AMCB CNM - Quiz Questions with Answers

Intrapartum (IP)

1.

A client is moving quickly through labor. Their prenatal record is positive for g*roup B Streptococcus (GBS)*, but the nurses are having trouble placing an IV. Which of the following is the best option?

Assist the nurse with placing the IV

Give the antibiotics by intramuscular injection

Administer oral antibiotics now and again in four hours

Explain that antibiotics cannot prevent GBS disease

Correct answer: Assist the nurse with placing the IV

Oral or intramuscular antibiotic regimens are not comparably effective to intravenous antibiotics in preventing early onset disease. Prophylactic intravenous antibiotics decrease this risk.

2.

A G1P0 client is on the labor and delivery unit in spontaneous labor at 9 cm, 100% effaced, and station +1. Four hours ago, they were 6 cm, 80% effaced, and -1 station. The bag of water is intact, and the fetal heart rate is 145 bpm with accelerations and early decelerations. They are drinking coconut water and rocking in the shower.

Which of the following should be included in the labor management plan?

Expectant management

Amniotomy

Intravenous fluid therapy

Oxytocin augmentation

Correct answer: Expectant management

This client's labor pattern is normal and does not require amniotomy or oxytocin augmentation. There is no need for IV hydration if they are orally hydrating.

3.

A patient presents in active labor, but fetal descent has slowed. The midwife attempts to assess clinical pelvimetry during labor and notes that the posterior pelvis is wider than the anterior pelvis.

What is the classification of this pelvic type?

Android

Anthropoid

Platypelloid

Gynecoid

Correct answer: Android

An android pelvis is heart-shaped or triangular, and the posterior pelvis is wider than the anterior. It has a poor prognosis for a vaginal birth, requiring operative delivery or cesarean section.

An anthropoid pelvis is oval-shaped, and the anteroposterior diameter is longer than the transverse diameter. A platypelloid pelvis is a flattened gynecoid-shape and has a wide transverse diameter with a short anteroposterior diameter (with a poor prognosis for vaginal birth). A gynecoid pelvis is round-shaped, as the transverse diameter is only slightly longer than the anteroposterior diameter.

4.

Which of the following medications is MOST appropriate for prophylaxis against group B streptococcus (GBS) in labor?

Ampicillin

Erythromycin

Ceftriaxone

Clindamycin

Correct answer: Ampicillin

Ampicillin or penicillin is the first-line prophylaxis for Group B Streptococcus (GBS) in labor due to the wide coverage of these antibiotics.

Erythromycin and ceftriaxone are not first choices for GBS prophylaxis. Clindamycin can be used for penicillin-allergic women if the GBS strain is susceptible; however, it is not the first choice.

5.

A woman in the second stage of labor is noted to have greenish amniotic fluid. What is the primary concern for the fetus?

Meconium aspiration

Chromosomal abnormalities

Intrauterine growth restriction

Shoulder dystocia

Correct answer: Meconium aspiration

Greenish amniotic fluid indicates the presence of meconium, which can be aspirated by the fetus, leading to meconium aspiration syndrome.

The presence of meconium in the amniotic fluid does not significantly increase the risk of chromosomal abnormalities, intrauterine growth restriction, or shoulder dystocia.

6.

When considering tocolysis, which of the following is MOST effective?

A calcium channel blocker

Magnesium sulfate

Magnesium sulfate combined with a calcium channel blocker

A calcium channel blocker combined with a benzodiazepine

Correct answer: A calcium channel blocker

Calcium channel blockers are considered the most effective type of tocolytic.

Magnesium sulfate can also be used to achieve tocolysis. Magnesium sulfate should not be combined with a calcium channel blocker due to drug interactions. Benzodiazepines are not utilized as tocolytics.

7.

A student midwife is concerned about the management of the first stage of labor for a low-risk G1P0 patient who is 6 cm dilated and progressing normally. The fetal heart rate is category I, and the midwife is anticipating a spontaneous vaginal birth. The patient is utilizing hydrotherapy for pain management.

Which of the following interventions would the midwife MOST likely include in their plan of care?

Intermittent fetal heart rate (FHR) monitoring

Initiate an intravenous (IV) catheter

Prepare the patient for an epidural

Apply external continuous FHR monitoring

Correct answer: Intermittent fetal heart rate (FHR) monitoring

Intermittent fetal heart rate monitoring is appropriate for low-risk pregnancies.

Nothing in the patient's history demonstrates a requirement for an IV catheter or external continuous FHR monitoring. The patient has not expressed a need for an epidural.

8.

A midwife is discussing how the rotation of the fetal head maximizes the anterior-posterior (AP) diameter. Which of the following is the related cardinal movement of labor?

Internal rotation

External rotation

Restitution

Flexion

Correct answer: Internal rotation

Internal rotation is the 45-degree rotation to the occiput anterior that allows the head to maximize the anterior-posterior diameter of the gynecoid pelvis. External rotation is when the head rotates 45 degrees and the shoulders complete the rotation to allow delivery in the direct AP diameter.

Restitution is when the fetal vertex rotates to 45 degrees as the shoulders enter the AP diameter. In flexion, the vertex begins partially flexed and transitions to completely flexed when reaching the pelvic floor to change the presenting diameter of the suboccipitobregmatic to 9.5 cm.

9.

A midwife notes absent variability and recurrent variable decelerations. Which of the following is the fetal heart rate (FHR) classification?

Category III

Category I

Category II

Unable to determine

Correct answer: Category III

Category III involves absent variability with recurrent variable (or late) decelerations, bradycardia, or a sinusoidal pattern.

Category I and category II do not include absent variability. Category I indicates moderate variability and no variable or late decelerations. Category II may have minimal variability or recurrent variable decelerations but not absent variability with recurrent late or variable decelerations. There is enough information to make a determination.

10.

Which of the following would NOT be a contraindication to tocolysis?

Spontaneous rupture of membranes

Chroioamnionitis

Placental abruption

Placenta previa

Correct answer: Spontaneous rupture of membranes

Tocolysis is used to delay birth and allows providers to provide steriods to hasten lung maturity. Spontaneous rupture of membranes does not contraindicate tocolysis and may initiate the onset of labor, requiring tocolysis.

Chroioamnionitis, placental abruption, and placenta previa are all contraindications to tocolysis in most circumstances.

11.

Which of the following is the MOST effective tocolytic?

Nifedipine

Terbutaline

Magnesium sulfate

Ethanol

Correct answer: Nifedipine

Nifedipine is a calcium channel blocker that is the most effective and common tocolytic.

Terbutaline is a drug that is no longer used as a tocolytic. Magnesium sulfate acts on vascular smooth muscle to cause vasodilation but is ineffective as a tocolytic; instead, it is recommended for neuroprotection. Ethanol was used as a tocolytic decades ago but is ineffective.

12.

A fetal heart rate tracing shows late decelerations. What is the MOST likely cause?

Uteroplacental insufficiency

Fetal head compression

Umbilical cord compression

Maternal hypertension

Correct answer: Uteroplacental insufficiency

Late decelerations indicate reduced oxygen flow to the fetus. This is often due to uteroplacental insufficiency.

Fetal head compression is likely to lead to early decelerations, not late decelerations. Cord compression is more likely to cause variable decelerations. Maternal hypotension may cause late decelerations. However, it is not as common a cause of late decelerations as uteroplacental insufficiency.

13.

A patient is experiencing contractions every 5 minutes that last 60 seconds for the last hour. They present to the clinic to be assessed for active labor, and the midwife determines that the cervix is closed, thick, and high. The midwife discusses how to differentiate between active labor and other contractions.

Which of the following is true?

The patient should return when the contractions are stronger and closer together.

Braxton Hicks contractions only occur during early labor.

The patient should return when contractions are every 5 minutes.

Active labor contractions involve tightening of only the abdomen.

Correct answer: The patient should return when the contractions are stronger and closer together.

Active labor occurs when the contractions grow stronger and closer together. Braxton Hicks contractions can occur beginning in the second trimester.

