M_MatNewNursePQ (300+ Questions) - Quiz Questions with Answers

1.

During the second trimester, a woman's blood pressure typically

remains at baseline

increases

decreases

Explanation:

During the second trimester, a woman's blood pressure typically decreases. Progesterone-induced relaxation of the vessels occurs as the blood volume and cardiac output increase, preventing an increase in blood pressure, although the pulse rate may increase to compensate for the cardiovascular changes. BP usually decreases until about week 20, when it starts to increase again and should reach baseline by delivery. Supine hypotension syndrome (vena cava syndrome) may occur if a woman lies in supine position because of pressure of the uterus on the vena cava.

2.

The results of a woman's maternal serum alpha-fetoprotein screening (AFP) at 17 weeks' gestation shows an abnormally low level, which may indicate

neural tube defect

trisomy 21 (Down syndrome)

gastroschisis

Explanation:

If the results of a woman's maternal serum alpha-fetoprotein (AFP) screening at 17 weeks' gestation shows an abnormally low level, this may indicate trisomy 21 (Down syndrome). Elevated levels, on the other hand, are associated with neural tube defect, gastroschisis, or omphalocele because more AFP enters the maternal blood if the fetal skin is not intact. The AFP is part of triple screening done between weeks 16 and 18 optimally. Abnormal findings indicate the need for additional tests, such as ultrasound.

3.

The most common site for puerperal infection is the

vagina

cervix

endomyometrium

Explanation:

The most common site for puerperal infection is the endomyometrium. Infection usually starts in the lining of the uterus but rapidly extends to the underlying tissue. This type of infection usually occurs within 24 to 48 hours of childbirth and presents with fever of 38.4°C (101° F) or higher, foul-smelling lochia, and uterine tenderness. The woman may have depressed appetite and tachycardia, and complain of cramping pain. The woman's WBC count is usually increased to 20,000 to 30,000/mm^3, but this is common after childbirth.

4.

The most common consequence of ureteropelvic junction (UPJ) obstruction is

hydronephrosis

renal atrophy

ureteral rupture

Explanation:

The most common consequence of ureteropelvic junction (UPJ) obstruction, which prevents or impairs the flow of urine from the kidney into the ureters, is hydronephrosis. Symptoms depend on the degree of obstruction, and some infants may be asymptomatic at birth or may present with only an abdominal mass (caused by hydronephrosis). In about half of cases of UPJ, another congenital anomaly is present, so both kidneys must be thoroughly assessed. Renal pyeloplasty may be required for severe obstruction.

5.

Following delivery, a woman should have the first bowel movement within

24 hours

2 to 3 days

4 to 5 days

Explanation:

Following delivery, a woman should have the first bowel movement within 2 to 3 days. Because the abdominal muscles remain relaxed, intestinal motility slows. Additionally, women who have

had an episiotomy are often reluctant to bear down because of fear of pain and may avoid defecating even when they have the urge. Women may benefit from stool softeners and increased dietary fiber and should be encouraged to drink adequate fluids and to ambulate to increase intestinal motility.

6.

A leukocyte value that is within normal limits for a full-term newborn is

9,000 to 30,000/mm^3

5,000 to 10,000/mm^3

5,000 to 10,000/mm^3

Explanation:

A leukocyte value that is within normal limits for a full-term newborn is 9,000 to 30,000/mm^3 (average is about 18,000/mm^3) with most of the elevation accounted for by increased levels of neutrophils, both segmented and bands. Eventually, the neutrophil count drops and lymphocyte predominance occurs. This elevation is unrelated to infection. Elevated white blood cell counts are normal within the first 12 hours but then should begin to decline.

7.

With vesicoureteral reflux, urine

cannot flow into the bladder

backflows from the bladder

cannot flow into the urethra

Explanation:

With vesicoureteral reflux, urine backflows from the bladder back up the ureter and into the kidney. With primary vesicoureteral reflux, the valve that usually prevents backflow is defective. With secondary vesicoureteral reflux, the valve is impaired because of infection or other urinary tract malfunction. The condition may be diagnosed in the fetus with ultrasound. After birth, the infant may have an abdominal mass (hydronephrosis) and may develop urinary tract infections or pyelonephritis. In some children, the condition will resolve over time, but others may require surgical repair.

8.

If the newborn is not adequately dried following birth, the infant may lose body heat through

evaporation

conduction

convection

Explanation:

If the newborn is not adequately dried following birth, the infant may lose body heat through evaporation. There are 4 different mechanisms by which a newborn may lose body heat: evaporation, conduction, convection, and radiation. Immediately after birth, the newborn's core body falls by about 0.3°C (0.7°F) per minute when exposed to environmental temperatures, putting the infant at high risk of cold stress. In response to cold, the newborn's basal metabolic rate (BMR) increases, muscle activity increases, peripheral vasoconstriction occurs, and nonshivering thermogenesis occurs.

9.

If a newborn's cardiovascular status was normal at birth but at 28 hours the newborn shows marked cardiac instability, central cyanosis, and oxygen saturation of 89%, the most likely cause is

Tetralogy of Fallot

pulmonary valve stenosis

atrial-septal defect

Explanation:

If a newborn's cardiovascular status was normal at birth but at 28 hours the newborn shows marked cardiac instability, central cyanosis, and oxygen saturation of 89%, the most likely cause is Tetralogy of Fallot (TOF). Symptoms may not appear before the ductus arteriosus closes. TOF is characterized by:

- *Ventricular septal defect (usually with a large opening)*
- *Pulmonic stenosis with decreased blood flow to lungs*
- *Overriding aorta that appears to come from both ventricles, usually overriding the ventricular septal defect and resulting in mixing of oxygenated and deoxygenated blood*
- *Right ventricular hypertrophy.*

10.

Early-onset neonatal sepsis is most often characterized by

meningitis

enterocolitis

pneumonia

Explanation:

Early-onset neonatal sepsis (≤ 72 hours) is most often characterized by pneumonia and usually results from maternal transmission. Late onset (occurring at 4 to 90 days after birth) most often results from invasive devices and is characterized by bacteremia and/or meningitis. Preterm infants (< 1,000 g) are most at risk. Neonatal sepsis may be caused by a wide range of bacterial and viral pathogens and symptoms vary widely, depending on the type of pathogen and the primary site of infection. Treatment is with IV antibiotics and supportive care.

11.

If a woman is admitted to labor and delivery and prolapse of the umbilical cord is noted on examination, the woman should be placed in

flat, supine position

semi-Fowler's position

knee-chest position

Explanation:

If a woman is admitted to labor and delivery and prolapse of the umbilical cord is noted on examination, the woman should be placed in knee-chest or Trendelenburg position to take the pressure off of the cord. If the prolapse is visible or palpable, the fetus should be immediately manually displaced upward to decrease the compression. Prolapse is categorized as follows:

- *Complete: visible at vaginal orifice*
- *Palpated: not visible but palpated digitally*
- *Occult: not visible or palpable but suspected because of abnormal fetal heart rate.*

12.

If the amniotic fluid appeared green in color during delivery, the neonate must be carefully monitored for

respiratory distress

infection

cardiovascular collapse

Explanation:

If amniotic fluid appears green (or brown) in color, the most likely cause is meconium staining. This is always cause for concern because of the risk that the fetus will aspirate the meconium, especially if the amniotic fluid is thick with meconium and particulate matter. After delivery, the neonate must be carefully monitored for respiratory distress because the fetus may have aspirated the amniotic fluid. If aspiration has occurred, the neonate may exhibit tachypnea, bradycardia, barrel-shaped chest, and low Apgar score.

13.

A contraindication to oral contraceptives for a woman older than 35 years is

asthma

endometriosis

smoking

Explanation:

A contraindication to oral contraceptives for a woman older than 35 years is smoking. Smoking increases the risk of deep vein thrombosis and stroke. Risk increases with age, especially older than 35 years, although there are also increased risks for smokers of younger age. Other contraindications to oral contraceptives include pregnancy or suspected pregnancy, hepatic tumors, abnormal vaginal bleeding, coronary artery disease, cerebrovascular disease, and

thromboembolic disorders. Relative contraindications include diabetes mellitus, age older than 45 years, or gallbladder, liver, or renal disease.

14.

If a woman has a chlamydia infection during pregnancy and childbirth, the most common symptom exhibited by the newborn is

conjunctivitis

encephalitis

myocarditis

Explanation:

If a woman has a chlamydia infection (the most common sexually transmitted disease in the United States) during pregnancy and childbirth, the most common symptom exhibited by the newborn is conjunctivitis. The infection is passed to the newborn through vaginal secretions. Women are asymptomatic, so the woman likely is not aware of infection. Antibiotic prophylaxis to the eye (usually erythromycin ointment) after birth prevents conjunctivitis, but a few infants exposed to chlamydia may develop pneumonitis and/or ear infection.

15.

A woman who developed postpartal temperature of 39 °C (102.2 °F), uterine tenderness, and foul-smelling lochia would usually receive IV broad-spectrum antibiotics

for 24 hours

until temperature falls to normal

until afebrile for 24 hours

Explanation:

A woman who developed postpartal temperature of 39°C (102.2°F), uterine tenderness, and foul-smelling lochia would usually receive IV broad-spectrum antibiotics until afebrile for 24 hours as these are indications of puerperal infection. Once the fever has subsided, the woman can usually be switched to oral antibiotics. Because it can be difficult to determine the causative agent through cultures, the antibiotic chosen should cover a wide range of bacteria.

16.

Seven days after birth, the capacity of a full-term newborn's stomach should be approximately

50 mL

90 mL

120 mL

Explanation:

Seven days after birth, the capacity of a full-term newborn's stomach should be approximately 90 mL. At birth, the capacity is usually about 6 mL/kg. The enzymes necessary to digest and absorb essential carbohydrates (such as lactose) are usually available by week 36 to 38 of gestation, but the pancreatic enzyme amylase is not produced for the first few months, so the infant's ability to absorb fat is limited. The infant also has decreased production of bile acids and pancreatic lipase, also interfering with ability to absorb fat.

17.

If a woman has cytomegalovirus infection during pregnancy, the newborn is at increased risk of

physical anomalies

conjunctivitis

neurological disorders.

Explanation:

If a woman has cytomegalovirus infection during pregnancy, the newborn is at increased risk of neurological disorders. Infection in the woman is usually asymptomatic, but about 50% of women are infected and can transmit the virus placentally or cervically. Up to 2.5% of newborns are infected and are at increased risk of death with 90% of those surviving having neurological deficits because the brain and liver are commonly infected. Cytomegalovirus can cause multiple blood abnormalities as well.

18.

Within the first 24 hours after birth, the total serum bilirubin level that indicates nonphysiological or pathological jaundice in a full-term newborn is

> 8.2 mg/dL (140 mmol/L)

> 12.9 mg/dL (221 mmol/L)

> 15 mg/dL (257 mmol/L)

Explanation:

Within the first 24 hours after birth, the total serum bilirubin level that indicates non-physiological or pathological jaundice in a full-term newborn is greater than 12.9 mg/dL (221 mmol/L) and for preterm newborns, greater than 15 mg/dL (257 mmol/L). Pathological hyperbilirubinemia occurs because of increased hemolysis of erythrocytes. The hemolysis may occur because of birth trauma or polycythemia or may be associated with Rh incompatibility or

underlying metabolic disorders. Nonpathological hyperbilirubinemia usually occurs after 24 hours.

19.

If during the acme of a uterine contraction, palpating fingers can only slightly indent the abdomen, the intensity of the contraction is rated as

mild

moderate

strong

Explanation:

If during the acme of a uterine contraction, palpating fingers can only slightly indent the abdomen, the intensity of the contraction is rated as moderate. With a mild contraction, the fingers can indent the abdomen easily. With a strong contraction, the abdomen feels quite taught and the fingers cannot indent the abdomen at all. Contractions should be evaluated for frequency (beginning of one contraction to the beginning of another, recorded in half-minute increments), duration (from beginning of a contraction to the end, recorded in seconds), and intensity.

20.

If a newborn has non-viral hepatitis, hepatosplenomegaly, and a rash on the hands and soles of the feet, the most likely cause is maternal

HIV/AIDS

herpes simplex virus

syphilis

Explanation:

If a newborn has nonviral hepatitis, hepatosplenomegaly, and a rash on the hands and soles of the feet, the most likely cause is maternal syphilis, resulting from infection in utero with Treponema pallidum. Some infants may appear asymptomatic at birth but others may have a wide range of disorders. Some abnormalities, such as interstitial keratitis and dental and facial abnormalities, may continue to become evident as the child develops. Treatment includes a regimen of penicillin administration until blood tests are negative.

