Practice Exam Questions

RNC-OB

Inpatient Obstetric Nursing

EXAMAIDES

PASS YOUR EXAM AT FIRST TRY

Total Question: 325 QAs

Question No: 1
During labor, the relaxation technique that involves relaxing all muscles in the body except for those involved in a contraction (uterine/abdominal) is
A. Touch relaxation
B. Progressive relaxation
C. Neuromuscular dissociation
Answer: C
Explanation: During labor, the relaxation technique that involves relaxing all muscles in the body except for those involved in a contraction (uterine/abdominal) is neuromuscular dissociation. This method helps to relieve discomfort and anxiety and facilitates the birthing process. Progressive relaxation involves contracting and relaxing one set of muscles after another, usually beginning with the feet and moving upward. Touch relaxation involves relaxing muscles in response to a partner or coach's touch. In all cases, these techniques should be practiced as preparation for birth before labor.

Question No: 2
If both parents are positive for sickle cell trait (SCT), the percentage chance that each child will develop sickle cell disease (SCD) is
A. 25%
B. 50%
C. 100%
Answer: A
Explanation: If both parents are positive for sickle cell trait (SCT), the percentage chance that each child will develop sickle cell disease (SCD) is 25% while 50% will be carriers and 25% will have neither the trait nor the disease. SCD is an autosomal recessive disorder; in order to develop the disease, the child has to inherit the trait from both parents. Those who inherit the trait from only one parent are carriers but do not have the disease.

	0	SCT
0	00	0/SCT = carrier
SCT	0/SCT = carrier	SCT/SCT= SCD

Question No: 3
If a fetus with electronic fetal monitoring meets the criteria for National Institute of Child Health and Human Development (NICHD) category lll fetal heart rate pattern and scalp stimulation results in acceleration, this probably means that
A. The fetus is acidotic
B. The fetus is not acidotic
C. The acidotic status cannot be determined
Answer: B
Explanation: If a fetus with electronic fetal monitoring meets the criteria for NICHD category lll fetal heart rate pattern (which usually indicates that the fetus is acidotic) and scalp stimulation results in acceleration, this probably means that the fetus is not acidotic and that the pH has not fallen below 7.2 because accelerations

are a reassuring sign. NICHD category III includes lack of variability and recurrent late or variable decelerations or bradycardia. Sinusoidal pattern is also a category III finding.

Question No: 4
If a preterm infant develops suspected necrotizing enterocolitis, the first intervention is to
A. Administer antibiotics
B. Provide electrolyte supplements with feedings
C. Stop feeding
Answer: C
Explanation: Because necrotizing enterocolitis spreads from the mucosa through the wall of the intestines, perforation and peritonitis are risks, so the first intervention is to immediately stop feeding to al low the intestines to rest, and then to provide nasogastric suction to decompress the intestines, to provide fluid resuscitation and total parenteral nutrition to prevent dehydration and malnutrition, and to provide antibiotics as indicated. If perforation occurs, then surgical intervention is indicated. Preterm infants, especially those who are formula-fed, are at increased risk of necrotizing enterocolitis.

Question No: 5
The three primary causes of thromboembolic disorders in the postpartal period are
A. Venous stasis, hypercoagulation, and blood vessel trauma
B. Venous stasis, uterine atony, and subinvolution
C. Venous stasis, hypercoagulation, and subinvolution
Answer: A
Explanation: The three primary causes of thromboembolic disorders in the postpartal period are:
• Venous stasis: Compression of vessels, prolonged standing, and inactivity or bed rest cause venous stasis, which in turn results in dilated vessels and pooling of blood, promoting thrombus formation.
• Hypercoagulation: Coagulation factors are increased while the fibrinolytic system needed to dissolve clots is depressed.
• Blood vessel trauma: Damage may occur to endothelium of blood vessels during cesarean, resulting in pelvic vein thrombosis.

