Nursing

NCC-RNC-OB
Inpatient Obstetric Nursing certification Exam

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Question: 1

When misoprostol (Cytotec) is used for cervical ripening prior to induction with oxytocin, the oxytocin should be administered

A. 30 to 60 minutes after last dose of misoprostol
B. At least 4 hours after last dose of misoprostol
C. 6 to 12 hours after last dose of misoprostol

Answer: B

Explanation:
When misoprostol (Cytotec), a prostaglandin El analogue, is used for cervical ripening at or near term prior to induction with oxytocin, the oxytocin should be administered at least 4 hours after last dose of misoprostol. If a dinoprostone insert (Cervidil) is used for cervical ripening. then oxytocin is administered 30 to 60 minutes after the insert is removed. With dinoprostone gel (Prepidil), oxytocin is generally administered after a 6- to 12-hour waiting period.

Question: 2

A contraindication for external cephalic version of the fetus in breech presentation is

A. An Rh-negative patient
B. Gestational age over 37 weeks
C. Placenta previa

Answer: C

Explanation:
External cephalic version (ECNO of the fetus in breech presentation consists of external manipulation of the fetus into a cephalic position. Candidates for ECV attempts should have an ultrasound-confirmed breech or transverse presentation, reassuring fetal status (reactive nonstress test) before the procedure, and a gestational age ofat least 36 weeks. Contraindications to attempted external version include any condition that precludes a vaginal delivery (e.g., placenta previa, active genital herpes infection); nonreassuring fetal status; multiple gestation; uterine, fetal, or amniotic fluid abnormality; or previous significant uterine surgery, including cesarean section. Rh-negative status is not a contraindication to ECV, but RhoGAM should be administered after the procedure. Complications include fetal compromise or injury, placental abruption, and premature rupture of membranes. Fetal heart rate should be monitored before, during, and after attempted version.

Question: 3

With cordocentesis, it is most important to indicate whether the blood came from the umbilical vein or one of the arteries when testing for

A. Genetic studies
B. Fetal acid-base parameters
C. Coagulation studies

Answer: B

Explanation:
With cordocentesis (percutaneous umbilical blood sampling [PUBS]), it is most important to indicate whether the blood came from the umbilical vein or one of the arteries when testing for fetal acid-base parameters because the umbilical arteries carry deoxygenated blood with higher levels of carbon dioxide than the umbilical vein, which carries oxygenated blood. The umbilical vein is larger and easier to access, so it is used most often for cordocentesis; with genetic studies and coagulation studies, the choice of umbilical vein or artery does not affect test outcomes.

Question: 4

An important initial nurse response to a nonreassuring fetal heart rate pattern is to

A. Administer high-flow oxygen by face mask
B. Decrease the rate of intravenous fluid administration
C. Ensure that the patient does not change position

Answer: A

Explanation:
Intrauterine resuscitation refers to clinical interventions aimed at improving fetal well-being and are often undertaken in response to nonreassuring fetal heart rate patterns. Diagnostic maneuvers in response to nonreassuring fetal heart rate tracings should include assessment for cord prolapse, rapid fetal descent rapid cervical dilation, uterine hyperstimulation, maternal infection, and maternal hypotension. Therapeutic maneuvers aimed at improving fetal well-being can then be tailored to the specific clinical situation. Common interventions in response to nonreassuring fetal heart rate patterns include changes in maternal position (usually to left lateral or right lateral position to improve uterine blood flow), intravenous fluid administration to optimize uteroplacental perfusion or to correct maternal hypotension, and high-flow oxygen administration to improve fetal oxygen delivery. Other interventions may include amnioinfusion to decrease umbilical cord compression, reduction of uterine activity (e.g., tocolytic administration or reduction in oxytocin administration), and an alteration or reduction in pushing efforts. In all cases of nonreassuring fetal status, staff must be prepared for emergent operative delivery.

