

MIZORAM PUBLIC SERVICE COMMISSION

TECHNICAL COMPETITIVE EXAMINATIONS FOR RECRUITMENT TO LECTURER (OBSTETRIC & OBSTETRICAL NURSING/GYNAECOLOGICAL NURSING) UNDER HEALTH & FAMILY WELFARE DEPARTMENT, JANUARY, 2017.

OBSTETRIC/OBSTETRICAL/GYNAECOLOGICAL NURSING PAPER - II

Time Allowed : 2 hours

Full Marks : 200

All questions carry equal marks of 2 each.

Attempt all questions.

1. Down's syndrome (trisomy 21) is
 - (a) Trisomy 21 is the most common chromosomal abnormality among live births.
 - (b) It usually occurs as a result of a balanced chromosomal translocation in the parents.
 - (c) One hundred per cent of affected infants have cardiac defects.
 - (d) The fetal heart is always abnormal.
2. Hypertensive disorders in pregnancy: which of the following is true?
 - (a) 'Significant' proteinuria is ≥ 0.3 g/24 h.
 - (b) When blood pressure is $>140/90$ mmHg prior to 20 weeks' pregnancy induced hypertension is the likely diagnosis.
 - (c) A protein : creatinine ratio >10 mg/nmol is considered significant
 - (d) None of these
3. Which is the risk factor for pre-eclampsia?
 - (a) Multiparity
 - (b) Advanced maternal age
 - (c) Smoking
 - (d) None of these
4. Which one of the following is a typical biochemical and haematological abnormality in Pre-eclampsia?
 - (a) Reduced haemoglobin
 - (b) Rise in platelets as part of the acute systemic response
 - (c) Low uric acid
 - (d) Impaired renal and liver function
5. The current indications for screening for gestational diabetes is
 - (a) Previous history of IUGR
 - (b) Persistent glycosuria
 - (c) Family history of PCOS
 - (d) Oligohydramnios
6. Aetiological factors in spontaneous preterm labour is
 - (a) Delivery before 34 weeks occurs in 20% of twins
 - (b) Spontaneous preterm labour is more common in the presence of fetal compromise.
 - (c) Uterine abnormalities such as fibroids or müllerian abnormalities are a cause of first-trimester miscarriage, but not preterm delivery.
 - (d) Cervical surgery and recurrent terminations of pregnancy protect against preterm delivery

7. The following statements refer to prediction and prevention of preterm labour—which is true?
- (a) Strategies for prevention of preterm birth, in those at high risk, are commenced from 23 weeks
 - (b) A cervical suture should only be inserted if the cervical length on transvaginal sonography (TVS) is short
 - (c) Antibiotics throughout pregnancy prevent preterm labour.
 - (d) Cervical length on TVS is a sensitive method for prediction of delivery before 28 weeks
8. Investigations and management of preterm labour: which one of the following is true?
- (a) Fetal fibronectin as a test for preterm labour is highly specific
 - (b) WBC count and CRP estimation are indicated
 - (c) Steroids reduce perinatal mortality by promoting pulmonary maturity.
 - (d) Caesarean section reduces the incidence of respiratory distress syndrome (RDS) in the neonate.
9. Preterm prelabour rupture of membranes (PPROM), which statement is appropriate
- (a) PPROM occurs before one-third of preterm deliveries
 - (b) Infection of the placenta (chorioamnionitis) or cord (funisitis) is uncommon.
 - (c) If there is evidence of chorioamnionitis delivery may be delayed to give antibiotics
 - (d) Induction should not be performed until term
10. Common causes of antepartum haemorrhage (APH, bleeding from the genital tract from 24 weeks gestation) include which of the following?
- (a) Vasa praevia
 - (b) Uterine rupture
 - (c) Placental abruption
 - (d) None of these
11. The statement appropriate for Placenta praevia:
- (a) Placenta praevia complicates about 0.4% of pregnancies at term.
 - (b) Placenta praevia cannot be diagnosed with ultrasound
 - (c) The majority of 'low-lying' placentas diagnosed at 20 weeks will remain so at term
 - (d) The patient should be routinely managed under in-patient care with delay of delivery until the patient labours, at which time an emergency Caesarean section will be performed
12. Methods used in identification of high-risk pregnancy:
- (a) Use of history as a screening tool in identification of high-risk pregnancy is very sensitive
 - (b) Use of history as a screening tool in identification of high-risk pregnancy is specific.
 - (c) The uterine circulation normally develops a very high resistance in normal pregnancy
 - (d) Low levels of pregnancy-associated plasma protein A (PAPP-A) increase the risk of IUGR, pre-eclampsia and stillbirth
13. The prolonged pregnancy: which of the following is true?
- (a) A pregnancy is prolonged if e"40 weeks' gestation is completed.
 - (b) Perinatal mortality and morbidity starts increasing between 41 and 42 weeks.
 - (c) Although stillbirth is increased post dates, neonatal illness, encephalopathy and meconium passage and a clinical diagnosis of fetal distress are less common.
 - (d) Routine dating scans increase the incidence of induction for post dates.

