Nursing Management During Pregnancy Practice Test (Sample)

Study Guide

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Questions

1. **Which of the following is a key indicator for assessing fetal well-being during pregnancy?**
   - **A. Fetal heart rate**
   - **B. Maternal weight gain**
   - **C. Maternal blood pressure**
   - **D. Level of fetal movement**

2. **Which statement from a pregnant woman indicates a need for further teaching regarding the management of flatulence and bloating during pregnancy?**
   - **A. "I'll avoid carbonated drinks."**
   - **B. "I'll switch to chewing gum instead of using mints."**
   - **C. "I'll eat small meals throughout the day."**
   - **D. "I'll increase my water intake."**

3. **How can a nurse support a breastfeeding patient effectively?**
   - **A. By recommending formula feeding instead**
   - **B. By providing information on breastfeeding positions and techniques**
   - **C. By suggesting weaning the baby immediately**
   - **D. By minimizing the importance of breastfeeding**

4. **What should a nurse do when a patient expresses concern about routine testing during pregnancy?**
   - **A. Reassure them that all testing is optional.**
   - **B. Explain the purpose and importance of the tests.**
   - **C. Advise them to avoid testing if they feel uncomfortable.**
   - **D. Encourage them to seek a second opinion.**

5. **Which fundal height measurement at 6 months' gestation requires no further intervention?**
   - **A. 22 cm**
   - **B. 24 cm**
   - **C. 26 cm**
   - **D. 20 cm**

6. What is the purpose of the surfactant given to a neonate born at 32 weeks' gestation?

A. To prevent infections

B. Helps the lungs remain expanded after the initiation of breathing

C. To improve circulation

D. To enhance digestive function

7. When is Rh immunoglobulin administration necessary?

A. When a mother has a history of miscarriage

B. When an Rh-negative mother is pregnant with an Rh-positive fetus

C. After the birth of every child

D. During the third trimester regardless of blood type

8. During the third trimester, what is the most likely cause of constipation the nurse would discuss with the client?

A. Increased physical activity

B. Fiber intake decrease

C. Pressure on the intestine by the growing fetus

D. Hormonal changes in the body

9. A pregnant client experiencing heart palpitations and leg cramps would best be diagnosed with which nursing diagnosis?

A. Imbalanced nutrition

B. Health-seeking behaviors

C. Disturbed sleep patterns

D. Risk for impaired skin integrity

10. For a pregnant client who normally smokes 2 packs per day, what is a realistic goal during the initial clinic visit?

A. To quit smoking entirely by the next visit

B. To reduce smoking by 50 percent by the next visit

C. To consult a doctor about cessation options

D. To cut back to one pack a day

Answers

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

Explanations

1. Which of the following is a key indicator for assessing fetal well-being during pregnancy?

A. Fetal heart rate

B. Maternal weight gain

C. Maternal blood pressure

D. Level of fetal movement

Fetal heart rate is a crucial indicator for assessing fetal well-being during pregnancy because it provides direct insight into the fetal condition and overall health. A normal fetal heart rate typically ranges from 110 to 160 beats per minute and reflects the fetus's ability to respond to various stimuli, indicating adequate oxygenation and neurological development. Monitoring fetal heart rate can help healthcare providers detect any potential issues, such as fetal distress or complications that may arise during pregnancy or labor. An abnormal heart rate pattern may prompt further evaluation, including stress tests or continuous fetal monitoring, to ensure the safety and well-being of the fetus. While maternal weight gain, blood pressure, and fetal movement are also essential factors in assessing the overall health of the mother and fetus, they do not provide as direct or immediate information regarding the fetus's current physiological state. Maternal weight gain can indicate nutritional status and potential issues, while maternal blood pressure is vital for assessing the mother's health and detecting conditions like preeclampsia. The level of fetal movement can give clues about fetal activity and well-being but is less specific than fetal heart rate monitoring in immediate clinical assessment. Thus, fetal heart rate stands out as the most direct and vital marker of fetal health.

2. Which statement from a pregnant woman indicates a need for further teaching regarding the management of flatulence and bloating during pregnancy?

A. "I'll avoid carbonated drinks."

B. "I'll switch to chewing gum instead of using mints."

C. "I'll eat small meals throughout the day."

D. "I'll increase my water intake."

The correct answer highlights a misunderstanding about the management of flatulence and bloating during pregnancy. Chewing gum can cause a pregnant woman to swallow excess air, which may actually lead to increased gas and bloating. While mints may provide a soothing effect on the stomach, the act of chewing gum can counteract efforts to manage these gastrointestinal discomforts. In contrast, avoiding carbonated drinks, eating small meals throughout the day, and increasing water intake are all effective strategies to reduce flatulence and bloating. Carbonated beverages can contribute to gas, and the suggestion of eating smaller meals can help ease digestion. Increased water intake is beneficial for overall digestion and can help prevent constipation, which is often a contributor to bloating during pregnancy. Therefore, the statement indicating a switch to chewing gum reflects a need for further teaching on how to manage these symptoms effectively.

