

Ob Quiz #2**Multiple Choice**

Identify the choice that best completes the statement or answers the question.

- _____ 1. Which statement *correctly* describes the effects of various pain factors?
- Higher prostaglandin levels arising from dysmenorrhea can blunt the pain of childbirth.
 - Levels of pain-mitigating beta-endorphins are higher during a spontaneous, natural childbirth.
 - Women who move around trying different positions experience more pain.
 - Upright positions in labor increase the pain factor because they cause greater fatigue.
- _____ 2. What is the role of the nurse as it applies to informed consent?
- Witness the signing of the consent form.
 - Call the physician to see the client.
 - Inform the client about the procedure, and ask her to sign the consent form.
 - Act as a client advocate, and help clarify the procedure and the options.
- _____ 3. Nurses can help their clients by keeping them informed about the distinctive stages of labor. Which description of the phases of the first stage of labor is *accurate*?
- Active: Moderate, regular contractions; 4- to 7-cm dilation; duration of 3 to 6 hours
 - Latent: Mild, regular contractions; no dilation; bloody show; duration of 2 to 4 hours
 - Lull: No contractions; dilation stable; duration of 20 to 60 minutes
 - Transition: Very strong but irregular contractions; 8- to 10-cm dilation; duration of 1 to 2 hours
- _____ 4. A client is in early labor, and her nurse is discussing the pain relief options she is considering. The client states that she wants an epidural "no matter what!" What is the nurse's best response?
- "I'll make sure you get your epidural."
 - "You may only have an epidural if your physician allows it."
 - "The type of analgesia or anesthesia used is determined, in part, by the stage of your labor and the method of birth."
 - "You may only have an epidural if you are going to deliver vaginally."

- _____ 5. Which adaptation of the maternal-fetal exchange of oxygen occurs in response to uterine contraction?
- It diminishes as the spiral arteries are compressed.
 - This maternal-fetal exchange increases as the blood pressure decreases.
 - The maternal-fetal exchange of oxygen and waste products continues except when placental functions are reduced.
 - This exchange of oxygen and waste products is not significantly affected by contractions.
- _____ 6. What is the correct term describing the slight overlapping of cranial bones or shaping of the fetal head during labor?
- Molding
 - Valsalva maneuver
 - Lightening
 - Ferguson reflex
- _____ 7. What physiologic change occurs as the result of increasing the infusion rate of nonadditive IV fluids?
- Maintaining normal maternal temperature
 - Preventing normal maternal hypoglycemia
 - Increasing the oxygen-carrying capacity of the maternal blood
 - Expanding maternal blood volume
- _____ 8. Which statement related to fetal positioning during labor is *correct* and important for the nurse to understand?
- The largest transverse diameter of the presenting part is the suboccipitobregmatic diameter.
 - Birth is imminent when the presenting part is at +4 to +5 cm below the spine.
 - Position is a measure of the degree of descent of the presenting part of the fetus through the birth canal.
 - Engagement* is the term used to describe the beginning of labor.
- _____ 9. Anxiety is commonly associated with pain during labor. Which statement regarding anxiety is *correct*?
- Anxiety may increase the perception of pain, but it does not affect the mechanism of labor.
 - Women who have had a painful labor will have learned from the experience and have less anxiety the second time because of increased familiarity.
 - Even mild anxiety must be treated.
 - Severe anxiety increases tension, increases pain, and then, in turn, increases fear and anxiety, and so on.
- _____ 10. Which statement *best* describes a normal uterine activity pattern in labor?
- Contractions every 2 to 5 minutes
 - Contraction intensity of approximately 500 mm Hg with relaxation at 50 mm Hg
 - Contractions lasting approximately 2 minutes
 - Contractions approximately 1 minute apart

