

1. When integrating the principles of family-centered care into the birthing process, the nurse would base care upon which belief?

- A. Birth is viewed as a medical event.
- B. Families are unable to make informed choices due to stress.
- C. Birth results in changes in relationships.
- D. Families require little information to make appropriate decisions for care.

Ans: C

Rationale: Family-centered care is based on the following principles: Birth affects the entire family, and relationships will change; birth is viewed as a normal, healthy event in the life of the family; and families are capable of making decisions about their own care if given adequate information and professional support.

Chapter: 1

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 6, The History of Maternal and Newborn Health and Health Care

Cognitive Level: Understand

2. The nurse is working with a group of community health members to develop a plan to address the special health needs of women. The group would design educational programs to address which condition as the **priority**?

- A. Smoking
- B. Heart disease
- C. Diabetes
- D. Cancer

Ans: B

Rationale: The group needs to address cardiovascular disease, the number one cause of death in women regardless of racial or ethnic group. Smoking is related to heart disease and the development of cancer. However, heart disease and cancer can occur in any woman regardless of her smoking history. Cancer is the second leading cause of death, with women having a one in three lifetime risk of developing cancer. Diabetes is another important health condition that can affect women. However, it is not the major health problem that heart disease is.

Chapter: 1

Client Needs: Physiological Integrity: Reduction of Risk Potential

Title: Maternity and Pediatric Nursing, 2e

Page: 13, Women's Health Indicators

Cognitive Level: Apply

3. A nurse is conducting an orientation program for a group of newly hired nurses. As part of the program, the nurse is reviewing the issue of informed consent. The nurse determines that the teaching was effective when the group identifies which situation as a violation of informed consent?

- A. Performing a procedure on a 12-year-old cognitively challenged client without parental consent

- B. Serving as a witness to the signature process on an operative consent form
- C. Asking whether the client understands what she is signing following receiving education
- D. Getting verbal consent over the phone for an emergency procedure from the spouse of a unconscious woman

Ans: A

Rationale: In some provinces and territories, mature minors (usually over the age of 14) can give consent, pending their level of maturity and intelligence to make decisions about treatment. In some provinces/territories there are no laws related to consent. Children 12 years old are likely not sufficiently mature to understand teaching and consent related to medical procedures. Serving as a witness to the signature process, asking whether the client understands what she is signing, and getting verbal consent over the phone for emergency procedures are all key to informed consent and are not violations.

Chapter: 1

Client Needs: Safe and Effective Care Environment: Management of Care

Title: Maternity and Pediatric Nursing, 2e

Page: 43, Exceptions to Parental Consent Requirement

Cognitive Level: Analyze

4. The nurse is trying to get consent to care for an 11-year-old boy with diabetic ketoacidosis. His parents are out of town on vacation, and the child is staying with a neighbor. Which action would be the **priority**?

- A. Getting telephone consent with two people listening to the verbal consent
- B. Providing emergency care without parental consent
- C. Contacting the child's aunt or uncle to obtain their consent
- D. Asking the courts to grant permission on the child's behalf

Ans: A

Rationale: The priority action would be to contact the neighbor for an emergency number to reach the parents and get their verbal consent with two witnesses listening simultaneously. If the nurse cannot reach the parents, and there is no relative or other person with written authorization to act on the parent's behalf, then the primary care provider may initiate emergency care without the parents' consent. Involving the court would take too much time. The child needs immediate treatment.

Chapter: 1

Client Needs: Safe and Effective Care Environment: Management of Care

Title: Maternity and Pediatric Nursing, 2e

Page: 43, Exceptions to Parental Consent Requirement

Cognitive Level: Apply

5. Which statement made by a nursing student would **best** indicate that their education on family-centered care was fully understood?

- A. "Childbirth affects the entire family, and relationships will change."

- B. "Families are challenged to make health care decisions for themselves in stressful situations."
- C. "Mothers are the primary family member affected by childbirth."
- D. "Since childbirth is a medical procedure, it may affect everyone."

Ans: A

Rationale: Childbirth affects the entire family, and relationships will change. Childbirth is viewed as a normal life event, not a medical procedure. Families are very capable of making health care decisions about their own care with proper information and support.

Chapter: 1

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 9, Evolution of Maternal and Newborn Nursing

Cognitive Level: Apply

6. Which aspect of client wellness has been less of a focus of health during the 21st century in developed countries?

- A. Disease prevention
- B. Health promotion
- C. Wellness
- D. Analysis of morbidity and mortality

Ans: D

Rationale: The focus on health has shifted to disease prevention, health promotion, and wellness. In the last century, much of the focus was on analyzing morbidity and mortality rates.

