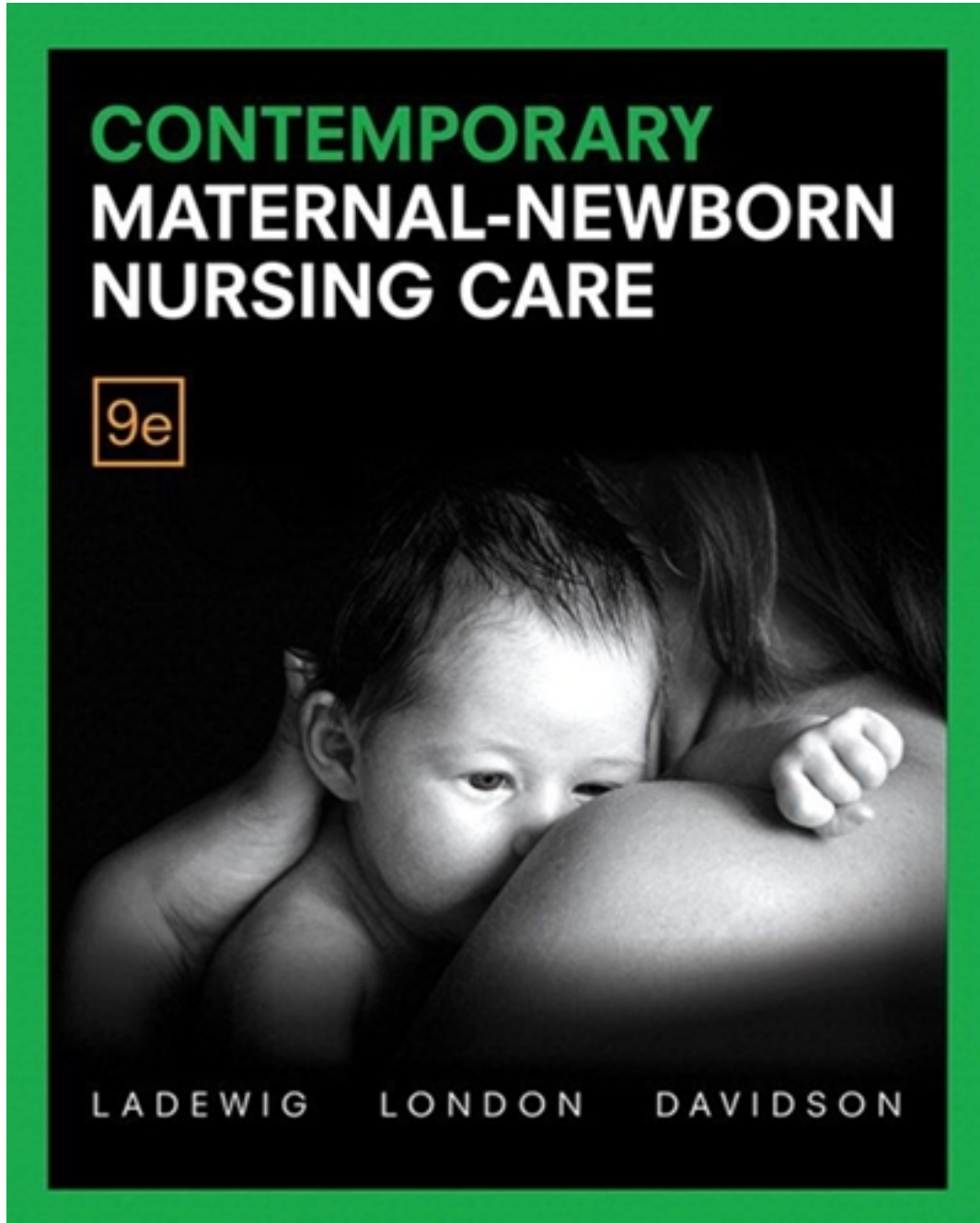


Test Bank for Contemporary Maternal Newborn Nursing 9th Edition by Ladewig

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Test Bank

Contemporary Maternal-Newborn Nursing, 9e (Ladewig et al.)
Chapter 1 Contemporary Maternal-Newborn Care

1) During a prenatal visit, a client expresses interest in accessing community-based care and services. Which response allows the registered nurse to best describe services that are offered by way of community-based care?

