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Question: 1

A neonate, 2 days after birth, develops a generalized rash with erythematous papules, vesicles, and some pustules everywhere but on the palms and soles of feet. What is the most likely diagnosis?

- A. Erythema toxicum
- B. Neonatal pustular melanosis
- C. Cutis marmorata
- D. Epidermolysis bullosa

Answer: A

Explanation:

Erythema toxicum is a skin eruption of erythematous papules, vesicles, and sometimes pustules. Erythema toxicum is essentially benign and occurs in more than 50% of newborns. It is a generalized rash everywhere except the palms and soles of the feet, usually occurring 2-3 days after birth. Neonatal pustular melanosis is a benign rash (vesicles and macules) but not associated with erythema. Cutis marmorata is a disorder in which the infant's skin mottles or marbles when exposed to cold, because the superficial blood vessels dilate and contract at the same time. Epidermolysis bullosa (EB) comprises genetic blistering disorders in which friction or trauma to the skin causes blisters to form.

Question: 2

During delivery, shoulder dystocia is evident. The midwife's initial action should be to

- A. apply suprapubic pressure externally over the wedged shoulder.
- B. pull the posterior arm out of the birth canal.
- C. lift and hyperflex the woman's thighs (McRoberts maneuver).
- D. manually rotate the infants head and upper body.

Answer: C

Explanation:

Special precautions are indicated during delivery with shoulder dystocia. If meconium is noted, then the infants nose and mouth should be suctioned before the infants shoulders are delivered. There are four steps used to facilitate delivery. Do the McRoberts maneuver, in which the thighs are lifted and hyperflexed to elevate the pubic bone. Apply suprapubic pressure externally over the wedged shoulder while traction is continued. Manually rotate the infants head and upper body while continuing suprapubic pressure. Finally, pull the posterior arm out of the birth canal, flex the elbow, and deliver the forearm over the chest wall.

Question: 3

Ultrasound examination shows a woman has a partial placenta previa with the placenta to the margin of the cervical opening. The mid-wife should

- A. do a vaginal examination with a speculum.
- B. do a digital vaginal examination.
- C. do a follow-up exam in 2 weeks.
- D. refer to specialist.

Answer: D

Explanation:

The midwife should refer the woman to a specialist. Placenta previa occurs when the placenta implants over or near the internal cervical os. Implantation may be complete (covering the entire opening), partial, or marginal (to the edge of the cervical opening). Women with placenta previa have increased incidences of hemorrhage in the third trimester. Symptoms include painless bleeding after the 20th week of gestation. Diagnosis is per ultrasound. Vaginal examination with digit or speculum should be avoided. The condition may correct itself as the uterus expands, but bed rest may be needed. Emergency C-section is done for uncontrolled bleeding.

Question: 4

A neonate who was exposed to maternal herpes simplex virus (HSV). How should the neonate be treated?

- A. No treatment will be effective.
- B. Administer IV acyclovir.
- C. Administer topical acyclovir.
- D. Administer IV immunoglobulin.

Answer: B

Explanation:

Intravenous acyclovir is given to infants exposed to herpes virus. Most vertical transmissions occur when the neonate travels through a colonized birth canal. The transmission rate from women with a primary HSV infection is approximately 50%, while the transmission rate is 1-2% if the infection is a recurrence of HSV. Signs of a neonatal infection with HSV include the following: Skin, eye, and mucous membrane may blister at 10-12 days of life. Disseminated disease may spread to multiple organs, leading to pneumonitis, hepatitis, and intravascular coagulation. Encephalitis may be the only presentation, with signs of lethargy, irritability, poor feeding, and seizures.

Question: 5

When conducting a scalp stimulation test during labor, what is a normal fetal response?

- A. Increased heart rate by 5 bpm for 5 seconds
- B. Increased heart rate by 15 bpm for 15 seconds
- C. Decreased heart rate by 5 bpm for 5 seconds
- D. Decreased heart rate by 15 bpm for 15 seconds

Answer: B

Explanation:

The scalp stimulation test (SST) is a noninvasive method of assessing fetal status (as opposed to fetal scalp blood testing). If the fetus is not under distress, then a normal response is an increase in heart rate by 15 bpm for at least 15 seconds. Reactivity is associated with well-being of the fetus, but failure to react does not provide definitive evidence of compromise and must be confirmed by other measures. SST is conducted by applying firm pressure with the examining finger on the fetal scalp.



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