Chapter: 1

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 13, Morbidity

Cognitive Level: Understand

7. A nurse is conducting an in-service program for a group of nurses on the health of women and their families. The nurse determines that additional discussion and clarification is needed when the group makes which statement?

- A. "Obesity, drug use, and smoking are major problems."
- B. "Maintaining a physically active lifestyle is strongly encouraged"
- C. "Immunizations may be the cause of some illnesses."
- D. "Environmental quality is directly related to health care."

Ans: C

Rationale: Obesity, drug use, and smoking are major concerns. Physical activity and environmental quality are also on the list of leading health indicators in the Healthy People 2020 Report. The students that understood that immunizations are the causes of diseases need clarification since maintenance of immunizations is one of the health indicators listed in the report.

Chapter: 1

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 14, Childhood Morbidity

Cognitive Level: Analyze

8. A nurse is planning a continuum of care for a client during pregnancy, labor, and childbirth. What is the most important factor in enhancing the birthing experience?

- A. Adhering to strict specific routines
- B. Involving a pediatrician
- C. Educating the client about the importance of a support person
- D. Assigning several nurses as a support team

Ans: C

Rationale: Educating the client about the importance of a support person during labor and delivery has been shown to improve and enhance the birthing experience.

Chapter: 1

Title: Maternity and Pediatric Nursing, 2e

Page: 7, EVIDENCE-BASED PRACTICE 1.1

Cognitive Level: Apply

9. A nurse educator is teaching a group of students about what made cities during the late 19th and early 20th century healthier to live in than they previously were. The nurse determines that the teaching is effective when the students make which statements? Select all that apply.

- A. Cities were healthier due to the enforcement of an immunization process.
- B. The pasteurization of milk assisted in making cities healthier.
- C. The cities were much healthier with treated municipal water.
- D. Improved sanitation services made the cities healthier.
- E. Hygienic practices improved living conditions of the cities.

Ans: C, D, E

Rationale: In the late 19th and early 20th centuries, cities became healthier places to live due to urban public health improvements such as sanitation services, treated municipal water, and improvements in hygiene. Pasteurization of milk and immunization made people healthier.

Chapter: 1

Client Needs: Safe and Effective Care Environment: Safety and Infection Control

Title: Maternity and Pediatric Nursing, 2e

Page: 9, The History of Child Health and Child Health Care
Cognitive Level: Analyze

10. A public health nurse is developing programs to assist in improving infant mortality rates. Which factors would need to be addressed because they would have the **greatest** impact? Select all that apply.

- A. Congenital anomalies
- B. Low birth weights
- C. Prematurity
- D. Sudden infant death syndrome
- E. Infectious diseases

Ans: A, B, C

Rationale: Congenital anomalies remain the leading cause of infant mortality. In addition, low birth weight and prematurity are major indicators of infant health and predictors of infant mortality. There is a high rate of preterm low birth weight infants born, and this rate is a significant reason why infant mortality is higher than in many other countries. SIDS and infant infections are not included in this issue.

Chapter: 1

Client Needs: Physiological Integrity: Reduction of Risk Potential

Title: Maternity and Pediatric Nursing, 2e

Page: 12, Neonatal and Infant Mortality

Cognitive Level: Apply

11. A nurse is preparing a class discussion on cardiovascular disease in women. When discussing the priority risk factors for this disease, which should the nurse include? Select all that apply.

- A. Menopause
- B. Diabetes diagnosis
- C. Weight cycling
- D. Gender
- E. Age

Ans: A, B, C

Rationale: CVD is the leading cause of death in women. Risk factors of CVD differ between men and women with menopause, diabetes, and repeated weight losses and gains increasing the risk for coronary morbidity and mortality in women. Yo-yo dieting or yo-yo effect, also known as weight cycling is a major risk factor.

Gender and age are not major risk factors and should not be considered in this list.

Chapter: 1

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 13, Women's Health Indicators

Cognitive Level: Analyze

12. A nurse is preparing a class discussion on the clinical manifestations of a heart attack observed in women. Which symptoms would the nurse include as key assessment data? Select all that apply.

- A. Syncope
- B. Unusual fatigue
- C. Sleep disturbances
- D. Arm pain
- E. Extreme hunger

Ans: B, C, D

Rationale: Nurses need to go beyond the obvious crushing chest pain textbook symptom that indicates heart attack in men. Clinical manifestations of a heart attack observed in women include nausea, dizziness, irregular heartbeat, unusual fatigue, sleep disturbances, indigestion, anxiety, shortness of breath, pain or discomfort in one or both arms, and weakness.