1. "Most healthcare services provided to childbearing women and their families take place in a hospital setting."
2. "Community-based care can provide a client with certain primary care services."
3. "Nurses are the sole providers of services related to home care."
4. "Due to lack of support from third-party payers, community-based care has decreased."

Answer: 2

Explanation: 1. The majority of health care provided to childbearing women and their families takes place outside of hospital in clinics, offices, community-based organizations, and private homes.

2. Primary care includes health promotion and illness prevention, and it features services that are best provided in community-based settings.

3. While nurses are the major providers of home care services, healthcare providers in various other fields, such as physical therapy, also offer home care services.

4. As third-party payers begin to recognize the importance of primary care in containing costs and maintaining health, community-based care has increased.

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Cognitive Level: Application

Client Need&Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process: Implementation/Health teaching and health promotion

Learning Outcome: LO 1.2-Describe the use of community-based nursing care in meeting the needs of childbearing families.

MNL LO: Overview of maternal-newborn nursing.

2) The labor and delivery nurse and a novice nurse are admitting a client who is in labor. The client is making groaning guttural sounds during contractions and answers questions with one-word answers. The labor and delivery nurse is quickly setting up the instruments and sterile field for this delivery while asking admission questions between contractions. The labor and delivery nurse has not completed a pelvic exam. The novice nurse understands that this is an example of:

1. An expert nurse assessing advanced labor and imminent delivery in the client.
2. The correct order of steps when admitting a who is in labor.
3. Inconsistencies in an individual nurse's approach to client care.
4. Advanced nurse practice.

Answer: 1

Explanation: 1. An expert nurse utilizes multiple aspects of a client's behavior (including the length of each response to a question and sounds the patient produces during contractions) in addition to the more objective findings of the pelvic exam (including dilation of the cervix) in the assessment of a who is in labor. The expert nurse has identified that the grunting and guttural sounds during contractions are involuntary pushing and that the client is very close to delivery.

2. Although most nurses have a routine when admitting a client, the order of the steps will vary according to the situation at hand.

3. Changing the order of the steps of admission is not being inconsistent; changing the order of the steps of admission is responsive to the needs of the client at that point in time.

4. Advanced nurse practice describes educational and certification achievement and is not used to describe the continuum from novice to expert.

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Cognitive Level: Analyzing

Client Need&Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing Process: Assessment/Coordination of care

Learning Outcome: LO 1.3-Identify the nursing roles available to the maternal-newborn and women's healthcare nurses.

MNL LO: Overview of maternal-newborn nursing.

3) Currently, one-third of children under 20 years old come from families of minority populations. The new nurse is observing her preceptor assess the client's communication pattern, religious beliefs, level of education, and support system. The new nurse understands that the best reason for her preceptor to assess these areas is to increase the:

1. Client's cooperation with the plan of care.
2. Hospitals compliance with the Joint Commission on Accreditation of Healthcare Organizations JCAHO standards.
3. Nurse's knowledge of cultural beliefs.
4. Client's satisfaction with her care.

Answer: 1

Explanation: 1. Gaining cooperation with the plan of care increases the outcome desired at discharge. When a client's value system is not included in the plan of care, it will decrease compliance with the treatment plan and possibly increase the length of stay and decrease the desired outcome at discharge.

2. Although compliance with JCAHO standards is very important, it is more important to gain client cooperation with the plan of care.

3. The nurse's knowledge of cultural beliefs increases the ability to care for the client, but without the client's cooperation with the plan of care, the nurse's knowledge is lost.

