UPDATED HESI OB/MATERNITY VERSION 3

1. The nurse is caring for a client who had an emergency cesarean section, with her husband in attendance the day before. The baby's Apgar was 9/9. The woman and her partner had attended childbirth education classes and had anticipated having a water birth with family present. Which of the following comments by the nurse is appropriate?

1. "Sometimes babies just don't deliver the way we expect them to."

2. "With all of your preparations, it must have been disappointing for you to have had a cesarean."

3. "I know you had to have surgery, but you are very lucky that your baby was born healthy."

4. "At least your husband was able to be with you when the baby was born."

2. A nurse has brought a 2-hour-old baby to a mother from the nursery. The nurse is going to assist the mother with the first breastfeeding experience. Which of the following actions should the nurse perform first?

1. Compare mother's and baby's identification bracelets.

2. Help the mother into a comfortable position.

3. Teach the mother about a proper breast latch.

4. Tickle the baby's lips with the mother's nipple.

3. The obstetrician has ordered that a post-op cesarean section client's patientcontrolled analgesia (PCA) be discontinued. Which of the following actions by the nurse is appropriate?

1. Discard the remaining medication in the presence of another nurse.

2. Recommend waiting until her pain level is zero to discontinue the medicine.

3. Discontinue the medication only after the analgesia is completely absorbed.

4. Return the unused portion of medication to the narcotics cabinet.

4. A client is receiving an epidural infusion of a narcotic for pain relief after a cesarean section. The nurse would report to the anesthesiologist if which of the following were assessed?

1. Respiratory rate 8 rpm.

2. Complaint of thirst.

3. Urinary output of 250 cc/hr.

4. Numbness of feet and ankles.

5. A client, 2 days postoperative from a cesarean section, complains to the nurse that she has yet to have a bowel movement since the surgery. Which of the following responses by the nurse would be appropriate at this time?

1. "That is very concerning. I will request that your physician order an enema for you."

2. "Two days is not that bad. Some patients go four days or longer without a movement."

3. "You have been taking antibiotics through your intravenous. That is probably why you are constipated."

4. “Fluids and exercise often help to combat constipation. Take a stroll around the unit and drink lots of fluid.”

6. A post–cesarean section, breastfeeding client, whose subjective pain level is 2/5, requests her as needed (prn) narcotic analgesics every 3 hours. She states, “I have decided to make sure that I feel as little pain from this experience as possible.” Which of the following should the nurse conclude in relation to this woman’s behavior?

1. The woman needs a stronger narcotic order.

2. The woman is high risk for severe constipation.

3. The woman’s breast milk volume may drop while taking the medicine.

4. The woman’s newborn may become addicted to the medication.

7. A nurse is assessing a 1-day postpartum woman who had her baby by cesarean

section. Which of the following should the nurse report to the surgeon?

1. Fundus at the umbilicus.

2. Nodular breasts.

3. Pulse rate 60 bpm.

4. Pad saturation every 30 minutes.

8. The nurse is assessing the midline episiotomy on a postpartum client. Which of the

following findings should the nurse expect to see?

1. Moderate serosanguinous drainage.

2. Well-approximated edges.

3. Ecchymotic area distal to the episiotomy.

4. An area of redness adjacent to the incision.

9. A client, G1P1, who had an epidural, has just delivered a daughter, Apgar 9/9,

over a mediolateral episiotomy. The physician used low forceps. While recovering,

the client states, “I’m a failure. I couldn’t stand the pain and couldn’t even push

my baby out by myself!” Which of the following is the best response for the nurse

to make?

1. “You’ll feel better later after you have had a chance to rest and to eat.”

2. “Don’t say that. There are many women who would be ecstatic to have that baby.”

3. “I am sure that you will have another baby. I bet that it will be a natural delivery.”

4. “To have things work out differently than you had planned is disappointing.”

10. The nurse is developing a standard care plan for postpartum clients who have had

midline episiotomies. Which of the following interventions should be included in

the plan?

1. Assist with stitch removal on third postpartum day.

2. Administer analgesics every four hours per doctor orders.

3. Teach client to contract her buttocks before sitting.

4. Irrigate incision twice daily with antibiotic solution.

11. A client, G1P1001, 1-hour postpartum from a spontaneous vaginal delivery with

local anesthesia, states that she needs to urinate. Which of the following actions by

the nurse is appropriate at this time?

1. Provide the woman with a bedpan.

2. Advise the woman that the feeling is likely related to the trauma of delivery.

3. Remind the woman that she still has a catheter in place from the delivery.

4. Assist the woman to the bathroom.

12. A nurse is assessing the fundus of a client during the immediate postpartum period.

Which of the following actions indicates that the nurse is performing the skill

correctly?