Question: 5

Nocturia in the third trimester usually indicates

A. Normal physiological changes
B. Asymptomatic cystitis
C. Pyelonephritis

Answer: A

Explanation:
Nocturia usually occurs during the first and third trimesters when the patient is reclining in bed because the pressure on the pelvic vessels lessens and the blood flow to the kidneys increases. Because the glomerular filtration rate also increases in pregnancy, urine output increases, resulting in nocturia. Decreasing fluid intake in the 2 hours before bedtime and avoiding diuretic liquids (such as coffee and tea) may help alleviate the nocturia. The patient should also be advised to lean forward and backward when urinating to facilitate bladder emptying by changing the pressure of the uterus on the bladder.

Question: 6

The hormone primarily responsible for maintenance of pregnancy is

A. Estrogen
B. Progesterone
C. Prolactin

Answer: B

Explanation:
The hormone primarily responsible for maintenance of pregnancy is progesterone while estrogen is primarily responsible for growth. Estrogen and progesterone are the t',vo primary hormones produced by the placenta during pregnancy. Progesterone increases blood flow through vasodilation. It also slows the gastrointestinal tract to ensure adequate absorption of nutrients the fetus needs to develop. Progesterone also keeps the uterine muscle relaxed to prevent the onset of labor, so progesterone levels fall when labor commences.

Question: 7

If a patent is receiving magnesium sulfate to prevent recurrence of seizures with eclampsia, a scheduled dose should be withheld if the urinary output is below

A. 60 mL/h
B. 45 mL/h

C. 30 mL/h

Answer: C

Explanation:
If a patent is receiving magnesium sulfate to prevent recurrence of seizures with eclampsia, a scheduled dose should be withheld if the urinary output is below 30 mL/h because urinary output must be adequate for the drug to clear the system and avoid toxicity, which can result in respiratory depression. Decreased urinary output is a symptom of the disorder, not a result of treatment with magnesium. Calcium gluconate is used to treat magnesium toxicity.

Question: 8

A factor that predisposes a patient to uterine atony is

A. Over-distension of the uterus
B. First pregnancy
C. Oligohydramnios

Answer: A

Explanation:
A factor that predisposes a patient to uterine atony is anything that causes overdistension of the uterus, including multiple gestations, macrosomia, and hydramnios (polyhydramnios). The stretched myometrium is unable to contract adequately to compress vessels and prevent bleeding. Other risk factors include prolonged labor, precipitous labor, and induced or augmented labor (such as with oxytocin). Uterine atony may also result from retained placental segments. An atonic uterus may be high in the abdomen, feel soft and boggy, and fail to contract on massage.

Question: 9

Skin-to-skin contact between the newborn and mother helps prevent heat loss through which of the following physiological mechanisms?

A. Conduction
B. Convection
C. Radiation

Answer: A

Explanation:
Newborn infants have several characteristics that impair their ability to avoid heat loss: a limited shivering capacity, a large body surface area relative to body mass, and a limited amount of subcutaneous fat. Newborns lose heat to their environment by four mechanisms. (I) Evaporative heat loss occurs when the fluid on the newborn's skin (e.g„ amniotic fluid) is converted to vapor:

drying the infant after delivery minimizes heat lost through evaporation. (2) Convective heat loss occurs when heat is lost to cool air passing over the infant's skin: clothing the infant, maintaining warm room temperature, and eliminating drafts minimize heat lost through convection. (3) Heat loss via radiation occurs when heat is transferred from the warm infant to a nearby cool surface (not in direct contact with the infant), such as windows or isolette walls. (4) Finally, heat loss through conduction occurs when heat is lost from the warm infant directly to a cool surface (in direct contact with the infant), such as cold hands, stethoscope, or blankets: skin-to-skin contact between the mother and infant helps to prevent conductive heat loss, as well as enhance the mother—infant attachment.