Question No: 6
If a patient has gestational diabetes but it is well controlled and without complications, induction is often carried out at
A. 36 weeks
B. 38 weeks
C. 40 weeks
Answer: B
Explanation: If a patient has gestational diabetes but is well controlled and without complications, induct ion is often carried out at 38 to 39 weeks because of the increased risk of macrosomia if the pregnancy is prolonged. If there are indications for earlier delivery, then tests for fetal lung maturity should be conducted prior to induction. Many patients who required insulin during pregnancy may not require any insulin in the days after delivery because the anti-insulin factor associated with the placenta stops with placental expulsion.

Question No: 7

Leg tremors, nausea, and vomiting are most common in the first stage of labor during the
A. Latent phase
B. Transition phase
C. Active phase
Answer: B
Explanation: Leg tremors, nausea, and vomiting are most common in the first stage of labor during the transition phase. The early first stage begins with the latent phase, during which cervical effacement and dilatation to about 3 cm occur. During the active phase, the cervix becomes completely effaced and dilates to 4 to 7 cm. During the transition phase (which some authorities fold into the active phase), the cervix completes dilation to 8 to 10 cm and birth is imminent.

Question No: 8
During the birthing process, the patient frequently experiences chills during
A. Stage 2
B. Stage 3
C. Stage 4
Answer: C
Explanation: During the birthing process, the patient frequently experiences chills during stage 4, which extends from the delivery of the placenta through the first 1 to 4 hours after birth. The chill that develops during this time often lasts for about 20 minutes, so care should be taken to provide the patient with a warm blanket and/or warm drinks during this period of time. The cause of the chi ll is not clear but may result from circulatory changes occurring after delivery.

Question No: 9
Miscommunication about a patient's needs is most likely to occur
A. At times of high census
B. At patient handoff
C. With overworked staff
Answer: B
Explanation: Miscommunication about a patient's needs is most likely to occur at patient handoff when staff members are turning over patient care to others. Information may be omitted, only partially conveyed, or misunderstood. Using a standardized format for handoff, such as the SBAR method (situation, background, assessment, recommendation/request), is one way to organize information during handoff so that critical factors are conveyed. Additionally, time should always be planned into handoff for questions and answers.

Question No: 10
During the first trimester, the procedure most commonly used to confirm fetal viability is
A. Chorionic villus sampling
B. Abdominal ultrasound
C. Transvaginal ultrasound
Answer: C
Explanation: Because of the position of the uterus and gestational sac, low in the pelvis, during the first trimester, the procedure most commonly used to confirm fetal viability is the transvaginal ultrasound with viability confirmed by observing the fetal heartbeat, which should be detectable by 38 days after the last

menstrual period. The transvaginal ultrasound can also help to determine the location of the pregnancy (uterine or ectopic), multiple gestations, and estimation of fetal age.

Question No: 11
The hormone primarily responsible for maintenance of pregnancy is
A. Estrogen
B. Progesterone
C. Prolactin
Answer: B
Explanation: The hormone primarily responsible for maintenance of pregnancy is progesterone while estrogen is primarily responsible for growth. Estrogen and progesterone are the two primary hormones produced by the placenta during pregnancy. Progesterone increases blood flow through vasodilation. It also slows the gastrointestinal tract to ensure adequate absorption of nutrients the fetus needs to develop. Progesterone also keeps the uterine muscle relaxed to prevent the onset of labor, so progesterone levels fall when labor commences.

Question No: 12
With electronic fetal monitoring, an abrupt variable deceleration often indicates
A. Cord compression
B. Fetal demise
C. Maternal hypotension
Answer: A
Explanation: With electronic fetal monitoring, an abrupt variable deceleration often indicates cord compression. It may also indicate some other acute cause of sudden decreased perfusion. Abrupt decelerations usually have a V or U shape on the monitor and may or may not occur in association with uterine contractions. The onset of the deceleration to the beginning of nadir is less than 30 seconds. The deceleration is at least 15 bpm for at least 15 seconds but less than 2 minutes.

