N432 Unit 2 Labor and Delivery Practice Questions--Spring 2021

1. A woman in labor received an opioid close to the time of birth. The nurse would assess the newborn for which effect?

a) respiratory depression
b) urinary retention
c) abdominal distention
d) hyperreflexia

2. A client comes to the emergency department reporting strong contractions that have lasted for the past 2 hours. Which assessment will indicate to the nurse that the client is in true labor?

a) progressive cervical dilatation and effacement
b) pink show
c) increased fetal activity
d) uterine contractions

3. A woman telephones the prenatal clinic and reports that her water just broke. Which suggestion by the nurse would be **most** appropriate?

a) “Call us back when you start having contractions.”
b) “Go to the labor and delivery unit for an evaluation.”
c) “Drink 3 to 4 glasses of water and lie down.”
d) “Come in as soon as you feel the urge to push.”

4. A nurse is assisting a client who is in the first stage of labor. Which principle should the nurse keep in mind to help make this client's labor and birth as natural as possible?

a) Women should be able to move about freely throughout labor.
b) The support person's access to the client should be limited to prevent the client from becoming overwhelmed.
c) Routine intravenous fluid should be implemented.
d) A woman should be allowed to assume a supine position.

5. Assessment of a pregnant woman reveals that the presenting part of the fetus is at the level of the maternal ischial spines. The nurse documents this as which station?

a) -2
b) -1

c) 0
d) +1

6. A pregnant woman comes to the labor and birth unit in labor. The woman tells the nurse, "Yesterday, I had this burst of energy and cleaned everything in sight, but I don't know why." Which response by the nurse would be **most** appropriate?

a) "You had a burst of epinephrine, which is common before labor."
b) "You were trying to get everything ready for your baby."
c) "You felt your mind telling you that you were about to go into labor."
d) "You were looking forward to the birth of your baby."

7. The nurse is teaching a prenatal class on the difference between true and false labor contractions. The nurse determines the session is successful when the class correctly chooses which factor as an indication of true labor contraction?

a) increase even if relaxing and taking a shower
b) remain irregular with the same intensity
c) subside when walking around and use the lateral position
d) cause discomfort over the top of uterus

8. The nurse is monitoring a client in the first stage of labor. The nurse determines the client's uterine contractions are effective and progressing well based on which finding?

a) Engagement of fetus
b) Dilation of cervix
c) Rupture of amniotic membranes
d) Bloody show

9. A nurse caring for a pregnant client in labor observes that the fetal heart rate (FHR) is below 110 beats per minute. Which interventions should the nurse perform? Select all that apply.

a) Turn the client on her left side.
b) Reduce intravenous (IV) fluid rate.
c) Administer oxygen by mask.
d) Assess client for underlying causes.
e) Ignore questions from the client.

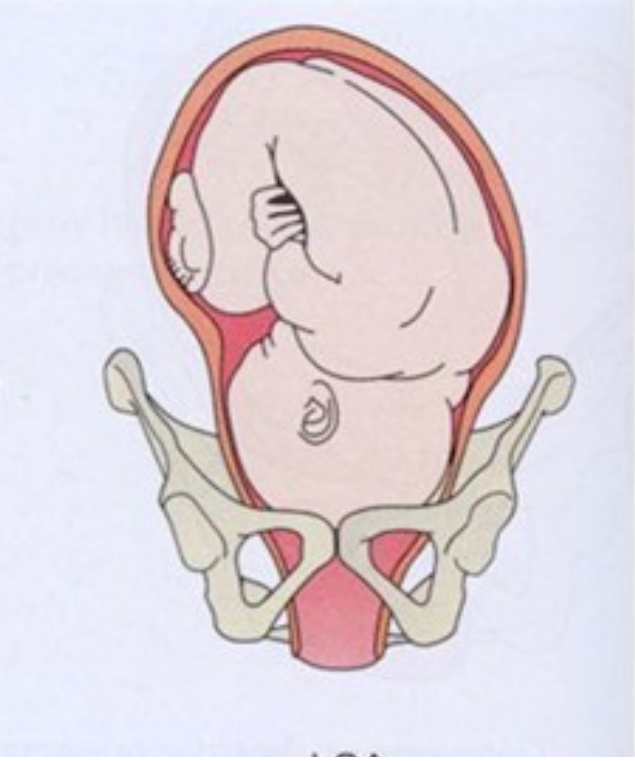
10. A nurse recommends to a client in labor to try concentrating intently on a photo of her family as a means of managing pain. The woman looks skeptical and asks, "How would that stop my pain?" Which explanation should the nurse give?

