

Test Bank for Maternity, Newborn, and Women's Health Nursing 2nd O'Meara

TEST BANK SAMPLE PREVIEW

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Test Generator Questions, Chapter 02: Tatiana Bennett: Later Postpartum Hemorrhage

1. A client of northern European descent who is 6 weeks' pregnant is identified as a carrier of cystic fibrosis. When sharing this result with the client, what action would the nurse recommend **next**?

- A. Draw blood from the father to determine their carrier status.
- B. Perform an amniocentesis to detect the gene for cystic fibrosis in the fetus.
- C. Provide information to the client about raising a child with cystic fibrosis.
- D. Prepare the client for a high-risk pregnancy.

Answer: A

Rationale: The nurse should recommend that the next action be to obtain blood from the father and determine if they are also a carrier of the cystic fibrosis gene. Because cystic fibrosis results from an autosomal recessive gene, both parents must be a carrier to pass the disease to a child. Determining the carrier status of the father needs to be done before preparing the client for an amniocentesis, discussing a high-risk pregnancy, or discussing the raising of a child with cystic fibrosis. If the father is not a carrier, none of these actions are needed.

Question format: Multiple Choice

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Analyze

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process

Reference: p. 34

2. During the pregnancy, it is discovered that the client is colonized with group B streptococcus (GBS). The client asks how this is treated. How should the nurse respond?

- A. "You will be given IV antibiotics when you are in labor."



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- B. "You will take oral penicillin twice a day for the next 4 weeks."
- C. "You will get an injection of penicillin once a week until you give birth."
- D. "You will get an IV dose of an antibiotic today, and take an oral dose for the next 7 days."

Answer: A

Rationale: Colonization with group B streptococcus (GBS) is most dangerous when the fetus passes through the birth canal. Therefore, treatment is IV antibiotics that start with the onset of labor and end when the fetus is born. Treating the pregnant client prior to the onset of labor is not effective.

Question format: Multiple Choice

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching/Learning

Reference: p. 35

3. The nurse is teaching a group of pregnant clients how to cope with the discomfort from Braxton Hicks contractions. Which strategy will the nurse recommend?

- A. Drink two glasses of water to rehydrate.
- B. Contact the health care provider immediately when the contractions begin.
- C. Eat a high-protein diet.
- D. Maintain bed rest for 72 hours after the contractions stop.

Answer: A

Rationale: Dehydration can cause the intensification of Braxton Hicks contractions. Drinking water to rehydrate may cause these contractions to subside. Bed rest and a high-protein diet are unnecessary. Restricting fluids is not recommended in a healthy pregnancy.

Question format: Multiple Choice

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Cognitive Level: Apply



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Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching/Learning

Reference: p. 36

4. A client presents to the labor and delivery unit with contractions occurring every 4 to 5 minutes. The health care provider diagnoses Braxton Hicks contractions. When providing client teaching on this topic, which statement by the nurse is **most** accurate?

- A. "These practice contractions help in softening and ripening the cervix."
- B. "These practice contractions are an indicator that the birth will occur soon."
- C. "These practice contractions are a sign of premature labor."
- D. "These practice contractions begin to dilate the cervix."

Answer: A

Rationale: Braxton Hicks contractions normally occur throughout a pregnancy. These practice contractions help in softening and ripening the cervix. They do not cause dilation (dilatation) of the cervix, predict preterm labor, or predict the nearness of birth.

Question format: Multiple Choice

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Understand

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process

Reference: p. 36

5. The nurse is helping a new client breastfeed their newborn and teaches them feeding readiness cues exhibited by the newborn. Which sign(s) indicates that the newborn is ready to feed? Select all that apply.

- A. making sucking motions
- B. licking the lips
- C. bringing hands to the mouth
- D. crying
- E. coughing and spitting mucus



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Answer: A, B, C

Rationale: Readiness to feed is signaled by the newborn. Behaviors such as smacking the lips, licking the lips, and bringing hands to mouth are signs of readiness. Waiting until the newborn is crying makes it more difficult to get the newborn to latch.

Question format: Multiple Select

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching/Learning

Reference: p. 44

6. A nurse is giving instructions to a client about how to breastfeed their newborn. Which statement by the client indicates the teaching is successful?
- A. "When my baby is latched on, their lips will be flanged out over my breast and not tucked in their mouth."
 - B. "To latch the baby, I will insert the tip of the nipple into their mouth and stroke the baby's head to encourage sucking."
 - C. "At the beginning of the feeding, I will place a few drops of water on my nipple to get the baby interested."
 - D. "At the end of the feeding I will remove my nipple from the baby's mouth to break the suction."

