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1. The perinatal nurse demonstrates for the student nurse the correct technique of postpartum uterine palpation. Support for the lower uterine segment is critical as without it, there is an increased risk of: A) Uterine edema B) Uterine inversion C) Incorrect measurement D) Intensifying the patient’s level of pain

2. The perinatal nurse and student nurse are conducting an assessment on a postpartal woman. The nurse demonstrates percussion of the bladder. The dull, thudding sound that is heard is indicative of: A) A full bladder B) An empty bladder C) An overdistended bladder D) A bladder containing about 500 cc. of urine

3. The perinatal nurse describes the need for an assessment for deep vein thrombosis in the postpartum patient. The test is described as: A) Homans’ sign: extended legs, flexed knees followed by dorsiflexion of the foot B) Homans’ sign: flexed legs, flexed knees followed by foot extension C) Chadwick’s sign: extended legs, flexed knees, followed by dorsiflexion of the foot D) McBurney’s sign: flexed legs, flexed knees followed by foot extension

4. Maddy, a G3 TPAL 1011 woman, gave birth 12 hours ago to a 9 lb. 13 oz. daughter. She experiences severe cramps with breastfeeding. The perinatal nurse
best describes this condition as: A) Afterpains B) Uterine hypertonia C) Bladder hypertonia D) Rectus abdominis diastasis

5. Chantal, a 35-year-old G1 TPAL 0000 postpartum woman is Rh0(D)- negative and needs Rh0(D) Immune Globulin to be administered. The most appropriate dose that the perinatal nurse would expect to be ordered would be: A) 120 ug B) 250 ug C) 300 ug D) 350 ug

6. The perinatal nurse listens as Chantal describes her labor and emergency Cesarean birth. Providing an opportunity to review this experience may assist Chantal in: A) Her role development in the “letting go” stage B) Decreasing her ambivalence about her labor and birth C) Understanding her guilt involved in her labor and birth D) Developing more positive feelings about her labor and birth

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7. The perinatal nurse is teaching Chantal about breastfeeding and explains that the most appropriate time to breastfeed is: A) 3–4 hours after the last feeding B) When her infant is in a quiet alert state C) When her infant is in an active alert state D) When her infant exhibits hunger-related crying

8. The perinatal nurse observes the new mother watching her baby daughter closely, touching her face and asking many questions about infant feeding. This stage of mothering is best described as: A) Taking in B) Taking hold C) Taking charge D) Taking time

9. Heather, a postpartum woman who experienced a spontaneous vaginal birth 12 hours ago, describes a headache that is worsening. Heather was given two regular strength acetaminophen (Tylenol) tablets approximately 30 minutes ago but has had no relief from the pain. Several friends and family members are presently visiting Heather. The nurse notes that Heather’s pain relief during labor consisted of a single dose of an IM narcotic. The most appropriate nursing action at this time is to: A) Notify Heather’s health care provider about Heather’s headache B) Dim the lights in Heather’s room so that she is able to get some rest C) Ask Heather’s visitors to leave now to decrease Heather’s environmental stimuli D) Ask Heather where she is experiencing this headache and to identify the pain score that best describes the intensity of the pain

10. Mary, a postpartum woman who gave birth one day ago, is complaining of a headache. During the assessment, the perinatal nurse determines that Mary received an epidural during labor but has no medical history of headaches.
has no blurred vision or epigastric pain. The perinatal nurse’s best first action is to:
A) Assess Mary’s vital signs B) Ask Mary if she has any allergies C) Inquire about the location and the severity of the headache D) Ask Mary if changes in her position decrease or intensify the headache

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11. Felicity Chan, a new mother, is accompanied by her mother during her hospital stay on the postpartum unit. Felicity’s mother makes specific various requests of the nurses including bringing warm tea, a cot to sleep on and that the baby not be bathed at this time. Felicity’s mother is also concerned about the amount of work that Felicity may be doing in the provision of infant care. The nurse notices that Felicity asks for help with breastfeeding as her mother bottle fed her and is not sure what advice to give. After Felicity has finished breastfeeding, her mother asks for a bottle so they can warm it and “feed” the baby. How would the perinatal nurse best respond to Felicity’s mother in a culturally sensitive way?
A) Ask Felicity’s mother to leave for 30 minutes to allow for some private time with Felicity to explore her learning needs privately B) Ask both Felicity and her mother about the preferred infant feeding method and assess what they already know C) Convey to Felicity and her mother an understanding of the concepts of “hot” and “cold” within their belief system D) Ask Felicity what she knows about breastfeeding and provide information to both women to support Felicity’s decision