3. How can a nurse support a breastfeeding patient effectively?

A. By recommending formula feeding instead

B. By providing information on breastfeeding positions and techniques

C. By suggesting weaning the baby immediately

D. By minimizing the importance of breastfeeding

A nurse can effectively support a breastfeeding patient by providing information on breastfeeding positions and techniques. This support is crucial because many new mothers may not be familiar with the best ways to position their baby for feeding or the various techniques that can make breastfeeding more comfortable and effective. Educating the mother on the signs of a proper latch, different holds (such as the cradle hold or football hold), and strategies for addressing common breastfeeding challenges can greatly enhance the breastfeeding experience. When a nurse offers practical, evidence-based guidance, it not only empowers the mother with the skills she needs to succeed but also fosters her confidence in her ability to nourish her baby. This support is essential in promoting breastfeeding and ensuring that both mother and baby can bond healthily and comfortably during this time. By focusing on positions and techniques, the nurse is directly addressing common concerns and enhancing the patient's breastfeeding journey.

4. What should a nurse do when a patient expresses concern about routine testing during pregnancy?

A. Reassure them that all testing is optional.

B. Explain the purpose and importance of the tests.

C. Advise them to avoid testing if they feel uncomfortable.

D. Encourage them to seek a second opinion.

The appropriate response when a patient expresses concern about routine testing during pregnancy is to explain the purpose and importance of the tests. Providing clear and thorough information helps the patient understand the medical reasoning behind these tests and can alleviate their concerns. Routine testing during pregnancy is crucial for monitoring both the mother's health and the baby's development. For instance, tests can screen for conditions that may affect the pregnancy, detect genetic disorders, or monitor the progress of the fetus. By understanding the benefits and the potential risks associated with not undergoing these tests, a patient can make informed decisions about their care. When patients are educated about these aspects, they often feel more empowered and less anxious, leading to better compliance with necessary medical recommendations. This approach aligns with patient-centered care, which emphasizes the importance of understanding and addressing individual concerns in a supportive manner.

5. Which fundal height measurement at 6 months' gestation requires no further intervention?

A. 22 cm

B. 24 cm

C. 26 cm

D. 20 cm

The correct measurement of fundal height at 6 months' gestation being 24 cm aligns with expected growth patterns during pregnancy. Typically, the fundal height in centimeters should roughly correlate with the number of weeks of gestation, plus or minus 2 cm. At 24 weeks (which is approximately 6 months), a fundal height of 24 cm suggests normal growth and development of the fetus. This measurement indicates that the uterus is expanding appropriately to accommodate the growing fetus. In general, if the fundal height is within the expected range for the gestational age, no further intervention is necessary. This is important as deviations may indicate potential issues, such as intrauterine growth restriction or excessive amniotic fluid, which would require further evaluation. However, since the measurement of 24 cm is within a normal range, it does not require additional investigation. In contrast, significant deviations from this expected range could suggest complications, which is why this careful assessment is essential.

6. What is the purpose of the surfactant given to a neonate born at 32 weeks' gestation?

A. To prevent infections

B. Helps the lungs remain expanded after the initiation of breathing

C. To improve circulation

D. To enhance digestive function

Surfactant is a substance that plays a critical role in neonatal respiratory health, particularly for infants born preterm, such as those at 32 weeks' gestation. The primary function of surfactant is to reduce the surface tension within the alveoli, the tiny air sacs in the lungs where gas exchange occurs. By decreasing this surface tension, surfactant helps keep the alveoli open and prevents them from collapsing, especially during the transition from fetal to neonatal life when the infant takes its first breaths. This is crucial for enabling effective respiration, as it allows the lungs to expand properly and facilitates the exchange of oxygen and carbon dioxide. Without adequate surfactant, premature infants are at high risk for respiratory distress syndrome (RDS), a condition characterized by labored breathing and poor oxygenation, making surfactant therapy an essential component of care for these vulnerable neonates. In this context, the function of surfactant directly supports lung function and helps ensure that the lungs remain expanded after the initiation of breathing, promoting overall respiratory stability and effectiveness.

