

LVN-RN Maternal Newborn NCLEX Practice

1. A nurse is caring for a client who is at 36 weeks of gestation and who has a suspected placenta previa. Which of the following findings support this diagnosis?
- A. Painless red vaginal bleeding
 - B. Increasing abdominal pain with a nonrelaxed uterus
 - C. Abdominal pain with scant red vaginal bleeding
 - D. Intermittent abdominal pain following passage of bloody mucus
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2. A nurse is caring for a client who is 1 hr postpartum and observes a large amount of lochia rubra and several small clots on the client's perineal pad. The fundus is midline and firm at the umbilicus. Which of the following actions should the nurse take?
- A. Document the findings and continue to monitor the client.
 - B. Notify the client's provider.
 - C. Increase the frequency of fundal massage.
 - D. Encourage the client to empty her bladder.
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3. A nurse is caring for a newborn immediately following birth. After assuring a patent airway, what is the priority nursing action?
- A. Administer vitamin K.
 - B. Dry the skin.
 - C. Administer eye prophylaxis.
 - D. Place an identification bracelet.
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4. A nurse in a prenatal clinic is caring for a client who is at 7 weeks of gestation. The client reports urinary frequency and asks if this will continue until delivery. Which of the following responses should the nurse make?
- A. "It's a minor inconvenience, which you should ignore."
 - B. "In most cases it only lasts until the 12th week, but it will continue if you have poor bladder tone."
 - C. "There is no way to predict how long it will last in each individual client."
 - D. "It occurs during the first trimester and near the end of the pregnancy."

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5. A nurse is caring for a client during the first trimester of pregnancy. After reviewing the client's blood work, the nurse notices she does not have immunity to rubella. Which of the following times should the nurse understand is recommended for rubella immunization?
- A. Shortly after giving birth
 - B. In the third trimester
 - C. Immediately
 - D. During her next attempt to get pregnant
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6. A nurse is caring for a client who just delivered a newborn. Following the delivery, which nursing action should be done first to care for the newborn?
- A. Clear the respiratory tract.
 - B. Dry the infant off and cover the head.
 - C. Stimulate the infant to cry.
 - D. Cut the umbilical cord.
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7. A nurse in a family planning clinic is caring for a 17-year-old female client who is requesting oral contraceptives. The client states that she is nervous because she has never had a pelvic examination. Which of the following responses should the nurse make?
- A. "What part of the exam makes you most nervous?"
 - B. "Don't worry, I will be with you during the exam."
 - C. "All you need to do is relax."
 - D. "A pelvic exam is required if you want birth control pills."
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8. A nurse in labor and delivery is caring for a client. Following delivery of the placenta, the nurse examines the umbilical cord. Which of the following vessels should the nurse expect to observe in the umbilical cord?
- A. Two veins and one artery
 - B. One artery and one vein
 - C. Two arteries and one vein
 - D. Two arteries and two veins

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9. A nurse is caring for a client who is considering several methods of contraception. Which of the following methods of contraception should the nurse identify as being most reliable?
- A. A male condom
 - B. An intrauterine device (IUD)
 - C. An oral contraceptive
 - D. A diaphragm with spermicide.
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10. A nurse is caring for an antepartum client whose laboratory findings indicate a negative rubella titer. Which of the following is the correct interpretation of this data?
- A. The client is not experiencing a rubella infection at this time.
 - B. The client is immune to the rubella virus.
 - C. The client requires a rubella vaccination at this time.
 - D. The client requires a rubella immunization following delivery.
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11. A nurse in a hospital is caring for a client who is at 38 weeks of gestation and has a large amount of painless, bright red vaginal bleeding. The client is placed on a fetal monitor indicating a regular fetal heart rate of 138/min and no uterine contractions. The client's vital signs are: blood pressure 98/52 mm Hg, heart rate 118/min, respiratory rate 24/min, and temperature 36.4° C (97.6° F). Which of the following is the priority nursing action?
- A. Insert an indwelling urinary catheter.
 - B. Initiate IV access.
 - C. Witness the signature for informed consent for surgery.
 - D. Prepare the abdominal and perineal areas.
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12. A nurse in a prenatal clinic is caring for a client who is suspected of having a hydatidiform mole. Which of the following findings should the nurse expect to observe in this client?
- A. Rapid decline in human chorionic gonadotropin (hCG) levels
 - B. Profuse, clear vaginal discharge
 - C. Irregular fetal heart rate
 - D. Excessive uterine enlargement

