

Practice Exam Questions



RNC-MNN

Maternal Newborn Nursing



EXAMAIDES

PASS YOUR EXAM AT FIRST TRY

Total Question: 350 QAs

Question No: 1

Correct statements about breastfeeding and formula-feeding include which of the following?

- A. there is a faster return to pre-pregnancy weight in mothers of formula-fed infants
- B. there is a lower incidence of milk-protein allergy in formula-fed infants
- C. there is an improved immunity in breastfed infants

Answer: C

Explanation: Whenever possible, breastfeeding is the nutritional method of choice for the newborn infant and has many advantages for both the infant and the postpartum mother. The nutritional composition of human milk is ideal for the newborn infant and cannot be entirely replicated in formula. Breastfed infants have improved immunity relative to formula-fed infants, including a decreased risk for respiratory and gastrointestinal infections, serious bacterial infections, and allergic disease, including milk-protein allergy. Advantages for the breastfeeding mother include faster postpartum weight loss and a lower risk of breast and ovarian cancer later in life.

Question No: 2

The dark red uterine discharge expelled in the first 2-3 days postpartum is

- A. lochia rubra
- B. lochia serosa
- C. lochia alba

Answer: A

Explanation: The uterine discharge expelled in the postpartum period is called lochia and consists of blood cells, epithelial cells, uterine debris, and the superficial layer of the endometrial decidua basal is. Lochia rubra is expelled in the first 2-3 days of the postpartum period; it is dark red in color and may include expulsion of small clots, usually as a result of pooling of the lochia rubra in the upper vagina. Lochia serosa is a pink-colored discharge and is expelled on days 4-10 postpartum. Lochia alba is a white-yellow discharge that is seen for 1-2 weeks following the lochia serosa. Variations in volume and duration are common, but the overall trend with lochia should be a lighter color and volume as time elapses. Assessment of lochia volume and character is important in the postpartum period to monitor for excessive postpartum bleeding.

Question No: 3

The fetal/neonatal lung substance that improves pulmonary compliance by decreasing alveolar surface tension is

- A. meconium
- B. prostaglandin
- C. surfactant

Answer: C

Explanation: Surfactant is a lipoprotein that is produced in the lung alveoli beginning at 24 weeks' gestation. Surfactant reduces the surface tension of the alveoli by coating their inner surface. This results in a decreased tendency for the alveoli to collapse. Surfactant deficiency leads to progressive respiratory distress as a result of impaired lung compliance, ultimately leading to hypoxia, respiratory failure, and metabolic acidosis, all of which further impair surfactant production. Respiratory distress due to surfactant deficiency is called

respiratory distress syndrome (RDS) and is most commonly seen in preterm infants. The morbidity and mortality of RDS are markedly reduced with the early assessment of fetal lung maturity, identification of high-risk infants, and the endotracheal administration of surfactant replacement therapy.

Question No: 4

Obesity during pregnancy is associated with an increased risk of

- A. fetuses that are small-for-gestational age
- B. cesarean birth
- C. rapid postpartum weight loss

Answer: B

Explanation: Maternal nutritional status is an important determinant of both maternal and fetal wellbeing. Women with a normal body mass index whose pregnancy weight gain is within the recommended range have the lowest risk for complications in pregnancy and delivery. Poor weight gain during pregnancy is associated with an increased risk of preterm delivery and low birth weight. Obesity and pregnancy weight gain above the recommended range are associated with an increased risk of gestational diabetes, cesarean delivery, fetal macrosomia, fetal demise, postpartum hemorrhage, fetal neural tube defects, and difficulty with postpartum weight loss.

Question No: 5

Immediately after an uncomplicated delivery without meconium, a full-term newborn is warmed, dried, suctioned, and positioned appropriately but has a heart rate of 80 beats/min. According to neonatal resuscitation guidelines, the next step in managing this infant is

- A. positive-pressure ventilation
- B. chest compression
- C. epinephrine administration

Answer: A

Explanation: Neonatal resuscitation guidelines allow for all care providers managing newborn infants to proceed along a standardized algorithm to stabilize the infant as soon as possible after delivery. Initial steps may vary with deliveries involving meconium-stained amniotic fluid in an attempt to avoid worsening meconium aspiration. In the newborn without meconium-stained amniotic fluid, the infant is warmed, dried, suctioned (if necessary), and placed in a position that allows for unobstructed breathing. Heart rate, respiratory effort, and color are then evaluated. If the infant has poor respiratory effort or rate or the heart rate is lower than 100 beats/min, positive-pressure ventilation is provided. If positive pressure ventilation does not improve the heart rate to 100 beats/min, then chest compression and epinephrine administration are indicated.

