Maternity Newborn and Women's Health Nursing - A Case-Based Approach 2nd edition Oâ€™Meara Test Bank

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Test Generator Questions, Chapter 01: Bess Gaskell: Immediate Postpartum Hemorrhage

1. The nurse is teaching a client about a progestin-release intrauterine system (IUS). Which statement(s) by the client confirms the teaching was successful? Select all that apply.
A. "It keeps my cervical mucus thick."
B. "I can expect to see a decrease in menstrual bleeding."
C. "It prevents the release of an egg from the ovary."
D. "It secretes a spermicide to immobilize and kill sperm."
E. "It provides protection against sexually transmitted infections."

Answer: A, B

Rationale: A progestin-release intrauterine system works by secreting progestin, which thickens the cervical mucus and blocks sperm from entering the uterus. The elevated progestin level also causes a decrease in menstrual bleeding. Although it provides protection from pregnancy, it does not do this by preventing the release of an egg from the ovary or secreting spermicide. It also does not protect from sexually transmitted infections.
Question format: Multiple Select
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Understand
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Teaching/Learning
Reference: p. 4

2. The nurse is collecting the health history of a newly pregnant 37-year-old client. Which gene-mediated complication of the pregnancy presents the **greatest** risk for this client?
A. trisomy
B. neural tube defect

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C. cystic fibrosis
D. Tay-Sachs disease
Answer: A

Rationale: Clients older than 35 years are considered to be of advanced age for pregnancy. This places the fetus at higher risk for having a trisomic condition. Tay-Sachs disease and cystic fibrosis are caused by recessive genes transmitted from carrier parents to the offspring and are not related to the pregnant client's age. Neural tube disorders are multifactorial disorders and the risk is not increased in pregnant clients older than 35 years.
Question format: Multiple Choice
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Understand
Client Needs: Health Promotion and Maintenance
Integrated Process: Nursing Process
Reference: p. 7

3. The nurse is reviewing the history of a new client who is pregnant. Which finding(s) should the nurse include in the care plan to monitor the client for possible postpartum hemorrhage? Select all that apply.
A. previous history of postpartum hemorrhage
B. current diagnosis of low-lying placenta
C. premature rupture of membranes in the current pregnancy
D. oxytocin augmentation of labor in a previous pregnancy
E. fetus large for gestational age

Answer: A, B, E

Rationale: Risk factors for a postpartum hemorrhage include the following: overdistention of the uterus; low-lying placenta; oxytocin stimulation of labor; prolonged pushing; history of hemorrhage in a prior pregnancy, and large-for-gestational age fetus (over the 90th percentile for weight). Oxytocin augmentation in a prior pregnancy and premature rupture of membranes do not increase the risk for postpartum hemorrhage.
Question format: Multiple Select

Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Understand
Client Needs: Health Promotion and Maintenance
Integrated Process: Nursing Process
Reference: p. 21

4. The nurse assesses a client for signs of hypovolemic shock. For what sign(s) should the nurse assess? Select all that apply.
A. restlessness
B. tachypnea
C. urine output of 20 ml/hr
D. back pain
E. increased fundal height

Answer: A, B, C

Rationale: Hypovolemic shock is due to decreased circulating blood volume. Signs and symptoms include decreased blood pressure, increased respiratory rate, restlessness and anxiety, confusion or loss of consciousness, and decreased urine output. Back pain and increased fundal height are not associated with hypovolemic shock. In the postpartum period, back pain and elevated fundal height may be due to subinvolution of the uterus.
Question format: Multiple Select
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Apply
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Nursing Process
Reference: p. 15

5. At 32 weeks' gestation a pregnant client is diagnosed with a mild placental abruption (abruptio placentae). The fetus is active and the vaginal bleeding and uterine pain have decreased. Which intervention(s) should the nurse initiate in the care of this client? Select all that apply.
A. Assess blood pressure.
B. Place an external fetal monitor.

