

TEST BANK

Maternity Newborn and Women's Health Nursing A Case-Based Approach

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1st Edition

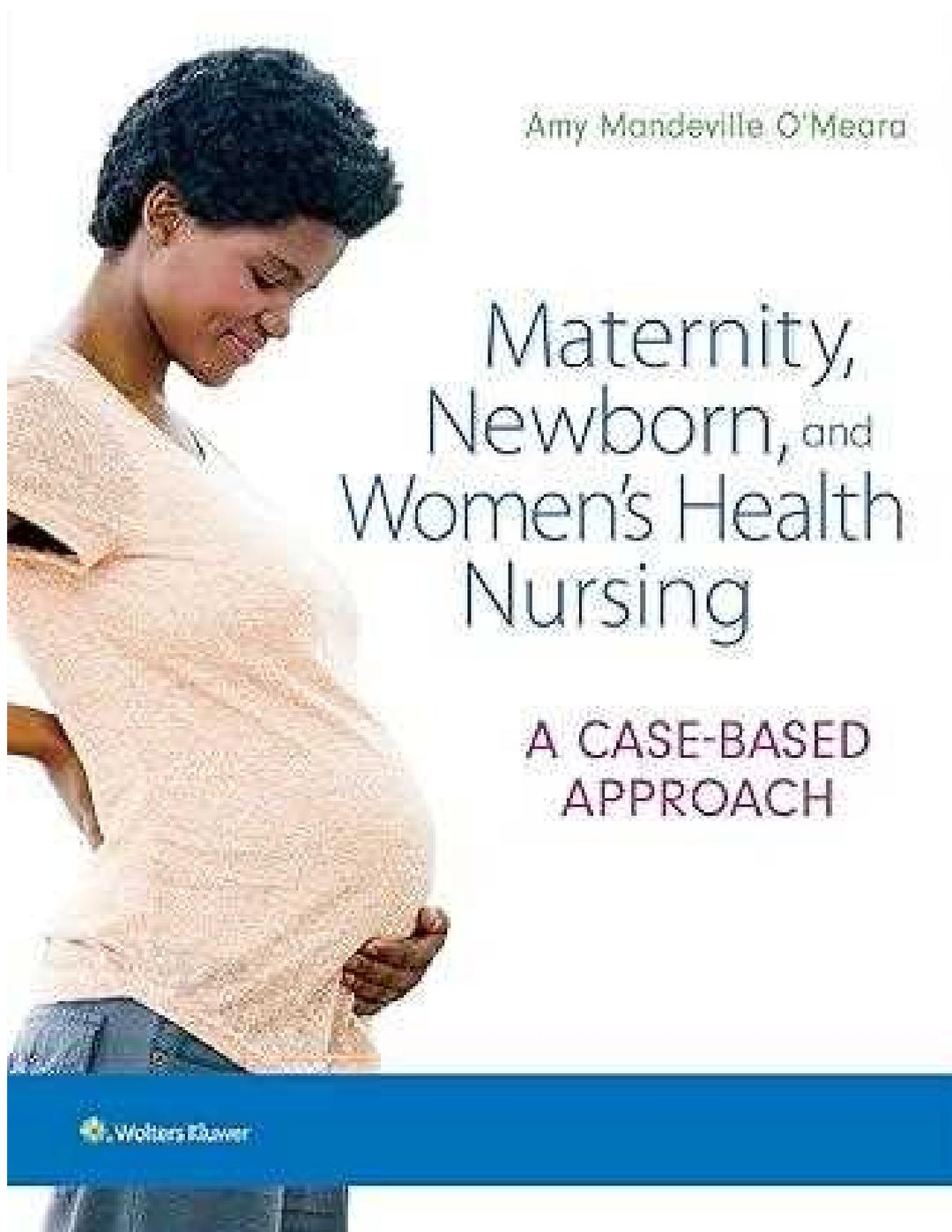


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Chapter 1 Immediate Postpartum Hemorrhage

MULTIPLE CHOICE

1. A pregnant woman is being discharged from the hospital after the placement of a cervical cerclage because of a history of recurrent pregnancy loss, secondary to an incompetent cervix. Which information regarding postprocedural care should the nurse emphasize in the discharge teaching?

