

N432 Unit 1 Practice Quiz

1. A nurse is reviewing the medical record of a pregnant woman and notes that she is gravida II. The nurse interprets this to indicate the number of:
 - a. births.
 - b. pregnancies.
 - c. spontaneous abortions.
 - d. preterm births.

2. A nurse measures a pregnant woman's fundal height and finds it to be 28 cm. The nurse interprets this to indicate that the client is at how many weeks' gestation?
 - a. 14 weeks' gestation
 - b. 20 weeks' gestation
 - c. 28 weeks' gestation
 - d. 36 weeks' gestation

3. A client is preparing to leave the clinic after her first prenatal visit. What is important for the woman to do before she leaves the office?
 - a. Choose a hospital for birth.
 - b. Choose a name for the baby.
 - c. Make a follow-up appointment.
 - d. Sign up for a Lamaze class.

4. A pregnant client is excited that she is beginning to feel her baby move within her. The nurse explains that these first fetal movements are known as:
 - a. amenorrhea.
 - b. lactation.
 - c. lordosis.
 - d. quickening.

5. A client at 36 weeks' gestation comes in for her weekly primary care provider visit. She tells the nurse, "I am having contractions, but they are irregular and go away when I rest. Do you think I am going into labor?" The **best** response by the nurse would be:
 - a. "I think you are going into labor. We may need to give you medications to stop the contractions."
 - b. "These are called Braxton-Hicks contractions and are preparing your body for labor but are not 'true' labor contractions."
 - c. "I think we better send you to the hospital for admission. You could be in labor."
 - d. "It is too early for you to be in labor. Something may be wrong with the pregnancy."

6. During a prenatal visit, a client in her second trimester of pregnancy verbalizes positive feelings about the pregnancy and conceptualizes the fetus. Which is the **most** appropriate nursing intervention when the client expresses such feelings?
- Encourage the client to focus on herself, not on the fetus.
 - Inform the primary health care provider about the client's feeling.
 - Inform the client that it is too early to conceptualize the fetus.
 - Offer support and validation about the client's feelings.
7. A pregnant client who is beginning her third trimester asks the nurse why she feels like she is sometimes having labor contractions. The nurse would explain that:
- she is having "practice" contractions called Braxton Hicks contractions and they are normal.
 - she may be beginning labor, so monitor for her water to break.
 - if these contractions occur late in the day, she should be concerned.
 - she needs to call her doctor immediately to report the contractions.
8. A pregnant client's last menstrual period was March 10. Using Naegele's rule, the nurse estimates the date of birth to be:
- January 7.
 - December 17.
 - February 21.
 - January 30.
9. A client in her first trimester reports frequent urination and asks the nurse for suggestions. The nurse should teach the client that the urination is most likely related to which cause?
- Pressure on the bladder from the uterus
 - Increased concentration of urine
 - Addition of fetal urine to maternal urine
 - Decreased glomerular selectivity
- 10.
11. Assessment of a pregnant woman reveals that she compulsively craves ice. The nurse documents this finding as:
- quickening.
 - pica.
 - ballottement.
 - linea nigra.

12. A pregnant client reports an increase in a thick, whitish vaginal discharge. Which response by the nurse would be **most** appropriate?
- "You should refrain from any sexual activity."
 - "You need to be assessed for a fungal infection."
 - "This discharge is normal during pregnancy."
 - "Use a local antifungal agent regularly."
13. A client in her 39th week of gestation arrives at the maternity clinic stating that earlier in her pregnancy, she experienced shortness of breath. However, for the past few days, she has been able to breathe easily, but she has also begun to experience increased urinary frequency. A nurse is assigned to perform the physical examination of the client. Which observation is **most** likely?
- Fundal height has dropped since the last recording.
 - Fundal height is at its highest level at the xiphoid process.
 - The fundus is at the level of the umbilicus and measures 20 cm.
 - The lower uterine segment and cervix have softened.
14. A client in her 29th week of gestation reports dizziness and clamminess when assuming a supine position. During the assessment, the nurse observes there is a marked decrease in the client's blood pressure. Which intervention should the nurse implement to help alleviate this client's condition?
- Keep the client's legs slightly elevated.
 - Place the client in an orthopneic position.
 - Keep the head of the client's bed slightly elevated.
 - Place the client in the left lateral position.
15. A client in her first trimester is concerned about how weight gain will affect her appearance and questions the nurse concerning dietary restrictions. How much weight gain should the nurse point out will be safe for this client with a low BMI?
- 25 to 35 pounds (11 to 16 kilograms)
 - 28 to 40 pounds (13 to 18 kilograms)
 - 15 to 25 pounds (7 to 11 kilograms)
 - 16 to 30 pounds (7.25 to 14 kilograms)
16. A nurse is educating a client on the basal body temperature method as a form of contraception. Which statement by the client indicates an understanding of when she can expect to see a rise in her temperature?
- "My temperature will increase with the start of my menses."
 - "If I am pregnant, I will have a temperature spike."
 - "There will be an increase in my temperature right before I ovulate."
 - "Immediately following ovulation my temperature will increase."

