ATI maternal newborn 2023/2024 GRADED A LATEST

a nurse is caring for a client who has uterine atony and is experiencing pp hemorrhage the following actions is the nurse's priority? - CORRECT ANSWER Massage the clients fundus

a nurse is caring for a client who is to receive oxytocin to augment her labor. which of the following findings contraindicates the initiation of the oxytocin infusion and should be reported to the provider/ - CORRECT ANSWER late decelerations

A nurse is assessing a client who has severe preeclampsia. Which of the following manifestations should the nurse expect? - CORRECT ANSWER blurred vision explanation: due to dec blood flow to retina severe preeclampsia would have >500 mg proteinuria can have hyperactive reflexes of 3+

a nurse is assessing a client who is 1 day PP and has vaginal hematoma. Which os the following manifestations should the nurse expect? - CORRECT ANSWER vaginal pressure

explanation: due to blood that leaked into the tissues

A nurse is caring for a client who is at 36 W of gestation and has a positive contraction stress test. the nurse should plan to prepare the client for which of the following diagnostic tests? - CORRECT ANSWER

a nurse is providing teaching to a client who is 40 weeks of gestation and has a new prescription of misoprostol. which of the following instructions should the nurse include in the teaching? - CORRECT ANSWER "i can administer oxytocin 4 hours after the insertion of the medications"

explanation: oxytocin can be administered following misoprostol for clients who have cervical ripening and have not begun labor.

A nurse is assessing 4 newborn. which of the following findings should the nurse report to the provider. - CORRECT ANSWER a newborn who is 18 hr old and has an axillary temp 37.7 degress celsisus (99.9).

a nurse is caring for a client who is 30 weeks of gestation and has a prescription for mag sulfate IV to treat preterm labor. the nurse should notify the provider of which of the following?

nausea,

urinary output of 40 ml/hr

respiratory rate 10/min

client reports feeling flushed - CORRECT ANSWER resp rate of 10

a nurse is teaching a client who is 10 weeks gestation about nutrition during pregnancy. which of the following statements by the client indicates an understanding of the teaching?

inc protein to 60 g

drink 2L of water each day

inc overall daily caloric intake by 300 calories

i should take 600 micrograms of folic acid each day" - CORRECT ANSWER "i should take 600 micrograms of folic acid each day"

explanation:

protein should be 71g each day during 2nd and 3rd trimester should consume 3L of water a day
340 cal during second and 452 cal during 3rd

A nurse is assessing a late preterm newborn. which of the following manifestations is an indication of hypoglycemia?

hypertonia

inc feeding

hyperthermia

resp distress - CORRECT ANSWER respiratory distress

late preterm newborn are at an in risk for hypoglycemia due to dec glycogen stores and immature insulin secretion. Resp distress is a manifestation of hypoglycemia. other manifestations include abnormal cry, jitteriness, poor feeding, apnea, and seizures

A nurse in an antepartum clinic is providing care for a client who si at 26 weeks of gestation:

1 hr glucose tolerance of 120

hematocrit 34%

fundal height measurement of 30

FHR of 110 - CORRECT ANSWER fundal height measurement of 30 explanation:

not 1 hr normal range, 130-140 or > is a positive test

hematocrit normal >33%

FHR normal 110-160BPM

nurse is caring for a client who is scheduled to recieve contin IV infusion of oxytocin following vaginal birth. which of the following assessment findings should the nurse monitor to evaluate the effectiveness of the med? - CORRECT ANSWER fundal consistency

A nurse is caring for a client who is 24 years old and at 13 weeks of gestation. clients history includes BMI of 31 prior to pregnancy, a prior post-term delivery, and a newborn birth weight of 9lb and 3 oz. Which of the following lab values should the nurse expect to collect?

a maternal serum alpha-fetoprotein

b preg assoc plasma protein A

c chorionic villus sampling

d HbA1c - CORRECT ANSWER HbA1c

measures the average plasma glucose concentration over the 12 weeks preceding the test. at risk for impaired glucose metabolism and should be screened at the end of the 1st trimester.

a nurse is providing discharge instructions for a client who had a c-section 4 days ago. hemoglobin is 9.2 and the provider prescribed iron supp. Which of the following foods should the nurse recommend to help in the clients iron intake?

a spinach

b. citrus fruit

c. milk

d. whole-grain bread - CORRECT ANSWER citrus fruit

foods high vitamin c help inc the absorption of iron. includes citrus fruits, strawberries, melons, and tomatoes

a nurse is discussing potential complications of newborn hypothermia. which of the following complications should the nurse include?

tachycardia

hypoglycemia

flushed skin

generalized petechiae - CORRECT ANSWER b hypoglycemia

a nurse is teaching a client who is pp and breastfeeding which of the following statements should the nurse include?

- a. wait 3 months before sex
- b. do not need to use contraception until you are 4 months
- c. overproduction of vaginal lubricant
- d. reduction in sexual interest could indicate pp depression CORRECT ANSWER reduction in sexual interest could indicate pp depression

nurse is assessing a client who has hyperemisis gravidarum. Which of the following findings should the nurse expect?

