Import Settings:

Base Settings: Brownstone Default

Information Field: Complexity

Information Field: Ahead

Information Field: Subject

Information Field: Feedback

Information Field: Taxonomy

Information Field: Objective

Highest Answer Letter: D

Multiple Keywords in Same Paragraph: No

**Chapter: Obstetrics - Obstetrics - TBNK**

**Multiple Choice**

1. An immature egg is called a(n):

A) ovum.

B) zygote.

C) oocyte.

D) follicle.

Ans: C

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Obstetrics

Page: 2027

Feedback: Anatomy and Physiology Review, page 2027

2. What is the corpus luteum?

A) The by-product of the release of progesterone

B) The thickened inner lining of the uterine wall

C) A hormone that is excreted throughout the ovarian cycle

D) Remnants of the follicle after the egg has been released

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Obstetrics

Page: 2027

Feedback: Anatomy and Physiology Review, page 2027

3. The corpus luteum continues to secrete hormones to support pregnancy for:

A) 28 days.

B) 90 days.

C) 20 weeks.

D) 40 weeks.

Ans: B

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Obstetrics

Page: 2027

Feedback: Anatomy and Physiology Review, page 2027

4. Fertilization of an egg usually occurs in the:

A) ovary.

B) uterus.

C) infundibulum.

D) fallopian tube.

Ans: D

Complexity: Easy

Ahead: Anatomy and Physiology Review

Subject: Obstetrics

Page: 2027

Feedback: Anatomy and Physiology Review, page 2027

5. The dome-shaped top of the uterus is called the:

A) os.

B) body.

C) fundus.

D) cervix.

Ans: C

Complexity: Easy

Ahead: Physiological Maternal Changes During Pregnancy

Subject: Obstetrics

Page: 2030

Feedback: Physiological Maternal Changes During Pregnancy, page 2030

6. All of the following processes take place in the uterus, EXCEPT:

A) fertilization.

B) implantation.

C) the act of labor.

D) fetal development.

Ans: A

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Obstetrics

Page: 2027

Feedback: Anatomy and Physiology Review, page 2027

7. The \_\_\_\_\_\_\_\_\_\_\_\_of the uterus is composed of three layers of muscle fibers that contract and help expel the fetus during childbirth.

A) cervix

B) endometrium

C) myometrium

D) perimetrium

Ans: C

Complexity: Moderate

Ahead: Anatomy and Physiology Review

Subject: Obstetrics

Page: 2027

Feedback: Anatomy and Physiology Review, page 2027

8. The egg is referred to as a blastocyst when:

A) it becomes fertilized with sperm in the lower part of the fallopian tube.

B) the placenta has fully formed and has attached to the superior part of the uterus.

C) the amniotic sac and placenta begin to differentiate into their specialized duties.

D) it has been fertilized and enters the uterus and begins absorbing uterine fluid through the cell membrane.

Ans: D

Complexity: Moderate

Ahead: Conception and Fetal Development

Subject: Obstetrics

Page: 2028

Feedback: Conception and Fetal Development, page 2028

9. Human chorionic gonadotropin hormone sends signals to the corpus luteum, which in turn:

A) produces cells that clump together and ultimately form the main tissues of the placenta.

B) produces hormones designed to support the pregnancy until the placenta has developed.

C) facilitates transition of the blastocyst into an embryo and causes further maturation of the placenta.

D) causes the developing placenta to produce projections that tap into the external tissue of the blastocyst.

Ans: B

Complexity: Moderate

Ahead: Conception and Fetal Development

Subject: Obstetrics

Page: 2028

Feedback: Conception and Fetal Development, page 2028

10. By the end of the third week after conception, all of the following processes occur, EXCEPT:

A) the embryo is officially referred to as the fetus.

B) the embryonic process of forming specialized body systems.

C) the appearance of rudimentary functions of various body systems.

D) the woman has missed her menstrual period and suspects pregnancy.

Ans: A

Complexity: Moderate

Ahead: Conception and Fetal Development

Subject: Obstetrics

Page: 2028

Feedback: Conception and Fetal Development, page 2028

11. Which of the following is NOT a function of the placenta?

A) Synthesis of glycogen and cholesterol

B) Fetal protection against all harmful substances

C) Antibody production that protects the fetus

D) Excretion of wastes in the maternal circulation

Ans: B

Complexity: Moderate

Ahead: Conception and Fetal Development

Subject: Obstetrics

Page: 2028

Feedback: Conception and Fetal Development, page 2028

12. Which of the following statements regarding the umbilical cord is correct?

A) The placenta receives arteriovenous blood from the umbilical arteries.

B) The umbilical cord is composed of two large veins and one small artery.

C) The umbilical vein carries oxygenated blood from the placenta to the fetus.

D) The fetus receives the majority of its oxygen supply from the umbilical arteries.

Ans: C

Complexity: Moderate

Ahead: Conception and Fetal Development

Subject: Obstetrics

Pages: 2028–2029

Feedback: Conception and Fetal Development, pages 2028–2029

13. Which of the following statements regarding the amniotic sac and fluid is correct?

A) In the latter stages of pregnancy, the fetus swallows amniotic fluid and passes wastes out into the fluid.

B) The volume of amniotic fluid reaches about 500 mL by the end of pregnancy and nourishes the fetus.

