

Chapter 1: Foundations of Maternity, Women's Health, and Child Health Nursing Test Bank

MULTIPLE CHOICE

1. Which factor significantly contributed to the shift from home births to hospital births in the early 20th century?
 - a. Puerperal sepsis was identified as a risk factor in labor and delivery.
 - b. Forceps were developed to facilitate difficult births.
 - c. The importance of early parental-infant contact was identified.
 - d. Technologic developments became available to physicians.

ANS: D

	Feedback
A	Puerperal sepsis has been a known problem for generations. In the late 19th century, Semmelweis discovered how it could be prevented with improved hygienic practices.
B	The development of forceps to help physicians facilitate difficult births was a strong factor in the decrease of home births and increase of hospital births. Other important discoveries included chloroform, drugs to initiate labor, and the advancement of operative procedures such as a cesarean birth.
C	Unlike home-births, early hospital births hindered bonding between parents and their infants.
D	Technological developments were available to physicians, not lay midwives.

PTS: 1 DIF: Cognitive Level: Knowledge REF: p. 2
OBJ: Nursing Process: Assessment
MSC: Client Needs: Safe and Effective Care Environment

2. Family-centered maternity care developed in response to:
 - a. Demands by physicians for family involvement in childbirth
 - b. The Sheppard-Towner Act of 1921
 - c. Parental requests that infants be allowed to remain with them rather than in a nursery
 - d. Changes in pharmacologic management of labor

ANS: C

	Feedback
A	Family-centered care was a request by parents, not physicians.
B	The Sheppard-Towner Act provided funds for state-managed programs for mothers and children.
C	As research began to identify the benefits of early extended parent-infant contact, parents began to insist that the infant remain with them. This gradually developed into the practice of rooming-in and finally to family-centered maternity care.
D	The changes in pharmacologic management of labor were not a factor in family-centered maternity care.

PTS: 1 DIF: Cognitive Level: Knowledge REF: p. 3
 OBJ: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

3. Which setting for childbirth allows the least amount of parent-infant contact?
 - a. Labor/delivery/recovery/postpartum room
 - b. Birth center
 - c. Traditional hospital birth
 - d. Home birth

ANS: C

	Feedback
A	The labor/delivery/recovery/postpartum room setting allows increased parent-infant contact.
B	Birth centers are set up to allow an increase in parent-infant contact.
C	In the traditional hospital setting, the mother may see the infant for only short feeding periods, and the infant is cared for in a separate nursery.
D	Home births allow an increase in parent-infant contact.

PTS: 1 DIF: Cognitive Level: Knowledge REF: p. 3
 OBJ: Nursing Process: Planning MSC: Client Needs: Health Promotion and Maintenance

4. As a result of changes in health care delivery and funding, a current trend seen in the pediatric setting is:
- Increased hospitalization of children
 - Decreased number of children living in poverty
 - An increase in ambulatory care
 - Decreased use of managed care

ANS: C

	Feedback
A	Hospitalization for children has decreased.
B	Health care delivery has not altered the number of children living in poverty.
C	One effect of managed care has been that pediatric health care delivery has shifted dramatically from the acute care setting to the ambulatory setting. One of the biggest changes in health care has been the growth of managed care. The number of hospital beds being used has decreased as more care is given in outpatient settings and in the home. The number of children living in poverty has increased over the last decade.
D	Managed care has increased in order to control cost.

PTS: 1 DIF: Cognitive Level: Knowledge REF: p. 6
 OBJ: Nursing Process: Planning
 MSC: Client Needs: Safe and Effective Care Environment

5. The Women, Infants, and Children (WIC) program provides:
- Well-child examinations for infants and children living at the poverty level
 - Immunizations for high-risk infants and children
 - Screening for infants with developmental disorders
 - Supplemental food supplies to low-income women who are pregnant or breastfeeding

ANS: D

	Feedback
A	Medicaid's Early and Periodic Screening, Diagnosis, and Treatment Program provides for well-child examinations and for treatment of any medical problems diagnosed during such checkups.
B	Children in the WIC program are often linked with immunizations, but that is not the primary focus of the program.
C	Public Law 99-457 provides financial incentives to states to establish comprehensive early intervention services for infants and toddlers with, or at risk for, developmental disabilities.
D	WIC is a federal program that provides supplemental food supplies to low-income women who are pregnant or breastfeeding and to their children until age 5 years.

