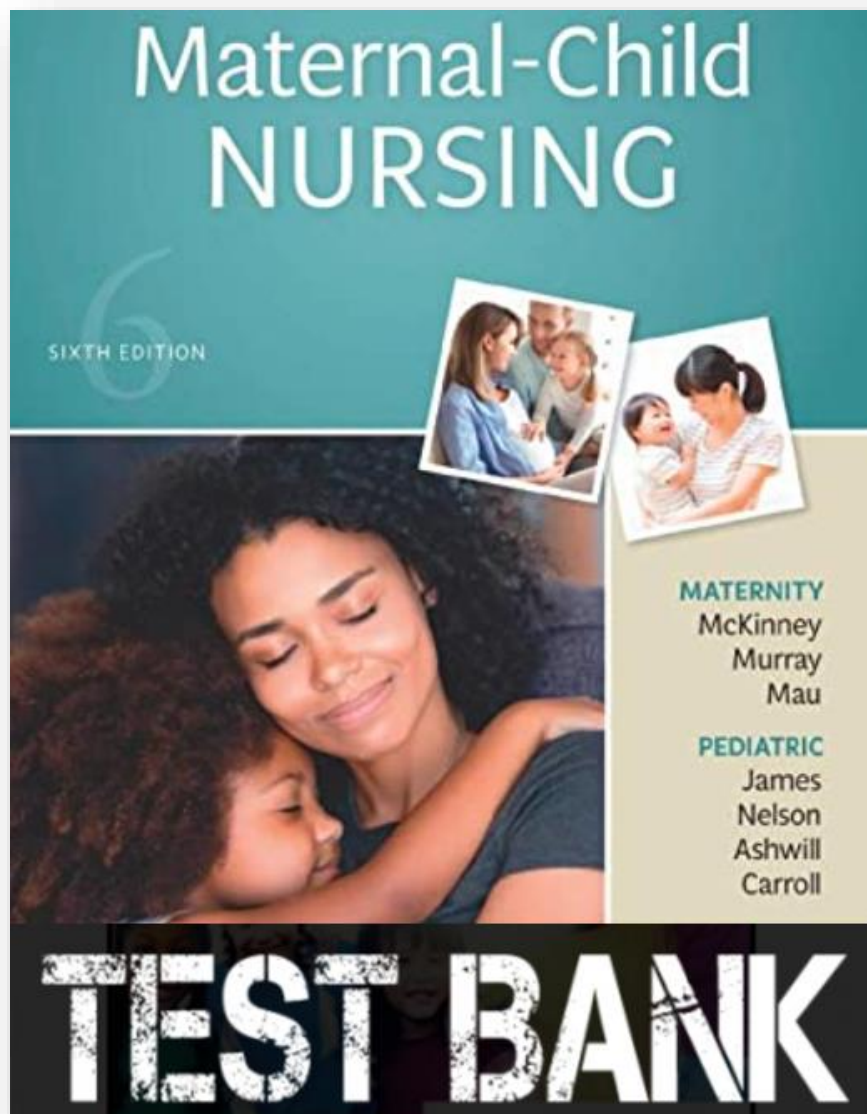


**Test Bank Complete For**  
**Maternal Child Nursing 6th Edition**



## **Chapter 01: Foundations of Maternity, Women's Health, and Child Health Nursing**

### **McKinney: Evolve Resources for Maternal-Child Nursing, 6th Edition**

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#### **MULTIPLE CHOICE**

1. Which factor significantly contributed to the shift from home births to hospital births in the early 20th century?
  - a. Puerperal sepsis was identified as a risk factor in labor and delivery.
  - b. Forceps were developed to facilitate difficult births.
  - c. The importance of early parental-infant contact was identified.
  - d. Technologic developments became available to physicians.

ANS: D

Technologic developments were available to physicians, not lay midwives. So in-hospital births increased in order to take advantage of these advancements. Puerperal sepsis has been a known problem for generations. In the late 19th century, Semmelweis discovered how it could be prevented with improved hygienic practices. The development of forceps is an example of a technology advance made in the early 20th century but is not the only reason birthplaces moved. Unlike home births, early hospital births hindered bonding between parents and their infants.