C) Amniotic fluid serves no real physiologic purpose and the fetus could easily survive in utero without it.

D) The amniotic sac is composed of a tough, fibrous membrane that generally does not rupture until birth.

Ans: A

Complexity: Moderate

Ahead: Conception and Fetal Development

Subject: Obstetrics

Page: 2029

Feedback: Conception and Fetal Development, page 2029

14. Unlike the prenatal period, the gestational period:

A) begins at conception.

B) only last about 2 weeks.

C) usually takes 42 weeks.

D) is 38 weeks in duration.

Ans: D

Complexity: Easy

Ahead: Conception and Fetal Development

Subject: Obstetrics

Page: 2029

Feedback: Conception and Fetal Development, page 2029

15. The uterine fundus is measured:

A) horizontally from one side of the uterus to the other side.

B) vertically from the top of the pubic bone to the top of the fundus.

C) from just below the umbilicus to the inferior part of the sternum.

D) vertically from the top of the fundus to just below the umbilicus.

Ans: B

Complexity: Easy

Ahead: Physiologic Maternal Changes During Pregnancy

Subject: Obstetrics

Page: 2030

Feedback: Physiologic Maternal Changes During Pregnancy, page 2030

16. Which of the following statements regarding uterine fundus measurement is correct?

A) Measurement of the fundus in centimeters corresponds to the number of gestational weeks.

B) If the fundus is longer than expected, it could indicate uterine growth problems.

C) A shorter than expected uterine fundus measurement is most suggestive of a breech position.

D) If the fundus measures 36 cm, the woman is between 32 and 34 weeks pregnant.

Ans: A

Complexity: Moderate

Ahead: Physiologic Maternal Changes During Pregnancy

Subject: Obstetrics

Page: 2030

Feedback: Physiologic Maternal Changes During Pregnancy, page 2030

17. In addition to meeting the metabolic needs of the developing fetus, the mother's blood supply increases significantly in order to perfuse her own organs, especially the:

A) heart and lungs.

B) uterus and kidneys.

C) liver and pancreas.

D) central nervous system.

Ans: B

Complexity: Moderate

Ahead: Physiologic Maternal Changes During Pregnancy

Subject: Obstetrics

Pages: 2029–2032

Feedback: Physiologic Maternal Changes During Pregnancy, page 2029–2032

18. A woman who does not take prenatal vitamins during the course of her pregnancy is at greatest risk for:

A) anemia.

B) leukopenia.

C) post-term labor.

D) abnormal bleeding.

Ans: A

Complexity: Moderate

Ahead: Physiologic Maternal Changes During Pregnancy

Subject: Obstetrics

Page: 2030

Feedback: Physiologic Maternal Changes During Pregnancy, page 2030

19. Electrocardiogram changes that can occur during pregnancy include:

A) tall, peaked T waves.

B) a right axis deviation.

C) a slight axis deviation.

D) high-voltage QRS complexes.

Ans: C

Complexity: Moderate

Ahead: Physiologic Maternal Changes During Pregnancy

Subject: Obstetrics

Page: 2031

Feedback: Physiologic Maternal Changes During Pregnancy, page 2031

20. If a woman's prepregnancy resting heart rate is 70 beats per minute, you would expect her heart rate to range between \_\_\_\_ and \_\_\_\_ at term.

A) 75, 85

B) 85, 90

C) 90, 100

D) 100, 110

Ans: B

Complexity: Moderate

Ahead: Physiologic Maternal Changes During Pregnancy

Subject: Obstetrics

Page: 2031

Feedback: Physiologic Maternal Changes During Pregnancy, page 2031

21. Systolic and diastolic blood pressure decrease until approximately \_\_\_ weeks’ gestation.

A) 18

B) 24

C) 28

D) 34

Ans: B

Complexity: Easy

Ahead: Physiologic Maternal Changes During Pregnancy

Subject: Obstetrics

Page: 2031

Feedback: Physiologic Maternal Changes During Pregnancy, page 2031

22. Which of the following changes occurs in the respiratory system of a pregnant woman?

A) Progesterone increases the threshold of the medullary respiratory center to carbon dioxide.

B) Minute ventilation increases by as much as 50%, which causes the PaCO2 to drop by about 5 mm Hg.

C) Oxygen consumption decreases by approximately 20%, causing a 40% decrease in tidal volume.

D) An increase in blood bicarbonate levels causes a slight decrease in the pH level of the blood.

Ans: B

Complexity: Moderate

Ahead: Physiologic Maternal Changes During Pregnancy

Subject: Obstetrics

Page: 2031

Feedback: Physiologic Maternal Changes During Pregnancy, page 2031

23. At term, displacement of the diaphragm by the uterus causes a(n):

A) decrease in expiratory reserve volume.

B) increase in functional reserve capacity.

C) decrease in inspiratory reserve volume.

D) marked increase in residual volume.

Ans: A

Complexity: Moderate

Ahead: Physiologic Maternal Changes During Pregnancy

Subject: Obstetrics

Pages: 2031–2032

Feedback: Physiologic Maternal Changes During Pregnancy, pages 2031–2032

24. Gestational diabetes is caused by:

A) a decreased production of insulin secondary to excess estrogen levels.

B) increased insulin production and decreased cellular sensitivity to insulin.

C) decreased cellular utilization of insulin secondary to increased estrogen.

