

**LABOR & DELIVERY EXAM**

Mrs. Kenny is a primigravida at term and is admitted to the labor room. She has attended childbirth classes together with her husband. Currently, Mrs. Kenny is experiencing contraction every 5 to 8 minutes, and the contractions are lasting 30 seconds. She also has a slight bloody discharge. The physician's examination reveals that the cervix is about 3 cc dilated and almost fully effaced. The vertex is at +1 station.

1. Mrs. Kenny asks the nurse if she may get up and walk around. Based on your observations of Mrs. Kenny's contractions and knowledge of physiology and mechanism of labor, the nurse could best respond by stating:
  - a. "Please stay in bed, walking may interfere with your contractions."
  - b. "I can't make a decision on that. I'll have to ask the doctor."
  - c. "You will have to stay in bed, otherwise your contractions cannot be timed and no one can listen to the fetal heart."
  - d. "It is quite alright for you to walk around as long as you feel comfortable and your membranes are intact."
  
2. Mrs. Kenny's contractions gradually increase in strength and intensity. Her membranes rupture. What is your immediate nursing action?
  - a. Listen to the fetal heart rate
  - b. Call the physician
  - c. Time the contractions
  - d. Check her blood pressure and pulse
  
3. The nurse observes the amniotic fluid and decides that it is normal in appearance, since it is:
  - a. Clear and dark amber in color
  - b. Milky, greenish-yellow, containing white flecks
  - c. Cloudy, yellowish, containing little white flecks
  - d. Clear, almost colorless, containing little white flecks
  
4. An examination reveals that Mrs. Kenny is 7 to 8 cm dilated and that the vertex is in the +1 position. To alleviate discomfort during contractions, the nurse should instruct Mr. Kenny to encourage his wife to:
  - a. Pant
  - b. Pelvic rock
  - c. Athletic chest breathe
  - d. Abdominal breathe

5. Mrs. Kenny becomes very tense and quite agitated with contractions. She frequently states, "I cannot stand this a minute longer." This kind of behavior is indicative of the fact that she:

- a. Is entering the transition phase of labor
- b. Needs immediate administration of an analgesic or anesthetic
- c. Is developing some abnormality in terms of uterine contraction
- d. Has been poorly prepared for the laboring process

6. The beginning of the second stage of labor can be recognized by the patient's desire to:

- a. Pant during contractions
- b. Blow during contractions
- c. Push during contractions
- d. Relax during contractions

7. Normal hemodynamics of pregnancy that effect the pregnant cardiac patient include the:

- a. Gradually increasing size of the uterus
- b. Increase in cardiac output after the thirty-fourth week
- c. Decrease in the number of red blood cells
- d. Increase in heart rate in the last half of pregnancy

Mrs. Bollen is admitted to the obstetrical unit in labor. Her cervix is 75% effaced and 4 cm dilated. Her contractions occur approximately every 15 minutes.

8. During labor the nurse must be aware that an early deceleration (type 1 dip) is evidenced by a fetal heart rate of:

- a. 140-160 beats per minute early in the contraction
- b. 120-140 beats per minute during the contraction
- c. 100-119 beats per minute early in the contraction
- d. 80-100 beats per minute early in the contraction

9. Mrs. Bollen's labor progresses uneventfully and she enters the transitional stage. When Mrs. Bollen is positioned in the delivery table, both legs should be placed simultaneously in the stirrups to prevent:

- a. Excessive pull on the fascia
- b. Pressure on the perineum
- c. Trauma to the uterine ligaments
- d. Venous stasis in the legs

10. During each contraction the fetal heart rate persistently drops from 140 to 110 per minute. The nurse should:
- Continue to monitor the FHR during contraction
  - Notify the physician and set up for immediate delivery
  - Decrease the rate of pitocin drip to slow contractions
  - Change the mother's position from side to side

Mrs. Andrews is admitted to the labor suite in active labor.

11. The major factor that differentiates true labor from false labor is:
- Presence of the bloody show
  - Contractions becoming increasingly regular
  - Progressive cervical dilation
  - Contractions changing from back to abdominal contractions
12. The maneuvers a fetus must undergo to complete birth are:
- Descent, flexion, internal rotation, extension, external rotation
  - Internal rotation, flexion, descent, extension, external rotation
  - Flexion, internal rotation, descent, external rotation, expulsion
  - Descent, internal flexion, expulsion, external rotation
13. Which of the following assessments in labor would cause you to alert the physician?
- Rupture of membranes at the beginning of the second stage of labor; FHR 125
  - Fetal position ROA, FHR 140; contractions 30 second duration
  - FHR 130; pink tinged show, history of ruptured membranes
  - Contractions 80 seconds in length during the latent phase of labor; FHR 120
14. Following a lumbar epidural block, Mrs. Andrew's blood pressure suddenly falls to 90/50. Your first actions would be:
- Raise the head of the bed
  - Ask her to inhale deeply at least 5 times
  - Administer oxygen by face mask
  - Turn her on her left side

15. Mrs. Andrews is to have a paracervical nerve block for pain management. Which of the following would NOT be a part of your preparation?

- a. Explain that the method will provide pain relief for both labor and delivery
- b. Explain that the needle looks long but the injection will be almost painless
- c. Explain that the injection will be made in the vagina
- d. Explain that she will lie on her back for the injection

16. What is effect of titanic contractions on the pregnant uterus?

- a. Descent and rotation are hastened
- b. Ruptured uterus is imminent
- c. Fetal distress may occur
- d. Perineal lacerations may occur

17. A patient in the first stage of labor develops secondary uterine inertia. Which of the following is NOT considered therapeutic treatment?

- a. Pitocin
- b. Sedation
- c. Fluids
- d. Bed rest

Labor is divided into three stages.

18. When is the first stage of labor considered terminated?

- a. When contractions occur at 10 to 15 second intervals
- b. When the cervix is completely dilated
- c. When the baby is delivered
- d. None of the above

19. When is the second stage of labor considered terminated?

- a. When the cervix is completely dilated
- b. When the contractions are occurring every 2 to 3 minutes
- c. At transition
- d. When the baby is delivered

20. When is the third stage of labor considered terminated?

- a. When the baby is delivered
- b. When the placenta is delivered
- c. After the uterus has remained firm for 1 hour
- d. None of the above



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21. When would a prolapsed cord most likely occur?
- a. During the second stage of labor
  - b. In a breech presentation
  - c. If the mother was particularly fatigued
  - d. If the presenting part is not completely engaged
22. Post partum hemorrhage is said to have occurred when what amount of blood has been lost?
- a. 100 cc
  - b. 250 cc
  - c. 500 cc
  - d. 300 cc
23. You are to infuse 1000 cc D5W over 6 hours. How many ccs per hour would you infuse the IV?
24. You are to administer 1000 cc LR over 4 hours. What is your IV infusion rate per hour?
25. You are to administer valium 5 mg IV. You have available valium 10 mg/2 cc. How many ccs would you administer?

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Signature

\_\_\_\_\_  
Date