21.

If a neonate's head is born but then immediately retracts back against the perineum ("turtle" sign), the most likely cause is

ineffective contractions

prolapsed cord

shoulder dystocia

Explanation:

If a neonate's head is born but then immediately retracts back against the perineum ("turtle" sign), the most likely cause is shoulder dystocia. Shoulder dystocia may result from failure of the shoulders to complete external rotation or from an abnormally large fetus; it can also occur with a fetus of any weight. Shoulder dystocia may result in compression of the umbilical cord while the chest remains in the vagina and cannot expand enough for breathing.

22.

Acrocyanosis in the newborn usually persists for up to

12 to 24 hours

24 to 48 hours

48 to 60 hours

Explanation:

Acrocyanosis in the newborn usually persists for up to 24 to 48 hours and is most obvious in Caucasian newborns as it is obscured by darker skin tones. With acrocyanosis, the distal extremities are blue-tinged while the trunk, tongue, and mucous membranes are pink. Acrocyanosis is a normal finding in a newborn, and may be accompanied by bluish discoloration about the mouth and philtrum (cleft below nose). Bruising on the face must not be mistaken for cyanosis.

23.

If a woman has HIV/AIDS, the newborn should receive antiretroviral prophylaxis for

6 weeks

6 months

12 months

Explanation:

If a woman has HIV/AIDS, the newborn should receive antiretroviral prophylaxis for 6 weeks. Currently, a 6-week zidovudine prophylaxis regimen is used, although some full-term infants whose mothers received combination HIV/AIDS therapy during pregnancy may receive prophylaxis for a 4-week period. The first dosage should be administered within 6 to 12 hours of birth. If the mother did not receive adequate therapy or her viral suppression was not adequate,

the newborn should also receive 3 spaced doses of nevirapine. Some authorities recommend a 2-drug or 3-drug prophylaxis for infants at high risk.

24.

It is appropriate to place a newborn in prone position

while awake and supervised

never

for up to 2 hours

Explanation:

It is appropriate to place a newborn in prone position, known as "tummy time," while awake and supervised, usually for short periods, as this helps to strengthen the newborn's neck and helps to prevent flattening of the back of the skull. The newborn should never be left in prone position while unattended because this increases the risk of death. When unattended, the newborn should be placed in supine position but with the head turned in one direction or another (alternating) or in side-lying position using proper supports to maintain the position.

25.

Urinary frequency, urgency, and nocturia are most common during

third trimester only

first trimester only

first and third trimesters

Explanation:

Urinary frequency, urgency, and nocturia are most common during the first and third trimesters. During the first trimester, the fetus in the uterus lies low in the pelvis, and the bladder is compressed by the growing uterus. Additionally, increased levels of progesterone relax the smooth muscles of the urethra and sphincter. The pressure is relieved in the second trimester but increases again in the third trimester as the uterus becomes markedly enlarged and the fetal parts begin to descend into the pelvis.

26.

If a woman with a history of deep vein thrombosis (DVT) is receiving low-molecular-weight heparin (LMWH) during pregnancy to prevent thrombus formation, the heparin is generally discontinued during labor and delivery and resumed

24 to 48 hours after childbirth

3 to 6 hours after childbirth

7 days after childbirth

Explanation:

If a woman with a history of deep vein thrombosis (DVT) is receiving low-molecular-weight heparin (LMWH) during pregnancy to prevent thrombus formation, the heparin is generally discontinued during labor and delivery and resumed about 3 to 6 hours after childbirth because the woman remains at risk after childbirth. LMWH is often used as preventive for women at risk of DVT during pregnancy because it does not cross the placenta and is associated with fewer bleeding complications than some other forms of heparin.

27.

If a newborn receives a glucose bolus as treatment for hypoglycemia, it must be followed by continuous infusion of

normal saline

glucose

insulin

Explanation:

If a newborn receives a glucose bolus as treatment for hypoglycemia (less than 40 mg/dL), it must be followed by continuous infusion of glucose. When a glucose bolus is administered, the body produces more insulin in response and, once the bolus is metabolized, the insulin will continue to utilize glucose stores, so a continuous infusion after the bolus prevents this. The brain of the newborn depends on glucose for energy and is sensitive to drops in glucose levels, increasing blood flow to the brain to compensate, but this increases risk of cerebral hemorrhage.

28.

If a woman insists on having a cesarean delivery but the physician feels that it is unwarranted and increases risk to the mother, the two ethical principles in conflict are

autonomy and nonmaleficence

autonomy and beneficence

autonomy and justice

Explanation:

If a woman insists on having a cesarean delivery, but the physician feels that it is unwarranted and increases risk to the mother, the two ethical principle in conflict are autonomy and nonmaleficence. Under the right of autonomy, the woman has a right to make decisions about herself and her own medical treatment. However, the physician must both respect the woman's right to autonomy while applying the ethical principle of maleficence, which means that the physician should avoid risking the health of or causing harm to others.

29.

If a newborn at rest is lying in asymmetrical supine position with one arm flexed and one arm extended, this may be an indication of

birth injury

normal positioning

congenital defect

Explanation:

If a newborn at rest is lying in asymmetrical supine position with one arm flexed and one arm extended, this may be an indication of birth injury. Newborns typically lie in supine position with the arms and legs flexed, but if they are extended, this usually occurs symmetrically. While infants may assume various positions, some of them asymmetric, if one extremity remains extended while the other is flexed, especially for an extended time, the infant should be carefully examined for injury to that extremity.

30.

The electrolyte imbalance that is associated with jitteriness in a newborn is

hypermagnesemia

hypercalcemia

hypocalcemia

Explanation:

The electrolyte imbalance that is associated with jitteriness in a newborn is hypocalcemia. Other signs and symptoms include stridor, tetany, high-pitched cry, seizures, and decreased myocardial contractility. Hypocalcemia that occurs within 3 days of birth is often associated with preterm birth, birth asphyxia, or infant of diabetic mother. Treatment is slow IV infusion of calcium.

Normal values:

- *Cord: 8.2 to 11.2 mg/dL*
- *0-10 days: 7.6 to 10.4 mg/dL*
- *11 days to 1 year: 9 to 11 mg/dL*
- *Critical value for hypocalcemia: < 7 mg/dL.*

31.

If a study is reviewed as part of developing evidence-based practice, the first element to consider when determining if the study has external validity is

study authors

study duration

sampling design

Explanation:

If a study is reviewed as part of developing evidence-based practice, the first element to consider when determining if the study has external validity is the sampling design. If the study sample is similar to that of the target population, then the study may have external validity;

however, if the sample is very different, then the findings may not apply to the population in question. The size of the sample and the research design are also important elements.

32.

If a woman's WBC count elevates to 18,000/mcL at delivery, it should return to normal values within

24 to 48 hours

4 to 7 days

2 to 3 weeks

Explanation:

If a woman's WBC elevates to 18,000/mm^3 at delivery, it should return to normal values within 4 to 7 days. The WBC typically increases during labor and delivery with the average postpartal WBC about 13,000/mm^3 but marked increases up to 20,000 to 30,000/mm^3 may occur within the first 24 hours. If the WBC continues to increase after 24 hours and fails to decrease within a few days or if there are other indications of infection, the woman must be carefully assessed.

33.

The medication that may be used to treat hyperkalemia in the newborn in order to shift extracellular potassium to the cells is

calcium gluconate

furosemide

sodium bicarbonate

Explanation:

The medication that may be used to treat hyperkalemia in the newborn in order to shift extracellular potassium to the cells is sodium bicarbonate. Insulin may be administered to enhance this shift. Furosemide or sodium polystyrene sulfonate (Kayexalate) is administered to increase excretion of potassium in the urine. Calcium gluconate is administered to stabilize the myocardium and prevent dysrhythmias. Hyperkalemia must be treated promptly in order to prevent cardiac dysrhythmias and death. In severe cases, dialysis or exchange transfusions may be indicated.

34.

Normal stretched penile length in a full-term newborn is usually about

2 cm

3.5 cm

5 cm

Explanation:

Because the penis may retract in the presence of cold air, accurate measurement can be difficult, so the penis should be stretched to maximum length (without undue tension) when measuring. The average stretched length is about 3.5 cm. (ranging from 2.8 to 4.2 cm). If the stretched length is less than 2.5 cm, the penis is classified as a micropenis. The penis should be carefully examined and position of the urethra noted. Smegma may be evident on the glans.

35.

In order to assist the father to become more involved in infant care, the father should be

included in all education and infant care

advised of the importance of the paternal role

encouraged to assist the mother

Explanation:

In order to assist the father to become more involved in infant care, the father should be included in all education and infant care and provided positive feedback regarding any type of child care, including holding the infant and changing the diapers. The father should know what to expect of the mother and the infant regarding breastfeeding and the need for rest. The father should be encouraged to touch the infant and talk to the infant in order to facilitate bonding.

36.

A newborn is classified as small for gestational age (SGA) if the weight is

less than the 25th percentile

less than the 20th percentile

less than the 10th percentile

Explanation:

A newborn is classified as small for gestation age (SGA) if the weight is less than the 10^{th} percentile for the newborn's age. SGA may result from intrauterine growth restriction, maternal smoking, congenital malformations, fetal infections, inadequate placental function, and chromosomal abnormalities. SGA newborns are at increased risk of meconium aspiration, polycythemia, hypothermia, and hypoglycemia. SGA infants have a higher rate of morbidity and

mortality. SGA newborns may be small overall or may be of normal length but have less than normal body mass.

37.

Respiratory acidosis is characterized by

hyperventilation and increased excretion of CO_2

hypoventilation and CO_2 retention

decreased serum pH and $PaCO_2$

Explanation:

Respiratory acidosis is characterized by hypoventilation and CO_2 retention along with compensatory retention of bicarbonate and increased excretion of hydrogen. Serum pH and $PaCO_2$ are increased and urine pH is greater than 6 if compensated. Bicarbonate is increased if compensated but may be normal if uncompensated. Symptoms can include drowsiness, dizziness, headache, disorientation, seizures, and coma. Cardiac effects include flushing, ventricular fibrillation, and hypotension. Hypoventilation with hypoxia is evident.

38.

Disseminated intravascular coagulation (DIC) results in rapid depletion of

leukocytes, platelets, and prothrombin

leukocytes, platelets, and fibrinogen

platelets, erythrocytes, and fibrinogen

Explanation:

Disseminated intravascular coagulation (DIC) results in rapid depletion of platelets, erythrocytes, and fibrinogen. Typically, the RBC count falls and RBC fragments are evident on smears. Both the hematocrit and hemoglobin levels fall. The prothrombin time is prolonged. Elevated levels of fibrin degradation products (D-dimer) are evident. DIC is a secondary disorder that is triggered by something else, such as a disease, infection, or childbirth. Both coagulation with blood clots and hemorrhage occur simultaneously. Onset of DIC may be very rapid.

39.

If a nurse fails to provide care to a pregnant woman based on obstetric standards of care, this type of negligence would be classified as

contributory negligence

negligent conduct

gross negligence

Explanation:

If a nurse fails to provide care to a pregnant woman based on obstetric standards of care, this type of negligence would be classified as negligent conduct. Negligent conduct may not always result in actual harm to an individual and may result from inadequate knowledge. On the other hand, gross negligence is intentionally providing inadequate care without concern for the individual's safety or security. Contributory negligence occurs when the injured individual in some way contributes to his or her own harm, such as by failing to follow medical directions.

40.

The primary treatment for phenylketonuria is

exchange transfusion

vitamin supplementation

dietary restriction

Explanation:

The primary treatment for phenylketonuria (PKU), and inborn error of metabolism, is dietary restriction of phenylalanine in order to prevent intellectual disabilities. Infants with PKU lack an enzyme needed to metabolize phenylalanine so they are unable to digest protein because phenylalanine is a product of protein digestion. All states require testing for PKU within 7 days of birth. Untreated, the first symptoms (vomiting, poor feeding, irritability) may not occur for about 3 months.

41.

