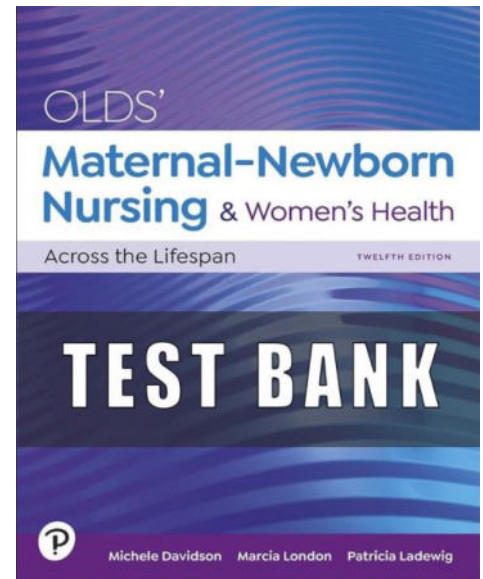


TEST BANK FOR Olds' Maternal– Newborn Nursing and Women's Health Across the Lifespan 12th Edition



Davidson/London/Ladewig, *Olds' Maternal–Newborn Nursing and Women's Health Across the Lifespan 12th EDITION* Test Bank

Chapter 1

Question 1

Type: MCSA

The nurse is speaking to students about changes in maternal–newborn care. One change is that self-care has gained wide acceptance with patients, the healthcare community, and third-party payers due to research findings that suggest that it:

1. Shortens newborn length of stay.
2. Decreases use of home health agencies.
3. Reduces healthcare costs.
4. Decreases the number of emergency department visits.

Correct Answer: 3

Rationale 1: Length of stay is often determined by third-party payer (insurance company) policies as well as physiologic stability of the mother and newborn. Home healthcare agencies often are involved in patient care to decrease hospital stay time.

Rationale 2: Home healthcare agencies often are involved in patient care to decrease hospital stay time.

Rationale 3: Research indicates self-care significantly reduces healthcare costs.

Rationale 4: Acute emergencies are addressed by emergency departments, and are not delayed by those practicing self-care.

Question 2

In order to combat the impersonal nature of technology that sometimes interferes with family-focused care, the nurse should take which actions?

Standard Text: Select all that apply.

1. Advocate within the community for natural childbirth.
2. Make childbirth education classes available.
3. Be instrumental in providing change in the birth environment at work.

4. Suggest that doulas not be allowed to interfere with the childbirth process.
5. Advocate for more home healthcare agencies.

Correct Answer: 1,2,3,5

Rationale 1: Natural childbirth, if the patient is able, is the safest method for the baby.

Rationale 2: It is appropriate for nurses, in conjunction with doctors and hospitals, to provide childbirth classes for the expectant families.

Rationale 3: By working with other staff and doctors, the nurse is able to implement change as needed within the birthing unit.

Rationale 4: Doulas are encouraged to be part of the birthing process as the patient wishes. They are mainly there as a coach.

Rationale 5: Patients are going home sooner all the time, so there needs to be more follow-up in the home.

Question 3

The nurse is telling a new patient how technology used in maternal–newborn care has changed the way the nurse cares for her patients. An example of this is:

1. Elective inductions, requested cesareans, epidural anesthesia, and fetal monitoring.
2. Delivering at home with a nurse-midwife and doula.
3. Having the father present as the coach and cut the umbilical cord.
4. Breastfeeding of the new baby on the delivery table.

Correct Answer: 1

Rationale 1: Elective inductions, requested cesareans, epidural anesthesia, and fetal monitoring are all recent technologies that have affected the care in labor and delivery areas.

Rationale 2: A nurse-midwife and a doula are not examples of technological care.

Rationale 3: Fathers' being present during labor and coaching their partners represents nontechnological care during childbirth.

Rationale 4: Breastfeeding is not an example of technology impacting care.

Question 4

A nurse is examining different nursing roles. Which example best illustrates an advanced practice nursing role?