PTS: 1 DIF: Cognitive Level: Comprehension REF: p. 2 | Tables 1-1, 1-9
 OBJ: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

6. In most states, adolescents who are not emancipated minors must have the permission of their parents before:
- Treatment for drug abuse
 - Treatment for sexually transmitted diseases (STDs)
 - Accessing birth control
 - Surgery

ANS: D

	Feedback
A	Most states allow minors to obtain treatment for drug or alcohol abuse without parental consent.
B	Most states allow minors to obtain treatment for STDs without parental consent.
C	In most states, minors are allowed access to birth control without parental consent.
D	If a minor receives surgery without proper informed consent, assault and battery charges against the care provider can result. This does not apply to an emancipated minor (a minor child who has the legal competency of an adult because of circumstances involving marriage, divorce, parenting of a child, living independently without parents, or enlistment in the armed services).

PTS: 1 DIF: Cognitive Level: Application REF: p. 19
 OBJ: Nursing Process: Planning
 MSC: Client Needs: Safe and Effective Care Environment

7. The maternity nurse should have a clear understanding of the correct use of a clinical pathway. One characteristic of clinical pathways is that they:
- Are developed and implemented by nurses
 - Are used primarily in the pediatric setting
 - Set specific time lines for sequencing interventions
 - Are part of the nursing process

ANS: C

	Feedback
A	Clinical pathways are developed by multiple health care professionals and reflect interdisciplinary interventions.
B	They are used in multiple settings and for patients throughout the life span.
C	Clinical pathways measure outcomes of patient care. Each pathway outlines specific time lines for sequencing interventions.
D	The steps of the nursing process are assessment, diagnosis, planning, intervention, and evaluation.

PTS: 1 DIF: Cognitive Level: Application REF: p. 8
 OBJ: Nursing Process: Planning
 MSC: Client Needs: Safe and Effective Care Environment

8. The fastest-growing group of homeless people is:
- Men and women preparing for retirement
 - Migrant workers
 - Single women and their children
 - Intravenous (IV) substance abusers

ANS: C

	Feedback
A	Most people contemplating retirement have made provisions.
B	Migrant workers may seek health care only when absolutely necessary; however, not all are homeless.
C	Pregnancy and birth, especially for a teenager, are important contributing factors for becoming homeless.
D	Not all substance abusers are homeless.

PTS: 1 DIF: Cognitive Level: Knowledge REF: p. 16
 OBJ: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

9. The United States ranks 25th in infant mortality rates of the world. Which factor has a significant impact on decreasing the mortality rate of infants?
- Resolving all language and cultural differences
 - Enrolling the pregnant woman in the Medicaid program by the 8th month of pregnancy
 - Ensuring early and adequate prenatal care
 - Providing more women's shelters

ANS: C

	Feedback
A	Language and cultural differences are not infant mortality issues but must be addressed to improve overall health care.
B	Medicaid provides health care for poor pregnant women, but the process may take weeks to take effect. The 8th month is too late to apply and receive benefits for this pregnancy.
C	Because preterm infants form the largest category of those needing expensive intensive care, early pregnancy intervention is essential for decreasing infant mortality rates. This is especially important for women in high-risk groups, such as racial minorities, teenagers, and those living in poverty.
D	The women in shelters have the same difficulties in obtaining health care as do other poor people, particularly lack of transportation and inconvenient hours of the clinics.

PTS: 1 DIF: Cognitive Level: Comprehension REF: p. 11, 16
 OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

10. The intrapartum woman sees no need for an admission fetal monitoring strip. If she continues to refuse, what is the first action the nurse should take?
- Consult the family of the woman.
 - Notify the physician.
 - Document the woman's refusal in the nurse's notes.
 - Make a referral to the hospital ethics committee.

