

Chapter 31

Review

1. The first stage of labor ends when:
 - A. the presenting part of the baby is visible.
 - B. contractions are less than 10 minutes apart.
 - C. the mother experiences her first contraction.
 - D. the amniotic sac ruptures and labor pains begin.

Answer: A

Rationale: The first stage of labor begins with the onset of contractions and ends when the cervix is fully dilated. However, since cervical dilation cannot be assessed in the field, the first stage of labor is considered over when the presenting part of the baby is visible at the vaginal opening (crowning).

1. The first stage of labor ends when:

A. the presenting part of the baby is visible.

Rationale: Correct answer

B. contractions are less than 10 minutes apart.

Rationale: True labor is when the frequency and intensity of contractions increase and is part of the first stage of labor.

1. The first stage of labor ends when:

C. the mother experiences her first contraction.

Rationale: This is the beginning of the first stage of labor.

D. the amniotic sac ruptures and labor pains begin.

Rationale: This is considered to be a part of the first stage of labor.

2. A 23-year-old woman, who is 24 weeks pregnant with her first baby, complains of edema to her hands, a headache, and visual disturbances. When you assess her vital signs, you note that her blood pressure is 160/94 mm Hg. She is MOST likely experiencing:
- A. eclampsia.
 - B. preeclampsia.
 - C. a hypertensive crisis.
 - D. chronic water retention.

Answer: B

Rationale: Preeclampsia—also called pregnancy-induced hypertension—usually develops after the 20th week of gestation and most commonly affects primagravida (first pregnancy) patients. It is characterized by a headache, visual disturbances, edema of the hands and feet, anxiety, and high blood pressure. Preeclampsia can lead to eclampsia, a life-threatening condition that is characterized by seizures.

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A. eclampsia.

Rationale: Eclampsia is a seizure that results from severe hypertension.

B. preeclampsia.

Rationale: Correct answer

2. A 23-year-old woman, who is 24 weeks pregnant with her first baby, complains of edema to her hands, a headache, and visual disturbances. When you assess her vital signs, you note that her blood pressure is 160/94 mm Hg. She is MOST likely experiencing:

C. a hypertensive crisis.

Rationale: This is a severe, sudden increase in blood pressure, typically greater than 110 diastolic, that can lead to a stroke.

D. chronic water retention.

Rationale: This is a fluid imbalance usually caused by too much sodium in the body.

3. You are transporting a woman who is 8 months pregnant. To prevent supine hypotensive syndrome, how should you position this patient?
- A. on her right side
 - B. supine
 - C. semi-Fowler's
 - D. on her left side

Answer: D

Rationale: To prevent supine hypotensive syndrome, the patient must be positioned on her left side. This stops the weight of the baby from compressing the inferior vena cava, which can cause low blood pressure.

3. You are transporting a woman who is 8 months pregnant. To prevent supine hypotensive syndrome, how should you position this patient?

A. on her right side

Rationale: The patient should be transported on her left side.

B. supine

Rationale: The patient should be transported on her left side.

3. You are transporting a woman who is 8 months pregnant. To prevent supine hypotensive syndrome, how should you position this patient?

C. semi-Fowler's

Rationale: The patient should be transported on her left side.

D. on her left side

Rationale: Correct answer

4. Immediately after delivery of the infant's head, you should:
 - A. suction the baby's mouth and then nose.
 - B. suction the baby's nose and then mouth.
 - C. assess the baby's breathing effort and skin color.
 - D. check the position of the umbilical cord.

Answer: D

Rationale: Immediately following delivery of the infant's head, you should check the position of the umbilical cord to make sure it is not wrapped around the baby's neck (nuchal cord). If a nuchal cord is not present, suction the infant's mouth and nose.

4. Immediately after delivery of the infant's head, you should:

A. suction the baby's mouth and then nose.

Rationale: After EMS has confirmed that the cord is not around the infant's head, this should be performed.

B. suction the baby's nose and then mouth.

Rationale: After EMS has confirmed that the cord is not around the infant's head, suctioning of the mouth and then the nose should be performed.

4. Immediately after delivery of the infant's head, you should:

C. assess the baby's breathing effort and skin color.

Rationale: This cannot be performed until the entire infant has been delivered completely.

D. check the position of the umbilical cord.

Rationale: Correct answer

5. Upon delivery of the baby's head, you note that the umbilical cord is wrapped around its neck. You should:
- A. immediately clamp and cut the cord.
 - B. make one attempt to slide the cord over the head.
 - C. keep the cord moist and transport as soon as possible.
 - D. give the mother high-flow oxygen and transport rapidly.

Answer: B

Rationale: If the umbilical cord is wrapped around the baby's neck (nuchal cord), you should make one attempt to gently remove the cord from around the baby's neck. If this is not possible, the cord should be clamped and cut. Keep the cord moist, administer high-flow oxygen to the mother, and transport at once.

5. Upon delivery of the baby's head, you note that the umbilical cord is wrapped around its neck. You should:

A. immediately clamp and cut the cord.

Rationale: Do this only after an attempt is made to slide the cord over the infant's head.

B. make one attempt to slide the cord over the head.

Rationale: Correct answer

5. Upon delivery of the baby's head, you note that the umbilical cord is wrapped around its neck. You should:

C. keep the cord moist and transport as soon as possible.

Rationale: This is the treatment for deliveries where the cord presents and not the infant's head.

D. give the mother high-flow oxygen and transport rapidly.

Rationale: Do this only after an attempt to slide the cord over the infant's head.