a) "It distracts your brain from the sensations of pain."

b) "It causes the release of endorphins."
c) "It blocks the transmission of nerve messages of pain at the receptors."
d) "It disrupts the nerve signal of pain via mechanical irritation of the nerves."

11. Which primary symptom does the nurse identify as a potentially fatal complication of epidural or intrathecal anesthesia?

a) Difficulty breathing
b) Staggering gait
c) Decreased level of consciousness
d) Intense pain



12. The nurse is caring for a client whose fetus is noted to be in the position shown. How would the nurse document this? (Select all that apply.)

a) Longitudinal lie
b) ROP
c) Vertex position
d) LOA
e) Transverse lie

13. A nurse is providing care to a woman during the third stage of labor. Which finding would alert the nurse that the placenta is separating?

a) boggy, soft uterus

b) uterus becoming discoid shaped
c) sudden gush of dark blood from the vagina
d) shortening of the umbilical cord

14. A nurse is teaching a group of pregnant women about the signs that labor is approaching. When describing these signs, which sign would the nurse explain as being essential for effacement and dilation to occur?

a) Cervical ripening and softening
b) Braxton Hicks contractions
c) Bloody show
d) Lightening

15. The nurse is determining how often contractions occur measuring from the beginning of the one contraction to the beginning of the next contraction. The nurse documents this finding as:

a) duration.
b) intensity.
c) frequency.
d) peak.

16. A woman in labor is to receive continuous internal electronic fetal monitoring. The nurse prepares the client for this monitoring based on the understanding that which criterion must be present?

a) intact membranes
b) cervical dilation of 2 cm or more
c) floating presenting fetal part
d) a neonatologist to insert the electrode

17. To assess the frequency of a woman's labor contractions, the nurse would time:

a) the beginning of one contraction to the beginning of the next.
b) the end of one contraction to the beginning of the next.
c) the interval between the acme of two consecutive contractions.
d) how many contractions occur in 5 minutes.

18. The laboring client who is at 3 cm dilation (dilatation) and 2 effaced is asking for analgesia. The nurse explains the analgesia usually is not administered prior to the establishment of the active phase. What is the appropriate rationale for this practice?

a) This would cause fetal depression *in utero.*
b) This may prolong labor and increase complications.
c) The effects would wear off before birth.
d) This can lead to maternal hypertension.

19. A multigravida client admitted in active labor has progressed well and the client and fetus have remained in good condition. Which action should the nurse **prioritize** if the client suddenly shouts out, "The baby is coming!"?

a) Time the contractions.
b) Auscultate the fetal heart tones.
c) Contact the primary care provider.
d) Inspect the perineum.

20. A client has been in labor for 10 hours and is 6 cm dilated. She has already expressed a desire to use nonpharmacologic pain management techniques. For the past hour, she has been lying in bed with her doula rubbing her back. Now, she has begun to moan loudly, grit her teeth, and bear down with each contraction. She rates her pain as 8 out of 10 with each contraction. What should the nurse do **first**?

a) Assess for labor progression.
b) Prepare the client for an epidural.
c) Assist the client in ambulating to the bathroom.
d) Instruct the client to do slow-paced breathing.

21. A client in labor has administered an epidural anesthesia. Which assessment findings should the nurse prioritize?

a) maternal hypotension and fetal tachycardia
b) maternal hypertension and fetal bradycardia
c) maternal hypotension and fetal bradycardia
d) maternal hypertension and fetal tachycardia

22. A pregnant client is admitted to a maternity clinic for birth. The client wishes to adopt the kneeling position during labor. The nurse knows that which to be an advantage of adopting a kneeling position during labor?

a) It helps the woman in labor to save energy.
b) It facilitates vaginal examinations.
c) It facilitates external belt adjustment.
d) It helps to rotate fetus in a posterior position.

