Chapter 01: 21st Century Maternity and Women’s Health Nursing

Lowdermilk: Maternity & Women’s Health Care, 11th Edition

MULTIPLE CHOICE

1. In evaluating the level of a pregnant woman’s risk of having a low-birth-weight (LBW) infant, which factor is the most important for the nurse to consider?

   a. African-American race

   b. Cigarette smoking

   c. Poor nutritional status

   d. Limited maternal education

ANS: A
For African-American births, the incidence of LBW infants is twice that of Caucasian births. Race is a nonmodifiable risk factor. Cigarette smoking is an important factor in potential infant mortality rates, but it is not the most important. Additionally, smoking is a modifiable risk factor. Poor nutrition is an important factor in potential infant mortality rates, but it is not the most important. Additionally, nutritional status is a modifiable risk factor. Maternal education is an important factor in potential infant mortality rates, but it is not the most important. Additionally, maternal education is a modifiable risk factor.

DIF: Cognitive Level: Understand

TOP: Nursing Process: Assessment

MSC: Client Needs: Health Promotion and Maintenance, Antepartum Care

2. What is the primary role of practicing nurses in the research process?

a. Designing research studies

b. Collecting data for other researchers

c. Identifying researchable problems

d. Seeking funding to support research studies

ANS: C

When problems are identified, research can be properly conducted. Research of health care issues leads to evidence-based practice guidelines. Designing research studies is only one factor of the research process. Data collection is another factor of research. Financial support is necessary to conduct research, but it is not the primary role of the nurse in the research process.

DIF: Cognitive Level: Understand

TOP: Nursing Process: N/A

MSC: Client Needs: Safe and Effective Care Environment

3. A 23-year-old African-American woman is pregnant with her first child. Based on the statistics for infant mortality, which plan is most important for the nurse to implement?
a. Perform a nutrition assessment.

b. Refer the woman to a social worker.

c. Advise the woman to see an obstetrician, not a midwife.

d. Explain to the woman the importance of keeping her prenatal care appointments.

ANS: D

Consistent prenatal care is the best method of preventing or controlling risk factors associated with infant mortality. Nutritional status is an important modifiable risk factor, but it is not the most important action a nurse should take in this situation. The client may need assistance from a social worker at some time during her pregnancy, but a referral to a social worker is not the most important aspect the nurse should address at this time. If the woman has identifiable high-risk problems, then her health care may need to be provided by a physician. However, it cannot be assumed that all African-American women have high-risk issues. In addition, advising the woman to see an obstetrician is not the most important aspect on which the nurse should focus at this time, and it is not appropriate for a nurse to advise or manage the type of care a client is to receive.


MSC: Client Needs: Health Promotion and Maintenance

4. During a prenatal intake interview, the nurse is in the process of obtaining an initial assessment of a 21-year-old Hispanic client with limited English proficiency. Which action is the most important for the nurse to perform?

a. Use maternity jargon to enable the client to become familiar with these terms.

b. Speak quickly and efficiently to expedite the visit.

c. Provide the client with handouts.

d. Assess whether the client understands the discussion.

ANS: D
Nurses contribute to health literacy by using simple, common words, avoiding jargon, and evaluating whether the client understands the discussion. Speaking slowly and clearly and focusing on what is important will increase understanding. Most client education materials are written at a level too high for the average adult and may not be useful for a client with limited English proficiency.

DIF: Cognitive Level: Apply REF: p. 5 TOP: Nursing Process: Evaluation

MSC: Client Needs: Health Promotion and Maintenance

5. The nurses working at a newly established birthing center have begun to compare their performance in providing maternal-newborn care against clinical standards. This comparison process is most commonly known as what?

a. Best practices network
b. Clinical benchmarking
c. Outcomes-oriented practice
d. Evidence-based practice

ANS: C

Outcomes-oriented practice measures the effectiveness of the interventions and quality of care against benchmarks or standards. The term best practice refers to a program or service that has been recognized for its excellence. Clinical benchmarking is a process used to compare one’s own performance against the performance of the best in an area of service. The term evidence-based practice refers to the provision of care based on evidence gained through research and clinical trials.


MSC: Client Needs: Safe and Effective Care Environment

6. Which statement best exemplifies contemporary maternity nursing?

a. Use of midwives for all vaginal deliveries
b. Family-centered care

c. Free-standing birth clinics

d. Physician-driven care

ANS: B

Contemporary maternity nursing focuses on the family’s needs and desires. Fathers, partners, grandparents, and siblings may be present for the birth and participate in activities such as cutting the baby’s umbilical cord. Both midwives and physicians perform vaginal deliveries. Free-standing clinics are an example of alternative birth options. Contemporary maternity nursing is driven by the relationship between nurses and their clients.