C. Initiate IV fluids.
D. Insert an indwelling catheter.
E. Administer oxygen.

Answer: A, B, C

Rationale: The nurse will assess the client's blood pressure and the fetal heart rate for signs of distress. An IV will be started and maintained in case vascular access is needed in an emergency situation. There is no need for an indwelling catheter or oxygen therapy at this time.
Question format: Multiple Select
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Apply
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Nursing Process
Reference: p. 14

6. The nurse is reviewing a client's health history. Which risk factor(s) for placental abruption (abruptio placentae) exist during this pregnancy? Select all that apply.
A. client's previous pregnancy was 12 years ago
B. client experienced postpartum hemorrhage with a previous birth
C. client's age of 36 years
D. cigarette smoking by the client
E. chronic hypertension in the client

Answer: C, D, E

Rationale: Factors such as advanced age for pregnancy (older than 35 years), cigarette smoking, and hypertension cause the small vessel network between the uterus and placenta to be fragile and susceptible to injury. If these vessels are injured and bleed, a placental abruption (abruption placentae) results. The interval between pregnancies and a history of postpartum hemorrhage are not risk factors for placental abruption.
Question format: Multiple Select

Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Understand
Client Needs: Physiological Integrity: Reduction of Risk Potential
Integrated Process: Nursing Process
Reference: p. 14

7. At 16 weeks' gestation laboratory tests are drawn as a follow-up to the first-trimester integrated screening. The results are in the chart above. Based on these findings, what procedure(s) will the health care provider recommend for this client? Select all that apply.
A. amniocentesis
B. chorionic villus sampling
C. biophysical profile
D. percutaneous umbilical blood sampling
E. nuchal translucency scan

Answer: A, B

Rationale: Based on the screening results, chromosomal analysis is needed. Elevated levels of maternal serum alpha-fetoprotein (AFP) can indicate neural tube defects and low levels of human chorionic gonadotropin (hCG) can indicate trisomy 18. Genetic testing indicating the pregnant client is a carrier of sickle cell anemia indicates additional testing is needed to determine if the fetus has sickle cell anemia. Amniocentesis and chorionic villus sampling are procedures that retrieve DNA cells and produce a map of the fetal chromosomes. A nuchal translucency scan is part of routine prenatal care at the beginning of the second trimester. A percutaneous umbilical blood sample is used to sample fetal blood or to transfuse blood, not to obtain cells for genetic testing. A biophysical profile is performed in the third trimester to evaluate fetal well-being, not for analysis of fetal chromosomes.
Question format: Multiple Select
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Apply
Client Needs: Physiological Integrity: Reduction of Risk Potential
Integrated Process: Nursing Process

Reference: p. 7-8

8. The nurse is educating a client about an upcoming biophysical profile. What behavior(s) of the fetus will be assessed by ultrasound examination? Select all that apply.
A. fetal breathing movement
B. fetal activity
C. fetal cardiac response
D. fetal muscle tone
E. fetal kidney function

Answer: A, B, D

Rationale: A biophysical profile uses ultrasound to evaluate fetal muscle tone, activity, breathing movement, and amniotic fluid volume. Another part of the biophysical profile is fetal cardiac response; however, this is assessed with a nonstress test using a fetal monitor, not an ultrasound. Kidney function is not assessed by ultrasound.
Question format: Multiple Select
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Understand
Client Needs: Health Promotion and Maintenance
Integrated Process: Teaching/Learning
Reference: p. 16

9. The nurse is caring for a client at 30 weeks' gestation with a diagnosis of placental abruption (abruptio placentae). The client has a weekly biophysical profile ordered. The nurse reviews the results of the day's biophysical profile (above). What is the recommended management for this client?
A. If the cervix is favorable, induce labor today.
B. Repeat the biophysical profile today.
C. Prepare the client for cesarean birth today.
D. Repeat the biophysical profile in 2 days.

Answer: B

Rationale: The biophysical profile score is 4, which is an abnormal result. Because the client is less than 32 weeks' gestation, the plan of care is to repeat the biophysical profile today. Neither labor induction nor cesarean birth is determined until after the results of the second biophysical profile are obtained.
Question format: Multiple Choice
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Apply
Client Needs: Physiological Integrity: Reduction of Risk Potential
Integrated Process: Nursing Process
Reference: p. 16

10. The nurse is caring for Lisa, who is 36 hours post-cesarean birth, due to a complete placental abruption (abruptio placentae). The infant was stillborn. At the beginning of the shift, the nurse observes the client in bed, dressed in a gown, with the bed covers on the floor, and mumbling. The client is pale and cool to the touch. The radial pulse is 102 beats/min and weak. Suddenly the client says, "They stole my baby." The nurse asks the client, "What is your name," and the client responds "Susan," and then says, "Get out of my house." Based on this interaction, what is the nurse's **priority** action?
A. Assess for hypovolemic shock.
B. Assess for postpartum depression.
C. Assess for postpartum psychosis.
D. Assess for postpartum hemorrhage.