Question No: 6

Clinical practice that is consistent with established recommendations or standards is best characterized by

- A. standards that are used primarily to minimize providers' legal liability
- B. recommendations that are used to standardize patient care based on evidence-based guidelines
- C. standards that are based on methods that have proven effective over a substantial period of time

Answer: B

Explanation: Medical care providers need to stay up-to-date with current recommendations and care guidelines to ensure that they are providing quality, evidence-based care to patients, while protecting themselves from allegations of medical mismanagement. While methods that have proven effective over a

substantial period of time may continue to do so, it is important that clinical practice incorporate recent research and best practices into their standardized methods. When situations arise in clinical practice that require deviation from established standards of practice, thorough documentation in the medical record, detailing the provider's medical decision-making process is particularly important.

Medical care that is consistent with established guidelines can minimize a provider's legal liability. The primary purpose of following professionally established standards, however, is providing safe, high-quality, evidence-based care to the patient.

Question No: 7

All of the following are elements of the postpartum breast assessment EXCEPT:

- A. firmness, tenderness, and redness
- B. engorgement and nipple soreness/cracking
- C. lumps indicating possible cancerous growths

Answer: C

Explanation: Assessment of the breasts is an important component of the comprehensive nurse assessment in the postpartum period. During pregnancy, elevated estrogen and progesterone levels cause the breasts to enlarge and become more glandular. The postpartum patient should have her breasts assessed for firmness, tenderness, redness, and engorgement in addition to nipple soreness or cracking. In the breastfeeding patient, a crucial part of the nurse assessment is evaluation of infant latch and removal from the breast. In the non-breastfeeding patient, techniques for lactation suppression and pain management can be reviewed and demonstrated. The postpartum mother should be reminded of the importance of self-breast examinations for lumps indicative of malignancy, but the immediate postpartum period will prove difficult to identify lumps upon assessment due to the number of changes the breasts are going through at this time.

Question No: 8

Vitamin K is administered to newborn infants to prevent

- A. bleeding
- B. neonatal jaundice
- C. gonococcal conjunctivitis

Answer: A

Explanation: Newborns are vitamin K-deficient as a result of poor transfer of vitamin K across the placenta and low capability of the liver to store vitamin K in the newborn period. Several clotting factors depend on the presence of adequate vitamin K for proper function. As a result, vitamin K deficiency leads to an increased risk of serious bleeding. Newborns at increased risk for vitamin K deficiency include breastfed infants, as there are low levels of vitamin K in human milk, and infants born to mothers taking anticonvulsant medication. Bleeding as a result of a vitamin K deficiency often presents as bleeding of the umbilicus, gastrointestinal tract, circumcision or venipuncture sites, or (rarely) intracranium. Vitamin K administered routinely after delivery prevents most cases of bleeding in the neonate that results from a vitamin K deficiency.

Question No: 9

Perineal pain in the first 4-6 hours after vaginal delivery are initially managed with

- A. oral analgesic medications
- B. ice packs to the perineum
- C. frequent perineal pad changes

Answer: B

Explanation: Perineal pain is present in virtually all postpartum patients after vaginal delivery. Ice pack application, sitz baths, and careful cleaning after voiding (e.g., using a "peri-bottle" to squirt water onto the perineum) are helpful supportive care measures to reduce and manage postpartum perineal pain.

Topical anesthetics or soothing agents (e.g., witch hazel) may also be applied. Analgesics are not typically first line treatment for perineal pain. Changing the "peri-pad" frequently can reduce the risk of contamination of perineal wounds but is not typically helpful for reducing pain. Perineal lacerations need to be monitored for signs of poor healing or infection, such as erythema, marked swelling, and discharge or wound dehiscence.

Question No: 10

The biophysical profile evaluates fetal wellbeing by combining fetal heart rate monitoring with

- A. ultrasonographic examination of established fetal parameters
- B. fetal movement counting ("kick counts")
- C. external monitoring of uterine contractions

Answer: A

Explanation: There are multiple methods for the evaluation and monitoring of fetal wellbeing. In high-risk pregnancies (e.g., maternal hypertension, multiple gestation) or in cases where there are other concerns for fetal wellbeing (e.g., decreased fetal movement, previous fetal demise), antepartum fetal monitoring is generally indicated. Fetal movement counting (e.g., maternal perception of fetal movement) is considered normal if the mother perceives ten distinct movements over a 2-hour period (after 32-34 weeks' gestation). The nonstress test involves fetal heart rate (FHR) monitoring and is considered reassuring ("reactive") if there are at least two fetal heart rate accelerations (>15 beats/min above baseline, lasting >15 seconds) in a 20-minute period. The biophysical profile combines FHR monitoring with ultrasonographic evaluation of fetal tone, fetal movement, amniotic fluid volume, and fetal respiratory movements.