MSC: Client Needs: Health Promotion and Maintenance

7. A 38-year-old Hispanic woman vaginally delivered a 9-pound, 6-ounce baby girl after being in labor for 43 hours. The baby died 3 days later from sepsis. On what grounds could the woman have a legitimate legal case for negligence?

a. Inexperienced maternity nurse was assigned to care for the client.

b. Client was past her due date by 3 days.

c. Standard of care was not met.

d. Client refused electronic fetal monitoring.

ANS: C

Not meeting the standard of care is a legitimate factor for a case of negligence. An inexperienced maternity nurse would need to display competency before being assigned to care for clients on his or her own. This client may have been past her due date; however, a term pregnancy often goes beyond 40 weeks of gestation. Although fetal monitoring is the standard of care, the client has the right to refuse treatment. This refusal is not a case for negligence, but informed consent should be
properly obtained, and the client should have signed an *against medical advice* form when refusing any treatment that is within the standard of care.

DIF:Cognitive Level: Analyze REF:p. 13

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

8. When the nurse is unsure how to perform a client care procedure that is high risk and low volume, his or her best action in this situation would be what?

a. Ask another nurse.

b. Discuss the procedure with the client’s physician.

c. Look up the procedure in a nursing textbook.

d. Consult the agency procedure manual, and follow the guidelines for the procedure.

ANS: D

Following the agency’s policies and procedures manual is always best when seeking information on correct client procedures. These policies should reflect the current standards of care and the individual state’s guidelines. Each nurse is responsible for his or her own practice. Relying on another nurse may not always be a safe practice. Each nurse is obligated to follow the standards of care for safe client care delivery. Physicians are responsible for their own client care activity. Nurses may follow safe orders from physicians, but they are also responsible for the activities that they, as nurses, are to carry out. Information provided in a nursing textbook is basic information for general knowledge. Furthermore, the information in a textbook may not reflect the current standard of care or the individual state or hospital policies.


TOP: Nursing Process: Implementation MSC: Client Needs: Physiologic Integrity

9. The National Quality Forum has issued a list of “never events” specifically pertaining to maternal and child health. These include all of the following *except*:
a. infant discharged to the wrong person.

b. kernicterus associated with the failure to identify and treat hyperbilirubinemia.

c. artificial insemination with the wrong donor sperm or egg.

d. foreign object retained after surgery.

ANS: D

Although a foreign object retained after surgery is a never event, it does not specifically pertain to obstetric clients. A client undergoing any type of surgery may be at risk for this event. An infant discharged to the wrong person specifically pertains to postpartum care. Death or serious disability as a result of kernicterus pertains to newborn assessment and care. Artificial insemination affects families seeking care for infertility.

DIF: Cognitive Level: Remember

TOP: Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

10. A nurse caring for a pregnant client should be aware that the U.S. birth rate shows what trend?

a. Births to unmarried women are more likely to have less favorable outcomes.

b. Birth rates for women 40 to 44 years of age are declining.

c. Cigarette smoking among pregnant women continues to increase.

d. Rates of pregnancy and abortion among teenagers are lower in the United States than in any other industrialized country.

ANS: A

LBW infants and preterm births are more likely because of the large number of teenagers in the unmarried group. Birth rates for women in their early 40s continue
to increase. Fewer pregnant women smoke. Teen pregnancy and abortion rates are higher in the United States than in any other industrial country.

DIF: Cognitive Level: Understand REF: p. 6

TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

11. A recently graduated nurse is attempting to understand the reason for increasing health care spending in the United States. Which information gathered from her research best explains the rationale for these higher costs compared with other developed countries?

a. Higher rate of obesity among pregnant women

b. Limited access to technology

c. Increased use of health care services along with lower prices

d. Homogeneity of the population

ANS: A

Health care is one of the fastest growing sectors of the U.S. economy. Currently, 17.4% of the gross domestic product is spent on health care. Higher spending in the United States, as compared with 12 other industrialized countries, is related to higher prices and readily accessible technology along with greater obesity rates among women. More than one third of women in the United States are obese. In the population in the United States, 16% are uninsured and have limited access to health care. Maternal morbidity and mortality are directly related to racial disparities.

DIF: Cognitive Level: Understand REF: p. 5 TOP: Nursing Process: N/A

MSC: Client Needs: Safe and Effective Care Environment

12. Which statement best describes maternity nursing care that is based on knowledge gained through research and clinical trials?

a. Maternity nursing care is derived from the Nursing Intervention Classification.
b. Maternity nursing care is known as evidence-based practice.

c. Maternity nursing care is at odds with the Cochrane School of traditional nursing.

d. Maternity nursing care is an outgrowth of telemedicine.