14. In Breech presentation the following is true ?
- (a) Fetal abnormality is more common in a breech baby
 - (b) Caesarean delivery is no safer for the term breech baby than vaginal breech birth.
 - (c) In breech presentation, labour is longer
 - (d) Breech presentation occurs in 10% of term deliveries
15. The finding related to Types of multiple pregnancy is
- (a) Dichorionic twins result from division at 9–13 days
 - (b) Division before day 3 leads to twins with a shared placenta but separate amnions, MCDA.
 - (c) All dichorionic twins are non-identical.
 - (d) Monochorionic twins are always identical.
16. The complications of multiple pregnancy is :
- (a) First trimester miscarriage is more common in multiple pregnancy, but late miscarriage is not
 - (b) In twin–twin transfusion syndrome, with optimal treatment, survival of both twins occurs in 85%.
 - (c) Childhood handicap is more common with twins.
 - (d) In the majority of pregnancies, the presenting twin is breech
17. True features of malpresentation include
- (a) Labour is often slower and more painful in occipito-anterior position, with back ache and an early urge to push
 - (b) Extension of the fetal head on the neck, resulting in a large (13 cm) presenting diameter (brow), will still normally deliver vaginally
 - (c) Vaginal delivery with a face presentation is possible only in the mento-anterior position
 - (d) Malpresentation is more common in nulliparous women
18. The Induction of labour: which one of the following is false?
- (a) Hyperstimulation is more common with misoprostol than prostaglandin E2 (PGE2).
 - (b) Cervical ‘sweeping’ from/ after 40 weeks reduces the chance of induction and postdates pregnancy.
 - (c) Absolute contraindications include acute fetal compromise, abnormal lie, placenta praevia or pelvic obstruction such as a pelvic mass or pelvic deformity causing cephalo-pelvic disproportion
 - (d) The risk of cord prolapse is decreased with induction of labour.
19. Labour/vaginal delivery after a previous Caesarean section (VBAC), which statement is correct:
- (a) If vaginal delivery is attempted about 30% of women will deliver vaginally after one Caesarean section.
 - (b) Emergency Caesarean section is as safe as elective Caesarean
 - (c) Fetal risks are increased with VBAC.
 - (d) Caesarean section is less likely in women who have had a previous elective Caesarean section
20. Prelabour, term rupture of the membranes: which of the following is true?
- (a) The incidence of membrane rupture before the onset of labour after 37 weeks is 50%.
 - (b) Risk of neonatal infection is reduced by vaginal examinations, the presence of group B streptococcus and increased duration of membrane rupture
 - (c) Induction of labour does not increase the risk of Caesarean section, and is associated with a lower chance of maternal infection.
 - (d) Erythromycin should be prescribed