PTS:1 DIF: Cognitive Level: Remembering  
OBJ:Integrated Process: Teaching-Learning  
MSC:Client Needs: Safe and Effective Care Environment

2. Family-centered maternity care developed in response to
  - a. demands by physicians for family involvement in childbirth.
  - b. the Sheppard-Towner Act of 1921.
  - c. parental requests that infants be allowed to remain with them rather than in a nursery.
  - d. changes in pharmacologic management of labor.

ANS: C

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. Family-centered care was a request by parents, not physicians. The Sheppard-Towner Act of 1921 provided funds for state-managed programs for mothers and children. The changes in pharmacologic management of labor were not a factor in family-centered maternity care.

PTS:1 DIF: Cognitive Level: Remembering  
OBJ:Integrated Process: Teaching-Learning  
MSC:Client Needs: Psychosocial Integrity

3. Which setting for childbirth allows the least amount of parent-infant contact?
  - a. Labor/delivery/recovery/postpartum room
  - b. Birth center
  - c. Traditional hospital birth
  - d. Home birth

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. While this is slowly changing, to more closely resemble other birthing models, the traditional hospital birth still offers the least amount of parent-infant contact. The labor/delivery/recovery/postpartum room setting allows increased parent-infant contact. Birth centers are set up to allow an increase in parent-infant contact. Home births allow an increase in parent-infant contact.

PTS:1 DIF: Cognitive Level: Remembering  
MSC:Client Needs: Health Promotion and Maintenance

OBJ:Nursing Process: Planning

4. The maternity nurse should have a clear understanding of the correct use of a clinical pathway. One characteristic of clinical pathways is that they
- are developed and implemented by nurses.
  - are used primarily in the pediatric setting.
  - set specific time lines for sequencing interventions.
  - are part of the nursing process.

ANS: C

Clinical pathways are standardized, interdisciplinary plans of care devised for patients with a particular health problem. They are used to identify patient outcomes, specify timelines to achieve 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. They are developed by multiple health care professionals and reflect interdisciplinary care. They can be used in multiple settings and for patients throughout the life span. They are not part of the nursing process but can be used in conjunction with the nursing process to provide care to patients.

PTS:1 DIF: Cognitive Level: Remembering  
MSC:Client Needs: Safe and Effective Care Environment

OBJ:Nursing Process: Planning

5. A nurse wishes to work to reduce infant mortality in the United States. Which activity would this nurse most likely participate in?
- Creating pamphlets in several different languages using an interpreter.
  - Assisting women to enroll in Medicaid by their third trimester.
  - Volunteering to provide prenatal care at community centers.
  - Working as an intake counselor at a women's shelter.

ANS: C

Prenatal care is vital to reducing infant mortality and medical costs. This nurse would most likely participate in community service providing prenatal care outreach activities in community centers, particularly in low-income areas. Pamphlets in other languages, enrolling in Medicaid, and working at a women's shelter all might impact infant mortality, but the greatest effect would be from assisting women to get consistent prenatal care.

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

6. Which statement is true regarding the –quality assurance– or –incident– report?
- The report assures the legal department that no problem exists.
  - Reports are a permanent part of the patient's chart.

- c. The nurse's notes should contain, –Incident report filed, and copy placed in chart.¶
- d. This report is a form of documentation of an event that may result in legal action.

ANS: D

An incident report is used when something occurs that might result in legal action, such as a patient fall or medication error. It warns the legal department that there may be a problem in a particular patient's care. Incident reports are not part of the patient's chart; thus the nurses' notes should not contain any reference to them.

PTS:1 DIF: Cognitive Level: Remembering  
OBJ:Integrated Process: Communication and Documentation  
MSC:Client Needs: Safe and Effective Care Environment

7. Which woman would be most likely to seek prenatal care?
- a. A 15-year-old who tells her friends, –I don't believe I'm pregnant.¶
  - b. A 20-year-old who is in her first pregnancy and has access to a free prenatal clinic.
  - c. A 28-year-old who is in her second pregnancy and abuses drugs and alcohol.
  - d. A 30-year-old who is in her fifth pregnancy and delivered her last infant at home.

ANS: B

The patient who acknowledges the pregnancy early, has access to health care, and has no reason to avoid health care is most likely to seek prenatal care. Being in denial about the pregnancy increases the risk of not seeking care. This patient is also 15, and other social factors may discourage her from seeking care as well. Women who abuse substances are less likely to receive prenatal care. Some women see pregnancy and delivery as a natural occurrence and do not seek health care.