ANS: B

Evidence-based practice is based on knowledge gained from research and clinical trials. The Nursing Intervention Classification is a method of standardizing language and categorizing care. Dr. Cochrane systematically reviewed research trials and is part of the evidence-based practice movement. Telemedicine uses communication technologies to support health care.


MSC: Client Needs: Safe and Effective Care Environment

13. What is the minimum level of practice that a reasonably prudent nurse is expected to provide?

a. Standard of care

b. Risk management

c. Sentinel event

d. Failure to rescue

ANS: A

Guidelines for standards of care are published by various professional nursing organizations. Risk management identifies risks and establishes preventive practices, but it does not define the standard of care. Sentinel events are unexpected negative occurrences. They do not establish the standard of care. Failure to rescue is an evaluative process for nursing, but it does not define the standard of care.
14. Through the use of social media technology, nurses can link with other nurses who may share similar interests, insights about practice, and advocate for clients. Which factor is the most concerning pitfall for nurses using this technology?

a. Violation of client privacy and confidentiality
b. Institutions and colleagues who may be cast in an unfavorable light
c. Unintended negative consequences for using social media
d. Lack of institutional policy governing online contact

ANS: A

The most significant pitfall for nurses using this technology is the violation of client privacy and confidentiality. Furthermore, institutions and colleagues can be cast in an unfavorable light with negative consequences for those posting information. Nursing students have been expelled from school and nurses have been fired or reprimanded by their Board of Nursing for injudicious posts. The American Nurses Association has published six principles for social networking and the nurse. All institutions should have policies guiding the use of social media, and the nurse should be familiar with these guidelines.

15. During a prenatal intake interview, the client informs the nurse that she would prefer a midwife to provide both her care during pregnancy and deliver her infant. Which information is most appropriate for the nurse to share with this client?
a. Midwifery care is only available to clients who are uninsured because their services are less expensive than an obstetrician.

b. She will receive fewer interventions during the birth process.

c. She should be aware that midwives are not certified.

d. Her delivery can take place only at home or in a birth center.

ANS: B

This client will be able to participate actively in all decisions related to the birth process and is likely to receive fewer interventions during the birth process. Midwifery services are available to all low-risk pregnant women, regardless of the type of insurance they have. Midwifery care in all developed countries is strictly regulated by a governing body to ensure that core competencies are met. In the United States, this body is the American College of Nurse-Midwives (ACNM). Midwives can provide care and delivery at home, in freestanding birth centers, and in community and teaching hospitals.


MSC: Client Needs: Safe and Effective Care Environment

16. While obtaining a detailed history from a woman who has recently immigrated from Somalia, the nurse realizes that the client has undergone female genital mutilation. What is the nurse’s most appropriate response in this situation?

a. “This is a very abnormal practice and rarely seen in the United States.”

b. “Are you aware of who performed this mutilation so that it can be reported to the authorities?”

c. “We will be able to restore fully your circumcision after delivery.”

d. “The extent of your circumcision will affect the potential for complications.”

ANS: D
The extent of the circumcision is important. The client may experience pain, bleeding, scarring, or infection and may require surgery before childbirth. Although this practice is not prevalent in the United States, it is very common in many African and Middle Eastern countries for religious reasons. Mentioning that the practice is abnormal and rarely seen in the United States is culturally insensitive. The infibulation may have occurred during infancy or childhood; consequently, the client will have little to no recollection of the event. She would have considered this to be a normal milestone during her growth and development. The International Council of Nurses has spoken out against this procedure as harmful to a woman’s health.

DIF:Cognitive Level: Analyze

TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

17. To ensure client safety, the practicing nurse must have knowledge of The Joint Commission’s current “Do Not Use” list of abbreviations. Which term is acceptable for use regarding medication administration?

a. q.o.d. or Q.O.D.

b. MSO₄ or MgSO₄

c. International Unit

d. Lack of a leading zero

ANS: C

“I.U.” and “i.u.” are no longer acceptable because they could be misread as “I.V.” or the number “10.” “Q.O.D.” should be written out as “every other day.” The period after the “Q” could be mistaken for an “I” and the “o” could also be mistaken for an “i.” Confusing one medication for another is too easy. Medications are used for very different purposes and could place a client at risk for an adverse outcome. For example, these medications should be written as morphine sulfate and magnesium sulfate. The decimal point should never be missed before a number (e.g., 0.4 rather than .4). A leading zero is the preferred form.

DIF:Cognitive Level: Remember
18. Maternity nurses can enhance communication among health care providers by using the SBAR technique. The acronym SBAR stands for what?

a. Situation, background, assessment, recommendation

b. Situation, baseline, assessment, recommendation

c. Subjective, background, analysis, recommendation

d. Subjective, background, analysis, review

ANS: A

SBAR is an easy-to-remember, useful, and concrete mechanism for communicating important information that requires a clinician’s immediate attention. *Baseline* is not discussed as part of SBAR. *Subjective* and *analysis* are not specific to the SBAR acronym. *Subjective, analysis, and review* are not specific to the SBAR acronym.

