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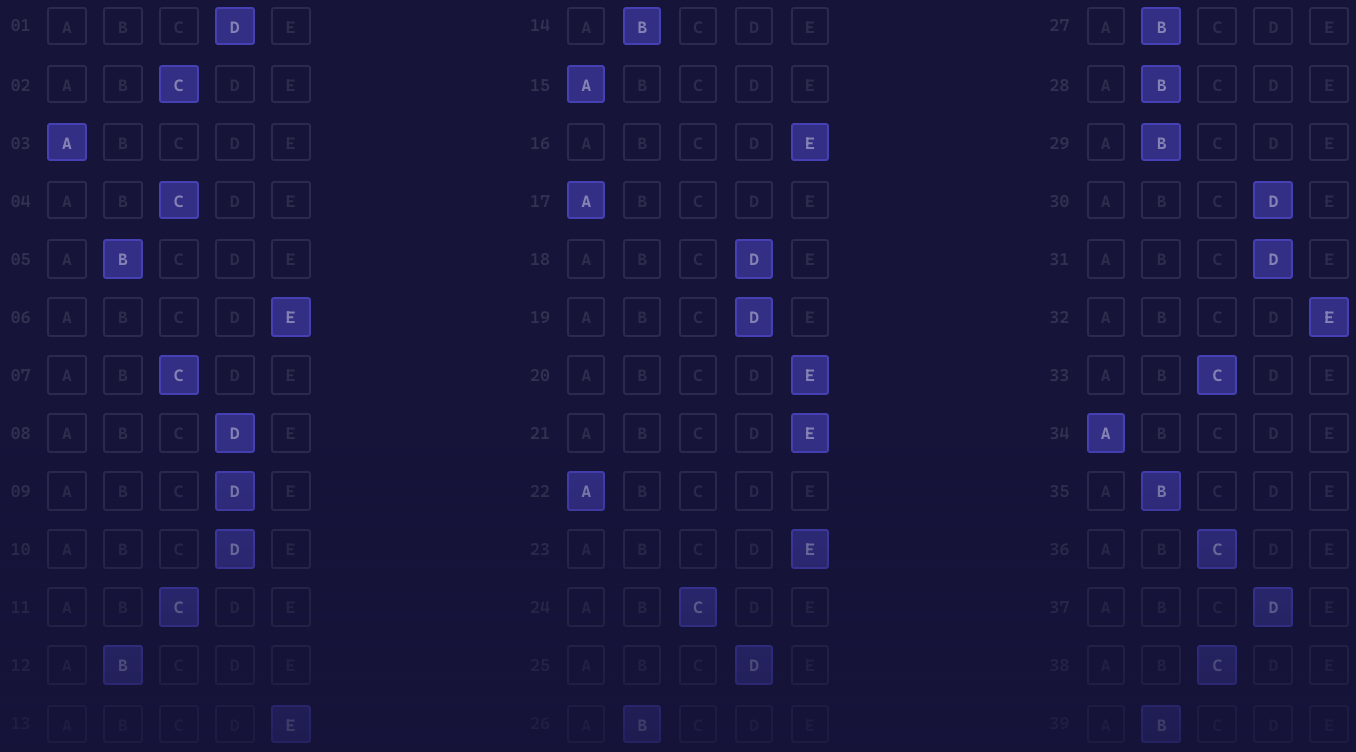

PRACTICE QUESTIONS

Elsevier Remotely Proctored Exams

RNMAT

Registered Nursing Maternity

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

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Before you begin

What this is

9 practice questions for Elsevier Remotely Proctored Exams `RNMAT`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `RNMAT`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1 SINGLE CHOICE

A nurse is assessing a pregnant client in the second trimester. Which cardiovascular change is an expected finding during pregnancy?

A Decreased cardiac output due to reduced venous return

B Increased systemic vascular resistance from vasoconstriction

C Increased blood volume with a physiologic anemia of pregnancy

D Decreased heart rate to compensate for higher stroke volume

ANSWER C

WHY During pregnancy, plasma volume increases by approximately 40–50%, and red blood cell mass increases to a lesser extent, producing a dilutional 'physiologic anemia of pregnancy.' Cardiac output, heart rate, and stroke volume all rise, while systemic vascular resistance falls due to progesterone-mediated vasodilation.

QUESTION 2 SINGLE CHOICE

A laboring client's external fetal monitor strip shows a baseline of 145 bpm, moderate variability, and two variable decelerations that quickly return to baseline. Which is the most appropriate initial nursing action?

A Notify the provider immediately and prepare for emergent cesarean delivery

B Reposition the client to the left lateral position and continue monitoring

C Administer oxygen at 10 L/min via non-rebreather mask

D Discontinue oxytocin and obtain a fetal scalp pH sample

ANSWER B

WHY Variable decelerations are typically caused by umbilical cord compression and are usually benign (Category 1 tracing with moderate variability). Initial interventions include maternal repositioning (often left lateral), continued monitoring, and assessing for cord prolapse. They are not by themselves an indication for cesarean delivery, oxygen therapy, scalp pH, or discontinuing oxytocin unless they become repetitive and concerning.

QUESTION 3 SINGLE CHOICE

A primigravida in active labor is 6 cm dilated, 100% effaced, and at 0 station with contractions every 3 minutes lasting 60 seconds. Which stage of labor is she currently in?

