

### MULTIPLE CHOICE

1. Which of these statements regarding prenatal risk factors is TRUE?
- Fathers who smoke can contribute to decreased birth weight in their infants.
  - Fetal alcohol syndrome is associated with excessive intake of alcohol during the second trimester of pregnancy.
  - Illicit drug use is responsible for a majority of spontaneous abortions and stillbirths.
  - Mothers who are not immune to rubella should be immunized during the first trimester of pregnancy to prevent the fetus from being exposed to rubella.

ANS: A

Prenatal risk factors include teratogenic medications, smoking, alcohol, illicit drugs, genetic factors, and parental considerations such as that fathers who smoke can contribute to decreased birth weight in their infants.

PTS: 1 DIF: Application REF: White (2010)

2. In addition to syphilis and gonorrhea, prenatal laboratory work usually includes tests for which of these infectious diseases?
- tuberculosis and pneumonia
  - herpes zoster and meningitis
  - influenza and bronchitis
  - chlamydia and human papillomavirus

ANS: D

Immunization status should be confirmed and testing for sexually transmitted diseases (syphilis, gonorrhea, chlamydia, and human papillomavirus) should be performed to minimize adverse effects on the fetus.

PTS: 1 DIF: Comprehension REF: White (2010)

3. Which of these terms would the nurse use when describing the fertilized ovum prior to implantation?
- embryo
  - fertilized ovum
  - fetus
  - zygote

ANS: D

Fertilization or conception occurs when a sperm and ovum unite. The fertilized ovum is called a zygote.

PTS: 1 DIF: Comprehension REF: White (2010)

4. The nurse explains to the prenatal client that the implantation of the fertilized ovum begins on approximately what day after conception?
- 5th
  - 7th
  - 9th
  - 11th

ANS: A

About 7 days after ovulation or 5 days after fertilization, the trophoblast burrows into the endometrium. This is called implantation.

PTS: 1 DIF: Comprehension REF: White (2010)

5. The fetus is surrounded by a fluid-filled cavity enclosed by which of these membranes?
- amnion and chorion
  - cotyledons and funis
  - decidua basalis and decidua capsularis
  - ectoderm and endoderm

ANS: A

The outer fetal membrane is the chorion; the chorionic villi attached to the uterine wall form the placenta. The inner membrane, the amnion, slightly adheres to the chorion and forms the amniotic sac.

PTS: 1 DIF: Comprehension REF: White (2010)

6. Functions of the placenta include serving as:
- a barrier preventing all infectious and toxic substances from reaching the fetus
  - a source of equalizing pressure around the fetus
  - an organ of oxygen exchange between the fetus and mother
  - an organ controlling fetal development

ANS: C

Oxygenated blood comes from the placenta and enters the fetus at the umbilicus, through the umbilical vein. Blood moves through fetal circulation, and two umbilical arteries return blood to the placenta to be oxygenated.

PTS: 1 DIF: Comprehension REF: White (2010)

7. Upon examination, a normal umbilical cord should contain:
- one artery and one vein
  - one artery and two veins
  - two arteries and one vein
  - two arteries and two veins

ANS: C

Oxygenated blood comes from the placenta and enters the fetus at the umbilicus, through the umbilical vein. Blood moves through fetal circulation, and two umbilical arteries return blood to the placenta to be oxygenated.

PTS: 1 DIF: Comprehension REF: White (2010)

8. A father asks when his baby's heart will start beating. The nurse should tell the father the primitive heart begins to beat at which of these times after conception?
- a. 21 days
  - b. week 8
  - c. week 12
  - d. week 16

ANS: A

By the 8th week after conception, all systems have started to form. The heart begins to beat on the 21st day. Most congenital malformations of the heart and great vessels develop during the 6th to 8th week.

PTS: 1

DIF: Comprehension

REF: White (2010)

9. In the fetus, the foramen ovale causes the majority of blood to bypass which of these structures?
- a. coronary sinus
  - b. left ventricle
  - c. right ventricle
  - d. superior vena cava

ANS: C

The blood enters the right atrium and moves through the foramen ovale to the left atrium and then to the left ventricle. A small portion of this blood passes into the right ventricle.

PTS: 1

DIF: Comprehension

REF: White (2010)

10. Which of these substances starts to form around week 16 and may be present in amniotic fluid if the fetus encounters hypoxic stress during the pregnancy, labor, or delivery?
- a. blood
  - b. fetal hemoglobin
  - c. meconium
  - d. urine

ANS: C

Meconium forms at week 16. The fetus begins swallowing amniotic fluid by week 20. If the fetus is under stress or has hypoxia, meconium may be passed into the amniotic fluid, which increases the risk for the fetus.