D) ketones that are excreted in the urine during the course of the pregnancy.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2038

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2038

25. Common signs of gestational diabetes include:

A) confusion.

B) diaphoresis.

C) polydipsia.

D) tachycardia.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2038

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2038

26. Gestational hypertension:

A) often requires an antihypertensive.

B) is common in underweight women.

C) may be an early sign of preeclampsia.

D) is benign in the vast majority of cases.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2037

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2037

27. Common signs and symptoms of preeclampsia include:

A) edema, hypertension, and headache.

B) weight loss, blurred vision, and diarrhea.

C) ketones in the urine and rapid weight gain.

D) facial swelling, dysuria, and chest pain.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2037

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2037

28. The onset of eclampsia is marked by the presence of:

A) hypertension.

B) protein in the urine.

C) thrombocytopenia.

D) generalized seizures.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2037

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2037

29. During pregnancy, which of the following respiratory conditions can occur due to the effects of stress or respiratory irritants on an already-sensitized respiratory system?

A) COPD

B) Asthma

C) Pneumonia

D) Bronchitis

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2038

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2038

30. Which of the following statements regarding Rh disease during pregnancy is correct?

A) Isoimmunization occurs when an Rh-positive woman becomes pregnant by an Rh-negative man.

B) Rh disease is a problem during the first pregnancy and occurs when the mother's blood is Rh positive.

C) If the fetus inherits Rh-positive blood, it will create antibodies that can result in maternal hemolysis.

D) During subsequent pregnancies, the Rh antibody will cross the placental barrier and attack the fetal red blood cells.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Pages: 2038–2039

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, pages 2038–2039

31. Seizures during pregnancy should be treated with:

A) diazepam.

B) valproic acid.

C) phenobarbital.

D) magnesium sulfate.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2037

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2037

32. The leading cause of life-threatening infections in newborns is:

A) candidiasis.

B) bacterial vaginosis.

C) group B *Streptococcus*.

D) human immunodeficiency virus.

Ans: C

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2039

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2039

33. Cholestasis occurs when:

A) hormones slow or block the normal flow of bile from the liver.

B) progesterone and estrogen block the production of bile in the liver.

C) pressure on the gallbladder prevents normal contraction and relaxation.

D) hormone levels drop after pregnancy, resulting in gallbladder disease.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2039

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2039

34. A pregnant woman with cephalopelvic disproportion:

A) requires a cesarean section to prevent fetal distress.

B) should be given a muscle relaxant prior to delivery.

C) delivers her baby vaginally in about 75% of cases.

D) generally does not experience problems during delivery.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of High-Risk Pregnancy Considerations

Subject: Obstetrics

Page: 2053

Feedback: Pathophysiology, Assessment, and Management of High-Risk Pregnancy Considerations, page 2053

35. Abortion is defined as expulsion of the fetus, from any cause, before the \_\_\_\_ week of pregnancy.

A) 18th

B) 20th

C) 24th

D) 30th

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Page: 2040

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, page 2040

36. A spontaneous abortion:

A) affects one out of every three pregnancies and is typically idiopathic.

B) occurs naturally and may or may not have an identifiable cause.

C) is generally performed by a physician to prevent maternal death.

D) is most often the result of a congenital abnormality of the placenta.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Page: 2040

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, page 2040

37. Herbal preparations would MOST likely cause an induced abortion by:

A) precipitating premature labor and the delivery of a nonviable fetus.

B) causing premature separation of the placenta from the uterine wall.

C) causing a fetal intracranial hemorrhage due to severe vasoconstriction.

D) making the uterus and bloodstream too toxic for the fetus to survive.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Page: 2040

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, page 2040

38. Signs of a threatened abortion include all of the following, EXCEPT:

A) sporadic contractions.

B) menstrual-like cramps.

C) severe abdominal pain.

D) bleeding in the first trimester.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Pages: 2039–2040

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, pages 2039–2040

39. When caring for a woman with an incomplete abortion, you should be MOST concerned with:

A) bleeding and shock.

B) severe maternal infection.

C) maternal emotional trauma.

D) the risk of airway compromise.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Page: 2041

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, page 2041

40. During third trimester vaginal bleeding:

A) the mother may lose as much as 40% of her blood volume before significant signs of hypovolemia occur.

B) signs of shock in the mother typically appear after she has lost approximately 500 to 1000 mL of blood.

C) most patients stabilize after the vagina has been packed carefully with several sterile trauma dressings.

D) you should focus your efforts on keeping the fetus oxygenated, as he or she is the one at highest risk for death.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Pages: 2041–2042

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, pages 2041–2042

41. In contrast to an abruptio placenta, a placenta previa:

A) typically presents with tearing abdominal pain.

B) is usually caused by maternal abdominal trauma.

C) is associated with an absence of fetal heart tones.

D) usually presents with painless vaginal bleeding.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Pages: 2042–2043

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, pages 2042–2043

42. Abruptio placenta is MOST accurately defined as:

A) separation of the placenta secondary to blunt maternal abdominal trauma.

B) premature separation of a normally implanted placenta from the uterine wall.

C) a condition in which the placenta progressively detaches from the uterine wall.

D) a placenta that implants low in the uterus and partially or fully covers the cervix.

Ans: B

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Page: 2042

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, page 2042

43. Uterine rupture MOST commonly occurs:

A) during active labor.