Answer: A

Rationale: A good latch has the newborn's lips flanged and covering a large portion of the areola. The newborn's readiness cues determine when it is time to feed. The nipple and the areola need to be placed in the newborn's mouth. Colostrum, not water, may be expressed and placed on the nipple to initiate a latch. To break the suction, the parent inserts their finger into the baby's mouth. Removing the nipple first is painful.

Question format: Multiple Choice

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Cognitive Level: Apply



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Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching/Learning

Reference: p. 44

7. During a client's postpartum hemorrhage, the health care provider had prescribed methylergonovine maleate 0.2 mg IM. The hemorrhage has now subsided and the health care provider switches the prescription to 0.2 mg orally every 6 hours. Prior to administering the medication, the nurse alerts the health care provider to which assessment finding?

- A. blood pressure 140/98 mm Hg
- B. oral temperature 100°F (37.7°C)
- C. respiratory rate 18 breaths/min
- D. pulse rate 50 bpm

Answer: A

Rationale: When giving a client methylergonovine maleate, the nurse must monitor the client's blood pressure because this drug has an increased risk of causing severe hypertension. The client's current blood pressure is considered stage 2 hypertension. The remaining vital signs are within normal limits and should be documented; however, there is no immediate need to inform the health care provider.

Question format: Multiple Choice

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Apply

Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies

Integrated Process: Nursing Process

Reference: p. 42

8. A sexually active 34-year-old client is scheduled for a Papanicolaou (Pap) test. During the intake interview the health care provider learns the client has multiple sexual partners. Which screening will be added to this client's Pap test?

- A. human papillomavirus (HPV)
- B. gonorrhea
- C. human immunodeficiency virus (HIV)



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D. herpes simplex virus (HSV)

Answer: A

Rationale: Human papillomavirus (HPV) screening may be done at the same time as the Papanicolaou (Pap) test. Human immunodeficiency virus (HIV), herpes simplex virus (HSV), and gonorrhea screens are not done with cells from the cervix.

Question format: Multiple Choice

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process

Reference: p. 31

9. The health provider recommends that a 24-year-old client be scheduled for a Papanicolaou (Pap) test. The client is concerned because they are not sexually active. What is the **best** response by the nurse?

- A. A Pap test evaluates cells from the cervix for precancerous conditions.
- B. A Pap test is recommended yearly for all women older than 20 years of age.
- C. A Pap test will provide information about the structure of the cervix and vaginal flora.
- D. A Pap test is still needed because not all reproductive tract infections are sexually transmitted.

Answer: A

Rationale: A Papanicolaou (Pap) test evaluates cells scraped from the cervix for precancerous conditions. Previously, it was recommended that women have an annual Pap test, but newer evidence recommends a Pap test every 3 years through age 29.

Question format: Multiple Choice

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Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance



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Integrated Process: Teaching/Learning

Reference: p. 31

10. A client had their first Papanicolaou (Pap) test at age 33. Every 5 years on their birthday, they called to schedule their next Pap test. The client has never had any abnormal findings. Today is the client's 68th birthday. When the client calls to schedule their Pap test, how should the nurse respond?

- A. "You only need to be scheduled for a human papillomavirus (HPV) screening because you are older than 65 years of age."
- B. "Because you are older than 65 years of age, further screening is not recommended."
- C. "I wish all my clients would be this responsible in scheduling their Pap test."
- D. "We have an opening 2 weeks from today. Does that work for you?"

Answer: B

Rationale: No further screening is required for clients 65 years and older with no history of an abnormal Papanicolaou (Pap) test result in the past 20 years.

Question format: Multiple Choice

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching/Learning

Reference: p. 31

11. A 25-year-old client has been unable to conceive over the past year. The health care provider suspects the client has polycystic ovary syndrome (PCOS). Which additional question(s) will the nurse ask the client to support a diagnosis of PCOS? Select all that apply.

- A. "Do you have acne?"
- B. "How old were you when you started menstruating?"
- C. "Are your menstrual periods regular?"
- D. "Have you noticed hair growth on your chin?"
- E. "Did your mother have problems with infertility?"

Answer: A, C, D



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Rationale: In polycystic ovary syndrome (PCOS), there are elevated levels of androgen hormones. The effects of these hormones include irregular menstrual cycle, acne and oily skin, hair growth on the chin and upper lip, and male pattern baldness. Age of menarche and maternal fertility are not factors contributing to the diagnostic process for PCOS.

