

Women's Gynecologic Health, Third Edition

Test Bank

CHAPTER 1 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. Which of the following best defines the term “gender” as used in this text?
 - a. A person’s sex
 - b. A person’s sex as defined by society
 - c. A societal response to a person’s self-representation as a man or woman
 - d. A person’s biological presentation as defined by himself or herself

2. Which factor bears most on women’s health care today?
 - a. The complexity of women’s health
 - b. Women’s status and position in society
 - c. Population growth
 - d. The economy

3. Why is acknowledging the oppression of women more difficult within Western societies?
 - a. The multiplicity of minority groups complicates the issue.
 - b. The availability of health care makes acknowledgment more difficult.
 - c. The diversity of the news media clouds the issue.
 - d. Affluence and increased opportunities mask oppression.

4. Which of the following most accurately defines “oppression” as used in the text?
 - a. Not having a choice
 - b. Not having a voice
 - c. An act of tyranny
 - d. A feeling of being burdened

5. In what way does a model of care based on a feminist perspective contrast sharply with a biomedical model?
 - a. It provides a forum for the exploration of gender issues.
 - b. It seeks equal distribution of power within the healthcare interaction.
 - c. It emphasizes women’s rights.
 - d. It opens new avenues for women’s health care.

6. Gender is rooted in _____ and shaped by _____.
 - a. society, biology
 - b. self-representation, societal expectations
 - c. biology, environment and experience

- d. biology, hormones
7. Women's health risks, treatments, and approaches are not always based in science and biology because _____
- a. they are often based on outdated treatments and approaches.
 - b. they are determined by social expectations and gender assumptions.
 - c. they often rely on alternative treatments and approaches.
 - d. scientific research often fails to take women into consideration.
8. Reproductive rights were added to the World Health Organization's human rights framework in the last _____ ?
- a. 5 years
 - b. 10 years
 - c. 20 years
 - d. 40 years
9. "Safe Motherhood" was added to the human rights framework in order to _____
- a. address maternal morbidity and mortality on a global level
 - b. meet a legal obligation
 - c. correct an injustice
 - d. correct an oversight
10. What is a chief failing of the biomedical model in regards to women's health care?
- a. Its reliance on studies comprised exclusively of males
 - b. Its consideration of women as central the model
 - c. Its emphasis on science and medicine
 - d. Its limited definition of "health" as "the absence of disease"
11. The social model of health places the focus of health on _____
- a. the community.
 - b. the individual.
 - c. environmental conditions.
 - d. scientific research.
12. Which question below supports the strategy: "Identify women's agency in the midst of social constraint and the biomedical paradigm."?
- a. "Are 'all women' the same?"
 - b. "Why do you care about the issue?"
 - c. "Are women really victims or are they acting with agency?"
 - d. "Who has a choice within the context of health?"
13. What had been a significant problem in medical research well into the 1990s?
- a. The focus on randomized clinical trials over epidemiological investigations
 - b. The lack of representation of women in research trials
 - c. The lack of research related to gynecology
 - d. The focus on randomized clinical trials over observational research

14. Gender differences in heart disease can be found in _____
- a. diagnosis.
 - b. treatment.
 - c. identification of symptoms.
 - d. all of the above.
15. What opportunities are created by applying feminist strategies to gynecologic health?
- a. Better insight into research methods related to gynecology
 - b. Better access to the populations affected by gynecologic health
 - c. Better understandings from a wellness-oriented, women-centered framework
 - d. Better understandings of the social construction of gender

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **b**3. **d**4. **a**5. **b**6. **c**7. **b**8. **c**9. **a**10. **d**11. **a**12. **c**13. **b**14. **d**15. **c**

CHAPTER 2 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. How does Erick Erikson's grand theory of human development differ for females?
 - a. It recognizes achieving autonomy as a primary focus.
 - b. It assumes only men desire autonomy.
 - c. It assumes female dependence on another in order to achieve a sense of self.
 - d. It assumes females desire dependence on others.
2. What is true about human development theories published before the 1970s?
 - a. They are based on interviews conducted only with men.
 - b. They assume androcentric models can be applied correctly to women.
 - c. They frame women's development as flawed in comparison to the standard.
 - d. All of the above.
3. What is the intention of the newer feminist models of development?
 - a. To offer a new model within the traditional biomedical focus.
 - b. To offer alternatives to the constrained and previously misapplied models.
 - c. To replace male generalist models with female generalist models.
 - d. To present a contrast to privileged, white male-based models.
4. What is a key limitation of prevailing developmental models for women?
 - a. Gender differences assumed to be biologically determined are more often socially constructed.
 - b. They present conflicting and misapplied models.
 - c. Gender differences are assumed to be socially prescribed.
 - d. Similarities between male and female are emphasized over differences.
5. What event in female development marks the beginning of a tension between biologic changes and the social context?
 - a. Turning 18 years old
 - b. The onset of menses
 - c. The accumulation of adipose tissue with the onset of puberty
 - d. Pregnancy
6. How many stages does the Tanner scale use to stage sexual maturity?
 - a. 3 stages
 - b. 5 stages
 - c. 6 stages
 - d. 8 stages
7. What is the median age for the onset of menstruation for adolescent girls in the United States?

- a. 9.8
 - b. 10.8
 - c. 12.8
 - d. 13.8
8. What factor limits an individual's ability to function productively as an adult?
- a. Failure to take into account social and cultural norms
 - b. The inability to move through the world with credibility and respect
 - c. Poverty
 - d. Failure to negotiate the developmental tasks of adolescence successfully
9. The type of thinking that influences the risk-taking behaviors of adolescence
-
- a. involves the use of symbols, advanced reasoning and expanded possibilities.
 - b. works proactively to achieve autonomy.
 - c. encourages experimentation and foresight.
 - d. is rooted in the immediate and concrete.
10. What narrow term is often used to refer to the period of Early Adulthood?
- a. Productive years
 - b. Reproductive years
 - c. Young Adulthood
 - d. Adolescence
11. Why have women's changing roles come at a cost to their health?
- a. Increases in caregiving expectations compromise health
 - b. Balancing competing demands increases stress
 - c. Less attention is being placed on health care
 - d. Men's roles have not changed in relation to the change in women's roles
12. How do Franz and White (1985) expand Erikson's theory of development?
- a. By proposing a two-pathway process that includes both individuation and capacity for attachment
 - b. By refining Erikson's single pathway to include capacity for attachment
 - c. By expanding issues around career and lifestyle
 - d. By expanding issues around identity
13. What factors affect the mood changes many women in midlife suffer?
- a. Deficiencies of estrogen
 - b. Psychological transitions
 - c. Cultural beliefs and expectations
 - d. All of the above
14. What is the primary reason many older women live in poverty and have health problems?
- a. They outnumber older men.

- b. They have outlived their support systems.
- c. Their cognitive abilities decline.
- d. They must contend with ageism and sexism.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **d**3. **b**4. **a**5. **c**6. **b**7. **c**8. **d**9. **a**10. **b**11. **b**12. **a**13. **d**14. **b**

CHAPTER 3 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. According to Wuest (1994), the major goal of feminist research is _____
 - a. to change the design and evaluation of research.
 - b. to liberate women from societal expectations.
 - c. to emancipate the world from systemic bias based on gender and class.
 - d. to expand notions of gender beyond stereotypes.
2. What concern prompted the initiation of the modern EBP movement in health care?
 - a. That clinicians often failed to evaluate the effectiveness of their own care
 - b. That expert opinion was valued over scientific evidence
 - c. That scientific evidence was valued over expert opinion
 - d. That patients were demanding more evidence to support care decisions
3. Quine's (1952) concept of a web of interconnecting beliefs and knowledge supports _____
 - a. the inferiority of quantitative research.
 - b. a multiple-method approach to examining phenomena.
 - c. the superiority of qualitative research.
 - d. the difficulties of establishing best practices.
4. Why are multiple approaches needed to identify best clinical practices?
 - a. To reflect the multiple variables within clinical settings
 - b. To offer alternatives to poorly functioning practices
 - c. To address the complexity of the human condition
 - d. To ensure that no single approach dominates
5. What is the third part of the clinical decision-making triad that includes clinical experience and patient preference?
 - a. An investigation of treatment pathways
 - b. A consultation with clinical management
 - c. An evaluation of current clinical research
 - d. Establishing research methodology
6. How many classifications are used by the U.S. Preventative Service Task Force to gauge the strength of recommendations for using research evidence in clinical practice?
 - a. 3
 - b. 5
 - c. 6
 - d. 8

7. What are the corresponding clinical terms for Type I and Type II errors in quantitative research?
- “false positive” and “false negative”
 - “negativity” and “positivity”
 - “bias I” and “bias II”
 - “evidence flaw” and “process flaw”
8. What key factor shapes the methodology of qualitative research?
- A person’s view of the world
 - The ability to establish control over variables
 - The ability to establish cause and effect
 - A well-conducted meta-analysis
9. What is a difference between quantitative and qualitative research?
- One follows strict protocols while the other does not.
 - One *deduces* the reason why something happens and the other *induces* why it happens.
 - One places greater emphasizes on the expansion of knowledge.
 - All of the above.
10. What field of study informs qualitative research?
- Anthropology
 - Ecological psychology
 - Sociolinguistics
 - All of the above
11. Which research question most closely exemplifies a qualitative approach?
- Why do some women experience postpartum depression?
 - How does physical exercise affect menopause?
 - How does Kegel exercise affect a woman’s perinatal outcomes?
 - Does a specific method of contraception cause weight gain?
12. What is a recognized limitation of EBP?
- Emphasis on the routinization of practice
 - Over-reliance on RCT-derived results
 - The challenge of staying abreast of current research
 - All of the above
13. What is the purpose of the Stetler (2001) model of research utilization?
- To weigh the risks and benefits of EBP
 - To supply methods for critiquing evidence
 - To encourage a synthesis of all research methods
 - To help move best evidence into the clinical practice setting
14. One common barrier to using EBP in clinical settings is the lack of confidence in critiquing research studies. The second is _____

- a. the lack of time to find studies.
 - b. the lack of willing colleagues.
 - c. the lack of support from management.
 - d. the lack of protocol in using EBP.
15. What is the single most important action a clinician can take to advance EBP in the clinical setting?
- a. Employ quantitative research methods
 - b. Employ qualitative research methods
 - c. Question everything
 - d. Consult with management

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **a**3. **b**4. **c**5. **c**6. **b**7. **a**8. **a**9. **b**10. **d**11. **a**12. **d**13. **d**14. **a**15. **c**

CHAPTER 4 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. What is the annual medical expenditure nationwide, approximately, due to smoking and being overweight?
 - a. \$60 billion
 - b. \$100 billion
 - c. \$160 billion
 - d. \$260 billion
2. What approach does Health People 2020 use to achieve its goals and objectives?
 - a. Social determinants of health
 - b. Evidence-based determinants of health
 - c. Quality-of-life determinants of health
 - d. Longevity promotion determinants of health
3. What percentage of the nation's gross domestic product was spent on health care in 2005?
 - a. 0.6 percent
 - b. 6 percent
 - c. 16 percent
 - d. 26 percent
4. Which of the following is a new focus area added for Healthy People 2020?
 - a. Lesbian, gay, bisexual and transgender health
 - b. Maternal, infant and child health
 - c. Nutrition and weight status
 - d. Family planning
5. Why must definitions of health and prevention be clarified?
 - a. To provide clinicians with a standard point of view
 - b. To shift from an illness-centered focus toward wellness
 - c. To establish clarity and protocol
 - d. To streamline health counseling and education
6. According to the World Health Organization (WHO), the presence of a disease state

 - a. necessitates prompt medical attention.
 - b. excludes a person from being considered healthy.
 - c. does not exclude a person from being considered healthy.
 - d. classifies a person as in poor health.

7. Which approach to health promotion comes closest to that advocated by the text?
- Is determined primarily by the clinician
 - Pays close attention to cost effectiveness
 - Focuses on the absence of disease
 - Considers the patient and his or her cultural perceptions
8. Which of the following is considered primary prevention?
- Targeted immunization
 - Serves that limit an existing disability
 - Routine laboratory screening
 - Rehabilitation
9. What ratio of ambulatory visits most closely represents those due to chronic or acute problems versus preventative care?
- 2/1
 - 1/1
 - 3/1
 - 5/1
10. What area of injury prevention is a focus of the USPSTF's guidelines for counseling *all* healthy, asymptomatic women?
- motor vehicle accidents
 - falls
 - domestic violence
 - All of the above
11. What is the USPSTF recommendation regarding firearms?
- Removed from homes with children under the age of ten
 - Stored in locked compartments
 - Removed from home or stored, unloaded, in locked compartments
 - Removed from private homes
12. Which type of counseling results in a statistically significant reduction in STIs?
- Abstinence-only education
 - Counseling delivered in multiple individual or group sessions totaling more than 3 hours
 - Remote counseling via Internet or phone
 - Brief, individual sessions in the primary care setting
13. What is the leading preventable cause of death across all populations in the U.S.?
- Motor vehicle accidents
 - Tobacco
 - Obesity
 - Alcoholism

14. What percentage of older women does NOT receive the recommended immunizations for their age group, according to a recent study?

- a. 10 percent
- b. 25 percent
- c. 50 percent
- d. 75 percent

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **a**3. **c**4. **a**5. **b**6. **c**7. **d**8. **a**9. **c**10. **a**11. **c**12. **b**13. **b**14. **c**

CHAPTER 5 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. A major contributor to pelvic stability is _____
 - a. the coccyx.
 - b. the pubis.
 - c. the ilium and its ligaments.
 - d. the sacrum.

2. The sheet made up of dense fibrous tissue that spans the opening of the anterior pelvic outlet is/are the _____
 - a. sphincter muscles.
 - b. deep perineal space.
 - c. perineal membrane.
 - d. distal vagina.

3. How many different fiber sections subdivide the levator ani muscular sheet?
 - a. 2
 - b. 3
 - c. 4
 - d. 6

4. What is the function of the Bartholin's gland?
 - a. To help prevent infection of the introitus
 - b. To secrete lubricating mucus into the introitus during sexual excitement
 - c. To assist in keeping the vaginal introitus closed
 - d. To secrete estrogen and regulate its levels

5. Which arteries supply blood to the clitoris?
 - a. Arcuate arteries
 - b. Dorsal and clitoral cavernosal arteries
 - c. Two ovarian arteries
 - d. Coiled arteries

6. What is the approximate number of ovarian follicles at the initiation of puberty?
 - a. 100,000
 - b. 200,000
 - c. 400,000
 - d. 600,000

7. The four segments of a fallopian tube are the pars interstitialis, the isthus, the ampulla, and the _____
 - a. infundibulum.