B) in primiparous women.

C) during the third trimester.

D) after the placenta delivers.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Labor

Subject: Obstetrics

Page: 2051

Feedback: Pathophysiology, Assessment, and Management of Complications of Labor, page 2051

44. Women who experience hyperemesis gravidarum:

A) have been pregnant at least two times and are commonly underweight.

B) have persistent nausea and vomiting throughout pregnancy that often causes dehydration and malnutrition.

C) vomit once or twice a day, usually during the morning hours, and often develop hyperglycemia as a result.

D) develop the condition secondary to increased progesterone and decreased human chorionic gonadotropin levels.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2038

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2038

45. Which of the following would you MOST likely observe in a newborn with hemolytic disease?

A) Jaundice

B) Polycythemia

C) Hot flushed skin

D) Splenomegaly

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2039

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2039

46. Following delivery of a stillborn baby at 16 weeks, the mother presents with fever, abdominal tenderness, and a foul-smelling vaginal discharge. This clinical presentation is consistent with:

A) trichomoniasis.

B) a septic abortion.

C) toxoplasmosis.

D) bacterial vaginosis.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Page: 2041

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, page 2041

47. A primigravida woman:

A) has had one abortion.

B) has delivered one baby.

C) will deliver her second baby.

D) is pregnant for the first time.

Ans: D

Complexity: Easy

Ahead: Patient Assessment

Subject: Obstetrics

Page: 2032

Feedback: Patient Assessment, page 2032

48. If a woman is gravida 3 and para 2:

A) she has been pregnant two times.

B) she has delivered three babies.

C) she has been pregnant five times.

D) she has delivered two babies.

Ans: D

Complexity: Moderate

Ahead: Patient Assessment

Subject: Obstetrics

Page: 2032

Feedback: Patient Assessment, page 2032

49. A nulliparous woman:

A) has never been pregnant.

B) has never delivered a baby.

C) has never had a miscarriage.

D) has had at least one miscarriage.

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Obstetrics

Page: 2032

Feedback: Patient Assessment, page 2032

50. A woman has been pregnant three times, has had two spontaneous abortions, and has carried one baby to term. You should document her obstetric history as:

A) G3A2P1.

B) G1A2P3.

C) G5A2P1.

D) G1A2P5.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Obstetrics

Page: 2032

Feedback: Patient Assessment, page 2032

51. Women who have had a cesarean section:

A) can have a normal vaginal delivery.

B) most likely delivered two or more babies.

C) usually have a vertical scar on the abdomen.

D) are precluded from having a vaginal delivery.

Ans: A

Complexity: Moderate

Ahead: Patient Assessment

Subject: Obstetrics

Page: 2034

Feedback: Patient Assessment, page 2034

52. The uterine fundus is palpable at the level of the umbilicus. The gestational age is:

A) 12 weeks.

B) 16 weeks.

C) 20 weeks.

D) 24 weeks.

Ans: C

Complexity: Easy

Ahead: Patient Assessment

Subject: Obstetrics

Page: 2035

Feedback: Patient Assessment, page 2035

53. When assessing the abdomen of a woman who is 36 weeks pregnant, you should expect it to be:

A) rigid and distended.

B) firm and nontender.

C) enlarged and tender.

D) distended and guarded.

Ans: B

Complexity: Easy

Ahead: Patient Assessment

Subject: Obstetrics

Page: 2035

Feedback: Patient Assessment, page 2035

54. When dispatched to a residence for an injury involving a pregnant woman, you should:

A) contact medical control.

B) quickly access the patient.

C) request a backup ambulance.

D) be alert for evidence of abuse.

Ans: D

Complexity: Moderate

Ahead: Trauma and Pregnancy

Subject: Obstetrics

Pages: 2057–2058

Feedback: Trauma and Pregnancy, pages 2057–2058

55. There is a higher incidence of abdominal injuries in association with chest trauma in pregnant women because:

A) seat belts are usually not worn.

B) the peritoneum is maximally stretched.

C) the diaphragm is elevated nearly 2 inches.

D) the abdomen is large and protuberant.

Ans: C

Complexity: Moderate

Ahead: Trauma and Pregnancy

Subject: Obstetrics

Page: 2057

Feedback: Trauma and Pregnancy, page 2057

56. Which of the following statements regarding abdominal trauma during pregnancy is correct?

A) Use of a lap belt increases the risk of uterine injury.

B) Deceleration injuries often result in placenta previa.

C) Uterine trauma is common during the first trimester.

D) The pubic bone protects the bladder in late pregnancy.

Ans: A

Complexity: Moderate

Ahead: Trauma and Pregnancy

Subject: Obstetrics

Page: 2058

Feedback: Trauma and Pregnancy, page 2058

57. Which of the following assessment parameters is MOST difficult to interpret when a pregnant woman is injured?

A) Pupils

B) Pulse rate

C) Mental status

D) Blood glucose

Ans: B

Complexity: Moderate

Ahead: Trauma and Pregnancy

Subject: Obstetrics

Page: 2058

Feedback: Trauma and Pregnancy, page 2058

58. The risk of aspiration in the pregnant woman is increased significantly because:

A) decreased digestion causes a delay in gastric emptying.

B) pregnancy hormones often cause nausea and vomiting.

C) increased tidal volume causes air to enter the stomach.

