

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

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

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 OBJ:Nursing Process: Planning
MSC:Client Needs: Health Promotion and Maintenance

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 OBJ:Nursing Process: Planning
MSC:Client Needs: Safe and Effective Care Environment

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