

Chapter 01: Maternity and Women's Health Care Today

MULTIPLE CHOICE

1. The nurse is teaching a parenting class to new parents. Which statement should the nurse include in the teaching session about the characteristics of a healthy family?
 - a. Adults agree on the majority of basic parenting principles.
 - b. The parents and children have rigid assignments for all the family tasks.
 - c. Young families assume total responsibility for the parenting tasks, refusing any assistance.
 - d. The family is overwhelmed by the significant changes that occur as a result of childbirth.

ANS: A

Adults in a healthy family communicate with each other, so there is minimal discord in areas such as discipline and sleep schedules. Healthy families remain flexible in their role assignments. Members of a healthy family accept assistance without feeling guilty. Healthy families can tolerate irregular sleep and meal schedules, which are common during the months after childbirth.

PTS: 1 DIF: Cognitive Level: Application REF: 9
OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Health Promotion and Maintenance

2. Which factor significantly contributed to the shift from home births to hospital births in the early twentieth century?
 - a. The number of hospital births decreased.
 - b. Forceps were developed to facilitate difficult births.
 - c. The importance of early parent-infant contact was identified.
 - d. Puerperal sepsis was identified as a risk factor in labor and birth.

ANS: B

The development of forceps to facilitate difficult births by physicians was a strong factor in the decrease of home births and increase of hospital births. With the shift toward hospital births, the numbers increased. The shift to hospital births decreased the amount of parental-infant contact. Puerperal sepsis has been a known problem for generations. In the late nineteenth century, Semmelweis discovered how it could be prevented.

PTS: 1 DIF: Cognitive Level: Understanding REF: 1
OBJ: Nursing Process Step: Assessment
MSC: Client Needs: Safe and Effective Care Environment

3. A nurse is teaching a group of nursing students about the history of family-centered maternity care. Which statement should the nurse include in the teaching session?
- The Sheppard-Towner Act of 1921 promoted family-centered care.
 - Changes in pharmacologic management of labor prompted family-centered care.
 - Demands by physicians for family involvement in childbirth increased the practice of family-centered care.
 - Parental requests that infants be allowed to remain with them rather than in a nursery initiated the practice of family-centered care.

ANS: D

As research began to identify the benefits of early extended parent-infant contact, parents began to insist that the infant remain with them. This gradually developed into the practice of rooming-in and finally to family-centered maternity care. The Sheppard-Towner Act provided funds for state-managed programs for mothers and children but did not promote family-centered care. The changes in pharmacologic management of labor were not a factor in family-centered maternity care. Family-centered care was a request by parents, not physicians.

PTS: 1 DIF: Cognitive Level: Application REF: 2, 3
OBJ: Nursing Process Step: Planning MSC: Client Needs: Health Promotion and Maintenance

4. Which statement explains why below poverty level African-Americans have the highest infant mortality rate in the United States?
- Their diets are deficient in protein.
 - Infectious diseases are more prevalent.
 - More African-American infants are born with congenital anomalies.
 - Inadequate prenatal care is associated with low-birth-weight infants.

ANS: D

Inadequate prenatal care is the major factor associated with low-birth-weight infants, who are less likely to survive. A deficiency in protein is not a risk factor associated with infant mortality. Infectious disease is not more prevalent in the African-American population. There is not a higher incidence of congenital anomalies in the African-American population.

PTS: 1 DIF: Cognitive Level: Understanding REF: 2
OBJ: Nursing Process Step: Assessment MSC: Client Needs: Health Promotion and Maintenance

5. Which situation is most representative of an extended family?
- It includes adoptive children.
 - It is headed by a single parent.
 - It contains children from previous marriages.
 - It is composed of children, parents, and grandparents living in the same house.

ANS: D

An extended family is defined as a family having members from three generations living under the same roof. A family with adoptive children is a nuclear family. A single-parent family is headed by a single parent. A blended family is one that contains children from previous marriages.

PTS: 1 DIF: Cognitive Level: Understanding REF: 9
OBJ: Nursing Process Step: Assessment MSC: Client Needs: Health Promotion and Maintenance

6. Expectant parents ask a prenatal nurse educator, “Which setting for childbirth allows for the least amount of parent-infant interaction?” Which answer should the nurse give to the parents?
- Birth center
 - Home birth
 - Traditional hospital birth
 - Labor, birth, and recovery room

ANS: C

In the traditional hospital setting, the mother may see the infant for only short feeding periods, and the infant is cared for in a separate nursery. Birth centers are set up to allow an increase in parent-infant contact. Home births allow an increase in parent-infant contact. The labor, birth, recovery, and postpartum room setting allows increased parent-infant contact.