- a. Any vaginal discharge should be immediately reported to her health care provider.
- b. The presence of any contractions, rupture of membranes (ROM), or severe perineal pressure should be reported.
- c. The client will need to make arrangements for care at home, because her activity level will be restricted.
- d. The client will be scheduled for a cesarean birth.

ANS: B

Nursing care should stress the importance of monitoring for the signs and symptoms of preterm labor. Vaginal bleeding needs to be reported to her primary health care provider. Bed rest is an element of care. However, the woman may stand for periods of up to 90 minutes, which allows her the freedom to see her physician. Home uterine activity monitoring may be used to limit the woman's need for visits and to monitor her status safely at home. The cerclage can be removed at 37 weeks of gestation (to prepare for a vaginal birth), or a cesarean birth can be planned.

DIF: Cognitive Level: Apply REF: dm. 675

TOP: Nursing Process: Planning | Nursing Process: Implementation

MSC: Client Needs: Health Promotion and Maintenance

2. A perinatal nurse is giving discharge instructions to a woman, status postsuction, and curettage secondary to a hydatidiform mole. The woman asks why she must take oral contraceptives for the next 12 months. What is the *best* response by the nurse?

- a. If you get pregnant within 1 year, the chance of a successful pregnancy is very small. Therefore, if you do get pregnant, it would be better for you to use the most reliable method of contraception available.
- b. The major risk to you after a molar pregnancy is a type of cancer that can be diagnosed only by measuring a hormone that your body produces during pregnancy. If you were to get pregnant, then it would make this cancer more difficult.
- c. If you can avoid a pregnancy for the next year, the chance of developing a second molar pregnancy is reduced. To improve your chance of a successful pregnancy, not getting pregnant at this time is best.
- d. Oral contraceptives are the only form of birth control that will prevent a recurrence of a molar pregnancy.

ANS: B

Beta human chorionic gonadotropin (beta-hCG) hormone levels are drawn for 1 year to ensure that the mole is completely gone. The chance of developing choriocarcinoma after the development of a hydatidiform mole is increased. Therefore, the goal is to achieve a zero human chorionic gonadotropin (hCG) level. If the woman were to become pregnant, then it may obscure the presence of the potentially carcinogenic cells. Women should be instructed to use birth control for 1 year after treatment for a hydatidiform mole. The rationale for avoiding pregnancy

for 1 year is to ensure that carcinogenic cells are not present. Any contraceptive method except an intrauterine device (IUD) is acceptable.

DIF: Cognitive Level: Apply REF: dm. 679

TOP: Nursing Process: Planning | Nursing Process: Implementation

MSC: Client Needs: Physiologic Integrity

3. The nurse is preparing to administer methotrexate to the client. This hazardous drug is *most* often used for which obstetric complication?

- a. Complete hydatidiform mole
- b. Missed abortion
- c. Unruptured ectopic pregnancy
- d. Abruptio placentae

ANS: C

Methotrexate is an effective nonsurgical treatment option for a hemodynamically stable woman whose ectopic pregnancy is unruptured and measures less than 4 cm in diameter. Methotrexate is not indicated or recommended as a treatment option for a complete hydatidiform mole, for a missed abortion, or for abruptio placentae.

DIF: Cognitive Level: Apply REF: dm. 677 TOP: Nursing Process: Planning

MSC: Client Needs: Physiologic Integrity

4. A 26-year-old pregnant woman, gravida 2, para 1-0-0-1, is 28 weeks pregnant when she experiences bright red, painless vaginal bleeding. On her arrival at the hospital, which diagnostic procedure will the client *most* likely have performed?