Question No: 11

The least expensive type of infant formula is

- A. formula concentrate
- B. ready-to-feed formula
- C. powdered formula

Answer: C

Explanation: Powdered formula is the least expensive form of commercially available infant formula, but it must be reconstituted, using water. Proper mixing (60 ml water for each scoop of powdered formula) is crucial to avoid medical complications in the infant because of inappropriately concentrated or dilute formula.

Among the three forms available, powdered formula preparation has the highest risk for contamination. Formula concentrate is mixed with water to its appropriate concentration, while ready-to-feed formula is given without any mixing required. Although ready-to-feed formula is the easiest to use, its cost is significant. Whichever type of formula is used, proper mixing and storage guidelines must be reviewed with postpartum families.

Question No: 12

Six to twelve hours after the vaginal delivery of a single infant and placenta, the uterine fundus should be palpable at or below the level of the

- A. pubic symphysis

B. umbilicus

C. epigastrium

Answer: B

Explanation: Immediately after vaginal delivery of the placenta, the normal uterus contracts to grapefruit-size, and the fundus is palpable between the umbilicus and the pubic symphysis. During the first 6-12 hours after delivery, the ligaments and muscles supporting the uterus relax somewhat, and the fundus is palpable at or below the umbilicus. Beginning approximately 24 hours after delivery, the shrinking uterus descends about 1 cm/d into the pelvis, reaching pre-pregnancy size and location by 6 weeks' postpartum. Excessive blood loss, infection, and retained placental fragments can lead to an interruption of the normal postpartum uterine contractions, leading to uterine atony. A common cause of uterine atony and displacement of the uterine fundus after delivery is bladder distention.

Question No: 13

Infants delivered by elective cesarean section are at increased risk for

A. neonatal jaundice

B. low birth weight

C. neonatal respiratory distress

Answer: C

Explanation: Approximately one-third of infants in the United States are delivered by cesarean section. Cesarean delivery may be performed for maternal indications, fetal indications, or both. Examples of common indications for cesarean birth include placenta previa, breech presentation, placental abruption, congenital anomalies, fetal distress, maternal infection, and previous delivery by cesarean section.

Women who deliver by cesarean section are at increased risk for infection, thromboembolic events, and anesthesia complications. Infants delivered by cesarean section are at increased risk for respiratory complications, physical injury (e.g., laceration, fracture), early breastfeeding difficulties, and admission to a neonatal intensive care unit.

Question No: 14

In caring for a family who has experienced a perinatal fetal death, it is helpful to

A. share personal stories of recovery that have been witnessed in the past

B. maximize consistency in assigned nursing staff

C. guide the family to a bereavement room as soon as possible, to allow privacy in mourning

Answer: B

Explanation: Facilitating and assisting with the family's grief process after a perinatal death is an important nursing intervention and is best accomplished with consistency in the nursing staff. This allows for establishment of a therapeutic relationship between the nurse and the grieving family. Ideally, the nurse assists the family in expressing their feelings about the loss, participating in decision-making about the birth and postpartum period (including seeing the deceased infant), and becoming aware of the resources available for ongoing support during the journey through the grieving process. Sharing personal stories may appear as an effort to normalize an extremely unique and private experience for the family, and should be avoided. Although not all parents choose to see or spend time with the deceased infant, it can be very helpful in assisting the family to accept the loss of the infant, therefore utilizing a bereavement room should not be rushed.

Question No: 15

Ineffective or shallow infant latch with breastfeeding may lead to increased

- A. reflux in the infant
- B. milk let-down
- C. nipple pain

Answer: C

Explanation: Establishing successful and satisfying breastfeeding for both the mother and infant depends on proper teaching of multiple factors, including signs of infant hunger, ways to wake the sleepy infant, breast and nipple care, proper positioning of mother and infant, and proper infant latch on the breast.

The infant's mouth should be attached not just to the nipple but far back onto the areola. A shallow latch on the nipple is painful for the mother, and milk let-down is often inhibited. The infant's lower lip should be out and the infant's nose should be close to (but not compressed against) the breast.