- b. medulla.
 - c. hilum.
 - d. myometrium.
8. What causes the epithelium to thicken, differentiate, and accumulate glycogen?
- a. Progesterone
 - b. Pudendal nerve
 - c. Estrogen
 - d. Vagus nerves
9. About how many openings are in the nipple?
- a. 1 to 5
 - b. 5 to 10
 - c. 10 - 15
 - d. 15 - 20
10. What is one of the most frequent reasons women visit their clinician?
- a. Changes in menstruation
 - b. Family planning
 - c. Pregnancy
 - d. Prevention and wellness
11. What is the objective of the endometrial cycle?
- a. To emulate the activities of the ovaries
 - b. To produce an ovum
 - c. To reach the menstruation phase
 - d. To prepare a site to nourish and maintain the ovum
12. Ovulation is dependent on an increased level of _____
- a. enzyme activity.
 - b. progesterone.
 - c. prostaglandins.
 - d. estrogen and the LH surge.
13. What initiates contractions of the uterine muscle leading to menstruation?
- a. Lysosomal enzymes
 - b. Vascular thrombosis
 - c. Rupture of the basal arterioles
 - d. Prostaglandins
14. Why does the cervical mucus become thick, viscous and opaque after ovulation?
- a. To make an hospitable environment for the sperm
 - b. To promote stromal vascularization
 - c. To relax the myometrial fibers that supply the cervix
 - d. To reduce the risk of ascending infection at the time of implantation

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **a**3. **c**4. **a**5. **b**6. **c**7. **a**8. **c**9. **d**10. **a**11. **d**12. **d**13. **d**14. **d**

CHAPTER 6 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. What does the Greek term “gyne” mean from which “gynecology” is derived?
 - a. Speculum
 - b. Gender
 - c. Woman — more as queen
 - d. To reproduce
2. What is the primary purpose of taking a health history?
 - a. To learn about a woman’s health concerns
 - b. To establish a relationship with a woman while learning about her health
 - c. To identify any unresolved/latent health issues
 - d. To ensure that a woman’s health care records are up to date
3. Which skills are valued in a clinician taking a health history?
 - a. Respectful attention
 - b. Empathy
 - c. Trust-building
 - d. All of the above
4. What should be the clinician’s first objective after learning the chief reason the woman desires care?
 - a. To give the reason or problem a structural and chronological framework
 - b. To probe for any additional concerns missed
 - c. To take a family history related to the presenting concern
 - d. To gain insight into the woman’s cultural and social influences
5. Which of the following should NOT be a part of taking a health history?
 - a. Taking a family health history
 - b. Seeking information on stressors or personal problems
 - c. Asking about exercise and sleep patterns
 - d. Counseling for tobacco-use cessation
6. In the GTPAL system for recording pregnancy history, the “T” stands for: _____
 - a. Term births.
 - b. Terminal pregnancies.
 - c. Total number of pregnancies.
 - d. Type of birth (spontaneous, assisted, or cesarean).
7. In a complete physical examination in the ambulatory gynecology setting, it is customary to _____
 - a. evaluate major organ systems briefly and carefully, but not exhaustively.

- b. ask the woman which physical examination maneuvers should be performed.
 - c. evaluate major organ systems thoroughly.
 - d. palpate the precordium.
8. How should the order of examination proceed?
- a. Head to toe
 - b. Toe to head
 - c. By major organ system
 - d. By concern presented
9. Where may supernumerary occur?
- a. Anywhere from the neck to the ankle unilaterally
 - b. Anywhere on the torso
 - c. Anywhere along a vertical line from the axilla to the inner thigh
 - d. Anywhere on the breast tissue, including the tall of Spence
10. Where in the breast do most malignancies develop?
- a. Upper inner quadrant
 - b. Upper outer quadrant
 - c. Lower outer quadrant
 - d. Lower inner quadrant
11. Which type of speculum is best used to examine nulliparous women?
- a. Small Graves
 - b. Pederson
 - c. Large Graves
 - d. Pediatric
12. What is the preferred maneuver order of the pelvic examination?
- a. Bimanual, external inspection and palpation, speculum
 - b. External inspection and palpation, bimanual, speculum
 - c. External inspection and palpation, speculum, bimanual
 - d. Speculum, bimanual, external inspection and palpation
13. Under what conditions is a rectovaginal examination most useful?
- a. Under all conditions
 - b. If screening for colorectal cancer is indicated
 - c. If the uterus is anteverted or anteflexed
 - d. If the uterus is retroflexed or retroverted
14. A clinician should present a therapeutic plan to the patient based on
-
- a. the individual woman's desire for information and the degree of severity of the finding.
 - b. consultation with another health professional.
 - c. the examining clinician's findings and assessments.

d. the individual woman's cultural sensitivities and level of education.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **b**3. **d**4. **a**5. **d**6. **a**7. **a**8. **a**9. **c**10. **b**11. **b**12. **c**13. **d**14. **a**

CHAPTER 7 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. What does a service grade of D represent in the U.S. Preventive Services Task Force (USPSTF) recommendations?
 - a. Service carries insufficient evidence to recommend it
 - b. Service is found to be beneficial
 - c. Service is found to be either of no benefit or potentially harmful
 - d. Service should not be routinely provided

2. Which statement best defines “risk factor”?
 - a. Any factor which increases the need for medical attention
 - b. Any behavior which places an individual at risk for illness
 - c. The probability that an individual will develop a medical condition
 - d. An attribute or exposure associated causally with an increased probability of a disease or injury

3. The USPSTF assigns a certainty level to assess the net benefit of a preventive service based on _____.
 - a. the nature of the overall evidence available.
 - b. the cost-effectiveness of a service.
 - c. known health outcomes.
 - d. select studies in a limited primary care population.

4. What screening recommendation is similar across all groups for colorectal cancer?
 - a. Screening women age 76 to 85 based on risk factors
 - b. Screening only for those women at increased risk
 - c. Screening for all women starting at age 50
 - d. Against routine screening in adults age 76 and over

5. What is the screening recommendation by the American College of Obstetricians and Gynecologists for intimate partner violence (IPV)?
 - a. Routinely ask all women direct, specific questions about abuse. Refer to community-based services when identified.
 - b. Insufficient evidence to recommend for or against routine screening.
 - c. No screening recommendation.
 - d. Remain alert for signs of family violence at every patient encounter.

6. Alcohol consumption is considered hazardous for a woman who has _____.
 - a. either 5 or more drinks in one week or 3 per occasion.
 - b. either 7 or more drinks in one week or 3 per occasion.
 - c. either 9 or more drinks in one week or 4 per occasion.
 - d. either 10 or more drinks in one week or 5 per occasion.

7. What is the Task Force recommendation grade assigned to screening all adults for depression?

- a. B
- b. A
- c. C
- d. D

8. How is being overweight defined on the BMI table?

- a. 18 to 29.9
- b. 20 to 29.9
- c. 25 to 29.9
- d. 30 or greater

9. How is screening for the rubella immunity accomplished?

- a. By asking the patient
- b. By obtaining a history of vaccination or by ordering serologic studies
- c. By ordering serologic studies
- d. By obtaining vaccination records

10. What recommendation grade does the Task Force assign to screening all adults for tobacco use?

- a. A
- b. B
- c. C
- d. D

11. What is the Task Force recommendation regarding the efficacy of digital mammography or MRI versus the standard film mammography?

- a. Evidence exists that all screens are equally beneficial
- b. Film mammography is recommended as the best screen
- c. Digital mammography or MRI is recommended as the best screen
- d. Not enough evidence exists to assess benefits and risks as to which provides the best screen

12. What recommendation grade does the Task Force assign to cholesterol screening women between 20 and 44 years with preexisting risk factors for coronary artery disease?

- a. A
- b. B
- c. C
- d. D

13. Which of the following factor associated with increased risk for developing osteoporosis appears to be the best predictor of risk?

- a. Smoking
- b. Low body weight
- c. Sedentary lifestyle

- d. Family history
14. Which of the following are screening tests for type 2 diabetes mellitus?
- a. Fasting plasma glucose
 - b. Two-hour post load plasma glucose
 - c. Hemoglobin A1C
 - d. All of the above
15. What population of women should be screened for signs and symptoms of thyroid dysfunction?
- a. All women
 - b. Older women
 - c. Older women, smokers, women with diabetes
 - d. Older women, postpartum women, and women with Down syndrome

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **d**3. **a**4. **c**5. **a**6. **b**7. **a**8. **c**9. **b**10. **a**11. **d**12. **a**13. **b**14. **d**15. **d**

CHAPTER 8 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. Approximately how many weight-loss surgeries occur each year?
 - a. 100,000
 - b. 150,000
 - c. 250,000
 - d. 375,000
2. How is body mass index (BMI) calculated?
 - a. Weight in pounds divided by height in feet squared
 - b. Weight in kilograms divided by height in meters squared
 - c. Height in meters divided by weight in kilograms squared
 - d. Weight in kilograms squared divided by height in meters
3. Bariatric surgery considered a valid treatment when _____
 - a. a person's BMI is between 35 and 40 and is accompanied by a high-risk comorbid disease.
 - b. a person's BMI is more than 25 and is accompanied by hypertension.
 - c. a person's BMI is more than 40 and is accompanied by cardiovascular disease.
 - d. a person's BMI is between 25 and 29.9 and is accompanied by a high-risk comorbid disease.
4. Which statement about women who have had bariatric surgery is false?
 - a. Her record of weight lost should not be included in her health history.
 - b. Obesity has been shown to evoke negative responses from clinicians.
 - c. Subtle, unintentional bias often manifests against these women.
 - d. Clinicians need to strive to be nonjudgmental regardless of the patient's body habitus.
5. Which is NOT a complication following bariatric surgery?
 - a. Hernia formation
 - b. Anemia
 - c. Hearing loss
 - d. Cholelithiasis
6. Where does iron and calcium absorption primarily occur?
 - a. Stomach
 - b. Duodenum
 - c. Upper intestine
 - d. Lower intestine
7. What is the recommended waiting period between bariatric surgery and pregnancy?
 - a. 6 to 12 months

- b. 12 to 24 months
c. 24 months to three years
d. Three to four years
8. Estrogen-containing contraceptive pills are known to increase the incidence of _____
a. kidney disease.
b. kidney stones.
c. gallstones.
d. Addison's disease.
9. Best practice clinical guidelines for directing the care of women who become pregnant after bariatric surgery _____
a. have yet to be developed.
b. include nutritional counseling.
c. have been developed using research-based evidence.
d. are incomplete.
10. What is the recommended prenatal weight gain if a woman's BMI is 25 to 29.9 (overweight)?
a. 8 to 11 pounds
b. 11 to 15 pounds
c. 15 to 25 pounds
d. 25 to 30 pounds
11. Which statement regarding a relationship between obesity and psychological disorders is true?
a. Psychopathology is both a cause and a consequence of obesity.
b. Psychopathology is a consequence of obesity.
c. Psychopathology is a cause of obesity.
d. It is uncertain whether psychopathology is a cause or a consequence of obesity.
12. Mental health assessments after bariatric surgery may take the form of _____
a. directing the woman to answer a questionnaire focused on mental health status.
b. asking the woman questions during the history and physical examination.
c. observing the woman's affect, mood and appearance during the visit.
d. All of the above

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **b**3. **a**4. **a**5. **c**6. **b**7. **b**8. **c**9. **a**10. **c**11. **d**12. **d**

CHAPTER 9 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. Which one of the following is the definition of the term *gender identity*?
 - a. People who respond erotically to both sexes.
 - b. A self-label, regardless of biologic or natal sex.
 - c. People who are similar in age, class, and sexual status.
 - d. A label for behavior not usually associated with one's natal sex.

2. The belief that heterosexuality is the best sexual orientation and that all people should be heterosexual is called
 - a. lesbianism.
 - b. homophobia.
 - c. heterosexism.
 - d. psychosocialism.

3. A healthcare facility can make sure it meets nationwide standards for equal and quality care of LGBT patients by
 - a. utilizing the Healthcare Equality Index (HEI).
 - b. participating in National LGBT Health Awareness Week.
 - c. adopting the policies and practices of integrative medicine.
 - d. creating research and educational opportunities for its staff.

4. In 1997 the Institute of Medicine (IOM) published a landmark report that:
 - a. described the discriminatory practices of healthcare institutions.
 - b. identified the health needs of lesbian and bisexual women.
 - c. provided guidelines for the critical transition period of transgendered persons.
 - d. recommended research and mechanisms for disseminating information on lesbian health.

5. External barriers to quality health care for SGM patients include all of the following except:
 - a. clinicians who assume all their patients are heterosexual.
 - b. intake forms that request the name of spouse, partner, or significant other.
 - c. the limited education of clinicians on LBT health issues.
 - d. a paucity of domestic partner health insurance coverage for LBT couples.

6. The most current research on eating disorders suggests that
 - a. feminist identity activities do not serve as buffers against negative self-image.
 - b. lesbians have less body dissatisfaction than heterosexual women.

- c. eating disorders are more prevalent in bisexual women than in heterosexual women.
 - d. the prevalence of eating disorders in African Americans versus Latinos differs significantly.
7. Which one of the following statements about sexually transmitted infections (STIs) is *false*?
- a. Lesbians are at very low risk for development of STIs and vaginal infections.
 - b. HIV has been identified in case studies of women who report sex only with women.
 - c. Transgender women (MTF) have extremely high rates of HIV infection.
 - d. Risky behaviors for STIs include sex during menses.
8. To date _____ prospective empiric studies have definitively determined whether lesbians are at higher risk for breast cancer than other women.
- a. more than half of all
 - b. only two
 - c. all
 - d. no
9. Which one of the following is *not* among the ways clinicians can provide a welcoming, safe environment for LBT patients?
- a. Avoid the heterosexual assumption by using gender-neutral language.
 - b. Explain whether and how information will be documented in the patient's medical record.
 - c. Ignore the sexual status or gender identity of all patients.
 - d. Offer mainstream referrals that are culturally sensitive to SGMs.
10. Compared to heterosexual adolescent girls, LBT girls
- a. report having a lower current frequency of intercourse.
 - b. choose less effective methods of contraception.
 - c. are more likely to use contraception.
 - d. are more likely to become pregnant.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **b**2. **c**3. **a**4. **d**5. **b**6. **a**7. **a**8. **d**9. **c**10. **d**

CHAPTER 10 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. A woman's sexuality is
 - a. expressed fully only during her middle years.
 - b. a way to express her need for emotional closeness.
 - c. experienced the same way every time.
 - d. precisely the same as every other woman's.
2. A woman's sexuality is *not*
 - a. coordinated by multiple anatomical systems.
 - b. influenced by ethical, moral, or spiritual factors.
 - c. an important aspect of a woman's health throughout her life.
 - d. limited by age, attractiveness, partner participation, or sexual orientation.
3. The erotic or romantic attraction or preference for sharing sexual expression with persons of a specific gender is called
 - a. sexual orientation.
 - b. gender role behavior.
 - c. a social or cultural construct.
 - d. an anatomic characteristic.
4. The most frequently acknowledged sexual lifestyle and relationship pattern for women is
 - a. serial heterosexual monogamy.
 - b. marital heterosexual monogamy.
 - c. nonmonogamous heterosexual marriage.
 - d. heterosexual coupling without marriage.
5. Women are considered _____ when their sexual and affectional preferences are directed toward individuals of either sex.
 - a. celibate
 - b. lesbians
 - c. bisexual
 - d. heterosexual
6. The factors that enable women to enjoy and control their sexual and reproductive lives, including a physical and emotional state of well-being and the quality of sexual and other close relationships, make up a woman's
 - a. sexual health.
 - b. gender identity.
 - c. gender role behaviors.

