

1. A woman at 28 weeks' gestation has been hospitalized with moderate bleeding that is now stabilizing. The licensed practical nurse (LPN) notes on routine assessment the client sleeping, lying on her side and electronic fetal heart rate monitor showing gradually increasing baseline with late decelerations. Which action should the LPN **prioritize**?
 - a. Administer oxygen to the client.
 - b. Notify the primary care provider or registered nurse.
 - C, Reposition the client in a semi-recumbent position on the back.
 - d. Decrease the rate of IV fluids.

2. A nurse is reading a journal article about cesarean births and the indications for them. Place the indications for cesarean birth below in the proper sequence from most frequent to least frequent. All options must be used.
 - a. Labor dystocia
 - b. Abnormal fetal heart rate tracing
 - c. Fetal malpresentation
 - d. Multiple gestation
 - e. Suspected macrosomia
 - a. 1a, 2b, 3c, 4d, 5e
 - b. 1b, 2c, 3a, 4e, 5d
 - c. 1b, 2a, 3c, 4d, 5e
 - d. 1b, 2a, 3c, 4e, 5d
 - e. 1c, 2a, 3b, 4e, 5d
 - f. 1a, 2d, 3c, 4b, 5e

3. A nursing student doing a rotation in labor and birth correctly identifies which medications as **most** commonly used for tocolysis? Select all that apply.
 - a. magnesium sulfate
 - b. atosiban
 - c. indomethacin
 - d. nifedipine
 - e. nitroglycerin

4. A pregnant client at 20 weeks' gestation arrives at the health care facility reporting excessive vaginal bleeding and no fetal movements. Which assessment finding would the nurse anticipate in this situation?
- cervical incompetence
 - ectopic pregnancy
 - congenital malformations
 - placenta previa
5. A client reports bright red, painless vaginal bleeding during her 32nd week of pregnancy. A sonogram reveals that the placenta has implanted low in the uterus and is partially covering the cervical os. Which immediate care measures are initiated? Select all that apply.
- Place the woman on bedrest maintaining the supine position.
 - Determine the time the bleeding began and about how much blood has been lost.
 - Obtain baseline vital signs and compare to those vital signs previously obtained.
 - Assist the client in stirrups and perform a pelvic examination.
 - Attach external monitoring equipment to record fetal heart sounds and kick counts.
6. A woman in active labor has just had her membranes ruptured to speed up labor. The nurse is concerned the woman is experiencing a prolapse of the umbilical cord when the nurse notices which pattern on the fetal heart monitor?
- variable deceleration pattern
 - fetal heart rate (FHR) increase to 200 beats/min
 - early deceleration with each contraction
 - late deceleration with late recovery following contraction
7. When caring for a client with premature rupture of membranes (PROM), the nurse observes an increase in the client's pulse. What should the nurse do **next**?
- Assess the client's temperature.
 - Monitor the client for preterm labor.
 - Assess for cord compression.
 - Monitor the fetus for respiratory distress.
8. A pregnant woman is being evaluated for HELLP. The nurse reviews the client's diagnostic test results. An elevation in which result would the nurse interpret as helping to confirm this diagnosis?
- LDH
 - white blood cells
 - hematocrit
 - platelet count

9. A nursing student correctly identifies the causes of labor dysfunction to include which factors? Select all that apply.
- a. problems with the uterus
 - b. problems with the mother's diet
 - c. problems with the fetus
 - d. problems with access to health care
 - e. problems with finances
10. A nurse suspects that a pregnant client may be experiencing a placental abruption based on assessment of which finding? Select all that apply.
- a. dark red vaginal bleeding
 - b. insidious onset
 - c. absence of pain
 - d. rigid uterus
 - e. absent fetal heart tones
11. The nurse is preparing discharge instructions for a client at 32 weeks' gestation who was admitted for PROM. What is the **best** response from the nurse when the client asks when she can have intercourse with her husband again?
- a. "You will not be able to have intercourse again until 6 weeks after you give birth."
 - b. "The need to keep the infant safe should be of more concern than when to have sex."
 - c. "That is a question to ask your health care provider; at this point you are on pelvic rest to try and stop any further labor."
 - d. "Intercourse has nothing to do with preterm labor; you can have sex with your husband."
12. A laboring woman is receiving oxytocin IV to augment her labor and 2 hours later begins having contractions every 2 minutes lasting 60 to 90 seconds each with little, if any, rest time in between the contractions. At this time, which interventions would be the **priority** for the nurse caring for this client? Select all that apply.
- a. Administer betamethasone to mature the fetal lungs.
 - b. Ask the woman to drink 32 ounces (1 L) of water.
 - c. Discontinue the oxytocin infusion.
 - d. Administer an IV bolus of fluids.
13. Which change in insulin is **most** likely to occur in a woman during pregnancy?
- a. enhanced secretion from normal
 - b. not released because of pressure on the pancreas
 - c. unavailable because it is used by the fetus
 - d. less effective than normal

14. A G2P1 woman with type 1 diabetes is determined to be at 8 weeks' gestation by her health care provider. The nurse should point out which factor will help the client maintain glycemic control?
- Vitamin supplements
 - Oral hypoglycemic agents
 - Exercise
 - Plenty of rest
15. At 31 weeks' gestation, a 37-year-old woman with a history of preterm birth reports cramps, vaginal pain, and low, dull backache accompanied by vaginal discharge and bleeding. Assessment reveals cervix 2.1 cm long; fetal fibronectin in cervical secretions, and cervix dilated 3 to 4 cm. Which interactions should the nurse prepare to assist with?
- Bed rest and hydration at home
 - Hospitalization, tocolytic, and corticosteroids
 - An emergency cesarean birth
 - Careful monitoring of fetal kick counts
16. A client in preterm labor is receiving magnesium sulfate IV and appears to be responding well. Which finding on assessment should the nurse **prioritize**?
- Depressed deep tendon reflexes
 - Tachypnea
 - Bradycardia
 - Elevated blood glucose
17. The nurse encourages a woman with gestational diabetes to maintain an active exercise period during pregnancy. Prior to this exercise period, the nurse would advise her to take which action?
- Inject a bolus of insulin.
 - Eat a high-carbohydrate snack.
 - Eat a sustaining-carbohydrate snack.
 - Add a bolus of long-acting insulin.
18. Assessment of a pregnant woman and her fetus reveals tachycardia and hypertension. There is also evidence suggesting vasoconstriction. The nurse would question the woman about use of which substance?
- marijuana
 - alcohol
 - heroin
 - cocaine
19. The nurse is caring for an Rh-negative nonimmunized client at 14 weeks' gestation. What information would the nurse provide to the client?
- Obtain Rho(D) immune globulin at 28 weeks' gestation.
 - Consume a well-balanced, nutritional diet.
 - Avoid sexual activity until after 28 weeks.

d. Undergo periodic transvaginal ultrasounds.