Question No: 13
By day 2 after delivery, the uterus should normally descend at the rate of
A. 0.5 cm per day
B. 1 cm per day
C. 2 cm per day
Answer: B
Explanation: By day 2 after delivery, the uterus should normally descend at the rate of 1 cm per day. The fund us usually can no longer be palpated abdominally by about day 14, although the fundus may be slightly higher in multiparas or with an overdistended uterus. The uterus weighs approximately 1,000 g/2.2 lb immediately after delivery but returns to pre-pregnancy weight (60 g/2 oz) about 6 weeks after delivery, by which time the placental site has usually healed over as well.

Question No: 14
A patient should be discouraged from supplementing breastfeeding with formula in the early weeks because
A. The neonate may experience nipple confusion
B. The neonate may develop diarrhea

C. The neonate will have increased risk of infection
Answer: A
Explanation: A patient should be discouraged from supplementing breastfeeding with formula in the early weeks because the neonate may experience nipple confusion and have difficulty sucking because the mouth motions needed to express milk from the breast are different from those needed to control the flow of milk from an artificial nipple. (Similar problems may arise if the infant is given a pacifier.) Additionally, formula stays longer in the stomach, so the infant will get hungry less frequently, preventing the breast from receiving the stimulation it needs to produce adequate amounts of milk.

Question No: 15
A newborn may require resuscitation efforts if, upon first assessment, the neonate is
A. Crying loudly
B. Silently resting
C. Posturing in a flexed position
Answer: B
Explanation: Rapid assessment (AHA/AAP/ ILCOR guidelines) of a neonate's clinical status begins by determining the answer to three questions:
• Is the neonate at term gestation?
• Is there good muscle tone?
• Is the neonate breathing or crying?
If the answer to any of these is no, then the infant may require resuscitation. The infant should be dried with a towel (unless <28 gestation) and gently stimulated to trigger breathing and maintained under a heated radiant warmer or wrapped in plastic to maintain body heat. Within about 30 seconds, the infant's heart rate, respirations, skin color and muscle tone should be evaluated to determine the need for further resuscitation efforts. Note, that resuscitation efforts are now the same initially whether or not the infant has been exposed to meconium, and suctioning is no longer recommended in the early resuscitation efforts as the focus is on respiratory status, as asphyxia is the primary problem encountered.

Question No: 16
Braxton-Hicks contractions may begin by week
A. 16
B. 20
C. 24
Answer: A
Explanation: Braxton-Hicks contractions may begin by week 16. Estrogen causes the uterine muscles to contract, but these early contractions are irregular and usually painless until late in pregnancy, at which time the contractions may become more frequent and intense and serve to prepare the uterus for labor.
Braxton-Hicks contractions usually remain irregular and last fewer than 60 seconds; however, nearing onset of labor they may be regular for short periods before decreasing.

Question No: 17
An adverse effect of an epidural for relief of pain during labor and delivery is
A. Maternal hypertension
B. Precipitous second stage of labor

C. Bladder distention
Answer: C
Explanation: An adverse effect of an epidural for relief of pain during labor and delivery is bladder distention. The sensation to urinate is reduced, but at the same time the mother is often receiving intravenous fluids, so the bladder should be palpated frequently and the mother assisted to urinate in order to avoid distention. Other adverse effects include maternal hypotension, usually within about 15 minutes of initiation of the epidural or intermittent bolus, but it can occur within an hour. The second stage of labor is often prolonged and the urge to push decreased because of depressed sensation.

Question No: 18
Low levels of alpha-fetoprotein detected in the maternal serum screen may indicate
A. Fetal demise
B. Trisomy 21 (Down syndrome)
C. Open neural tube defect
Answer: B
Explanation: Low levels of alpha-fetoprotein (AFP) detected in the maternal serum screen may indicate chromosomal trisomies, such as trisomy 21 (Down syndrome) or 18 (Edwards syndrome), but other findings must also be evaluated, including levels of uE3, hCG, and inhibin A. A low AFP level may also indicate gestational trophoblastic disease. In some cases, overestimation of gestational age or increased maternal weight may result in a lower than expected level in the presence of a normal fetus.
Fetal demise and open neural tube defects are associated with increased AFP levels.