- d. psychosocial orientation.
7. Which one of the following general statements about a woman's healthy sexual functioning is *true*?
- Compared to men, women have a stronger biologic urge to be sexual for the release of sexual tension.
 - Unlike men, women experience "drive," or a sexual desire independent of context.
 - Unlike men, a woman's sexual arousal is a subjective mental excitement that may or may not be associated with genital awareness.**
 - Just like men, orgasmic release of sexual tension in women always occurs in the same way.
8. According to Eaton et al., 2008, what percent of twelfth graders in the United States has had sexual intercourse?
- 2%
 - 33%
 - 45.1%
 - 64.6%**
9. The current cultural emphasis on youth, beauty, and thinness contributes to the prevailing societal misperception of women age _____ as asexual.
- 12 to 16
 - 20 to 40
 - 40 to 60
 - 65 and over**
10. Which one of the following statements about clinicians who provide satisfactory sexual health care is *false*?
- They are comfortable with their own sexuality, aware of their own biases, and have a sincere desire to assist their patients.
 - They perform a sexual health assessment that includes physiologic, psychologic, and sociocultural evaluations.
 - They know how various health problems, diseases, and their treatment affect sexual functioning and sexuality.
 - They make assumptions about a woman's sexual attitudes, values, feelings, and behavior.**

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **b**2. **d**3. **a**4. **b**5. **c**6. **a**7. **c**8. **d**9. **d**10. **d**

CHAPTER 11 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. Most research studies on methods of contraception use the term *efficacy* to refer to
 - a. the rate of success in those who are spacing their pregnancies.
 - b. likelihood of pregnancy when a method is used exactly as prescribed.
 - c. number of pregnancies when a method is used improperly or inconsistently.
 - d. likelihood of user failure or typical-use failure rates in different populations.
2. Which contraceptive methods have inherent failure rates?
 - a. None
 - b. Some
 - c. All
 - d. All except sterilization
3. All of the following are physiologic methods of nonhormonal contraception *except*
 - a. abstinence.
 - b. lactational amenorrhea.
 - c. coitus interruptus.
 - d. spermicide.
4. Although barrier contraception methods are less effective in preventing pregnancy than more modern methods, interest in them is on the rise because they
 - a. can help protect against STIs, including HIV.
 - b. are coitus dependent and require planning.
 - c. are nonallergenic and male controlled.
 - d. involve the use of hormones.
5. Tubal sterilization for women who have completed their families is highly effective, but there are disadvantages such as
 - a. the women are less likely to use condoms or return for health services.
 - b. a decreased risk of ovarian cancer and pelvic inflammatory disease.
 - c. a high likelihood of complications and side effects.
 - d. the surgery is not covered by insurance.
6. Combined oral contraceptives (COCs) are among the most extensively studied medications available. Which one of the following statements about their use has been found to be *true*?
 - a. Broad-spectrum antibiotics may enhance their efficacy.
 - b. They do not increase the risk of venous thromboembolism.
 - c. They decrease the relative risk of ovarian and endometrial cancers.
 - d. Among possible side effects are acne, hirsutism, and benign breast conditions.

7. Compared to COCs, the combined contraceptive patch and vaginal ring
- have the same theoretical efficacy.
 - offer more opportunity for user error.
 - have lower failure rates in obese women.
 - are available in a larger variety of formulations.
8. Progestin-only pills (POPs)
- have no possible side effects.
 - suppress ovulation as reliably as COCs.
 - may be taken earlier or later than prescribed.
 - in combination with lactation are nearly 100% effective.
9. The depot medroxyprogesterone acetate (DMPA) injection (Depo-Provera) is given at _____ week intervals.
- 3
 - 6
 - 9
 - 12
10. Which one of the following statements about the subdermal progestin implant is *false*?
- It is associated with the development of benign follicular cysts.
 - After removal, its contraceptive effects last 10 more months on average.
 - Based on worldwide data, it appears to be as safe as other progestin-only methods.
 - The shortage of research due to its only recent availability is a possible disadvantage.
11. Of the two intrauterine contraceptive devices currently available in the United States only one provides a local delivery of progestin. It is the
- combined contraceptive patch (Ortho Evra).
 - copper IUD (T380A, ParaGard).
 - LNG-IUS (Mirena).
 - Dalkon Shield.
12. Emergency contraceptive pills (ECPs) can
- cause an abortion.
 - prevent fertilization.
 - harm an established pregnancy.
 - offer protection from STIs, including HIV.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **b**2. **c**3. **d**4. **a**5. **a**6. **c**7. **a**8. **d**9. **d**10. **b**11. **c**12. **b**

CHAPTER 12 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. The North American Menopause Society (NAMS) current position on the use of HT in menopausal women includes
 - a. HT is indicated for the sole purpose of preventing cardiovascular disease.
 - b. ET for less than 5 years has significant effect on the risk for breast cancer.
 - c. HT is recommended for prevention of cognitive aging or dementia.
 - d. **EPT is recommended to decrease risk of endometrial carcinoma.**

2. What type(s) of estrogen are usually present in a woman's body in the postmenopausal years?
 - a. **Estrone (E₁) and estradiol (E₂)**
 - b. Estrone (E₁) and estriol (E₃)
 - c. Estradiol (E₂) only
 - d. None; women do not produce estrogen after menopause.

3. In general, natural menopause occurs for most women between the ages of _____ years.
 - a. 40 and 50
 - b. 44 and 46
 - c. **48 and 55**
 - d. 39 and 47

4. Which one of the following statements about menopause is *false*?
 - a. **A diagnosis is based on the absence of menses for 6 consecutive months.**
 - b. Controlling diabetes and hypertension can reduce the severity of symptoms.
 - c. Similar symptoms may be caused by arrhythmia, thyroid disorders, or tumors.
 - d. Diagnosis requires a thorough history, a physical exam, and laboratory testing.

5. Which one of the following statements about menopause is *true*?
 - a. Symptoms usually begin in the postmenopausal period.
 - b. Women most frequently report central nervous system symptoms.
 - c. **Hot flashes can last well beyond the first 5 to 7 years following menopause.**
 - d. Women typically experience the most severe symptoms during perimenopause.

6. Among the midlife health issues of women, the number one cause of mortality in the United States is
 - a. primary osteoporosis.
 - b. **Cardiovascular disease.**
 - c. overweight and obesity.
 - d. cancer (of the lung and bronchus, breast, and colon).

7. Lifestyle approaches to postmenopausal symptom management include
 - a. sleeping more than 8 hours per night.
 - b. **avoiding sugar, coffee, chocolate, and alcohol.**
 - c. decreasing levels of physical activity.
 - d. more than 1,000 international units/day of vitamin E.
8. The standard for managing moderate to severe menopausal symptoms is
 - a. lifestyle changes, such as dieting and exercising.
 - b. nonhormone products, such as anticonvulsive medications.
 - c. alternative care, such as acupuncture, combined with organic herbs.
 - d. **prescription systemic hormone products, such as estrogen and progestogen.**
9. When HT is prescribed for relief of the vasomotor symptoms of menopause, patients should
 - a. **find that their symptoms begin to resolve within 2 to 6 weeks.**
 - b. be told that they ought not to experience side effects if they follow directions.
 - c. return for follow-up with the clinician within one year after the initial dose.
 - d. initially be given ET or EPT at higher than standard doses.
10. The use of complementary and alternative medicines (CAM)
 - a. by women is on the downturn in the United States.
 - b. is usually reported to the patient's primary care clinician.
 - c. **must be taken into account by clinicians for proper patient assessment and care.**
 - d. is scientifically proven to be effective in the management of menopausal symptoms.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **d**2. **a**3. **c**4. **a**5. **c**6. **b**7. **b**8. **d**9. **a**10. **c**

CHAPTER 13 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. Which one of the following statements about intimate partner violence (IPV) is *false*?
 - a. It refers to an escalating pattern of abuse.
 - b. It includes emotional abuse, such as disregarding what a woman wants.
 - c. It includes using physical force to make a woman engage in a sexual act against her will.
 - d. **It refers to a current or former spouse or dating partner of the opposite sex, not someone of the same sex.**
2. Studies have identified the prevalence of IPV during pregnancy as ranging from _____ in a sample of adolescents and adult women to as high as _____ in a sample of pregnant adolescents.
 - a. **18.1%; 37.6%**
 - b. 4.7%; 10.6%
 - c. 40%; 50%
 - d. 14%; 23%
3. A U.S. population-based study of self-reported data found the odds of having a gynecologic problem were _____ times higher for patients who experienced IPV.
 - a. twenty-five
 - b. twelve
 - c. **three**
 - d. two
4. Many patients experiencing IPV meet the criteria for diagnosing PTSD. Those criteria include all of the following *except*
 - a. experiencing a traumatic event.
 - b. reexperiencing the traumatic event.
 - c. numbness and avoidance.
 - d. **hypovigilance.**
5. Clinicians should routinely consider IPV as a possible diagnosis for women who present with all of the following *except*
 - a. chronic stress-related symptoms.
 - b. **denial of any physical health problems.**
 - c. central nervous system (CNS) symptoms.
 - d. gynecologic problems, especially multiple ones.
6. A theory that includes four categories to describe factors that contribute to a violent relationship—personal history, microsystem, exosystem, and macrosystem—is called the

- a. Heise's (1998) framework of violence.
 - b. Walker's (1979) three-part cycle of violence.
 - c. National Violence Against Women Survey (1998) study.
 - a. International Association of Forensic Nurses (IAFN) Annual Scientific Assembly (2004) report.
7. The _____ is probably the most widely used IPV screen.
- a. three-question AAS (McFarlane et al., 1992)
 - b. Campbell's Danger Assessment (2003)
 - c. Sheridan's HARASS Instrument
 - d. Helton's nine-question AAS
8. The most effective means of obtaining the history of abuse is to use a communication model that
- a. avoids having the patient's children present during the discussion.
 - b. signals someone is interested and that the woman is not alone.
 - c. emphasizes the belief that violence is not acceptable, no matter what the batterer might have said to the patient.
 - d. allows the patient to talk without interruption and with time to relate, emphasize, and repeat her full story.
9. The physical examination of any woman suspected of being abused or battered includes all of the following *except*
- a. a thorough inspection for signs of injury, past and present.
 - b. a physical assessment just like that of any other adult female.
 - c. a focus on the patient's physical appearance, not her behavior.
 - d. the use of body maps and diagrams to accurately portray the patient's physical condition.
10. The words _____ are among the most commonly misused medical forensic terms.
- a. laceration, ecchymosis, and hematoma
 - b. distal, proximal, and lateral
 - c. rape, assault, and battery
 - d. states, says, and reports
11. The P in the mnemonic EMPOWER is meant to help the clinician remember to
- a. document findings properly.
 - b. encourage planning for safety and support.
 - c. provide information about domestic violence.
 - d. refer to program services such as IPV hotlines and shelters.
12. Which one of the following statements about IPV during pregnancy is *false*?
- a. It affects women more than the most serious antepartum complications.
 - b. Complications are more the result of trauma than psychological abuse.
 - c. IPV is associated with low-birth-weight infants.
 - d. Pregnancy can be a time of escalating violence.

13. Plichta (1996) reported that rates of depression, eating disorders, and drug, alcohol, and tobacco use were _____ in girls who reported physical or sexual dating violence as compared to girls who had not been abused.

- a. about the same
- b. more than twice as high
- c. four times as high
- d. more than ten times as high

14. IPV affects women of all ages, but in elderly women

- a. the physical and mental sequelae of IPV is much more apparent.
- b. mistreatment in elder care facilities is the cause, not domestic violence.
- c. even so-called “low-severity violence” can cause serious injury or death.
- d. cognitive impairment prevents clinicians from conducting the necessary assessments.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS****1. d****2. a****3. c****4. d****5. b****6. a****7. a****8. d****9. c****10. a****11. c****12. b****13. b****14. c**

CHAPTER 14 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. There is no one legal definition of rape, which means
 - a. clinicians must learn their own state's definitions and statutes.
 - b. it is easier to monitor the incidence of sexual violence in the nation.
 - c. it may be considered a social problem, not a public health problem.
 - d. measuring risk and identifying protective measures is a simple task.
2. According to Basile & Saltzman (2002) an example of “noncontact sexual abuse,” which involves either nonconsent or the inability to give consent, is
 - a. an attempted but not completed sex act.
 - b. intentional exposure of an individual to exhibitionism.
 - c. contact between the penis and anus involving penetration.
 - d. intentional touching of the genitalia through clothing.
3. The U.S Department of Justice estimates that _____ forcible rapes occurred in the United States in 2008.
 - a. 1,200
 - b. 24,000
 - c. 89,000
 - d. 303,000
4. The National Violence Against Women (NVAW) national survey conducted between 1995 and 1996 showed that in the United States
 - a. men experience significantly more IPV than women.
 - b. 5% of women have survived a completed or attempted rape.
 - c. violence against women is primarily perpetrated by strangers.
 - d. over 20% of female rape survivors were younger than 12 when first raped.
5. Data from the NVAW study reveal that women are _____ men to be physically injured during a rape
 - a. less likely than
 - b. just as likely as
 - c. twice as likely as
 - d. 20% more likely than
6. Which one of the following statements about genital trauma associated with rape is *false*?
 - a. No method currently available can differentiate genital trauma caused by rape from tampon use.