21. In case of Forceps and ventouse delivery: which of the following is correct
- (a) A Failure of instrumental delivery is more common with the ventouse
 - (b) Keilland's (rotational) forceps have a 'pelvic curve' which follows the sacral curve and a 'cephalic curve' for the head
 - (c) If moderate traction with a ventouse does not produce immediate and progressive descent, forceps must be used.
 - (d) Instrumental delivery can be used once the cervix is 8 cm dilated.
22. Caesarean section: which one of the following is true?
- (a) Delivery by Caesarean section occurs in 50% of deliveries in the developed world
 - (b) The usual operation is a classical Caesarean section
 - (c) Absolute indications for Caesarean include: breech presentation, twin pregnancy and previous Caesarean.
 - (d) None of these
23. The Uterine rupture and inversion of uterus is
- (a) The principal risk factor for uterine rupture is use of oxytocin in multiparous women
 - (b) Constant lower abdominal pain in labour is common and unlikely to be related to uterine rupture.
 - (c) Rupture of a LSCS scar most commonly occurs before labour.
 - (d) Uterine inversion usually follows traction on the placenta and occurs in 1 in 20 000 deliveries.
24. The most common cause of PPH is
- (a) uterine atonicity
 - (b) cervical tear
 - (c) vaginal lacerations
 - (d) coagulation disorder
25. Among the following drugs the one most commonly used to reduce the blood loss in the management of postpartum haemorrhage is
- (a) oxytocin
 - (b) methergin
 - (c) prostaglandins
 - (d) progesterone
26. The commonest cause of breech presentation
- (a) prematurity
 - (b) hydrocephalus
 - (c) placenta praevia
 - (d) polyhydramnios
27. The commonest cause of occipito posterior position of fetal head during labour is
- (a) maternal obesity
 - (b) deflexion of fetal head
 - (c) multiparity
 - (d) android pelvis
28. All the following are causes of intruterine growth retardation
- (a) anemia
 - (b) pregnancy induced hypertension
 - (c) maternal heart disease
 - (d) gestational diabetes
29. Injection glucogen is effective for management of persistent hypoglycemia in all except
- (a) large for date baby
 - (b) galactosemia
 - (c) infant of diabetic mother
 - (d) nesidioblastosis

30. Conservative management is contraindicated in a case of placenta praevia under the following situation except
- (a) evidence of fetal distress
 - (b) fetal malformations
 - (c) mother in a haemodynamic condition
 - (d) woman in labour
31. In eclampsia, the treatment regimen that causes minimum effects on the fetus is
- (a) diazepam therapy
 - (b) lytic cocktail regime
 - (c) MgSO₄
 - (d) phenobarbitone therapy
32. Ectopic pregnancy is best diagnosed by
- (a) trans vaginal USG
 - (b) serial HCG
 - (c) X-ray
 - (d) none of these
33. Pregnant woman is found to have excessive accumulation of amniotic fluid. Such polyhydramnios is likely to be associated with all the following conditions except
- (a) twinning
 - (b) microanecephaly
 - (c) oesophageal atresia
 - (d) bilateral renal agenesis
34. Mifepristone is used in
- (a) ectopic pregnancy
 - (b) fibroid uterus
 - (c) molar pregnancy
 - (d) none of these
35. Which measure would be least effective in preventing postpartum hemorrhage?
- (a) Massage the fundus every hour for the first 24 hours following birth
 - (b) Teach the woman the importance of rest and nutrition \=nce healing
 - (c) Administer Methergine 0.2 mg every 6 hours for 4 doses as ordered)
 - (d) Encourage the woman to void every 2 hours
36. A nurse in the postpartum unit is caring for a client who has just delivered a newborn infant following a pregnancy with placenta previa. The nurse reviews the plan of care and prepares to monitor the client for which of the following risks associated with placenta previa?
- (a) Infection
 - (b) Hemorrhage
 - (c) Chronic hypertension
 - (d) Disseminated intravascular coagulation
37. Prolapse of uterus occurs as a result of
- (a) Weakening of the uterine walls
 - (b) Weakening of the bones
 - (c) Weakening of the pelvic musculature
 - (d) All of these
38. A 28 year old woman attends the colposcopy clinic after an abnormal smear test, the smear is reported as severe dyskaryosis and she has an intrauterine contraceptive device in situ. All the statements are likely to be true, apart from
- (a) the cervix is microscopically normal
 - (b) acetic acid is applied and an irregular white area is apparent to the left of the cervical os
 - (c) lugol's iodine is applied and the same area stains dark brown while the rest of the cervix stains pale
 - (d) a biopsy is taken
39. Which of the following is NOT a cause of infertility in women?
- (a) ovulation midway through the menstrual cycle
 - (b) endometriosis
 - (c) thick cervical mucus
 - (d) PID (pelvic inflammatory disease)