Active labor contractions can include abdominal tightening, low back pain, pain that wraps around the abdomen to the back, or cramping that radiates to the thighs.

14.

A midwife hangs intravenous fluids for a patient with signs of dehydration during labor. Which of the following is NOT a common intravenous fluid for labor?

Dextrose 5% in water (D5W)

0.9% NaCl solution

Lactated Ringer's solution

5% dextrose with lactated Ringer's solution (D5LR)

Correct answer: Dextrose 5% in water (D5W)

D5W is not commonly used during labor. Lactated Ringer's is commonly used, followed by 0.9% NaCl solution and D5LR.

15.

A certified nurse-midwife is practicing community midwifery on a laboring client with blood pressures of 193/117 and "the worst headache of my life." The client with preeclampsia with severe features lost intravenous access and required immediate magnesium sulfate administration.

In an emergency, which of the following routes of administration is appropriate?

Intramuscular (IM)

Intraosseous (IO)

Sublingual (SL)

Per rectum (PR)

Correct answer: Intramuscular (IM)

Magnesium sulfate is normally given intravenously but can be given intramuscularly. However, the intramuscular route is less preferable due to the variability of effective concentration levels.

16.

Which of the following statements is true about prenatal cell-free DNA testing?

Cell-free DNA testing screens for problems with sex chromosomes.

The placenta should not release fetal DNA into the bloodstream.

Prenatal cell-free DNA testing evaluates for neural tube defects.

The cell-free DNA test is a diagnostic tool for aneuploidy.

Correct answer: Cell-free DNA testing screens for problems with sex chromosomes.

Cell-free DNA testing screens for trisomy 13, 18, and 21 and problems with sex chromosomes. This testing occurs as early as 10 weeks, and results return in 1 to 2 weeks.

Prenatal cell-free DNA testing evaluates the small amount of DNA that the placenta releases in the maternal bloodstream. Cell-free DNA testing does not screen for neural tube defects. This screening test can indicate an increased risk for fetal aneuploidy.

17.

A midwife notes a fetal heart rate (FHR) of 102 bpm for 11 minutes. Which of the following is the FHR baseline?

Bradycardia

Marked bradycardia

Normal range baseline

Baseline shift

Correct answer: Bradycardia

Bradycardia is an FHR below 110 bpm for 10 minutes or longer.

Marked bradycardia is an FHR below 100 bpm for 10 minutes or longer. The normal baseline range is 110 to 160 bpm. There is no information to indicate a shift in the baseline.

18.

Which of the following pregnant patients is the MOST appropriate candidate for betamethasone?

A patient at 33 weeks with a cervical change from 3 cm to 4 cm

A patient at 34 weeks who is likely to deliver within the hour

A patient at 18 weeks with a cervix that has dilated to 7 cm

A patient at 37 weeks who is contracting every 2 to 3 minutes and 4 cm

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Correct answer: A patient at 33 weeks with a cervical change from 3 cm to 4 cm

A patient at 33 weeks with a cervical change from 3 cm to 4 cm will have the time to benefit from a betamethasone injection to mature the fetal lungs.

A patient who is likely to deliver within the hour will not benefit from betamethasone. The betamethasone is not administered prior to viability, and 18 weeks is too early. A patient at 37 weeks gestation is considered at term and would not be an appropriate candidate.

19.

Which of the following statements is TRUE about nitrous oxide?

Nitrous oxide is an anxiolytic and analgesic medication.

Nitrous oxide has no risk of adverse reactions.

Nitrous oxide has an unpleasant taste or odor to some patients.

One benefit of nitrous is that it doesn't cross the placenta.

Correct answer: Nitrous oxide is an anxiolytic and analgesic medication.

Nitrous oxide is an anxiolytic and analgesic inhalant that is self-administered by the patient.

Nitrous oxide has a risk of adverse reactions like neuroapoptosis, loss of consciousness, nausea and vomiting, megaloblastic anemia, and others at high doses. Nitrous oxide is an odorless and tasteless gas that crosses the placenta.

20.

A laboring woman's contractions are two minutes apart, lasting 90 seconds, and are strong in intensity. What is the PRIORITY action?

Prepare for imminent delivery

Administer pain relief

Evaluate fundal height

Encourage ambulation

Correct answer: Prepare for imminent delivery

Frequent, long, and strong contractions suggest advanced labor and imminent delivery.

Pain relief is important to consider; however, it is secondary to preparing for delivery when delivery is imminent. Ambulation isn't recommended when delivery is imminent. It may be appropriate to evaluate the patient's cervix; however, evaluating fundal height is unlikely to be helpful.

21.

Which of the following clients is at risk of longer labor?

Grand multiparity

Intrauterine growth restriction (IUGR)

Premature labor

Cocaine usage

Correct answer: Grand multiparity

Grand-multiparous patients are at increased risk for prolonged and dysfunctional labor.

IUGR may lead to faster labor. Premature labor does not cause longer labor. Cocaine usage can cause precipitous birth.

22.

A midwife is attending a birth when they observe the "turtle sign" and request assistance. Which of the following maneuvers would the midwife attempt?

Perform Wood's screw maneuver

Place the patient in the Trendelenburg position

Attempt delivery of the anterior arm

Cut a mediolateral episiotomy

Correct answer: Perform Wood's screw maneuver

After identifying shoulder dystocia, the midwife will request assistance from a physician, pediatrician, anesthesia, and other nursing staff. The midwife will encourage the patient to stop pushing and initiate maneuvers to manage the shoulder dystocia. The midwife should perform the McRoberts maneuver, request suprapubic pressure, rotate the shoulders to oblique, deliver the posterior arm, attempt delivery in Gaskin, or attempt Wood's screw maneuver.

Trendelenberg positioning will not promote the delivery of the anterior shoulder. The anterior shoulder has impinged on the pubic bone, so the midwife should attempt to deliver the posterior arm. An episiotomy is only useful to increase space for the hands to perform the above maneuvers.

23.

A midwife palpates a longitudinal lie with a hard, round prominence in the fundus that is mobile. Which presentation is this?

Breech

Shoulder

Face

Vertex

Correct answer: Breech

Breech presentation involves a longitudinal lie with a hard, round prominent in the fundus that is mobile.

A shoulder presentation is a transverse presentation with the shoulder as the presenting part. A face presentation is a longitudinal lie with a cephalic presentation, but the head is extended and the occiput is proximal to the spine. In a vertex presentation, the head is the presenting part.

24.

A midwife is caring for a laboring patient at 38 weeks of gestation following a spontaneous rupture of membranes (SROM). Upon cervical examination, the midwife palpates a pulsating soft piece of tissue looped around the fetal head.

Which of the following is the next best step?

Elevate the fetal head and change the maternal position to knee-chest

Apply a fetal scalp electrode (FSE) and intrauterine pressure catheter (IUPC)

Manipulate the tissue back into the uterus and palpate for pulsation

Call a physician and prepare for an operative vaginal delivery

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Correct answer: Elevate the fetal head and change the maternal position to knee-chest

Every midwife must know the emergency response to the complication of umbilical cord response. Cord prolapse can occur with the rupturing of membranes and is identified by palpation of the cord during vaginal examination (or if visible at the vaginal introitus). The midwife should elevate the presenting part of the cord and assist the client into the knee-chest position or a steep left-lateral Trendelenburg position.

Applying an FSE or IUPC would require removing hands from elevating the presenting part. Manipulation of the cord may cause cord spasm, and palpating the cord pulsations is not an adequate indicator of fetal status. Finally, the midwife should call the physician to prepare for a cesarean section, not an operative vaginal delivery.

25.

A midwife is present for a patient's second stage of labor. Which type of pushing should the midwife explain to the patient?

Open glottis pushing

Closed glottis pushing

Laboring down

Valsalva pushing

Correct answer: Open glottis pushing

Open glottis pushing is physiologic, and patients should be coached to push in this manner. Closed glottis pushing is also known as Valsalva pushing. It can decrease blood flow to the uterus, cause more fetal heart rate decelerations, and increase the risk of perineal trauma.