If a pregnant woman complains of increasing white odorless vaginal discharge without itching or irritation during the third trimester, the best advice is to

douche with tap water

use an antifungal vaginal preparation

change cotton panties at least twice daily

Explanation:

If a pregnant woman complains of increasing white odorless vaginal discharge without itching or irritation (which may indicate a fungal infection) during the third trimester, this is a normal finding. The best advice is for the woman to change loose cotton panties at least twice daily and to avoid tight restrictive clothing that may interfere with air circulation to the perineal area

because a warm moist area increases risk of a fungal infection. Women should not use douches for cleanliness.

42.

During assessment of the tonic neck/fencing reflex in a newborn by turning the head toward the right, the newborn should

flex the right arm and leg and extend the left arm and leg

extend the right arm and leg and flex the left arm and leg

extend the right arm and flex all other extremities

Explanation:

During assessment of the tonic neck ("fencing") reflex in a reborn, if the newborn's head is turned toward the right, the newborn should extend the right arm and leg and flex the left arm and leg. This reflex is normal in the newborn but should disappear by about 6 months. If this reflex persists beyond that time, it may be an indication of developmental delay, such as from cerebral palsy, and may interfere with motor ability, such as the ability to crawl.

43.

At birth, a newborn with cystic fibrosis is at high risk for

meconium ileus

renal failure

pneumothorax

Explanation:

At birth, a newborn with cystic fibrosis is at high risk of meconium ileus, occurring in up to 20% of newborns with cystic fibrosis. Cystic fibrosis causes both digestive (recurrent chronic constipation and pancreatic insufficiency) and respiratory problems. The small intestine lacks adequate pancreatic secretions so breakdown and absorption of fats and fat-soluble vitamins is impaired. The lungs produce thick mucus that obstructs the lungs and provides an ideal medium for overgrowth of bacteria, resulting in recurrent lower respiratory infections.

44.

A skin condition of newborns that is most common in African Americans and involves small freckle-appearing macules on the chest and extremities is

pustular melanosis

Mongolian spots

erythema toxicum

Explanation:

Pustular melanosis is a skin condition that is most common in African Americans but it can be found in all racial groups and involves small freckle-appearing macules on the chest and extremities. The lesions are initially small pustules that rupture. The lesions appear scaly after the pustules have ruptured, but within a few hours the lesions become discolored, and round macules form. The condition is self-limiting, and no treatment is indicated. The brown lesions should fade within several months.

45.

The percentage of calories from carbohydrates in human milk is

40%

60%

80%

Explanation:

The three primary nutrients of human milk are carbohydrates, fat, and protein:

- *Carbohydrates (40% of total calories)*
- *Fat (free fatty acids)*
- *Protein (whey to casein ratio of 60:40 and also includes IgM, IgG, lactoferrin, lysozyme, and fibronectin)*

Secondary nutrients include nucleotides, vitamins (A, C, D, E), enzymes (including lipase to break down fats), growth factors, hormones (prolactin, cortisol, thyroxine, insulin, and erythropoietin), and cells (B lymphocytes, macrophages, neutrophils, T lymphocytes, cytokines, and interleukin 1b, 6, 8, 10, and 12.

46.

With an atrial septal defect

the heart enlarges because of extra blood flow from the lungs

blood is shunted left to right from the aorta back to the pulmonary artery

oxygenated blood returns back to the lungs, displacing deoxygenated blood

Explanation:

With an atrial septal defect (abnormal opening between the atria), oxygenated blood returns back to the lungs, displacing deoxygenated blood. This occurs because some of the blood

returning the left atrium shunts back to the right atrium because the pressure is greater in the left atrium. Symptoms vary depending on severity of abnormality. Some infants may be asymptomatic while others develop congestive heart failure. The condition may be noted because of a heart murmur. The newborn is at increased risk of dysrhythmias and pulmonary vascular obstructive disease.

47.

The sweat test for cystic fibrosis tests sweat for concentration of

sodium

chloride

potassium

Explanation:

The sweat test for cystic fibrosis tests sweat for concentration of chloride. Production of sweat on the arm or thigh is stimulated by application of pilocarpine. Sweat is then collected and analyzed for chloride concentration. Cystic fibrosis is indicated if the chloride concentration is equal to or greater than 60 mmol/L. The test is not accurate for the first 48 hours after birth, especially if the newborn is preterm. If unable to obtain an adequate sample, the test must be repeated.

48.

Lactating women should limit intake of

pork

poultry

fish

Explanation:

Lactating women should limit intake of fish to an average of 2 servings (6 ounces per serving) per week because of high levels of mercury in some types of fish, especially shark, swordfish, king mackerel, and tilefish. Mercury levels are higher in albacore tuna than light tuna, so albacore tuna should be limited to 6 ounces per week. Fish sticks and fish used for sandwiches in fast-food restaurants are usually made from fish that are relatively low in mercury.

49.

A woman with chronic hypertensive disease during pregnancy is at risk for a fetus with intrauterine growth restriction because of

chronic uteroplacental insufficiency

use of antihypertensive medications

lack of adequate maternal nutrition

Explanation:

A woman with chronic hypertensive disease during pregnancy is at risk for a fetus with intrauterine growth restriction because of chronic uteroplacental insufficiency. Because hypertension is characterized by vasoconstriction, oxygen delivery and nutrient delivery to the fetus are impaired. The infant often has low birth weight and is at higher risk of preterm birth and birth anomalies. While placental insufficiency is usually asymptomatic for the woman, he woman with uteroplacental insufficiency, because of hypertension, is at increased risk of preeclampsia and placental abruption.

50.

Infants of diabetic mothers are at risk for seizure activity because of

hypocalcemia

hyperglycemia

hypoglycemia

Explanation:

Infants of diabetic mothers are at risk of seizure activity because of hypoglycemia. The fetus is exposed to high levels of glucose in utero and has increased levels of insulin as a result. After birth, the high level of insulin rapidly burns through glucose and hypoglycemia results. Because the brain needs glucose for energy, the lack of sufficient fuel can result in seizure activity. Glucose levels of 40 mg/dL are diagnostic for hypoglycemia, although some infants may not require intervention until the level falls to 20 mg/dL.

51.

Newborns who are breastfed do not need supplemental iron for

4 months

8 months

12 months

Explanation:

Newborns who are breastfed do not need supplemental iron for 4 months because, while levels of iron are relatively low in human milk, the fetus receives iron stores during the last trimester that provide for the first 4 months. The American Academy of Pediatrics recommends that, beginning at 4 months, the infant should receive 1 mg/kg/day of liquid iron whether completely

or partially breastfed. Standard infant formula usually provides adequate iron for bottle-fed infants.

52.

The breastfeeding position that may be especially good for small babies and those with difficulty latching on because it allows the mother to have good control of the infant's head is

football hold

laid back/biological nurturing

cross-cradle hold

Explanation:

The breastfeeding position that may be especially good for small babies and those with difficulty latching on because it allows the mother to have good control of the infant's head is the cross-cradle hold. The infant may be positioned on a pillow and lies with the abdomen against the mother's abdomen. If the infant is nursing on the right, the mother guides the nipple into the infant's mouth with the right hand and mother's left arm encloses the infant and cradles the infant's head.

53.

A newborn whose mother is addicted to methadone usually develops withdrawal symptoms within

the first 4 days

8 to 10 days

24 to 48 hours

Explanation:

A newborn whose mother is addicted to methadone is likely to develop withdrawal symptoms during the first 4 days (often after 48 hours), so follow-up is important for infants at risk because the newborn may be asymptomatic when discharged from the hospital, but infants exposed in utero to drugs often feed poorly and may become rapidly dehydrated. Urine testing shows exposure to the drug within the previous few days, but meconium testing shows exposure during the previous several months; however, meconium testing takes longer to complete.

54.

If a woman was infected with Zika virus at some point during pregnancy, the fetus is at risk for

hydrocephalus

microcephaly

anencephaly

Explanation:

If a woman was infected with Zika virus at some point during her pregnancy, the fetus is at risk of microcephaly. Zika virus is transmitted by mosquitoes and is endemic in many tropical areas, such as in Mexico, Central America, and South America. Women who have traveled to these areas during pregnancy or whose partner has done so are especially at risk. Pregnant women are advised to avoid travel in areas where Zika virus is common. Zika infections are often asymptomatic or relatively mild in adults with fever, rash, joint pain, and conjunctivitis.

55.

If a newborn begins to bob the head and brings the hand to the mouth, this may be a(n)

sign of neuromuscular disorder

indication of sleepiness

feeding cue

Explanation:

Both bobbing the head and bringing the hand to the mouth are feeding cues, suggesting that the infant is hungry and needs to breastfeed. Other feeding cues include licking the lips, making sucking motions, rooting against the breast or body, holding the hands in fists, and trying to suck the finger if the infant's cheek or lower lip is stroked. If these signals do not result in feeding, the infant may begin to cry (loud squawking cry), but this is usually a last sign.

56.

Symptoms of intrauterine drug exposure often include

hypotonicity

regurgitation

bowel obstruction

Explanation:

Symptoms of intrauterine drug exposure often include:

- *Regurgitation: Head should be elevated after feedings. At increased risk of dehydration.*
- *Hypertonicity: Position should be changed frequently and newborn placed on sheepskin or waterbed to prevent pressure. Temperature must be carefully monitored to prevent hyperthermia.*

- *Diarrhea: Diaper should be changed frequently with good skin care with soap and water and application of barrier cream.*
- *Tremor/Seizures: Newborn must be monitored carefully, avoiding excessive stimuli and handling.*

57.

With autosomal recessive inheritance, if both parents carry a defective gene, each child has a

25% chance of being a carrier

50% chance of being a carrier

50% chance of having the disease

Explanation:

With autosomal recessive inheritance, disease only occurs if both parents have a copy of a defective gene. If both parents carry the defective gene, each child has a 25% chance of inheriting the disease and each child has a 50% chance of becoming a carrier.

***N** = normal gene*
***R** = recessive mutated gene*

	N	***R***
N	*NN*	*NR carrier*
R	*NR carrier*	*RR disease*

58.

When breastfeeding an infant, the infant usually should be burped

when switching breasts and at the end of breastfeeding

burping is not necessary

every 5 minutes and at the end of breastfeeding

Explanation:

When breastfeeding an infant, the infant should usually be burped when switching breasts and at the end of breastfeeding. Infants who are breastfeeding may swallow some air. Infants who are bottle-fed tend to swallow more air than breastfed infants and should be burped after every 2 to 3 ounces of milk. If an infant gets fussy during either type of feeding, vomits, or has abdominal distention, then the frequency of burping should be increased.

59.

A maternal behavior that reflects parent-infant attachment is

mother requests newborn be placed in nursery for the night

mother holds infant in en face position

mother sleeps through newborn's cries

Explanation:

A maternal behavior that reflects parent-infant attachment is when the mother holds the infant in en face position, making eye contact. Both touch and eye contact are especially important for attachment and bonding. The mother should be encouraged to care for the newborn and to respond to the newborn's needs. Attachment is strongest if the mother or caregiver is sensitive

to the child's needs and loving in responding to them. If attachment is strong, the child learns early to seek the parent or caregiver for comfort.

60.

If a father is the carrier of an X-linked disease,

his sons will all be carriers

his daughters will inherit the disease

his daughters will all be carriers

Explanation:

If a father is the carrier of an X-linked disease, his daughters will all be carriers. Because females inherit a healthy gene from the mother, they do not develop the disease because the healthy gene compensates. However, they can pass the defective gene to their children. Male offspring only inherit the healthy X chromosome from the mother.

Father is carrier: XD = defective gene

	XD	***Y***
X	*XXD carrier*	*XY*
X	*XXD carrier*	*XY*

61.

Good control of diabetes is shown for a pregnant woman with diabetes mellitus when the HbA_{1c} is

≤4%

≤5.9%

≤7%

Explanation:

Good control of diabetes is shown for a pregnant woman with diabetes mellitus when the HbA_{1c} is equal to or less than 5.9%. HbA_{1c} shows the average glucose level over a 3-month period, and this is more accurate than the blood glucose, which reflects glucose levels for the previous few hours. HbA_{1c} should be maintained to at least lower than 7%, and a level of 8% indicates poor control of diabetes, markedly increasing risk to both the woman and the fetus.

62.

