NCLEX Antepartum and Intrapartum Practice Test (Sample)

Study Guide

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Questions

1. Physiological dilutional anemia in a pregnant client is primarily caused by:

A. Decreased iron intake

B. Increased blood volume of the mother during pregnancy

C. Inherited blood disorders

D. Chronic renal disease

2. What does it mean when a client asks about the baby being at "minus one"?

A. The fetal presenting part is at the level of the ischial spines

B. The fetal presenting part is 1 cm above the ischial spines

C. The fetal presenting part is 1 cm below the ischial spines

D. The fetal presenting part is engaged in the pelvis

3. Where is follicle-stimulating hormone produced in the body?

A. Ovaries

B. Anterior pituitary gland

C. Hypothalamus

D. Adrenal cortex

4. If a nurse palpates the anterior fontanel of a neonate and finds it soft, this is indicative of:

A. A normal finding

B. Increased intracranial pressure

C. Dehydration

D. Possible congenital defects

5. When assessing a client with a suspected ectopic pregnancy, which vital sign should be checked first?

A. Respiratory rate

B. Pulse

C. Blood pressure

D. Temperature

6. Which symptom would indicate the need to decrease oxytocin dosage in a client receiving it to augment labor?

A. Maternal hypertension

B. Fetal tachycardia

C. Frequent uterine contractions

D. Increased maternal heart rate

7. When monitoring a client with abruptio placentae for DIC, which finding is least likely associated with this condition?

A. Swelling of the calf of one leg

B. Rapid heart rate

C. Bleeding from gums

D. Oozing from intravenous sites

8. Goodell's sign, noted in a client's medical record, indicates which of the following?

A. A firm cervix

B. A softening of the cervix

C. An increase in cervical length

D. A decrease in cervical diameter

9. Where does fertilization of an ovum take place, according to the understanding of a nursing student?

A. In the uterus

B. Fallopian tube

C. Cervix

D. Ovary

10. What is the correct procedure for relieving an airway obstruction on an unconscious pregnant woman at 8 months' gestation?

A. Administer abdominal thrusts

B. Place a rolled blanket under the right abdominal flank and hip area

C. Position her in a supine position

D. Use a finger sweep to remove the obstruction

Answers

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

Explanations

1. Physiological dilutional anemia in a pregnant client is primarily caused by:

A. Decreased iron intake

B. Increased blood volume of the mother during pregnancy

C. Inherited blood disorders

D. Chronic renal disease

Physiological dilutional anemia during pregnancy occurs primarily due to the increased blood volume that a pregnant woman experiences. As the body prepares for the demands of supporting the growing fetus, blood volume increases by about 30% to 50%. This expansion is primarily due to an increase in plasma volume, which outpaces the increase in red blood cells during this time. While the body also produces more red blood cells to meet the increased oxygen demands of both the mother and the fetus, the degree of plasma volume expansion leads to a dilution of red blood cells, resulting in lower hemoglobin concentrations commonly observed in pregnant women. This condition is physiological and generally resolves after childbirth when blood volume returns to pre-pregnancy levels. In contrast, decreased iron intake, inherited blood disorders, and chronic renal disease do not primarily cause physiological dilutional anemia but may lead to other types of anemia. Iron intake is crucial for red blood cell production, yet it is not the reason for the dilution observed in this situation. Inherited blood disorders could lead to anemia but are not a typical physiological response to pregnancy. Chronic renal disease impacts kidney function, which can affect red blood cell production but is not directly linked to the physiological changes occurring during pregnancy. Understanding these concepts helps clarify why

2. What does it mean when a client asks about the baby being at "minus one"?

A. The fetal presenting part is at the level of the ischial spines

B. The fetal presenting part is 1 cm above the ischial spines

C. The fetal presenting part is 1 cm below the ischial spines

D. The fetal presenting part is engaged in the pelvis

When a client refers to the baby being at "minus one," they are indicating that the fetal presenting part is 1 cm above the ischial spines. In obstetrics, the positioning of the fetal head in relation to the ischial spines is measured in terms of station. The ischial spines are considered the zero point, or "0 station," in this measurement system. When the fetal head is described as being at "minus one," it signifies that the head has not yet passed through the ischial spines and is positioned above them. This is an important assessment in the progress of labor, as it helps healthcare providers understand how far the baby has descended into the birth canal. In contrast, if the fetal presenting part were at “plus one,” this would indicate the baby is descending and positioned below the ischial spines. The other options relate to different depths of descent in relation to the ischial spines but do not accurately capture the meaning of the client’s statement about being at "minus one." Hence, the understanding of fetal station is crucial for monitoring labor progression.