PTS: 1

DIF: Comprehension

REF: White (2010)

11. A pregnant client expresses concern that she will develop varicose veins toward the end of her pregnancy. The nurse should recognize that varicose veins are the result of:
- a. a genetic defect in the valves of lymph ducts in the lower extremities
  - b. compression of the abdominal veins by the progressively enlarging uterus
  - c. increased cardiac volume that normally occurs in the last half of the pregnancy
  - d. increased fluid volume resulting from the placental filtering of maturing fetal systems

ANS: B

Cardiovascular changes in pregnant women include the following. Pulse increases by 10 to 15 bpm. Cardiac output increases 30% to 50%. Blood pressure decreases during the second trimester but gradually increases during the third trimester. The enlarged uterus interferes with blood return and may cause dependent edema and varicose veins.

PTS: 1

DIF: Comprehension

REF: White (2010)

12. Normal physiologic changes of pregnancy include which of the following?
- a. Airway resistance is increased due to progesterone production.
  - b. Increased estrogen causes a loosening of connective tissue and an increase in vaginal secretions.
  - c. Maternal blood volume increases 50% to 75%
  - d. Increased peristalsis contributes to heartburn and gastric reflux.

ANS: B

Musculoskeletal changes also occur. The pregnant client's center of gravity changes, and lordosis causes low backache and a waddling gait. Relaxin causes relaxation of pelvic joints, and an increase in estrogen causes a loosening of connective tissue and an increase in vaginal secretions.

PTS: 1

DIF: Application

REF: White (2010)

13. At 34 weeks' gestation, a normal prenatal client should have a hematocrit of:
- a. less than 25%
  - b. 25% to 35%
  - c. 34% to 40%
  - d. more than 40%

ANS: C

Blood volume increases 30% to 50%, and increased plasma can cause physiologic anemia of pregnancy. White blood cells may increase to 18,000. Hematocrit increases to 34% to 40%. Platelets and other clotting factors also elevate and increase the risk for venous thrombosis.

PTS: 1

DIF: Comprehension

REF: White (2010)

14. At her first prenatal visit a client discusses how her breasts have changed since she became pregnant. What are the normal breast changes that occur during the first trimester?
- a. darkening of the areola, increased size, and enlarged Montgomery's tubercles
  - b. flattening of the nipple, decreased size, and tenderness
  - c. lightening of the areola, tingling sensation, and colostrum leakage
  - d. shrinking of the areola, throbbing sensation, and milk production

ANS: A

Breasts enlarge, and colostrum is secreted from them during the last trimester. Nipples become more erect and areolas darken.

PTS: 1

DIF: Comprehension

REF: White (2010)

15. A prenatal client expresses concern about the irregular brown spotted areas she has recently noticed on her forehead and around her eyes. What should the nurse tell the client about the name and nature of these changes?
- They are called chloasma and are temporary
  - They are called linea nigra and are permanent.
  - They are called spider nevi and are permanent.
  - They are called striae gravidarum and are temporary.

ANS: A

Integumentary changes include linea nigra, chloasma, and striae gravidarum.

PTS: 1 DIF: Comprehension REF: White (2010)

16. When a primigravida comes for her 20-week prenatal visit, which of these presumptive signs of pregnancy would the nurse expect the client to report?
- Chadwick's sign
  - Hegar's sign
  - lightening
  - quickening

ANS: D

Presumptive signs of pregnancy include amenorrhea, nausea and vomiting, breast changes, increased urinary frequency, excessive fatigue, abdominal enlargement, and quickening. Quickening, fetal movement felt by the mother usually occurs between weeks 16 and 20.

PTS: 1 DIF: Application REF: White (2010)

17. In addition to auscultation of fetal heartbeat and visualization of the fetus, which of these is a positive sign of pregnancy?
- positive urine pregnancy test
  - Braxton Hicks contractions
  - palpation of fetal movement
  - Goodell's sign

ANS: C

Positive signs of pregnancy occur when the examiner hears the fetal heartbeat, sees the fetus, and feels fetal movement.