If the letdown effect occurs in the opposite breast and it begins to leak milk while breastfeeding on the other breast, the woman should

apply a cotton breast pad to the breast

apply a cold compress prior to nursing

hold the palm against the opposite nipple

Explanation:

If the letdown effect occurs in the opposite breast and it begins to leak milk while breastfeeding on the other breast, the woman should apply a cotton breast pad to the breast. While holding the palm against the opposite nipple may help, it is awkward and may not contain all leakage.

The breast pad should not contain plastic backing because as this does not allow the air to circulate freely and may increase the risk of irritation and infection.

63.

If the newborn's color is good when the mouth is open but becomes cyanotic when the mouth is closed, this may indicate

choanal atresia

normal finding

respiratory distress syndrome

Explanation:

If the newborn's color is good when the mouth is open but becomes cyanotic when the mouth is closed, this may indicate choanal atresia. This may be noted if trying without success to pass a suctioning tube through the nares. Newborns are obligate nasal breathers and may show no symptoms if only one side is affected, but if the condition is bilateral, the infant may exhibit respiratory distress and cyanosis that are alleviated by crying. The infant may require intubation and ventilation as an emergent treatment, but bilateral choanal atresia requires surgical perforation of the atresia.

64.

The type of multiple gestation that poses the highest risk is

dichorionic/diamnionic

monochorionic/diamnionic

monochorionic/monoamniotic

Explanation:

The type of multiple gestation that poses the highest risk is monochorionic/monoamniotic ("mo-mo"), accounting for about 5% of monozygotic twin pregnancies. With monochorionic/monoamniotic gestations, the twins are identical in that they are the result of separation of one ovum. There is one placenta and both fetuses share one chorionic sac, yolk sac, and one amniotic sac with no inter-twin membrane. This is a high-risk pregnancy, and the fetuses have increased risk of congenital disorders. The umbilical cords may become entangled or be fused.

65.

If a woman develops painful cracked nipples after a week of breastfeeding, the most likely reason is

improper latching on

infection

normal irritation from beginning breastfeeding

Explanation:

While some irritation and soreness of the nipples is common when first starting breastfeeding, cracked nipples are not normal and most often are caused by improper latching on with the infant latching on only to the nipple. Other causes can include soap, lotions, or detergents that are irritating, transmission of monilial infection from the infant, and applying too much suction when using a breast pump. Instruction regarding latching on and changing the baby's feeding position with each feeding may help to relieve discomfort.

66.

If a woman's breasts become engorged within 3 days of beginning breastfeeding, the best treatment is to

stop breastfeeding until engorgement resolves

breastfeed frequently, about every 2 to 3 hours, until tissue softens

use a breast pump to relieve the engorgement

Explanation:

If a woman's breasts become engorged within 3 days of beginning breastfeeding, the best treatment is to breastfeed frequently, about every 2 to 3 hours, until the tissue softens. The areola may need to be manually expressed or a breast pump applied briefly if it is also engorged, but breast pumps should otherwise be avoided because they may worsen the engorgement. Gently massaging the breast toward the nipple while the baby nurses may help to reduce the engorgement.

67.

When educating a new mother who complains of exhaustion, the woman should be advised to

sleep when the newborn sleeps

have someone else care for the infant during the night

bottle-feed the newborn so he/she will sleep longer

Explanation:

When educating a new mother who complains about exhaustion, the woman should be advised to sleep when the newborn sleeps as much as possible in the initial weeks when the newborn is feeding every 1 to 3 hours. If the mother tries to sleep at night and stay awake all day, she will

not get enough rest, so she must nap frequently in the daytime. The mother should be encouraged to accept any help offered by family and friends to cook or clean.

68.

If immediately after childbirth a woman develops severe shaking chills, this most likely represents

hypovolemic shock

puerperal infection

response to abdominal pressure changes

Explanation:

If immediately after childbirth a woman develops severe shaking chills, this most likely represents a response to abdominal pressure changes because of the childbirth as well as the readjustment of temperature after the diaphoresis that occurs with labor. The woman may also be excited, fatigued, and anxious, contributing to the chills. No specific treatment is indicated, but the woman may be offered a warm blanket and provided reassurance that the condition is temporary and normal.

69.

The EL in the HELLP syndrome stands for elevated

leukocyte alkaline phosphatase

lactic acid

liver enzymes

Explanation:

The EL in the HELLP syndrome stands for elevated liver enzymes (AST and ALT). HELLP is a variant of preeclampsia. Other characteristics include hemolysis and thrombocytopenia of less than 100,000/mm^3. Women may complain of pain in the epigastric or right upper quadrant of the abdomen because of liver capsule distention. If HELLP is diagnosed, treatment may include delivery of the fetus as soon as possible, magnesium sulfate, and administration of fresh frozen plasma or platelets.

70.

If a newborn in prone position has asymmetrical gluteal folds, this may indicate

normal finding

developmental dysplasia of the hip

neuromuscular disease

Explanation:

If a newborn in prone position has asymmetrical gluteal folds, this may indicate developmental dysplasia of the hip. The term developmental is used because the condition tends to worsen with age if not treated. The hip instability may be caused by dislocation, subluxation, or acetabular dysplasia. DDH is more common with breech deliveries and more commonly affects the left hip than the right. Signs of DDH include a positive Barlow-Ortolani test. Newborns younger than 3 months of age are usually treated with a Pavlik harness.

71.

If a woman develops a blocked milk duct, an intervention that may help to resolve the blockage is

avoiding breastfeeding on the affected side

applying cold compresses to the affected area

massaging the lump while breastfeeding on the affected side

Explanation:

If a woman develops a blocked milk duct, an intervention that may help to resolve the blockage is to massage the lump while breastfeeding on the affected side or while expressing the breast in a warm shower. Warm compresses may help but not cold. Breastfeeding the infant in the football position may also help to drain the area. Blocked milk ducts often occur because of breastfeeding the infant in the same position, and may also occur because of wearing a bra that is too tight or ill fitting.

72.

If a woman insists on drinking wine with dinner even though she is breastfeeding, the woman should be advised that

she should switch to bottle-feeding

she should wait 2 hours after drinking before breastfeeding

she is negligent in caring for her infant

Explanation:

While it is advisable not to drink alcohol while breastfeeding and excessive drinking should be a contraindication to breastfeeding, if a woman has an occasional drink, she should be advised to wait for 2 hours after drinking before breastfeeding to give the alcohol time to metabolize.

Telling a woman she is negligent serves no useful purpose and is not likely to change behavior. The mother should be provided information about the effects of alcohol on the infant.

73.

Postpartum depression most often occurs at about

3 months postpartum

1 week postpartum

4 weeks postpartum

Explanation:

While postpartum depression can occur at any time after childbirth, the most common onset is at about 4 weeks postpartum. Duration varies from about 3 months to 14 months. The woman may feel very sad and helpless and have insomnia and difficulty concentrating. Some woman may feel suicidal and/or hostile toward others, including the infant. If the woman has negative feelings toward the infant, the infant may need to be cared for by others until the woman's depression improves.

74.

If a woman wants to use natural family planning for contraception and plans to use the cervical mucus method, the woman should be advised that cervical mucus is usually noted after childbirth

about 2 months before the first menstrual period

about 1 month before the first menstrual period

after the first menstrual period

Explanation:

If a woman wants to use natural family planning for contraception and plans to use the cervical mucus method, the woman should be advised that cervical mucus is usually noted after childbirth about 2 months prior to onset of the first menstrual period with about half of women using this method noting mucus by 4 months. Women should usually begin charting about 2 months after childbirth, as there is individual variation.

75.

At a minimum, infant bottles and nipples must be

washed in an automatic dishwasher

washed in hot soapy water and rinsed with hot water

sterilized by boiling for 5 to 10 minutes

Explanation:

At a minimum, infant bottles and nipples must be washed in hot soapy water and rinsed with hot water. The GI tract does not require sterilized food, so it is generally not considered necessary to sterilize feeding equipment; however, bottles and nipples can be washed and then run through an automatic dishwasher if desired or sterilized by boiling for 5 to 10 minutes. Handwashing is often more critical than the method used to clean the equipment because organisms are more likely to be passed into the formula from contaminated hands.

76.

Emergent treatment for magnesium sulfate toxicity is

10% calcium gluconate

flumazenil

naloxone

Explanation:

Emergent treatment for magnesium sulfate toxicity is 10% calcium gluconate. Magnesium sulfate is often administered to women with preeclampsia to prevent seizures and to prevent recurrence of seizures in women with eclampsia. Women may experience flushing and increased perspiration at low doses. However, levels above 4 mEq/L may result in decreased tendon reflexes, and cardiac and respiratory function are increasingly depressed as levels increase to 10 mEq/L. Death may occur if levels reach 12 mEq/L.

77.

Women often complain of feeling short of breath during pregnancy because of

less effective pulmonary function

decreased diaphragmatic excursion

increased diaphragmatic excursion

Explanation:

Women often complain of feeling short of breath during pregnancy because of decreased diaphragmatic excursion as the enlarging uterus pushes upward. However, there is increased lateral movement of the chest and intercostal muscles to compensate. The diaphragm

excursion increases immediately after delivery and resolves the shortness of breath. The respiratory system returns to pre-pregnancy status within about 3 weeks after delivery.

78.

Women who are pregnant should avoid contact with cat feces because of risk of infection with

parvovirus

Bartonella henselae

toxoplasmosis

Explanation:

Women who are pregnant should avoid contact with cat feces because of risk of infection with toxoplasmosis, which may also be acquired through ingesting undercooked meat or unpasteurized goat's milk. Fetal risk is highest if infection occurs during the first trimester as the infection may result in microcephaly and hydrocephalus or spontaneous abortion. Mild infections may cause retinochoroiditis while severe infections may cause seizures and CNS abnormalities. If the woman becomes infected, treatment (spiramycin, pyrimethamine, sulfonamide) may reduce the severity of fetal abnormalities.

79.

The medication that may be administered to control postpartal hemorrhage when other methods are unsuccessful is

carboprost tromethamine (Hemabate)

epoetin alfa (Procrit)

betamethasone (Celestone)

Explanation:

The medication that may be administered to control postpartal hemorrhage when other methods are unsuccessful is carboprost tromethamine (Hemabate). Hemabate is used with uterine atony. The usual beginning dose is 250 mcg IM every 1.5 to 3.5 hours (sometimes increased to 500 mcg) to a maximum dosage of 12 mg with maximum duration of administration of 48 hours. Common adverse effects include nausea, fever, chills, and diarrhea. The woman should not breastfeed for 24 hours after administration.

80.

Maternal indications for forceps-assisted birth include

inability to push with contractions

prolonged labor

incomplete cervical dilation

Explanation:

Maternal indications for forceps-assisted birth include the inability to push with contractions, usually associated with exhaustion from prolonged second stage of labor or with spinal or epidural anesthesia or spinal cord injury. Other indications include dystocia that makes unassisted delivery difficult and medical complications, such as cardiovascular problems. Fetal indications include prolapsed cord causing fetal distress, abnormal presentation, and immaturity. In order to have forceps-assisted delivery, the bladder must be empty, membranes ruptured, cervix dilated, and there should be no cephalopelvic disproportion.

81.

The procedure that should be done prior to attempted external version is

abdominal x-ray and nonstress test

ambulation and nonstress test

abdominal ultrasound and nonstress test

Explanation:

The procedure that should be done prior to attempted external version is abdominal ultrasound in order to confirm the size and position of the fetus and the umbilical cord and to ensure that placenta previa is not present. The ultrasound also allows confirmation of the amniotic fluid volume and the presence of cephalopelvic disproportion. The nonstress test should be done to assess the status of the fetus. External version is contraindicated if the woman has had previous cesarean delivery or if other abnormalities are present.

82.

If a woman has previously experienced uterine rupture that was repaired, the woman should probably be scheduled for a cesarean delivery at week

34 to 35

36 to 37

38 to 39

Explanation:

If a woman has previously experienced uterine rupture that was repaired, the woman is at increased risk of recurrence, so the woman should undergo a cesarean delivery before the fetus is at full term, usually between weeks 36 and 37, because ruptures most often occur early in labor. Uterine rupture is a rare complication and is most often associated with rupture of the

scar of a previous cesarean. Rupture may occur in multiparous women (≥ 5 childbirths) or be precipitated by medications, such as oxytocin.

83.

An example of an X-linked disease is

Marfan syndrome

Duchenne muscular dystrophy

Rett syndrome

Explanation:

An example of an X-linked disease is Duchenne muscular dystrophy, the most common form of muscular dystrophy. Duchenne muscular dystrophy is an X-linked recessive disorder in which the mother is the carrier and only sons can develop the disease. If the father is the carrier, daughters will be carriers, but sons will be unaffected.