Question format: Multiple Select

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Cognitive Level: Apply

Client Needs: Physiological Integrity: Physiological Adaptation

Integrated Process: Nursing Process

Reference: p. 27

12. The nurse is reviewing a client's health record and suspects the client may be suffering from polycystic ovary syndrome. Which finding(s) has the nurse found? Select all that apply.

- A. fewer than nine menstrual periods in a year
- B. enlarged ovaries on ultrasound
- C. oligoovulation
- D. low levels of serum estrogen
- E. hyperandrogenism

Answer: A, B, C, E

Rationale: Rotterdam criteria for diagnosis of polycystic ovary syndrome (PCOS) require the presence of a combination of symptoms, which include oligoovulation (or fewer than nine menstrual periods a year); hyperandrogenism (e.g., male-pattern hair growth and acne); biochemical signs (e.g., high testosterone level); and enlarged ovaries visualized on ultrasound.

Question format: Multiple Select

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Remember

Client Needs: Physiological Integrity: Physiological Adaptation

Integrated Process: Nursing Process

Reference: p. 27



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13. The home care nurse receives this discharge summary (above) in preparation for a home visit the next day. Based on the summary, the nurse will inform the client that they are at risk for which complication during the continued recovery period?

- A. postpartum hemorrhage
- B. deep vein thromboembolism
- C. mastitis
- D. postpartum endometritis

Answer: A

Rationale: A history of retained placenta, uterine atony, instrumented delivery, and a low platelet count all place this client at risk for a late postpartum hemorrhage. There are no data in this discharge summary that would indicate the client is at higher than expected risk of mastitis, infection, or clotting disorders.

Question format: Multiple Choice

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Analyze

Client Needs: Health Promotion and Maintenance

Integrated Process: Nursing Process

Reference: p. 43

14. The hospital nurse sends the above discharge summary to the home care nurse. Which finding(s) from this discharge summary indicate to the home care nurse that the client is at risk for a late postpartum hemorrhage? Select all that apply.

- A. platelets 98,000,000/mcl ($98,000 \times 10^9/L$)
- B. large-for-gestational-age newborn
- C. lacerations of the vulva, vagina, or cervix
- D. uterine atony
- E. retained placenta or membranes

Answer: A, C, D, E



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Rationale: Risk factors for a late postpartum hemorrhage include retained placenta or membranes; lacerations of the vulva, vagina, or cervix; uterine atony; instrumented delivery; and coagulation alterations. All these are present in this client's situation. A large-for-gestational-age baby is a risk for an early, not late, postpartum hemorrhage.

Question format: Multiple Select

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Analyze

Client Needs: Physiological Integrity: Physiological Adaptation

Integrated Process: Nursing Process

Reference: p. 43

15. The nurse is working with a client who is Rh negative and is trying to become pregnant. When does the nurse anticipate administering Rho(D) immune globulin to this client? Select all that apply.

- A. after a spontaneous abortion (miscarriage)
- B. at 28 weeks' gestation
- C. after giving birth to an Rh-positive newborn
- D. after giving birth to an Rh-negative newborn
- E. at the end of the first trimester

Answer: A, B, C

Rationale: An Rh-negative client will receive a Rho(D) immune globulin injection after a spontaneous abortion (miscarriage) because the blood type of the embryo is unknown. A prophylactic dose is given at 28 weeks' gestation to ensure that the client does not have an immune reaction to the fetus. The last dose is given after birth if the newborn has an Rh-positive blood type. Rho(D) immune globulin is not needed if the newborn's blood type is Rh-negative.

Question format: Multiple Select

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Apply

Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies

Integrated Process: Nursing Process



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Reference: p. 34

16. A 16-year-old client is prescribed oral contraceptive pills (OCPs) by the health care provider. In addition to preventing pregnancy, what benefit(s) of OCPs should the nurse point out to the client? Select all that apply.

- A. regulates menstrual cycle
- B. improves skin integrity
- C. reduces amount of menstrual bleeding
- D. decreases menstrual cramps
- E. protects from vaginal infections

Answer: A, B, C, D

Rationale: Oral contraceptive pills (OCPs) contain both estrogen and progestin and have a number of benefits in addition to pregnancy prevention. They are often used to regulate the menstrual cycle, decrease menstrual cramps, or make bleeding lighter. They also have other benefits such as decreased acne or decreased hirsutism. However, they do not protect from infection; therefore, another form of barrier protection is needed if the client is sexually active.

