

1. 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

2. 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.

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 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.

5. 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."

6. 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

7. 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.

8. 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

9. 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.

10. 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.
 - a) It facilitates vaginal examinations.
 - b) It facilitates external belt adjustment.
 - c) It helps to rotate fetus in a posterior position.

11. 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
12. 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
13. 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.
14. 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."
15. 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) Administering a vasopressor
16. 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

17. 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.

- a) Monitor maternal and fetal vital statistics every hour.
- b) Report an elevated temperature over 38 °C (100.4 °F).
- c) Answer questions and encourage verbalization of fears.
- d) Have a client remain on bed rest with bathroom privileges only.
- e) Position client on the left side

18. 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.
- f) The client will become tired and want the process over.de throughout the labor process.

19. 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

20 . A 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