40. A 48 year old woman presents with intermenstrual bleeding for two month and episodes of bleeding occurring any time in the cycle .there is no associated pain . the differential diagnosis for intermenstrual bleeding does not include :
- (a) endocervical polyp (b) cervical malignancy
(c) endometrial polyp (d) ovarian teratoma
41. A 20 year old lady is referred with a problem of postcoital bleeding .It has occur six times over past two month with no pain in association . The investigation which she has to undergo is
- (a) colposcopy (b) ultrasonography
(c) cervical smear (d) none of these
42. What happens to GFR in case of pre-eclampsia
- (a) GFR decreases (b) GFR increases
(c) Remains same (d) None of these
43. Cervical changes in pregnancy are all except
- (a) increased collagen (b) increased hyaluronic
(c) increased glands (d) increased vascularity
44. Which of the following is NOT a symptom of postpartum depression?
- (a) Energy depletion (b) Sudden bursts of energy
(c) Mood swings (d) Anxiety
45. For manual removal of placenta the hand is introduce into the uterus in the shaped of
- (a) cone (b) vertical
(c) straight (d) none
46. The complication that arises after manual removal of placenta is
- (a) hemorrhage (b) shock
(c) inversion (d) all of these
47. The placenta is said to be retained when it is not expelled out even after
- (a) 20minutes (b) 30 minutes
(c) 40 minutes (d) 50 minutes and above
48. The risks involved in prolonged retention of placenta are
- (a) hemarrahge (b) shock
(c) risk of its recurrence in next pregnancy (d) all of these
49. Related to genital tract injuries , rupture of the vault of the vagina is called
- (a) colporrhexis (b) perinal tear
(c) trauma (d) secondary tear
50. Persistant , severe pain on the peritoneal region and presence of rectal tenesmus or bearing down efforts when extension occurs to the ischiorectal fossa with retention of urin are the symptoms of
- (a) abdominal hematoma (b) pelvic hematoma
(c) uretral hematoma (d) cervical hematoma
51. The latest complication of injuries to the birth canal at the cervix is
- (a) ectropion (b) cellulitis
(c) superlevator (d) thrombophelbitis