- A. elevated serum potassium level
- B. rapid weight gain
- C. peripheral edema
- D. presence of ketones in urine CORRECT ANSWER presence of ketones in the urine

Nurse caring for PP client 8 hr after delivery. which of the following factors places client at risk for uterine atony? select all that apply

- A. mag sulfate infusion
- B. distended bladder
- C. oxytocin infusion
- D. prolonged labor
- E. small for gestational age newborn CORRECT ANSWER Mag sulfaate infusion distended bladder prolonged labor

A nurse is caring for an infant who begins displaying manifestations of neonatal abstinence syndrome (NAS). which of the following actions should the nurse take?

- a. swaddle infant with arms and legs extended
- B. admin naloxone iM
- C. avoid eye contact during feedings
- D. discourage mother from handling the infant during the withdrawal phase CORRECT ANSWER C. avoid eye contact during feedings

infants with NAS have difficulty processing multiple forms of stimulation and can quickly become frustrated.

which of the following hormones plays a key role in preventing miscarriage? - CORRECT ANSWER progesterone

maintains endometrium and has a relaxant effect on the uterus so that the fetus is not expelled

(estrogen levels rise at the end of pregnancy to prepare for the onset of labor)

nurse teaching a client about vaccum assisted vaginal delivery. which of the following statements should the nurse identify that the client understands the information?

- A. babys head will be cone shaped
- B. Dr performed this bc i did not dilate past 6 cm
- C. performed bc hemoglobin was low
- D. baby is at a higher risk of developing jaundice CORRECT ANSWER D. baby is at a higher risk of developing jaundice

exp: bruises caused by the device dissipate

Nurse assessing client at 36 W. which of the following is a manifestattion the nurse should recognize as a prenatal complication and report?

- A. varicose veins
- B. double vision
- C. leukorrhea
- D. flatulence CORRECT ANSWER double vision

planning care for 4 high risk newborns who were discharged yesterday. which of the following newborns should the nurse plan to care for first?

- a. 1 week old who needs another phenylketonuria screening
- B. 4 day old who has elevated bili and requires phototherapy
- C. 10 day old who is small for gestational age and requires daily weights
- D. 2 week old born at 35 weeks and weighs 5lb at discharge CORRECT ANSWER
- B. 4 day old who has elevated bili and requires phototherapy

teaching about epidural anesthetic for laboring client. which of the following should the nurse include?

- A. newborn resp depression at birth
- B. impaired ability of neonate to maintain body temp
- C. impaired placental perfusion
- D. dec FHR variability CORRECT ANSWER C. impaired placental perfusion explanation: maternal hypotension can occur when mom receives epidural or spinal can cause dec blood flow to placenta

what suggests newborn is post mature?

- a. pale translucent skin
- B. nails extending over fingers
- C. weak gag reflex
- D. thin covering of fine hair on shoulders and back CORRECT ANSWER B. nails extending over fingers

teaching about toxoplasmosis. which of the following instructions should the nurse include?

A: to prevent get the MMR vaccine

B: avoid gardening during pregnancy to dec risk

C: will get body rash if you are infected

D: transmitted through a bite from an infected mosquito - CORRECT ANSWER B: avoid gardening during pregnancy to dec risk

explanation: potentially teratogenic to fetus, spread by contact with cat feces which can be in garden areas. transmitted through uncooked meat

nurse teaching at 13 weeks about incompetent cervix with cervical cerclage. which of the following statements indicates an understanding of the teaching? - CORRECT ANSWER

Nurse is reviewing the medical record for a client who is 39 weeks and has polyhydramnios. what should be expected?

- A. fundal height of 34cm.
- B. total pregnancy weight of 3.6kg
- C. gestational hypertension.
- D. fetal gastrointestinal anomaly CORRECT ANSWER D. fetal gastrointestinal anomaly

explanation: excessive amniotic fluid can cause gastrointenstinal malformations and neurological disorders

A nurse is providing education to a female client of child-bearing age. the nurse should state which of the following structures expels the mature ovum?

- A. blastocyst
- B. fallopian tube
- C. corpus luteum
- D. Graafian follicle CORRECT ANSWER D. Graafian follicle

nurse reviewing lab findings of a 24-hour old newborn. Which of the following should be reported?

- A. hemoglobin 12
- B. plt count 200,000
- C. total bilirubin 4mg/dL

D. glucose 50 mg/dL - CORRECT ANSWER A. hemoglobin 12 below ref rang of 14-24 g/dL

A nurse is caring for a preterm newborn who is receiving oxygen therapy. Which of the following findings should the nurse identify as a potential complication of oxygen therapy? - CORRECT ANSWER retinopathy

o2 therapy can cause retinopathy of prematurity esp in preterm newborns.

vessels grow abnormally from the retina into the clear gel that fills the back of the eye, can reduce vision or result in complete blindness.

Client is in 2nd stage of labor. FHR indicates multiple variable decels. What action should the nurse take?

A. prepare an amnioinfusion

B. place client in supine position

C. administer oxygen 2L/ min via NC

D. give a glucocorticoid steroid - CORRECT ANSWER A. prepare an amnioinfusion

to decreased cord compression

which of the following findings should the nurse plan to instruct the client to report immediately?

A. vaginal leujorrhea

B. SOB

C. swelling of face and fingers

D. lower back pain - CORRECT ANSWER swellings of the face and fingers can be a sign of HTN disorder