Answer: A

Rationale: Restlessness; change in mental status; confusion; weak, thready pulse; and poor perfusion (cool, moist, pale skin) are signs of hypovolemic shock. Although this client has psychosocial needs, physiologic alterations are the priority. There is no evidence of a postpartum hemorrhage in this situation.
Question format: Multiple Choice
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Analyze
Client Needs: Physiological Integrity: Physiological Adaptation

Integrated Process: Nursing Process
Reference: p. 15

11. While reviewing standard obstetric care with a newly pregnant client, the nurse informs the client that pregnant clients are screened for which potential complication during the second trimester?
A. gestational diabetes
B. preeclampsia
C. preterm labor
D. ectopic pregnancy

Answer: A

Rationale: Standard of care dictates that all pregnant clients are screened with an oral glucose tolerance test (OGTT) at 22 weeks' gestation for gestational diabetes. The fetal fibronectin test is used to rule out preterm labor for clients who present with signs or symptoms or those who are at high risk of preterm labor. It is not a routine part of prenatal care. Preeclampsia is diagnosed when a client presents with elevated blood pressure, proteinuria, or edema in the fingers or face. An ectopic pregnancy is a condition that occurs during the early weeks of a pregnancy.
Question format: Multiple Choice
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Understand
Client Needs: Health Promotion and Maintenance
Integrated Process: Teaching/Learning
Reference: p. 12

12. The charge nurse is reviewing the clients admitted to the labor and delivery unit. Which client is at **highest** risk for a postpartum hemorrhage?
A. client receiving oxytocin to induce labor
B. primigravida, at 28 weeks' gestation with twins, who is in spontaneous labor and has intact amniotic membranes
C. 42-year-old client with five children who is admitted for a primary cesarean birth for a breech presentation

D. primiparous client who progressed to 7 cm dilation (dilatation) but is being prepared for a cesarean birth for fetal distress

Answer: A

Rationale: Induction and augmentation of labor with oxytocin can increase the risk for postpartum hemorrhage. The two clients having cesarean births are not at increased risk for a postpartum hemorrhage. Multiple gestation is a risk factor, but because the twins are only at 28 weeks' gestation, there is no significant overdistention of the uterus in this client.
Question format: Multiple Choice
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Analyze
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Nursing Process
Reference: p. 21

13. A postpartum hemorrhage emergency is called for a client who gave birth 45 minutes ago. Which medication(s) does the nurse anticipate will be administered in this situation? Select all that apply.
A. oxytocin
B. misoprostol
C. methylergonovine maleate
D. magnesium sulfate
E. morphine sulfate

Answer: A, B, C

Rationale: Oxytocin, misoprostol, and methylergonovine maleate stimulate uterine muscle contraction. These medications would be administered to a client experiencing a postpartum hemorrhage. Magnesium sulfate and morphine sulfate are muscle relaxers and would decrease uterine tone.
Question format: Multiple Select
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Apply

Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Nursing Process
Reference: p. 20-21

14. The nurse receives the client with the above transfer notes. Which risk factor(s) for postpartum hemorrhage is present in this client? Select all that apply.
A. age
B. induction of labor with oxytocin
C. large-for-gestational-age newborn
D. failure to progress in the second stage of labor
E. hypertensive disorders

Answer: B, D

Rationale: In this situation, the risk factors for postpartum hemorrhage are failure to progress in the second stage and induction of labor with oxytocin. The newborn is not large-for-gestational age, and there is no evidence of the client having a hypertensive disorder.
Question format: Multiple Select
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Apply
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Nursing Process
Reference: p. 21

15. After a postpartum hemorrhage, the health care provider prescribes methylergonovine maleate 0.2 mg orally every 6 hours. The nurse takes the medication to the client. The client refuses to take the medication and tells the nurse, "It makes my uterus cramp really bad, and it hurts too much." Which action by the nurse is **best** in this situation?
A. Offer the client pain medication with the methylergonovine maleate.
B. Document the client's refusal in the medication administration record.
C. Tell the client they may bleed again without the methylergonovine maleate.
D. Hide the pill in the client's food.

Answer: A

Rationale: Offering pain medication with methylergonovine maleate will decrease the discomfort experienced by the client and still allow the client to benefit from the therapeutic effects of the methylergonovine maleate. Documenting the client's refusal does not get the client the treatment they need. Telling the client that they may bleed again is the truth, but does not address the problem (i.e., pain) being experienced by the client. Hiding the pill in the food is unethical.
Question format: Multiple Choice
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Apply
Client Needs: Health Promotion and Maintenance
Integrated Process: Nursing Process
Reference: p. 21

16. The nurse examines a client at 34 weeks' gestation who presents to labor and delivery with vaginal bleeding and back pain. Which finding is likely to lead to a diagnosis of placental abruption (abruptio placentae)?
A. Uterus is soft with no contractions.
B. Second-trimester sonogram showed the placenta covering the cervical os.
C. Fetus is in a breech position.
D. Onset of vaginal bleeding was sudden and painful.