Establishing the proper latch can be time-consuming and frustrating initially, but most infants and mothers ultimately accomplish the proper latch with teaching and support.

Question No: 16

Reddish-orange crystals noted in the urine of a 48-hour-old newborn are

- A. a sign of congenital renal disease
- B. a sign of vitamin K deficiency
- C. a normal finding

Answer: C

Explanation: Uric acid crystals appear reddish-orange in color ("brick dust") and are often mistaken for blood in the infant's diaper. Urate crystals form most commonly when an infant is dehydrated and are, therefore, quite common in the neonatal period, particularly in the breastfed infant. The crystals themselves are not harmful or dangerous and require no further intervention aside from an assessment of the infant's hydration status. True hematuria in the neonatal period is not a normal finding and requires further evaluation of the genitourinary tract.

Question No: 17

Which of the following statements about the nurse's medical record documentation is correct?

- A. it provides an accurate account of patient status and response to care
- B. it consists of both objective and subjective notes regarding the patient and care provided
- C. the physician's medical record documentation is more important than the nurse's medical record documentation in legal proceeding

Answer: A

Explanation: Timely and accurate medical record documentation is a critical skill of all patient care providers. The bedside nurse is the care provider who most often assesses the patient, and his or her documentation is often the best representation of the patient's clinical status. Although the nurse's priority is providing excellent direct patient care, thorough documentation is important. The maternal/newborn nurse's documentation should include objective data about maternal/fetal status (e.g., vital signs, fetal heart rate monitoring); recognition of problems or complications; nursing actions in response to changes in the patient's status; communication with other providers, including their responses; communication with the patient and family members; and details of the patient's response to interventions. In legal cases alleging medical mismanagement, the medical record is often the most critical document available to a provider who must

defend his or her actions.

Question No: 18

Breastfeeding in the immediate postpartum period can improve uterine contractions because of the release of

- A. prolactin
- B. oxytocin
- C. human chorionic gonadotropin

Answer: B

Explanation: Breast stimulation from infant sucking or a breast pump leads to prolactin release from the anterior pituitary and oxytocin release from the posterior pituitary. Milk production is stimulated by prolactin release, while milk secretion is stimulated by oxytocin release. Oxytocin also stimulates uterine contractions. Initiation of breastfeeding in the postpartum period can, therefore, lead to improved uterine contractions and a decreased risk of postpartum hemorrhage as a result of uterine atony. Human chorionic gonadotropin is an important hormone of early pregnancy for maintenance of the corpus luteum.

Question No: 19

Gas exchange in utero in the fetus is performed by the

- A. fetal heart
- B. fetal lungs
- C. placenta

Answer: C

Explanation: One of the most critical physiologic adaptations of the newborn infant is the use of the lungs as the primary organs of gas exchange. In utero, oxygen from maternal blood flows through the placenta into the umbilical vein. From the umbilical vein, it travels to the right side of the fetal heart and is then diverted across the foramen ovale or ductus arteriosus to the fetal body. In the fetal circulation, pulmonary vascular resistance is high, and there is relatively little pulmonary blood flow. Fetal waste and carbon dioxide flow through the umbilical arteries into the placenta and are eliminated through the maternal circulation. When the newborn infant takes a breath after birth, the inhaled oxygen stimulates dilation of the pulmonary vessels, and blood flow to the lungs increases as pulmonary vascular resistance falls. This process is crucial for a smooth transition to extra uterine life.

Question No: 20

An early sign of magnesium sulfate toxicity is

- A. seizure activity
- B. loss of deep tendon reflexes
- C. flushed skin and nausea

Answer: B

Explanation: Magnesium sulfate is administered in the obstetrical setting for the treatment of preterm labor because it relaxes smooth muscle and for the treatment of preeclampsia and eclampsia because it depresses the central nervous system. Magnesium sulfate is usually administered as a continuous intravenous drip, and side effects are dose-related. Common side effects include nausea, generalized weakness, lethargy, flushing, headache, and blurry vision. Patients need to be monitored closely for signs of magnesium sulfate toxicity to avoid life-threatening complications of magnesium administration. Loss of deep tendon reflexes (typically

assessed with the patellar tendon reflex) is often the first sign of toxicity. Other signs of toxicity include a significantly depressed level of consciousness, hypotension, and respiratory depression. If magnesium sulfate toxicity is not recognized and promptly treated, the patient may experience total respiratory or cardiovascular collapse. Calcium gluconate is the antidote for magnesium sulfate toxicity and should be readily available for patients receiving magnesium sulfate.