1. The nurse measures the fundal height using a paper centimeter tape.

2. The nurse stabilizes the base of the uterus with his or her dependent hand.

3. The nurse palpates the fundus with the tips of his or her fingers.

4. The nurse precedes the assessment with a sterile vaginal exam.

13. A 1-day postpartum woman states, "I think I have a urinary tract infection. I have

to go to the bathroom all the time." Which of the following actions should the

nurse take?

1. Assure the woman that frequent urination is normal after delivery.

2. Obtain an order for a urine culture.

3. Assess the urine for cloudiness.

4. Ask the woman if she is prone to urinary tract infections.

14. The nurse is assessing the laboratory report on a 2-day postpartum G1P1001. The

woman had a normal postpartum assessment this morning. Which of the following

results should the nurse report to the primary health care provider?

1. White blood cells—12,500 cells/mm3.

2. Red blood cells—4,500,000 cells/mm3.

3. Hematocrit—26%.

4. Hemoglobin—11 g/dL

15. A bottlefeeding woman, 11⁄2 weeks postpartum from a vaginal delivery, calls the obstetric

office to state that she has saturated 2 pads in the past 1 hour. Which of the

following responses by the nurse is appropriate?

1. "You must be doing too much. Lie down for a few hours and call back if the

bleeding has not subsided."

2. "You are probably getting your period back. You will bleed like that for a day or

two and then it will lighten up."

3. "It is not unusual to bleed heavily every once in a while after a baby is born.

It should subside shortly."

4. "It is important for you to be examined by the doctor today. Let me check to see

when you can come in."

16. A client, 2 days postpartum from a spontaneous vaginal delivery, asks the nurse

about postpartum exercises. Which of the following responses by the nurse is

appropriate?

1. "You must wait to begin to perform exercises until after your six-week postpartum

checkup."

2. "You may begin Kegel exercises today, but do not do any other exercises until

the doctor tells you that it is safe."

3. "By next week you will be able to return to the exercise schedule you had during

your prepregnancy."

4. "You can do some Kegel exercises today and then slowly increase your toning

exercises over the next few weeks."

17. The nurse is examining a 2-day postpartum client whose fundus is 2 cm below the

umbilicus and whose bright red lochia saturates about 4 inches of a pad in 1 hour.

What should the nurse document in the nursing record?

1. Abnormal involution, lochia rubra heavy.

2. Abnormal involution, lochia serosa scant.

3. Normal involution, lochia rubra moderate.

4. Normal involution, lochia serosa heavy.

18. The nurse palpates a distended bladder on a woman who delivered vaginally

2 hurs earlier. The owoman refuses to go to the bathroom, "I really don't need

to go." Which of the following responses by the nurse is appropriate?

1. "Okay. I must be palpating your uterus."

2. "I understand but I still would like you to try to urinate."

3. "You still must be numb from the local anesthesia."

4. "That is a problem. I will have to catheterize you."

19. A client, G1P0101, postpartum 1 day, is assessed. The nurse notes that the client's

lochia rubra is moderate and her fundus is boggy 2 cm above the umbilicus and deviated

to the right. Which of the following actions should the nurse take first?

1. Notify the woman's primary health care provider.

2. Massage the woman's fundus.

3. Escort the woman to the bathroom to urinate.

4. Check the quantity of lochia on the peripad.

20. The nurse has taught a new admission to the postpartum unit about pericare.

Which of the following indicates that the client understands the procedure?

1. The woman performs the procedure twice a day.

2. The woman sits in warm tap water for ten minutes.

3. The woman sprays her perineum from front to back.

4. The woman mixes tap water with hydrogen peroxide.

21. The nurse informs a postpartum woman that ibuprofen (Advil) is especially effective

for afterbirth pains. What is the scientific rationale for this?

1. Ibuprofen is taken every two hours.

2. Ibuprofen has an antiprostaglandin effect.

3. Ibuprofen is given via the parenteral route.

4. Ibuprofen is administered in high doses.

22. It is 4 p.m. A client, G1P0000, 3 cm dilated, asks the nurse when the dinner tray

will be served. The nurse replies

1. "Laboring clients are never allowed to eat."

2. "Believe me, you will not want to eat by the time it is the dinner hour. Most

women throw up, you know."

3. "The dinner tray should arrive in an hour or two."

4. "A heavy meal is discouraged. I can get clear fluids for you whenever you would

like them, though."

23. A physician has ordered an iron supplement for a postpartum woman. The nurse

strongly suggests that the woman take the medicine with which of the following

drinks?