3. Where is follicle-stimulating hormone produced in the body?

A. Ovaries

B. Anterior pituitary gland

C. Hypothalamus

D. Adrenal cortex

Follicle-stimulating hormone (FSH) is produced in the anterior pituitary gland, which is located at the base of the brain. This hormone plays a crucial role in reproductive processes, especially in regulating the development of ovarian follicles in females and spermatogenesis in males. The anterior pituitary gland releases FSH in response to signals from the hypothalamus, which secretes gonadotropin-releasing hormone (GnRH). FSH stimulates the growth of ovarian follicles and prepares them for ovulation, thereby being central to the female reproductive cycle. In males, FSH promotes the production of sperm. Understanding the location of FSH production is essential for recognizing how endocrine signals interplay with reproductive health and function. Other options like the ovaries, hypothalamus, and adrenal cortex are involved in the endocrine system but are not the sites of FSH production. The ovaries themselves respond to FSH but do not produce it, while the hypothalamus produces GnRH that regulates FSH release. The adrenal cortex produces hormones such as cortisol and adrenaline, which are unrelated to FSH.

4. If a nurse palpates the anterior fontanel of a neonate and finds it soft, this is indicative of:

A. A normal finding

B. Increased intracranial pressure

C. Dehydration

D. Possible congenital defects

A soft anterior fontanel in a neonate is considered a normal finding. The anterior fontanel is the space where the frontal and parietal bones meet, and it typically remains soft and open at birth to allow for brain growth and development during the early months of life. This flexibility is essential for accommodating the rapidly growing brain and skull. Increased intracranial pressure, dehydration, and potential congenital defects would typically result in different physical characteristics. For example, a tense, bulging fontanel could indicate increased intracranial pressure, while a sunken fontanel might suggest dehydration. Variations in fontanel size or tension can also point to congenital abnormalities, but a soft fontanel is generally reassuring and indicates that the neonate's intracranial pressure is stable and that they are likely well-hydrated and healthy. Thus, finding a soft anterior fontanel aligns with the normal developmental expectations for a newborn.

5. When assessing a client with a suspected ectopic pregnancy, which vital sign should be checked first?

A. Respiratory rate

B. Pulse

C. Blood pressure

D. Temperature

In the context of a suspected ectopic pregnancy, it is crucial to assess the client's pulse as the first vital sign. The rationale behind prioritizing pulse assessment lies in the potential for significant blood loss due to internal bleeding, which is a serious complication of ectopic pregnancies. Monitoring the pulse can provide immediate insight into the patient's hemodynamic status; a rapid or weak pulse may indicate hypovolemia or shock resulting from the blood loss. While other vital signs such as blood pressure and respiratory rate are also important, they may not respond as quickly to changes in a patient's condition as the pulse does. Blood pressure can be affected by many factors and may not decrease until significant blood loss has occurred, potentially masking the urgency of the situation. Similarly, although respiratory rate can provide information on respiratory distress, it is less direct in assessing circulation and perfusion status when compared to pulse rate. Temperature, while important in detecting infection, is less immediate in the context of assessing hemodynamic stability in a suspected ectopic pregnancy. Thus, beginning with the pulse offers critical information that can guide further assessment and intervention.

6. Which symptom would indicate the need to decrease oxytocin dosage in a client receiving it to augment labor?

A. Maternal hypertension

B. Fetal tachycardia

C. Frequent uterine contractions

D. Increased maternal heart rate

Fetal tachycardia is a significant indicator that may warrant a decrease in the dosage of oxytocin during labor augmentation. This symptom, characterized by a fetal heart rate greater than 160 beats per minute, can suggest fetal distress or an adverse response to uterine hyperstimulation caused by excessive oxytocin. When there is fetal tachycardia, it can indicate that the fetus is not receiving adequate oxygenation, possibly due to insufficient placental perfusion or prolonged pressure from frequent uterine contractions. Therefore, reducing the oxytocin dosage can help alleviate these symptoms and promote a healthier environment for the fetus. In contrast, while maternal hypertension and increased heart rate could indicate maternal distress, they do not directly correlate to the need for adjusting oxytocin dosage in the same manner as fetal tachycardia. Frequent uterine contractions, depending on their frequency and intensity, may also suggest over-medication but are more directly of concern if they lead to fetal heart rate changes such as tachycardia. Thus, fetal tachycardia serves as a more critical and immediate reason to evaluate and modify oxytocin infusion.