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13. A nurse is caring for a new mother who is concerned that her newborn's eyes cross. Which of the following statements is a therapeutic response by the nurse?
- A. "I will call your primary care provider to report your concerns."
 - B. "I will take your baby to the nursery for further examination."
 - C. "This occurs because newborns lack muscle control to regulate eye movement."
 - D. "This is a concern, but strabismus is easily treated with patching."
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14. A nurse is caring for a client who is having a nonstress test performed. The fetal heart rate (FHR) is 130 to 150/min, but there has been no fetal movement for 15 min. Which of the following actions should the nurse perform?
- A. Immediately report the situation to the client's provider and prepare the client for induction of labor.
 - B. Encourage the client to walk around without the monitoring unit for 10 min, then resume monitoring.
 - C. Offer the client a snack of orange juice and crackers.
 - D. Turn the client onto her left side.
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15. A nurse on a labor unit is admitting a client who reports painful contractions. The nurse determines that the contractions have a duration of 1 min and a frequency of 3 min. The nurse obtains the following vital signs: fetal heart rate 130/min, maternal heart rate 128/min and maternal blood pressure 92/54 mm Hg. Which of the following is the priority action for the nurse to take?
- A. Notify the provider of the findings.
 - B. Position the client with one hip elevated.
 - C. Ask the client if she needs pain medication.
 - D. Have the client void.
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16. A nurse is caring for a client who is a primigravida, at term, and having contractions but is stating that she is "not really sure if she is in labor or not." Which of the following should the nurse recognize as a sign of true labor?
- A. Rupture of the membranes
 - B. Changes in the cervix
 - C. Station of the presenting part
 - D. Pattern of contractions

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17. A nurse is preparing to administer magnesium sulfate IV to a client who is experiencing preterm labor. Which of the following is the priority nursing assessment for this client?
- A. Temperature
 - B. Fetal heart rate (FHR)
 - C. Bowel sounds
 - D. Respiratory rate
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18. A nurse is caring for a client who is at 40 weeks of gestation and is in labor. The client's ultrasound examination indicates that the fetus is small for gestational age (SGA). Which of the following interventions should be included in the newborn's plan of care?
- A. Observe for meconium in respiratory secretions.
 - B. Monitor for hyperglycemia.
 - C. Identify manifestations of anemia.
 - D. Monitor for hyperthermia.
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19. A nurse is instructing a woman who is contemplating pregnancy about nutritional needs. To reduce the risk of giving birth to a newborn who has a neural tube defect, which of the following information should the nurse include in the teaching?
- A. Limit alcohol consumption.
 - B. Increase intake of iron-rich foods.
 - C. Consume foods fortified with folic acid.
 - D. Avoid foods containing aspartame.
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20. A nurse in the ambulatory surgery center is providing discharge teaching to a client who had a dilation and curettage (D&C) following a spontaneous miscarriage. Which of the following should be included in the teaching?
- A. Vaginal intercourse can be resumed after 2 weeks.
 - B. Products of conception will be present in vaginal bleeding.
 - C. Increased intake of zinc-rich foods is recommended.
 - D. Aspirin may be taken for cramps.

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21. A nurse is caring for an adolescent client who is gravida 1 and para 0. The client was admitted to the hospital at 38 weeks of gestation with a diagnosis of preeclampsia. Which of the following findings should the nurse identify as inconsistent with preeclampsia?
- A. 1+ pitting sacral edema
 - B. 3+ protein in the urine
 - C. Blood pressure 148/98 mm Hg
 - D. Deep tendon reflexes of +1
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22. A nurse is preparing to assess a newborn who is postmature. Which of the following findings should the nurse expect? (Select all that apply.)
- A. Cracked, peeling skin
 - B. Positive Moro reflex
 - C. Short, soft fingernails
 - D. Abundant lanugo
 - E. Vernix in the folds and creases
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23. A nurse is caring for a client who is in her first trimester of pregnancy and asks the nurse if she can continue to exercise during pregnancy. Which of the following responses by the nurse is appropriate?
- A. "Exercising during pregnancy is not recommended."
 - B. "Daily jogging for up to 30 minutes is fine throughout the pregnancy."
 - C. "Activities that raise the body temperature, such as saunas and hot tubs, are safe until the third trimester."
 - D. "It is recommended that pregnant clients limit their exercise routine to stretching activities on a mat several times a week."
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24. A nurse is caring for a client who is in the first stage of labor. The nurse observes the umbilical cord protruding from the vagina. Which of the following actions should the nurse perform first?
- A. Cover the cord with a sterile, moist saline dressing.
 - B. Prepare the client for an immediate birth.
 - C. Place the client in knee-chest position.

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D. Insert a gloved hand into the vagina to relieve pressure on the cord.

25. A nurse at a prenatal clinic is caring for a client who is in her first trimester of pregnancy. The client tells the nurse that she is upset because, although she and her husband planned this pregnancy, she has been having many doubts and second thoughts about the upcoming changes in her life. Which of the following is an appropriate response by the nurse?