D) the gastric lining is extremely irritable during pregnancy.

Ans: A

Complexity: Moderate

Ahead: Trauma and Pregnancy

Subject: Obstetrics

Page: 2058

Feedback: Trauma and Pregnancy, page 2058

59. If a pregnant woman is injured and is bleeding severely:

A) signs of shock will appear earlier than expected.

B) her body will automatically shunt blood to the fetus.

C) her blood pressure will fall after a 70% loss of blood.

D) blood flow will be diverted away from the uterus.

Ans: D

Complexity: Moderate

Ahead: Trauma and Pregnancy

Subject: Obstetrics

Page: 2058

Feedback: Trauma and Pregnancy, page 2058

60. The typical upper limit of the fetal heart rate is:

A) 120 beats/min.

B) 140 beats/min.

C) 160 beats/min.

D) 180 beats/min.

Ans: C

Complexity: Moderate

Ahead: Trauma and Pregnancy

Subject: Obstetrics

Page: 2058

Feedback: Trauma and Pregnancy, page 2058

61. If a woman who is 35 weeks pregnant is placed in a supine position:

A) a paradoxical bradycardia will occur.

B) atrial preload may be reduced markedly.

C) aortic compression will cause hypotension.

D) uterine circulation will increase exponentially.

Ans: B

Complexity: Moderate

Ahead: Trauma and Pregnancy

Subject: Obstetrics

Page: 2059

Feedback: Trauma and Pregnancy, page 2059

62. Premonitory signs of labor include all of the following, EXCEPT:

A) vaginal expulsion of the mucous plug.

B) contractions at 5- to 15-minute intervals.

C) a relief of pressure in the upper abdomen.

D) an increase in pressure in the pelvic area.

Ans: B

Complexity: Moderate

Ahead: Normal Childbirth

Subject: Obstetrics

Page: 2043

Feedback: Normal Childbirth, page 2043

63. Cervical effacement occurs when:

A) the less muscular lower part of the uterus is pulled upward over the presenting part of the baby.

B) the opening of the cervix stretches enough to accommodate passage of the entire baby's body.

C) the uterine wall thickens during the wavelike contractions that cause progressive cervical dilation.

D) the cervix becomes fully dilated and the baby exits the uterus and enters the birth canal.

Ans: A

Complexity: Moderate

Ahead: Normal Childbirth

Subject: Obstetrics

Page: 2043

Feedback: Normal Childbirth, page 2043

64. During the second stage of labor:

A) amniotic fluid typically gushes out of the vagina.

B) the baby's head begins to bulge through the cervix.

C) delivery in a multiparous woman occurs in a few hours.

D) contractions become more intense and more frequent.

Ans: D

Complexity: Moderate

Ahead: Normal Childbirth

Subject: Obstetrics

Pages: 2043–2044

Feedback: Normal Childbirth, pages 2043–2044

65. Crowning is MOST accurately defined as:

A) bulging of the baby's head from the vaginal opening.

B) passage of the baby through the fully dilated cervix.

C) the presenting of the baby at the vaginal opening.

D) the thinning and shortening of the cervix during labor.

Ans: C

Complexity: Moderate

Ahead: Normal Childbirth

Subject: Obstetrics

Page: 2044

Feedback: Normal Childbirth, page 2044

66. A woman is in the second stage of labor when:

A) she feels a strong urge to move her bowels.

B) the cervix is fully effaced and partially dilated.

C) a gush of amniotic fluid pours from the vagina.

D) contractions occur in 5- to 10-minute intervals.

Ans: A

Complexity: Moderate

Ahead: Normal Childbirth

Subject: Obstetrics

Page: 2044

Feedback: Normal Childbirth, page 2044

67. Which of the following events occur during the third stage of labor?

A) Crowning

B) Placental delivery

C) Delivery of the baby

D) Mucous plug expulsion

Ans: B

Complexity: Easy

Ahead: Normal Childbirth

Subject: Obstetrics

Page: 2044

Feedback: Normal Childbirth, page 2044

68. During true labor:

A) analgesics often abolish the pain from contractions.

B) the interval between contractions gradually shortens.

C) the intensity of uterine contractions remains constant.

D) contractions are irregularly spaced from one to the next.

Ans: B

Complexity: Moderate

Ahead: Patient Assessment

Subject: Obstetrics

Page: 2034

Feedback: Patient Assessment, page 2034

69. A pregnant woman with a past history of a cesarean section is at GREATEST risk for:

A) breech birth.

B) preeclampsia.

C) prolapsed cord.

D) uterine rupture.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Labor

Subject: Obstetrics

Page: 2051

Feedback: Pathophysiology, Assessment, and Management of Complications of Labor, page 2051

70. If your EMS system protocols permit you to administer oxytocin to the mother following birth to control severe postpartum bleeding, it is MOST important to:

A) administer a 500-mL normal saline bolus.

B) first massage the uterus for at least 5 minutes.

C) ensure that she is not delivering a second baby.

D) obtain at least two blood pressure readings first.

Ans: C

Complexity: Moderate

Ahead: Emergency Pharmacology in Pregnancy

Subject: Obstetrics

Page: 2051

Feedback: Emergency Pharmacology in Pregnancy, page 2051

71. The fetal side of the placenta should normally be:

A) gray and shiny with a smooth texture.

B) pale and dull with a rough texture.