Chapter: 1

Client Needs: Physiological Integrity: Reduction of Risk Potential

Title: Maternity and Pediatric Nursing, 2e

Page: 13, Women's Health Indicators

Cognitive Level: Analyze

13. Parents who recently experienced the death of their unborn child ask the nurse, "What is a fetal death?" What is the nurse's **best** response?

- A. "Fetal deaths occur later in pregnancy after 20 weeks' gestation."
- B. "It refers to the intrauterine fetal death at any time during pregnancy."
- C. "Fetal deaths occur earlier in pregnancy before 20 weeks' gestation."
- D. "Fetal death occurs only at the birth of the newborn."

Ans: B

Rationale: Fetal death refers to the spontaneous intrauterine death of a fetus at any time during pregnancy. Fetal deaths later in pregnancy (>20 weeks of gestation) are referred to as stillbirths, and deaths earlier than 20 weeks are referred to as a miscarriage.

Chapter: 1

Client Needs: Psychosocial Integrity

Title: Maternity and Pediatric Nursing, 2e

Page: 11, Fetal Mortality

Cognitive Level: Apply

14. Which factors are main causes of the high infant mortality rate? Select all that apply.

- A. Postmaturity

- B. Low birth weight
- C. Sudden infant death syndrome
- D. Cardiac complications
- E. Viral infections
- F. Necrotizing enterocolitis

Ans: B, C, F

Rationale: The main causes of early infant death in the United States include problems occurring at birth or shortly thereafter, such as prematurity, low birth weight, congenital and chromosomal anomalies, sudden infant death syndrome, respiratory distress syndrome, unintentional injuries, bacterial sepsis, and necrotizing enterocolitis.

Chapter: 1

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 12, Neonatal and Infant Mortality

Cognitive Level: Apply

15. A nurse is preparing for a health promotion presentation for new mothers. Which topics would be appropriate for the nurse to include in the presentation? Select all that apply.

- A. Breastfeeding encouragement
- B. Proper infant sleep position
- C. Infants in smoke-free environments
- D. How to swaddle their infants
- E. How to bed share with their infants

Ans: A, B, C

Rationale: Health promotion strategies can significantly improve an infant's health and chances of survival. Breastfeeding has been shown to reduce rates of infection in infants and to improve their long-term health. Emphasizing the importance of placing an infant on his or her back to sleep will reduce the incidence of sudden infant death syndrome (SIDS). Parents/partners should not share a bed with an infant younger than 12 weeks old and should avoid exposing the infant to tobacco smoke. Encouraging mothers to join support groups to prevent postpartum depression will improve the health of both mothers and their infants. Swaddling an infant and bed sharing is discouraged due to SIDS.

Chapter: 1

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 9, Evolution of Maternal and Newborn Nursing

Cognitive Level: Apply

16. A public health nurse is preparing a presentation for a parenting class with the focus on childhood discipline. Which principles of childhood discipline would the nurse expect to emphasize? Select all that apply.

- A. The use of punishment will reduce or eliminate undesirable behaviors.
- B. Discipline methods should ensure the preservation of the child's self-esteem.
- C. Time-out technique for discipline is no longer acceptable.
- D. Positive reinforcement will increase desirable behaviors.
- E. Maintain a positive, supportive, nurturing parent-child relationship.

Ans: B, D, E

Rationale: Discipline should focus on the development of the child while ensuring to preserve the child's self-esteem and dignity. The American Academy of Pediatrics suggests three strategies for effective discipline: maintaining a positive, supportive, nurturing caregiver-child relationship; using positive reinforcement to increase desirable behaviors; and removing positive reinforcements or using punishment to reduce or eliminate undesirable behaviors. When using time-out, use 1 minute per year of the child's age (a 3-year-old would have time-out for 3 minutes). Do not exceed 5 minutes.

Chapter: 1

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 22 - 23, DISCIPLINE

Cognitive Level: Apply

17. When teaching a parenting class on childhood discipline, the nurse is asked by a parent, "How long do I place my child in time-out?" How should the nurse **best** respond?

- A. "Use the amount of time it takes to elicit a behavior change."
- B. "Use 1 minute per year of age, but do not exceed 5 minutes."
- C. "Use as much time as is needed to control the behavior."
- D. "Use 1 minute per year of the child's age as needed."

Ans: B

Rationale: Another form of discipline is extinction, which focuses on reducing or eliminating the positive reinforcement for inappropriate behavior. Examples are "time-out." When using time-out, use 1 minute per year of the child's age (a 3-year-old would have time-out for 3 minutes). Do not exceed 5 minutes.

