

## ATI RN MATERNAL NEWBORN PROCTORED 2023 RETAKE FINAL EXAM WITH NGN QNS & ANS (VERIFIED REVISED FULL EXAM)

- A nurse is caring for a client admitted for induction of labor due to intrauterine fetal demise at 32 weeks. What statement by the nurse would be most therapeutic at this time?
  - After you recover you can hopefully conceive again and start your family.
  - My sister lost a baby too, I know how you feel and I'm here to help.
  - If you want to talk about how you're feeling, I can call a chaplain.
  - **Would you like to hold your baby after he is born?**
- A G1P0 is 8 weeks gestation, and the provider does not detect a fetal heartbeat on the ultrasound. What assessment data must be collected in order to ensure the safety of future pregnancies?
  - Chromosomal studies of the placental tissue.
  - The fetus' blood type.
  - Maternal white blood cell count.
  - **Maternal Rh status.**
- Following a cerclage at 14 weeks, the nurse counsels the client to report any cramping or contractions. What is the rationale for these instructions?
  - **The client is at risk for bleeding if she contracts with cerclage in place**
  - Contractions can indicate that cerclage procedure was unsuccessful
  - Fetus' lungs are not yet developed, so preterm birth would be dangerous
  - Labor is contraindicated due to the scar on the uterus
- A client is 10 weeks and arrives at her first prenatal visit. An ultrasound reveals implantation in the right fallopian tube. What important education should the patient receive?
  - The client should return in two weeks to see if the pregnancy has migrated into the uterus.
  - **The client needs to take Methotrexate and stop her prenatal vitamins.**
  - The client should be rushed to emergency surgery for the removal of her pregnancy.

- The pregnancy could end in miscarriage so the nurse should recommend grief counseling.

\*Methotrexate will stop cell replication so the body will detect not further growth and will then release it and it will be expelled

- The nurse is caring for a G1P0 who experienced a miscarriage at home. Which statement is true about her future pregnancies?
  - She has increased risk of future miscarriages.
  - She is a candidate for a Cerclage procedure.
  - She should avoid pregnancy for at least one year.
  - **It is most likely that her next pregnancy will be healthy.**

\*She would only be a greater risk of miscarriages if it was greater than 3 miscarriages. The Cerclage procedure is for an incompetent cervix where it is stitched closed. Avoid pregnancy for a year for a molar pregnancy.

• A nurse is caring for a client on magnesium sulfate for preeclampsia. Which finding would indicate that the magnesium level is below therapeutic range?

- minimal variability
  - **deep tendon reflexes +3**
  - shallow respirations
  - arrhythmias
- The nurse is assisting with amniotomy. The nurse immediately notes the color of amniotic fluid is port wine. What condition does this finding indicate?
    - Incomplete abortion
    - Placenta previa
    - Uterine rupture
    - **Placental abruption**
  - Which of the following clients would be at risk for developing s placenta previa?
    - G2P1 with a history of gestational diabetes
    - G1P0 Native American with chronic hypertension
    - G3P1 with a placental abruption in her first pregnancy
    - **G3P2 with a history of 2 C-sections**

C-sections can leave scarring on fundus, and the implantation will happen in the lower uterus.

- A 34-week client with a placenta previa arrives for the office visit. What action by the nurse shows understanding of this condition?
  - **Educate the client about c-section as the vaginal birth is contraindicated**
  - Educate the client that her previa will likely resolve before the delivery

- Send the patient to the OB triage for the nonstress test NST
- Administer terbutaline to prevent contractions

Earlier in the pregnancy (12 weeks) it could resolve. At 34 weeks, it is not getting resolved. Patients with placenta previa usually have spotting.

- Paramedics bring in a G3P2 at 28 weeks, who was hit multiple times by her partner.

What is the priority assessment at this time?

- Obtain maternal vital signs and check for injuries
- Ask the client about the events leading up to the attack
- Use an ultrasound to assess the fetus
- Determine if she has a safe place to stay Baby is always first.

- A 35-week client presents to OB triage with no prenatal care and abdominal pain. The fetal heart tones are within normal limits, and the client has mild spotting.

What priority requests or orders should she obtain from the physician?

- Perform a BPP
- Perform an ultrasound to determine location of the placenta
- Perform a cervical exam to evaluate labor status
- Obtain a prenatal lab panel

- Of the four clients, which one would be a candidate for antenatal steroid?