- a. Amniocentesis for fetal lung maturity
- b. Transvaginal ultrasound for placental location
- c. Contraction stress test (CST)
- d. Internal fetal monitoring

ANS: B

The presence of painless bleeding should always alert the health care team to the possibility of placenta previa, which can be confirmed through ultrasonography. Amniocentesis is not performed on a woman who is experiencing bleeding. In the event of an imminent delivery, the fetus is presumed to have immature lungs at this gestational age, and the mother is given corticosteroids to aid in fetal lung maturity. A CST is not performed at a preterm gestational age. Furthermore, bleeding is a contraindication to a CST. Internal fetal monitoring is also contraindicated in the presence of bleeding.

DIF: Cognitive Level: Apply REF: dm. 680

TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

5. A laboring woman with no known risk factors suddenly experiences spontaneous ROM. The fluid consists of bright red blood. Her contractions are consistent with her current stage of labor. No change in uterine resting tone has occurred. The fetal heart rate (FHR) begins to decline rapidly after the ROM. The nurse should suspect the possibility of what condition?

- a. Placenta previa
- b. Vasa previa
- c. Severe abruptio placentae

- d. Disseminated intravascular coagulation (DIC)

ANS: B

Vasa previa is the result of a velamentous insertion of the umbilical cord. The umbilical vessels are not surrounded by Wharton jelly and have no supportive tissue. The umbilical blood vessels thus are at risk for laceration at any time, but laceration occurs most frequently during ROM. The sudden appearance of bright red blood at the time of ROM and a sudden change in the FHR without other known risk factors should immediately alert the nurse to the possibility of vasa previa. The presence of placenta previa most likely would be ascertained before labor and is considered a risk factor for this pregnancy. In addition, if the woman had a placenta previa, it is unlikely that she would be allowed to pursue labor and a vaginal birth. With the presence of severe abruptio placentae, the uterine tonicity typically is tetanus (i.e., a boardlike uterus). DIC is a pathologic form of diffuse clotting that consumes large amounts of clotting factors, causing widespread external bleeding, internal bleeding, or both. DIC is always a secondary diagnosis, often associated with obstetric risk factors such as the hemolysis, elevated liver enzyme levels, and low platelet levels (HELLP) syndrome. This woman did not have any prior risk factors.

DIF: Cognitive Level: Analyze REF: dm. 684 TOP: Nursing Process: Diagnosis

MSC: Client Needs: Physiologic Integrity

6. A woman arrives for evaluation of signs and symptoms that include a missed period, adnexal fullness, tenderness, and dark red vaginal bleeding. On examination, the nurse notices an ecchymotic blueness around the womans umbilicus. What does this finding indicate?

- a. Normal integumentary changes associated with pregnancy
- b. Turner sign associated with appendicitis
- c. Cullen sign associated with a ruptured ectopic pregnancy
- d. Chadwick sign associated with early pregnancy

ANS: C

Cullen sign, the blue ecchymosis observed in the umbilical area, indicates hematoperitoneum associated with an undiagnosed ruptured intraabdominal ectopic pregnancy. Linea nigra on the abdomen is the normal integumentary change associated with pregnancy and exhibits a brown pigmented, vertical line on the lower abdomen. Turner sign is ecchymosis in the flank area, often associated with pancreatitis. A Chadwick sign is a blue-purple cervix that may be seen during or around the eighth week of pregnancy.

DIF: Cognitive Level: Analyze REF: dm. 676

TOP: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

7. The nurse who elects to practice in the area of womens health must have a thorough understanding of miscarriage. Which statement regarding this condition is *most* accurate?

- a. A miscarriage is a natural pregnancy loss before labor begins.
- b. It occurs in fewer than 5% of all clinically recognized pregnancies.
- c. Careless maternal behavior, such as poor nutrition or excessive exercise, can be a factor in causing miscarriage.
- d. If a miscarriage occurs before the 12th week of pregnancy, then it may be observed only as moderate blood loss.