52. The aggravating factor for subinvolution of uterus
- (a) retained products of conception
 - (b) uterine sepsis
 - (c) (a) & (b)
 - (d) all of these
53. The preventive measures for breast engorgement is
- (a) correct latch on
 - (b) late initiation of breast feeding
 - (c) to introduce prelacteal feed
 - (d) none of these
54. With which of the following types of viral hepatitis infection in pregnancy
- (a) Hepatitis A
 - (b) Hepatitis B
 - (c) Hepatitis C
 - (d) Hepatitis E
55. A nurse in the newborn nursery is monitoring a preterm newborn infant for respiratory distress syndrome. Which assessment signs if noted in the newborn infant would alert the nurse to the possibility of this syndrome?
- (a) Hypotension and Bradycardia
 - (b) Tachypnea and retractions
 - (c) Acrocyanosis and grunting
 - (d) The presence of a barrel chest with grunting
56. A nurse on the newborn nursery floor is caring for a neonate. On assessment the infant is exhibiting signs of cyanosis, tachypnea, nasal flaring, and grunting. Respiratory distress syndrome is diagnosed, and the physician prescribes surfactant replacement therapy. The nurse would prepare to administer this therapy by:
- (a) Subcutaneous injection
 - (b) Intravenous injection
 - (c) Instillation of the preparation into the lungs through an endotracheal tube
 - (d) Intramuscular injection
57. The most common neonatal sepsis and meningitis infections seen within 24 hours after birth are caused by which organism?
- (a) *Candida albicans*
 - (b) *Chlamydia trachomatis*
 - (c) *Escherichia coli*
 - (d) Group B beta-hemolytic streptococci
58. Respiratory distress syndrome in the newborn is defined as the persistence of
- (a) arterial oxygen tension (Pa O₂) < 50 mmhg
 - (b) central cyanosis
 - (c) both (a) & (b)
 - (d) both (b) & (c)
59. Absolute features of nonphysiologic jaundice is
- (a) jaundice appearing within 24 hours of birth
 - (b) jaundice appearing after 24 hours
 - (c) jaundice appearing after 48 hours
 - (d) jaundice appearing after 72 hours
60. The methods of treatment used to reduce the level of unconjugated bilirubin is
- (a) phototherapy
 - (b) pharmacologic therapy
 - (c) exchange transfusion
 - (d) all of these
61. In contrast to Rh incompatibility, the first baby is affected approximately of the cases
- (a) 50%
 - (b) 70 %
 - (c) 90 %
 - (d) 100%
62. While providing phototherapy, the nurse should assess the baby for sign of
- (a) dehydration
 - (b) intake output chart to be maintained
 - (c) eye and genital area to be covered
 - (d) all of these

63. Soon after delivery a neonate is admitted to the central nursery. The nursery nurse begins the initial assessment by
- (a) auscultate bowel sounds.
 - (b) determining chest circumference.
 - (c) inspecting the posture, color, and respiratory effort
 - (d) checking for identifying birthmarks.
64. A neonate is admitted to a hospital's central nursery. The neonate's vital signs are: temperature = 96.5 degrees F., heart rate = 120 bpm, and respirations = 40/minute. The infant is pink with slight acrocyanosis. The priority nursing diagnosis for the neonate is
- (a) Ineffective thermoregulation related to fluctuating environmental temperatures.
 - (b) Potential for infection related to lack of immunity.
 - (c) Altered nutrition, less than body requirements related to diminished sucking reflex.
 - (d) Altered elimination pattern related to lack of nourishment.
65. Best way to diagnose postmaturity
- (a) straight X-ray per abdomen
 - (b) serial sonographic fetal biometry
 - (c) amniocentesis
 - (d) clinical examination
66. Conclusive early evidence of intrauterine fetal death is
- (a) Spalding sign
 - (b) Hyperflexion of the spine
 - (c) Appearance of shadow in heart chambers of heart
 - (d) USG absence of cardiac motion
67. The commonest cause of retained placenta is
- (a) uterine atonicity
 - (b) hour glass contraction
 - (c) placenta accreta
 - (d) placenta increta
68. Maturation index during pregnancy shifts to the right in all the condition except
- (a) threatened abortion
 - (b) missed abortion
 - (c) post term pregnancy
 - (d) pre-term pregnancy
69. When the Baby is with apgar score 4-6 the nurse should do the which first step
- (a) putting 15 degree head down position with face turn to one side
 - (b) immediate suction of oropharynx and nasopharynx
 - (c) administration of oxygen through bag & mask
 - (d) all of these
70. The nurse should assessed for the following complications when baby is under phototherapy except
- (a) bronze baby syndrome
 - (b) watery diarrrohea
 - (c) skin rashes
 - (d) milia
71. Which condition or treatment best ensures lung maturity in an infant?
- (a) Glucocorticoid treatment just before delivery
 - (b) Absence of phosphatidylglycerol in amniotic fluid
 - (c) Meconium in the amniotic fluid
 - (d) Lecithin to sphingomyelin ratio more than 2:1