Question No: 19
Chloasma is
A. Star-shaped or branched angioma
B. Dark pigmented line from the umbilicus to the symphysis pubis
C. Dark, blotchy pigmentation of the face
Answer: C
Explanation: Chloasma (melasma gravidarum) is dark, blotchy pigmentation of the face that occurs with pregnancy, commonly referred to as the "mask of pregnancy." The pigmentation on the forehead, nose, and cheeks usually recedes after delivery, but it may recur with exposure to the sun. Vascular spiders are star-shaped or branched angiomas occurring with pregnancy. Linea nigra is a dark pigmented line from the umbilicus to the symphysis pubis, most common in pregnant patients with darker complexions.

Question No: 20
In the nonstress test (NST), fetal heart rate acceleration without movement probably indicates
A. Adequate oxygenation
B. Fetal hypoxemia
C. Fetal metabolic acidosis
Answer: A
Explanation: In the nonstress test (NST). fetal heart rate acceleration without movement probably indicates adequate oxygenation. A reactive (reassuring) finding includes at least 2 fetal heart rate accelerations within a 20-minute period peaking at 15 bpm or more above baseline and persisting for at least 15 seconds. These accelerations may be accompanied with movement or without, as accelerations alone are an indication fetal

health. However, if fetal movement occurs without a corresponding acceleration in heart rate, this indicates fetal hypoxemia and acidosis.

Question No: 21
A pregnant patient late in the third trimester has exaggerated first and third heart sounds and a systolic murmur, probably indicating
A. Marfan syndrome
B. Onset of heart failure
C. Normal physiological changes
Answer: C
Explanation: If a pregnant patient late in the third trimester has exaggerated first and third heart sounds and a systolic murmur, these findings probably indicate normal physiological changes that occur with pregnancy. As the uterus expands, it pushes against the diaphragm, forcing the heart superiorly and laterally to the left. The increased blood volume and cardiac output during pregnancy results in hypertrophy and changes in heart sounds. Most patients experience no symptoms related to these changes but some patients may experience palpitations, dyspnea, and decreased exercise tolerance.

Question No: 22
The primary risk associated with preterm premature rupture of the membranes (PPROM) is
A. Chorioamnionitis
B. Preterm birth
C. Umbilical cord compression
Answer: B
Explanation: The primary risk associated with preterm premature rupture of the membranes (PPROM) is preterm birth. PPROM is rupture of the membranes at less than 37 weeks' gestation, but risk of preterm labor is greatest if the PPROM occurs at less than 34 weeks. Both the patient and the fetus are at risk of chorioamnionitis, which may actually be the cause of premature rupture of the membranes, as well as the result. Prolonged leaking may result in umbilical cord compression and reduced lung volume, so the dangers associated with prolonging pregnancy must be balanced against complications associated with preterm birth.

Question No: 23
When using vibroacoustic stimulation, the stimulator should be placed over the area of the
A. Fetal trunk
B. Uterine fundus
C. Fetal head
Answer: C
Explanation: When using vibroacoustic stimulation, the stimulator should be placed over the area of the fetal head. The vibroacoustic stimulation does not appear to negatively affect the fetus and may reduce testing time and nonreactive findings. Vibroacoustic stimulation is contra indicated in the presence of oligohydramnios, at less than 32 weeks' gestation, and with nonreassuring fetal heart rate or pattern.
Vibroacoustic stimulation may be repeated up to 3 times at 1-minute intervals for no more than 3 seconds each time.