ANS: D

Before the sixth week, the only evidence might be a heavy menstrual flow. After the 12th week, more severe pain, similar to that of labor, is likely. Miscarriage is a natural pregnancy loss, but it

occurs, by definition, before 20 weeks of gestation, before the fetus is viable. Miscarriages occur in approximately 10% to 15% of all clinically recognized pregnancies. Miscarriages can be caused by a number of disorders or illnesses outside the mothers control or knowledge.

DIF: Cognitive Level: Understand REF: dm. 670

TOP: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

8. A woman who is 30 weeks of gestation arrives at the hospital with bleeding. Which differential diagnosis would *not* be applicable for this client?

- a. Placenta previa
- b. Abruptio placentae
- c. Spontaneous abortion
- d. Cord insertion

ANS: C

Spontaneous abortion is another name for miscarriage; it occurs, by definition, early in pregnancy. Placenta previa is a well-known reason for bleeding late in pregnancy. The premature separation of the placenta (abruptio placentae) is a bleeding disorder that can occur late in pregnancy. Cord insertion may cause a bleeding disorder that can also occur late in pregnancy.

DIF: Cognitive Level: Understand REF: dm. 669

TOP: Nursing Process: Assessment

MSC: Client Needs: Physiologic Integrity, Physiologic Adaptation

9. With regard to hemorrhagic complications that may occur during pregnancy, what information is *most* accurate?

- a. An incompetent cervix is usually not diagnosed until the woman has lost one or two pregnancies.
- b. Incidences of ectopic pregnancy are declining as a result of improved diagnostic techniques.
- c. One ectopic pregnancy does not affect a womans fertility or her likelihood of having a normal pregnancy.
- d. Gestational trophoblastic neoplasia (GTN) is one of the persistently incurable gynecologic malignancies.

ANS: A

Short labors and recurring losses of pregnancy at progressively earlier gestational ages are characteristics of reduced cervical competence. Because diagnostic technology is improving, more ectopic pregnancies are being diagnosed. One ectopic pregnancy places the woman at increased risk for another one. Ectopic pregnancy is a leading cause of infertility. Once invariably fatal, GTN now is the most curable gynecologic malignancy.

DIF: Cognitive Level: Understand REF: dm. 675

TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

10. The management of the pregnant client who has experienced a pregnancy loss depends on the type of miscarriage and the signs and symptoms. While planning care for a client who desires outpatient management after a first-trimester loss, what would the nurse expect the plan to include?

- a. Dilation and curettage (D&C)
- b. Dilation and evacuation (D&E)
- c. Misoprostol
- d. Ergot products

ANS: C

Outpatient management of a first-trimester loss is safely accomplished by the intravaginal use of misoprostol for up to 2 days. If the bleeding is uncontrollable, vital signs are unstable, or signs of infection are present, then a surgical evacuation should be performed. D&C is a surgical procedure that requires dilation of the cervix and scraping of the uterine walls to remove the contents of pregnancy. This procedure is commonly performed to treat inevitable or incomplete abortion and should be performed in a hospital. D&E is usually performed after 16 weeks of pregnancy. The cervix is widely dilated, followed by removal of the contents of the uterus. Ergot products such as Methergine or Hemabate may be administered for excessive bleeding after miscarriage.

DIF: Cognitive Level: Apply REF: dm. 672 TOP: Nursing Process: Planning

MSC: Client Needs: Physiologic Integrity

11. Which laboratory marker is indicative of DIC?

- a. Bleeding time of 10 minutes
- b. Presence of fibrin split products
- c. Thrombocytopenia
- d. Hypofibrinogenemia

ANS: B

Degradation of fibrin leads to the accumulation of multiple fibrin clots throughout the body's vasculature. Bleeding time in DIC is normal. Low platelets may occur but are not indicative of DIC because they may be the result from other coagulopathies. Hypofibrinogenemia occurs with DIC.