Mother is carrier: XR = defective gene

	X	***Y***
X	*XX*	*XY*

X R *XR carrier XRY disease*

84.

If a breastfeeding woman complains of fever of 38°C (100.4°F) and increasing pain in her right breast and examination shows erythema, induration, edema, and tenderness to the touch, the most likely reason is

mastitis

blocked milk duct

engorgement

Explanation:

If a breastfeeding woman complains of fever of 38 °C (100.4 °F) and increasing pain in her right breast and examination shows erythema, induration, edema, and tenderness to the touch, the most likely reason is mastitis. Engorgement does not include erythema or induration, and blocked milk ducts are usually more localized and not accompanied by fever, although early mastitis may resemble a blocked milk duct. However, if mastitis is not promptly diagnosed and treated with antibiotics, an abscess may form.

85.

The most likely treatment for a newborn that suffered a right clavicular fracture during a breech birth is

immobilization of the arm

surgical repair

no treatment necessary

Explanation:

The most likely treatment for a newborn that suffered a right clavicular fracture during a breech birth is arm immobilization until healing occurs. A figure-8 clavicular strap can be used, but simply pinning the arm to the clothing is usually sufficient. Clavicular fractures are the most common birth-trauma–related fractures. Symptoms include pain when the arm is moved. In

some cases, the infant may not move the arm, especially if nerve damage has occurred. The shoulder on the affected side may appear slightly inferior to the other.

86.

The Apgar score that indicates good health in a newborn is

≥5

≥7

≥9

Explanation:

The Apgar score that indicates good health in a newborn is equal to or greater than 7.

Sign	*0*	*1*	*2*
Appearance (Skin Color)	*Cyanotic or pallor over entire body*	*Normal, except for the extremities*	*Entire body normal*
Pulse (Heart Rate)	*Absent*	*< 100 bpm*	*> 100 bpm*
Grimace (Reflex Irritability)	*Unresponsive*	*Grimace*	*Infant sneezes, coughs, and recoils*
Activity (Muscle Tone)	*Absent*	*Flexed limbs*	*Infant moves freely*
Respiration (Breathing Rate and Effort)	*Absent*	*Bradypnea, dyspnea*	*Good breathing and crying*

87.

If a woman needs to urinate every 1 to 2 hours after delivery and passes about 100 to 125 mL of urine each time, the most likely reason is

normal postpartal urinary function

urinary retention

dehydration

Explanation:

If a woman needs to urinate every 1 to 2 hours after childbirth and passes about 100 to 125 mL of urine each time, the most likely reason is urinary retention. Because the bladder is full, the woman feels a frequent urge to urinate but does not empty the bladder. Retention may occur because of edema, bladder or urethral trauma, and bladder hypotonia. The bladder must be assessed to ensure it is not overdistended, which increases risk of bladder rupture as well as displacement of the uterus and hemorrhage.

88.

In order to establish an accurate gestational age in the antenatal period, the information that is essential is the

date of the first day of the last normal menstrual period

date of the last day of the last normal menstrual period

date of the first day of the last ovulation

Explanation:

In order to establish an accurate gestational age in the antenatal period, the date of the first day of the last normal menstrual cycle is essential. Nagel's rule (Naegele's rule) is applied:

First day of last normal menstrual cycle + 9 months +7 days.

Normal pregnancy lasts about 40 weeks. Light bleeding may be mistaken for a normal menstrual period, and some medications may alter the menstrual cycle. If the woman's menstrual cycle is irregular, a history of sexual intercourse, especially if infrequent, may help to determine the most accurate gestational age.

89.

A probable sign of pregnancy that refers to cervical and vaginal softening associated with vascular congestion is

Goodell's sign

Chadwick's sign

Hegar's sign

Explanation:

Goodell's sign of pregnancy refers to cervical and vaginal softening associated with vascular congestion. These changes result from increased levels of estrogen and progesterone, which cause the collagen fibers in the connective tissues to decrease and the vessels below the uterus to undergo hypertrophy and become engorged. The tissue of the cervix also undergoes slight hypertrophy and hyperplasia. Goodell's sign is usually evident by about the fourth week of gestation. Goodell's sign is accompanied by Chadwick's sign (change in cervical color).

90.

With the Brazelton Neonatal Behavioral Assessment Scale, an example of a self-quieting activity is

newborn follows a visual object

newborn's response to repeat stimuli diminishes

newborn sucks on hand

Explanation:

With the Brazelton Neonatal Behavioral Assessment Scale, an example of a self-quieting activity is when the newborn sucks on a hand. The scale includes assessment of 18 different reflexes, 28 behaviors, and 6 other characteristics. Areas of response include habituation (diminished response to repeat stimuli), visual and auditory orientation, motor activity, self-quieting activities, and social behaviors (cuddling, enjoying physical contact). The assessment is usually completed on day 3 at a time when the newborn is quiet.

91.

If an infant must be separated from the mother after birth and taken to the NICU, bonding can be best facilitated by encouraging the mother to

hold or touch the infant frequently

take pictures of the infant

visit frequently

Explanation:

If an infant must be separated from the mother after birth and taken to the NICU, bonding can best be facilitated by encouraging the mother to hold or touch the infant frequently. Touch is especially important for both the newborn and the mother. The mother should be involved in the

infant's care and encouraged to stay with the infant or visit as often as possible. If the mother is unable to visit, then pictures or videos of the infant should be provided to the mother.

92.

A newborn with tricuspid atresia but no septal defect is usually treated with

an ACE inhibitor

prostaglandin

dexamethasone

Explanation:

A newborn with tricuspid atresia but no septal defect is usually treated with prostaglandin in order to keep the foramen ovale and the ductus arteriosus open. With tricuspid atresia, the tricuspid valve between the right atrium and right ventricle is missing, so the blood flows through the foramen ovale directly into the left side of the heart and then through a ventral septal defect to the right ventricle and out into the pulmonary artery to be oxygenated. A number of different surgical procedures may be necessary.

93.

A newborn should be able to fixate vision on an item at

3 to 5 inches

6 to 8 inches

8 to 14 inches

Explanation:

A newborn should be able to fixate his or her vision on an item at 8 to 14 inches, although the newborn's vision is far less acute than an adult's vision, but the infant has peripheral vision and can perceive shapes, large objects, dark versus light (black, white, and gray), and faces. The newborn begins to see colors within a few weeks, with red the first color the newborn can perceive. A newborn should be able to see all colors by about 3 months. The newborn develops depth perception by 4 months.

94.

To assist older siblings to adjust to a newborn, the parents should be advised to

tell the children that they must not hurt the newborn

teach the children how to interact with the newborn

explain that the newborn needs more attention than older children

Explanation:

To assist older siblings to adjust to a newborn, parents should be taught to teach the children how to interact and play with the newborn. Children should be encouraged to hold the newborn with supervision soon after birth and to touch and talk to the infant. Children might also be asked to assist with some simple tasks, such as getting a diaper. Parents should avoid being critical if children exhibit some regressive behavior or make increasing demands for attention, as these are normal behaviors.

95.

The vaccine that should be administered to a newborn within 12 hours of birth is

hepatitis B

varicella

hepatitis A

Explanation:

The vaccine that should be administered to a newborn within 12 hours of birth is hepatitis B. One of the primary goals of this vaccination is to eventually eliminate hepatitis B infection by preventing it in infants, who then carry that protection through adulthood. Infants whose mothers are positive for hepatitis B should also receive 0.5 mL of hepatitis B immunoglobulin (HBIG) in a separate injection. Adverse effects to hepatitis B vaccine are usually localized but may include a low-grade fever.

96.

The skin appearance that is typical of a post-term infant born at 42 to 44 weeks is

deep cracks in skin with no visible blood vessels and thick vernix

translucent red skin with scant vernix and visible blood vessels

dry, peeling skin with loss of subcutaneous fat and no vernix

Explanation:

The skin appearance that is typical of a post-term infant born at 42 to 44 weeks is dry, peeling skin with loss of subcutaneous fat and no vernix. The vernix begins to wash away when the infant is near term, and this loss of protection causes the skin to become more wrinkled and dry.

Gestational Age Skin Appearance

24 to 26 weeks Translucent; red; many visible blood vessels; and scant vernix

35 to 40 weeks Deep cracks; no visible blood vessels; and thick vernix

42 to 44 weeks Dry, peeling skin; no vernix; and loss of subcutaneous fat

97.

A pregnant woman who routinely smokes methamphetamine is especially at risk for

placental abruption

intrauterine growth restriction

spontaneous abortion

Explanation:

A pregnant woman who routinely smokes methamphetamine is especially at risk for spontaneous abortion as methamphetamine is a stimulant and can result in uterine contractions. The fetus may experience fetal stroke because of maternal hypertension. If the woman delivers an infant, then the neonate may experience withdrawal symptoms. Deliveries are often preterm and placental abruption may occur, although it is more common if the woman smokes cocaine. Risks to the mother include hypertension, which can lead to kidney failure and eclampsia.

98.

When assisting the infant to latch on, the mother should

guide the infant's mouth toward the nipple

allow the infant to nuzzle the breast in search of the nipple

guide the nipple to the infant's mouth with a C- or U-hold

Explanation:

When assisting the infant to latch on, the mother should guide the nipple to the infant's mouth with a C-hold or U-hold of the breast. Grasping the breast helps to tighten the tissue and makes it easier for the infant to latch on. The U-hold is most commonly used (hand placed about the breast at the bottom of the breast) for most breastfeeding positions, but the C-hold (hand placed about the lateral aspect of the breast) is more commonly used for the football hold.

99.

After birth, the newborn's umbilical cord should be cleansed with

alcohol

mild soap and water

hydrogen peroxide

Explanation:

After birth, the newborn's umbilical cord should be cleansed with mild soap and water, not alcohol, which is no longer recommended because it can cause skin irritation. The umbilical cord should be protected from moisture with the diaper folded down below the cord and clothing folded above it so that it is exposed to the air. The infant should receive only sponge baths until the cord falls off, usually in about 10 to 14 days.

100.

The otoacoustic emissions (OAE) test measures the

sounds generated by the cochlea

brain response to sound and integrity of nerve pathways

motor response to sound and integrity of nerve pathways

Explanation:

The otoacoustic emission (OAE) test measure the sounds generated by the cochlea, measuring specifically the hair cell function. A normally functioning cochlea not only perceives sound but also produces otoacoustic emissions (low-intensity sounds). The cochlea has 4 different types of emissions. Testing involves insertion of a probe with a soft tip into the ear canal to seal the ear and record the emissions. The testing takes a few minutes per ear if the newborn is quiet but longer if the infant fusses.

101.

If a woman has received nalbuphine hydrochloride for pain after a cesarean delivery and is extremely somnolent with respirations of 6 to 8 per minute, the most likely treatment is

oxygen per nasal cannula

diphenhydramine (Benadryl)

naloxone (Narcan)

Explanation:

If a woman has received nalbuphine hydrochloride (Nubain) for pain after a cesarean delivery and is extremely somnolent with respirations of 6 to 8 per minute, the most likely treatment is naloxone (Narcan), which is an opioid antagonist that reverses the effects of the opioid. Somnolence and respiration rate below 12 are indications of opioid overdose. Nalbuphine is a synthetic opioid with properties similar to morphine and is indicated for moderate to severe pain.

102.

Treatment for transient tachypnea of the newborn (TTN) usually includes

supportive care and supplemental oxygen

steroids

extracorporeal membrane oxygenation (ECMO)

Explanation:

Treatment for transient tachypnea of the newborn (TTN) usually includes supportive care and oxygen, if necessary. If the infant is unable to take oral feedings because of rapid respirations, then IV fluids or NG feedings may be provided. TTN results from inadequate absorption of fluid in the lungs after birth. Symptoms usually occur within the first 36 hours and resolve by day 3. Symptoms include dyspnea, sternal retraction, expiratory grunt, and nasal flaring.

103.