Question No: 21

Breastfeeding is usually contraindicated if the mother has

- A. a history of treated breast cancer
- B. human immunodeficiency virus
- C. latent tuberculosis

Answer: B

Explanation: Human milk and breastfeeding provide such great benefit to both the breastfeeding mother and infant that true contraindications to breastfeeding are relatively few and should be evaluated on a case-by-case basis. Generally accepted contraindications to breastfeeding (in most cases) include HIV infection, human T-lymphotropic virus 1 infection, active tuberculosis, active herpes breast lesions, illicit substance abuse or dependence, and chemotherapy or radiation therapy in the breastfeeding mother. Galactosemia in the infant is also a contraindication to breastfeeding. Recently diagnosed breast cancer may interfere with breastfeeding so that the mother can initiate treatment, but treated breast cancer is not a contraindication. Similarly, treated or latent tuberculosis is not a contraindication to breastfeeding, in contrast to active, untreated tuberculosis.

Question No: 22

A method of heat production unique to newborn infants is the metabolism of

- A. bilirubin
- B. brown fat
- C. prostaglandin

Answer: B

Explanation: Newborn infants are at risk for significant heat loss because of their large skin surface area relative to body mass, small amount of subcutaneous fat, and limited ability to shiver as a means of generating heat. Brown fat is produced from 26 weeks gestation until 1 month after birth and is metabolized in response to cold stress. Metabolism of brown fat requires oxygen and glucose and produces acids as a byproduct of the process. Brown fat metabolism ("nonshivering thermogenesis") is one of the few means by which the newborn infant produces heat. Cold stress in the newborn infant can lead to hypoglycemia, metabolic acidosis, and increased caloric requirements. Environmental interventions, such as use of a radiant warmer, drying, hats, and blankets, are crucial to prevent cold stress in the newborn infant.

Question No: 23

If the postpartum uterine fundus is boggy on palpation, the nurse does which of the following?

- A. notifies the physician immediately
- B. massages the uterus until it feels firm
- C. re-examines the fundus in 15-20 minutes

Answer: B

Explanation: Periodic assessment of the uterine fundus is a crucial part of postpartum care. The postpartum fundus should feel firm to palpation once the placenta has been delivered. A boggy fundus is a sign of

uterine atony or relaxed uterine muscles. Uterine atony is a common cause of postpartum hemorrhage and should be recognized and treated promptly. Many postpartum patients can lose a large amount of blood within the uterine cavity before becoming symptomatic of serious blood loss.

The first step in treating uterine atony is external fundal massage to stimulate the uterine muscles to contract. Bladder distention may lead to uterine atony and results in the fundus being displaced laterally. If bladder distention is suspected, the patient is encouraged to void. Should these interventions not be effective, the physician should be notified.

Question No: 24

A sign of impaired attachment between the postpartum mother and her infant is

- A. decreasing maternal interaction with the infant over time
- B. maternal request to rest and refuse visitors
- C. maternal encouragement for family members to hold the infant

Answer: A

Explanation: The postpartum nurse is in an excellent position to observe and support early attachment between the postpartum patient and her infant. Early opportunities for the mother to hold, interact with, and feed the infant as soon as possible after delivery can encourage mother-infant bonding. Important components to assess include the frequency and type of contact between the mother and infant (e.g., eye contact, close touch/hold), sensitivity to the infant's needs, responsiveness to the infant's needs, and the mother's interpretation of the infant's behaviors. Decreasing maternal interaction with the infant over time indicates impaired attachment, while maternal requests for rest or for family members to hold the infant are healthy and supported actions. Factors that may interfere with mother-infant bonding include maternal or infant medical complications, inadequate postpartum pain management, negative past pregnancy or postpartum experiences, and inadequate family or partner support. All patients, but particularly the first-time mother, benefit from education and positive reinforcement for appropriate infant care behaviors in the postpartum period.

Question No: 25

An Rh-negative mother who has given birth to an Rh-positive infant and has no evidence of sensitization (i.e., maternal indirect Coombs test negative) should be administered

- A. Rh immune globulin (Rhogam) within 72 hours of delivery
- B. no additional medication
- C. cross-matched packed red blood cells within 4 hours of delivery

Answer: A

Explanation: If an Rh-negative woman is pregnant with an Rh-positive fetus and fetal red blood cells enter the maternal circulation, Rh antibodies form in the maternal circulation. This process is referred to as "sensitization." A subsequent pregnancy with an Rh-positive fetus in the sensitized Rh-negative mother leads to hemolysis of fetal red blood cells as maternal anti-Rh antibodies cross the placenta, leading to severe fetal anemia. Rh immune globulin (Rhogam) confers passive antibody protection against Rh antigens, preventing maternal Rh-antigen antibody protection. The indirect Coombs test detects Rh-positive antibodies in the maternal circulation and is, therefore, the test of choice for maternal sensitization screening. If an Rh-negative mother delivers an Rh-positive infant and there is no evidence of maternal sensitization, Rhogam is administered within 72 hours of delivery. Rhogam is also administered after abortion, antepartum hemorrhage, amniocentesis, chorionic villus sampling, trauma, or any procedure or incident where there is a reasonable

likelihood of maternal exposure to Rh-positive fetal blood.

