

# HESI Pediatric Nursing Case Study - Cleft Lip and Cleft Palate Practice Test (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

**Remember:** successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## **1. Start with a Diagnostic Review**

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## **2. Study in Short, Focused Sessions**

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## **3. Learn from the Explanations**

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## **4. Track Your Progress**

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## **5. Simulate the Real Exam**

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## **6. Repeat and Review**

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## Questions

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- 1. Why are the initial repairs for cleft lip and cleft palate performed in two stages?**
  - A. They are performed only on weekdays.**
  - B. They are done in two stages due to growth and healing considerations.**
  - C. Palate repair is unnecessary if lip repair is done.**
  - D. Insurance requires multiple surgeries.**
  
- 2. During postpartum care, an UAP tells the mother she must take a sitz bath. What action should the nurse take?**
  - A. Explain the procedure again to the UAP.**
  - B. Tell the UAP to follow orders without question.**
  - C. Ask the mother why she does not want to take a sitz bath.**
  - D. Schedule a sitz bath for another time.**
  
- 3. Which statement best describes the nurse's approach to educating families about incision care after discharge?**
  - A. Provide clear written instructions and reinforce them with follow-up.**
  - B. Limit education to a single spoken session.**
  - C. Assume parents understand without demonstration.**
  - D. Delay any education until complications arise.**
  
- 4. Which dental specialties are involved in evaluating and managing dental occlusion after cleft palate repair?**
  - A. Orthodontists and prosthodontists**
  - B. Cardiologists and endocrinologists**
  - C. Dermatologists and ophthalmologists**
  - D. Neurologists and audiologists**
  
- 5. Which action is the best approach after the parents show bonding with the infant?**
  - A. Intervene to separate the parents and the infant.**
  - B. Allow the parents time to bond with the infant.**
  - C. Schedule a formal counseling session before bonding continues.**
  - D. Limit parent contact to feeding times only.**

- 6. What is the primary purpose of the Haberman nipple during feeding?**
- A. To allow milk to flow slowly and reach the back of the mouth.**
  - B. To feed with solid foods.**
  - C. To bypass breast milk entirely.**
  - D. To feed without any effort from the infant.**
- 7. Which statement about the Haberman nipple is accurate?**
- A. The Haberman nipple is designed to support slow milk flow and back-of-mouth delivery for infants with cleft lip/palate.**
  - B. The Haberman nipple heats milk.**
  - C. The Haberman nipple is used for all infants regardless of feeding needs.**
  - D. The Haberman nipple eliminates the need for burping.**
- 8. Why does the child need to see orthodontists and prosthodontists after cleft palate repair?**
- A. Client may have improper positioning of her teeth.**
  - B. Client will require heart surgery in adolescence.**
  - C. Client needs immunizations updated annually.**
  - D. Client may develop vision problems.**
- 9. What aspect of the home environment is highlighted as beneficial for the child's growth and development?**
- A. A loving home environment**
  - B. Limited family involvement**
  - C. Financial strain and neglect**
  - D. Relying only on hospital care**
- 10. Which prenatal screening could have detected a cleft lip at 13 to 14 weeks gestation?**
- A. Amniotic fluid analysis.**
  - B. Ultrasound screening.**
  - C. Maternal serum alpha-fetoprotein.**
  - D. Noninvasive prenatal testing.**

## Answers

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1. B
2. C
3. A
4. A
5. B
6. A
7. A
8. A
9. A
10. B

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## **Explanations**

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**1. Why are the initial repairs for cleft lip and cleft palate performed in two stages?**

**A. They are performed only on weekdays.**

**B. They are done in two stages due to growth and healing considerations.**

**C. Palate repair is unnecessary if lip repair is done.**

**D. Insurance requires multiple surgeries.**

Two-stage repair is chosen to balance immediate function with long-term growth. Fixing the lip early restores a functional seal for feeding and improves facial contour, while the palate is repaired later to avoid hindering the growth of the midface and to support better speech development and velopharyngeal function. Delaying palate repair allows the facial bones to grow more normally and reduces the risk of growth problems or fistulas after surgery. In short, the lip is repaired first to boost feeding and appearance, and the palate is repaired later to optimize growth and speech outcomes.