If a 4-week-old newborn has projectile vomiting with blood-stained but nonbilious emesis, eats readily but is losing weight, and is dehydrated, the newborn should be assessed for

Hirschsprung disease

hypertrophic pyloric stenosis

intestinal atresia

Explanation:

If a 4-week-old newborn has projectile vomiting with blood-stained but nonbilious emesis, eats readily but is losing weight, and is dehydrated, the newborn should be assessed for hypertrophic pyloric stenosis. Other signs include distention of the upper abdomen with a palpable mass to the right of the umbilicus and visible peristaltic waves going from left to right. Ultrasound is used for diagnosis. Treatment includes IV fluids with electrolyte replacement as needed and surgical pyloromyotomy to release the stricture.

104.

If a woman suffers after pains during breastfeeding, the woman should be

provided a mild analgesic, such as acetaminophen

advised to delay breastfeeding for 24 hours

provided an ice pack for the abdomen

Explanation:

If a woman suffers after pains during breastfeeding, the woman should be provided a mild analgesic, such as acetaminophen. After pains, triggered by release of oxytocin from stimulation of the breast with the nursing infant, are very common and may be strong for the first 3 days after childbirth but then usually disappear. Relaxation exercises and deep breathing may help to reduce discomfort, and some women find that a warm heating pad or pack over the abdomen reduces cramps.

105.

Once the birth mother has signed adoption papers relinquishing the child, the adoptive parents should be

questioned regarding fitness for parenthood

isolated from other parents in the unit to allow time for bonding with the infant

treated the same as birth parents

Explanation:

Once the birth mother has signed adoption papers relinquishing the child, the adoptive parents should be treated the same as birth parents. It is important to know information about the type of adoption because, with an open adoption, the birth mother may remain involved to some degree. The adoptive parents are the legal parents and make the decisions about the infant's care. The adoptive parents should be provided the same education regarding childcare that would usually be provided to the birth parents.

106.

A newborn with trisomy 21 (Down syndrome) who has passed no meconium in 48 hours, has poor feeding, bilious vomitus, and abdominal distention should be assessed for

malrotation

cystic fibrosis

Hirschsprung disease

Explanation:

A newborn with trisomy 21 (Down syndrome) that has passed no meconium in 48 hours and has poor feeding, bilious vomitus, and abdominal distention should be assessed for Hirschsprung disease, which is associated with trisomy 21. Hirschsprung disease (congenital aganglionic megacolon) occurs when ganglion nerve cells do not enervate part of the bowel (usually the distal colon), resulting in lack of peristalsis so that stool accumulates and causes distention and megacolon. Surgery involves surgical removal of the impaired section of the colon.

107.

When thawing frozen human milk, the milk should be thawed

at room temperature

in hot water

in the microwave

Explanation:

When thawing frozen human milk, the milk should be thawed at room temperature. If necessary, the milk container can be placed into another container of warm (never hot) water. The milk should never be heated in a microwave because of the possibility of hot spots developing. Human milk can be stored in the refrigerator for 5 to 7 days at temperatures of 34-39 °F (1-4 °C) and frozen for 6 to 12 months at temperatures of 0 °F (-18 °C).

108.

Preeclampsia is characterized by

proteinuria at any time during pregnancy

hypertension after 20 weeks with or without proteinuria

hypertension after 20 weeks with proteinuria

Explanation:

Preeclampsia is characterized by hypertension after 20 weeks (≥140/90 mm Hg) with proteinuria (≥0.3 g in a 2-hour urine specimen) OR new onset hypertension without proteinuria with symptoms of end-organ dysfunction. The woman may exhibit increased edema. Initial treatment is usually bedrest and measures to decrease blood pressure. Preeclampsia with severe features is present if BP increases to ≥160/110 mm Hg with increased proteinuria of >1 g per 24-hour urine collection or ≥2+ on dipstick as well as other symptoms, such as headache and visual disturbances, epigastric pain, pulmonary edema, and/or thrombocytopenia.

109.

If a newborn has gastroschisis with the small and large intestines protruding from the abdomen, the exposed organs should be covered with

sterile plastic film

petrolatum-impregnated gauze dressings

normal saline soaked dressing

Explanation:

If a newborn has gastroschisis with the small and large intestines protruding from the abdomen, the exposed organs should be covered with sterile plastic film in order to prevent fluid loss and heat loss from evaporation. A nasogastric tube is inserted for feedings. The protruding parts have floated in amniotic fluid and may be severely damaged. Surgical repair is done when the newborn's condition stabilizes, although large abnormalities may require a number of

staged surgical repairs. If the abdominal cavity cannot accommodate all protruding organs, some may be left outside and covered with a Silastic pouch until the cavity grows.

110.

An example of an acyanotic congenital heart disease is

ventricular septal defect.

Tetralogy of Fallot

Ebstein's anomaly

Explanation:

An example of an acyanotic congenital heart disease is ventricular septal defect.

Acyanotic congenital heart defects

Result in increased pulmonary blood flow	*Atrial septal defect*
	Ventricular septal defect
	Patent ductus arteriosus
	Atrioventricular canal defect
Result in obstructed ventricular blood flow	*Aortic stenosis*
	Coarctation of aorta
	Pulmonic stenosis

111.

A contraindication to the use of oxytocin to stimulate contractions is

multigravida ≥4

hypertension

marginal placenta previa

Explanation:

A contraindication to the use of oxytocin to stimulate contractions is multigravida equal to or greater than 4 because this predisposes the woman to uterine rupture. Other contraindications include nullipara older than age 35 years, previous major surgery of the cervix or uterus, total placenta previa, and rigid non-effaced cervix. Oxytocin is also contraindicated with some fetal conditions, such as non-reassuring status, cephalopelvic disproportion, malpresentation, cord prolapse, and preterm status.

112.

If a newborn exhibits paradoxical chest movement with the chest contracting during inspiration and expanding during expiration, this suggests

pneumonia

pneumothorax

pulmonary edema

Explanation:

If a newborn exhibits paradoxical chest movement with the chest contracting during inspiration and expanding during expiration, this suggests pneumothorax, the most common air leak syndrome. Mechanical ventilation is the most common reason for pneumothorax in an infant, although preterm infants, infants with meconium aspiration, and those with lung disease are at risk. Treatment usually includes correction of the underlying cause and evacuating the air with needle aspiration or chest tubes to water-seal drainage.

113.

If a newborn has bilateral talipes equinovarus (clubfeet), the initial treatment is usually

surgical repair

long leg serial casting

foot braces

Explanation:

If a newborn has bilateral talipes equinovarus (clubfeet), the initial treatment is usually long leg serial casting with the casts changed every 1 to 2 weeks. In some cases, surgical repair may be necessary and is usually done between 3 and 12 months with postoperative casting and bracing needed. Talipes equinovarus involves 3 different types of abnormalities:

- *The midfoot is directed inferiorly.*
- *The hindfoot turns inward.*
- *The forefoot adducts toward the heel and turns superiorly in partial supination.*

The foot may be smaller than normal, the Achilles tendon shortened, and muscles of the lower leg atrophied.

114.

During pregnancy, the hormone that primarily stimulates growth of the milk glands is

estrogen

prolactin

progesterone

Explanation:

During pregnancy, the hormone that primarily stimulates growth of the milk glands is progesterone, which is produced in the ovaries, placenta, and adrenal glands. The growth causes breast tenderness, usually at about 4 to 6 weeks. Obvious increase in breast size is usually evident by 8 weeks. As the breasts increase in size, circulation to the breasts increases, and veins become more prominent. Progesterone also serves to depress the action of prolactin and to prevent the production of milk until the end of pregnancy.

115.

Treatment for hemorrhoids that occur after childbirth includes

warm sitz baths

ice packs and topical anesthetic ointment

ice packs and opioids

Explanation:

Treatment for hemorrhoids that occur after childbirth includes ice packs, topical anesthetic ointment, and witch hazel compresses. The woman should be advised to lie on her side while in bed to relieve pressure and to tighten the muscles of her buttocks before sitting on a flat hard surface. Soft surfaces, such as cushions and foam donuts, separate the buttocks and decrease

circulation to the area, often increasing the pain and protrusion of the hemorrhoids. Pregnancy-associated hemorrhoids usually recede within a few weeks.

116.

Characteristics typical of a newborn with achondroplasia include

short but broad torso

short arms with distal segment disproportionately short

short legs with proximal segment disproportionately short

Explanation:

Characteristics typical of a newborn with achondroplasia, the most common cause of dwarfism, include short legs with proximal segment (thigh) disproportionately short. The torso is usually long and narrow but the arms are similar in disproportion to the legs with the upper arms short. The head tends to be large with frontal bossing and midface hypoplasia. Some develop hydrocephalus as well. The newborn may exhibit mild generalized hypotonia and may have a small hump (gibbus) in the thoracolumbar region.

117.

If weighing blood-soaked items, such as linens, to determine the volume of blood loss, it is important to know that 1 g of weight is equal to

1 mL blood

2 mL blood

5 mL blood

Explanation:

If weighing blood-soaked items, such as linens, to determine the volume of blood loss, it is important to know that 1 gram of weight is equal to 1 mL of blood. Estimating blood loss only by looking is often inaccurate. Some materials are more absorbent than others, and surface blood on linens, for example, may not accurately reflect the blood that has soaked into padding underneath. Dry weights of linens and peri-pads should be posted near scales used to weigh blood-soaked items.

118.

Vitamin K (phytonadione; AquaMEPHYTON) is administered to the newborn to

decrease levels of clotting factors

promote development of clotting factors

stimulate the immune system

Explanation:

Vitamin K, phytonadione (AquaMEPHYTON), is administered to the newborn to promote development of clotting factors. Vitamin K is a prophylaxis and treatment given IM in a one-time dose for vitamin K deficiency and promotes the formation of clotting factors II, VII, IX, and X. It should be given with an hour of birth but may be delayed for a short period to accommodate breastfeeding in the birthing area. Vitamin K should be given prior to circumcision in order to prevent excessive bleeding.

119.

A woman expecting twins has a negative fetal fibronectin screen at 33 weeks, which likely indicates that the woman

will not go into preterm labor within the next 2 weeks

will go into preterm labor within 2 weeks

is already beginning preterm labor

Explanation:

If a woman is expecting twins and has a negative fetal fibronectin screen at 33 weeks, this likely indicates that the woman will not go into preterm labor within the next 2 weeks. The woman may also have a cervical examination for dilation and effacement and ultrasound. The third trimester extends from week 27 to week 40. With multiple births, women are usually assessed every 1 to 2 weeks from the middle of the third trimester to determine if they are going into preterm labor.

120.

Preterm infants are at risk of respiratory distress syndrome (RDS) because they lack adequate

alveoli

diaphragmatic development

surfactant

Explanation:

Preterm infants are at risk of respiratory distress syndrome (RDS) because they lack adequate surfactant. Pulmonary edema and atelectasis develop with the alveolar fluid serving as a medium for infection. Ventilation and perfusion are impaired, so the infant develops increasing hypoxemia and tachypnea. The newborn may have only mild tachypnea at birth, but symptoms are usually acute within 72 hours with wheezing and rales, decreased pulmonary compliance, cyanosis, volume overload, and respiratory alkalosis progressing to respiratory acidosis.

Treatment may include oxygen therapy, endotracheal intubation and mechanical ventilation, inhaled nitric acid, antibiotics, and steroids.

121.

Lactogenesis requires the release of

prolactin and progesterone

oxytocin and estrogen

prolactin and oxytocin

Explanation:

Lactogenesis requires release of prolactin and oxytocin. After delivery, levels of estrogen and progesterone decrease and the anterior pituitary gland releases increased amounts of prolactin, which stimulates the alveoli in the breasts to take protein and carbohydrates from the blood and to secrete milk. As the neonate suckles, this stimulates the posterior pituitary gland to release oxytocin, which causes the muscles about the alveoli to contract and eject milk (let-down effect) from the alveoli into the lactiferous ducts.

122.

If a newborn has bilateral strabismus with both eyes turning inward (crossed eyes), the condition would be classified as

exotropia

esotropia

phoria

Explanation:

If a newborn has bilateral strabismus with both eyes turning inward (crossed eyes), the condition would be classified as esotropia. (Exotropia is when the eyes turn outward, a wall-eyed appearance.) Treatment should be carried out before the child is 2 years old to be most effective and to reduce impaired vision. If the esotropia is intermittent and not severe, it may resolve, but if it persists past 4 months, treatment is indicated. Treatment varies depending on severity and can include special glasses, surgical repair of rectus muscle, and eye drops.

123.