72. A postpartum nurse is providing instructions to the mother of a newborn infant with hyperbilirubinemia who is being breastfed. The nurse provides which most appropriate instructions to the mother?
- (a) Switch to bottle feeding the baby for 2 weeks
 - (b) Feed the newborn infant less frequently
 - (c) Continue to breastfeed every 2-4 hours
 - (d) Stop the breast feedings and switch to bottle-feeding permanently
73. The mother with human immunodeficiency virus (HIV) infection brings her 10-month-old infant to the clinic for a routine checkup. The health care provider has documented that the infant is asymptomatic for HIV infection. After the checkup, the mother tells the nurse that she is so pleased that the infant will not get HIV. The nurse should make which most appropriate response to the mother?
- (a) "I am so pleased also that everything has turned out fine."
 - (b) "Because symptoms have not developed, it is unlikely that your infant will develop HIV infection."
 - (c) "Everything looks great, but be sure that you return with your infant next month for the scheduled visit."
 - (d) "Most children infected with HIV develop symptoms within the first 9 months of life, and some become symptomatic sometime before they are 3 years old."
74. The nurse provides home care instructions to the parent of a child with acquired immunodeficiency syndrome (AIDS). Which statement by the parent indicates the need for further teaching?
- (a) "I will wash my hands frequently."
 - (b) "I will keep my child's immunizations up to date."
 - (c) "I will avoid direct unprotected contact with my child's body fluids."
 - (d) "I can send my child to day care if he has a fever, as long as it is a low-grade fever."
75. The nurse is reviewing the health care provider's (HCP's) prescriptions for a client admitted for premature rupture of the membranes. Gestational age of the fetus is determined to be 37 weeks. Which prescription should the nurse question?
- (a) Monitor fetal heart rate continuously.
 - (b) Monitor maternal vital signs frequently.
 - (c) Perform a vaginal examination every shift.
 - (d) Administer ampicillin 1 g as an intravenous piggyback every 6 hours.
76. A pregnant client is receiving magnesium sulfate for the management of preeclampsia. The nurse determines that the client is experiencing toxicity from the medication if which finding is noted on assessment?
- (a) Proteinuria of 3 +
 - (b) Respirations of 10 breaths/minute
 - (c) Presence of deep tendon reflexes
 - (d) Serum magnesium level of 6 mEq/L
77. The nurse who is in a neonatal intensive care nursery (NICU) receives a telephone call to prepare for the admission of a 43-week gestation newborn with Apgar scores of 1 and 4. In planning for admission of this newborn, what is the nurse's highest priority?
- (a) Turn on the apnea and cardiorespiratory monitors.
 - (b) Connect the resuscitation bag to the oxygen outlet.
 - (c) Set up the intravenous line with 5% dextrose in water.
 - (d) Set the radiant warmer control temperature at 36.5° C (97.6° F).

