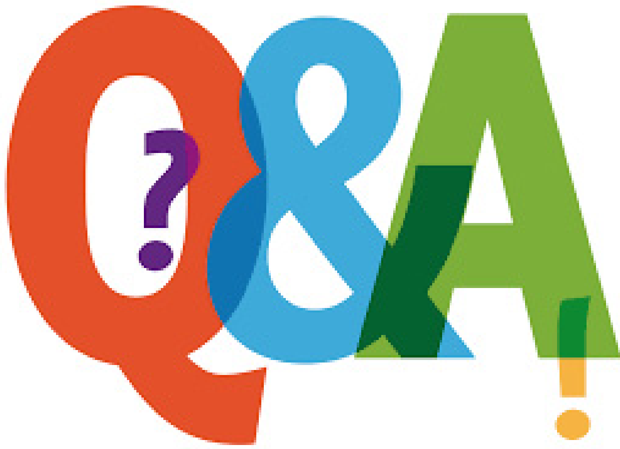

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Question: 965

A woman in labor at 39 weeks gestation reports a sudden gush of fluid and severe abdominal pain. The fetal heart rate drops to 70 bpm. What is the most likely complication?

A. Placental abruption
B. Uterine rupture
C. Preterm labor

Answer: B

Explanation: Sudden severe abdominal pain, a gush of fluid, and fetal bradycardia strongly suggest uterine rupture, a life-threatening emergency. Placental abruption typically presents with vaginal bleeding and constant pain, and preterm labor is unlikely at 39 weeks.

Question: 966

A 28-year-old patient at 37 weeks gestation with depression is on venlafaxine 150 mg daily. She reports seizures. Laboratory results show normal electrolytes. Which action is most urgent?

A. Order an EEG
B. Discontinue venlafaxine immediately
C. Administer levetiracetam 500 mg IV

Answer: C

Explanation: Seizures in a patient on venlafaxine, an SNRI, suggest drug-induced seizures, requiring immediate anticonvulsant therapy with levetiracetam, which is safe in pregnancy. Discontinuing venlafaxine is necessary but not urgent, as it does not stop active seizures. EEG is diagnostic but not the priority.

Question: 967

A 33-year-old patient in the second stage of labor has a serum sodium level of 130 mEq/L (normal 135-145 mEq/L) and reports confusion. What maternal physiological process during labor is most likely responsible?

A. Dilutional hyponatremia from excessive IV fluid administration
B. Sodium loss from prolonged sweating
C. Syndrome of inappropriate antidiuretic hormone (SIADH) secretion

Answer: A

Explanation: Dilutional hyponatremia in labor is commonly caused by excessive IV fluid administration, particularly with hypotonic fluids, leading to a decreased serum sodium level (130 mEq/L) and symptoms like confusion. Sodium loss from sweating is minimal, and SIADH is rare in labor without underlying pathology.

Question: 968

A patient at 37 weeks gestation in the transition phase (9 cm dilation) reports a pain score of 10/10. The nurse considers hydrotherapy. The patient's labs show a platelet count of 165,000/mm³ and a blood pressure of 145/90 mmHg. Which hydrotherapy intervention is most appropriate?

A. Shower with warm water (36°C) directed at the upper back
B. Immersion in a 37°C bath with continuous FHR monitoring
C. Warm compresses at 37°C applied to the lower abdomen

Answer: B

Explanation: Immersion in a 37°C bath with continuous FHR monitoring provides significant pain relief in the transition phase by reducing pressure and promoting relaxation. The patient's stable labs and blood pressure support this intervention. A shower is less immersive, and warm compresses are less effective for intense pain.

Question: 969

During newborn resuscitation, a preterm infant requires intubation after ineffective PPV. The endotracheal tube (ETT) size is calculated using the formula: (gestational age in weeks ÷ 10) + 1. For a 28-week gestation infant, what is the appropriate ETT size?

A. 3.0 mm
B. 2.5 mm
C. 3.5 mm

Answer: A

Explanation: Using the formula (28 ÷ 10) + 1 = 2.8 + 1 = 3.8 mm. The closest available ETT size is 3.0 mm, appropriate for a 28-week preterm infant, as per NRP guidelines. A 2.5 mm tube is too small, and 3.5 mm is too large, risking tracheal injury.

Question: 970

A 35-year-old woman, 1 day postpartum, is being discharged after an uncomplicated vaginal delivery. She has a history of type 2 diabetes (A1C 7.2%, normal: <5.7%) and plans to breastfeed. Which

discharge instruction is most critical for her home care?

A. Monitor blood glucose levels 4 times daily and adjust insulin as prescribed
B. Perform daily perineal care with warm water and mild soap
C. Resume regular physical activity within 1 week to promote recovery

Answer: A

Explanation: The patient's type 2 diabetes requires careful glucose monitoring, especially during the postpartum period when insulin needs may fluctuate due to breastfeeding and hormonal changes. Monitoring blood glucose 4 times daily ensures timely insulin adjustments to prevent hypo- or hyperglycemia. Perineal care is important for hygiene but less critical than glucose control, and resuming physical activity too soon may be inappropriate given her medical condition and recent delivery.