Chapter: 1

Client Needs: Health Promotion and Maintenance

Title: Maternity and Pediatric Nursing, 2e

Page: 22, DISCIPLINE

Cognitive Level: Apply

18. A public health nurse visits the home of a young toddler. What aspect of the home environment would the nurse expect to address with the parents?

- A. The presence of power cords plugged into capped outlets
- B. Cartoons playing on a television in the child's room
- C. The family dog is present in the house during the visit
- D. The presence of pots on the stove with handles pointing toward back

Ans: B

Rationale: The nurse is encouraged to ask questions regarding the amount of recreational screen time and if the child has a television or Internet-connected device in his or her bedroom. The American Academy of Pediatrics discourages any screen media before the age of 2. The nurse would question why the TV is being used in the child's room. The family dog may be a threat to observe during the visit, but having a TV in the child's room indicates that it is being exposed to earlier than advised screen time. Pot handles are in the appropriate position. Cords are plugged into capped outlets, which is safe.

Chapter: 1

Client Needs: Safe and Effective Care Environment: Safety and Infection Control

Title: Maternity and Pediatric Nursing, 2e

Page: 22, DISCIPLINE

Cognitive Level: Apply

19. The nurse working in a maternity clinic suspects that a client and her children are in an abusive relationship. While waiting for test results, the nurse decides to teach the client about partner abuse. What would be the **best** rationale for the nurse's decision?

- A. The nurse knows that the woman may be weak and controlled by her partner.
- B. The nurse has a legal responsibility to protect clients.
- C. The nurse understands there is an ethical responsibility to protect clients.
- D. The nurse knows that children exposed to family violence are likely to be abused.

Ans: D

Rationale: Children exposed to family violence are more likely to be physically, sexually, or emotionally abused themselves. Children have died from abuse and neglect when no one has intervened on their behalf. Children who are exposed to stressors such as domestic violence or who are victims of childhood abuse or neglect are at high risk for short- and long-term problems. Witnessing and being exposed to violence in childhood results in a higher tolerance, and greater use, of violence as an adult. The nurse may feel an ethical responsibility towards clients, but the nurse does not have a legal responsibility to protect clients. Women being the weaker sex is a myth.

Chapter: 1

Client Needs: Psychosocial Integrity

Title: Maternity and Pediatric Nursing, 2e

Page: 28, Violence

Cognitive Level: Understand

1. The nurse is providing home care for a 6-year-old girl with multiple medical challenges. Which activity would be considered the tertiary level of prevention?

- A. arranging for a physical therapy session

- B. teaching parents to administer albuterol
- C. reminding parent to give a full course of antibiotics
- D. giving a DTaP vaccination at the proper interval

Ans: A

Rationale: The tertiary level of prevention involves restorative, rehabilitative, or quality of life care such as arranging for a physical therapy session. Teaching parents to administer albuterol and reminding a parent to give the full course of antibiotics as prescribed are part of the secondary level of prevention, which focuses on diagnosis and treatment of illness. Giving a DTaP vaccination at the proper interval is an example of the primary level of prevention, which centers on health promotion and illness prevention.

Chapter: 2

Client Needs: Physiological Integrity: Reduction of Risk Potential

Title: Maternity and Pediatric Nursing, 2e

Page: .66 - 67, Tertiary Prevention

Cognitive Level: Apply

2. A nurse is conducting an in-service education program on documenting client care and education for a group of nurses returning to the workforce. The nurse determines that additional teaching is needed when the group identifies which information as a reason for documentation?
- A. The client's medical record serves as a communication tool for the interdisciplinary team.
 - B. The record documents the education the family has received if legal matters arise.
 - C. The record allows others to view a client's medical history at any time to refuse medical insurance coverage.
 - D. The documentation verifies client education standards set by JCAHO.

Ans: C

Rationale: Medical records are not in place for others to view for the sole purpose of denying medical coverage. Documenting client care and education (medical records) serves four main purposes. The client's medical record serves as a communication tool that the entire interdisciplinary team can use to keep track of what the client and family have learned. Next, it serves to testify to the education the family has received if legal matters arise. Thirdly, it verifies standards set by JCAHO and other accrediting bodies that hold health care providers accountable for client education activities. Lastly, it informs third-party payers of goods and services provided for reimbursement purposes.

Chapter: 2

Client Needs: Safe and Effective Care Environment: Management of Care

Title: Maternity and Pediatric Nursing, 2e

Page: 71, Community-Based Nursing

Cognitive Level: Analyze

3. A pregnant client tells her nurse that she is interested in arranging a home birth. After educating the client on the advantages and disadvantages of a home birth, which statement would indicate that the client understood the information?