DIF: Cognitive Level: Apply

19. *Healthy People 2020* has established national health priorities that focus on a number of maternal-child health indicators. Nurses are assuming greater roles in assessing family health and are providing care across the perinatal continuum. Which of these priorities has made the most significant progress?

a. Reduction of fetal deaths and use of prenatal care

b. LBW infants and preterm births

c. Elimination of health disparities based on race
d. Infant mortality and the prevention of birth defects

ANS: A

Trends in maternal child health indicate that progress has been made in relation to reduced infant and fetal deaths and increased prenatal care. Notable gaps remain in the rates of LBW infants and preterm births. According to the March of Dimes, persistent disparities still exist between African-Americans and non-Hispanic Caucasians. Many of these negative outcomes are preventable through access to prenatal care and the use of preventive health practices. These preventable negative outcomes demonstrate the need for comprehensive community-based care for all mothers, infants, and families.

DIF:Cognitive Level: RememberREF:pp. 3, 4

TOP:Nursing Process: Implementation

MSC: Client Needs: Safe and Effective Care Environment

MULTIPLE RESPONSE

1. Greater than one third of women in the United States are now obese (body mass index [BMI] of 30 or greater). Less than one quarter of women in Canada exhibit the same BMI. Obesity in the pregnant woman increases both maternal medical risk factors and negative outcomes for the infant. The nurse is about to perform an assessment on a client who is 28 weeks pregnant and has a BMI of 35. What are the most frequently reported complications for which the nurse must be alert while assessing this client? (Select all that apply.)

a. Potential miscarriage

b. Diabetes

c. Fetal death in utero

d. Decreased fertility

e. Hypertension

ANS: B, E
The two most frequently reported maternal medical risk factors associated with obesity are hypertension associated with pregnancy and diabetes. Decreased fertility, miscarriage, fetal death, and congenital anomalies are also associated with obesity. These clients often experience longer hospital stays and increased use of health services.

DIF: Cognitive Level: Apply

TOP: Nursing Process: Assessment MSC: Client Needs: Physiologic Integrity

2. The Patient Protection and Affordable Care Act (ACA) was signed into law by President Obama in early 2010. The Act provides some immediate benefits, and other provisions will take place over the next several years. The practicing nurse should have a thorough understanding of how these changes will benefit his or her clients. Which outcomes are goals of the ACA? (Select all that apply.)

a. Insurance affordability
b. Improve public health
c. Treatment of illness
d. Elimination of Medicare and Medicaid
e. Cost containment

ANS: A, B, E

The ACA goals are to make insurance more affordable, contain costs, and strengthen Medicare and Medicaid. The Act contains provisions that promote the prevention of illness and improve access to public health. The ultimate goal of the Act is to improve the quality of care for all Americans while reducing waste, fraud, and abuse of the current system.

DIF: Cognitive Level: Comprehend

TOP: Nursing Process: Planning

MSC: Client Needs: Safe and Effective Care Environment

3. Which statements indicate that the nurse is practicing appropriate family-centered care techniques? (Select all that apply.)
a. The nurse commands the pregnant woman to do as she is told.

b. The nurse allows time for the partner to ask questions.

c. The nurse allows the mother and father to make choices when possible.

d. The nurse informs the family about what is going to happen.

e. The nurse tells the client’s sister, who is a nurse, that she cannot be in the room during the delivery.

ANS: B, C

Including the partner in the care process and allowing the couple to make choices are important elements of family-centered care. The nurse should never tell the client what to do. Family-centered care involves collaboration between the health care team and the client. Unless an institutional policy limits the number of attendants at a delivery, the client should be allowed to have whomever she wants present (except when the situation is an emergency and guests are asked to leave).

DIF: Cognitive Level: Analyze
REF: pp. 8-9

TOP: Nursing Process: Implementation
MSC: Client Needs: Psychosocial Integrity

4. Which methods help alleviate the problems associated with access to health care for the maternity client? (Select all that apply.)

a. Provide transportation to prenatal visits.

b. Provide child care to enable a pregnant woman to keep prenatal visits.

c. Increase the number of providers that will care for Medicaid clients.

d. Provide low-cost or no-cost health care insurance.

e. Provide job training.

ANS: A, B, C, D
Lack of transportation to prenatal visits, child care, access to skilled obstetric providers, and affordable health insurance are prohibitive factors associated with the lack of prenatal care. Although job training may result in employment and income, the likelihood of significant changes during the time frame of the pregnancy is remote.