Question No: 26

A common complication in the newborn infant of a diabetic mother is

- A. hyperglycemia
- B. anemia
- C. hypoglycemia

Answer: C

Explanation: Infants born to a diabetic mother (IDM) are at increased risk for multiple complications in the newborn period. Maternal hyperglycemia causes fetal hyperglycemia as glucose freely crosses the placenta. Fetal hyperglycemia leads to increased fetal insulin production, which exerts a growth hormone-like effect (causing macrosomia). After birth (when the infant is no longer exposed to maternal hyperglycemia), the newborn's elevated insulin level causes a rapid fall in serum glucose, typically within 1-6 hours after birth. Symptoms of neonatal hypoglycemia include temperature instability, tremors, and poor feeding. Other complications in the newborn period of the IDM include hyperbilirubinemia, birth trauma, polycythemia, and respiratory distress syndrome.

Question No: 27

Hindmilk (milk that flows later in a feeding) has a higher concentration of which of the following substances than foremilk?

- A. fat
- B. protein
- C. colostrum

Answer: A

Explanation: The composition of mature human milk varies significantly as a single feeding progresses. The milk that flows at the beginning of a feeding is called foremilk. The milk that flows beginning at let-down (milk-ejection reflex) is called hind milk. Foremilk is high in protein and low in fat, while hindmilk is high in fat (and calories) but with a low protein content. The let-down reflex typically occurs 1-2 minutes after the infant begins sucking. Hindmilk is released from the breast alveoli into the ducts in response to oxytocin release. Colostrum is the milk that is present immediately after birth and until the mother's mature milk "comes in." Colostrum is a thick, yellow fluid with large amounts of immunoglobulin and protein and is relatively low in fat compared with mature milk.

Question No: 28

The postpartum patient who has undergone a forceps-assisted vaginal delivery is at increased risk for

- A. postpartum hemorrhage
- B. eclampsia
- C. postpartum depression

Answer: A

Explanation: A significant amount of blood loss can occur in the postpartum period before it becomes clinically apparent. As a result, the postpartum nurse needs to be aware of risk factors for postpartum hemorrhage and early signs of significant blood loss. Early postpartum hemorrhage (within 24 hours of delivery) may be caused by a combination of factors. Uterine atony (inappropriate relaxation of the uterine musculature) is a common cause of early postpartum hemorrhage. Risk factors for uterine atony include uterine distention (e.g., multiple

gestation, macrosomic infant), preeclampsia, retained placental fragments, bladder distention, medication (e.g., magnesium sulfate), and instrumented delivery (e.g., forceps and vacuum extraction). Genital lacerations (e.g., perineum, cervix, vagina) can also cause significant post partum blood loss. Risk factors for genital lacerations include instrumented delivery, macrosomic infant, nulliparous mother, and precipitous vaginal delivery. Retained placental fragments, vulvar or pelvic hematomas, and uterine inversion are additional causes of early postpartum hemorrhage.

Question No: 29

Early decelerations with a normal fetal heart rate variability during labor have which of the following indications?

- A. they often indicate fetal congenital heart disease
- B. they do not indicate fetal hypoxia
- C. they may indicate fetal acidemia

Answer: B

Explanation: Intrapartum fetal heart rate monitoring requires documentation and interpretation of five variables:

baseline fetal heart rate, baseline heart rate variability, presence or absence of fetal heart rate accelerations, fetal heart rate decelerations, and changes in the fetal heart rate pattern as labor progresses. Interpretation of fetal heart rate monitoring can be complex and challenging but is an important component of intrapartum fetal monitoring. In general, when fetal heart rate monitoring demonstrates a normal baseline rate with accelerations, moderate variability, and no late or variable decelerations, the fetus is neither hypoxemic nor acidotic. Early decelerations with normal variability are associated with uterine contractions; fetal head compression, which occurs with the uterine contraction, leads to stimulation of the vagus nerve, leading to a decrease in fetal heart rate, which resolves as the contraction subsides. Early decelerations are not associated with fetal hypoxia and require no intervention.