C) dark maroon with a smooth texture.

D) dark maroon with a rough texture.

Ans: A

Complexity: Easy

Ahead: Normal Childbirth

Subject: Obstetrics

Page: 2049

Feedback: Normal Childbirth, page 2049

72. Which of the following statements regarding a breech presentation is correct?

A) Breech presentations are more common with premature births.

B) A breech birth is characterized by a vertex position of the baby.

C) Breech presentations are frequently accompanied by a nuchal cord.

D) Most breech presentations are associated with a legs-first delivery.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Delivery

Subject: Obstetrics

Page: 2054

Feedback: Pathophysiology, Assessment, and Management of Complications of Delivery, page 2054

73. The MOST important prehospital intervention for a footling breech or transverse presentation of the baby is:

A) maternal vascular access.

B) keeping the mother warm.

C) delivery of high-flow oxygen.

D) rapid transport to the hospital.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Complications of Delivery

Subject: Obstetrics

Page: 2054

Feedback: Pathophysiology, Assessment, and Management of Complications of Delivery, page 2054

74. When caring for a prolapsed umbilical cord, you should:

A) position the mother in a left lateral recumbent position with her knees flexed into her abdomen.

B) keep the presenting part of the baby off the umbilical cord during rapid transport to the hospital.

C) have your partner cover the exposed portion of the umbilical cord with dry, sterile dressings.

D) instruct the mother to push during each contraction to facilitate passage of the baby past the cord.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Delivery

Subject: Obstetrics

Page: 2055

Feedback: Pathophysiology, Assessment, and Management of Complications of Delivery, page 2055

75. Hydramnios is a condition in which:

A) the amniotic fluid is infected.

B) there is too little amniotic fluid.

C) the amniotic sac has not ruptured.

D) there is too much amniotic fluid.

Ans: D

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Complications of Delivery

Subject: Obstetrics

Page: 2053

Feedback: Pathophysiology, Assessment, and Management of Complications of Delivery, page 2053

76. When delivering multiple babies, you should clamp and cut the umbilical cord:

A) after the placenta has delivered.

B) only after the first baby delivers.

C) following delivery of each baby.

D) after all the babies have delivered.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of High-Risk Pregnancy Considerations

Subject: Obstetrics

Page: 2052

Feedback: Pathophysiology, Assessment, and Management of High-Risk Pregnancy Considerations, page 2052

77. Average blood loss during the third stage of labor is approximately:

A) 150 mL.

B) 250 mL.

C) 400 mL.

D) 500 mL.

Ans: A

Complexity: Easy

Ahead: Pathophysiology, Assessment, and Management of Postpartum Complications

Subject: Obstetrics

Page: 2056

Feedback: Pathophysiology, Assessment, and Management of Postpartum Complications, page 2056

78. Appropriate care for postpartum bleeding in the prehospital setting includes all of the following, EXCEPT:

A) infusing oxytocin at a rate of 0.2–0.3 units/min.

B) massaging the uterus in a clockwise fashion.

C) administering IV fluids to maintain perfusion.

D) carefully placing sanitary pads in the vagina.

Ans: D

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Postpartum Complications

Subject: Obstetrics

Page: 2056

Feedback: Pathophysiology, Assessment, and Management of Postpartum Complications, page 2056

79. The MOST immediate treatment to prevent placental hypoperfusion in a pregnant woman who is lying on her back is to:

A) place the woman in a left lateral recumbent position.

B) keep the woman supine and elevate her legs 12 inches.

C) manually displace the gravid uterus to the right side.

D) administer 1 to 2 L of isotonic crystalloid solution.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2036

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2036

80. Uterine inversion occurs when:

A) the musculature of the uterine fundus is inherently weak, causing the uterus to prolapse.

B) the placenta fails to detach properly and adheres to the uterine wall when it is expelled.

C) postpartum bleeding is improperly managed with inadequate massage of the uterine fundus.

D) excessive postpartum hemorrhage causes uterine ischemia and subsequent expulsion from the vagina.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Postpartum Complications

Subject: Obstetrics

Page: 2056

Feedback: Pathophysiology, Assessment, and Management of Postpartum Complications, page 2056

81. In pregnancy, magnesium sulfate is used principally for:

A) eclamptic seizures.

B) tocolytic therapy.

C) ventricular dysrhythmias.

D) hyperemesis gravidarum.

Ans: A

Complexity: Easy

Ahead: Emergency Pharmacology in Pregnancy

Subject: Obstetrics

Page: 2049

Feedback: Emergency Pharmacology in Pregnancy, page 2049

82. A 19-year-old diabetic woman who is 22 weeks pregnant presents with an occipital headache, blurred vision, and edema to her hands and feet. Her blood pressure is 152/94 mm Hg, pulse rate is 108 beats/min, and respirations are 20 breaths/min. The patient is conscious and alert, and states that she is “retaining a lot of water.” Your MOST immediate concern should be:

A) the risk of fetal compromise.

B) the possibility of a seizure.

C) lowering her blood pressure.