Question format: Multiple Select

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Understand

Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies

Integrated Process: Teaching/Learning

Reference: p. 27

17. The nurse receives a phone call from a distressed 21-year-old client. The client completed their birth control pill package 2 days ago while on vacation and did not have the new package of pills with them. Which instruction(s) will the nurse give this client? Select all that apply.

- A. Take the day 3 pill today.
- B. Take the day 1 and day 2 pills today.
- C. Take the first 3 pills today.
- D. Use a backup form of birth control if sexually active.
- E. Take the day 3 and day 4 pills tomorrow.



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Answer: B, D, E

Rationale: When a client misses taking two pills in weeks 1 or 2 of the package of oral contraceptive pills (OCPs), the client should take two pills when they remember, and two pills the next day. Pregnancy may occur from unprotected intercourse within 7 days of missed pills. Having a backup method of birth control is essential.

Question format: Multiple Select

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Apply

Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies

Integrated Process: Teaching/Learning

Reference: p. 29

18. A client diagnosed with polycystic ovary syndrome (PCOS) has been trying to get pregnant. Which factor should the nurse **prioritize** in the teaching session for this client and their partner about this condition?

- A. "You may only be fertile after ovulation for 24 hours with this condition."
- B. "You will not be able to get pregnant with this condition."
- C. "You should consider using in vitro fertilization (IVF) to get pregnant."
- D. "This is related to an inherited disorder."

Answer: A

Rationale: Individuals with polycystic ovary syndrome (PCOS) may only ovulate once or twice a year and are fertile for only 24 hours each time, which means they can get pregnant; however, it is more difficult to determine when they ovulate due to inconsistent menstrual cycles. It is not always necessary to utilize in vitro fertilization (IVF); however, it may be an option to consider. There is no consensus agreement on what causes this condition, so to say it is inherited would be inappropriate.

Question format: Multiple Choice

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Cognitive Level: Understand

Client Needs: Physiological Integrity: Physiological Adaptation

Integrated Process: Teaching/Learning



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Reference: p. 27

19. The nurse is preparing to discharge a client and their newborn home after completing the discharge note (see above) and providing appropriate discharge teaching. Which statement by the client indicates to the nurse that the teaching is successful?

- A. "I should report any unusual bleeding from my vagina immediately."
- B. "It will be easier to get pregnant again the next time."
- C. "I may have a foul-smelling discharge for a while from my vagina."
- D. "I need to be sure I keep taking the medication every day so I do not bleed."

Answer: A

Rationale: This client experienced primary postpartum hemorrhage during birth and has an increased risk of experiencing secondary postpartum hemorrhage over the next 12 weeks. Risks for secondary postpartum hemorrhage include uterine atony; retained placenta or membranes; subinvolution; lacerations of the vulva, vagina, or cervix; genital hematoma; and coagulopathy. As this can be a life-threatening situation, the client should notify the health care provider immediately so proper treatment can be initiated immediately. This will not determine how quickly the client can become pregnant the next time. A foul-smelling discharge is a sign of an infection and should also be addressed and evaluated; however, it is not related to hemorrhage. The client will not be given medication to address this issue at home to prevent it from happening.

Question format: Multiple Choice

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Apply

Client Needs: Health Promotion and Maintenance

Integrated Process: Teaching/Learning

Reference: p. 43

20. During the first prenatal appointment, the initial blood work on a pregnant client shows their blood type of A negative. Based on this result, what additional blood work does the nurse anticipate being done on this client?

- A. antibody screening
- B. cell washing



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- C. ABO screening
- D. bilirubin level

Answer: A

Rationale: An antibody screen is needed to identify if the client has antibodies against red blood cells in the circulatory system. If they do, these present a danger to the fetal red blood cells and the fetus' ability to obtain oxygen during intrauterine life. ABO typing has already been completed, which shows the client is type A negative, and does not need to be repeated. The pregnant client is not at risk for red cell hemolysis; therefore, a bilirubin level is not needed. Cell washing removes properties of the blood cell that may cause a reaction in clients. It is not part of the follow-up testing for a pregnant client with Rh-negative blood.

Question format: Multiple Choice

Chapter 2: Tatiana Bennett: Later Postpartum Hemorrhage

Cognitive Level: Apply

Client Needs: Physiological Integrity: Reduction of Risk Potential

Integrated Process: Nursing Process

Reference: p. 34