17. After teaching a group of women about the signs of pregnancy, the nurse understands that teaching was successful if the group makes which statement about positive signs?
- a. "They will be able to hear the fetal heart rate on auscultation."
 - b. "The woman will have amenorrhea."
 - c. "There will be a positive Hegar's sign."
 - d. "The client will experience quickening."
18. A nurse is assessing a client who may be pregnant. The nurse reviews the client's history for presumptive signs. Which signs would the nurse **most** likely note? Select all that apply.
- a. amenorrhea
 - b. nausea
 - c. abdominal enlargement
 - d. Braxton-Hicks contractions
 - e. fetal heart sounds
19. The nurse has determined that based on the client's physical examination she is at high risk for developing varicose veins. Which suggestions might the nurse teach the client to help reduce her risk? Select all that apply.
- a. Elevate the feet and legs.
 - b. Walk daily.
 - c. Use thigh-high support hose.
 - d. Sit in a hot tub at least three times a week.
 - e. Use knee-high support hose.
20. The nurse is putting together information for a nutritional class for nullipara women. Which information would be **most** important for the nurse to include? Select all that apply.
- a. Increase consumption of fruits, vegetables, and whole grains.
 - b. Avoid the intake of alcohol.
 - c. Decrease intake of saturated fats, trans fats, and cholesterol.
 - d. Consume at least one quart of water daily.
 - e. Increase caloric intake.
21. A nurse is preparing a class for a group of young adult women about emergency contraceptives (ECs). What information would the nurse need to stress to the group? Select all that apply.
- a. ECs induce an abortion-like reaction.
 - b. ECs provide some protection against STIs.
 - c. ECs are birth control pills in higher, more frequent doses.
 - d. ECs are not to be used in place of regular birth control.
 - e. ECs provide little protection for future pregnancies.

22. An obstetrical nurse is conducting a program for pregnant women who are in their first trimester. The program focuses on the changes occurring in the woman's body as a result of the pregnancy. When describing the effect of changing hormonal levels, which information would the nurse most likely include? Select all that apply.
- a. Maintenance of the endometrium so that the embryo can implant
 - b. Maternal metabolic changes to make nutrients available for mother and fetus
 - c. Decrease in maternal blood volume and red blood cell mass to increase oxygen delivery
 - d. Decrease in blood supply to the gastrointestinal tract and slowing of peristaltic waves
 - e. Relaxation of the ligaments that connect the pelvic bones, allowing them to spread slightly
 - f. Preparing the breasts for lactation, keeping the milk from coming in until birth occurs
23. A nurse is assessing a pregnant woman on a routine checkup. When assessing the woman's gastrointestinal tract, what would the nurse expect to find? Select all that apply.
- a. hyperemic gums
 - b. increased peristalsis
 - c. reports of bloating
 - d. heartburn
 - e. nausea
24. Which physical change would the nurse expect to find in a pregnant client? Select all that apply.
- a. Increased blood volume
 - b. Decreased clotting factors
 - c. Supine hypotension
 - d. Negative Hagar sign
 - e. Increased hemoglobin
25. A nurse is providing nutritional counseling to a pregnant woman and gives her suggestions about consuming foods that are high in folic acid. As part of the plan of care, the client is to keep a food diary that the client and nurse will review at the next visit. When reviewing the client's diary, which meals would indicate to the nurse that the client is increasing her intake of folic acid? Select all that apply.
- a. chicken breast with baked potato and broccoli
 - b. cheeseburger with spinach and baked beans
 - c. pork chop with mashed potatoes and green beans
 - d. strawberry walnut salad with romaine lettuce
 - e. fried chicken sandwich with mayonnaise and avocado