During the first postpartal week, most women lose about

3 kg (6.6 lb) of weight

5 kg (11 lb) of weight

7 kg (15.4 lb) of weight

Explanation:

During the first postpartal week, most women lose about 3 kg (6.6 lb) of weight in addition to the weight loss that corresponded to the neonate's birth weight as well as the weight of the placenta. Some of the initial weight loss can be attributed to diuresis. Most women lose about 50% of the weight they gained during pregnancy in the first 6 weeks, but it can take several months to lose the remaining weight.

124.

If a woman plans to bottle-feed, she should be advised that when a bottle of formula is held upside down, the formula should flow

only when the nipple is compressed

in a slow, steady stream

one drop at a time

Explanation:

If a woman plans to bottle-feed, she should be advised that when the bottle of formula is held upside down, the formula should flow one drop at a time. If it does not flow, the infant may have to work too hard to get adequate formula, exemplified by a suck/swallow ratio of greater than 1:1, such as 2:1 or 3:1. If the formula flows in steady stream, this increases the risk of aspiration, as the infant may not be able to swallow adequately to empty the mouth of formula, exemplified by a suck/swallow ratio that shows more swallowing than sucking, such as 1:2 or 1:3.

125.

Microtia in a newborn may be associated with

sensorineural hearing loss

mixed hearing loss

conductive hearing loss

Explanation:

Microtia (congenital deformity of outer ear) in one or both ears of a newborn may be associated with conductive hearing loss. Microtia may range from only a slightly smaller ear (grade 1) to complete absence of outer ear and external auditory canal (grade IV). The child may require a

hearing aid if conductive hearing deficit is present. Reconstruction of the affected ear is usually begun when the child is 4 to 6 years old.

126.

Women who are pregnant are especially susceptible to vaginal *Candida albicans* infections primarily because of

increased glycogen levels in vaginal cells

decreased perineal hygiene

increased weight gain

Explanation:

Women who are pregnant are especially susceptible to vaginal Candida albicans infections primarily because of increased glycogen levels in vaginal cells. The increased glycogen, coupled with increased leukorrhea, creates a warm, moist, nutritive environment for the development of monilial infections. Women should be advised to practice good hygiene and to wear loose clothing and cotton panties. Treatment is usually with clotrimazole vaginal creams or suppositories, which are safer than nystatin-containing preparations during pregnancy.

127.

After childbirth, if a woman exhibits excessive bright red vaginal bleeding but the uterus remains firm with massage, the most likely cause of the bleeding is

retained placenta

genital laceration

uterine atony

Explanation:

After childbirth, if a woman exhibits excessive vaginal bleeding but the uterus remains firm with massage, the most likely cause of the bleeding is genital laceration. With retained placenta and uterine atony, the uterus tends to feel soggy and does not remain firm. Additionally, blood from the uterus is usually dark red while blood from genital lacerations tends to be bright red in color. The woman should be examined immediately to determine the site of the bleeding.

128.

The method of feeding that poses the fewest problems for a newborn with cleft lip and palate is

breastfeeding

bottle-feeding

enteral feeding

Explanation:

The method of feeding that poses the fewest problems for a newborn with cleft lip and palate is bottle-feeding. Most newborns with cleft lip and palate can manage to suck and some may be able to breastfeed but creating the negative pressure necessary for breastfeeding is difficult. The mother must seal the cleft with her finger or breast during breastfeeding. If the cleft is bilateral, breastfeeding may be impossible, but the mother can manually express her milk for the infant using a breast pump. Some newborns may require enteral feedings in order to achieve adequate nutritional intake.

129.

Immediately following childbirth, a woman taking insulin for diabetes mellitus, type 2, will likely require

the same dosage

increased dosage

decreased dosage

Explanation:

Immediately following childbirth, a woman taking insulin for diabetes mellitus, type 2, will likely require decreased dosage. After childbirth, the levels of many hormones fall, including those that have anti-insulin properties, so the available insulin takes full effect and the woman enters a hypoglycemic period. With diabetes, this may result in normal glucose levels for a few days. Blood glucose levels should be monitored before administration of routine insulin.

130.

If a newborn suffers from cold stress and metabolizes brown fat, this places the newborn at risk of

metabolic acidosis

respiratory acidosis

metabolic alkalosis

Explanation:

If a newborn suffers from cold stress and metabolizes brown fat, this places the newborn at risk of metabolic acidosis because of fatty acids released from metabolized brown fat. Cord blood values indicating metabolic acidosis include pH of less than 7.25, PaO_2 of less than 20 mm Hg, $PaCO_2$ of 44 to 55 mm Hg, and base excess of greater than 0 mEq/L. Brown fat is a very

vascular fat found in mid-scapular area, about the neck, and in the axillae as well as internally around the trachea, esophagus, abdominal aorta, kidneys, and adrenal glands.

131.

Early-onset vitamin K deficiency in a newborn may be related to

exclusive breastfeeding

maternal medication

celiac disease

Explanation:

Early-onset vitamin K deficiency (occurring within 24 hours of birth) in a newborn may be related to maternal medication. Late-onset vitamin K deficiency usually occurs after about 2 weeks and may be associated with exclusive breastfeeding, diarrhea, or disease (cystic fibrosis, celiac). The liver requires vitamin K in order to produce clotting factors, so infants who are not administered vitamin K after birth may develop bleeding (hemorrhagic disease of the newborn). Without vitamin K prophylaxis, the newborn may not attain adequate levels of vitamin K for months.

132.

If a newborn develops diaper rash, the initial treatment should be to

apply a topical antibiotic

cleanse, dry, and expose to air

apply infant-appropriate diaper rash cream

Explanation:

If a newborn develops diaper rash, the initial treatment should be to cleanse with mild soap and water, dry, and expose to the air. Baby wipes and lotions should be avoided as they may cause an allergic response. Antibiotic ointment may cause a rash. If the rash is severe or draining, this may indicate an infection and the physician should be contacted. Diapers should be changed promptly when wet and a barrier ointment or cream (such as petroleum jelly or zinc oxide) may be applied.

133.

If a woman under-dilutes a newborn's formula, expecting to improve the infant's nutrition, this may result in

hypernatremia

water intoxication

improved nutrition

Explanation:

If a woman under-dilutes a newborn's formula, expecting to improve the infant's nutrition, this may result in hypernatremia. The composition of the condensed formula is based on the correct volume of diluent. The woman should be advised to always measure the volume used to dilute formula, never to simply "eyeball" it. If too much diluent is used, the infant may suffer from malnutrition and water intoxication. Ready-made formula is safer to use but is more expensive and requires more storage space.

134.

If a pregnant woman from Puerto Rico refuses to take an iron supplement or drink milk, the most likely reason is that

she is vegan

she believes they are “hot”

she is uneducated about nutrition

Explanation:

If a pregnant woman from Puerto Rico refuses to take an iron supplement or drink milk, the most likely reason is that she believes they are “hot.” In this culture, many people classify medications as hot, cold, or cool, and foods as hot or cold, and those that are “hot” are to be avoided during pregnancy. Hot does not necessarily refer to temperature or spiciness but women frequently also avoid sauces, condiments, citrus fruits, and oily foods. They may also avoid pork, beans, and chocolate.

135.

Rh sensitivity occurs when an

Rh-negative fetus’s blood contacts the blood of an Rh-negative mother

Rh-negative fetus’s blood contacts the blood of an Rh-positive mother

Rh-positive fetus’s blood contacts the blood of an Rh-negative mother

Explanation:

Rh sensitivity occurs when an Rh-positive fetus’s blood contacts the blood of an Rh-negative mother. When this occurs, anti-D antibodies form and cross the placental barrier to attack the Rh-positive fetal blood cells, resulting in hemolysis. This in turn triggers increased production of

fetal RBCs (erythroblastosis fetalis), which can in turn lead to severe edema (hydrops fetalis) and congestive heart failure. RBC destruction causes hyperbilirubinemia and neurological impairment (kernicterus). A first pregnancy is not usually affected, but the antibodies are already present for subsequent pregnancies.

136.

When positioning an infant for breastfeeding, the nipple should be pointed toward the baby's

lower lip

cheek

upper lip or nostrils

Explanation:

When positioning an infant for breastfeeding, the nipple should be pointed toward the baby's upper lip or nostrils. The infant should be positioned turned toward the woman before latching on. Various positions may be used for breastfeeding, but it is especially important that the infant be able to maintain eye contact with the mother while feeding. The mother should avoid using the same position for breastfeeding all the time because some milk ducts may not be adequately drained.

137.

If a woman is to receive methylergonovine (Methergine), it is important to

maintain the medication at room temperature

avoid adding the medication to IV solution

combine with other medications in a single syringe

Explanation:

If a woman is to receive methylergonovine (Methergine), it is important to avoid adding the medication to IV solution, and it should not be mixed with other drugs in a single syringe. It must be kept refrigerated. Methylergonovine is administered IM or orally postpartally to promote uterine contraction and decrease bleeding. Methylergonovine may result in hypertension, especially if the woman already has an elevated BP, and can cause prolonged tetanic contractions of the uterus, so it should never be administered during labor.

138.

If a newborn has a platelet count of 75,000/mcL and an increase in the reticulocyte count, this likely means that

platelets are produced but destroyed

production of platelets is suppressed

platelets are sequestering

Explanation:

If a newborn has a platelet count of 75,000/mcL (normal 150,000 to 450,000/mcL) and an increase in the reticulocyte count, this likely means that the platelets are produced by the bone marrow but are destroyed. In some cases, both reduced production and increased destruction occur simultaneously. Thrombocytopenia is most common in preterm newborns and is often related to other disease processes. Thrombocytopenia between 50,000/mcL and 100,000/mcL is classified as moderate while below 50,000/mcL is severe.

139.

Heart sounds that are commonly heard during pregnancy include

systolic murmur and exaggerated first and third sounds

diastolic murmur and exaggerated second heart sound

systolic murmur, opening snap, and ejection click

Explanation:

Heart sounds that are commonly heard during pregnancy include systolic murmur and exaggerated first and third heart sounds, although these sounds are usually asymptomatic. These heart sounds result from changes in the cardiovascular system. As the uterus enlarges, it pushes against the diaphragm and the heart, displacing the heart slightly upward and to the left. The heart also undergoes some hypertrophy because of the need to manage the increased blood volume and cardiac output that occur with pregnancy.

140.

Urine specific gravity for a newborn should range from

1.015 to 1.021

1.002 to 1.015

1.001 to 1.005

Explanation:

Urine specific gravity for a newborn should range from 1.002 to 1.015. Casts are often noted in the urine for the first 2 to 4 days. The pH should range from 4.5 to 8.0. Protein is usually present for the first 2 to 4 days. Small amounts of glucose may be noted shortly after birth, but generally

the urine should be negative for glucose, blood, and leukocytes. Most infants urinate within 24 hours of birth, and virtually all urinate by 48 hours unless an abnormality is present.

141.

The most common cause of seizures in a newborn is

infection

hypoxic ischemic encephalopathy

stroke

Explanation:

The most common cause of seizures in a newborn is hypoxic ischemic encephalopathy, which most often occurs as the result of a traumatic delivery. Other causes of neonatal seizures include:

- *Metabolic abnormalities: hypoglycemia, hypocalcemia, hypomagnesemia, hypernatremia or hyponatremia*
- *Infections: bacterial (E. coli, S. pneumoniae, listeria, Group B strep), viral (herpes, cytomegalovirus, enterovirus)*
- *Strokes/Hemorrhages: intraventricular hemorrhage, subarachnoid hemorrhage, subdural hemorrhage, epidural hemorrhage, and sinus thrombosis*
- *Seizure syndromes: epileptic encephalopathies, familial neonatal convulsions, benign sleep myoclonus, and benign idiopathic neonatal seizures*

142.

One of the first indications of hypovolemia after childbirth is

hypotension

tachycardia

decreased mean arterial pressure

Explanation:

One of the first indications of hypovolemia after childbirth is decreased mean arterial pressure (MAP). MAP is calculated by adding the diastolic blood pressure and one-third of the pulse pressure. Normal MAP ranges from 50 to 150 mm Hg. Cerebral ischemia occurs if levels fall below 50 mm Hg; levels above 60 mm Hg are needed for perfusion of coronary arteries and 70 to 90 mm Hg for other organs. Postpartal women can lose up to 40% of circulating blood before typical signs of blood loss are evident.

143.