- b. There is a clear need for studies to determine specific patterns of genital injury.
 - c. Few victims sustain significant genital trauma as a result of a sexual assault.
 - d. The absence of genital trauma proves consent.
7. Which one of the following statements about the consequences of rape is *true*?
- a. Rates of successful suicide after rape are low.
 - b. Sexual dysfunction is an unlikely or rare result.
 - c. STIs are a result of an active sex life, not of rape.
 - d. A victim's alcohol and drug use usually decreases.
8. If a patient has not reported a sexual assault to law enforcement, all of the following clinician actions are important *except*
- a. asking if reporting is something she wants to consider.
 - b. discussing any fears or concerns that she may have about reporting.
 - c. explaining that only some forced sexual contacts are reportable crimes.
 - d. telling her that women who report do better psychologically than those who do not.
9. In respect to an evidentiary examination
- a. the patient may not withhold consent if the clinician is a mandated reporter.
 - b. the clinician is required to strictly follow local agency protocols, no others.
 - c. the time frame within which it must take place depends on local standards.
 - d. maintaining the chain of custody of all evidence collected is recommended, not required.
10. The clinician's role in the care of an adult sexual assault victim should
- a. encompass all aspects of the biopsychosocial needs of the patient.
 - b. include testing for all sexually transmitted infections (STIs).
 - c. avoid discussion of vulnerability to future abuse.
 - d. only focus on the related physical trauma.
11. Both very young and elderly sexual assault victims
- a. are addressed in most state mandatory reporting laws.
 - b. may have difficulty describing the incident and related symptoms.
 - c. require the same equipment for proper examination that others do.
 - d. have fewer injuries than victims of other age groups.
12. Which one of the following statements about sexual and gender minorities is *false*?
- a. Gays and lesbians are more frequently assaulted by heterosexual males.
 - b. Similar to heterosexuals, many LGBT individuals do not report sexual assault.
 - c. The needs of LGBT people who have been sexually assaulted are represented well in research.
 - d. Crimes against them are likely to be more violent than crimes motivated by race, ethnicity, or religion.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **a**2. **b**3. **c**4. **d**5. **c**6. **d**7. **a**8. **c**9. **c**10. **a**11. **a**12. **c**

CHAPTER 15 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. Cyclic mastalgia
 - a. more likely causes unilateral, localized pain that is sharp or burning in nature.
 - b. has an increased risk of occurrence in women whose diets are low in fat.
 - c. occurs most frequently in women who are 18 to 30 years old.
 - d. is caused by hormonal changes associated with menstruation.
2. The possibility of cancer is associated with mastalgia when the pain
 - a. occurs in perimenopausal women who are receiving HT.
 - b. is accompanied by skin changes or palpable abnormality.
 - c. is felt in both breasts equally and is related to a cyclic pattern.
 - d. is reproducible with palpation of the chest wall.
3. Effective for 85% of women who have mild or moderate symptoms of mastalgia, the first line of treatment is
 - a. reassurance.
 - b. reduction mammoplasty.
 - c. isoflavones, or naturally occurring phytoestrogens.
 - d. 2% lidocaine injection and 40 mg of methyl prednisone.
4. Mammary duct ectasia
 - a. is one of the most common causes of milky nipple discharge.
 - b. like intraductal papilloma, is typically unilateral and uniductal.
 - c. usually occurs in women 20 to 35 years of age.
 - d. discharge may be green, brown, or black in color.
5. If a woman is complaining of bilateral, milky nipple discharge, the clinician is to *first*
 - a. perform a pregnancy test.
 - b. perform a mammogram and an ultrasound of the breasts.
 - c. assess the sella turcica with magnetic resonance imaging (MRI).
 - d. obtain a serum prolactin level and a thyroid-stimulating hormone (TSH) measurement.
6. The most common benign breast masses are
 - a. galactoceles.
 - b. hamartomas.
 - c. fibroadenomas and cysts.
 - d. lipomas and phyllodes tumors.

7. Which breast tissue sampling procedure is best to use when density or calcification is seen on a mammogram in a location that cannot be effectively assessed with a core biopsy?

- a. Fine-needle aspiration
- b. MRI-guided needle biopsy
- c. Needle-localized breast biopsy
- d. Excisional breast biopsy

8. Among women aged 55 years and older

- a. macromastia is the most common cause of breast masses.
- b. breast masses are presumed malignant until proven otherwise.
- c. most breast masses decrease in size over time and many resolve completely.
- d. diagnostic imaging of a breast mass and tissue sampling should be deferred.

9. A woman's lifetime risk of being diagnosed with breast cancer is

- a. 1 in 3.
- b. 1 in 8.
- c. 1 in 29.
- d. 1 in 233.

10. No risk factors other than age are identifiable in _____ of women with breast cancer.

- a. 100%
- b. 85%
- c. 60%
- d. 24%

11. The genetic counselor has a significant role in the care of women because BRCA1 and BRCA2 genetic mutations account for 5% to 10% of all _____ cancer cases

- a. breast
- b. ovarian
- c. uterine
- d. pancreatic

12. The most common sites of metastatic spread of invasive breast cancer include all of the following *except*

- a. bones.
- b. lungs.
- c. pituitary.
- d. lymph nodes.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **d**2. **b**3. **a**4. **d**5. **a**6. **c**7. **c**8. **b**9. **b**10. **b**11. **a**12. **c**

CHAPTER 16 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. A national study with 31,581 respondents found that _____ of women reported having some type of sexual problem, such as orgasm difficulties.
 - a. 67%
 - b. 44%
 - c. 22.3%
 - d. 10%
2. A woman's sexual complaint may be attributed to
 - a. physical or mental health factors.
 - b. sociocultural influences.
 - c. normal variations of sexuality.
 - d. any of the above.
3. Which one of the following statements about androgen supplementation is *false*?
 - a. Adverse effects of its use include acne, liver damage, and decreased levels of HDL cholesterol.
 - b. There are no androgen therapies approved by the U.S. Food and Drug Administration (FDA) for use in women.
 - c. Correlations between testosterone levels and sexual dysfunction have been found to be consistent across numerous studies.
 - d. Transdermal preparations are frequently used in women, though dosing is difficult because they are packaged in doses appropriate for men.
4. The absence or markedly diminished feelings of sexual excitement and sexual pleasure from any type of sexual stimulation is called _____ sexual arousal disorder.
 - a. genital
 - b. subjective
 - c. combined genital and subjective
 - d. persistent
5. All of the following medications may cause sexual arousal problems *except*
 - a. SSRIs and MAOIs.
 - b. tricyclic antidepressants.
 - c. sildenafil, alprostadil, and tibolone.
 - d. antihistamines and antihypertensives.
6. Management of sexual arousal disorders in women may include any one of the following *except*
 - a. treatments that decrease blood flow to the genital tissues.

- b. the use of vaginal lubricants to increase stimulation.
 - c. use of the Eros-CTD, a clitoral therapy device.
 - d. localized estrogen therapy.
7. In a randomized controlled trial, women who used _____ had significantly greater mean improvement in the desire and arousal domains of the FSFI compared to women who used placebo.
- a. Yohimbine, an extract from the bark of an African tree
 - b. L-Arginine, one of the ingredients in a nutritional supplement
 - c. Zestra, a topical formulation that contains botanical oils and extracts
 - d. None of the above
8. For the woman who has never experienced orgasm, the clinician should
- a. diagram and describe female genital anatomy to her.
 - b. recommend Kegel exercises to help inhibit orgasmic response.
 - c. suggest psychotherapy before suggesting any self-help measures.
 - d. explain that most women achieve orgasm only through penetration of the vagina.
9. Which one of the following is the best definition of vaginismus?
- a. Persistent difficulty to allow vaginal entry of a penis, finger, or any object
 - b. Semen hypersensitivity that causes pain, diffuse urticaria, and malaise
 - c. A form of vaginal spasm that results from fearful anticipation of pain
 - d. Recurrent pain upon vaginal entry and/or penile vaginal intercourse
10. Management of dyspareunia
- a. depends on the etiology of the pain.
 - b. requires nonpharmacologic treatment modalities.
 - c. is 100% effective with vestibulectomy and advancement plasty.
 - d. is only a matter of teaching the patient to change the angle of the uterus during intercourse.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **b**2. **d**3. **c**4. **b**5. **c**6. **a**7. **c**8. **a**9. **a**10. **a**

CHAPTER 17 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. About half of all pregnancies in the United States are unintended and occur most frequently in women who
 - a. are married or divorced.
 - b. have finished high school.
 - c. are between the ages of 18 and 24.
 - d. are members of the majority group.

2. Estimates from the 2002 National Survey of Family Growth indicate that _____ of infants born to never-married women younger than 45 years of age were relinquished for adoption between 1996 and 2002.
 - a. 1%
 - b. 11%
 - c. 24%
 - d. 49%

3. Unintended pregnancy is associated with
 - a. tobacco and alcohol use during pregnancy.
 - b. less risk of physical abuse and depression.
 - c. higher number of total prenatal care visits.
 - d. higher infant birth weights.

4. One study of more than 10,000 women who had abortions found that _____ had been using a contraceptive method in the month they conceived.
 - a. 14%
 - b. 34%
 - c. 54%
 - d. 74%

5. When a patient's decision about an unintended pregnancy causes an irreconcilable conflict between a clinician's personal beliefs and professional responsibilities, the clinician should
 - a. make sure the patient understands what those personal beliefs are.
 - b. continue to work in settings where such conflicts occur frequently.
 - c. deny comprehensive pregnancy options counseling to the patient.
 - d. refer the patient to a colleague or to a different setting entirely.

6. All of the alternatives that follow are included in pregnancy options counseling *except*
 - a. discontinue the pregnancy.
 - b. carry the pregnancy and parent the child.

- c. assess the need for additional attention after abortion.
 - d. carry the pregnancy and place the infant for adoption
7. Women who present for pregnancy options counseling
- a. understand the time-sensitive nature of the decision-making process.
 - b. should be made aware of the gestational age of the pregnancy.
 - c. have made their decision and do not need to discuss it.
 - d. need no further resources to establish a plan of action.
8. The most recent data on the timing of abortions indicate that _____ are performed prior to 13 weeks' gestation.
- a. 99%
 - b. 88%
 - c. 77%
 - d. 66%
9. The methods of abortion used in the United States—in order, with the most common method listed first—are
- a. aspiration, medication, induction, surgical.
 - b. medication, induction, aspiration, surgical.
 - c. surgical, induction, medication, aspiration.
 - d. induction, aspiration, surgical, medication.
10. The World Health Organization (2007) estimates that _____ unsafe abortions took place annually between 1993 and 2003, resulting in enough deaths to render unsafe abortion one of the leading causes of maternal mortality.
- a. 19 to 20 million
 - b. 19 to 20 thousand
 - c. 1 to 2 million
 - d. 1 to 2 thousand

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **a**3. **a**4. **c**5. **d**6. **c**7. **b**8. **b**9. **a**10. **a**

CHAPTER 18 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. For women younger than 35, infertility is defined as failure to achieve a successful pregnancy after _____ of regular unprotected intercourse.

- a. 6 weeks
- b. 6 months
- c. 12 weeks
- d. 12 months

2. For a woman older than 35, the clinician will consider infertility treatment after six months of attempting a pregnancy because

- a. fecundity begins to increase gradually at age 28.
- b. there is a higher risk of pregnancy loss in the older woman.
- c. the older woman is not as frivolous as a younger woman might be.
- d. conditions that impair fertility decline after age 35.

3. Approximately 72 _____ are required for spermatogenesis, after which sperm mature in the epididymis and then travel out of the vas deferens during ejaculation.

- a. days
- b. hours
- c. minutes
- d. seconds

4. Among the causes of infertility in women are all of the following *except*

- a. endometriosis.
- b. a luteal-phase deficiency.
- c. a bicornuate or septate uterus.
- d. tubal scarring as a result of an STI.

5. The fertility test that involves radiologic imaging of an injection of a water- or oil-soluble contrast traveling through a woman's reproductive system is called

- a. transvaginal ultrasound and hysteroscopy.
- b. hysterosalpingogram.
- c. semen analysis.
- d. laparoscopy.

6. All of the following diagnostic testing and procedures are now infrequently performed in clinical practice *except*

- a. hysterosalpingogram.
- b. sperm penetration assay.
- c. the postcoital test (PCT).

- d. endometrial biopsy (EMB).
7. The infertility evaluation is an opportune time to suggest health promotion behaviors that may specifically improve fertility, including
- achieving a BMI in the range of 30 to 35, if the woman is under- or overweight.
 - reducing alcohol consumption to about 4 drinks per week.**
 - reducing caffeine consumption to no more than 350 per day.
 - none of the above.
8. The form of assisted reproductive technology that requires fertilization to occur within a patent fallopian tube, instead of a laboratory dish, is called
- intracytoplasmic sperm injection (ICSI).
 - gamete intrafallopian transfer (GIFT).**
 - zygote intrafallopian transfer (ZIFT).
 - in vitro fertilization (IVF).
9. For women and men with infertility an option that involves a sperm or egg donor is called
- assisted reproductive technology (ART).
 - collaborative reproduction.**
 - child-free living.
 - adoption.
10. An ethical question that is specifically about pre-implantation testing with ART has to do with
- ownership of frozen embryos after the couple has divorced.
 - a surrogate deciding she does not want to relinquish the infant.
 - genetic engineering and the ability to reject embryos affected by inherited disorders.**
 - the implantation of multiple embryos, which can create high risk for the embryos and the woman.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **d**2. **b**3. **a**4. **c**5. **b**6. **a**7. **b**8. **b**9. **b**10. **c**

CHAPTER 19 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. What is the major source of normal vaginal secretions?
 - a. Bartholin's glands
 - b. Apocrine glands
 - c. Sebaceous glands
 - d. Cervical mucosa

2. What is the term for the inflammation of the vagina characterized by an increased vaginal discharge containing numerous white blood cells?
 - a. Vaginitis
 - b. Vaginosis
 - c. Cystitis
 - d. Vaginal mucosa

3. How does vaginosis differ from vaginitis?
 - a. It must be treated with metronidazole.
 - b. The discharge does not contain white blood cells.
 - c. The discharge does not have an odor.
 - d. It causes itching and/or burning.

4. What is the most important step in preventing vaginal infections?
 - a. Good personal hygiene
 - b. Healthy diet
 - c. Scented sanitary products
 - d. Douching

5. What can bacterial vaginosis lead to?
 - a. Vulvovaginal candidiasis
 - b. Pelvic inflammatory disease
 - c. Toxic shock syndrome
 - d. Trichomoniasis

6. Approximately what percentage of women with bacterial vaginosis are asymptomatic?
 - a. 25%
 - b. 40%
 - c. 75%
 - d. 50%

7. What is the most common symptom of bacterial vaginosis?

- a. Vaginal itching and/or burning
 - b. Cottage cheese-like discharge
 - c. Fishy odor
 - d. Yeasty odor
8. Vulvovaginal candidiasis accounts for what percentage of all vaginal infections?
- a. 10-15%
 - b. 20-25%
 - c. 50-55%
 - d. 60-65%
9. Which organism causes 90% of vulvovaginal candidiasis episodes in women?
- a. Candida tropicalis
 - b. **Candida albicans**
 - c. Candida glabrata
 - d. Candida krusei
10. What is the most common symptom of vulvovaginal candidiasis?
- a. Fishy odor
 - b. Fever
 - c. Thin, grayish-white discharge
 - d. **Vulvar pruritis**
11. What percentage of Toxic Shock Syndrome cases are related to menses?
- a. 50%
 - b. 25%
 - c. 75%
 - d. 90%
12. Women who have had Toxic Shock Syndrome should be instructed not to use tampons or
- a. **barrier contraception methods.**
 - b. hormonal contraception methods.
 - c. intravaginal antibiotic cream.
 - d. oral antibiotics.
13. What is generally the cause of Bartholin's cyst?
- a. Complications from gonorrhea
 - b. Cystic fluid in Bartholin's gland becomes infected
 - c. A fungal infection in Bartholin's gland
 - d. **Obstruction of a duct in Bartholin's gland**

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **d**2. **a**3. **b**4. **a**5. **b**6. **d**7. **c**8. **b**9. **b**10. **d**11. **a**12. **a**13. **d**

CHAPTER 20 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. Approximately how many Americans will contract one or more sexually transmitted infections during their lifetime?

- a. 50%
- b. 25%
- c. 40%
- d. 60%

2. Why is it often more difficult to detect STIs in women than in men?

- a. Men are two times more likely to transmit STIs to women than the reverse.
- b. The risk of a woman contracting an STI is much higher than a man's risk.
- c. The anatomy of women's genital tracts makes examination more difficult.
- d. Women tend to have fewer sexual partners than men do.