Question No: 24

The administration of antiviral medications during pregnancy
A. Is contraindicated due to the adverse effects these drugs have on the pregnancy
B. Is proven safe and effective, as these medications are categorized as class A drugs
C. Should be within 48 hours of the onset of symptoms for maximum effect
Answer: C
Explanation: Antiviral medications, such as zanamivir or oseltamivir (usually preferred), are routinely administered to pregnant women who have viral infections, such as influenza or herpes. The antivirals are pregnancy class C drugs (indicating safety has not been established during pregnancy), but a number of studies seem to indicate that they do not result in adverse effects on the pregnancy (such as preterm labor or premature rupture of membranes) or on the fetus, as birth defect are within the normal expected range for mothers treated with antiviral medications. Antivirals should be administered within 48 hours of onset of symptoms (such as with influenza) if possible for maximum effect.

Question No: 25
The first sign of fetal hypoxia and decreasing pH is often
A. Appearance of late decelerations
B. Absent fetal breathing movements
C. Absent accelerations
Answer: A
Explanation: The first sign of fetal hypoxia and decreasing pH is often the appearance of late decelerations, which are a gradual decrease in fetal heart rate at or after the peak of a contraction with return to baseline after the contraction ends. Onset to nadir is usually more than 30 seconds and the nadir appears after the peak of the contraction. Late decelerations are usually followed by disappearance of accelerations and then absence of fetal breathing movements. Absence of fetal movement is often a late sign of acute fetal distress. When absence of fetal tone is noted, the fetus is already severely compromised.

Question No: 26
The components of the CARE principle include communicating, advocacy, respecting, and
A. Evaluating
B. Educating
C. Enabling
Answer: C
Explanation: The CARE principle is utilized to help patients take a more active role in decisions about their care.
The components of the CARE principle include:
• Communicating: speaking, writing, gesturing, or other means of communicating information and understanding
• Advocacy: supporting the patient, speaking for the patient's wishes and interests, and keeping the patient informed
• Respecting: showing consideration, attention, admiration, and deference to the patient.
• Enabling/Empowering: providing information, resources, and opportunities to enable the patient to make decisions

Question No: 27

With cordocentesis, it is most important to indicate whether the blood came from the umbilical vein or one of the arteries when testing for
A. Genetic studies
B. Fetal acid-base parameters
C. Coagulation studies
Answer: B
Explanation: With cordocentesis (percutaneous umbilical blood sampling [PUBS]), it is most important to indicate whether the blood came from the umbilical vein or one of the arteries when testing for fetal acid-base parameters because the umbilical arteries carry deoxygenated blood with higher levels of carbon dioxide than the umbilical vein, which carries oxygenated blood. The umbilical vein is larger and easier to access, so it is used most often for cordocentesis; with genetic studies and coagulation studies, the choice of umbilical vein or artery does not affect test outcomes.

Question No: 28
The complementary therapy that should be avoided during pregnancy is
A. Blue cohosh
B. Chamomile tea
C. Red raspberry herb
Answer: A
Explanation: While red raspberry herb, used to reduce nausea, and chamomile tea, used for relaxation, are essentially benign, blue cohosh, which is frequently used along with black cohosh to stimulate contractions, is not considered safe for use during pregnancy because it may be associated with maternal cardiovascular abnormalities and fetal hypoxia. Generally, patients should be advised to avoid using herbal supplements and treatments before checking with the physician or midwife.

Question No: 29
In the maternal serum screen, if the alpha-fetoprotein (AFP), human chorionic gonadotropin (hCG), and unconjugated estriol (uE3) are all decreased, this is an indication of
A. Neural tube defect
B. Trisomy 21 (Down syndrome)
C. Trisomy 18 (Edwards syndrome)
Answer: C
Explanation: In the maternal serum screen, if the AFP, hCG, and uE3 are all decreased, this is an indication of trisomy 18 (Edwards syndrome). Neural tube defects are indicated only by an increase in AFP; however, if other parameters are increased or decreased, this is an indication of chromosomal abnormalities. Maternal samples should be obtained between weeks 16 and 18 of gestation. A fourth marker, inhibin A, may be added to the screening test because it improves the accuracy of screening for trisomy 21, especially in patients younger than 35 years.