**2. During postpartum care, an UAP tells the mother she must take a sitz bath. What action should the nurse take?**

**A. Explain the procedure again to the UAP.**

**B. Tell the UAP to follow orders without question.**

**C. Ask the mother why she does not want to take a sitz bath.**

**D. Schedule a sitz bath for another time.**

Respecting the patient's autonomy and using patient-centered communication is the key idea here. When an unlicensed assistive personnel tells a new mother she must do a sitz bath, the nurse should first engage the mother to understand her perspective. Asking why the mother does not want to take a sitz bath opens a dialogue about comfort, pain, privacy, cultural beliefs, or any fears, and it allows the nurse to provide information, address misconceptions, or offer alternatives if needed. This approach ensures care aligns with the patient's wishes while still safeguarding safety and hygiene. If, after discussing, the mother declines, the nurse can explore acceptable alternatives for perineal care and comfort and document the patient's preferences. The other actions bypass the patient's preferences, undermine autonomy, or prematurely enforce orders without addressing the underlying concerns.

**3. Which statement best describes the nurse's approach to educating families about incision care after discharge?**

- A. Provide clear written instructions and reinforce them with follow-up.**
- B. Limit education to a single spoken session.**
- C. Assume parents understand without demonstration.**
- D. Delay any education until complications arise.**

Clear, ongoing discharge education about incision care is essential after cleft lip/palate repair. Providing clear written instructions gives families a reliable reference they can consult at home, and reinforcing those instructions with follow-up conversations lets the nurse check understanding, answer questions, and adjust guidance as needed. This approach supports correct wound care, helps families recognize warning signs early, and reduces the risk of infection or wound issues by ensuring steps are followed consistently after leaving the hospital. It also accommodates different literacy levels and languages when materials are plain-spoken and may include visuals. Relying on a single spoken session can leave important details forgotten, and assuming parents understand without demonstration can lead to misinterpretation. Delaying education until complications arise is reactive and can allow problems to develop that could have been prevented with proactive guidance.

**4. Which dental specialties are involved in evaluating and managing dental occlusion after cleft palate repair?**

- A. Orthodontists and prosthodontists**
- B. Cardiologists and endocrinologists**
- C. Dermatologists and ophthalmologists**
- D. Neurologists and audiologists**

Addressing dental occlusion after cleft palate repair hinges on bite correction and tooth replacement, tasks best handled by orthodontists and prosthodontists. Orthodontists assess tooth alignment, bite relationships, and occlusal planes, using braces, aligners, and interceptive techniques to guide eruption and correct malocclusion that often accompanies cleft-affected jaws. Prosthodontists focus on restoring function and aesthetics through tooth replacement options such as crowns, bridges, dentures, or implants, ensuring stable occlusion and facial support, often in coordination with orthodontic treatment. Although other specialties contribute to overall cleft care, they do not specialize in occlusion management; cardiologists and endocrinologists study systemic conditions, dermatologists and ophthalmologists handle skin and eye health, and neurologists and audiologists address the nervous system and hearing. Therefore, the dental team most directly involved in evaluating and managing dental occlusion after cleft palate repair is orthodontists and prosthodontists.

**5. Which action is the best approach after the parents show bonding with the infant?**

- A. Intervene to separate the parents and the infant.**
- B. Allow the parents time to bond with the infant.**
- C. Schedule a formal counseling session before bonding continues.**
- D. Limit parent contact to feeding times only.**

Encourage and support ongoing parent-infant bonding. When parents demonstrate a connection with their newborn, preserving that time together is essential for secure attachment, parental confidence, and positive infant development. For a baby with cleft lip/palate, bonding is especially important because it helps families feel capable of caring for feeding and other needs, even if there are challenges. Intervening to separate the parents would disrupt the bonding process and can heighten parental stress. Scheduling formal counseling right away isn't necessary unless there are clear signs of attachment concerns or distress that require it. Limiting contact to feeding times reduces opportunities for comforting touch, eye contact, and soothing, which strengthens bonding. So the best approach is to allow the parents time to bond with the infant and support their involvement with caregiving.