3. Who should be screened regularly for STIs?

- a. Women who have more than one sexual partner
- b. Women over the age of 21
- c. Women who are sexually active
- d. Women over the age of 15



4. Of the more than 100 known serotypes of human papillomavirus (HPV), approximately how many can infect the genital tract?

- a. 80
- b. 60
- c. 20
- d. 40

5. Routine HPV vaccination is recommended for girls of what age?

- a. 8-9
- b. 13-14
- c. 6-7
- d. 11-12

6. An initial or primary genital herpes infection characteristically lasts about

- a. one week.
- b. three weeks.
- c. one month.
- d. six weeks.

7. How do systemic antiviral drugs treat genital herpes?
- They can control the symptoms.**
 - They can reduce the frequency of recurrences after discontinuation.
 - They can prevent transmission to sexual partners.
 - They can prevent secondary infection.
8. Which of the following is caused by an anaerobic one-celled protozoan that commonly lives in the vagina?
- Trichomoniasis**
 - Chlamydia
 - Gonorrhea
 - Syphilis
9. The prevalence of chlamydia is how many times higher in black women than in white women?
- Two times
 - Three times
 - Five times**
 - Four times
10. The second most commonly reported STI after chlamydia is
- gonorrhea.**
 - pelvic inflammatory disease.
 - syphilis.
 - hepatitis B.
11. Why do adolescents have the highest risk of developing pelvic inflammatory disease (PID)?
- They have the highest risk for bacterial vaginosis.
 - They are the least at risk for developing other STIs.
 - They are the most sexually active.
 - They have decreased immunity to infectious organisms.**
12. What is different about syphilis as compared to other bacterial STIs?
- The incidence in women is much higher than in men.
 - The rates are higher for white women than for black women.
 - It cannot be spread by kissing.
 - It persists past age 25, into the 30s and 40s.**
13. What has contributed to the decreased incidence of Hepatitis B over the past 20 years?
- The decrease in PID
 - The HBV vaccination**
 - The increase in condom use
 - More precise screening methods

14. Patients presenting for STI treatment should be screened for HIV
- a. at each visit.
 - b. at the end of treatment.
 - c. at the beginning of treatment.
 - d. each year.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **a**2. **c**3. **c**4. **d**5. **d**6. **b**7. **a**8. **a**9. **c**10. **a**11. **d**12. **d**13. **b**14. **a**

CHAPTER 21 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. Half of all women have experienced a urinary tract infection (UTI) by age
 - a. 18.
 - b. 24.
 - c. 40.
 - d. **32.**

2. How does women's anatomy make them more susceptible to UTIs?
 - a. Asymptomatic UTIs do not resolve themselves without treatment.
 - b. Women tend to get UTIs when they are pregnant.
 - c. There is a longer distance between the urethra and anus.
 - d. **Their urethras are shorter.**

3. What is the most common type of UTI that affects women?
 - a. **Acute bacterial cystitis**
 - b. Pyelonephritis
 - c. Asymptomatic bacteruria
 - d. Pyelitis

4. Uncomplicated acute bacterial cystitis occurs in women who
 - a. are pregnant.
 - b. **have no signs of upper tract infection.**
 - c. have a high fever.
 - d. have had recent antibiotics.

5. What distinguishes pyelonephritis from cystitis?
 - a. The infection has descended to the bladder.
 - b. **The infection has ascended to the kidneys.**
 - c. The infection is caused by *E. coli* bacteria.
 - d. The infection occurs only in pregnant women.

6. An inexpensive screening tool that can be used to confirm a UTI diagnosis if the history is ambiguous is the
 - a. urine culture.
 - b. sensitivity test.
 - c. **urine dipstick.**
 - d. empiric culture.





7. Any woman with a complicated cystitis or symptoms of upper tract disease needs a urine culture and

- a. sensitivity test.
- b. blood culture.
- c. urine dipstick.
- d. parenteral culture.

8. Fever associated with pyelonephritis will usually resolve in how many hours of treatment with antibiotics?

- a. 24 hours
- b. 12 hours
- c. 72 hours
- d. 48 hours

9. What has changed in terms of recommended antibiotic treatment for uncomplicated lower UTIs?

- a. Seven-day regimens are now recommended.
- b. Three times a day of oral antibiotics are now recommended.
- c. Three-day regimens are now recommended.
- d. A single dose is now recommended.

10. What do current theories suggest as to how cranberry products can reduce UTIs?

- a. The hippuric acid in cranberries inhibits the growth of *E. coli* bacteria.
- b. The fructose keeps *E. coli* bacteria from adhering to bladder cell walls.
- c. Ingestion of cranberry products changes the flora of the vagina.
- d. The quinic acid in cranberries thins out the lining of the urethra.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **d**2. **d**3. **a**4. **b**5. **b**6. **c**7. **a**8. **d**9. **c**10. **b**11. **d**

CHAPTER 22 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. What is the reason that urinary incontinence (UI) is probably underreported?
 - a. Its symptoms are difficult to isolate.
 - b. The majority of sufferers are men.
 - c. People may be too embarrassed to report it to a clinician.
 - d. It generally occurs in women over the age of 70.
2. In order to maintain continence bladder pressure must be
 - a. higher than urethral pressure.
 - b. equal to the pressure of the urethral sphincter.
 - c. higher than the pressure of the levator ani.
 - d. lower than urethral pressure.
3. In women, the urethra rests on the anterior vaginal wall, which is supported by a muscle that is known as the pelvic floor muscle or
 - a. Kegel muscle.
 - b. urethral sphincter.
 - c. striated muscle.
 - d. intra-abdominal sphincter.
4. What is the name of the triangular fibrous complex that supports the pelvic muscles during urination, defecation, and birth, when the levator ani muscle must relax?
 - a. Perineal membrane
 - b. Urethral sphincter
 - c. Bladder neck
 - d. Detrusor muscle
5. What is the recommended interval target between urinations?
 - a. 30-45 minutes
 - b. 3-4 hours
 - c. 1-2 hours
 - d. 4-5 hours
6. What is an age-related anatomic change that can lead to UI?
 - a. The shortening of the urethra
 - b. The reduction in bladder capacity
 - c. The increase in habitual preventative emptying of the bladder
 - d. The decline in number of urethral striated muscle fibers

7. Women with BMIs higher than what number were found to be more than twice as likely to experience UI compared to women with lower BMIs?

- a. 35
- b. 40
- c. 20
- d. 25

8. What test measures intra-abdominal pressure and determines how large the pressure increase must be to produce leakage in an individual woman?

- a. The leak point pressure test
- b. The urinary stress test
- c. The extra-urethral pressure test
- d. The urethral threshold test

9. The urethra typically holds back how much fluid in the bladder several times a day?

- a. 100-200mL
- b. 500-600mL
- c. 300-400mL
- d. 700-800mL

10. What is the name for a pelvic muscle contraction that is strategically timed to increase intraurethral pressure just before and after the event that causes UI?

- a. Kegel contraction
- b. Detrusor maneuver
- c. Reverse bladder contraction
- d. Knack maneuver



11. What is the recommended amount of Kegel contractions per day for women whose pelvic muscles are weak?

- a. 10
- b. 50
- c. 30
- d. 70

12. What type of behavioral intervention is recommended for women with urge UI who have no urge sensation until the bladder is excessively full and signals a strong and uncomfortable urge?

- a. Electrical stimulation
- b. The Knack maneuver
- c. Reverse bladder retraining
- d. Kegel exercises

13. What can be used as a space-filling device, replacing normal pressure on the vaginal walls when levator ani support is unreliable?

- a. Diaphragms
- b. Tampons

- c. Kegels
 - d. Sacral nerve stimulators
14. What is the general goal of surgical treatment for stress UI?
- a. To increase the capacity of the bladder
 - b. To increase pressure on the vaginal walls
 - c. To support and strengthen the levator ani
 - d. To support and stabilize the urethra

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **d**3. **a**4. **a**5. **b**6. **d**7. **a**8. **a**9. **c**10. **d**11. **c**12. **b**13. **b**14. **d**

CHAPTER 23 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. What term refers to the period from about 7 to 10 days before menstrual flow begins until the first or second day of menstrual flow?

- a. Amenorrhea
- b. Premenstrual
- c. Dysmenorrhea
- d. Perimenstrual**

2. Approximately what percentage of women experience severe recurring symptoms associated with their menstrual cycle?

- a. 10%**
- b. 20%
- c. 5%
- d. 25%

3. Why shouldn't symptoms such as bloating and breast tenderness be considered disordered perimenstrual symptoms?

- a. Because only a small minority of women have these symptoms
- b. Because these symptoms affect the majority of women**
- c. Because these symptoms do not affect women's moods
- d. Because it is not possible to quantify these symptoms

4. Of the four symptom clusters of perimenstrual symptoms identified by Woods, Mitchell & Lentz (1999), which was the dominant one in terms of explaining variance in premenstrual symptoms?

- a. Fluid retention
- b. Arousal
- c. Turmoil**
- d. Somatic symptoms

5. How is secondary dysmenorrhea defined?

- a. Absence of menstruation due to an underlying pathology
- b. Painful menstruation in the absence of pathology
- c. An underlying pathology causing pain symptoms during menstrual flow**
- d. Painful menstruation that occurs in women after the age of 35

6. What is the term for the exacerbation of somatic or mood symptoms in the late luteal or menstrual phase of the cycle?

- a. Premenstrual magnification
- b. Perimenstrual dysmenorrhea**

- c. Premenstrual syndrome
 - d. Premenstrual dysphoric disorder
7. Which of the following is a diagnostic label that is listed in the *Diagnostic and Statistical Manual IV-TR*?
- a. Premenstrual dysphoric disorder
 - b. Premenstrual magnification
 - c. Dysmenorrhea
 - d. Premenstrual syndrome
8. Women who report experiencing the most severe symptoms of PMS tend to be
- a. in their late 40s.
 - b. in their early 20s.
 - c. in their late teens.
 - d. in their late 30s.
9. Which of the following is one of the key criteria for a diagnosis of PMS?
- a. The symptoms markedly interfere with occupational functioning
 - b. One of the symptoms is depressed mood, anxiety, or irritability
 - c. Exclusion of other diagnoses that may better explain the symptoms
 - d. The symptoms are confirmed by prospective daily ratings over at least two menstrual cycles
10. All menstruating women report that which type of symptoms is highest during menses?
- a. Muscular
 - b. Gastrointestinal
 - c. Incontinent
 - d. Skeletal
11. What hormone has been shown to help with relieving the mood discomfort cluster of symptoms of PMS?
- a. Diuretics
 - b. NSAID
 - c. Progesterone
 - d. Fluoxetine
12. Which dietary supplement has been shown to help treat PMS?
- a. Calcium
 - b. Magnesium
 - c. Vitamin B₁₂
 - d. Iron
13. The only botanical treatment with Level I evidence to support its use in PMS is
- a. echinacea.
 - b. chaste tree berry.

- c. linolenic acid.
 - d. cramp bark.
14. Research suggests a link between PMS and
- a. seasonal affective disorder.
 - b. celiac disease.
 - c. high blood pressure.
 - d. hypoglycemia.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **d**2. **a**3. **b**4. **c**5. **c**6. **a**7. **a**8. **d**9. **c**10. **b**11. **c**12. **a**13. **b**14. **a**

CHAPTER 24 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. What is the best definition of abnormal uterine bleeding (AUB)?
 - a. Uterine bleeding for which no pelvic pathology is found
 - b. Uterine bleeding that is irregular during a woman's menstrual cycle
 - c. **Uterine bleeding that is irregular in amount or frequency**
 - d. Uterine bleeding that is related to systemic conditions
2. What is a good first question to ask women who present with a concern about abnormal bleeding?
 - a. **What is a normal pattern for you?**
 - b. How long has this persisted?
 - c. What was your last menstrual cycle like?
 - d. How many times has this occurred?
3. In women of reproductive age, the most common cause of a bleeding pattern that is suddenly different is
 - a. an increase in estrogen.
 - b. **a reaction to a change in eating or exercise habits.**
 - c. adrenal hyperplasia.
 - d. a complication of pregnancy.
4. Progesterone breakthrough bleeding is sometimes seen in women who
 - a. have polycystic ovary syndrome.
 - b. are obese.
 - c. **use progesterone-only contraception.**
 - d. have ceased progesterone therapy.
5. The least variation in menses occurs during the ages of
 - a. 30-50.
 - b. 40-50.
 - c. **12-20.**
 - d. 20-40.
6. How can liver and renal diseases result in abnormal uterine bleeding?
 - a. **They cause an imbalance in platelet aggregation.**
 - b. They result in an inability to adequately clear estrogen from the body.
 - c. They cause thyroid dysfunction, which leads to bleeding abnormalities.
 - d. They result in elevated prolactin levels, which leads to bleeding abnormalities.

7. Signs of endometrial or cervical cancer may present abnormal uterine bleeding, often as heavy, prolonged bleeding or

- a. menometrorrhagia.
- b. amenorrhea.
- c. oligomenorrhea.
- d. polymenorrhea.

8. Products from which of the following herbs have been associated with alterations in estrogen levels, resulting in AUB?

- a. Gingko
- b. Echinacea
- c. Evening Primrose
- d. Chaste tree berry

9. Exercise-induced amenorrhea is probably due to the combination of low body fat and decreased secretion of

- a. estrogen.
- b. prolactin.
- c. progesterone.
- d. GnRH.

10. When is a pelvic examination unnecessary for a woman who is experiencing AUB?

- a. If she is not sexually active
- b. If she has recently begun menstruating
- c. If her bleeding is extremely heavy
- d. If she also has anemia

11. What test should be ordered for a woman who is experiencing AUB as well as headaches and peripheral vision changes?

- a. Thyroid-stimulating hormone test
- b. Nucleic acid amplification test
- c. Complete blood count
- d. Prolactin level test

12. Gonadotropin hormone-releasing agonists are recommended for only short-term use to treat heavy bleeding due to

- a. their many side effects, such as hot flashes.
- b. the fact that they cause amenorrhea.
- c. the fact that they are poorly understood.
- d. their poor interaction with hormonal contraception.