- A G2P1 at 33 weeks and second stage of labor
- A G3P2 at 28 weeks with severe preeclampsia
- A G2P0 at 20 weeks with placenta previa
- A G1P0 at 32 weeks with chronic hypertension

Betamethasone is given to promote surfactant

production.

- A 22 week presents to OB triage with preterm contractions. What assessment would be most helpful in identifying the cause of her contractions?
  - Ask her for the list of the current medications
  - Review her history of miscarriages
  - Obtain urinalysis
  - Obtain fetal fibronectin

Fetal fibronectin is a protein released by fetus in response to upcoming labor. If there is no fibronectin in the answers, urinalysis is the right answer.

- Which of the following patients should the nurse assess first on your morning rounds?
  - A 33-week client with preterm labor on magnesium sulfate
  - A 33-week client with mild preeclampsia on bedrest

- A 29-week client admitted for preterm contractions and antenatal steroids
- A 39-week client with gestational diabetes on Pitocin admitted for induction of labor

A patient on Mag should be the first assessment.

- A 33-week client is admitted with preterm labor and started on magnesium sulfate. She asks the nurse how long will she be on this medication? What is the best answer?
  - You will likely be on the magnesium until your due date
  - We can only use magnesium for one to two days or there will be long term side effects
  - The goal of magnesium is to get your pregnancy to term
  - **The goal of magnesium is to keep you pregnant for at least 48 hours.**

Think about why Mag is administered—preterm labor. We can't keep her on magnesium until the end of pregnancy. You give the first dose and wait 24 hours for the second. 24 hours after is safe to deliver the baby. You don't have to if the preterm labor is over.

Why? Because of betamethasone for lung maturity. It is given and then you wait 24 hours and second dose is given and wait 24 hours, then after this 48 hours it is safe to deliver the baby if they need to deliver unless labor has stopped.

- A 35-week client presents to the OB triage complaining of a headache and swelling in her hands and face. What assessment should the nurse perform prior to calling the physician?
  - **Fetal monitoring and vital signs**
  - Serum creatinine and blood pressure
  - Deep tendon reflexes and a vaginal exam
  - A non-stress test and a BPP
- A client is 33-weeks and being admitted for severe preeclampsia. The provider has ordered magnesium sulfate 4g bolus over 15 minutes. What is the rationale for this order?
  - **The magnesium will depress central nervous system and prevent seizure**
  - The magnesium will relax smooth muscles along arterioles and decrease blood pressure
  - The patient is at risk for stroke due to severe hypertension
  - The magnesium will relax smooth muscles of the uterus and preterm pre- term delivery
- The nurse is caring for a 34-week client who is preeclamptic and on magnesium sulfate 2g per hour IV. Immediately following delivery, which action by the nurse demonstrates understanding of client safety?

- Initiating magnesium sulfate bolus 4g over 30 minutes IV
  - Assess client's lung sounds and reflexes every 4 hours
  - Discontinue magnesium sulfate and begin Pitocin bolus
  - Continue magnesium sulfate 2g per hour IV for at least 24 hours.
- An 18-week client arrives at her 2<sup>nd</sup> prenatal visits. Her blood pressure is 148/92, and at the first visit it was 140/90. What diagnosis does the nurse anticipate the provider making?
    - Mild preeclampsia
    - Gestational hypertension
    - Chronic hypertension
    - HELLP syndrome

She is only 18 weeks. It is chronic hypertension. >20 weeks would be gestational hypertension. Also, before you can diagnose mild preeclampsia you need to test urine to see if she has proteinuria.

- A nurse on the antepartum unit is caring for a 29-week client with mild preeclampsia. Which laboratory finding indicates that the client has progressed to HELLP syndrome?
  - Uric acid 6.8
  - Platelets 70, 000
  - AST 14
  - Urine total protein 900
- A labor nurse is performing a vaginal exam on a G2P1 with 40 weeks and in active labor. Upon assessment, the nurse feels pulsating tissue. What is the correct action and the rationale?
  - Note the time and count the pulsations to determine the heart rate
  - Call the physician for the delivery and prepare to resuscitate the infant due to a nuchal cord
  - Call for help and push up on the presenting part to promote the blood flow to the fetus
  - Pull the client's knees to her shoulders and call for the NICU at the scene

This is prolapsed cord. Whether it is the babies head or the butt, you have to push it up to promote blood flow. You will jump on the bed and stay there until they get her into OR and get that baby out.

- A client presents to the hospital with an abruption and is rushed into an operating room for a c-section. During the surgery, the anesthesiologist notices bleeding from the IV site and petechial hemorrhaging. What is the most likely cause of these findings?