ANS: B

	Feedback
A	The patient must be allowed to make choices voluntarily without undue influence or coercion from others.
B	Patients must be allowed to make choices voluntarily without undue influence or coercion from others. The physician, especially if unaware of the patient's decision, should be notified immediately. The nurse should notify the physician of the refusal of the agency's protocol and document all aspects of the explanations given by the nurse, as well as any instructions from the physician.
C	Documentation is important, but it should not be the first action.
D	Fetal monitoring is not usually considered an ethical problem.

PTS: 1 DIF: Cognitive Level: Application REF: p. 20
 OBJ: Nursing Process: Implementation
 MSC: Client Needs: Safe and Effective Care Environment

11. Which statement is true regarding the "quality assurance" or "incident" report?
- The report assures the legal department that no problem exists.
 - Reports are a permanent part of the patient's chart.
 - The nurse's notes should contain, "Incident report filed, and copy placed in chart."
 - This report is a form of documentation of an event that may result in legal action.

ANS: D

	Feedback
A	The report is a warning to the legal department to be prepared for a potential legal action.
B	Incident reports are not a part of the patient's chart.
C	Incident reports are not mentioned in the nurse's notes.
D	Documentation on the chart should include all factual information regarding the woman's condition that would be recorded in any situation. Incident reports are not mentioned in the nurse's notes. The nurse completes an incident report when something occurs that might result in a legal action against the clinic or hospital or is a variance from the standard of care.

PTS: 1 DIF: Cognitive Level: Application REF: p. 21
 OBJ: Nursing Process: Implementation
 MSC: Client Needs: Safe and Effective Care Environment

12. Elective abortion is considered an ethical issue because:
- Abortion law is unclear about a woman's constitutional rights.
 - The Supreme Court ruled that life begins at conception.
 - A conflict exists between the rights of the woman and the rights of the fetus.
 - It requires third-party consent.

ANS: C

	Feedback
A	Abortion laws are clear concerning a woman's constitutional rights.
B	The Supreme Court has not ruled on when life begins.
C	Elective abortion is an ethical dilemma because two opposing courses of action are available. The belief that induced abortion is a private choice is in conflict with the belief that elective pregnancy termination is taking a life.
D	Abortion does not require third-party consent.

PTS: 1 DIF: Cognitive Level: Comprehension REF: p. 13
 OBJ: Nursing Process: Assessment
 MSC: Client Needs: Safe and Effective Care Environment

13. Which woman would be most likely to seek prenatal care?
- A 15-year-old who tells her friends, "I don't believe I'm pregnant."
 - A 20-year-old who is in her first pregnancy and has access to a free prenatal clinic
 - A 28-year-old who is in her second pregnancy and abuses drugs and alcohol
 - A 30-year-old who is in her fifth pregnancy and delivered her last infant at home with the help of her mother and sister

ANS: B

	Feedback
A	Being in denial about the pregnancy will prevent her from seeking health care.
B	The patient who acknowledges the pregnancy early, has access to health care, and has no reason to avoid health care is most likely to seek prenatal care.
C	Substance abusers are less likely to seek health care.
D	Some women see pregnancy and delivery as a natural occurrence and do not seek health care.

PTS: 1 DIF: Cognitive Level: Comprehension REF: p. 16
 OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

14. A woman who delivered her baby 6 hours ago complains of headache and dizziness. The nurse administers an analgesic but does not perform any assessments. The woman then has a grand mal seizure, falls out of bed, and fractures her femur. How would the actions of the nurse be interpreted in relation to standards of care?
- Negligent because the nurse failed to assess the woman for possible complications
 - Negligent because the nurse medicated the woman
 - Not negligent because the woman had signed a waiver concerning the use of side rails
 - Not negligent because the woman did not inform the nurse of her symptoms as soon as they occurred

ANS: A

	Feedback
A	By not assessing the woman, the nurse failed to meet the established standards of care. The first element of negligence relates to whether the nurse has a duty to provide care to the woman. The care that the nurse provides must meet the established standards of care.
B	By not first assessing the woman, the nurse does not meet the established standards of care.
C	The nurse could be found negligent.
D	The nurse is responsible for assessing the woman.