13. What treatment was introduced in the 1990s as a less invasive alternative to hysterectomy?

- a. Myomectomy
- b. NSAIDs
- c. Endometrial ablation

d. LNG-INS

14. What is the definition of primary amenorrhea?
- a. The cessation of menses for an interval of 6 months
 - b. The failure to begin menses by age 14
 - c. The cessation of menses due to outflow tract obstruction
 - d. The failure to begin menses by age 16**

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **a**3. **d**4. **c**5. **d**6. **b**7. **a**8. **a**9. **d**10. **b**11. **d**12. **a**13. **c**14. **d**

CHAPTER 25 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. Hyperandrogenism in reproductive-age women is most frequently associated with
 - a. hyperthyroidism.
 - b. polycystic ovary syndrome.**
 - c. ovarian cancer.
 - d. diabetes.
2. What is the hormone responsible for the clinical expression of androgen stimulation in androgen-sensitive tissues, such as skin and hair follicles?
 - a. Reductase
 - b. DHEA
 - c. DHT**
 - d. Testosterone
3. What is the term for excessive terminal hair growth in women?
 - a. Hirsutism**
 - b. Alopecia
 - c. PCOS
 - d. Metformin
4. Which of the following might be a sign of hyperandrogenism?
 - a. Irritable bowel syndrome
 - b. Decreased sebum secretion in the skin
 - c. Decreased muscle mass
 - d. Acne associated with menstrual dysfunction**
5. What is the most common type of menstrual dysfunction related to hyperandrogenism?
 - a. Painful menstruation
 - b. Absence of menses
 - c. Irregular bleeding**
 - d. Early menopause
6. Approximately what percentage of patients with polycystic ovary syndrome (PCOS) is obese?
 - a. 50%**
 - b. 25%
 - c. 75%
 - d. 40%

7. Why are women with PCOS at a threefold increased risk of developing endometrial cancer?

- a. The reduction in estrogen causes excess progesterone to build up.
- b. Menstrual bleeding is irregular and unpredictable.
- c. Insulin resistance stimulates the production of androgens.
- d. Estrogen regularly stimulates the endometrium.**

8. What medicine has been associated with causing hyperandrogenism?

- a. Combined oral contraceptives
- b. Antiandrogens
- c. Analgesics
- d. Anabolic steroids**

9. How can weight loss specifically control symptoms of PCOS?

- a. It decreases SHBG.
- b. It increases insulin resistance.
- c. It decreases androgen levels.**
- d. It increases estrogen levels.

10. A first-line recommended treatment for women with PCOS is

- a. photoepilation.
- b. anabolic steroids.
- c. analgesics.
- d. combined oral contraceptives.**

11. What should be used for women whose hirsutism remains refractory after 6 months of combined oral contraceptive use?

- a. Antiandrogens**
- b. Progestogens
- c. Metformin
- d. GnRH

12. How does topical application of eflornithine treat facial hirsutism?

- a. It slows the rate of hair growth.**
- b. It reduces androgen levels.
- c. It reduces incidences of alopecia.
- d. It inhibits gonadotropin secretion.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **b**2. **c**3. **a**4. **d**5. **c**6. **a**7. **d**8. **d**9. **c**10. **d**11. **a**12. **a**

CHAPTER 26 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. What is the definitive diagnostic technique for vulvar dermatoses?
 - a. Pap test
 - b. Biopsy
 - c. Colposcopy
 - d. Physical exam
2. Lichen sclerosis is a benign, chronic, progressive disease of the skin in which the most common symptom is
 - a. vulvar pruritis.
 - b. vaginal discharge.
 - c. postcoital bleeding.
 - d. dyspareunia
3. Which type of cervical polyps should be removed?
 - a. Erosive polyps
 - b. Hypertrophic polyps
 - c. Asymptomatic polyps
 - d. Atypical polyps
4. The incidence of uterine fibroids
 - a. increases with age.
 - b. decreases with age.
 - c. is often caused by early menopause.
 - d. is related to the age of first menses.
5. Why is adenomyosis frequently underdiagnosed?
 - a. It cannot be detected via an ultrasound.
 - b. It is almost always asymptomatic.
 - c. It is most common in adolescents.
 - d. It has similar symptoms to other pelvic pain conditions.
6. The most common site for endometrial implants found in other parts of the body is
 - a. the appendix.
 - b. the uterus.
 - c. the ovaries.
 - d. the fallopian tubes.
7. Which of the following is associated with increased risk of endometriosis?
 - a. Late menarche

- b. Long menstrual cycles
 - c. Early menarche
 - d. Late menopause
8. The most widely accepted theory for the origin of endometriosis is that reverse flow of menses out of the fallopian tubes allows endometrial cells to enter the pelvis and become implanted on the pelvic organs, which is the
- a. induction theory.
 - b. retrograde menstruation theory.
 - c. coelomic metaplasia theory.
 - d. endometrial repair theory.
9. Most functional ovarian cysts will resolve within
- a. six months.
 - b. three months.
 - c. six weeks.
 - d. one year.
10. What is not a likely symptom of ovarian cysts?
- a. Irregular menstrual cycle
 - b. Increase in blood pressure
 - c. Heart rate increase
 - d. Fever

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **b**2. **a**3. **c**4. **a**5. **d**6. **c**7. **c**8. **b**9. **b**10. **d**

CHAPTER 27 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. Approximately what percentage of vulvar cancers occur in women older than the age of 50?
 - a. 50%
 - b. 70%
 - c. 85%
 - d. 60%
2. What is the widely used carcinoma classification system that provides a way of describing the size, location, and spread of a tumor?
 - a. The SLS classification
 - b. The CCS classification
 - c. The TSL classification
 - d. The TNM classification
3. Which of the following is a preventive measure for vulvar cancer?
 - a. Avoiding exposure to HIV
 - b. Not smoking
 - c. There is no way to prevent it.
 - d. Colposcopy
4. What is now thought to be the most important causative agent in cervical cancer?
 - a. PCOS
 - b. Vulvar cancer
 - c. Herpes simplex
 - d. HPV
5. What symptom is present in 80 to 90% of women with cervical cancer?
 - a. Abnormal vaginal bleeding
 - b. Abnormal vaginal discharge
 - c. Pelvic pain
 - d. Ectopic pregnancy
6. Abnormal changes in the cervix can be readily detected by a
 - a. colposcopy.
 - b. STI test.
 - c. Pap test.
 - d. LEEP.

7. The HPV vaccine has been proven to be effective in protecting against the four types of HPV that cause genital warts and cervical cancers for as long as
- ten years.
 - two years.
 - fifteen years.
 - five years.
8. Type I endometrial cancer is caused by
- an excess of estrogen exposure.
 - polyps in the endometrium.
 - heredity.
 - infertility treatments.
9. A risk factor that could lead to endometrial cancer is
- early menopause.
 - late menopause.
 - high blood pressure.
 - cervical cancer.
10. What screening test can be used to detect endometrial cancer?
- STI test.
 - Colposcopy
 - Pap test
 - There is no screening test that detects it.
11. Which cancer has the highest mortality rate of all gynecological cancers?
- Vulvar cancer
 - Endometrial cancer
 - Cervical cancer
 - Ovarian cancer
12. Why are the majority of cases of ovarian cancer diagnosed when the disease has already reached an advanced stage?
- Women are not routinely screened for it.
 - The symptoms are the same as those for cervical cancer.
 - The symptoms are vague.
 - The disease usually affects women over the age of 50.
13. What is one factor that can reduce the risk for the development of ovarian cancer?
- Multiple pregnancies
 - Transvaginal ultrasounds
 - Identification of recurrence
 - Weight loss

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **c**2. **d**3. **b**4. **d**5. **a**6. **c**7. **d**8. **a**9. **b**10. **d**11. **d**12. **c**13. **a**

CHAPTER 28 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. What is the term for pain that is in the pelvis or lower abdomen and is less than three months' duration?
 - a. Terminal pelvic pain
 - b. Cyclic pelvic pain
 - c. Chronic pelvic pain
 - d. Acute pelvic pain
2. Of women aged 18 to 50, what percentage have chronic pelvic pain that lasts longer than a year?
 - a. 15-20%
 - b. 10-15%
 - c. 5-10%
 - d. 25-30%
3. Research suggests that in terms of gender, women
 - a. suffer longer from pain in total number of years.
 - b. will rate the same type of pain lower than men.
 - c. have greater tolerance for pain.
 - d. have a lower threshold for pain.
4. What type of pain results from tissue injury and is experienced as acute pain?
 - a. Superficial pain
 - b. Visceral pain
 - c. Inflammatory pain
 - d. Neuropathic pain
5. In the mnemonic "OLD CAARTS" that helps to perform a pain history, what does the "S" stand for?
 - a. Severity
 - b. Scale
 - c. Somatic
 - d. Superficial
6. What is used when pelvic pathology is unable to be detected by physical examination or other testing?
 - a. Biopsy
 - b. Laparoscopy
 - c. Colposcopy
 - d. Palpation

7. What is one of the most common gynecological-related causes of chronic pelvic pain?
 - a. Cervical cancer
 - b. Amenorrhea
 - c. Dysmenorrhea
 - d. Endometriosis
8. Which condition can result from treatment for infertility?
 - a. Ovarian remnant syndrome
 - b. Ovarian retention syndrome
 - c. Ovarian neuropathic syndrome
 - d. Ovarian hyperstimulation syndrome
9. Pharmacological treatment for chronic pelvic pain frequently begins with
 - a. high-dose progestins.
 - b. GnRH.
 - c. oral analgesics.
 - d. COCs.
10. Why should psychotherapy always be considered for women with chronic pelvic pain?
 - a. Chronic pelvic pain is often psychosomatic.
 - b. Acute pelvic pain is often caused by depression.
 - c. Physical abuse is a significant cause of pelvic pain.
 - d. Dysmenorrhea is a common symptom.
11. What is a common nongynecologic cause of chronic pelvic pain?
 - a. Irritable bowel syndrome
 - b. Myofascial pain
 - c. Insulin resistance
 - d. Urinary incontinence
12. Pelvic pain in adolescents is almost always
 - a. chronic.
 - b. gynecological.
 - c. psychosocial.
 - d. musculoskeletal.

ANSWER KEY**MULTIPLE-CHOICE QUESTIONS**1. **d**2. **a**3. **d**4. **c**5. **a**6. **b**7. **d**8. **d**9. **c**10. **c**11. **a**12. **b**

CHAPTER 29 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. A pregnant clients mother is worried that her daughter is not big enough at 20 weeks of gestation. The nurse palpates and measures the fundal height at 20 cm, which is even with the womans umbilicus. Which should the nurse report to the client and her mother?

- a. You're right. Well inform the practitioner immediately.
- b. Lightening has occurred, so the fundal height is lower than expected.
- c. **The body of the uterus is at the belly button level, just where it should be at this time.**

When you come for next months appointment, well check you again to make sure that the baby is growing.

ANS: C

2. While the vital signs of a pregnant client in her third trimester are being assessed, the client complains of feeling faint, dizzy, and agitated. Which nursing intervention is appropriate?

- a. Have the client stand up and retake her blood pressure.
- b. Have the client sit down and hold her arm in a dependent position.
- c. **Have the client turn to her left side and recheck her blood pressure in 5 minutes.**
- d. Have the client lie supine for 5 minutes and recheck her blood pressure on both arms.

ANS: C

3. A pregnant client has come to the emergency department with complaints of nasal congestion and epistaxis. Which is the correct interpretation of these symptoms by the health care provider?

- a. Nasal stuffiness and nosebleeds are caused by a decrease in progesterone.
- b. These conditions are abnormal. Refer the client to an ear, nose, and throat specialist.
- c. Estrogen relaxes the smooth muscles in the respiratory tract, so congestion and epistaxis are within normal limits.
- d. **Estrogen causes increased blood supply to the mucous membranes and can result in congestion and nosebleeds.**

ANS: D

4. Which suggestion is appropriate for the pregnant client who is experiencing heartburn?

- a. Drink plenty of fluids at bedtime.
- b. Eat only three meals a day so the stomach is empty between meals.
- c. Drink coffee or orange juice immediately on arising in the morning.
- d. **Use Tums or AlkaMints to obtain relief, as directed by the health care provider.**

ANS: D

5. While providing education to a primiparous client regarding the normal changes of pregnancy, what is important for the nurse to explain about Braxton Hicks contractions?

- a. These contractions may indicate preterm labor.
- b. These are contractions that never cause any discomfort.
- c. Braxton Hicks contractions only start during the third trimester.
- d. These occur throughout pregnancy, but you may not feel them until the third trimester.**

ANS: D

6. What is the reason for vascular volume increasing by 40% to 60% during pregnancy?

- a. Prevents maternal and fetal dehydration
- b. Eliminates metabolic wastes of the mother
- c. Provides adequate perfusion of the placenta**
- d. Compensates for decreased renal plasma flow

ANS: C

7. Physiologic anemia often occurs during pregnancy because of:

- a. inadequate intake of iron.
- b. the fetus establishing iron stores.
- c. dilution of hemoglobin concentration.**
- d. decreased production of erythrocytes.

ANS: C

8. Which is a positive sign of pregnancy?

- a. Amenorrhea
- b. Breast changes
- c. Fetal movement felt by the woman
- d. Visualization of fetus by ultrasound**

ANS: D

9. A client is currently pregnant; she has a 5-year-old son and a 3-year-old daughter. She had one other pregnancy that terminated at 8 weeks. Which are her gravida and para?

- a. 3, 2
- b. 4, 3
- c. 4, 2
- d. 3, 3

ANS: C

10. A clients last menstrual period was June 10. What is her estimated date of birth (EDD)?

- a. April 7
- b. March 17**
- c. March 27

d. April 17

ANS: B

11. Why should a woman in her first trimester of pregnancy expect to visit her health care provider every 4 weeks?

- a. Problems can be eliminated.
- b. She develops trust in the health care team.
- c. Her questions about labor can be answered.
- d. **The conditions of the expectant mother and fetus can be monitored.**

ANS: D

12. A client in her first trimester complains of nausea and vomiting. She asks, Why does this happen? What is the nurses best response?

- a. It is due to an increase in gastric motility.
- b. **It may be due to changes in hormones.**
- c. It is related to an increase in glucose levels.
- d. It is caused by a decrease in gastric secretions.

ANS: B

13. Which advice to the client is one of the most effective methods for preventing venous stasis?

- a. Sit with the legs crossed.
- b. **Rest often with the feet elevated.**
- c. Sleep with the foot of the bed elevated.
- d. Wear elastic stockings in the afternoon.

ANS: B

14. A client notices that the health care provider writes positive Chadwicks sign on her chart. She asks the nurse what this means. Which is the nurses best response?

- a. It means the cervix is softening.
- b. That refers to a positive sign of pregnancy.
- c. **It refers to the bluish color of the cervix in pregnancy.**
- d. The doctor was able to flex the uterus against the cervix.

ANS: C

15. Which is the gravida and para for a client who delivered triplets 2 years ago and is now pregnant again?

- a. 2, 3
- b. 1, 2
- c. **2, 1**
- d. 1, 3

ANS: C

16. To relieve a leg cramp, what should the client be instructed to perform?

- a. Dorsiflex the foot.
- b. Apply a warm pack.
- c. Stretch and point the toe.
- d. Massage the affected muscle.

ANS: A

17. A client, gravida 2, para 1, comes for a prenatal visit at 20 weeks of gestation. Her fundus is palpated 3 cm below the umbilicus. This finding is:

- a. appropriate for gestational age.
- b. a sign of impending complications.
- c. lower than normal for gestational age.
- d. higher than normal for gestational age.

ANS: C

18. Which complaint made by a client at 35 weeks of gestation requires additional assessment?

- a. Abdominal pain
- b. Ankle edema in the afternoon
- c. Backache with prolonged standing
- d. Shortness of breath when climbing stairs

ANS: A

19. A gravida client at 32 weeks of gestation reports that she has severe lower back pain. What should the nurses assessment include?

- a. Palpation of the lumbar spine
- b. Exercise pattern and duration
- c. Observation of posture and body mechanics
- d. Ability to sleep for at least 6 hours uninterrupted

ANS: C

20. A pregnant woman is the mother of two children. Her first pregnancy ended in a stillbirth at 32 weeks of gestation, her second pregnancy with the birth of her daughter at 36 weeks, and her third pregnancy with the birth of her son at 41 weeks. Using the five-digit system to describe this womans current obstetric history, what should the nurse record?