12. The perinatal nurse is assessing a woman in the immediate postpartum period. The patient’s respiratory rate is 22 breaths/minute. The most important aspects of nursing care would be to: Select all answers that apply: A) Increase the patient’s fluid intake B) Assess and provide pain management C) Provide ongoing physical assessment D) Notify the health care provider if the respiratory rate remains at 22 breaths/minute an hour later

13. The perinatal nurse includes a pain assessment as part of the postpartum care provided to each patient. This action helps to: Select all answers that apply: A) Decrease the recovery time B) Decrease the risk of depression C) Increase the length of the hospital stay D) Decrease the patient’s coping ability

14. The perinatal nurse teaches the postpartum woman about the normal process of diuresis that that she can expect to occur approximately 6 to 8 hours after birth. The hormones responsible for the diuresis are: Select all answers that apply: A) Prolactin B) Progesterone C) Oxytocin D) Estrogen
15. The perinatal nurse knows that breastfeeding is contraindicated if a mother has: Select all answers that apply: A) Active tuberculosis B) An active herpes lesion on her nipple C) Been taking venlafaxine (Effexor) for anxiety D) An infant diagnosed with phenylketonuria

16. The postpartum nurse is aware that following birth, there is an increased risk of perineal infection related to: Select all answers that apply: A) Urinary retention B) Impaired tissue integrity C) Drainage of blood and lochia D) The anatomical proximity to the anus

17. The perinatal nurse teaches the student nurse that deep breathing exercises following a Cesarean birth are critical to the prevention of: Select all answers that apply: A) Pneumonia B) Atelectasis C) Abdominal distension D) Increased tidal volume

18. The perinatal nurse is teaching the new mother who has chosen to formula feed her infant. Appropriate instructions to be given to this patient include: Select all answers that apply: A) Mix the formula with hot water only B) Periodically check the nipple for slow flow C) Only prepare enough formula to last for 24 hours D) Discard any unused formula that remains in a bottle following use

19. The perinatal nurse describes infant feeding cues to a new mother. These feeding cues include: Select all answers that apply: A) Vocalizations B) Mouth movements C) Moving the hand to the mouth D) Yawning

20. The postpartum nurse knows that development of pre-eclampsia during the postpartum period is usually associated with headache, blurred vision, photophobia, and proteinuria. A) True B) False

21. The perinatal nurse is aware that the postpartum woman can expect to lose approximately 5 to 10 pounds in the time period immediately following birth. A) True B) False

22. The perinatal nurse teaches the postpartum woman that the most critical time to achieve effectiveness from the application of ice packs to the perineum is during the first 24 hours following birth. A) True B) False
23. When reviewing potential causes for postpartum hemorrhage with the student nurse, the nurse is sure to include the finding of a(n) _______________ bladder.

24. The postpartum nurse understands that although a postpartum woman’s respiratory rate may be affected by ______, ______ or __________, the respiratory rate should be within the range of _____ to _____ breaths per minute.

25. The perinatal nurse recognizes that the process of uterine involution may be adversely affected by __________ births as well as a ________ birth.

26. The perinatal nurse understands that the postpartum woman is at an increased risk of thrombus formation immediately following birth due to an increased _______________ level.

27. The perinatal nurse knows that the presence of abdominal distension and gas in the post Cesarean birth mother is due to ________________.

28. The perinatal nurse understands that the hormonal processes involved in breastfeeding include a decreased serum __________ level immediately following birth that leads to an increased serum __________ level that causes copious milk production by the fourth to fifth postpartal days.

29. During the maternal assessment, the postpartum nurse should be alert for abnormal respiratory findings such as _________ or _________ pain during the immediate postpartal period.

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