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Question: 1

Correct statements about breastfeeding and formula-feeding include which of the following?

- A. there is a faster return to pre-pregnancy weight in mothers of formula-fed infants
- B. there is a lower incidence of milk-protein allergy in formula-fed infants
- C. there is an improved immunity in breastfed infants

Answer: C

Explanation:

Whenever possible, breastfeeding is the nutritional method of choice for the newborn infant and has many advantages for both the infant and the postpartum mother. The nutritional composition of human milk is ideal for the newborn infant and cannot be entirely replicated in formula. Breastfed infants have improved immunity relative to formula-fed infants, including a decreased risk for respiratory and gastrointestinal infections, serious bacterial infections, and allergic disease, including milk-protein allergy'. Advantages for the breastfeeding mother include faster postpartum weight loss and a lower risk of breast and ovarian cancer later in life.

Question: 2

The dark red uterine discharge expelled in the first 2-3 days postpartum is

- A. lochia rubra
- B. lochia serosa
- C. lochia alba

Answer: A

Explanation:

The uterine discharge expelled in the postpartum period is called lochia and consists of blood cells, epithelial cells, uterine debris, and the superficial layer of the endometrial decidua basalis. Lochia rubra is expelled in the first 2-3 days of the postpartum period; it is dark red in color and may include expulsion of small clots, usually as a result of pooling of the lochia rubra in the upper vagina. Lochia serosa is a pink-colored discharge and is expelled on days 4-10 postpartum. Lochia alba is a white-yellow discharge that is seen for 1-2 weeks following the lochia serosa. Variations in volume and duration are common, but the overall trend with lochia should be a lighter color and volume as time elapses. Assessment of lochia volume and character is important in the postpartum period to monitor for excessive postpartum bleeding.

Question: 3

The fetal/neonatal lung substance that improves pulmonary compliance by decreasing alveolar surface tension is

- A. meconium
- B. prostaglandin
- C. surfactant

Answer: C

Explanation:

Surfactant is a lipoprotein that is produced in the lung alveoli beginning at 24 weeks' gestation. Surfactant reduces the surface tension of the alveoli by coating their inner surface. This results in a decreased tendency for the alveoli to collapse. Surfactant deficiency leads to progressive respiratory distress as a result of impaired lung compliance, ultimately leading to hypoxia, respiratory failure, and metabolic acidosis, all of which further impair surfactant production. Respiratory distress due to surfactant deficiency is called respiratory distress syndrome (RDS) and is most commonly seen in preterm infants. The morbidity and mortality of RDS are markedly reduced with the early assessment of fetal lung maturity, identification of high-risk infants, and the endotracheal administration of surfactant replacement therapy.

Question: 4

Obesity during pregnancy is associated with an increased risk of

- A. fetuses that are small-for-gestational age
- B. cesarean birth
- C. rapid postpartum weight loss

Answer: B

Explanation:

Maternal nutritional status is an important determinant of both maternal and fetal wellbeing. Women with a normal body mass index whose pregnancy weight gain is within the recommended range have the lowest risk for complications in pregnancy and delivery. Poor weight gain during pregnancy is associated with an increased risk of preterm delivery and low birth weight. Obesity and pregnancy weight gain above the recommended range are associated with an increased risk of gestational diabetes, cesarean delivery, fetal macrosomia, fetal demise, postpartum hemorrhage, fetal neural tube defects, and difficulty with postpartum weight loss.

Question: 5

Immediately after an uncomplicated delivery without meconium, a full-term newborn is warmed, dried, suctioned, and positioned appropriately but has a heart rate of 80 beats/min. According to neonatal resuscitation guidelines, the next step in managing this infant is

- A. positive-pressure ventilation
- B. chest compression
- C. epinephrine administration

Answer: A

Explanation:

Neonatal resuscitation guidelines allow for all care providers managing newborn infants to proceed along a standardized algorithm to stabilize the infant as soon as possible after delivery. Initial steps may vary with deliveries involving meconium-stained amniotic fluid in an attempt to avoid worsening meconium aspiration. In the newborn without meconium-stained amniotic fluid, the infant is warmed, dried, suctioned (if necessary), and placed in a position that allows for unobstructed breathing. Heart rate, respiratory effort, and color are then evaluated. If the infant has poor respiratory effort or rate or the heart rate is lower than 100 beats/min, positive-pressure ventilation is provided. If positive-pressure ventilation does not improve the heart rate to 100 beats/min, then chest compression and epinephrine administration are indicated.

Question: 6

Clinical practice that is consistent with established recommendations or standards is best characterized by

- A. standards that are used primarily to minimize providers' legal liability
- B. recommendations that are used to standardize patient care based on evidence-based guidelines
- C. standards that are based on methods that have proven effective over a substantial period of time

Answer: B

Explanation:

Medical care providers need to stay up-to-date with current recommendations and care guidelines to ensure that they are providing quality, evidence-based care to patients, while protecting themselves from allegations of medical mismanagement. While methods that have proven effective over a substantial period of time may continue to do so, it is important that clinical practice incorporate recent research and best practices into their standardized methods. When situations arise in clinical practice that require deviation from established standards of practice, thorough documentation in the medical record, detailing the provider's medical decision-making process is particularly important. Medical care that is consistent with established guidelines can minimize a provider's legal liability. The primary purpose of following professionally established standards, however, is providing safe, high-quality, evidence-based care to the patient.