D) her current blood sugar level.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2037

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2037

83. A 29-year-old woman complains of abdominal cramping and vaginal bleeding. The patient is 22 weeks pregnant and tells you that she passed several large clots of blood while using the toilet. Your partner confirms that she can clearly recognize a small fetus in the toilet. The patient is conscious and alert, but her skin is diaphoretic. Her blood pressure is 92/56 mm Hg, pulse rate is 114 beats/min and regular, and respirations are 24 breaths/min. The MOST appropriate treatment for this patient involves:

A) oxygen via nasal cannula at 2 L/min, two large-bore IV lines, a 20-mL/kg normal saline bolus, emotional support, and rapid transport to the hospital.

B) supplemental oxygen, careful packing of the vagina to control the bleeding, an IV line set to keep the vein open, emotional support as needed, and transport.

C) oxygen by face mask at 8 L/min, placing her in a left lateral recumbent position, a sanitary pad over her vagina, emotional support, and transport to the hospital.

D) high-flow oxygen, a sanitary pad over her vagina, a large-bore IV, crystalloid boluses as needed to maintain adequate perfusion, emotional support, and prompt transport.

Ans: D

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Postpartum Complications

Subject: Obstetrics

Page: 2056

Feedback: Pathophysiology, Assessment, and Management of Postpartum Complications, page 2056

84. A 30-year-old woman presents with bright red vaginal bleeding and severe abdominal pain. She tells you that she is 35 weeks pregnant and that this episode began suddenly about 30 minutes ago. She further tells you that she has not felt the baby move in over an hour. As your partner is treating the patient for shock, you obtain her medical history. The patient tells you that she has high blood pressure and admits to using cocaine throughout her pregnancy. What should you suspect?

A) Placenta previa

B) Ruptured uterus

C) Abruptio placenta

D) Threatened abortion

Ans: C

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Page: 2042

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, page 2042

85. You are assessing a 36-year-old woman who is in the 33rd week of her pregnancy. The patient complains of bright red vaginal bleeding, but denies abdominal pain or cramping. She tells you that she last felt her baby move about 5 or 10 minutes ago. Fetal heart tones are audible at a rate of 130 beats/min. Gentle palpation of her abdomen reveals that it is soft and nontender. Which of your assessment findings is MOST suggestive of placenta previa?

A) The age of the patient

B) Bright red vaginal bleeding

C) Absence of abdominal pain

D) Audible fetal heart tones

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Pages: 2042–2043

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, pages 2042–2043

86. You are dispatched to the parking lot of a shopping mall for a pregnant woman with severe vomiting. When you arrive and assess the patient, she tells you that she is 26 weeks pregnant and that this is her first child. She further tells you that her normal morning sickness nausea became worse 3 days ago and that she has vomited numerous times since then; she also noticed small amounts of blood in her vomitus. Her blood pressure is 94/60 mm Hg, pulse rate is 124 beats/min and weak, and respirations are 24 breaths/min and regular. After loading the woman in the ambulance and placing her on her left side, you should:

A) conclude that increased hormone levels are causing a transient worsening of her morning sickness, start an IV of normal saline and set it to keep the vein open, administer 12.5 mg of promethazine to control the vomiting, and transport her.

B) suspect hyperemesis gravidarum, administer high-flow oxygen, start a large-bore IV and give a 250-mL normal saline bolus, assess her blood sugar and cardiac rhythm, consider administering diphenhydramine if protocols allow, and transport promptly.

C) suspect upper gastrointestinal bleeding, administer oxygen via nonrebreathing mask, start two large-bore IV lines and give 2 L of normal saline, apply the cardiac monitor, insert a nasogastric tube to evacuate blood from her stomach, and transport at once.

D) be suspicious that she has acute gastritis, apply oxygen via nasal cannula at 4 L/min, start an IV line and give a 20-mL/kg normal saline bolus, administer an antiemetic if she continues to vomit, obtain a 12-lead ECG tracing, and transport her promptly.

Ans: B

Complexity: Difficult

Ahead: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy

Subject: Obstetrics

Page: 2038

Feedback: Pathophysiology, Assessment, and Management of Complications Related to Pregnancy, page 2038

87. You are in the process of assisting a woman in labor. She is 38 weeks pregnant with her second child, and her contractions are 3 minutes apart and are strong and regular. Her first baby was delivered by cesarean section. As you prepare for imminent delivery, the woman tells you that her contractions have decreased significantly and that she is very dizzy. Assessment of her vaginal area reveals moderate vaginal bleeding. You quickly assess her and note that she is diaphoretic, tachycardic, and hypotensive. What should you suspect?

A) Uterine rupture

B) Placenta previa

C) Abruptio placenta

D) Threatened abortion

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Labor

Subject: Obstetrics

Page: 2051

Feedback: Pathophysiology, Assessment, and Management of Complications of Labor, page 2051

88. A 25-year-old woman was involved in a motor vehicle accident in which she struck the rear end of another car at a low speed. When you arrive at the scene and exit the ambulance, you immediately hear the patient screaming, “My baby, my baby!” After calming the patient down, she tells you that she is 10 weeks pregnant and that she is afraid that the car accident injured her child. She confirms that she was properly restrained at the time of impact. She is conscious and alert, denies abdominal pain, and has stable vital signs. She refuses spinal motion restriction precautions but does consent to EMS transport. You should:

A) administer supplemental oxygen, establish a large-bore IV line and set the rate to keep the vein open, provide emotional support, and transport her to an appropriate hospital.

B) be concerned that the traumatic injury may have caused an abruptio placenta, administer high-flow oxygen, establish a large-bore IV, and transport her to a trauma center.