1. A registered nurse who is the manager of a large obstetrical unit
2. A registered nurse who is the circulating nurse at surgical deliveries (cesarean sections)
3. A clinical nurse specialist working as a staff nurse on a motherbaby unit
4. A clinical nurse specialist with whom other nurses consult for her expertise in caring for high-risk infants

Correct Answer: 4

Rationale 1: A registered nurse who is the manager of a large obstetrical unit is a professional nurse who has graduated from an accredited program in nursing and completed the licensure examination.

Rationale 2: A registered nurse who is a circulating nurse at surgical deliveries (cesarean sections) is a professional nurse who has graduated from an accredited program in nursing and completed the licensure examination.

Rationale 3: A clinical nurse specialist working as a staff nurse on a mother–baby unit might have the qualifications for an advanced practice nursing staff but is not working in that capacity.

Rationale 4: A clinical nurse specialist with whom other nurses consult for expertise in caring for high-risk infants is working in an advanced practice nursing role. This nurse has specialized knowledge and competence in a specific clinical area, and is master's-prepared.

Question 5

A nursing student investigating potential career goals is strongly considering becoming a nurse practitioner (NP). The major focus of the NP is on:

1. Leadership.
2. Physical and psychosocial clinical assessment.
3. Independent care of the high-risk, pregnant patient.
4. Tertiary prevention.

Correct Answer: 2

Rationale 1: Leadership might be a quality of the NP, but it is not the major focus.

Rationale 2: Physical and psychosocial clinical assessment is the major focus of the nurse practitioner (NP).

Rationale 3: NPs cannot provide independent care of the high-risk pregnant patient, but must work under a physician's supervision.

Rationale 4: The NP cannot do tertiary prevention as a major focus.

Question 6

The nurse manager is consulting with a certified nurse–midwife about a patient. The role of the CNM is to:

Standard Text: Select all that apply.

1. Be prepared to manage independently the care of women at low risk for complications during pregnancy and birth.
2. Give primary care for high-risk patients who are in hospital settings.
3. Give primary care for healthy newborns.
4. Obtain a physician consultation for any technical procedures at delivery.
5. Be educated in two disciplines of nursing.

Correct Answer: 1,3,5

Rationale 1: A CNM is prepared to manage independently the care of women at low risk for complications during pregnancy and birth and the care of healthy newborns.

Rationale 2: CNMs cannot give primary care for high-risk patients who are in hospital settings. The physician provides the primary care.

Rationale 3: A CNM is prepared to manage independently the care of women at low risk for complications during pregnancy and birth and the care of healthy newborns.

Rationale 4: The CNM does not need to obtain a physician consultation for any technical procedures at delivery.

Rationale 5: The CNM is educated in the disciplines of nursing and midwifery.

Question 7

The registered nurse who has completed a master's degree program and passed a national certification exam has clinic appointments with patients who are pregnant or seeking well-woman care. The role of this nurse would be considered:

1. Professional nurse.

2. Certified registered nurse (RNC).
3. Clinical nurse specialist.
4. Nurse practitioner.

Correct Answer: 4

Rationale 1: A professional nurse is one who has completed an accredited basic educational program and has passed the NCLEX-RN® exam.

Rationale 2: A certified registered nurse (RNC) has shown expertise in the field and has taken a national certification exam.

Rationale 3: A clinical nurse specialist has completed a master's degree program, has specialized knowledge and competence in a specific clinical area, and often is employed in the hospital on specialized units.

Rationale 4: A nurse practitioner has completed either a master's or doctoral degree in nursing and passed a certification exam, and functions as an advanced practice nurse. Ambulatory care settings and the community are common sites for nurse practitioners to provide patient care.

Question 8

Several student nurses are discussing advanced practice, and know that the term *advanced practice nurse* includes nurses who are:

Standard Text: Select all that apply.

1. Nurse practitioners.
2. Certified nurse-midwives.
3. Clinical nurse specialists.
4. Certified registered nurses.
5. Professional nurses.

Correct Answer: 1,2,3

Rationale 1: A nurse practitioner must have additional education and experience to hold advanced practice status.

Rationale 2: A certified nurse-midwife must have additional education and experience to hold advanced practice status.

Rationale 3: A clinical nurse specialist must have additional education and experience to hold advanced practice status.

Rationale 4: Although certified registered nurses have more education and experience, they take a certification exam rather than a licensure exam.

