

MOD3-MW300-Antepartum Risk Screening

1. Which of the following factors alone would constitute a risk status not compatible with home birth:
 - a. A history of positive GBS results
 - b. A history of giving birth to a 10 lb baby
 - c. A confrontational attitude towards medical practitioners
 - d. A history of seizure disorder
2. Which of the following lab results would constitute an elevated risk of postpartum hemorrhage?
 - a. A HGB of 8.5
 - b. A blood glucose level of 98
 - c. A HCT of 36
 - d. A positive HIV test
3. Which of the following are follow-up questions to ask a client if they are Rh-?
 - a. Is this their 1st pregnancy?
 - b. Have they received a blood transfusion?
 - c. Have they been involved in any accident or had any injuries previous to getting pregnant?
 - d. Both a and b are correct
4. Which of the following is NOT an occupation that might increase a women's risk for harmful exposure during pregnancy?
 - a. Farm worker
 - b. Cosmetologist
 - c. Secretary
 - d. All of the above occupations have the potential for harmful exposure
5. Below are listed steps for managing a client during pregnancy. Choose the one that is least appropriate in midwifery care.
 - a. Investigation through obtaining data and history from a client
 - b. Determining the changes you need her to make to insure a safe pregnancy.
 - c. Evaluation of the need for immediate intervention or referral
 - d. Development and implementation of a comprehensive plan of care
6. The best definition of a chief complaint is:
 - a. A complaint that is registered with a person in a position of authority
 - b. A point of concern brought up by a direct care provider

- c. A primary symptom that is a cause for seeking medical attention
 - d. A primary reason for returning for follow-up appointments
7. Your client is 34 weeks pregnant and complains of a headache. Which of the following symptoms combined with headaches would constitute an elevated risk for preeclampsia.
- a. Clonus sign, glucosuria, and tingling in the hands and feet
 - b. Elevated blood pressure, glucosuria and sugar cravings
 - c. Blurry vision, epigastric pain and diarrhea
 - d. Clonus sign, proteinuria and elevated blood pressure
8. A client reports a strong family history of diabetes. The best way to take this into consideration during her prenatal care is to:
- a. Risk her out of midwifery care for high risk status
 - b. Discuss her dietary habits and make drastic changes to avoid the development of gestational diabetes
 - c. Do a routine dietary recall, discuss screening for gestational diabetes and proceed with her prenatal care as you would any other client
 - d. Discuss doing blood sugar screening throughout her whole pregnancy to assure that abnormalities are not developing
9. Choose the best example of elements that should be included in a medical history:
- a. If the client has a history of asthma and chronic bronchitis
 - b. If the client has had a fever in the first trimester of her current pregnancy
 - c. Whether or not a client's children have been hospitalized for childhood illnesses
 - d. Blood pressure, pulse and respiratory rate
10. For which of the following scenarios would consult with a physician be most important:
- a. At 17 weeks a woman is still experiencing occasional vomiting and nausea
 - b. At 10 weeks a woman reports one-sided pelvic pain and some spotting
 - c. At 24 weeks a woman's fundus is measuring 2 cm above what you might expect
 - d. At 6 weeks a woman reports spotting after sexual intercourse