian cycle
d. Hypothalamic-pituitary cycle

ANS: D

The cyclic release of hormones is the function of the hypothalamus and pituitary glands. The menstrual cycle is a complex interplay of events that simultaneously occur in the endometrium, hypothalamus, pituitary glands, and ovaries. The endometrial cycle consists of four phases: menstrual phase, proliferative phase, secretory phase, and ischemic phase. The ovarian cycle remains under the influence of FSH and estrogen.

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PTS: 1 DIF: Cognitive Level: Remember

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

14. What fatty acids (classified as hormones) are found in many body tissues with complex roles in many reproductive functions? a. GnRH
b. Prostaglandins (PGs)
c. Follicle-stimulating hormone (FSH)
d. Luteinizing hormone (LH)

ANS: B

PGs affect smooth muscle contraction and changes in the cervix. GnRH is part of the hypothalamic-pituitary cycle, which responds to the rise and fall of estrogen and progesterone. FSH is part of the hypothalamic-pituitary cycle, which responds to the rise and fall of estrogen and progesterone. LH is part of the hypothalamic-pituitary cycle, which responds to the rise and fall of estrogen and progesterone.

PTS: 1 DIF: Cognitive Level: Remember

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance

15. Which statement best describes Kegel exercises?
a. Kegel exercises were developed to control or reduce incontinent urine loss.
b. Kegel exercises produce a pleasurable vaginal sensation.
c. Kegel exercises help manage stress.
d. Kegel exercises are ineffective without sufficient calcium in the diet.

ANS: A Kegel exercises help control the urge to urinate. Although these exercises may be pleasurable for some, the most important factor is the control they provide over incontinence. Kegel exercises help manage urination, not stress. Calcium in the diet is important but not related to Kegel exercises.

PTS: 1 DIF: Cognitive Level: Remember

TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

16. The microscopic examination of scrapings from the cervix, endocervix, or other mucous membranes to detect premalignant or malignant cells is called what? a. Bimanual palpation
b. Rectovaginal palpation
c. Papanicolaou (Pap) test
d. Four As procedure

ANS: C