PTS: 1 DIF: Cognitive Level: Application REF: p. 18
 OBJ: Nursing Process: Evaluation MSC: Client Needs: Health Promotion and Maintenance

15. Which patient situation fails to meet the first requirement of informed consent?
- The patient does not understand the physician's explanations.
 - The physician gives the patient only a partial list of possible side effects and complications.
 - The patient is confused and disoriented.
 - The patient signs a consent form because her husband tells her to.

ANS: C

	Feedback
A	Understanding is an important element of the consent, but first the patient has to be competent to sign.
B	Full disclosure of information is an important element of the consent, but first the patient has to be competent to sign.
C	The first requirement of informed consent is that the patient must be competent to make decisions about health care.
D	Voluntary consent is an important element of the consent, but first the patient has to be competent to sign.

PTS: 1 DIF: Cognitive Level: Comprehension REF: p. 19
 OBJ: Nursing Process: Assessment
 MSC: Client Needs: Safe and Effective Care Environment

16. Which situation reflects a potential ethical dilemma for the nurse?
- A nurse administers analgesics to a patient with cancer as often as the physician's order allows.
 - A neonatal nurse provides nourishment and care to a newborn who has a defect that is incompatible with life.
 - A labor nurse, whose religion opposes abortion, is asked to assist with an elective abortion.
 - A postpartum nurse provides information about adoption to a new mother who feels she cannot adequately care for her infant.

ANS: C

	Feedback
A	There is no element of conflict for the nurse; therefore a dilemma does not exist.
B	There is no element of conflict for the nurse; therefore a dilemma does not exist.
C	A dilemma exists in this situation because the nurse is being asked to assist with a procedure that she or he believes is morally wrong. The other situations do not contain elements of conflict for the nurse.
D	There is no element of conflict for the nurse; therefore a dilemma does not exist.

PTS: 1 DIF: Cognitive Level: Analysis REF: p. 12
 OBJ: Nursing Process: Assessment
 MSC: Client Needs: Safe and Effective Care Environment

17. When planning a parenting class, the nurse should explain that the leading cause of death in children 1 to 4 years of age in the United States is:
- Premature birth
 - Congenital anomalies
 - Accidental death
 - Respiratory tract illness

ANS: C

	Feedback
A	Disorders of short gestation and unspecified low birth weight make up one of the leading causes of death in neonates.
B	One of the leading causes of infant death after the first month of life is congenital anomalies.
C	Accidents are the leading cause of death in children ages 1 to 19 years.
D	Respiratory tract illnesses are a major cause of morbidity in children.

PTS: 1 DIF: Cognitive Level: Application REF: p. 11
 OBJ: Nursing Process: Implementation
 MSC: Client Needs: Safe and Effective Care Environment

18. A nurse assigned to a child does not know how to perform a treatment that has been prescribed for the child. What should the nurse's first action be?
- Delay the treatment until another nurse can do it.
 - Make the child's parents aware of the situation.
 - Inform the nursing supervisor of the problem.
 - Arrange to have the child transferred to another unit.

ANS: C

	Feedback
A	The nurse could endanger the child by delaying the intervention until another nurse is available.
B	Telling the child's parents would most likely increase their anxiety and will not resolve the difficulty.
C	If a nurse is not competent to perform a particular nursing task, the nurse must immediately communicate this fact to the nursing supervisor or physician.
D	Transfer to another unit delays needed treatment and would create unnecessary disruption for the child and family.