4. Client satisfaction with care is important, but the prime reason for the satisfaction is the nurse's taking time to gain patient cooperation with the plan of care.

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Cognitive Level: Analyzing

Client Need&Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Planning/Health teaching and health promotion

Learning Outcome: LO 1.3-Identify the nursing roles available to the maternal-newborn and women's healthcare nurses.

MNL LO: Overview of maternal-newborn nursing.

4) The client at 30 weeks' gestation expresses a desire for the registered nurse to independently manage her perinatal care and the birth of her baby. When the nurse explains she is not credentialed to independently manage the client's perinatal care and delivery, the nurse is recognizing principles related to:

1. Standards of care.
2. Scope of practice.
3. Right to privacy.
4. Informed consent.

Answer: 2

Explanation: 1. Standards of care pertain to established minimum criteria for competent, proficient actions related to delivery of nursing care.

2. Scope of practice is defined as the limits of nursing practice set forth in state statutes.

3. Right to privacy involves the legal right of a person to keep her or his person and property free from public scrutiny.

4. Informed consent is a legal concept that protects a client's right to autonomy and self-determination.

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Cognitive Level: Understanding

Client Need&Sub: Safe and Effective Care Environment | Management of Care

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Evaluation/Coordination of care

Learning Outcome: LO 1.3-Identify the nursing roles available to the maternal-newborn and women's healthcare nurses.

MNL LO: Overview of maternal-newborn nursing.

5) The certified nurse-midwife (CNM) role includes which of the following? Select all that apply.

1. Prepared to independently the care of women that are at low risk for complications during pregnancy and birth
2. Provides primary care for high-risk patients who are in hospital settings
3. Provides primary care for healthy newborns
4. Obtains a physician consultation for any technical procedures at delivery
5. Formal educated in two disciplines of nursing

Answer: 1, 3, 5

Explanation: 1. A CNM is prepared to independently manage the care of women at low risk for complications during pregnancy and birth.

2. CNMs cannot give primary care for high-risk patients who are in hospital settings. The physician provides the primary care for high-risk patients who are in hospital settings.

3. A CNM is prepared to manage independently the care of healthy newborns.

4. The CNM does not need to obtain a physician consultation for any technical procedures at delivery.

5. The CNM is educated in the disciplines of nursing and midwifery.

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Cognitive Level: Understanding

Client Need&Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential VI: Interprofessional communication and collaboration for improving patient health outcomes | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing

Process: Assessment/Coordination of care

Learning Outcome: LO 1.3-Identify the nursing roles available to the maternal-newborn and women's healthcare nurses.

MNL LO: Overview of maternal-newborn nursing.

6) The new graduate is learning about advanced practice nursing. Which of the following situations best illustrates an advanced practice nursing role? Select all that apply.

1. An experienced registered nurse who is the manager of a large obstetrical unit
2. A registered nurse who is the circulating nurse at surgical (cesarean) deliveries
3. A clinical nurse specialist who is the staff nurse on a mother—baby unit
4. A nurse practitioner consults with a physician in the newborn nursery
5. A nurse-midwife who attends vaginal deliveries of uncomplicated pregnancies

Answer: 4, 5

Explanation: 1. Management roles are often held by professional nurses.

2. Unit specific skills such as circulating during cesarean births do not require additional formal education.

3. An advanced practice nurse working as a staff nurse is not working in the role of advanced practice.

4. Advanced practice nurses have received additional specialized education beyond registered nursing and tend to have a clinical focus. Nurse practitioners make clinical judgment and begin treatment and consult a physician as needed.

5. It is within the scope of practice for certified nurse-midwives to attend deliveries of essentially normal patients with essentially normal pregnancies.

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Cognitive Level: Understanding

Client Need&Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential IX: Baccalaureate generalist nursing practice | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Assessment/Coordination of care

Learning Outcome: LO 1.3-Identify the nursing roles available to the maternal-newborn and women's healthcare nurses.