Question: 971

A patient at 36 weeks gestation with vasa previa is scheduled for a cesarean delivery. Which intraoperative precaution is most critical to prevent fetal morbidity?

A. Performing a low transverse uterine incision
B. Administering oxytocin immediately post-delivery
C. Avoiding incision over the fetal vessels

Answer: C

Explanation: In vasa previa, fetal vessels are unprotected and cross the cervical os, making them vulnerable to laceration during cesarean delivery. Careful ultrasound-guided incision planning is critical to avoid transecting these vessels, which could cause rapid fetal exsanguination. Oxytocin administration and incision type are secondary considerations in this context.

Question: 972

The nurse is monitoring a patient with a combined spinal-epidural who reports severe itching. What is the most likely cause?

A. Opioid in the epidural mixture
B. Allergic reaction to anesthetic
C. Skin irritation from adhesive tape

Answer: A

Explanation: Severe itching is a common side effect of opioids, such as fentanyl, used in combined spinal-epidural mixtures, due to histamine release or opioid receptor activation. Allergic reactions typically involve urticaria or respiratory symptoms, and adhesive tape irritation is localized and less severe.

Question: 973

A patient receiving an amnioinfusion develops tachysystole with a contraction frequency of six in 10 minutes. What is the nurse's priority action?

A. Continue the infusion and monitor fetal heart rate
B. Discontinue the infusion and notify the provider
C. Reduce the infusion rate by half

Answer: B

Explanation: Tachysystole during amnioinfusion can lead to fetal hypoxia due to reduced placental perfusion. The priority is to discontinue the infusion to prevent further uterine overstimulation and notify the provider for further management, such as tocolytic administration or fetal assessment.

Question: 974

A patient at 8 weeks postpartum reports a sudden decrease in milk supply after starting oral contraceptives. Which contraceptive is most likely responsible?

A. Progestin-only pill
B. Copper intrauterine device
C. Combined estrogen-progestin pill

Answer: C

Explanation: Estrogen in combined contraceptives can suppress milk production by inhibiting prolactin. Progestin-only pills and copper IUDs have minimal impact on lactation.

Question: 975

A 33-year-old G2P1 at 30 weeks gestation with a history of preterm premature rupture of membranes undergoes umbilical artery Doppler velocimetry, revealing a normal pulsatility index. What is the most appropriate interpretation?

A. Normal placental perfusion
B. Increased risk of fetal hypoxia
C. Severe placental insufficiency

Answer: A

Explanation: A normal pulsatility index on umbilical artery Doppler velocimetry indicates normal placental perfusion and low vascular resistance, reassuring in the context of preterm premature rupture of membranes. This finding does not suggest increased fetal hypoxia or severe placental insufficiency, which would be indicated by elevated indices, absent, or reversed end-diastolic flow.

Question: 976

A couple grieving a neonatal loss at 39 weeks has a hematocrit of 28% (mother) and normal labs (father). Which bereavement intervention is most appropriate?

A. Provide a list of grief counselors and schedule a follow-up in 1 month
B. Offer a memory box with the infant's footprints and monitor the mother for anemia
C. Suggest attending a religious service to find closure

Answer: B

Explanation: The mother's low hematocrit indicates anemia, possibly from blood loss during delivery, requiring monitoring to prevent complications. Offering a memory box with the infant's footprints supports the couple's grieving process by providing tangible mementos. Grief counselors or religious services may be appropriate but do not address the mother's medical needs or offer immediate emotional support as effectively.

Question: 977

A patient attempting a vaginal birth after cesarean (VBAC) develops sudden abdominal pain and a fetal heart rate deceleration to 70 bpm. What is the most likely complication, and what is the nurse's priority action?

A. Uterine rupture; prepare for emergency cesarean
B. Placental abruption; administer oxygen
C. Uterine tachysystole; discontinue oxytocin

Answer: A

Explanation: Sudden abdominal pain with a fetal heart rate deceleration in a VBAC patient strongly suggests uterine rupture, a life-threatening emergency. The priority is to prepare for an emergency cesarean section to deliver the fetus and control maternal hemorrhage. Oxygen and oxytocin discontinuation are secondary actions.

Question: 978

A woman at 40 weeks gestation is admitted in active labor with a cervix 6 cm dilated. Her labor curve shows a prolonged active phase with cervical dilation progressing at 0.5 cm/hour. What is the most likely cause of this labor dysfunction?

A. Cephalopelvic disproportion
B. Inadequate uterine contractions
C. Maternal dehydration

Answer: A

Explanation: A prolonged active phase with slow cervical dilation suggests an obstruction, such as cephalopelvic disproportion, where the fetal head is too large for the maternal pelvis. Inadequate uterine contractions would typically cause hypotonic labor, and dehydration may slow labor but is less likely to cause such a specific pattern.

Question: 979

A nurse is preparing to perform an amniotomy on a patient at 39 weeks gestation with a Bishop score of 8. The fetal head is at -1 station. Which assessment is critical to perform immediately before the procedure to prevent complications?