PTS: 1 DIF: Cognitive Level: Application REF: p. 18
 OBJ: Nursing Process: Implementation
 MSC: Client Needs: Safe and Effective Care Environment

19. The mother of a 5-year-old female inpatient on the pediatric unit asks the nurse if she could provide information regarding the recommended amount of television viewing time for her daughter. The nurse responds that the appropriate amount of time a child should be watching television is:
- 1-2 hours per day
 - 2-3 hours per day
 - 3-4 hours per day
 - 4 hours or more

ANS: A

	Feedback
A	The American Academy of Pediatrics (AAP, 2009) encourages all parents to monitor their children's media exposure and limit screen time to no more than 1 to 2 hours per day. The AAP also recommends that parents remove televisions and computers from their children's bedrooms and monitor programs that have sexual or violent content.
B	Two hours per day is the outer limit of media exposure according to the AAP.
C	Three to four hours per day is too much television per the AAP guidelines. In this situation, parents need to more carefully monitor the amount of television viewing time.
D	Watching television for 4 hours or more is an excessive amount of screen time per the AAP guidelines. In this situation, parents need to more carefully monitor the amount of television viewing time.

PTS: 1 DIF: Cognitive Level: Knowledge REF: p. 17
 OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

20. Family-centered care (FCC) describes safe, quality care that recognizes and adapts to both the physical and psychosocial needs of the family. Which nursing practice coincides with the principles of FCC?
- The newborn is returned to the nursery at night so that the mother can receive adequate rest before discharge.
 - The father is encouraged to go home after the baby is delivered.
 - All patients are routinely placed on the fetal monitor.
 - The nurse's assignment includes both mom and baby and increases the nurse's responsibility for education.

ANS: D

	Feedback
A	In this model the infant usually stays with the mother in the labor/deliver/recovery (LDR) room throughout her hospital stay.
B	The father or other primary support person is encouraged to stay with the mother and infant, and many facilities provide beds so that they can remain through the night.
C	In this model the nurse uses selective technology rather than routine procedures. This includes electronic fetal monitoring and IV therapy.
D	Family-centered care increases the responsibilities of nurses. In addition to the physical care provided, nurses assume a major role in teaching, counseling, and supporting families.

PTS: 1 DIF: Cognitive Level: Comprehension REF: p. 5

OBJ: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

21. Home nursing care has experienced dramatic growth since 1990. The nurse who works in this setting must function independently within established protocols. Which statement related to nursing care of the child at home is most correct?
- The technology-dependent infant can safely be cared for at home.
 - Home care increases readmissions to the hospital for a child with chronic conditions.
 - There is increased stress for the family when a sick child is being cared for at home.
 - The family of the child with a chronic condition is likely to be separated from their support system if the child is cared for at home.

ANS: A

	Feedback
A	Greater numbers of technology-dependent infants and children are now cared for at home. The numbers include those needing ventilator assistance, total parenteral nutrition, IV medications, apnea monitoring, and other device-assisted nursing care.
B	Optimal home care can reduce the rate of readmission to the hospital for children with chronic conditions.
C	Consumers often prefer home care because of the decreased stress on the family when the patient is able to remain at home.
D	When the child is cared for at home the family is less likely to be separated from their support system because of the need for hospitalization.

PTS: 1 DIF: Cognitive Level: Comprehension REF: p. 8
 OBJ: Nursing Process: Planning
 MSC: Client Needs: Safe and Effective Care Environment

22. Maternity nursing care that is based on knowledge gained through research and clinical trials is known as:
- Nurse sensitive indicators
 - Evidence-based practice
 - Case management
 - Outcomes management

ANS: B

	Feedback
A	Nurse sensitive indicators are patient care outcomes particularly dependent on the quality and quantity of nursing care provided.
B	Evidence-based practice is based on knowledge gained from research and clinical trials.
C	Case management is a practice model that uses a systematic approach to identify specific patients, determine eligibility for care, and arrange access to services.
D	The determination to lower health care costs while maintaining the quality of care has led to a clinical practice model known as outcomes management.