MSC: Client Needs: Health Promotion and Maintenance

Chapter 02: Community Care: The Family and Culture

Lowdermilk: Maternity & Women’s Health Care, 11th Edition

MULTIPLE CHOICE

1. A married couple lives in a single-family house with their newborn son and the husband’s daughter from a previous marriage. Based on this information, what family form best describes this family?
   a. Married-blended family
   b. Extended family
   c. Nuclear family
   d. Same-sex family

ANS: A
Married-blended families are formed as the result of divorce and remarriage. Unrelated family members join to create a new household. Members of an extended family are kin or family members related by blood, such as grandparents, aunts, and uncles. A nuclear family is a traditional family with male and female partners along with the children resulting from that union. A same-sex family is a family with homosexual partners who cohabit with or without children.
2. Which key factors play the most powerful role in the behaviors of individuals and families?
   a. Rituals and customs
   b. Beliefs and values
   c. Boundaries and channels
   d. Socialization processes

   **ANS: B**

   Beliefs and values are the most prevalent factors in the decision-making and problem-solving behaviors of individuals and families. This prevalence is particularly true during times of stress and illness. Although culture may play a part in the decision-making process of a family, ultimately, values and beliefs dictate the course of action taken by family members. Boundaries and channels affect the relationship between the family members and the health care team, not the decisions within the family. Socialization processes may help families with interactions within the community, but they are not the criteria used for decision making within the family.

3. Using the family stress theory as an interventional approach for working with families experiencing parenting challenges, the nurse can assist the family in selecting and altering internal context factors. Which statement best describes the components of an internal context?
   a. Biologic and genetic makeup
   b. Maturation of family members
   c. Family’s perception of the event
   d. Prevailing cultural beliefs of society

   **ANS: C**

   The family stress theory is concerned with the family’s reaction to stressful events. Internal context factors include elements that a family can control such as psychologic defenses, family structure, and philosophic beliefs and values. The
family stress theory focuses on ways that families react to stressful events. Maturation of family members is more relevant to the family life-cycle theory. The family stress theory focuses on internal elements that a family might be able to alter.


4. The nurse is developing a plan of care for a Hispanic client who just delivered a newborn. Which cultural variation is most important to include in the care plan?
   a. Breastfeeding is encouraged immediately after birth.
   b. Male infants are typically circumcised.
   c. Maternal grandmother participates in the care of the mother and her infant.
   d. Bathing is encouraged immediately after delivery.

ANS: C

In the Hispanic family, the expectant mother is strongly influenced by her mother or mother-in-law. Breastfeeding is often delayed until the third postpartum day. Hispanic male infants are not usually circumcised. Bathing after delivery is most often delayed.


5. Which health care service represents a primary level of prevention?
   a. Immunizations
   b. Breast self-examination (BSE)
   c. Home care for high-risk pregnancies
   d. Blood pressure screening

ANS: A

Primary prevention involves health promotion and disease prevention activities to reduce the occurrence of illness and enhance the general health and quality of life. This level of care includes, for example, immunizations, using infant car seats, and providing health education to prevent tobacco use. BSE is an example of secondary prevention that involves early detection of health problems. Home care for a high-risk pregnancy is an example of tertiary prevention. This level of care follows the occurrence of a defect or disability. Blood pressure screening is an example of
secondary prevention and is a screening tool for early detection of a health care problem.

DIF: Cognitive Level: Understand REF: p. 34
TOP: Nursing Process: Implementation MSC: Client Needs: Health Promotion and Maintenance

6. What is the primary difference between hospital care and home health care?
   a. Home care is routinely and continuously delivered by professional staff.
   b. Home care is delivered on an intermittent basis by professional staff.
   c. Home care is delivered for emergency conditions.
   d. Home care is not available 24 hours a day.

ANS: B
Home care is generally delivered on an intermittent basis by professional staff members. The primary difference between health care in a hospital and home care is the absence of the continuous presence of professional health care providers in a client’s home. In a true emergency, the client should be directed to call 9-1-1 or to report to the nearest hospital’s emergency department. Generally, home health care entails intermittent care by a professional who visits the client’s home for a particular reason and provides on-site care for periods shorter than 4 hours at a time.

TOP: Nursing Process: Implementation
MSC: Client Needs: Safe and Effective Care Environment

7. To provide culturally competent care to an Asian-American family, which question should the nurse include during the assessment interview?
   a. “Do you prefer hot or cold beverages?”
   b. “Do you want some milk to drink?”
   c. “Do you want music playing while you are in labor?”
   d. “Do you have a name selected for the baby?”

ANS: A
Asian-Americans often prefer warm beverages. Milk is usually excluded from the diet of this population. Asian-American women typically labor in a quiet environment. Delaying naming the child is not uncommon for Asian-American families.
8. The woman’s family members are present when the nurse arrives for a postpartum and newborn visit. What should the nurse do?
   a. Observe the family members’ interactions with the newborn and one another.
   b. Ask the woman to meet with her and the baby alone.
   c. Perform a brief assessment on all family members who are present.
   d. Reschedule the visit for another time so that the mother and infant can be privately assessed.

