

MOD5-MW340- Postpartum Observation and Charting

1. Which of the following maternal signs is not charted postpartum?
 - a. Pulse
 - b. Blood pressure
 - c. Duration of contractions
 - d. Temperature
2. What is the appropriate unit to use when charting blood loss?
 - a. Ounces
 - b. Milliliters
 - c. Liters
 - d. Grams
3. What additional signs are charted postpartum that are not charted during the intrapartum period?
 - a. Fluid loss and urine output
 - b. Bowel function and fecal output
 - c. Fundal height and blood loss
 - d. Fundal height and fetal movement
4. What blood pressure value is NOT considered hypertensive postpartum?
 - a. 130/80
 - b. 140/90
 - c. 150/100
 - d. 160/110
5. Which of the following most accurately describes the way that blood loss should be charted postpartum?
 - a. Blood loss should be charted each time it is noted and these values should be calculated for total blood loss during the immediate postpartum
 - b. Blood loss should be charted at time intervals with other vital checks and these values should be calculated for total blood loss during the immediate postpartum
 - c. Blood loss should be charted when cleaning is taking place so that soiled underpads can be used to estimate total blood loss during the immediate postpartum
 - d. Blood loss should be charted when it is noted and these values should stay separate for the best understanding of blood loss during the immediate postpartum
6. Which of the following characterizes the IDEAL way to chart during a postpartum emergency?
 - a. The midwife should deal with the emergency first and then after she has left the family she should recap the events as best she can in the chart
 - b. The midwife should chart simultaneously while handling the emergency and then review her chart for mistakes after the emergency is resolved

- c. The midwife should have her assistant chart the events that take place while she is handling the emergency and later they should review the chart for accuracy
 - d. The midwife should deal with the emergency situation first and then chart a summary of the events at the end of the chart entries
- 7. Documentation of tears and sutures postpartum is **most** important in order to:
 - a. Provide medico-legal documentation
 - b. Collect statistics
 - c. Watch for delayed allergic reactions
 - d. Monitor postpartum healing
- 8. Documentation of the delivery of the placenta should include:
 - a. How the placenta was disposed
 - b. What time the separation gush occurred
 - c. Whether it was complete and the number of cord vessels
 - d. Whether a hematoma was observed in the vaginal area
- 9. What is the last documentation you will note prior to leaving the mother in the immediate postpartum period?
 - a. Whether she is going to breastfeed
 - b. That she has returned to bed after a shower and tolerated it well
 - c. A complete set of vital signs
 - d. Your instructions concerning birth control
- 10. What test(s) would you order when a mother who is A negative just gave birth?
 - a. A venous blood sample for irregular antibody screen
 - b. A cord blood sample for baby's type and RH factor and Direct Coombs
 - c. A venous blood sample on the mother's blood for Direct Coombs
 - d. A cord blood sample for Indirect Coombs and cord blood gases