Laboring down is passive descent; this should occur before active pushing and can allow a patient with an epidural to rest.

26.

Which of the following statements is true about anesthesia and analgesia during labor?

Analgesia is different from anesthesia.

Analgesia is used immediately prior to birth.

Anesthesia includes hypnotics, sedatives, and opioids.

Anesthesia medications can have an amnesiac effect.

Correct answer: Analgesia is different from anesthesia.

Analgesia decreases the pain sensation, but anesthesia provides a complete neurologic block.

Analgesia should be avoided within one hour before birth because it can cause respiratory depression in the fetus. Options include hypnotics, sedatives, and opioids. Analgesia medications can have an amnesiac effect.

27.

A midwife assists with a partial breech extraction. Which of the following is true?

The midwife should empty the patient's bladder before the second stage.

The midwife should be ready with the ultrasound machine.

The midwife should have oxytocin ready for protraction disorder.

The midwife should guide the infant's body out to the umbilicus.

Correct answer: The midwife should empty the patient's bladder before the second stage.

The midwife should empty the patient's bladder before the second stage in this case.

An ultrasound machine is not likely to be necessary during a breech birth. Oxytocin for protraction disorders is controversial, and a cesarean section is typically indicated. The birth should be hands-off until the body is born to the infant's umbilicus.

28.

Which of the following is a contraindication for a vacuum-assisted vaginal delivery?

Fetal gestation fewer than 34 weeks

Maternal exhaustion

Occiput posterior position

Prolonged second stage of labor

Correct answer: Fetal gestation fewer than 34 weeks

Vacuum-assisted delivery is contraindicated before 34 weeks due to the risk of intraventricular hemorrhage in the fetus.

Maternal exhaustion, occiput posterior position, and a prolonged second stage might make vacuum delivery more challenging, but they are not absolute contraindications.

29.

Which of the following should NOT be combined with magnesium sulfate?

Nifedipine

Albuterol

Penicillin

Calcium gluconate

Correct answer: Nifedipine

Calcium channel blockers interact with magnesium sulfate and should not be administered concurrently.

Calcium gluconate is the antidote for magnesium sulfate and may be combined with magnesium sulfate if toxic effects develop. Albuterol and penicillin are not necessary to avoid combining with magnesium sulfate like calcium channel blockers are.

30.

Thirty-five minutes after giving birth, a patient has not yet birthed the placenta. Which of the following is the midwife's priority concern?

Retained placenta

Endometritis

Subinvolution

Postpartum hemorrhage

Correct answer: Retained placenta

If the third stage lasts longer than 30 minutes, a retained placenta is likely.

Endometritis, subinvolution, and postpartum hemorrhage are concerns related to retained placenta. However, the priority intervention is to notify the consulting physician.

31.

For which patient is carboprost contraindicated?

A patient with a history of asthma

A patient with gestational hypertension

A patient with a history of gestational diabetes

A patient with a severe postpartum hemorrhage

Correct answer: A patient with a history of asthma

Carboprost (Hemabate) is contraindicated in those with a history of asthma because it has been demonstrated to exacerbate asthma.

Carboprost should be used cautiously in patients with hypertension and diabetes. Hemabate is given to patients with the indication of a severe postpartum hemorrhage.

32.

Which of the following is NOT a fetal heart rate (FHR) monitoring technique?

FHR on sonogram

Continuous fetal monitoring

Internal FHR

Intermittent FHR by fetoscope

Correct answer: FHR on sonogram

A sonogram is not an FHR-monitoring technique.

Continuous fetal monitoring consists of external FHR detection and tracing FHR. Internal FHR monitoring is done by fetal scalp electrodes in high-risk cases. Intermittent FHR auscultation is done by a fetoscope or Doppler.

33.

A midwife performs a vaginal exam and palpates the presenting part at the level of the ischia spines. Which of the following is the likely fetal station?

0 station

-1 station

+1 station

Ballotable

Correct answer: 0 station

The presenting part at the level of the ischia spines is at zero station.

-1 station means the presenting part is one centimeter above the level of the ischial spine. +1 station means the presenting part is one centimeter below the level of the ischial spine. Ballotable means that the presenting part floats up when pressure is applied.

34.

For labor pain, which of the following medications has the fewest adverse reactions at low doses?

Nitrous oxide

Butorphanol

Nalbuphine

Morphine sulfate

Correct answer: Nitrous oxide

Nitrous oxide has few adverse effects at low doses and when self-administered.

The other options are opioid narcotics, which can cause respiratory distress and neonatal abstinence syndrome.

35.

Which of the following is a clinical intrapartum indication for a pediatric provider's involvement in a birth?

Chorioamnionitis

Category II fetal heart rate tracing

Opioid analgesia four hours before birth

Congenital abnormality

Correct answer: Chorioamnionitis

Chorioamnionitis is a clinical intrapartum indication for a pediatrician or neonatologist to be present at birth.

A category III fetal heart rate tracing is an intrapartum indication for a pediatric provider to be present at birth. Opioid analgesia given within an hour before is an indication. Congenital abnormalities are an obstetric indication, not an intrapartum indication.

36.

Which suture material is MOST commonly used for the repair of perineal lacerations?

Vicryl

Prolene

Silk

Chromic gut

Correct answer: Vicryl

Vicryl is the most common type of suture material used for the repair of perineal lacerations.

Chromic gut is an absorbable suture material that is an adequate alternative to vinyl, but less commonly used. Prolene is traditionally used for skin closure. Silk is nonabsorbable, and vicryl is absorbable.

37.

A midwife is evaluating a fetal heart rate (FHR) tracing with minimal variability and a baseline of 130 bpm. There is a 9-minute prolonged deceleration that recovers. Which of the following is the appropriate FHR tracing classification?

Category II

Category I

Category III

Indeterminate

Correct answer: Category II

In a category II tracing, a prolonged deceleration can be between 2 to 10 minutes long.

A category I tracing is a normal result that is associated with a normal acid-base balance and a normal baseline, moderate FHR variability, variability, and absent late or variable decelerations. A category III tracing is associated with absent variability and bradycardia, recurrent variable decelerations, recurrent late decelerations, and sinusoidal patterns.

The tracing is not indeterminate because the midwife can evaluate the patient's baseline, variability, and other factors.

38.

Which of the following is NOT assessed during vaginal examinations while a patient is in labor?

Cervical tone

Cervical dilation

Cervical effacement

Fetal descent

Correct answer: Cervical tone

Cervical tone is not typically considered important to assess during vaginal examinations while a patient is in labor.

Cervical dilation and effacement along with fetal descent are all assessed in a vaginal examination during labor.

39.

A midwife cares for a low-risk patient in the first stage of labor. Their membranes have ruptured; they are 5 cm dilated and prefer to remain upright.

Which of the following fetal monitoring and activity orders would the midwife include in the plan of care?

Up ad-lib and intermittent fetal monitoring

Encourage bed rest and continuous external monitoring

Up ad-lib and continuous external monitoring

Encourage bed rest and continuous internal monitoring

Correct answer: Up ad-lib and intermittent fetal monitoring

This patient has no obstetric risk factors. The fetal heart rate can be auscultated intermittently, as long as fetal well-being is ascertained. The patient may ambulate and does not need to remain on bed rest at this time.

40.

A patient with a breech presentation is spontaneously bearing down, and the birth is imminent. Which of the following is true?

The fetal back should spontaneously rotate anteriorly.

Keep hands off the breech until the scapula is born.

Avoid the Mauriceau-Smellie-Veit maneuver to maintain head flexion.

Apply downward traction to deliver the head by the curve of Carus.

Correct answer: The fetal back should spontaneously rotate anteriorly.

The fetal back should spontaneously rotate anteriorly, and the head should not be allowed to rotate to the occiput posterior (OP) position.