Question No: 30

A cephalohematoma in the newborn infant has which of the following characteristics?

- A. it does not cross suture lines
- B. it typically resolves within 12 hours of birth
- C. it is more common after a cesarean birth

Answer: A

Explanation: Cephalohematoma may occur in up to 2% of births and is far more common in vertex vaginal delivery than cesarean births. Blood vessels between the cranial bone and the periosteal layer rupture, leading to the formation of a hematoma in the subperiosteal space, which is limited in its extension by cranial suture lines. Cephalohematoma typically becomes clinically apparent in the first 1-2 days after birth and may take weeks to months to resolve. This is in contrast to a caput succedaneum, a subcutaneous collection of edematous fluid, which crosses suture lines, is typically present at birth, and resolves within hours to days after birth.

Question No: 31

Infectious mastitis in the breastfeeding mother has which of the following characteristics?

- A. it is treated by cessation of breastfeeding
- B. it usually occurs within 48 hours of delivery

C. it can often be prevented with proper breastfeeding technique

Answer: C

Explanation: Mastitis is an infection of the connective tissue of the breast that occurs almost exclusively in lactating women. Mastitis is unusual in the immediate postpartum period, and is typically seen beginning 2-3 weeks after delivery in the breastfeeding patient. Human milk is an excellent medium for bacterial (and fungal) growth and typically becomes infected when bacteria from the infant's mouth or maternal skin ascend through a traumatized nipple. Mastitis typically presents with focal, unilateral breast pain and may be accompanied by fever and flu-like symptoms. The affected breast region is typically warm, red, and tender. Treatment of mastitis includes frequent breastfeeding, warm packs, pain relievers, and systemic antibiotics. Increased breast-emptying by frequent nursing or pumping leads to a rapid resolution of symptoms and a decreased risk of progression to breast abscess. Because nipple trauma and milk stasis are major contributing causes of mastitis, proper nipple care and breastfeeding technique can prevent many cases of mastitis. The postpartum patient who is breastfeeding her newborn should be instructed in proper infant latch, nipple care, and positioning techniques, which enhance complete emptying of both breasts.

Question No: 32

Neonatal jaundice that is present in the first 24 hours of life is considered

- A. physiologic
- B. pathologic
- C. unconjugated

Answer: B

Explanation: Jaundice is common in the neonatal period, occurring in up to 50% of full-term newborns and 80% of preterm infants. Prenatally, fetal unconjugated bilirubin crosses the placenta to be conjugated and excreted. Postnatally, unconjugated bilirubin is converted in the liver to its water-soluble form and then excreted in the infant's urine and stool. The infant is physiologically vulnerable to hyperbilirubinemia in the first several weeks of life for several reasons: there are low levels of hepatic enzymes necessary to convert bilirubin to its water-soluble form; there is a large unconjugated bilirubin load as a result of an increased rate of red blood cell destruction (in the newborn), and there is an increased reabsorption of bilirubin from the immature gastrointestinal tract. Physiologic jaundice as a result of these expected factors does not become clinically apparent until after 24 hours of life. Jaundice that is present in the first 24 hours after birth is considered pathologic and may result from abnormal hemolysis (e.g., ABO incompatibility) or underlying liver disease.

Question No: 33

A common cause of neonatal sepsis is

- A. neisseria gonorrhoeae
- B. group B Streptococcus
- C. Gardnerella vagina/is

Answer: B

Explanation: Group B Streptococcus (GBS) remains a common cause of neonatal sepsis and may lead to early-onset illness (within 1 week of birth) or late-onset illness. Infants with early-onset GBS disease are seriously ill and may present with pneumonia, apnea, and shock. Meningitis is more common in late-onset GBS disease. Approximately 20-25% of pregnant woman are colonized by GBS in their lower gastrointestinal or urinary tracts and can transmit the infection to the infant during vaginal delivery.

Intrapartum antibiotic administration in pregnant women with positive GBS cultures (or other risk factors) at least 4 hours before delivery significantly reduces the incidence of early-onset GBS disease in newborns. *Gardnerella vaginalis* is the etiologic agent in bacterial vaginosis and is not a cause of neonatal sepsis. *Neisseria gonorrhoeae* may cause neonatal conjunctivitis but is not a cause of neonatal sepsis.