PTS: 1 DIF: Application REF: White (2010)

18. At her 36 weeks' gestation prenatal visit, a client complains of backaches and an "unstable" sensation in the pelvis. The nurse should explain to the client that these are normal discomforts of pregnancy primarily due to:
- depletion of calcium from maternal bones to supply fetal skeletal development
  - engagement of the fetus in the pelvis
  - softening of the pelvic cartilages as a result of hormonal influence
  - posture changes as a result of the growing uterus

ANS: D

Musculoskeletal changes also occur. The pregnant client's center of gravity changes, and lordosis causes low backache and a waddling gait. Relaxin causes relaxation of pelvic joints.

PTS: 1 DIF: Comprehension REF: White (2010)

19. The obstetrician performed a vaginal examination on a client in her third trimester and gave a sudden push on the cervix. Later, the client asks the nurse what the procedure was and why it was done. The MOST appropriate response from the nurse would be:
- ballottement (fetal rebound)
  - Braxton Hicks (contractions)
  - lightening (uterine reflex)
  - quickening (fetal movement)

ANS: A

Ballottement is performed by a vaginal examination on a client in the third trimester and checks for fetal rebound by giving a sudden push on the cervix.

PTS: 1 DIF: Application REF: White (2010)

20. Which of these terms describes the developmental task of pregnancy that occurs as the mother incorporates the growing fetus into her body image?
- fetal distinction
  - fetal embodiment
  - pregnancy validation
  - role transition

ANS: B

Fetal embodiment occurs as the mother incorporates the growing fetus into her body image. The physical changes she is experiencing, especially the growing uterus, help her meet this task.

PTS: 1 DIF: Application REF: White (2010)

21. Couvade is BEST described as the:
- development of physical symptoms of pregnancy by the expectant father
  - fluid that contains antibodies and is secreted by the breasts prior to breast milk
  - motion of rebound that the floating fetus experiences when pushed upward through the vagina or abdomen
  - soft blowing sound occurring at the same rate as the maternal heart rate when the abdomen of a pregnant mother is auscultated

ANS: A

Couvade is the expectant father's development of physical symptoms such as fatigue, depression, headache, backache, and nausea.

PTS: 1 DIF: Comprehension REF: White (2010)

22. A client's last menstrual period began on July 13. Using Naegele's rule, the nurse calculates the client's estimated date of delivery (EDD) as:
- March 6
  - March 20
  - April 6
  - April 20

ANS: D

Naegele's rule is take the date of the first day of the last menstrual period, subtract 3 months, and add 7 days.

PTS: 1 DIF: Comprehension REF: White (2010)

23. A client's fundal height has increased 4 centimeters since her last prenatal exam 1 month ago. The nurse should recognize that this measurement indicates:
- excessive amniotic fluid
  - fetal growth retardation
  - need for further examination because of the possibility of twins
  - normal fetal growth

ANS: D

Visit-to-visit evaluation of fundal height provides a general pattern of fetal growth. At 20 weeks' gestation, the fundal height should be generally 20 cm and 25 cm at 25 weeks.

PTS: 1 DIF: Application REF: White (2010)

24. A client at 30 weeks' gestation asks about her allowable weight gain for the remainder of her pregnancy. A weight gain of how many pounds would be the most acceptable?
- 1 pound per week over the remainder of the pregnancy
  - 5 pounds total over the next 10 weeks
  - 15 pounds total over the next 10 weeks
  - 20 pounds total over the next 10 weeks

ANS: A

Total weight gain in a woman of normal weight should be 25 to 35 pounds, distributed as follows: weeks 1 to 12: 2 to 4 pounds; weeks 13 to 40: 1 pound per week.

PTS: 1 DIF: Application REF: White (2010)

25. A client of normal prepregnancy weight asks what her total weight gain during the pregnancy should be. The MOST appropriate answer for the nurse is:
- 10 to 12 pounds
  - 14 to 16 pounds
  - 20 to 25 pounds
  - 25 to 35 pounds

ANS: D

Total weight gain in a woman of normal weight should be 25 to 35 pounds, distributed as follows: weeks 1 to 12: 2 to 4 pounds; weeks 13 to 40: 1 pound per week.

PTS: 1 DIF: Comprehension REF: White (2010)

26. A prenatal Pap smear is done on cervical secretions to diagnose which of these conditions?
- cervical carcinoma
  - chronic cervicitis
  - gonorrhea
  - primary syphilis

ANS: A

Immunization status should be confirmed, a Pap smear should be done to evaluate the presence of cervical carcinoma, and testing for sexually transmitted diseases should be performed to minimize adverse effects on the fetus.

