

HESI OB MATERNITY EXAM VERSION 2 - 2022 TEST

QUESTIONS AND ANSWERS

1. The nurse is providing care for a newborn who was delivered vaginally assisted by forceps. The nurse observes red marks on the head with swelling that does not cross the suture line. Which condition should the nurse document in the medical record?

A. Caput succedaneum

B. Hydrocephalus

C. Cephalhematoma

D. Microcephaly

2. A client at 34 weeks gestation comes to the birthing center complaining of vaginal bleeding that began one hour ago. The nurse assessment reveals approximately 30ML of bright red vaginal bleeding. Fetal rate of 130 - 140 beats per minute, no contractions and no complaints of pain what is the most likely cause of these client's bleeding.

A. Abruptio Placenta

B. Placenta Previa

C. Normal bloody show indicating induction of labor

D. A ruptured blood vessel in the vaginal vault.

3. A client at 30 weeks gestation reports that she has not felt the baby move in the last 24 hours. Concerned she arrives in a panic at the obstetric clinic where she is immediately sent to the hospital. which assessment warrants immediate intervention by the nurse.

A. Fetal Heart rate 60 beats per minute

B. Ruptured amniotic membrane

C. onset of uterine contractions

D. leaking amniotic fluid.

4. A client at 37 weeks gestation presents to labor and delivery with contractions every two minutes the nurse observes several shallow small vesicles on her pubis labia and perineum. the nurse should recognize the clients is prohibiting symptoms of which condition?

A Genital Warts

B. Syphilis

C. Herpes Simplex Virus

D. German Measles

5. The nurse is planning care for a client at 30 weeks gestation who is experiencing preterm labor which maternity description is most important in preventing this fetus from developing respiratory distress syndrome.

A Ampicillin 1 gram IV push q8h

B. Betamethasone 12 mg deep IM

C. Terbutaline 0.25 mg subcutaneously q 15 minutes X 3

D. Butorphanol tartrate 1mg IV push q2h PRN.

6. A 16 year old gravida 1 para 0 client has just been admitted to the hospital with a diagnosis of eclampsia. She's not presently convulsing. Which intervention should the nurse plan to include in this client's nursing care plan?

A Allow liberal family visitation

B. Keep an airway at the bedside

C. Assess temperature every hour

D. Monitor blood pressure, pulse, and respiration every 4 hours.

7. At 12 hours after the birth of a healthy infant the mother complains of feeling constant vaginal pressure. The nurse determines the fundus is firm and at midline with moderate rubra lochia. which action should nurse take?

A Check the suprapubic area for distention.

B. Inform the client to take a warm sitz bath

C. Inspect clients perineal and rectal areas

D. Apply a fresh pad and check in 1 hour.

8. If primigravida at 36 weeks gestation who is RH negative experienced abdominal

trauma in a motor vehicle collision. Which assessment finding is most important for the nurse to report to the health care provider?

A. Fetal heart rate at 162 beats /minute

B. Mild contractions every 10 minutes.

C. Trace of protein in the urine

D. Positive fetal hemoglobin testing

9. In The Ballard Gestational Age Assessment Tool, the nurse determines that a 15-month-old infant as a gestational age of 42 weeks. Based on this finding which intervention is most important for the nurse to implement.

A. Provide blow by oxygen

B. Provide a capillary blood glucose

C. draw arterial blood gases

D. Apply a pulse oximeter to the foot.

10. A new mother who is a lacto-ovo vegetarian plans to breast feed her infant. which information should the nurse provide prior to discharge.

A. Continue prenatal vitamins with B12 While breastfeeding

B. Avoid using Lanolin-based nipple cream or ointment.

C. Offer iron fortified supplemental formula daily.