Question No: 30
During a uterine contraction, the usual response of the maternal cardiovascular system is to
A. Increase blood pressure and decrease pulse
B. Decrease blood pressure and increase pulse
C. Decrease blood pressure and decrease pulse

Answer: A
Explanation: Because of the compression that occurs against vessels during a contraction, blood flow to the placenta slows, temporarily increasing maternal blood volume by 10% to 25%. This increase causes the blood pressure to increase during the contraction and the pulse to decrease. Because of this, assessment of a patient's vital signs should be done between contractions if possible. It is important to remember that the stress and pain associated with labor may also increase blood pressure, and blood pressure may decrease if the patient is in supine position.

Question No: 31
When assessing the fetal heart rate pattern with electronic fetal monitoring, moderate (reassuring) variability is
A. 1 to 5 bpm
B. 6 to 25 bpm
C. 15 to 40 bpm
Answer: B
Explanation: When assessing the fetal heart rate pattern with electronic fetal monitoring, moderate (reassuring) variability is 6 to 25 bpm. Variability is important because it shows that the sympathetic and parasympathetic nervous systems are functioning adequately. If the fetus is hypoxic, variability decreases. A normal fetal heart rate pattern should include a baseline rate of 110 to 160 bpm, presence of variability, and presence of accelerations but no decelerations. Late decelerations are especially concerning because they last longer than the contraction.

Question No: 32
If a pregnant woman smoked methamphetamine throughout pregnancy, the neonate is likely to exhibit
A. Visual disturbances
B. Intrauterine growth restriction
C. Congenital abnormalities
Answer: B
Explanation: If a pregnant woman smoked methamphetamine (a CNS stimulant) throughout pregnancy, the neonate is likely to exhibit intrauterine growth restriction (IUGR) and low birth weight. Preterm birth is also common. A small number of neonates exposed to methamphetamine exhibit withdrawal, but many women using methamphetamine also use other drugs, which may result in withdrawal. Some neonates exhibit neuro behavioral impairment, including lethargy and poor motor movement, about 48 hours after birth. The pregnant woman is also at increased risk of placenta l abruption.

Question No: 33
Fetal foot deformities associated with amniocentesis are more likely to occur with amniocentesis completed earlier than
A. 14 weeks
B. 16 weeks
C. 18 weeks
Answer: A
Explanation: Fetal foot deformities associated with amniocentesis are more likely to occur with amniocentesis completed earlier than 13 to 14 weeks' gestation. Incidence of hip dislocation is also increased.

Amniocentesis done between weeks 15 and 16 increases risk of respiratory problems. Amniocentesis is usually done for second-trimester testing between weeks 15 and 20 because amniotic fluid volume is adequate and fetal cells are present in the fluid. Fetal amniocentesis between weeks 11 and 14 should be done only if benefits outweigh risks.

Question No: 34
If a patient had normal periods in a 28-day cycle and the last menstrual period began May 26, 2015, using Naegele's rule, her estimated date of birth is
A. January 26, 2016
B. March 2, 2016
C. February 2, 2016
Answer: B
Explanation: If a patient had normal periods in a 28-day cycle and the last menstrual period began May 26, 2015, using Naegele's rule, her estimated date of birth is March 2, 2016. Naegele's rule:
• Begin with the day the last menstrual period started and add 7 days. Then subtract 3 months:
o May 26 plus 7 days equals June 2 (6th month)
o 6th month - 3 months equals March 2

Question No: 35
A lecithin to sphingomyelin (US) ratio that confirms fetal lung maturity is
A. 1:1
B. 2:1
C. 3:1
Answer: C
Explanation: A lecithin to sphingomyelin (US) ratio that confirms fetal lung maturity is 3:1. US ratio is the most accurate test of fetal lung maturity and should be done if delivery is considered prior to 38 weeks' gestation. Both lecithin and sphingomyelin make up surfactants. which are necessary to keep the pulmonary alveoli open. The US ratio is approximately 1:1 until about week 30, at which point the lecithin level increases. A level of 2:1 usually indicates mature fetal lungs but does not confirm maturity.