A. Ensure fetal head is well-applied to the cervix
B. Confirm cervical dilation of at least 4 cm
C. Verify absence of maternal fever

Answer: A

Explanation: Before amniotomy, ensuring the fetal head is well-applied to the cervix (e.g., at -1 station or lower) is critical to prevent umbilical cord prolapse, a serious complication. Cervical dilation is important but secondary to fetal head position. Maternal fever is a concern post-amniotomy due to infection risk but not the primary pre-procedure assessment.

Question: 980

A neonate born at 40 weeks gestation develops persistent cyanosis unresponsive to oxygen therapy. Echocardiography reveals right-to-left shunting across the ductus arteriosus. What is the most appropriate initial intervention?

A. Initiate inhaled nitric oxide therapy
B. Administer indomethacin to close the ductus arteriosus
C. Start prostaglandin E1 infusion

Answer: A

Explanation: Persistent cyanosis and right-to-left shunting across the ductus arteriosus suggest persistent pulmonary hypertension of the newborn (PPHN), where elevated pulmonary vascular resistance causes shunting. Inhaled nitric oxide is a pulmonary vasodilator used to reduce pulmonary hypertension and improve oxygenation. Indomethacin closes the ductus but is contraindicated in PPHN, as ductal patency may be necessary for systemic perfusion. Prostaglandin E1 maintains ductal patency, which is not the primary issue in PPHN.

Question: 981

A 34-year-old woman at 39 weeks gestation delivers a stillborn fetus. Postmortem evaluation suggests placental abruption as the cause. Which maternal condition is most likely associated with this perinatal

loss?

A. Gestational diabetes mellitus
B. Chronic hypertension with superimposed preeclampsia
C. Hypothyroidism treated with levothyroxine

Answer: B

Explanation: Chronic hypertension with superimposed preeclampsia significantly increases the risk of placental abruption, a common cause of perinatal loss due to impaired placental perfusion. Gestational diabetes and treated hypothyroidism are less directly linked to abruption or stillbirth.

Question: 982

A woman in labor at 38 weeks gestation has a prolonged second stage due to fetal macrosomia. What is a potential maternal implication?

A. Postpartum hemorrhage
B. Preeclampsia
C. Urinary tract infection

Answer: A

Explanation: Prolonged second stage due to fetal macrosomia increases the risk of postpartum hemorrhage from uterine atony or trauma. Preeclampsia is unrelated to labor duration, and urinary tract infections are less directly associated.

Question: 983

A pregnant woman at 36 weeks gestation has a history of mitral valve prolapse with severe regurgitation. She develops heart failure (ejection fraction 40%). Her BNP is 800 pg/mL. What is the most appropriate management?

A. Immediate valve replacement
B. Furosemide 40 mg IV and digoxin
C. Metoprolol 25 mg orally twice daily

Answer: B

Explanation: Heart failure from mitral regurgitation requires diuretics (furosemide) and digoxin to manage fluid overload and improve contractility. Valve replacement is not performed in pregnancy. Metoprolol is not first-line for heart failure.

Question: 984

A newborn at 36 weeks gestation presents with a heart rate of 160 bpm, respiratory rate of 60 breaths/min, and a temperature of 36.2°C. Laboratory results show a hematocrit of 68%, hemoglobin of 22.5 g/dL, and a platelet count of 120,000/mm³. Which condition is most likely contributing to these findings?

A. Polycythemia
B. Anemia
C. Thrombocytopenia

Answer: A

Explanation: The elevated hematocrit (68%, normal range: 45–61%) and hemoglobin (22.5 g/dL, normal: 13.5–21.5 g/dL) indicate polycythemia, common in late preterm infants due to increased erythropoietin from relative hypoxia in utero. The platelet count of 120,000/mm³ suggests mild thrombocytopenia but is not the primary concern. Anemia would present with low hematocrit and hemoglobin.

Question: 985

During a vaginal breech delivery, the fetal head becomes entrapped. What is the nurse’s priority action?

A. Administer nitroglycerin IV
B. Prepare for Piper forceps application
C. Apply suprapubic pressure

Answer: B

Explanation: Entrapment of the fetal head in breech delivery requires urgent application of Piper forceps to flex and deliver the head. Nitroglycerin may relax the uterus but is not standard. Suprapubic pressure is used for shoulder dystocia, not head entrapment.

Question: 986

A 28-year-old woman at 26 weeks gestation with a cervical length of 18 mm is asymptomatic. What is the most appropriate management?

A. Administer betamethasone
B. Initiate emergency cerclage
C. Prescribe vaginal progesterone

Answer: C

Explanation: Vaginal progesterone is indicated for asymptomatic women with a cervical length ≤25 mm to reduce preterm birth risk. Betamethasone is for imminent delivery, and emergency cerclage is for cervical dilatation with exposed membranes, not applicable here.

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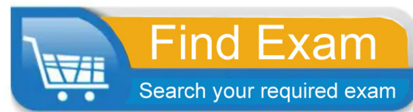

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