Keep hands off the breech until the fetus is born to the umbilicus. Employ the Mauriceau-Smellie-Veit maneuver to maintain head flexion if it is needed. Apply upward traction to deliver the head by the curve of Carus while elevating the body.

41.

Which of the following muscles is NOT part of the levator ani?

Bulbocavernosus

Pubovaginalis

Iliococcygeus

Pubococcygeus

Correct answer: Bulbocavernosus

Bulbocavernosus (sphincter vaginalis) is the perineal muscle between the anus and the genitals.

The levator ani includes the iliococcygeus, and the pubococcygeus includes pubovaginalis, puborectalis, and pubococcygeus proper.

42.

A midwife notes a prolonged fetal heart rate (FHR) deceleration immediately following spontaneous rupture of membranes. Which of the following is the midwife's PRIMARY concern?

Umbilical cord prolapse

Meconium-stained fluid

Placental abruption

Uterine rupture

Correct answer: Umbilical cord prolapse

Umbilical cord prolapse is the presumptive diagnosis if a prolonged FHR occurs immediately following the rupture of membranes.

Meconium-stained fluid is caused by fetal distress. Placental abruption may or may not cause fetal distress, depending on the severity of bleeding. A less severe abruption has a less severe presentation. The primary sign of uterine rupture is a loss of fetal station, not fetal distress with rupture of membranes.

43.

Which of the following is an indication for magnesium sulfate during labor?

Fetal neuroprotection

Tocolytic

Anti-hypertensive agent

Status epilepticus

Correct answer: Fetal neuroprotection

A patient in preterm labor receives magnesium sulfate because it provides neuroprotection to the fetus.

Magnesium sulfate may have tocolytic properties but should not be given as a tocolytic. It is given to preeclamptic patients to reduce the risk of seizure. Magnesium sulfate is not recommended to treat status epileptics at this time.

44.

A midwife is caring for a patient in triage who presents with painful vaginal bleeding, a rigid uterus, and maternal tachycardia. What priority intervention will the midwife MOST likely include in the plan of care?

Prepare for an immediate cesarean section

Perform expectant management

Admit for hospitalization and bed rest

Administer RhoGAM

Correct answer: Prepare for an immediate cesarean section

Signs of shock, uterine rigidity, and painful vaginal bleeding indicate a complete placental abruption. With a complete placental abruption, the midwife should prepare for an immediate cesarean section and notify the consultant physician.

Expectant management may be acceptable for a marginal placental abruption but not a complete placental abruption. Bed rest and hospitalization are appropriate for painless bleeding with placenta previa. If the patient is unsensitized and Rh-negative, RhoGam is appropriate. However, the priority is proceeding with an immediate cesarean section.

45.

Which of the following gestation ranges characterizes very preterm birth?

<32 weeks

32 0/7 weeks through 33 6/7 weeks

34 0/7 weeks through 36 6/7 weeks

28 0/7 weeks through 33 6/7 weeks

Correct answer: <32 weeks

Very preterm birth is defined as birth from <32 weeks through 33 and 6/7 weeks. Moderately preterm is 32 0/7 weeks through 33 6/7 weeks. Late preterm is 34 0/7 weeks through 36 6/7 weeks.

While 28 to 31 6/7 weeks is included in the classification of very preterm birth, very preterm birth also includes infants born before 28 weeks.

46.

A midwife is caring for a patient who gave birth to a healthy infant following a 2-day induction. Their medical history includes depression stable with sertraline 75 mg PO daily, mild asthma with a bronchodilator for occasional attacks, and symphysis diastasis. They are currently breastfeeding and would like to start birth control.

Which of the following medication orders should the midwife question?

Hemabate 250 mcg IM PRN bleeding

Sertraline 75 mg PO daily

Progestin-only pill

Ibuprofen 600 mg q 6 hours PRN pain level 3-5

Correct answer: Hemabate 250 mcg IM PRN bleeding

Hemabate is contraindicated for those with asthma.

Sertraline 75 mg PO daily should be continued postpartum to mitigate risks of postpartum depression. The progestin-only pill can be ordered in the postpartum period but is typically not started until about 4 weeks postpartum. Ibuprofen 600 mg 6 hours PRN pain is safe for breastfeeding and effective for postpartum discomfort.

47.

Which of the following is an abnormal labor status?

A multipara is dilating less than 1.5 cm/hr in active labor.

In active labor, contractions occur every three to four minutes.

A nullipara is moving the baby less than 1 cm/hr in the second stage.

A nullipara is in latent labor in the first stage for 19.5 hours.

Correct answer: A multipara is dilating less than 1.5 centimeters per hour.

A multipara is dilating less than 1.5 centimeters per hour in active labor. In active labor, contractions occur every two to three minutes.

In the second stage, a nullipara should the baby less than 1 centimeter per hour. In the first stage of labor, the latent phase is considered abnormal for a nullipara after 20 hours.

48.

While managing a third-stage postpartum hemorrhage, a midwife gives 40 units of medication in one liter of normal saline. Which of the following medications did the midwife administer?

Oxytocin

Carboprost tromethamine

Methylergometrine

Misoprostol

Correct answer: Oxytocin

Oxytocin is given to prevent postpartum hemorrhage at 20 to 40 units in one liter of lactated ringer or normal saline.

Carboprost tromethamine is administered intramuscularly, not intravenously. Methylergometrine is administered intramuscularly or orally. Misoprostol is not administered intravenously.

49.

How do cardinal movements differ between occiput anterior (OA) and occiput posterior (OP)?

For an OA fetus, birth occurs by head extension following internal rotation.

For a fetus in the OP position, the vertex rotates 45 degrees to OA during restitution.

In the OP position, birth occurs by extension of the fetal head and then flexion.

An OP fetus does not experience the cardinal movement of internal rotation.

Correct answer: For an OA fetus, birth occurs by head extension following internal rotation.

In the birth of an occiput anterior fetus, the birth of the head occurs by extension immediately following internal rotation.

In the OP position, the vertex rotates 45 degrees to the LOP or ROP during restitution. After internal rotation is complete for an OP fetus, the birth of the head occurs by flexion until the sinciput impinges under the pubic bone, and then the remainder of the head is born by extension. An OP fetus experiences internal rotation in which the head rotates 45 degrees to the OP position.

50.

Which of the following cardinal movements prompts the birth of the fetal head?

Extension

Expulsion

External rotation

Flexion

Correct answer: Extension

The eight cardinal movements of labor allow birth to occur in the vertex presentation. Extension is the mechanism by which the fetal head is born. The fetal head follows the curve of Carus, and the fetal head pivots under the pubic symphysis.

Expulsion is the maternal effort to birth the fetus. External rotation occurs as the shoulders rotate 45 degrees. Flexion occurs when the fetal head meets the resistance of the pelvic floor during descent.

51.

Which of the following criteria indicates a marginal placenta previa?

The placental edge is within 1 cm of the cervical os.

The placenta completely covers the cervical os.

The placenta partly covers the cervical os.

The placental edge must touch the cervix.

Correct answer: The placental edge is within 1 cm of the cervical os

A marginal placenta previa occurs when the edge of the placenta is within 1 cm of the cervical os.

A complete placenta previa is when the placenta completely covers the cervical os. The placenta partially covers the cervical os in the partial placenta previa. In a marginal placenta previa, the criteria do not require it to touch the cervix.

52.

A midwife notes a baseline fetal heart rate (FHR) of 145 bpm with moderate variability, accelerations, and recurrent variable and early decelerations. What is the FHR tracing classification?

Category II

Category I

Category III

Unable to determine

Correct answer: Category II

Category II fetal heart tracings include minimal or moderate variability with recurrent variable decelerations.

Category I FHR tracings are normal and include moderate FHR variability, no late or variable decelerations, and a normal baseline. Early decelerations and accelerations may or may not be present. Category III FHR tracings have absent variability in conjunction with other factors like bradycardia, recurrent variable or late decelerations, or sinusoidal pattern.

This FHR tracing is classifiable because there is an established baseline, variability, and other details like accelerations and decelerations.