26. A woman comes to the clinic reporting her period is late and she is wondering if she is pregnant. Which assessment findings by the nurse would indicate she is exhibiting probable signs of pregnancy? Select all that apply.
- a. positive pregnancy test
 - b. ultrasound visualization of the fetus
 - c. auscultation of a fetal heart beat
 - d. ballottement
 - e. absence of menstruation
 - f. softening of the cervix
27. A nurse is teaching a group of pregnant young women about sexually transmitted infections (STIs) and the possible effects that may occur in the fetus or newborn. Which STIs would the nurse describe as being transmitted to the newborn during birth? Select all that apply.
- a. chlamydia
 - b. gonorrhea
 - c. genital herpes
 - d. syphilis
 - e. HIV
28. What physical changes take place when a woman becomes pregnant? Select all that apply.
- a. The uterus becomes pear-shaped.
 - b. Heart rate increases 10 to 15 beats per minute.
 - c. Respiratory rate increases.
 - d. The areola becomes more prominent.
 - e. Nasal congestion increases due to edema.
29. A client reports prolonged nausea, vomiting every morning for the past week, and no appetite. The pregnancy test comes back positive. What recommendation should the nurse give this client? Select all that apply.
- a. Take small amounts of liquids between, not with meals.
 - b. Eat a saltine cracker before getting out of bed in the morning.
 - c. Delay eating breakfast until the nausea and vomiting has passed.
 - d. Eat a low-fat diet and eliminate all caffeine.
 - e. Eat a high-protein, low-carb snack during the night.
30. A sex trade worker is seen at the sexual health clinic reporting dysuria, mucopurulent vaginal discharge with bleeding between periods, conjunctivitis, and a painful rectal area. What sexually transmitted infection would the nurse suspect?
- a. syphilis
 - b. chlamydia
 - c. genital herpes
 - d. gonorrhea

31. A lactose intolerant client is concerned about getting enough calcium in her diet. Which foods could the nurse suggest she include in her diet to increase her calcium intake?
- a. peanuts
 - b. almonds
 - c. broccoli
 - d. molasses
 - e. carrots
32. A woman being assessed by the nurse reports that she is 6 weeks pregnant. If her report is accurate, when will the nurse predict the client conceived?
- a. 4 weeks ago
 - b. 6 weeks ago
 - c. 8 weeks ago
 - d. 10 weeks ago
33. A nurse is conducting a nutrition class for a group of pregnant women. What information accurately addresses this issue? Select all that apply.
- a. The baby will require increased protein for development, so the mother needs to ingest 8 to 9 g of additional protein per day above her nonpregnant requirements.
 - b. Total iron requirements equal 1,000 mg, with the greatest need being in the second trimester.
 - c. Calcium supplements may decrease the chance of developing pre-eclampsia in women who had a pre-existing deficiency.
 - d. Since an iodine deficiency can cause intellectual deficits in infants, mothers are recommended to use iodized salt.
 - e. Folic acid is needed during the third trimester to reduce the chance of birth defects such as neural tube defects and cleft lip/palate.
34. A pregnant client questions the nurse about when her baby's heartbeat can be heard. The nurse would respond that the fetal heartbeat can be heard:
- a. by 16 week by Doppler technology.
 - b. by 18-20 weeks with a fetoscope.
 - c. by 6-8 weeks by Doppler technology.
 - d. by 14-16 weeks by fetoscope.
35. During a preconception teaching session, the nurse tells participants to increase their intake of which food groups to reduce the incidence of neural tube disorders? Select all that apply.
- a. Leafy green vegetables
 - b. Lean meats
 - c. Sunflower seeds
 - d. Milk
 - e. Orange fruits

36. A woman is concerned about the safety of continuing sex with her partner during pregnancy. Which suggestion should the nurse mention to her? Select all that apply.
- a. Sex is to be avoided after your membranes have ruptured.
 - b. Sex is generally not harmful to the fetus.
 - c. Partner oral–female genital contact due to risk of air embolism.
 - d. A non-monogamous sexual partner should wear a condom.
 - e. Sex on the expected date of your period can initiate labor.
 - f. Sex can cause rupture of the membranes.
37. What physiological changes would be noted in a pregnant woman? Select all that apply.
- a. Prolactin levels
 - b. Increased hemoglobin and hematocrit
 - c. Enlarged pituitary gland
 - d. Lordosis
 - e. Delayed gastric emptying and decreased peristalsis
38. A pregnant woman questions the nurse about changes she is noticing in her breasts and is concerned if they are normal. Which reported changes would the nurse recognize as normal breast changes during pregnancy? Select all that apply.
- a. Secretions from sebaceous glands on the areola
 - b. Appearance of striae
 - c. Darkening of the areola
 - d. Nodular tissue upon palpation
 - e. Red rash over the anterior breast tissue
39. A woman in her 16th week of pregnancy comes to the health center for a follow up visit. Which physiologic change would the nurse expect to assess? Select all that apply.
- a. a uterus that is palpable
 - b. colostrum that can be expelled from the nipples
 - c. increased blood pressure
 - d. linea nigra and melasma (chloasma)
 - e. varicosities of the vulva, rectum, and/or legs
40. The nurse is reviewing all of the documentation on determining estimated date of delivery. Which objective data is included? Select all that apply.
- a. sonogram
 - b. CT Scan
 - c. fundal height
 - d. last day of menstrual period
 - e. calculating Naegele rule
 - f. Pelvic exam findings
41. A client's recent prenatal ultrasound assessment reveals a normal placenta. Which outcomes would the nurse expect? Select all that apply.