PTS: 1 DIF: Cognitive Level: Understanding REF: 3
OBJ: Nursing Process Step: Planning MSC: Client Needs: Health Promotion and Maintenance

7. A woman giving birth in the 1960s may have been given a narcotic plus scopolamine for pain control. What is the major problem with this medication regimen?
- It lacked continuous pain control.
 - It was expensive and available only to women who could afford the medications.
 - The father had to assume the role of decision maker while the mother was on medication.
 - It caused confusion and disorientation so that the mother could not see the infant for several hours postbirth.

ANS: D

The combination of narcotics and scopolamine produced heavy sedation and disorientation. The new mother was not fully awake and oriented for several hours postbirth. The bonding process had to be delayed. The narcotic plus scopolamine did allow for continuous pain control. The combination was not expensive and would be given to any mother. The father was almost always the decision maker during the 1960s.

PTS: 1 DIF: Cognitive Level: Understanding REF: 2
OBJ: Nursing Process Step: Assessment MSC: Client Needs: Physiologic Integrity

8. Which is an advantage to labor, birth, recovery, and postpartum (LDRP) rooms?
- The family is in a familiar environment.
 - They are less expensive than traditional hospital rooms.
 - The infant is removed to the nursery to allow the mother to rest.
 - The woman’s support system is encouraged to stay until discharge.

ANS: D

Sleeping equipment is provided and the support system is encouraged to stay. A hospital setting is never a familiar environment. An LDRP room is not less expensive than a traditional hospital room. The concept is to have the baby with the mother at all times.

PTS: 1 DIF: Cognitive Level: Understanding REF: 3
OBJ: Nursing Process Step: Assessment MSC: Client Needs: Health Promotion and Maintenance

9. A single client who has just delivered a baby asks the nurse where she can receive help in getting formula for her baby. Which is the nurse's best response?
- Medicaid can help with buying formula.
 - Head Start is a program that helps provide formula.
 - The Women, Infants, and Children (WIC) program can assist you in getting formula.
 - The National Center for Family Planning has a program that helps with obtaining formula.

ANS: C

The Women, Infants, and Children (WIC) program provides supplemental food and nutrition for single mothers with children up to 5 years old. Medicaid provides funds to facilitate access to care by pregnant women and young children. Head Start provides educational opportunities for low-income children of preschool age. The National Center for Family Planning is a clearinghouse for contraceptive information.

PTS: 1 DIF: Cognitive Level: Application REF: 2
OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Health Promotion and Maintenance

10. A client at 36 weeks of gestation states, "Why can't I have an induction now? My sister delivered at 36 weeks and her baby is fine." Which information about infants born at 34 to 36 weeks should the nurse consider when answering?
- Birth by induction is low for this gestational age.
 - Infants born at 34 to 36 weeks have mature lungs and do well at birth.
 - The birth of infants between 34 to 36 weeks has declined as more births are going to term or post term.
 - Infants born at 34 to 36 weeks are immature and have more health complications than infants born at term.

ANS: D

Late preterm births (34 to 36 completed weeks of gestation) have more health complications and higher death rates than infants born at term because the babies are immature. Birth by induction of labor or cesarean has risen markedly in this group. Infants born at 34 to 36 weeks may not have mature lungs and may need assistance with ventilation after birth. Late preterm births (34 to 36 weeks of gestation) increased 20% from 1990 to 2006.

PTS: 1 DIF: Cognitive Level: Application REF: 13
OBJ: Nursing Process Step: Evaluation MSC: Client Needs: Health Promotion and Maintenance

11. Which method would not be used by hospitals to control costs during perinatal health care for prospective birth management?
- Diagnosis-related groups (DRGs)
 - Prospective form of payment
 - Negotiated length of stay (LOS) of 12 hours postbirth
 - Acceptance of capacitation

ANS: C

Diagnosis-related groups, prospective form of payment, and acceptance of capacitation can all be used by hospital facilities with regard to delivery of care within agreed on reimbursement for health care services. DRGs represent fee-based service for diagnosis and treatment. Prospective form of payment may be used as an up-front method to accept fees for anticipated service. Acceptance of capacitation by hospitals in agreement with insurers offers negotiated fees for services. Allowing a postpartum client to go home within 12 hours of birth is not within the standard of care and, as such, may lead to potential problems in the postpartum period. Typical LOS postbirth is 24 to 48 hours.

PTS: 1

DIF: Cognitive Level: Analysis

REF: 4

OBJ: Nursing Process Step: Planning

MSC: Client Needs: Health Promotion and Maintenance

12. The use of “twilight sleep” during the labor and birth process:
- provided inadequate pain relief during the labor and birth process.
 - facilitated bonding between mother and infant.
 - resulted in a decreased incidence of puerperal infections.
 - affected the maternal level of consciousness.

ANS: D

The use of so-called twilight sleep led to maternal confusion, disorientation, and heavy sedation and thus affected the mother’s level of consciousness. Twilight sleep is the use of scopolamine and a narcotic to provide adequate pain relief during the labor and birth process. As a result of the use of this method, decreased maternal-infant bonding was observed because the client was confused, disoriented, and heavily sedated from the effects of the drug. There is no relationship between the incidence of puerperal infections and the use of twilight sleep.

PTS: 1

DIF: Cognitive Level: Application

REF: 2

OBJ: Nursing Process Step: Planning

MSC: Client Needs: Physiologic Integrity/Pharmacologic and Parenteral Therapies

13. The Grantly Dick-Read method of prepared childbirth allows for:
- the use of medication to control pain.
 - advocating for the role of the father and/or significant other as labor coach.
 - the use of chloroform as an analgesic during the birthing process.
 - focusing on the ability of the mother to control fear of impending labor through knowledge.

ANS: D

The Grantly Dick-Read method focuses on the use of maternal breathing exercises to gain control over pain by overcoming fear. This method promotes the use of non-pharmacologic methods to control labor pain. The recognition of the use of a labor coach is not a core concept in the Grantly Dick-Read method. This method does not recognize the use of pharmacologic interventions.

PTS: 1

DIF: Cognitive Level: Application

REF: 2

OBJ: Nursing Process Step: Assessment MSC: Client Needs: Health Promotion and Maintenance

14. A client who had a vaginal birth 12 hours ago without complications wants to go home. Typical discharge orders at this facility call for discharge to occur at 48 hours postbirth. The newborn and mother are considered to be stable and an order is written for discharge, with follow-up by home health. What type of variance would this discharge indicate?
- Positive
 - Negative
 - Equivocal
 - Without incidence

ANS: A

A positive variance is one that occurs when an outcome occurs earlier than what is commonly accepted. In this case, the discharge is occurring earlier than planned but there are no adverse outcomes noted.

PTS: 1

DIF: Cognitive Level: Application

REF: 5

OBJ: Nursing Process Step: Assessment MSC: Client Needs: Health Promotion and Maintenance

15. The nurse is reviewing the principles of family-centered care with a primipara. Which client statement will the nurse need to correct?
- “Remaining focused on my family will help benefit me and my baby.”
 - “Most of the time, childbirth is uncomplicated and a healthy event for the family.”
 - “Because childbirth is normal, after my baby’s birth our family dynamics will not change.”
 - “With correct information, I am able to make decisions regarding my health care while I am pregnant.”

ANS: C

The birth of an infant alters family relationships and structures; family dynamics will change with the birth of an infant. Childbirth is usually a normal and healthy event. Given professional support and guidance, the pregnant woman is able to make decisions about her prenatal care. Maintaining a focus on family or other support can benefit a woman as she seeks to maintain her health throughout pregnancy.

PTS: 1

DIF: Cognitive Level: Application

REF: 3

OBJ: Nursing Process Step: Evaluation MSC: Client Needs: Health Promotion and Maintenance

16. The nurse is reviewing a health history of a newly pregnant woman at a local health fair. Which statement made by the nurse will most likely improve the woman’s outcome for a healthy pregnancy?
- “Make sure you eat four servings of calcium-rich foods like milk, cheese, or yogurt every day.”
 - “Include 30 minutes of walking three times per week to make sure you get enough exercise.”
 - “Report any changes in vision or headaches that do not subside to your health care provider.”
 - “Throughout your pregnancy, it is important to see your health care provider as scheduled.”

ANS: D

Early and consistent prenatal care reduces pregnancy complications and allows for the identification of problems. Calcium-rich foods provide for calcium needs throughout pregnancy but do not address other pregnancy-related concerns. Exercise is also excellent for the pregnant woman; however, it does not assess for any complications of pregnancy. Vision changes and unrelenting headaches are signs of gestational hypertension or preeclampsia.

PTS: 1

DIF: Cognitive Level: Analysis

REF: 12

OBJ: Nursing Process Step: Implementation

MSC: Client Needs: Health Promotion and Maintenance

MULTIPLE RESPONSE

17. In consideration of the historic evolution of maternity care, which treatment options were used? (*Select all that apply.*)
- During the nineteenth century, women of privilege were delivered by midwives in a hospital setting.
 - Granny midwives received their training through a period of apprenticeship.
 - The recognition of improved obstetric outcomes was related to increased usage of hygienic practices.
 - A shift to hospital-based births occurred as a result of medical equipment designed to facilitate birth.
 - The use of chloroform by midwives led to decreased pain during birth.

ANS: B, C, D

Training of granny midwives was done by apprenticeship as opposed to formal medical school training. With the advent of usage of hygienic practices, improved health outcomes were seen with regard to a decrease in sepsis. New equipment such as forceps enabled easier birth. Women of privilege in the nineteenth century delivered at home, attended by a midwife. Chloroform was used by physicians and was not available to midwives.

PTS: 1 DIF: Cognitive Level: Analysis REF: 1
OBJ: Nursing Process Step: Implementation
MSC: Client Needs: Health Promotion and Maintenance

18. Many communities now offer the availability of free-standing birth centers to provide care for low-risk women during pregnancy, birth, and postpartum. When counseling the newly pregnant client regarding this option, the nurse should be aware that this type of care setting includes which advantages? (*Select all that apply.*)
- Staffing by lay midwives
 - Equipped for obstetric emergencies
 - Less expensive than acute care hospitals
 - Safe, homelike births in a familiar setting
 - Access to follow-up care for 6 weeks postpartum

ANS: C, D, E

Clients who are at low risk and desire a safe, homelike birth are very satisfied with this type of care setting. The new mother may return to the birth center for postpartum follow-up care, breastfeeding assistance, and family planning information for 6 weeks postpartum. Because birth centers do not incorporate advanced technologies into their services, costs are significantly less than in a hospital setting. The major disadvantage of this care setting is that these facilities are not equipped to handle obstetric emergencies. Should unforeseen difficulties occur, the client must be transported by ambulance to the nearest hospital. Birth centers are usually staffed by certified nurse-midwives (CNMs); however, in some states, lay midwives may provide this service.

PTS: 1 DIF: Cognitive Level: Understanding REF: 4
OBJ: Nursing Process Step: Planning
MSC: Client Needs: Safe and Effective Care Environment

19. The nurse is assessing a client's use of complementary and alternative therapies. Which should the nurse document as an alternative or complementary therapy practice? (*Select all that apply.*)
- Practicing yoga daily
 - Drinking green tea in the morning
 - Taking omeprazole (Prilosec) once a day
 - Using aromatherapy during a relaxing bath
 - Wearing a lower back brace when lifting heavy objects

ANS: A, B, D

Complementary and alternative (CAM) therapies can be defined as those systems, practices, interventions, modalities, professions, therapies, applications, theories, and claims that are currently not an integral part of the conventional medical system in North America. Yoga is considered to be a mind-body alternative therapy. Green tea and aromatherapy are biologically based complementary therapies. Prilosec and the use of a lower back brace would be therapies consistent with those used by conventional medicine.

PTS: 1

DIF: Cognitive Level: Analysis

REF: 8

OBJ: Nursing Process Step: Assessment MSC: Client Needs: Health Promotion and Maintenance

20. The prenatal clinic nurse is assessing a newly pregnant Hispanic client. Her husband is present. Which communication techniques should the nurse use with regard to the client's culture? (*Select all that apply.*)
- Establish full eye contact.
 - Begin the assessment with some small talk.
 - Ask the client if the family uses a *curandero*.
 - Ask the husband to wait in the waiting area until the assessment is completed.
 - Determine the client's understanding of English and explain that a Spanish interpreter can be available, if needed.

ANS: B, C, E

Preliminary social interaction is important, and Hispanics may be insulted if a problem is addressed directly without taking time for small talk. The *curandero*, a folk healer, may be consulted for health care before a professional health care worker is consulted. Spanish is the primary language for many Hispanics in their homes, although they may speak English fluently when working. The nurse should establish if Spanish is preferred over English. Direct, full eye contact is not considered polite in the Hispanic culture. Men usually serve as head of household and are considered strong ("macho"). Asking the husband to wait in the waiting area would not be appropriate.

PTS: 1

DIF: Cognitive Level: Application

REF: 11

OBJ: Nursing Process Step: Implementation

MSC: Client Needs: Health Promotion and Maintenance

MATCHING

Match each term with the correct definition.

- a. This includes health maintenance organizations (HMOs), point of service plans (POSs), and preferred provider organizations (PPOs).
- b. The payer of the health insurance (usually the employer or the government) pays a set amount of money each year to a network of primary care providers (PCPs).
- c. Medical diagnoses are classified based on the type of complexity of services generally required.

21. Capitated care
22. Diagnosis-related groups
23. Managed care

21. ANS: B PTS: 1 DIF: Cognitive Level: Remembering
REF: 4 OBJ: Nursing Process Step: Assessment
MSC: Client Needs: Health Promotion and Maintenance
NOT: In a pure capitated care plan, the payer of the health insurance (usually the employer or the government) pays a set amount of money each year to a network of primary care providers (PCPs). DRGs classify related medical diagnoses based on the type or complexity of services generally required by a person with that condition. Managed care organizations may include health maintenance organizations (HMOs), point of service plans (POSs), and preferred provider organizations (PPOs).
22. ANS: C PTS: 1 DIF: Cognitive Level: Remembering
REF: 4 OBJ: Nursing Process Step: Assessment
MSC: Client Needs: Health Promotion and Maintenance
NOT: In a pure capitated care plan, the payer of the health insurance (usually the employer or the government) pays a set amount of money each year to a network of primary care providers (PCPs). DRGs classify related medical diagnoses based on the type or complexity of services generally required by a person with that condition. Managed care organizations may include health maintenance organizations (HMOs), point of service plans (POSs), and preferred provider organizations (PPOs).
23. ANS: A PTS: 1 DIF: Cognitive Level: Remembering
REF: 4 OBJ: Nursing Process Step: Assessment
MSC: Client Needs: Health Promotion and Maintenance
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Match each term with the correct definition.

- a. A practice model that uses a systematic approach to identify specific patients and manage their care in a coordinated way
 - b. Identifies desired patient outcomes, specifies timelines for achievement of those outcomes, directs appropriate interventions and sequencing of interventions, includes interventions from a variety of disciplines, promotes collaboration, and involves a comprehensive approach to care
 - c. Develops clinical practice guidelines to provide safe and effective care
24. Evidence-based care
 25. Case management

26. Clinical pathways

24. ANS: C PTS: 1 DIF: Cognitive Level: Remembering
REF: 5, 6 OBJ: Nursing Process Step: Assessment
MSC: Client Needs: Health Promotion and Maintenance
NOT: Evidence-based or research-based care develops clinical practice guidelines to provide safe and effective care. Case management is a practice model that uses a systematic approach to identify specific patients and manage their care in a coordinated way by all members of the health care team to ensure best outcomes through access to the best available resources. Clinical pathways identify desired patient outcomes, specify timelines for achievement of those outcomes, direct appropriate interventions and sequencing of interventions, include interventions from a variety of disciplines, promote collaboration, and involve a comprehensive approach to care.
25. ANS: A PTS: 1 DIF: Cognitive Level: Remembering
REF: 5, 6 OBJ: Nursing Process Step: Assessment
MSC: Client Needs: Health Promotion and Maintenance
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26. ANS: B PTS: 1 DIF: Cognitive Level: Remembering
REF: 5, 6 OBJ: Nursing Process Step: Assessment
MSC: Client Needs: Health Promotion and Maintenance
NOT: Evidence-based or research-based care develops clinical practice guidelines to provide safe and effective care. Case management is a practice model that uses a systematic approach to identify specific patients and manage their care in a coordinated way by all members of the health care team to ensure best outcomes through access to the best available resources. Clinical pathways identify desired patient outcomes, specify timelines for achievement of those outcomes, direct appropriate interventions and sequencing of interventions, include interventions from a variety of disciplines, promote collaboration, and involve a comprehensive approach to care.