ANS: A
The nurse should introduce her or himself to the client and to the other family members who are present. Family members in the home may be providing care and assistance to the mother and infant. However, this care may not be based on sound health practices. Nurses should take the opportunity to dispel myths while family members are present. The responsibility of the home care maternal-child nurse is to provide care to the new postpartum mother and to her infant, not to all family members. The nurse can politely ask about the other people in the home and their relationships with the mother. Unless an indication is given that the woman would prefer privacy, the visit may continue.

9. What is a limitation of a home postpartum visit?
   a. Distractions limit the nurse’s ability to teach.
   b. Identified problems cannot be resolved in the home setting.
   c. Necessary items for infant care are not available.
   d. Home visits to different families may require the nurse to travel a great distance.

ANS: D
One limitation of home health visits is the distance the nurse must travel between clients. Driving directions should be obtained by telephone before the visit. The home care nurse is accustomed to distractions but may request that the television be turned off so that attention can be focused on the client and her family. Problems cannot always be resolved; however, appropriate referrals may be
arranged by the nurse. The nurse is required to bring any necessary equipment, such as a thermometer, baby scale, or laptop computer, for documentation.

MSC: Client Needs: Safe and Effective Care Environment

10. During the childbearing experience, which behavior might the nurse expect from an African-American client?
   a. Seeking prenatal care early in her pregnancy
   b. Avoiding self-treatment of pregnancy-related discomfort
   c. Requesting liver in the postpartum period to prevent anemia
   d. Arriving at the hospital in advanced labor

ANS: D
African-American women often arrive at the hospital in far-advanced labor and may view pregnancy as a state of wellness, which is often the reason for the delay in seeking prenatal care. African-American women practice many self-treatment options for various discomforts of pregnancy. African-American women may also request liver in the postpartum period, which is based on a belief that liver has a higher blood content.

DIF: Cognitive Level: Understand REF: p. 26
TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

11. Which resource best describes a health care service representing the tertiary level of prevention?
   a. Stress management seminars
   b. Childbirth education classes for single parents
   c. BSE pamphlet and teaching
   d. Premenstrual syndrome (PMS) support group

ANS: D
A PMS support group is an example of tertiary prevention, which follows the occurrence of a defect or disability (e.g., PMS). Stress management seminars are a primary prevention technique for preventing health care issues associated with stress. Childbirth education is a form of primary prevention. BSE information is a form of secondary prevention, which is aimed toward early detection of health problems.
12. When the services of an interpreter are needed, which is the most important factor for the nurse to consider?
   a. Using a family member who is fluent in both languages
   b. Using an interpreter who is certified, and documenting the person’s name in the nursing notes
   c. Directing questions only to the interpreter
   d. Using an interpreter only in an emergency

ANS: B
Using a certified interpreter ensures that the standards of care are met and that the information exchanged is reliable and unaltered. The name of the interpreter should be documented for legal purposes. Asking a family member to interpret may not be appropriate, although many health care personnel must adopt this approach in an emergency. Furthermore, most states require that certified interpreters be used when possible. When using an interpreter, the nurse should direct questions to the client. The interpreter is simply a means by which the nurse communicates with the client. Every attempt should be made to contact an interpreter whenever one is needed. During an emergency, health care workers often rely on information interpreted by family members. This information may be private and should be protected under the rules established by the Health Insurance Portability and Accountability Act (HIPAA). Furthermore, family members may skew information or may not be able to interpret the exact information the nurse is trying to obtain.

13. Which traditional family structure is decreasing in numbers and attributable to societal changes?
   a. Extended family
   b. Binuclear family
   c. Nuclear family
   d. Blended family
The nuclear family has long represented the traditional American family in which husband, wife, and children live as an independent unit. As a result of rapid changes in society, this number is steadily decreasing as other family configurations are socially recognized. Extended families involve additional blood relatives other than the parents. A binuclear family involves two households. A blended family is reconstructed after divorce and involves the merger of two families.

DIF: Cognitive Level: Understand REF: p. 18
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

14. Which statement regarding the Family Systems Theory is inaccurate?
   a. Family system is part of a larger suprasystem.
   b. Family, as a whole, is equal to the sum of the individual members.
   c. Changes in one family member affect all family members.
   d. Family is able to create a balance between change and stability.

ANS: B
A family, as a whole, is greater than the sum of its individual members. The other statements are accurate and can be attributed to the Family Systems Theory.

