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Question: 1

A mother brings her term infant (and first child) for an exam 2 weeks after birth. The baby has not regained birth weight, appears listless, has a drawn face, and exhibits poor skin turgor. The mother is breastfeeding. The most appropriate first action is to

A. question mother about nursing technique and frequency and observe the infant nursing.
B. report the mother to child protective services for neglect.
C. advise the mother to stop breastfeeding and switch to formula.
D. refer mother to a breastfeeding support group.

Answer: A

Explanation:
The mother should be questioned about her nursing technique and frequency and be observed while nursing the child. Since this is her first child, she may need further assistance in nursing properly to ensure the infant receives adequate nutrition. While further tests may be indicated, these signs are indicative of dehydration and poor nutrition, so that should be dealt with first. Since there are no other indications of neglect referral to child protective services is not appropriate at this time. Switching from breast milk to formula is rarely necessary if the mother receives adequate support and instruction.

Question: 2

If a patient's membranes rupture and meconium-stained amniotic fluid is noted, what should be the next step?

A. Fetal scalp blood sampling
B. Referral for Cesarean section
C. Increased fetal monitoring
D. Ultrasound

Answer: C

Explanation:
While previous standards advised for immediate Cesarean in the context of meconium-stained amniotic fluid, this is no longer advised. Instead, the fetus should be closely monitored for signs of distress and the appropriate team should be present at the birth of the neonate due to risks for respiratory distress secondary to aspiration. These neonates should not be routinely suctioned and/or intubated unless they are nonvigorous and do not respond to noninvasive interventions.

Question: 3

When assessing fetal heart rate (FHR) patterns, tachycardia is a heart rate great than

A. 110 bpm.
B. 120 bpm.
C. 140 bpm.
D. 160 bpm.

Answer: D

Explanation:
FHR patterns are evaluated based on a baseline rate (rate for 10 minutes between contractions), usually 110-160 bpm. Bradycardia is a rate less than 120 bmp: and tachycardia, more than 160 bpm. Fetal heart rate (FHR) monitoring may be done by electronic fetal monitoring CEFM) as well as auscultation or ultrasound with an abdominal transducer, but tracings can be poor with an active fetus, with maternal movement. and with hydramnios. Telemetry with ultrasound or fetal ECG transducers and external uterine pressure transducers can also be used to monitor FHR This type of battery-operated monitoring can be used while the mother ambulates.

Question: 4

A neonate is at 40 weeks' gestation and nursing well but has onset of jaundice at 36 hours. Total serum bilirubin is 12 mg/dl„ At this time, treatment should include

A. continued observation and jaundice assessment.
B. phototherapy.
C. exchange transfusion.
D. discontinuation of breastfeeding.

Answer: A

Explanation:
While the neonate's bilirubin is elevated (normal range 3.4 to 11.5 mg/dL at 1 to 2 days), only continued observation and jaundice assessment is indicated at this time. Physiologic hyperbilirubinemia is common in newborns and is usually benign, resulting from immature hepatic function and increased RBC hemolysis. Infants have larger red blood cells with a shorter life than adults, leading to more RBC destruction and resulting in an increased load of serum bilirubin, which the liver of the newborn cannot handle. Onset is usually within 24 to 48 hours, peaking in 72 hours for full-term or 5 days for preterm infants and declining within a week Phototherapy is the indicated treatment for total serum bilirubin greater than or equal to 18 mg/dL for those at medium risk.

Question: 5

A woman in labor shows cervical dilation of 2.5 cm and has regular moderate contractions every 15 minutes, lasting 20 seconds. Which stage of labor is the woman experiencing?

A. Second stage
B. First stage, transition phase
C. First stage, active phase
D. First stage, latent phase

Answer: D

Explanation:
First stage: This stage signals onset of labor with regular contractions and proceeds until the cervix is fully dilated. There are 3 phases: latent, active, and transition. The latent phase may persist for 8.5 hours for nullipara and 5.3 hours for the multipara. The cervix begins to dilate (less than or equal to 3 cm) and contractions may occur every 3-30 minutes, lasting 20-40 seconds. The intensity of the contractions is usually mild to moderate (25-40 mm Hg per intrauterine pressure catheter [IUPC)). The mother is usually able to cope with discomfort and may feel some anxiety.

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