PTS: 1 DIF: Cognitive Level: Comprehension REF: p. 7
 OBJ: Nursing Process: Diagnosis
 MSC: Client Needs: Safe and Effective Care Environment

23. The level of practice a reasonably prudent nurse provides is called:
- The standard of care
 - Risk management
 - A sentinel event
 - Failure to rescue

ANS: A

	Feedback
A	Guidelines for standards of care are published by various professional nursing organizations. The <i>standard of care</i> for neonatal nurses is set by the Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN). The Society of Pediatric Nurses is the primary specialty organization that sets standards for the pediatric nurse.
B	Risk management identifies risks and establishes preventive practices, but it does not define the standard of care.
C	Sentinel events are unexpected negative occurrences. They do not establish the standard of care.
D	Failure to rescue is an evaluative process for nursing, but it does not define the standard of care.

PTS: 1 DIF: Cognitive Level: Knowledge REF: p. 18
 OBJ: Nursing Process: Implementation
 MSC: Client Needs: Safe and Effective Care Environment

MULTIPLE RESPONSE

1. Many communities now offer the availability of free-standing birth centers to provide care for low-risk women during pregnancy, birth, and postpartum. When counseling the newly pregnant woman regarding this option, the nurse should be aware that this type of care setting includes which advantages? Select all that apply.
 - a. Less expensive than acute-care hospitals
 - b. Access to follow-up care for 6 weeks postpartum
 - c. Equipped for obstetric emergencies
 - d. Safe, home-like births in a familiar setting
 - e. Staffing by lay midwives

ANS: A, B, D

	Feedback
Correct	Women who are at low risk and desire a safe, home-like birth are very satisfied with this type of care setting. The new mother may return to the birth center for postpartum follow-up care, breastfeeding assistance, and family planning information for 6 weeks postpartum. Because birth centers do not incorporate advanced technologies into their services, costs are significantly less than those for a hospital setting.
Incorrect	The major disadvantage of this care setting is that these facilities are not equipped to handle obstetric emergencies. Should unforeseen difficulties occur, the woman must be transported by ambulance to the nearest hospital. Birth centers are usually staffed by certified nurse-midwives (CNMs); however, in some states lay midwives may provide this service.

PTS: 1 DIF: Cognitive Level: Comprehension REF: p. 4

OBJ: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment

2. In an effort to reduce prohibitive health care costs, many facilities have incorporated the use of unlicensed assistive personnel into their care delivery model. Nurses supervising these employees must be aware of what each such employee is competent to do within his or her scope of practice. Which tasks can be delegated with supervision? Select all that apply.
 - a. Blood draws
 - b. Medication administration
 - c. Nursing assessment
 - d. Housekeeping tasks
 - e. Other diagnostic tests, such as electrocardiograms (ECGs or EKGs)

ANS: A, B, D, E

	Feedback
Correct	With proper supervision and adequate instruction, unlicensed assistive personnel may perform all of these functions. In school settings, these personnel may be responsible for medication administration under the direction of the registered nurse (RN).
Incorrect	The nurse is always responsible for patient assessments and must make critical judgments to ensure patient safety. Use of the expert nurse to complete housekeeping or other mundane tasks is not a good use of human resources. For more information about the use of unlicensed personnel, refer to www.ahon.org .

PTS: 1 DIF: Cognitive Level: Application REF: p. 22
 OBJ: Nursing Process: Implementation
 MSC: Client Needs: Safe and Effective Care Environment

TRUE/FALSE

1. In late 2010, the US Department of Health and Human Services launched a comprehensive, nationwide health promotion and disease prevention program. This program is well known as *Healthy People 2010*. Is this statement true or false?

ANS: F

The program launched in late 2010 was *Healthy People 2020*. This was developed with input from widely diverse constituents. *Healthy People 2020* expands on goals developed for *Healthy People 2010*. These include reducing health disparities and increasing access to health care. Two additional objectives are specifically directed to the health of children and adolescents.

PTS: 1 DIF: Cognitive Level: Knowledge REF: p. 5
 OBJ: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance