

ATI Proctored Exam Maternal Newborn

family ob/peds (Herzing University)

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1. A nurse is providing discharge teaching to a client following tubal ligation (**occlusion**).

Which of the following statement by the client indicates an understanding of the teaching?

- A. "premenstrual tension will no longer be present."
- B. "**Ovulation will remain the same.**"
- C. "Hormone replacements will be needed following this procedure."
- D. "My monthly menstrual period will be shorter."

ANS: B

Ovulation (egg release from the ovaries) will remain the same. Tubal ligation also known as having your tubes tied or tubal sterilization is a type of permanent birth control. During tubal ligation, the fallopian tubes are cut, tied or blocked to permanently prevent pregnancy. Tubal ligation prevents an egg from traveling from the ovaries through the fallopian tubes and blocks sperm from traveling up the fallopian tubes to the egg. The procedure doesn't affect your menstrual cycle it just prevents fertilization.

2. A nurse is assessing a newborn following forceps-assisted birth. Which of the following clinical manifestations should the nurse identify as a complication of the birth method?

- A. Hypoglycemia
- B. Polycythemia
- C. **Facial Palsy**
- D. Bronchopulmonary dysplasia

ANS: C

Difficult delivery, with or without the use of an instrument called *forceps*, may lead to facial palsy. Facial paralysis 15 minutes after forceps birth or absence of movement on affected side is especially noticeable when infant cries.

3. A nurse is providing teaching about terbutaline to a client who is experiencing preterm labor. Which of the following statements by the client indicates understanding of the teaching?

- A. “This medication could cause me to experience heart palpitations.”
- B. “This medication could cause me to experience blurred vision.”
- C. “This medication could cause me to experience ringing in my ears.”
- D. “This medication could cause me to experience frequent urination.”

ANS: A

Beta-adrenergic agents such as terbutaline (Brethine) are associated with various side effects, including *tachycardia*, irregular pulse, myocardial ischemia, and pulmonary edema.

Therefore, these medications should not be used in women with known or suspected heart disease

4. A nurse is caring for a client who is in labor and requests nonpharmacological pain management. Which of the following nursing actions promotes client comfort?

- A. Assisting the client into squatting position
- B. Having the client lie in a supine position
- C. Applying fundal pressure during contractions
- D. Encouraging the client to void every 6 hrs.

ANS: C

Applying fundal pressure by pushing on the mother's abdomen in the direction of the birth canal is often used to assist spontaneous vaginal birth, shorten the length of the second stage and reduce the need for instrumental birth (forceps- or vacuum-assisted) or caesarean section.

5. A nurse caring for a client who is at 20 weeks of gestation and has trichomoniasis. Which of the following findings should the nurse expect?

- A. Thick, White Vaginal Discharge
- B. Urinary Frequency
- C. Vulva Lesions
- D. **Malodorous Discharge**

ANS: D

Although trichomoniasis may be asymptomatic, women commonly experience characteristically yellowish-to-greenish, frothy, mucopurulent, copious, **malodorous discharge**. Inflammation of the vulva, vagina, or both may be present; and the woman may complain of irritation and pruritus. Dysuria and dyspareunia are often present.

6. A nurse is caring for a client who is at 14 weeks of gestation. At which of the following locations should the nurse place the doppler device when assessing the fetal heart rate?

- A. **Midline 2 to 3 cm (0.8 to 1.2 in) above the symphysis pubis**
- B. Left Upper Abdomen
- C. Two fingerbreadths above the umbilicus
- D. Lateral at the Xiphoid Process

ANS: A

Toward the end of the first trimester, before the uterus is an abdominal organ, the fetal heart tones (FHTs) can be heard with an ultrasound fetoscope or an ultrasound stethoscope (Fig. 8-

8). To hear the FHTs, place the instrument in the midline just above the symphysis pubis and apply firm pressure. The woman and her family should be offered the opportunity to listen to the FHTs. The health status of the fetus is assessed at each visit for the remainder of the pregnancy.

7. A nurse is assessing a client who is at 27 weeks of gestation and has preeclampsia. Which of the following findings should the nurse report to the provider?

- A. Urine protein concentration 200 mg/24 hr.
- B. Creatinine 0.8 mg/ dL
- C. Hemoglobin 14.8 g/ dL
- D. Platelet Count 60,000/ mm³

ANS: D

Platelets < 100,000/mm³ (60,000/mm³) is below the expected reference range, which can indicate DIC. The nurse should report this result to the provider. In a 24-hour specimen *proteinuria* is defined as a concentration at or > **300 mg/24 hours**.

8. A nurse is teaching about clomiphene citrate to a client who is experiencing infertility. Which of the following adverse effect should the nurse include?

- A. Tinnitus
- B. Urinary Frequency
- C. Breast Tenderness
- D. Chills

ANS: C

The adverse effects of *clomiphene citrate* are stomach upset, bloating, abdominal/pelvic fullness, flushing ("hot flashes"), **breast tenderness**, headache, or dizziness may occur. If any of these effects last or get worse, tell your doctor or pharmacist promptly.

9. A nurse is assessing a newborn upon admission to the nursery. Which of the following should the nurse expect?

- A. Bulging Fontanel
- B. Nasal Flaring
- C. Length from head to heel of 40 cm (15.7 in)
- D. **Chest circumference 2 cm (0.8 in) smaller than the head circumference**

ANS: D

Measure at nipple line 2-3 cm (0.8-1.2 in) less than head circumference; average 30-33 cm (11.8-13 in) \leq 30 cm.

10. A nurse is planning care for a newborn who has neonatal abstinence syndrome. Which of the following interventions should the nurse include in the plan of care?