53.

A midwife is performing clinical pelvimetry and notes a wide transverse diameter with a significantly shorter anteroposterior diameter. Which of the following is the MOST likely classification of pelvis type?

Platypelloid

Gynecoid

Android

Anthropoid

Correct answer: Platypelloid

A platypelloid pelvis is a flattened gynecoid pelvis with a wide transverse diameter and significantly shorter anteroposterior diameter.

A gynecoid pelvis is a transverse diameter that is only slightly longer than the anteroposterior diameter. An android pelvis is heart or triangle-shaped. An anthropoid pelvis is oval-shaped, and the anteroposterior diameter is longer than the transverse diameter.

54.

A midwife inspects a patient's perineum following a normal spontaneous vaginal birth. The midwife notes the laceration through the vaginal mucosa, posterior fourchette, and perineal skin.

Which of the following would the midwife prepare to repair?

First-degree perineal laceration

Second-degree perineal laceration

Third-degree perineal laceration

Periurerthral laceration

Correct answer: First-degree perineal laceration

The midwife would prepare to repair a first-degree laceration, which involves the perineal skin, posterior fourchette, and vaginal mucosa.

A second-degree perineal tear involves the same structure as the first-degree and perineal muscles. A third-degree perineal laceration includes second-degree criteria and tearing through the thickness of the rectal sphincter. A fourth-degree perineal laceration includes all third-degree criteria and tearing of the rectal mucosa.

55.

A midwife is performing a vaginal examination of a G2P1 patient who presents in active labor at 5 cm/90%/-1. The midwife notes small vesicles on the labia majora. Which of the following is indicated?

Prepare for a cesarean section

Continue expectant management

Order oral antiviral medication

Order intermittent FHR monitoring

Correct answer: Prepare for a cesarean section

The midwife should offer the patient a cesarean section since they have active genital lesions during labor.

In the presence of the herpes simplex virus during labor, expectant management and oral antiviral medication are not appropriate. Intermittent FHR monitoring is not a priority at this time.

56.

A midwife notes a second-degree perineal laceration. Which mechanism of repair would the midwife include in the delivery note?

Close the vaginal mucosa with a continuous locked stitch.

Begin the repair approximately 2 cm beyond the apex of the laceration.

Use locked stitches to the level of the bulbocavernosus muscle.

Use 4-0 suture material to repair any deep lacerations.

Correct answer: Close the vaginal mucosa with a continuous locked stitch.

The mechanism of second-degree perineal laceration is to repair the vaginal mucosa, posterior fourchette, perineal skin, and perineal muscles. Close the vaginal mucosa with a continuous locked stitch.

Begin the repair approximately 1 cm beyond the apex of the laceration. Pass the needle under the hymenal ring, using unlocked stitches to the level of the bulbocavernosus muscle; 4-0 suture material is reserved for finer repairs.

57.

A postpartum patient is GBS positive with a maternal blood type of B, Rh status of negative, and an iron level of 11. The patient has no other medical conditions, received antibiotics four hours before birth, and experienced uncomplicated labor and spontaneous vaginal birth.

Which diagnostic test is MOST appropriate during the management of the third stage?

Fetal blood type and Rh

Newborn complete blood count

Maternal hemoglobin and hematocrit

Infant arterial cord blood gases

Correct answer: Fetal blood type and Rh

Umbilical cord blood is used to evaluate the newborn's blood type and Rh status in the case of an Rh-negative mother to evaluate whether RhoGAM is needed.

A newborn complete blood count is unnecessary, as there appears to be no risk for infection or other conditions at this time. There is no indication of hemorrhage or any reason to perform maternal hemoglobin and hematocrit testing at this time. Infant arterial cord blood gases are not a priority, as there are no risks associated with this labor or birth for acidosis.

58.

A midwife is attending the birth of a long-time patient and asks for a stool during the second stage. Which of the following findings did the midwife most likely observe?

Turtle sign

Estimated fetal weight of 4 kg

Gestational diabetes

Full bladder

Correct answer: Turtle sign

The turtle sign is the immediate retraction of the fetal head against the perineum following extension. This sign indicates shoulder dystocia.

While an estimated fetal weight (EFW) above 4,000 grams or a diagnosis of gestational diabetes may increase the risk of shoulder dystocia, the midwife would already be prepared for shoulder dystocia. The midwife would likely ask for a straight catheter after noting a full bladder.

59.

Which of the following is a possible adverse effect of oxytocin?

Postpartum hemorrhage

Hypotensive episodes

Increased diuresis

Diffusion hypoxia

Correct answer: Postpartum hemorrhage

An excessive dosage of oxytocin over a prolonged period can cause a postpartum hemorrhage.

Oxytocin can cause hypertensive episodes. Oxytocin has an antidiuretic effect, but postpartum diuresis is normal. Nitrous oxide may cause diffusion hypoxia at high, prolonged doses.

60.

What is true about expulsive effort during the second stage of labor?

The patient should be encouraged to push spontaneously and physiologically.

Patients without an epidural should "labor down" or have a resting period before pushing.

Open glottis physiologic pushing involves holding a breath and bearing down.

The patient should be instructed to push hard during the crowning of the fetal head.

Correct answer: The patient should be encouraged to push spontaneously and physiologically.

The patient should be encouraged to push spontaneously and in whatever position or way feels best to them. Closed glottis (Valsalva) pushing decreases cardiac output and blood flow to the uterus, causes FHR decelerations, and increases perineal trauma.

"Laboring down" helps patients with an epidural to promote rest and passive descent before pushing. Closed glottis pushing involves holding a breath and bearing down. The patient should be encouraged to pant during crowning.

61.

What are the cardinal movements of a fetus in the occiput posterior (OP) position?

After internal rotation is complete, the birth of the head occurs by flexion.

After internal rotation is complete, the birth of the head occurs by extension.

In restitution, the vertex rotates 45 degrees to the LOA or ROA position.

The majority of OP presentations assume a short arc rotation of 45 degrees.

Correct answer: After internal rotation is complete, the birth of the head occurs by flexion.

After internal rotation is complete, the birth of the head occurs by flexion until the sinciput impinges under the pubic bone. Then, the remainder of the head is born by extension.

In the birth of an occiput anterior fetus, the birth of the head occurs by extension immediately following internal rotation. The vertex rotates 45 degrees to the LOP or ROP in the OP position. The majority (90%) of OP presentations rotate to a long arc rotation of 135 degrees.

62.

A midwife puts a patient on continuous FHR monitoring for 20 minutes prior to an induction of labor. The initial baseline is 175 bpm with minimal variability and accelerations and no decelerations.

What is the FHR tracing classification?

Category II

Category I

Category III

Unable to determine

Correct answer: Category II

A category II tracing includes any baseline of tachycardia or bradycardia without absent variability.

Category I requires a normal baseline and moderate variability. Category III requires absent variability. There is enough information given to determine the FHR category classification.

63.

A pregnant patient presents to the emergency department at 28 weeks complaining of agonizing abdominal tenderness. The fetal heart rate baseline is 180 with minimal variability. Their abdomen palpates rigid with no relaxation. A speculum exam reveals no bleeding or cervical dilation.

Which of the following diagnoses is the midwife most concerned about?

Placental abruption

Placenta previa

Preterm labor

Cervical insufficiency

Correct answer: Placental abruption

Placental abruption is when the placenta prematurely separates from the uterus. It can be partial or complete, and sometimes the bleeding is concealed in the uterus. Signs of placental abruption include uterine tenderness and rigidity and fetal tachycardia.

Placenta previa is when the placenta is close to the cervix and does not result in abdominal rigidity or tenderness. Preterm labor would have contractions with uterine relaxation in between. The cervix is closed. Cervical insufficiency presents as painless dilation, spontaneous rupture of membranes, bloody show, and pelvic or vaginal pressure.

64.

A midwife is counseling a patient who was diagnosed with a complete placenta previa at 20 weeks during their anatomy ultrasound. Which of the following statements is the midwife MOST likely to make?