DIF: Cognitive Level: Understand REF: p. 21
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

15. Which pictorial tool can assist the nurse in assessing the aspects of family life related to health care?
   a. Genogram
   b. Ecomap
   c. Life-cycle model
   d. Human development wheel

ANS: A
A genogram depicts the relationships of the family members over generations. An ecomap is a graphic portrayal of the social relationships of the woman and her family. The life-cycle model, in no way, illustrates a family genogram; rather, it focuses on the stages that a person reaches throughout life. The human development wheel describes various stages of growth and development rather than the family members’ relationships to each other.
16. When attempting to communicate with a client who speaks a different language, which action is the most appropriate?
   a. Promptly and positively respond to project authority.
   b. Never use a family member as an interpreter.
   c. Talk to the interpreter to avoid confusing the client.
   d. Provide as much privacy as possible.

   ANS: D
   Providing privacy creates an atmosphere of respect and puts the client at ease. The nurse should not rush to judgment and should ensure she or he clearly understands the client’s message. In crisis situations, the nurse may need to use a family member or neighbor as a translator. The nurse should speak directly to the client to create an atmosphere of respect.

17. The secondary level of prevention is best illustrated by which example?
   a. Approved infant car seats
   b. BSE
   c. Immunizations
   d. Support groups for parents of children with Down syndrome

   ANS: B
   Infant car seats are an example of primary prevention. BSE is an example of the secondary level of prevention, which includes health-screening measures for early detection of health problems. Immunizations are an example of the primary level of prevention. Support groups are an example of tertiary prevention, which follows the occurrence of a defect or disability (e.g., Down syndrome).

18. Which key point is important for the nurse to understand regarding the perinatal continuum of care?
   a. Begins with conception and ends with the birth
b. Begins with family planning and continues until the infant is 1 year old
c. Begins with prenatal care and continues until the newborn is 24 weeks old
d. Refers to home care only

ANS: B

The perinatal continuum of care begins with family planning and continues until the infant is 1 year old. It takes place both at home and in health care facilities. The perinatal continuum does not end with the birth. The perinatal continuum begins before conception and continues after the birth. Home care is one delivery component; health care facilities are another.


19. What information should the nurse be aware of regarding telephonic nursing care such as warm lines?
   a. Were developed as a reaction to impersonal telephonic nursing care
   b. Were set up to take complaints concerning health maintenance organizations (HMOs)
   c. Are the second option when 9-1-1 hotlines are busy
   d. Refer to community service telephone lines designed to provide new parents with encouragement and basic information

ANS: D

Warm lines are one aspect of telephonic nursing care specifically designed to provide new parents with encouragement and basic information. Warm lines and similar services sometimes are set up by HMOs to provide new parents with encouragement and basic information. The name, warm lines, may have been suggested by the term hotlines, but these are not emergency numbers but are designed to provide new parents with encouragement and basic information.

DIF: Cognitive Level: Remember REF: p. 34
TOP: Nursing Process: Assessment MSC: Client Needs: Health Promotion and Maintenance

20. When weighing the advantages and disadvantages of planning home care for perinatal services, what information should the nurse use in making the decision?
   a. Home care for perinatal services is more dangerous for vulnerable neonates at risk of acquiring an infection from the nurse.
b. Home care for perinatal services is more cost-effective for the nurse than office visits.
c. Home care for perinatal services allows the nurse to interact with and include family members in teaching.
d. Home care for perinatal services is made possible by the ready supply of nurses with expertise in maternity care.

ANS: C
Treating the whole family is an advantage of home care. Forcing neonates out in inclement weather and in public is more risky. Office visits are more cost-effective for the providers such as nurses because less travel time is involved. Unfortunately, home care options are limited by the lack of nurses with expertise in maternity care.

DIF: Cognitive Level: Apply REF: p. 35
TOP: Nursing Process: Implementation MSC: Client Needs: Psychosocial Integrity

21. In what form do families tend to be the most socially vulnerable?
a. Married-blended family
b. Extended family
c. Nuclear family
d. Single-parent family

ANS: D
The single-parent family tends to be economically and socially vulnerable, creating an unstable and deprived environment for the growth potential of children. The married-blended family, the extended family, and the nuclear family are not the most socially vulnerable.


22. While working in the prenatal clinic, nurses care for a very diverse group of clients. Which cultural factor related to health is most likely to drive acceptance of planned interventions?
a. Educational achievement
b. Income level
c. Subcultural group
d. Individual beliefs
ANS: D

The client’s beliefs are ultimately the key to the acceptance of health care interventions. However, these beliefs may be influenced by factors such as educational level, income level, and ethnic background. Educational achievement, income level, and being part of a subcultural group all are important factors. However, the nurse must understand that a woman’s concerns from her own point of view will have the most influence on her compliance and acceptance of health care interventions.

MSC: Client Needs: Psychosocial Integrity

23. A client’s household consists of her husband, his mother, and another child. To which family configuration does this client belong?
   a. Multigenerational family
   b. Single-parent family
   c. Married-blended family
   d. Nuclear family

ANS: A

A multigenerational family includes three or more generations living together. Both parents and a grandparent are living in this extended family. Single-parent families comprise an unmarried biologic or adoptive parent who may or may not be living with other adults. Married-blended families refer to those who are reconstructed after divorce. A nuclear family comprises male and female partners and their children living together as an independent unit.

DIF: Cognitive Level: Apply REF: p. 19
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

24. Which term is an accurate description of the process by which people retain some of their own culture while adopting the practices of the dominant society?
   a. Acculturation
   b. Assimilation
   c. Ethnocentrism
   d. Cultural relativism

ANS: A

Acculturation is the process by which people retain some of their own culture
while adopting the practices of the dominant society. This process takes place over the course of generations. Assimilation is a loss of cultural identity. Ethnocentrism is the belief in the superiority of one’s own culture over the cultures of others. Cultural relativism recognizes the roles of different cultures.

**DIF: Cognitive Level: Understand**

**REF: pp. 22-23**

**TOP: Nursing Process:** Planning

**MSC: Client Needs: Psychosocial Integrity**

25. In which culture is the father more likely to be expected to participate in the labor and delivery?
   a. Asian-American
   b. African-American
   c. European-American
   d. Hispanic

**ANS: C**

European-Americans expect the father to take a more active role in the labor and delivery of a newborn than the other cultures.

**DIF: Cognitive Level: Understand**

**REF: p. 27**

**TOP: Nursing Process: Implementation**

**MSC: Client Needs: Psychosocial Integrity**

26. Which statement about the development of cultural competence is inaccurate?
   a. Local health care workers and community advocates can help extend health care to underserved populations.
   b. Nursing care is delivered in the context of the client’s culture but not in the context of the nurse’s culture.
   c. Nurses must develop an awareness of and a sensitivity to various cultures.
   d. Culture’s economic, religious, and political structures influence practices that affect childbearing.

**ANS: B**

Although the cultural context of the nurse affects the delivery of nursing care and is very important, the work of local health care workers and community advocates, developing sensitivity to various cultures, and the impact of economic, religious, and political structures are all parts of cultural competence.
27. Which statement accurately describes the walking survey as a data collection tool?

a. The walking survey determines how much exercise an expectant mother has been getting, to help her make health care decisions.
b. The walking survey usually takes place on the maternity ward but can be expanded to other areas of the hospital.
c. The walking survey is a method of observing the resources and health-related environment of the community.
d. The walking survey is performed by government census takers as part of their canvas.

ANS: C
The walking survey is a valuable tool for the nurses in the community and has nothing to do with exercise. It is an observational method used to assess the health environment of the community. A walking survey takes place in the community, not the maternity ward, and is not part of the census; it is conducted by nurses in the community.

28. A Native-American woman gave birth to a baby girl 12 hours ago. The nurse notes that the woman keeps her baby in the bassinet except for bottle feeding and states that she will wait until she gets home to begin breastfeeding. The nurse recognizes that this behavior is most likely a reflection of what?

a. Delayed attachment
b. Embarrassment
c. Disappointment in the sex of the baby
d. Belief that babies should not be fed colostrum

ANS: D
Native Americans often use cradle boards and often avoid handling their newborn. They also believe that the infant should not be fed colostrum. Delayed attachment
is a developmental concern, not a cultural belief. Embarrassment is not likely the cause for a delay in the initiation of breastfeeding and should be explored further by the nurse. The mother may voice her disappointment that the infant is a girl; however, this would rarely cause her to delay breastfeeding and would exhibit itself in other ways.

DIF: Cognitive Level: Understand REF: p. 27
TOP: Nursing Process: Assessment MSC: Client Needs: Psychosocial Integrity

MULTIPLE RESPONSE

1. While completing an assessment of a homeless woman, the nurse should be aware of which of the following ailments this client is at a higher risk to develop? (Select all that apply.)
   a. Infectious diseases
   b. Chronic illness
   c. Anemia
   d. Hyperthermia
   e. Substance abuse

ANS: A, B, C, E

Poor living conditions contribute to higher rates of infectious disease. Many homeless individuals engage in sexual favors, which may expose them to sexually transmitted infections (STIs). Poor nutrition can lead to anemia. Lifestyle factors also contribute to chronic illness. Exposure to cold temperatures and harsh environmental surroundings may lead to hypothermia. Many homeless people turn to alcohol and other substances as coping mechanisms.

DIF: Cognitive Level: Analyze REF: pp. 32-33
TOP: Nursing Process: Assessment
MSC: Client Needs: Safe and Effective Care Environment