Answer: D

Rationale: Placental abruption (abruptio placentae) is characterized by the sudden and intense onset of acute pain, with or without vaginal bleeding. A soft uterus, low-lying placenta, and breech presentation are not characteristics associated with placental abruption.
Question format: Multiple Choice
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Understand
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Nursing Process
Reference: p. 12-13

17. The nurse is performing a nonstress test (NST) on a client at 36 weeks' gestation. The fetal heart rate is between 134 and 140 beats/min, except for the three times the fetus moved. When the fetus moved, the fetal heart rate increased to between 155 and 170 beats/min. The test was completed in 20 minutes. How will the nurse document the results of this client's NST?
A. baseline fetal heart rate 134 to 140 beats/min, with accelerations, nonstress test reactive
B. fetal heart rate 124 to 175 beats/min, good movement, nonstress test positive
C. nonreactive nonstress test, fetus tolerating activity without problems
D. negative nonstress test, fetal heart rate and activity within normal limits

Answer: A

Rationale: Documentation includes the baseline fetal heart rate, the presence/absence of acceleration, and whether the test is reactive or nonreactive. The proper documentation is as follows: baseline fetal heart rate 134 to 140 beats/min, with accelerations, nonstress test reactive. The presence of two accelerations is the criteria for a reactive result. A nonstress test result is either reactive, which is a normal result, or nonreactive, which would require additional follow-up. Fetal movement often stimulates the heart rate acceleration, but fetal movement alone is not the criteria for a reactive test. Positive and negative are the outcomes of a contraction stress test.
Question format: Multiple Choice
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Apply
Client Needs: Safe, Effective Care Environment: Management of Care
Integrated Process: Communication and Documentation
Reference: p. 15

18. The nurse is reviewing the fetal heart rate reading of a client who is progressing through labor without difficulty. How will the nurse **best** interpret this reading illustrated in the image above?
A. variability
B. acceleration

C. deceleration
D. tachycardia

Answer: A

Rationale: This saw-tooth pattern is the beat-to-beat change in the fetal heart rate and is known as *variability*. An *acceleration* is an increase of at least 15 beats/min that lasts for a minimum of 15 seconds. A *deceleration* is a decrease in the fetal heart rate in association with a uterine contraction. *Tachycardia* is a heart rate of greater than 160 beats/min that lasts for a minimum of 10 minutes.
Question format: Multiple Choice
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Apply
Client Needs: Physiological Integrity: Reduction of Risk Potential
Integrated Process: Nursing Process
Reference: p. 14

19. The nurse performs a nonstress test (NST) on a client at 36 weeks' gestation. What criteria on the tracing does the nurse use to determine that the NST is reactive?
A. presence of 2 accelerations in 20 minutes
B. presence of 2 decelerations in 60 minutes
C. presence of 2 accelerations per hour
D. presence of 2 contractions during within 20 minutes

Answer: A

Rationale: A nonstress test (NST) is an assessment of fetal well-being. The criteria for a reactive NST is the presence of two accelerations within 20 minutes. The presence of decelerations or contractions would require further evaluation of fetal status.
Question format: Multiple Choice
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Apply

Client Needs: Physiological Integrity: Reduction of Risk Potential
Integrated Process: Nursing Process
Reference: p. 15

20. The nurse is providing prenatal care regarding proper nutrition to a couple who wants to start a family. The teaching is designed to help ensure a healthy infant. Which nutrient is **most** important to include in this teaching session?
A. folic acid
B. vitamin C
C. thiamine
D. potassium

Answer: A

Rationale: Folic acid helps prevent neural tube defects such as spina bifida and anencephaly. Because this damage can occur before the client knows they are pregnant, taking prenatal vitamins that include folic acid is **very** important. The other nutrients are also important but provide assistance in different ways.
Question format: Multiple Choice
Chapter 1: Bess Gaskell: Immediate Postpartum Hemorrhage
Cognitive Level: Apply
Client Needs: Health Promotion and Maintenance
Integrated Process: Teaching/Learning
Reference: p. 4