Labor and Delivery/Post-Partum Nurse Competency Test

Select the best answer.

1. The adult female client has a hemoglobin level of 10.8 g/dL. The nurse interprets that this result is most likely due to which of the following factors in the client's history?
   - Chronic obstructive pulmonary disease (CCPD)
   - Heart failure
   - Dehydration
   - Iron deficiency anemia

2. The nurse is preparing to instruct a pregnant client about nutrition. The nurse plans to include which of the following in the client's teaching plan?
   - The nutrional status of the mother significantly influences fetal growth and development
   - All mothers are at high risk for nutritional deficiencies
   - Calcium is not important until the third trimester
   - Iron supplements are not necessary unless the mother has iron defienecy anemia

3. The nurse caring for an Orthodox Jewish client plans a diet that adheres to the practice of Judaism. The nurse plans the diet knowing that which of the following is not a practice of Judaism?
   - Eating fish with scales and fins is allowed
   - Meat is allowed if ritually slaughtered
   - Only unleavened bread is eaten during Passover week
   - Meat and milk can be eaten together.

4. The nurse is assigned to assist in caring for a client admitted to the labor unit. The client is 9cm dilated and is experiencing precipitate labor. A priority nursing action is to:
   - Prepare for an oxytocin infusion
   - Keep the client in a side-lying position
   - Prepare the client for an epidural anesthesia
   - Encourage the client to start pushing with the contractions.

5. The nurse is assigned to assist in caring for a client with abruption placenta who is experiencing vaginal bleeding. The nurse collects data from the client knowing that abruption placenta is accompanied by which of the following additional findings?
   - Abdomen soft upon palpation
   - No complaint of abdominal pain
   - Lack of uterine irritability or titanic contractions
   - Uterine tenderness upon palpation

6. The nurse caring for a client with abruption placenta is monitoring the client for signs of deminated intravascular coagulopathy (DIC). The nurse suspects DIC if the nurse observes:
   - Pain and swelling of the calf of one leg

- Rapid clotting times
- Lab values indicating increased platelets
- Petechiae, oozing from injection sites, and hematuria

7. A client being prepared for a cesarean delivery is brought to the delivery room. In order to maintain optimal perfusion of oxygenated blood for the fetus, the nurse plans to place the client in a:

- Trendelenburg's position
- Semi-Fowlers position
- Supine position with a wedge under the right hip
- Prone position

8. The nurse is asked to assist the primary health care provider in performing Leopold's maneuvers on a client. Which priority nursing intervention should be implemented before the procedure is preformed?

- Locate fetal heart tones
- Have the client drink 8 oz of water
- Warm the sonogram gel
- Have the client empty her bladder

9. A woman in active labor has contractions every 2 to 3 minutes lasting 45 seconds. The fetal heart rate between contractions is 100 beats/minute. Based on these findings, the priority nursing intervention is to:

- Notify the registered nurse (RN) immediately
- Encourage relaxation and breathing techniques between contractions
- Continue monitoring labor and fetal heart rate.
- Monitor maternal vital signs

10. The nurse reviews the client's health record and notes that based on Leopold's maneuvers, the fetus are a cephalic presentation. The nurse understands that this is:

- An abnormal presentation
- The least favorable presentation
- A presentation associated with prolonged labor
- The most common presentation

11. The nurse is assigned to care for a client who is in early labor. When collecting data from the client, it is most important for the nurse to first determine which of the following?

- Intensity of contractions
- Frequency of contractions
- Baseline fetal heart rate.
- Maternal blood pressure

12. The nurse is caring for a client in labor. The nurse rechecks the client's blood pressure and determines it has dropped. To decrease the incidence of supine hypotension, the nurse should encourage the client to remain in which position?

- Left lateral

- Semi-Fowler's
- Squatting
- Tailor sitting

13. The nurse instructs the client in active relaxation techniques to help her cope with the discomfort of contractions. The nurse determines teaching has been effective when the client tells the nurse that active relaxation includes:
    - Assuming a state of mind that is open to suggestions from a coach
    - Believing that a supreme power can help relieve the discomfort of contractions
    - Relaxing uninvolved muscles while the uterus contracts
    - Understanding the origin of contraction discomfort to be more psychological then physical

14. After a client vaginally delivers a viable newborn, the nurse observes the umbilical cord lengthen and a spurt of blood from the vagina. The nurse recognizes these findings as signs of:
    - Abruptio placentae
    - Placenta previa
    - Placental separation
    - Uterine atony

15. A postpartum client that delivered at 32 weeks' gestation would like to breastfeed her preterm infant. At this time, the infant is receiving tube feedings only. What is the nurse's best response to the mother?
    - "There is no need to prepare for breast-feeding now because the infant is receiving tube feedings."
    - "You can prepare your breast by pinching and rolling the nipples and hand-expressing colostrums."
    - "You can begin pumping as soon as possible after delivery with an electric breast pump."
    - "You need to pump you breast every 6 hours to establish a good milk supply."

16. The nurse palpates the fundus and checks the character of the lochia of a postpartum client in the fourth stage of labor. The nurse expects the lochia to be:
    - White
    - Pink
    - Serosanguineous
    - Red

17. Following delivery, the nurse checks the height of the unterine fundus. The nurse expects that the position of the fundus is most likely noted:
    - At the level of the umbilicus
    - Above the level of umbilicus
    - One fingerbreadth above the symphysis pubis
    - to the right of the abdomen

18. A mother is breast-feeding her newborn. The mother complains to the nurse that she is experiencing nipple soreness. The nurse provides which of the following suggestions to the client?

- Avoid rotating breast-feeding position so that the nipples will toughen
- Stop nursing during the period of nipple soreness to allow the nipples to heal.
- Nurse the newborn infant less frequently and substitute a bottle-feeling until the nipples become less sore.
- Position the newborn infant with the ear, shoulder, and hip in straight alignment and with the baby's stomach against the mother's

19. The nurse is assigned to care for a client in the immediate postpartum period who received epidural anesthesia for delivery. The nurse monitors the client for complications. Which of the following best identifies an indicator of a hematoma?

- Complaints of tearing sensation
- Complaints of intense pressure
- Changes in vital signs
- Signs of heavy bruising

20. Following birth, the nurse should plan to prevent hypothermia due to evaporation in the neonate by:

- Warming the crib pad
- Turning on the overhead radiant warmer
- Closing the doors to the room.
- Drying the baby with a warm blanket.