"I will order ultrasounds to follow the placenta's position at intervals."

"Since your placenta is covering your cervix, we will schedule a cesarean section."

"It's so early that it's unlikely the placenta will interfere with the baby's birth.

"We will plan a vaginal birth because the placenta will likely move before birth."

Correct answer: "I will order ultrasounds to follow the placenta's position at intervals."

Follow-up ultrasounds will evaluate the placenta's position and see if it has moved away from the cervix.

At this point, the placenta could move, so scheduling a cesarean section at 20 weeks is premature. At 20 weeks, there is plenty of time for the uterus to grow and the placenta to move away. However, while there is a chance that the placenta will move away from the cervix, a complete placenta previa is less likely to move than a marginal or partial. The midwife should not promise the patient that the birth will be vaginal.

65.

What is the appropriate frequency of obtaining maternal vital signs during the second stage of labor?

Maternal pulse every 15 minutes

Blood pressure every 30 minutes

Respiration rate every 30 minutes

Temperature hourly if membranes are intact

Correct answer: Maternal pulse every 15 minutes

The maternal heart rate should be taken every 5-15 minutes.

Blood pressure should be taken in between contractions every 5-15 minutes. The respiration rate should be taken every 5-15 minutes. Take the patient's temperature hourly if their membranes are ruptured or every 2 hours if their membranes are intact.

66.

Which of the following fetal heart rate (FHR) tracing findings would indicate that the tracing should NOT be classified as Category I?

Variable decelerations

Moderate FHR variability

Early decelerations

Absent accelerations

Correct answer: Variable decelerations

The absence of variable decelerations is used to classify an FHR tracing as Category I.

A Category I FHR tracing may include early decelerations or absent accelerations. Moderate FHR variability is expected in a Category I tracing.

67.

A midwife is caring for a pregnant patient with a cephalic presentation. The midwife notes the occipital bone is proximal to the spine, and the cephalic prominence is located on the same side as the fetal back. During the vaginal exam, the midwife palpates a soft, cartilaginous structure and an anterior opening.

Which statement is TRUE about these physical findings?

The fetal presentation is mentum anterior, and birth can proceed vaginally.

The fetal presentation is occiput posterior, and birth can proceed vaginally.

The fetal presentation is a complete breech and will likely require a cesarean section.

The fetal presentation is omentum posterior and will likely require a cesarean section.

Correct answer: The fetal presentation is mentum anterior, and birth can proceed vaginally.

A face presentation is a cephalic presentation with the cephalic prominence on the same side as the spine. The cartilage structure is the nose and the anterior opening is the mouth, which is mentum anterior presentation that can be birthed vaginally.

The presentation is a face presentation and an occiput posterior presentation does not have a cartilaginous structure or opening. The presentation is not a breech presentation because it is cephalic. If the presentation was omentum posterior, it would likely be a cesarean section because it cannot pass under the pubic bone.

68.

Given the following fetal heart rate (FHR) tracing characteristics: baseline 150 bpm, moderate variability, early decelerations, and occasional accelerations. How would you classify this tracing?

Category I

Category II

Category III

Non-reassuring

Correct answer: Category I

Category I tracings are normal and are strongly predictive of a normal fetal acid-base status at the time of observation. The described tracing has all the characteristics of a Category I.

Category II is indeterminate, not predictive of abnormal fetal acid-base status but requires continued surveillance. Category III is abnormal and is predictive of abnormal fetal acid-base status. Non-reassuring is an outdated term and is not used in modern obstetrics.

69.

A woman who is 35 weeks pregnant with twins is in labor. Twin A is vertex, but Twin B is breech. What is the most appropriate mode of delivery?

Vaginal delivery for both twins

Cesarean section for both twins

Vaginal delivery for Twin A followed by cesarean section for Twin B

Vaginal delivery for Twin A followed by forcep-assisted delivery for Twin B

Correct answer: Vaginal delivery for both twins

If the first twin is vertex, a vaginal delivery is typically attempted, even if the second twin is breech. The presentation of the second twin should be re-evaluated after delivery of the first, as presentation can change following the delivery of the first.

The other options are less ideal based on the presentation of the twins.

70.

A midwife is counseling a patient on the pattern of prolonged latent labor. Which of the following is true?

The patient should be educated to rest and hydrate.

The midwife should prepare the patient for a cesarean section.

The patient has been in latent labor for longer than 14 hours.

The patient should return for a vaginal exam in four hours.

Correct answer: The patient should be educated to rest and hydrate.

If latent labor is abnormal, a c-section is not indicated. Latent labor for a nulliparous patient is longer than 20 hours. Repeat vaginal exams are unnecessary unless there is a change in the patient's condition or contraction pattern.

71.

Which of the following describes asyncliticism?

Passenger

Psyche

Passageway

Power

Correct answer: Passenger

The 4 Ps of labor include power (of contractions), passenger, passageway, and psyche. Asyncliticism is related to the "passenger" element and can cause labor dystocia. Asyncliticsim denotes that the sagittal suture is oriented toward the pubis or sacrum.

72.

Which of the following factors INCREASES the risk of shoulder dystocia?

Fetal macrosomia

Maternal age below 20

Gestational age of 37 weeks

Previous cesarean section

Correct answer: Fetal macrosomia

Fetal macrosomia increases the risk of shoulder dystocia due to the baby's size.

Neither maternal age below 20 nor gestational age of 37 weeks directly increases the risk of shoulder dystocia. A previous cesarean section also does not increase the risk of shoulder dystocia, but it may influence delivery decisions.

73.

Which of the following is NOT a factor in determining the frequency of vaginal examinations?

The maternal vital signs

The phase of labor

The provider's choice

The client's wishes

Correct answer: The maternal vital signs

The maternal vital signs do not determine the frequency of vaginal examinations unless they impact the provider's decision.

The frequency of vaginal examinations is determined by the phase of labor, the provider's choices and preferences, and the client's wishes.

74.

What are the appropriate hand maneuvers for the birth of a fetus in the occiput anterior position?

After external rotation, place the palm of each hand laterally on the head.

If there is a tight nuchal cord, clamp and cut the cord before the birth of the shoulders.

Suction the mouth and nose with a bulb syringe after the birth of the head.

With gentle upward traction, deliver the infant's anterior shoulder.

Correct answer: After external rotation, place the palm of each hand laterally on the head.

After restitution and external rotation, place the palmer surface of each hand laterally on the baby's head.

If there is a tight nuchal cord, somersault the baby through the cord and avoid clamping and cutting the cord before the birth of the shoulders. Do not suction the mouth and nose with a bulb syringe; instead, use a cloth to wipe the mouth and nose after the birth of the head. As maternal pushing occurs, apply gentle downward traction to deliver the infant's anterior shoulder.

75.

Following the birth of a fetal head, the midwife notes a tight nuchal cord. Which of the following is the BEST maneuver for the midwife to perform?

Somersault maneuver

Slipping the umbilical cord over the head

Doubly clamping and cutting the cord

Ritgen's maneuver

Correct answer: Somersault maneuver

The somersault maneuver is performed by directing the baby to the maternal thigh and then unwinding the cord following birth. With a tight nuchal cord, the umbilical cord cannot be slipped over the fetal head. Doubly clamping and cutting the cord should be avoided unless there is no other option, as it cuts off the fetal oxygen supply.

Ritgen's maneuver assists the delivery of the fetal head by applying upward pressure to the fetal chin through the rectum during extension, but it does not reduce the umbilical cord.

76.

Which statement is true about vital signs during the first stage of labor for a low-risk patient?

Blood pressure returns to prelabor levels between contractions.

Diastolic blood pressure increases 10 to 20 mm Hg during contractions.

Body temperature should not be slightly elevated during labor.

The maternal heart rate is often decreased during the first stage of labor.

Correct answer: Blood pressure returns to prelabor levels between contractions.

For low-risk patients, blood pressure returns to prelabor levels between contractions.