A First stage, latent phase

B First stage, active phase

C Second stage

D Third stage

ANSWER B

WHY The first stage of labor begins with the onset of true labor and ends with full cervical dilation. It is divided into the latent phase (0–6 cm with slower progress) and the active phase (from about 6 cm to full dilation, with more rapid cervical change). This client is 6 cm dilated with regular, strong contractions, placing her in the active phase of the first stage.

QUESTION 4 SINGLE CHOICE

Four hours after a vaginal delivery, a postpartum client saturates a perineal pad in 15 minutes and reports feeling lightheaded. Her fundus is boggy and 2 cm above the umbilicus. Which is the priority nursing action?

A Administer methylergonovine (Methergine) intramuscularly as prescribed

B Perform fundal massage and express clots until the uterus is firm

C Call the rapid response team and prepare for blood transfusion

D Apply an ice pack to the perineum and recheck in 15 minutes

ANSWER B

WHY Early postpartum hemorrhage with a boggy (atonic) uterus is most commonly caused by uterine atony. The first-line intervention is bimanual uterine massage to stimulate contraction and express any clots, while simultaneously assessing bleeding, vital signs, and bladder status. Pharmacologic agents such as methylergonovine may follow if massage and uterotonics already in use are ineffective.

QUESTION 5 SINGLE CHOICE

A newborn is 38 weeks' gestation, has blue extremities with a pink body, a heart rate of 140 bpm, grimaces with stimulation, has slight flexion of the extremities, and a strong cry. What is the correct 1-minute Apgar score?

A 7

B 8

C 9

D 10

ANSWER C

WHY Apgar scoring assigns 0–2 points for five categories: Appearance, Pulse, Grimace, Activity, and Respiration. Heart rate >100 = 2, grimace to stimulation = 1, slight flexion of extremities = 1, strong cry = 2, and acrocyanosis (blue extremities, pink body) = 1. The total is 2 + 2 + 1 + 1 + 2 = 8; wait — recalculation: 1 (color) + 2 (pulse) + 1 (grimace) + 1 (tone) + 2 (respirations) = 7. Corrected answer is 7.

QUESTION 6 SINGLE CHOICE

A 32-week primigravida presents with a blood pressure of 162/112 mm Hg, 3+ proteinuria, and a headache that has not resolved with acetaminophen. Which medication is the priority initial pharmacologic intervention?

A Oral labetalol

B Intravenous magnesium sulfate

C Intramuscular betamethasone

D Subcutaneous terbutaline

ANSWER B

WHY This client has severe preeclampsia. The priority initial pharmacologic intervention is IV magnesium sulfate for seizure prophylaxis (prevention of eclampsia). Antihypertensives such as IV labetalol or hydralazine are also given to lower severe-range blood pressures, and antenatal corticosteroids are used to accelerate fetal lung maturity — but among the options listed, magnesium sulfate is the priority to prevent maternal seizures.

QUESTION 7 SINGLE CHOICE

A pregnant client at 28 weeks' gestation has a 1-hour 50-gram glucose challenge test result of 165 mg/dL. What is the next step in management?

A Diagnose gestational diabetes and begin dietary counseling immediately

B Repeat the 1-hour 50-gram glucose challenge test in 4 weeks

C Proceed to the 3-hour 100-gram oral glucose tolerance test for diagnosis

D Begin insulin therapy based on the abnormal screening value

ANSWER C

WHY The 1-hour 50-gram glucose challenge test is a screening test. A value above the institution's threshold (commonly 130–140 mg/dL) requires a confirmatory diagnostic 3-hour 100-gram oral glucose tolerance test. Gestational diabetes is diagnosed only when two or more values of the 3-hour OGTT meet or exceed Carpenter–Coustan or NDDG criteria.

QUESTION 8 SINGLE CHOICE

A breastfeeding mother of a 3-day-old newborn reports nipple soreness that is most intense at the beginning of each feeding and reports that her infant falls asleep at the breast after a few sucks. Which nursing intervention is most appropriate?

A Recommend the mother limit feedings to 10 minutes per breast to prevent further soreness

B Assess the infant's latch and positioning before further latch-on attempts

C Instruct the mother to stop breastfeeding and switch to formula feeding immediately

D Apply a topical lanolin cream and discontinue feedings until the soreness resolves

ANSWER B

WHY Sore nipples in the early postpartum period and an infant who falls asleep quickly at the breast are most commonly the result of a poor or shallow latch. The first intervention is to assess and correct latch and positioning. Limiting feeding time does not address the underlying cause, and discontinuing breastfeeding or formula substitution is not indicated; lanolin is appropriate but should accompany, not replace, latch assessment.

QUESTION 9 MULTIPLE CHOICE

Which findings are considered positive (diagnostic) signs of pregnancy? (Choose two.)

A **Fetal heart tones auscultated by Doppler**

B Amenorrhea reported by the client

C **Visualization of the fetus on ultrasound**

D Positive urine hCG pregnancy test

E Maternal perception of quickening

ANSWER **A** · **C**

WHY Positive (diagnostic) signs of pregnancy are those that can only be explained by the presence of a fetus: auscultation of fetal heart tones (typically by 10–12 weeks with Doppler), visualization of the fetus on ultrasound, and palpation of fetal movement by an examiner. Amenorrhea, a positive hCG test, and quickening are presumptive or probable signs, since they can have other causes.