- A. "Ambivalent feelings are quite common for women early in pregnancy."
 - B. "Perhaps you should see a counselor to discuss these feelings further."
 - C. "Have you spoken to your mother about these feelings?"
 - D. "Don't worry. You will be fine once the baby is born."
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26. A nurse is caring for a client who is in premature labor and is receiving terbutaline. The nurse should monitor the client for which of the following adverse effects that should be reported to the provider?

- A. Headaches
 - B. Nervousness
 - C. Tremors
 - D. Dyspnea
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27. A nurse is caring for several clients. The nurse should recognize that it is safe to administer tocolytic therapy to which of the following clients?

- A. A client who is experiencing fetal death at 32 weeks of gestation
 - B. A client who is experiencing preterm labor at 26 weeks of gestation
 - C. A client who is experiencing Braxton-Hicks contractions at 36 weeks of gestation
 - D. A client who has a post-term pregnancy at 42 weeks of gestation
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28. A nurse is caring for a client who is postpartum and received methylergonovine. Which of the following findings indicates that the medication was effective?

- A. Fundus firm to palpation
 - B. Increase in blood pressure
 - C. Increase in lochia
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D. Report of absent breast pain

29. A nurse is teaching a client who is postpartum and has a new prescription for an injection of Rho (D) immunoglobulin. Which of the following should be included in the teaching?

- A. It prevents the formation of Rh antibodies in mothers who are Rh negative.
 - B. It destroys Rh antibodies in mothers who are Rh negative.
 - C. It destroys Rh antibodies in newborns who are Rh positive.
 - D. It prevents the formation of Rh antibodies in newborns who are Rh positive.
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30. A nurse in a prenatal clinic is caring for a client who is at 38 weeks of gestation and reports heavy, red vaginal bleeding. The bleeding started spontaneously in the morning and is not accompanied by contractions. The client is not in distress and she states that she can "feel the baby moving." An ultrasound is scheduled stat. The nurse should explain to the client that the purpose of the ultrasound is to determine which of the following?

- A. Fetal lung maturity
 - B. Location of the placenta
 - C. Viability of the fetus
 - D. The biparietal diameter
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31. A nurse is completing a home visit to a mother who is 3 days postpartum and breastfeeding her newborn. The mother expresses concern about the amount of weight the newborn has lost since birth. Which of the following is a response the nurse should make?

- A. "You might want to offer water supplements between feedings."
 - B. "It is due to the newborn's loss of the influence of the maternal hormones."
 - C. "This might be related to your baby having 3 stools a day."
 - D. "The cause might be too short or infrequent feedings."
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32. A nurse is caring for a client who delivered a healthy term newborn via cesarean birth. The client asks the nurse, "Is there a chance that I could deliver my next baby without having a cesarean section?" Which of the following responses should the nurse provide?

- A. "The primary consideration is what type of incision was performed this time."
 - B. "There are so many variables that you'll have to ask your obstetrician."
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- C. "It's too soon for you to be worrying about this now."
 - D. "A repeat cesarean birth is safer for both you and your baby."
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33. A nurse is caring for a client who is at 6 weeks of gestation with her first pregnancy and asks the nurse when she can expect to experience quickening. Which of the following responses should the nurse make?

- A. "This will occur during the last trimester of pregnancy."
 - B. "This will happen by the end of the first trimester of pregnancy."
 - C. "This will occur between the fourth and fifth months of pregnancy."
 - D. "This will happen once the uterus begins to rise out of the pelvis."
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34. A nurse is instructing a female client about how to check basal temperature in order to determine if the client is ovulating. The nurse should instruct the client to check her temperature at which of the following times?

- A. Every morning before arising
 - B. On days 13 to 17 of her menstrual cycle
 - C. 1 hour following intercourse
 - D. Before going to bed every night
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35. A nurse is caring for a client who has preeclampsia and is being treated with magnesium sulfate IV. The client's respiratory rate is 10/min and deep-tendon reflexes are absent. Which of the following actions should the nurse take?

- A. Discontinue the medication infusion.
 - B. Prepare for an emergency cesarean birth.
 - C. Assess maternal blood glucose.
 - D. Place the client in Trendelenburg position.
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36. A nurse is caring for a client who is in preterm labor at 32 weeks of gestation. The client asks the nurse, "Will my baby be okay?" Which of the following responses should the nurse offer?

- A. "You must be feeling scared and powerless."
 - B. "Everyone worries about her baby when she's in labor."
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- C. "Your pregnancy is advanced so your baby should be fine."
 - D. "We have a neonatal unit here that's equipped to handle emergencies."
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37. A nurse is caring for a client who is in labor and has an external fetal monitor. The nurse observes late decelerations on the monitor strip and interprets them as indicating which of the following?