- A. Increase the newborn's visual stimulation
- B. Weigh the newborn every other day
- C. Discourage parental interaction until after a social evaluation
- D. **Swaddle the newborn in a flexed position**

ANS: D

Swaddling in a flexed position with hands midline against chest and legs loosely swaddled in lumbar flexion to decrease sensory stimulation. Minimize environmental and physical stimulation low lighting and noise level do not use TV or mobiles. Avoidance of abrupt changes in infant's environment handle gently and close to the body to increase sense of

Security.

11. A nurse is caring for a newborn who is 6 hrs. old and has a bedside glucometer reading of 65 mg/dL. The newborn's mother has type 2 diabetes mellitus. Which of the following actions should the nurse take?
- A. Obtain a blood sample for a serum glucose level
 - B. Feed the newborn immediately
 - C. Administer 50 mL of dextrose solution IV
 - D. Reassess the blood glucose level prior to the next feeding.

ANS: D

When babies are just 1 hour to 2 hours old, the normal level is just under 2 mmol/L (36 mg/dL), but it will rise to adult levels (over 3 mmol/L or 54 mg/dL) within two to three days. In babies who need treatment for low blood glucose or are at risk for low blood glucose, a level over 2.5 mmol/L (45 mg/dL) is preferred.

12. A nurse is providing teaching to a client about exercise safety during pregnancy. Which of the following statements by the client indicates an understanding of the teaching? (Select all that apply).
- A. "I will limit my time in the hot tub to 30 minutes after exercise."
 - B. "I should consume three 8-ounce glasses of water after I exercise."
 - C. "I will check my heart rate every 15 minutes during exercise sessions."
 - D. "I should limit exercise sessions to 30 minutes when the weather is humid."
 - E. "I should rest by lying on my side for 10 minutes following exercise."

ANS: B, C, E

Stay hydrated. Drink two or three 8-oz glasses of water after you exercise to replace the body fluids lost through perspiration. While exercising, drink water whenever you feel the need. Take your pulse every 10 to 15 minutes while you are exercising. If it is more than 140 beats/min, slow down until it returns to a maximum of 90 beats/min. Rest for 10 minutes after exercising, lying on your side. As the uterus grows, it puts pressure on a major vein in your abdomen, which carries blood to your heart. Lying on your side removes the pressure and promotes return circulation from your extremities and muscles to your heart, thereby increasing blood flow to your placenta and fetus.

13. A charge nurse is teaching a group of staff nurses about fetal monitoring during labor.

Which of the following findings should the charge nurse instruct the staff members to report to the provider?

- A. Contraction durations of 95 to 100 seconds
- B. Contraction frequency of 2 to 3 min apart
- C. Absent early deceleration of fetal heart rate
- D. Fetal heart rate is 140/min

ANS: A

For a normal uterine activity during labor contraction duration remains fairly stable throughout first and second stages, ranging from 45-80 seconds, not generally exceeding 90 seconds.

14. A nurse in a woman's health clinic is obtaining a health history from a client. Which of the following findings should the nurse identify as increasing the client's risk for developing pelvic inflammatory disease (PID)?

- A. Recurrent Cystitis

- B. Frequent Alcohol Use
- C. Use of Oral Contraceptives
- D. **Chlamydia Infection**

ANS: D

Pelvic inflammatory disease is an infection of a woman's reproductive organs. It is a complication often caused by some STDs, like chlamydia and gonorrhea. Other infections that are not sexually transmitted can also cause PID.

15. A nurse is teaching a prenatal class about immunizations that newborns receive following birth. Which of the following immunizations should the nurse include in the teaching?

- A. **Hepatitis B**
- B. Rotavirus
- C. Pneumococcal
- D. Varicella

ANS: A

Hepatitis B immunization is recommended at birth, 1 to 2 months, and between 6 to 18 months. It is injected intramuscularly soon after birth. For newborns born to hepatitis-infected mothers, hepatitis B immune globin (HBIG) also should be administered within 12 hrs. of birth. The vastus lateralis is the preferred site of intramuscular injections in newborns, and no more than 0.5 mL should be administered in one injection. Shortly after birth, your baby should receive the first dose of the vaccine to help protect against the following disease: Hepatitis B and 1-month later RV, DTap, Hib, PCV13, & IPV.

16. A nurse is providing nutritional guidance to a client who is pregnant and follows a vegan diet. The client asks the nurse which foods she should eat to ensure adequate calcium

intake. The nurse should instruct the client that which of the following foods has the highest amount of calcium?

- A. ½ cup cubed avocado
- B. 1 large banana
- C. 1 medium potato
- D. **1 cup cooked broccoli**

ANS: D

½ cup cubed avocado contains 9 mg of calcium. 1 large banana contains 7 mg of calcium. 1 medium potato 26 mg of calcium. 1 cup cooked broccoli contains 180 mg of calcium.

17. A nurse in a provider's office is assessing a client at her first antepartum visit. The client states that the first day of her last menstrual period was March 8. Use Nagele's rule to calculate the estimated date of delivery. (Use the MMDD format with four numerals and no spaces or punctuation.)

ANS: **March 8 – 3 months = December 8 + 7 = Dec. 13 because of Feb. having 29 days.**

18. A nurse is caring for a client who is in the second stage of labor. Which of the following manifestations should the nurse expect?

- A. The client expels the placenta.
- B. The client experiences gradual dilation of the cervix
- C. The client begins to have regular contractions.
- D. **The client delivers the newborn.**

ANS: D

The second stage of labor lasts from the time the cervix is fully dilated to the birth of the fetus.