During pregnancy, a woman's tidal volume typically

increases 30% to 40%

increases 10% to 20%

decreases 10% to 20%

Explanation:

During pregnancy, a woman's tidal volume (air breathed in during an inspiration) typically increases 30% to 40% because of increases in both progesterone and estrogen levels. The increase in estrogen causes hypertrophic and hyperplastic changes to lung tissue while the increase in progesterone relaxes the smooth muscles of the bronchi, bronchioles, and alveoli, thus decreasing airway resistance and increasing oxygen consumption by about 15% to 20%, and increasing vital capacity (total volume of air exchanged with forced respiration).

144.

If a woman in labor presents with abdominal pain, hypotension, tachycardia, and increasing uterine size but no vaginal bleeding, the woman may be experiencing

placental abruption

placenta previa

Braxton-Hicks contractions

Explanation:

If a woman in labor presents with abdominal pain, hypotension, tachycardia, and increasing uterine size but no vaginal bleeding, the woman may be experiencing placental abruption with concealed bleeding within the uterus. With placental abruption, the placenta separates from the uterine wall prematurely. The separation may be complete, marginal (about the edges), or central (in the middle of the placenta). Central separation results in concealed bleeding as long as the margins remain secure.

145.

The medication that is usually administered to treat seizures in a newborn is

phenytoin (Dilantin)

lorazepam (Ativan)

phenobarbital

Explanation:

The medication that is usually administered to treat seizures in a newborn is phenobarbital. Phenobarbital is generally given as a loading dose at 20 mg/kg IV and may be repeated at 10 to 20 mg/kg with maintenance doses of 4 to 6 mg/kg IV every 12 to 24 hours. If the infant is hypoglycemic, then a bolus of glucose is given followed by infusion of glucose 10% at equal to or less than 8 mL/kg. The child may require supplemental oxygen and ventilation. If the seizures are uncontrolled with phenobarbital and other measures, then fosphenytoin, phenytoin, or lorazepam may be administered.

146.

After birth, functional closing of the foramen ovale should occur within

1 to 2 weeks

1 to 2 days

1 to 2 hours

Explanation:

After birth, functional closing of the foramen ovale should occur within 1 to 2 hours. The foramen ovale is the opening between the right and left atria, which is critical for oxygenation of the heart and head when the lungs are nonfunctioning. Once the umbilical cord is cut, pressure in the left side of the heart increases and decreases on the right, effectively shutting the foramen ovale, which is physiologically closed after about 1 month.

147.

If a woman has oligohydramnios, the procedure that may be done during delivery to decrease the risk of cord compression is

amniotomy

amnioinfusion

maternal IV fluids

Explanation:

If a woman has oligohydramnios, the procedure that may be done during delivery to decrease the risk of cord compression is amnioinfusion with warm NS or lactated Ringer's. With oligohydramnios, amniotic fluid volume is too low. Amnioinfusion may also be done if meconium is in the amniotic fluid. The transcervical approach is most often used for amnioinfusion with fluids administered per an intrauterine pressure catheter. Amnioinfusions may be done continuously or intermittently.

148.

If a newborn begins to have episodes of seizures on day 2 after breech delivery but appears normal between seizures, the most likely injury is

subarachnoid hemorrhage

epidural hemorrhage

subdural hemorrhage

Explanation:

If a newborn begins to have episodes of seizures on day 2 after breech delivery but appears normal between seizures, the most likely injury is subarachnoid hemorrhage. Birth trauma is one of the most common causes of subarachnoid hemorrhage. Symptoms worsen as the intracranial pressure rises, but the condition usually resolves spontaneously and requires only supportive treatment, such as anti-seizure medication (usually phenobarbital) and antihypertensives. In some cases, surgical repair may be required.

149.

During pregnancy, a woman's hematocrit usually

increases about 7%

decreases about 7%

fluctuates up and down about 7%

Explanation:

During pregnancy, a woman's hematocrit usually decreases about 7%. The normal non-pregnant hematocrit is 38% to 44%. The lowest hematocrit value usually occurs between weeks 30 and 34. The hematocrit decreases because the plasma volume increases about an average of 50%, essentially serving as a diluting factor for the blood. As the hematocrit falls, the hemoglobin also falls from a normal of 11.7 to 15.5 g/dL (117 to 115 mmol/L) to a range of about 11 to 12 g/dL (110 to 120 mmol/L).

150.

When a newborn is placed under a radiant warmer, the newborn should be

unclothed and uncovered

covered in a light blanket with a cap on the head

clothed in a diaper and cap on the head

Explanation:

When a newborn is placed under a radiant warmer, the newborn should be unclothed and uncovered because radiant heat warms only the surface it directly contacts, so if the infant is

clothed or covered, the heat will not penetrate to the newborn's skin. Radiant warmers allow the newborn to be examined without cold stress; however, insensible water loss increases because of the dry heat, and the infant is at risk for hyperthermia, so the temperature of the warmer and the newborn must be monitored carefully.

151.

ABO incompatibility is most common when the mother is type

A

O

B

Explanation:

ABO incompatibility is most common when the mother is type O. Anti-A and anti-B antibodies form to antigens in food or bacteria, and these antibodies can cross the placental barrier, but the antibodies are relatively large in size so they do not easily enter fetal circulation. Fetal complications resulting from ABO incompatibility are rare, and there is no difference between the first and subsequent pregnancies. However, the newborn may develop hyperbilirubinemia because of increased rate of RBC breakdown.

152.

During the second phase of mothering, taking-hold, the woman typically

begins caring for the infant

talks about labor and delivery

begins to focus on other family members

Explanation:

During the second phase of mothering, taking-hold, the woman typically begins caring for the infant. The three phases of mothering include:

- *Phase 1, Taking-in: The mother is exhausted, excited, and anxious, and may want to relive and talk about labor and delivery.*
- *Phase 2, Taking-hold: The mother may ask for help and begin caring for the newborn. She may express some anxiety about the mothering role.*
- *Phase 3, Letting-go: The mother sees the newborn as an individual and starts to focus on other family members and issues.*

153.

When massaging the uterus after childbirth, it is important to stop when

clots are expelled

the uterus becomes firm

vaginal bleeding is noted

Explanation:

When massaging the uterus after childbirth, it is important to stop when the uterus becomes firm because continuing to massage the fundus could cause it to relax from muscle fatigue or prolapse. Fundal tone should be assessed frequently; with any indication of possible excessive bleeding or uterine atony, the fundus should be massaged. With uterine atony, continual fundal massage with lower uterine segment support is critical. IV access should be obtained with an 18-gauge needle in case transfusions are necessary, and the patient will likely receive an oxytocic drug, such as oxytocin, methylergonovine, or carboprost.

154.

When warming formula for a newborn, a method that the woman can be advised to use is

placing bottle in hot water

heating the bottle in a microwave

using an electrical bottle warmer

Explanation:

If warming formula for a newborn, the method to advise is using an electric bottle warmer. Although these are temperature controlled, the temperature of the formula should always be checked by dropping a few drops of the milk onto the inner wrist, which is very sensitive to temperature. Formula can also be warmed by placing the bottle in a container of warm (not hot) water. Formula should never be warmed in a microwave because hot spots may occur.

155.

One indication of polycythemia in a newborn is

hypotonicity

generalized cyanosis

increased capillary refill time

Explanation:

One indication of polycythemia in a newborn is increased capillary refill time because of the increased viscosity of the blood. Polycythemia is a hematocrit greater than 65%. Because the blood is thicker, small vessels may become occluded, resulting in ischemia to tissue.

Polycythemia may result in compromise to all bodily systems. A newborn is treated with partial exchange transfusion with a plasma substitute if the hematocrit is greater than 65% and the newborn has other symptoms or if the hematocrit is greater than 70%, with or without other symptoms.

156.

If during labor a woman who is dilated to 8 cm feels the urge to push but the cervix does not yield to pressure, the woman should be advised to

breathe out in short puffs and avoid pushing

hold breath and bear down strongly

continue to push with urge but avoid holding breath

Explanation:

If during labor a woman who is dilated to 8 cm feels the urge to push but the cervix does not yield to pressure, the woman should be advised to breathe out in short puffs and avoid pushing because bearing down may result in cervical edema or cervical laceration if the cervix is not yielding to pressure. Some women may not feel the urge to push even if the cervix is fully dilated, but trying to force delivery by repeatedly holding the breath and bearing down can impair fetal oxygenation and result in tearing.

157.

When the baseline fetal heart tracing shows a sawtooth wavy line rather than a straight line, this represents

incorrect placement of monitor

potential cord prolapse

fetal heart rate variability

Explanation:

When the baseline fetal heart tracing shows a sawtooth wavy line rather than a straight line, this represents fetal heart rate variability. Variability is a normal finding and is categorized as follows:

- *Absent: undetectable variability*
- *Minimal: undetectable to ≤ 5 bpm*
- *Moderate: 6 to 25 bpm*
- *Marked: > 25 bpm*

Medications that affect the CNS (such as opioids, magnesium sulfate, and diazepam) may depress variability. If variability is decreased along with decrease in decelerations, this may suggest acidosis. Marked variability may indicate compression of the umbilical cord and hypoxia.

158.

If a newborn has saltatory intraventricular hemorrhage (IVH), the newborn typically

is very pale with gradual deterioration of neurological status

exhibits acute decrease in level of consciousness, bulging fontanels, and decerebrate posturing

exhibits no outward indications but has a decrease in the hematocrit

Explanation:

IVH Category Signs

Asymptomatic	*25% to 50% of IVH infants are asymptomatic, or have only decreased hematocrit and anemia. IVH found on ultrasound*
Saltatory	*Infants are pale or ashen, and have gradual neurological deterioration in attention, movements, level of consciousness, and eye movements. Infants exhibit hypotonia and dolls-eye maneuver.*
Catastrophic	*Acute onset of decreased level of consciousness often with deep stupor/coma, bulging fontanel, cranial nerve abnormalities, decerebrate posturing, and hypotension with drop in hematocrit. Pupils are fixed.*

159.

In the newborn, physiologic jaundice usually occurs

within the first 24 hours

after the first 24 hours

after the first week

Explanation:

In the newborn, physiologic jaundice usually occurs after the first 24 hours. This type of jaundice is not related to hemolysis and usually peaks by day 5. It may be caused by inadequate processing of bilirubin associated with inadequate intake or elimination. Jaundice is usually noted in the sclera and face with a serum bilirubin level of 4 to 6 mg/dL (68 to 103 mmol/L) and spreads as the bilirubin increases from 6 to 7 mg/dL (103 to 123 mmol/L). Normal bilirubin in the newborn is less than 0.6 mg/dL (10 mmol/L).

160.

To prevent the spread of infection after childbirth when caring for the newborn, healthcare providers should use

contact precautions

standard precautions

clean technique

Explanation:

To prevent the spread of infection after childbirth when caring for the newborn, healthcare providers should utilize standard precautions. The healthcare provider should wear gloves when handling the newborn that is wet with amniotic fluid until after the infant is bathed. Gloves must also be worn when handling blood or any blood-stained materials. Maternal HIV and hepatitis B virus can be transmitted through blood-stained amniotic fluid. PPE can include gowns, surgical masks, and goggles or face shields to protect the clothing and skin from blood or body fluids.

161.

The type of neural tube defect in which there is a defect in closure of the vertebral column with an external sac-like protrusion is

spina bifida

spina bifida occulta

spina bifida cystica

Explanation:

The type of neural tube defect in which there is a defect in closure of the vertebral column with an external sac-like protrusion is spina bifida cystica. With spina bifida occulta, the vertebral

column failed to close, but there is no herniation through the opening so the defect may be hidden. Spina bifida refers to the defect in the vertebral column with varying degrees of herniation through the opening. Meningocele comprises spina bifida cystica with a meningeal sac protruding and filled with spinal fluid. With myelomeningocele, part of the spinal cord and nerves are also contained in the sac.

162.

The site of placental attachment usually heals after delivery within about

6 days

6 weeks

3 months

Explanation:

The site of placental attachment usually heals after delivery within about 6 weeks. During the healing process, lochia is discharged. Lochia contains a combination of blood, mucus, and uterine lining. The placental attachment site heals through exfoliation and does not form scar tissue so that further pregnancies can occur with placental attachment at the same site. The endometrium repairs itself and fills in the open area from the periphery inward.

163.

Neonates initially nurse every

3 to 5 hours

2 to 4 hours