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

8. A woman who delivered her baby 6 hours ago complains of headache and dizziness. The nurse administers an analgesic but does not perform any assessments. The woman then has a tonic-clonic seizure, falls out of bed, and fractures her femur. How would the actions of the nurse be interpreted in relation to standards of care?
- a. Negligent: the nurse failed to assess the woman for possible complications
  - b. Negligent: because the nurse medicated the woman
  - c. Not negligent: the woman had signed a waiver concerning the use of side rails
  - d. Not negligent: the woman did not inform the nurse of her symptoms as soon as they occurred

ANS: A

There are four elements to malpractice, which is negligence in the performance of professional duties: duty, breach of duty, damage, and proximate cause. The nurse was negligent because she or he did not perform any assessments, which is the first step of the nursing process and is a standard of care. By not assessing the patient, the nurse did not meet established standards of care, and thus is guilty of professional negligence, or malpractice.

PTS:1 DIF: Cognitive Level: Remembering OBJ:Nursing Process: Evaluation  
MSC:Client Needs: Safe and Effective Care Environment

9. Which patient situation fails to meet the first requirement of informed consent?
- a. The patient does not understand the physician's explanations.

- b. The physician gives the patient only a partial list of possible side effects and complications.
- c. The patient is confused and disoriented.
- d. The patient signs a consent form because her husband tells her to.

ANS: C

The first requirement of informed consent is that the patient must be competent to make decisions about health care. Full disclosure of information is an important element of the consent, but first the patient has to be competent to sign. Understanding is an important element of the consent, but first the patient has to be competent to sign. Voluntary consent is an important element of the consent, but first the patient has to be competent to sign.

PTS:1 DIF: Cognitive Level: Remembering

OBJ:Nursing Process: Assessment

MSC:Client Needs: Safe and Effective Care Environment

10. Which situation reflects a potential ethical dilemma for the nurse?
- a. A nurse administers analgesics to a patient with cancer as often as the provider's order allows.
  - b. A neonatal nurse provides nourishment and care to a newborn who has a defect that is incompatible with life.
  - c. A labor nurse, whose religion opposes abortion, is asked to assist with an elective abortion.
  - d. A postpartum nurse provides information about adoption to a new mother who feels she cannot adequately care for her infant.

ANS: C

A dilemma exists in this situation because the nurse is being asked to assist with a procedure that she or he believes is morally wrong. The other situations do not contain elements of conflict for the nurse.

PTS:1 DIF: Cognitive Level: Understanding

OBJ:Nursing Process: Assessment

MSC:Client Needs: Safe and Effective Care Environment

11. When planning a parenting class, the nurse should explain that the leading cause of death in children 1 to 4 years of age in the United States is
- a. premature birth.
  - b. congenital anomalies.
  - c. accidental death.
  - d. respiratory tract illness.

ANS: C

Although the rates have dropped, unintentional injury (accidents) are still the leading cause of death for children aged 1 to 19. The other options contribute to morbidity and mortality in children but are not the leading cause.

PTS:1 DIF: Cognitive Level: Remembering

OBJ:Integrated Process: Teaching-Learning

MSC:Client Needs: Safe and Effective Care Environment

12. Family-centered care (FCC) describes safe, quality care that recognizes and adapts to both the physical and psychosocial needs of the family. Which nursing practice coincides with the principles of FCC?
- a. The newborn is returned to the nursery at night so that the mother can receive adequate rest before discharge.
  - b. The father is encouraged to go home after the baby is delivered.
  - c. All patients are routinely placed on the fetal monitor.
  - d. The nurse's assignment includes both mom and baby and increases the nurse's responsibility for education.

ANS: D

Family-centered care increases the responsibilities of nurses. In addition to the physical care provided, nurses assume a major role in teaching, counseling, and supporting families. The other options do not provide family-centered care because they increase family separation or use technology routinely, which may not be needed.

PTS:1 DIF: Cognitive Level: Understanding  
MSC:Client Needs: Health Promotion and Maintenance

OBJ:Integrated Process: Caring

13. Which statement related to nursing care of the child at home is most correct?
- a. The technology-dependent infant can safely be cared for at home.
  - b. Home care increases readmissions to the hospital for a child with chronic conditions.
  - c. There is increased stress for the family when a sick child is being cared for at home.
  - d. The family of the child with a chronic condition is likely to be separated from their support system if the child is cared for at home.