- a. The placenta will filter out toxins that the mother ingests.
 - b. The hormones made by the placenta support fetal growth.
 - c. The placenta removes the fetal waste products such as stool.
 - d. The placenta protects the fetus from an immune attack created by the mother.
 - e. The placenta produces hormones that ready the fetus for extrauterine life.
42. A woman in her first trimester shares with the nurse that she has been experiencing terrible nausea when she gets up in the morning. Which action should the nurse suggest? Select all that apply.
- a. Eat some saltine crackers before rising in the morning.
 - b. Suck on sour candies.
 - c. Delay breakfast until 10 or 11 AM.
 - d. Try eating a snack before bedtime
 - e. Eat two regular meals later in the day.
 - f. Use a scopolamine patch.
43. After teaching a class about conception, the nursing instructor asks the attendees to explain the process of fertilization. Which statement indicates the students need additional teaching? Select all that apply.
- a. The ovum is receptive to conception 12 to 23 hours after ovulation.
 - b. Sperm are viable for only about 48 hours after ejaculation.
 - c. Sperm are able to fertilize the ovum from 3 days before until 2 days after ovulation.
 - d. Sperm are able to fertilize the ovum up to 12 hours after ejaculation, and the ovum remains fertile for at least 24 hours after ovulation.
 - e. This activity usually occurs in the ampulla of the fallopian tube.
44. A pregnant client at 34 weeks' gestation reports a burning sensation in the lower esophagus. What action would the nurse recommend to increase her comfort? Select all that apply.
- a. Eat five to six small meals per day.
 - b. Do not eat fried, fatty foods.
 - c. Do not lie down immediately after eating.
 - d. Eat a large amount of carbohydrates.
 - e. Do not drink liquids with meals.
45. A client in the gynecological clinic asks which non-hormonal birth control method can prevent pregnancy and reduce the risk of sexually transmitted diseases (STIs). Which of the following would the nurse suggest?
- a. The diaphragm
 - b. The copper IUD
 - c. The female condom
 - d. The fertility awareness method

46. A new prenatal client asks what to expect when they come in for their first prenatal appointment. What is the nurse's best response? Select all that apply.
- a. A medical history including medication or drug use
 - b. Maternal serum alpha fetal protein (MSAFP) test
 - c. Blood type and Rh factor blood test
 - d. Complete blood count (CBC)
 - e. Group beta streptococcus vaginal culture
47. A prenatal client whose blood type is O Rh negative is scheduled for an amniocentesis at 16 weeks gestation. Which of the following would the nurse discuss with the client regarding the amniocentesis? Select all that apply.
- a. We need you to have a full bladder for the procedure.
 - b. The provider will use an ultrasound to identify where to insert the needle.
 - c. This will give you immediate genetic results to tell if your baby has Down's syndrome.
 - d. The prescriber will prescribe an injection of Rhogam after the procedure.
 - e. This procedure can give results about the amniotic fluid as well as the gender of your baby.
48. A prenatal client asks about getting the diphtheria, tetanus, pertussis booster during the pregnancy. What is the best response by the nurse? Select all that apply
- a. You cannot receive any immunizations during pregnancy.
 - b. You can receive only vaccines that are non-live viruses during pregnancy.
 - c. You can receive the DTP, influenza and hepatitis B vaccines during pregnancy.
 - d. You can receive only the MMR vaccine during pregnancy.
 - e. It is better if you contract the disease during pregnancy than get a vaccine.
49. A 25-year-old prenatal client with a BMI of 25 and who is a vegetarian asks the nurse about nutrition during pregnancy. Which of the following would the nurse include in the teaching? Select all that apply.
- a. "You need to drink 8 to 10 glasses (2.3 L) of fluid each day."
 - b. "You need to increase your calcium intake to 3,000mg per day."
 - c. "You should increase your intake of iron by utilizing dark leafy greens, beans, and nuts or nut butters."
 - d. "You need to avoid fresh fruits and vegetables because they have bacteria on them."
 - e. "It is recommended that you gain between 15-25 pounds during the pregnancy."
50. A prenatal client is scheduled for a biophysical profile test and asks the nurse what the test results can show. What is the nurse's best response?
- a. "It will tell you the gender of the baby."
 - b. "It will tell you if there are any genetic abnormalities in the infant."
 - c. "It will tell you how large the baby is."
 - d. "It will measure fetal breathing, fetal motion, and the amniotic fluid volume."