6. The need for and extent of newborn resuscitation is based on:

- A. the 1-minute Apgar score.
- B. the gestational age of the newborn.
- C. the newborn's response to oxygen.
- D. respiratory effort, heart rate, and color.

Answer: D

Rationale: The need for and extent of newborn resuscitation is based on respiratory effort, heart rate, and skin color. The Apgar score is *not* used to determine if resuscitation is needed; the first score is not assigned until the newborn is 1 minute of age. Resuscitation, if needed, should commence *immediately*.

6. The need for and extent of newborn resuscitation is based on:

A. the 1-minute Apgar score.

Rationale: The Apgar score is not used to determine if resuscitation is needed.

B. the gestational age of the newborn.

Rationale: A premature gestational age may indicate a greater risk for the infant, but does not indicate if resuscitation is required.

6. The need for and extent of newborn resuscitation is based on:

C. the newborn's response to oxygen.

Rationale: Oxygen response is evaluated by respiratory rate, heart rate, and color.

D. respiratory effort, heart rate, and color.

Rationale: Correct answer

7. The 1-minute Apgar score of a newborn reveals that the baby has a heart rate of 90 beats/min, a pink body but blue hands and feet, and rapid respirations. The baby cries when the soles of its feet are flicked and resists attempts to straighten its legs. You should assign an Apgar score of:
- A. 4.
 - B. 6.
 - C. 8.
 - D. 9.

Answer: C

Rationale: The Apgar score, which is obtained at 1 and 5 minutes after birth, assigns a numeric value to the following five areas: appearance, pulse, grimace, activity, and respirations. A heart rate below 100 beats/min is assigned a 1; a pink body with blue hands and feet is a 1; rapid respirations is a 2; a strong cry in reaction to a painful stimulus is a 2; and resistance against an attempt to straighten the hips and knees is a 2. Added together, the Apgar score for this infant is 8.

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A. 4

Rationale: The correct score is 8.

B. 6

Rationale: The correct score is 8.

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C. 8

Rationale: Correct answer

D. 9

Rationale: The correct score is 8.

8. The MOST effective way to prevent cardiopulmonary arrest in a newborn is to:
- A. rapidly increase its body temperature.
 - B. allow it to remain slightly hypothermic.
 - C. ensure adequate oxygenation and ventilation.
 - D. start CPR if the heart rate is less than 100 beats/min.

Answer: C

Rationale: Cardiopulmonary arrest in infants and children (including newborns) is most often the result of respiratory arrest. Therefore, ensuring adequate oxygenation and ventilation *at all times* is critical. It is also important to maintain the infant's body temperature and to prevent hypothermia.

8. The MOST effective way to prevent cardiopulmonary arrest in a newborn is to:

A. rapidly increase its body temperature.

Rationale: It is important to maintain the infant's body temperature and prevent hypothermia.

B. allow it to remain slightly hypothermic.

Rationale: Hypothermia and shivering will deplete the infant's glucose and cause hypoglycemia.

8. The MOST effective way to prevent cardiopulmonary arrest in a newborn is to:

C. ensure adequate oxygenation and ventilation.

Rationale: Correct answer

D. start CPR if the heart rate is less than 100 beats/min.

Rationale: Start CPR when the heart rate is less than 60 beats/min and not increasing with adequate ventilations.

9. While assisting a woman in labor, you visualize her vaginal area and see an arm protruding from her vagina. She tells you that she feels the urge to push. You should:
- A. cover the arm with a sterile towel and transport immediately.
 - B. encourage her to keep pushing as you prepare for rapid transport.
 - C. insert your gloved fingers into the vagina and try to turn the baby.
 - D. instruct the mother to keep pushing and give her high-flow oxygen.

Answer: A

Rationale: Limb presentations do not deliver in the field—period! If the mother feels the urge to push, instruct her to stop; she should pant instead. Cover the protruding limb with a sterile towel, administer high-flow oxygen to the mother, and transport immediately. Delivery must take place in the hospital.

9. While assisting a woman in labor, you visualize her vaginal area and see an arm protruding from her vagina. She tells you that she feels the urge to push. You should:
- A. cover the arm with a sterile towel and transport immediately.
Rationale: Correct answer
 - B. encourage her to keep pushing as you prepare for rapid transport.
Rationale: EMS cannot successfully deliver such a presentation in the field.

9. While assisting a woman in labor, you visualize her vaginal area and see an arm protruding from her vagina. She tells you that she feels the urge to push. You should:

C. insert your gloved fingers into the vagina and try to turn the baby.

Rationale: You should only do this to create an airway for the infant in a breech presentation.

D. instruct the mother to keep pushing and give her high-flow oxygen.

Rationale: EMS cannot successfully deliver such a presentation in the field.

10. A newborn is considered to be “term” if it is born after _____ weeks and before _____ weeks.

A. 34, 37

B. 37, 42

C. 38, 44

D. 39, 43

Answer: B

Rationale: A term gestation ranges between 37 and 42 weeks. An infant who is born before 37 weeks gestation (or weighs less than 5 lb, regardless of gestational age) is considered premature. An infant born after 42 weeks is considered past due.

10. A newborn is considered to be “term” if it is born after _____ weeks and before _____ weeks.

A. 34, 37

Rationale: A newborn is considered premature if he or she is born before 37 weeks.

B. 37, 42

Rationale: Correct answer

10. A newborn is considered to be “term” if it is born after _____ weeks and before _____ weeks.

C. 38, 44

Rationale: A newborn is considered past due if he or she is born after 42 weeks.

D. 39, 43

Rationale: A newborn is considered past due if he or she is born after 42 weeks.