ANS: A

Greater numbers of technology-dependent infants and children are now cared for at home. The numbers include those needing ventilator assistance, total parenteral nutrition, IV medications, apnea monitoring, and other device-assisted nursing care. Optimal home care can reduce the rate of readmission to the hospital for children with chronic conditions. Consumers often prefer home care because of the decreased stress on the family when the patient is able to remain at home. When the child is cared for at home the family is less likely to be separated from their support system because of the need for hospitalization.

PTS:1 DIF: Cognitive Level: Understanding  
MSC:Client Needs: Safe and Effective Care Environment

OBJ:Nursing Process: Planning

14. Maternity nursing care that is based on knowledge gained through research is known as
- a. nurse-sensitive indicators.
  - b. evidence-based practice.
  - c. case management.
  - d. outcomes management.

ANS: B

Evidence-based practice is based on knowledge gained from research and clinical trials. Nurse-sensitive indicators are patient care outcomes particularly dependent on the quality and quantity of nursing care provided. Case management is a practice model that uses a systematic approach to identify specific patients, determine eligibility for care, and arrange access to services. The determination to lower health care costs while maintaining the quality of care has led to a clinical practice model known as outcomes management.

PTS:1 DIF: Cognitive Level: Understanding  
OBJ:Integrated Process: Teaching-Learning  
MSC:Client Needs: Safe and Effective Care Environment

## **MULTIPLE RESPONSE**

1. When counseling the newly pregnant woman regarding the option of using a free-standing birth center for care, the nurse should be aware that this type of care setting includes which advantages? (*Select all that apply.*)
  - a. Less expensive than acute-care hospitals
  - b. Access to follow-up care for 6 weeks postpartum
  - c. Equipped for obstetric emergencies
  - d. Safe, home-like births in a familiar setting
  - e. Staffing by lay midwives

ANS: A, B, D

Women who are at low risk and desire a safe, home-like 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 those for 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 woman 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  
OBJ:Integrated Process: Teaching-Learning  
MSC:Client Needs: Safe and Effective Care Environment

2. A school nurse is working with unlicensed assistive personnel (UAPs). What aspects of delegation should the nurse incorporate into his or her practice in this setting?
  - a. The registered nurse is always responsible for assessment.
  - b. Uncomplicated medication administration can be performed by the UAP.
  - c. The nurse does not need to supervise UAPs in this setting.
  - d. The nurse must work within school district policies when delegating.
  - e. Understanding the complexity of the child's needs is a consideration when delegating.

ANS: A, B, D, E

Delegation to UAPs is very common in all health care settings, including schools. When delegating to a UAP in the school setting, factors for the nurse to consider include that the RN is always responsible for assessment, supervision is necessary, the complexity of the child's needs must be considered, and policies must be followed. Medication administration by the UAP may be allowed.

PTS:1 DIF: Cognitive Level: Remembering  
OBJ:Nursing Process: Implementation  
MSC:Client Needs: Safe and Effective Care Environment

## **Chapter 02: The Nurse's Role in Maternity, Women's Health, and Pediatric Nursing McKinney: Evolve Resources for Maternal-Child Nursing, 6th Edition**

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### **MULTIPLE CHOICE**

1. Which principle of teaching should the nurse use to ensure learning in a family situation?
  - a. Motivate the family with praise and positive reinforcement.
  - b. Present complex subject material first, while the family is alert and ready to learn.
  - c. Families should be taught using medical jargon so they will be able to understand the technical language used by physicians.
  - d. Learning is best accomplished using the lecture format.

ANS: A

Praise and positive reinforcement are particularly important when a family is trying to master a frustrating task, such as breastfeeding. Learning is enhanced when the teaching is structured to present the simple tasks before the complex material. Even though a family may understand English fairly well, they may not understand the medical terminology or slang terms. A lively discussion stimulates more learning than a straight lecture, which tends to inhibit questions.

PTS:1 DIF: Cognitive Level: Remembering  
OBJ:Nursing Process: Planning  
MSC:Client Needs: Health Promotion and Maintenance

2. When addressing the questions of a newly pregnant woman, the nurse can explain that the certified nurse-midwife is qualified to perform:
  - a. regional anesthesia.
  - b. cesarean deliveries.
  - c. vaginal deliveries.
  - d. internal versions.