**6. What is the primary purpose of the Haberman nipple during feeding?**

- A. To allow milk to flow slowly and reach the back of the mouth.**
- B. To feed with solid foods.**
- C. To bypass breast milk entirely.**
- D. To feed without any effort from the infant.**

The Haberman nipple is designed to deliver milk at a slow, controlled rate, helping an infant who has difficulty with sucking, swallowing, and coordinating breathing—common in cleft lip/palate. By restricting the flow and directing milk toward the back of the mouth, it allows the infant to swallow more safely and with less effort, reducing the risk of choking or nasal regurgitation and promoting adequate intake. It is not for solid foods, not intended to bypass breast milk entirely, and it doesn't remove all effort from feeding—the flow is simply slowed to match the infant's ability.

**7. Which statement about the Haberman nipple is accurate?**

- A. The Haberman nipple is designed to support slow milk flow and back-of-mouth delivery for infants with cleft lip/palate.**
- B. The Haberman nipple heats milk.**
- C. The Haberman nipple is used for all infants regardless of feeding needs.**
- D. The Haberman nipple eliminates the need for burping.**

The Haberman nipple is designed for babies who need a very controlled, paced feed, such as those with cleft lip/palate. It delivers milk slowly and toward the back of the mouth, which helps the infant coordinate sucking, swallowing, and breathing and reduces the risk of milk flowing too quickly or into the nasal cavity. This targeted flow supports safer, easier feeding for kids who have difficulty with latching or managing a normal flow. It does not heat the milk, and it isn't used for every infant—it's specifically for those with feeding challenges like cleft lip/palate. It also doesn't eliminate the need to burp, since air swallowed during feeds still needs to be released.

**8. Why does the child need to see orthodontists and prosthodontists after cleft palate repair?**

- A. Client may have improper positioning of her teeth.**
- B. Client will require heart surgery in adolescence.**
- C. Client needs immunizations updated annually.**
- D. Client may develop vision problems.**

After cleft palate repair, the mouth often still has structural changes that affect how the teeth align and how the bite works. The repaired palate and the cleft area can alter tooth eruption patterns and the shape of the dental arches, leading to crowding, gaps, and misaligned teeth. An orthodontist helps move the teeth into proper positions and align the bite with braces or other appliances, while a prosthodontist works on restoring missing teeth, creating dental prostheses, or providing devices to close any residual openings, all of which support function, speech, and appearance. These specialists focus on the teeth and mouth, rather than other health areas like heart surgery, vaccines, or vision, which are managed by different professionals.

**9. What aspect of the home environment is highlighted as beneficial for the child's growth and development?**

- A. A loving home environment**
- B. Limited family involvement**
- C. Financial strain and neglect**
- D. Relying only on hospital care**

A loving, supportive home environment is the key factor that helps a child grow and develop across emotional, social, and physical domains. When caregivers are emotionally available and consistently involved, the child feels secure, which supports healthy attachment and reduces stress. This stability also underpins practical aspects of care for a child with cleft lip/palate, such as effective feeding, adherence to treatment plans, and initiation of speech and developmental activities. In a nurturing home, parents can provide regular routines, appropriate stimulation, and timely responses to the child's needs, all of which promote language, social interaction, and overall growth. By contrast, limited family involvement deprives the child of essential emotional support and learning opportunities. Financial strain and neglect introduce chronic stress and barriers to nutrition, medical follow-up, and therapy. Relying only on hospital care ignores the critical role of daily home-based practice, continuity of care, and the supportive environment that reinforces progress and resilience.

**10. Which prenatal screening could have detected a cleft lip at 13 to 14 weeks gestation?**

- A. Amniotic fluid analysis.**
- B. Ultrasound screening.**
- C. Maternal serum alpha-fetoprotein.**
- D. Noninvasive prenatal testing.**

Ultrasound screening is able to visualize the fetus's facial structures, so it can detect a cleft lip during the 13 to 14 weeks window when a detailed anomaly scan or enhanced facial imaging is performed. With high-quality 2D imaging or 3D/4D ultrasound and a skilled operator, the gap in the lip can be seen as the lip and palate form, allowing early identification and planning. Other options don't directly image anatomy. Amniotic fluid analysis involves sampling fetal cells to assess genetics, not facial structure. Maternal serum alpha-fetoprotein is a biochemical screen for neural tube and ventral wall defects and is not specific for facial clefts. Noninvasive prenatal testing analyzes fetal DNA for chromosomal abnormalities and likewise does not assess facial anatomy.

## Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://hesipediacasestudycleftlippalate.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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