Systolic blood pressure increases by 10 to 20 mm Hg during contractions, while diastolic blood pressure rises by 5 to 10 mm Hg during contractions. Body temperature can be slightly elevated (over 100 degrees Fahrenheit) during labor. Maternal heart rate is often elevated during the first stage of labor.

77.

For which of the following conditions is methylergonovine administration contraindicated?

Preeclampsia

Postpartum hemorrhage

Asthma

Fever

Correct answer: Preeclampsia

Methylergonovine is contraindicated in hypertensive disorders because it promotes peripheral vasoconstriction.

Methylergonovine is used to treat postpartum hemorrhage. Methylergonovine can be given to people with asthma, but carboprost cannot. A fever is not a contraindication to methylergonovine, but fevers can occur with misoprostol usage.

78.

A midwife is managing a G2P1 patient in the second stage of labor. Which of the following is true in terms of vital sign assessment?

Blood pressure is taken every 15 minutes during the second stage.

Blood pressure should be reported if elevated by 10 mm Hg.

The temperature should be taken every 2 hours after membrane rupture.

The respiratory rate should be taken every 5 to 15 minutes.

Correct answer: Blood pressure is taken every 15 minutes during the second stage.

Blood pressure, pulse, and respiratory rate are taken every 5 to 15 minutes during the second stage.

The patient's blood pressure can be elevated by 10 mm Hg in the second stage of labor due to pushing. The temperature is taken every 2 hours if the patient's membranes are not ruptured or hourly if they are ruptured.

79.

A midwife is educating a laboring patient about the 4 Ps of labor. Which of the following is a mechanism of labor related to "passenger"?

Presentation

Clinical pelvimetry

Contraction strength

History of sexual abuse

Correct answer: Presentation

The 4 Ps of labor are power, passenger, passageway, and psyche. Presentation is related to passenger.

Contraction strength is related to power. Clinical pelvimetry is related to passageway. A history of sexual abuse is related to psyche.

80.

A midwife is caring for a G1P0 laboring patient who has a medical diagnosis of obesity. Which of the following does the midwife prioritize in their plan of care?

Prepare the team for possible shoulder dystocia during birth

Notify the nursery team to collect postprandial newborn blood sugars

Discuss the importance of weight management with the patient

Educate the patient about the likely need for a cesarean section

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Correct answer: Prepare for possible shoulder dystocia in the labor room

Obesity is a risk factor for a macrosomic infant, and macrosomia increases the risk of shoulder dystocia.

The nursery team will not collect blood sugars because of maternal obesity. However, if the infant is large for gestational age, they may check blood sugars for hypoglycemia. Weight management is not the priority in the birthing space. There is no indication that the patient will need a cesarean section.

81.

A CNM is caring for a woman at 24 weeks of gestation who has begun having regular contractions. A loading dose of 6 g of magnesium sulfate in 100 mL of normal saline was given over 30 minutes, and the patient is now receiving a maintenance dose of 2 g/hr. The patient's contractions have slowed but are still continuing.

What action should be taken next?

Increase the dose by 0.5 g/hr every 30 minutes until contractions stop or until a dose of 4 g/hr is reached

Increase the dose by 0.5 g/hr every hour until contractions stop or until a dose of 6 g/hr is reached

Wait another hour to see whether contractions stop, then evaluate other tocolytics if they do not

Give a bolus of 4 g in 100 mL of normal saline over 30 minutes

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Correct answer: Increase the dose by 0.5 g/hr every 30 minutes until contractions stop or until a dose of 4 g/hr is reached

When magnesium sulfate is given as a tocolytic, a loading of 4-6 g should be provided, followed by a maintenance dose of 2 g/hr. The maintenance dose should be increased by 0.5 g/hr every 30 minutes until contractions stop or until a max dose of 4 g/hr is reached.

82.

Which of the following is a social determinant that should be considered for intrapartum patients?

Socioeconomic status is directly proportional to obstetric outcomes.

Poor obstetric outcomes are less likely in areas with a food desert.

Genetics have a significant influence on overall intrapartum health.

Premature labor and birth are not related to social determinants of health.

Correct answer: Socioeconomic status is directly proportional to obstetric outcomes.

A lower socioeconomic status is directly proportional to poor obstetric outcomes.

A food desert can negatively influence obstetric outcomes. Genetics is not a social determinant. Preterm labor and birth are more common in people of lower socioeconomic status.

83.

Which of the following is a side effect of the administration of misoprostol for postpartum hemorrhage?

Shivering

Tachycardia

Blurred vision

Loss of taste

Correct answer: Shivering

Common side effects from misoprostol administered for postpartum hemorrhage include shivering, fevers, diarrhea, and abdominal pain.

Tachycardia, blurred vision, and loss of taste are not related to misoprostol administration.

84.

Which of the following is true about nitrous oxide?

There is no effect on fetal heart rate or Apgar score.

Nitrous oxide does not readily cross the placenta.

Nitrous has a long half-life and takes hours to be eliminated.

The onset of action of nitrous is approximately three minutes.

Correct answer: There is no effect on fetal heart rate or Apgar score.

There is no effect on fetal heart rate, contractions, neonatal suck, Apgar score, or neonatal neurobehavioral score.

Nitrous oxide readily crosses the placenta but is quickly eliminated. The onset of action is within one minute.

85.

A midwife is caring for a patient who suspects their membranes have ruptured. Which of the following statements made by the patient indicates a need for further education?

"You will check my cervix and then insert a speculum for an exam."

"We can talk about expectant management if my water has broken."

"If my water is broken, you will limit cervical examinations."

"Frequent movement is helpful after membrane rupture."

Correct answer: "You will check my cervix and then insert a speculum for an exam."

A sterile speculum examination should occur before a digital examination of a patient with suspected ruptured membranes.

Expectant management is an acceptable option depending on the maternal and fetal status. Limiting cervical examinations is important because when the membranes are ruptured, the barrier to prevent bacteria from entering the uterus is broken. Intact membranes can facilitate rotation of the head as the baby descends, so movement and position changes can facilitate optimal fetal positioning.

86.

What is the classification of a heart-shaped pelvis?

Android

Gynecoid

Platypelloid

Anthropoid

Correct answer: Android

Android is a heart-shaped (or triangular-shaped) pelvis. In this shape, the posterior pelvis is wider than the anterior pelvis.

A gynecoid pelvis has a transverse diameter that is only slightly longer than the anteroposterior diameter. A platypelloid pelvis is a flattened gynecoid pelvis with a wide transverse diameter and significantly shorter anteroposterior diameter. The anthropoid pelvis is oval-shaped, and its anteroposterior diameter is longer than the transverse diameter.

87.

A midwife, in collaboration with a physician, cares for a patient with HIV who is in labor and is 6 cm dilated. Which of the following interventions would the midwife include in their plan of care?

Multi-agent antiretroviral therapy

Cesarean section at 38 weeks

Artificial rupture of membranes

Evaluate the infant for possible ARV therapy

Correct answer: Antiretroviral therapy

When caring for a pregnant person with HIV, providers must maintain the patient's health and prevent vertical transmission to the neonate. Antiretroviral therapy (ARV) is given to decrease the rate of transmission to the neonate, and the rate of transmission is less than 1% if multi-agent ARV is given with a low viral load.

A cesarean section at 38 weeks is only necessary if the viral load is greater than 1,000 copies/mL. Artificial rupture of membranes should be avoided if delivery is not imminent. The infant of an HIV-positive birthing person should receive a 6-week regimen of ARV therapy, so an evaluation is not necessary.

88.

A multiparous patient is 9 cm. Which of the following is NOT an indicated form of pain relief at this time?

Opioid analgesia

Pudendal block

Epidural anesthesia

Nitrous oxide

Correct answer: Opioid analgesia

Opioid analgesia is not indicated within four hours of birth, and a multiparous patient is likely to deliver within four hours.