ANS: C

The nurse-midwife is qualified to deliver infants vaginally in uncomplicated pregnancies. The other procedures must be performed by a physician or other medical provider.

PTS:1 DIF: Cognitive Level: Remembering  
OBJ:Integrated Process: Teaching-Learning  
MSC:Client Needs: Safe and Effective Care Environment

3. Which nursing intervention is an independent (nurse-driven) function of the nurse?
  - a. Administering oral analgesics
  - b. Teaching the woman perineal care



- c. Requesting diagnostic studies
- d. Providing wound care to a surgical incision

ANS: B

Nurses are responsible for various independent functions, including teaching, counseling, and intervening in nonmedical problems. Interventions initiated by the physician and carried out by the nurse are called dependent functions. Administering oral analgesics is a dependent function; it is initiated by a physician or other provider and carried out by the nurse.

Requesting diagnostic studies is a dependent function. Providing wound care is a dependent function; it is usually initiated by the physician or other provider through direct orders or protocol.

PTS:1 DIF: Cognitive Level: Understanding

OBJ: Integrated Process: Teaching-Learning

MSC: Client Needs: Health Promotion and Maintenance

4. Which response by the nurse to the woman's statement, "I'm afraid to have a cesarean birth," would be the most therapeutic?
- a. "What concerns you most about a cesarean birth?"
  - b. "Everything will be OK."
  - c. "Don't worry about it. It will be over soon."
  - d. "The doctor will be in later, and you can talk to him."

ANS: A

Focusing on what the woman is saying and asking for clarification are the most therapeutic responses. Stating that "everything will be ok" or "don't worry about it" belittles the woman's feelings and might be providing false hope. Telling the patient to talk to the doctor does not allow the woman to verbalize her feelings when she desires.

PTS:1 DIF: Cognitive Level: Applying

OBJ: Integrated Process: Communication and Documentation

MSC: Client Needs: Psychosocial Integrity

5. To evaluate the woman's learning about performing infant care, the nurse should
- a. demonstrate infant care procedures.
  - b. allow the woman to verbalize the procedure.
  - c. observe the woman as she performs the procedure.
  - d. routinely assess the infant for cleanliness.

ANS: C

The woman's ability to perform the procedure correctly under the nurse's supervision is the best method of evaluation. Demonstration is an excellent teaching method but not an evaluation method. During verbalization of the procedure, the nurse may not pick up on techniques that are incorrect. It is not the best tool for evaluation. Observing the infant for cleanliness does not ensure the proper procedure is carried out. The nurse may miss seeing unsafe techniques being used.

PTS:1 DIF: Cognitive Level: Evaluating OBJ: Nursing Process: Evaluation

MSC: Client Needs: Health Promotion and Maintenance

6. What situation is most conducive to learning?
- a. A teacher who speaks very little Spanish is teaching a class of Latino students.

- b. A class is composed of students of various ages and educational backgrounds.
- c. An auditorium is being used as a classroom for 300 students.
- d. An Asian nurse provides nutritional information to a group of pregnant Asian women.

ANS: D

Teaching is a vital function of the professional nurse. A patient's language and culture influence the learning process; thus a situation that is most conducive to learning is one in which the teacher has knowledge and understanding of the patient's language and cultural beliefs. The ability to understand the language in which teaching is done determines how much the patient learns. Patients for whom English is not their primary language may not understand idioms, nuances, slang terms, informal usage of words, or medical words. The teacher should be fluent in the language of the student. Developmental levels and educational levels influence how a person learns best. In order for the teacher to best present information, the class should be composed of the same levels. A large class is not conducive to learning. It does not allow for questions, and the teacher is not able to see the nonverbal cues from the students to ensure understanding.

PTS:1 DIF: Cognitive Level: Applying OBJ:Nursing Process: Planning  
MSC:Client Needs: Psychosocial Integrity

7. 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

Nursing generates and answers its own questions based on evidence within its unique subject area. Nurses of all educational levels are in a position to find researchable questions based on problems seen in their practice area. Designing research studies is generally left to nurses with advanced degrees. Collecting data may be part of a nurse's daily activity, but not all nurses will have this opportunity. Seeking funding goes along with designing and implementing research studies.

PTS:1 DIF: Cognitive Level: Understanding  
OBJ:Integrated Process: Teaching-Learning  
MSC:Client Needs: Safe and Effective Care Environment

8. The step of the nursing process in which the nurse determines the appropriate interventions for the identified nursing diagnosis is called
- a. assessment.
  - b. planning.
  - c. intervention.
  - d. evaluation.