- A. Uteroplacental insufficiency
 - B. Maternal bradycardia
 - C. Umbilical cord compression
 - D. Fetal head compression
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38. A nurse is caring for an adolescent client who has pelvic inflammatory disease as a consequence of a sexually transmitted infection, and will need intravenous antibiotic therapy. The client tells the nurse, "My parents think I am a virgin. I don't think I can tell them I have this kind of an infection." Which of the following responses should the nurse make?

- A. "Give your parents a chance; they'll understand."
 - B. "If you want me to, I can tell your parents for you."
 - C. "You seem scared to talk to your parents."
 - D. "Your parents will have to be told why you are being admitted."
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39. A nurse in a prenatal clinic is teaching a client who has a new prescription for dinoprostone gel. Which of the following statements should the nurse include in the teaching?

- A. "This medication promotes softening of the cervix."
 - B. "This medication is used to treat preeclampsia."
 - C. "It causes relaxation of the uterine muscles."
 - D. "It is used to treat genital herpes simplex virus."
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40. A nurse is caring for a client who is scheduled for a maternal serum alpha-fetoprotein test at 15 weeks of gestation. The nurse provides which of the following explanations about this test to the client?

- A. This test assesses fetal lung maturity.
 - B. It assesses various markers of fetal well-being.
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- C. This test identifies an Rh incompatibility between the mother and fetus.
 - D. It is a screening test for spinal defects in the fetus.
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41. A nurse is caring for a client who has a positive pregnancy test. The nurse is teaching the client about common discomforts in the first trimester of pregnancy as well as warning signs of potential danger. The nurse should instruct the client to call the clinic if she experiences which of the following manifestations?

- A. Leukorrhea
 - B. Urinary frequency
 - C. Nausea and vomiting
 - D. Facial edema
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42. A nurse is caring for a client who has a suspected ectopic pregnancy at 8 weeks of gestation. Which of the following manifestations should the nurse expect to identify as consistent with the diagnosis?

- A. Severe nausea and vomiting
 - B. Large amount of vaginal bleeding
 - C. Unilateral, cramp-like abdominal pain
 - D. Uterine enlargement greater than expected for gestational age
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43. A nurse is completing discharge teaching to a client in her 35th week of pregnancy who has mild preeclampsia. Which of the following information about nutrition should be included in the teaching?

- A. Consume 40 to 50 g of protein daily.
 - B. Avoid salting of foods during cooking.
 - C. Drink 48 to 64 ounces of water daily.
 - D. Limit intake of whole grains, raw fruits, and vegetables.
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44. A nurse is caring for a newborn who has myelomeningocele. Which of the following nursing goals has the priority in the care of this infant?

- A. Maintain the integrity of the sac.
 - B. Promote maternal-infant bonding.
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- C. Educate the parents about the defect.
 - D. Provide age-appropriate stimulation.
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45. A nurse in a college health clinic is speaking to a group of adolescents about toxic shock syndrome (TSS). Which of the following should the nurse include in the teaching as increasing the risk for contracting TSS?

- A. High-absorbency tampons
 - B. Mosquito bites
 - C. Travel to foreign countries
 - D. Multiple sexual partners
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46. A nurse in a prenatal clinic is caring for a client who is pregnant and asks the nurse for her estimated date of birth (EDB). The client's last menstrual period began on July 27. What is the client's EDB? (State the date in MMDD. For example, July 27 is 0727)

47. A nurse is completing discharge instructions for a new mother and her 2-day-old newborn. The mother asks, "How will I know if my baby gets enough breast milk?" Which of the following responses should the nurse make?

- A. "Your baby should have a wake cycle of 30 to 60 minutes after each feeding."
 - B. "Your baby should wet 6 to 8 diapers per day."
 - C. "Your baby should burp after each feeding."
 - D. "Your baby should sleep at least 6 hours between feedings."
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48. A nurse is caring for a client who is beginning to breastfeed her newborn after delivery. The new mother states, "I don't want to take anything for pain because I am breastfeeding." Which of the following statements should the nurse make?

- A. "You need to take pain medications so you are more comfortable."
 - B. "We can time your pain medication so that you have an hour or two before the next feeding."
 - C. "All medications are found in breast milk to some extent."
 - D. "You have the option of not taking pain medication if you are concerned."
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49. A nurse in a community clinic is counseling a client who received a positive test result for chlamydia. Which of the following statements should the nurse provide?

- A. "This infection is treated with one dose of azithromycin."
 - B. "If your sexual partner has no symptoms, no medication is needed."
 - C. "You have to avoid sexual relations for 3 days."
 - D. "You need to return in 6 months for retesting."
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50. A nurse is providing preconception counseling for a client who is planning a pregnancy. Which of the following supplements should the nurse recommend to help prevent neural tube defects in the fetus?

- A. Calcium
 - B. Iron
 - C. Vitamin C
 - D. Folic acid
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