MNL LO: Overview of maternal-newborn nursing.

7) The major focus of the nurse practitioner (NP) is on:

1. Leadership.
2. Physical and psychosocial clinical assessment.
3. Independent care of a patient with a high-risk pregnancy.
4. Tertiary prevention.

Answer: 2

Explanation: 1. Leadership might be a quality of the NP, but it is not the major focus.

2. Physical and psychosocial clinical assessment is the major focus of the NP, who provides care in many different clinical settings.

3. NPs cannot provide independent care of a patient with a high-risk pregnancy, but must work under a physicians supervision.

4. The NP cannot do tertiary prevention as a major focus.

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Cognitive Level: Understanding

Client Need&Sub: Safe and Effective Care Environment | Management of Care

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential VI: Interprofessional communication and collaboration for improving patient health outcomes | NLN Competencies: Human flourishing | Nursing/Integrated Concepts: Nursing

Process: Assessment/Coordination of care

Learning Outcome: LO 1.3-Identify the nursing roles available to the maternal-newborn and women's healthcare nurses.

MNL LO: Overview of maternal-newborn nursing.

8) The nurse is reviewing charts for quality improvement. A client experienced a complication during labor. The nurse is uncertain if the labor nurse took the appropriate action during the situation. What is the best method for the quality improvement nurse to determine if the action by the labor and delivery nurse was justified?

1. Call the nurse manager of the labor and delivery unit and ask what the nurse should be doing.
2. Ask the departmental chair of the obstetrical physicians what the best nursing action should be.
3. Examine other charts to find cases of the same complication, and determine how it was handled in those situations.
4. Look in the policy and procedure book. Examine the practice guidelines published by a professional nursing organization.

Answer: 4

Explanation: 1. The nurse should find the standards herself and not rely on another person, such as the labor and delivery nurse manager, to determine appropriateness of care.

2. Physician care and nursing care are very different; physicians might not be up-to-date on nursing standards of care or nursing policies and procedures.

3. What nursing action was undertaken in a different situation might not be based on the policies and procedures or other standards of care. The quality improvement nurse will obtain the most accurate information by examining the policies, procedures, and standards of care.

4. Agency policies, procedures, and protocols contain guidelines for nursing action in specific situations. Professional organizations such as the Association of Womens Health, Obstetrical, and Neonatal Nurses (AWHONN) also publish standards of practice that should guide nursing care.

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Cognitive Level: Application

Client Need&Sub: Safe and Effective Care Environment | Management of Care

Standards: QSEN Competencies: Quality improvement | AACN Essential Competencies:

Essential II: Basic organizational and systems leadership for quality care and patient safety |

NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process: Evaluation

Learning Outcome: LO 1.4-Delineate significant legal and ethical issues that influence the practice of maternal-newborn nursing.

MNL LO: Overview of maternal-newborn nursing.

9) According to the 1973 United States Supreme Court decision in *Roe v. Wade*, abortion is legal if induced:

1. At a federally funded clinic.
2. Before the period of viability.
3. To provide tissue for therapeutic research.
4. At a military hospital overseas.

Answer: 2

Explanation: 1. At a federally funded clinic, abortions can be provided legally if under U.S. laws.

2. Abortion can be performed legally until the period of viability; after viability, the fetus rights take precedence.

3. Abortion is not permitted for therapeutic research.

4. At a military hospital overseas, abortions can be provided legally if under U.S. laws.

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Cognitive Level: Understanding

Client Need&Sub: Safe and Effective Care Environment | Management of Care

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential V: Healthcare policy, finance, and regulatory environments | NLN Competencies:

Human flourishing | Nursing/Integrated Concepts: Nursing Process: Assessment

Learning Outcome: LO 1.4-Delineate significant legal and ethical issues that influence the practice of maternal-newborn nursing.