- a. 4-1-2-0-2
- b. 3-1-2-0-2
- c. 4-2-1-0-1
- d. 3-1-1-1-3

ANS: A

21. Which laboratory result would be a cause for concern if exhibited by a client at her first prenatal visit during the second month of her pregnancy?

- a. Rubella titer, 1:6
- b. Platelets, 300,000/mm³
- c. White blood cell count, 6000/mm³
- d. Hematocrit 38%, hemoglobin 13 g/dL

ANS: A

22. A client in her third trimester of pregnancy is asking about safe travel. Which statement should the nurse give about safe travel during pregnancy?

- a. Only travel by car during pregnancy.
- b. Avoid use of the seat belt during the third trimester.
- c. You can travel by plane until your 38th week of gestation.
- d. If you are traveling by car stop to walk every 1 to 2 hours.

ANS: D

23. The client has just learned she is pregnant and overhears the gynecologist saying that she has a positive Chadwicks sign. When the client asks the nurse what this means, how should the nurse respond?

- Chadwicks sign signifies an increased risk of blood clots in pregnant women because of a
- a. congestion of blood.
- b. That sign means the cervix has softened as the result of tissue changes that naturally occur with pregnancy.
- c. This means that a mucous plug has formed in the cervical canal to help protect you from uterine infection.
- d. This sign occurs normally in pregnancy, when estrogen causes increased blood flow in the area of the cervix.

ANS: D

24. When a pregnant woman develops ptyalism, what should the nurse advise?

- a. Chew gum or suck on lozenges between meals.
- b. Eat nutritious meals that provide adequate amounts of essential vitamins and minerals.
- c. Take short walks to stimulate circulation in the legs and elevate the legs periodically.
- d. Use pillows to support the abdomen and back during sleep.

ANS: A

25. A pregnant immigrant has an unknown immunization history. When she presents for routine vaccinations, which will the nurse administer?

- a. Hepatitis B
- b. Measles
- c. Rubella
- d. Varicella

ANS: A

26. When the pregnant woman develops changes caused by pregnancy, the nurse recognizes that the darkly pigmented vertical midabdominal line is the:

- a. epulis.
- b. **linea nigra.**
- c. melasma.
- d. striae gravidarum.

ANS: B

27. When documenting a client encounter, what term will the nurse use to describe the woman who is in the 28th week of her first pregnancy?

- a. Multigravida
- b. Multipara
- c. Nullipara
- d. **Primigravida**

ANS: D

28. You are performing assessments for an obstetric client who is 5 months pregnant with her third child. Which finding would cause you to suspect that the client was at risk?

- Client states that she doesn't feel any Braxton Hicks contractions like she had in her prior pregnancies.
- a. Fundal height is below the umbilicus.
 - b. Cervical changes, such as Goodells sign and Chadwicks sign, are present.
 - c. She has increased vaginal secretions.

ANS: B

29. What is the best explanation that you can provide to a pregnant client who is concerned that she has pseudoanemia of pregnancy?

- Have her write down her concerns and tell her that you will ask the physician to respond once the lab results have been evaluated.
- Tell her that this is a benign self-limiting condition that can be easily corrected by switching to a high-iron diet.
- Inform her that because of the pregnancy, her blood volume has increased, leading to a substantial dilution effect on her serum blood levels, and that most women experience this condition.**
- d. Contact the physician and get a prescription for iron pills to correct this condition.

ANS: C

30. Which physiologic finding is consistent with normal pregnancy?

- a. Systemic vascular resistance increases as blood pressure decreases.
- b. **Cardiac output increases during pregnancy.**
- c. Blood pressure remains consistent independent of position changes.
- d. Maternal vasoconstriction occurs in response to increased metabolism.

ANS: B

CHAPTER 30 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. A pregnant clients biophysical profile score is 8. She asks the nurse to explain the results. What is the nurses best response?

- a. The test results are within normal limits.
- b. Immediate birth by cesarean birth is being considered.
- c. Further testing will be performed to determine the meaning of this score.

An obstetric specialist will evaluate the results of this profile and, within the next week, will inform

- d. you of your options regarding birth.

ANS: A

2. Which analysis of maternal serum may predict chromosomal abnormalities in the fetus?

- a. Biophysical profile
- b. Multiple-marker screening
- c. Lecithin-to-sphingomyelin ratio
- d. Blood type and crossmatch of maternal and fetal serum

3. The clinic nurse is obtaining a health history on a newly pregnant client. Which is an indication for fetal diagnostic procedures if present in the health history?

- a. Maternal diabetes
- b. Weight gain of 25 lb
- c. Maternal age older than 30
- d. Previous infant weighing more than 3000 g at birth

ANS: A

Diabetes is a risk factor in pregnancy because of possible impairment of placental perfusion. Excessive weight gain is an indication for testing. Normal weight gain is 25 to 35 lb. A maternal age older than 35 years is an indication for testing. Having had another infant weighing more than 4000 g is an indication for testing.

4. When is the most accurate time to determine gestational age through ultrasound?

- a. First trimester
- b. Second trimester
- c. Third trimester
- d. No difference in accuracy among the trimesters

ANS: A

5. The primary reason for evaluating alpha-fetoprotein (AFP) levels in maternal serum is to determine whether the fetus has which?

- a. Hemophilia
- b. Sickle cell anemia
- c. **A neural tube defect**
- d. A normal lecithin-to-sphingomyelin ratio

ANS: C

6. When is the earliest that chorionic villus sampling can be performed during pregnancy?

- a. 4 weeks
- b. 8 weeks
- c. **10 weeks**
- d. 12 weeks

ANS: C

7. On which aspect of fetal diagnostic testing do parents usually place the most importance?

- a. **Safety of the fetus**
- b. Duration of the test
- c. Cost of the procedure
- d. Physical discomfort caused by the procedure

ANS: A

8. The nurses role in diagnostic testing is to provide which of the following?

- a. Advice to the couple
- b. **Information about the tests**
- c. Reassurance about fetal safety
- d. Assistance with decision making

ANS: B

9. Which should be considered a contraindication for transcervical chorionic villus sampling?

- a. Rh-negative mother
- b. Gestation less than 15 weeks
- c. Maternal age younger than 35 years
- d. **Positive for group B Streptococcus**

ANS: D

10. Which nursing intervention is necessary prior to a second-trimester transabdominal ultrasound?

- a. Perform an abdominal prep.
- b. Administer a soap suds enema.

- c. Ensure the client is NPO for 12 hours.
- d. Instruct the client to drink 1 to 2 quarts of water.

ANS: D

11. Which is the major advantage of chorionic villus sampling over amniocentesis?

- a. It is not an invasive procedure.
- b. It does not require a hospital setting.
- c. It requires less time to obtain results.
- d. It has less risk of spontaneous abortion.

ANS: C

12. What does nursing care after amniocentesis include?

- a. Forcing fluids by mouth
- b. Monitoring uterine activity
- c. Placing the client in a supine position for 2 hours
- d. Applying a pressure dressing to the puncture site

ANS: B

13. What is the term for a nonstress test in which there are two or more fetal heart rate accelerations of 15 or more bpm with fetal movement in a 20-minute period?

- a. Positive
- b. Negative
- c. Reactive
- d. Nonreactive

ANS: C

14. What is the purpose of initiating contractions in a contraction stress test (CST)?

- a. Increase placental blood flow.
- b. Identify fetal acceleration patterns.
- c. Determine the degree of fetal activity.
- d. Apply a stressful stimulus to the fetus.

ANS: D

15. What does a score of 9 on a biophysical profile signify?

- a. Normal
- b. Abnormal
- c. Equivocal
- d. Nonreactive

ANS: A

16. In preparing a pregnant client for a nonstress test (NST), which of the following should be included in the plan of care?

- a. Have the client void prior to being placed on the fetal monitor because a full bladder will interfere

with results.

- b. Maintain NPO status prior to testing.
- c. Position the client for comfort, adjusting the tocotransducer belt to locate fetal heart rate.
- d. Have an infusion pump prepared with oxytocin per protocol for evaluation.

ANS: C

17. The results of a contraction stress test (CST) are positive. Which intervention is necessary based on this test result?

- a. Repeat the test in 1 week so that results can be trended based on this baseline result.
- b. Contact the health care provider to discuss birth options for the client.
- c. Send the client out for a meal and repeat the test to confirm that the results are valid.

Ask the client to perform a fetal kick count assessment for the next 30 minutes and then reassess the client.

ANS: B

18. A pregnant client has received the results of her triple-screen testing and it is positive. She provides you with a copy of the test results that she obtained from the lab. What would the nurse anticipate as being implemented in the clients plan of care?

- a. No further testing is indicated at this time because results are normal.
- b. Refer to the physician for additional testing.
- c. Validate the results with the lab facility.
- d. Repeat the test in 2 weeks and have the client return for her regularly scheduled prenatal visit.

ANS: B

19. A newly pregnant patient tells the nurse that she has irregular periods and is unsure of when she got pregnant. Scheduling an ultrasound is a standing prescription for the patients health care provider. When is the best time for the nurse to schedule the patients ultrasound?

- a. Immediately
- b. In 2 weeks
- c. In 4 weeks
- d. In 6 weeks

ANS: A

CHAPTER 31 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. A client with preeclampsia is being treated with bed rest and intravenous magnesium sulfate. The drug classification of this medication is a:

- a. diuretic.
- b. tocolytic.
- c. anticonvulsant.
- d. antihypertensive.

ANS: C

2. Which is the only known cure for preeclampsia?

- a. Magnesium sulfate
- b. Delivery of the fetus
- c. Antihypertensive medications
- d. Administration of aspirin (ASA) every day of the pregnancy

ANS: B

3. The clinic nurse is performing a prenatal assessment on a pregnant client at risk for preeclampsia. Which clinical sign is not included as a symptom of preeclampsia?

- a. Edema
- b. Proteinuria
- c. Glucosuria
- d. Hypertension

ANS: C

4. Which intrapartal assessment should be avoided when caring for a client with HELLP syndrome?

- a. Abdominal palpation
- b. Venous sample of blood
- c. Checking deep tendon reflexes
- d. Auscultation of the heart and lungs

ANS: A

5. A nurse is explaining to the nursing students working on the antepartum unit how to assess edema. Which edema assessment score indicates edema of the lower extremities, face, hands, and sacral area?

- a. +1
- b. +2

c. +3

d. +4

ANS: C

6. A client is admitted with vaginal bleeding at approximately 10 weeks of gestation. Her fundal height is 13 cm. Which potential problem should be investigated?

- a. Placenta previa
- b. Hydatidiform mole
- c. Abruptio placentae
- d. Disseminated intravascular coagulation (DIC)

ANS: B

7. Which maternal condition always necessitates birth by cesarean section?

- a. Partial abruptio placentae
- b. Total placenta previa
- c. Ectopic pregnancy
- d. Eclampsia

ANS: B

8. Spontaneous termination of a pregnancy is considered to be an abortion if:

- a. the pregnancy is less than 20 weeks.
- b. the fetus weighs less than 1000 g.
- c. the products of conception are passed intact.
- d. there is no evidence of intrauterine infection.

ANS: A

9. An abortion when the fetus dies but is retained in the uterus is called:

- a. inevitable.
- b. missed.
- c. incomplete.
- d. threatened.

ANS: B

10. A placenta previa when the placental edge just reaches the internal os is called:

- a. total.
- b. partial.
- c. low-lying.
- d. marginal.

ANS: D

11. Which would indicate concealed hemorrhage in abruptio placentae?

- a. Bradycardia
- b. Hard boardlike abdomen

- c. Decrease in fundal height
- d. Decrease in abdominal pain

ANS: B

12. The priority nursing intervention when admitting a pregnant client who has experienced a bleeding episode in late pregnancy is to:

- a. monitor uterine contractions.
- b. assess fetal heart rate and maternal vital signs.
- c. place clean disposable pads to collect any drainage.
- d. perform a venipuncture for hemoglobin and hematocrit levels.

ANS: B

13. A primigravida of 28 years of age is admitted to the antepartum unit with a diagnosis of hyperemesis gravidarum. Nursing care is based on which of the following?

- a. She should be isolated from her family.
- b. This condition is caused by psychogenic factors.
- c. The treatment is similar to that for morning sickness.
- d. She should be assessed for signs of dehydration and starvation.

ANS: D

14. A 17-year-old primigravida has gained 4 pounds since her last prenatal visit. Her blood pressure is 140/92 mm Hg. The most important nursing action is to:

- a. advise her to cut down on fast foods that are high in fat.
- b. caution her to avoid salty foods and to return in 2 weeks.
- c. assess weight gain, location of edema, and urine for protein.
- d. recommend she stay home from school for a few days to reduce stress.

ANS: C

15. A client with preeclampsia is admitted complaining of pounding headache, visual changes, and epigastric pain. Nursing care is based on the knowledge that these signs indicate:

- a. gastrointestinal upset.
- b. effects of magnesium sulfate.
- c. anxiety caused by hospitalization.
- d. worsening disease and impending convulsion.

ANS: D

16. Rh incompatibility can occur if the client is Rh-negative and the:

- a. fetus is Rh-negative.
- b. fetus is Rh-positive.
- c. father is Rh-positive.
- d. father and fetus are both Rh-negative.

ANS: B

17. In which situation would a dilation and curettage (D&C) be indicated?

- a. Complete abortion at 8 weeks
- b. Incomplete abortion at 16 weeks
- c. Threatened abortion at 6 weeks
- d. Incomplete abortion at 10 weeks

ANS: D

18. Which orders should the nurse expect for a client admitted with a threatened abortion?

- a. NPO
- b. Pad count
- c. Ritodrine IV
- d. Meperidine (Demerol), 50 mg now

ANS: B

19. Which data found on a clients health history would place her at risk for an ectopic pregnancy?

- a. Ovarian cyst 2 years ago
- b. Recurrent pelvic infections
- c. Use of oral contraceptives for 5 years
- d. Heavy menstrual flow of 4 days duration

ANS: B

20. Which finding on a prenatal visit at 10 weeks might suggest a hydatidiform mole?

- a. Blood pressure of 120/80 mm Hg
- b. Complaint of frequent mild nausea
- c. Fundal height measurement of 18 cm
- d. History of bright red spotting for 1 day weeks ago

ANS: C

21. Which routine nursing assessment is contraindicated for a client admitted with suspected placenta previa?

- a. Determining cervical dilation and effacement
- b. Monitoring FHR and maternal vital signs
- c. Observing vaginal bleeding or leakage of amniotic fluid
- d. Determining frequency, duration, and intensity of contractions

ANS: A

22. The primary symptom present in abruptio placentae that distinguishes it from placenta previa is:

- a. vaginal bleeding.
- b. rupture of membranes.

- c. presence of abdominal pain.
- d. changes in maternal vital signs.

ANS: C

23. A laboratory finding indicative of DIC is:

- a. decreased fibrinogen.
- b. increased platelets.
- c. increased hematocrit.
- d. decreased thromboplastin time.