PTS: 1 DIF: Comprehension REF: White (2010)

27. Assessment of fetal position is routinely performed during a client's prenatal visits using:
- an abdominal ultrasound
  - extroversion
  - Leopold's maneuvers
  - a vaginal ultrasound

ANS: C

Leopold's maneuvers is a series of specific palpations of the pregnancy uterus to determine fetal positioning and presentation.

PTS: 1 DIF: Comprehension REF: White (2010)

28. During a physical examination, the fetal heart rate is considered to be tachycardia. How many beats per minute would the nurse expect to hear?
- 60 to 90
  - 91 to 100
  - 110 to 160
  - 170 to 180

ANS: D

Normal fetal heart rate is 110 to 160 bpm: above 160 bpm is tachycardia, below 110 bpm is bradycardia.

PTS: 1 DIF: Comprehension REF: White (2010)

29. A client asks why she must provide a urine specimen at each of her prenatal visits. The nurse should explain that it is necessary to:
- check for an excess of protein or sugar, which may indicate a complication of pregnancy
  - check for urinary tract infections, which are more prevalent as the pregnancy progresses
  - increase comfort during examination by emptying her bladder first
  - prevent bladder damage in the event a pelvic examination is performed

ANS: A

Each visit, a urine sample is tested with a dipstick for protein, glucose, and ketones.

PTS: 1 DIF: Comprehension REF: White (2010)

30. A nurse should instruct a prenatal client to report any warning signs during pregnancy, such as:
- dizziness and visual disturbances
  - urinary frequency and diarrhea
  - weight gain of more than 30 pounds
  - itchy skin and bleeding gums

ANS: A

Dizziness and visual disturbances experienced during pregnancy should be reported to the health care provider right away as this may be an indication of hypertension or preeclampsia.

PTS: 1

DIF: Comprehension

REF: White (2010)

31. In addition to telling the client to report any warning signs, a nurse should provide anticipatory guidance for a pregnant client that includes which of these topics?
- avoiding environmental hazards
  - how to maintain or increase a physical exercise program
  - how to reduce kilocalorie intake
  - cultural variations and views of pregnancy

ANS: A

Anticipatory guidance for a pregnant client should include environmental hazards, discomforts of pregnancy, warning signs, and nutrition.

PTS: 1

DIF: Comprehension

REF: White (2010)

32. Which of the following factors place a woman at risk of nutritional inadequacy during pregnancy?
- adolescence
  - anxiety
  - multiple gestation
  - previous pregnancies

ANS: A

The adolescent is at nutritional risk during pregnancy due to the demands of her own growth and pregnancy, possible poor dietary habits, and the possibility of trying to hide pregnancy.

PTS: 1

DIF: Application

REF: White (2010)

33. A pregnant client tells the nurse that she is having leg cramps. Which of these suggestions should the nurse offer?
- Wear low-heeled shoes.
  - Apply ice packs to the legs.
  - Pull toes toward the knees.
  - Avoid fluids containing caffeine.

ANS: C

When experiencing leg cramping, flexion of the calf muscles by pulling the toes toward the knee can often alleviate the cramp.

PTS: 1

DIF: Comprehension

REF: White (2010)

34. A pregnant client tells the nurse, "I don't know what's the matter with me. I am happy about my pregnancy but seem to cry a lot." Which of these responses should the nurse make?
- "Everyone has these feelings."
  - "What does your husband have to say about this?"
  - "You ought to see a counselor."
  - "Normal hormonal changes contribute to these mood swings."

ANS: D

Discomforts of pregnancy include hormonal changes that can prompt mood swings.

PTS: 1

DIF: Comprehension

REF: White (2010)

35. A client's last menstrual period began on June 16. Using Naegele's rule, the nurse calculates the client's estimated date of delivery (EDD) as:
- March 9
  - April 23
  - March 23
  - April 6

ANS: C

Naegele's rule is to take the date of the first day of the last menstrual period, subtract 3 months, and add 7 days.

PTS: 1

DIF: Comprehension

REF: White (2010)

## MULTIPLE RESPONSE

1. Which of the following are the most common reasons for why a pregnant client does not seek prenatal care in a timely manner? (Select all that apply.)
- underlying mental illness issues
  - substance abuse problems
  - unaware of pregnancy
  - health care provider does not do prenatal care
  - denial of pregnancy

ANS: A, B, E

Women who do not seek prenatal care in a timely manner often have an underlying mental illness, have a substance abuse problem, or may be in denial of pregnancy.

PTS: 1

DIF: Comprehension

REF: White (2010)