MNL LO: Overview of maternal-newborn nursing.

10) The nurse is caring for a client who has delivered her first child. The client states, "My mother said that I have to have a bowel movement before I can go home, but my girlfriend said that isn't true anymore. What caused this change?" Which response by the nurse is best?

1. "Doctors just want clients to go home sooner these days."
2. "It really doesn't matter. Don't worry about it."
3. "Research indicates that it is normal for bowel function to be slow for a few days."
4. "We used to give all clients laxatives, but now they cost too much."

Answer: 3

Explanation: 1. Cost containment and managed care are the driving forces behind some changes in care compared to a generation ago, not physician preference.

2. Always address a client's questions and avoid saying "don't worry about it" to keep communication therapeutic.

3. Evidence-based practice is the use of research findings to guide nursing actions, policies, and procedures. Often research findings contradict care that used to be the norm, leading to changes in policies and procedures.

4. Although laxatives are low-cost medications, there is no evidence indicating that all clients should receive them after childbirth. The evidence indicates that bowel function slows slightly after birth and normally resumes in a few days.

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Cognitive Level: Application

Client Need&Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Evidence-based practice | AACN Essential Competencies:

Essential III: Scholarship for evidence based practice | NLN Competencies: Nursing judgement |

Nursing/Integrated Concepts: Nursing Process: Implementation/Evidence based practice and research

Learning Outcome: LO 1.5-Discuss the role of evidence-based practice in improving the quality of nursing care for childbearing families.

MNL LO: Overview of maternal-newborn nursing.

11) Which of the following practices characterize the basic competencies related to evidence-based practice? Select all that apply.

1. Clinical practice supported by good evidence
2. Clinical practice supported by intuitive evidence
3. Clinical practice supported by data
4. Clinical practice that promotes quality
5. Clinical practice that provides a useful approach to problem solving

Answer: 1, 3, 4, 5

Explanation: 1. Clinical practice supported by good evidence is one of the hallmark characteristics of the basic competencies related to evidence-based practice.

2. Clinical practice supported by intuitive evidence does not provide valid evidence and data for the proper actions.

3. Clinical practice supported by data is one of the hallmark characteristics of the basic competencies related to evidence-based practice.

4. Clinical practice that promotes quality is one of the hallmark characteristics of the basic competencies related to evidence-based practice.

5. Clinical practice that provides a useful approach to problem solving is one of the hallmark characteristics of the basic competencies related to evidence-based practice.

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Cognitive Level: Application

Client Need&Sub: Safe and Effective Care Environment | Management of Care

Standards: QSEN Competencies: Evidence-based practice | AACN Essential Competencies:

Essential III: Scholarship for evidence based practice | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Assessment/Evidence based practice and research

Learning Outcome: LO 1.5-Discuss the role of evidence-based practice in improving the quality of nursing care for childbearing families.

MNL LO: Overview of maternal-newborn nursing.

12) The nurse is preparing a report on the number of births by three service providers at the facility (certified nurse—midwives, family practitioners, and obstetricians). This would be an example of:

1. Inferential statistics.
2. Descriptive statistics.
3. Evidence-based practice is the use of conclusions of research to improve nursing care.
4. Secondary use of data.

Answer: 2

Explanation: 1. Inferential statistics allow the investigator to draw conclusions from data to either support or refute causation.

2. Descriptive statistics concisely describe phenomena such as births by providers.

3. Evidence-based practice.

4. Secondary use of data is analyzing data a different way than the original data analysis was undertaken or looking at different variables from a data set.

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Cognitive Level: Analyzing

Client Need&Sub: Safe and Effective Care Environment | Management of Care

Standards: QSEN Competencies: Quality improvement | AACN Essential Competencies:

Essential II: Basic organizational and systems leadership for quality care and patient safety |

NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process:

Implementation/Coordination of care

Learning Outcome: LO 1.6-Explain how nurses can use descriptive and inferential statistics in clinical practice in maternal—child health nursing.