23. A client is in the third stage of labor. Which finding would alert the nurse that the placenta is separating?

a) uterus becomes globular
b) fetal head at vaginal opening
c) umbilical cord shortens
d) mucous plug is expelled

24. A nurse is required to obtain the fetal heart rate (FHR) for a pregnant client. If the presentation is cephalic, which maternal site should the nurse monitor to hear the FHR clearly?

a) lower quadrant of the maternal abdomen
b) at the level of the maternal umbilicus
c) above the level of the maternal umbilicus
d) just below the maternal umbilicus

25. A nurse is meeting with a group of pregnant clients who are in their last trimester to teach them the signs that may indicate they are going into labor. The nurse determines the session is successful after the clients correctly choose which signs as an indication of starting labor? Select all that apply.

a) lightening
b) weight gain
c) constipation
d) bloody show
e) backache

26. During a prenatal visit a pregnant client asks the nurse how to tell whether the contractions she is having are true contractions or Braxton Hicks contractions. Which description should the nurse mention as characteristic of true contractions?

a) begin irregularly but become regular and predictable
b) felt first in lower back and sweep around to the abdomen in a wave
c) increase in duration, frequency, and intensity
d) begin and remain irregular
e) felt first abdominally and remain confined to the abdomen and groin
f) often disappear with ambulation or sleep

27. Fentanyl has been administered to a client in labor. What assessment should the nurse **prioritize**?

a) Level of consciousness
b) Blood pressure
c) Maternal heart rate
d) Respiratory status

28. The nurse assesses the client and tells her the baby is at +1 station. Which is the **best** response by the nurse when asked by the client what this means concerning the location of the baby?

a) 1 cm below the ischial spine.
b) 1 cm below the symphysis pubis.
c) 1 cm above the ischial spine.
d) 1 cm above the symphysis pubis.

29. After describing continuous internal electronic fetal monitoring to a laboring woman and her partner, which statement by the woman would indicate the need for additional teaching?

a) “This type of monitoring is the most accurate method for our baby.”
b) “Unfortunately, I'm going to have to stay quite still in bed while it is in place.”
c) “This type of monitoring can only be used after my membranes rupture.”
d) “You'll be inserting a special electrode into my baby's scalp.”

30. The nurse is assisting a health care provider in inserting an epidural into a laboring mother. Completion of which nursing task helps prevent maternal hypotension?

a) Working with the mother on pattern breathing
b) Elevating the client’s legs while in bed
c) Priming tubing for initiating a fluid bolus
d) Administrating a vasopressor

31. The nurse is caring for a client who prefers resting on her back during the labor process. To facilitate client wishes, which nursing action is required?

a) Raise the head of the bed
b) Place the toco transducer low on abdomen
c) Utilize a wedge under one hip
d) Elevate the knee gatch

32. The nurse is preparing a client for an epidural block. Which intervention is a **priority** before the epidural anesthesia is started?

a) Increase oral fluids

b) IV fluid bolus
c) Monitor temperature
d) Monitor maternal apical pulse

33. A nurse is assigned to conduct an admission assessment on the phone for a pregnant client. Which information should the nurse obtain from the client? Select all that apply.

a) estimated due date
b) history of substance use
c) characteristics of contractions
d) appearance of vaginal blood
e) history of drug allergy

34. A client who is in the transition phase reports her pain medication last given 3 hours ago has worn off. She asks if she can have another dose of the meperidine. How should the nurse respond to the request?

a) “Since it has been over 3 hours, you should be able to have more of the medication.”
b) “It is too early as the medication should be given only every 4 hours.”
c) “Your phase of labor makes giving another dose unsafe.”
d) “I will get permission from your health care provider.”

35. Which nursing interventions align with the outcome of preventing maternal and fetal injury in the latent phase of the first stage of labor? Select all that apply.

1. Monitor maternal and fetal vital statistics every hour.
2. Report an elevated temperature over 38 °C (100.4 °F).
3. Answer questions and encourage verbalization of fears.
4. Have a client remain on bed rest with bathroom privileges only.
5. Position client on the left side throughout the labor process.