ANS: B

The third step in the nursing process involves planning care for problems that were identified during assessment. The first step of the nursing process is assessment, during which data are collected. The intervention phase is when the plan of care is carried out. The evaluation phase is determining whether the goals have been met.

PTS:1 DIF: Cognitive Level: Remembering  
MSC:Client Needs: Safe and Effective Care Environment

OBJ:Nursing Process: Planning

9. Which goal is most appropriate for demonstrating effective parenting?
- The parents will demonstrate correct bathing by discharge.
  - The mother will make an appointment with the lactation specialist prior to discharge.
  - The parents will place the baby in the proper position for sleeping and napping by 2300 on postpartum day 1.
  - The parents will demonstrate effective parenting by discharge.

ANS: D

Outcomes and goals are not the same. Goals are broad and not measurable and so must be linked to more measurable outcome criteria. Demonstrating effective parenting is one such goal. The other options are measurable outcome indicators that help determine if the goal has been met.

PTS:1 DIF: Cognitive Level: Evaluating OBJ:Nursing Process: Planning  
MSC:Client Needs: Safe and Effective Care Environment

10. Which nursing intervention is correctly written?
- Encourage turning, coughing, and deep breathing.
  - Force fluids as necessary.
  - Assist to ambulate for 10 minutes at 8 AM, 2 PM, and 6 PM.
  - Observe interaction with infant.

ANS: C

This intervention is the most specific and details what should be done, for how long, and when. The other interventions are too vague.

PTS:1 DIF: Cognitive Level: Understanding  
MSC:Client Needs: Safe and Effective Care Environment

OBJ:Nursing Process: Planning

11. What part of the nursing process includes the collection of data on vital signs, allergies, sleep patterns, and feeding behaviors?
- Assessment
  - Planning
  - Intervention
  - Evaluation

ANS: A

Assessment includes gathering baseline data. Planning is based on baseline data and physical assessment. Implementation is the initiation and completion of nursing interventions. Evaluation is the last step in the nursing process and involves determining whether the goals were met.

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

12. The nurse who coordinates and manages a patient's care with other members of the health care team is functioning in which role?
- a. Teacher
  - b. Collaborator
  - c. Researcher
  - d. Advocate

ANS: B

The nurse collaborates with other members of the health care team, often coordinating and managing the patient's care. Care is improved by this interdisciplinary approach as nurses work together with dietitians, social workers, physicians, and others. Education is an essential role of today's nurse. The nurse functions as a teacher during prenatal care, during maternity care, and when teaching parents of children regarding normal growth and development. Nurses contribute to their profession's knowledge base by systematically investigating theoretic for practice issues and nursing. A nursing advocate is one who speaks on behalf of another. As the health professional who is closest to the patient, the nurse is in an ideal position to humanize care and to intercede on the patient's behalf.

PTS:1 DIF: Cognitive Level: Remembering OBJ:Nursing Process: Planning  
MSC:Client Needs: Safe and Effective Care Environment

13. Which statement about alternative and complementary therapies is true?
- a. Replace conventional Western modalities of treatment
  - b. Are used by only a small number of American adults
  - c. Allow for more patient autonomy but also may carry risks
  - d. Focus primarily on the disease an individual is experiencing

ANS: C

Being able to choose alternative and complementary health products and practices does allow for patient autonomy, but the major concern is risk as patients may not disclose their use or substances may interact with other medications the patient is taking. Alternative and complementary therapies are part of an integrative approach to health care for most people, although some may choose only these types of therapies. An increasing number of American adults are seeking alternative and complementary health care options. Alternative healing modalities offer a holistic approach to health, focusing on the whole person and not just the disease.

PTS:1 DIF: Cognitive Level: Understanding  
OBJ:Integrated Process: Culture and Spirituality  
MSC:Client Needs: Physiologic Integrity

14. Which step in the nursing process identifies the basis or cause of the patient's problem?
- a. Intervention
  - b. Expected outcome
  - c. Nursing diagnosis
  - d. Evaluation

ANS: C

A nursing diagnosis states the problem and its cause (–related toll). Interventions are actions taken to meet the problem. Expected outcome is a statement of how the goal will be measured. Evaluation determines whether the goal has been met.