7. When monitoring a client with abruptio placentae for DIC, which finding is least likely associated with this condition?

A. Swelling of the calf of one leg

B. Rapid heart rate

C. Bleeding from gums

D. Oozing from intravenous sites

In the context of abruptio placentae and the complications associated with disseminated intravascular coagulation (DIC), the least likely finding is swelling of the calf of one leg. Abruptio placentae, characterized by the premature separation of the placenta from the uterine wall, can lead to significant internal bleeding and changes in coagulation status. In cases of DIC, manifestations often include bleeding tendencies due to clotting factor consumption. This translates to clinical signs such as rapid heart rate, which occurs due to a compensatory response to blood loss, and bleeding from gums or oozing from intravenous sites, both of which are indicators of impaired coagulation and increased bleeding risk. Swelling of the calf, while it may indicate thrombosis or other vascular complications, is not a typical finding associated with DIC in the context of abruptio placentae. Such swelling is more commonly linked to conditions like deep vein thrombosis, which does not directly relate to the coagulation disturbances characteristic of DIC. Thus, the presence of the other findings is more consistent with the complications of DIC arising from abruptio placentae.

8. Goodell's sign, noted in a client's medical record, indicates which of the following?

A. A firm cervix

B. A softening of the cervix

C. An increase in cervical length

D. A decrease in cervical diameter

Goodell's sign refers to the physiological change that occurs in the cervix during early pregnancy, specifically the softening of the cervix. This sign is due to the increased vascularity and hormonal changes associated with pregnancy, particularly the effects of estrogen. As a result, the normally firm tissue of the cervix becomes more pliable and soft, which can be clinically noted during a pelvic examination. This softening is significant as it often occurs around the sixth week of gestation and is one of the early signs that can indicate pregnancy. The other options do not accurately describe Goodell's sign: a firm cervix or an increase in cervical length would not align with the changes induced by pregnancy hormones, and a decrease in cervical diameter does not directly relate to the changes that Goodell's sign encompasses. Recognizing Goodell's sign is vital for healthcare providers in confirming pregnancy and monitoring cervical changes throughout antepartum care.

9. Where does fertilization of an ovum take place, according to the understanding of a nursing student?

A. In the uterus

B. Fallopian tube

C. Cervix

D. Ovary

Fertilization of an ovum typically occurs in the fallopian tube. This is a crucial point in understanding human reproduction, as the fallopian tubes are the pathways through which the ovum travels from the ovary to the uterus. During this process, if sperm are present in the fallopian tube at the time the ovum is released from the ovary, fertilization can occur. The sperm and ovum unite to form a zygote, which then begins its journey toward the uterus for implantation. Understanding this biological mechanism is essential for nursing students, as it lays the foundation for recognizing normal and abnormal pregnancy developments as well as potential issues in reproductive health. The other locations mentioned—like the uterus, cervix, and ovary—are involved in different stages of the reproductive process but are not the site of fertilization itself. The uterus is where implantation takes place, the cervix serves as a passageway during labor and delivery, and the ovary is responsible for producing the ova but is not where fertilization occurs.

10. What is the correct procedure for relieving an airway obstruction on an unconscious pregnant woman at 8 months' gestation?

A. Administer abdominal thrusts

B. Place a rolled blanket under the right abdominal flank and hip area

C. Position her in a supine position

D. Use a finger sweep to remove the obstruction

The correct procedure for relieving an airway obstruction in an unconscious pregnant woman at eight months' gestation is to place a rolled blanket under the right abdominal flank and hip area. This position is crucial as it helps to relieve pressure on the inferior vena cava, a large vein that can be compressed by the weight of the uterus when the woman lies flat on her back, especially in the later stages of pregnancy. By tilting the woman to the left (often achieved by placing a support under her right side), this maneuver optimizes blood flow and minimizes the risk of hypotension, ensuring that both the mother and the fetus remain stable during the emergency intervention. In this scenario, administering abdominal thrusts is inappropriate due to the potential for injury. Instead, chest thrusts may be utilized when the woman is unconscious, but proper positioning is the first crucial step. Positioning her supine does not take into account the physiological changes of pregnancy, which can lead to compromised venous return and decreased cardiac output, making it unsafe. Using a finger sweep to remove the obstruction could cause further airway trauma and is typically advised only if the object is visible and easily removable, rather than as a standard procedure. In emergencies involving pregnant individuals, adjusting the position correctly is essential for ensuring