MNL LO: Overview of maternal-newborn nursing.

13) An example of descriptive statistics is:

1. A positive correlation between breastfeeding and infant weight gain.
2. The infant mortality rate in the state of Oklahoma.
3. A causal relationship between the number of sexual partners and sexually transmitted diseases.
4. The total number of spontaneous abortions in women who abuse drugs compared to women who do not abuse drugs.

Answer: 2

Explanation: 1. A positive correlation between two or more variables is an example of inferential statistics.

2. The infant mortality rate in the state of Oklahoma is an example of a descriptive statistic because it describes or summarizes a set of data.

3. A causal relationship between the number of sexual partners and sexually transmitted diseases is an example of inferential statistics.

4. The total number of spontaneous abortions in women who abuse drugs compared to women who do not abuse drugs is an inferential statistic.

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Cognitive Level: Analyzing

Client Need&Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Quality improvement | AACN Essential Competencies:

Essential II: Basic organizational and systems leadership for quality care and patient safety |

NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process:

Assessment/Quality of practice

Learning Outcome: LO 1.6-Explain how nurses can use descriptive and inferential statistics in clinical practice in maternal—child health nursing.

MNL LO: Overview of maternal-newborn nursing.

14) The 2011 estimated infant mortality rate in the United States exceeds the infant mortality rate of several other developed countries, including Sweden, Japan, France, Germany, and Canada. Which research question most effectively explores variables that may potentially influence these statistics?

1. What is the average age of healthcare providers in each country?
2. What is the level of racial diversity in each country?
3. What is the average age of children in each country?
4. What is the level of awareness related to contraception in each country?

Answer: 2

Explanation: 1. The age of healthcare providers does provide insight as to national infant mortality rates.

2. Racial background can impact infant mortality rates.

3. The average age of children does not provide insight as to the rate of infant mortality.

4. Awareness related to contraception has no direct impact on the survival of infants after birth.

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Cognitive Level: Application

Client Need&Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Evidence based practice | AACN Essential Competencies:

Essential III: Scholarship for evidence based practice | NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process: Evaluation/Evidence based practice and research

Learning Outcome: LO 1.6-Explain how nurses can use descriptive and inferential statistics in clinical practice in maternal—child health nursing.

MNL LO: Overview of maternal-newborn nursing.

15) The nurse knows the birth rate by age group in the state. Which research question could be developed for further study from this data?

1. What is the average number of children per family in the United States?
2. How does educational level affect the incidence of unplanned pregnancy?
3. What is the overall nutritional status of adolescents?
4. Which high schools provide day care for student parents?

Answer: 2

Explanation: 1. Determining the average number of children nationally will not yield additional information about this state.

2. Research questions often come from a nurse's desire to further understand an issue. How educational level affects the incidence of unplanned pregnancy is a question that flows from the known data of birth rate by age group.

3. Studying the nutritional status of adolescents will not yield additional information about this state.

4. Schools that provide day care might indicate the incidence of teen pregnancy in the population served by the school, but not the pregnancy rates of those who are not in high school.

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Cognitive Level: Application

Client Need&Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Evidence based practice | AACN Essential Competencies:

Essential III: Scholarship for evidence based practice | NLN Competencies: Professional identity

| Nursing/Integrated Concepts: Nursing Process: Planning/Evidence based practice and research

Learning Outcome: LO 1.6-Explain how nurses can use descriptive and inferential statistics in clinical practice in maternal—child health nursing.

MNL LO: Overview of maternal-newborn nursing.

16) The major focus of the clinical nurse specialist (CNS) involves:

1. Conducting physical and psychosocial assessments, including history, physical examination, and certain diagnostic tests and procedures.
2. Independently managing the care of women at low risk for complications during pregnancy and birth and the care of healthy newborns.
3. Generating new research relevant to topics such as health care and administrative issues.
4. Demonstrating leadership within his or her specialty and working to improve inpatient care both directly and indirectly.