Question No: 36
A patient should generally plan to breastfeed her neonate
A. 6 to 8 times a day
B. 8 to 12 times a day
C. 12 to 14 times a day
Answer: B
Explanation: A patient should generally plan to breastfeed her neonate 8 to 12 times a day. Human milk moves through the digestive system about 2 times as fast as formula, so breastfed babies require frequent feedings, usually every 2 to 3 hours. Infants should be awakened at least every 3 hours during the first weeks of life in order to ensure adequate fluids and nutrition and stimulation of the breast in order to prevent engorgement.

Question No: 37
Because of changes that occur in the urinary system during pregnancy, in the postpartal period the patient is at increased risk of

A. Ureteral obstruction
B. Proteinuria
C. Over-distension of the bladder
Answer: C
Explanation: Because of changes that occur in the urinary system during pregnancy, in the postpartal period, the patient is at increased risk of overdistension of the bladder. During pregnancy, the bladder increases its capacity, and the stretching results in some loss of muscle tone and sensation. After delivery, diuresis occurs rapidly with loss of fluids through the urine up to 3,000 ml per day from day 2 through day 5. Because sensation is reduced, the patient may be less aware of a distended bladder, and the urinary retention may result in urinary tract infection because of urinary stasis.

Question No: 38
In order to prevent damage to the fetus. a pregnant woman with primary or secondary syphilis should receive treatment before
A. 16 weeks' gestation
B. 14 weeks' gestation
C. 10 weeks' gestation
Answer: A
Explanation: In order to prevent damage to the fetus, a pregnant woman with primary or secondary syphilis should receive treatment before 16 to 18 weeks' gestation. The fetus is rarely affected if the mother receives treatment before this time, but if the mother remains untreated, the neonate may develop congenital syphilis with a wide range of physical and mental impairments, some of which may not be evident at birth but develop in the first few months or years.

Question No: 39
The normal fetal attitude is
A. Flexion
B. Extension
C. Combination of flexion and extension
Answer: A
Explanation: The normal fetal attitude is flexion, which allows the fetus to conform to the ovoid shape of the uterus, especially in the later months of pregnancy. Attitude is the relation of the fetal parts (head, trunk, and limbs) to each other. Usually, the fetal head is flexed toward the chest, the arms and legs flexed over the abdomen and chest, and the back is flexed in a convex C-shape at the commencement of labor.

Question No: 40
The uterine fundus is palpated at the umbilicus. From this assessment, the gestational age can be estimated at
A. 12 weeks gestation
B. 32 weeks gestation
C. 20 weeks gestation
Answer: C
Explanation: At 20 weeks' gestation, the uterine fund us should be near the umbilicus. At 12 weeks, the fund us is at the level of the symphysis pubis and at the midpoint between the symphysis pubis and umbilicus by

16 weeks. From about week 22 to 24, the gestational age can be approximated by the number of centimeters of fundal height, so 26 centimeters usually equals 26 weeks' gestation. To measure, the tape is stretched mid line up the abdomen from the superior edge of the symphysis pubis through the umbilicus.

Question No: 41
If a nonstress test (NST) is nonreactive in 20 minutes of testing, the best approach is to
A. Discontinue testing.
B. Extend the test to 40 minutes or longer.
C. Retest at another time.
Answer: B
Explanation: If a nonstress test (NST) is nonreactive in 20 minutes of testing, the best approach is to extend the test to 40 minutes or longer; however, if the test remains nonreactive for an extended time, the fetus may be sleeping and the test should be rescheduled for another time or vibroacoustic stimulation may be used to attempt to elicit fetal response. Note that if a woman is extremely obese, the thick fat pad over the abdomen may make obtaining an accurate NST difficult.