36. Which psychosocial state is anticipated when the client enters the active phase of labor?

a) The client will become quieter and more introverted.
b) The client will become angry and begin to scream.
c) The client will become more talkative and excited about the birth.
d) The client will become tired and want the process over.

37. A client is in active labor. As one of the nursing diagnoses is "Risk for trauma to the woman or fetus related to intrapartum complications or a full bladder," what

would be appropriate for the nurse to do in order to achieve the goal of "no complications due to a full bladder"?

a) Limit fluid intake to 300 mL every hour
b) Insist the client use a bedpan every 2 hours
c) Palpate the area above the symphysis pubis every 2 hours.
d) Do a sterile "in and out" catheterization every 3 hours

38. At which time does the nurse anticipate that the woman will need the **most** pain relief measures?

a) In the latent phase of the first stage of labor
b) At the beginning of the second stage of labor
c) During the transition phase of the first stage of labor
d) In the active phase of the first stage of labor

39. . The nurse is monitoring a pregnant client admitted to a health care center who is in the latent phase of labor. The nurse demonstrates appropriate nursing care by monitoring the fetal heart rate (FHR) with the Doppler at least how often?

a) every 15 to 30 minutes
b) every 30 minutes
c) every hour
d) continuously

40.The nurse is teaching a group of nursing students about pharmacologic interventions for pain in labor. The teaching has been effective when the students state that complications associated with epidural and spinal anesthesia include which conditions? Select all that apply.

a) pruritis
b) maternal fever
c) hypotension
d) aspiration
e) respiratory depression

41. nurse is providing care to a woman in labor. The nurse determines that the client has moved into the active phase based on which assessment findings? Select all that apply.

a) cervical dilation of 6 cm
b) contractions every 1 to 2 minutes
c) cervical effacement of 9
d) contractions lasting up to 60 seconds

e) strong desire to push

42. Palpating the client's abdomen for the fetal presenting part, fetal lie, and location of the fetal back is called?
a) Bishop's score
b) Induction of labor
c) Leopold maneuvers
d) Effleurage

43. The client having contractions occurring every 4 minutes which are 40-60 seconds duration with the cervix dilated to 6 cm and 60% effaced would be in which stage of labor?
a) Second stage
b) First stage, latent phase
c) First stage, active phase
d) First stage, transitional phase

44. After the client's water ruptures, what should the first action that the nurse should do?
a) Call the provider
b) Do a vaginal exam for cervical dilation
c) Check the fetal heart rate pattern
d) document that it occurred

45. The client is having contractions every 3 minutes which last 60 seconds. What is the resting interval?
a) 45 seconds
b) 2 minutes
c) 90 seconds
d) 1 minute

46. Decelerations that are > 15 bpm, > 2 minutes, and < 10 minutes are called?
a) variable decelerations
b) late decelerations
c) early decelerations
d) prolonged decelerations

47. During the 3rd stage of labor, the nurse notices a gush of blood with the umbilical cord appearing to elongate. What does this indicate to the nurse?
a) the nurse needs to palpate the fundus to see if the uterus is firm
b) the nurse needs to turn on the oxytocin infusion
c) the nurse assesses that the placenta has detached
d) the nurse calls for a hemorrhage code

48. During the first 30 minutes of the 4th stage of labor, the nurse notices a large amount of blood on the peri pad. What would the nurse do first in response?

a) change the peri pad to a fresh one and weigh it
b) have the client get up to the bathroom to void
c) palpate the uterine fundus for firmness and location
d) notify the provider

49. An exam by the provider which checks for cervical dilation; cervical effacement; cervical consistency; and the station of the presenting part prior to induction of labor is called?

a) A non-stress test
b) A biophysical profile
c) Leopold maneuvers
d) Bishops score

50. The nurse notes decelerations that sometimes occur with a contraction and other times in between contractions but which have a rapid descent and a rapid return to baseline and short shoulders before and after. What should be the nurses first response?

a) Call the provider immediately
b) Turn the client to her side and observe to see if the decelerations resolve
c) Put an oxygen mask on the client at 5 L/min
d) Take the client's blood pressure