POSTPARTUM EXAMINATION

Name: __________________________ Date: ___________ Score ______________

I. Choose the correct answer:

1. A goal on the nursing care plan is “to facilitate parent-infant bonding.” To which nursing interventions should the nurse give priority in attaining this goal?
   A. Provide assistance and encouragement with rooming-in.
   B. Encourage the parents to join a new parent support group.
   C. Keep the newborn in the nursery at night to allow the parents to rest.
   D. Teach the parents infant-care skills to increase their confidence.

2. A postpartum client who delivered 3 hours ago states, “I feel all wet underneath.” What should be the initial action of the nurse?
   A. Determine when she last voided.
   B. Ask the client to rate her discomfort on a 1-10 scale.
   C. Perform perineal care.
   D. Have the client roll over to assess her lochia flow.

3. After delivering a 9 pound, 10 ounce baby, a client who is a gravida 5, para 5 is admitted to the postpartum unit. What would be a priority in delivering nursing care to this client?
   A. Palpate the fundus because she is at risk for uterine atony.
   B. Offer fluids, since multiparas generally dehydrate faster during labor.
   C. Perform passive range of motion on extremities because she is at risk for thromboembolism.
   D. Assess client’s diet because she is at risk for anemia.

4. Although a client initially wanted to breast-feed, she has now decided to bottle-feed her newborn. The nurse concludes that teaching regarding breast care for this client has been effective when the client makes which statement?
   A. “I’ll pump 2-3 times each day until my milk supply decreases.”
   B. “I’ll rub lotion on my breast if they are sore.”
   C. “I’ll soak my breast in a warm tub twice daily for the first week.”
   D. “I’ll wear a snug bra continuously until my breasts are soft again.”

5. When teaching a new mother how to breast-feed, the nurse should include which instruction?
   A. Wash the nipples with soap and water twice daily.
   B. Begin nursing with the right breast at each feeding.
   C. Slide a finger into the baby’s mouth to break suction before removing from the breast.
   D. Supplement the baby with formula every 12 hours until the milk supply is established.

6. The nurse is caring for a client who delivered vaginally 2 hours ago. The client’s fundus is firm at 1 centimeter below the umbilicus and vital signs are stable. She received morphine IV 4 hours ago for labor pain. The nurse should question which new order from the physician?
   A. Sitz bath 20 minutes TID
   B. Bathroom privileges
   C. Regular diet
   D. RhoGAM for an Rh-negative client

Initial __________________________

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7. The nurse should notify the physician immediately of which assessment finding?
   A. Three pea-sized clots passed 4 ours delivery
   B. Musty odor to lochia 48 hours postpartum
   C. Scant amount of rubra lochia after cesarean delivery
   D. Firm uterus with steady trickle of blood 2 hours after delivery

8. Three hours after a vaginal delivery, the client reports increase perineal pain. What should the nurse do first?
   A. Assess the perineum
   B. Administer analgesia as ordered
   C. Apply ice to the perineum
   D. Perform perineal care

9. The nurse notes that the postpartum client is Rh-negative and her baby is Rh-positive. Which maternal laboratory result should the nurse review next in determining if the client is a candidate for RhoGAM?
   A. Hemoglobin
   B. Direct Coomb’s test
   C. Indirect Coomb’s test
   D. Bilirubin

10. A postpartum client’s hemoglobin is 9.2 mg/dL after delivery, and she has been instructed to take an iron supplement at home. The nurse should include which instruction when teaching the client about this medication?
    A. Call the physician if your stool becomes black.
    B. Take your iron with a glass of orange juice.
    C. Don’t drive a car while taking this medication.
    D. Diarrhea is a common side effect of iron pills.

11. The nurse is teaching a new mother how to breast-feed her infant. Which intervention should be included in the teaching plan?
    A. Place pillow under the baby’s buttocks to elevate the hips while nursing.
    B. Reposition the baby with the hips rotated away from the mother’s abdomen.
    C. Encourage the mother to use the football hold exclusively.
    D. Provide positive feedback to the mother for correctly positioning the infant at the breast.

12. A new mother calls the clinic 4 days after delivery. She is breast-feeding and is concerned that her baby is not getting enough milk. What is the most important question for the nurse to ask this mother?
    A. “How many wet diapers has your baby has in the last 24 hours?”
    B. “Do you have any red or tender areas on the breast?”
    C. “Are your nipples sore or bleeding?”
    D. “Do your breasts tingle when you begin nursing?”

13. A nurse is teaching a new mother how to care for herself after delivery. Which statement should the nurse make during this discussion?
    A. “Call your physician if you experience night sweats.”
    B. “Wait one week before resuming sexual intercourse.”
    C. “Change your perineal pad twice daily.”
    D. “Your diaphragm will need to be refitted.”
14. A postpartum client’s hemoglobin is 10.5 mg/dL. The nurse should encourage the client to include which food item in her diet?
   A. Whole wheat bread
   B. Red meat
   C. Yellow vegetables
   D. Skim milk

15. A postpartum client asks the nurse how to strengthen her perineal muscles. The nurse teaches the client to do which of the following?
   A. Try to start and stop the flow or urine.
   B. Bear down as though having a bowel movement.
   C. Gently squeeze the uterus while pushing downward on the fundus.
   D. Straighten the leg and point the toes toward the head.

16. In planning care for a postpartum client who delivered 2 days ago, the nurse should expect the client to do which of the following?
   A. Ask questions about infant care.
   B. Hesitate in making decisions.
   C. Need help with hygiene and ambulation.
   D. Request the baby be fed in the nursery at night.

17. What interventions should be included in the care plan when caring for a client who has a midline episiotomy with a third-degree laceration? Select all that apply.
   A. Increase fiber in diet.
   B. Administer bisacodyl (Dulcolax) suppository prn.
   C. Increase fluid intake.
   D. Administer an oral stool softener.
   E. Administer an enema.

18. The nurse palpates the uterus of a client immediately after delivery. Where does the nurse expect to feel the fundus? Draw an “X” in the correct area on the image shown.
19. The nurse is preparing to instruct a new mother on resuming sexual intercourse postpartum. What items should the nurse include in the teaching plan? Select all that apply.
   A. Use petroleum jelly for vaginal lubrication.
   B. An intrauterine device (IUD) is appropriate for birth control in the early postpartum period.
   C. Wait until episiotomy has healed and lochia has stopped before resuming intercourse.
   D. Refrain from intercourse until first menstrual period after delivery is completed.
   E. A water-soluble lubricant may be used if necessary.

20. The nurse is caring for a client who has decided not to breast-feed. What elements should the nurse include in client teaching to promote suppression of lactation? Select all that apply.
   A. Applying warm compress
   B. Pumping the breasts
   C. Applying ice bags
   D. Using medication to suppress lactation
   E. Binding the breasts, either with a snug bra or binder