Now would be an appropriate time to prepare for a pudendal block, as it should be administered shortly before complete dilation to provide a nerve block to the perineum for birth. Epidural anesthesia can be delivered as long as the patient is capable of sitting still for the procedure. Nitrous oxide is useful during the transition phase of labor.

89.

Which of the following is correct when administering magnesium sulfate as a tocolytic?

Toxic effects are likely with a serum level of more than 7mg/dL

Calcium channel blockers may be used as an antidote

Caclium gluconate may increase toxic effects

Rebound vasoconstriction requires weaning when stopping magnesium sulfate

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Correct answer: Toxic effects are likely with a serum level of more than 7mg/dL

Toxic effects are likely with a serum level of more than 7mg/dL when administering magnesium sulfate.

Calcium gluconate, not calcium channel blockers, may be used as an antidote. Calcium channel blockers will interact with magnesium sulfate and should be avoided. There is no advantage to weaning magnesium sulfate when stopping the administration.

90.

Which of the following is true about a patient with a history of placental abruption?

There is an increased risk for placental abruption in a subsequent pregnancy.

Placental abruption is unrelated to any future risk in pregnancy.

Placental abruption increases the risk for maternal hypertension.

A recurring placental abruption will be a marginal placental abruption.

Correct answer: There is an increased risk for placental abruption in a subsequent pregnancy.

A history of placental abruption results in an increased risk for placental abruption in a subsequent pregnancy.

Placental abruption is related to an increased future risk. Hypertension increases the risk for placental abruption. If a placental abruption occurs again, it could be marginal or complete.

91.

Which of the following is true about fetal membranes?

Intact membranes provide a barrier from bacteria.

Early AROM decreases the risk of umbilical cord prolapse.

AROM may slow down the rate of labor.

Rupture of membranes can facilitate fetal head rotation.

Correct answer: Intact membranes provide a barrier from bacteria.

Intact membranes provide a barrier from bacteria in the uterus for the fetus.

Early rupture of membranes when the vertex is not engaged can increase the risk of cord prolapse. Artificial rupture of membranes (AROM) can be used to augment labor if it is arrested or in a dysfunctional pattern. Intact membranes can facilitate fetal head rotation during descent.

92.

A patient is in the second stage of labor, and the midwife notes a turtle sign. Which of the following is the midwife **most** concerned about?

Shoulder dystocia

Cesarean section

Respiratory distress

Hyperglycemia of the newborn

Correct answer: Shoulder dystocia

The turtle sign is when the fetal head immediately retracts against the perineum after extension. Shoulder dystonia occurs when the anterior shoulder becomes impacted on the pelvic rim and can result in fetal injury, hypoxia, or death.

A cesarean section after the fetus is replaced in the pelvic cavity is usually the last option for shoulder dystocia because of a significant risk of infant morbidity and mortality, also called the Zavanelli maneuver. Respiratory distress in a newborn may occur secondary to their birth, but the pediatrics team should be paged once the midwife identifies shoulder dystocia. Identifying shoulder dystocia to assemble the team and perform the correct maneuvers is the priority. Hypoglycemia is more likely to affect newborns and is not the priority at this time.

93.

A midwife applies cord traction during the third stage of labor. The maternal side of the placenta presents at the introitus. Which mechanism of placenta delivery has occurred?

Duncan

Schultz

Retained

Subinvolution

Correct answer: Duncan

Duncan's mechanism presents at the introitus with the maternal side showing.

The Schultz mechanism is more common than Duncan's, and the fetal side presents at the introitus. Retained placenta and subinvolution are not mechanisms of placenta delivery. While the Duncan mechanism is more likely to occur with retained products of conception, this is not applicable to this patient. Subinvolution is when the uterus does not return to its appropriate size after birth.

94.

A fetus has recurrent accelerations during each contraction. Which of the following should the midwife include in their care plan?

"Place a pulse oximeter on the patient."

"Continue with expectant management."

"Turn off the oxytocin infusion."

"Apply an oxygen mask to the patient."

Correct answer: "Place a pulse oximeter on the patient."

When a fetus has recurrent accelerations with each contraction, the midwife should apply a pulse oximeter because the pulse is inversely proportional to the action of the contraction.

Expectant management may be appropriate, but it is important to differentiate between the fetal and maternal heart rates. Turning off the oxytocin infusion and applying an oxygen mask would not be appropriate unless there was fetal distress.

95.

A 28-year-old primigravida at 39 weeks of gestation presents with contractions every five minutes lasting 60 seconds. On examination, her cervix is 7 cm dilated and 90% effaced. Which stage and phase of labor are represented here?

First stage, active phase

First stage, latent phase

Second stage, latent phase

Second stage, active phase

Correct answer: First stage, active phase

The active phase of the first stage of labor is characterized by cervical dilation from 4-10 cm.

The latent phase is from the onset of labor until 3-4 cm dilation. The second stage of labor begins when the cervix is fully dilated and ends with the birth of the baby.

96.

A nurse reviewing a fetal heart rate tracing that is classified as Category I says, "I think this means the baby is not going to an abnormal acid-base status during labor." Which of the following responses by the CNM is CORRECT?

"This does mean the baby has a normal acid-base status, but we will need to continue to monitor her."

"Yes, this means everything is going to turn out okay with this labor."

"This result is indeterminate; we can't actually tell from this tracing."

"This result is actually abnormal; we may need to intervene."

Correct answer: "This does mean the baby has a normal acid-base status, but we will need to continue to monitor her."

The nurse is correct in that a Category I tracing indicates a normal acid-base status. This result can change as labor progresses, however, and continued monitoring is necessary due to potential changes.

Category II is indeterminate, and Category III is abnormal and predictive of abnormal fetal acid-base status.

97.

In the presence of preterm contractions that are changing a birthing person's cervix, which medication has been shown to arrest labor?

Nifedipine

Hydroxyprogesterone

Betamethasone

Oxytocin

Correct answer: Nifedipine

Nifedipine is a tocolytic, a medication that is given to arrest labor after uterine contractions and cervical changes have occurred.

Hydroxyprogesterone is given in the antepartum period to prevent preterm labor. Betamethasone is a glucocorticoid given to stimulate fetal lung surfactant production and accelerate lung maturity. Oxytocin is given to augment or induce labor.

98.

A primigravida at 39 weeks gestation presents with contractions every five minutes lasting 45 seconds. On examination, her cervix is 3 cm dilated, 50% effaced, and the fetal head is at -2 station. How would her labor be classified?

Latent phase

Active phase

Transition phase

Second stage

Correct answer: Latent phase

The latent phase of labor is characterized by contractions that lead to some cervical change, but it's before the rapid dilation seen in the active phase. In primigravida women, the cervix is typically up to 3-4 cm dilated during the latent phase. The latent phase lasts from the onset of labor until cervical dilation reaches 4-6cm.

The active phase involves more dilation, typically from 4-10 cm. The transition phase is the final part of the active phase, from 8-10 cm. The second stage of labor is from full dilation to the delivery of the baby.

99.

Which of the following is an indication for a primary cesarean section?

Persistent shoulder presentation

Human immunodeficiency virus

Full-term stillbirth

Preeclampsia with severe features

Correct answer: Persistent shoulder presentation

Persistent shoulder presentation is a transverse lie where the fetal shoulder is in the lower pole. It is a contraindication to vaginal birth.

For pregnant patients with human immunodeficiency virus (HIV), a cesarean section should only be considered at 38 weeks of gestation if their viral load is greater than 1000 copies per mL. For a full-term stillbirth, a cesarean section should be reserved for instances where induction of labor is not an option. Preeclampsia with severe features will likely involve a labor induction, but there is no need for a primary cesarean unless indicated by maternal or fetal status.

100.

Which of the following is NOT a physiological basis of labor pain?

Fear or anxiety

Degree of cervical dilation

Fetal position

Pressure on pelvice structures due to fetal descent

Correct answer: Fear or anxiety

Fear and anxiety are psychological bases of pain, not physiological bases.

The degree of cervical dilation, fetal position, and pressure on pelvice structures due to fetal descent are all physiological bases of pain.