ANS: A

24. Which assessment in a client diagnosed with preeclampsia who is taking magnesium sulfate would indicate a therapeutic level of medication?

- a. Drowsiness
- b. Urinary output of 20 mL/hr
- c. Normal deep tendon reflexes
- d. Respiratory rate of 10 to 12 breaths/min

ANS: C

25. A client taking magnesium sulfate has a respiratory rate of 10 breaths/min. In addition to discontinuing the medication, which action should the nurse take?

- a. Increase the clients IV fluids.
- b. Administer calcium gluconate.
- c. Vigorously stimulate the client.
- d. Instruct the client to take deep breaths.

ANS: B

26. A 32-year-old primigravida is admitted with a diagnosis of ectopic pregnancy. Nursing care is based on which of the following?

- a. Hemorrhage is the major concern.
- b. She will be unable to conceive in the future.
- c. Bed rest and analgesics are the recommended treatment.
- d. A D&C will be performed to remove the products of conception.

27. You are taking care of a client who had a therapeutic abortion following an episode of vaginal bleeding and ultrasound confirmation of a blighted ovum. Lab work is ordered 2 weeks postprocedure as a follow-up to medical care. Which result indicates that additional intervention is needed?

- a. Hemoglobin, 13.2 mg/dL
- b. White blood cell count, 10,000 mm³
- c. Beta-hCG detected in serum
- d. Fasting blood glucose level, 80 mg/dL

ANS: C

28. A female client presents to the emergency room complaining of lower abdominal cramping with scant bleeding of approximately 2 days duration. This morning, the quality and location of the pain changed and she is now experiencing pain in her shoulder. The clients last menstrual period was 28 days ago, but she reports that her cycle is variable, ranging from 21 to 45 days. Which clinical diagnosis does the nurse suspect?

- a. Ectopic pregnancy
- b. Appendicitis
- c. Food poisoning
- d. Gastroenteritis

ANS: A

29. A client who was pregnant had a spontaneous abortion at approximately 4 weeks gestation. At the time of the miscarriage, it was thought that all products of conception were expelled. Two weeks later, the client presents at the clinic office complaining of crampy abdominal pain and a scant amount of serosanguineous vaginal drainage with a slight odor. The pregnancy test is negative. Vital signs reveal a temperature of 100 F, with blood pressure of 100/60 mm Hg, irregular pulse 88 beats/min (bpm), and respirations, 20 breaths/min. Based on these assessment data, what does the nurse anticipate as a clinical diagnosis?

- a. Ectopic pregnancy
- b. Uterine infection
- c. Gestational trophoblastic disease
- d. Endometriosis

ANS: B

30. A patient presents to labor and birth with complaints of persistent acute back pain at 36 weeks gestation. The nursing assessment reveals a taught abdomen, fundal height at 40 cm, and late decelerations, with an FHR range of 124 to 128 bpm. The nurse will implement the protocol for which obstetric condition?

- a. Placenta previa
- b. Hypovolemic shock
- c. Abruptio placentae or abruption
- d. DIC

ANS: C

31. A labor and birth nurse receives a call from the laboratory regarding a preeclamptic patient receiving an IV infusion of magnesium sulfate. The laboratory technician reports that the patients magnesium level is 7.6 mg/dL. What is the nurses priority action?

- a. Stop the infusion of magnesium.
- b. Assess the patients respiratory rate.
- c. Assess the patients deep tendon reflexes.
- d. Notify the health care provider of the magnesium level.

ANS: B

CHAPTER 32 QUESTIONS

MULTIPLE-CHOICE QUESTIONS

Select the one correct answer to each of the following questions.

1. Which statement by a postpartum client indicates that further teaching is *not* needed regarding thrombus formation?
- a. I'll keep my legs elevated with pillows.
 - b. I'll sit in my rocking chair most of the time.
 - c. I'll stay in bed for the first 3 days after my baby is born.
 - d. I'll put my support stockings on every morning before rising.

ANS: D

2. The nurse knows that late postpartum hemorrhage can be prevented by:
- a. manually removing the placenta.
 - b. inspecting the placenta after birth.
 - c. administering broad-spectrum antibiotics.
 - d. pulling on the umbilical cord to hasten the birth of the placenta.

ANS: B

3. A multiparous client is admitted to the postpartum unit after a rapid labor and birth of a 4000-g infant. Her fundus is boggy, lochia is heavy, and vital signs are unchanged. The nurse has the client void and massages her fundus, but the fundus remains difficult to find and the rubra lochia remains heavy. Which action should the nurse take next?

- a. Recheck vital signs.
- b. Insert a Foley catheter.
- c. Notify the health care provider.
- d. Continue to massage the fundus.

ANS: C

4. Early postpartum hemorrhage is defined as a blood loss greater than:
- a. 500 mL within 24 hours after a vaginal birth.
 - b. 750 mL within 24 hours after a vaginal birth.
 - c. 1000 mL within 48 hours after a cesarean birth.
 - d. 1500 mL within 48 hours after a cesarean birth.

ANS: B

5. A steady trickle of bright red blood from the vagina in the presence of a firm fundus suggests:
- a. uterine atony.
 - b. perineal hematoma.
 - c. infection of the uterus.
 - d. lacerations of the genital tract.

ANS: D

6. A postpartum client would be at increased risk for postpartum hemorrhage if she delivered a(n):

- a. 5-lb, 2-oz infant with outlet forceps.
- b. 6.5-lb infant after a 2-hour labor.
- c. 7-lb infant after an 8-hour labor.
- d. 8-lb infant after a 12-hour labor.

ANS: B

A rapid labor and birth may cause exhaustion of the uterine muscle and prevent contraction. Delivering a 5-lb, 2-oz infant with outlet forceps would put this client at risk for lacerations because of the forceps. A 7-lb infant after an 8-hour labor is a normal labor progression. Less than 3 hours is rapid and can produce uterine muscle exhaustion. An 8-lb infant after a 12-hour labor is a normal labor progression. Less than 3 hours is a rapid birth and can cause the uterine muscles not to contract.

PTS: 1 DIF: Cognitive Level: Understanding REF: 605

OBJ: Nursing Process Step: Assessment MSC: Client Needs: Physiologic Integrity

7. Which instruction should be included in the discharge teaching plan to assist the client in recognizing early signs of complications?

- a. Palpate the fundus daily to ensure that it is soft.
- b. Report any decrease in the amount of brownish red lochia.
- c. The passage of clots as large as an orange can be expected.

Notify the health care provider of any increase in the amount of lochia or a return to bright red bleeding.

ANS: D

8. The nurse should expect medical intervention for subinvolution to include:

- a. oral fluids to 3000 mL/day.
- b. intravenous fluid and blood replacement.
- c. oxytocin intravenous infusion for 8 hours.
- d. oral methylergonovine maleate (Methergine) for 48 hours.

ANS: D

9. If nonsurgical treatment for subinvolution is ineffective, which surgical procedure is appropriate to correct the cause of this condition?

- a. Hysterectomy
- b. Laparoscopy
- c. Laparotomy
- d. Dilation and curettage (D&C)

ANS: D

10. A sign of thrombophlebitis is:

- a. visible varicose veins.

-
- b. positive Homans sign.
 - c. pedal edema in the affected leg.
 - d. local tenderness, heat, and swelling.

ANS: D

11. Which nursing measure would be appropriate to prevent thrombophlebitis in the recovery period following a cesarean birth?

- a. Limit the clients oral intake of fluids for the first 24 hours.
- b. Assist the client in performing leg exercises every 2 hours.
- c. Ambulate the client as soon as her vital signs are stable.
- d. Roll a bath blanket and place it firmly behind the clients knees.

ANS: B

12. Which temperature indicates the presence of postpartum infection?

- a. 99.6 F in the first 48 hours
- b. 100 F for 2 days postpartum
- c. 100.4 F in the first 24 hours
- d. 100.8 F on the second and third postpartum days

ANS: D

13. A white blood cell (WBC) count of 35,000 cells/mm³ on the morning of the first postpartum day indicates:

- a. possible infection.
- b. normal WBC limit.
- c. serious infection.
- d. suspicion of a sexually transmitted disease.

ANS: A

14. The client who is being treated for endometritis is placed in the Fowler position because it:

- a. promotes comfort and rest.
- b. facilitates drainage of lochia.
- c. prevents spread of infection to the urinary tract.
- d. decreases tension on the reproductive organs.

ANS: B

15. Nursing measures that help prevent postpartum urinary tract infection include:

- a. forcing fluids to at least 3000 mL/day.
- b. promoting bed rest for 12 hours after birth.
- c. encouraging the intake of orange, grapefruit, or apple juice.
- d. discouraging voiding until the sensation of a full bladder is present.

ANS: A

16. Which measure may prevent mastitis in a breastfeeding client?

- a. Wearing a tight-fitting bra
- b. Applying ice packs prior to feeding
- c. Initiating early and frequent feedings
- d. Nursing the infant for 5 minutes on each breast

ANS: C

17. A client with mastitis is concerned about breastfeeding while she has an active infection. Which is an appropriate response by the nurse?

- a. Organisms will be inactivated by gastric acid.
- b. Organisms that cause mastitis are not passed to the milk.
- c. The infant is not susceptible to the organisms that cause mastitis.
- d. The infant is protected from infection by immunoglobulins in the breast milk.

ANS: B

18. The nurse expecting a uterine infection in a postpartum client should assess the:

- a. episiotomy site.
- b. odor of the lochia.
- c. abdomen for distention.
- d. pulse and blood pressure.

ANS: B

19. Following a difficult vaginal birth of a singleton pregnancy, the client starts bleeding heavily. Clots are expressed and a Foley catheter is inserted to empty the bladder because the uterine fundus is soft and displaced laterally from midline. Vital signs are 99.8 F, pulse 90 beats/min, respirations 20 breaths/min, and BP 130/90 mm Hg. Which pharmacologic intervention is indicated?

- a. Oxytocin (Pitocin) to be administered in a piggyback solution
- b. Administration of methylergonovine (Methergine)
- c. Administration of prostaglandin analogue
- d. Increase in parenteral fluids

ANS: C

20. Following a vaginal birth, a client has lost a significant amount of blood and is starting to experience signs of hypovolemic shock. Which clinical signs would be consistent with this clinical diagnosis?

- a. Decrease in blood pressure, with an increase in pulse pressure
- b. Compensatory response of tachycardia and decreased pulse pressure
- c. Decrease in heart rate and an increase in respiratory effort
- d. Flushed skin

ANS: B

21. A client has been treated with oxytocin (Pitocin) for postpartum hemorrhage. Bleeding has stabilized and slowed down considerably. The peripad in place reveals a moderate amount of bright red blood, with no clots expelled when massaging the fundus. The client now complains of having difficulty breathing. Auscultation of breath sounds reveals adventitious sounds. Based on this clinical presentation, the priority nursing action is to:

- a. evaluate intake and output of the past 12 hours following birth.
- b. initiate a rapid response intervention.
 - obtain an order from the physician for type and crossmatch of 2 units packed red blood cells
- c. (PRBCs).
- d. reposition the client and reassess in 15 minutes. Initiate frequent vital sign assessments.

ANS: B

22. A postpartum client has developed deep vein thrombosis (DVT) and treatment with warfarin (Coumadin) has been initiated. Which dietary selection should be modified in view of this treatment regimen?

- a. Fresh fruits
- b. Milk
- c. Lentils
- d. Soda

ANS: C

23. The nurse recognizes that infection may be present in her postpartum client when the client exhibits a temperature of:

- a. 100.0 F during the first 36 hours postpartum.
- b. 100.8 F twice in the first 24 hours postpartum.
- c. 99.6 F on the first postpartum day and 100.4 on the second.
- d. 100.4 F on the second postpartum day and 100.8 F on the fourth.

ANS: D

24. To determine an adverse response to carboprost tromethamine (Hemabate), the nurse should frequently assess:

- a. temperature.
- b. lochial flow.
- c. fundal height.
- d. breath sounds.

ANS: D

25. Which labor and birth information on the client would suggest an increased risk for hemorrhage?

- a. Precipitous birth after a 12-hour labor
- b. Cesarean birth of an infant weighing 8 lb, 4 oz
- c. Vaginal birth of 7-lb infant after a 2-hour labor

-
- d. Vaginal birth of 6-lb infant after a 7-hour labor

ANS: C

- 26. If the nurse suspects a complication of a low forceps birth labor, she should immediately:

- a. administer a strong oral analgesic.
- b. assess the perineal and vaginal areas.
- c. assess the position of the uterine fundus.
- d. review the labor record for duration of second stage.

ANS: B

- 27. Prior to ambulating the client to the bathroom whose admission hemoglobin level was 10.2 g/dL, the nurse should:

- a. request repeat hemoglobin and hematocrit.
- b. assess the resting pulse rate.
- c. dangle her on the side of the bed.
- d. administer the ordered oral analgesic.

ANS: C

- 28. If a late postpartum hemorrhage is documented on a client who delivered 3 days ago, the nurse recognizes that this hemorrhage occurred:

- a. on the first postpartum day.
- b. during recovery phase of labor.
- c. during the third stage of labor.
- d. on the second postpartum day.

ANS: D

- 29. Which client data received during report should the nurse recognize as being a postpartum risk factor?

- a. Gravida 5, para 5
- b. Labor duration of 4 hours
- c. Infant weight greater than 3800 g
- d. Epidural anesthesia for labor and birth

ANS: A

- 30. Before administering methylergonovine (Methergine), the nurse checks the:

- a. color of the lochia.
- b. blood pressure.
- c. location of the fundus.
- d. last administration of analgesics.

ANS: B

Methylergonovine (Methergine) elevates the blood pressure and should not be given to a woman who is hypertensive. The color of the lochia, location of the fundus, and analgesics are not related to the administration of or contraindicated to this medication.

PTS: 1 DIF: Cognitive Level: Application REF: 600

OBJ: Nursing Process Step: Analysis

MSC: Client Needs: Physiologic Integrity/Pharmacologic and Parenteral Therapies

31. To evaluate the desired response of methylergonovine (Methergine), the nurse would assess the clients:

- a. uterine tone.
- b. pain level.
- c. blood pressure.
- d. last voiding.

ANS: A

32. To prevent infection of the urinary tract, the nurse should instruct the client to:

- a. include soft drinks in the total fluid intake.
- b. drink grapefruit juice several times a day.
- c. perform pericare at least twice during a shift.
- d. increase fluid intake to 2500 to 3000 mL/day.

ANS: D

33. What data in the clients history should the nurse recognize as being pertinent to a possible diagnosis of postpartum depression?

- a. Teenage depression episode
- b. Unexpected operative birth
- c. Ambivalence during the first trimester
- d. Second pregnancy in a 3-year period

ANS: A

34. The nurse notes that the fundus of a postpartum patient is boggy, shifted to the left of the midline, and 2 cm above the umbilicus. What is the nurses priority action?

- a. Massage the fundus of the uterus.
- b. Assist the patient out of bed to void.
- c. Increase the infusion of oxytocin (Pitocin).
- d. Ask another nurse to bring in a straight catheter tray.

ANS: A