Question No: 34

All of the following clinical features would be expected with "postpartum blues" (adjustment reaction with depressed mood) EXCEPT

- A. frequent tearfulness
- B. irritability
- C. suicidal ideation

Answer: C

Explanation: Postpartum "blues" (or adjustment reaction with depressed mood) occurs in more than half of postpartum mothers and is characterized by mild depressive symptoms in addition to happier periods.

Postpartum "blues" typically occurs within a few days of delivery and lasts approximately 1-2 weeks.

The postpartum "blues" are thought to be caused by rapid swings in prolactin, estrogen, and progesterone levels after delivery. Typical features include frequent tearfulness, fatigue, anxiety, irritability, and feelings of being overwhelmed. Signs of major depression (e.g., suicidal ideation) or psychosis are not features of the postpartum "blues."

Question No: 35

The newborn's sensory capacity to attend to and fixate on a visual stimulus (e.g., caregiver's face) is known as

- A. habituation
- B. orientation
- C. self-quieting

Answer: B

Explanation: The newborn infant is equipped with multiple behavioral and sensory mechanisms for interacting with his or her environment. Orientation describes the newborn's ability to notice, follow, and fixate on appealing visual and auditory inputs. The infant's ability to orient in this way encourages parent-infant bonding as the infant responds to caregivers' faces and voices. The newborn's ability to decrease his or her response to a repetitive stimulus (e.g., ambient noise, flashing lights) is habituation. Self quieting refers to the infant's ability to calm him- or herself (e.g., with hand-sucking) when distressed.

The degree to which an infant can habituate or self-quiet is often a large component of parental perception of the infant's temperament.

Question No: 36

To prevent contamination and encourage drying of the umbilical cord stump, caregivers should be advised to

- A. give the newborn daily tub baths
- B. pull on the cord stump daily
- C. fold diapers down to avoid covering the cord stump

Answer: C

Explanation: Proper care of the umbilical cord is important to prevent infection. Hospitals and families differ in the specifics of umbilical cord care, depending on tradition and cultural beliefs. Some medical providers

advocate daily use of alcohol or antibacterial ointments, although there is no definitive data supporting their use. In general, the umbilical cord stump should be kept dry and either exposed to air or covered loosely with clean dressings or clothing. The base of the cord stump and the skin around the umbilicus can be cleaned several times daily with water and a cotton swab. Baths involving submersion of the abdomen in water should be avoided until the stump has fallen off. Pulling the cord stump is not recommended.

Question No: 37

Compared to infants delivered in occiput anterior vertex presentation, infants delivered vaginally in a breech presentation have which of the following risks?

- A. a higher risk of birth trauma
- B. a lower risk of fetal asphyxia
- C. a lower risk of umbilical cord prolapse

Answer: A

Explanation: Infants in breech presentation at the time of delivery have a markedly increased incidence of perinatal injury and death, regardless of whether delivery is vaginal or surgical. Breech presentation occurs in 3-4% of all deliveries and is more common with congenital fetal anomalies, preterm deliveries, uterine or placental malformations, and multiple gestation. Risks to the fetus or newborn with breech presentation include increased risk of umbilical cord prolapse, fetal asphyxia/nonreassuring fetal status, spinal cord/brachial plexus injuries, dystocia, and perinatal death. Most infants in breech presentation at the time of delivery are delivered by cesarean section.

Question No: 38

Treatment of engorgement in the breastfeeding mother includes

- A. application of warm compresses before breastfeeding
- B. less frequent breastfeeding
- C. antibiotics and cold therapy

Answer: A

Explanation: Breast engorgement differs from the normal feeling of fullness that the breastfeeding mother experiences when milk first "comes in." Engorgement is characterized by firm, warm, and painful breasts. Engorged breasts often appear taut and shiny and may be accompanied by axillary swelling and low-grade fever. The infant often has difficulty latching onto the engorged breast. Treatment of breast engorgement in the breastfeeding mother includes more frequent feedings at least 10-15 minutes on each breast to allow adequate emptying of both breasts, warm (or cold) compress application to stimulate let-down and soften the breasts, and pain relievers as needed for further relief. Supportive nursing bras may help with discomfort between feedings. Antibiotics are only indicated in the case of infection, such as mastitis.

Question No: 39

Pregnancy in the breastfeeding postpartum mother is at the lowest likelihood

- A. within one month of delivery
- B. throughout the duration of breastfeeding
- C. when menstruation resumes

Answer: A

Explanation: Postpartum patients vary a great deal in the timing of their return to sexual activity. Because pregnancy can occur with the first ovulation after pregnancy (before first menstruation occurs), contraception