78. The nurse in a newborn nursery is monitoring a preterm newborn for respiratory distress syndrome. Which assessment findings would alert the nurse to the possibility of this syndrome?
- (a) Tachypnea and retractions
 - (b) Acrocyanosis and grunting
 - (c) Hypotension and bradycardia
 - (d) Presence of a barrel chest and acrocyanosis
79. The nurse assesses the vital signs of a 12-month-old infant with a respiratory infection and notes that the respiratory rate is 35 breaths/minute. On the basis of this finding, which action is most appropriate?
- (a) Administer oxygen.
 - (b) Document the findings.
 - (c) Notify the health care provider.
 - (d) Reassess the respiratory rate in 15 minutes.
80. The nurse receives a telephone call from the postanesthesia care unit stating that a client is being transferred to the surgical unit. The nurse plans to take which action first on arrival of the client?
- (a) Assess the patency of the airway.
 - (b) Check tubes or drains for patency.
 - (c) Check the dressing to assess for bleeding.
 - (d) Assess the vital signs to compare with preoperative measurements.
81. Ms. Smith is admitted for internal radiation for cancer of the cervix. The nurse knows the client understands the procedure when she makes which of the following remarks the night before the procedure?
- (a) She says to her husband, "Please bring me a hamburger and french fries tomorrow when you come. I hate hospital food."
 - (b) "I told my daughter who is pregnant to either come to see me tonight or wait until I go home from the hospital."
 - (c) "I understand it will be several weeks before all the radiation leaves my body."
 - (d) "I brought several craft projects to do while the radium is inserted."
82. The nurse in charge is evaluating the infection control procedures on the unit. Which finding indicates a break in technique and the need for education of staff?
- (a) The nurse aide is not wearing gloves when feeding an elderly client.
 - (b) A client with active tuberculosis is asked to wear a mask when he leaves his room to go to another department for testing.
 - (c) A nurse with open, weeping lesions of the hands puts on gloves before giving direct client care.
 - (d) The nurse puts on a mask, a gown, and gloves before entering the room of a client on strict isolation.
83. The charge nurse observes a new staff nurse who is changing a dressing on a surgical wound. After carefully washing her hands the nurse dons sterile gloves to remove the old dressing. After removing the dirty dressing, the nurse removes the gloves and dons a new pair of sterile gloves in preparation for cleaning and redressing the wound. The most appropriate action for the charge nurse is to:
- (a) Interrupt the procedure to inform the staff nurse that sterile gloves are not needed to remove the old dressing
 - (b) Congratulate the nurse on the use of good technique
 - (c) Discuss dressing change technique with the nurse at a later date.
 - (d) Interrupt the procedure to inform the nurse of the need to wash her hands after removal of the dirty dressing and gloves.

- 84.** The staff nurse on the labor and delivery unit is assigned to care to a primigravida in transition complicated by hypertension. A new pregnant woman in active labor is admitted in the same unit. The nurse manager assigned the same nurse to the second client. The nurse feels that the client with hypertension requires one-to-one care. What would be the initial action of the nurse?
- (a) Accept the new assignment and complete an incident report describing a shortage of nursing staff.
 - (b) Report the incident to the nursing supervisor and request to be floated.
 - (c) Report the nursing assessment of the client in transitional labor to the nurse manager and discuss misgivings about the new assignment.
 - (d) Accept the new assignment and provide the best care.
- 85.** The nurse is providing an orientation regarding case management to the nursing students. Which characteristics should the nurse include in the discussion in understanding case management?
- (a) Main objective is a written plan that combines discipline-specific processes used to measure outcomes of care.
 - (b) Main purpose is to identify expected client, family and staff performance against the timeline for clients with the same diagnosis.
 - (c) Main focus is comprehensive coordination of client care, avoid unnecessary duplication of services, improve resource utilization and decrease cost.
 - (d) Primary goal is to understand why predicted outcomes have not been met and the correction of identified problems.
- 86.** Surgical removal of uterine fibroid
- (a) hysterectomy
 - (b) myomectomy
 - (c) polypectomy
 - (d) fibrectomy
- 87.** Fibroids are also known as
- (a) myotomas
 - (b) myomatium
 - (c) leiomyomata
 - (d) mesothelioma
- 88.** What test is not routinely carried out when investigating menstrual disturbances
- (a) FBC
 - (b) coagulation screening
 - (c) TFT's
 - (d) Ferritin
- 89.** The nurse in the neonatal care unit is supervising the actions of a certified nursing assistant in giving care to the newborns. The nursing assistant mistakenly gives a formula feeding to a newborn that is on water feeding only. The nurse is responsible for the mistake of the nursing assistant:
- (a) Always, as a representative of the institution
 - (b) Always, because nurses who supervise less-trained individuals are responsible for their mistakes.
 - (c) If the nurse failed to determine whether the nursing assistant was competent to take care of the client.
 - (d) Only if the nurse agreed that the newborn could be fed formula.
- 90.** Which of the following signs and symptoms that require immediate attention and may indicate most serious complications during pregnancy?
- (a) Severe abdominal pain or fluid discharge from the vagina.
 - (b) Excessive saliva, "bumps around the areolae, and increased vaginal mucus.
 - (c) Fatigue, nausea, and urinary frequency at any time during pregnancy.
 - (d) Ankle edema, enlarging varicosities, and heartburn