Question: 7

All of the following are elements of the postpartum breast assessment EXCEPT:

- A. firmness, tenderness, and redness

- B. engorgement and nipple soreness/cracking
- C. lumps indicating possible cancerous growths

Answer: C

Explanation:

Assessment of the breasts is an important component of the comprehensive nurse assessment in the postpartum period. During pregnancy, elevated estrogen and progesterone levels cause the breasts to enlarge and become more glandular. The postpartum patient should have her breasts assessed for firmness, tenderness, redness, and engorgement in addition to nipple soreness or cracking. In the breastfeeding patient, a crucial part of the nurse assessment is evaluation of infant latch and removal from the breast. In the non-breastfeeding patient, techniques for lactation suppression and pain management can be reviewed and demonstrated. The postpartum mother should be reminded of the importance of self-breast examinations for lumps indicative of malignancy, but the immediate postpartum period will prove difficult to identify lumps upon assessment due to the number of changes the breasts are going through at this time.

Question: 8

Vitamin K is administered to newborn infants to prevent

- A. bleeding
- B. neonatal jaundice
- C. gonococcal conjunctivitis

Answer: A

Explanation:

Newborns are vitamin K-deficient as a result of poor transfer of vitamin K across the placenta and low capability of the liver to store vitamin K in the newborn period. Several clotting factors depend on the presence of adequate vitamin K for proper function. As a result, vitamin K deficiency leads to an increased risk of serious bleeding. Newborns at increased risk for vitamin K deficiency include breastfed infants, as there are low levels of vitamin K in human milk, and infants born to mothers taking anticonvulsant medication. Bleeding as a result of a vitamin K deficiency often presents as bleeding of the umbilicus, gastrointestinal tract, circumcision or venipuncture sites, or (rarely) intracranium. Vitamin K administered routinely after delivery prevents most cases of bleeding in the neonate that results from a vitamin K deficiency.

Question: 9

Perineal pain in the first 4-6 hours after vaginal delivery are initially managed with

- A. oral analgesic medications
- B. ice packs to the perineum
- C. frequent perineal pad changes

Answer: B

Explanation:

Perineal pain is present in virtually all postpartum patients after vaginal delivery. Ice pack application, Sitz baths, and careful cleaning after voiding (e.g., using a "peri-bottle" to squirt water onto the perineum) are helpful supportive care measures to reduce and manage postpartum perineal pain. Topical anesthetics or soothing agents (e.g., witch hazel) may also be applied. Analgesics are not typically first line treatment for perineal pain. Changing the "peri-pad" frequently can reduce the risk of contamination of perineal wounds but is not typically helpful for reducing pain. Perineal lacerations need to be monitored for signs of poor healing or infection, such as erythema, marked swelling, and discharge or wound dehiscence.

Question: 10

The biophysical profile evaluates fetal wellbeing by combining fetal heart rate monitoring with

- A. ultrasonographic examination of established fetal parameters
- B. fetal movement counting ("kick counts")
- C. external monitoring of uterine contractions

Answer: A

Explanation:

There are multiple methods for the evaluation and monitoring of fetal wellbeing. In high-risk pregnancies (e.g., maternal hypertension, multiple gestation) or in cases where there are other concerns for fetal wellbeing (e.g., decreased fetal movement, previous fetal demise), antepartum fetal monitoring is generally indicated. Fetal movement counting (e.g., maternal perception of fetal movement) is considered normal if the mother perceives ten distinct movements over a 2-hour period (after 32-34 weeks' gestation). The nonstress test involves fetal heart rate (FHR) monitoring and is considered reassuring ("reactive") if there are at least two fetal heart rate accelerations (>15 beats/min above baseline, lasting seconds) in a 20-minute period. The biophysical profile combines FHR monitoring with ultrasonographic evaluation of fetal tone, fetal movement, amniotic fluid volume, and fetal respiratory movements.

Question: 11

The least expensive type of infant formula is

- A. formula concentrate
- B. ready-to-feed formula
- C. powdered formula

Answer: C

Explanation:

Powdered formula is the least expensive form of commercially available infant formula, but it must be reconstituted, using water. Proper mixing (60 mL water for each scoop of powdered formula) is crucial to avoid medical complications in the infant because of inappropriately concentrated or dilute formula. Among the three forms available, powdered formula preparation has the highest risk for contamination. Formula concentrate is mixed with water to its appropriate concentration, while ready-to-feed formula is given without any mixing required. Although ready-to-feed formula is the easiest to use, its cost is significant. Whichever type of formula is used, proper mixing and storage guidelines must be reviewed with postpartum families.

Question: 12

Six to twelve hours after the vaginal delivery of a single infant and placenta, the uterine fundus should be palpable at or below the level of the

- A. pubic symphysis
- B. umbilicus
- C. epigastrium

Answer: B

Explanation:

Immediately after vaginal delivery of the placenta, the normal uterus contracts to grapefruit-size, and the fundus is palpable between the umbilicus and the pubic symphysis. During the first 6-12 hours after delivery, the ligaments and muscles supporting the uterus relax somewhat, and the fundus is palpable at or below the umbilicus. Beginning approximately 24 hours after delivery, the shrinking uterus descends about 1 cm/d into the pelvis, reaching pre-pregnancy size and location by 6 weeks' postpartum. Excessive blood loss, infection, and retained placental fragments can lead to an interruption of the normal postpartum uterine contractions, leading to uterine atony. A common cause of uterine atony and displacement of the uterine fundus after delivery is bladder distension.



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