DIF: Cognitive Level: Remember REF: dm. 684

TOP: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

12. When is a prophylactic cerclage for an incompetent cervix usually placed (in weeks of gestation)?

- a. 12 to 14
- b. 6 to 8
- c. 23 to 24
- d. After 24

ANS: A

A prophylactic cerclage is usually placed at 12 to 14 weeks of gestation. The cerclage is electively removed when the woman reaches 37 weeks of gestation or when her labor begins. Six to 8 weeks of gestation is too early to place the cerclage. Cerclage placement is offered if the cervical length falls to less than 20 to 25 mm before 23 to 24 weeks. Although no consensus has been reached, 24 weeks is used as the upper gestational age limit for cerclage placement.

DIF: Cognitive Level: Apply REF: dm. 674 TOP: Nursing Process: Planning

MSC: Client Needs: Health Promotion and Maintenance

13. In caring for an immediate postpartum client, the nurse notes petechiae and oozing from her intravenous (IV) site. The client would be closely monitored for which clotting disorder?

- a. DIC
- b. Amniotic fluid embolism (AFE)
- c. Hemorrhage

-
- d. HELLP syndrome

ANS: A

The diagnosis of DIC is made according to clinical findings and laboratory markers. A physical examination reveals unusual bleeding. Petechiae may appear around a blood pressure cuff on the woman's arm. Excessive bleeding may occur from the site of slight trauma such as venipuncture sites. These symptoms are not associated with AFE, nor is AFE a bleeding disorder. Hemorrhage occurs for a variety of reasons in the postpartum client. These symptoms are associated with DIC. Hemorrhage would be a finding associated with DIC and is not a clotting disorder in and of itself. HELLP syndrome is not a clotting disorder, but it may contribute to the clotting disorder DIC.

DIF: Cognitive Level: Understand REF: dm. 685 TOP: Nursing Process: Planning

MSC: Client Needs: Physiologic Integrity

14. In caring for the woman with DIC, which order should the nurse anticipate?

-
- a. Administration of blood
-
- b. Preparation of the client for invasive hemodynamic monitoring
-
- c. Restriction of intravascular fluids
-
- d. Administration of steroids

ANS: A

Primary medical management in all cases of DIC involves a correction of the underlying cause, volume replacement, blood component therapy, optimization of oxygenation and perfusion status, and continued reassessment of laboratory parameters. Central monitoring would not be initially ordered in a client with DIC because it could contribute to more areas of bleeding. Management of DIC would include volume replacement, not volume restriction. Steroids are not indicated for the management of DIC.

DIF: Cognitive Level: Apply REF: pp. 685-686 TOP: Nursing Process: Planning

MSC: Client Needs: Physiologic Integrity

15. A woman arrives at the emergency department with complaints of bleeding and cramping. The initial nursing history is significant for a last menstrual period 6 weeks ago. On sterile speculum examination, the primary care provider finds that the cervix is closed. The anticipated plan of care for this woman would be based on a probable diagnosis of which type of spontaneous abortion?

-
- a. Incomplete
-
- b. Inevitable
-
- c. Threatened
-
- d. Septic

ANS: C

A woman with a threatened abortion has spotting, mild cramps, and no cervical dilation. A woman with an incomplete abortion would have heavy bleeding, mild-to-severe cramping, and cervical dilation. An inevitable abortion demonstrates the same symptoms as an incomplete abortion: heavy bleeding, mild-to-severe cramping, and cervical dilation. A woman with a septic abortion has malodorous bleeding and typically a dilated cervix.