91. While feeding a newborn with an unrepaired cardiac defect, the nurse keeps on assessing the condition of the client. The nurse notes that the newborn's respiration is 72 breaths per minute. What would be the initial nursing action?
- (a) Burp the newborn. (b) Stop the feeding.
(c) Continue the feeding. (d) Notify the physician.
92. When reviewing the ethical dilemmas facing maternal and newborn nurses today, which of the following has contributed to their complexity?
- (a) Limitation of available options (b) Support for one viable action
(c) Advancement in technology (d) Consistent desirable standards
93. Magnesium Sulfate is ordered per IV. Which of the following should prompt the nurse to refer to the obstetricians prior to administration of the drug?
- (a) P= 180/100 (b) Urine output is 40 ml/hr
(c) RR=12 bpm (d) (+) 2 deep tendon reflex
94. Family centered nursing care for women and newborn focuses on which of the following?
- (a) Assisting individuals and families achieve their optimal health
(b) Diagnosing and treating problems promptly
(c) Preventing further complications from developing
(d) Conducting nursing research to evaluate clinical skills
95. Postpartum depression occurs during which time frame?
- (a) within weeks after delivery (b) within 12 weeks
(c) within 16 weeks (d) within 24 hour
96. In the hospital lobby, the registered nurse overhears a two staff members discussing about the health condition of her client. What would be the appropriate action for the registered nurse to take?
- (a) Join in the conversation, giving her input about the case.
(b) Ignore them, because they have the right to discuss anything they want to.
(c) Tell them it is not appropriate to discuss such things.
(d) Report this incident to the nursing supervisor.
97. The nurse advised the pregnant woman that smoking and alcohol should be avoided during pregnancy. The nurse takes into account that the developing fetus is most vulnerable to environment teratogens that cause malformation during:
- (a) The entire pregnancy (b) The third trimester
(c) The first trimester (d) The second trimester.
98. In the hospital lobby of the obstetric ward , the registered nurse overhears a two staff members discussing about the health condition of her client. What would be the appropriate action for the registered nurse to take?
- (a) Join in the conversation, giving her input about the case.
(b) Ignore them, because they have the right to discuss anything they want to.
(c) Tell them it is not appropriate to discuss such things.
(d) Report this incident to the nursing supervisor

- 99.** The nurse is counseling a couple in their mid 30's who have been unable to conceive for about 6 months. They are concerned that one or both of them may be infertile. What is the best advice the nurse could give to the couple?
- (a) "It is no unusual to take 6-12 months to get pregnant, especially when the partners are in their mid-30s. Eat well, exercise, and avoid stress."
 - (b) "Start planning adoption. Many couples get pregnant when they are trying to adopt."
 - (c) "Consult a fertility specialist and start testing before you get any older."
 - (d) "Have sex as often as you can, especially around the time of ovulation, to increase your chances of pregnancy."
- 100.** The staff nurse on the labor and delivery unit is assigned to care to a primigravida in transition complicated by hypertension. A new pregnant woman in active labor is admitted in the same unit. The nurse manager assigned the same nurse to the second client. The nurse feels that the client with hypertension requires one-to-one care. What would be the initial action of the nurse?
- (a) Accept the new assignment and complete an incident report describing a shortage of nursing staff.
 - (b) Report the incident to the nursing supervisor and request to be floated.
 - (c) Report the nursing assessment of the client in transitional labor to the nurse manager and discuss misgivings about the new assignment.
 - (d) Accept the new assignment and provide the best care.

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