

CASE STUDY AND STUDY QUESTIONS

Mrs. V., a 24-year-old gravida 2, para 1 (G2, P1) woman is admitted to labor and delivery at 39 weeks' gestation. A vaginal examination indicates her cervix is 80% effaced and 3 cm dilated. The presenting vertex is at -1 station. The amniotic sac is not palpated, and Mrs. V. says she thinks it has ruptured.

- What should the nurse ask about the amniotic sac?
 - The time the membranes ruptured
 - The color and amount of fluid, if observed
 - The presence of back pain
 - The presence of bloody show
- During this early phase of labor, how often should the FHR be evaluated?
 - Every 5 minutes
 - At least every 15 minutes
 - At least every 30 minutes
 - At least every hour
- To promote comfort, she is encouraged to assume certain positions while in labor and to avoid others. Which position should not be used during labor?
 - Lateral position
 - Squatting position
 - Standing position
 - Supine position
- As her labor progresses to 5 cm, she becomes increasingly uncomfortable and requests an epidural anesthetic. After this is in place, the nurse should be particularly alert to:
 - Possible hypertensive rebound
 - Possible hypotensive episode
 - Increased thirst
 - Signs of water intoxication

When she is comfortable from the epidural, it is observed that her contractions have spaced out to a frequency of every 5 to 6 minutes and are only mild to palpation. An oxytocin infusion is started to augment her labor.

- What would be the most likely classification for the dysfunctional labor?
 - Pathologic retraction ring
 - Hypertonic labor
 - Protracted active phase
 - Prolonged latent phase
- All of the following are possible side effects of oxytocin administration except:
 - Fetal hyperglycemia
 - Fetal hyperbilirubinemia
 - Uterine tachysystole
 - Water intoxication

- When should the oxytocin infusion be discontinued?
 - When the client is comfortable with her contractions
 - When signs of fetal distress are observed on the fetal monitor
 - When the contractions are 3 minutes apart
 - When the client is ready to push
- On assessment, Mrs. V. is found to be completely dilated and effaced and at a +1 station. Which finding suggests transition to the second stage of labor?
 - Decreased urge to push
 - Decreased bloody show
 - FHR accelerations
 - Bulging of the perineum

Because of the epidural anesthetic, she is not able to push effectively. She pushes the infant to a +3 station but cannot bring it under the symphysis to effect delivery. It is decided to assist her by use of a vacuum extractor.

- Prerequisites for use of the vacuum are:
 - Membranes intact
 - Presenting part engaged
 - Cervix completely dilated
 - Documentation of gestational age
 - Empty bladder
 - a, b, c
 - b, d, e
 - b, c, e
 - c, e
- After this procedure, the infant should be carefully examined for:
 - Brachial plexus injury
 - Respiratory distress
 - Facial bruising
 - Cephalhematoma
- Which structures are involved when an episiotomy is performed?
 - Vaginal mucosa
 - Levator ani muscle
 - Glans clitoris
 - Cardinal ligament
 - Fourchette
- Which signs would indicate that delivery is imminent?
 - The mother has the desire to defecate.
 - An increase in frequency, duration, and intensity of uterine contractions
 - The mother begins to bear down spontaneously with uterine contractions.
 - Bulging of the perineum occurs.

- e. There is an increase in the amount of blood-stained mucus flowing from the vagina.
- (1) d
 - (2) a, c, d
 - (3) b, d, e
 - (4) b
 - (5) All of the above
13. A nurse caring for a mother and infant in the fourth stage of labor would:
- a. Keep the mother warm and out of drafts.
 - b. Massage the uterus every 15 minutes, or more often, if needed.
 - c. Massage the uterus continuously.
 - d. Check maternal vital signs every 15 minutes.
 - e. Administer oxytocin as ordered.
 - (1) a, b, d
 - (2) b, d, e
 - (3) c, d
 - (4) b, d
 - (5) a, d, e
14. Identify and match the most important risks of the various methods of obstetric anesthesia.
- a. General anesthesia
 - b. Regional conduction anesthesia
 - c. Paracervical block
 - (1) Fetal bradycardia
 - (2) Aspiration of stomach contents
 - (3) Maternal hypotension
15. Match each term or phrase with the definition that best fits it.
- a. Enlargement of the external os to 10 cm in diameter
 - b. Maximum shortening of the cervical canal
 - c. A condition caused by failure of the uterine muscle to stay contracted after delivery
 - d. Surgical incision of the perineum during the second stage of labor
 - e. Settling of the infant's head into the brim of the pelvis
 - (1) Uterine atony
 - (2) Complete dilation
 - (3) Lightening
 - (4) Complete effacement
 - (5) Episiotomy

ANSWERS TO STUDY QUESTIONS

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|------|------|-------|--------------------------|
| 1. a | 5. c | 9. 3 | 13. 2 |
| 2. c | 6. a | 10. d | 14. (a) 2, (b) 3, (c) 1 |
| 3. d | 7. b | 11. a | 15. (a) 2, (b) 4, (c) 1, |
| 4. b | 8. d | 12. 5 | (d) 5, (e) 3 |

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