Question No: 42
Prolonged fetal hypoxia is often indicated by
A. Oligohydramnios
B. Hydramnios (polyhydramnios)
C. Amniotic fluid embolism
Answer: A
Explanation: Prolonged fetal hypoxia is often indicated by oligohydramnios. Most amniotic fluid is produced by the fetal lungs and kidneys, but when hypoxia is present, the fetal circulation shifts to vital organs. such as the brain and heart. with blood flow to the lungs and kidneys restricted so that the production of amniotic fluid is curtailed or, with prolonged hypoxia, ceases. During the first trimester, the fetal skin is permeable. and amniotic fluid, derived primarily from maternal serum. diffuses in and out of the fetus.
The skin is keratinized by the second trimester, and most amniotic fluid from that point derives from fetal urine.

Question No: 43
When using the fourth Leopold maneuver, the presenting part is found to be moveable, suggesting
A. Engagement
B. Nonengagement
C. Hydramnios (polyhydramnios)
Answer: B
Explanation: When using the fourth Leopold maneuver. if the presenting pa rt is found to be moveable. th is suggests nonengagement. For the fourth maneuver. the examiner's hands are placed on both sides of the lower uterus and the hands moved inferiorly while palpating with the fingertips to ascertain whether the presenting part is fixed, which indicates it has passed through the pelvic inlet and is engaged, or moveable. In a primigravida. engagement usually occurs at about 37 weeks. but with subsequent pregnancies, engagement may not occur until labor commences.

Question No: 44

A drug that should be avoided as a treatment for chronic hypertension during pregnancy is
A. Labetalol
B. Methyldopa
C. Chlorothiazide (Diuril)
Answer: C
Explanation: A drug that should be avoided as treatment for chronic hypertension during pregnancy is chlorothiazide (Diuril) because it is associated with neonatal congenital abnormalities, as well as hypovolemia, hypoglycemia, and thrombocytopenia in the neonate. Other drugs that pose a risk of congenital abnormalities are angiotensin-converting enzyme (ACE) inhibitors and angiotensin II receptor blockers (ARBs). ACE inhibitors also increase the risk of IUGR and preterm birth. These medications should be discontinued within 2 days of confirmation of pregnancy. Beta-blockers appear to be relatively safe during pregnancy.

Question No: 45
Proper education to post-bariatric surgery patients would emphasize that pregnancy within 12 months of surgery
A. Should be avoided due to risks imposed on both the mother and baby
B. Will require cesarean delivery, but is otherwise safe
C. Should progress normally and naturally
Answer: A
Explanation: Patients are usually advised to avoid pregnancy for at least 12 months, and sometimes as long as 24 months, post-bariatric surgery to give the patient time to stabilize weight loss. Pregnancy soon after surgery may result in small-for-gestational age neonates. The primary concern with pregnancy post-bariatric surgery is the maternal nutritional status because many patients have deficiencies of protein, iron, and calcium as well as vitamin deficiencies (especially vitamins B12 and D), and their caloric intake may be 500 to 1000 kcal/day, which is not sufficient to support pregnancy. Thus, patient's nutritional status should be monitored at least every trimester. The patient may need to eat several small nutritious meals daily.

Question No: 46
The carbon monoxide inhaled in smoking tobacco affects the fetus by
A. Stimulating release of cortisol
B. Stimulating release of epinephrine
C. Decreasing placental oxygenation
Answer: C
Explanation: The carbon monoxide inhaled in smoking tobacco affects the fetus by decreasing placental oxygenation. Carbon monoxide binds more easily to hemoglobin than oxygen, so the oxygen-carrying capacity of the hemoglobin is reduced and less oxygen is transported to the placenta and fetus.
Nicotine in tobacco stimulates the release of epinephrine, which can result in tachycardia, and causes vasoconstriction, which further impairs placental oxygenation. Nicotine also stimulates the release of cortisol, which increases blood glucose levels.

Question No: 47
During a uterine contraction, the contractive force lies in the
A. Upper one-third of the uterus
B. Upper two-thirds of the uterus