Answer: 4

Explanation: 1. Physical and psychosocial clinical assessment is the major focus of the nurse practitioner (NP), who provides care in many different clinical settings.

2. The certified nurse-midwife (CNM) is qualified to provide independent care of the client with a low-risk pregnancy, while seeking physician consultation as needed.

3. Nurse researchers have an advanced doctoral degree, typically a PhD, and assume a leadership role in generating new research.

4. The CNS assumes a leadership role within his or her specialty and works to improve inpatient care both directly and indirectly.

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Cognitive Level: Understanding

Client Need&Sub: Safe and Effective Care Environment | Management of Care

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential II: Basic organizational and systems leadership for quality care and patient safety |

NLN Competencies: Professional identity | Nursing/Integrated Concepts: Nursing Process:

Evaluation/Leadership

Learning Outcome: LO 1.3-Identify the nursing roles available to the maternal-newborn and women's healthcare nurses.

MNL LO: Overview of maternal-newborn nursing.

17) A couple has been attempting pregnancy for the last three years and is looking for assistance from the fertility specialist. The nurse assesses the client's emotional response to infertility. Which responses could the nurse expect? Select all that apply.

1. Love, no matter what, they have each other
2. Failure, they cannot conceive a child
3. Anger, other people have children
4. Fear, they may never experience parenthood
5. Sadness, they may never have a child

Answer: 2, 3, 4, 5

Explanation: 1. This may be the end result of their journey if they fail in attempts to have a child.

2. Failure is one of the many responses to infertility.
3. Anger is one of the many responses to infertility.
4. Fear is one of the many responses to infertility.
5. Sadness is one of the many responses to infertility.

Page Ref: 7, 8

Cognitive Level: Analyzing

Client Need&Sub: Safe and Effective Care Environment | Management of Care

Standards: QSEN Competencies: Patient-centered care | AACN Essential Competencies:

Essential II: Basic organizational and systems leadership for quality care and patient safety |

NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process:

Assessment/Coordination of care

Learning Outcome: LO 1.5-Discuss the role of evidence-based practice in improving the quality of nursing care for childbearing families.

MNL LO: Overview of maternal-newborn nursing.

18) The student is reading an article that states the pregnancy-related mortality rate in the United States in the year 2011 was 17.8. Which statement(s) by the student could be an accurate explanation? Select all that apply.

1. In 2011, there were 17.8 maternal deaths per 100,000 women of childbearing age in the United States.
2. In 2011, there were 17.8 maternal deaths per 100,000 live births in the United States.
3. In 2011, there were 17.8 maternal deaths per 100,000 women in the country in the United States.
4. In 2011, there were 17.8 maternal deaths per 100,000 pregnancies in the United States.
5. In 2011, there were 17.8 deaths of women from the United States as a result of the childbearing period per 100,000 live births.

Answer: 4, 5

Explanation: 1. This answer states only that the maternal deaths were among women of childbearing age.

2. This answer states only that the maternal deaths were among live births.

3. This answer states only that the maternal deaths were among women in the country.

4. This answer clarifies that the women were within the 42 weeks of a pregnancy.

5. This answer clarifies that the women were within the childbearing (conception to 6-weeks postpartum) period.

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Cognitive Level: Application

Client Need&Sub: Health Promotion and Maintenance

Standards: QSEN Competencies: Quality improvement | AACN Essential Competencies:

Essential II: Basic organizational and systems leadership for quality care and patient safety |

NLN Competencies: Nursing judgement | Nursing/Integrated Concepts: Nursing Process:

Understanding/Health teaching and health promotion

Learning Outcome: LO 1.6-Explain how nurses can use descriptive and inferential statistics in clinical practice in maternal—child health nursing.

MNL LO: Overview of maternal-newborn nursing.