Rationale 5: The professional nurse has graduated from a basic nursing education program and successfully completed the NCLEX exam, and is not considered an advanced practice nurse.

Question 9

While a child is being admitted to the hospital, the parent receives information about the pediatric unit's goals, including the statement that the unit practices family-centered care. The parent asks why that is important. The nurse responds that in the family-centered care paradigm, the:

1. Mother is the principal caregiver in each family.
2. Child's physician is the key person in ensuring the health of a child is maintained.
3. Family serves as the constant influence and continuing support in the child's life.
4. Father is the leader in each home; thus, all communications should include him.

Correct Answer: 3

Rationale 1: Culturally competent care recognizes that both matriarchal and patriarchal households exist.

Rationale 2: The physician is not present during the day-to-day routines in a child's life.

Rationale 3: The foundation for the development of trusting relationships and partnerships with families is the recognition that the family is the principal caregiver, knows the unique nature of each individual child best, plays the vital role of meeting the child's needs, and is responsible for ensuring each child's health.

Rationale 4: Culturally competent care recognizes that both matriarchal and patriarchal households exist.

Question 10

Despite the availability of Children's Health Insurance Programs (CHIPs), the nurse in a pediatric clinic knows that many eligible children are not enrolled. The nursing intervention that can best help eligible children become enrolled is:

1. Assessment of the details of the family's income and expenditures.
2. Case management to limit costly, unnecessary duplication of services.
3. Advocacy for the child by encouraging the family to investigate its CHIP eligibility.

4. Education of the family about the need for keeping regular well-child visit appointments.

Correct Answer: 3

Rationale 1: Financial assessment is more commonly the function of a social worker. The social worker is part of the interdisciplinary team working with patients, and her expertise is helping patients get into the appropriate programs.

Rationale 2: The case management activity mentioned will not provide a source of funding.

Rationale 3: In the role of an advocate, a nurse will advance the interests of another by suggesting the family investigate its CHIP eligibility.

Rationale 4: The education of the family will not provide a source of funding.

Question 11

For prenatal care, the patient is attending a clinic held in a church basement. The patient's care is provided by registered nurses and a certified nurse-midwife. This type of prenatal care is an example of:

1. Secondary care.
2. Tertiary care.
3. Community care.
4. Unnecessarily costly care.

Correct Answer: 3

Rationale 1: Secondary care is specialized care; an example is checking the hemoglobin A1C of a diabetic patient at an endocrine clinic.

Rationale 2: Tertiary care is very specialized, and includes trauma units and neonatal intensive care units.

Rationale 3: Prenatal care is primary care. Community care is often provided at clinics in neighborhoods to facilitate patients' access to primary care, including prenatal care and prevention of illness.

Rationale 4: Community care decreases costs while improving patient outcomes, and is not unnecessarily expensive.

Question 12

The nurse at an elementary school is performing TB screenings on all of the students. Permission slips were returned for all but the children of one family. When the nurse phones to obtain permission, the parent states in

clearly understandable English that permission cannot be given because the grandmother is out of town for 2 more weeks. Which cultural element is contributing to the dilemma that faces the nurse?

1. Permissible physical contact with strangers
2. Beliefs about the concepts of health and illness
3. Religion and social beliefs
4. Presence and influence of the extended family

Correct Answer: 4

Rationale 1: The situation the nurse faces is not being caused by permissible contact with strangers.

Rationale 2: The situation the nurse faces is not caused by beliefs about the concepts of health and illness.

Rationale 3: The situation the nurse faces is not caused by religion and social beliefs.

Rationale 4: The presence and influence of the extended family is contributing to the situation the nurse faces. In many cultures, a family elder is a primary decision maker when it comes to health care. In this case, the parent cannot grant permission to the nurse until the parent consults the grandmother.

Question 13

The nurse working in a community clinic is aware that differences in beliefs between families and healthcare providers are common in which areas?

Standard Text: Select all that apply.

1. Help-seeking behaviors
2. Pregnancy and childbirth practices
3. Causes of disease or illness
4. What defines a community
5. Educational level

Correct Answer: 1,2,3

Rationale 1: Specific differences in beliefs between families and healthcare providers are common in help-seeking behaviors.