Question: 10

A patient at 34 weeks' gestation in a low-risk pregnancy who reports decreased fetal movement over the preceding hour should be instructed to

A. Report to her primary medical provider for immediate assessment
B. Have something to eat or drink, lie on her left side, and count fetal movements over the next 1—2 hours
C. Increase her physical activity

Answer: B

Explanation:
Decreased fetal movement has been associated with fetal distress and death. There is no established standard for a normal number of fetal movements in a given time period. As a general rule, four fetal movements in 1 hour or ten fetal movements in 2 hours is considered reassuring. If a patient reports decreased fetal movement over the preceding hour she should be instructed to have something to eat or drink, lie on her left side, and count fetal movements over the next 1-2 hours. Patterns of fetal movement are dependent on multiple factors, including time of day, location of the placenta, maternal medications, and the fetal sleep cycle. Low-risk patients reporting decreased fetal movement of less than 2-3 hours duration can be instructed to count fetal movements and inform the health care provider if there are less than ten movements in 2 hours (after 32—34 weeks' gestation). It has not been definitively demonstrated that prompt evaluation of decreased fetal movement results in improved fetal outcomes.

Question: 11

Untreated hypothyroidism in the pregnant patient is most likely to cause abnormalities in fetal

A. Sexual organ development
B. Brain development
C. Cardiac development

Answer: B

Explanation:
Hypothyroidism (particularly severe, untreated hypothyroidism) in the pregnant patient is

associated with an increased risk of fetal loss and abnormalities in fetal brain development. In the first trimester of pregnancy, maternal thyroid hormone crosses the placenta in significant amounts and is critical for normal fetal brain development. Maternal hypothyroidism is also associated with an increased risk of neonatal hypothyroidism, although most cases of congenital hypothyroidism are secondary to factors independent of maternal thyroid status during pregnancy.

Question: 12

Betamethasone is administered to patients with preterm labor to prevent

A. Preterm delivery
B. Chorioamnionitis
C. Neonatal respiratory distress syndrome

Answer: C

Explanation:
Preterm labor is defined as uterine contractions that lead to cervical change betv;een 20 and 36 weeks of pregnancy. Preterm labor and preterm birth rates have increased over the last several decades. Neonatal rates of respiratory distress syndrome, intraventricular hemorrhage, necrotizing enterocolitis, and death progressively increase with lower gestational age. In the absence of chorioamnionitis, patients in preterm labor should receive corticosteroids. Steroid administration in patients with preterm labor is associated with a decreased risk for neonatal respiratory distress syndrome and mortality. Typically, two doses of either betamethasone or dexamethasone are administered intramuscularly in the patient with preterm labor and no signs of chorioamnionitis.

Question: 13

The preexisting cardiovascular condition that places a patient most at risk during pregnancy is

A. Mitral stenosis
B. Atrial septal defect
C. Mitral valve prolapse

Answer: A

Explanation:
The preexisting cardiovascular condition that places a patient most at risk during pregnancy is mitral stenosis. The stenotic valve lies between the left atrium and left ventricle and restricts the flow of blood from the left atrium to the left ventricle. The increased volume of blood and increased heart rate associated with pregnancy may result in pulmonary congestion and/or edema. Risk persists during labor and delivery because ofthe hypervolemia associated with contractions.

Question: 14

The use of the Sellick maneuver during induction of general anesthesia for cesarean is to

A. Promote placental blood flow
B. Reduce the risk of aspiration
C. Reduce maternal respiratory depression

Answer: B

Explanation:
The use ofthe Sellick maneuver, which involves using cricoid pressure against the trachea to effectively block the esophagus, during induction of general anesthesia for cesarean is to reduce the risk of aspiration. General anesthesia is often done in emergent situations, such as fetal compromise, and the patient may not have been NPO (nothing by mouth): so drugs may also be administered to increase the gastric pH (sodium citrate), to decrease secretions (glycopyrrolate), and to speed gastric emptying (metoclopramide).

Question: 15

If a pregnant woman has untreated chlamydia or gonorrhea, there is an increased risk of

A. Premature rupture of the membranes
B. Fetal congenital defects
C. Spontaneous abortion

Answer: A

Explanation:
Untreated maternal sexually transmitted disease, such as chlamydia or gonorrhea, increases the risk of premature rupture of the membranes and preterm birth. With chlamydia, the infant can be infected during birth and can develop conjunctivitis and/or pneumonitis. With gonorrhea, the infant may also become infected during birth and develop ophthalmia neonatorum. In many cases, patients with gonorrhea are coinfected with chlamydia. Syphilis increases the risk of fetal congenital defects, stillbirth, and spontaneous abortion.

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