- _____ 11. What is the nurse's understanding of the appropriate role of primary and secondary powers?
- Scarring of the cervix caused by a previous infection or surgery may make the delivery a bit more painful, but it should not slow or inhibit dilation.
 - Effacement is generally well ahead of dilation in women giving birth for the first time; they are closer together in subsequent pregnancies.
 - Pushing in the second stage of labor is more effective if the woman can breathe deeply and control some of her involuntary needs to push, as the nurse directs.
 - Primary powers are responsible for the effacement and dilation of the cervix.
- _____ 12. According to professional standards (the Association of Women's Health, Obstetric and Neonatal Nurses [AWHONN], 2007), which action *cannot* be performed by the nonanesthetist registered nurse who is caring for a woman with epidural anesthesia?
- Monitoring the status of the woman and fetus
 - Stopping the infusion, and initiating emergency measures
 - Initiating epidural anesthesia
 - Replacing empty infusion bags with the same medication and concentrate
- _____ 13. A woman who is pregnant for the first time is dilated 3 cm and having contractions every 5 minutes. She is groaning and perspiring excessively; she states that she did not attend childbirth classes. What is the optimal intervention for the nurse to provide at this time?
- Assist her with simple breathing and relaxation instructions.
 - Assure her that her labor will be over soon.
 - Notify the woman's health care provider.
 - Administer the prescribed narcotic analgesic.
- _____ 14. The nurse who provides care to clients in labor must have a thorough understanding of the physiologic processes of maternal hypotension. Which outcome might occur if the interventions for maternal hypotension are inadequate?
- Uteroplacental insufficiency
 - Spontaneous rupture of membranes
 - Early FHR decelerations
 - Fetal arrhythmias
- _____ 15. Which nursing intervention would result in an increase in maternal cardiac output?
- Change in position
 - Regional anesthesia
 - IV analgesic
 - Oxytocin administration
- _____ 16. What is the most likely cause for early decelerations in the fetal heart rate (FHR) pattern?
- Altered fetal cerebral blood flow
 - Uteroplacental insufficiency
 - Umbilical cord compression
 - Spontaneous rupture of membranes

- _____ 22. What three measures should the nurse implement to provide intrauterine resuscitation?
- Perform a vaginal examination, reposition the mother, and provide O₂ via face mask.
 - Call the provider, reposition the mother, and perform a vaginal examination.
 - Administer O₂ to the mother, increase IV fluids, and notify the health care provider.
 - Turn the client onto her side, provide oxygen (O₂) via face mask, and increase intravenous (IV) fluids.
- _____ 23. Which characteristic *correctly* matches the type of deceleration with its likely cause?
- Prolonged deceleration—unknown cause
 - Late deceleration—uteroplacental insufficiency
 - Early deceleration—umbilical cord compression
 - Variable deceleration—head compression
- _____ 24. During labor a fetus displays an average FHR of 135 beats per minute over a 10-minute period. Which statement *best* describes the status of this fetus?
- Normal baseline heart rate
 - Bradycardia
 - Tachycardia
 - Hypoxia
- _____ 25. Which basic type of pelvis includes the *correct* description and percentage of occurrence in women?
- Platypelloid: flattened, wide, and shallow pelvis; 3%
 - Android: resembling the male pelvis; wide oval; 15%
 - Anthropoid: resembling the pelvis of the ape; narrow; 10%
 - Gynecoid: classic female pelvis; heart shaped; 75%
- _____ 26. A woman's position is an important component of the labor progress. Which guidance is important for the nurse to provide to the laboring client?
- Frequent changes in position help relieve fatigue and increase the comfort of the laboring client.
 - In a sitting or squatting position, abdominal muscles of the laboring client will have to work harder.
 - The supine position, which is commonly used in the United States, increases blood flow.
 - The laboring client positioned on her hands and knees ("all fours" position) is hard on the woman's back.

- _____ 27. A woman in labor is breathing into a mouthpiece just before the start of her regular contractions. As she inhales, a valve opens and gas is released. She continues to inhale the gas slowly and deeply until the contraction starts to subside. When the inhalation stops, the valve closes. Which statement regarding this procedure is *correct*?
- The application of nitrous oxide gas is not often used anymore.
 - An application of nitrous oxide gas is administered for pain relief.
 - The application of gas is a prelude to a cesarean birth.
 - An inhalation of gas is likely to be used in the second stage of labor, not during the first stage.
- _____ 28. A woman has requested an epidural for her pain. She is 5 cm dilated and 100% effaced. The baby is in a vertex position and is engaged. The nurse increases the woman's IV fluid for a preprocedural bolus. The nurse reviews her laboratory values and notes that the woman's hemoglobin is 12 g/dl, hematocrit is 38%, platelets are 67,000, and white blood cells (WBCs) are 12,000/mm³. Which factor would contraindicate an epidural for this woman?
- She is too far dilated.
 - She is anemic.
 - She is septic.
 - She has thrombocytopenia.
- _____ 29. Which statement is *not* an expected outcome for the client who attends a reputable childbirth preparation program?
- Childbirth preparation programs increase the woman's sense of control.
 - Childbirth preparation programs teach distraction techniques.
 - Childbirth preparation programs guarantee a pain-free childbirth.
 - Childbirth preparation programs prepare a support person to help during labor.
- _____ 30. A first-time mother is concerned about the type of medications she will receive during labor. The client is in a fair amount of pain and is nauseated. In addition, she appears to be very anxious. The nurse explains that opioid analgesics are often used along with sedatives. How should the nurse phrase the rationale for this medication combination?
- "This is what your physician has ordered for you."
 - "Sedatives enhance the effect of the pain medication."
 - "The two medications work better together, enabling you to sleep until you have the baby."
 - "The two medications, together, reduce complications."