C) reassure her that her baby was not injured, offer her oxygen via nasal cannula, defer IV therapy, and transport her to the closest hospital with continuous emotional support en route.

D) provide emotional support, administer diazepam to prevent her from becoming frantic, administer oxygen via nasal cannula at 6 L/min, and transport her to a minor emergency clinic.

Ans: A

Complexity: Difficult

Ahead: Trauma and Pregnancy

Subject: Obstetrics

Page: 2059

Feedback: Trauma and Pregnancy, page 2059

89. You are caring for a 33-year-old woman who is 35 weeks pregnant and fell down a flight of stairs. Full spinal precautions have been taken, the patient is receiving high-flow oxygen, and a patent IV line is in place. During transport, you reassess her and note that she has become diaphoretic, tachycardic, and tachypneic. You should:

A) reassess her blood pressure.

B) administer a rapid fluid bolus.

C) cover her with warm blankets.

D) tilt the backboard to the left side.

Ans: D

Complexity: Moderate

Ahead: Trauma and Pregnancy

Subject: Obstetrics

Page: 2059

Feedback: Trauma and Pregnancy, page 2059

90. You are assisting in the delivery of a baby. As the infant's head begins to emerge from the vagina, you should support the head as it turns and then:

A) carefully dry its face.

B) assess for a nuchal cord.

C) thoroughly suction its airway.

D) gently guide the head upward.

Ans: B

Complexity: Moderate

Ahead: Normal Childbirth

Subject: Obstetrics

Page: 2047

Feedback: Normal Childbirth, page 2047

91. You are delivering a baby who was in a breech presentation. The baby's body has delivered, and you are attempting to deliver its head by lifting its body upward. After about 3 minutes, the baby's head has not delivered. You should:

A) elevate the mother's hips with pillows, administer high-flow oxygen, and transport immediately.

B) support the baby's body, carefully turn the mother on her left side, and transport expeditiously.

C) place your gloved hand in the vagina and gently lift the baby's face away from the vaginal wall.

D) elevate the mother's hips and apply gentle traction to the baby's body until the head has delivered.

Ans: C

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Delivery

Subject: Obstetrics

Page: 2054

Feedback: Pathophysiology, Assessment, and Management of Complications of Delivery, page 2054

92. During your visual exam of a woman in active labor, you see a loop of the umbilical cord protruding from her vagina. She is in the middle of a strong contraction, and you can see the baby's head just beyond the cord. You should immediately:

A) place her on 100% supplemental oxygen.

B) instruct her to pant during the contraction.

C) push the baby's head back into the vagina.

D) apply sterile, moist dressings over the cord.

Ans: B

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Complications of Delivery

Subject: Obstetrics

Page: 2055

Feedback: Pathophysiology, Assessment, and Management of Complications of Delivery, page 2055

93. A 20-year-old female presents with severe lower abdominal pain. She does not believe that she is pregnant, but states that her breasts have been unusually tender and that she has been nauseated. What is the pathophysiology of this patient's suspected condition?

A) A fertilized ovum is implanted somewhere other than the uterus.

B) The placenta has prematurely detached from the uterine wall.

C) The normal flow of bile from the liver has been interrupted.

D) High levels of estrogen are affecting the gastrointestinal system.

Ans: A

Complexity: Moderate

Ahead: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy

Subject: Obstetrics

Page: 2042

Feedback: Pathophysiology, Assessment, and Management of Bleeding Related to Pregnancy, page 2042

94. After delivering a baby and clamping and cutting the umbilical cord, you note that the end of the umbilical cord attached to the baby is bleeding. You should:

A) cannulate the baby's umbilical vein and infuse normal saline.

B) cut the cord proximal to the first clamp and apply another clamp.

C) pinch the distal end of the cord with your finger and assess the baby.

D) tie or clamp the cord proximal to the first clamp and reexamine it.

Ans: D

Complexity: Moderate

Ahead: Normal Childbirth

Subject: Obstetrics

Page: 2048

Feedback: Normal Childbirth, page 2048

95. Which of the following medications would MOST likely be indicated for a patient with a prolapsed umbilical cord?

A) Oxytocin

B) Ondansetron

C) Terbutaline

D) Diazepam

Ans: C

Complexity: Moderate

Ahead: Emergency Pharmacology in Pregnancy

Subject: Obstetrics

Page: 2050

Feedback: Emergency Pharmacology in Pregnancy, page 2050

96. The initial drug of choice for a pregnant patient who is experiencing seizures is:

A) Valium

B) Ativan

C) Oxytocin

D) Magnesium sulfate

Ans: D

Complexity: Moderate

Ahead: Emergency Pharmacology in Pregnancy

Subject: Obstetrics

Pages: 2049–2050

Feedback: Emergency Pharmacology in Pregnancy, pages 2049–2050

97. A 30-year-old woman who is 35 weeks pregnant is pulseless and apneic. As CPR is initiated, you or another team member should:

A) ventilate her at a slightly faster rate.

B) manually displace her uterus to the left.

C) tilt her entire body slightly to the left.

D) start and IV line and give epinephrine.

Ans: B

Complexity: Moderate

Ahead: Trauma and Pregnancy

Subject: Obstetrics

Pages: 2059–2060

Feedback: Trauma and Pregnancy, pages 2059–2060