DIF: Cognitive Level: Understand REF: dm. 670 TOP: Nursing Process: Planning

MSC: Client Needs: Physiologic Integrity

16. In contrast to placenta previa, what is the *most* prevalent clinical manifestation of abruptio placentae?

- a. Bleeding
- b. Intense abdominal pain
- c. Uterine activity
- d. Cramping

ANS: B

Pain is absent with placenta previa and may be agonizing with abruptio placentae. Bleeding may be present in varying degrees for both placental conditions. Uterine activity and cramping may be present with both placental conditions.

DIF: Cognitive Level: Understand REF: dm. 683 TOP: Nursing Process: Diagnosis

MSC: Client Needs: Physiologic Integrity

17. Which maternal condition always necessitates delivery by cesarean birth?

- a. Marginal placenta previa
- b. Complete placenta previa
- c. Ectopic pregnancy
- d. Eclampsia

ANS: B

In complete placenta previa, the placenta completely covers the cervical os. A cesarean birth is the acceptable method of delivery. The risk of fetal death occurring is due to preterm birth. If the previa is marginal (i.e., 2 cm or greater away from the cervical os), then labor can be attempted. A cesarean birth is not indicated for an ectopic pregnancy. Labor can be safely induced if the eclampsia is under control.

DIF: Cognitive Level: Understand REF: dm. 681

TOP: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

18. What is the *correct* definition of a spontaneous termination of a pregnancy (abortion)?

- a. Pregnancy is less than 20 weeks.
- b. Fetus weighs less than 1000 g.
- c. Products of conception are passed intact.
- d. No evidence exists of intrauterine infection.

ANS: A

An abortion is the termination of pregnancy before the age of viability (20 weeks). The weight of the fetus is not considered because some older fetuses may have a low birth weight. A spontaneous abortion may be complete or incomplete and may be caused by many problems, one being intrauterine infection.

DIF: Cognitive Level: Remember REF: dm. 669

TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

19. What is the *correct* terminology for an abortion in which the fetus dies but is retained within the uterus?

- a. Inevitable abortion
- b. Missed abortion

- c. Incomplete abortion
- d. Threatened abortion

ANS: B

Missed abortion refers to the retention of a dead fetus in the uterus. An inevitable abortion means that the cervix is dilating with the contractions. An incomplete abortion means that not all of the products of conception were expelled. With a threatened abortion, the woman has cramping and bleeding but no cervical dilation.

DIF: Cognitive Level: Remember REF: dm. 670

TOP: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

20. What condition indicates concealed hemorrhage when the client experiences abruptio placentae?

- a. Decrease in abdominal pain
- b. Bradycardia
- c. Hard, boardlike abdomen
- d. Decrease in fundal height

ANS: C

Concealed hemorrhage occurs when the edges of the placenta do not separate. The formation of a hematoma behind the placenta and subsequent infiltration of the blood into the uterine muscle results in a very firm, boardlike abdomen. Abdominal pain may increase. The client will have shock symptoms that include tachycardia. As bleeding occurs, the fundal height increases.

DIF: Cognitive Level: Analyze REF: dm. 683

TOP: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

21. What is the *highest* priority nursing intervention when admitting a pregnant woman who has experienced a bleeding episode in late pregnancy?

- a. Assessing FHR and maternal vital signs
- b. Performing a venipuncture for hemoglobin and hematocrit levels
- c. Placing clean disposable pads to collect any drainage
- d. Monitoring uterine contractions

ANS: A

Assessment of the FHR and maternal vital signs will assist the nurse in determining the degree of the blood loss and its effect on the mother and fetus. The most important assessment is to check the well-being of both the mother and the fetus. The blood levels can be obtained later. Assessing future bleeding is important; however, the top priority remains mother/fetal well-being.

Monitoring uterine contractions is important but not a top priority.

DIF: Cognitive Level: Apply REF: dm. 681

TOP: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance

22. Which order should the nurse expect for a client admitted with a threatened abortion?

- a. Bed rest
- b. Administration of ritodrine IV
- c. Nothing by mouth (*nil per os* [NPO])
- d. Narcotic analgesia every 3 hours, as needed