7. When is Rh immunoglobulin administration necessary?

A. When a mother has a history of miscarriage

B. When an Rh-negative mother is pregnant with an Rh-positive fetus

C. After the birth of every child

D. During the third trimester regardless of blood type

Rh immunoglobulin administration is necessary when an Rh-negative mother is pregnant with an Rh-positive fetus. This is crucial because if the fetal blood, which may contain Rh-positive cells, enters the mother's circulation, her immune system could recognize these cells as foreign and produce antibodies against them. This sensitization can lead to hemolytic disease of the newborn in future pregnancies if the mother becomes pregnant again with an Rh-positive baby. The administration of Rh immunoglobulin helps prevent the mother's immune system from creating these antibodies, protecting both the current pregnancy and any future pregnancies. The other scenarios presented do not trigger the need for Rh immunoglobulin. A history of miscarriage may not be relevant unless there was Rh sensitization specifically associated with that event. Administering Rh immunoglobulin after the birth of every child is not necessary unless the child is Rh-positive and the mother is Rh-negative. Routine administration during the third trimester without context regarding the mother's blood type does not follow established guidelines since it's specifically meant for those at risk of sensitization.

8. During the third trimester, what is the most likely cause of constipation the nurse would discuss with the client?

A. Increased physical activity

B. Fiber intake decrease

C. Pressure on the intestine by the growing fetus

D. Hormonal changes in the body

During the third trimester of pregnancy, constipation is commonly linked to the pressure that the growing fetus exerts on the intestines. As the uterus expands, it can compress the lower intestines, which may slow down the movement of stool through the digestive tract. This physical pressure can lead to difficulties in passing stools, increasing the likelihood of constipation. While hormonal changes can also contribute to constipation, particularly the increase in progesterone which relaxes smooth muscle, the direct mechanical effect of the fetus's growth is generally a more immediate and observable cause that nurses would prioritize in education and discussion with clients during this stage. Increased physical activity during pregnancy typically helps alleviate constipation, as movement stimulates bowel function. A decrease in fiber intake would also contribute to constipation; however, it is more of an individual dietary concern rather than a universal issue faced by all pregnant women in this trimester. Overall, the most evident and widely recognized cause of constipation during the third trimester is indeed the pressure exerted by the growing fetus on the intestines.

9. A pregnant client experiencing heart palpitations and leg cramps would best be diagnosed with which nursing diagnosis?

A. Imbalanced nutrition

B. Health-seeking behaviors

C. Disturbed sleep patterns

D. Risk for impaired skin integrity

The most suitable nursing diagnosis for a pregnant client experiencing heart palpitations and leg cramps is related to health-seeking behaviors. This diagnosis takes into account the client's symptoms and reflects a need for the client to engage in behaviors that will promote her health and the health of her fetus. Heart palpitations and leg cramps can signal underlying issues such as dehydration, electrolyte imbalances, or the effects of increased blood volume and hormonal changes during pregnancy. A diagnosis focused on health-seeking behaviors encourages the client to seek medical advice, explore lifestyle changes, and obtain information regarding her symptoms. It promotes active participation in her care, leading to improved management of her condition during pregnancy. The other options, while relevant to different aspects of a client's health, do not directly address the immediate concerns raised by the client's symptoms. For example, imbalanced nutrition may be a possible issue but does not directly correlate with the symptoms of heart palpitations and leg cramps. Similarly, disturbed sleep patterns may arise from various factors during pregnancy but don't specifically relate to these symptoms. Risk for impaired skin integrity does not pertain to the client's current concerns and symptoms. Thus, the emphasis on health-seeking behaviors effectively addresses the significance of the client's symptoms and her need to engage

10. For a pregnant client who normally smokes 2 packs per day, what is a realistic goal during the initial clinic visit?

A. To quit smoking entirely by the next visit

B. To reduce smoking by 50 percent by the next visit

C. To consult a doctor about cessation options

D. To cut back to one pack a day

Setting a goal to reduce smoking by 50 percent by the next visit is a realistic and achievable target for a pregnant client who normally smokes 2 packs per day. Rapid cessation of smoking can often lead to withdrawal symptoms and increased stress, which could negatively impact both the mother's health and the developing fetus. This gradual reduction approach allows the client to experience success and build confidence as she works towards minimizing the risks associated with smoking during pregnancy. It also provides an opportunity for the healthcare provider to support the client in making long-term changes while addressing behavioral habits and potential triggers associated with smoking. This strategy underscores the importance of harm reduction in smoking cessation during pregnancy. It encourages the client to engage in her health improvement journey without overwhelming her with an immediate and potentially unattainable expectation of total cessation right away.